Color 1  Endoscopic pictures of a graph paper at the same distance by GIF-Q230 (left) and XGIF-QW230 (right) videoendoscopes.

Color 2  Endoscopic pictures of the internal surface of a syringe by GIF-Q230 (left) and XGIF-QW230 (right) videoendoscopes.

Color 3  Endoscopic pictures of a resolving-power test chart at the same distance by GIF-Q230 (left) and XGIF-QW230 (right) videoendoscopes.

Color 4  Endoscopic pictures of two healed ulcers after EVL in the lower esophagus by GIF-Q230 (left) and XGIF-QW230 (right) videoendoscopes. Vascular patterns near the healed ulcers could be clearly observed by both types of videoendoscopes.

Color 5  A small polyp of the superior duodenal angle could be observed by XGIF-QW230 (right), but not by GIF-Q230 endoscope (left).

Color 1 a  Without intravenous ICG injection, irradiated surface turned whitish immediately after irradiation, but the degree was slightly.

b  A week after, Regenerated epithelium was slightly reddish.

c  In intravenous ICG injection, endoscopic findings showed irritated surface turned whitish and surrounding mucosa was swollen immediately after irradiation.

d  Endoscopic findings after 1 week from irradiation showed a regenerated redness epithelium surrounding the shallow ulcer.

Color 2 a  Endoscopic findings showed esophageal varices (F2RC (+)) before EIS or EVL.

b  Immediately after irradiation, the surface turned swollen in keeping with irradiation area.

c  Endoscopic findings showed a shallow ulcer with redness and epithelium surrounding itself after 7 days.

d  A month after treated, we could not obtained any varices endoscopically.
Color 1  Endoscopic findings showing solitary gastric varix (Case 5).

Color 1  Endoscopic finding showed circular erosion in gastric roll due to irradiation.

Color 2-a  Argon Plasma Coagulation.

b  After Argon Plasma Coagulation (APC).

Color 1-a  Endoscopic findings: bleeding from ulcer.

b  Multiple ulcer after coagulation.

Color 2  Healing ulcer 3 months after PSL treatment.

Color 3  Scarring ulcer 6 months after.

Color 1-a  Endoscopic findings showing esophageal ulcer.

b, c, d  Endoscopic findings showing multiple active duodenal ulcers.

Color 2-a  Endoscopic findings showing duodenal ulcer at 1 month after medication with antiulcer agents.

b  Endoscopic findings showing duodenal ulcer at 2 weeks after medication with Ganciclovir.
Endoscopic pictures show the papilla of Vater with mild swelling at March 20, 1998.
Endoscopic picture shows the papilla of Vater at April 8, 1998.

Color 1 a, b  An endoscopic picture revealed an ulcer with half circumference in the terminal ileum.
Color 2  Endoscopic picture taken 4 months after Fig. 1. Ulcer is disappeared.
Color 3  An endoscopic picture on the 2nd admission showed a large ulcer in the terminal ileum.
Color 4  Endoscopic picture taken 4 months after 2nd admission.

Colonoscopy shows a punched-out ulcer on ileocecal valve.
The biopsy specimen shows cytomegalic giant cells.
Positive cells are detected by the immunological stain for CMV antigen.

The lesion was on the pylorus ring.
Retroflex view from duodenum.
After normal saline was injected.
After endoscopic mucosal resection.
Color 1  Colonoscopic findings showed villous tumor in the sigmoid colon in ordinary observation.
Color 2  Colonoscopic findings showed nodule aggregating lesion in the sigmoid colon in ordinary observation.

Color 1  Endoscopic findings showing bleeding from portal hypertensive gastropathy just after hematoemesis (Case 3).
Color 2  Endoscopic findings showing portal hypertensive gastropathy without bleeding is mild after partial splenic embolization (PSE) (Case 3).

Color 1 a  Endoscopic findings of the early cancer (IIa, well differentiated adenocarcinoma) in the bulb.
b  Indigo-carmine dye contrast method.
Color 2 a  Endoscopic findings of the early cancer (IIa, poorly differentiated adenocarcinoma) in the bulb.
b  Indigo-carmine dye contrast method.

Color 1  Endoscopic picture of the esophagus.
Color 2  Endoscopic picture of the duodenum.
Color 3  Histological picture of the esophagus.
Color 4  Histological picture of the duodenum.
症例 陸川秀智，他論文
〈本文74頁－75頁〉

Color 1  Endoscopic findings on admission.
- a  Endoscopic examination revealed hemorrhage and submucosal dissection from E-G junction up to middle portion of the esophagus.
- b  Ulcer at active stage. The ulcer was large and deep in the cardia. The coagula was in the bottom of the ulcer.
Color 2 a  Case 31-year-old male: Endoscopic findings showed esophageal mucosa was fluttering like a flag.
- b  Case 72-year-old male: Endoscopic findings showed peeled esophageal mucosa and transverse folds which were probably the inner circular muscle layer.
- c  Case 28-year-old female: Endoscopic findings showed esophageal mucosa looked like a streamer.

症例 成宮孝祐，他論文
〈本文76頁－77頁〉

Color 1 a  Two submucosal tumors in the middle thoracic esophagus.
- b  Two granular cell tumors in the lower thoracic esophagus.
- c  Inverted image of two granular cell tumors in color 1-b.
Color 2  Endoscopically resection under general anesthesia.
- a  The huge granular cell tumor in the lower thoracic esophagus.
- b  Cutting and snaring.
- c  Horizontal profile.
- d  Completely resected.
Color 3, 4  Pathological findings of the greatest granular cell tumor.
Color 3 a  Macroscopic image.

症例 本田 徹，他論文
〈本文78頁－79頁〉

Color 1  Endoscopic findings of the main lesion of the tumor. Iic-like gastric carcinoma was seen on the greater curvature of the antrum.
Color 2  Endoscopic findings of the middle and lower gastric body. Giant folds were not seen and the gastric body was inflated very well.
Color 3  Macroscopic findings of the resected specimen. Carcinoma sells spread between the two yellow lines.
Color 4  Endoscopic findings of the residual stomach. The anterior wall of the stromal portion was elevated, but carcinoma cells were not detected by biopsy specimen.
**Color 1** Endoscopic view of the lesion with irregularly surrounded stepdown before treatment.

**Color 2** Endoscopic view of the procedure making fistula by using 18G needle with outer sheath.

**Color 3** Endoscopic view of the lesion through gastric fistula.

**Color 4** 24 hrs after PDT, the lesion revealed ulcer formation with edematous surrounding.

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**Color 1** Gastroscopic finding showing a large polyp with thick pedicle in distal part of the stomach.

**Color 2** Intraoperative gastroscopic view showing a tumor pulled by snare wire. This tumor was resected by 3 times firing of the 45mm linear stapler that was inserted through the 12mm trocar.

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**Color 1** Showing endoscopic pictures of severe atrophy and anemic gastric mucosa.

- a Antrum.
- b Gastric body.

**Color 2** Showing endoscopic pictures of no metachromasia on the gastric mucosa after Cagored test.

- a Antrum.
- b Gastric body.

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**Color 1** Endoscopic examination demonstrating perforation, about 10mm in diameter, on the anterior wall of the residual stomach.

**Color 2** Endoscopic examination showing a balloon catheter which inserted from the abdominal wall.
症例 福田有希子，他論文
(本文88頁—89頁)

Color 1  Endoscopic examination showed a blackish elevated lesion with central depression in the anterior wall of bulbus before chemotherapy.
Color 2  Endoscopic examination after three regimens showed decrease of elevated lesion and clearance of pigmentation compared with that before chemotherapy.

症例 山岸直子，他論文
(本文90頁—91頁)

Color 1  Colonoscopic picture of the sigmoid colon showing longitudinal mucosal redness.
Color 2  Colonoscopic picture of the sigmoid colon showing multiple round-like ulcers. These ulcers are not discrete.

症例 松田 健，他論文
(本文92頁—93頁)

Color 1  Colonoscopy showed a protrusion, which was a slightly yellowish and soft submucoosal tumor with smooth surface, located at the transverse colon.
Color 2  The tumor was soft and cushion sign was positive.
Color 3  We successfully performed endoscopic resection for the tumor using a snare.
Color 4  Microscopic findings of the resected specimen revealed that the tumor was lymphatic cyst covered with normal colonic mucosa and the lumen was lined by monolayered endothelial cells.

症例 土用下和之，他論文
(本文94頁—95頁)

Color 1  Findings of gastroscopy showing multiple polyps which were hyperplastic polyps.
Color 2  Findings of colonoscopy showing various sized polyp.
Case 1

Endoscopic findings showing protruded lesion in the transverse colon.

Case 2

Endoscopic findings after dyeing by methylene blue showing a small part of neoplasm in the oral margin of central depression.

Case 3

Markedly reddish polyp with thick stalk are revealed by colonoscopic examination. Other two sigmoid colon polyps have almost the same appearance.

Using detachable hemostatic snares, the stalk was squeezed to the extent of causing purple discoloration of the polyps. Then the polyps were resected by high frequency snare keeping some distance from the hemostatic snare.

Bleeding ulcers and massive coagula were seen by emergency colonoscopic examination.

Case 4

Macroscopic view of resected tumor with 1.5×1.0×0.6cm in size.

Microscopic view of the cyst wall that was lined by squamous epithelium.

Case 5

Laparoscopic finding of the right lobe shows a gentle undulation, widespread depressions.

Laparoscopic finding shows multiple reddish markings. After ICG injection, the elevation areas are stained, but the depression areas are weakly stained.