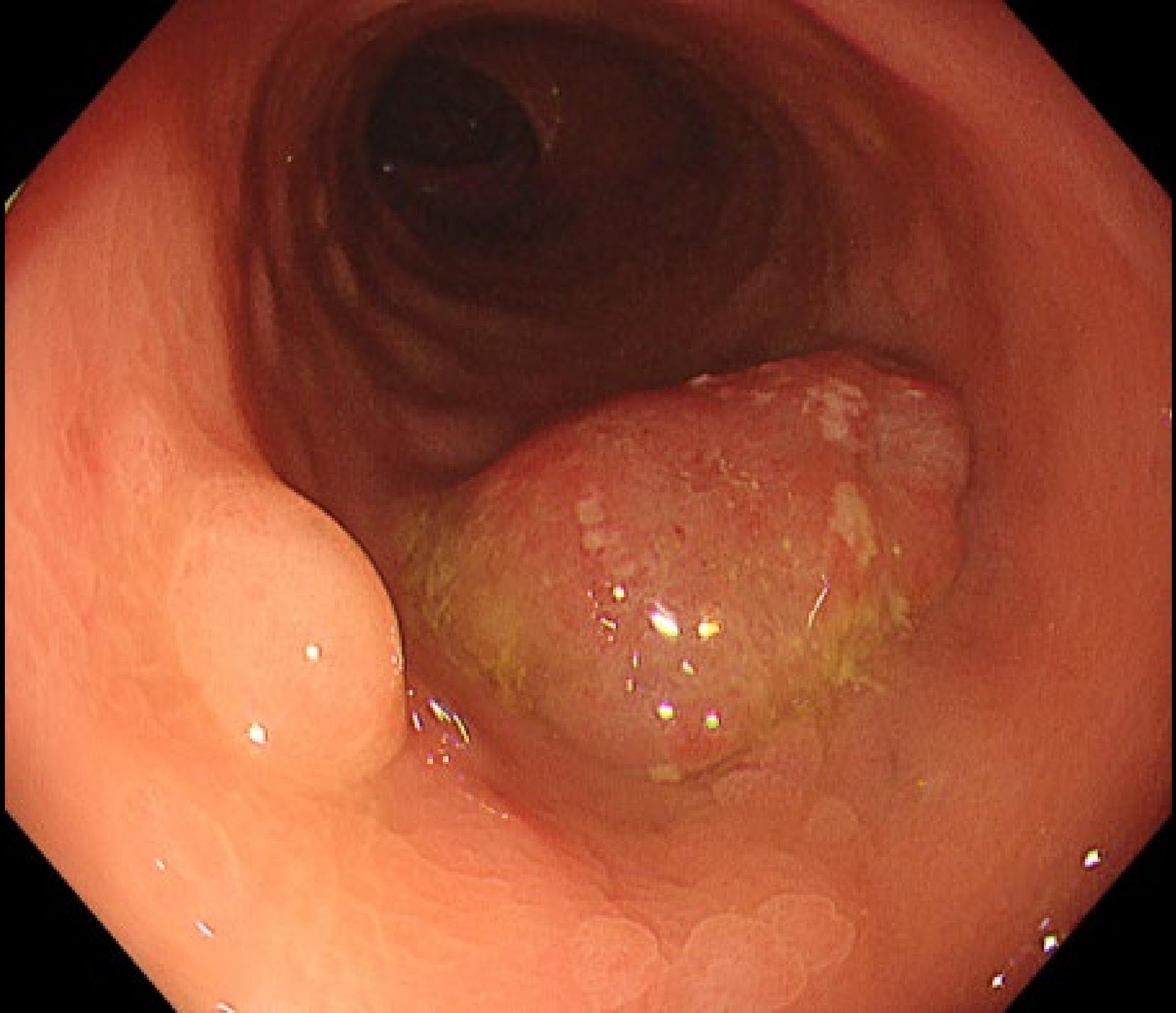
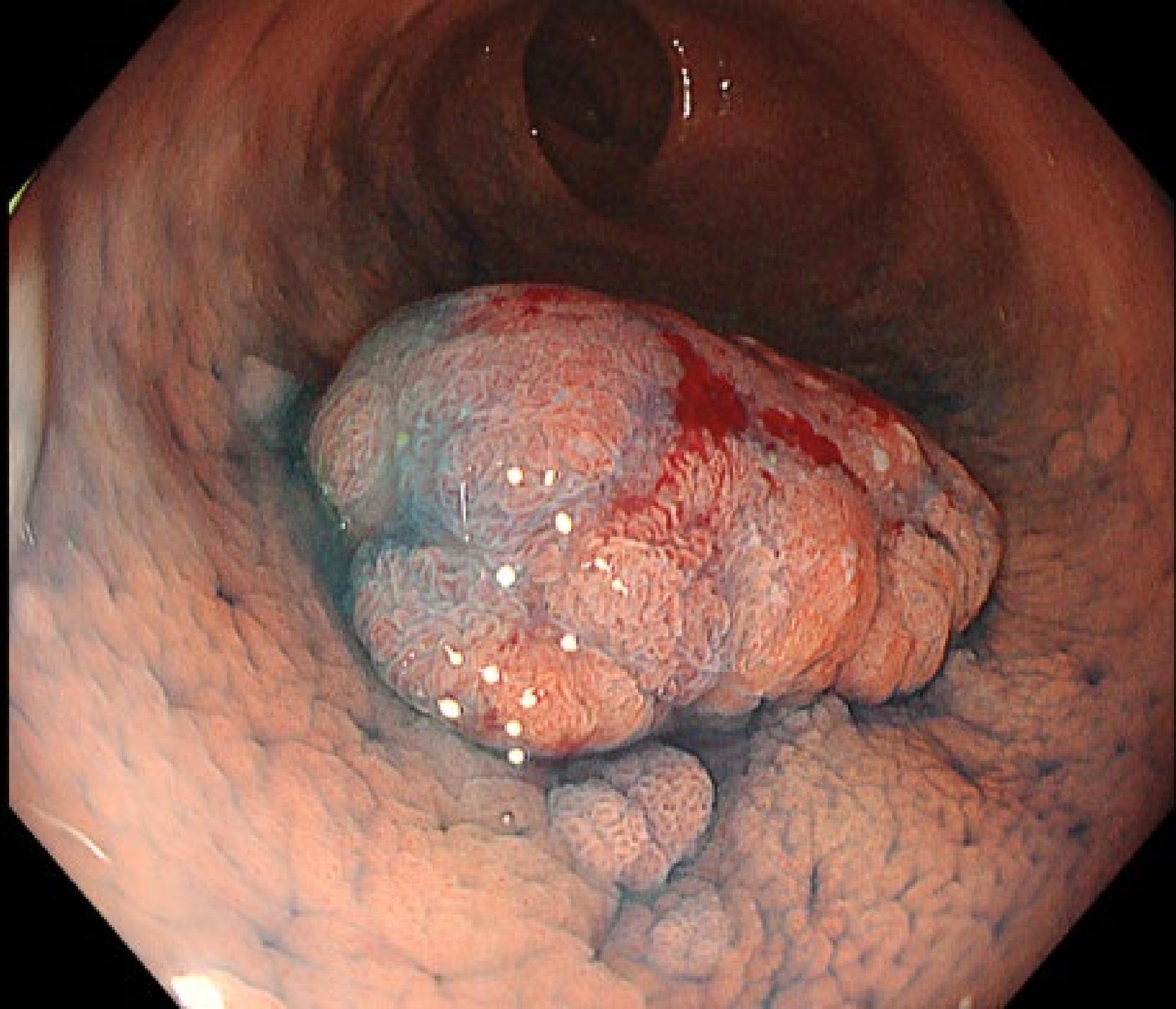


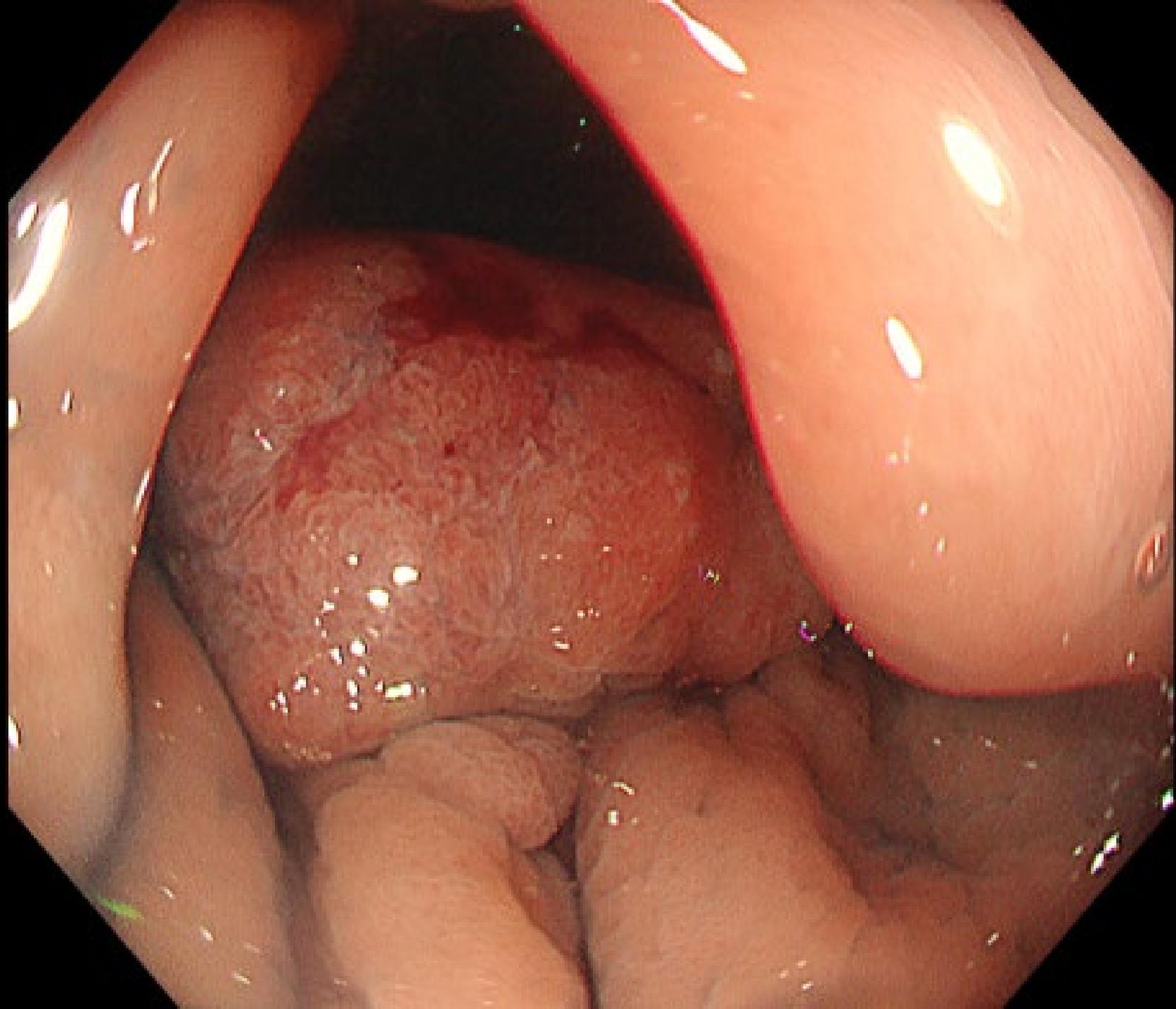
# 消化管 mapping 大腸

発表：大川先生

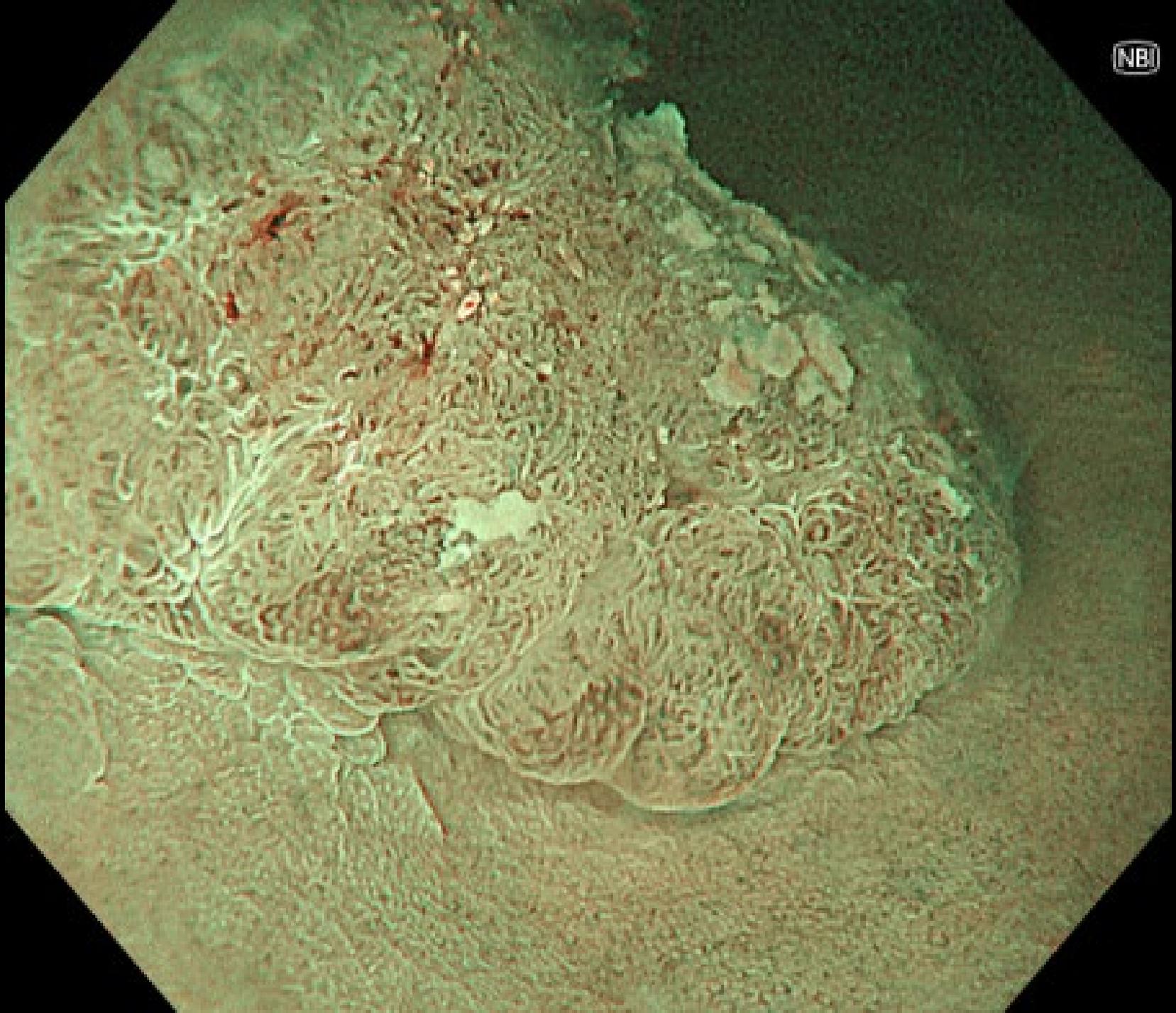
通常観察 3枚  
(インジゴ散布も)

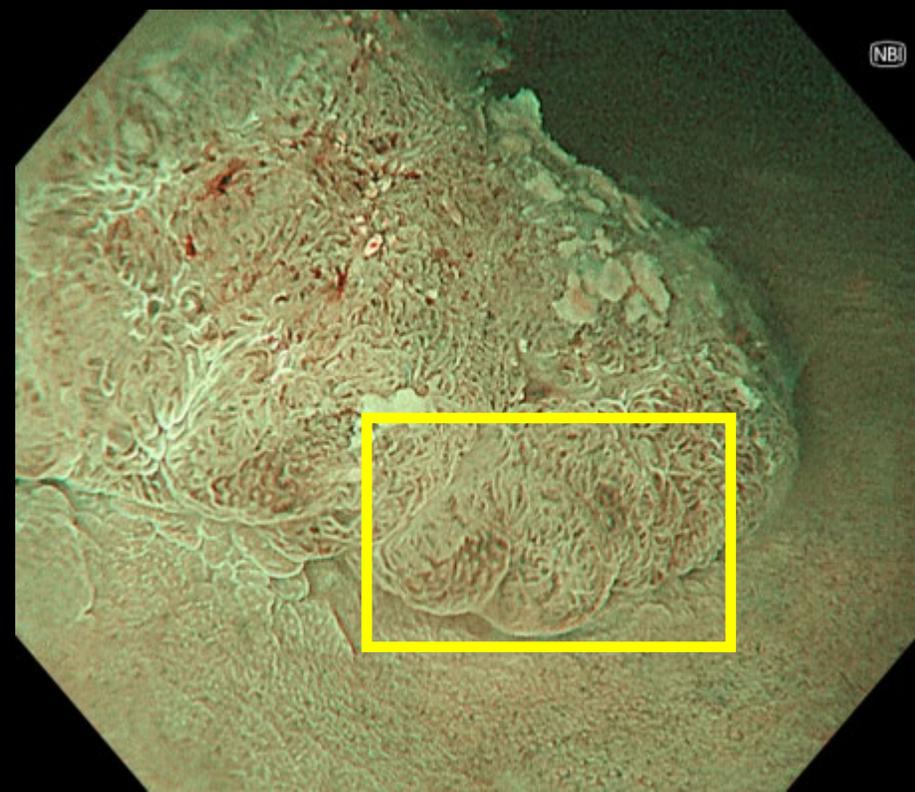
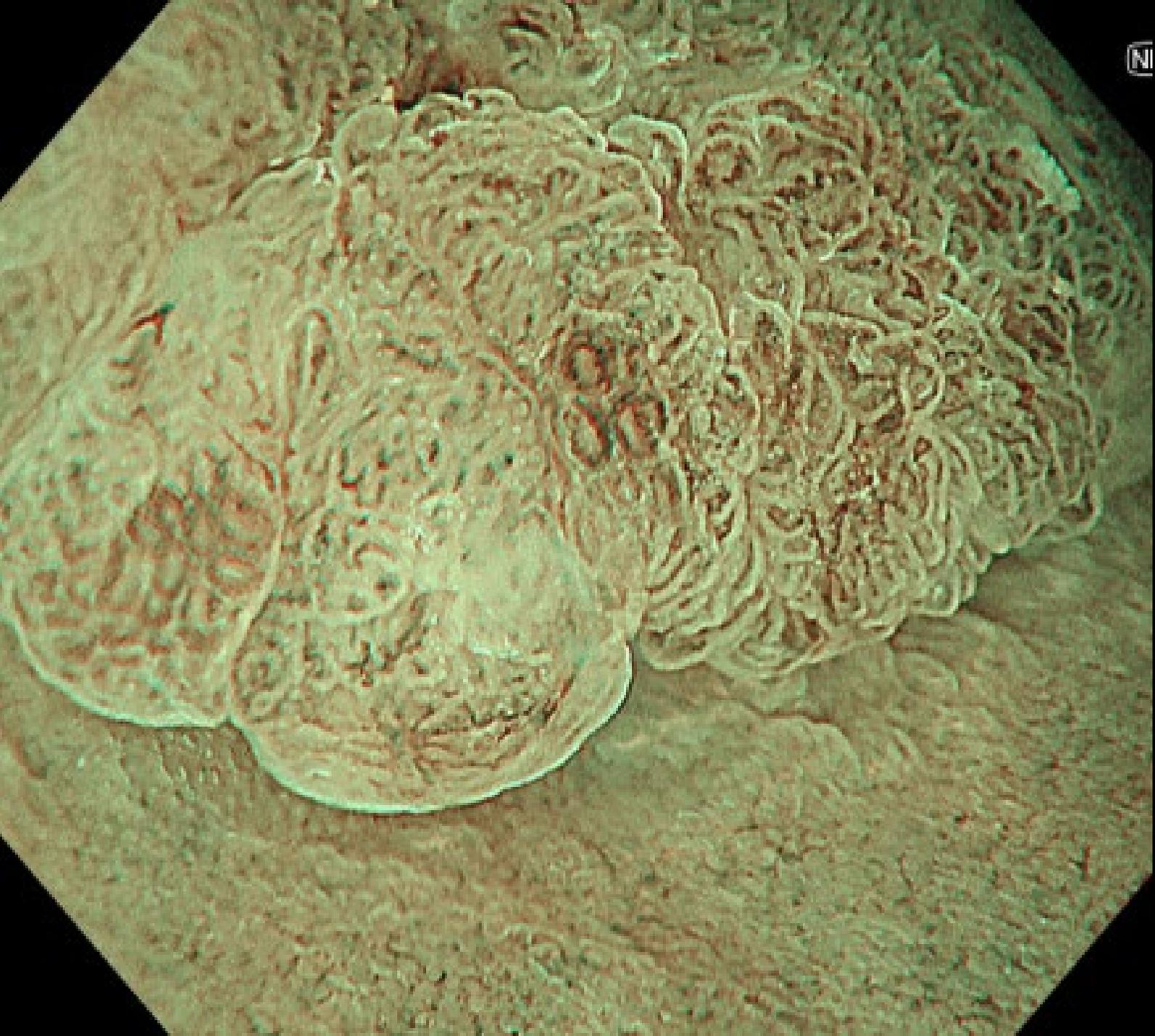


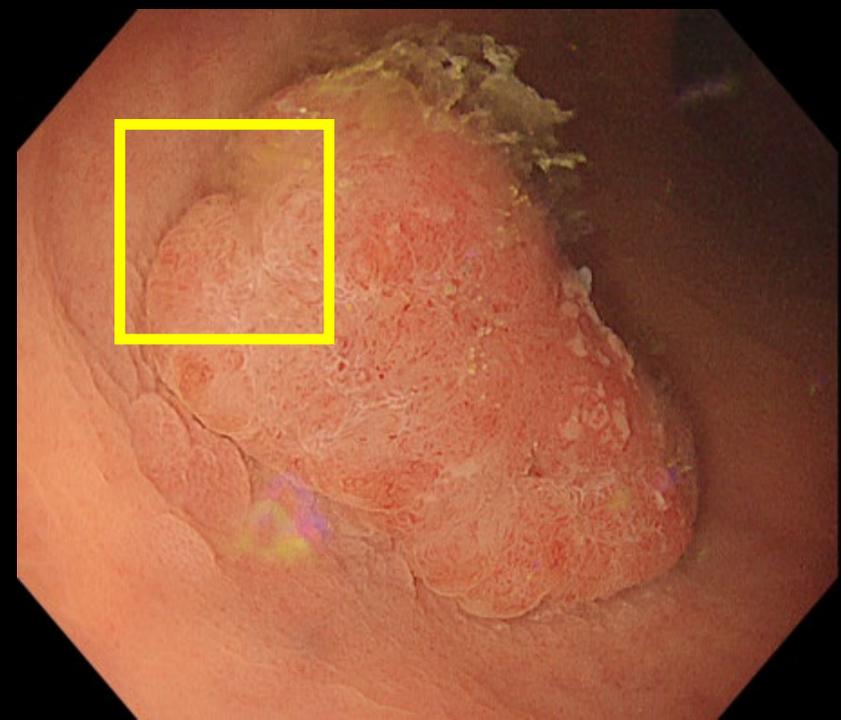
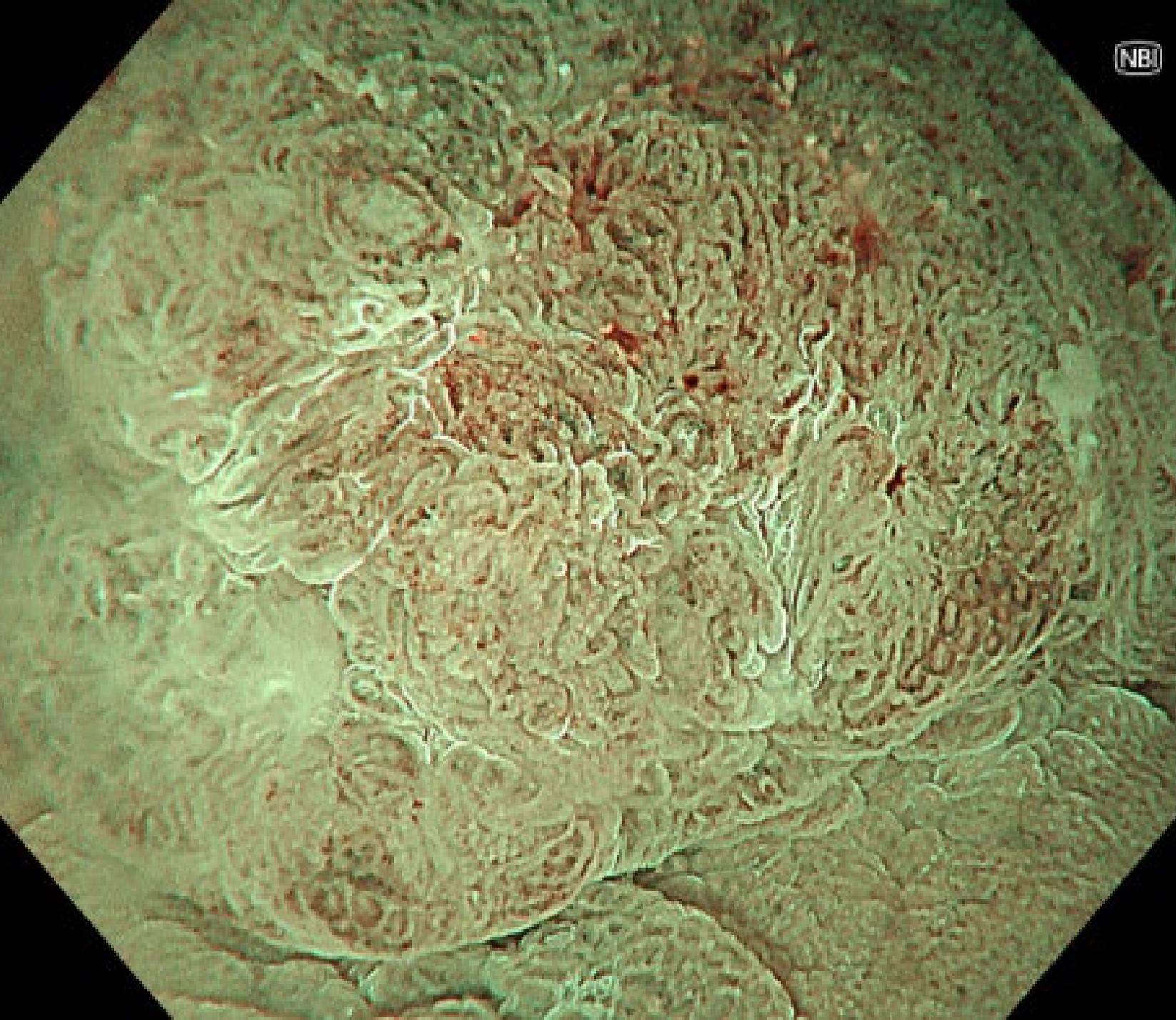


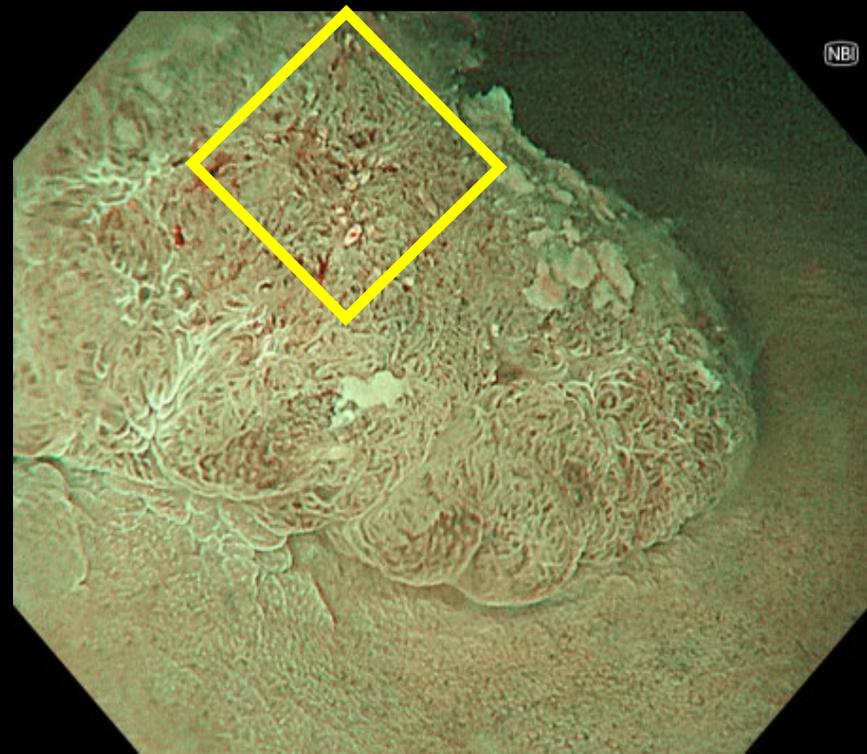
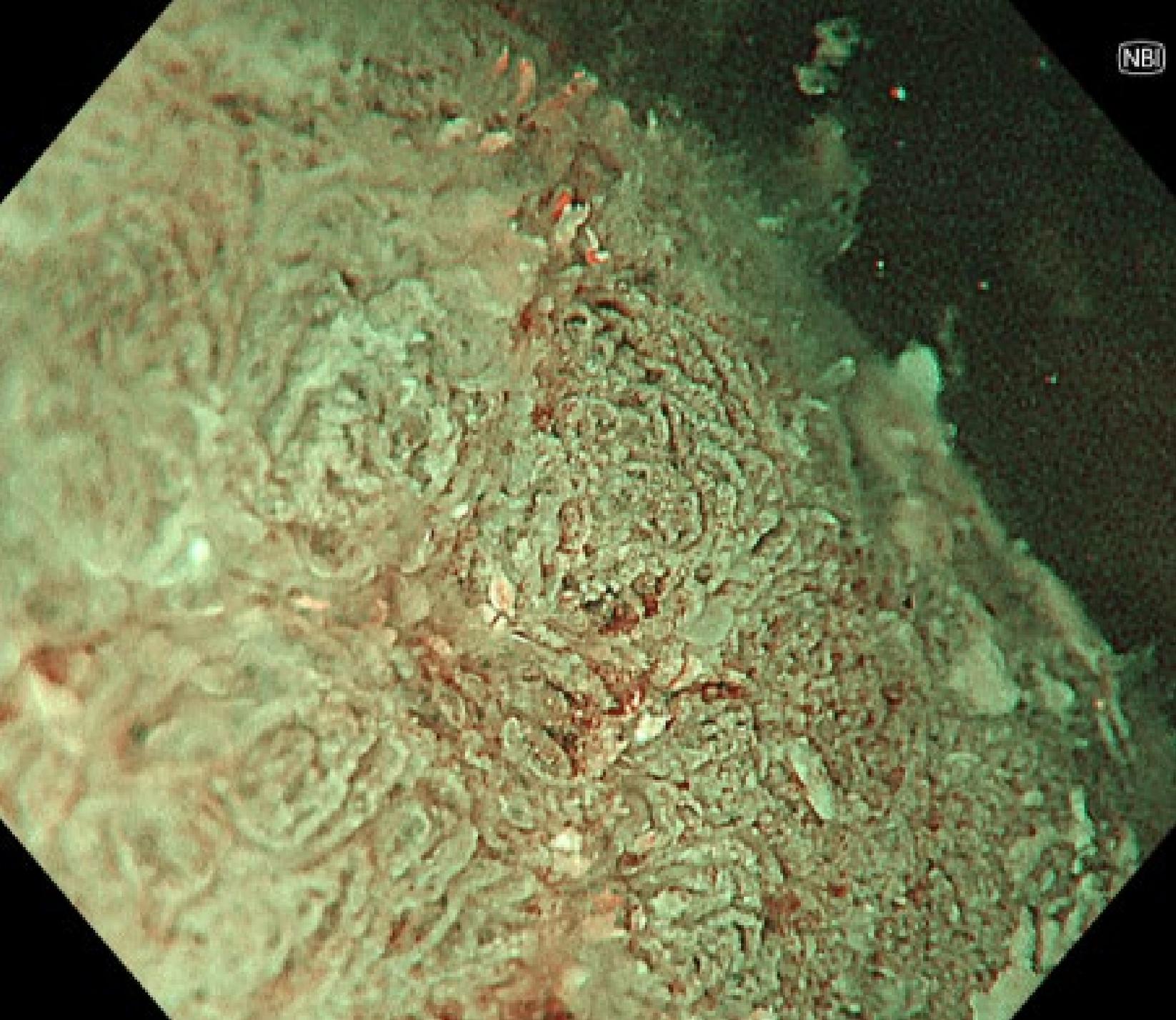


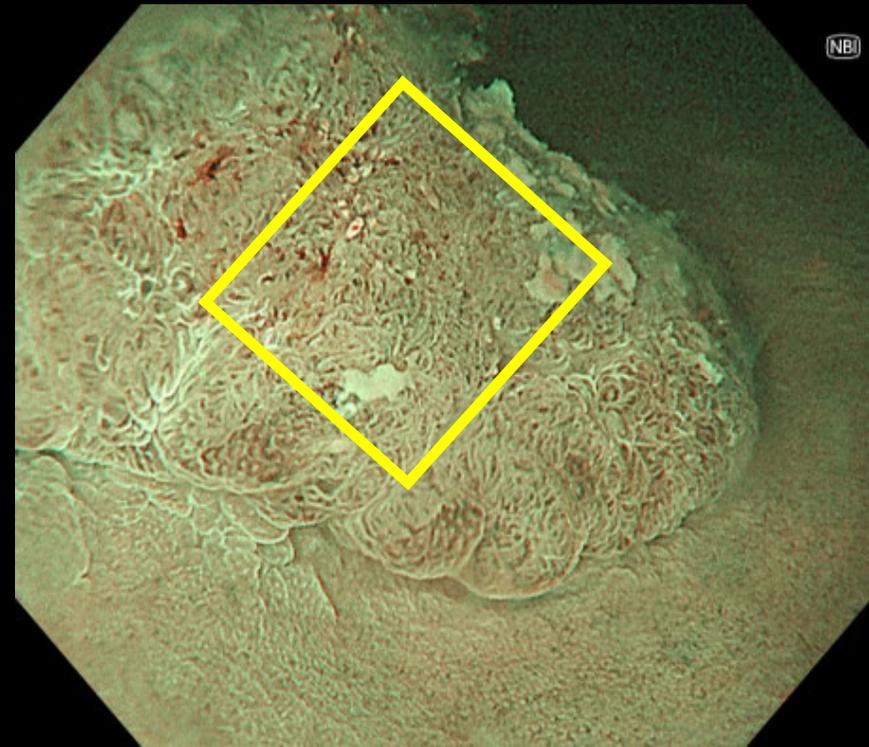
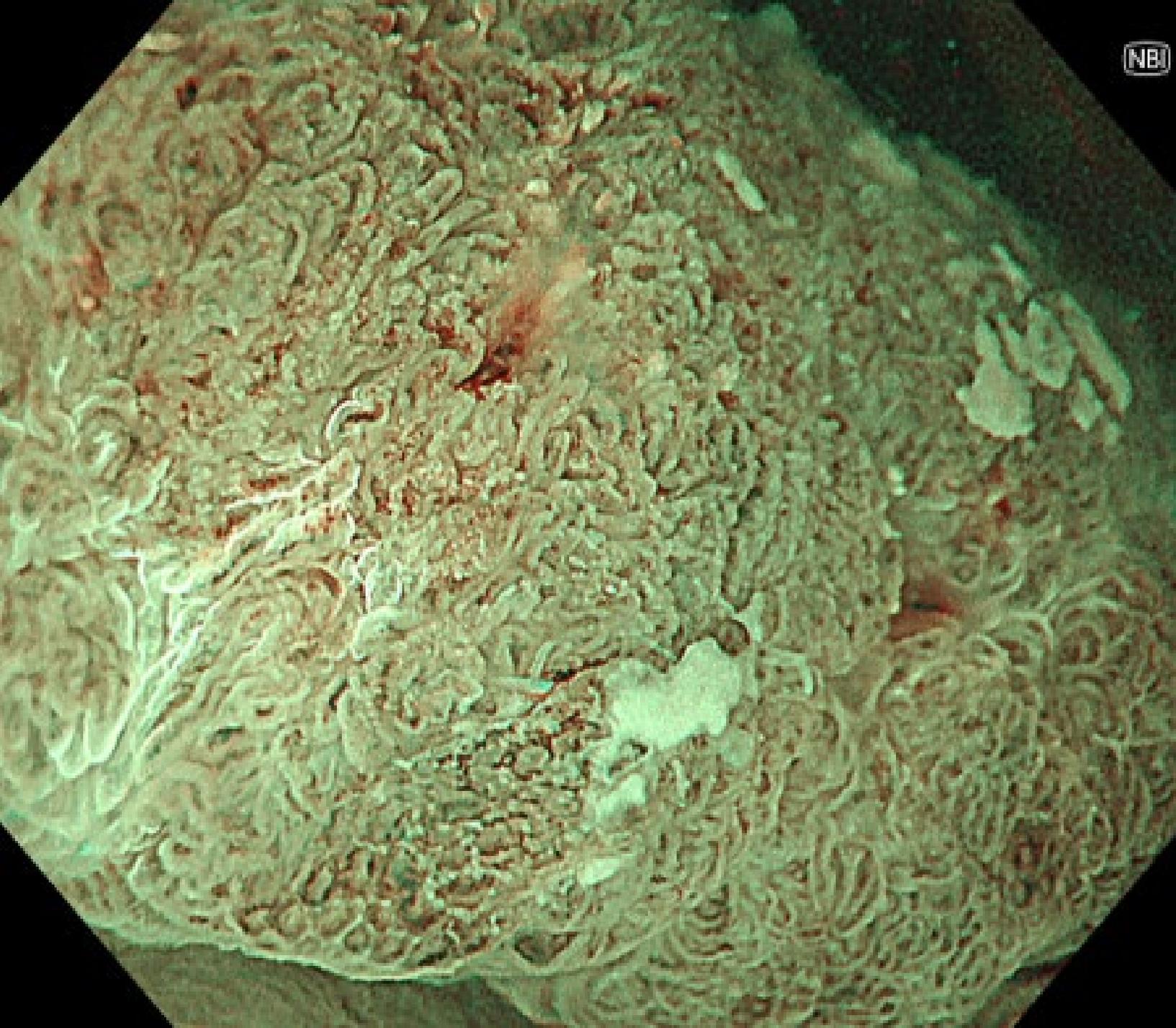
NBI觀察 4枚



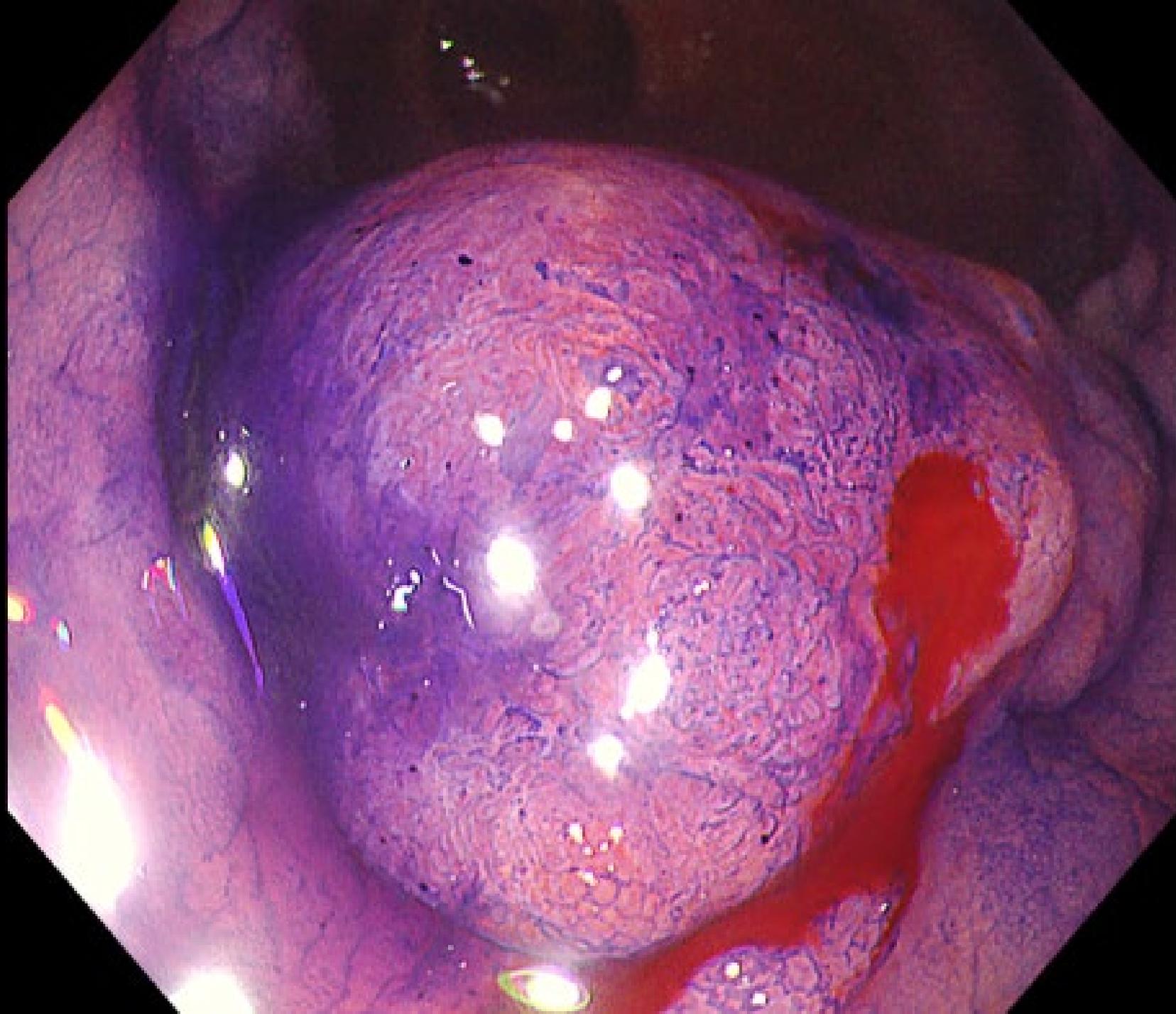


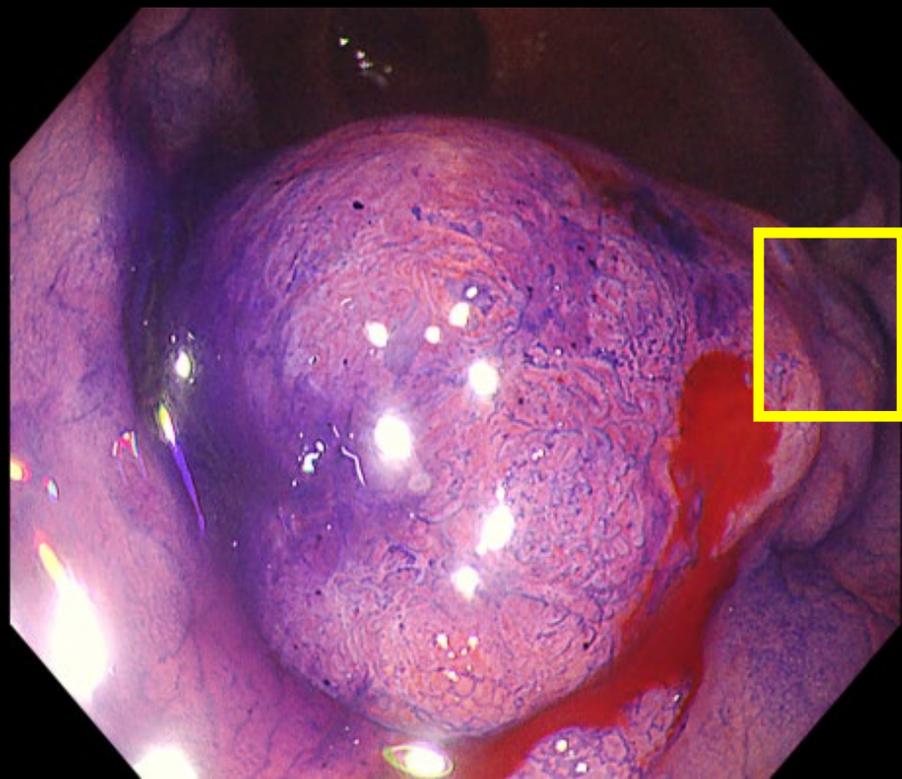
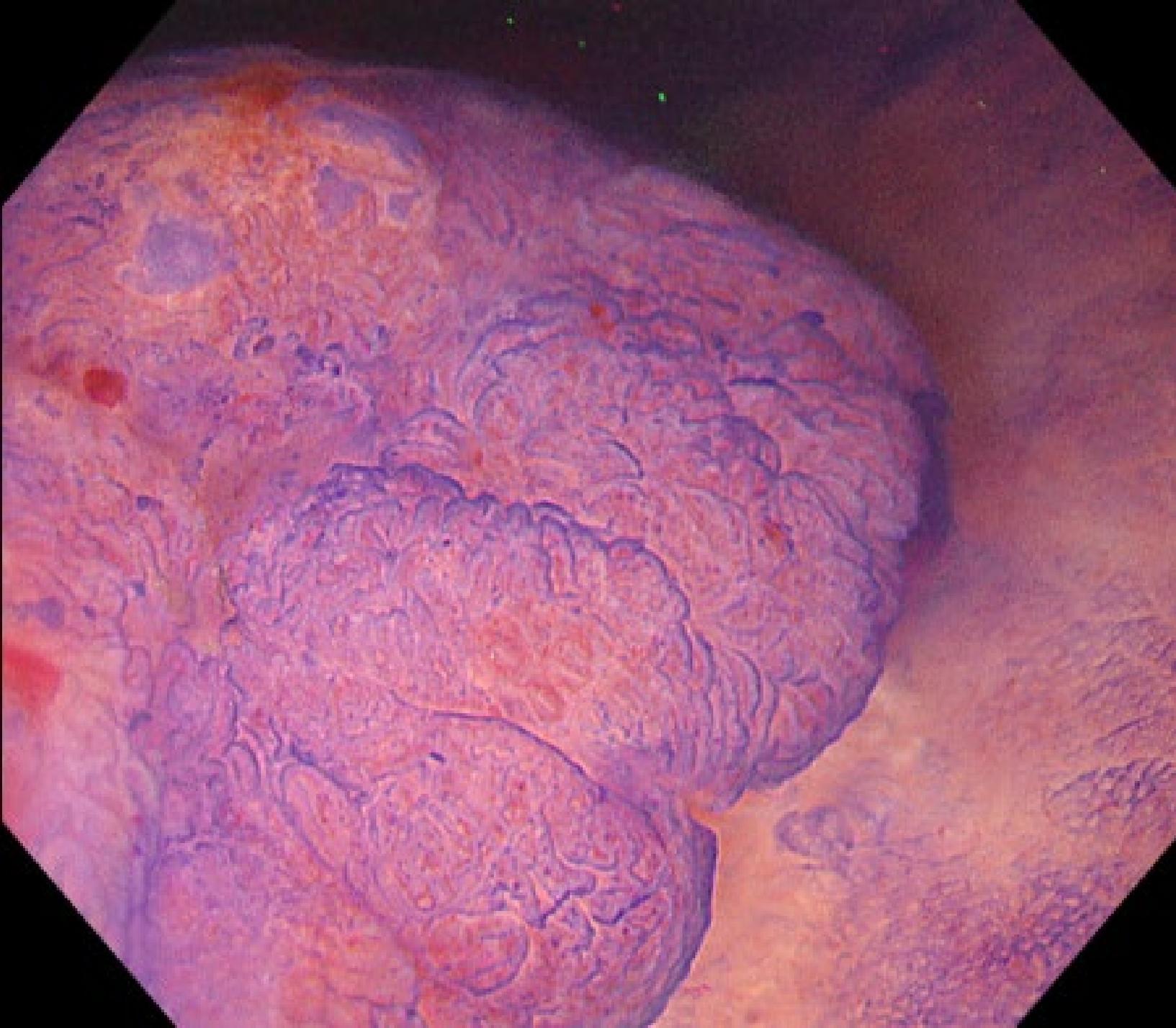


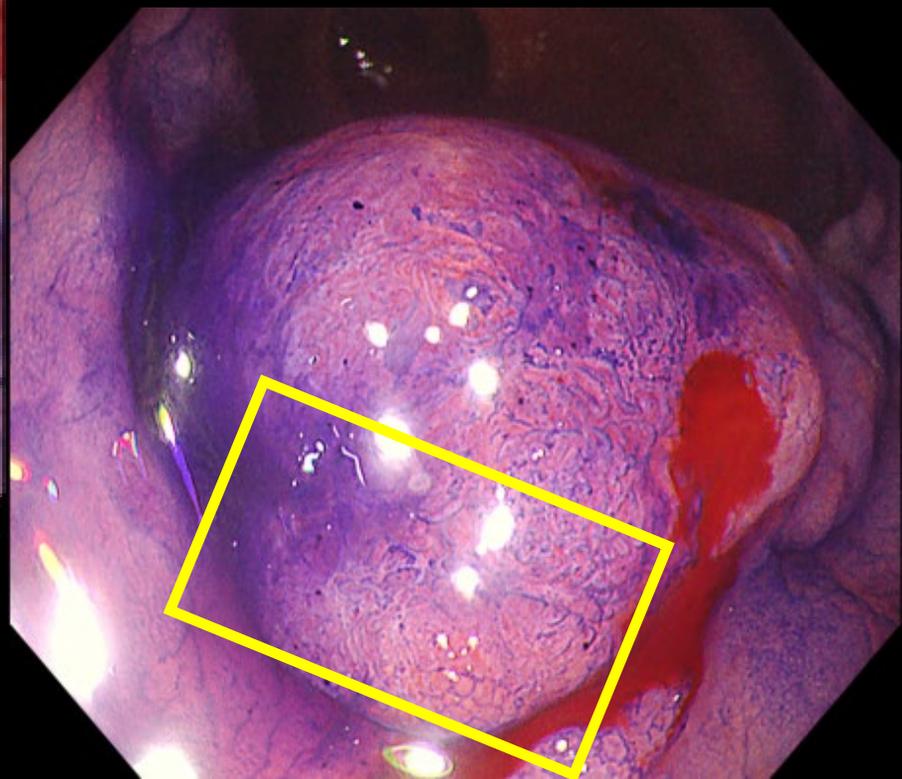
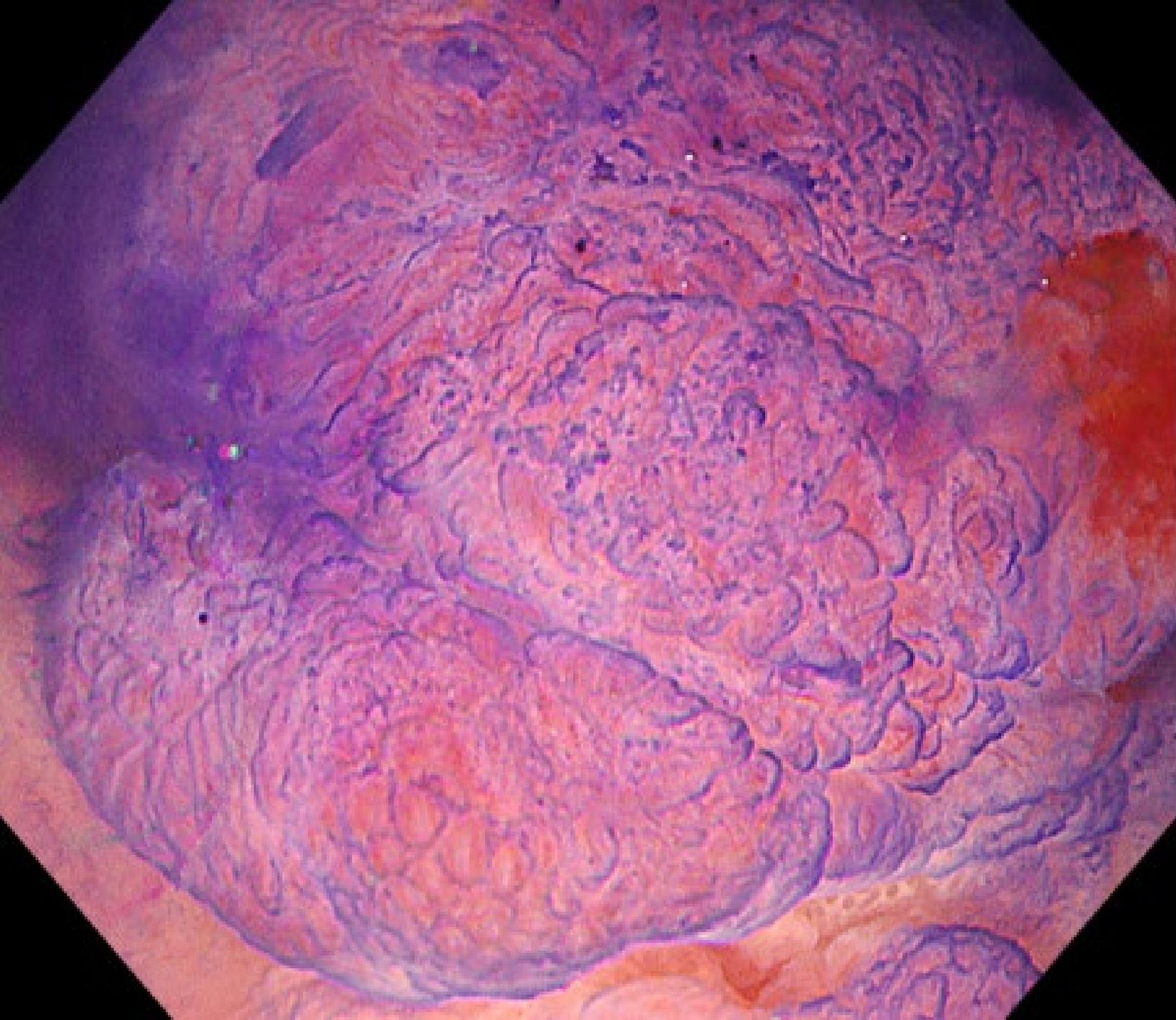


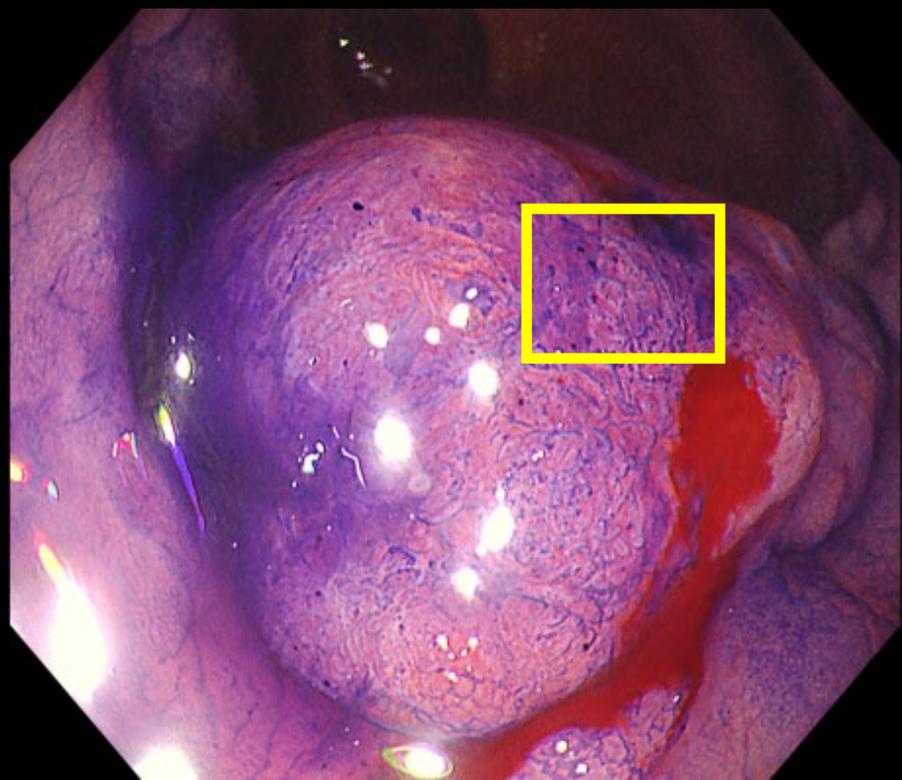
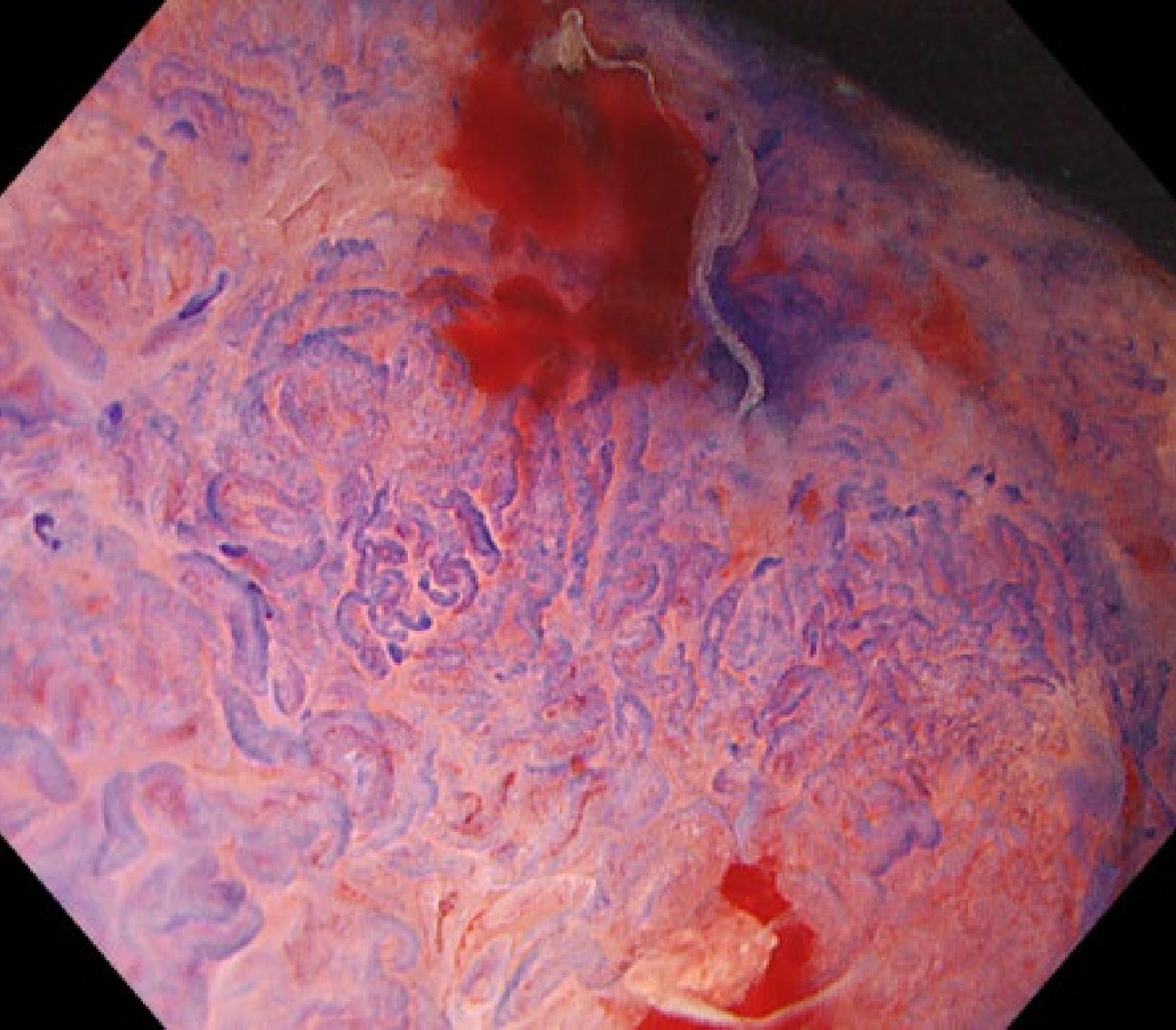


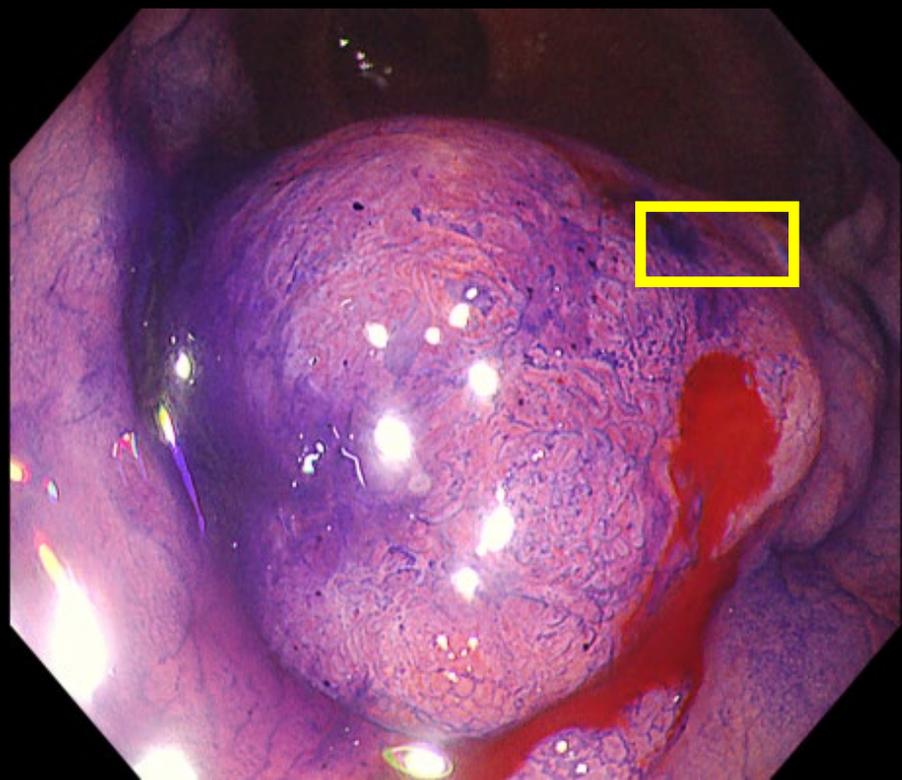
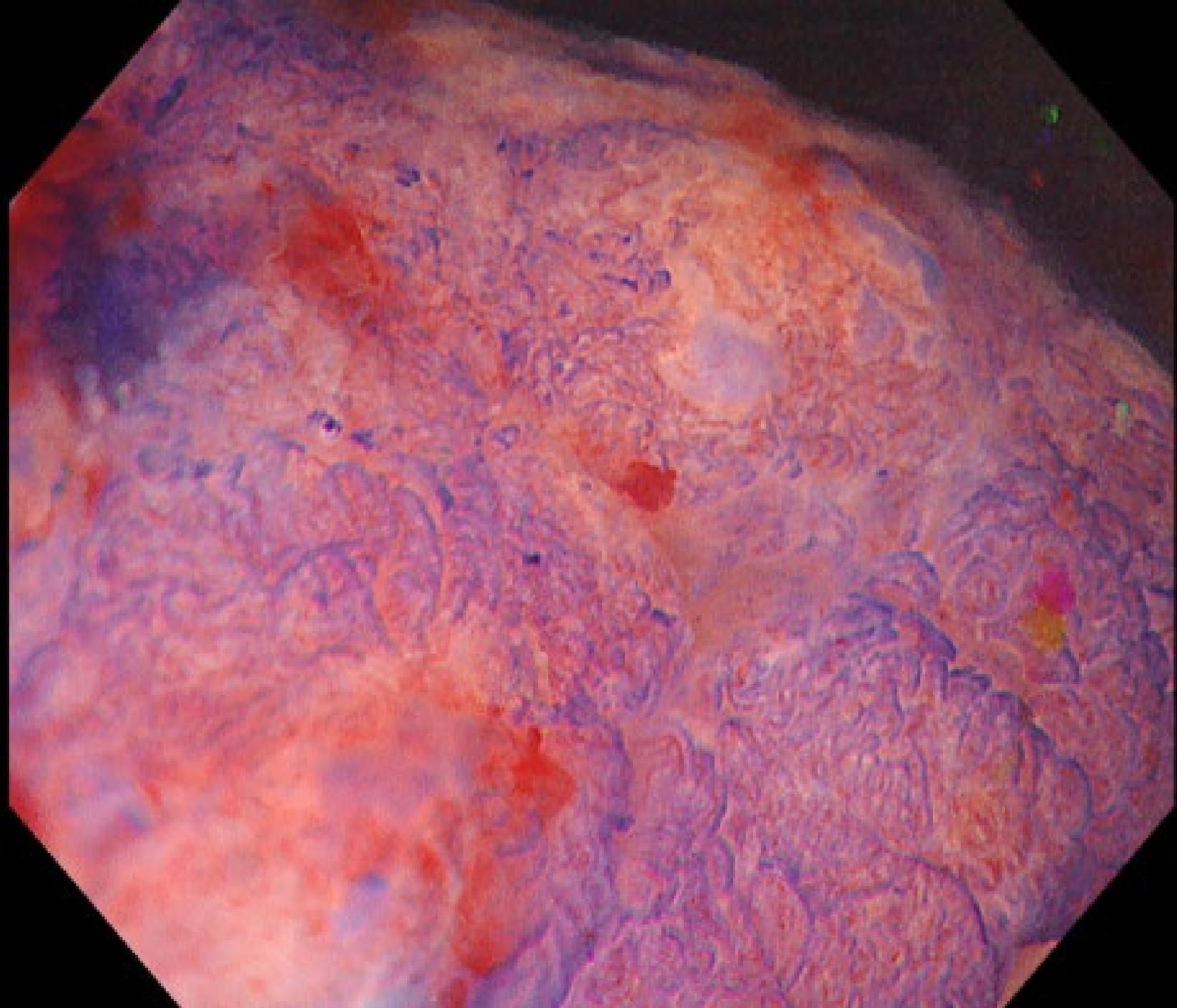
ピオクタニン染色 5枚













# 内視鏡診断

早期大腸癌（直腸S状部）

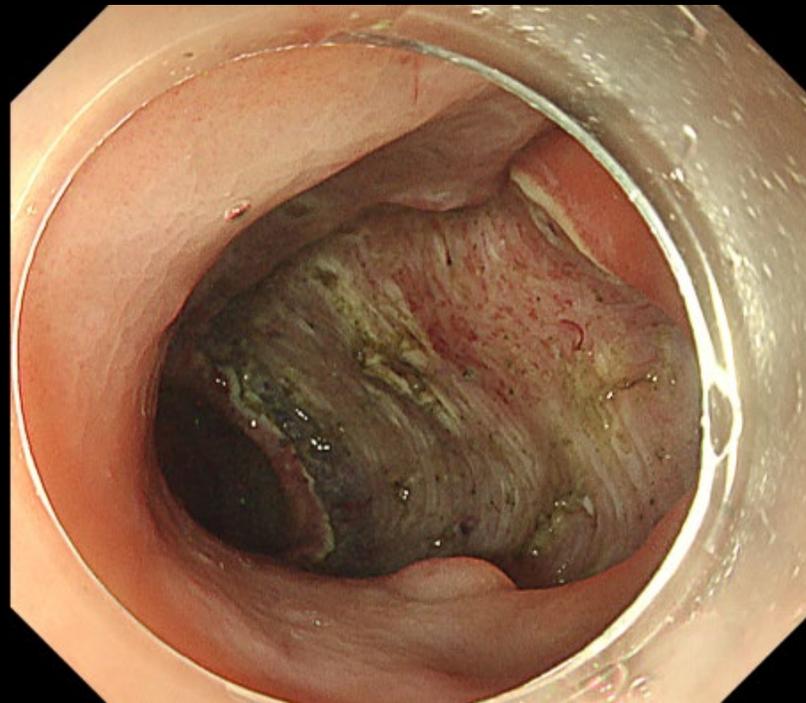
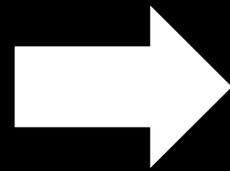
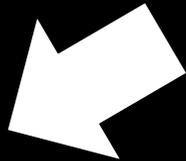
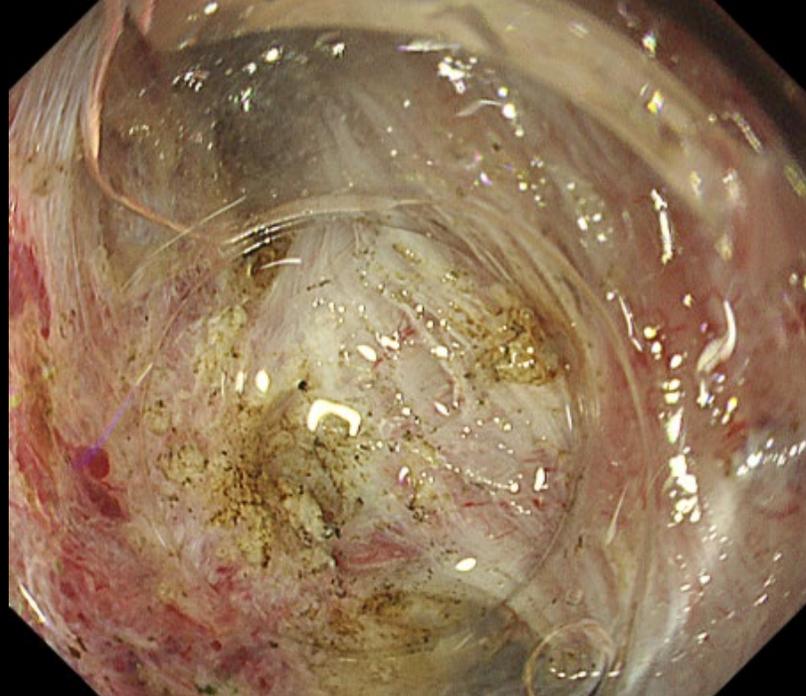
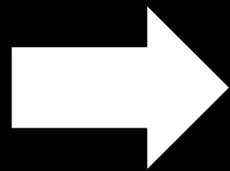
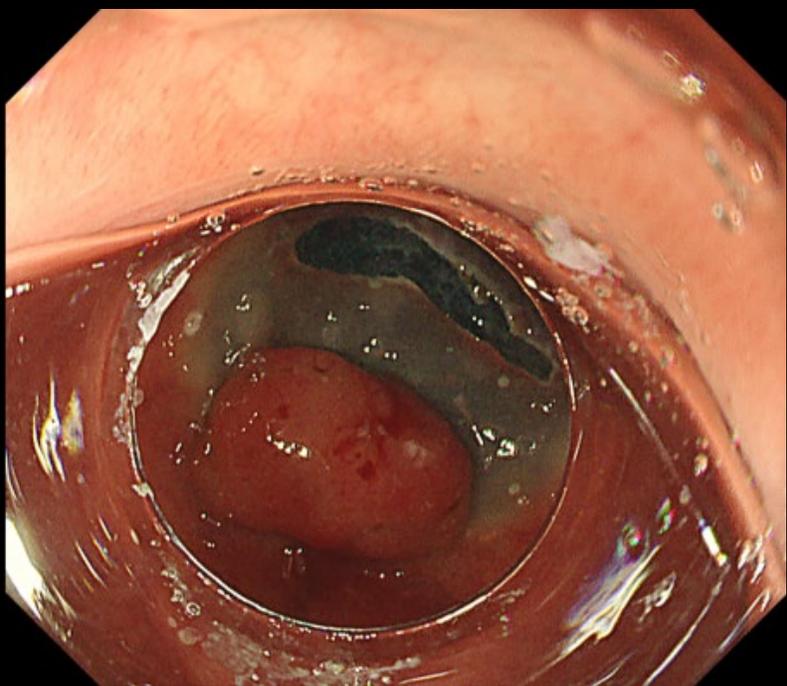
大きさ：30mm 肉眼型：0-Is

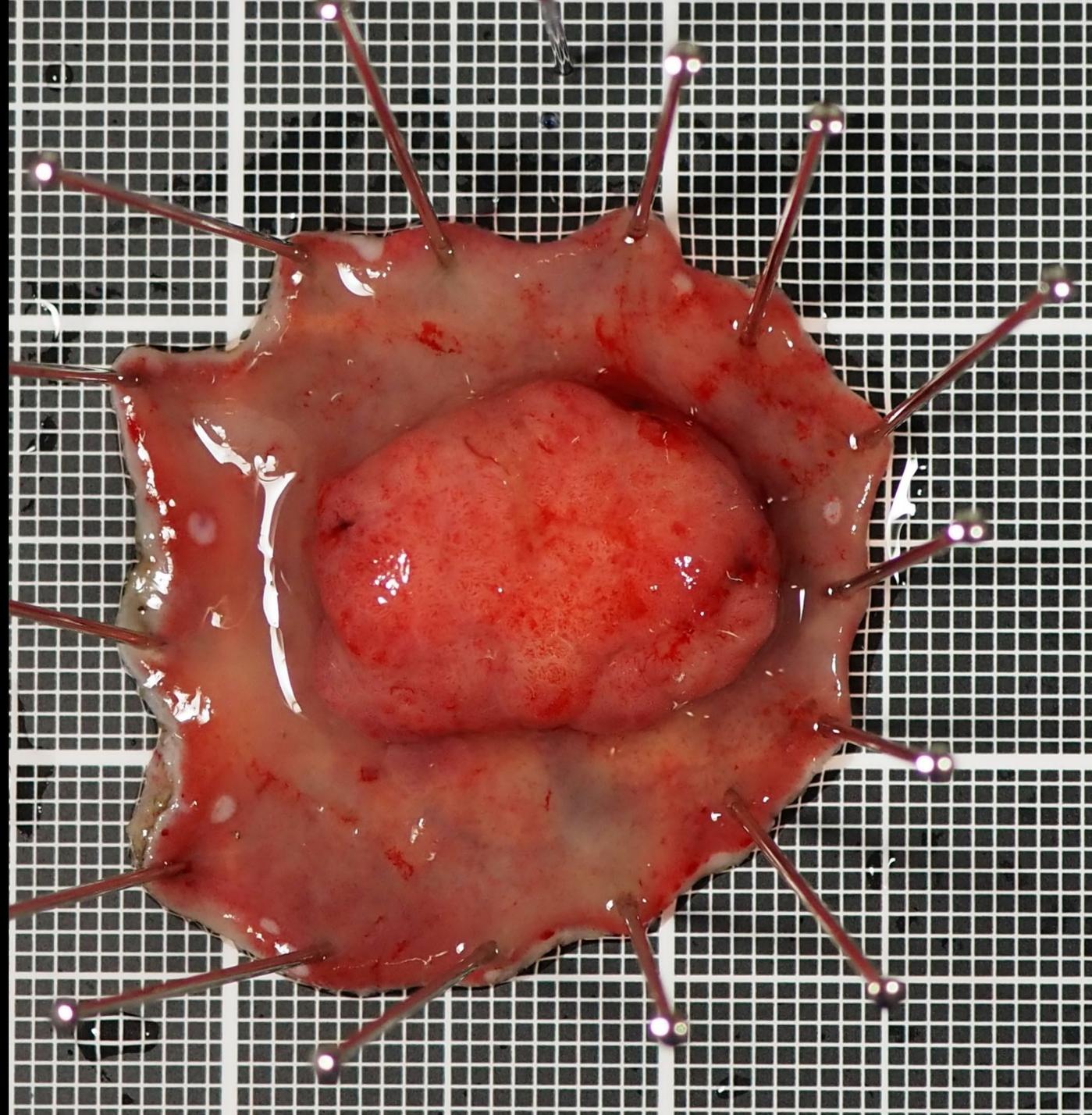
拡大観察：JNET Type 2A-2B

Pit pattern III<sub>L</sub>~Vi高度不整（一部VN）

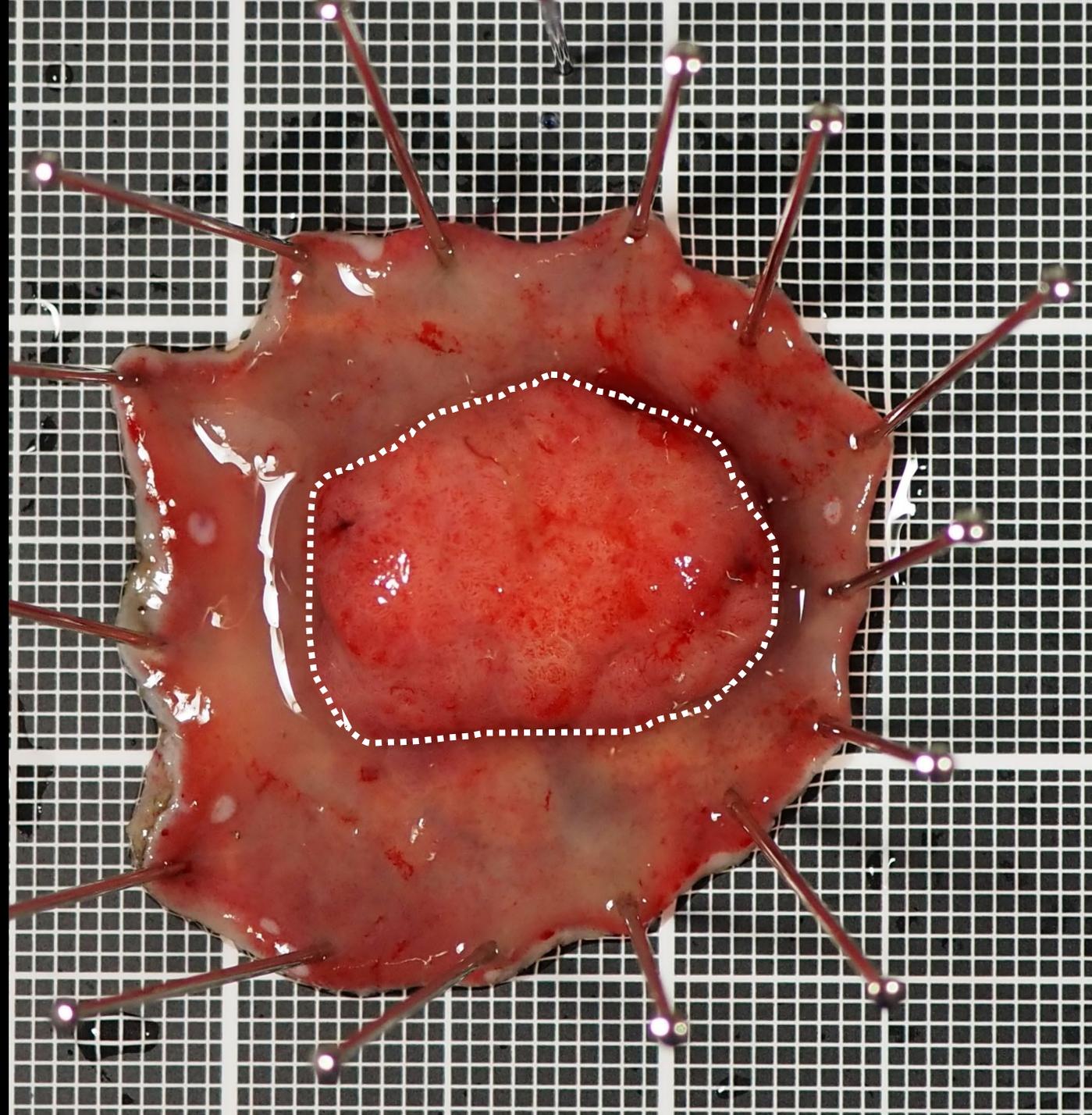
深達度：SM（深部浸潤の可能性あり）

ESD

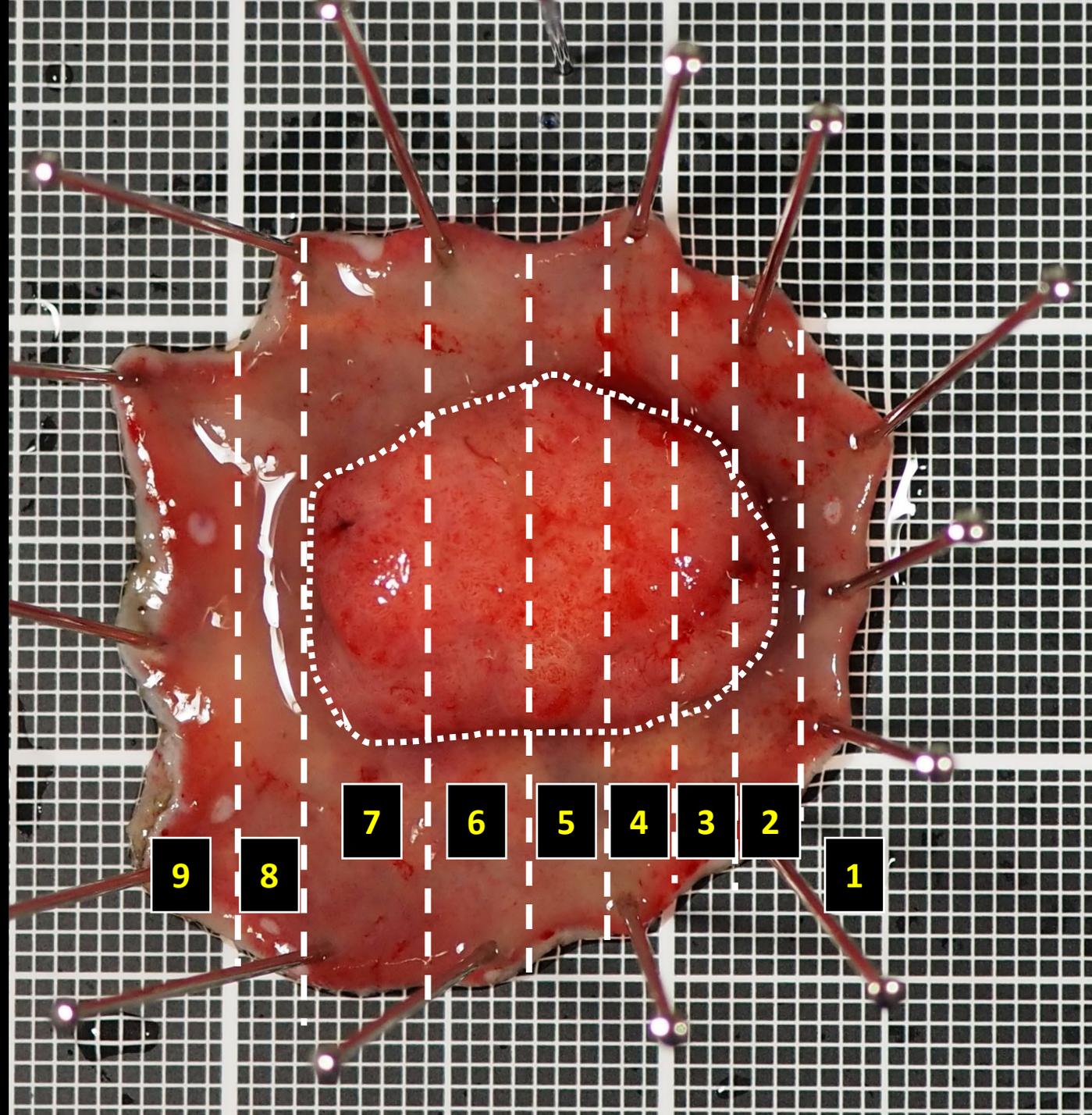




口側



口側



口側

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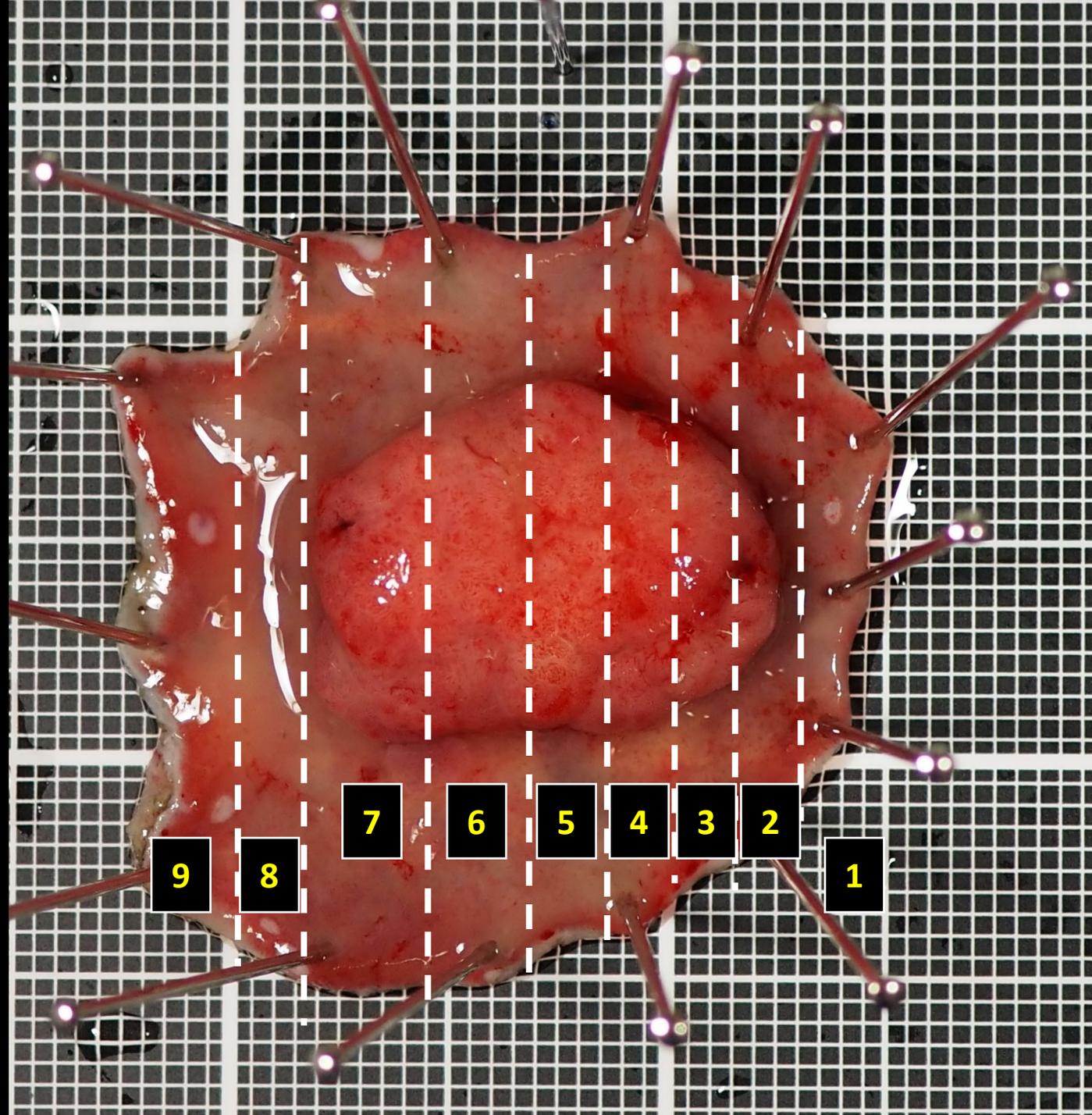
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4

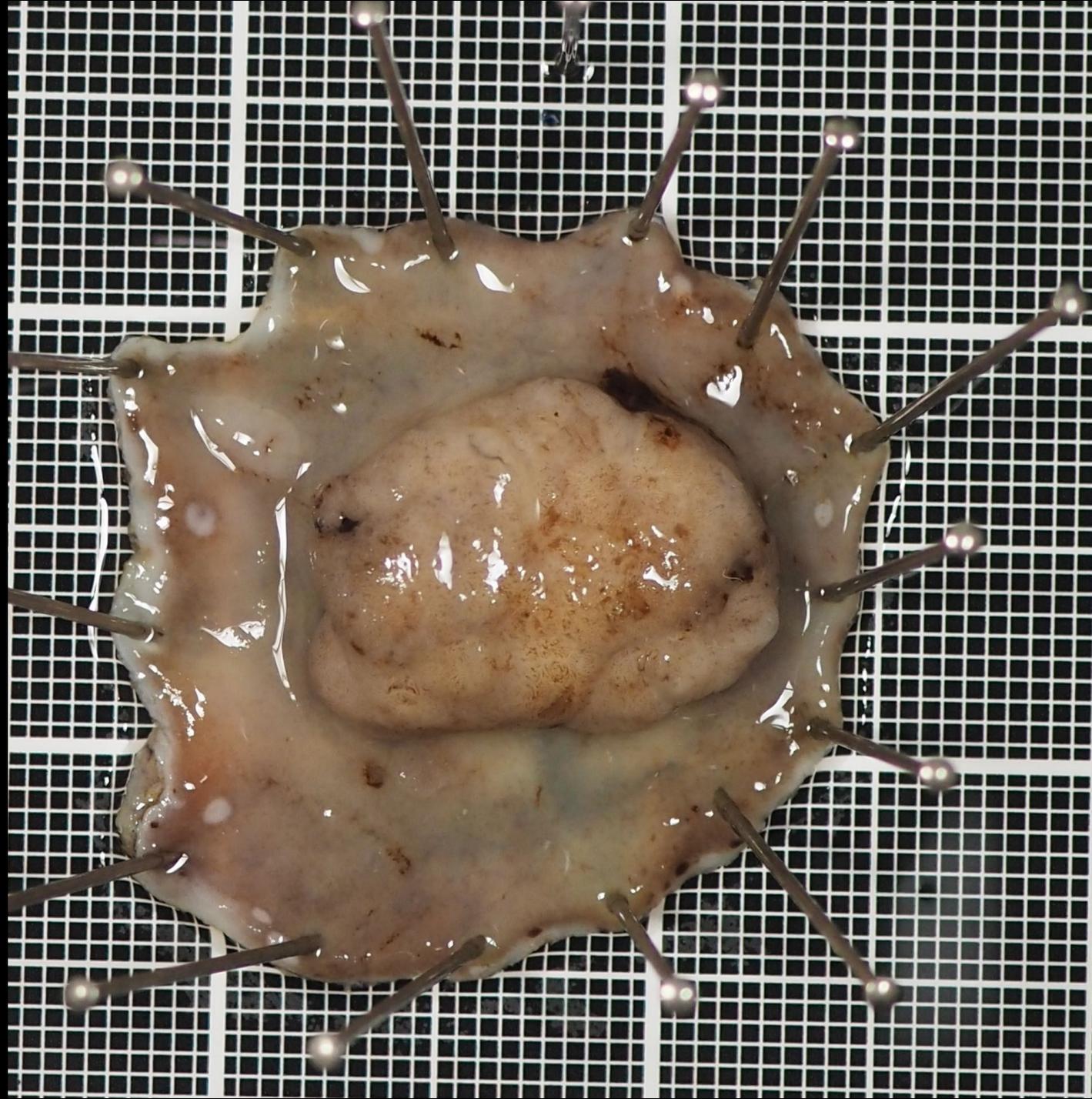
3

2

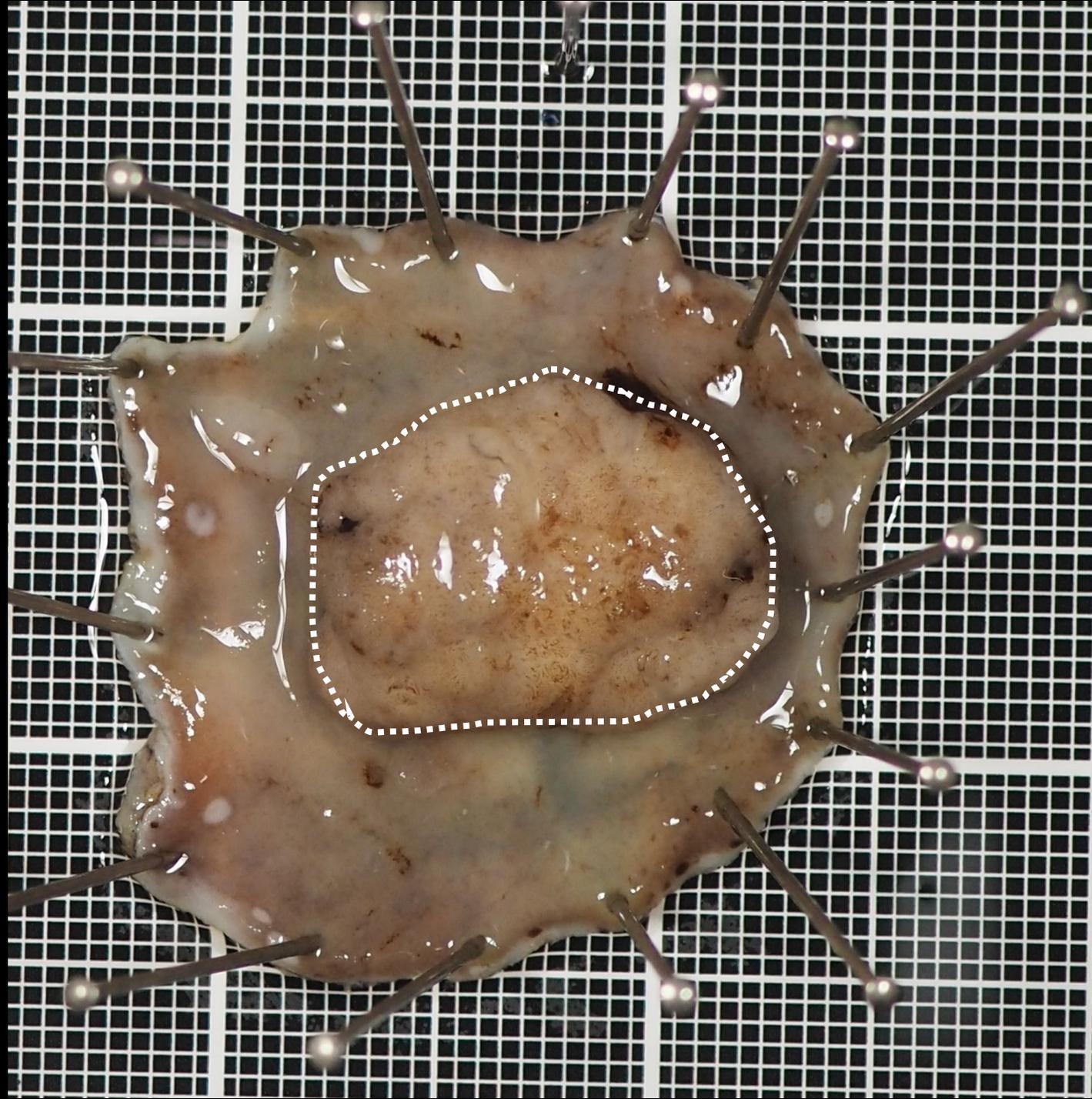
1



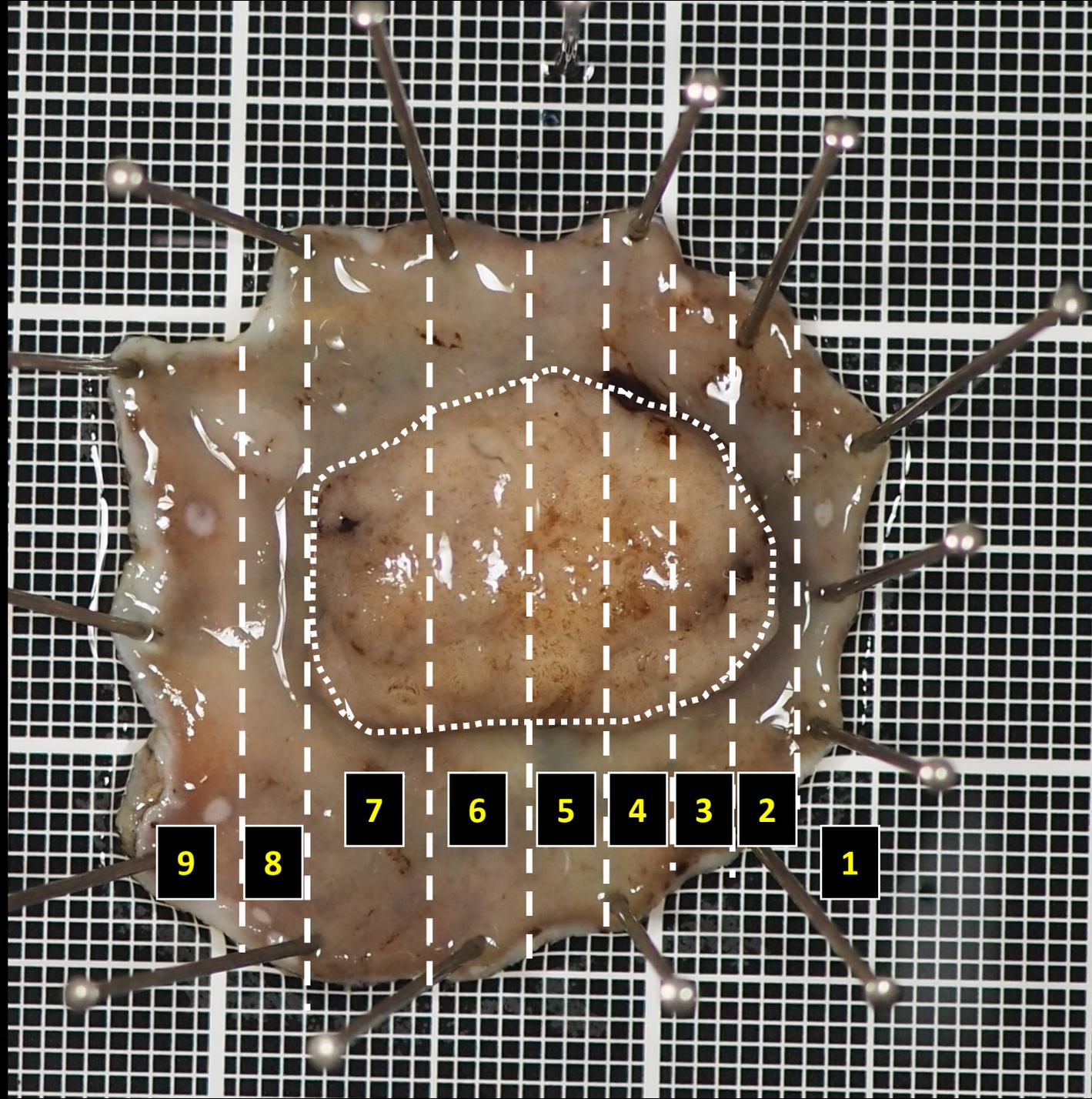
口側



口側



口側



口側

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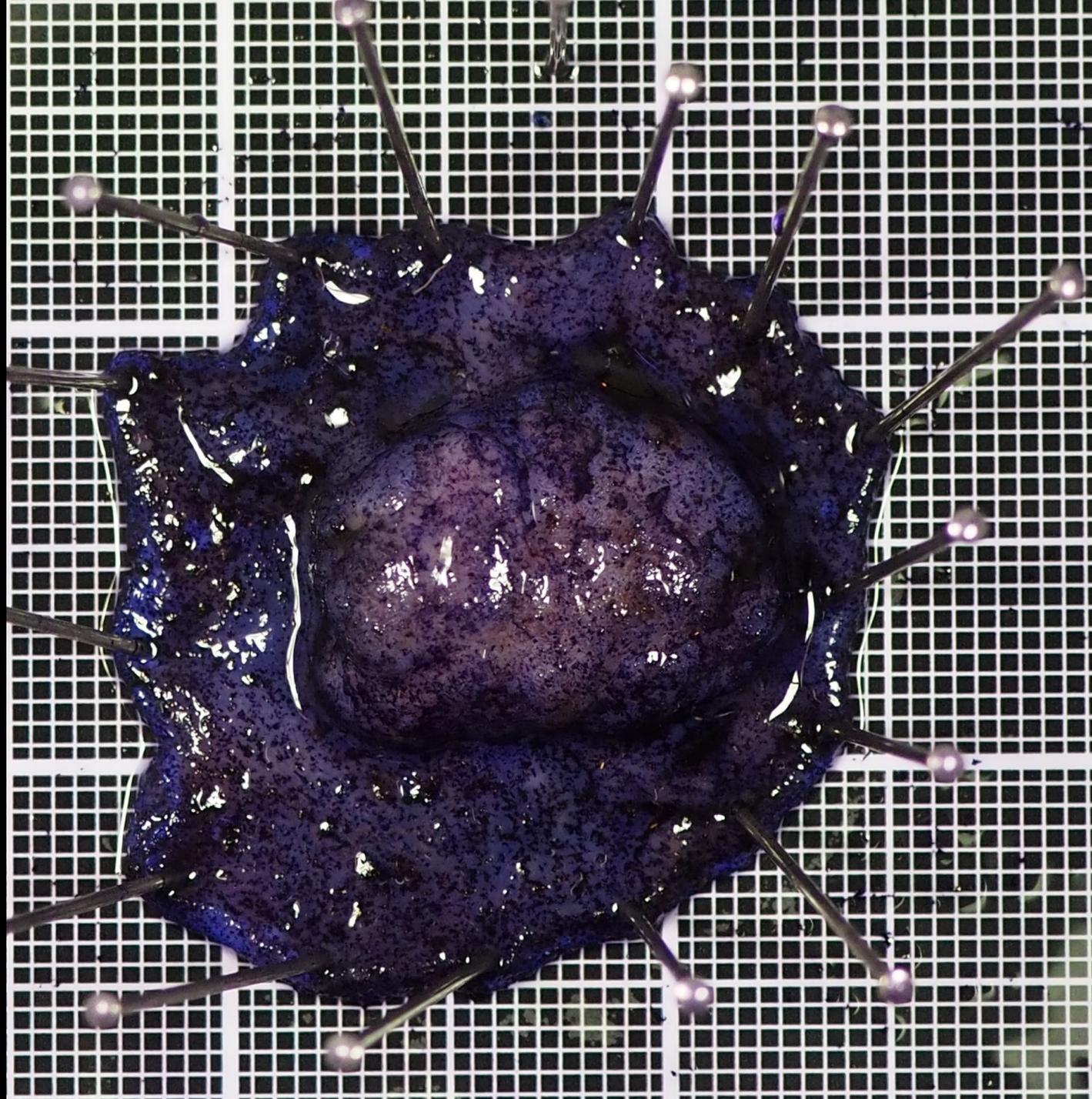
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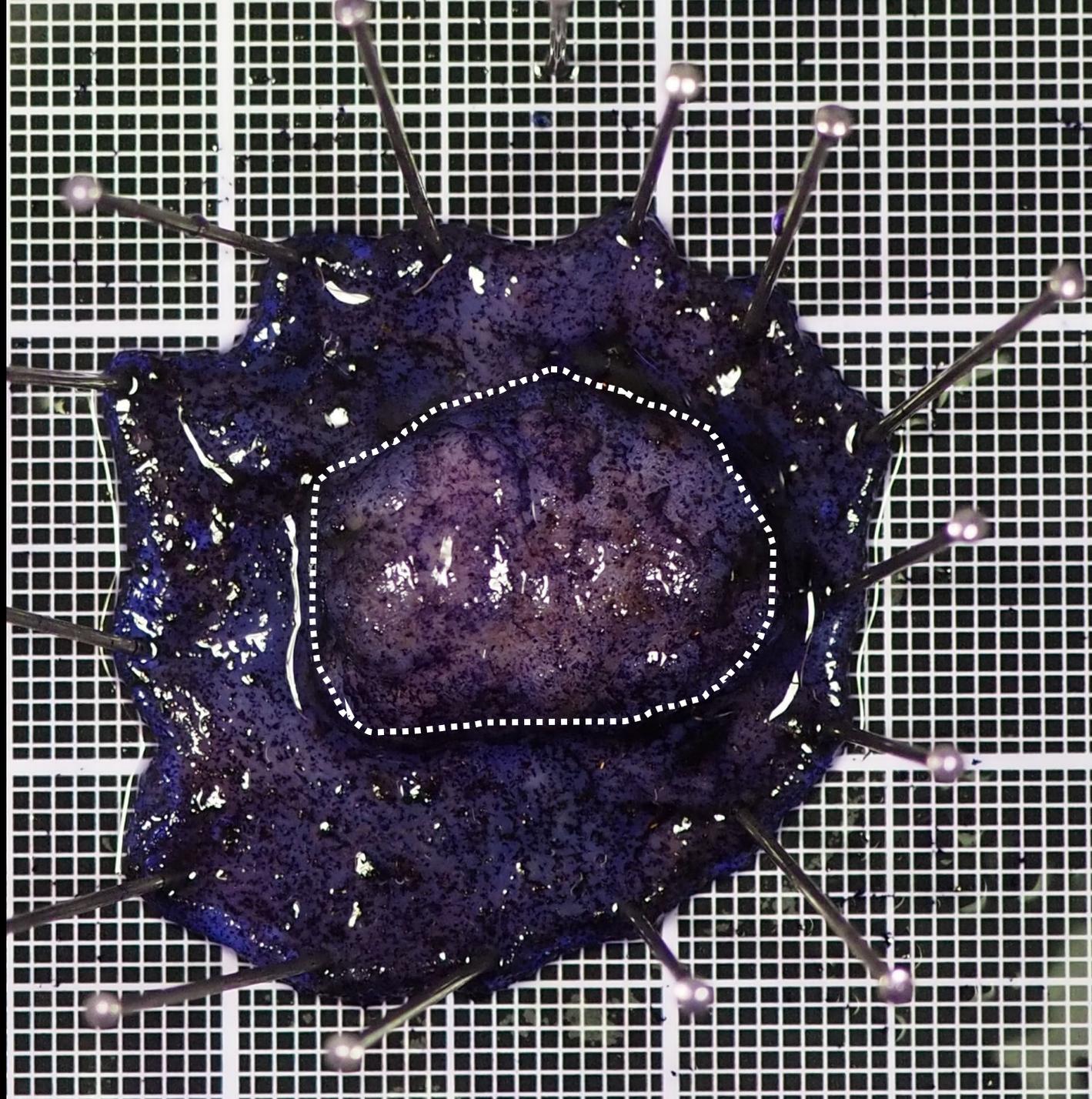
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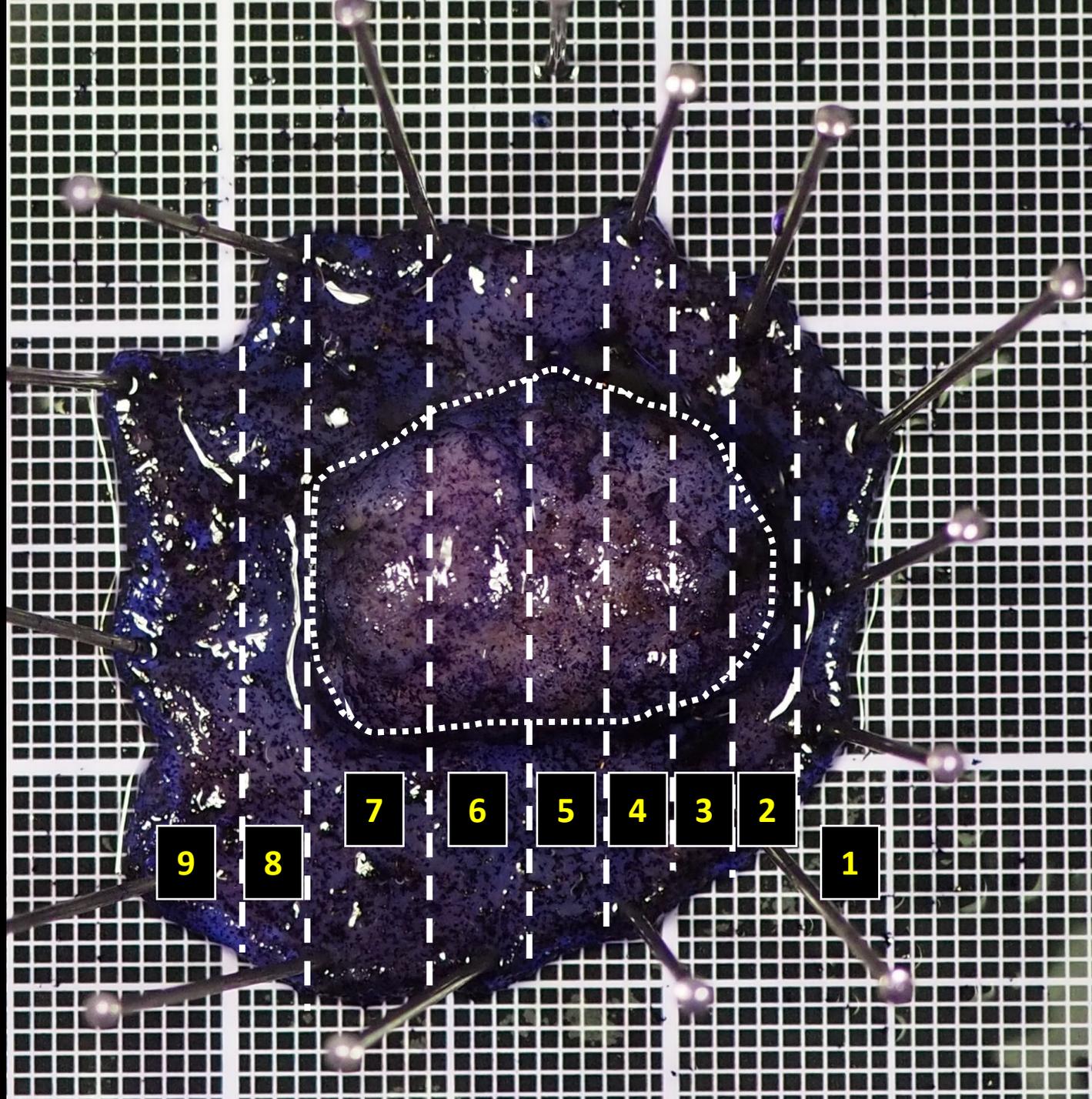
1



口側



口側



口側

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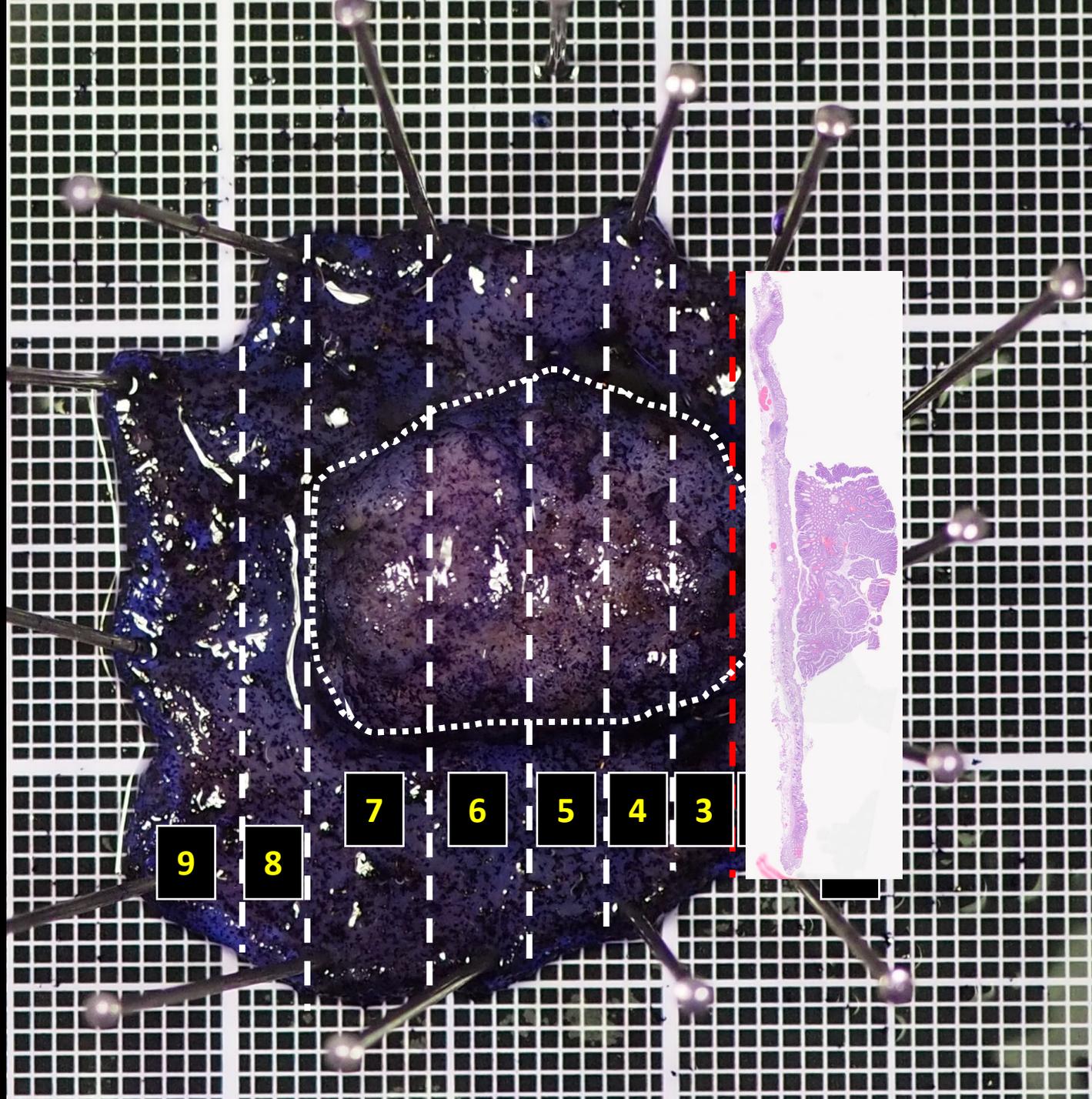
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4

3

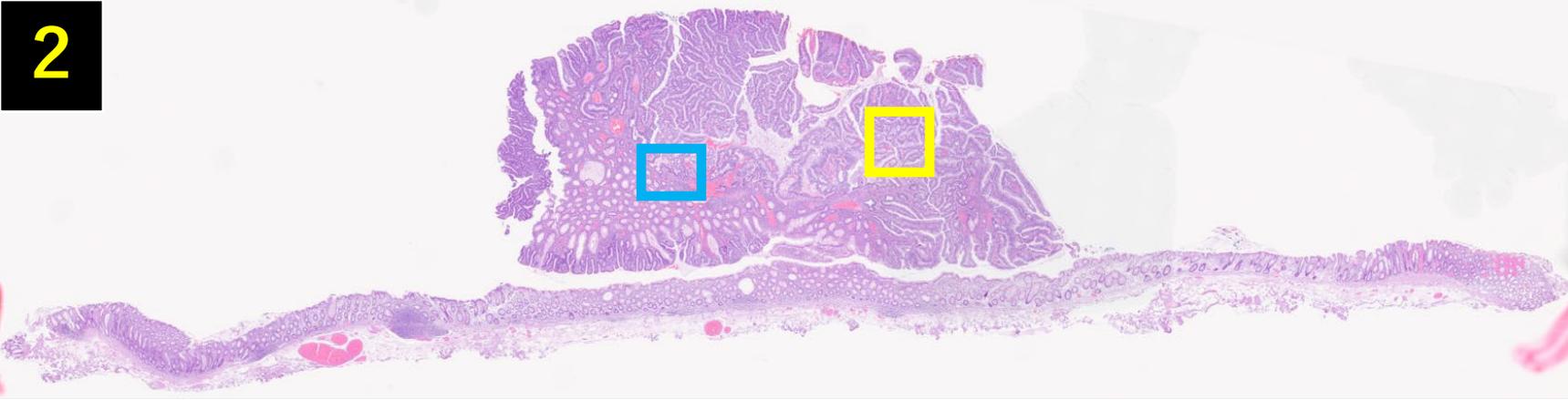
2

1

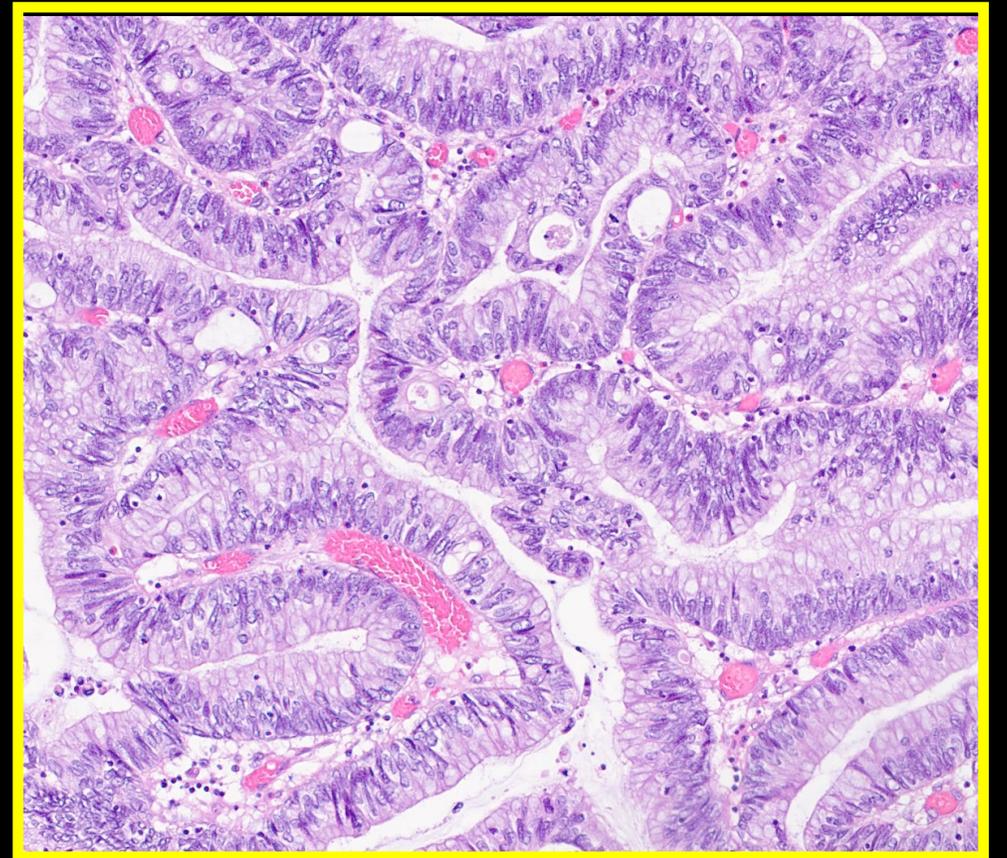
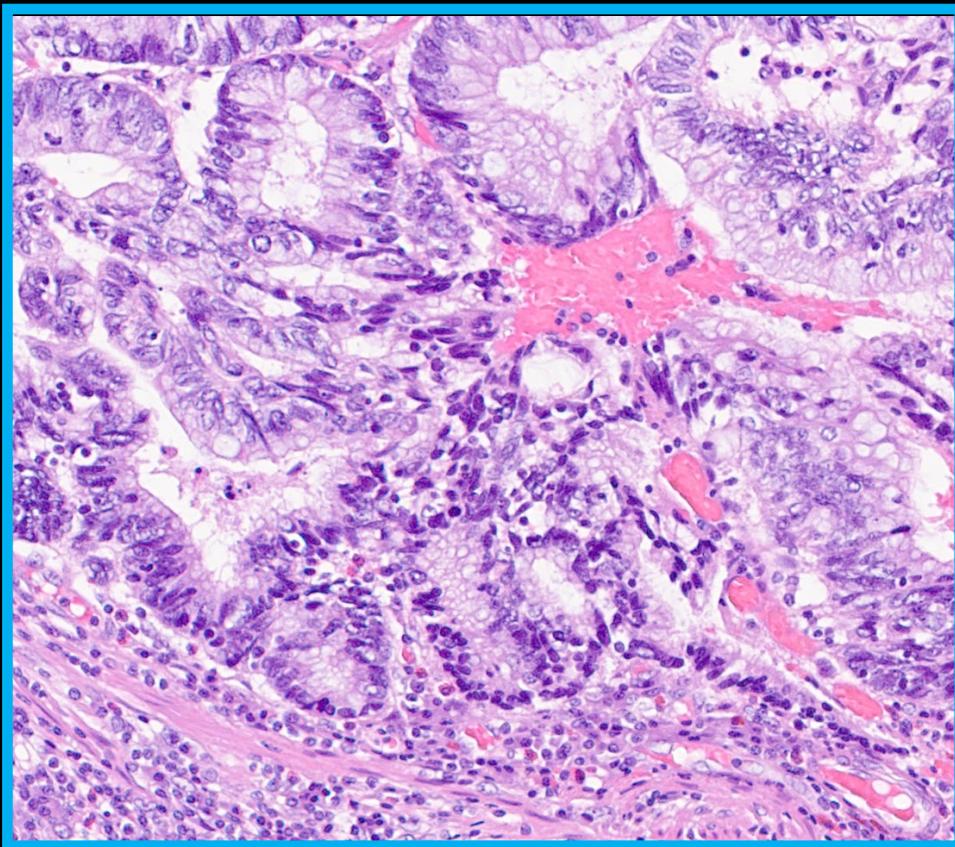


口側

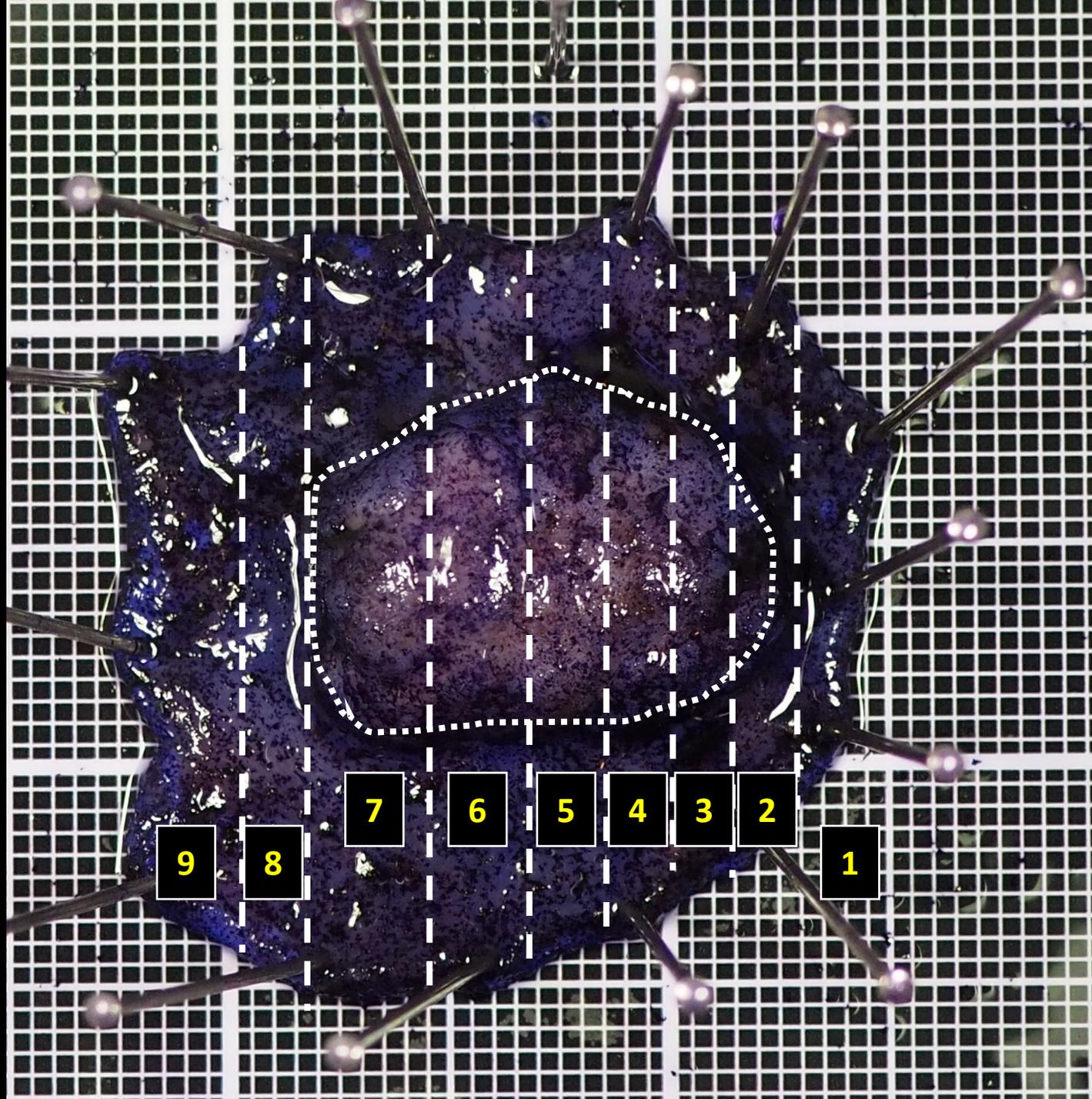
2



腺癌(adenocarcinoma)と腺腫(adenoma)が混在



key slide



口側

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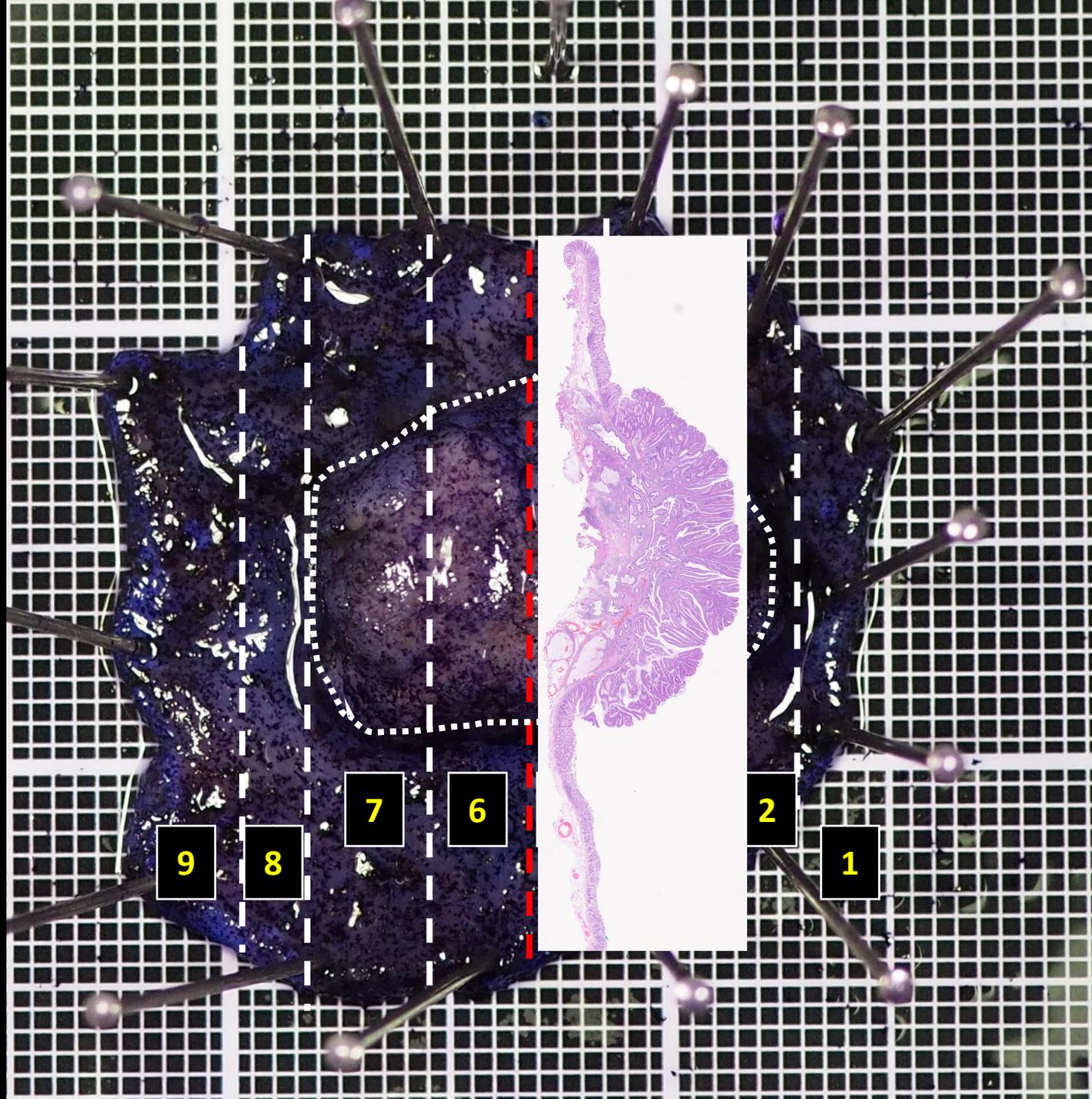
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4

3

2

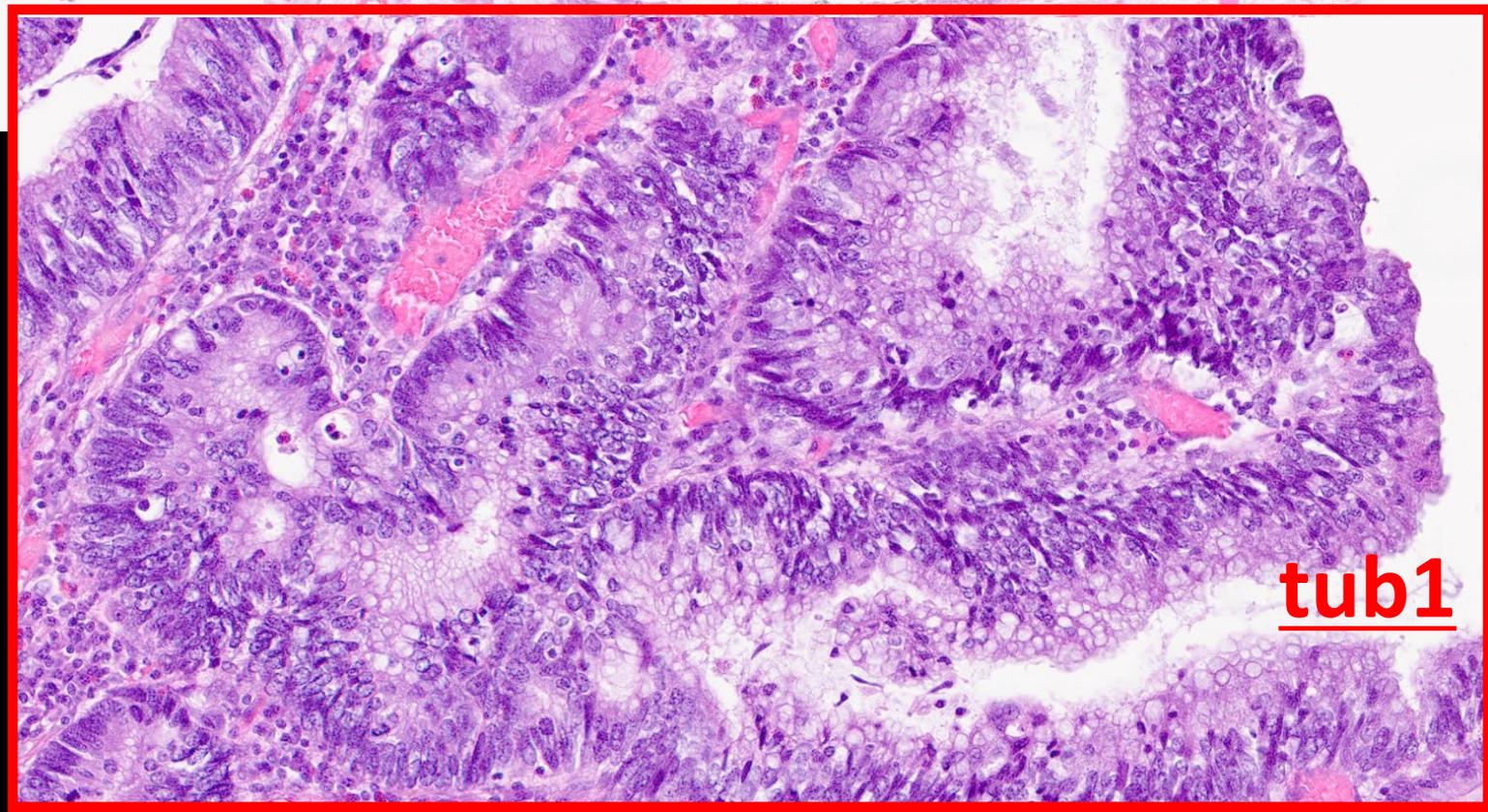
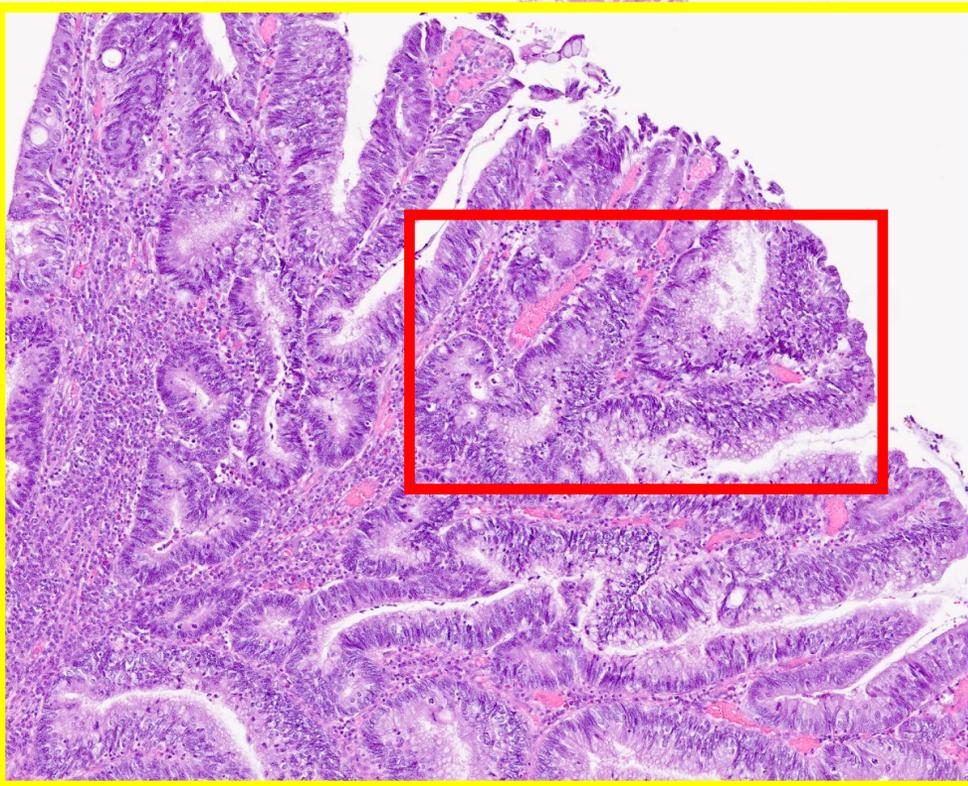
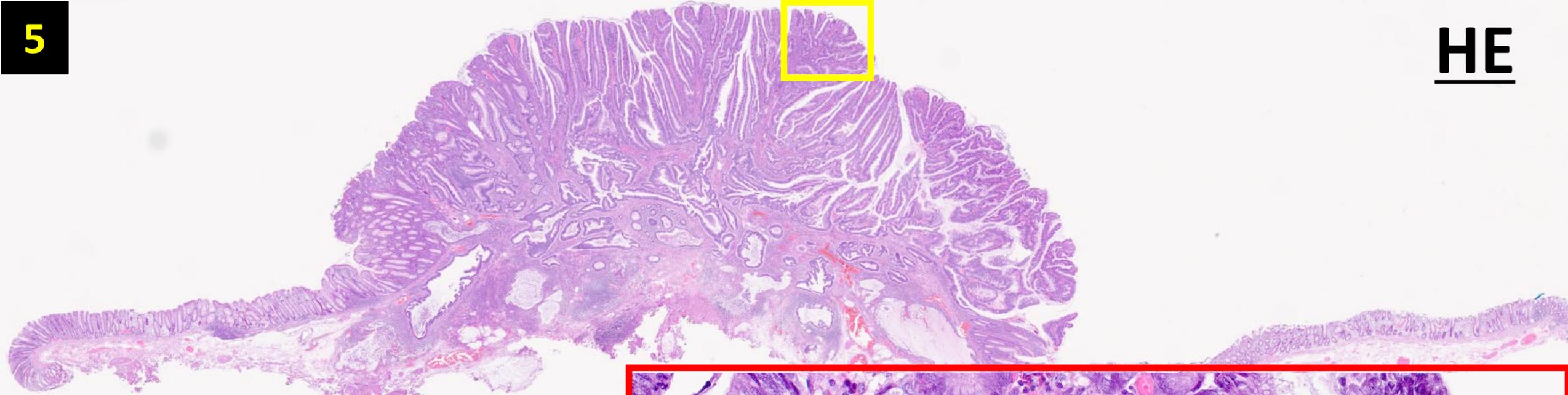
1



口側

5

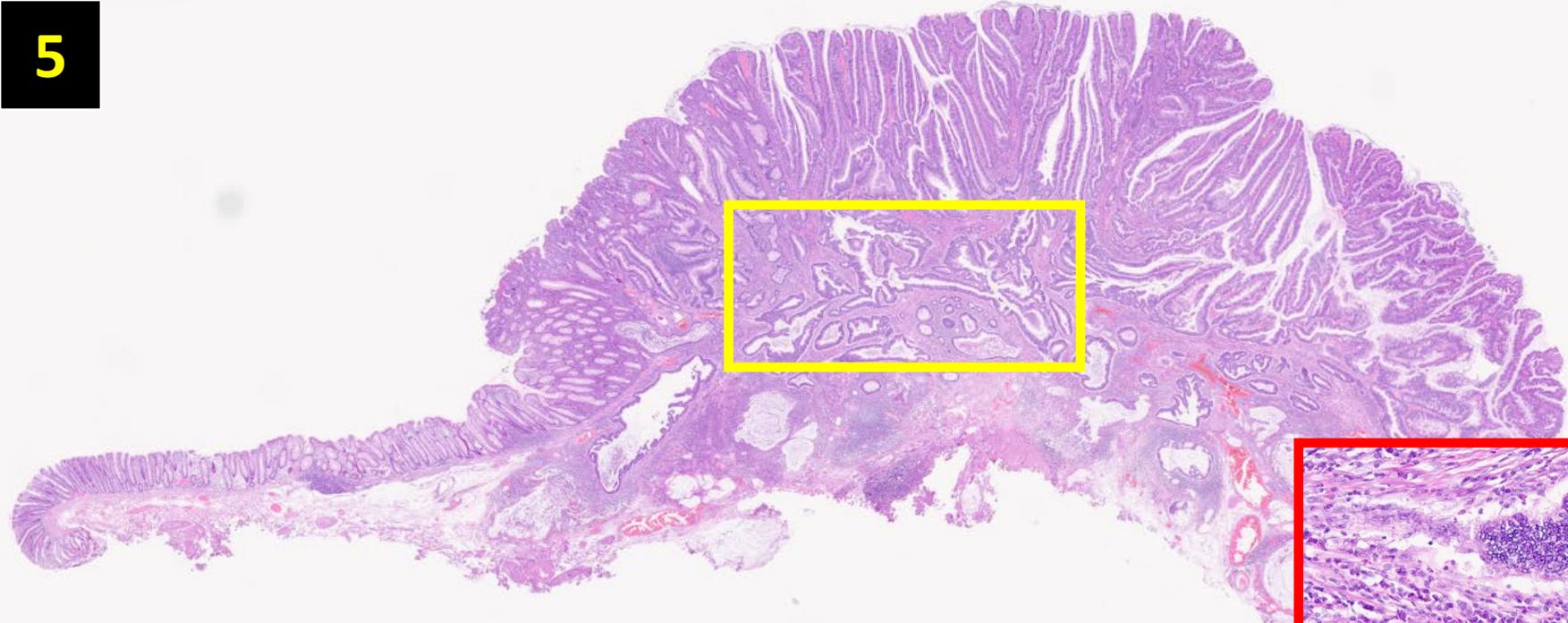
HE



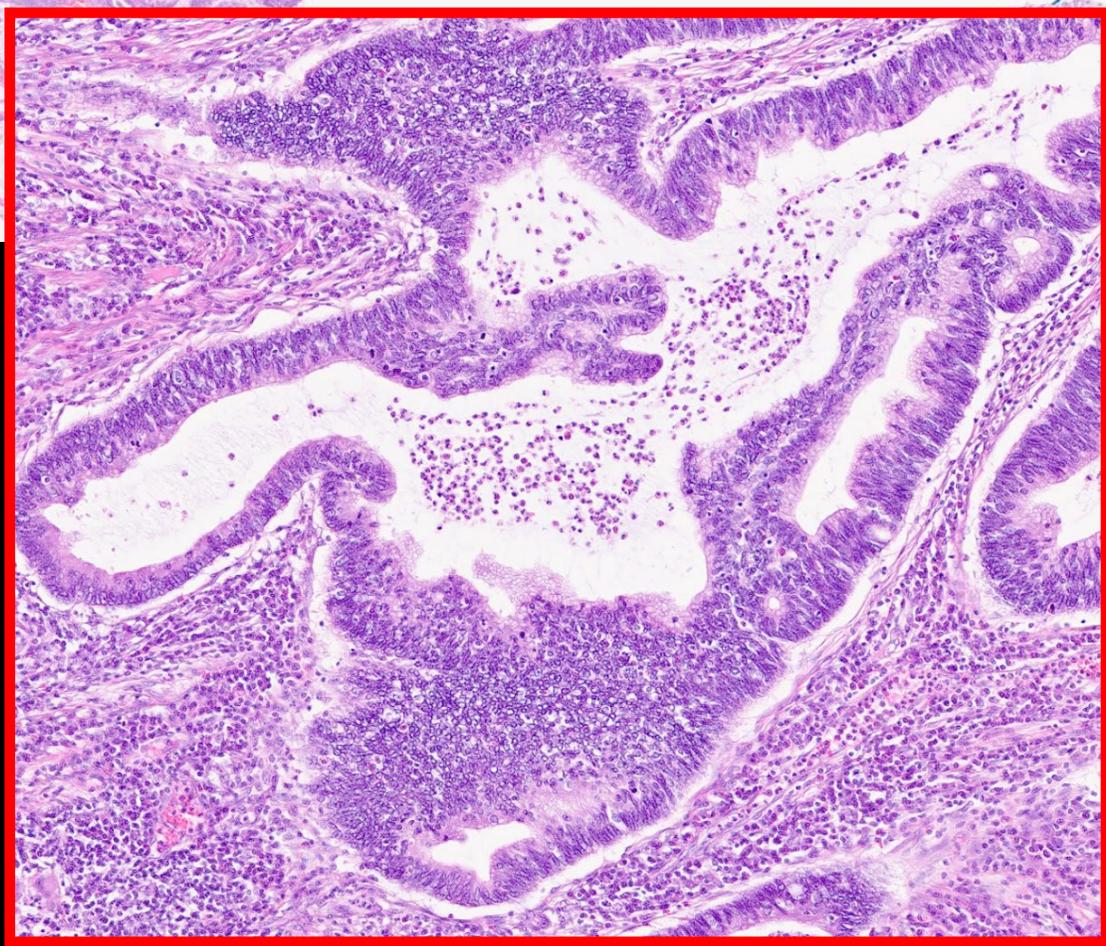
tub1

5

HE

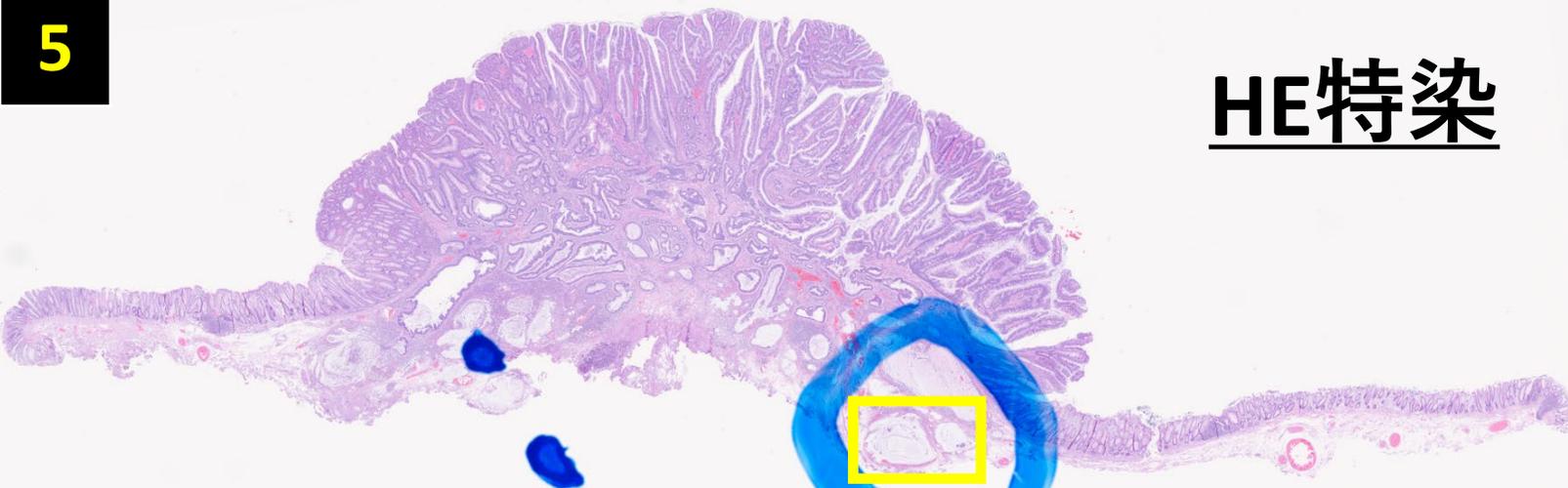


tub2

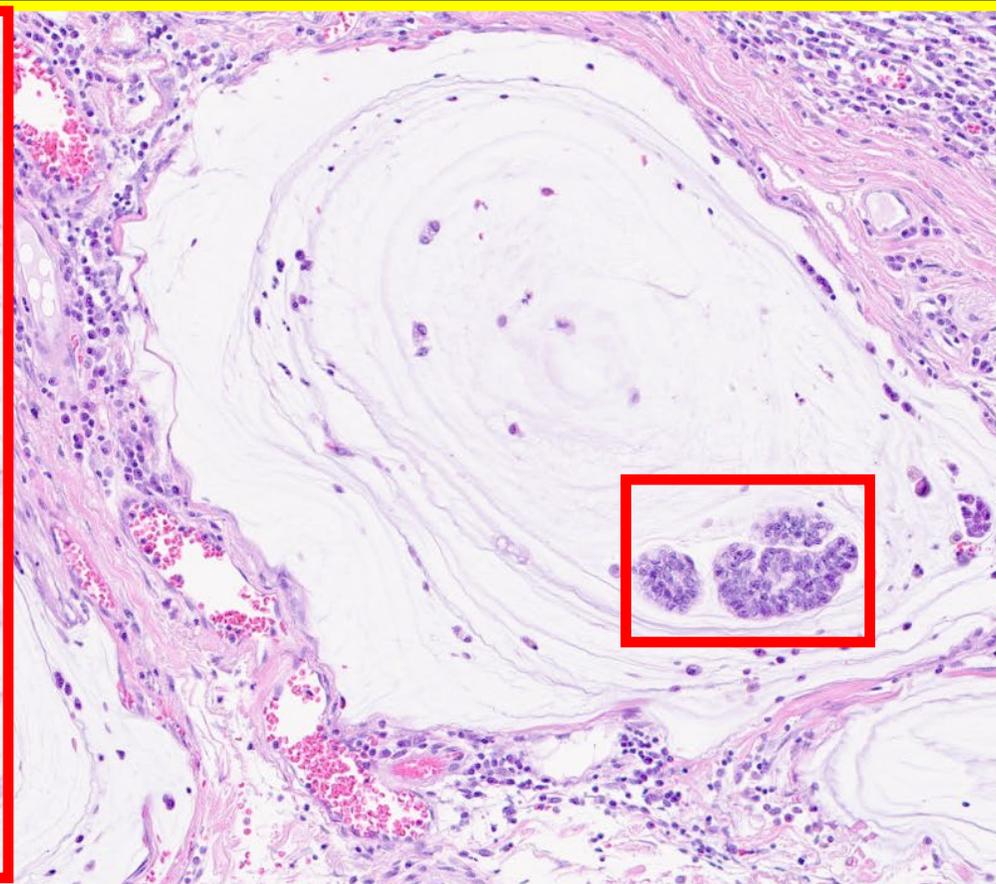
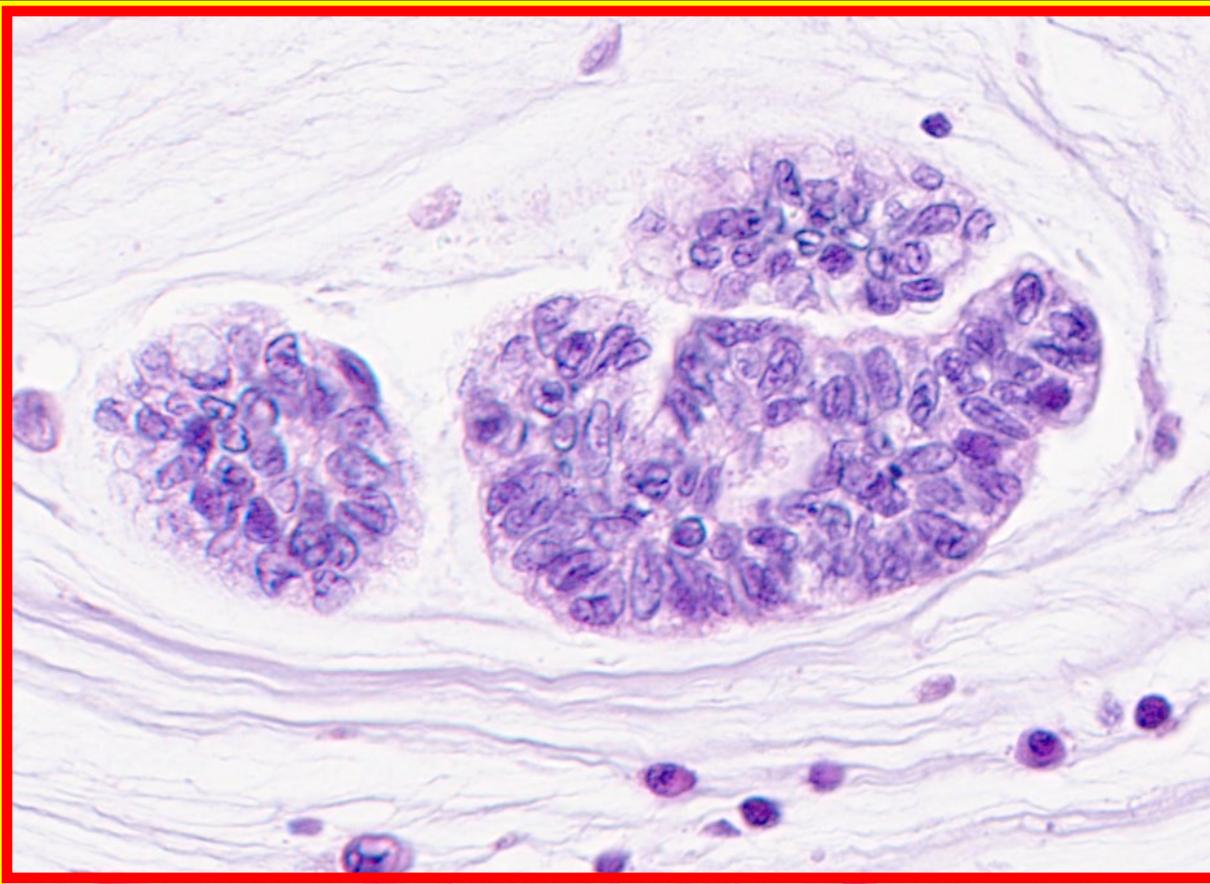


5

## HE特染

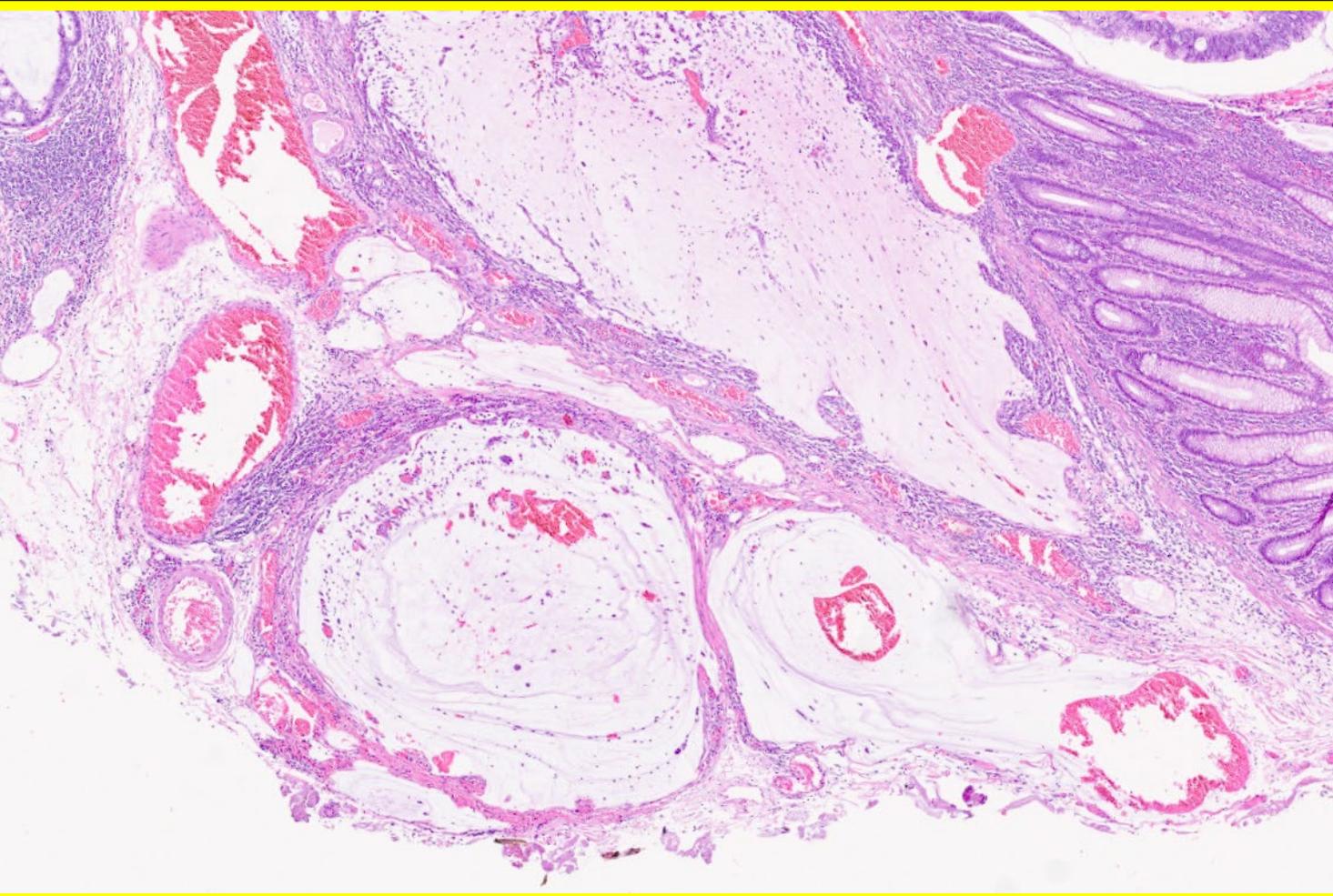
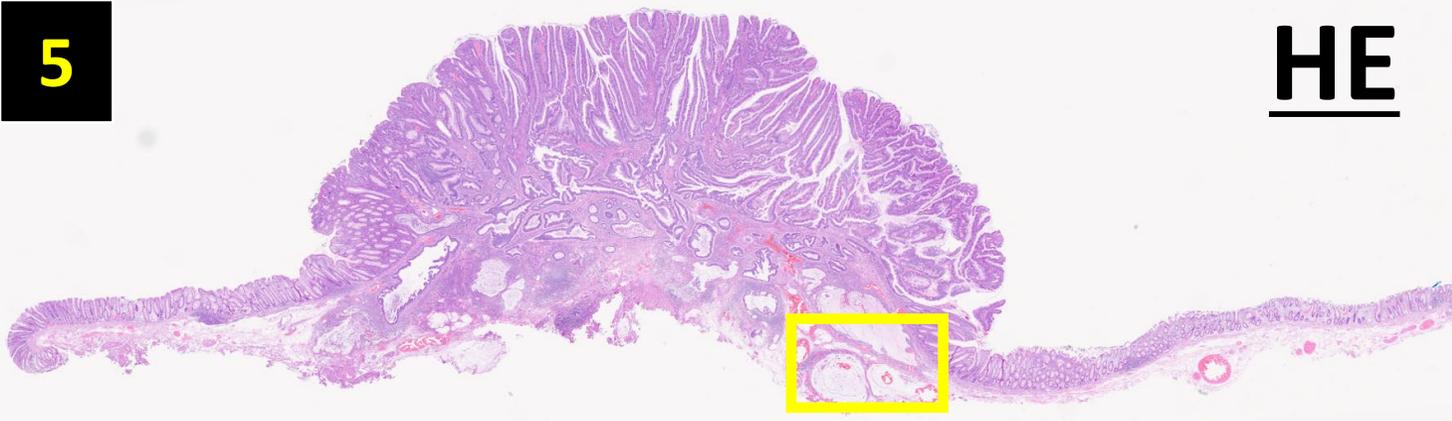


**粘液癌(muc)**  
深部で細胞外粘液産生、  
粘液内に高分化型腺癌を  
認める



5

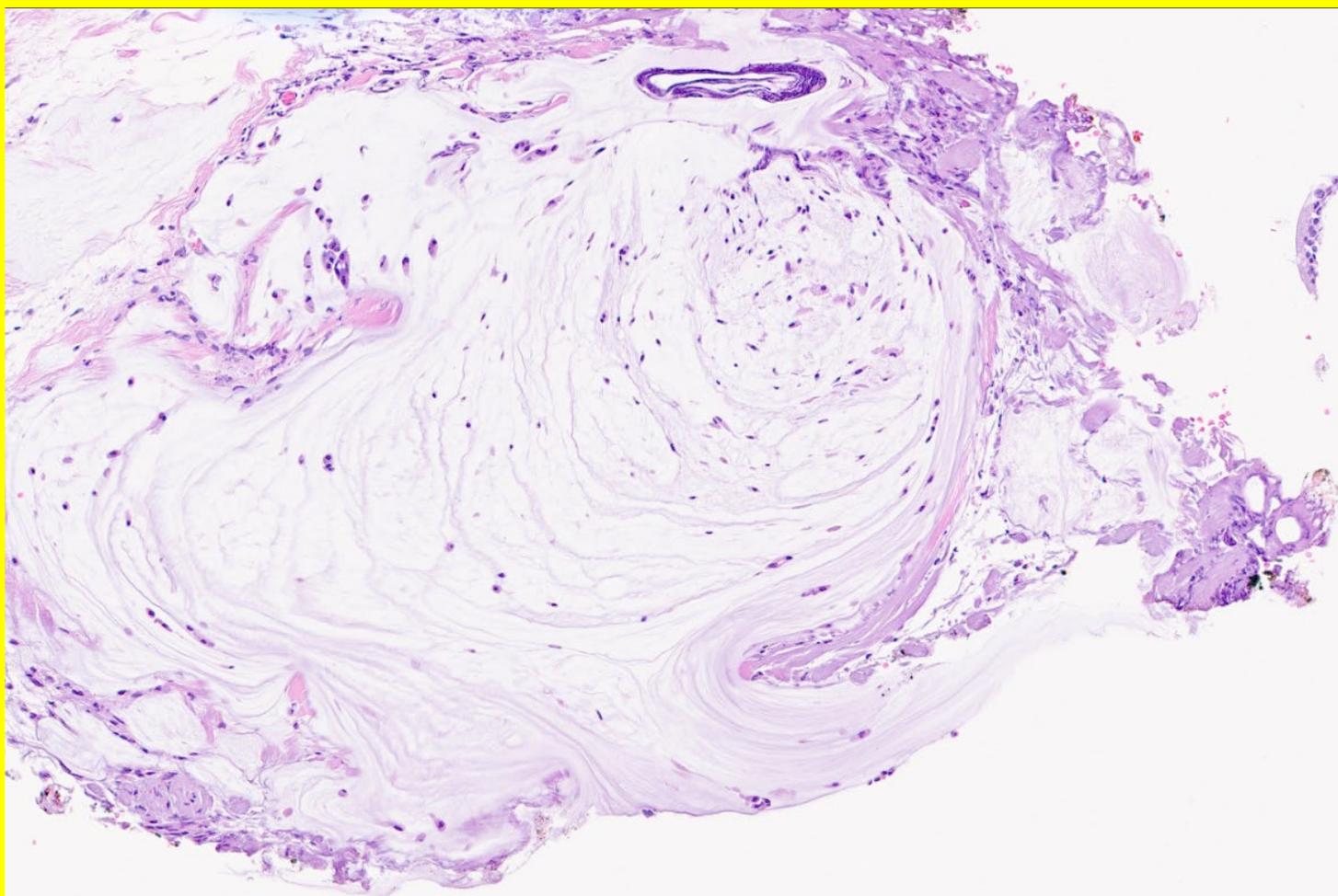
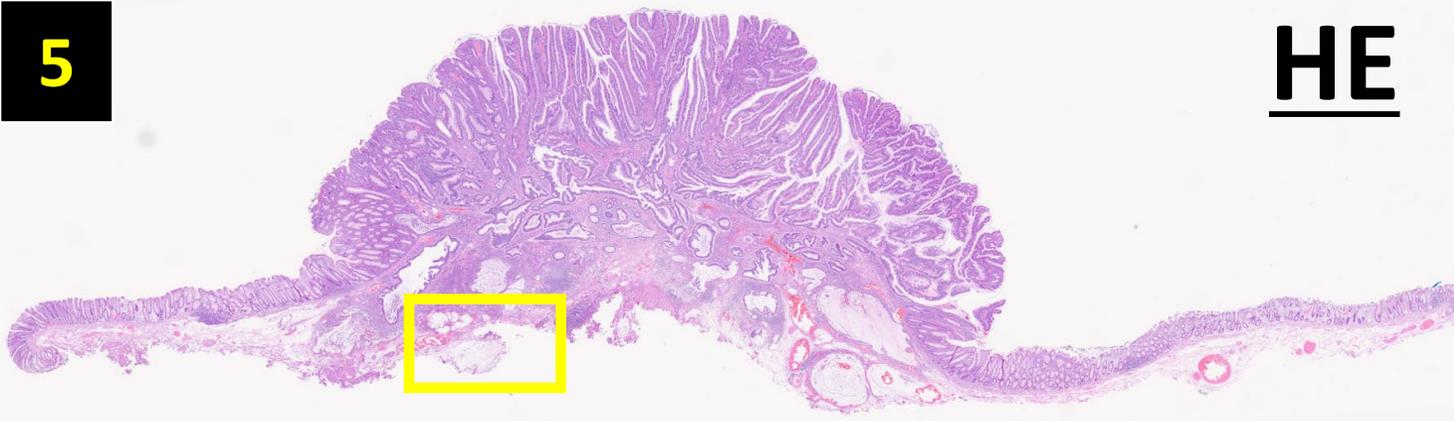
HE



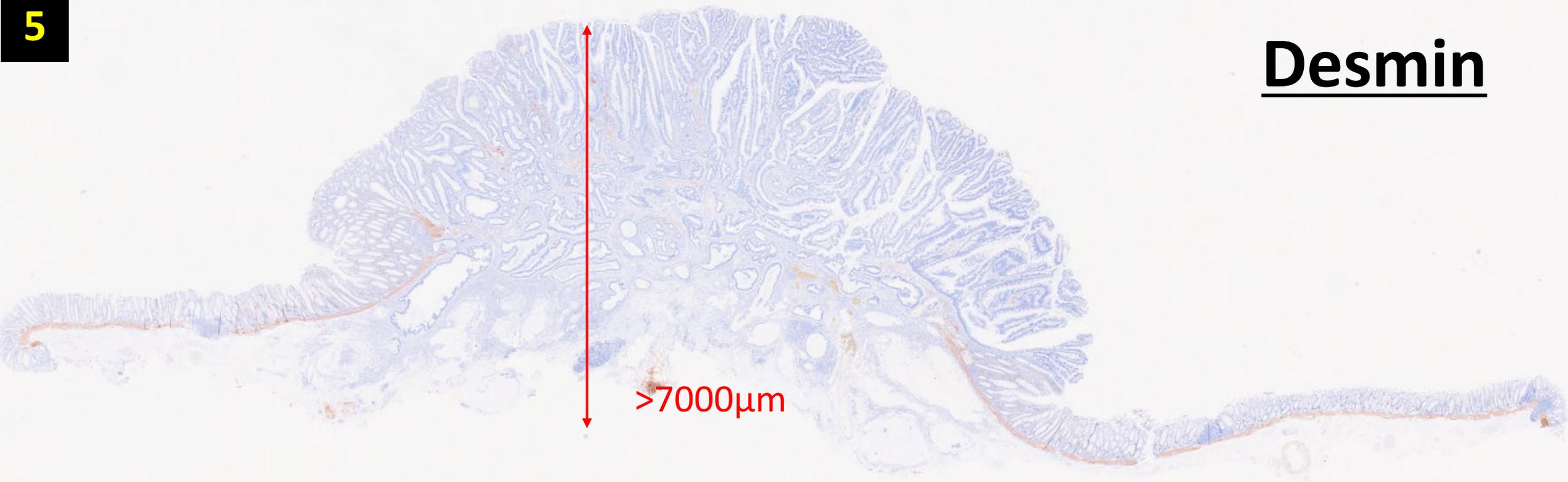
粘液癌成分は切除断端に及び  
**垂直断端陽性(pVM1)**

5

HE



粘液癌成分は切除断端に及ぶ  
**垂直断端陽性(pVM1)**



粘膜筋板の走行が一部同定・推定できない  
病変表層から最深部までは1000μm以上

**壁深達度：T1b**

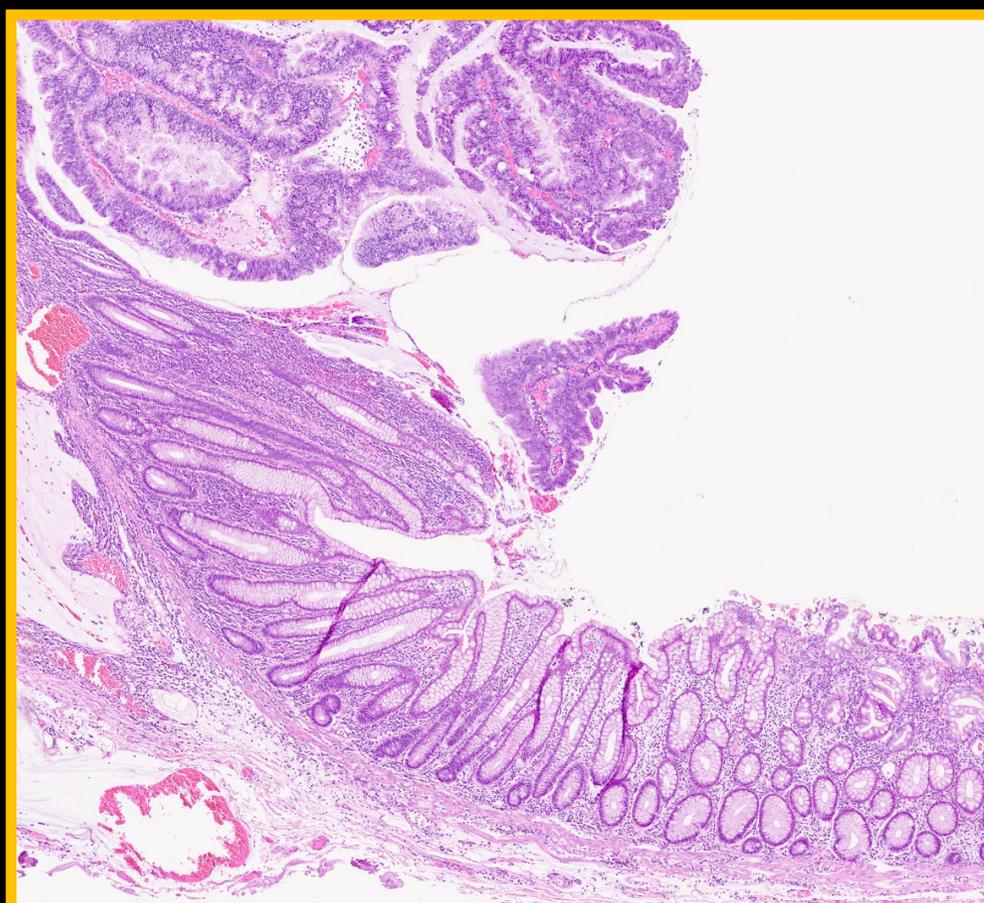
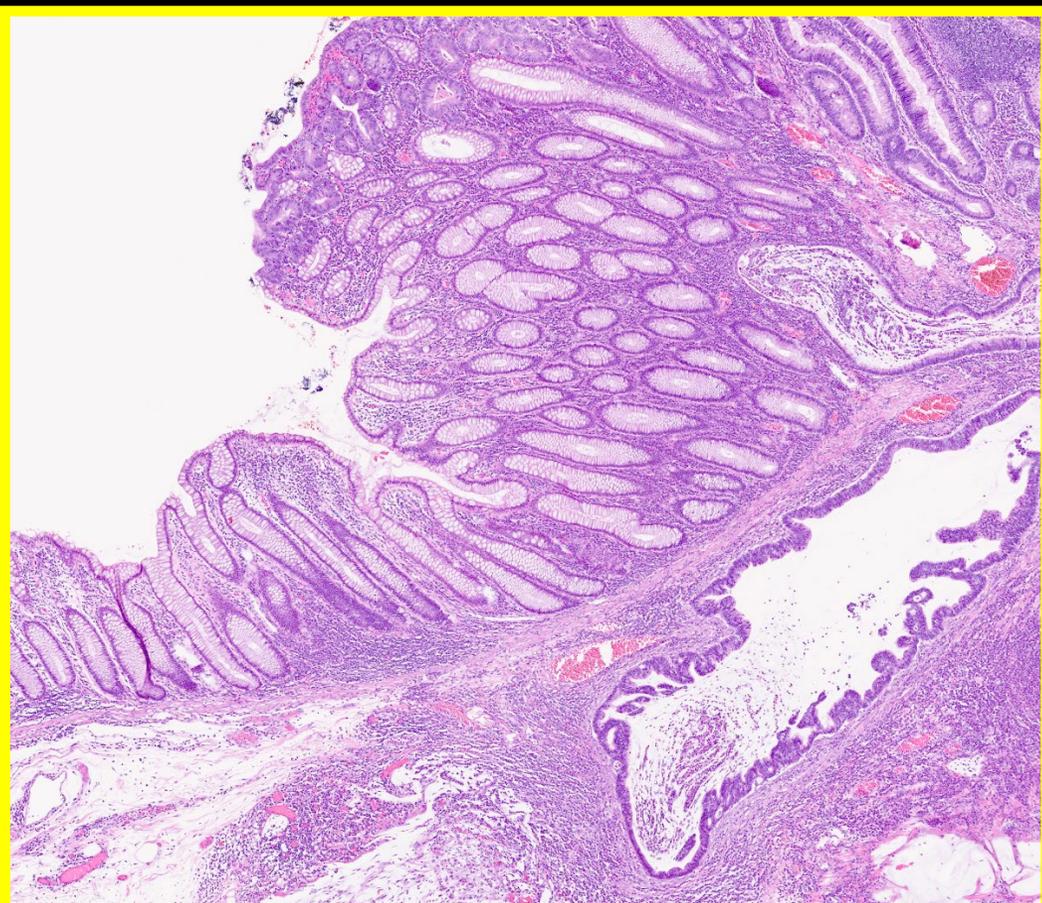
5

HE

>6mm

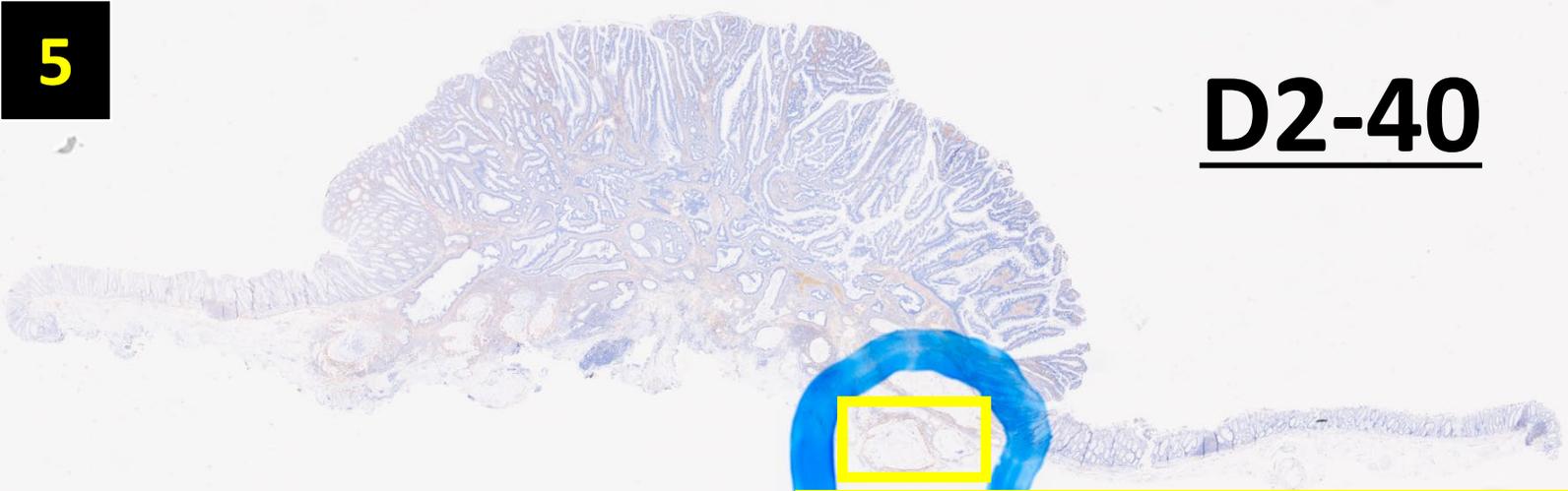
>9mm

側方断端陰性 (pHM0)

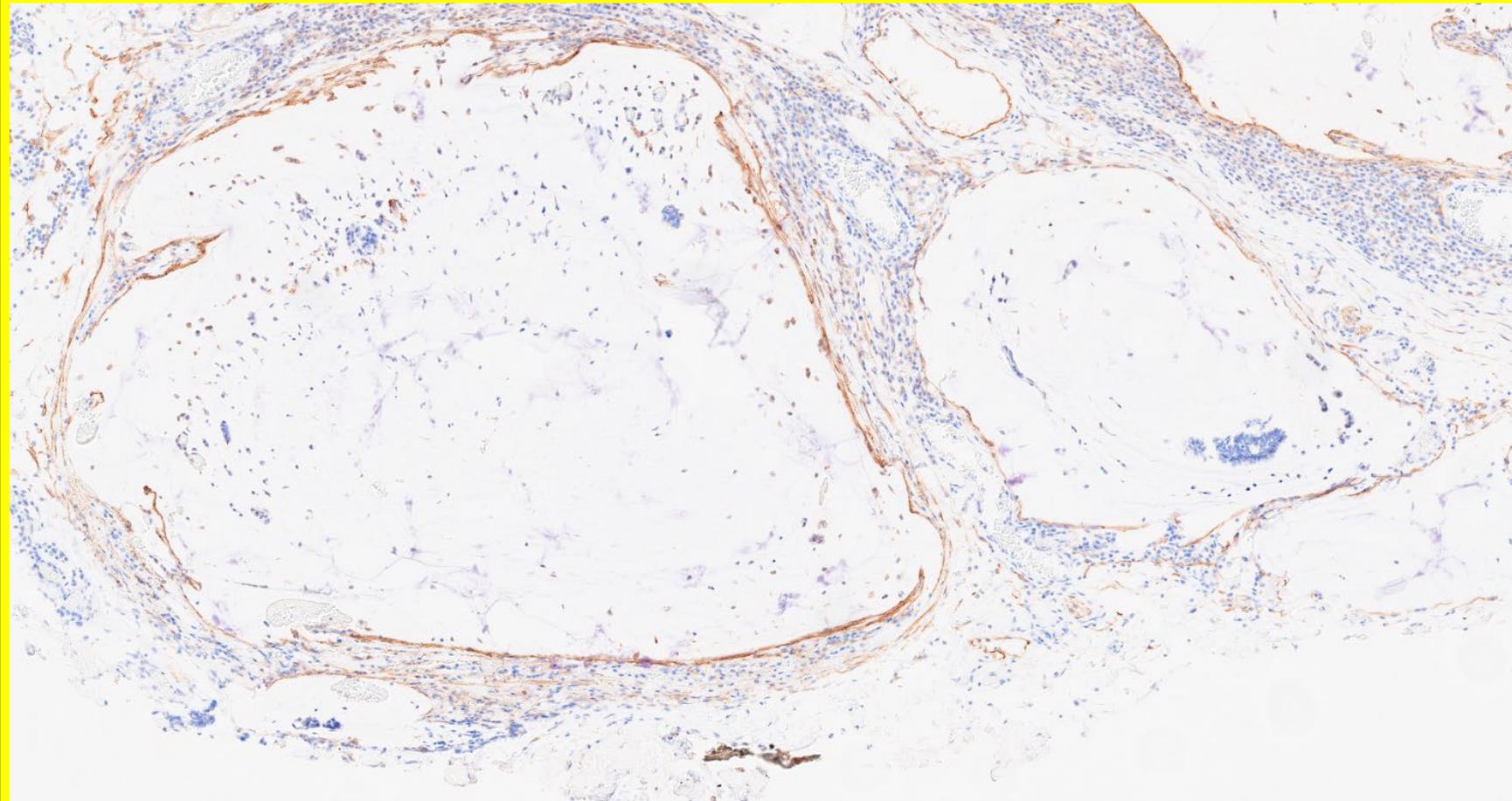


5

D2-40

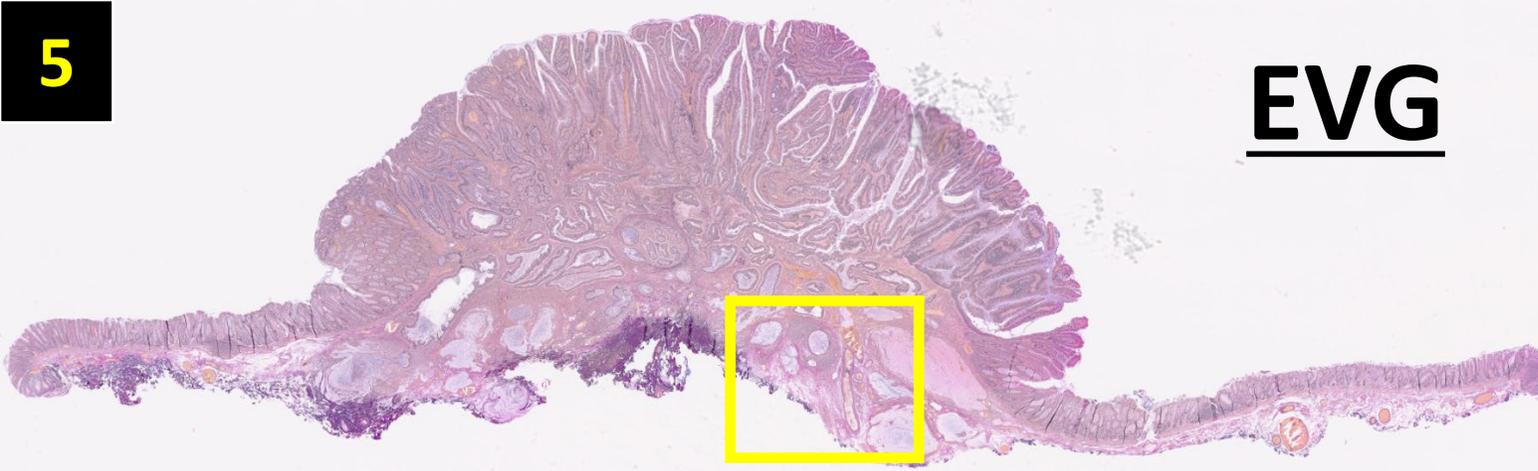


リンパ管侵襲陽性  
(Ly1a)

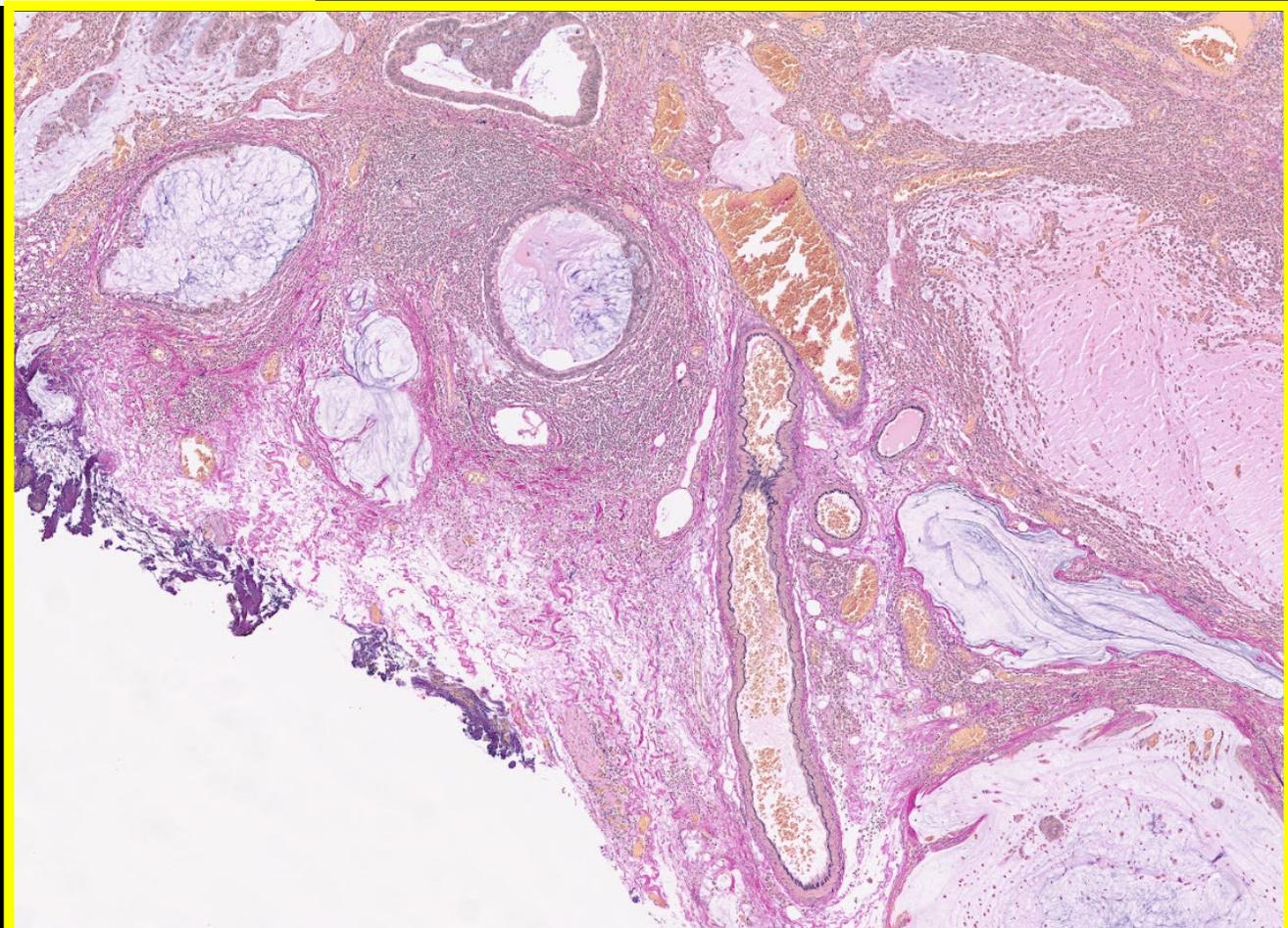


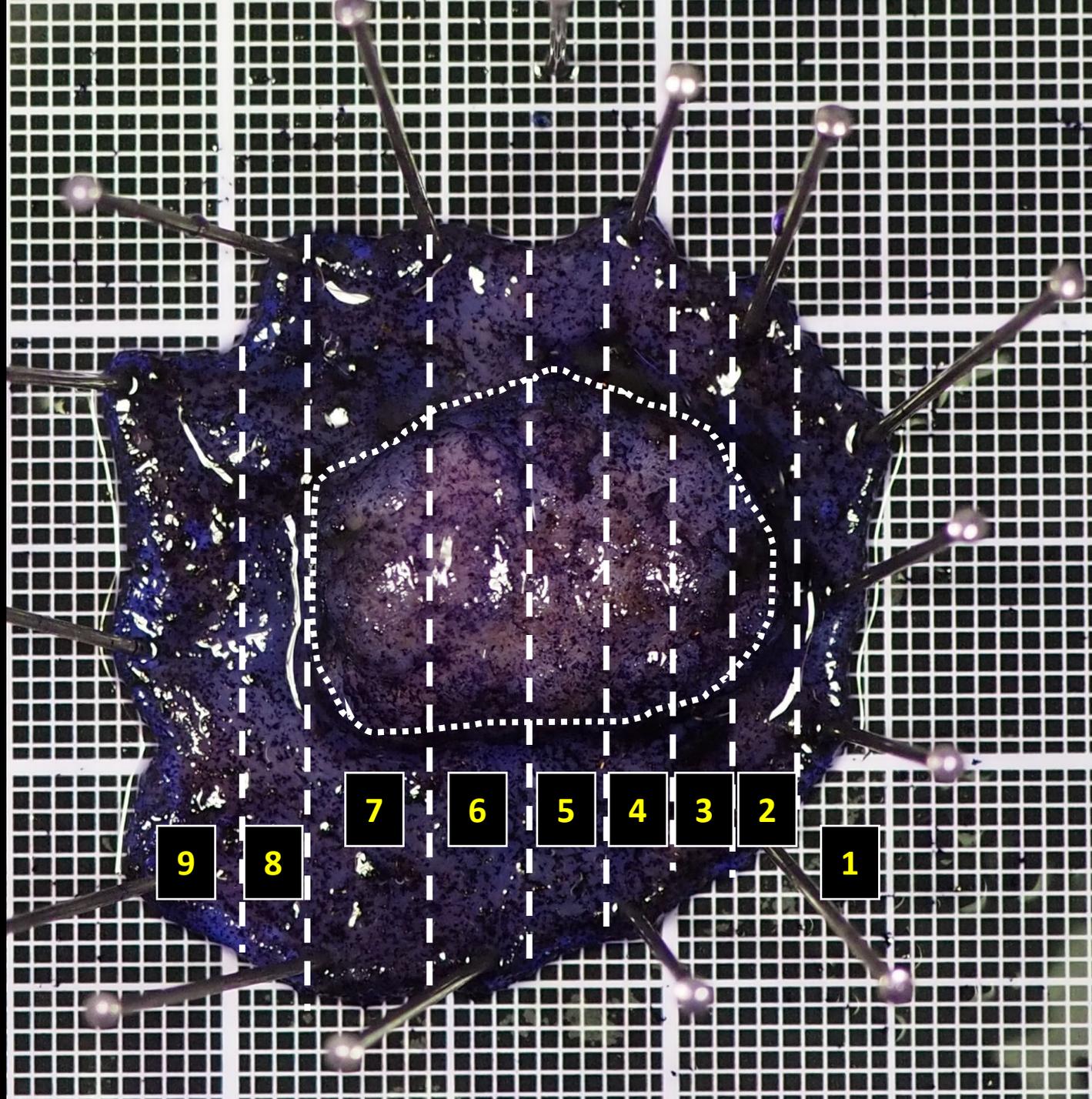
5

EVG



静脈侵襲陰性 (v0)





口側

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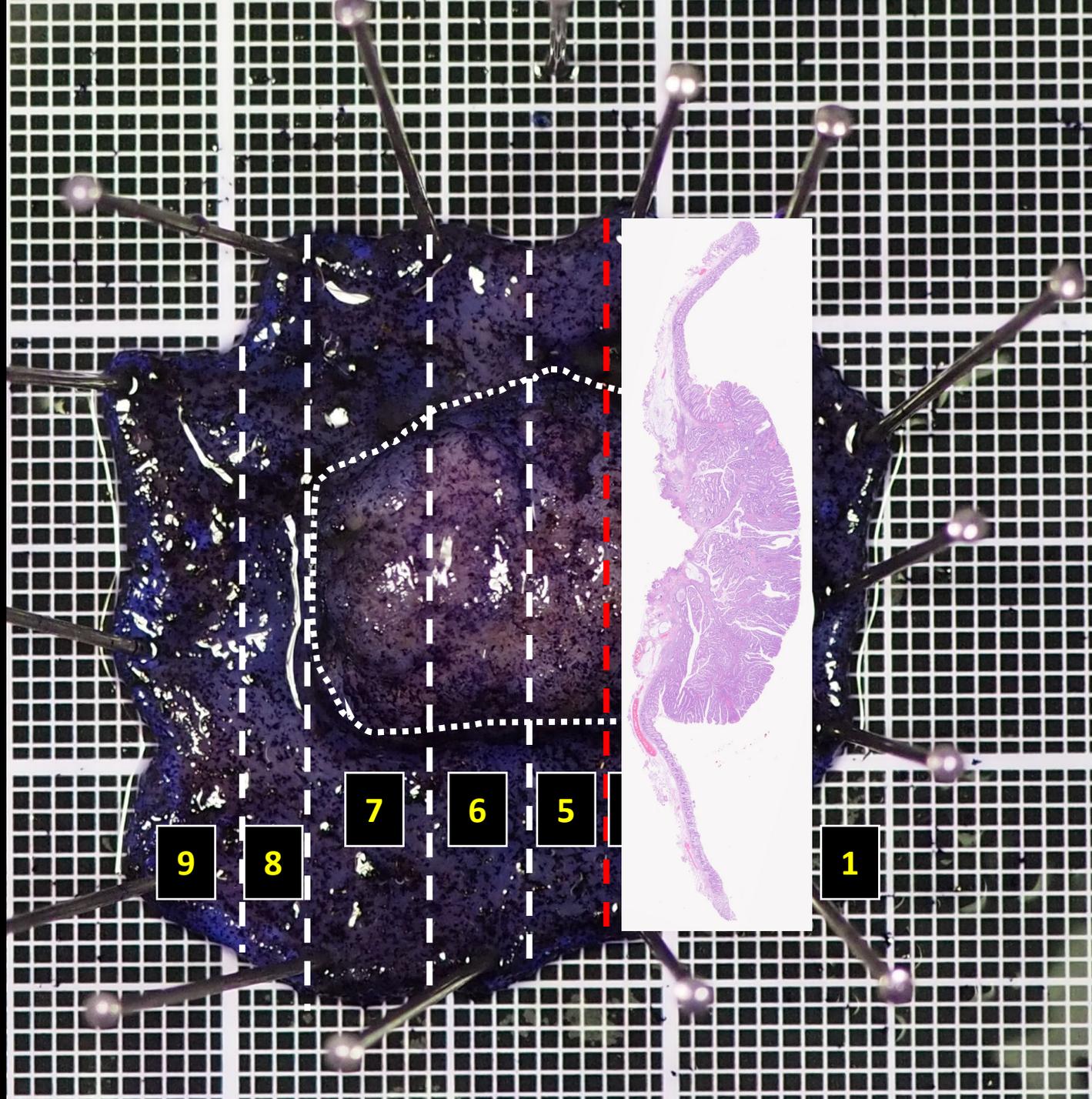
5

4

3

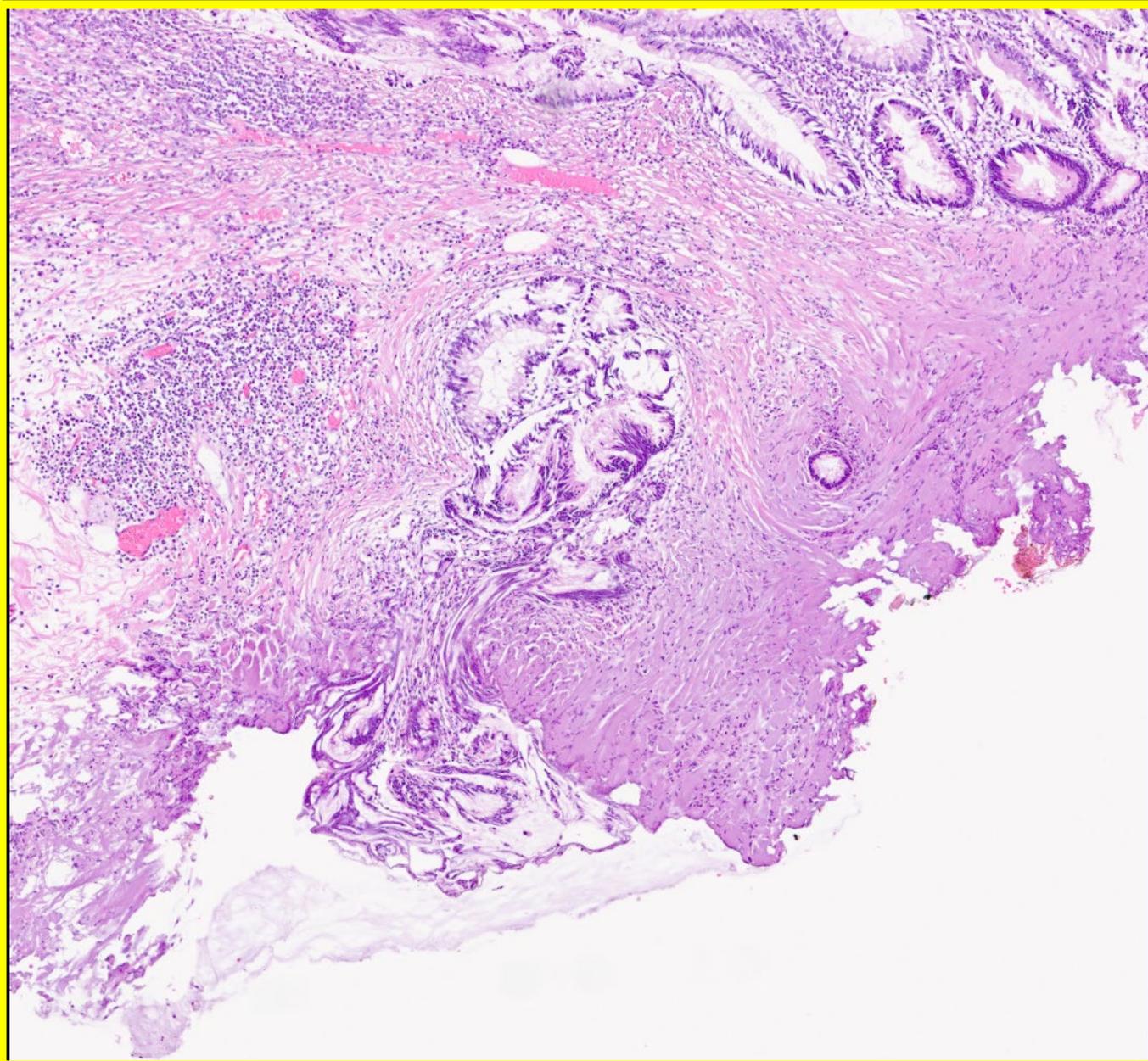
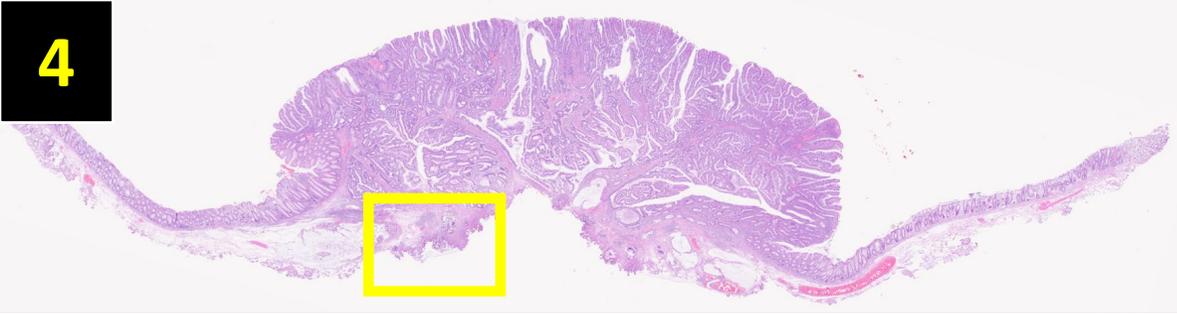
2

1

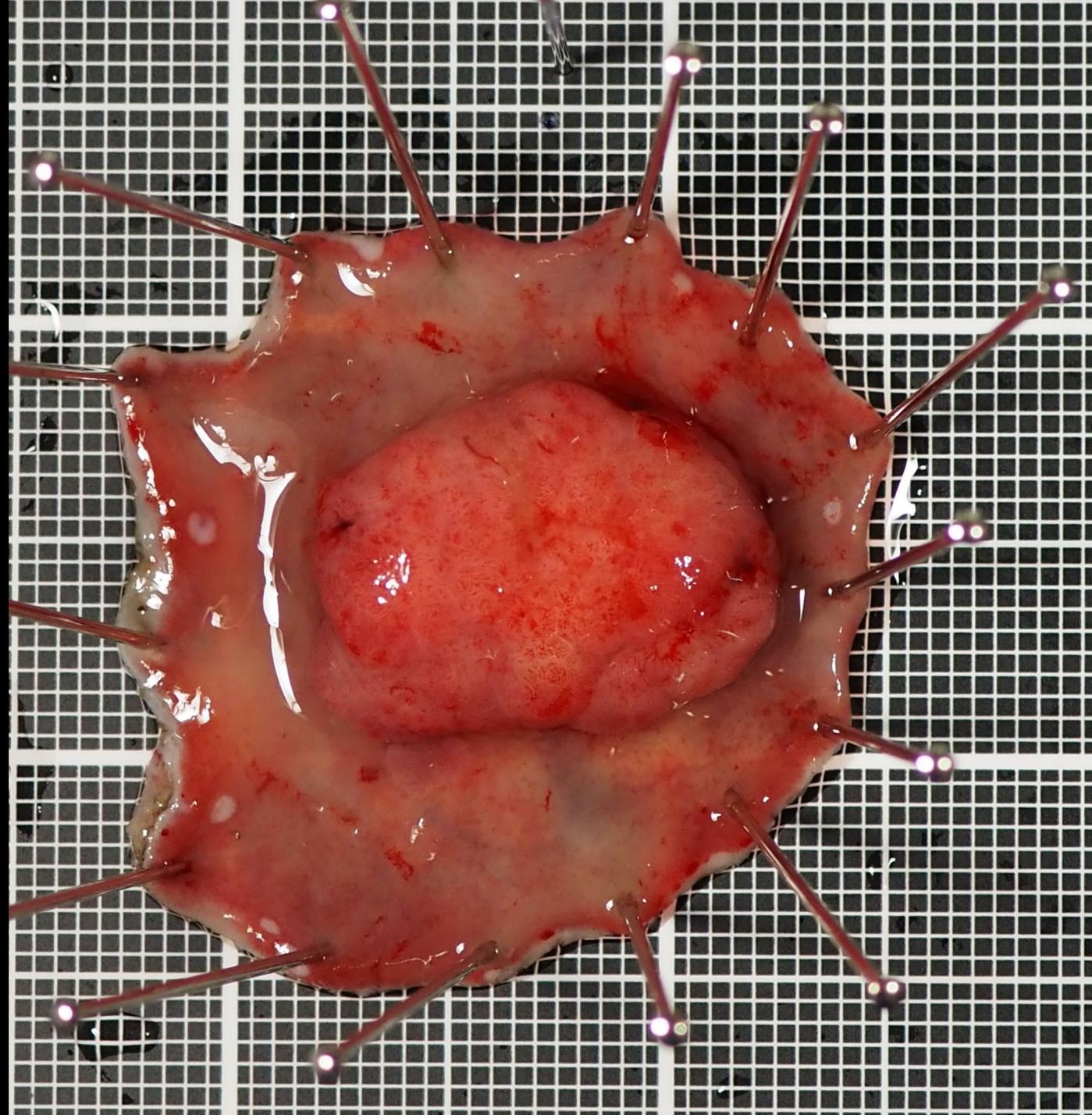


口側

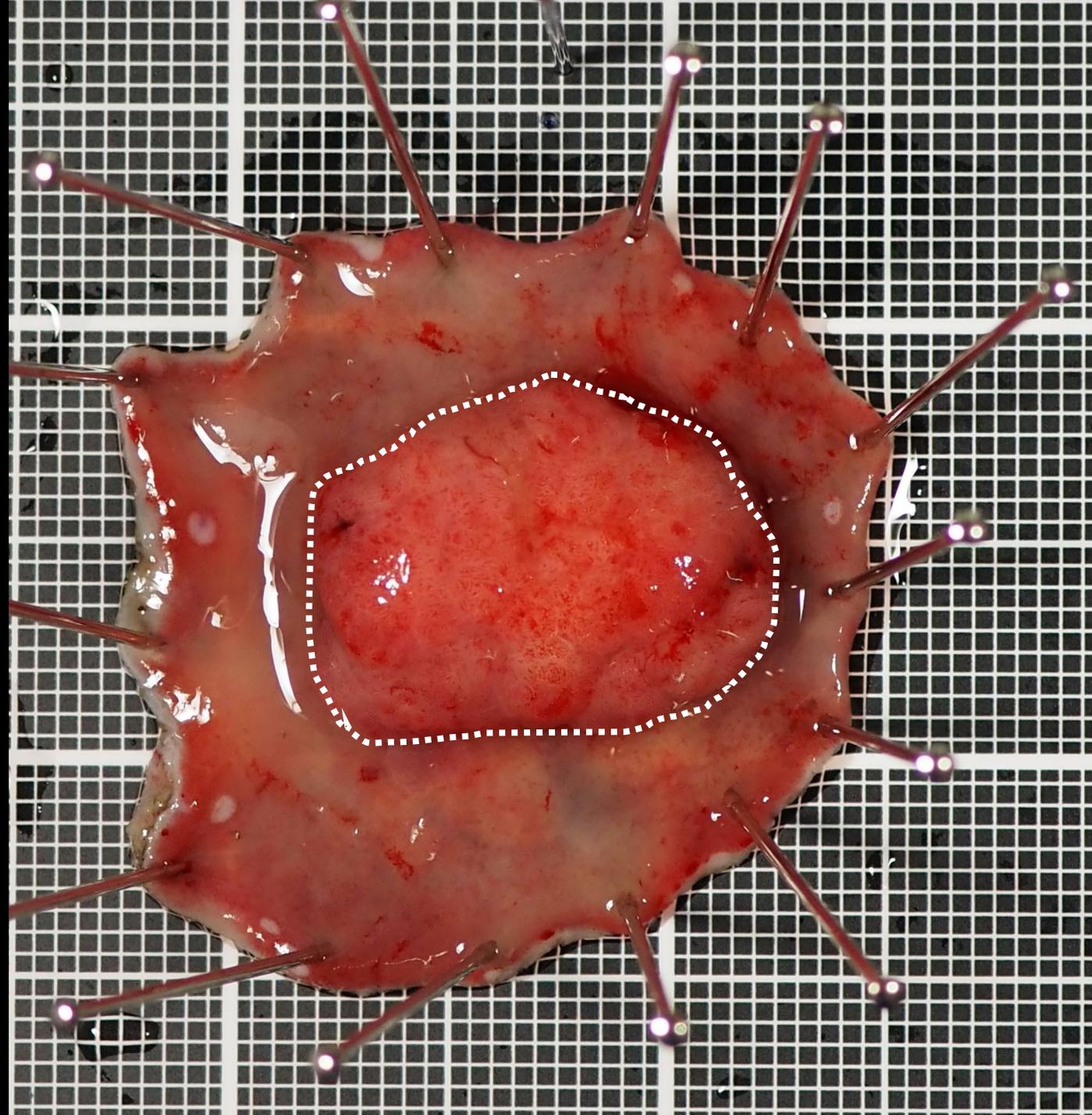
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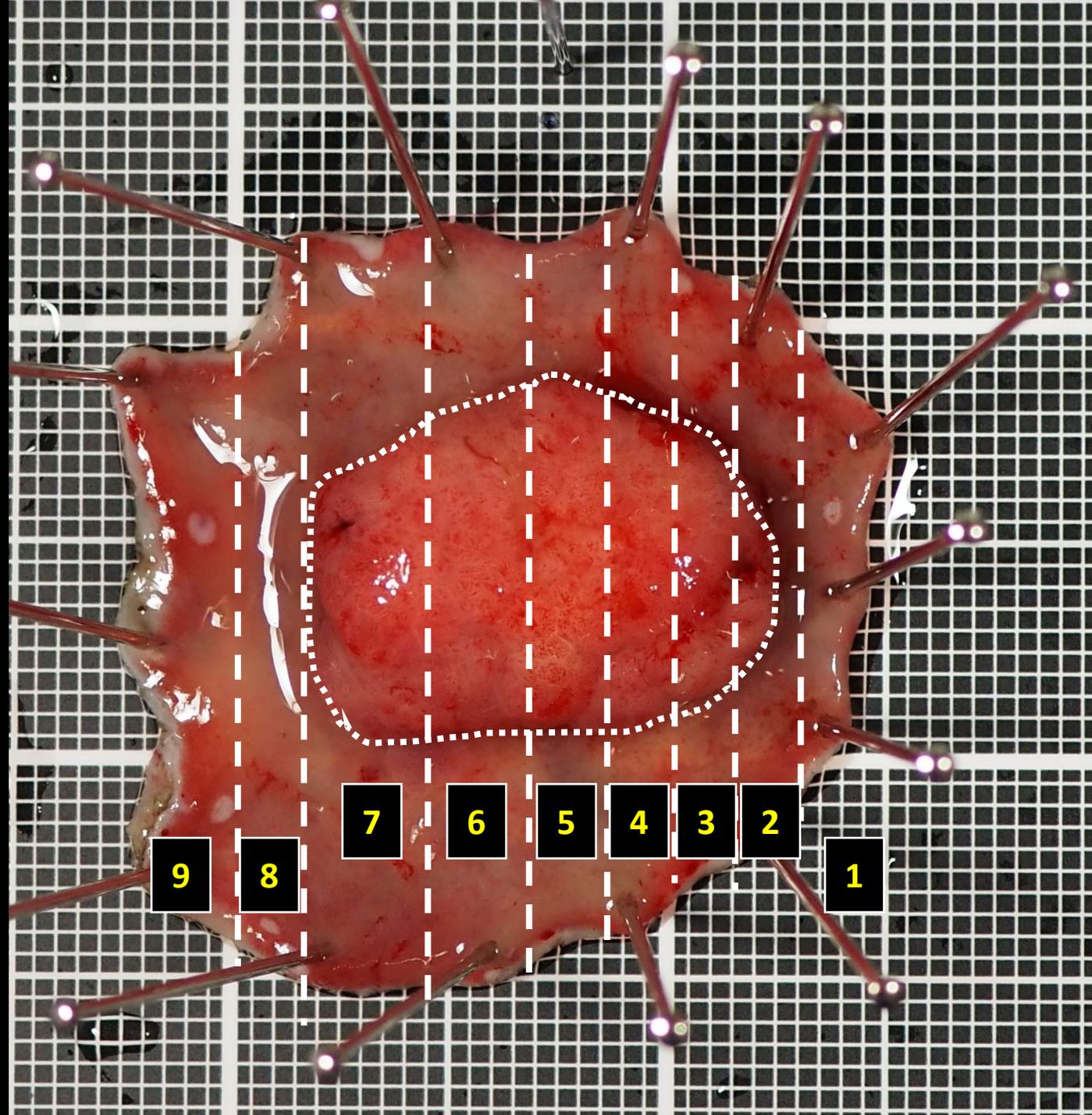
垂直断端陽性



口側



口側



口側

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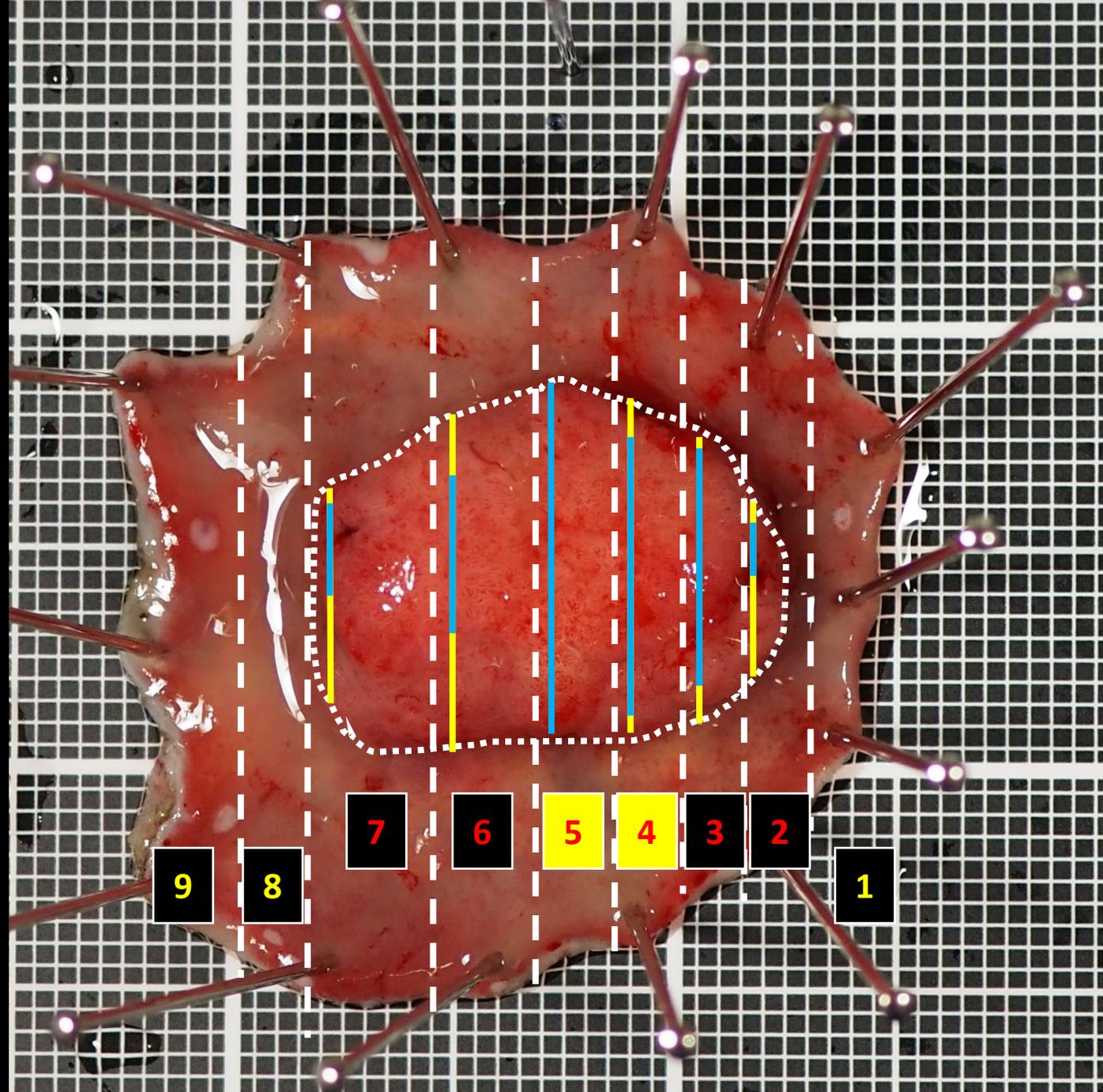
4

3

2

1

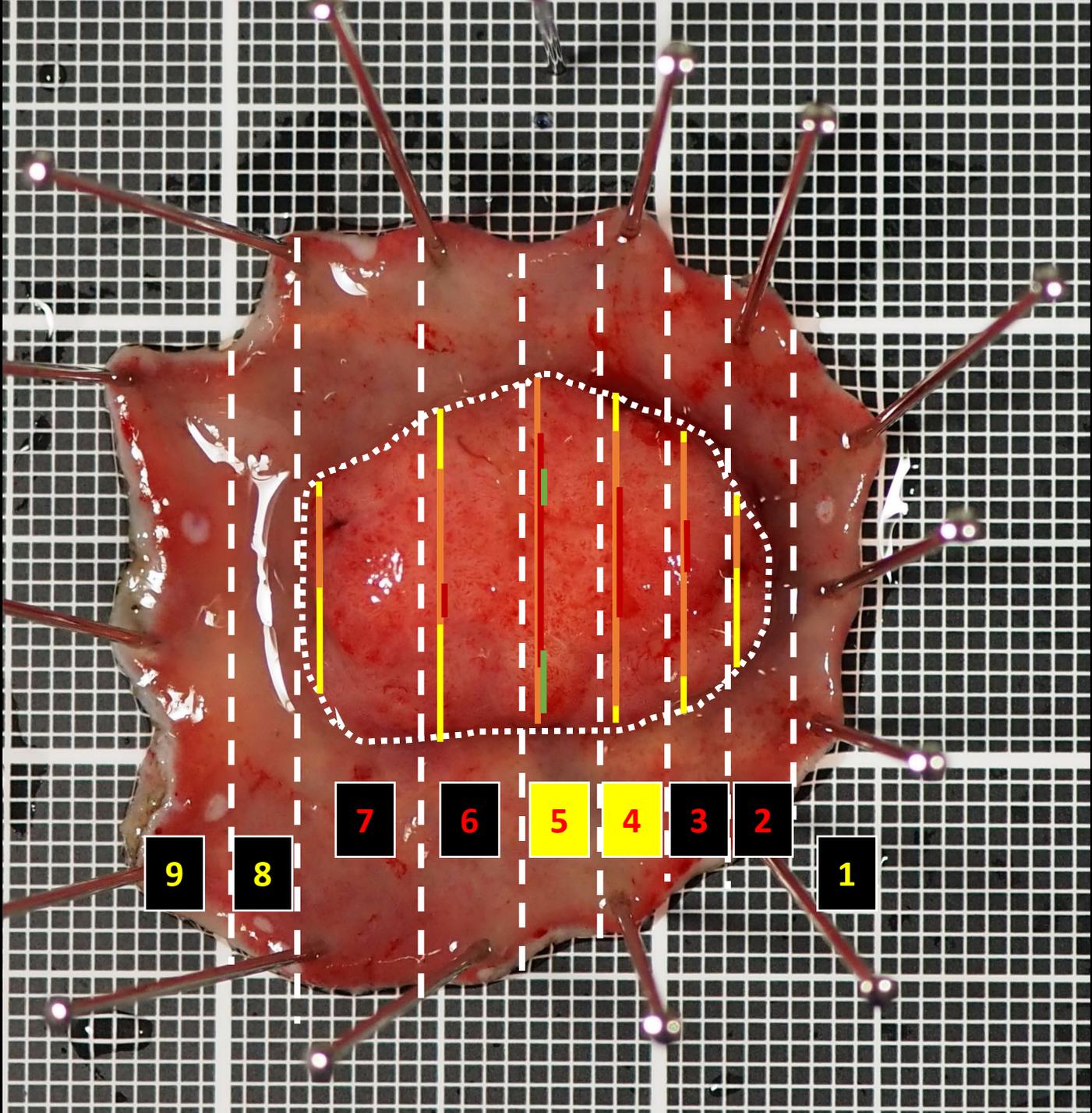
— adenoma  
— adenocarcinoma



↑  
口側

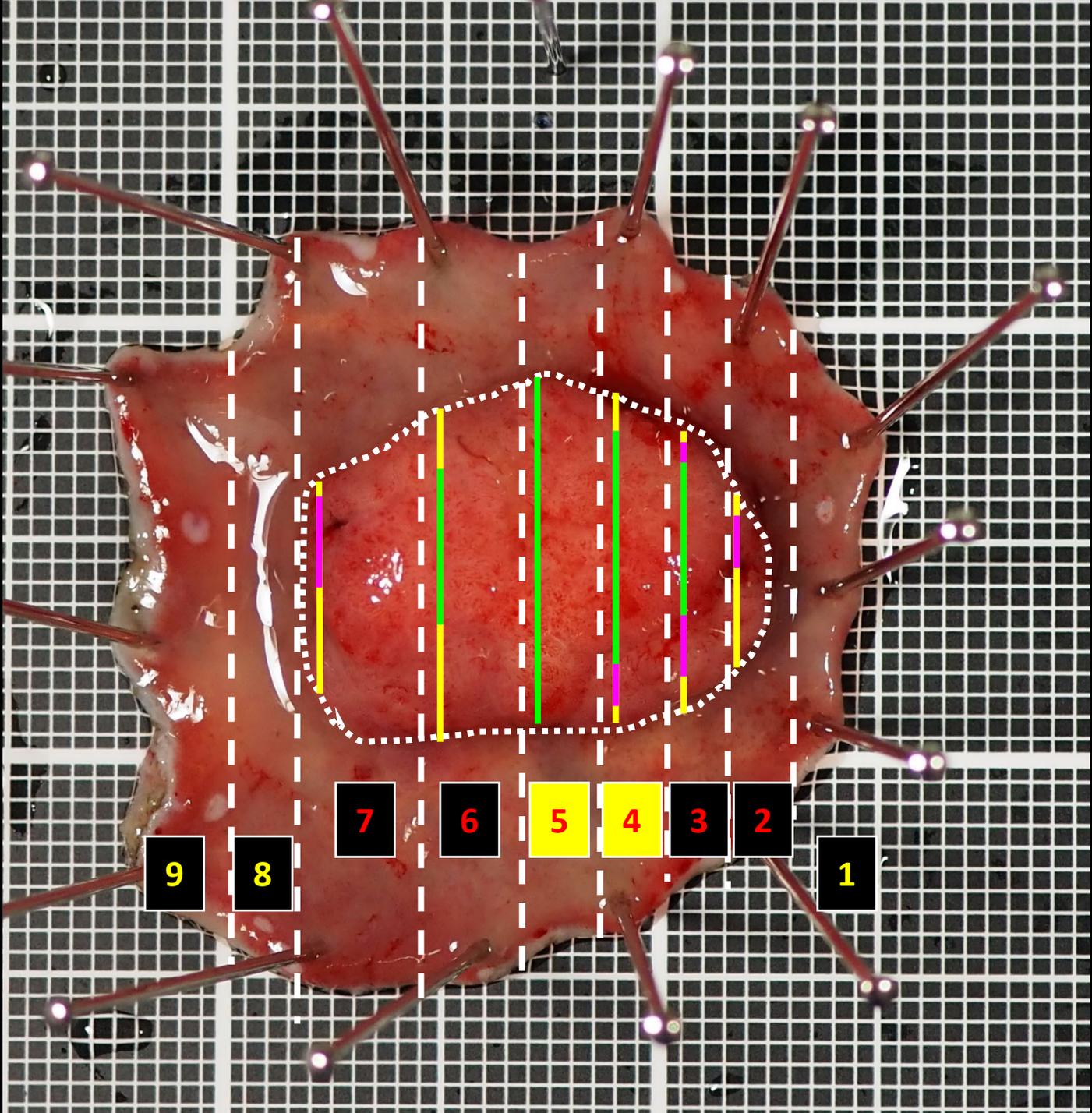
9 8 7 6 5 4 3 2 1

- adenoma
- tub1
- tub2
- muc

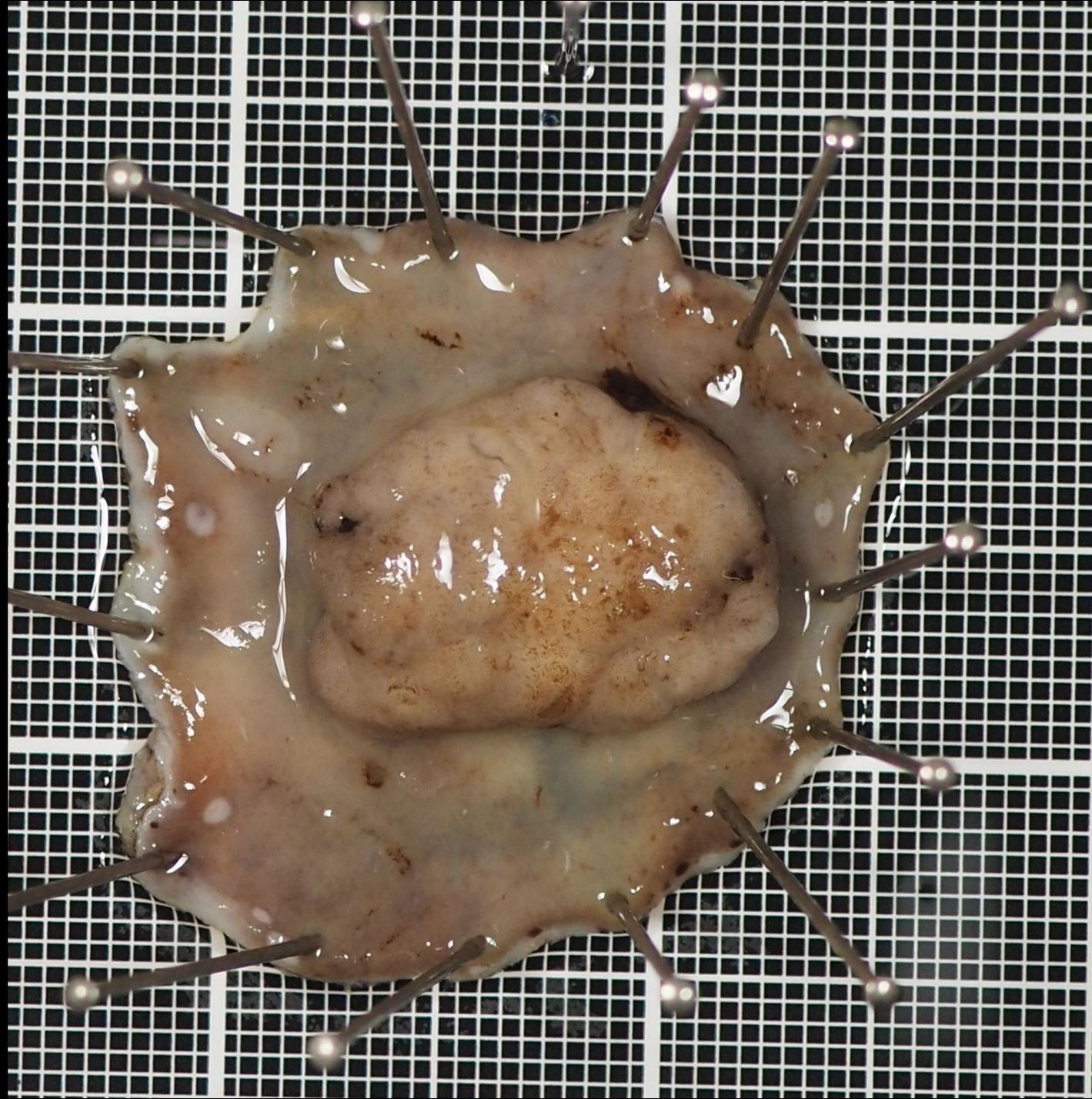


口側

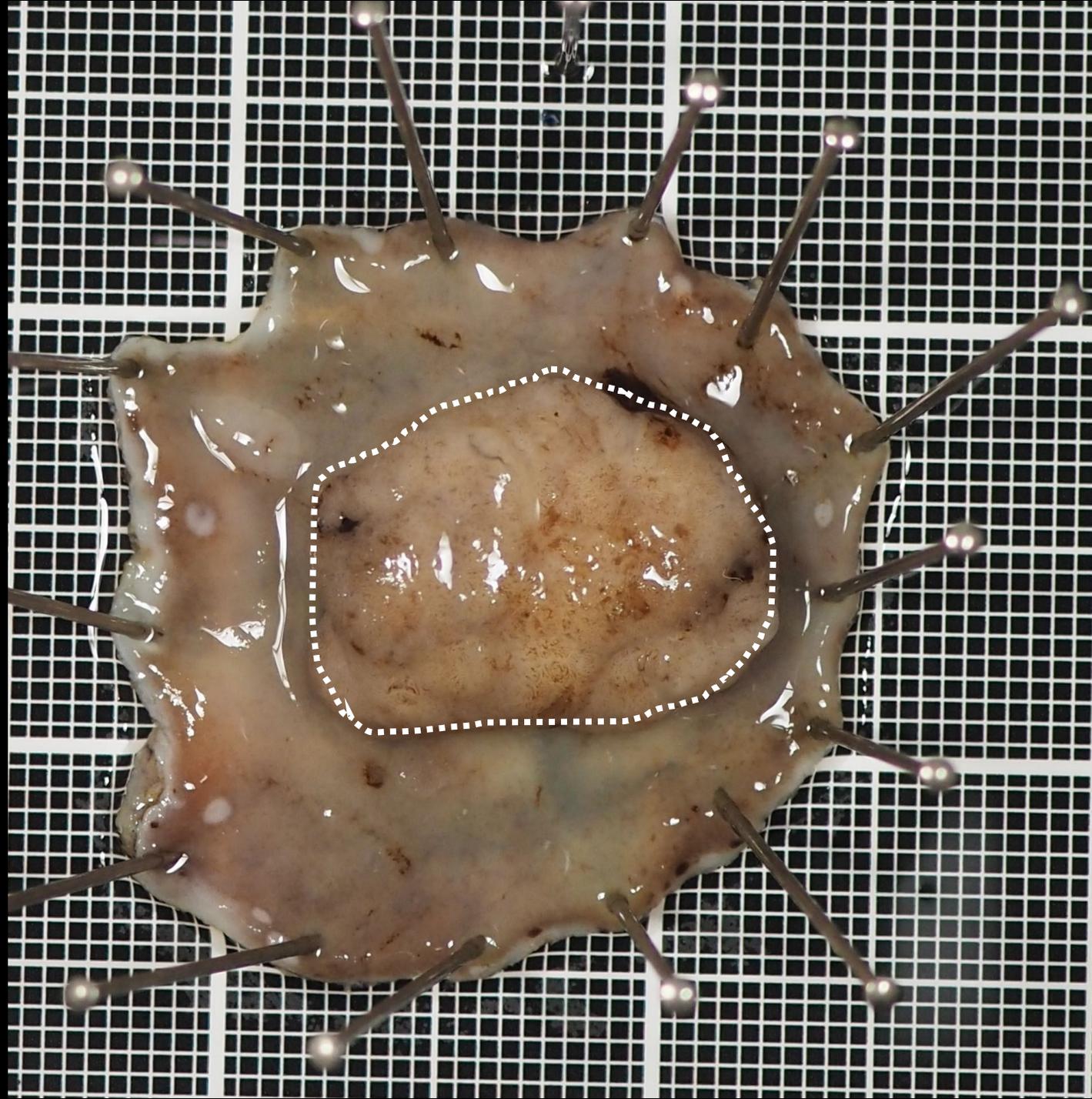
- adenoma
- M
- SM



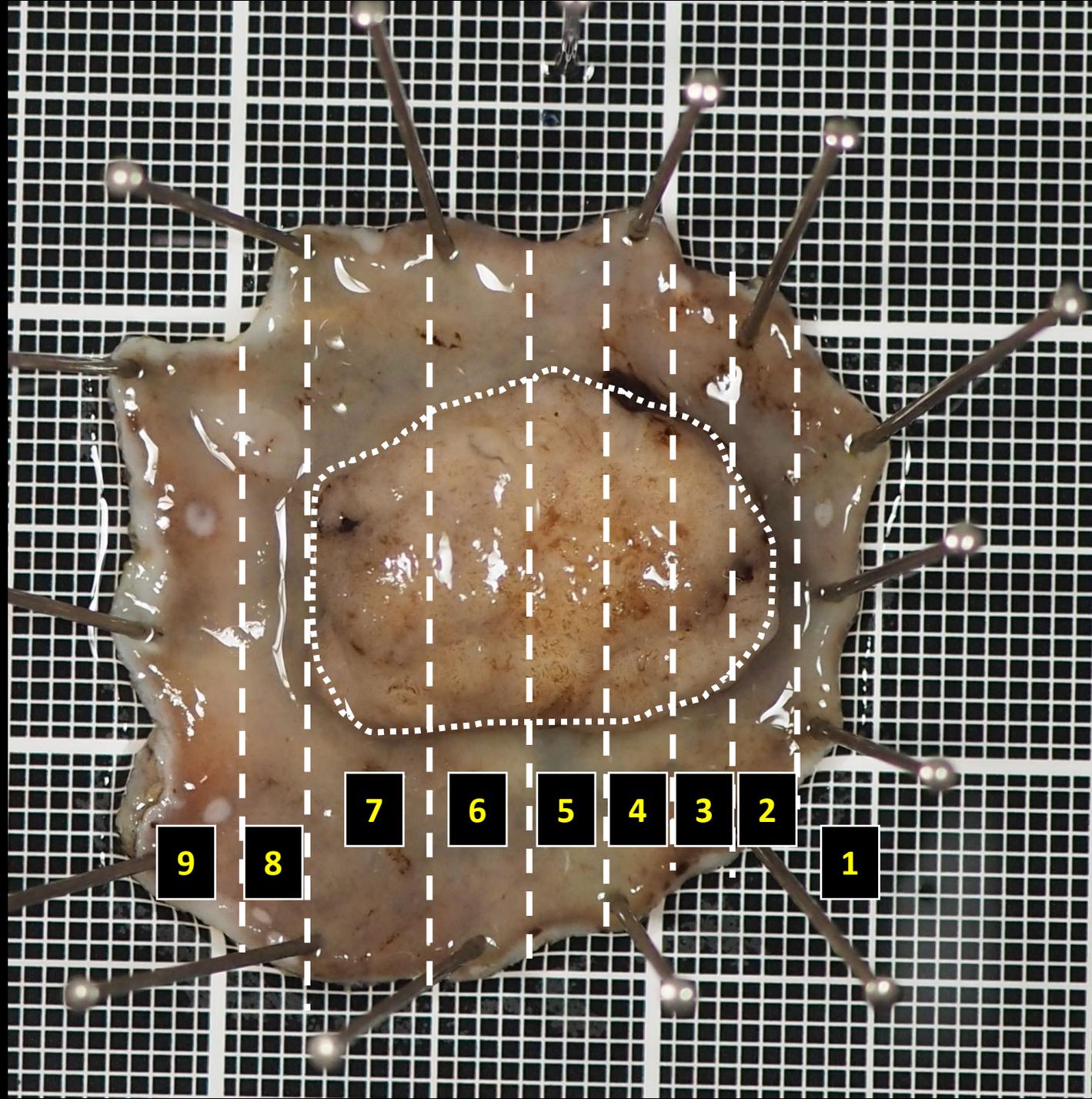
口側



口側



口側



口側

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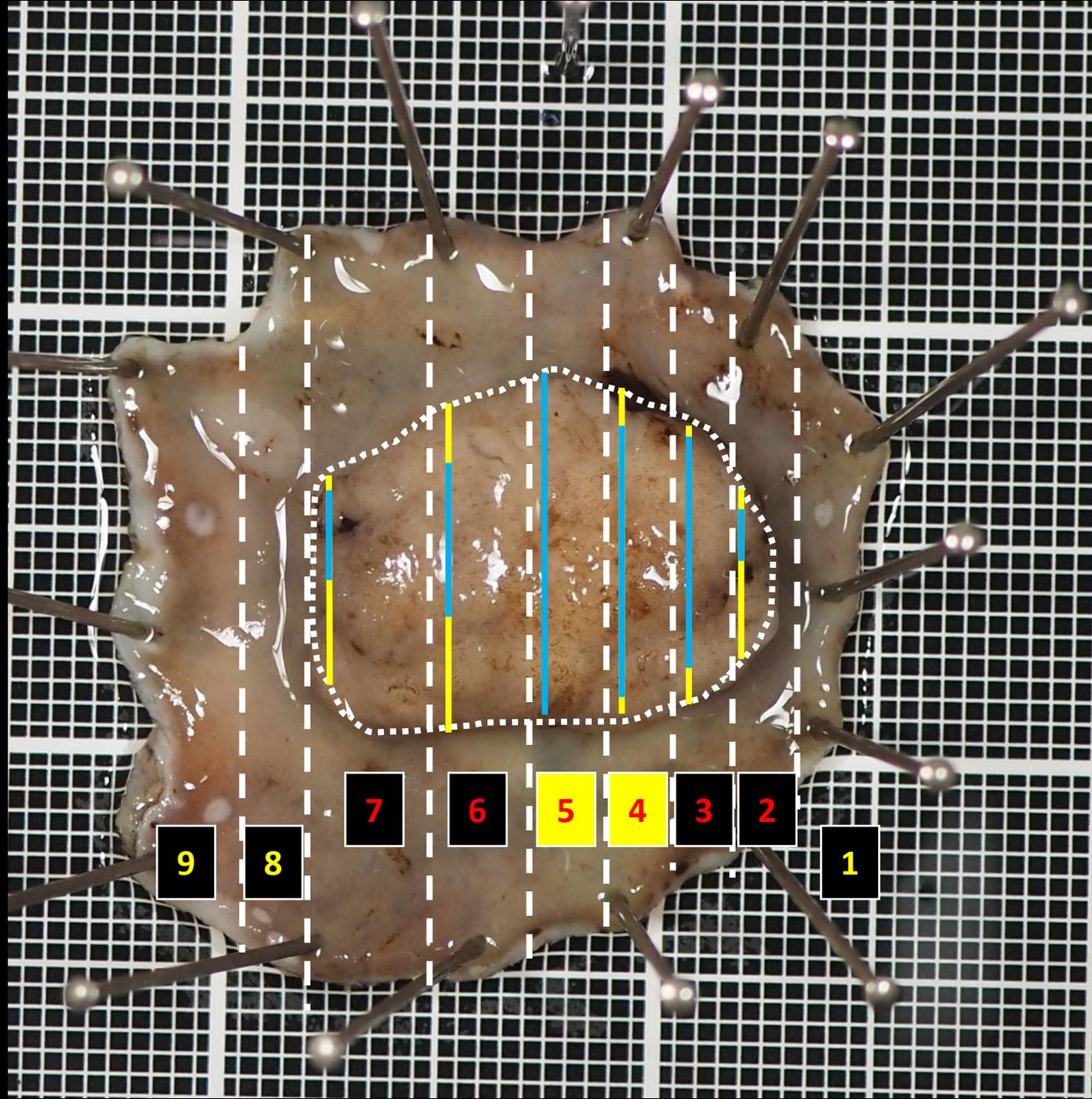
4

3

2

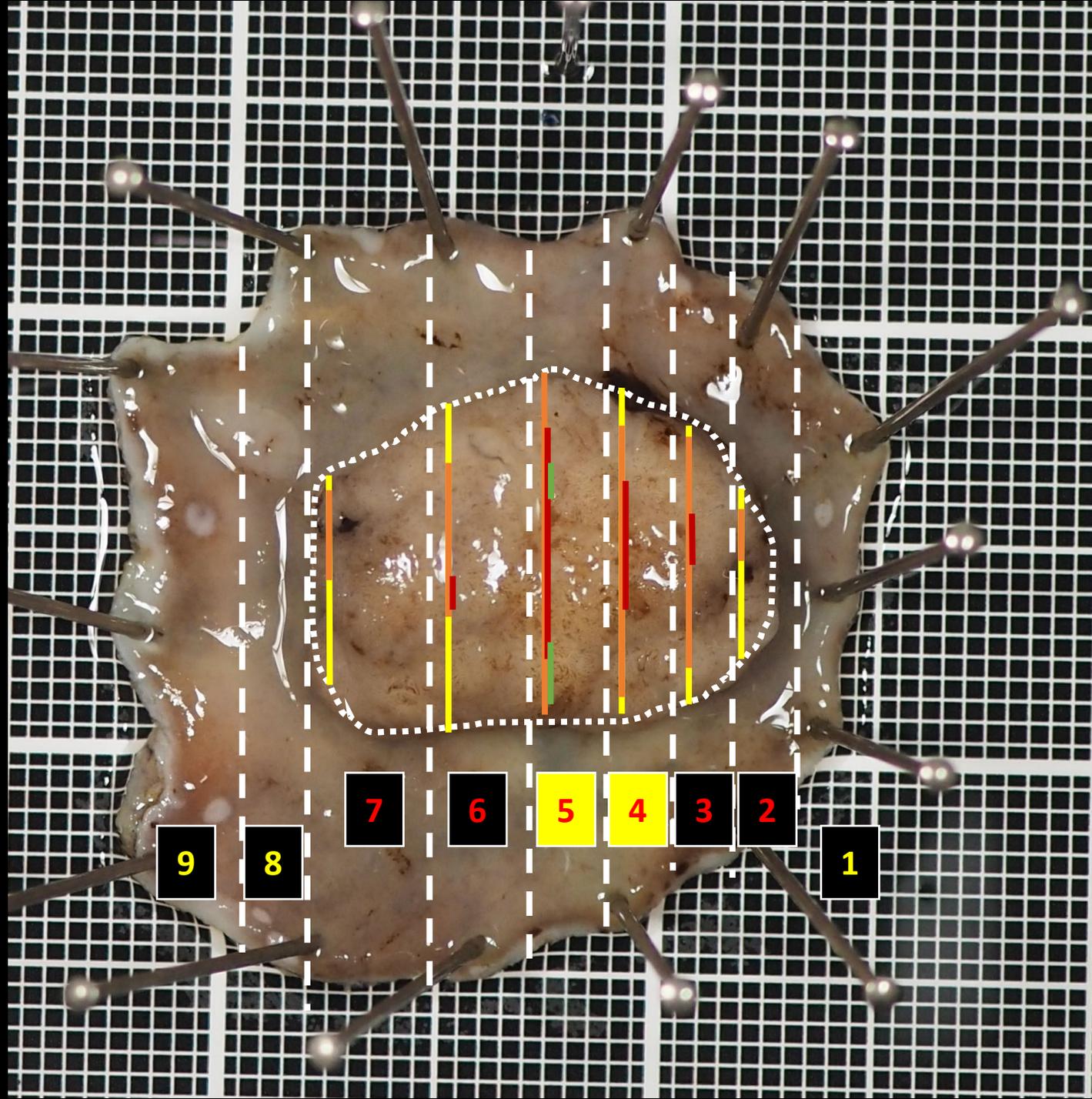
1

- adenoma
- adenocarcinoma



↑  
口側

- adenoma
- tub1
- tub2
- muc



↑  
口側

- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1

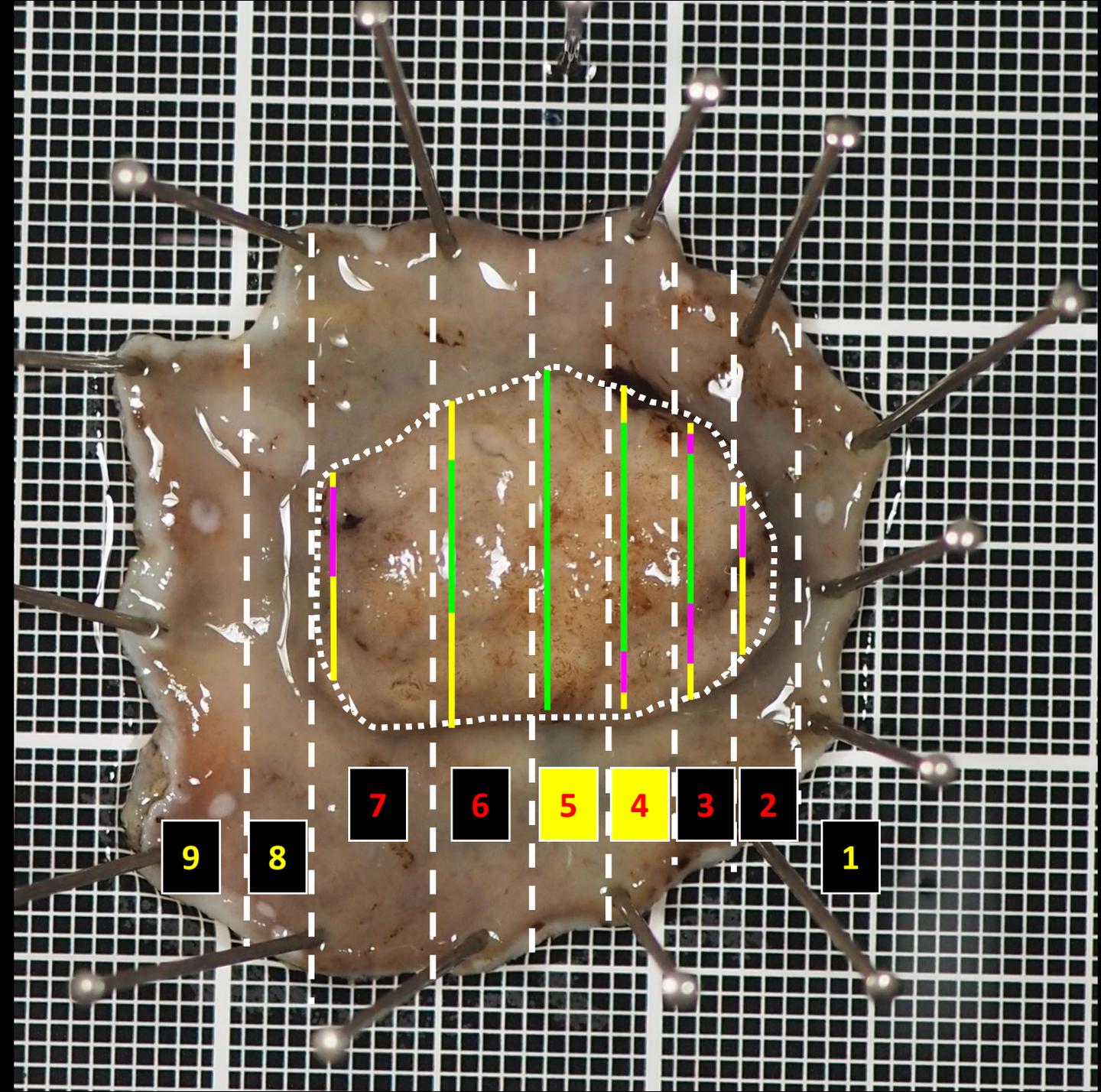
— adenoma

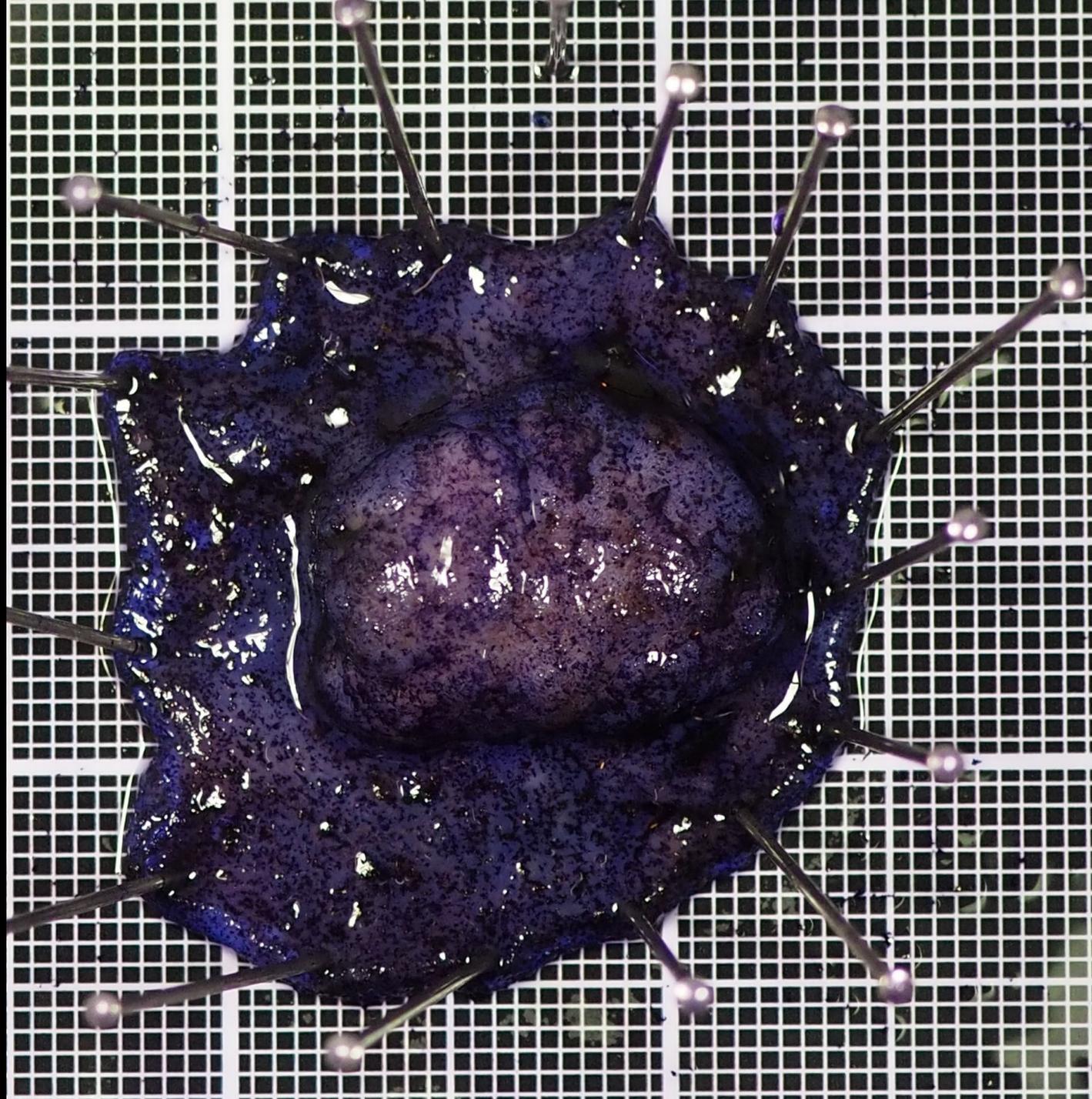
— M

— SM

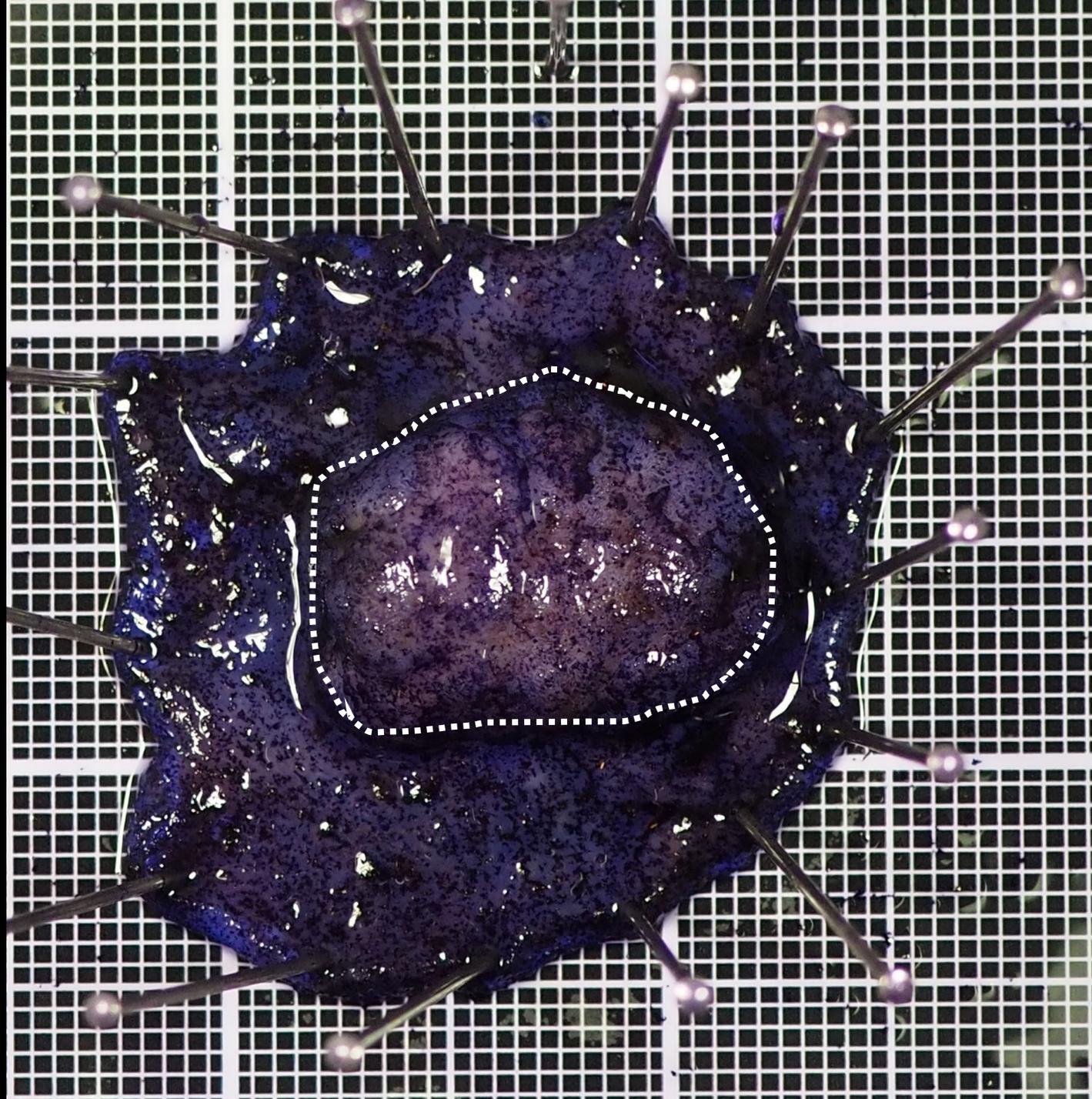


口側

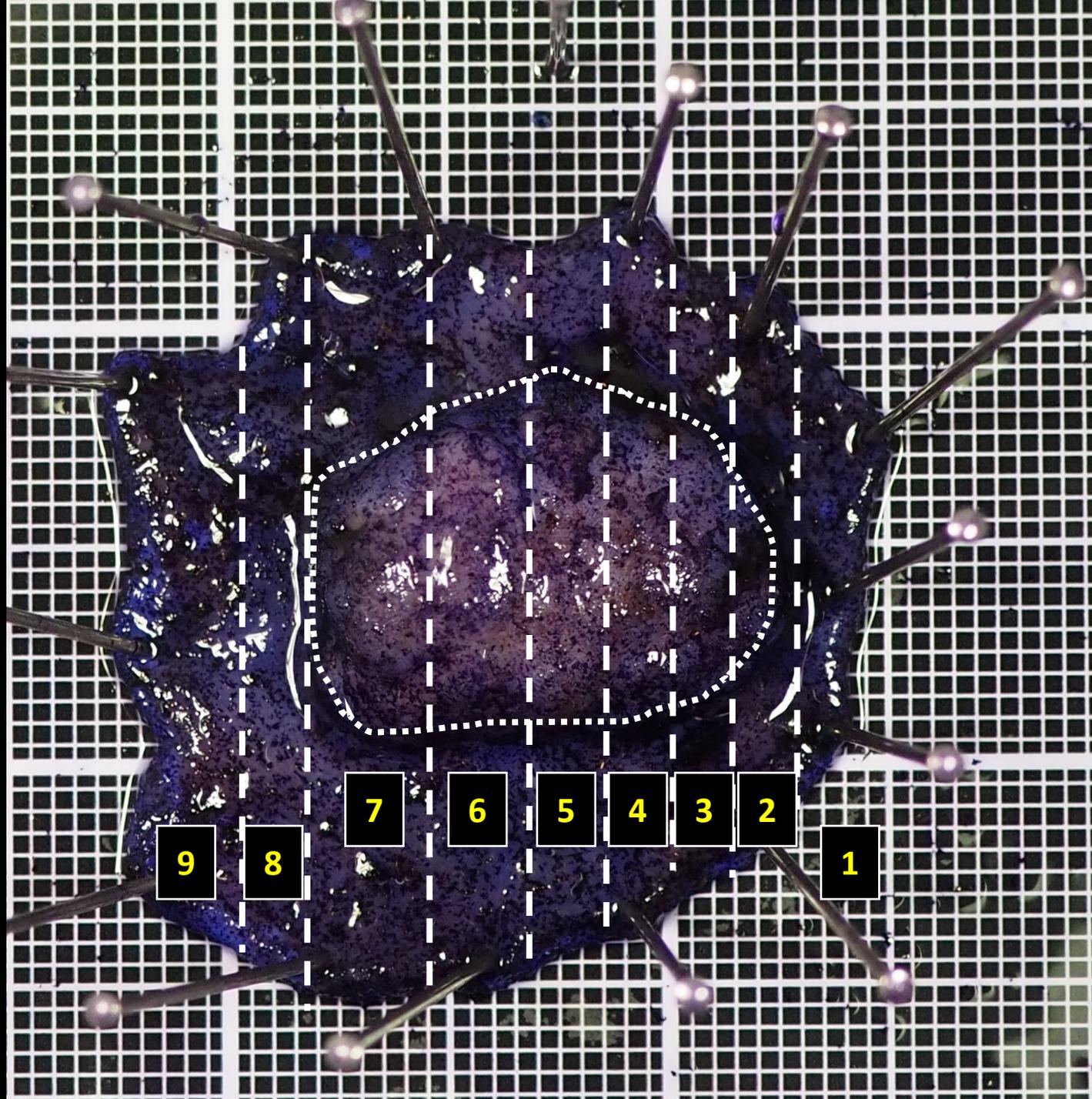




口側



口側



口側

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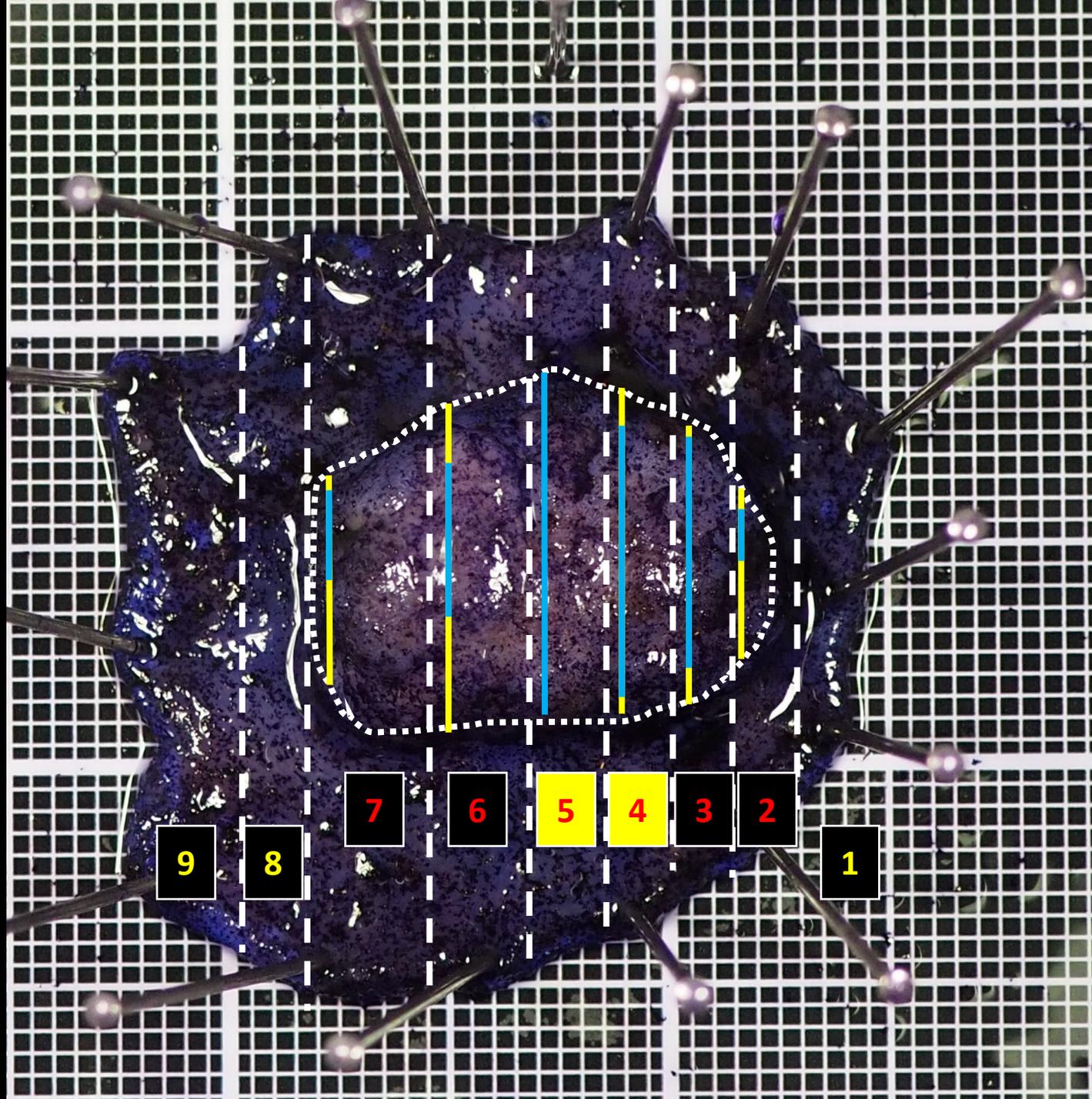
4

3

2

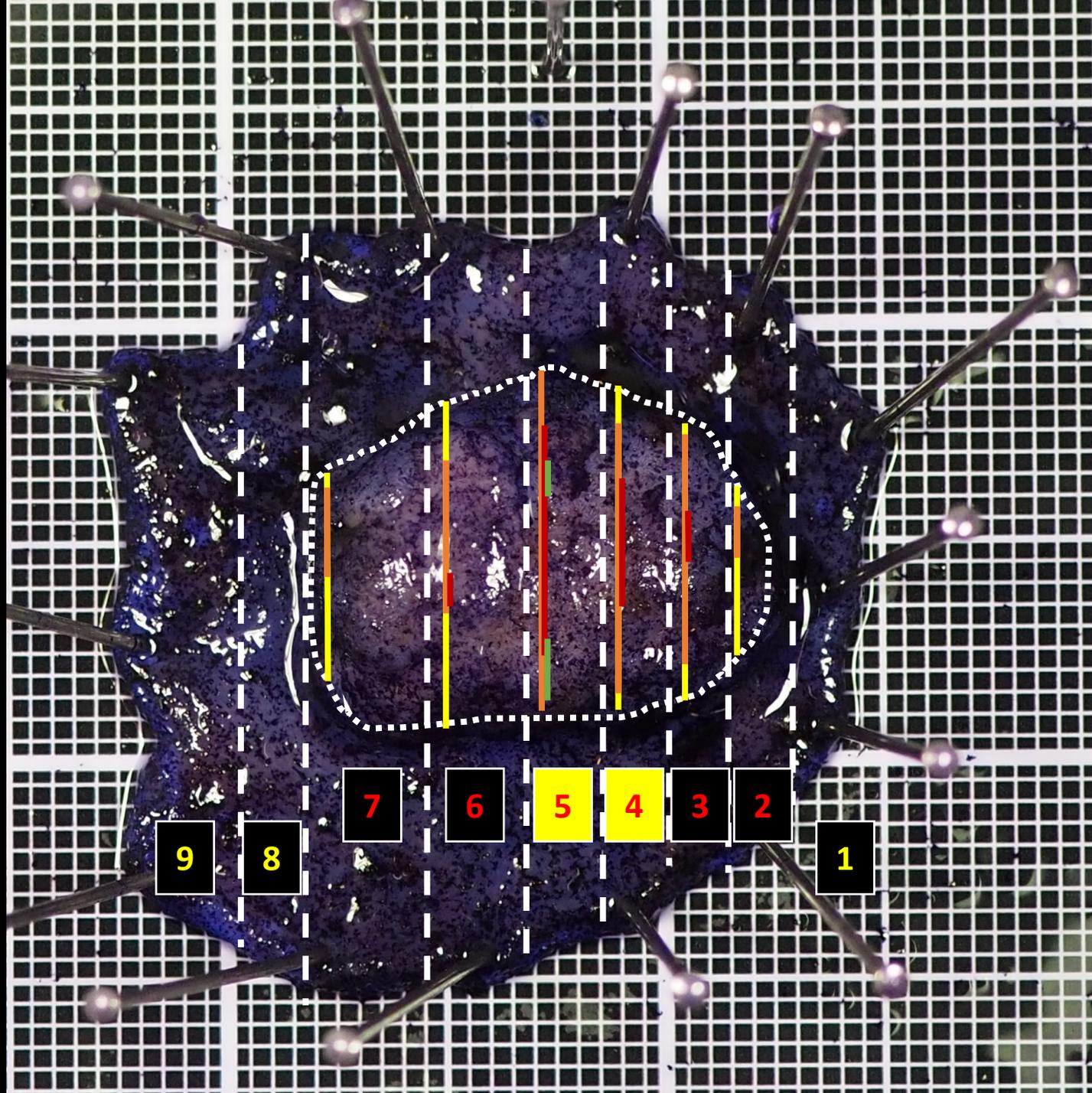
1

- adenoma
- adenocarcinoma



↑  
口側

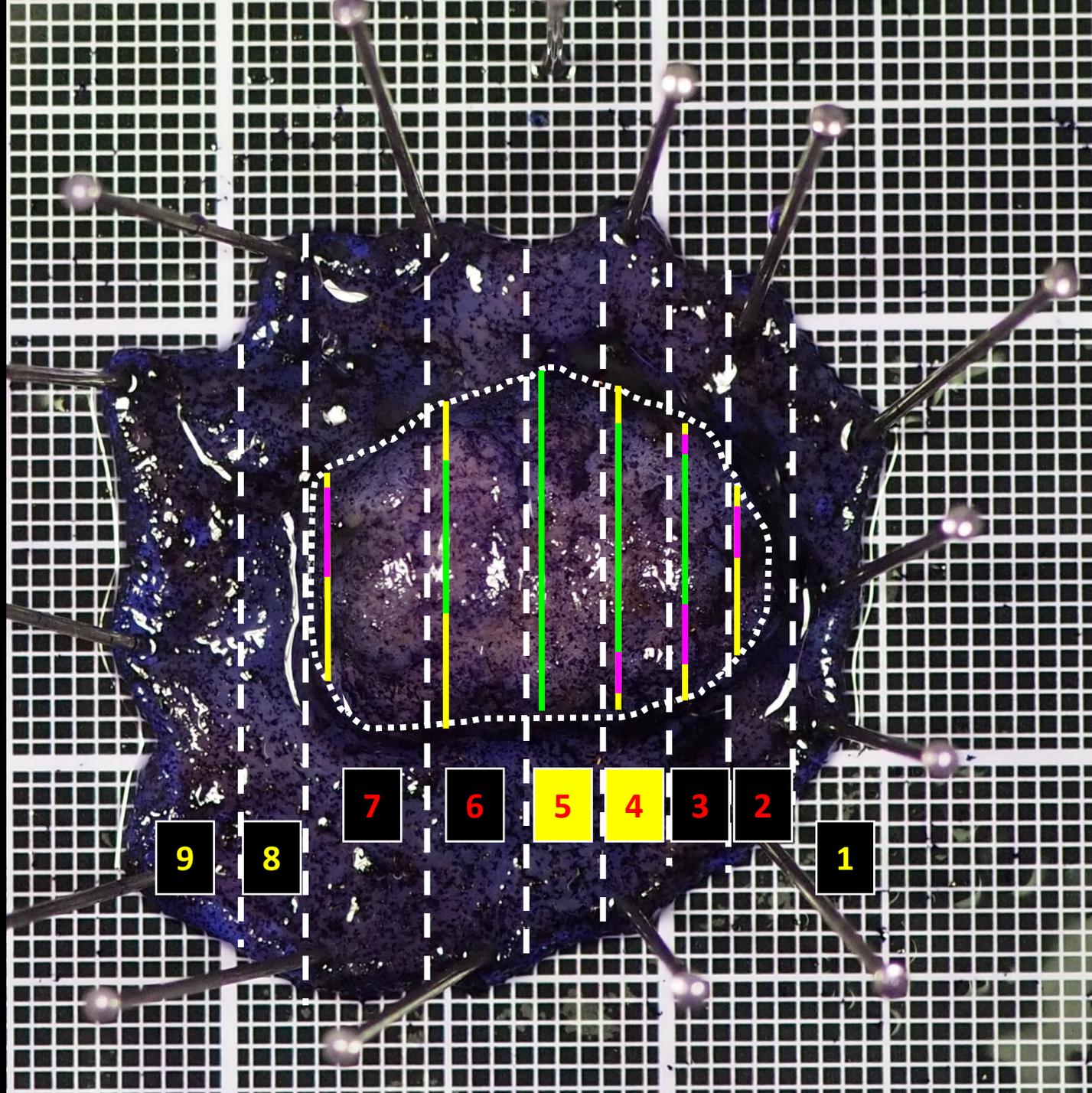
- adenoma
- tub1
- tub2
- muc



↑  
口側

- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1

- adenoma
- M
- SM



↑  
口側

# 病理組織診断

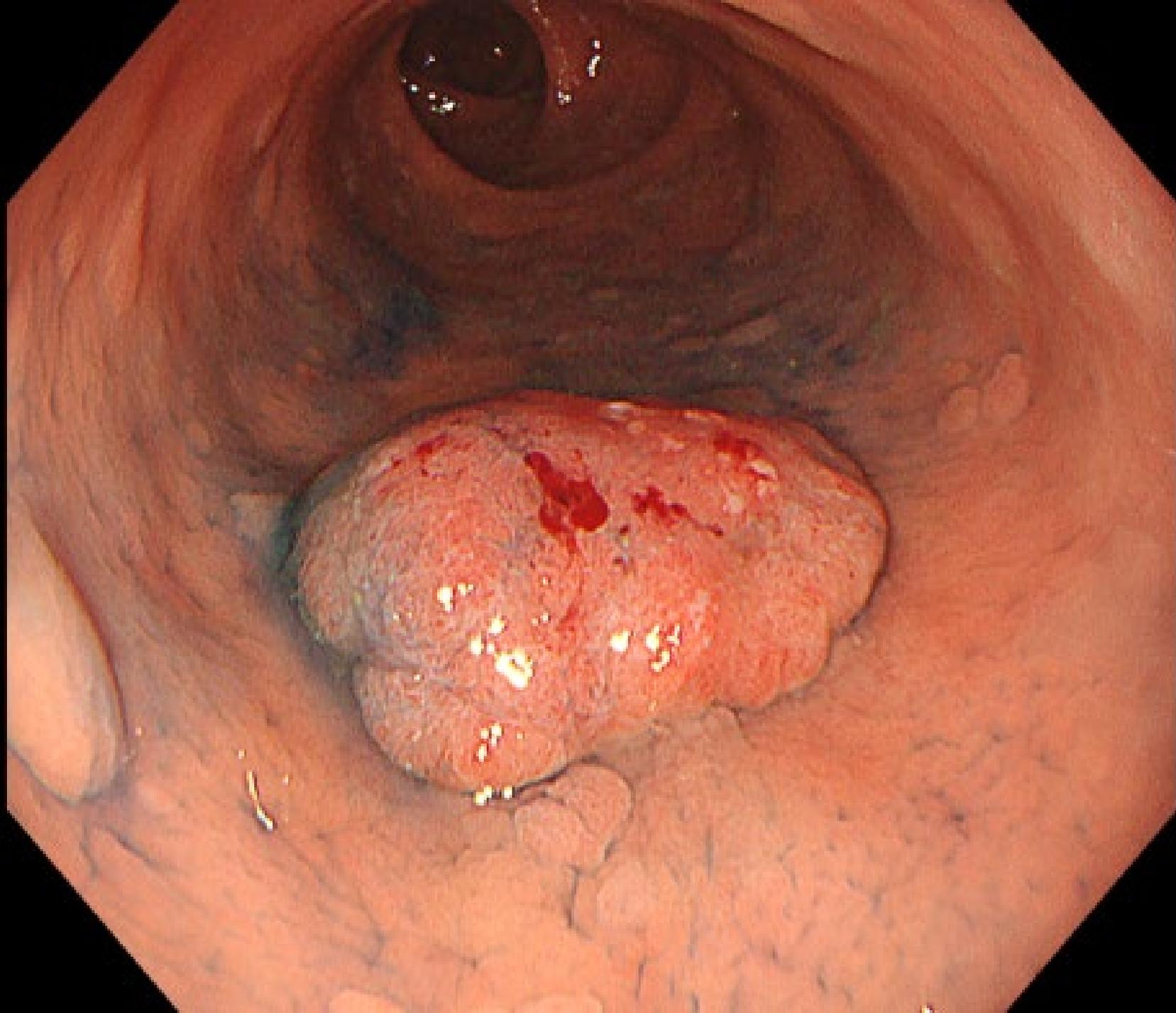
Rectum, rectosigmoid junction, ESD:

**Adenocarcinoma, well to moderately differentiated,  
with extracellular mucin**

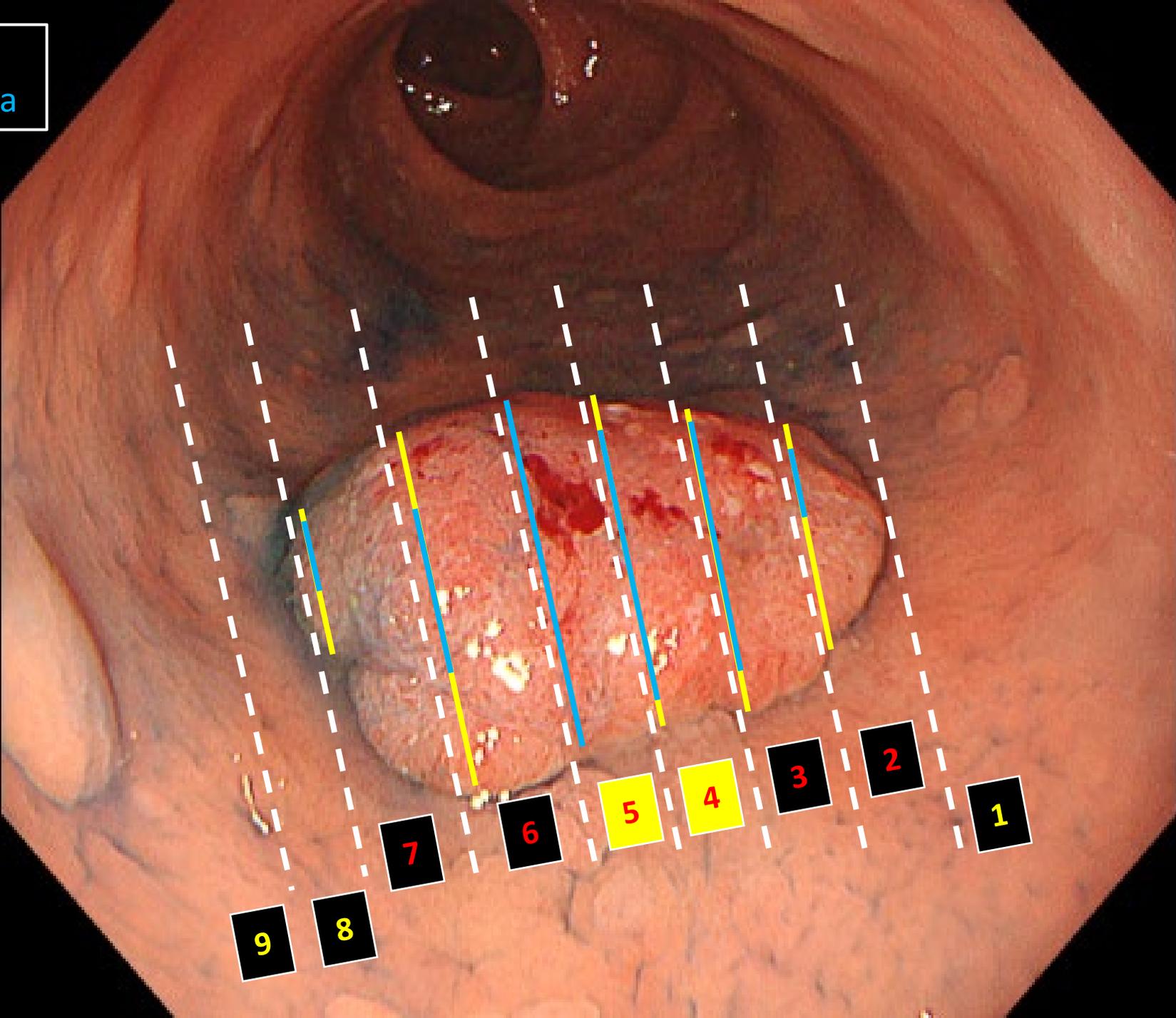
**pT1b(>2mm)**, tub1,tub2>muc,

**Ly1a**, V0, pHM0(6mm), **pVM1(mucin)**

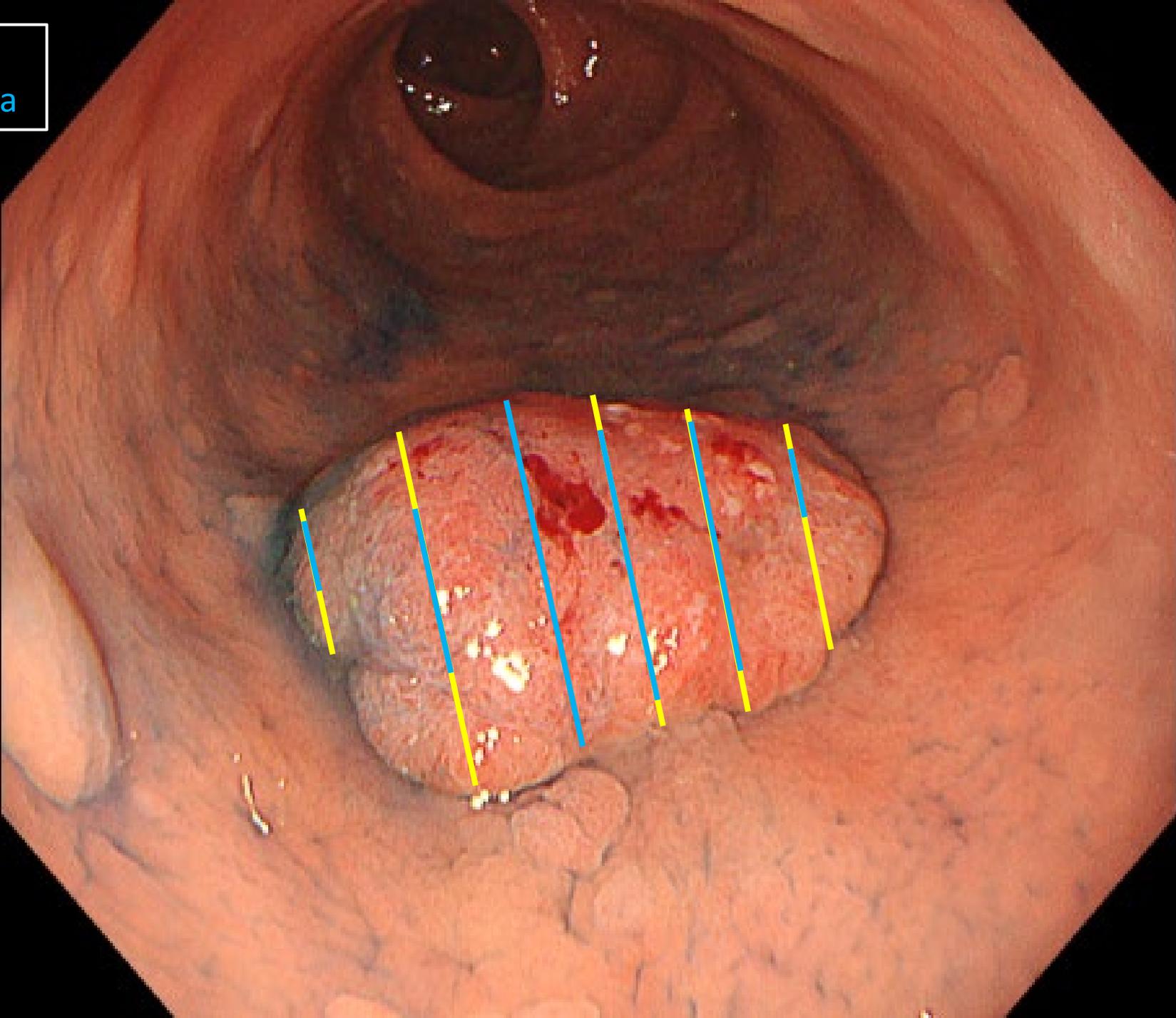
Mapping



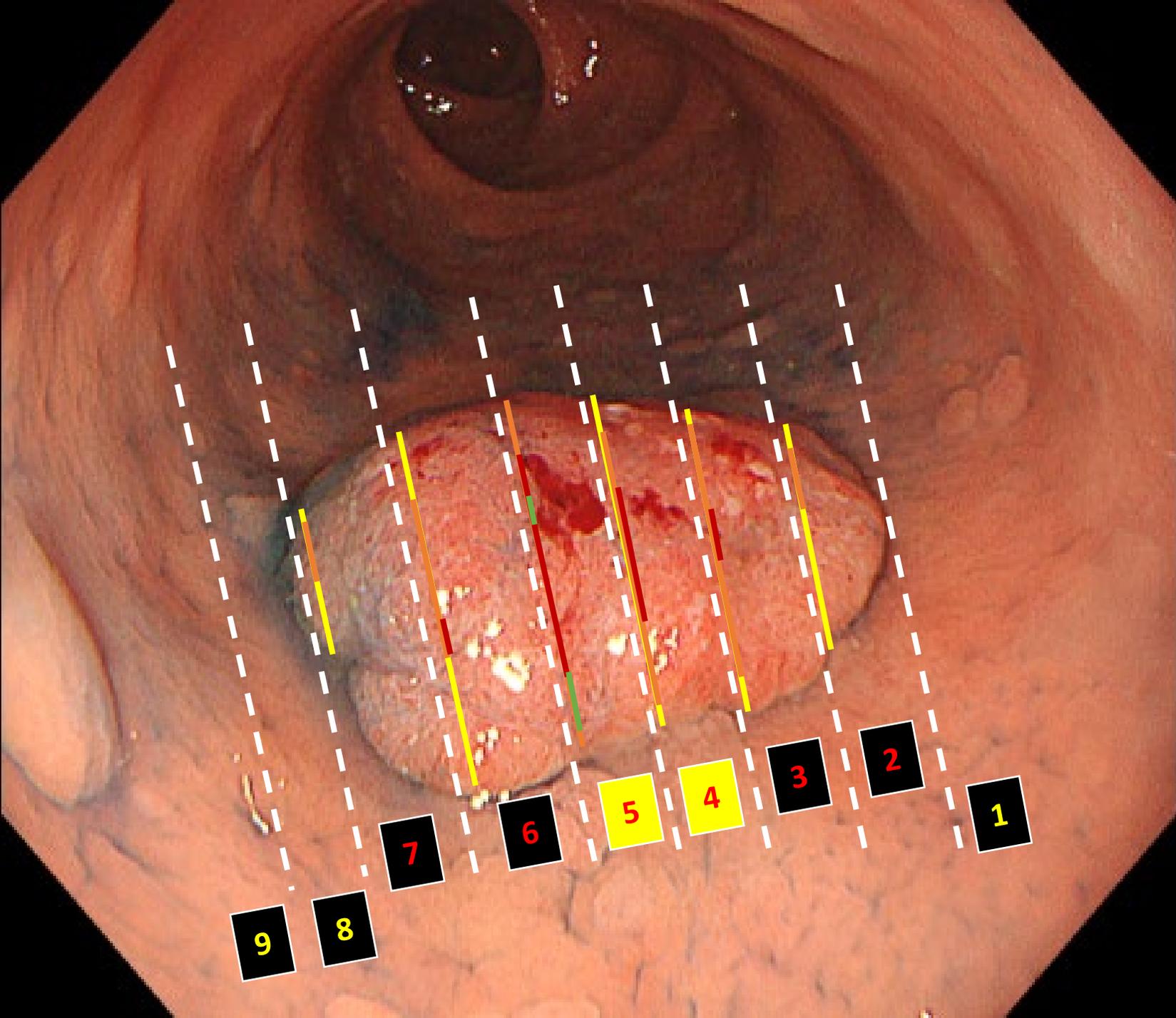
— adenoma  
— adenocarcinoma



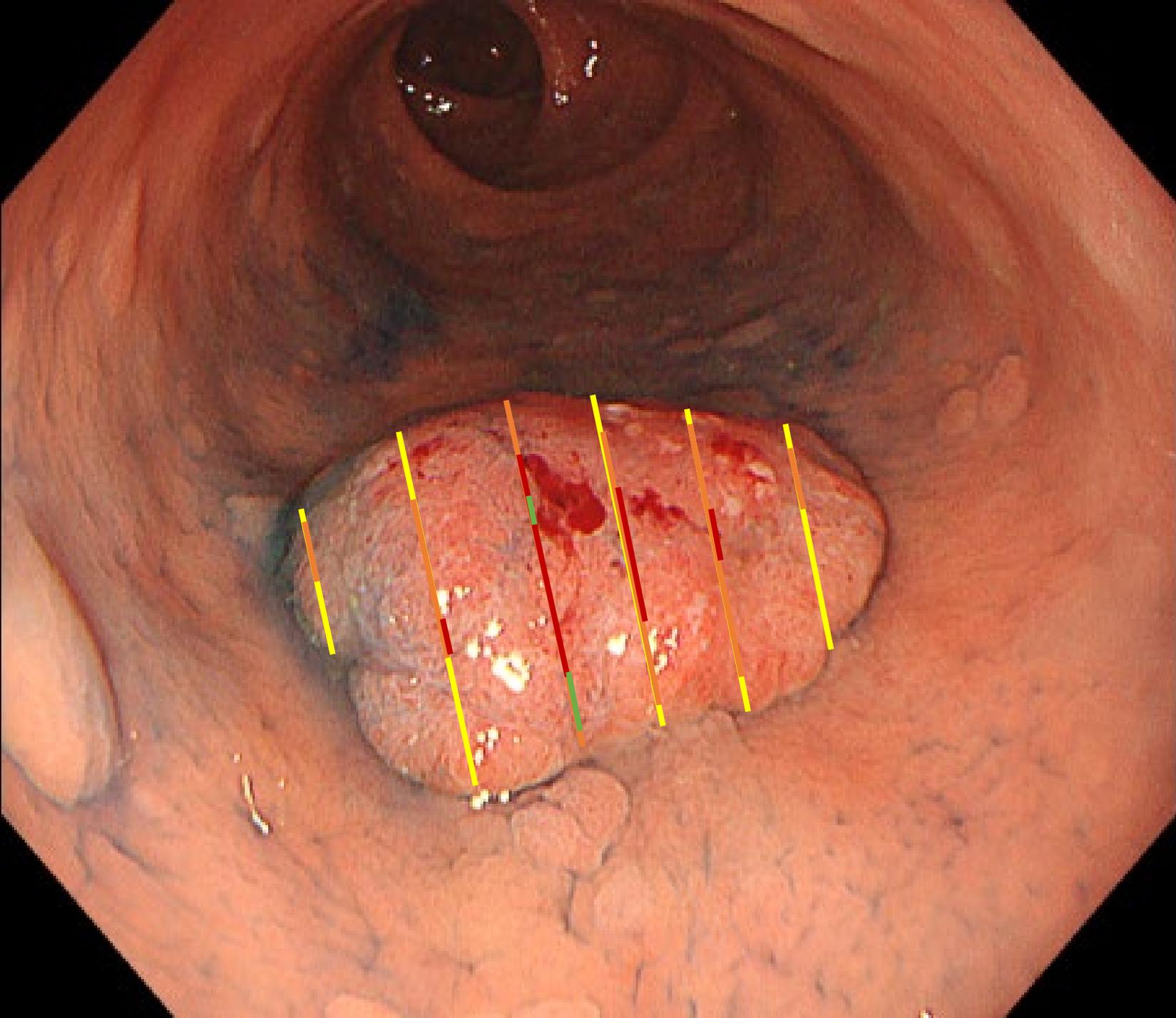
- adenoma
- adenocarcinoma



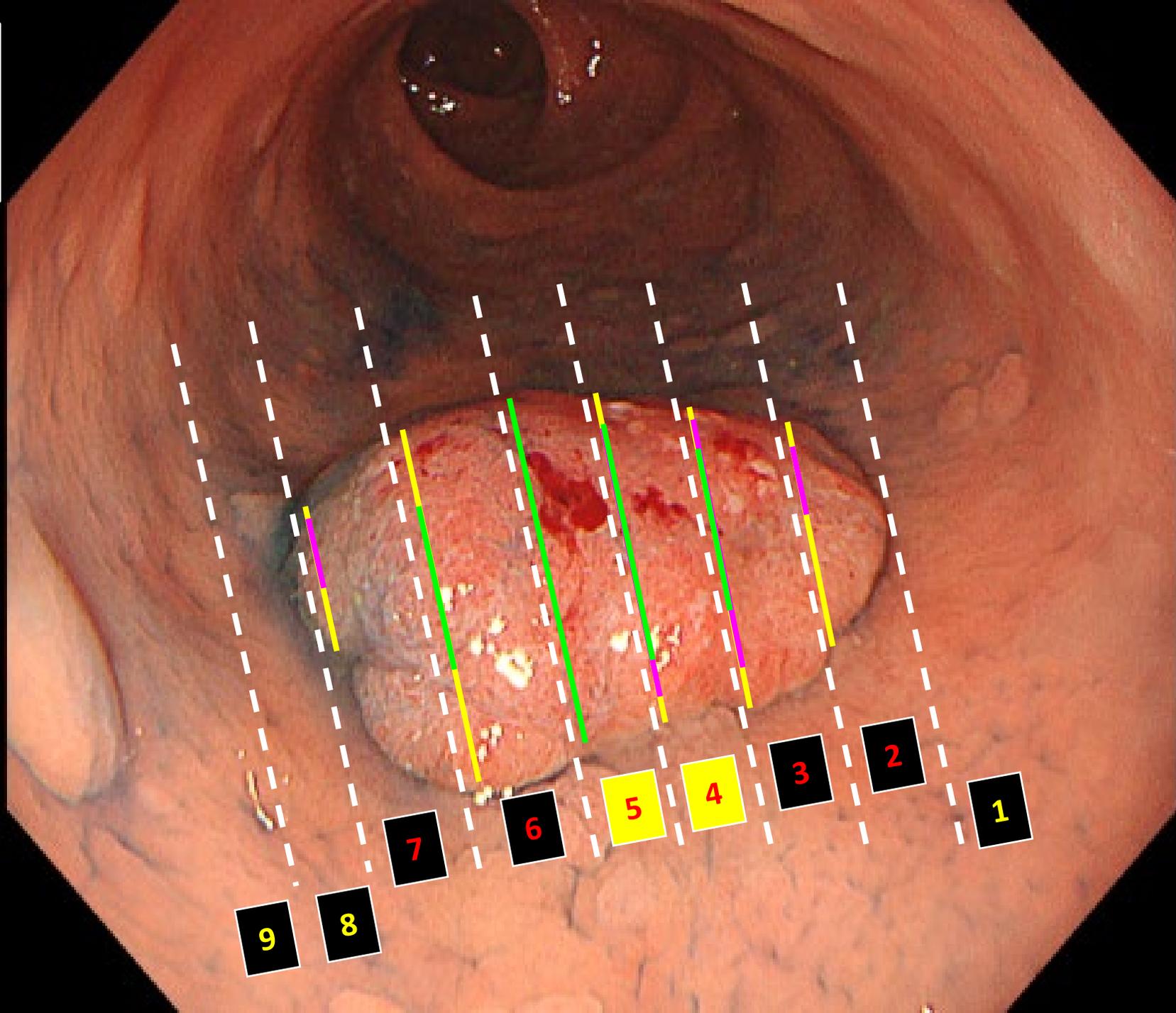
- adenoma
- tub1
- tub2
- muc



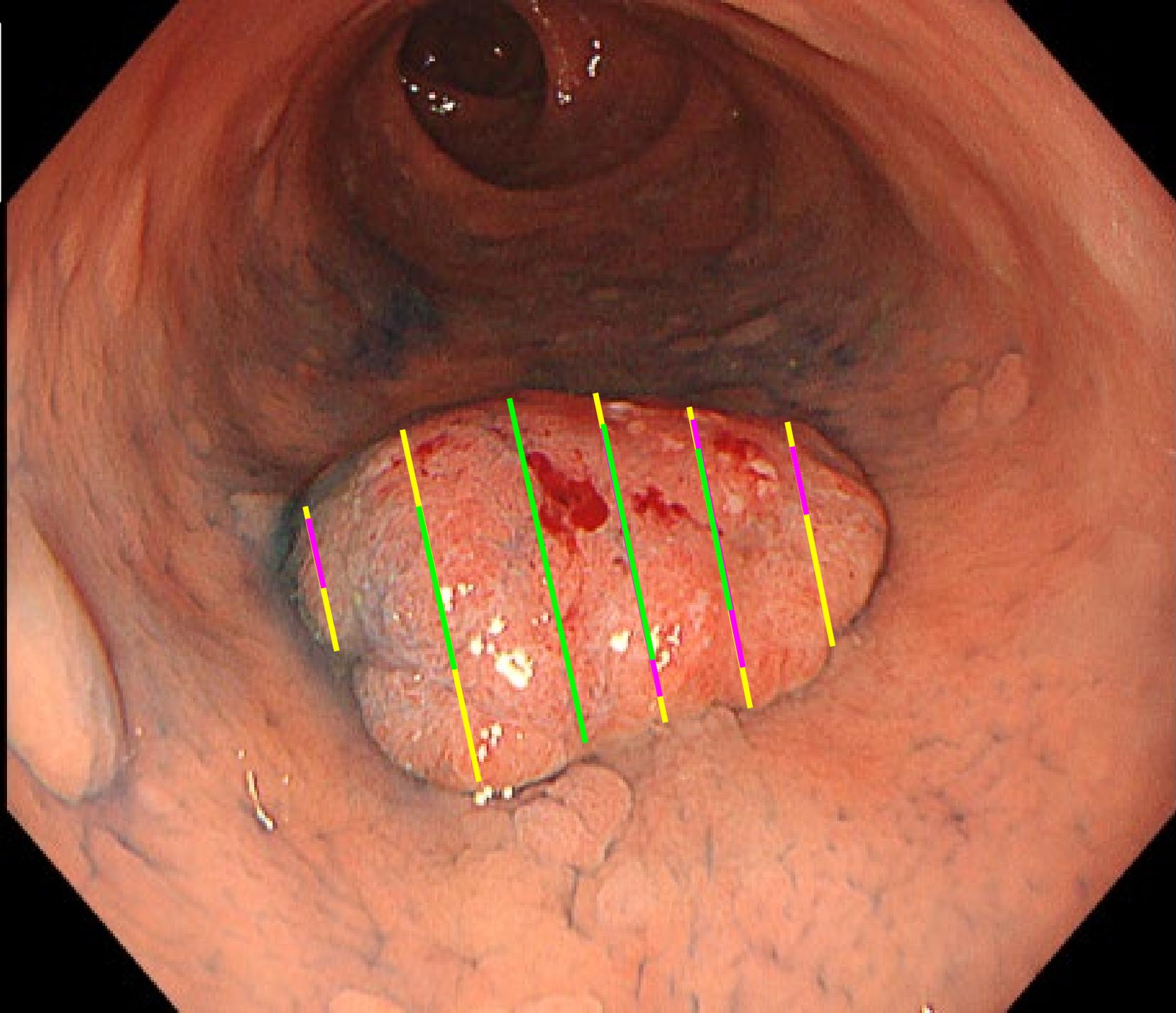
- adenoma
- tub1
- tub2
- muc

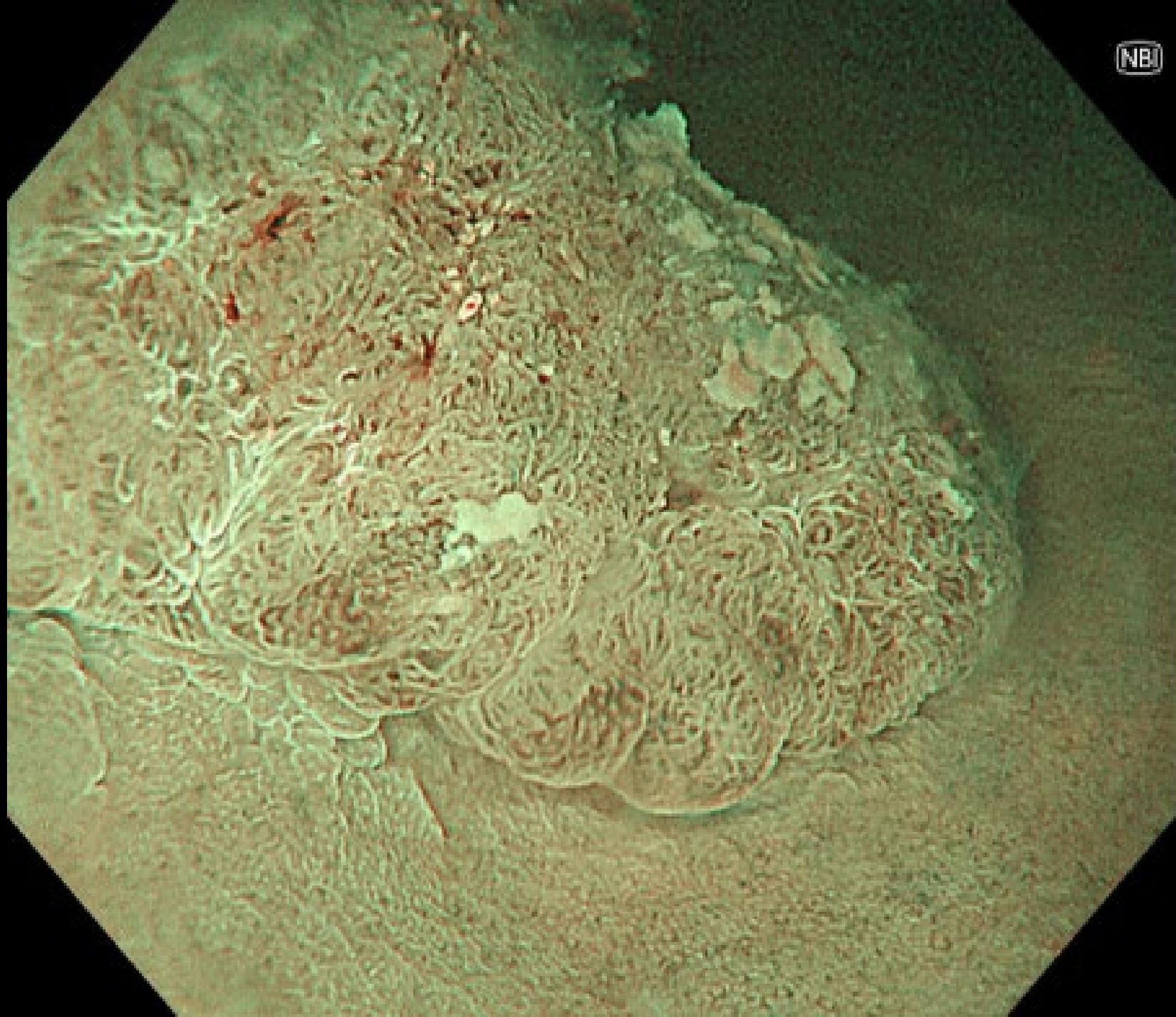


- adenoma
- M
- SM



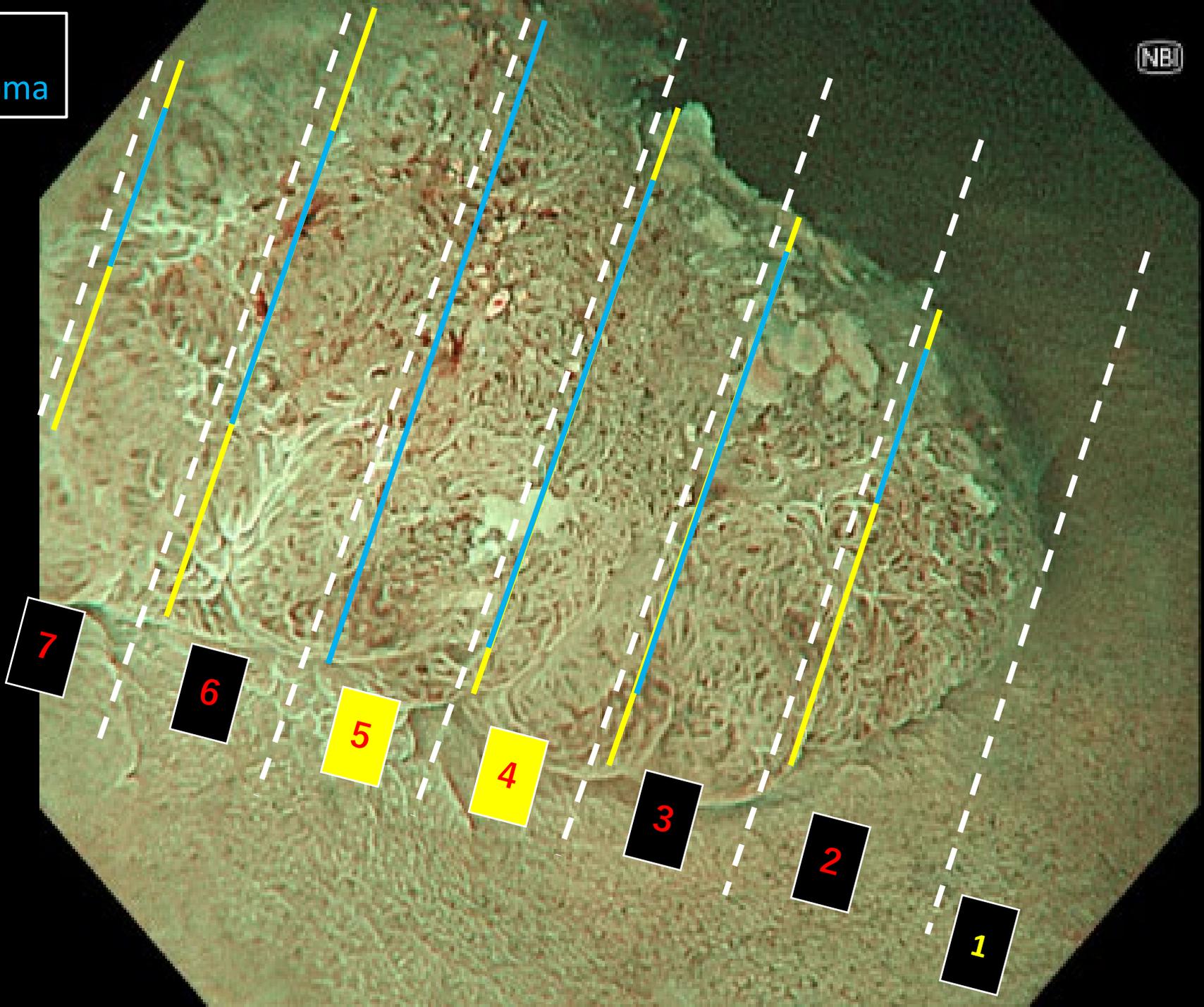
- adenoma
- M
- SM





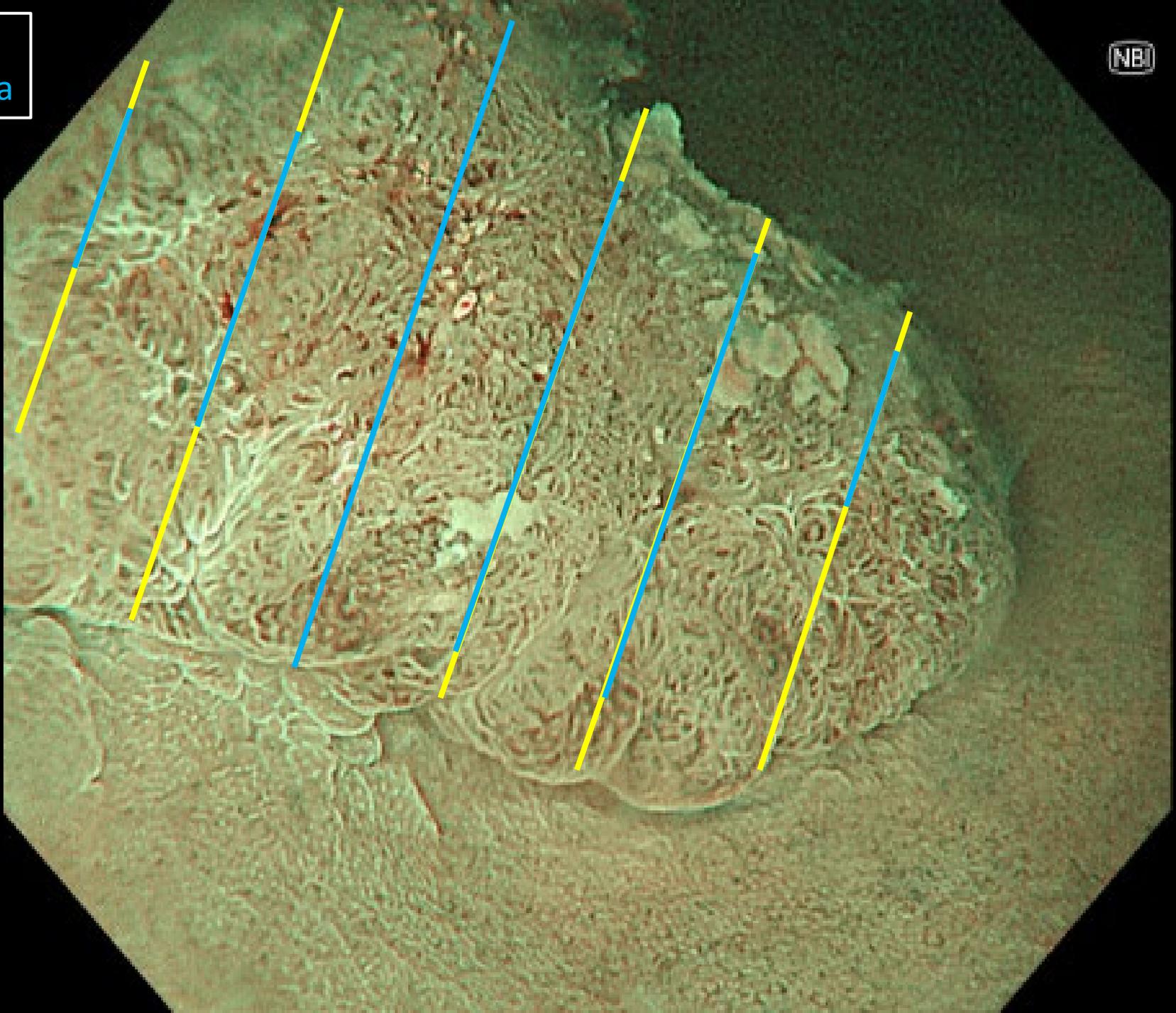
— adenoma  
— adenocarcinoma

NBI



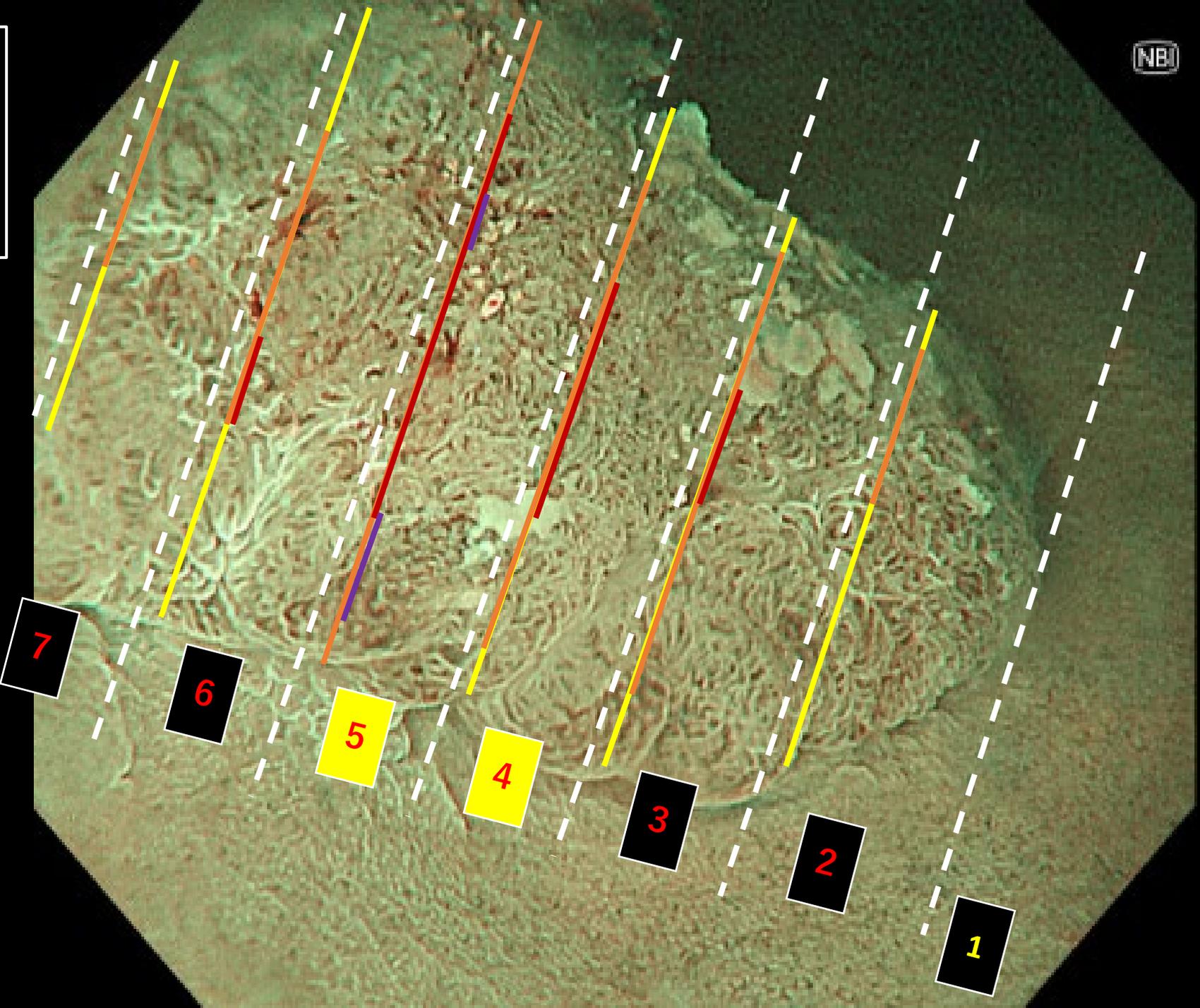
— adenoma  
— adenocarcinoma

NBI



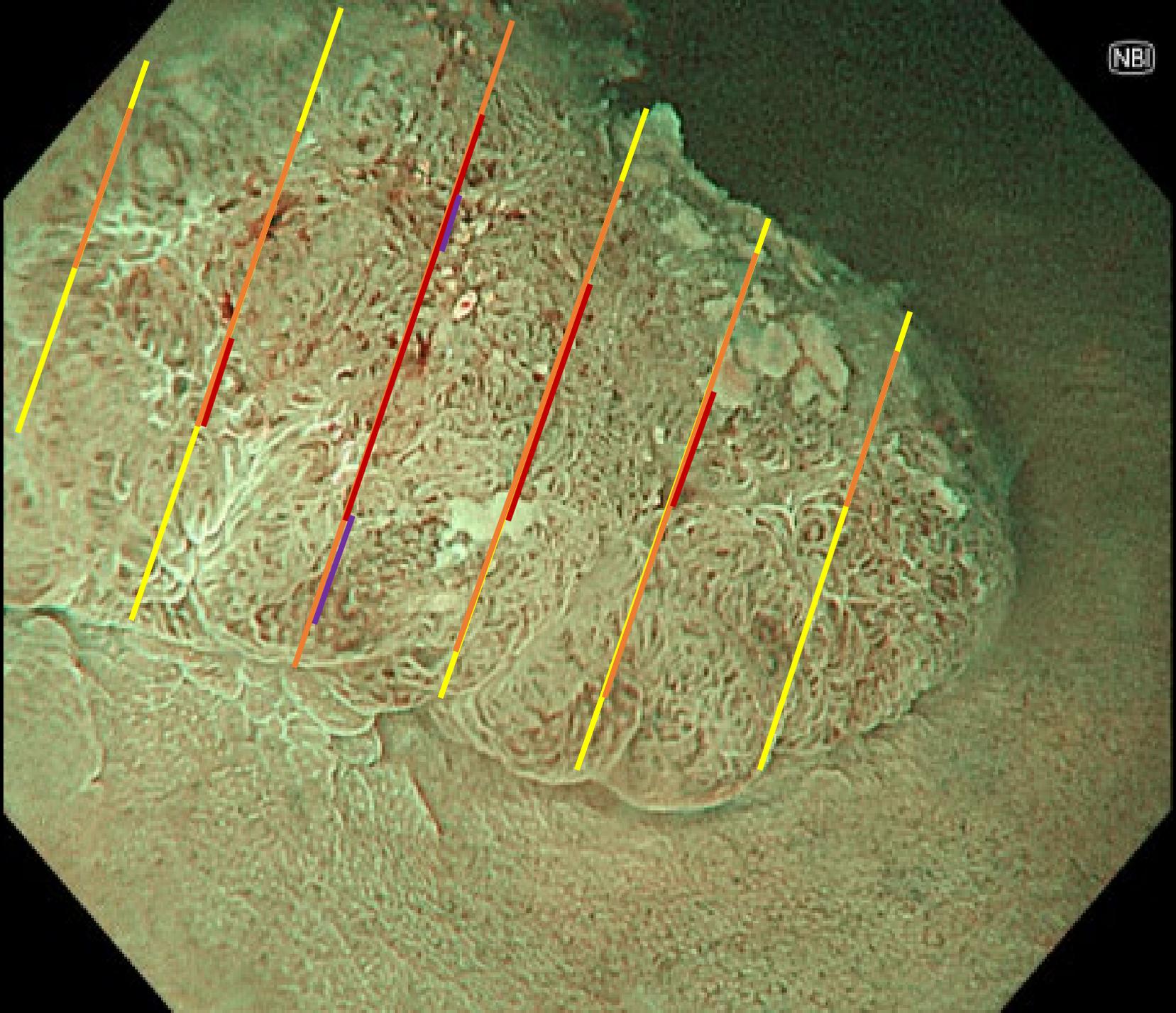
- adenoma
- tub1
- tub2
- muc

NBI



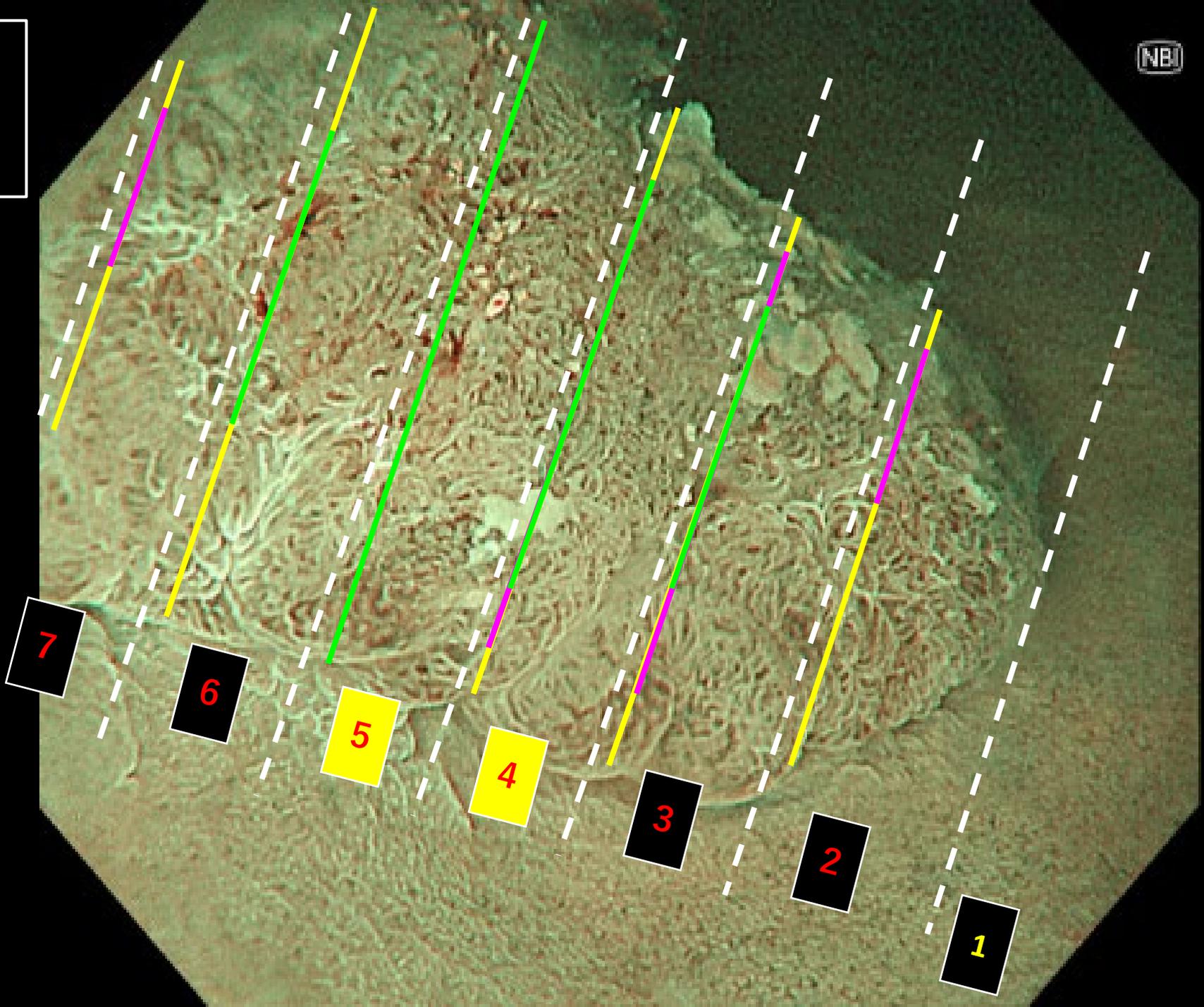
- adenoma
- tub1
- tub2
- muc

NBI



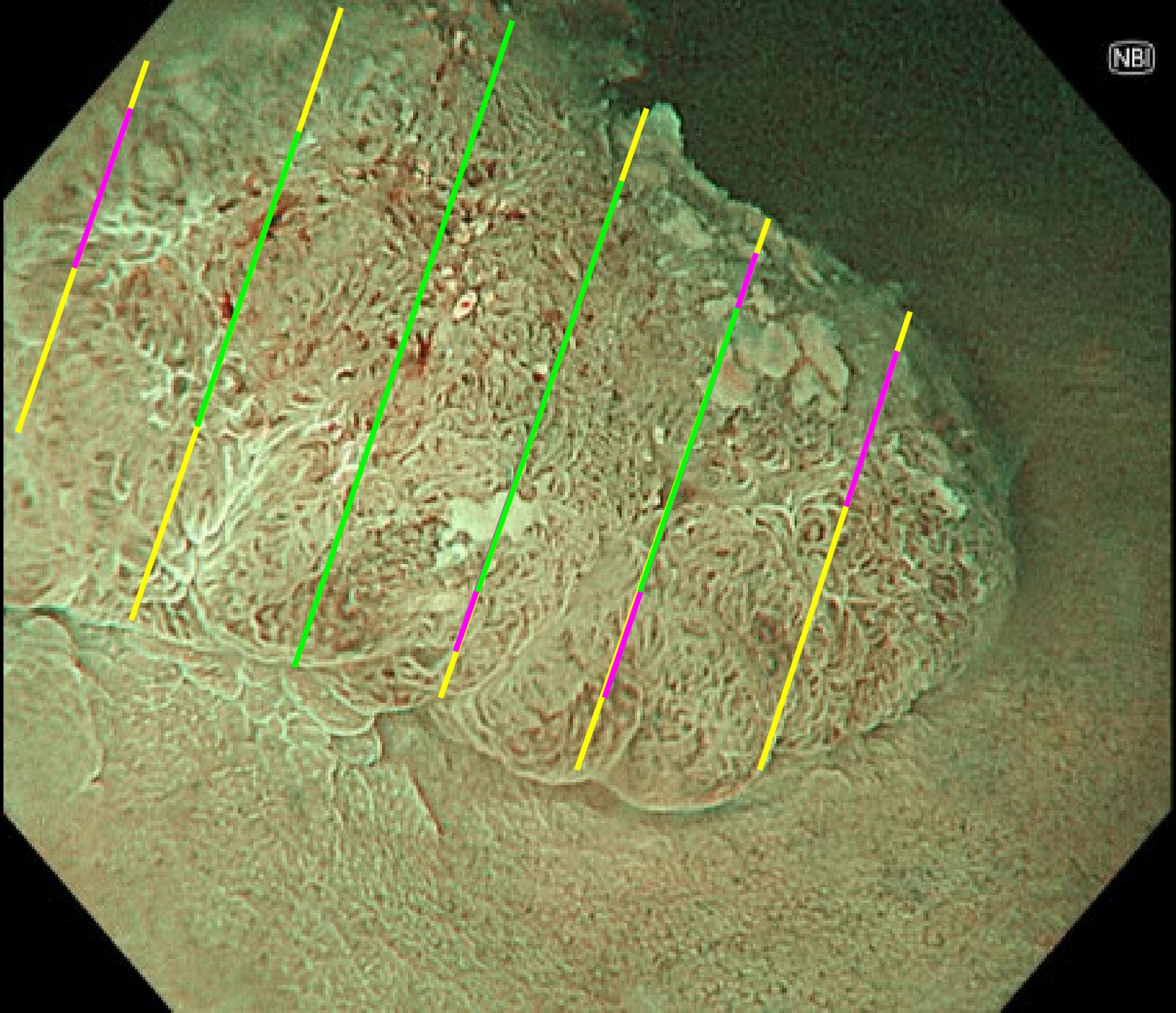
- adenoma
- M
- SM

NBI

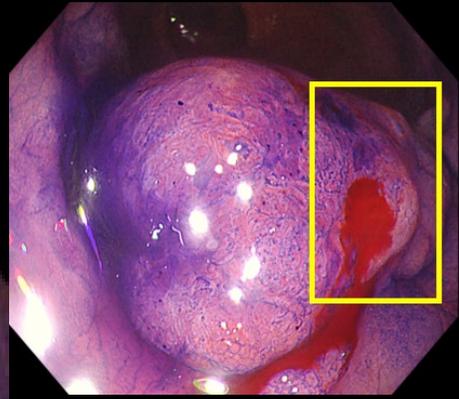
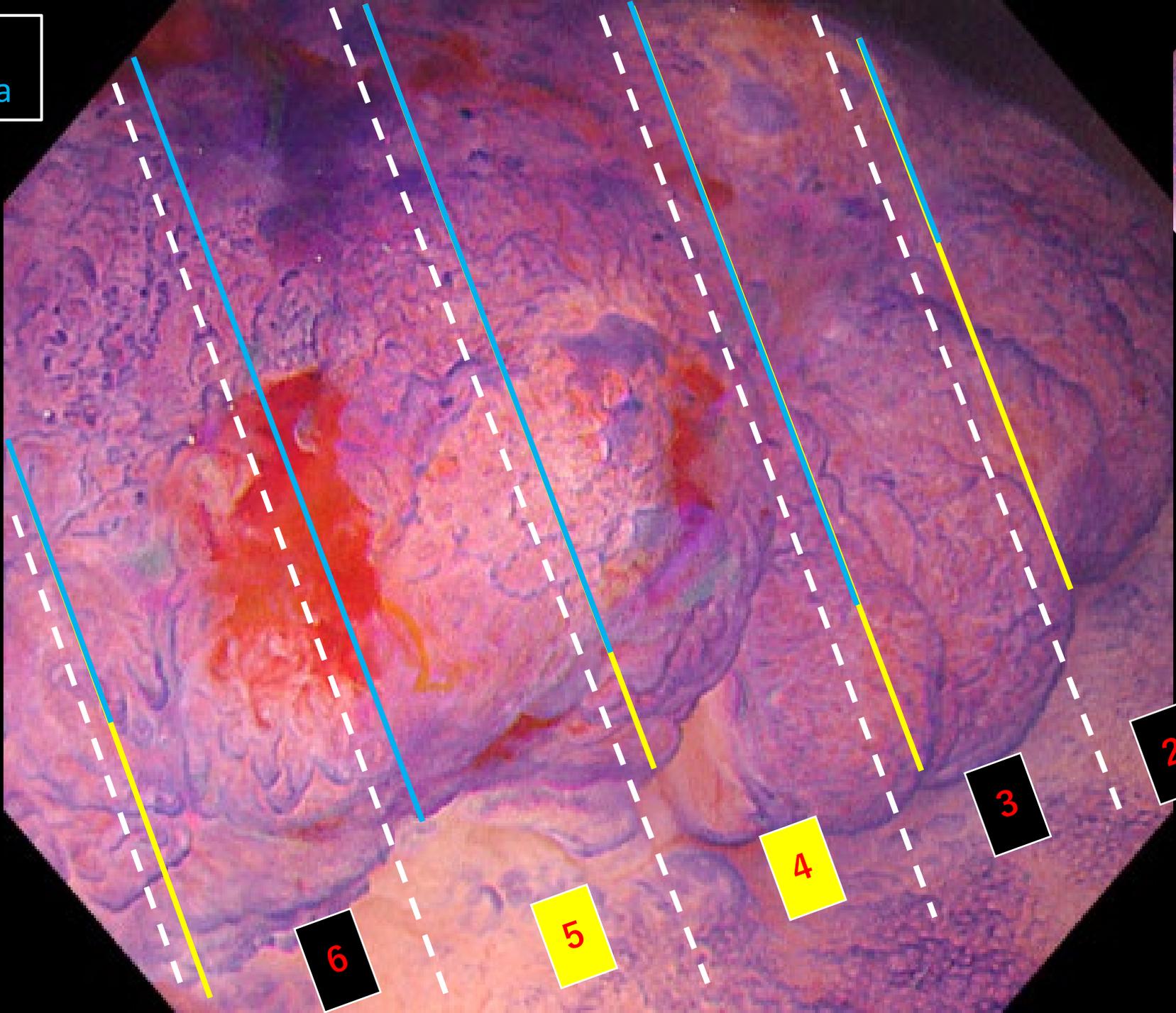


- adenoma
- M
- SM

NBI



— adenoma  
— adenocarcinoma



6

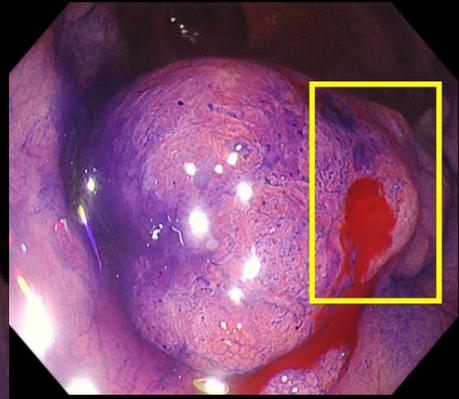
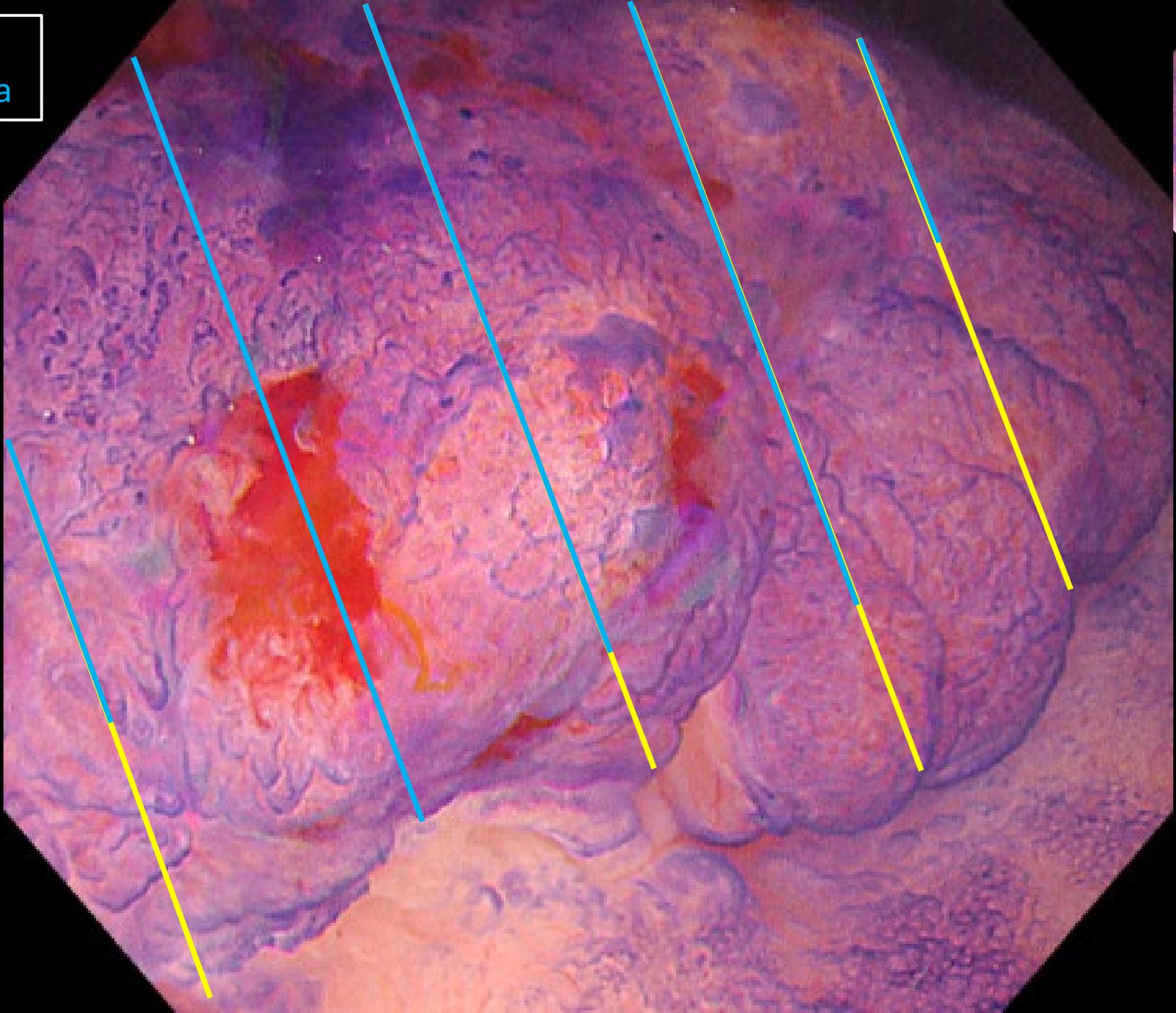
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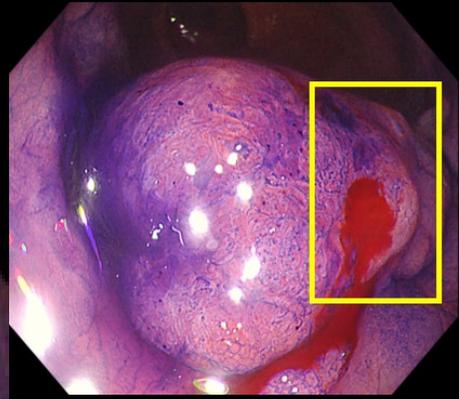
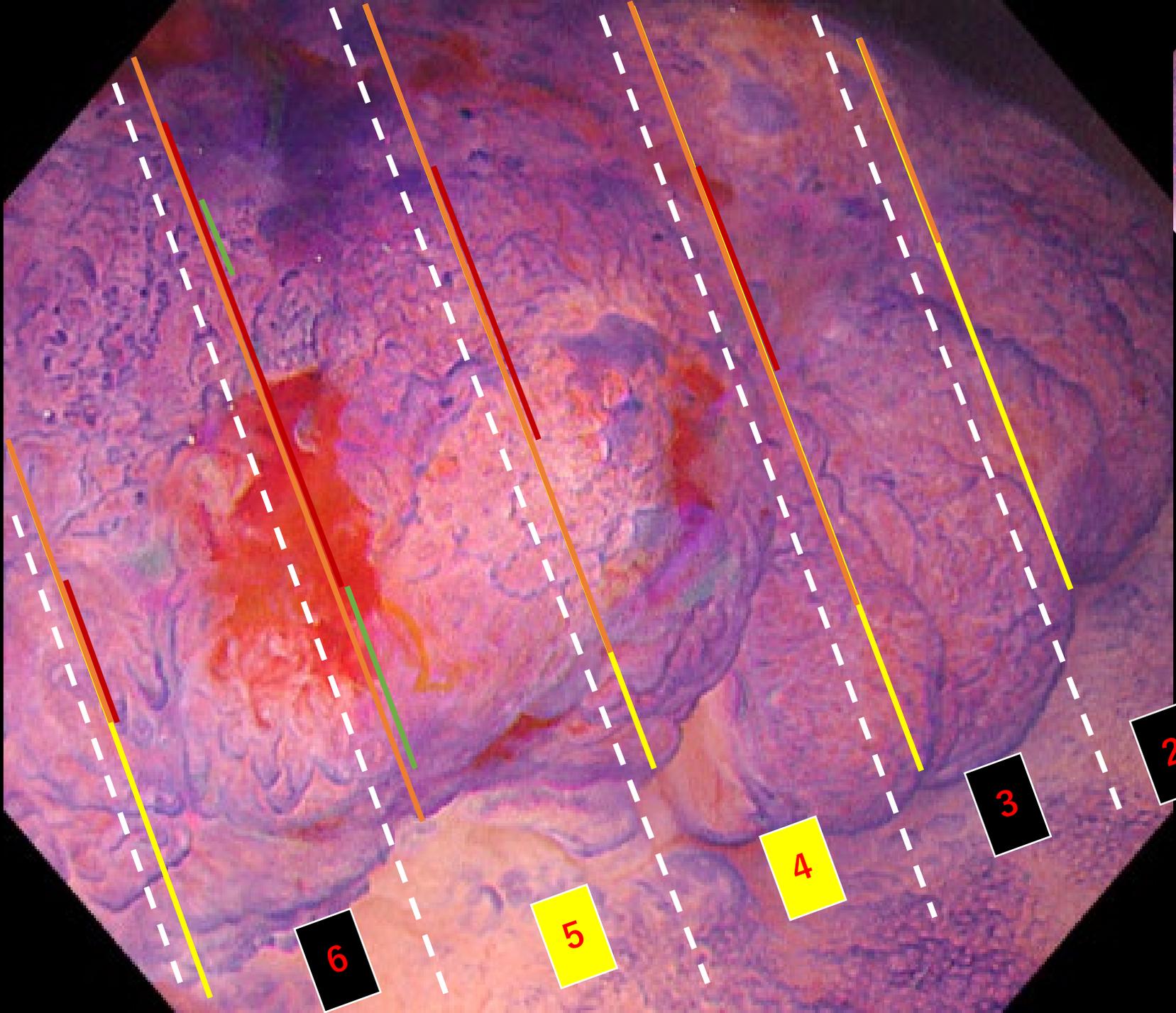
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2

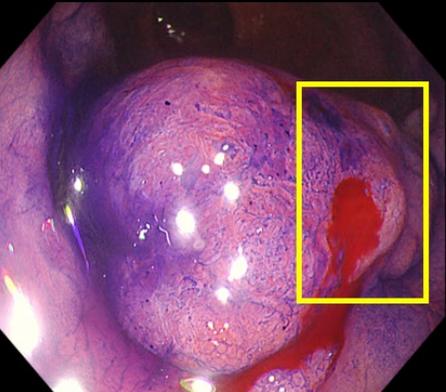
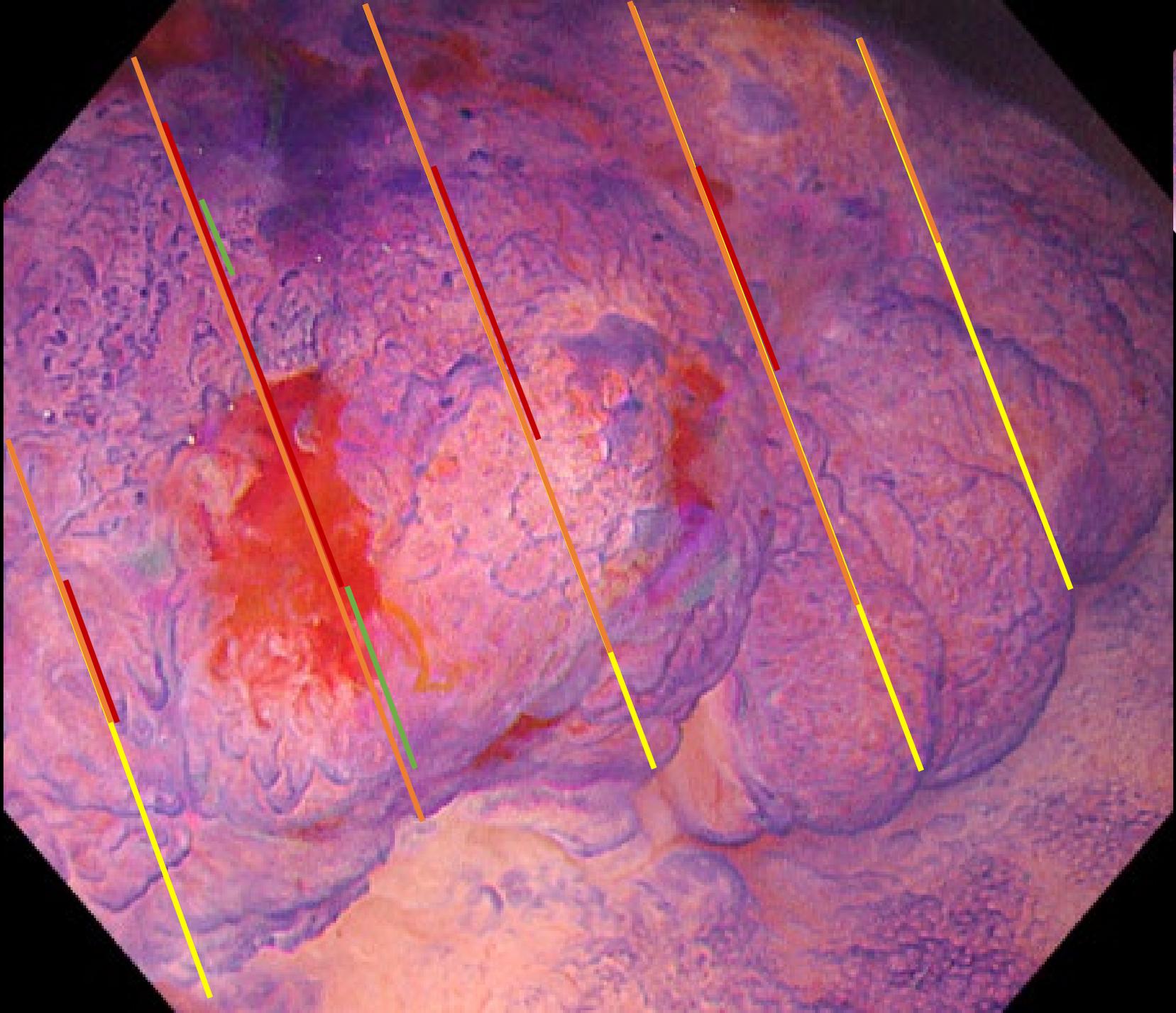
— adenoma  
— adenocarcinoma



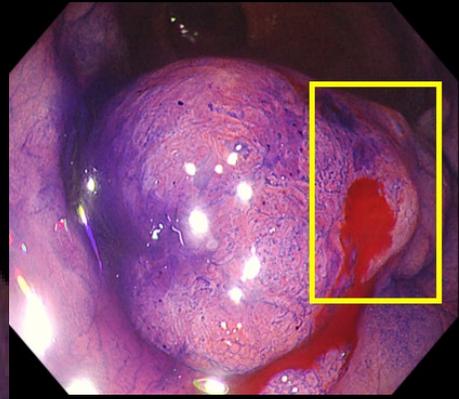
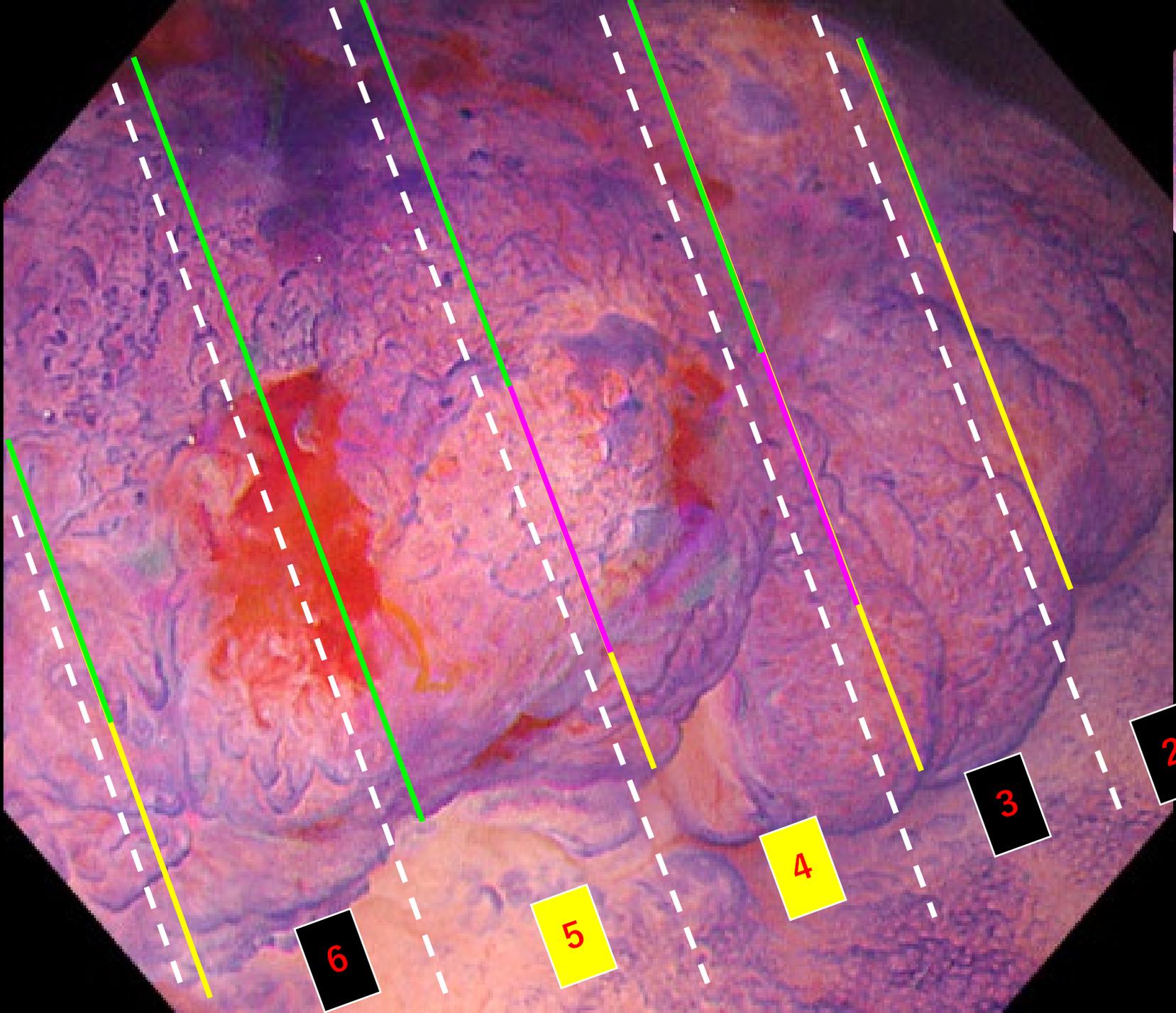
- adenoma
- tub1
- tub2
- muc



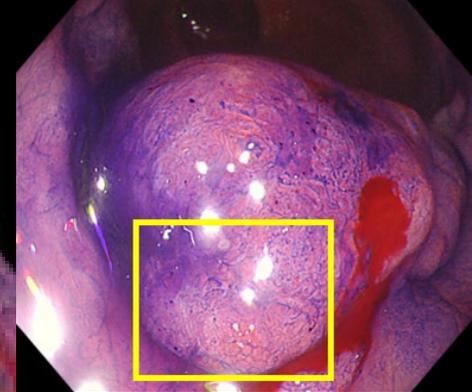
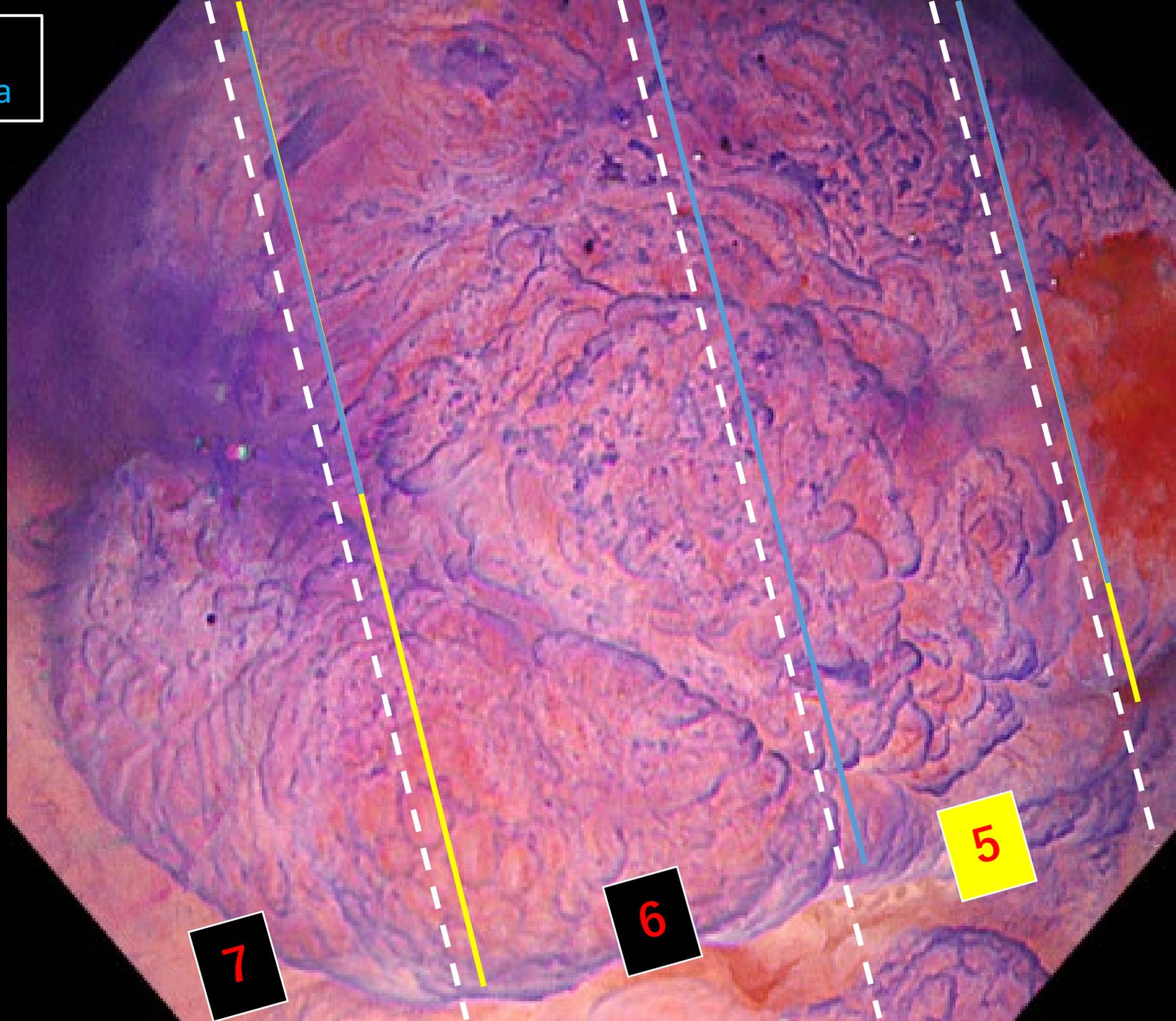
- adenoma
- tub1
- tub2
- muc



- adenoma
- M
- SM



— adenoma  
— adenocarcinoma



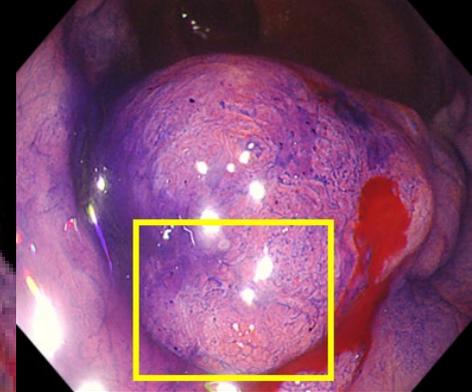
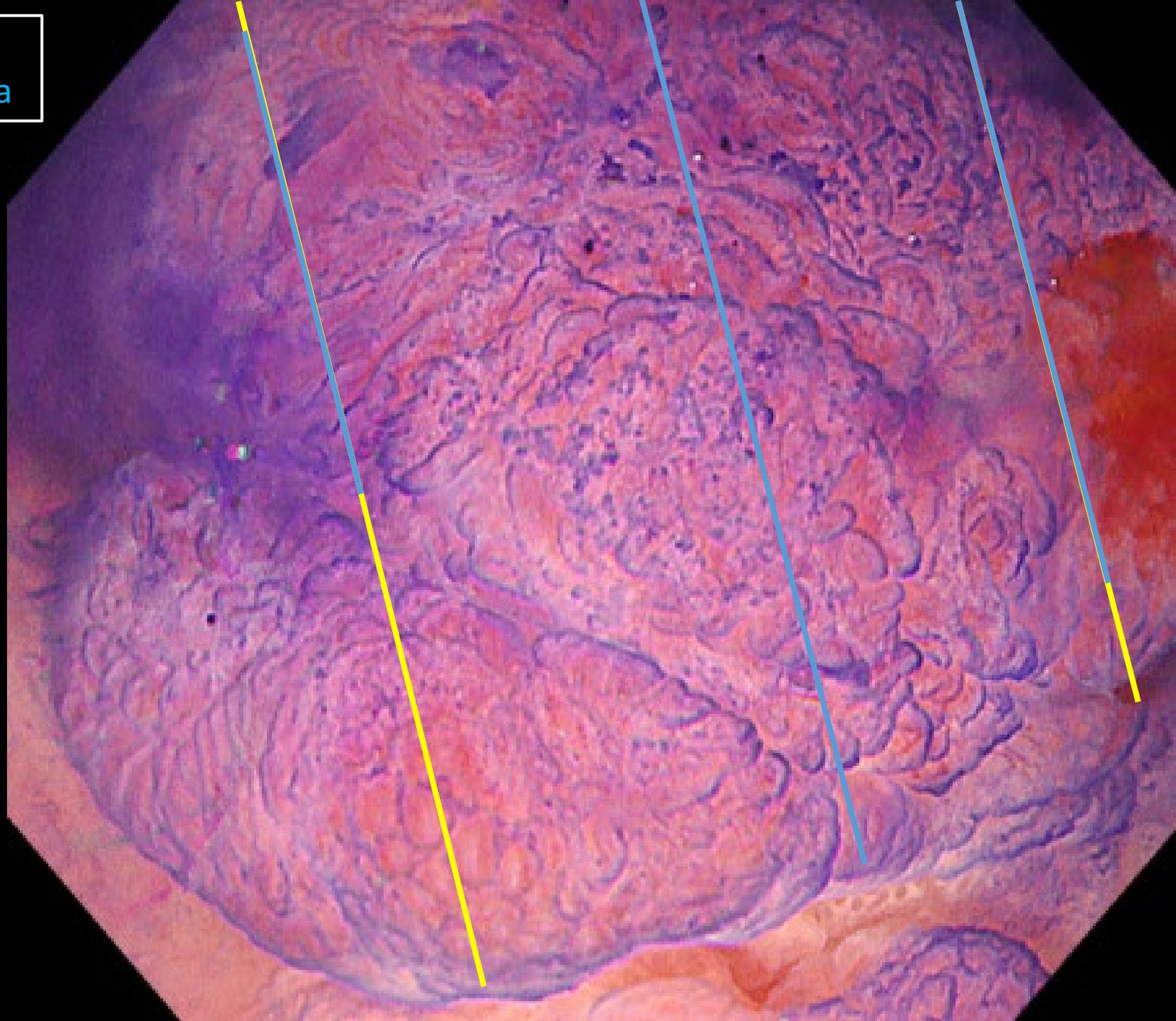
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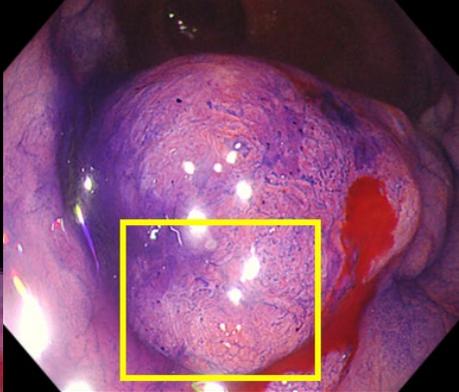
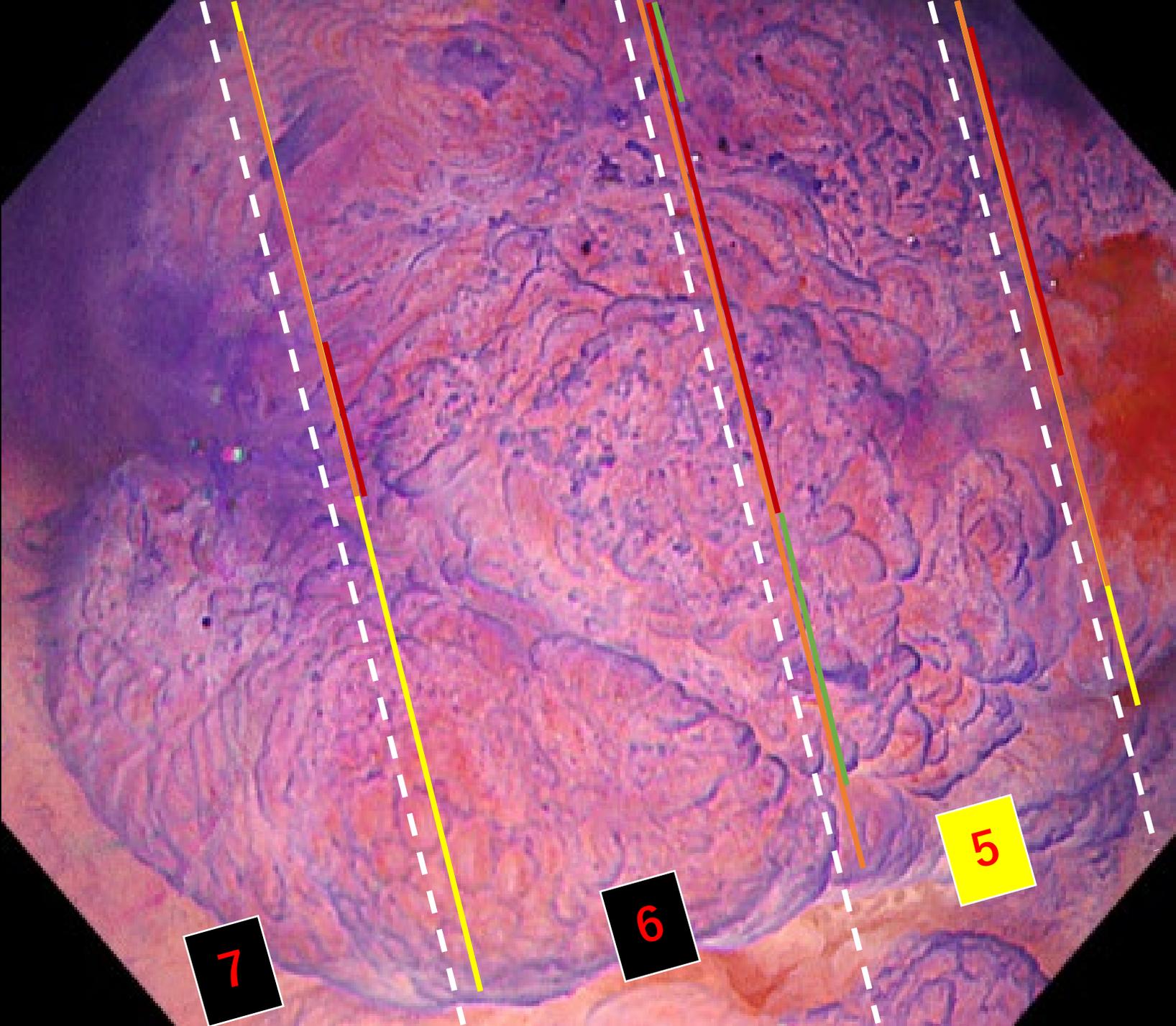
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4

— adenoma  
— adenocarcinoma



- adenoma
- tub1
- tub2
- muc



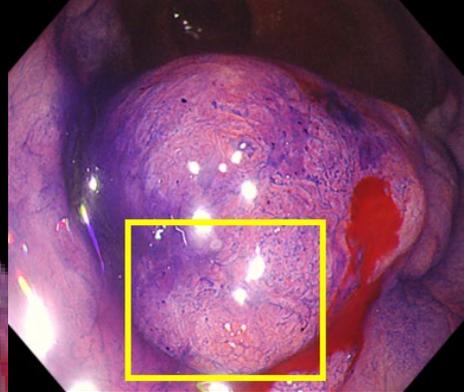
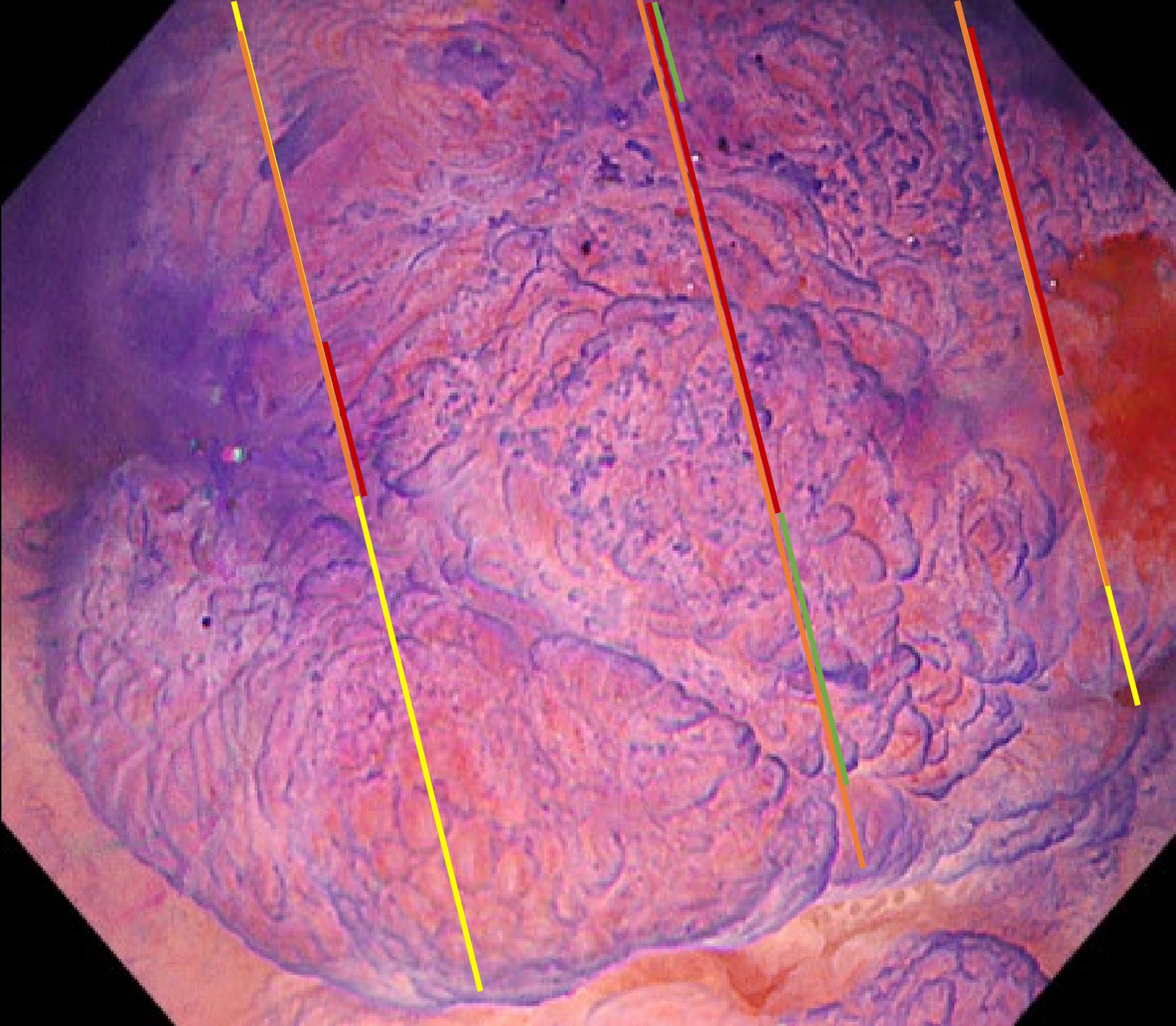
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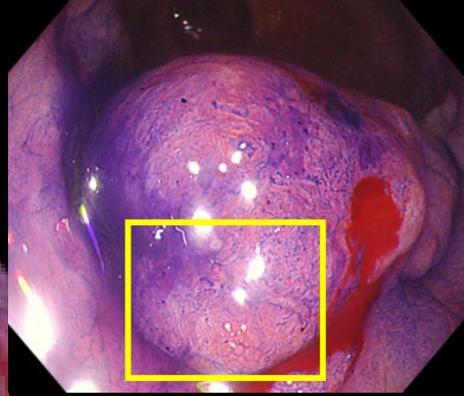
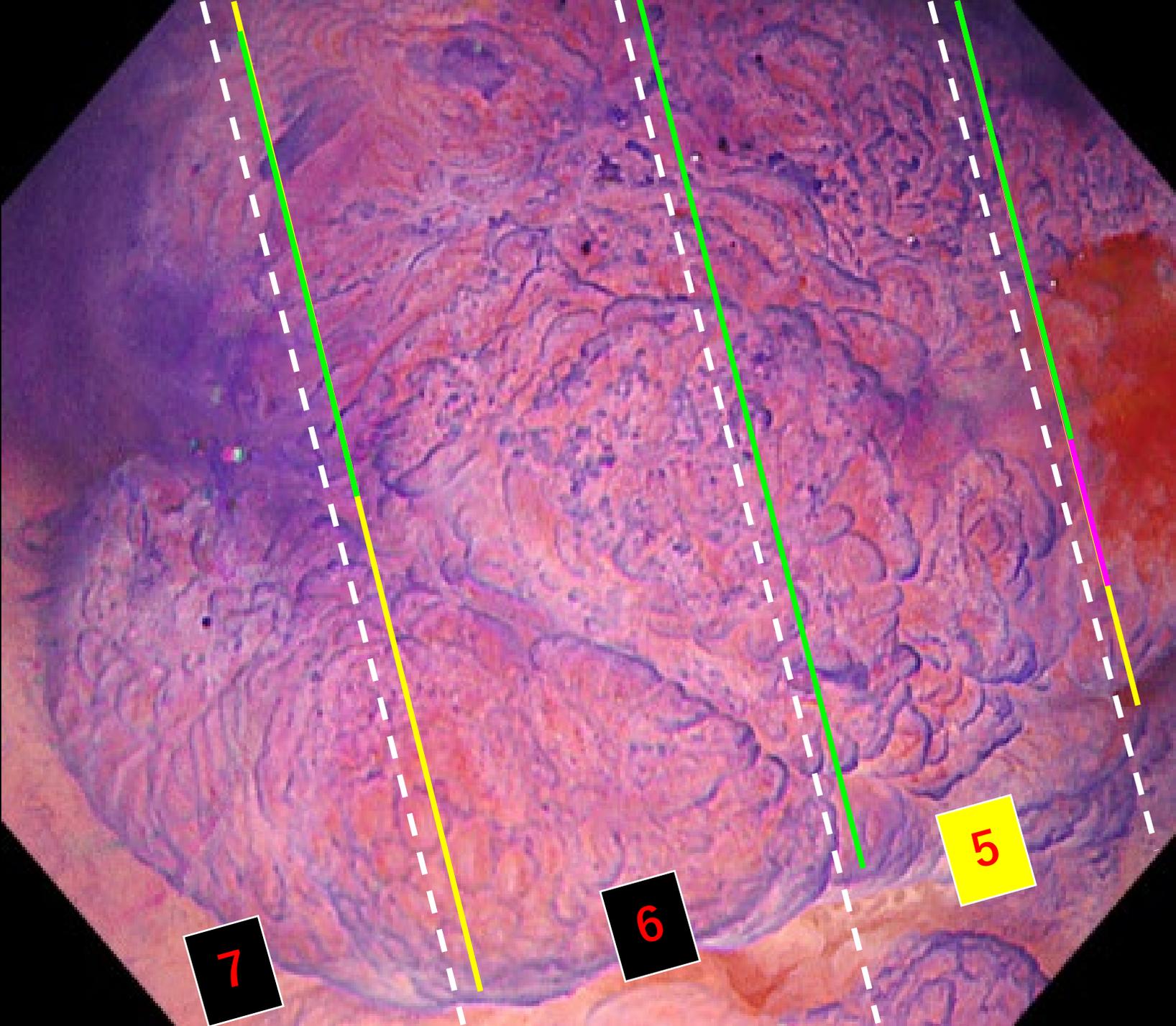
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4

- adenoma
- tub1
- tub2
- muc



- adenoma
- M
- SM



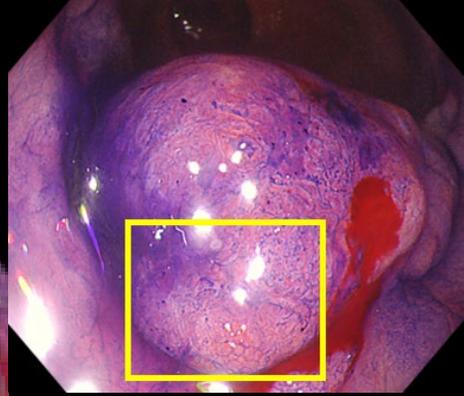
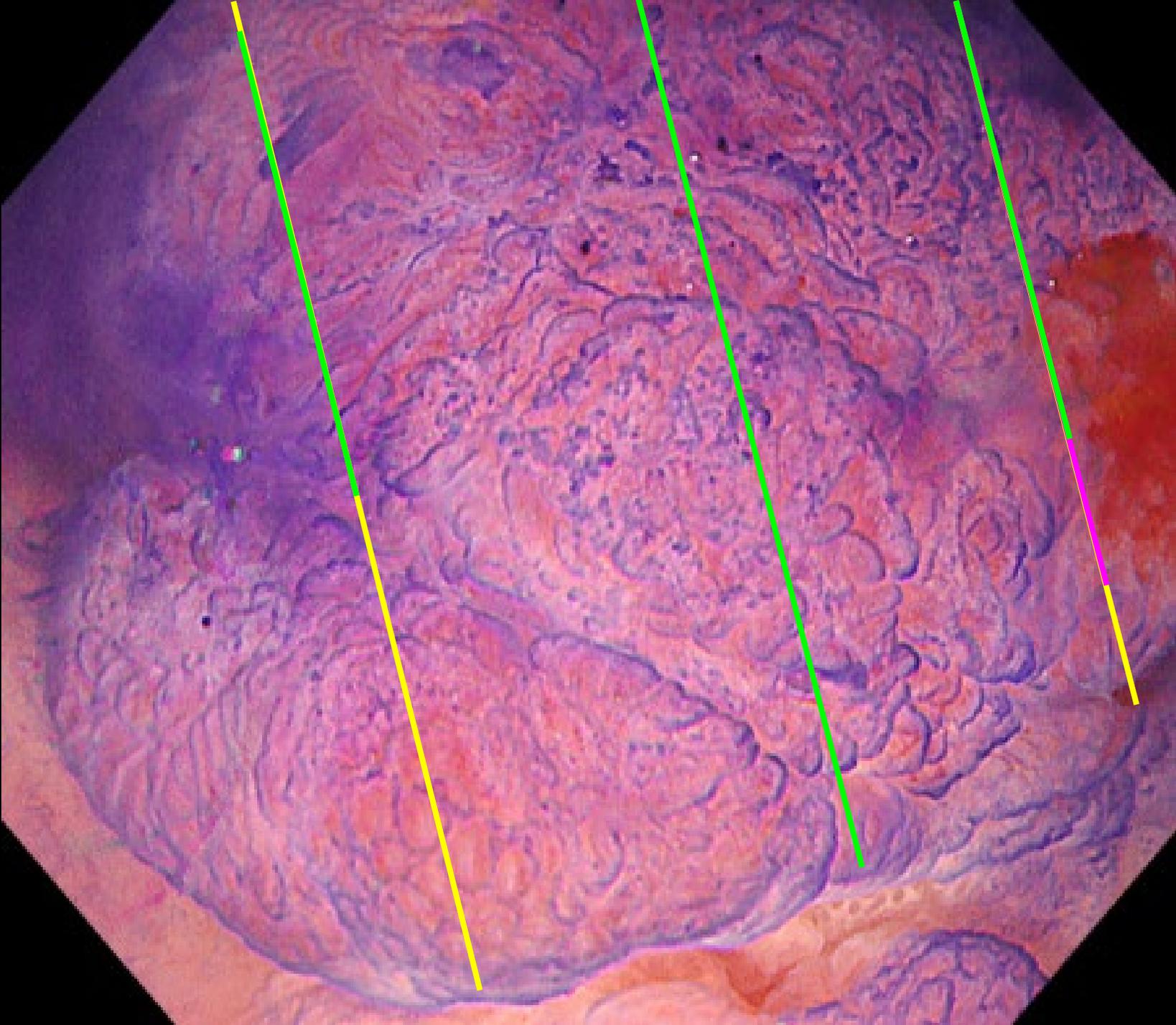
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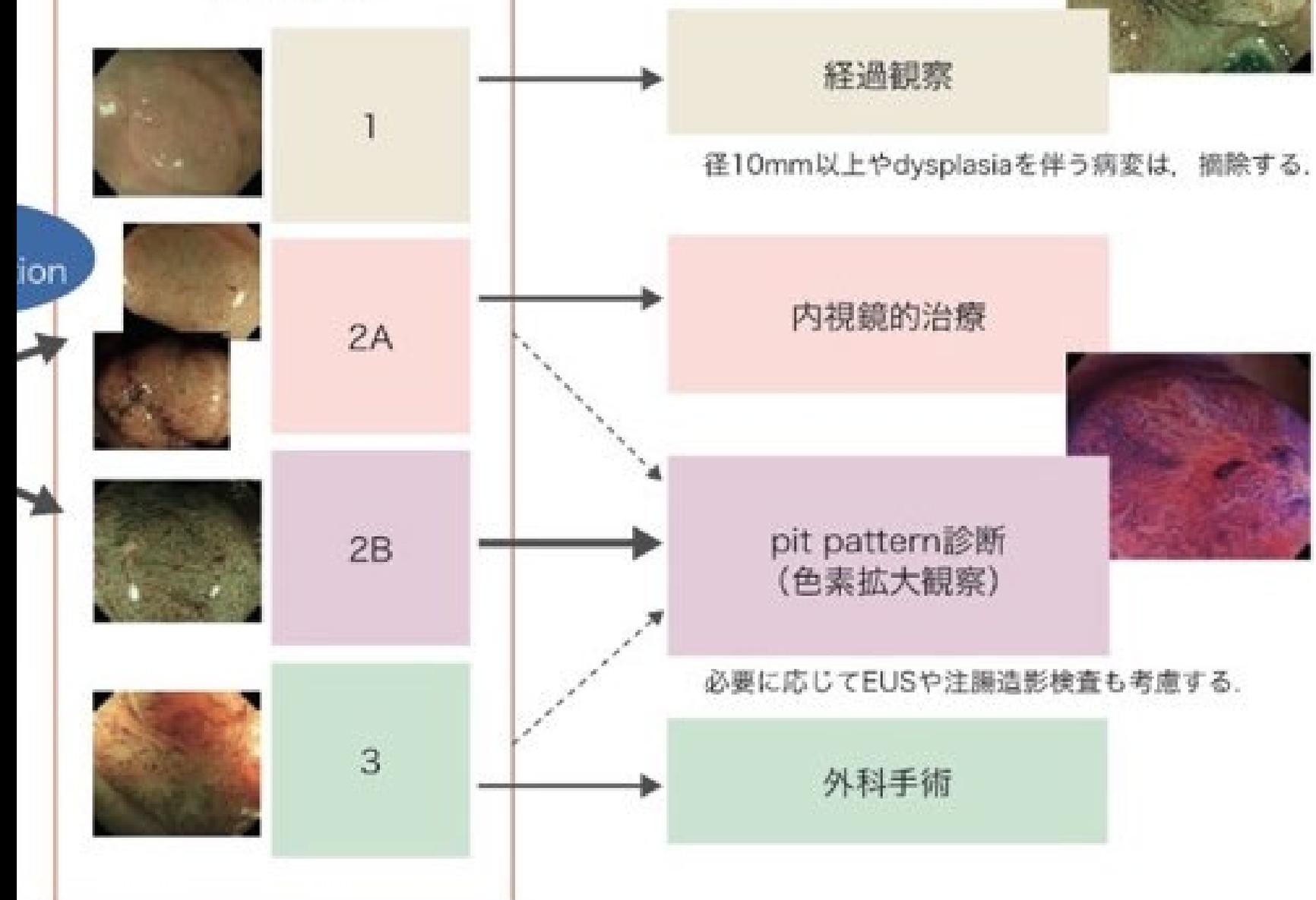
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- adenoma
- M
- SM

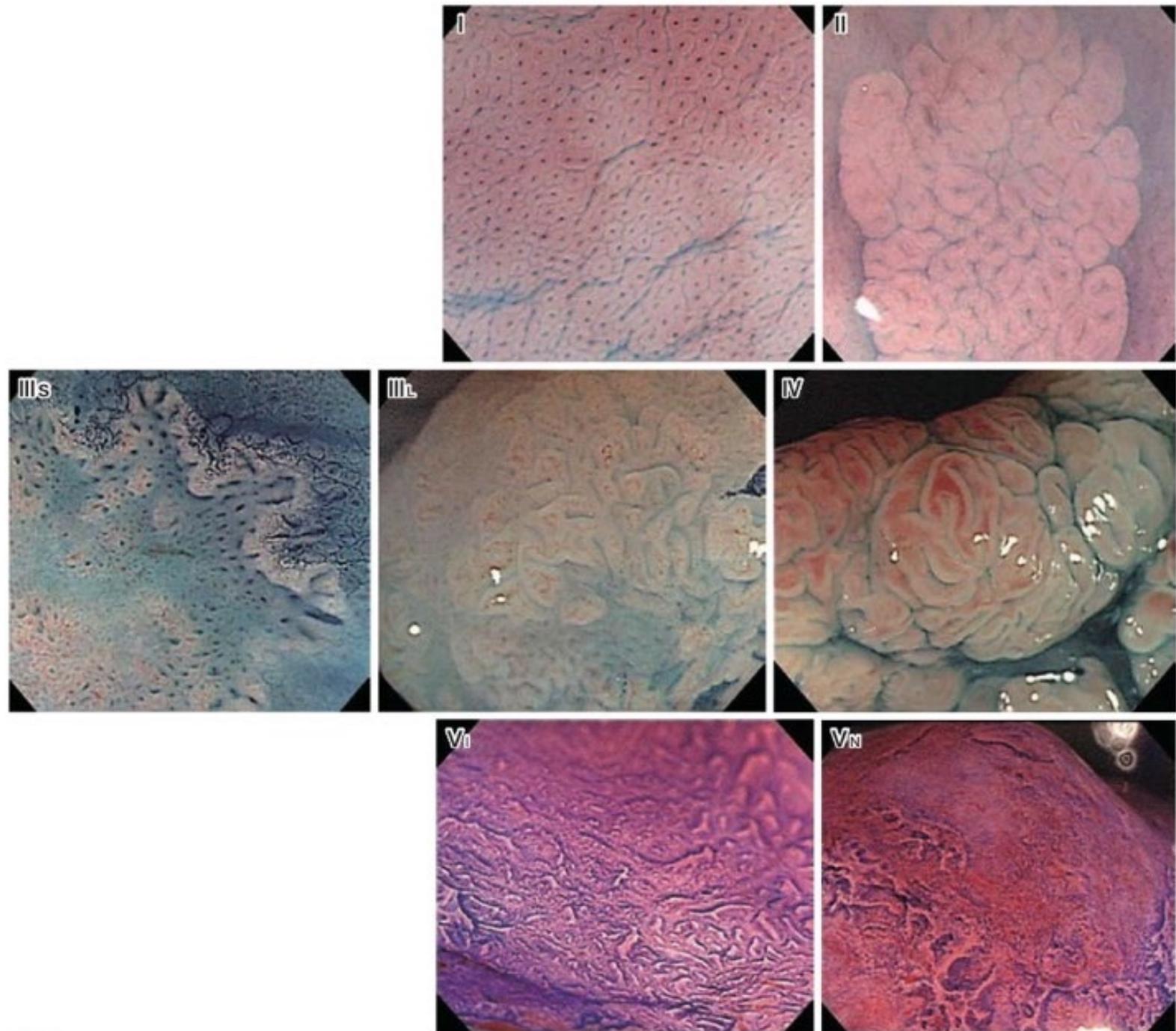


勉強スライド

# JNET分類



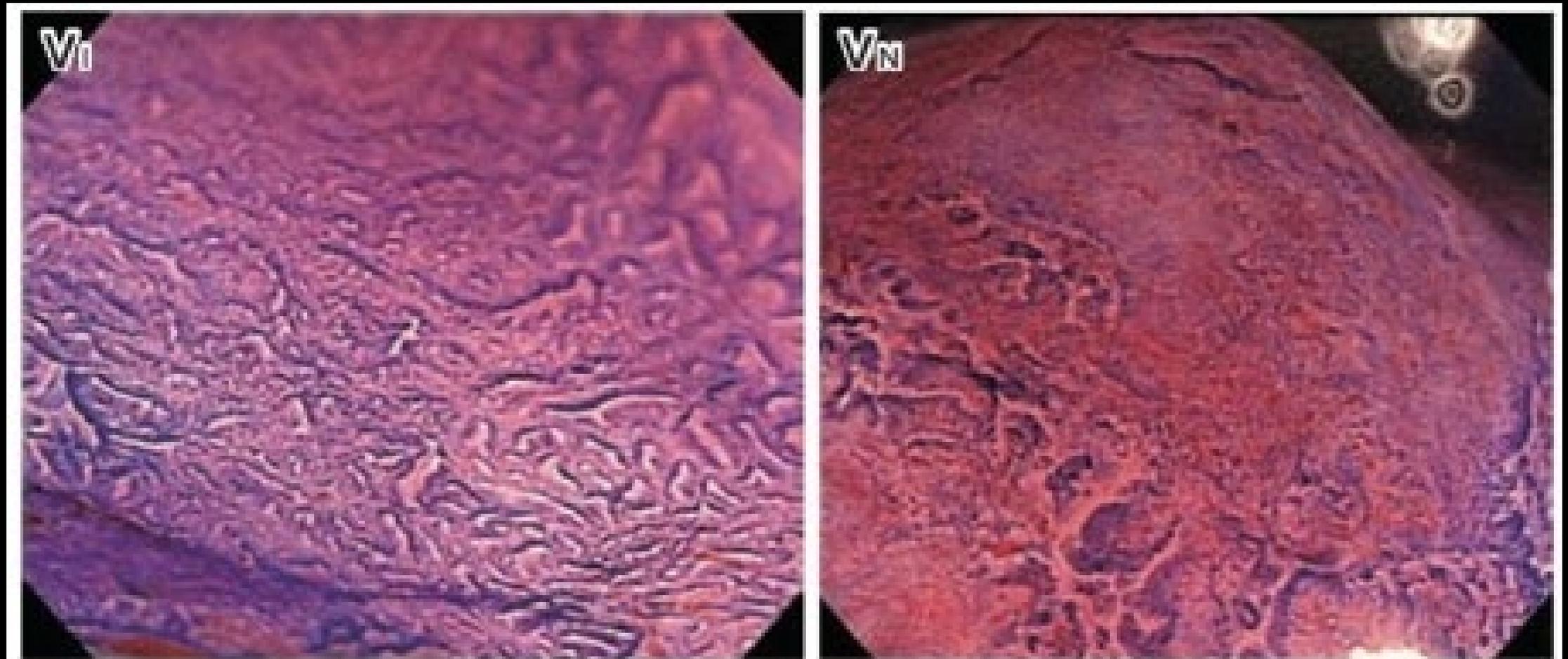
# pit pattern 分類



# V型pit pattern

**不整腺管**構造 → V<sub>I</sub>型

明らかな**無構造**領域を有するもの → V<sub>N</sub>型



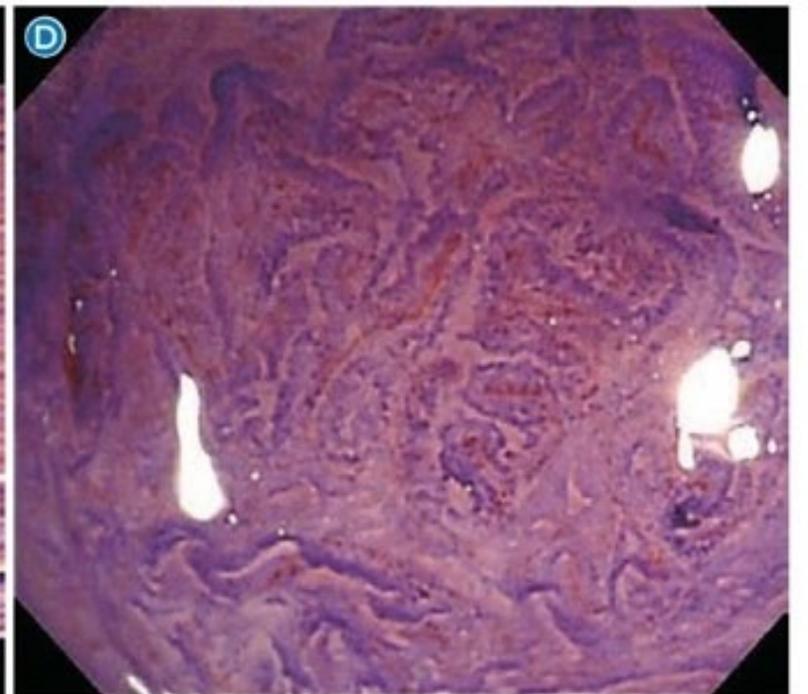
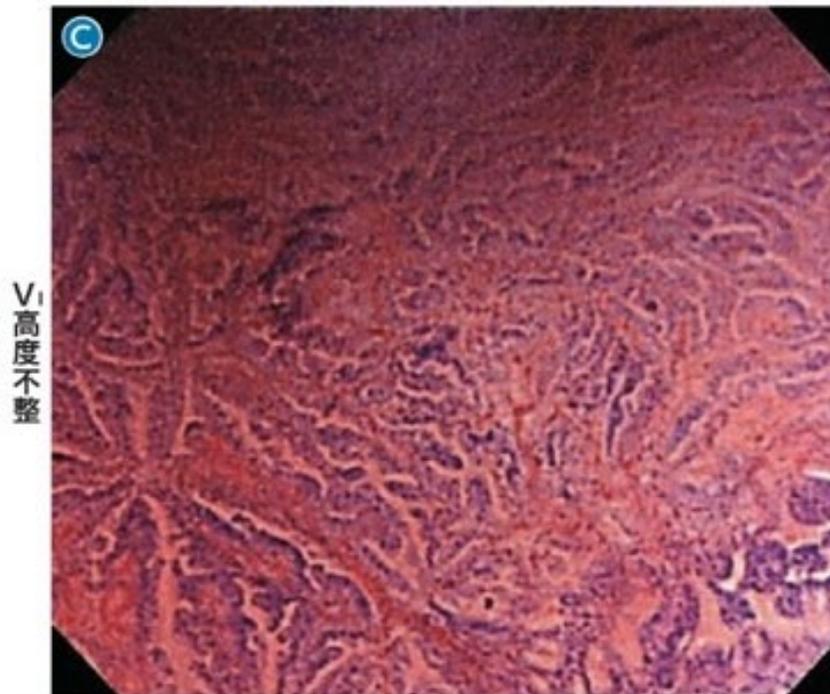
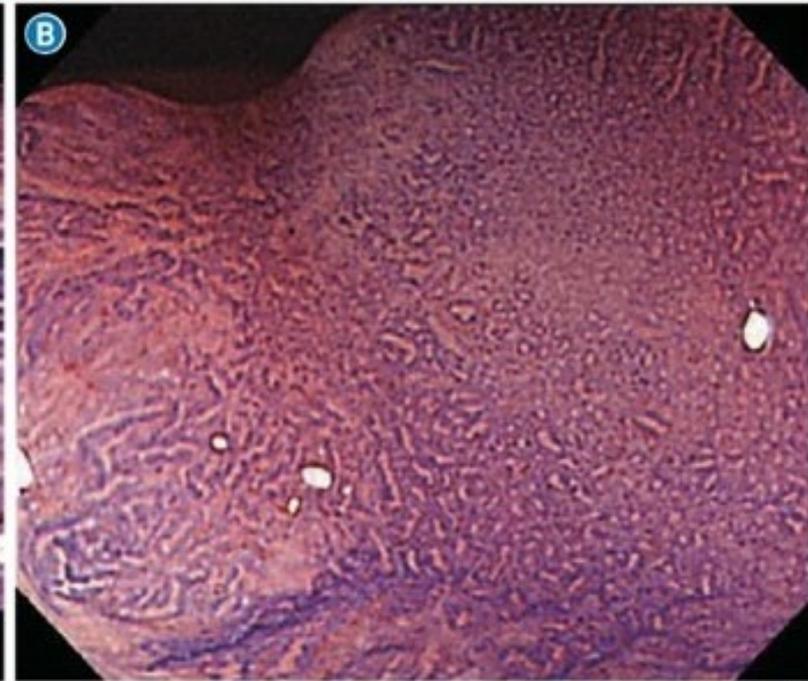
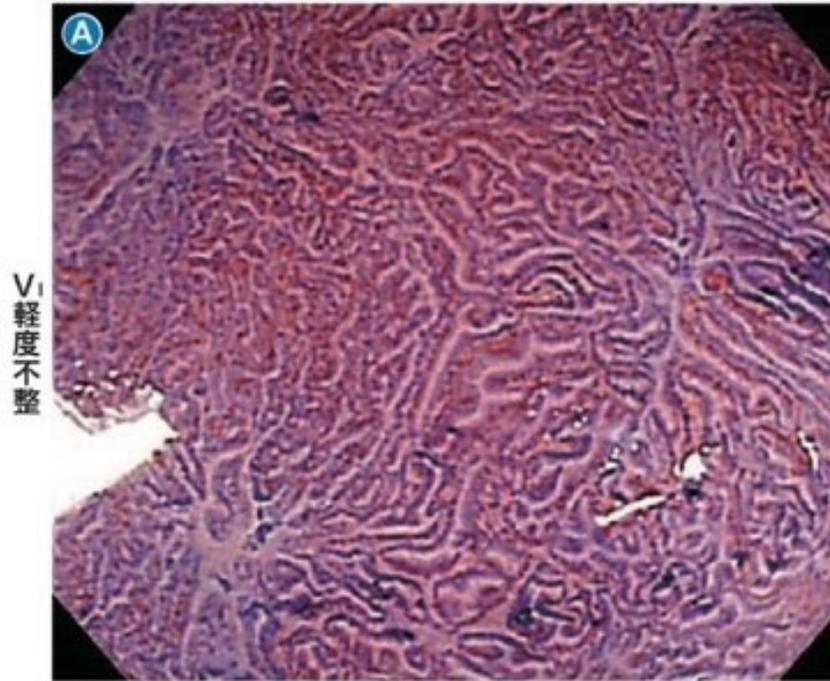
## Vi型

- ・ 軽度不整（上段）
- ・ 高度不整（下段）

【鑑別ポイント】

個々のpit境界や  
内腔が追えるかどうか

Vi高度不整は**T1b癌**の  
可能性あり



# T1b癌を疑う所見

**non-lifting sign 陽性**：粘膜下局注で腫瘍が十分に盛り上がらない

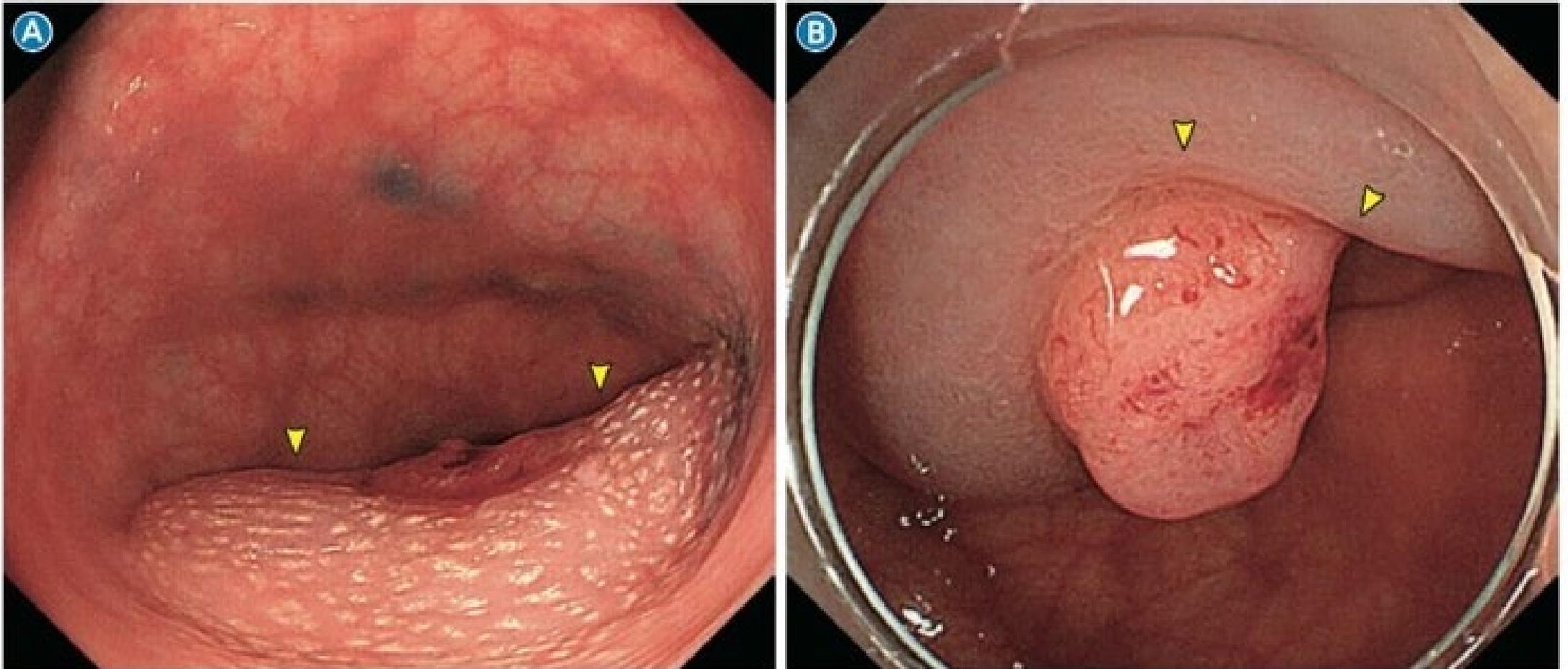


図5 non-lifting sign 陽性

# T1b癌を疑う所見

## 伸展不良

A：弧の硬化

B：台状挙上

C：ヒダの集中

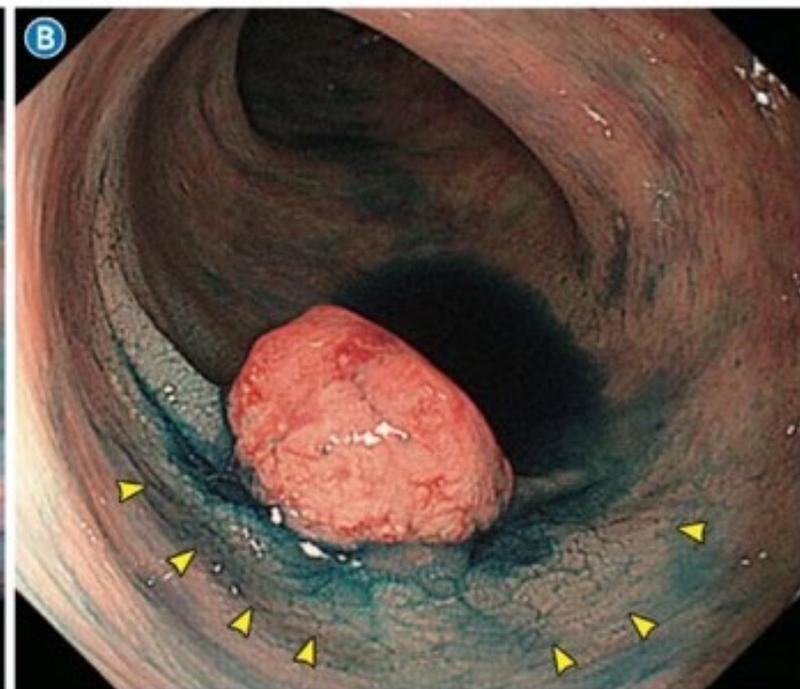
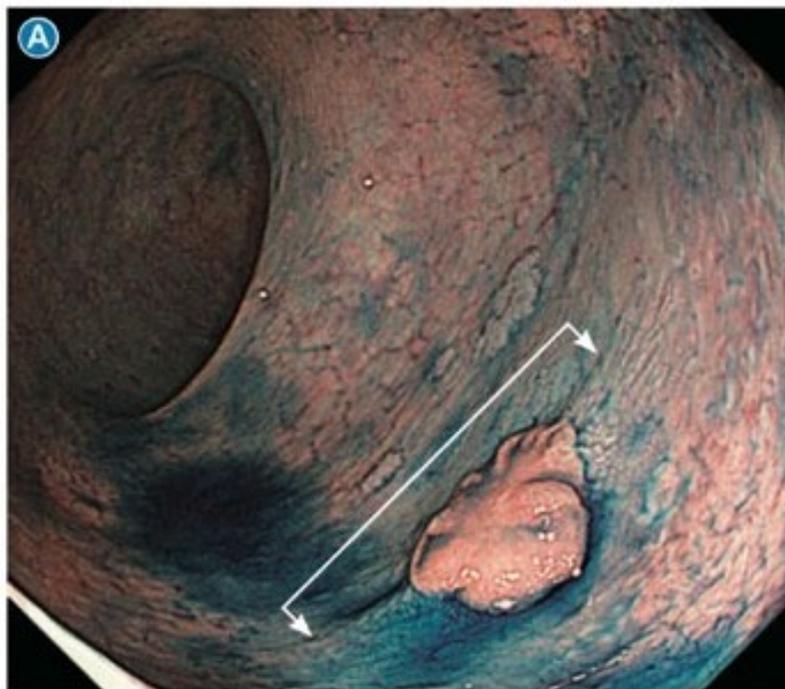


図7 伸展不良所見

A) 弧の硬化像, B) 台状挙上, C) ヒダの集中像

# T1b癌を疑う所見

T1b癌では空気量を変えても変形に乏しい

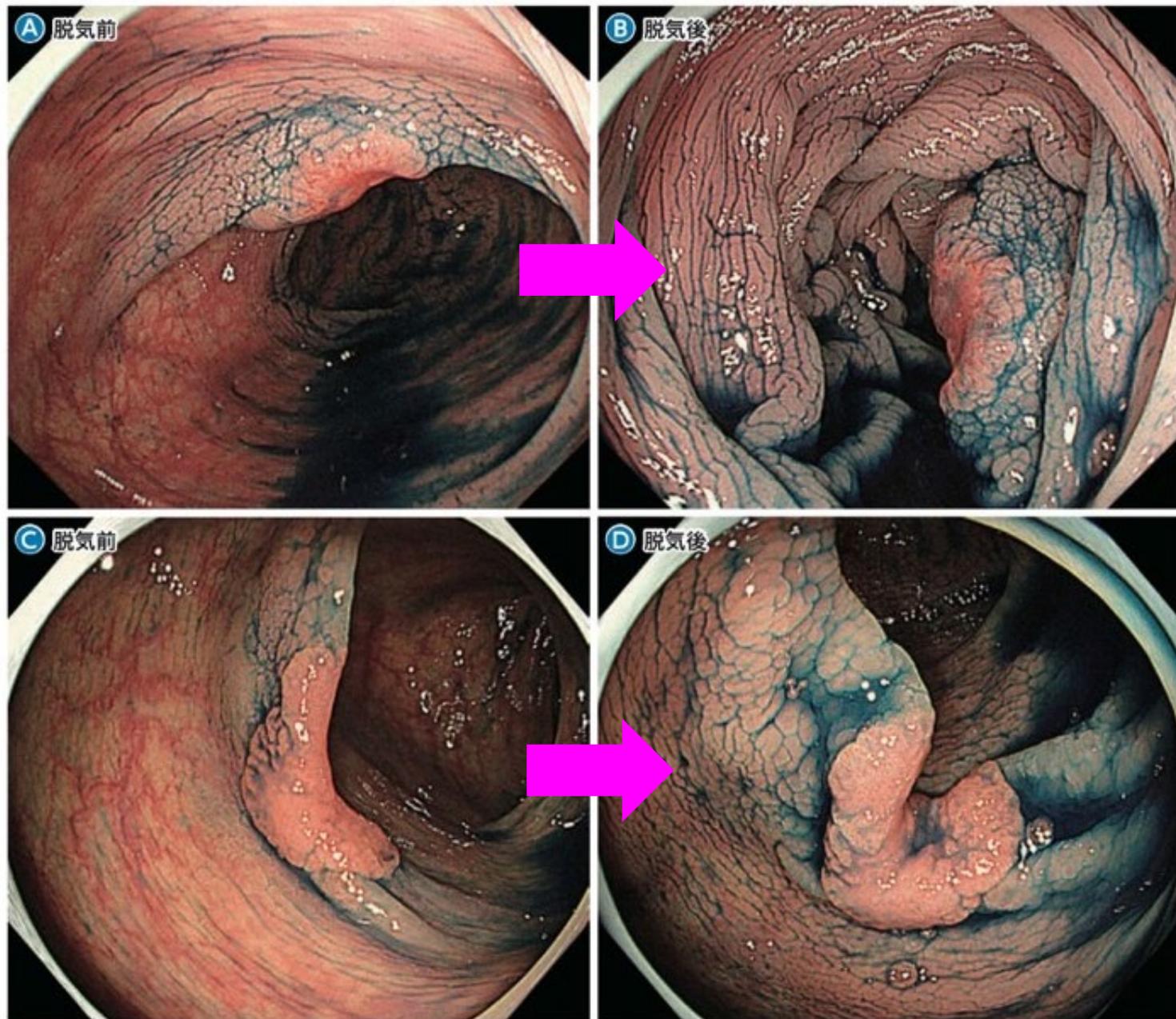


図 8 空気変形

ⒶⒷ) 脱気にて病変の変形を認めない, ⒸⒹ) 脱気にて病変の変形を認める