Color 1 A case bleeding from a polypectomy stump. A: Firstly, multiple clipping was performed toward the bleeding lesion however achieve hemostasis was failed. B: Therefore a ligating device was used to control the bleeding in order to encompass the polypectomy stump which had been grasped by multiple clips.

Color 1 Bleeding after biopsy.
Color 2 Injection for bleeding point.

Color 1 A: Endoscopic findings before EVL showing solitary gastric varix. B: Endoscopic findings showing gastric varix treated with EVL using giant ligator. C: Endoscopic findings showing gastric ulcer at one week after EVL. D: Endoscopic findings showing gastric ulcer scar at six months after EVL.
Color 1  Iic type early gastric carcinoma in the upper body of posterior wall.
Color 2  A: Iic type early gastric carcinoma in the upper body of posterior wall.
        B: Dye Endoscopy.

Color 1  Saline solution was injected into the submucosal layer under ultrasonic scanning until we could get sufficient mucosal lifting.
Color 2  We could reconfirm that the muscle layer was kept outside the strangulating snare.

Color 1  Endoscopic pictures showing esophageal stenosis and EUS using the balloon sheeth.

Color 1  A: Endoscopic picture showing a polyp on the fold.  B: Endoscopic picture showing scanning through a transparent sliding tube.
**Color 1** The duodenoscopy shows a white colored papilla of Vater in which cancer cells were demonstrated by biopsies.

**Color 1** Small flat elevation with central depression (IIa+IIc, 3mm) found in the transverse colon of a 71-year-old man. Histologically, a moderately dysplastic adenoma.

**Color 2** Shallow depressed lesion (IIc, 5mm) found in the ascending colon of a 54-year-old man, after dye-spraying technique. Histologically, a moderately dysplastic adenoma.
Color 1  Colonoscopic picture revealed sessile tumor with yellowish smooth surface in the rectum (Case 1).

Color 2  Colonoscopic picture revealed small flat tumor with yellowish surface in the rectum. The blue rubber disk (5mm in diameter) was placed to measure the size of tumor (Case 2).

Color 1  A: Endoscopic picture shows a irregular shaped ulcer with surrounding edema and redness. B: Endoscopic picture revealed scar after treatment.


Color 3  Endoscopic picture demonstrates multiple polypoid lesions with white coat and erosions.

Color 4  Endoscopic picture shows reduction of polypoid and erosive change after 34 months.
Color 1  Endoscopic examination showed flat elevated lesion with small nodular surface (1991.12.13).
Color 2  Endoscopic examination showed slighty spontaneous regression of the tumor (1993.4.7).
Color 3  Endoscopic examination showed further spontaneous regression of the tumor (1993.9.24).
Color 4  Endoscopic examination showed obvious spontaneous regression of the tumor to a minimal elevated lesion (1993.12.22).

Color 1  Endoscopic picture near the esophago-cardiac (EC) junction. A: Small depressed lesions were seen in circumferential spreading of reddish mucosa. B: Dyeing method using Lugol's solution. Reddish mucosa and small depressed lesions were not stained.

Color 2  Macroscopic finding of the resected specimen.
**Color 1** Endoscopic findings: Distant views are shown in the upper column (1 and 2) whereas near views are shown in the lower column (3 and 4). An irregular, flat, and protruding lesion is observed on the anterior wall. The irregularity on the tumor surface is accentuated by indigocarmine spray (2 and 4).

**Color 1** Intraoperative videoendoscopic view shows ulceration and erosion in ileum.  
**Color 2** Endoscopic view shows multiple small erosions with hemorrhage in the 2nd portion of the duodenum.
Color 1 A: Colonoscopic finding of a IIa + IIc-like lesion of the ascending colon. Circular redness in a depressed lesion (IIc) is artifact. B: The same lesion endoscopically demonstrated with a dye-spraying.
Color 1  Colonoscopic picture showed bleeding from the ulcer which was controlled by endoscopically.
Color 2  Colonoscopic picture showed multiple inflammatory diverticula in the posterior wall of the rectum.

Color 1  Finding of skin lesion. Multiple nodular lesion and café au lait spot can be seen in the back.
Color 2  Endoscopic study shows a rectal cancer (type 2) located 12cm distant from the anal verge.

Color 1  A: Laparoscopic findings on the right liver lobe. Liver surface shows irregular. A yellowish patch of 5mm in diameter were seen in center on the right lobe. B: In magnified laparoscopic finding, there were a yellow concavity and diffuse reddish markings.
Color 2  A: Laparoscopic findings on the right liver lobe after ICG administration. Liver surface was stained with ICG. A yellowish patches of 2 to 10mm in diameter were observed on the both lobes of the liver. B: In magnified laparoscopic finding, the reddish markings had disappeared, arborescent whitish markings were present.
Pathological findings of lung (A) and pancreas (B). Both were diagnosed as poorly differentiated acinar adenocarcinoma.

Endoscopic picture taken by XCF-DS200I showing aggregated nodular and granular lesion of proximal ascending colon. Lateral viewing system (A), the oral side of the lesion was clear. But forward viewing system (B), the oral side of lesion could not observed.

Endoscopic picture showing splenic flexure. In lateral viewing system, small elevated lesion was detected (B), but not in forward viewing system (A).

The mucosal pH is measured under endoscopy.
Color 1 A case of esophageal varices F₁. Endoscopic findings show esophageal varices F₁ (A). Miniature probe picture (B) detects F₁ varices as an oval lumen in submucosal (sm) layer. Blood flows in F₁ varices are indicated as color area in sm layer by CD-EUS (C).

Color 2 A case of esophageal varices F₂. Endoscopic findings show esophageal varices F₂ (A). Miniature probe picture (B) detects large intramural varices. CD-EUS is able to detect not only intramural blood flow (C) but also paraesophageal varices and penetrating veins (D).

Color 3 A case of gastric varices (Lg-c). The gastric varices are unclear by endoscopic findings (A). Miniature probe picture (B) detects intramural vessels at lesser curvature, but dose not detect vessels at greater curvature. On the other hand, CD-EUS picture (C) detects intramural varices and extramural feeding veins.
Color 1  An endoscopic view of type IIa cancer located at the prepylorus.
Color 2  A: An endoscopic view of type I cancer located at the EGJ. B: A view of the same lesion through the soft balloon.

Color 1  Endoscopic findings of sigmoid colon cancer (type 2) under repleted echo jelly or not.
Color 2  A: Endoscopic findings of sigmoid colon cancer. B: EUS findings of sigmoid colon cancer obtained by ultrasonic probe (MP-PN15-06, 15MHz) showing invasion to the proper muscle layer. C: Histological findings revealed cancer invaded to the proper muscle layer as same as EUS image.

Color 1  Endoscopic picture of the descending colon.
Color 2  Endoscopic picture of the cecum.
Color 1  An endoscopic picture showing a semipedunculated submucosal tumor in the descending colon during polypectomy.

Color 1  A: Endoscopic picture of the case 1. Is type, 5mm in diameter. Tiny depression and expansional configuration were noticed. B: Endoscopic picture of the case 2. Is type, 5mm in diameter. Tiny depression and expansional configuration were noticed. 

Color 2 A: Histological findings by low power view of the case 1. Well differentiated adenocarcinoma was invaded to the submucosal layer (shallow invasion). B: Histological findings by low power view of the case 2. Poorly differentiated adenocarcinoma was invaded to the submucosal layer (massive invasion).

Color 1  Endoscopic picture showing a type IIc+IIa lesion measuring 2mm in size. The depression was classified into asteroid type.

Color 2  Dissecting microscopic picture showing type IIIb pit pattern on the depression and type III, pit pattern on the marginal area.
Color 1. Endoscopic picture shows a superficial elevated type tumor detected in the series of 130 patients. This picture reveals good contrast effect by peroral dye method. This lesion was histologically an adenoma with mild atypia.

Color 2. Endoscopic picture shows a superficial depressed type tumor easily detected in the other series of 419 patients. This lesion was histologically an adenoma with mild atypia.

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Color 1. Endoscopic pictures showing colonic polyps of type A, B, D and E.

Color 2. This picture shows a colonic polyp of type C. Cancer is found in this small polyp (5mm in diameter).
Color 1: A - B: Endoscopic pictures of case 15 showed a cap of a pill bottle in the esophagus and an esophageal ulcer. C: Endoscopic picture showed an esophageal ulcer in healing stage after two days.

Color 2: A - B: Endoscopic pictures of case 11 showed a root canal reamer in the stomach. C: Reamer removed with a catching forceps.

Color 1: Endoscopic examination revealed a soft and red-purple color tumor at 18 ~ 20.5 cm from the incisor.

Color 2: Eight ml of 1% polidocanol, 1 ml of ethanol and 200 U of thrombin was injected into the lesion.

Color 3: Three days after the first EIS, the lesion turned dark-red and shranked.

Color 4: Three weeks after the first EIS, the lesion shrunked to one forth.
Color 1: Endoscopic picture showed a protruded lesion that was observed through a transparent hood. B: The picture showed just after the mucosal resection, also the resected specimen was grasped a retriever forceps.

Color 2: Emergency endoscopic picture that 5 days after the mucosal resection showed marked fresh oozing at the artificial ulcer. B: Endoscopic hemostasis performed of hemoclipping method.

Color 1: Endoscopic picture showing smooth-surfaced submucosal tumor without bridging fold at the fornix of stomach.

Color 2: Endoscopic picture showing so-called “cushion sign”.
Color 1: Endoscopic picture shows a protruded lesion with ulceration in the antrum. 
Color 2: Endoscopic picture shows a unique form polyp in the antrum.

Color 1: Endoscopic picture of case 1 shows IIa type early gastric cancer. 
B: Endoscopic picture of case 2 shows IIc type early gastric cancer. 
C: Endoscopic picture of case 1 after dyeing. 
D: Endoscopic picture of case 2 after dyeing.

Color 1: Endoscopic finding shows a sessile giant tumor with rough surface extending from anterior wall to greater curvature of the antrum.
Color 2: Macroscopic finding of the resected stomach, the tumor size is 8.5×5.0 cm.
**Color 1** Endoscopic findings.  
A: The tumor prolapsing into the duodenal bulb.  
B: The tumor was pulled out of the duodenal bulb.  
C: The tumor extended from lower body to prepylorus. The blue marking ($\phi$5mm) was put on the tumor.  
D: The surface of the tumor was nodular.

**Color 2** Endoscopic findings of case 1 and 2. A: Case 2. Borrmann 4 type of gastric cancer is seen on the greater curvature of the upper body.  
B: Case 2. Ile like advanced type of gastric cancer is seen on the greater curvature of the upper body.  
C: Case 3. Borrmann 3 type of gastric cancer is seen on the posterior wall of the body.  
D: Case 3. Borrmann 3 type of gastric cancer is regressed.

**Before chemotherapy**  
**After chemotherapy**

**Before chemotherapy**  
**After chemotherapy**
**症例 瀬尾洋二ほか論文**

*Color 1*  Endoscopic picture shows the massive spouting bleeding from the angiodysplasia.

*Color 2*  Endoscopic picture shows the lesion after hemostasis by the hemoclipping.

1/2

**症例 松岡幹雄ほか論文**

*Color 1 A*: Endoscopic picture showed the esophageal varices preremoved foreign body. *B*: Endoscopic picture showed the clasp of artificial denture stuck into the second portion of duodenal mucosa.

*Color 2 A*: Endoscopic picture showed the edge clasp was grasped with basket forceps. *B*: Endoscopic picture showed the esophageal varices post-removed foreign body.

1  2

A  A

B  B

**症例 田中 周ほか論文**

*Color 1*  An endoscopic picture of the sigmoid colon shows cancer of Borrmann 1 type with rough and erosion in the surface.

*Color 2*  An endoscopic picture of gastric cardia shows cancer with ulcer.

1/2
Color 1 Colonoscopic picture showing elevated lesion in the cecum.
Color 2 Endoscopic findings demonstrated the dye flowing out from the elevated lesion. The dye have been injected into the fistula.
Color 3 Endoscopic findings showing a sigmo-vesical fistula and the urinary bladder lumen through the fistula.

Color 1 Endoscopic picture shows colonic polyp on admission.
Color 2 Colonoscopic picture at the second admission shows slightly blue polypoid lesion with bleeding.
Color 3 Colonoscopic picture shows small elevated lesion with hematoma.
Color 1 Emergent colonoscopy shows several longitudinal ulcers at the terminal ileum.
Color 2 The flare-up of irregular shaped ulcers in the cecum are seen.

Color 1 A: Colonoscopic picture showing multiple erosions, ulcers and pseudopolyps. B: Colonoscopic picture showing a stenosis in the descending colon.
Color 2 Low power view of section through the stenotic segment of the transverse colon (Masson stain).

Color 1 A: Colonoscopic picture of the middle transverse colon showing circular strictures and inflammatory polyps and shallow ulcer with edematous border and bleeding. B: Colonoscopic picture of the middle transverse colon after chemotherapy with INH+RFP+SM showing ulcer scar.
Color 2 Microscopic picture of the biopsied specimen. Rod shaped acid fast bacilli are detected by Ziehl-Neelsen stain.
Color 1: Endoscopic picture of the sigmoid colon showing a Yamada type II polyp of 4 mm in size.

Color 2: Endoscopic picture showing a top on the polyp with irregular shaped erosion.

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Color 1: Endoscopic finding of the sigmoid colon. IIc lesion measuring 14×15 mm was observed.

Color 2: Endoscopic finding of the transverse colon (dye spreading method). A IIc type lesion 2 mm in size with red-tinged shallow depression bordered by irregular margin and slightly elevated surrounding mucosa was identified.

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Color 1: Colonoscopic photograph shows central depression with the surrounding elevation, IIc+IIa type lesion. B: Dye contrast method with indigocarmine reveals depressed lesion more clearly.

Color 2: Resected specimen. The depressed lesion with redness was measured 7×4 mm in size.
Color 1  A: Colonoscopic picture showing advanced rectal cancer before treatment.  B: Colonoscopic picture showing the decrease in size of the tumor after irradiation.
Color 2  A: Colonoscopic picture showing destruction of the tumor after the first irradiation of the Nd-YAG laser.  B: Colonoscopic findings of the tumor after the second laser irradiation.  C: Colonoscopic findings of the tumor after the third laser irradiation.  D: Colonoscopic picture showing disappearance of the tumor after treatment.

Endoscopic photograph shows prominent ulcer in the rectum.
Endoscopic photograph shows erythema in the terminal ileum.
Color 1. Endoscopic finding of a polypoid lesion with a stalk and several surface erosions in the lower rectum.

Color 1. Endoscopic picture on admission showing snake skin pattern and multiple red spots with hemorrhage.

Color 2. Endoscopic picture 2 months after embolization showing very few red spots and gastric varices: Lg-f, F1, RC−.

Color 1. Laparoscopic findings.

Color 2. Histological finding of liver biopsy during laparoscopy revealed mild focal necrosis with mild lymphocyte infiltration. Note: Scistosomiasis japonica eggs.

Color 3. Histological finding of the rectal biopsy, showing mild infiltration of chronic inflammatory cells. Note: Scistosomiasis japonica eggs.
Color 2: Microscopic picture of liver biopsy specimen. A: Masson stain, × 8, B: Masson stain, × 40.
Color 4: Microscopic picture of liver biopsy specimen. A: Masson stain, × 8, B: Masson stain, × 40.
症例 池上俊朗ほか論文
色1

1. A: Resected specimen of the tumor. 
   B: Resected specimen of the gallbladder.

症例 崔仁煥ほか論文

色1 High power view of elevated lesion in the main pancreatic duct. Papillary proliferation of columnar epithelium are seen.

症例 津保勝郎ほか論文
色1 Endoscopic findings of the stomach on the fourth admission, giant folds are observed in the posterior wall from upper part to lower part of the gastric body.

症例 松田浩二ほか論文
色1 Endoscopic examination shows esophageal varices [Cb, Lm, F1, RC[-]].

症例

色2 Endoscopic finding of the esophagus shows no varices.