
**Color 1** Endoscopic picture in case with bleeding from esophageal varices. A white clot on a bleeding lesion was seen and hemostatic EVLsc was carried out. The bleeding was controlled perfectly.

**Color 2** Endoscopic picture at one week after EVLsc. All loops remained, and improvement of F-number and disappearance of RC sign was seen.

**Color 1** Endoscopic picture showed the bleeding point of esophageal varices with red plaque at 20 days after EVL.

**Color 2** Endoscopic picture showed the bleeding point of lacerated wound at 19 days after EVL.
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**Color 1**
A: Endoscopic picture shows esophageal varices F_{1-2}, RC (+) before BRTO. B: Esophageal varices were exacerbated to F_{3}, RC (+) 5 days after BRTO.

**Color 2**
Endoscopic pictures of gastric mucosa on gastric varices. A: Finding before BRTO. B: Redness and edema were appeared 1 day after BRTO. C: Redness became severe 3 days after BRTO. D: Reddish mosaic-like findings, "scaly reddening" we call, was appeared 7 days after BRTO.

**Color 3**
Endoscopic pictures of gastric body. A: Mild PHG was appeared before BRTO. B: PHG was deteriorated 3 days after BRTO.

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**Color 1**
A: Endoscopic picture shows multiple ulcers with various erosions and redness, mucosal thickness and deformity at the angulus and the antrum. The lesion was diagnosed endoscopically as gastric cancer, but no malignancy was suggested by biopsy. B: Endoscopic picture shows ulcer scars two months after medical treatment.

**Color 2**
Endoscopic picture shows linear ulcer with fine granules on the lesser curvature at the angulus. Though the lesion was diagnosed endoscopically as benign ulcer, biopsy specimen showed moderately differentiated adenocarcinoma histologically.
Color 1 A: Endoscopic view showed a lesion in the sigmoid colon. B: Pathological findings showed Grade-3 submucosal invasion (sm depth 4150 μm, sm width 9.2 mm). ly (-), v (+), n (-), SCI (+), MUC (+). Green lines indicate sm depth and width, yellow arrow indicates MUC.

Color 2 A: EUS view of normal colon with injection of gelatin (green arrow) into the submucosal layer. B: Histological view of the same specimen. Green arrow indicates gelatin.

Color 1 A: A case is 73-year-old female patient. Well differentiated sm, adenocarcinoma of the transverse colon 7 mm in diameter. The lesion shows relatively high distensibility. At the bottom right is shown the IIIa or small IIIb type pit pattern revealed by magnifying endoscopy.

Color 2 A: A case is 68-year-old male patient. Well differentiated sm adenocarcinoma of the descending colon 6 mm in diameter. The lesion slightly elevated, and showing an obvious marginal undulation of the depresses area. At the bottom left is shown the type V pit pattern revealed by magnifying endoscopy.
Colonoscopic picture showing the degree of lifting sign by submucosal saline injection method.

**Color 1** Tumor is completely elevated, an example of a positive lifting sign.

**Color 2** Tumor is incompletely elevated, an example of a false positive lifting sign.

**Color 3** Tumor is not elevated, an example of a negative lifting sign.

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**Color 1** After setting up of the operative system the area of excision marked with the high-frequency knife is dissected from the rectum along the appropriate plane.

**Color 2** The defect is closed with a suture anchored with silver clips.
Color 1 Endoscopic findings of the lower esophagus. The cause of severe dysphagia was not apparent.

Color 1 Endoscopic picture on admission. A: Intramural hematoma spread from the esophagus to upper body of stomach. B: Bleeding from the hematoma in the lower esophagus is copious.

Color 2 Endoscopic examination revealed reddish esophageal mucosa with disappearance of vasculature, nodular lesion and ulcer scars.

Color 2 Endoscopic picture on the 2nd hospital day. A: The esophageal mucosa swells widely and its color changes to dark purple. B: The gastric mucosa is edematous and erosive excluding on the greater curvature.

Color 3 Resected esophagogastric specimen. Anal site of the esophagus had similar appearance of the gastric mucosa, but contained small nodules, ulcer scars.

Color 3 Endoscopic picture on the 26th hospital day. A: Erosions on the esophageal mucosa is epithelialized. B: The gastric mucosa looks almost normal.
**Color 1 A:** Endoscopic finding of pedunculated polyp on the greater curvature of the upper body. **B:** Endoscopic finding of other elevated lesions.

**Color 2 A:** Tumor cells of uniform appearance and acinar pattern of growth form (HE, ×230). **B:** A strong argyrophilic reaction was present (Grimelius stain, ×230).

**Color 1 A:** An endoscopic picture in Jan 1985. Metaplastic mucosa is seen with small redness in the posterior wall of the antrum. **B:** An endoscopic picture in Feb 1990. A depressed lesion appears in the same site with small redness seen in the previous endoscopy.

**Color 2 A:** An endoscopic picture in July 1990. A depressed lesion is seen more clearly. The p53-positive glands were detected from a biopsy specimen taken from this lesion. **B:** An endoscopic picture in Feb 1991. In this picture, only small redness is seen and it is hard to check up the presence of a depressed lesion.

**Color 3 A:** An endoscopic picture in Nov 1992. A depressed lesion can be seen again. **B:** An endoscopic picture in June 1993. Because of the irregular margin of the depression, it was diagnosed as early gastric cancer type IIc. Biopsy specimens from this lesion revealed moderate differentiated adenocarcinoma histologically.

**Color 4** Immunohistochemical findings of a biopsy specimen in July 1990. Abnormal nuclear accumulation of p53 can be seen in several tubular glands.
Color 1: Endoscopic view revealed a small elevated lesion at the anterior wall of the duodenal bulb.
Color 2: Resected specimen revealed the cut edge was negative for tumor.

Color 1: Endoscopic findings of the duodenal 2nd portion. Multiple polypoid lesions are seen.
Color 2: Endoscopic findings of the ascending colon. Multiple polypoid lesions are seen.
Color 3: Endoscopic findings of the sigmoid colon. Multiple polyps with various size, some of which have delles on their tops are seen.
Color 4: Endoscopic findings after chemotherapy of the ascending colon. Polypoid lesions have disappeared.

Color 1: Colonoscopy revealed a slightly yellowish submucosal tumor.

Color 1: Endoscopic view of newly designed clip approaching esophageal varices.
Color 2: Endoscopic view of newly designed clips and esophageal varices just after clipping.
Color 1  Only an oblique view of 0'Ta type of early gastric cancer located at the posterior wall of the lower body could be obtained by usual endoscopic examination.
Color 2  Using a cap, a front view of the lesion could be obtained, and a size of the lesion was diagnosed as 12mm in diameter measuring from the diameter (15mm) of the cap.
Color 3  A: Bleeding point of the artificial ulcer was compressed by a side of the cap. B: A certain hemostasis was obtained by clipping method under a good view using a cap.

Color 1  Endoscopic picture revealed IIc type early gastric cancer in the posterior wall of lower body.
Color 2  The histopathological findings of IIc type early gastric cancer. The depth of invasion was limited to the mucosa and fan-shaped fibrosis was seen in the submucosa under the cancer lesion.
Color 1 TV-Endoscopic picture (by Machida) shows both hyperplastic polyp and villi of mucosa at the upper jejunum.

Color 2 TV-Endoscopic picture (by Olympus) shows findings of enteritis consisting of multiple red spots and edematous mucosa at the ileum seen through sliding tube.

Color 1 Endoscopic picture showed ligated internal hemorrhoids.

Color 2 Endoscopic picture at one week after the endoscopic hemorrhoidal ligation. Ligated hemorrhoids changed shallow ulcers.

Color 1 A: Endoscopic finding showing esophageal varices (F2) in the first examination. B: Endoscopic finding showing esophageal varices (F3) in the last examination.

Color 2 A: Endoscopic finding showing diffuse redness of gastric mucosal lesions in the first examination. B: Endoscopic finding showing little redness of gastric mucosal lesions in the last examination.

Color 1 Endoscopic findings (no color-changed case). Contrast staining of the gastric mucosa with cochineal extract.

Color 2 Endoscopic findings (color-changed case). There was a region which changed in color from red to purple of the anterior wall of the antrum.
Color 1: Endoscopic view of IFP initially diagnosed as hyperplastic polyp (case 8).
Color 2: Endoscopic view of IFP showing semipedunculated configuration with smooth surface (case 11).

Color 1: Endoscopic view of lesions in Case 3 with post-chemotherapy gastric hemorrhage. A: Pre-chemotherapy, B: Post-chemotherapy.

Color 2: Endoscopic view after distal gastrectomy Billroth-I reconstruction. Severe reflex esophagitis is shown. It is equal to Makuuchi’s classification Grade III.
Color 3: Endoscopic view after Roux-en-Y reconstruction. Erosion of lower esophagus has almost vanished.
Color 1  These are endoscopic pictures for case 1. On pre-medication (A・B) endoscopic picture shows esophagitis of SM stage III. Five weeks after medication (C・D), this stage change to SM stage Ib, and 1 year after treatment (E・F), this becomes SM stage Ia esophagitis.

Color 2  Endoscopic pictures for case 2 are shown on pre-medication (A・B) and 1 week after medication with PPI (C・D). Endoscopic findings are not so different among them.

Color 3  With regard to case 2. In 3 weeks after medication (A・B), they show reduction of erosion and their findings are much remarkable changes on 7 weeks after treatment (C・D).
Color 1 A・B: Endoscopic findings showing the cardiac cancer invading the lower esophagus. C: Endoscopic finding just after implantation of the Ultraflex esophageal prosthesis. D: Endoscopic finding 2 weeks after implantation of the stent.

Color 1 Endoscopic pictures showing nodular pattern like a goose-flesh in the gastric antrum.

Color 2 Phenol red endoscopic pictures showing a diffuse red color change in the antrum which emphasize an antral nodularity clearly.

Color 3 A: Endoscopic picture showing no antral nodularity after eradication. B: Phenol red endoscopic picture showing no red color change in the gastric antrum after eradication.
**Case 1**

Color 1: Endoscopic picture showing a bright red spot on the lesser curvature near the incisura angularis. Endoscopic finding suggested angiodyplasia of the stomach.

Color 2: Color Doppler endoscopic ultrasonography shows flow signal in the lesion. Pulsatile flow is detected. This features supported a diagnosis of angiodyplasia.

**Case 2**

Color 1: A·B: Endoscopic picture showing ectatic antral capillaries extending radially.

Color 2: Endoscopic picture showing a tendency to improvement after Ethoxxysklerol injection therapy.

**Case 3**


Color 1  An endoscopic picture of huge polyps type Yamada IV on the anterior wall of middle and lower body.
Color 2  Two polyps are observed by endoscopy on the greater curvature and anterior wall of the lower body.
Color 3  A huge polyp lies below the cardia.

Color 1  Endoscopic finding shows 4mm in size Yamada I type polyp on the anterior wall of the lower body.
Color 2  Histological finding of biopsy (×200). Grimelius positive granules were seen.

Color 1  Endoscopic findings showing an irregular protruded tumor with erosion and bleeding in the gastric stump (A) and the duodenum (B).
Color 2  Endoscopic findings showing reduction of the tumor and formation of the ulcer after chemotherapy.
Color 1  Endoscopic examination revealed submucosal tumor with 3cm in diameter on the posterior wall of the antrum.

Color 2  Histological diagnosis was malignant lymphoma, follicular medium-sized cell type.

Color 1  Endoscopic picture showing as early gastric cancer, type 0-IIc in anterior wall of gastric body.

Color 2  At anal side, specked discoloration is found in the anterior wall.

Color 1  A: Endoscopic finding of 62-year-old man shows IIc type early gastric cancer (m) on the greater curvature of the antrum.  B: Endoscopic finding using dye-spraying technique.

Color 2  A: Endoscopic finding of 65-year-old man shows IIc type early gastric cancer (m) on the greater curvature of the antrum.  B: Endoscopic finding using dye-spraying technique.
Color 1  Endoscopic examination showed a gastric ulcer located on the angulus of the lesser curvature of the stomach.
Color 2  The ulcer scar changed to a small reddish granulomatous elevated lesion.
Color 3  The lesion changed to an elevated multiple tuberous lesion with fold concentrations and a central depression.

Color 1 A: Endoscopic pictures showing an elevated lesion with a central ulceration. B: Endoscopic findings after 2nd chemotherapy. C: Endoscopic finding of healed central ulceration after 4th chemotherapy.
Color 2 A: Bronchial cytology showed small cell carcinoma (Papanicolaou stain, ×400). B: The biopsy of intraabdominal tumor revealed small cell lung carcinoma (HE stain, ×200).
症例 家富克之ほか論文
（本文184〜185p）

Color 1  Endoscopic finding of gastric cancer of Z' type on the posterior wall of the body.
Color 2  Endoscopic findings of colonic polyp.

症例 三島吾朗ほか論文
（本文186〜187p）

Color 1  Endoscopic examination reveals a gastric cancer of Ila type on the posterior wall of the cardia.
Color 2  Endoscopic examination reveals a gastric cancer of I' type on the lesser curvature of the gastric body.

症例 吉原一郎ほか論文
（本文188〜189p）

Color 1  A huge polyp on the duodenal bulb.
Color 2  Endoscopic findings before the polypectomy.

症例 林田浩明ほか論文
（本文190〜191p）

Color 1  Endoscopic picture shows elevated lesion with deep ulceration in the second portion of the duodenum.
Color 2  Papilla of Vater reveals normal.
Color 1  Endoscopic findings showing nodular duodenal varices with fibrin plug in the descending portion of the duodenum.

Color 2  Endoscopic findings after TIPS. A: On 7 days after, variceal color has changed. B: On 2 months after, duodenal varices has disappeared.
Color 1 Endoscopic findings of duodenum. A IIa+IIc lesion seen at the anal side of the Vater’s papilla.
Color 2 Endoscopic examination with indigocarmine spraying technique showing depression clearly visible.

Color 1 Endoscopic picture showing a parasite in the bottom of cecum.

Color 1 White coat and ruber, running longitudinally, are observed in the terminal ileum.
Color 2 In a more rostral part of the terminal ileum, white coat increases in amount, occupying almost the entire circumference, and the mucosa blackens and bleeds, demonstrating ulcerative change caused by circulation disturbance.

Color 1 Colonoscopic view of Case 1 showing diffuse reddish and edematous mucosa at transverse colon (A) and multiple erosion with hemorrhage at sigmoid colon (B).
Color 2 Colonoscopic view of Case 2 showing edematous mucosa and multiple erosion with hemorrhage at sigmoid colon (A), transverse colon (B).
Color 1  A: Endoscopic examination showed multiple pseudomembranes on the sigmoid colon.  
B: At recurrence after the cessation of VCM treatment, pseudomembrane were observed on the descending colon.  
C: Marked mucosal edema was shown on the sigmoid colon.  
D: After the whole treatment, the mucosa of the whole colon was recovered from pseudo-membranous colitis. (The picture is the findings of sigmoid colon)

Color 1  Endoscopic picture shows erythema and friability of the mucosa in the excluded descending colon.

Color 1  Colonoscopic examination showed an elevated lesion covered with granulated mucosa, and that was pushed out from one side.

Color 1  Endoscopic picture of sigmoid stricture due to Crohn’s disease.

Color 2  Sigmoid stricture. Endoscopic appearance one year after balloon dilation.

Color 2  Histologically, there was heterotopic endometrium accompanied with stroma in biopsied specimen.
**Color 1** Endoscopic picture shows a reddish subpedunculated polyp.

**Color 2** Endoscopic picture showing the smooth surface of the polyp.

**Color 1** Endoscopic picture showing of the transparent bluish tumor covered by normal mucosa.

**Color 1** Colonoscopic picture of the transverse colon shows a flat elevated lesion. **B**: Colonoscopic picture, post injection of hypertonic saline-epinephrine solution, shows positive non-lifting sign. **Color 2** A: Gross view of the tumor. **B**: Low power view reveals intramucosal carcinoma in adenoma with remarked fibrosis in the submucosal layer.
**Color 1** Colonoscopic picture showing a subpedunculate, elevated lesion, sized 15mm in diameter, in the rectum. The tumor is covered with obviously normal rectal mucosa.

**Color 2** Colonoscopic examination with indigo-carmine spraying technique showed normal pit pattern on the lesion.

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**Color 1** Colonoscopic view revealed a hemispherical polyoid lesion with smooth surface except for central deep ulceration.

**Color 2** Colonoscopic view shows irregular yellowish spots, in addition feather-shaped and spider-like vascular pattern.

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**Color 1** Spurting hemorrhage from the posterior wall of upper body was observed by endoscopy.

**Color 2** Endoscopic picture showed varices like elevated lesion on the lower anterior wall of the body.

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**Color 1** Four punched-out ulcers with a exposed vessel were observed at the lower rectum.

**Color 2** Colonoscopic findings showing ulcer scars at 8 days after hemostasis by the hemoclipping.
**Color 1**: The distant view of laparoscopic findings shows irregular surface of right lobe. **Color 2**: Laparoscopic findings shows white patches.

**Color 1**: A: Endoscopic picture shows a suspected gallstone in the duodenal bulb. B: Two days later the stone is not recognized and then a fistula orifice is seen at the posterior wall. **Color 2**: A: Operative finding of ileum where the gallstone is incarcerated. B: The longitudinal incision reveals the incarcerated gallstone. C: The removed gallstone, 5×2.5×2.5cm in size.

**Color 1**: Laparoscopically, we injected OK-432 into the liver of the gallbladder bed.
Color 1 Laparoscopic finding showed the perforated portion on anterior wall of the duodenum.

Color 2 A: The perforated portion of the duodenum was lifted by grasp forceps. B: The duodenal perforation was closed laparoscopically with EndoGIA.

Color 1 Duodenoscopic picture shows a swollen major papilla with production of mucin from a dilated orifice.

Color 2 Endoscopic picture of duodenal membrane invaded by the tumor shows a lotus nut like holes filled by mucinous material.

Color 1 A • B • C • D: Laparoscopic lumbar discectomy and fusion (case 1, extraperitoneal approach).