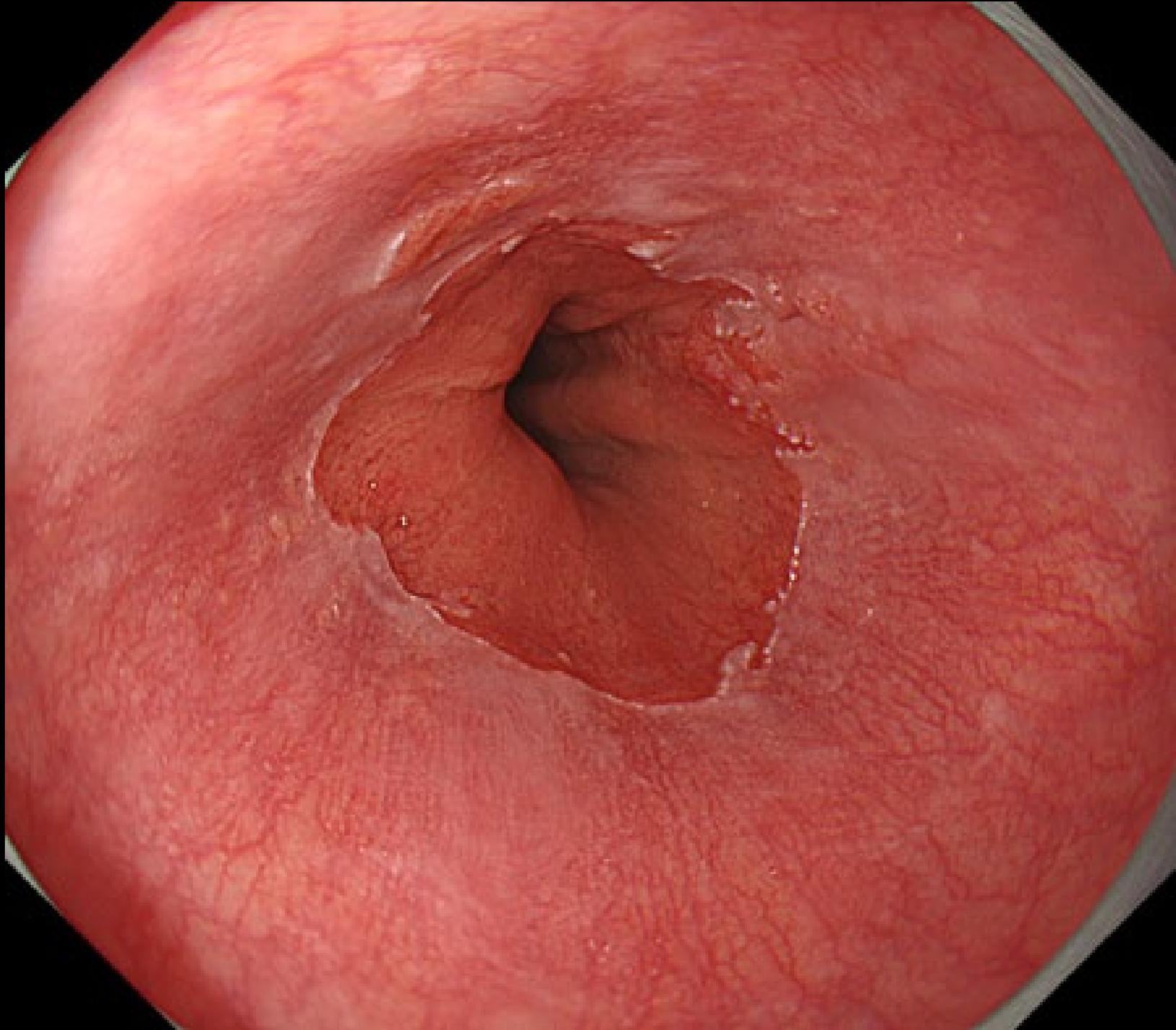
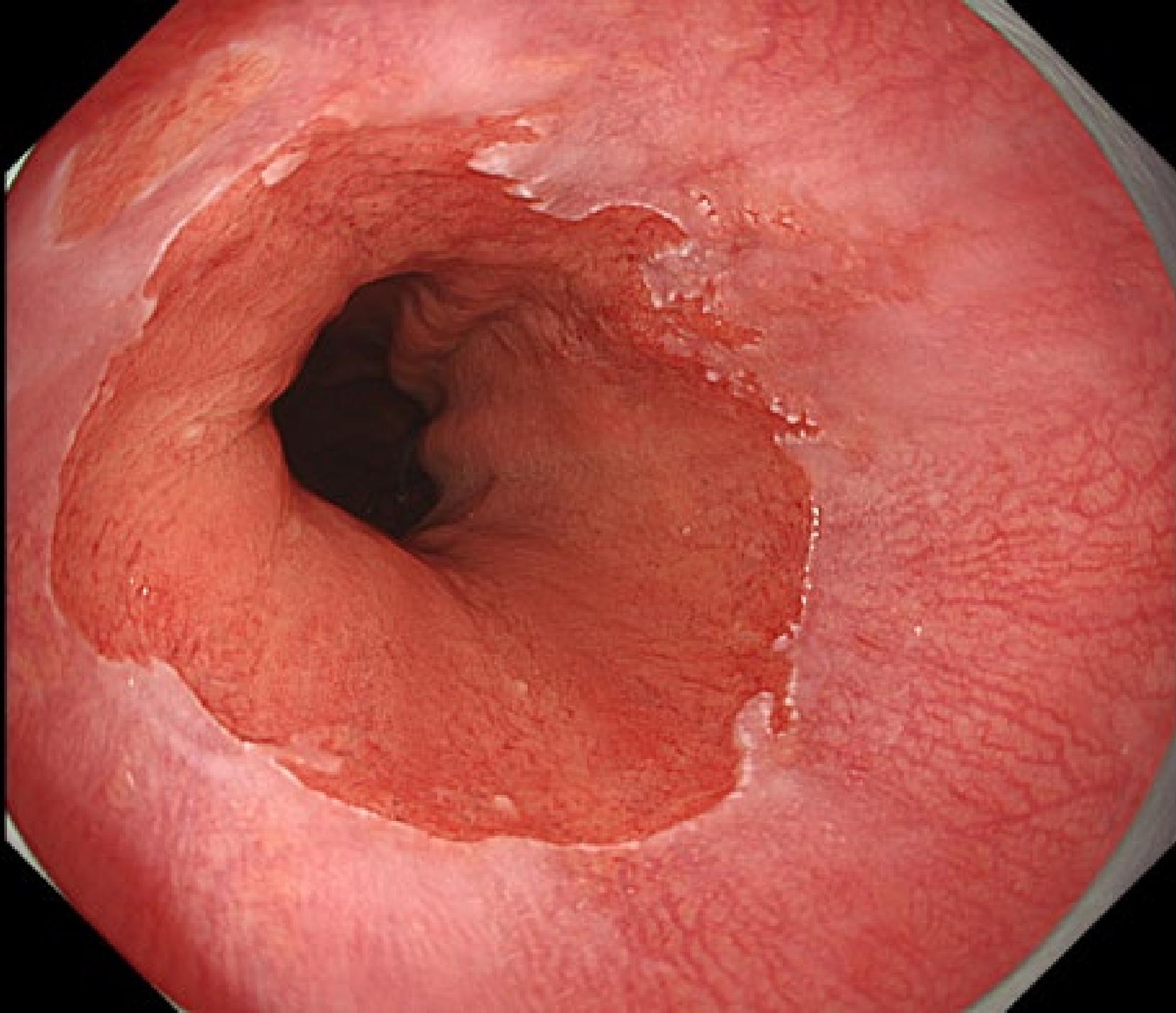


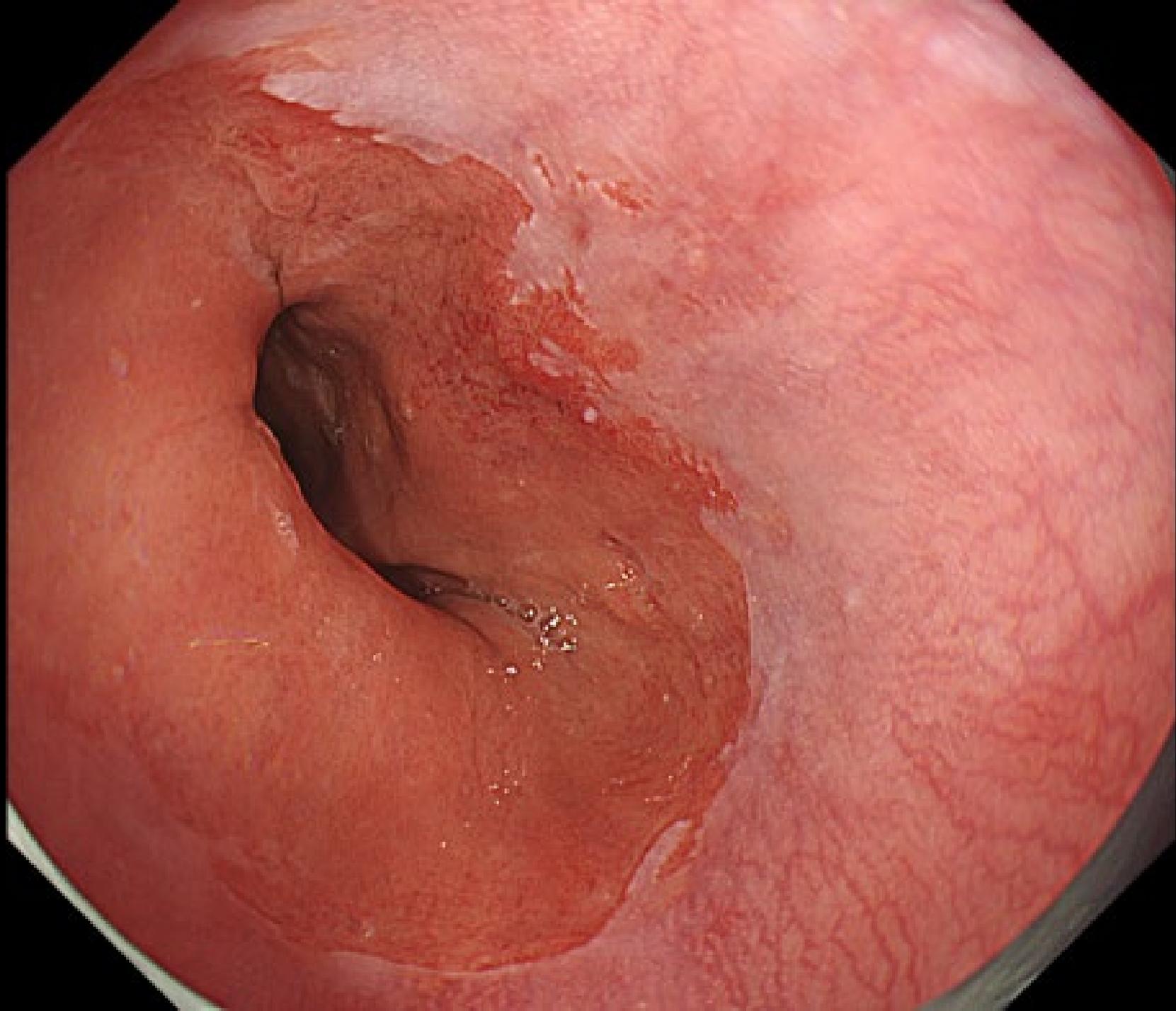
# 消化管 mapping 食道

発表：大川 悟史

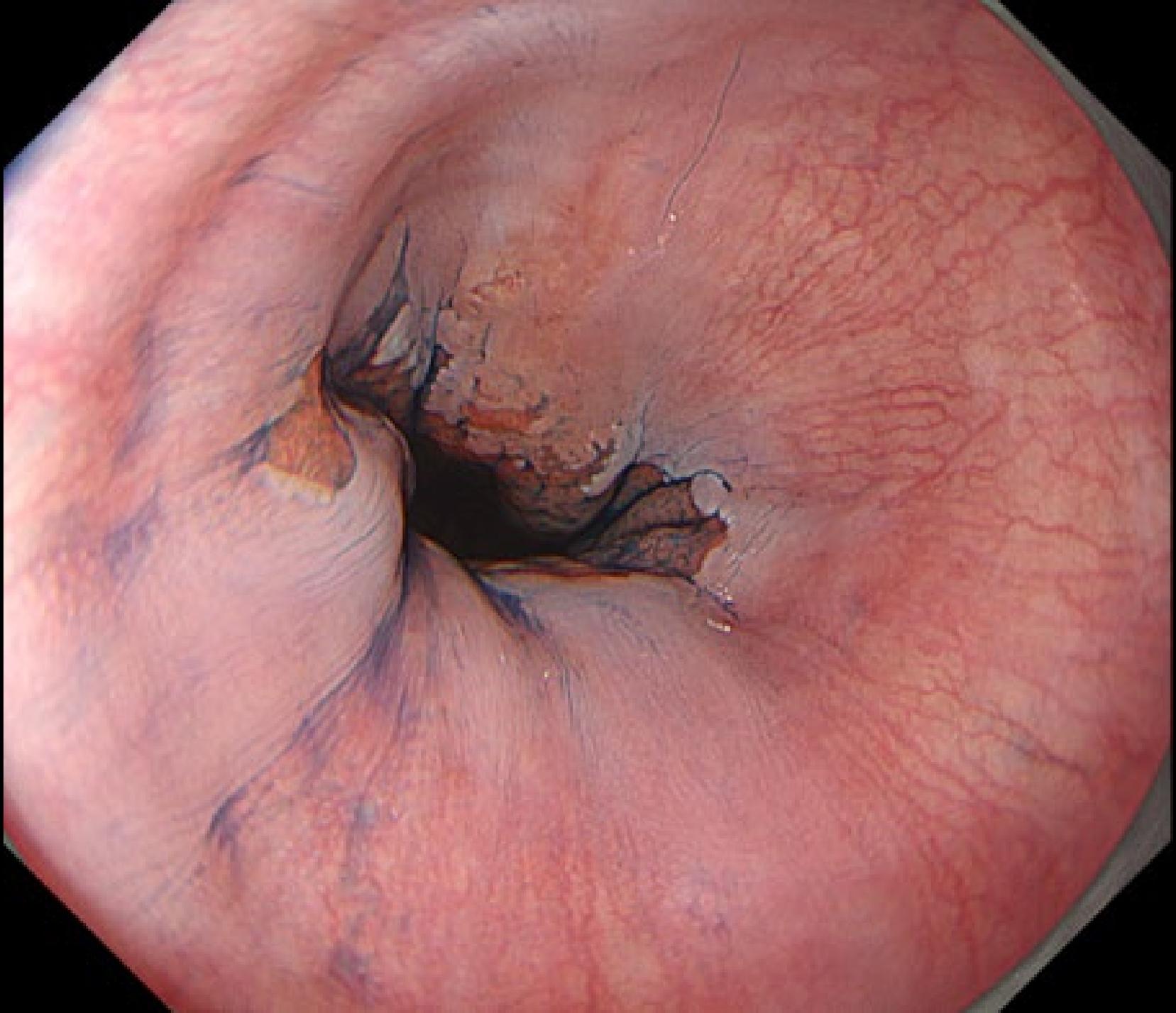
通常觀察 3枚

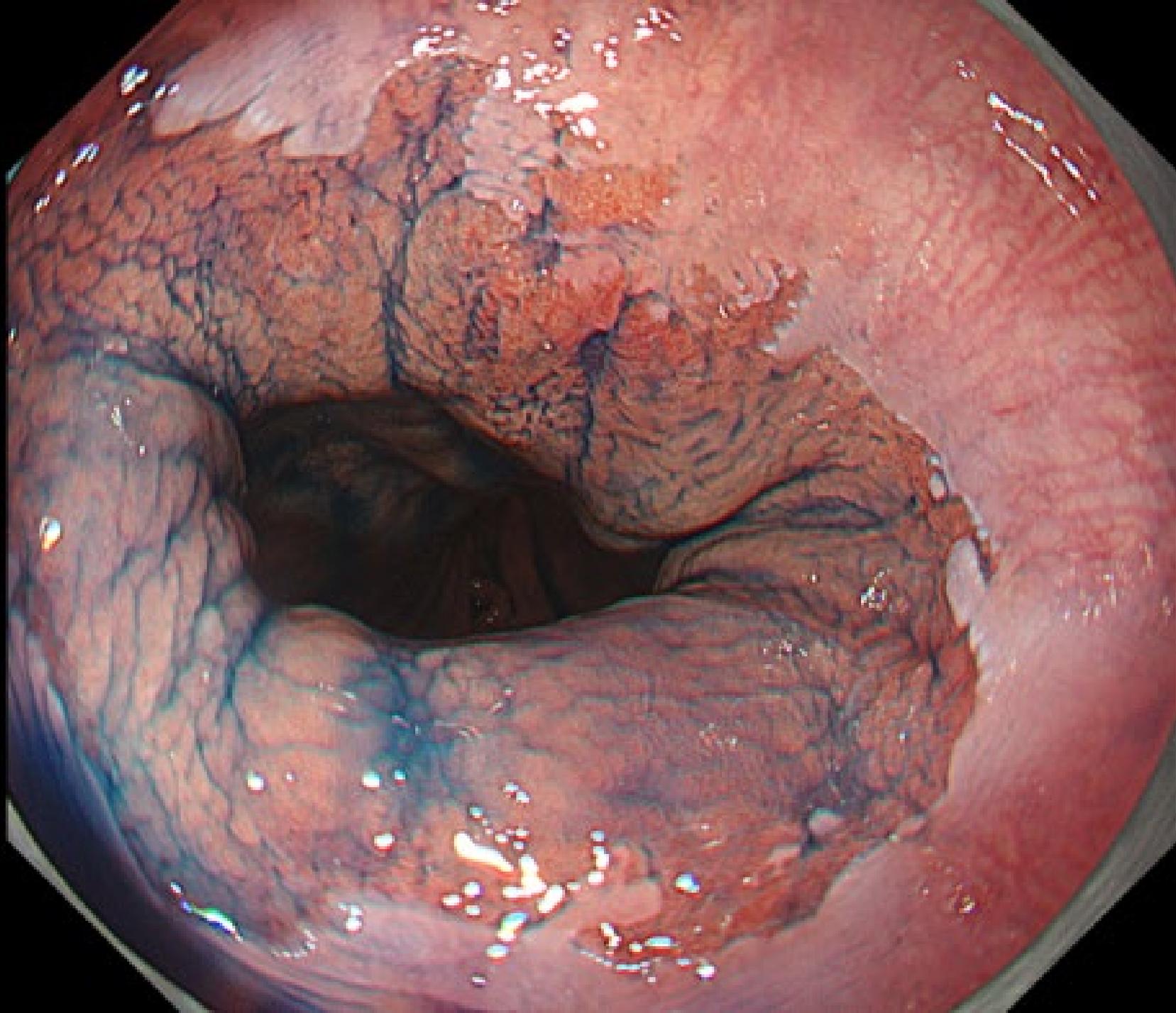


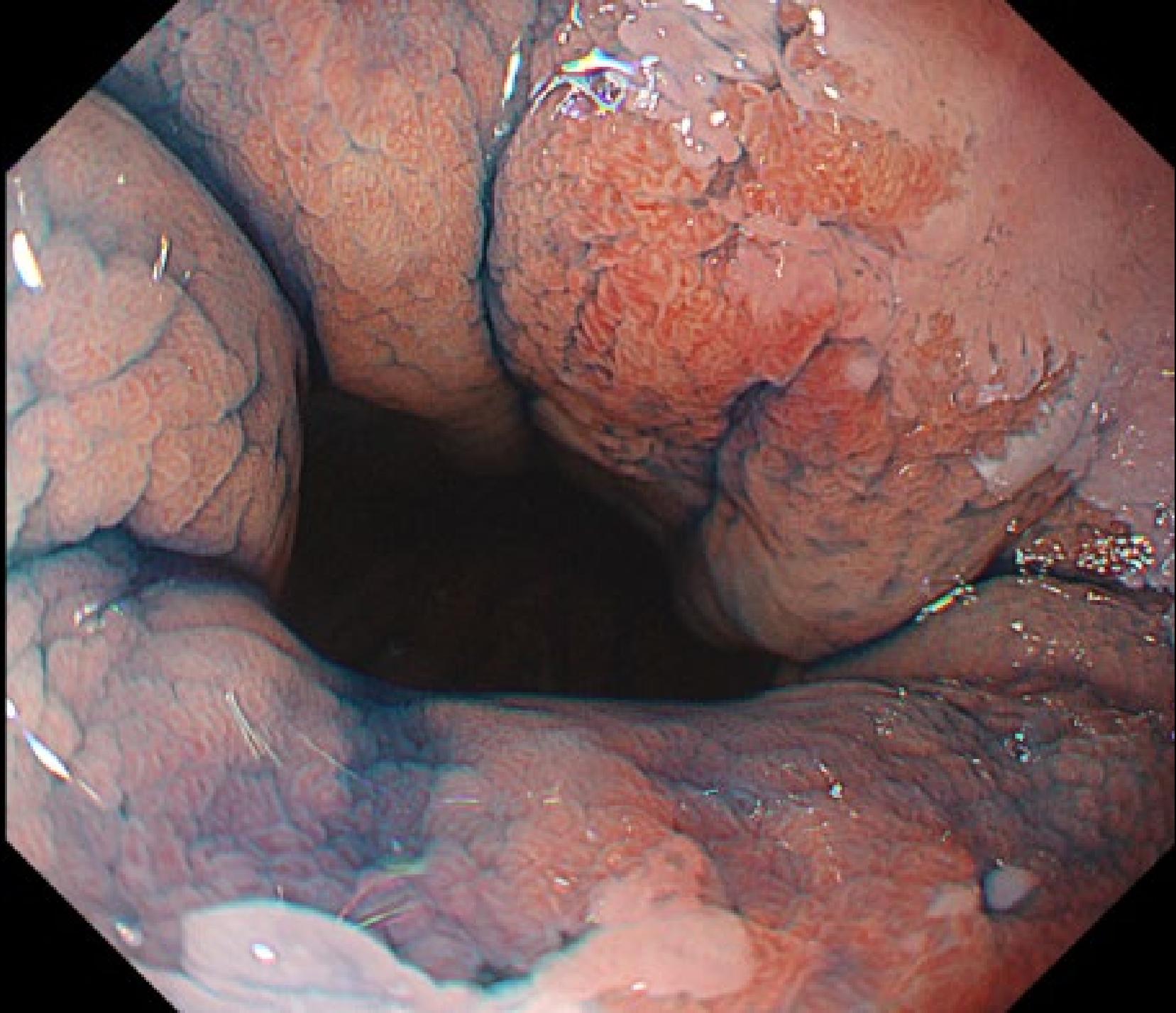




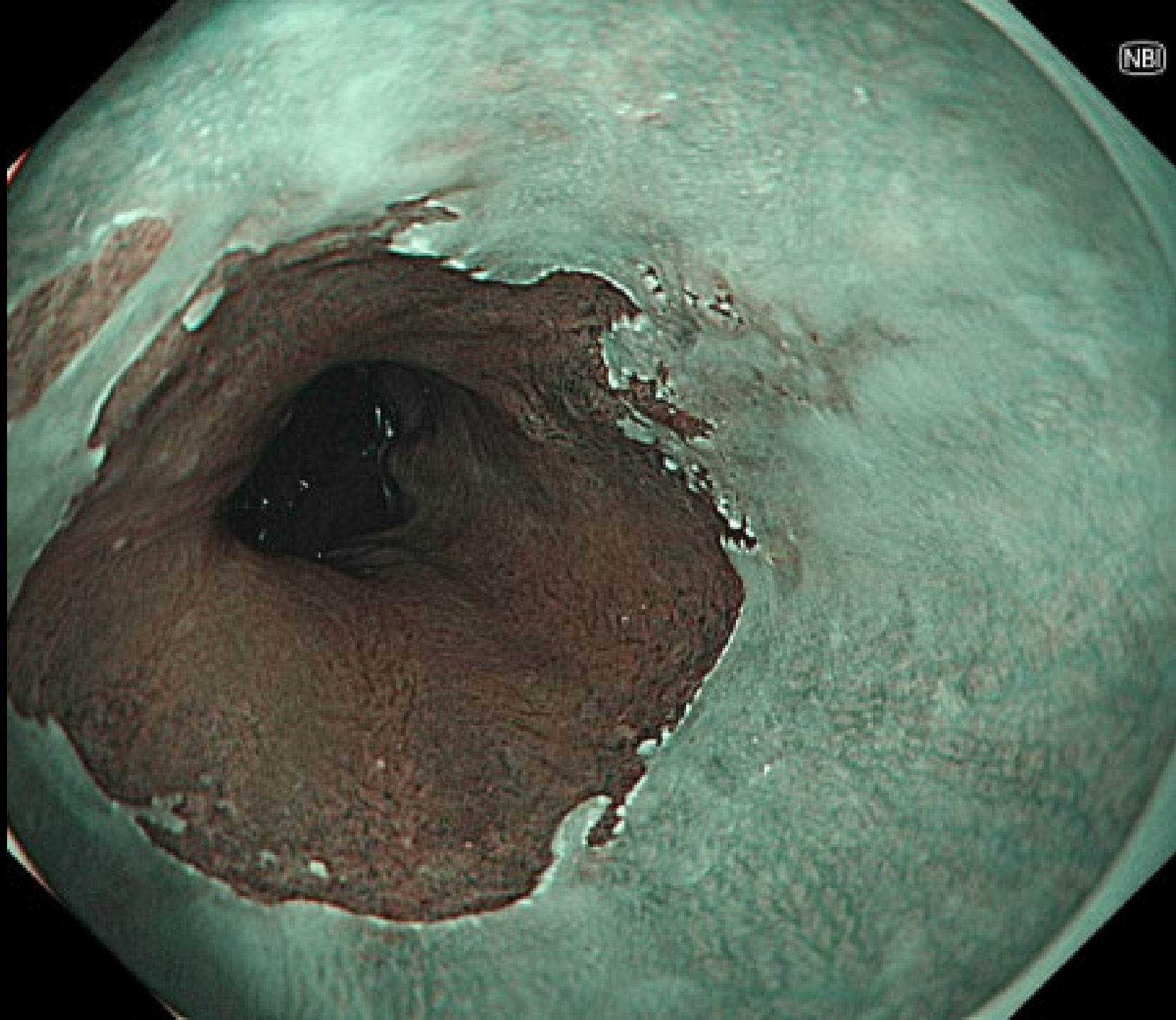
インジゴ散布観察 3枚

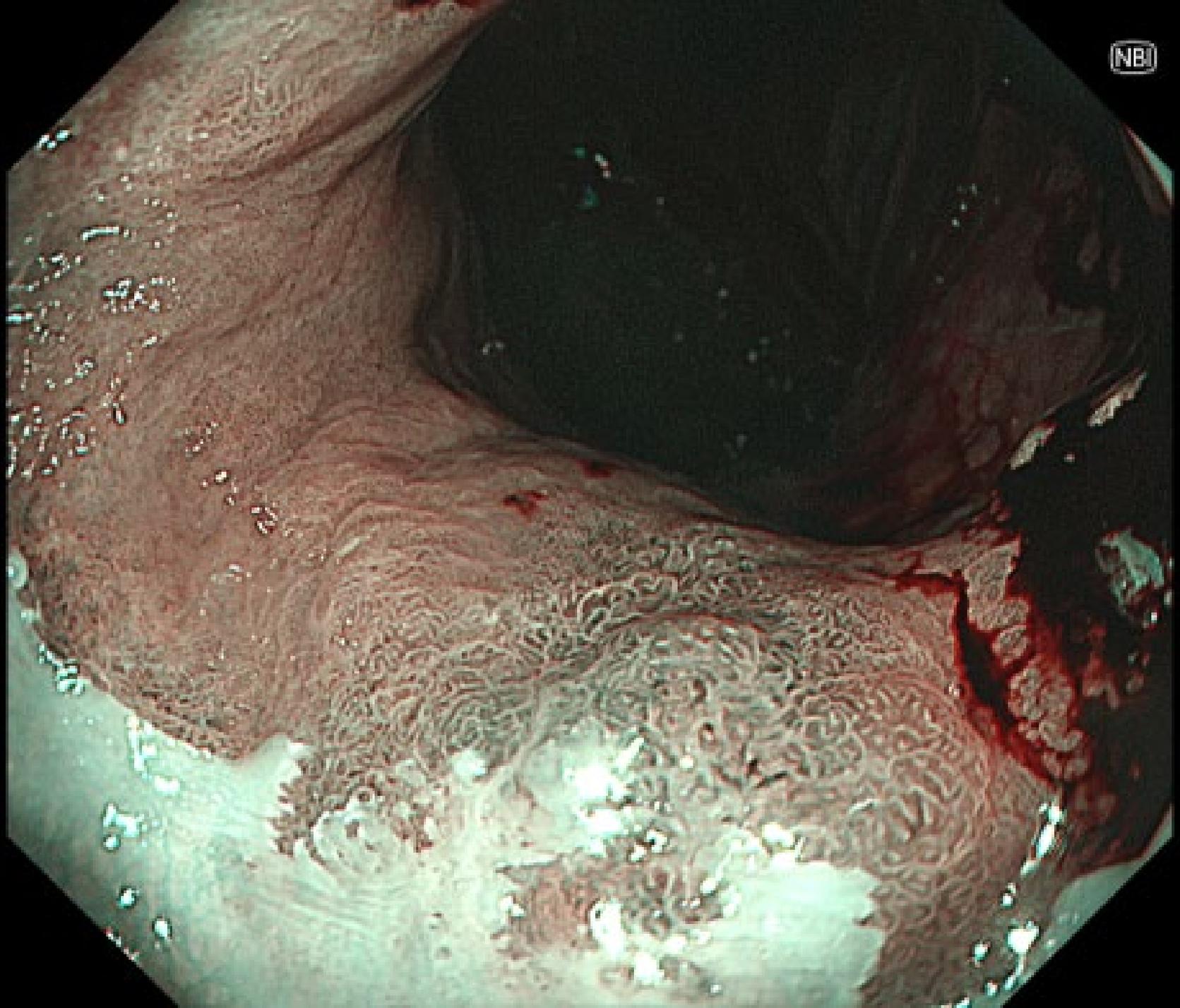
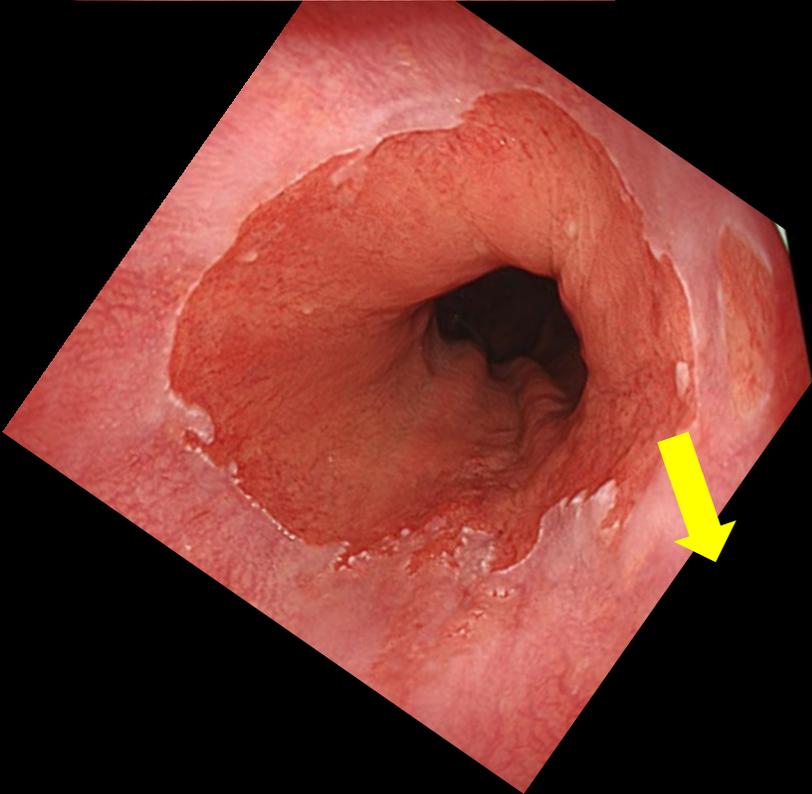
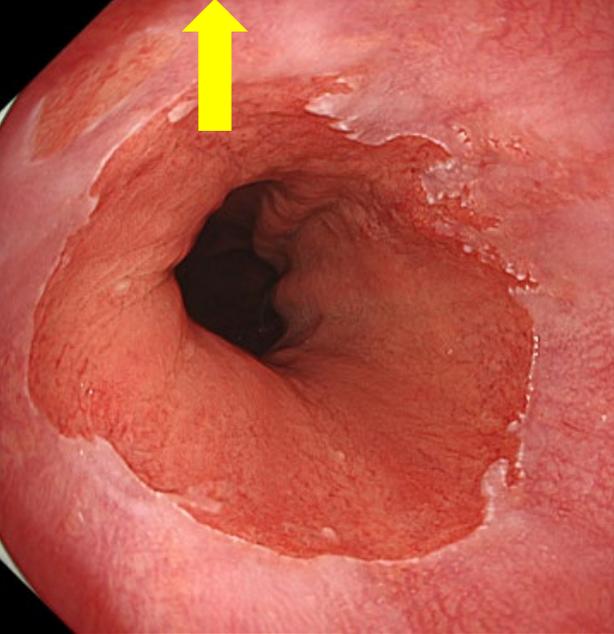


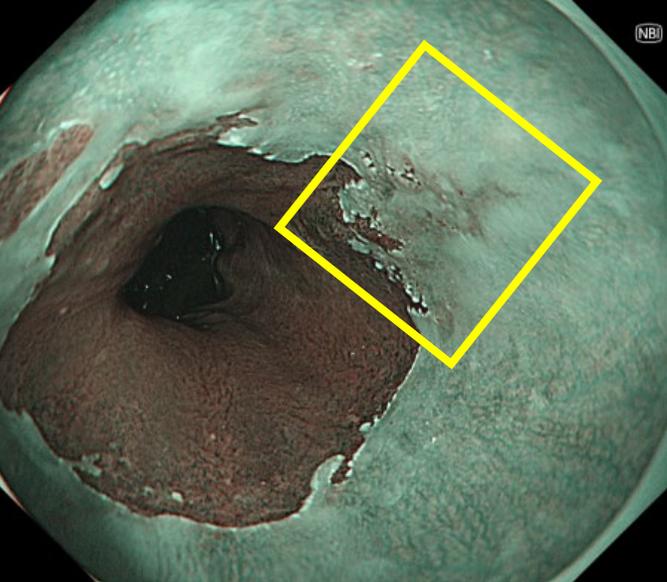




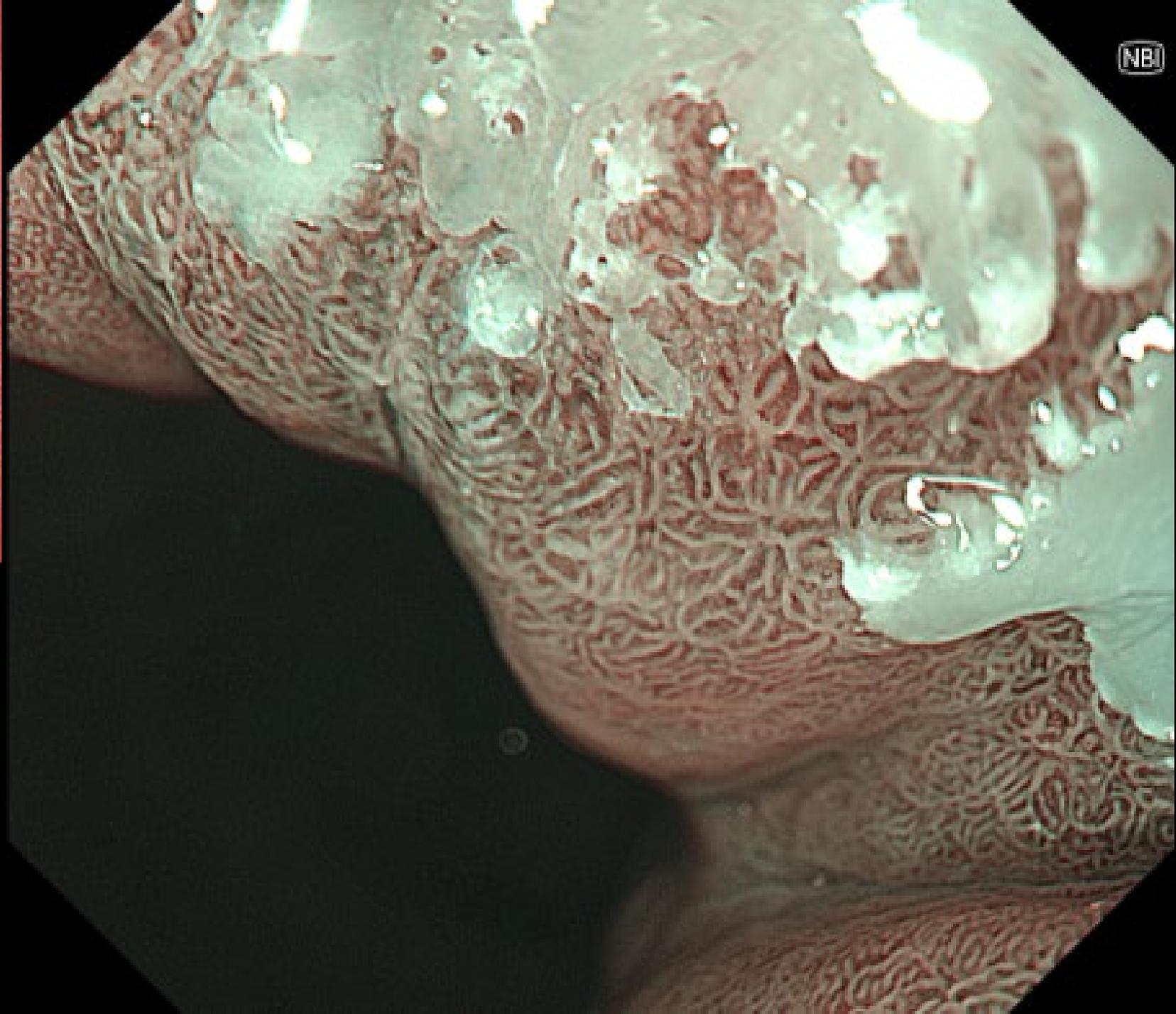
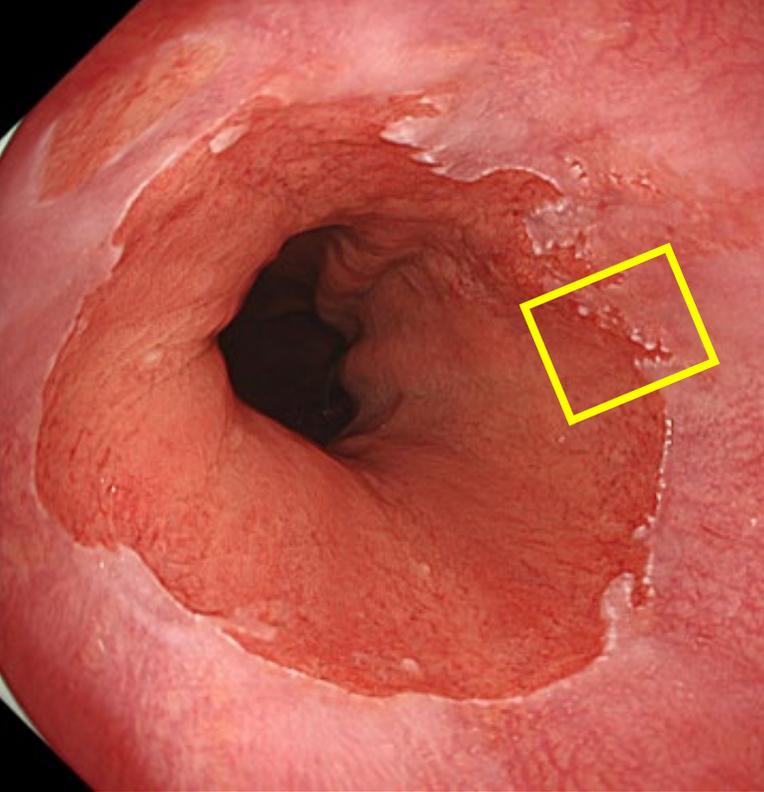
NBI觀察 8枚



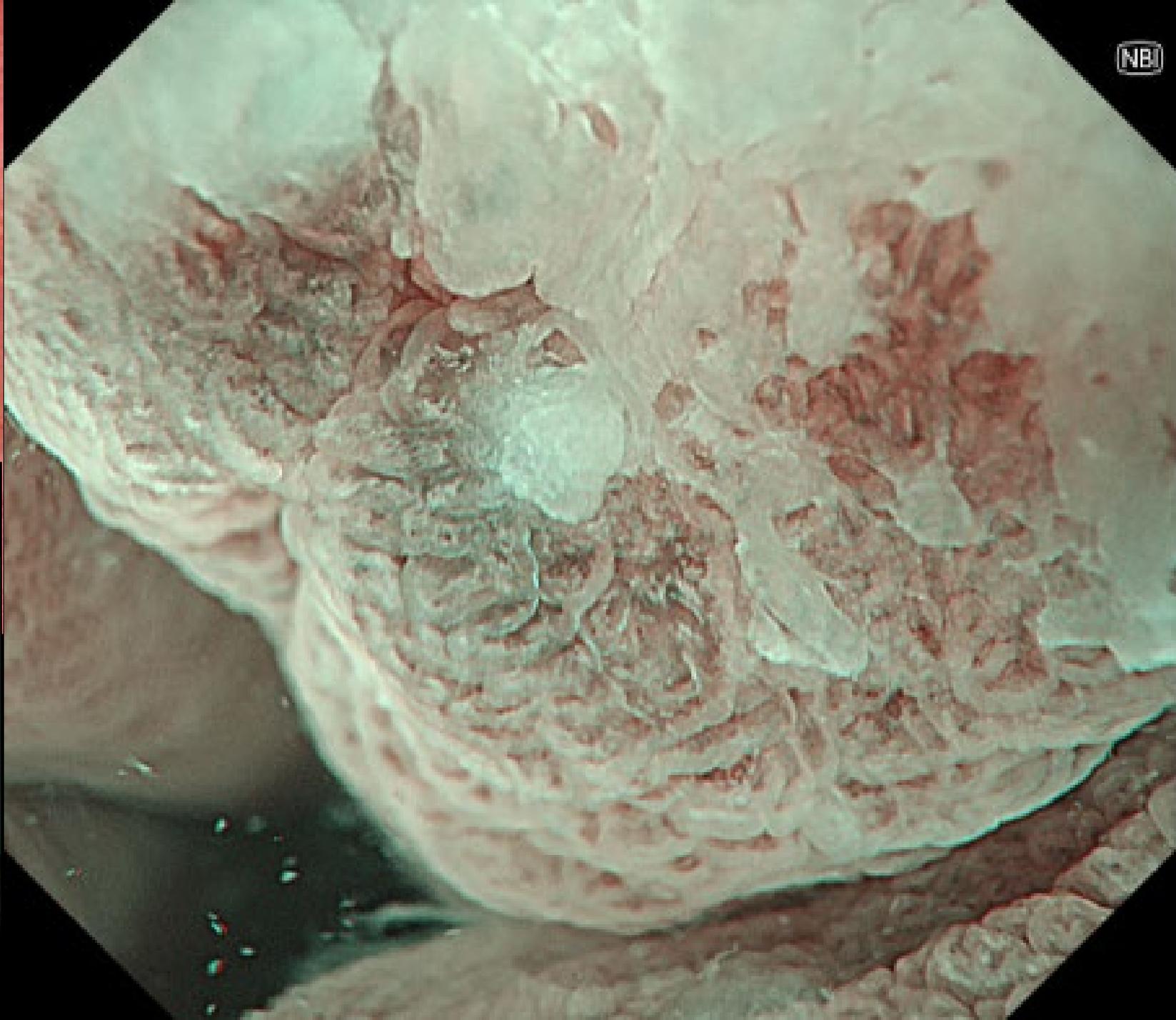
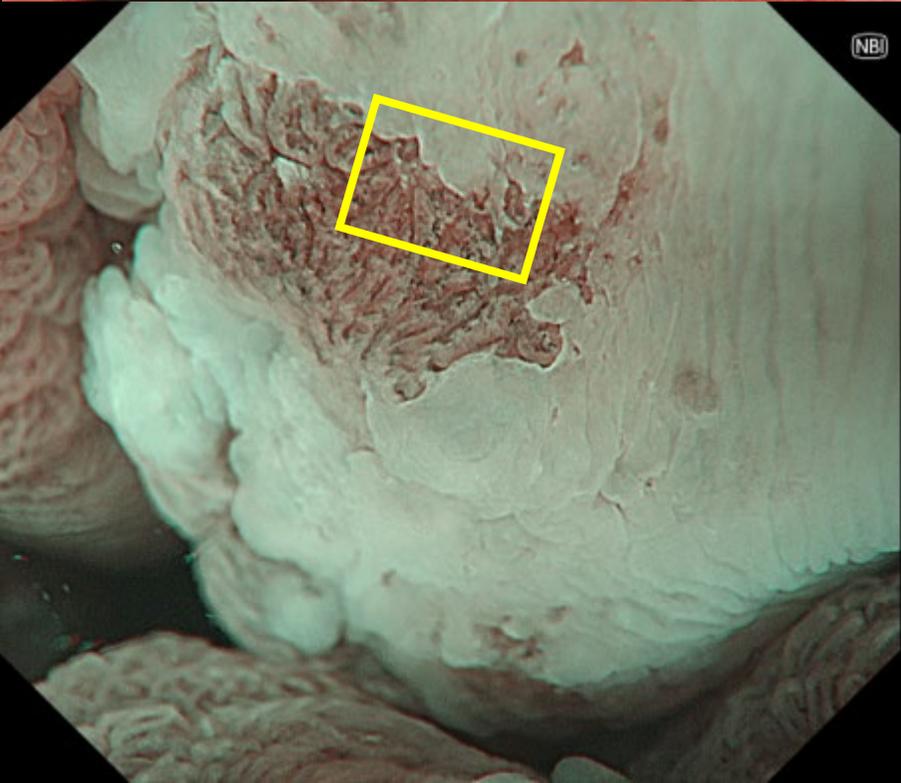
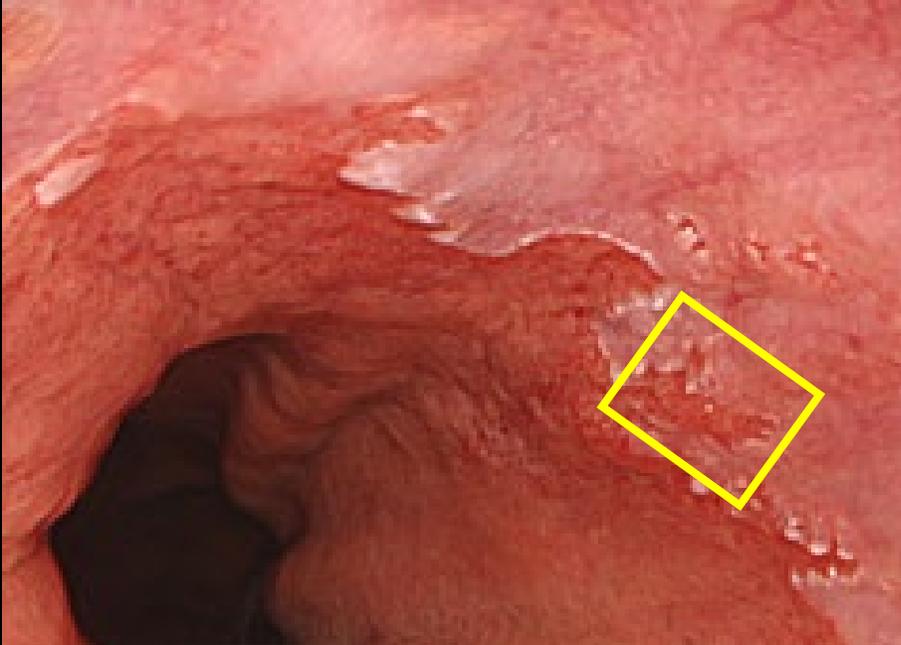


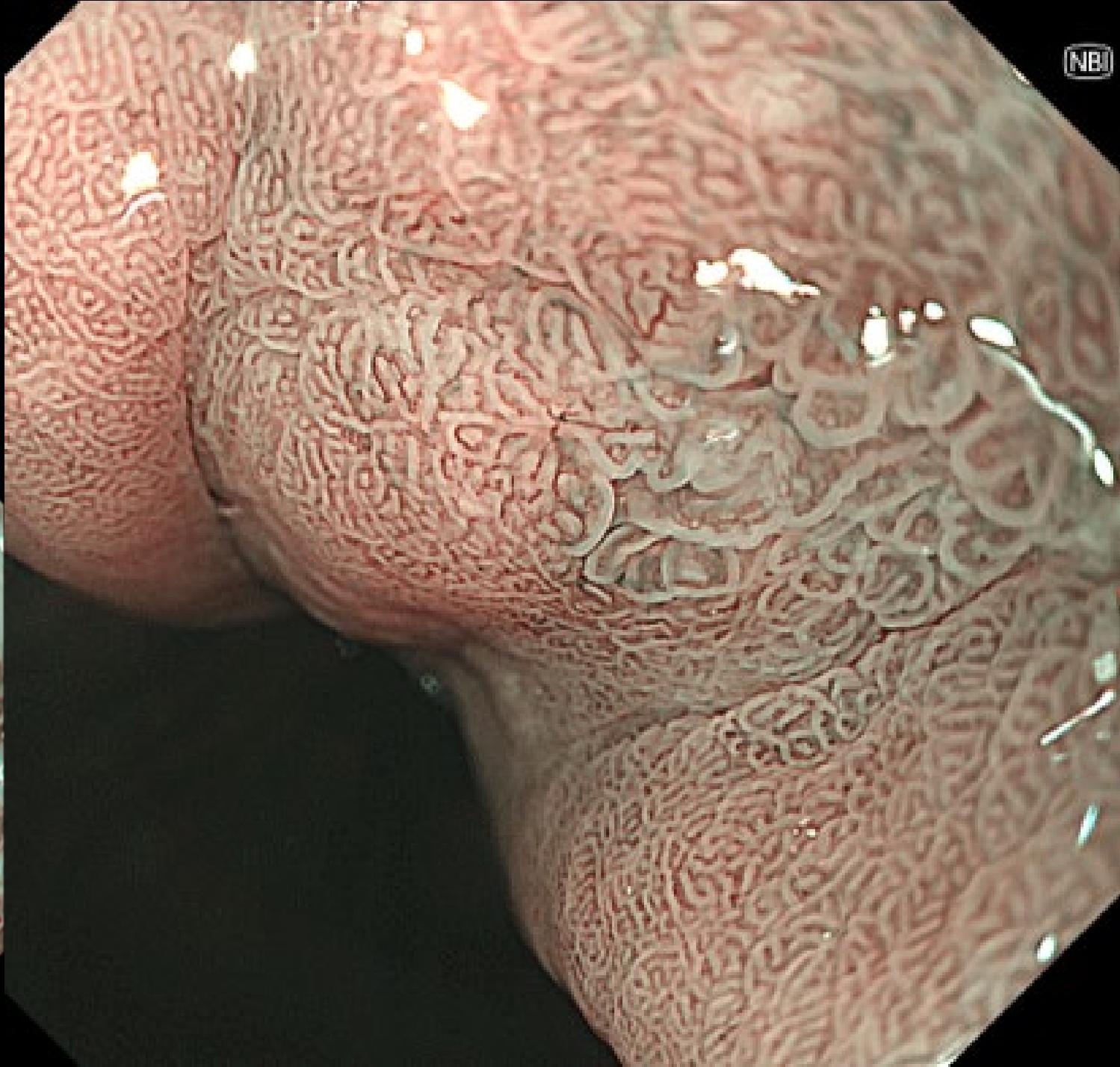
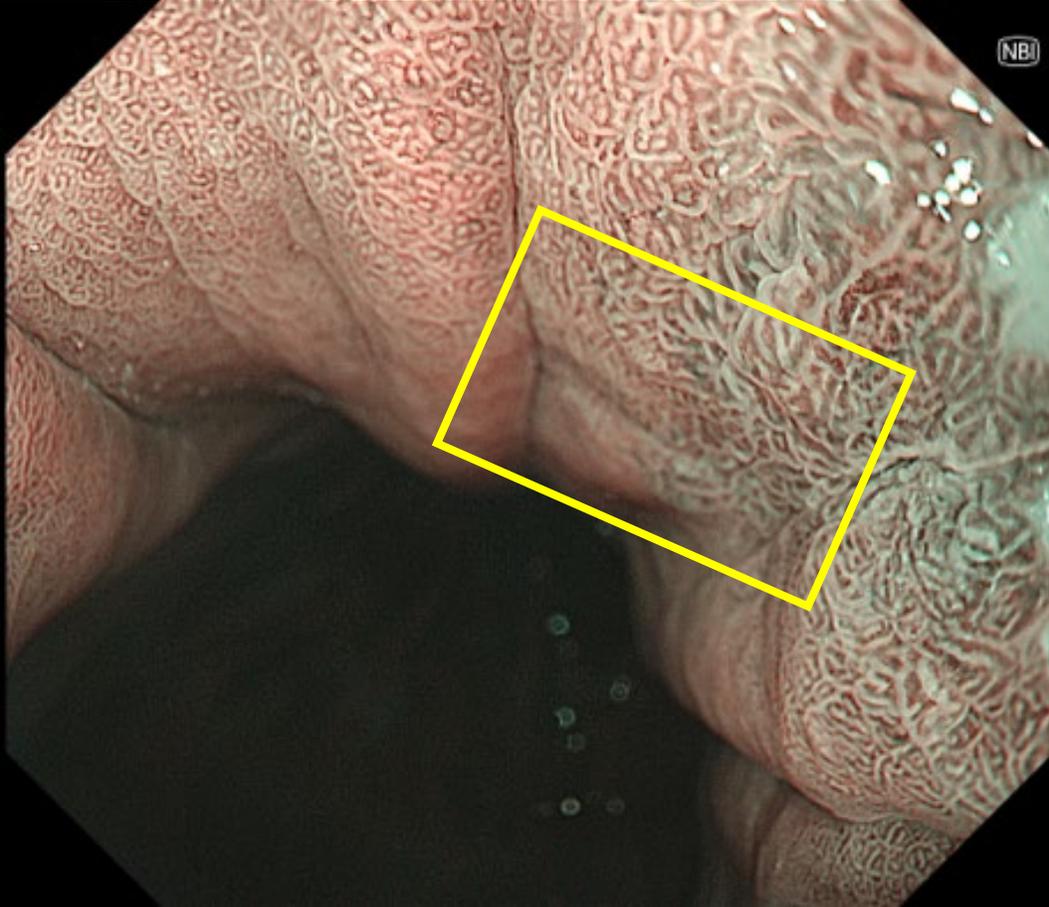
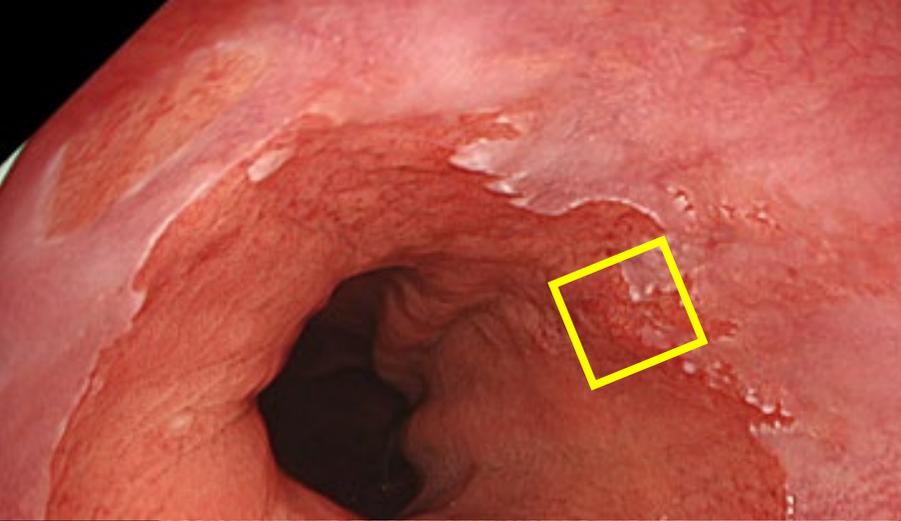


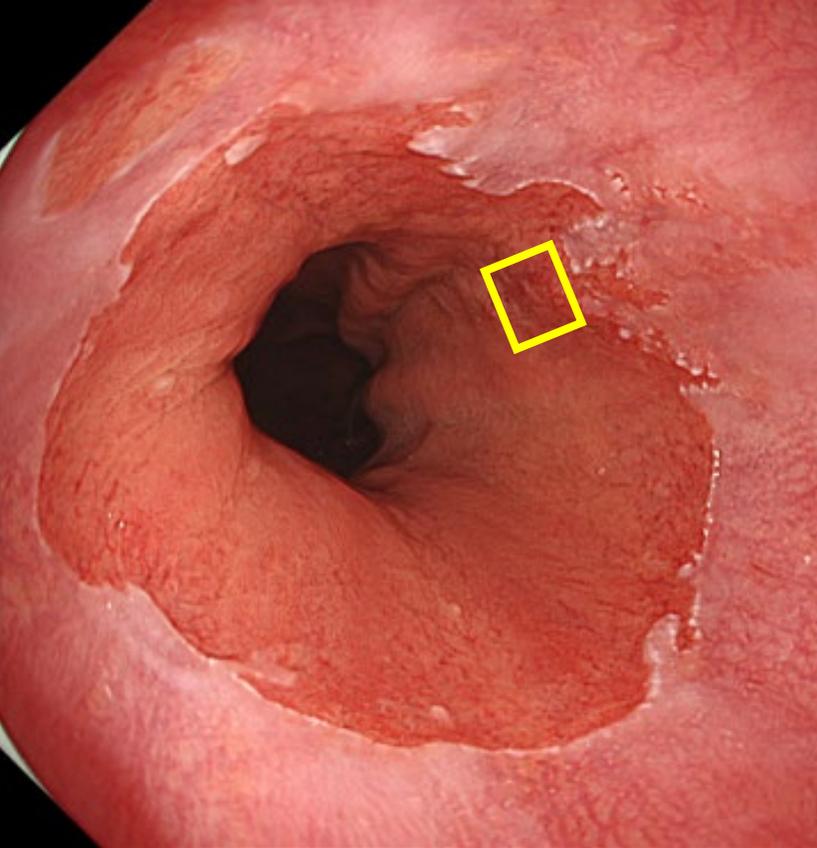




NBI







# 内視鏡診断

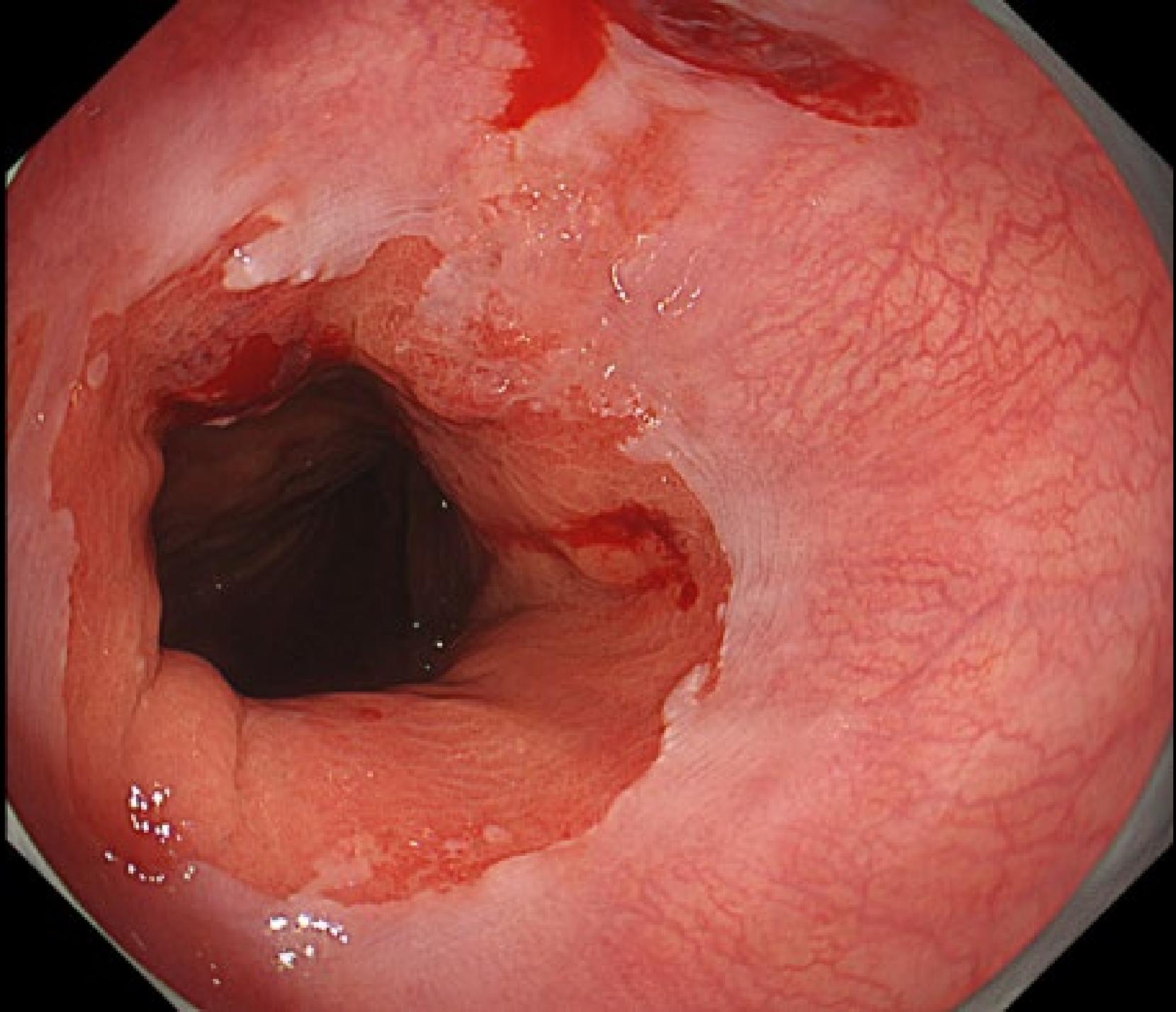
Barret食道腺癌（食道胃接合部）

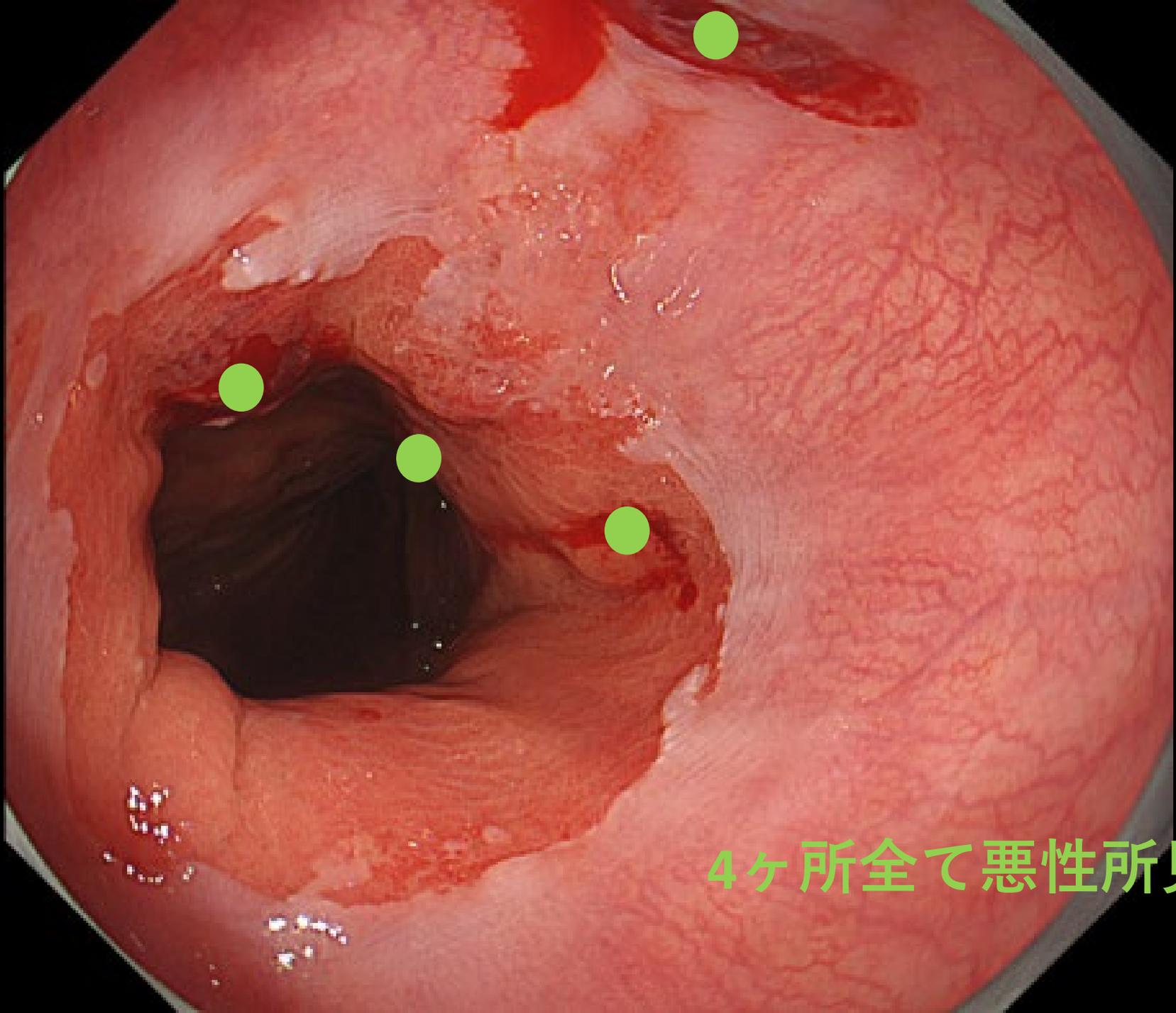
大きさ：12mm 肉眼型 0-II a,

深達度：DMM-SM1

NBI観察：DL(+) IMSP(+) IMVP(+)

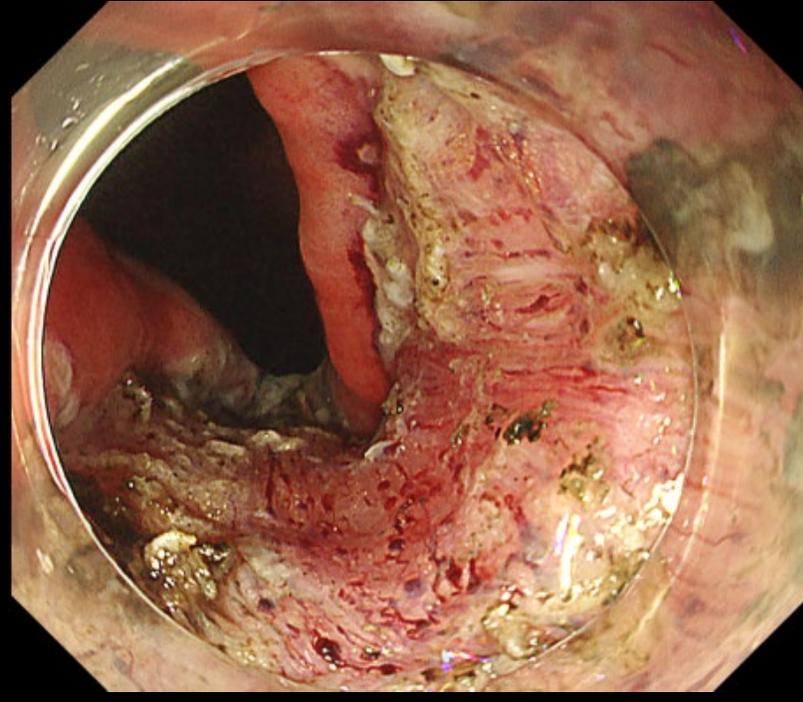
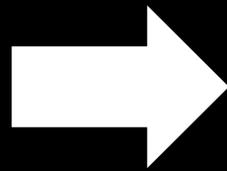
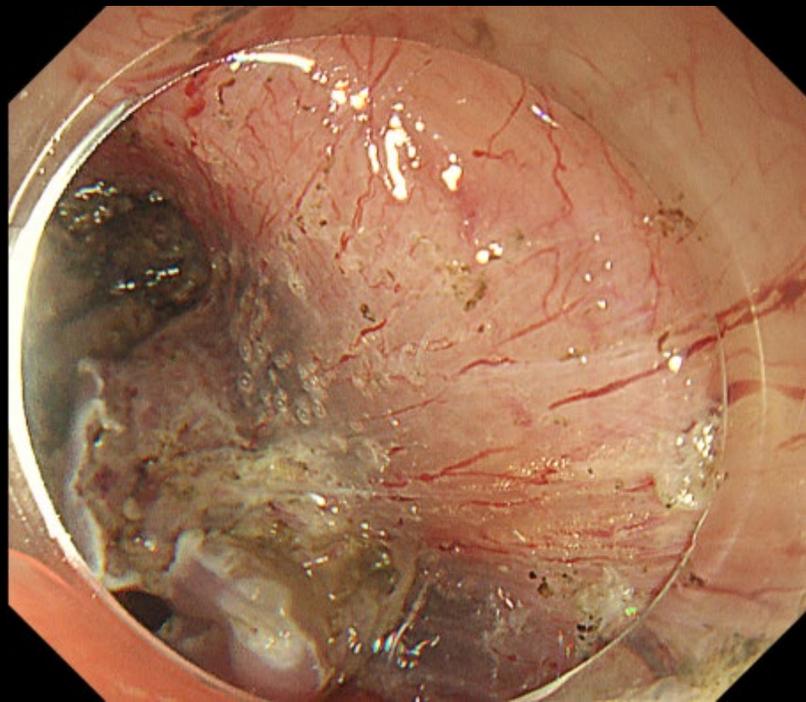
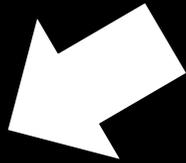
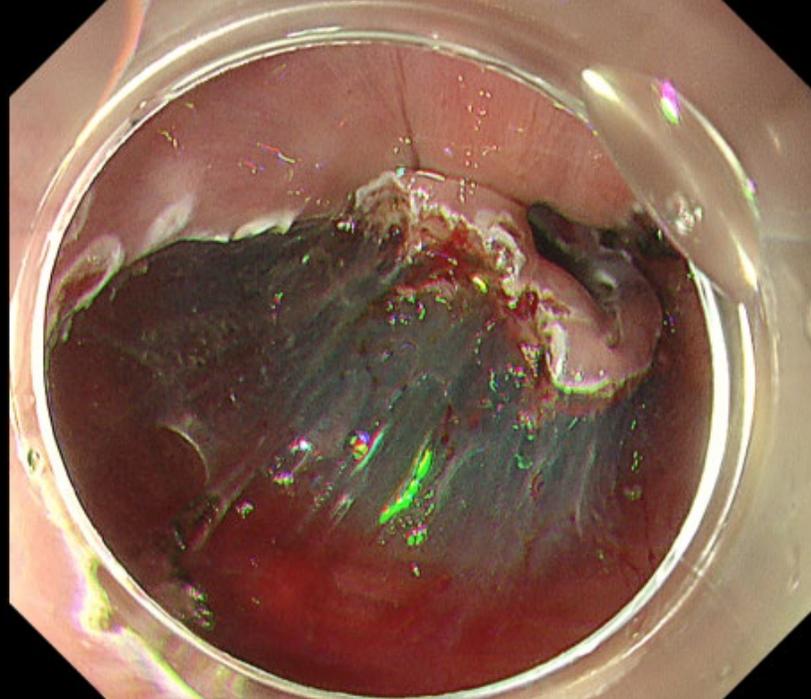
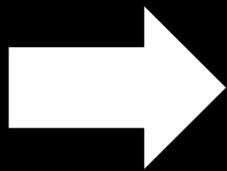
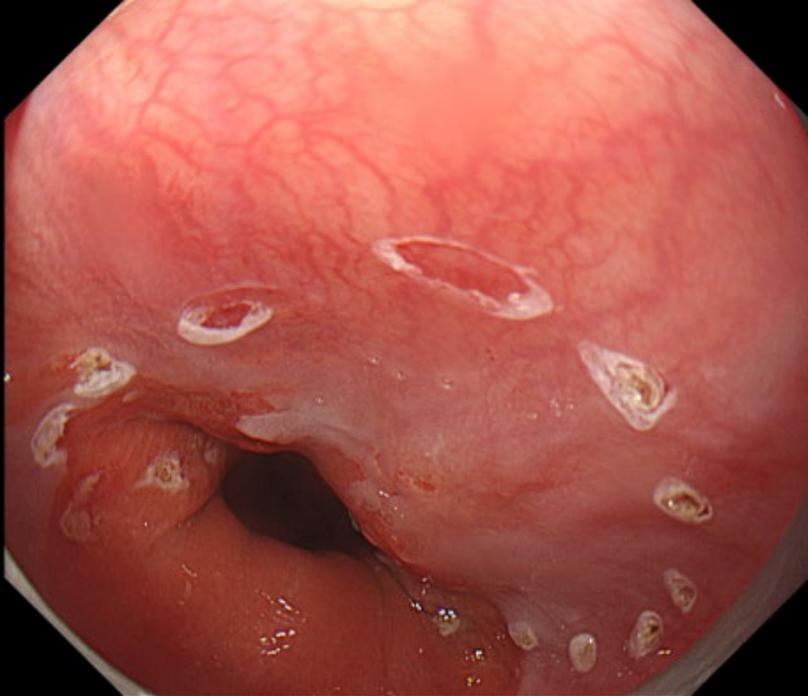
陰性生検

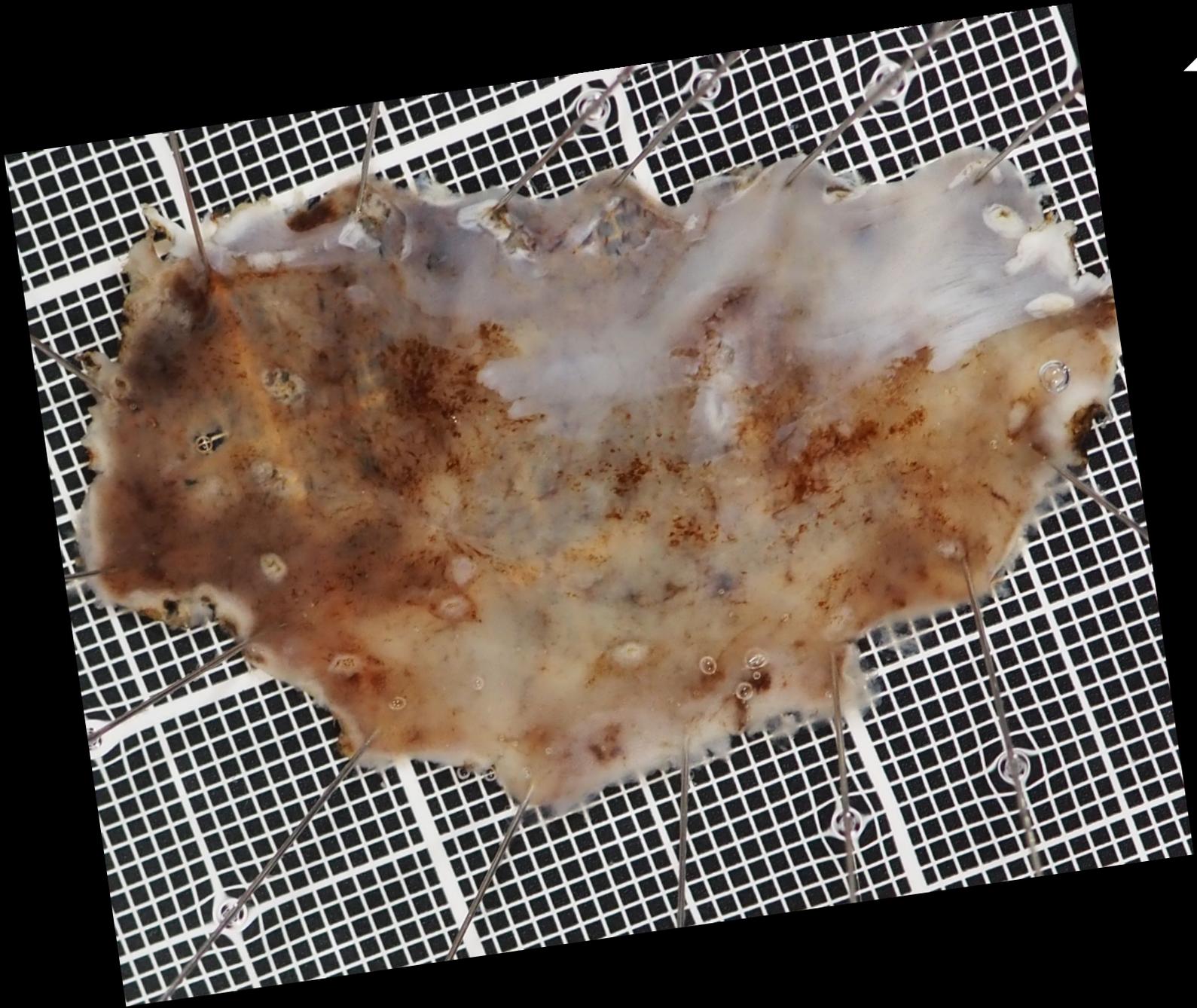




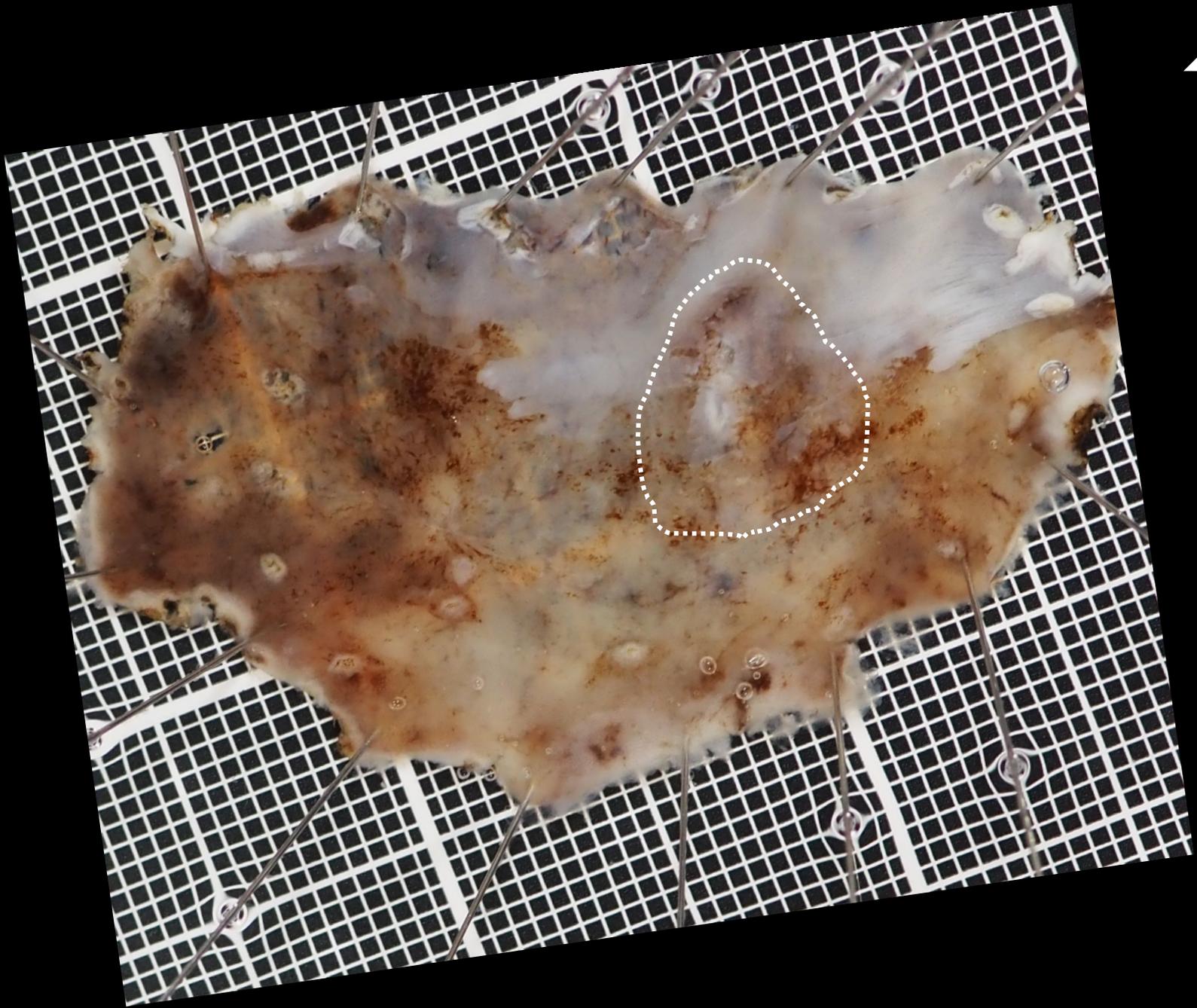
4ヶ所全て悪性所見認めず

ESD

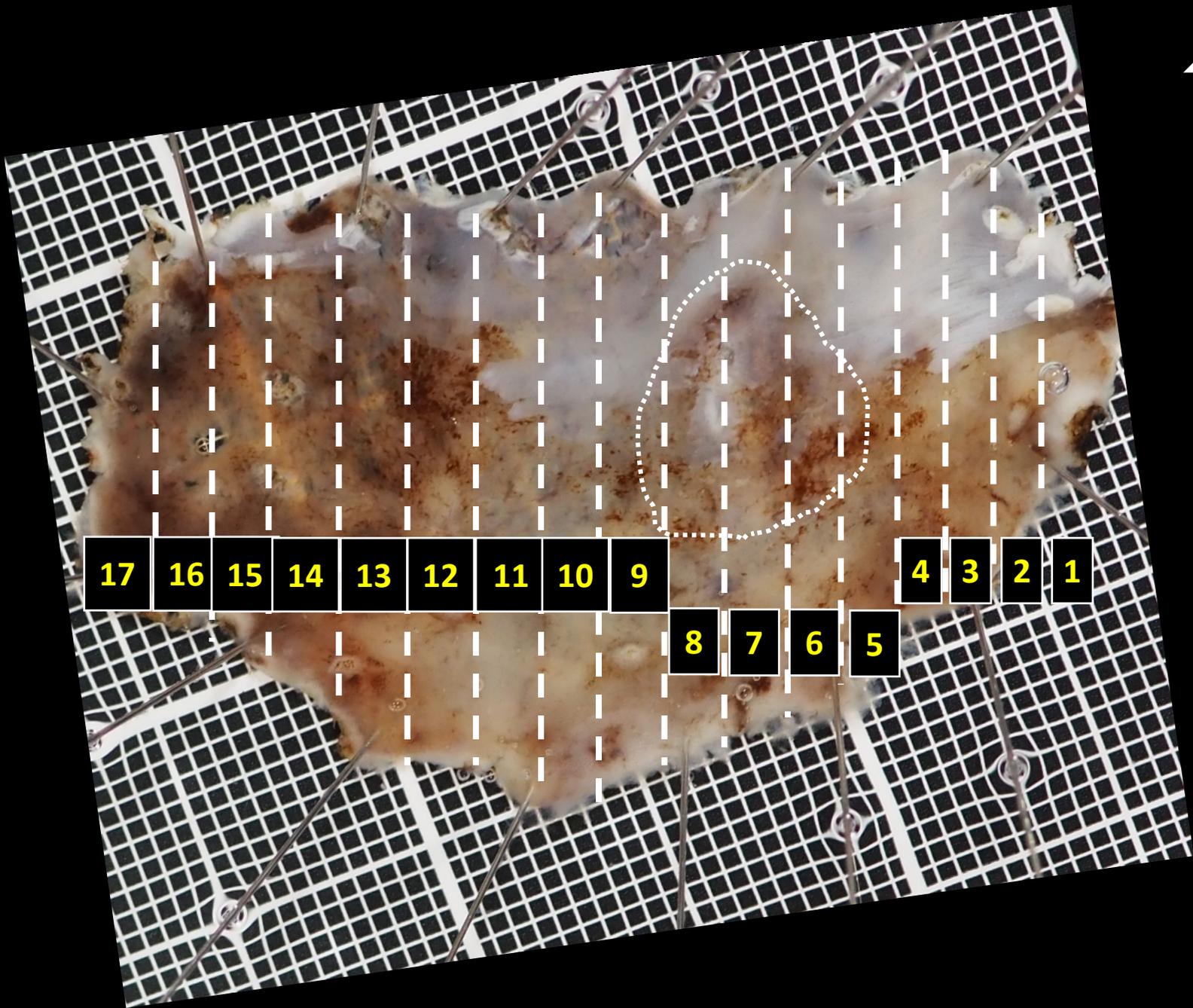




口側

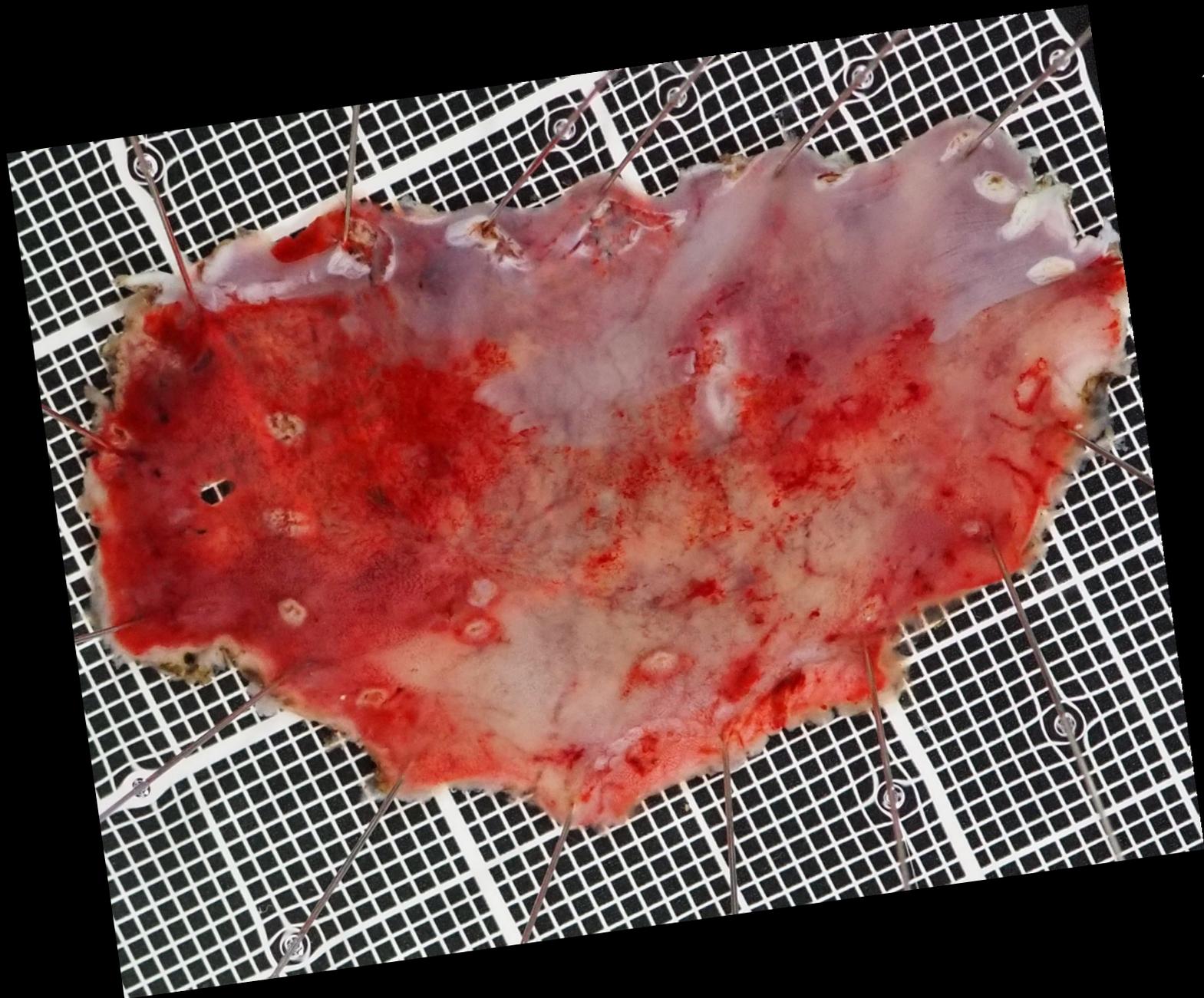


口側

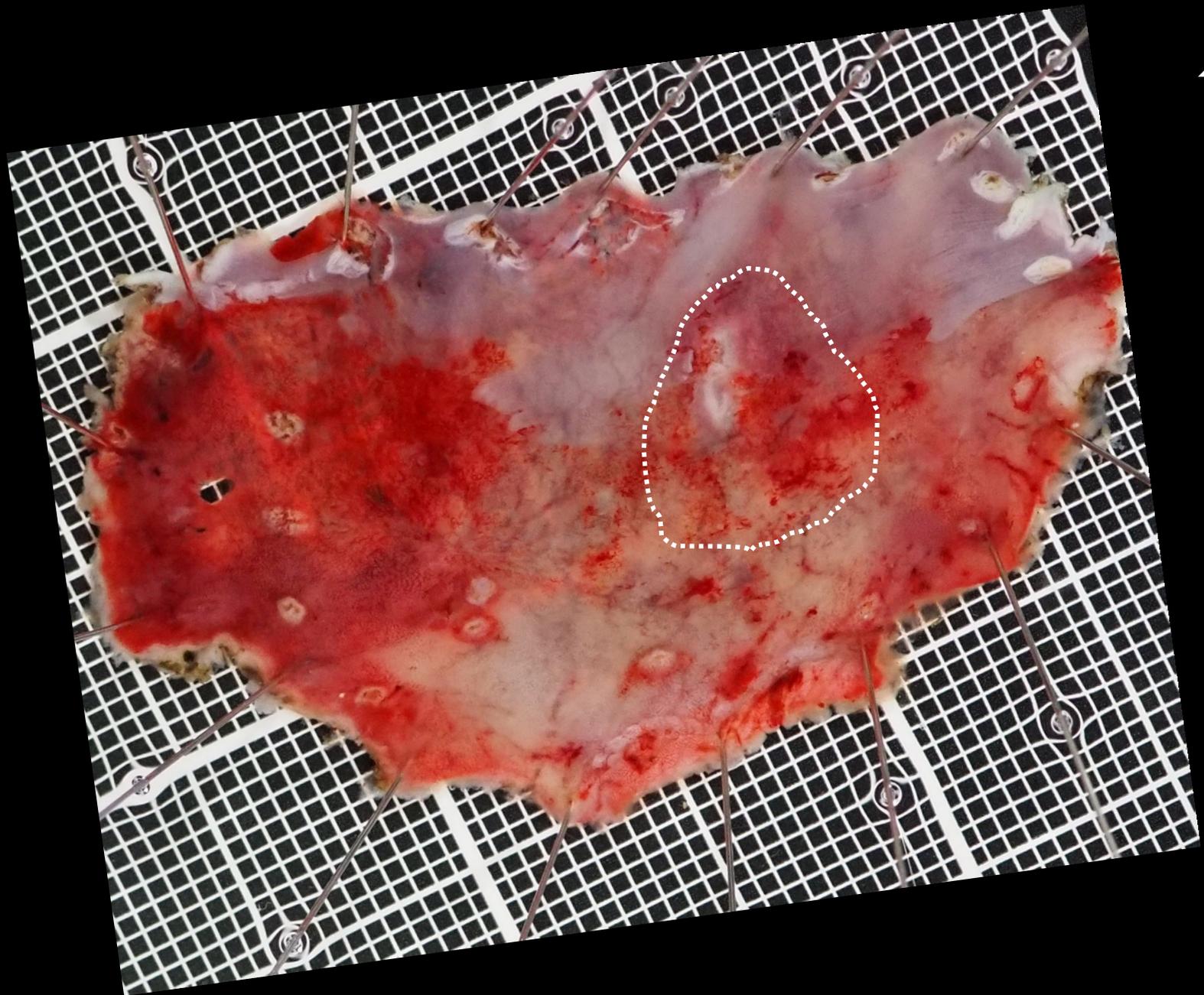


口側

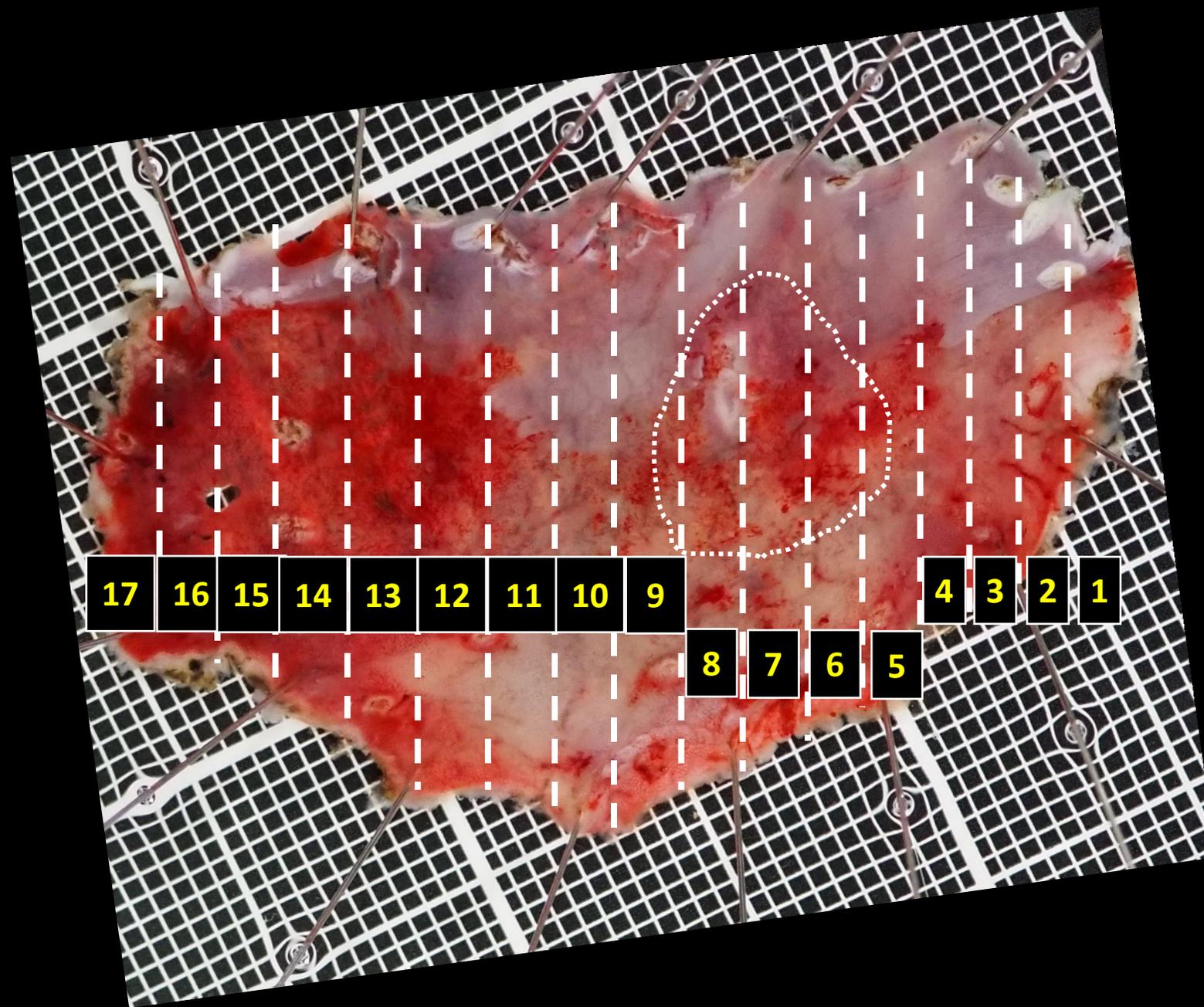
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8 7 6 5



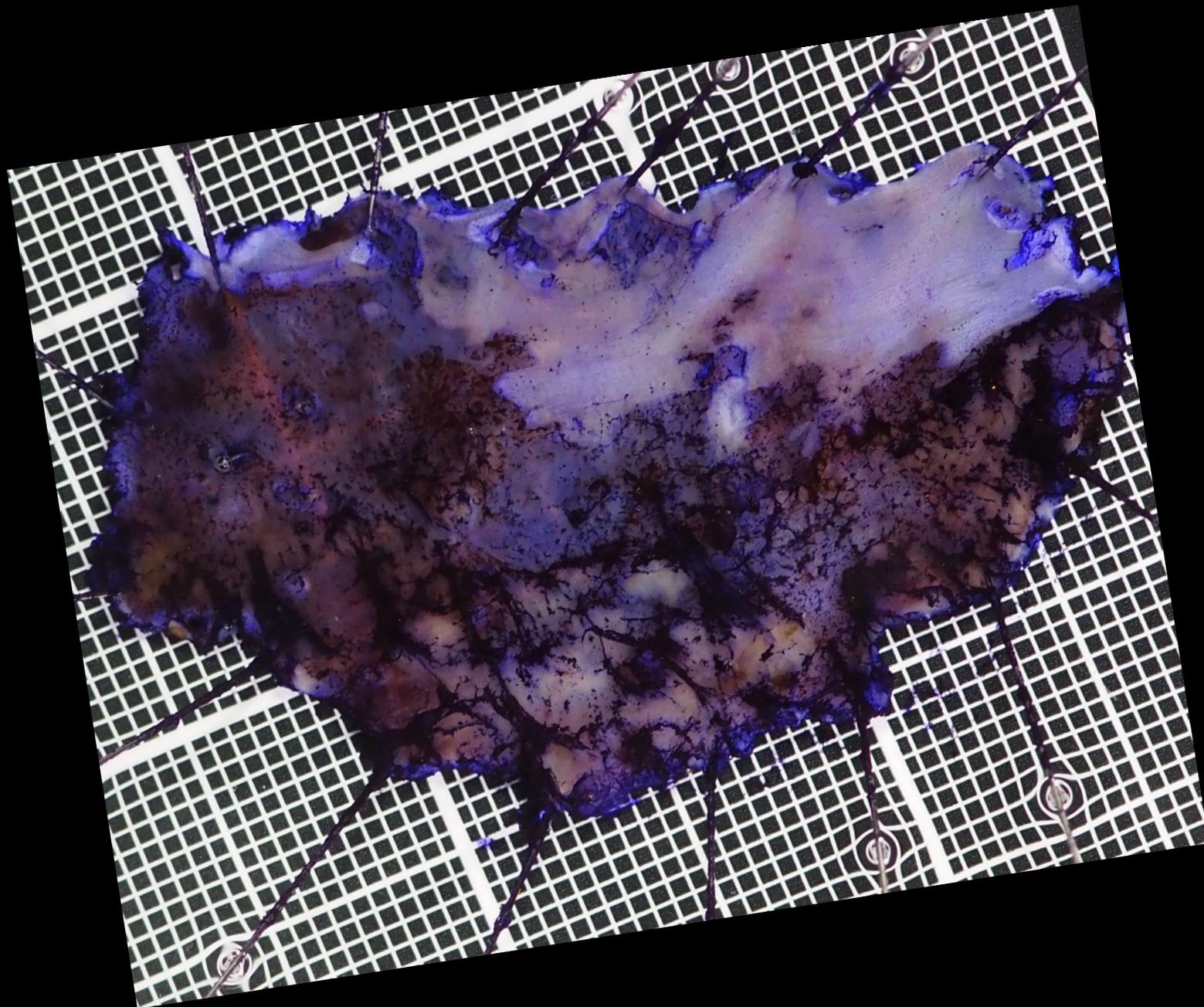
口側



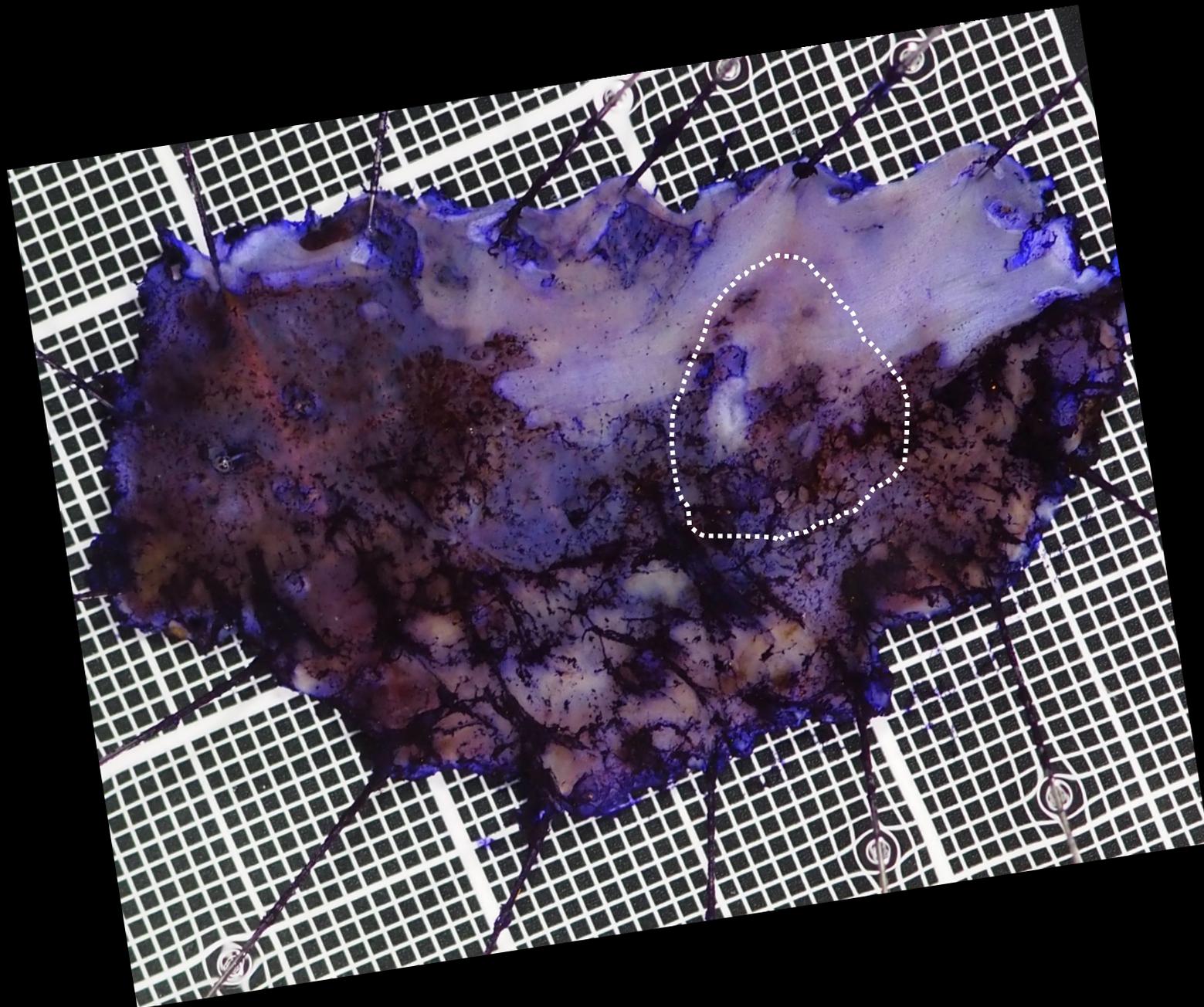
口側



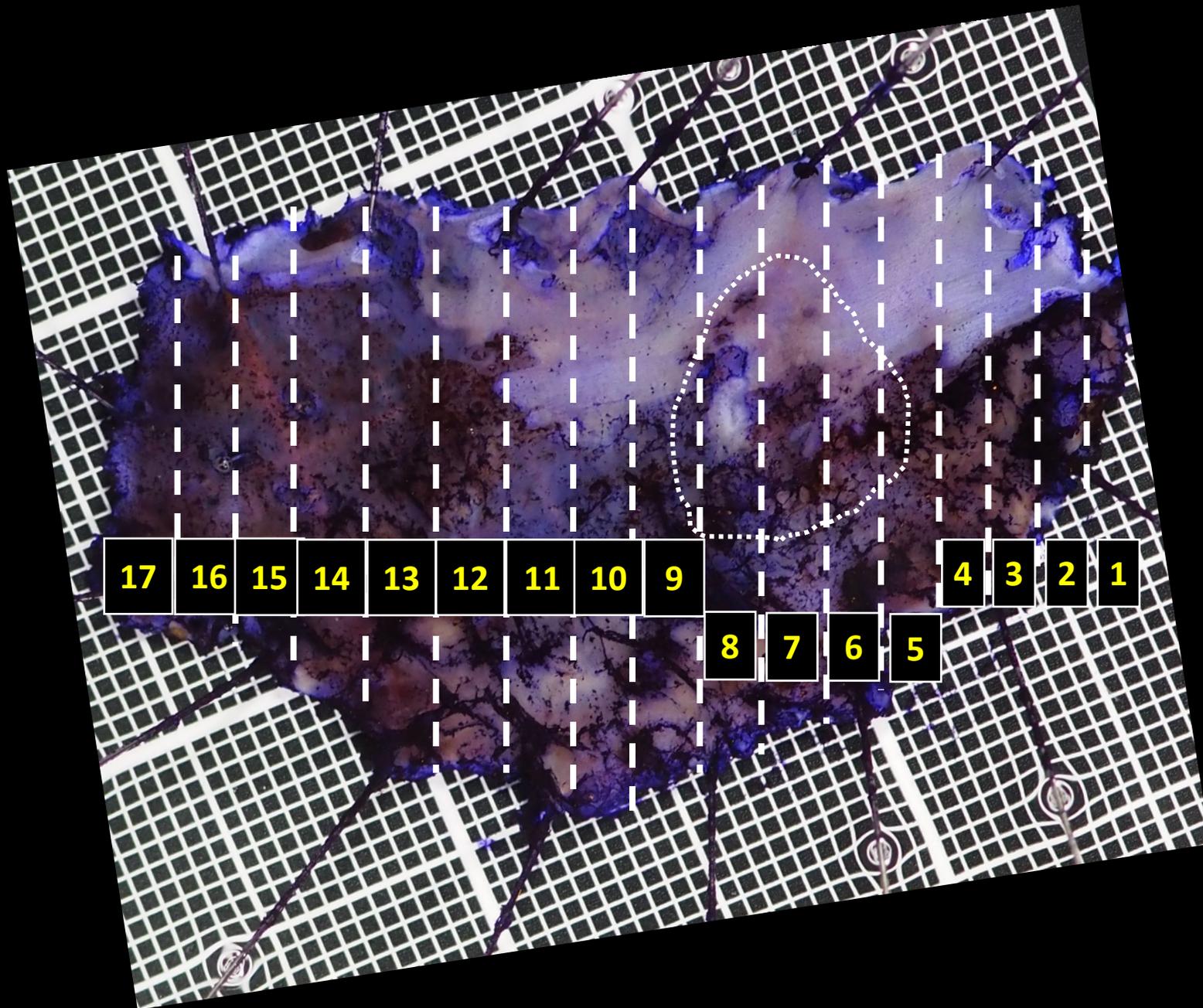
口側



口側



口側



口側

●Barrett食道（食道胃接合部について）

食道－胃

扁平上皮－円柱上皮

扁平円柱上皮接合部：Squamous-columnar junction（SCJ）

||

食道胃接合部（esophagogastric junction：EGJ）：

『食道下部の柵状血管の下端』（内視鏡像の定義）

正常ではSCJとEGJが一致している

⇒SCJと柵状血管の下端が一致

## ●Barrett食道

食道—胃

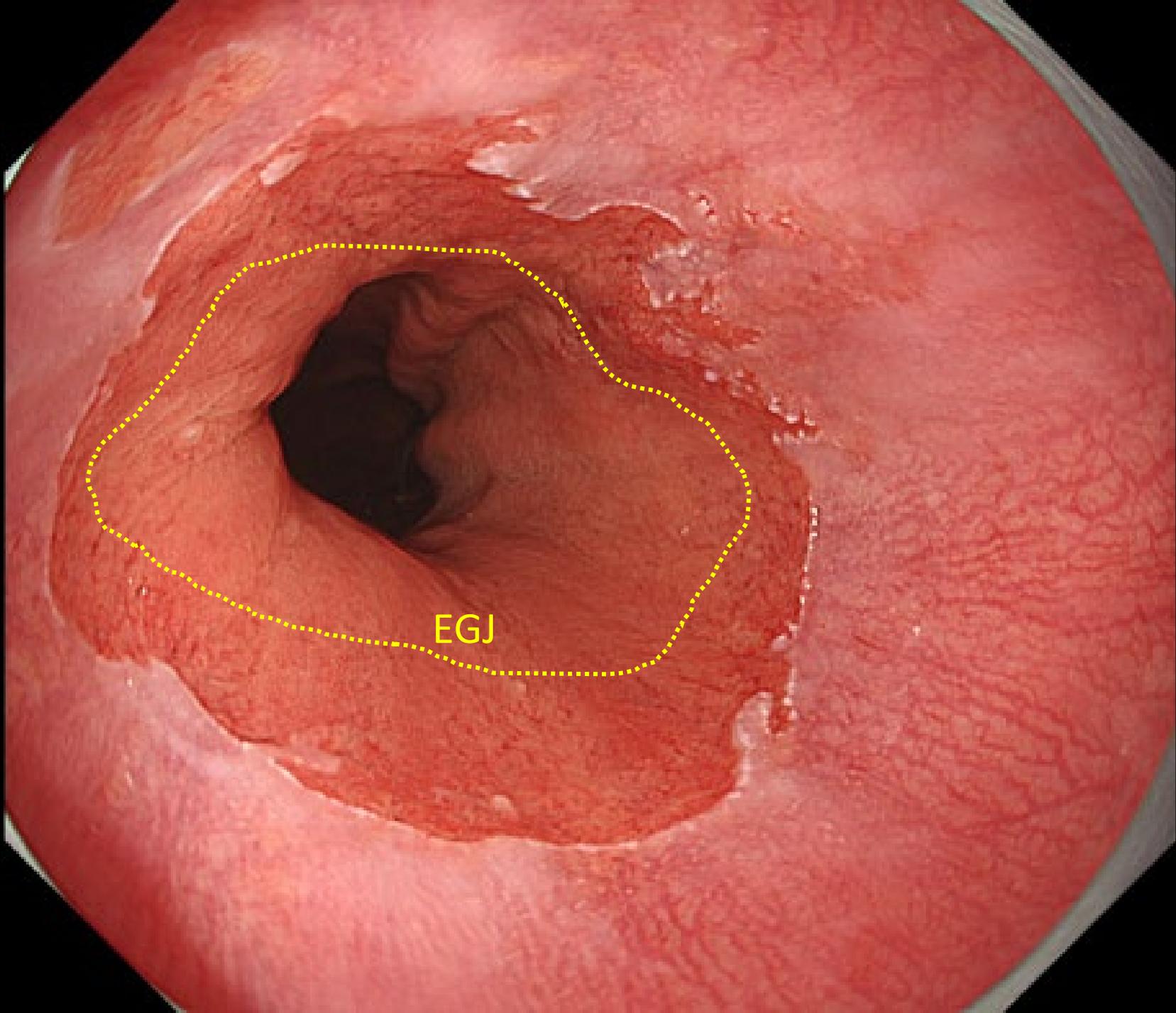
扁平上皮—円柱上皮

胃から食道への胃酸の逆流が繰り返されることで、  
扁平上皮が胃酸に強い円柱上皮に変化⇒円柱上皮化生

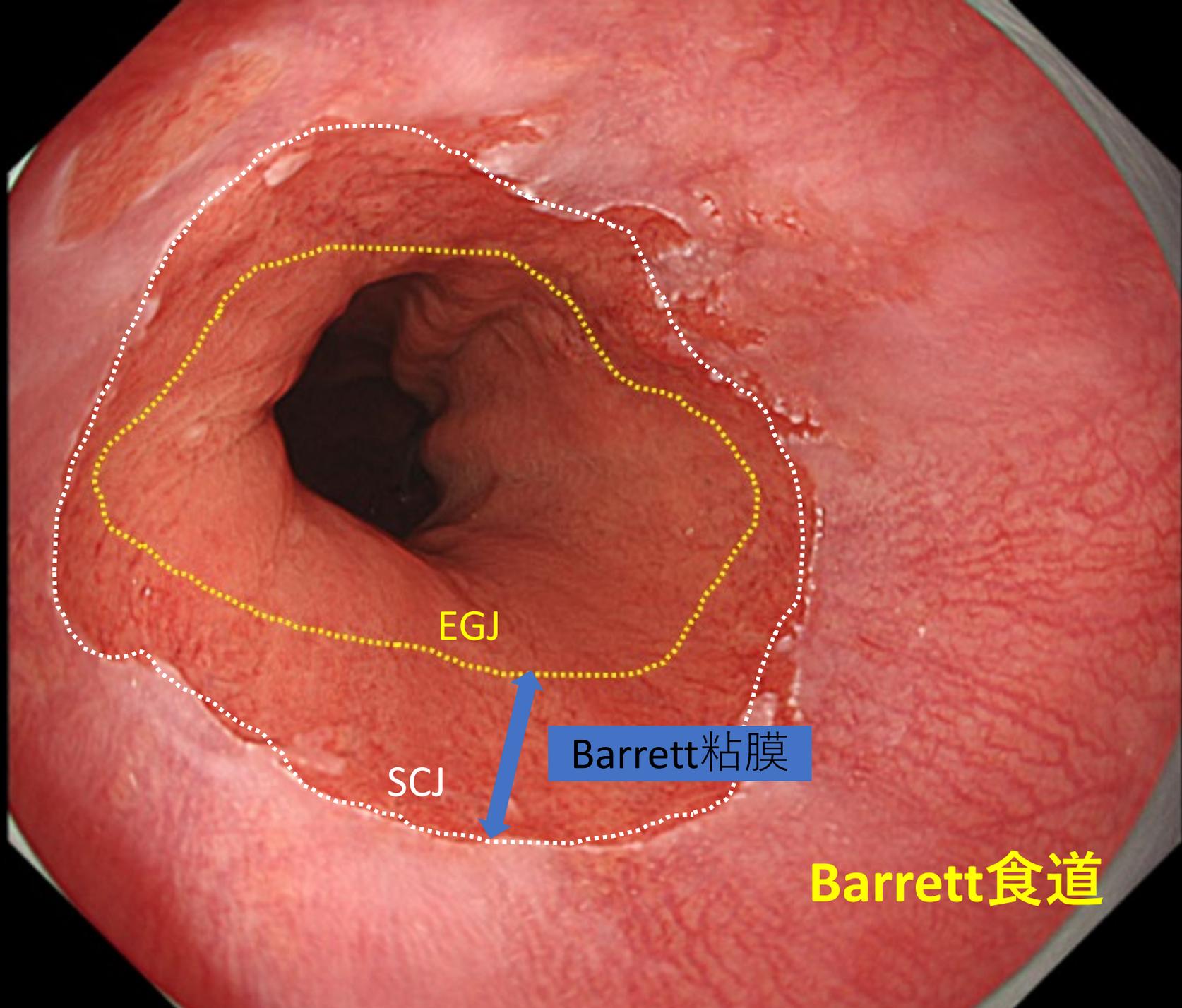
Barrett粘膜：胃から連続性に食道に伸びる円柱上皮  
Barrett粘膜を有する食道⇒Barrett食道

Barrett食道ではSCJとEGJが乖離

今回の症例では



EGJ



EGJ

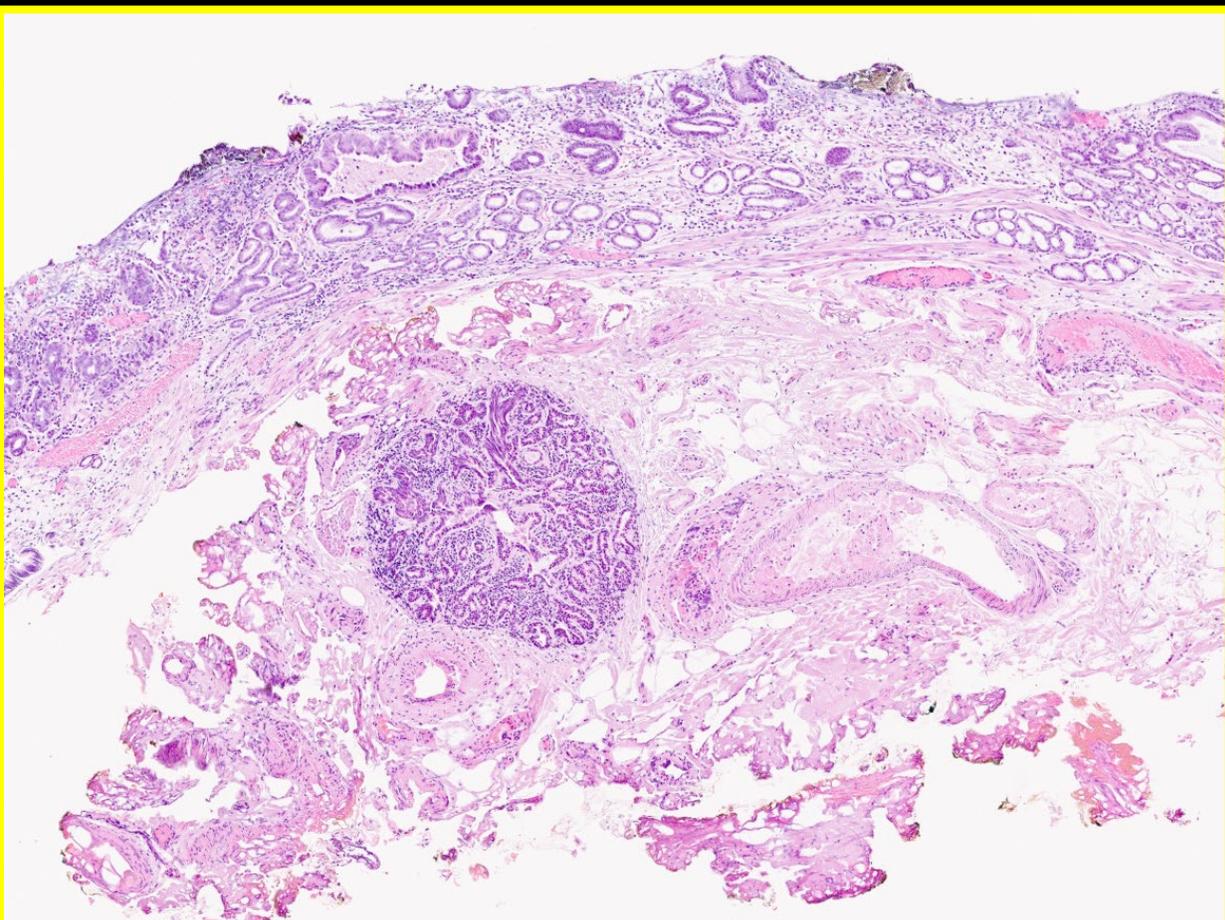
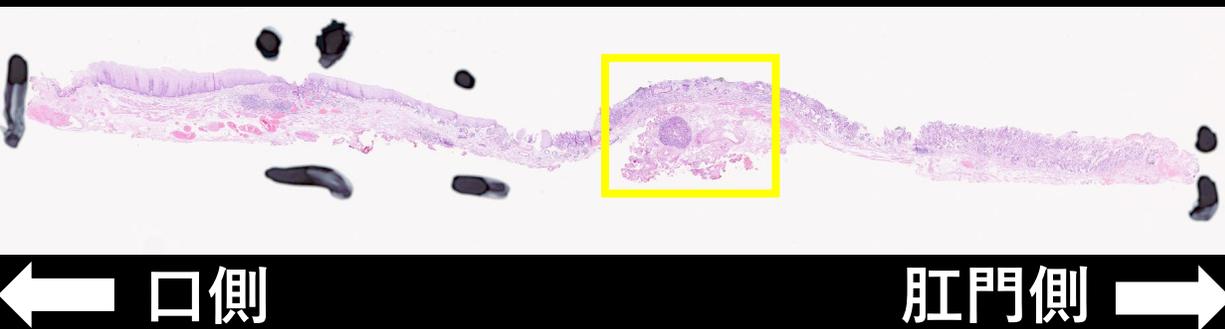
SCJ

Barrett 粘膜

Barrett 食道

病理では

7



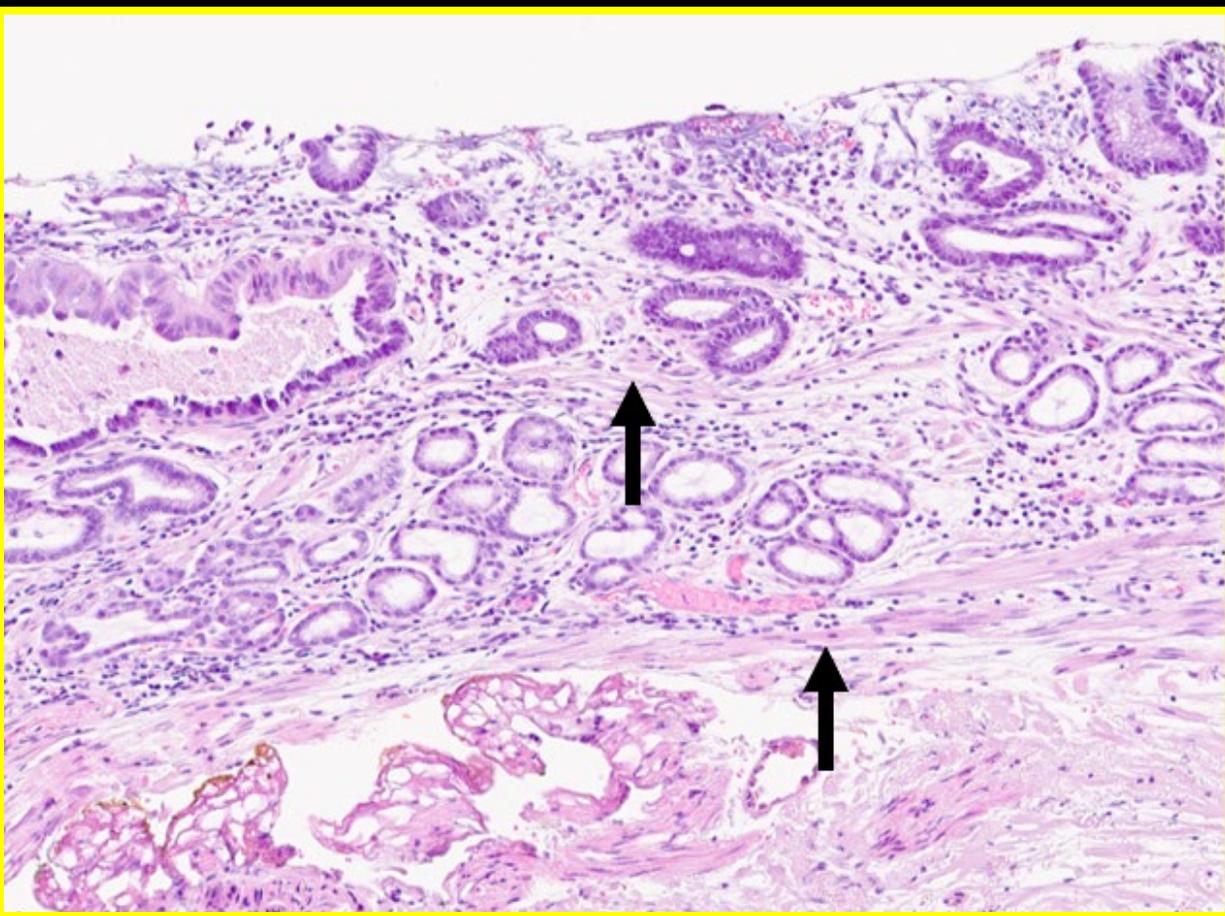
円柱上皮の粘膜下層に  
固有食道腺が存在

⇒ **Barrett食道**



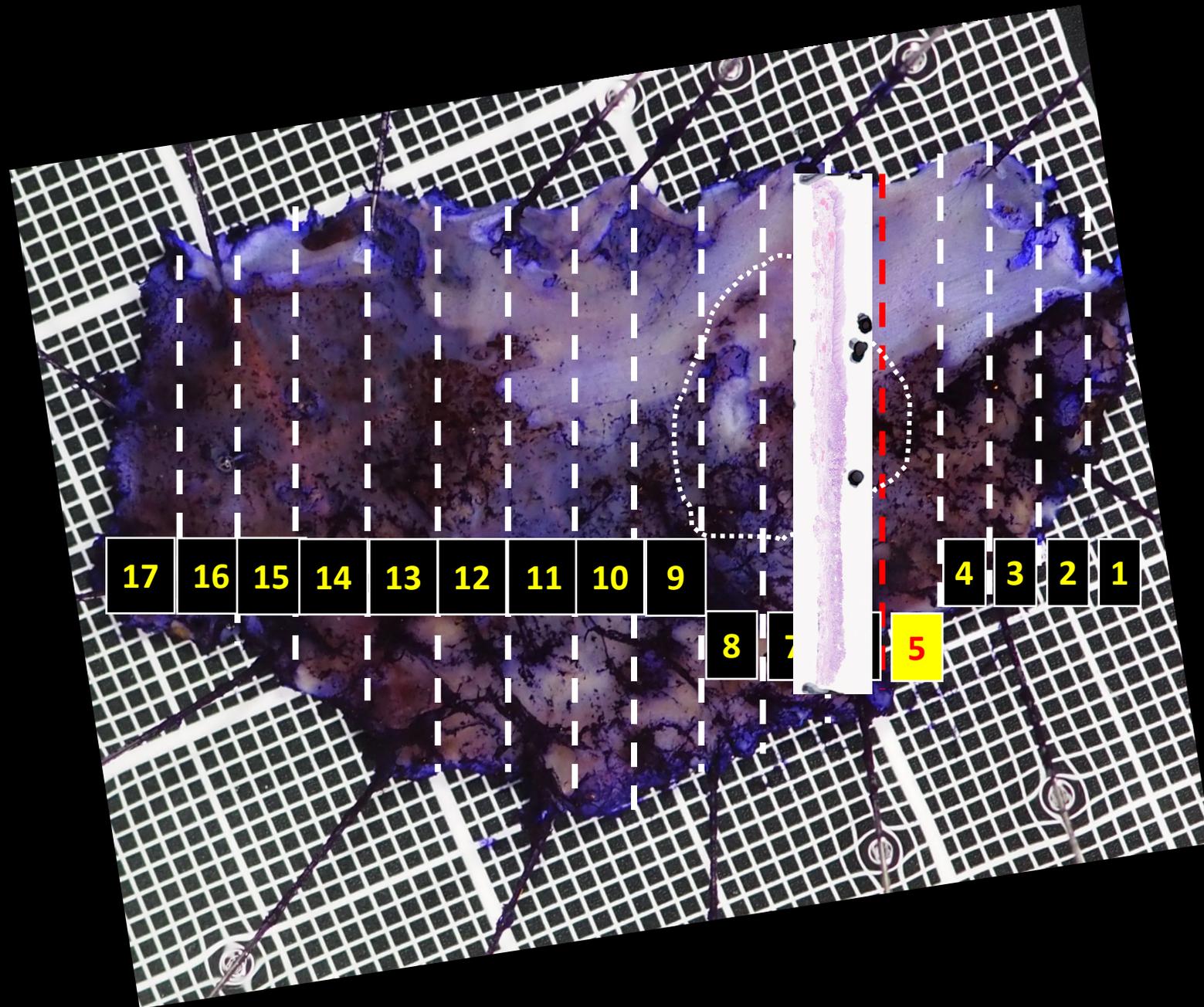
円柱上皮下に  
粘膜筋板の二重構造

⇒ **Barrett食道**



新生された粘膜筋板：浅層粘膜筋板  
superficial muscularis mucosae  
(SMM)

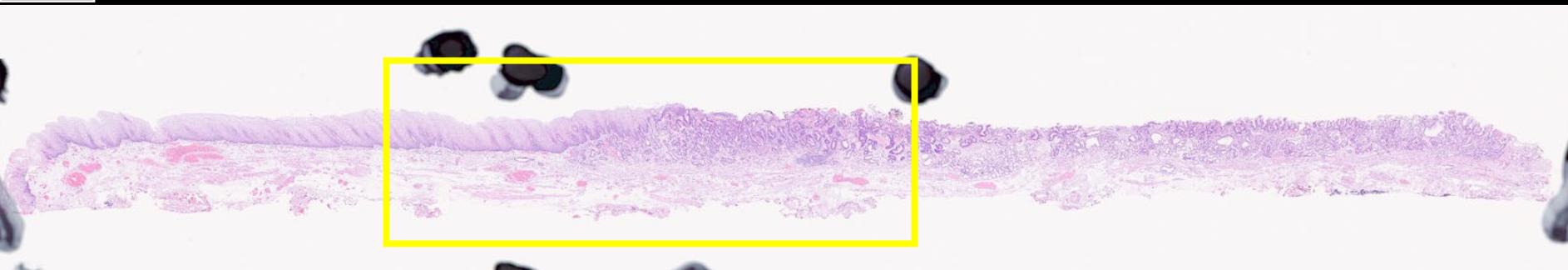
本来の粘膜筋板：深層粘膜筋板  
deep muscularis mucosae  
(DMM)



口側

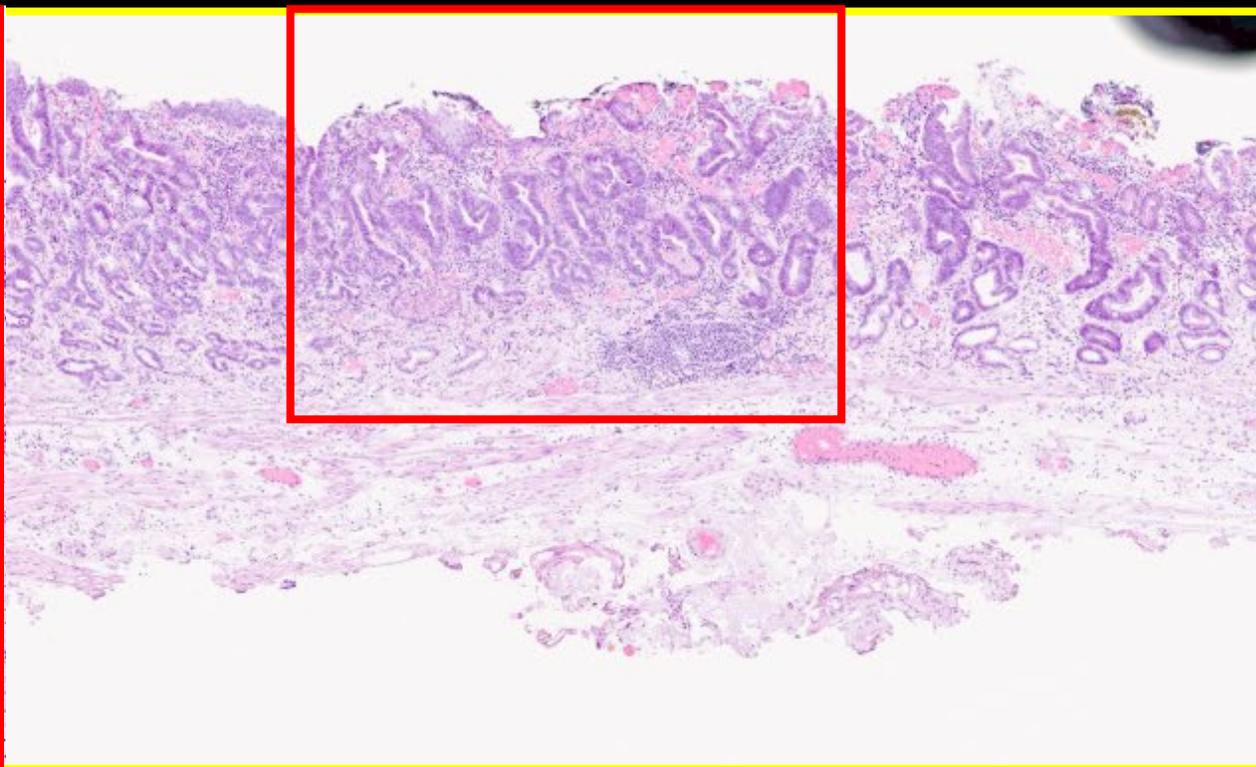
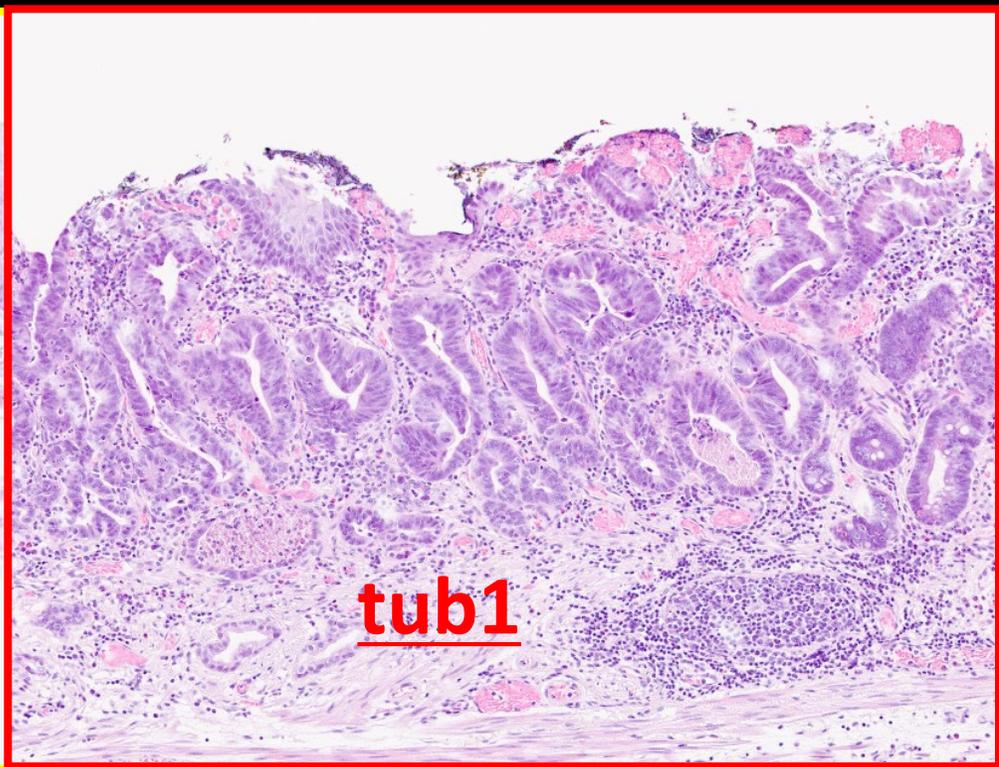
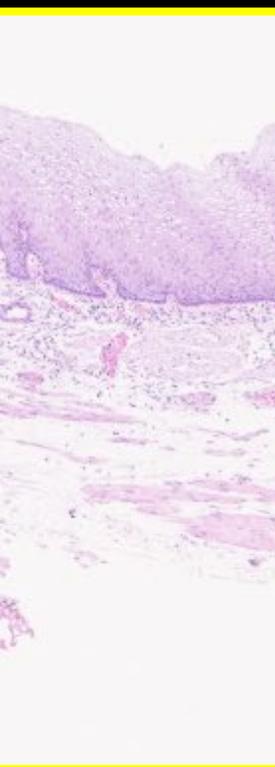
- |    |    |    |    |    |    |    |    |   |   |   |  |   |   |   |   |
|----|----|----|----|----|----|----|----|---|---|---|--|---|---|---|---|
| 17 | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 |   |   |  | 4 | 3 | 2 | 1 |
|    |    |    |    |    |    |    |    |   | 8 | 7 |  | 5 |   |   |   |

5

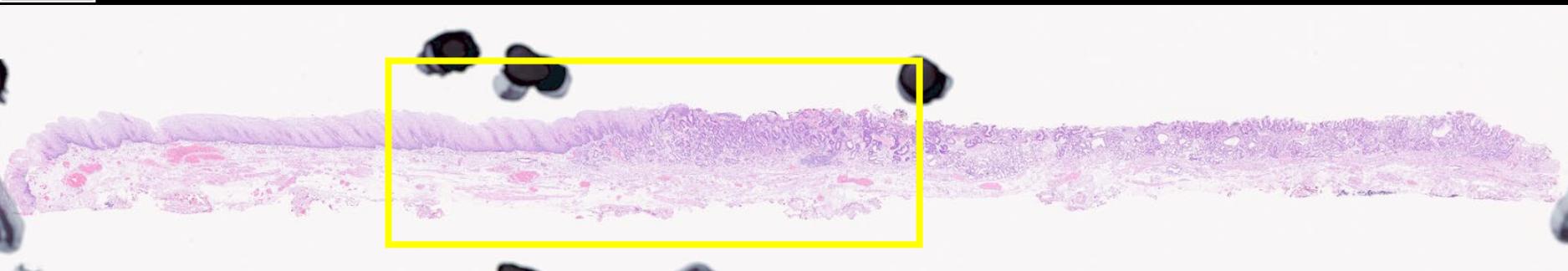


← 口側

肛門側 →

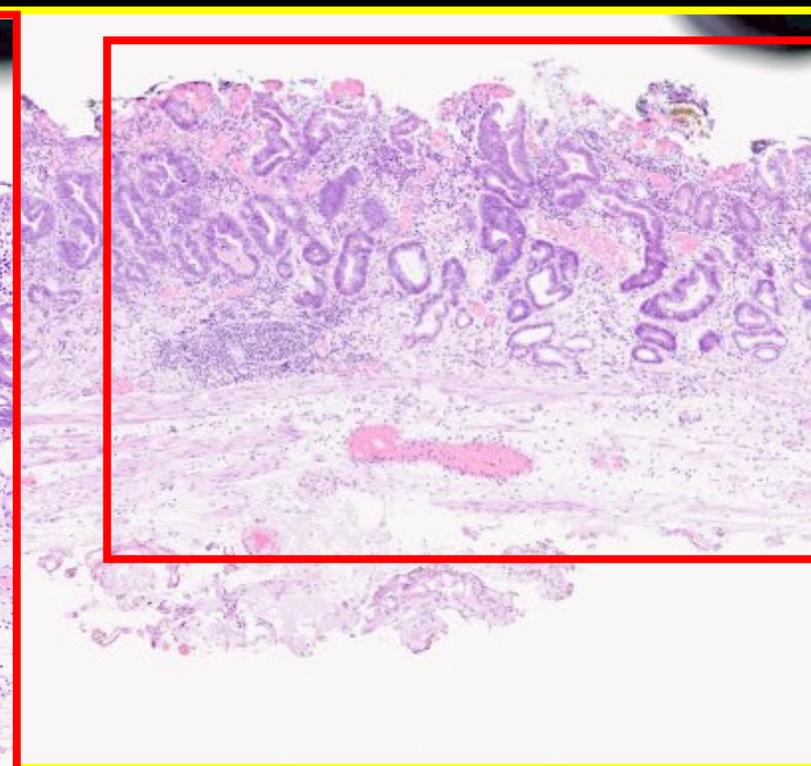
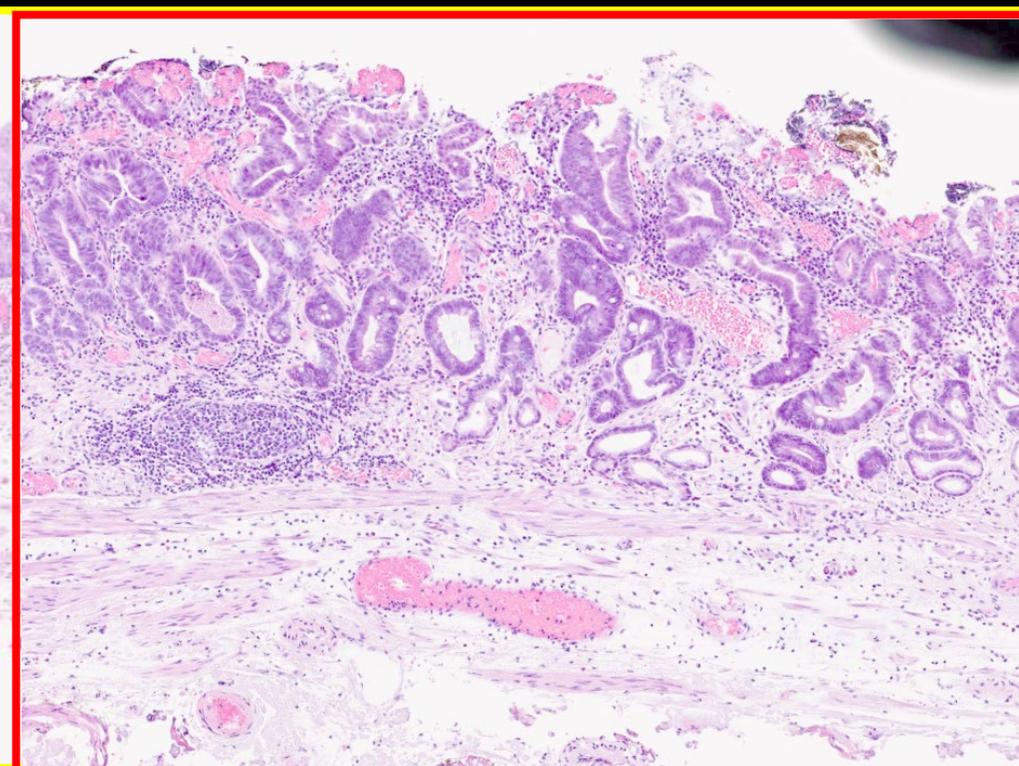


5

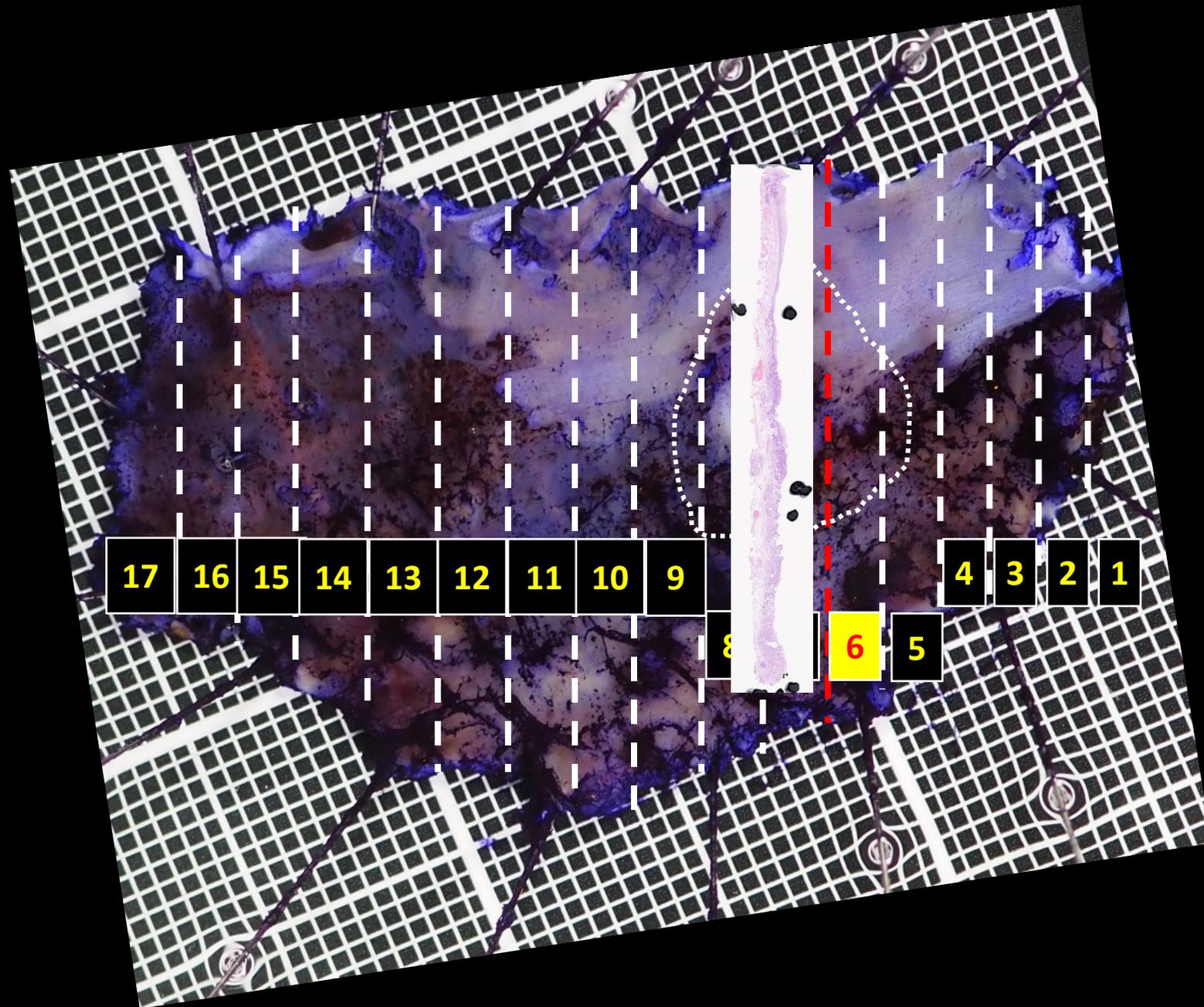


← 口側

肛門側 →



浅層粘膜筋板  
(SMM)まで



口側

17

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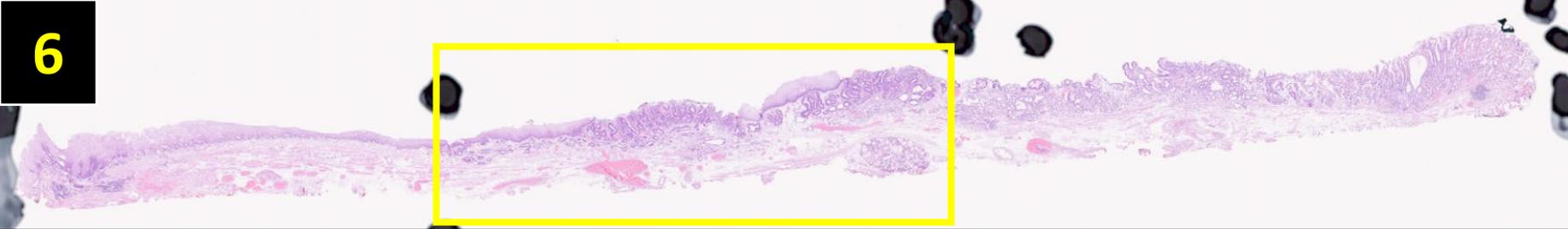
4

3

2

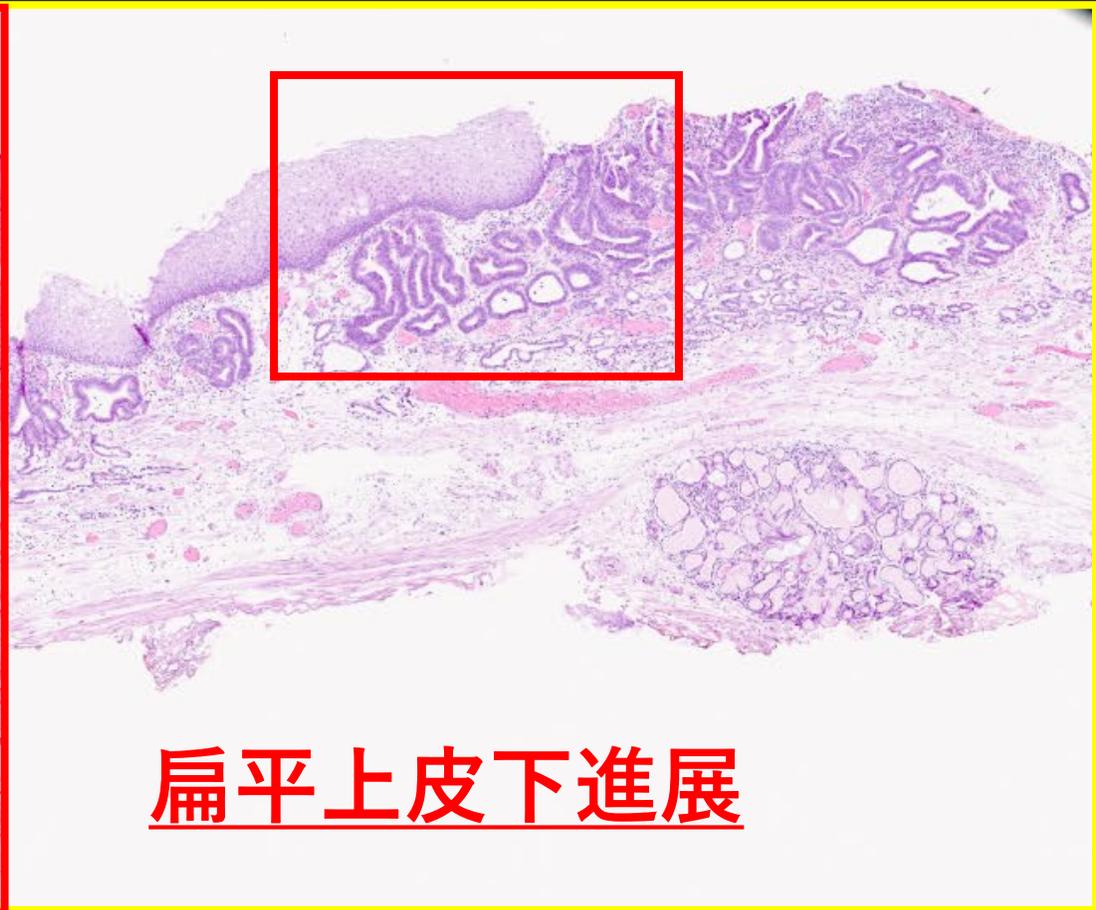
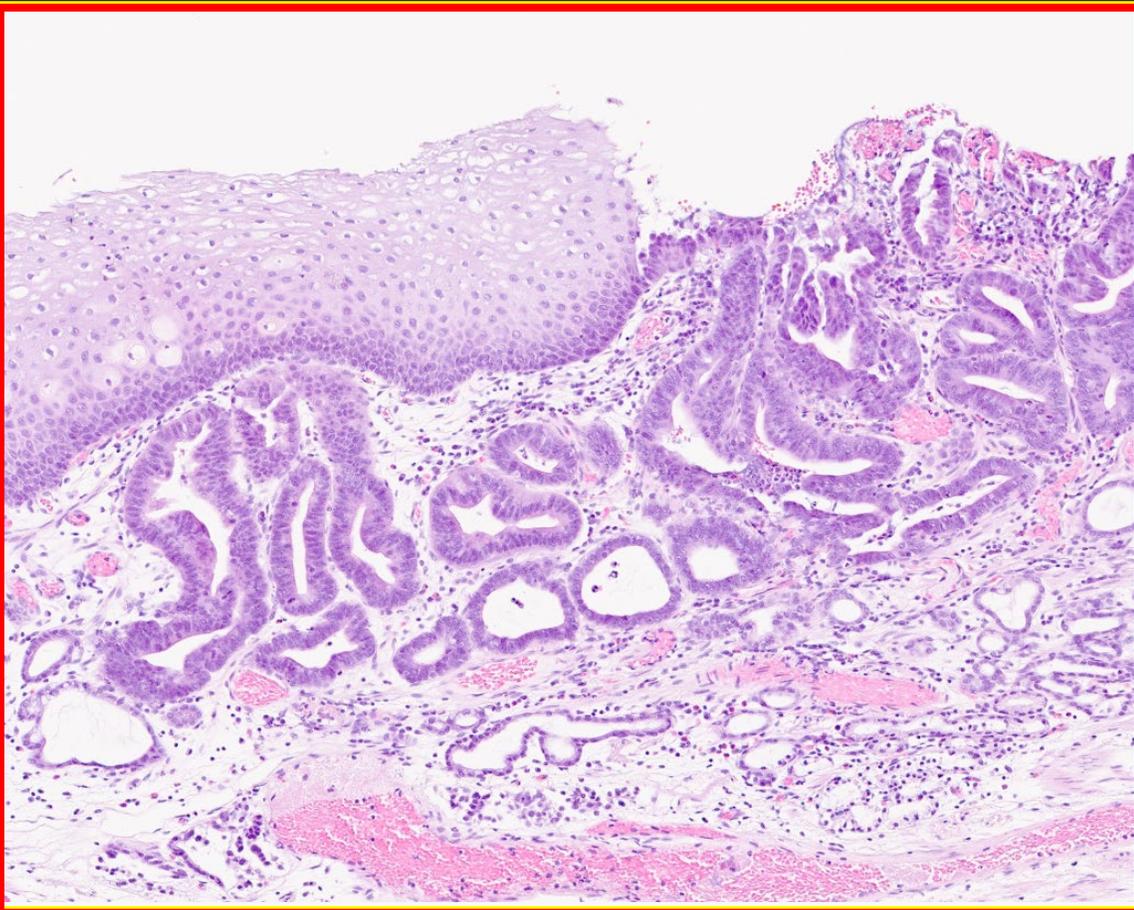
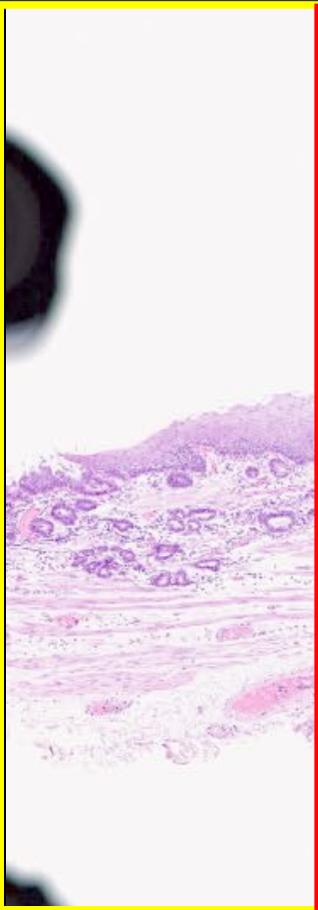
1

6



← 口側

肛門側 →



扁平上皮下進展

6

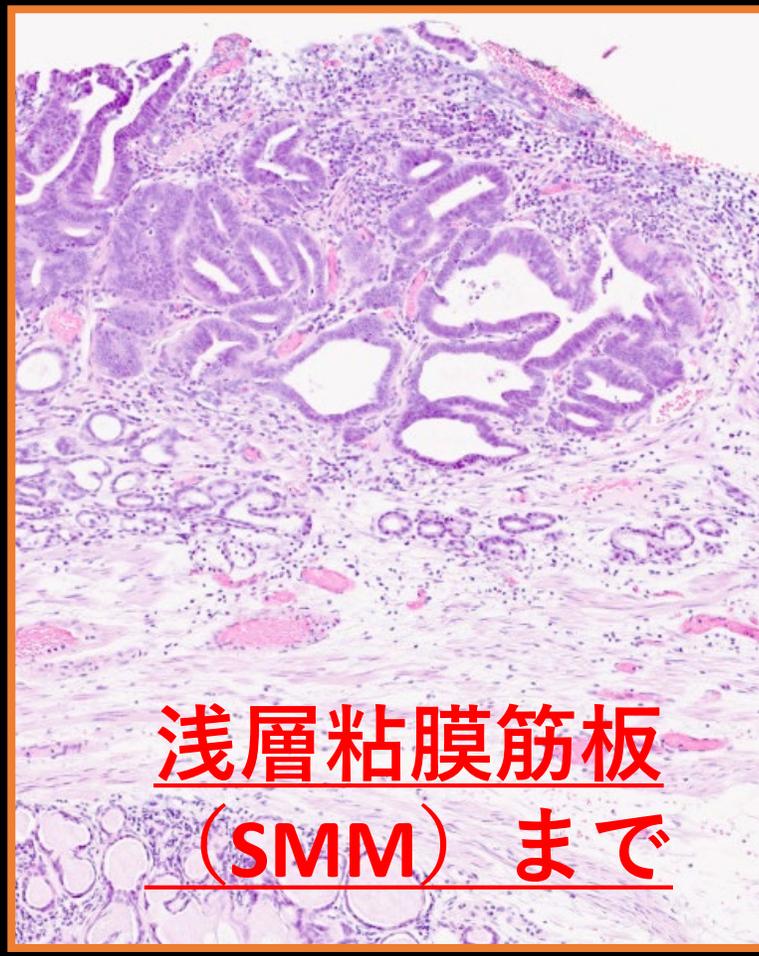


← 口側

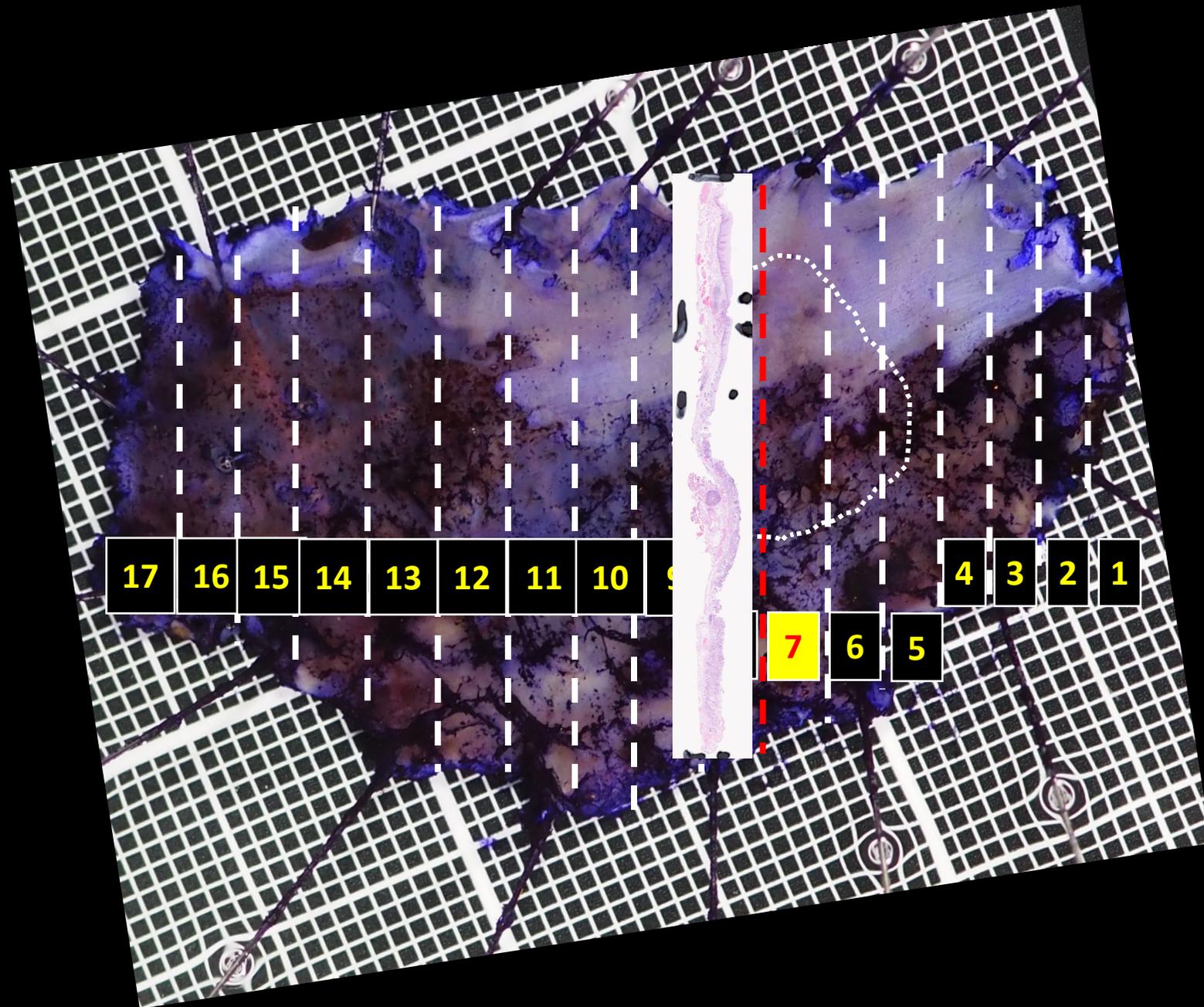
肛門側 →



深層粘膜筋板  
(DMM) まで



浅層粘膜筋板  
(SMM) まで



口側

- |    |    |    |    |    |    |    |    |   |   |   |   |   |   |   |   |   |
|----|----|----|----|----|----|----|----|---|---|---|---|---|---|---|---|---|
| 17 | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
|----|----|----|----|----|----|----|----|---|---|---|---|---|---|---|---|---|

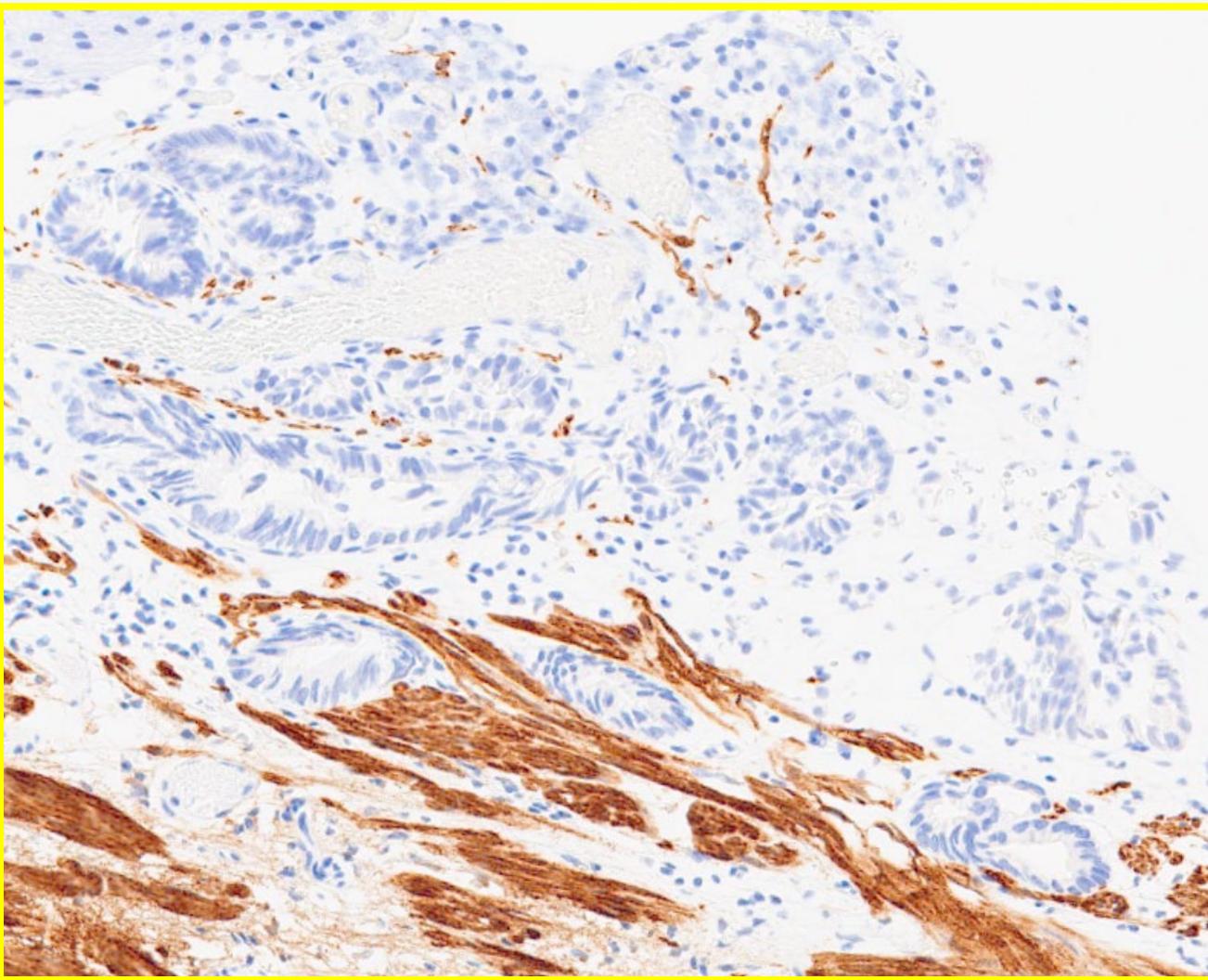
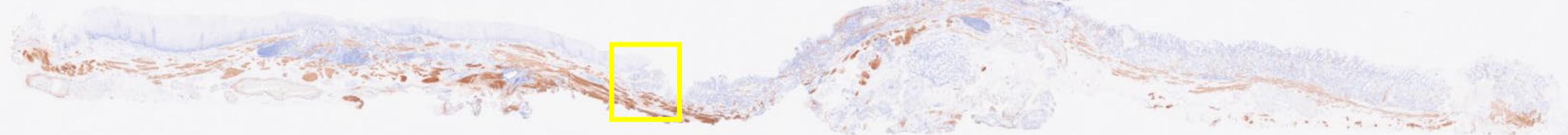


7

← 口側

肛門側 →

Desmin



深部方向への浸潤は  
深層粘膜筋板(DMM)まで

垂直断端陰性 (pVM0)

7

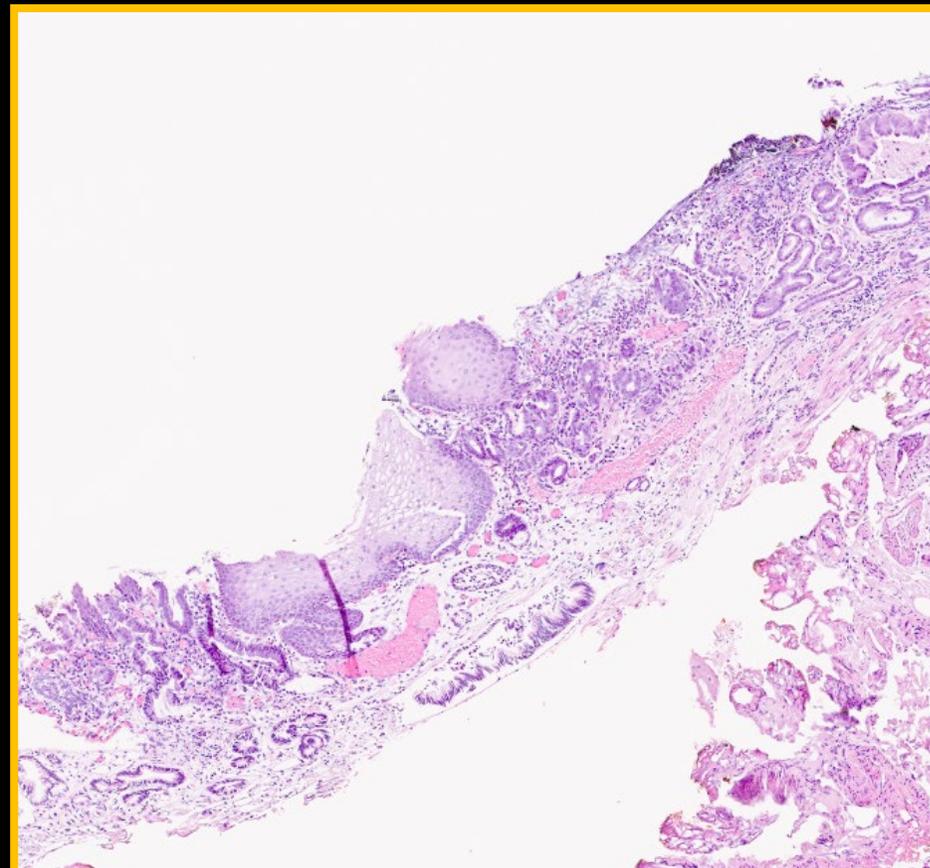
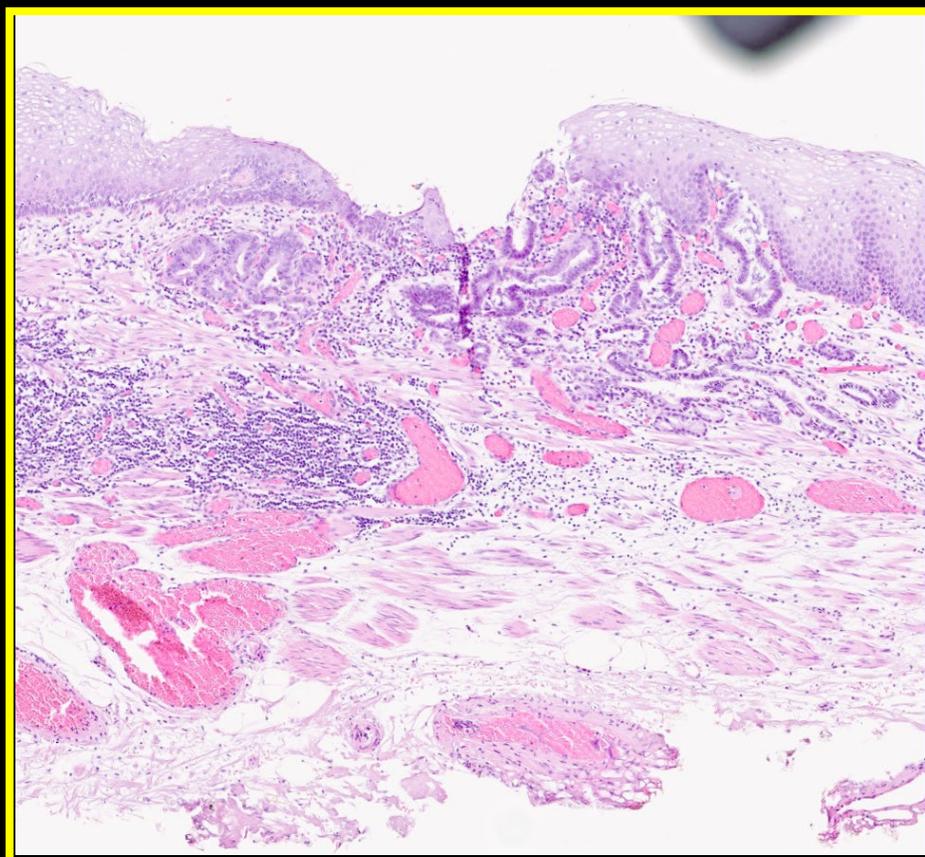
5mm

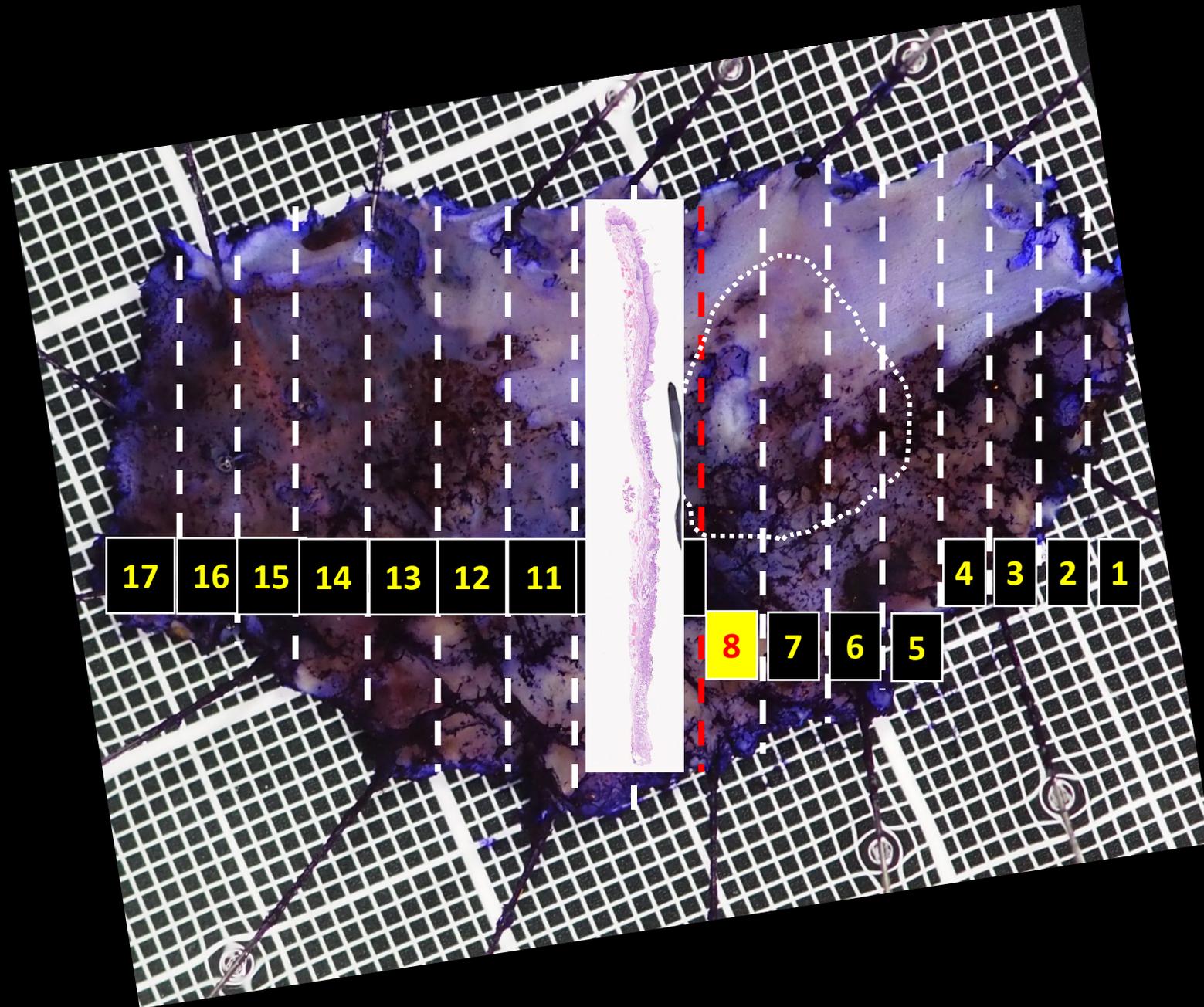
11mm

← 口側

側方断端陰性 (pHM0)

肛門側 →





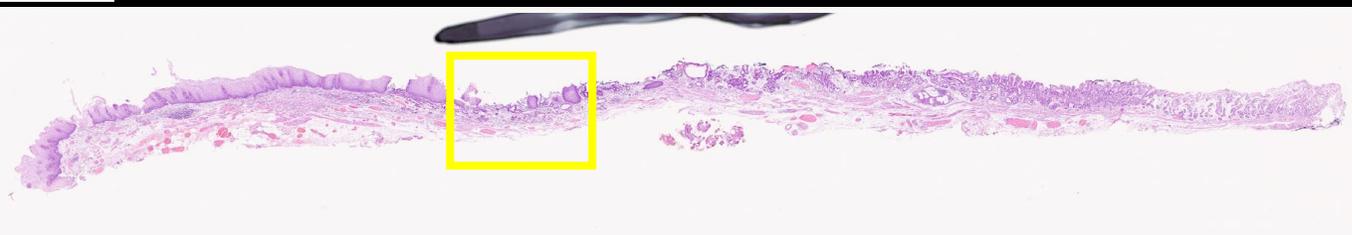
17 16 15 14 13 12 11

4 3 2 1

8 7 6 5

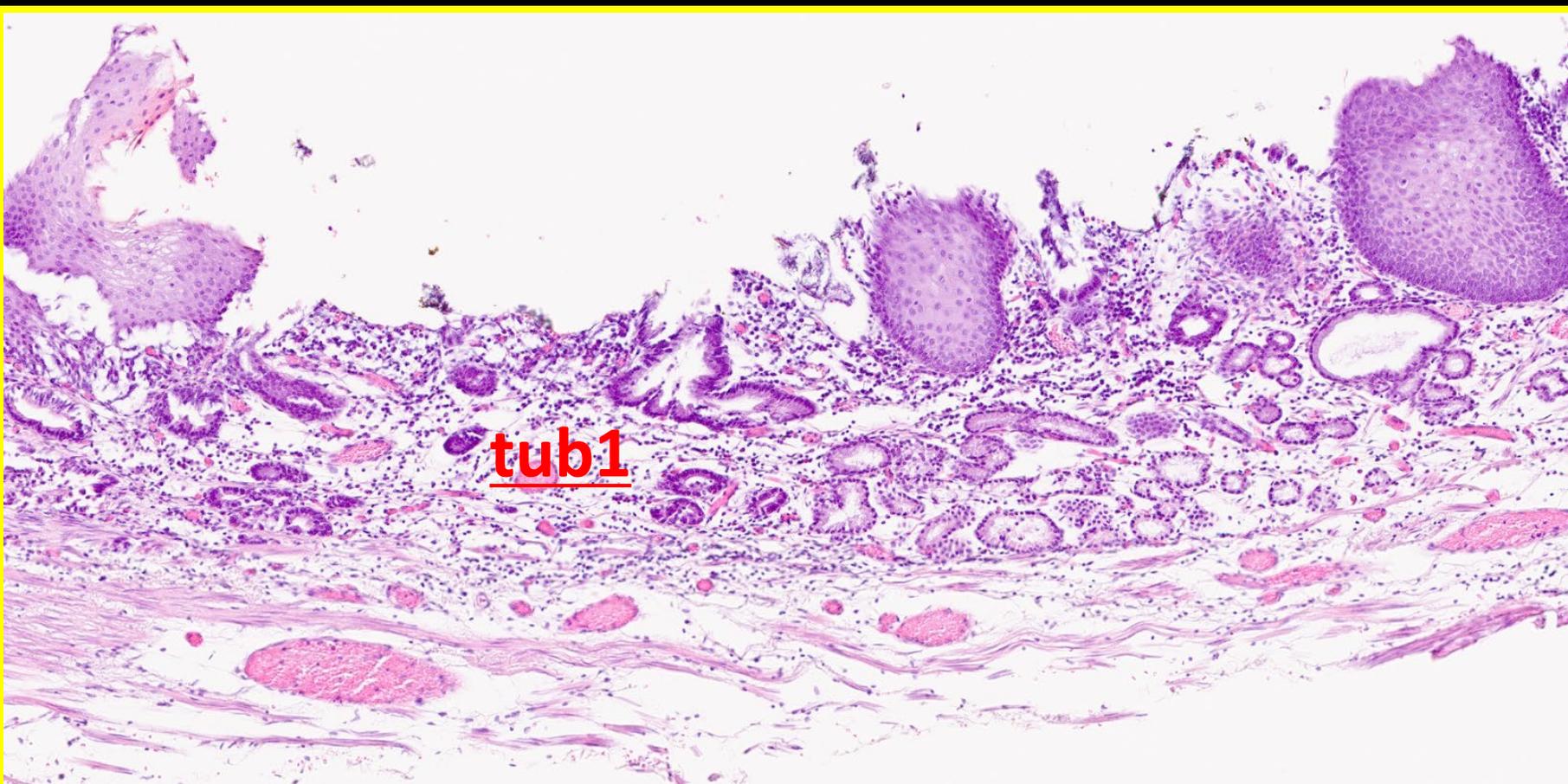
↑  
口側

8

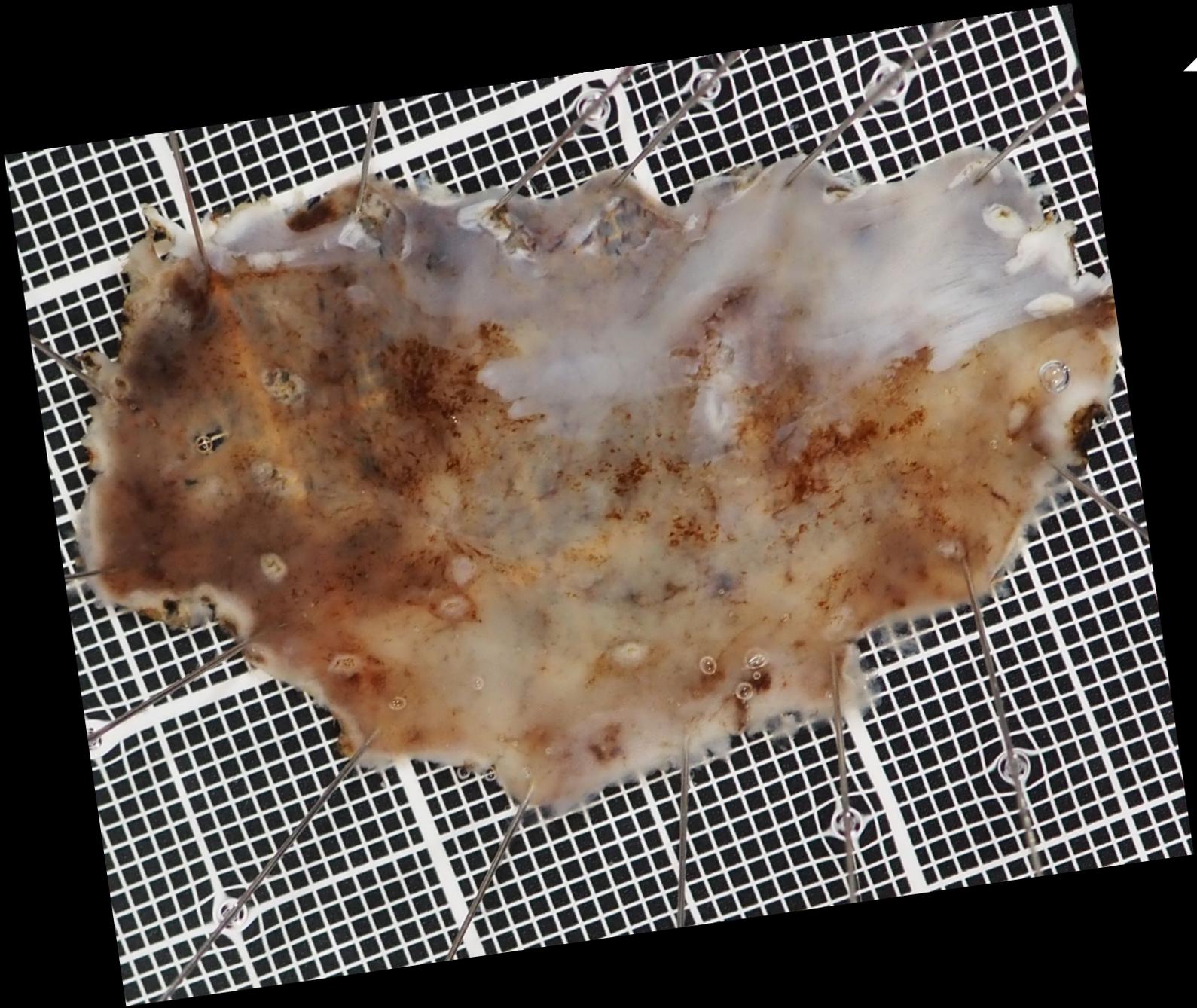


← 口側

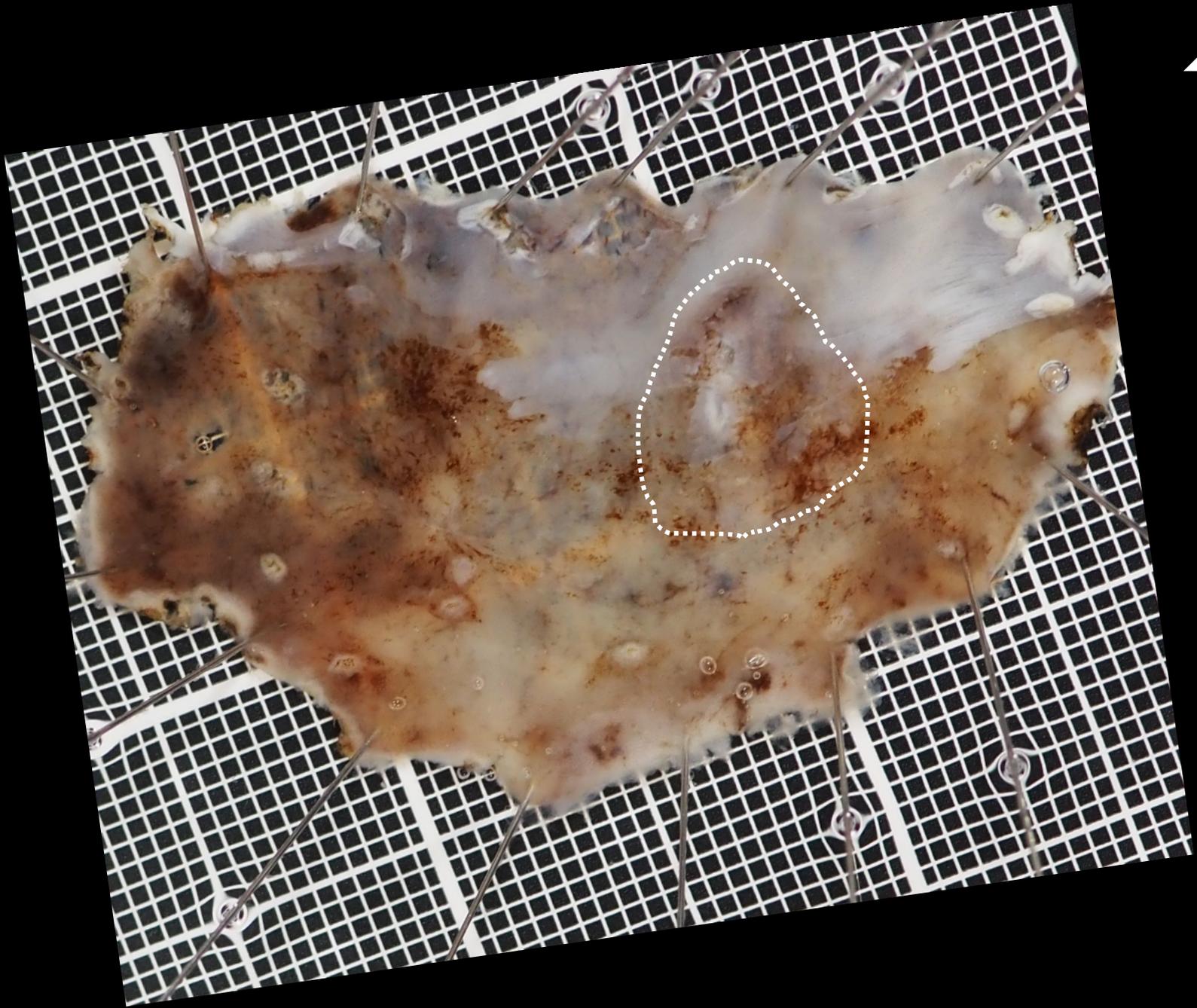
肛門側 →



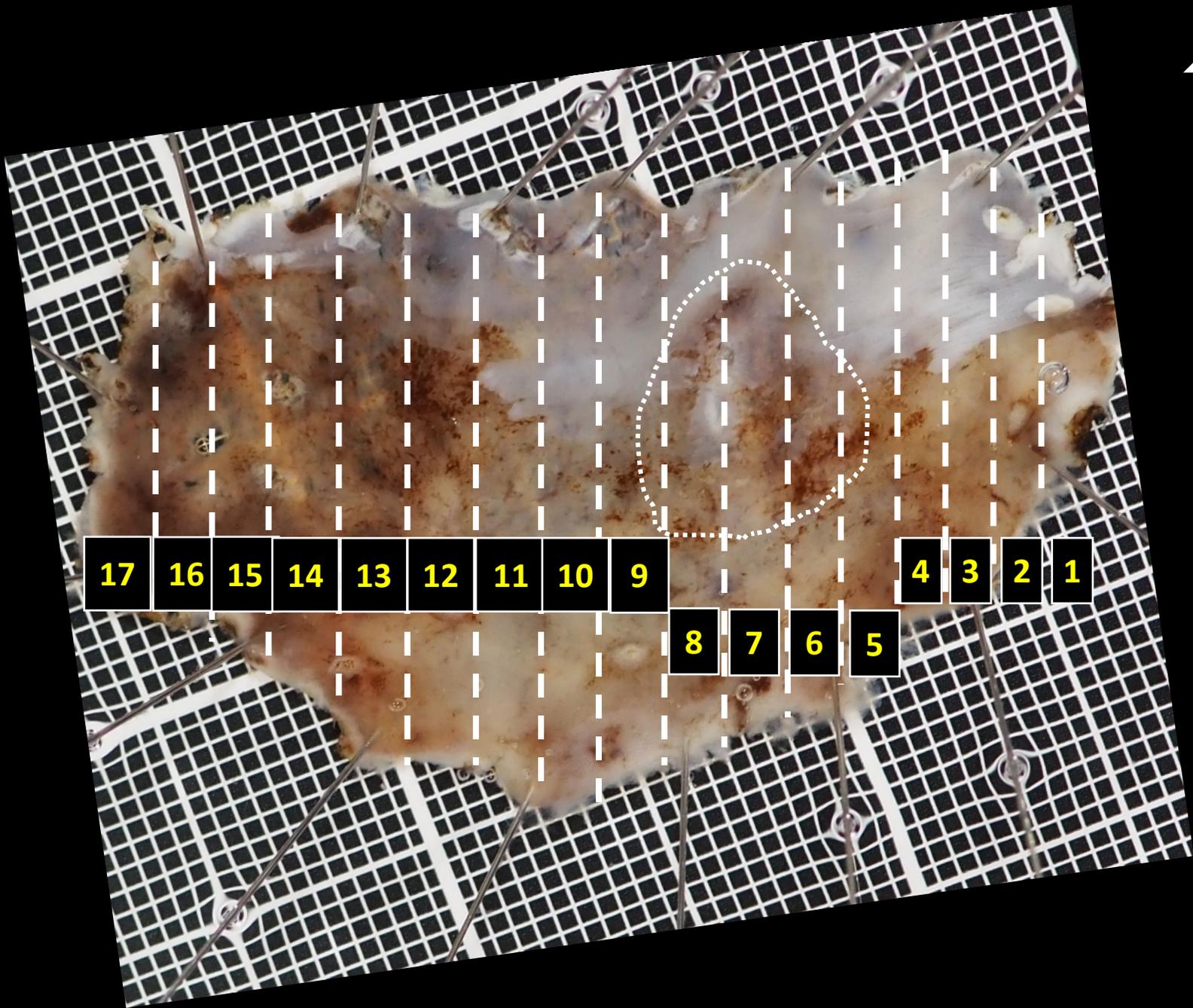
深層粘膜筋板  
(DMM)まで



口側



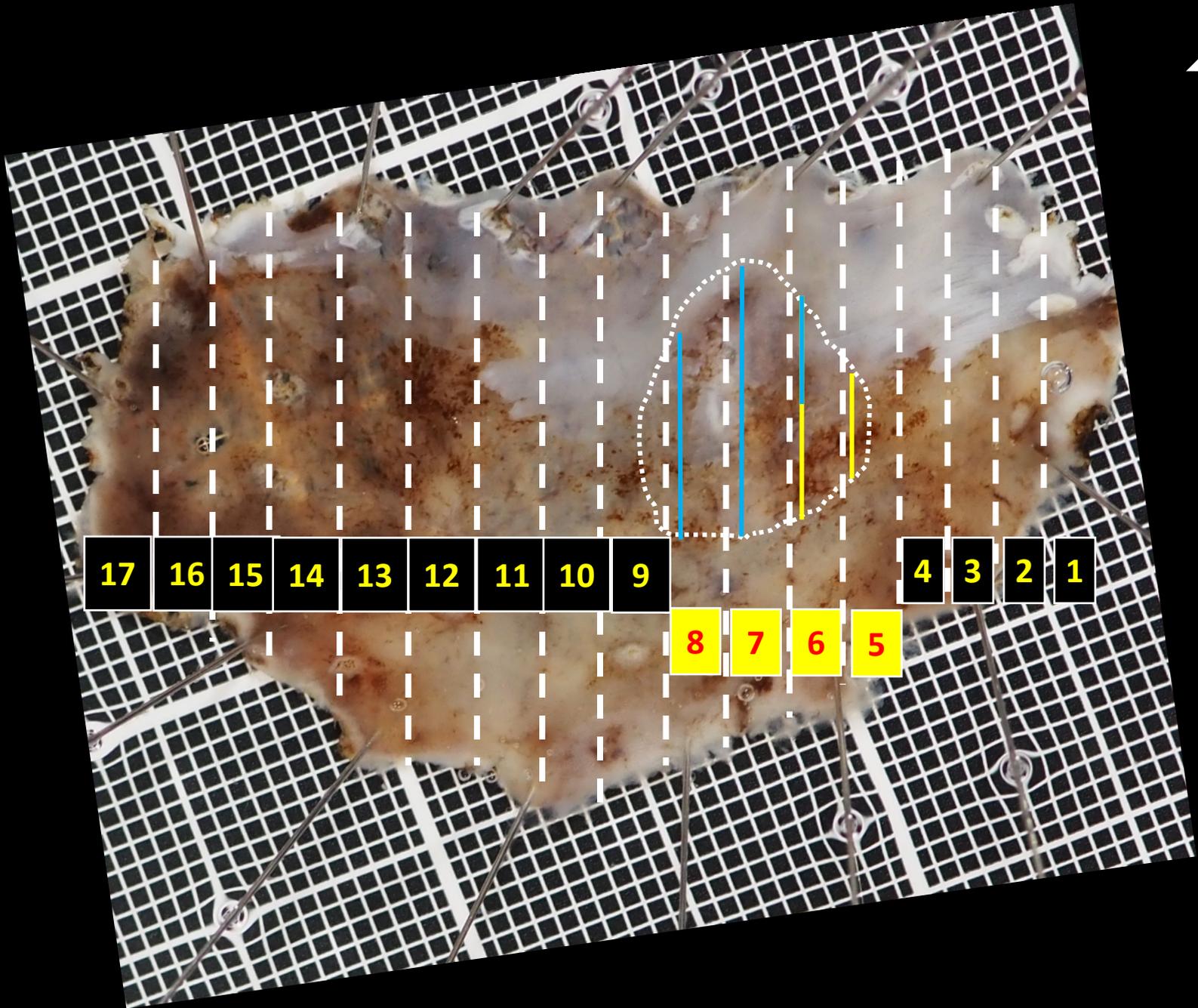
口側



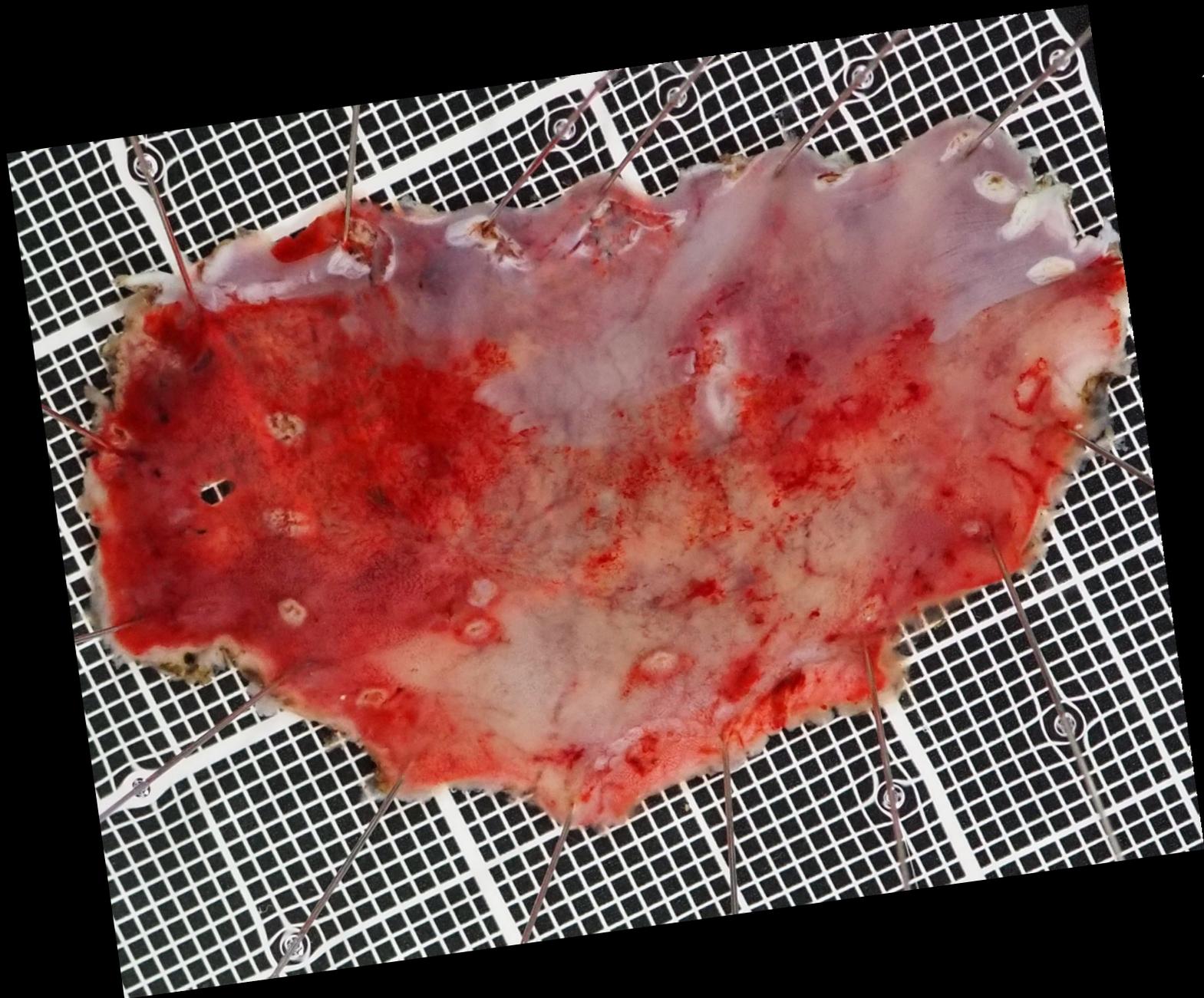
口側

17 16 15 14 13 12 11 10 9 4 3 2 1  
8 7 6 5

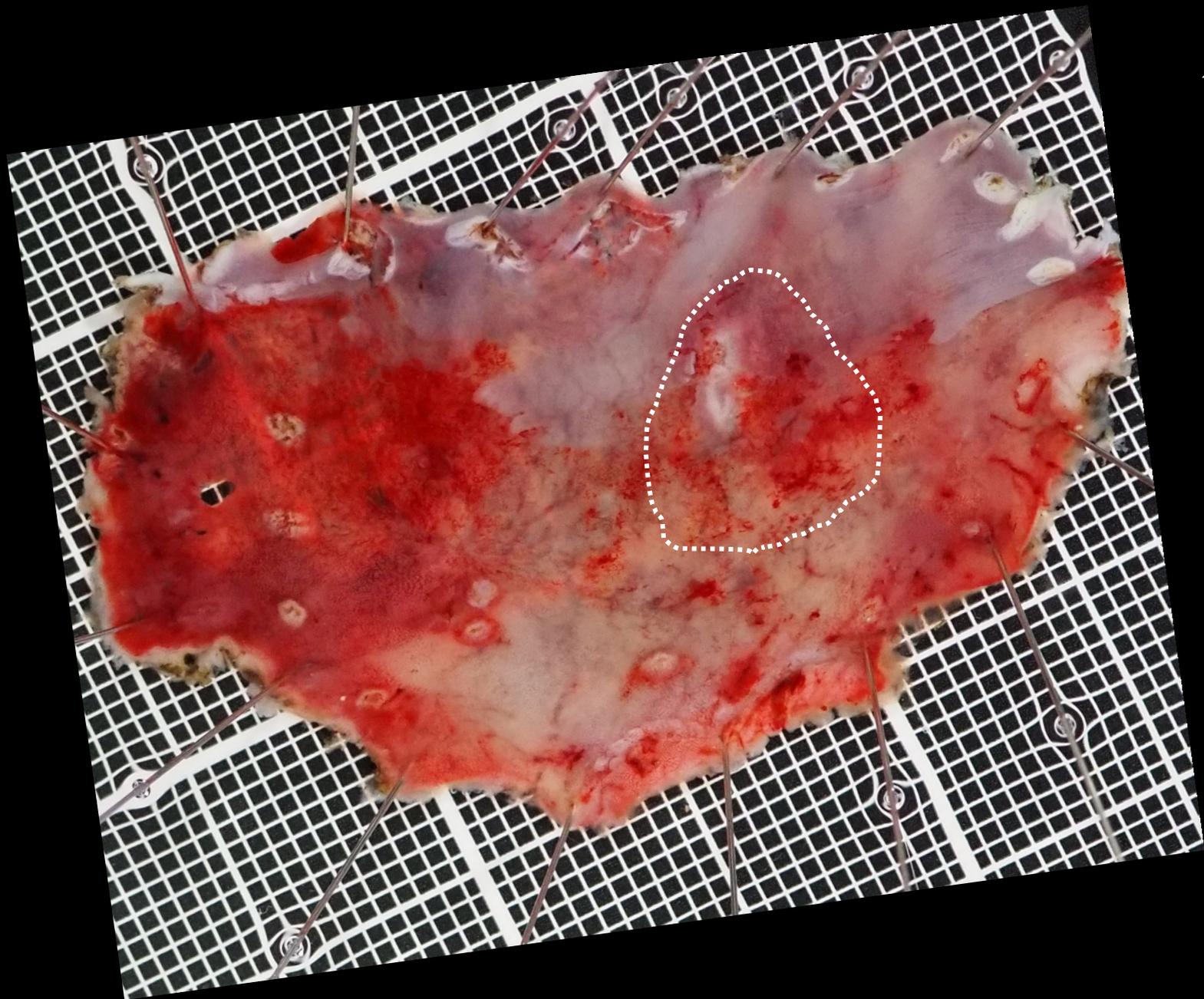
— SMM  
— DMM



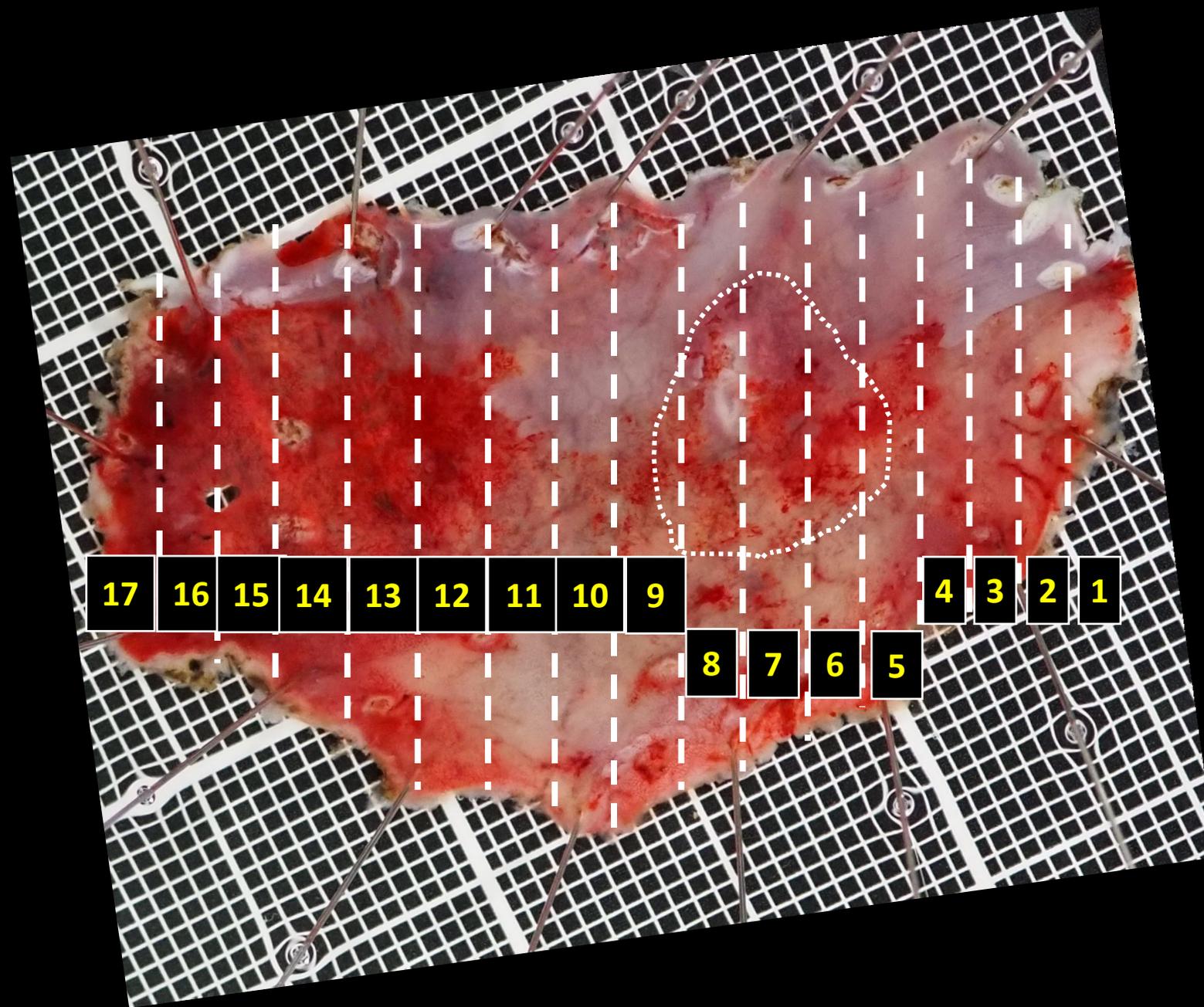
↑  
口側



口側

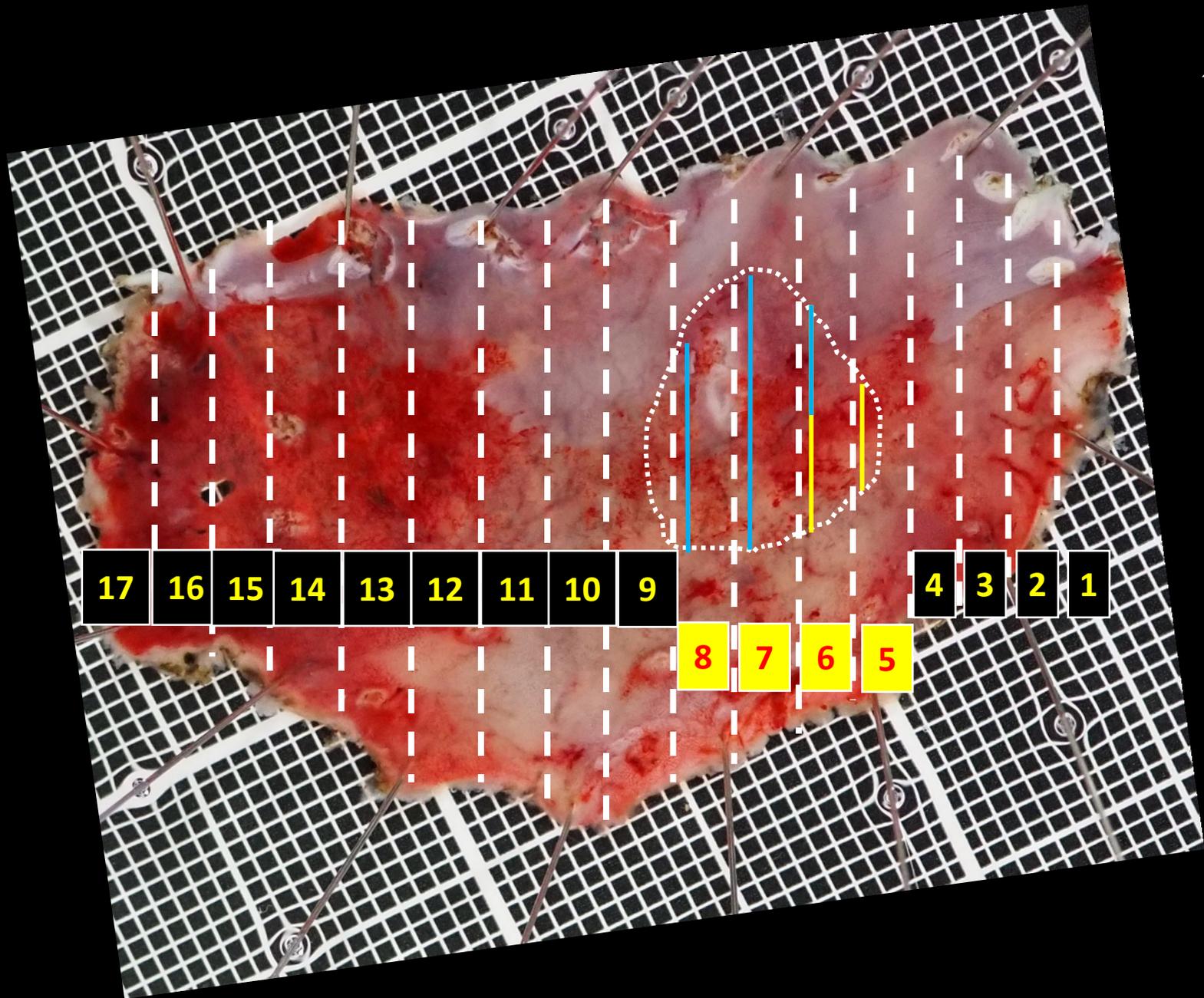


口側



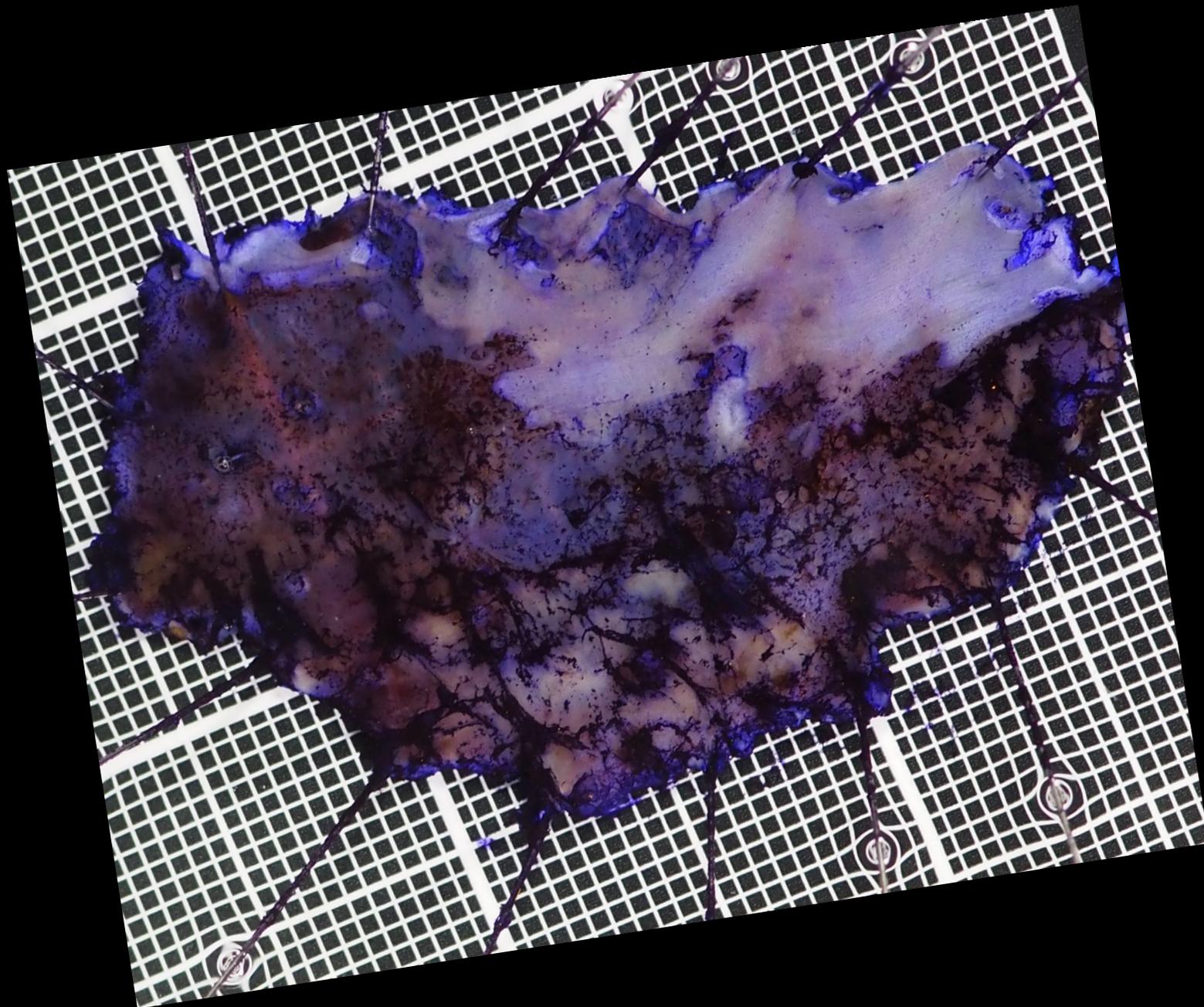
口側

— SMM  
— DMM

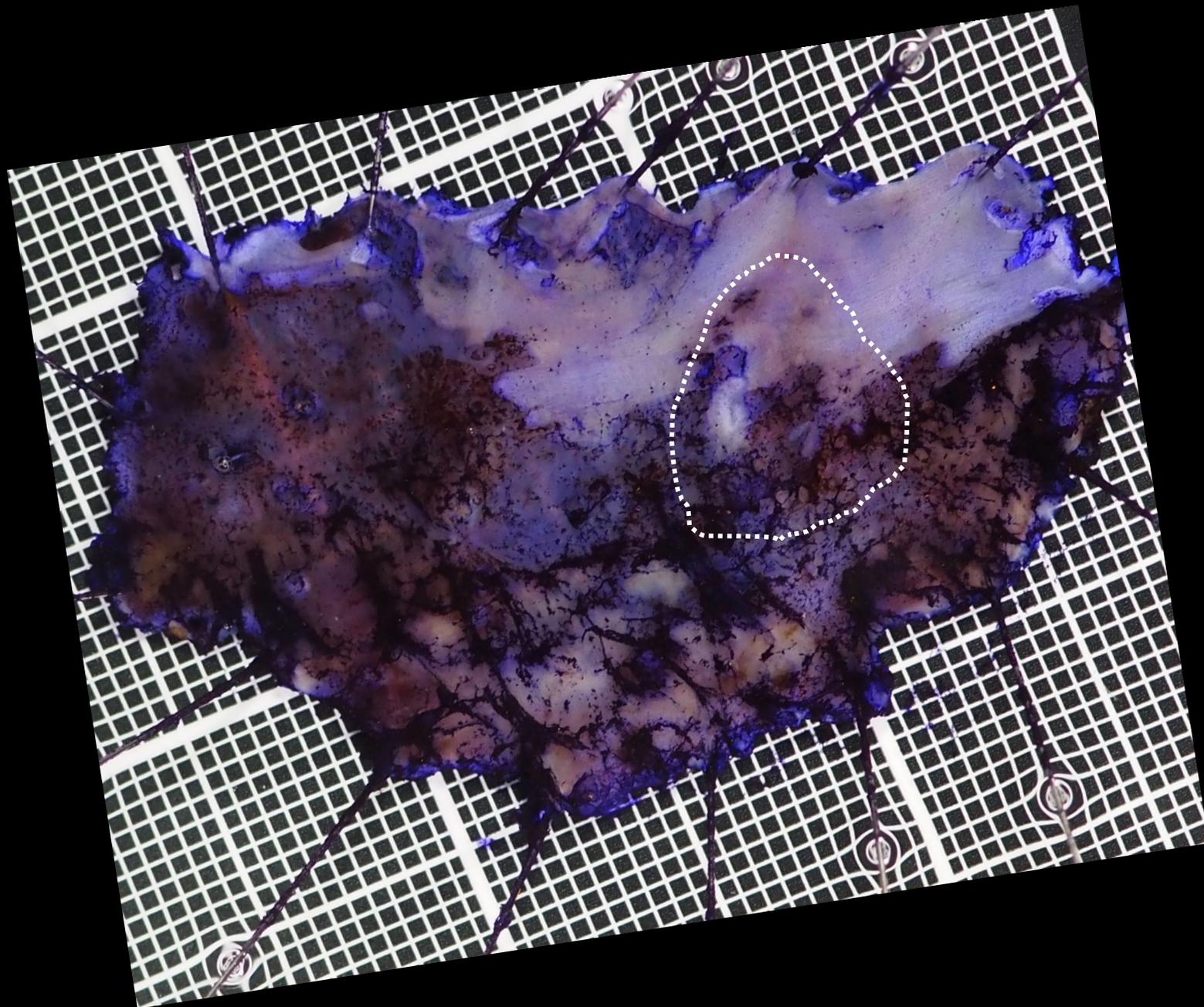


↑  
口側

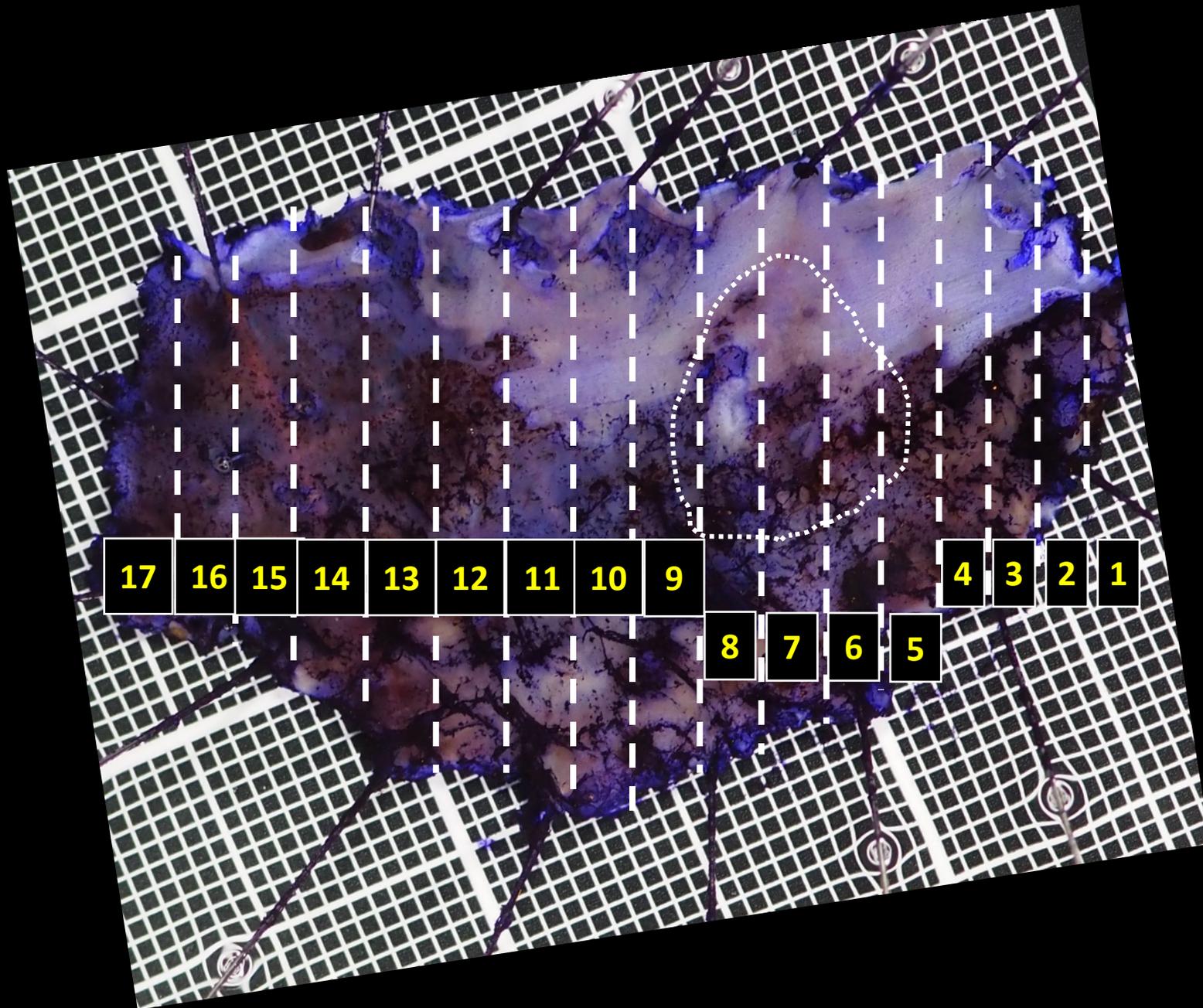
17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1



口側



口側



口側

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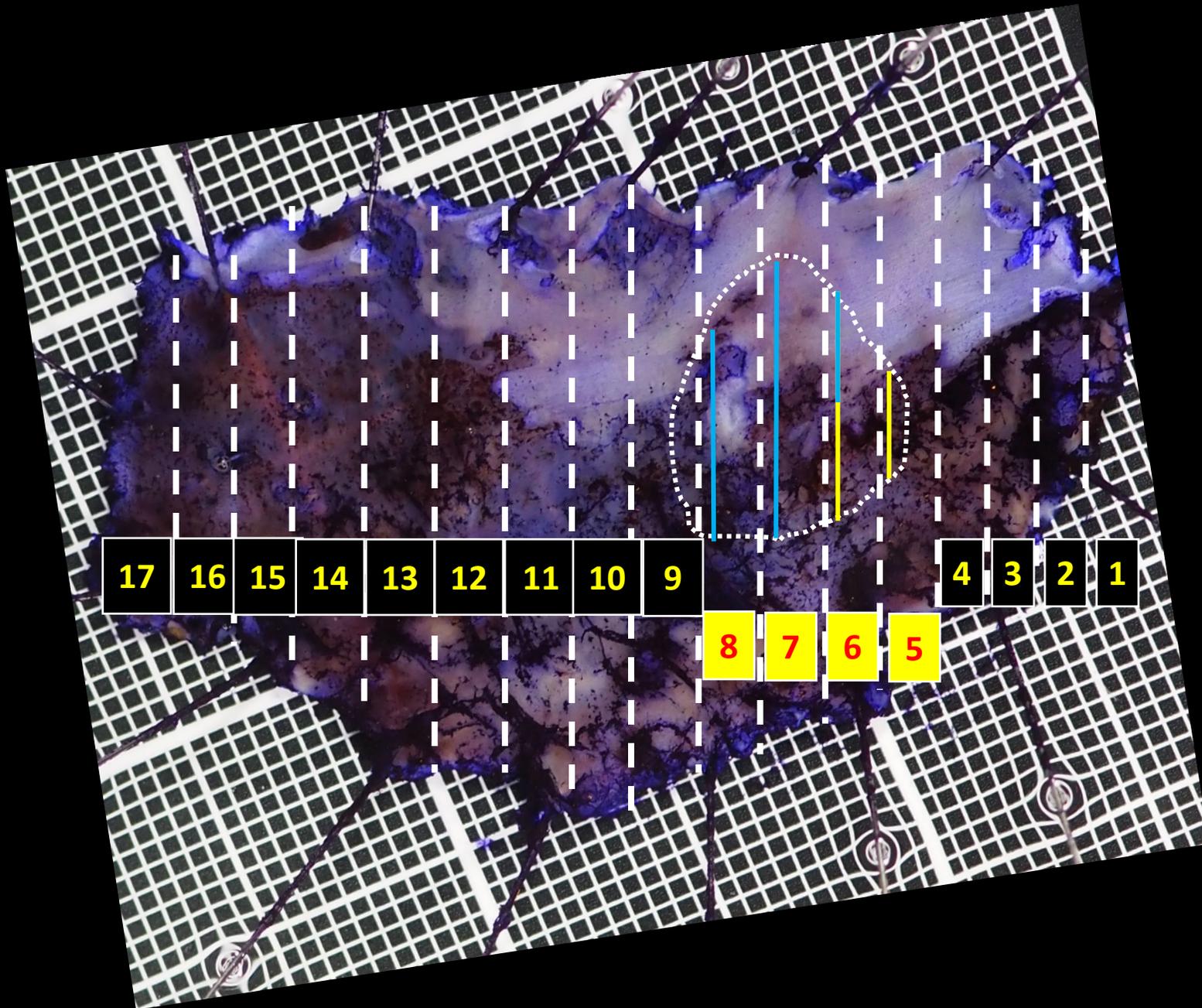
4

3

2

1

— SMM  
— DMM



口側

# 病理組織診断

Esophagogastric junction, ESD:

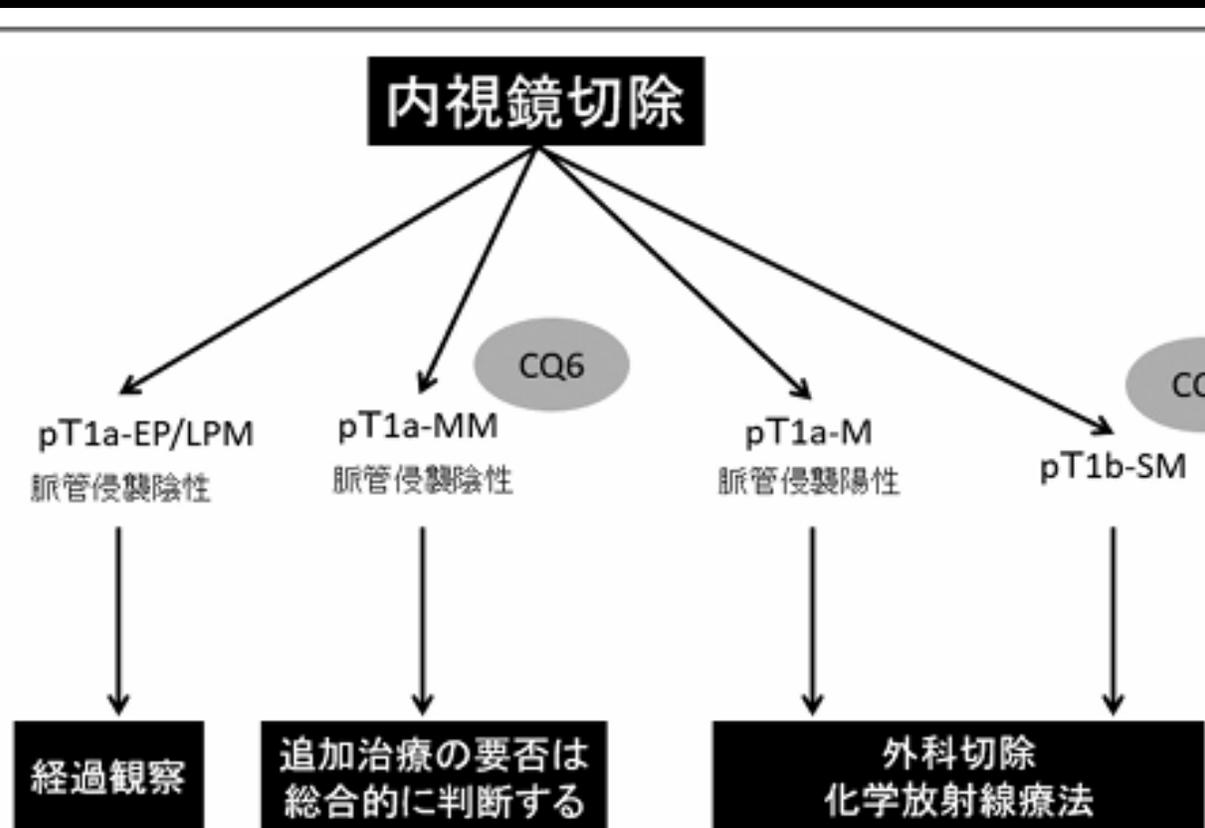
**Barrett adenocarcinoma,**

**tubular adenocarcinoma, well differentiated**

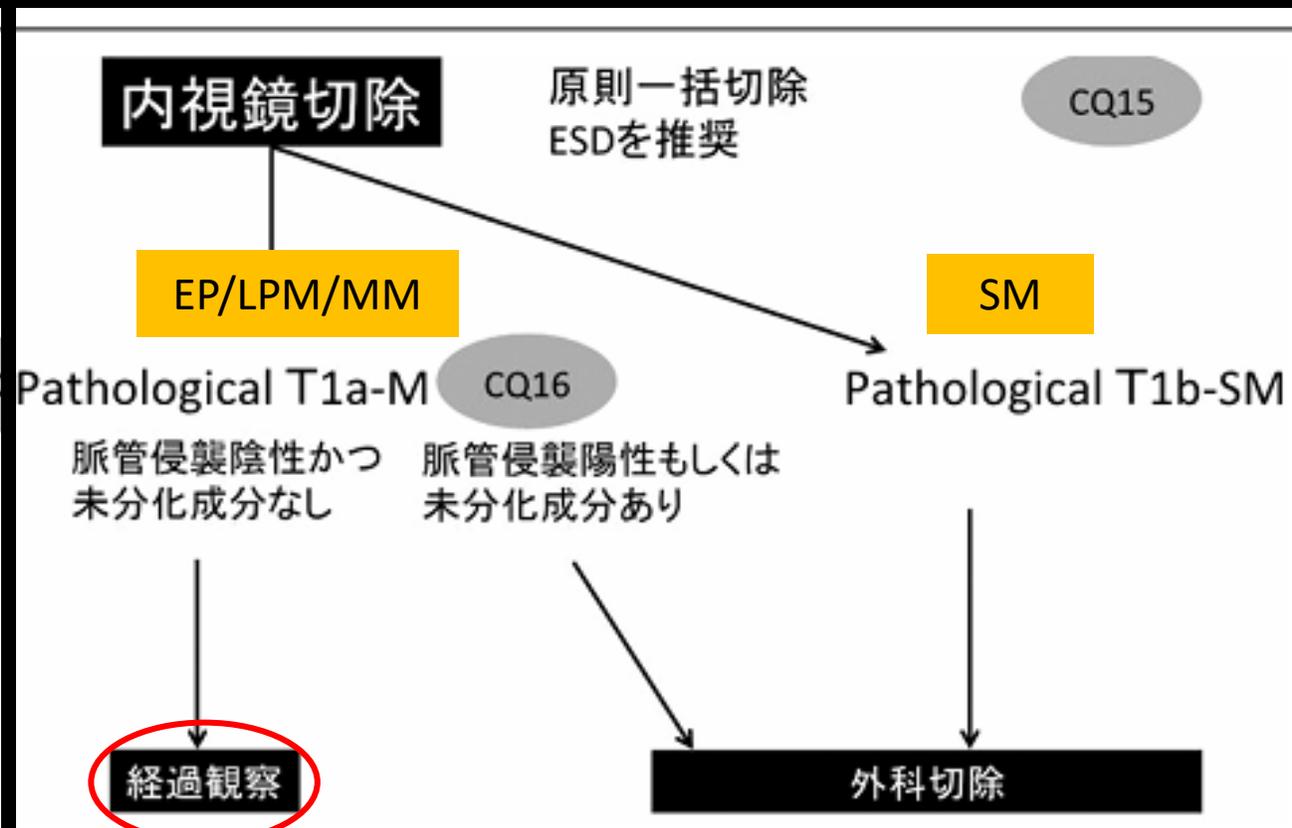
**pT1a-MM**, INFb, Ly0, V0, pHM0(5mm), pVM0

# ● 食道癌内視鏡切除後

## ・ 食道扁平上皮癌



## ・ 食道腺癌



## ● 食道癌内視鏡切除後

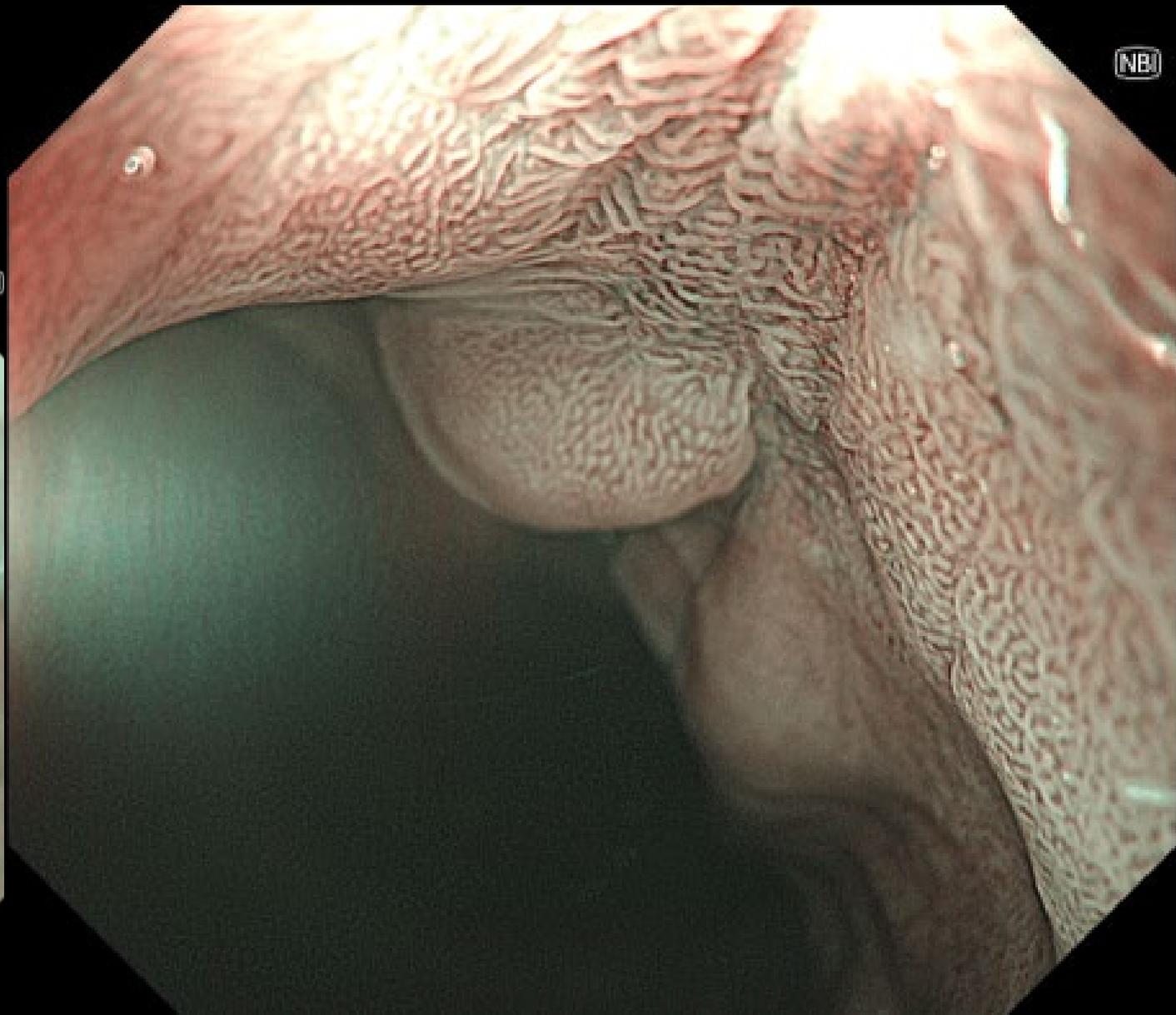
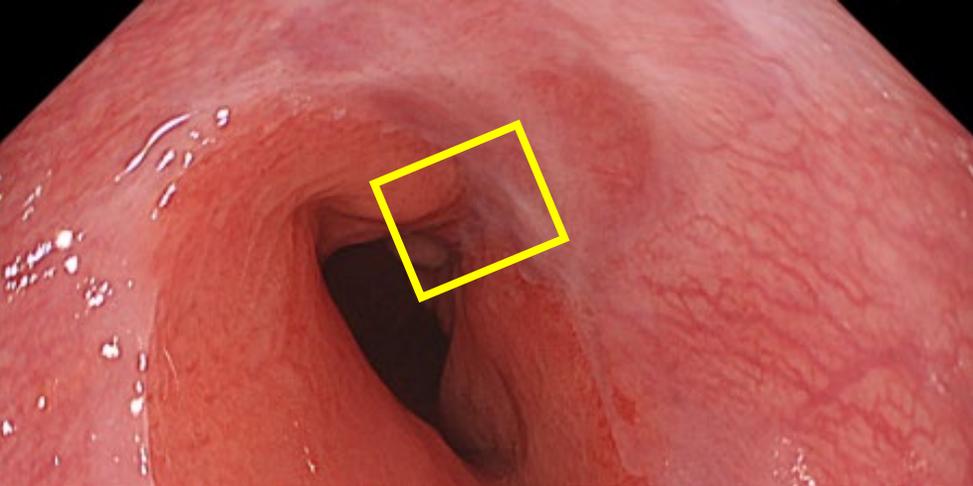
### ・ 食道腺癌

CQ16：内視鏡で R0 切除が得られた脈管侵襲陰性の分化型 pDMM 食道腺癌に対する追加外科切除は経過観察よりも推奨されるか。

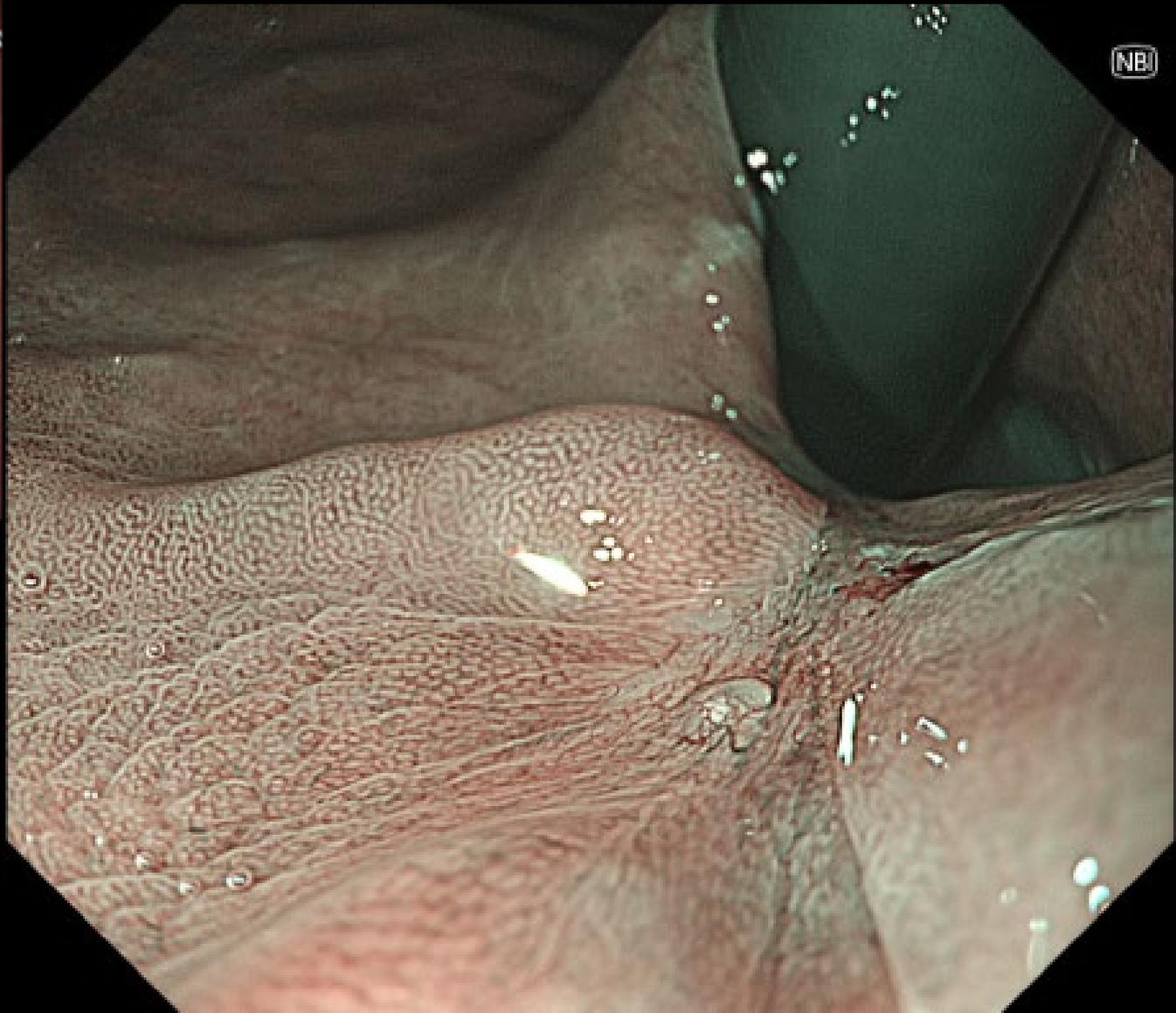
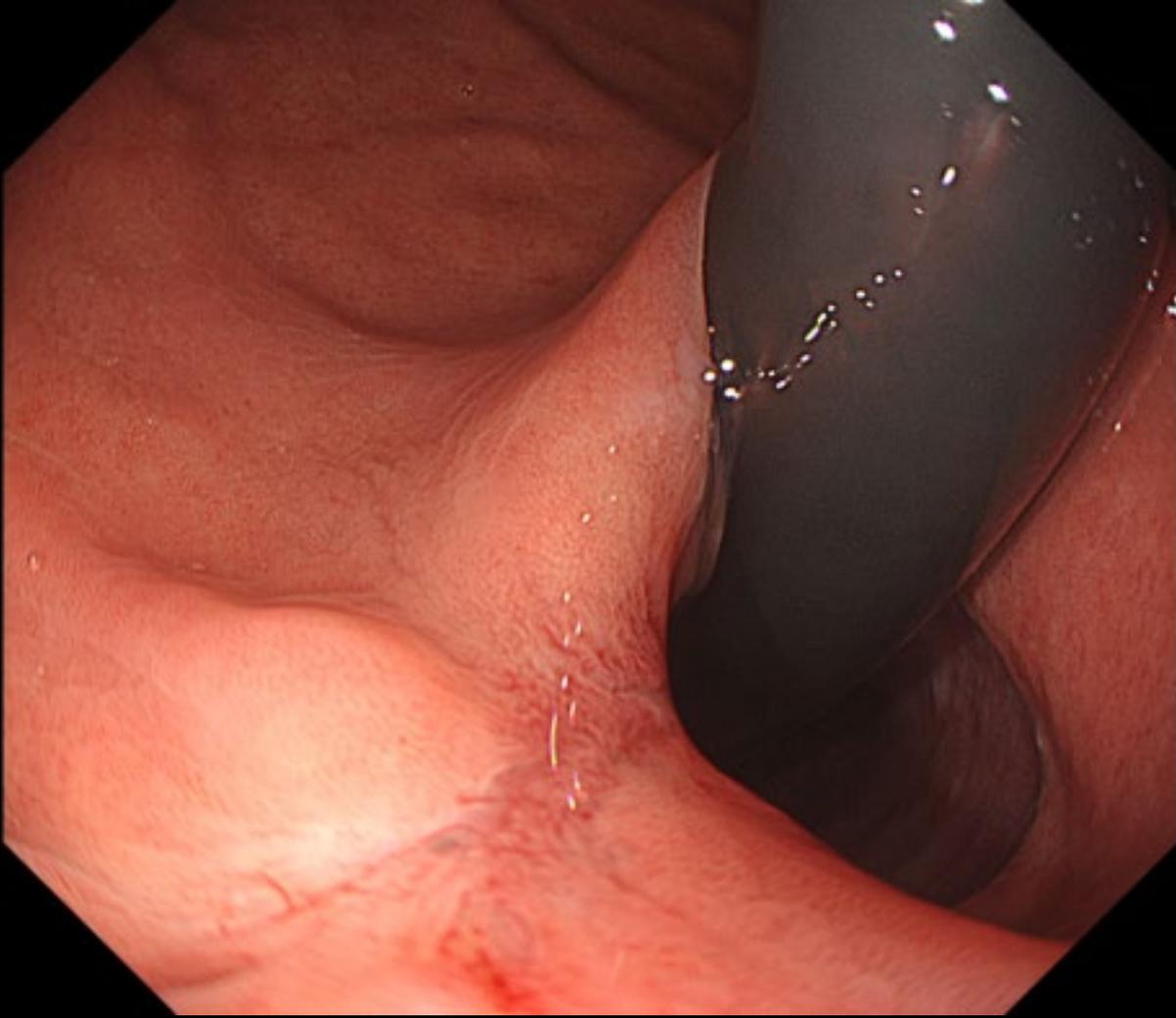
推奨文：内視鏡で R0 切除が得られた脈管侵襲陰性の分化型 pDMM 食道腺癌に対して、追加外科切除を行わないことを弱く推奨する。

修正 Delphi 法による評価：中央値 9，最低値 8，最高値 9  
エビデンスの強さ：C

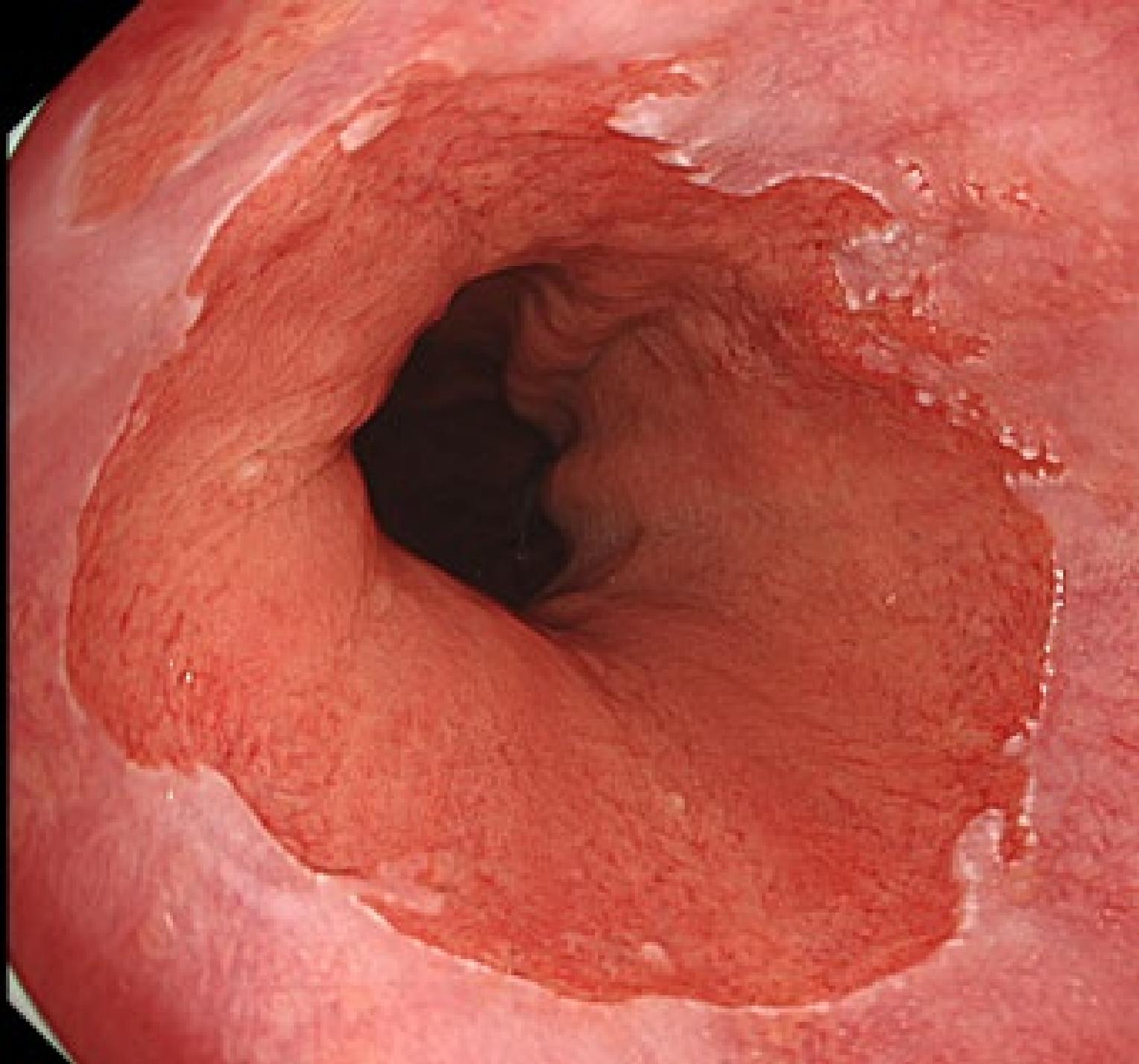
ESD 2ヶ月後

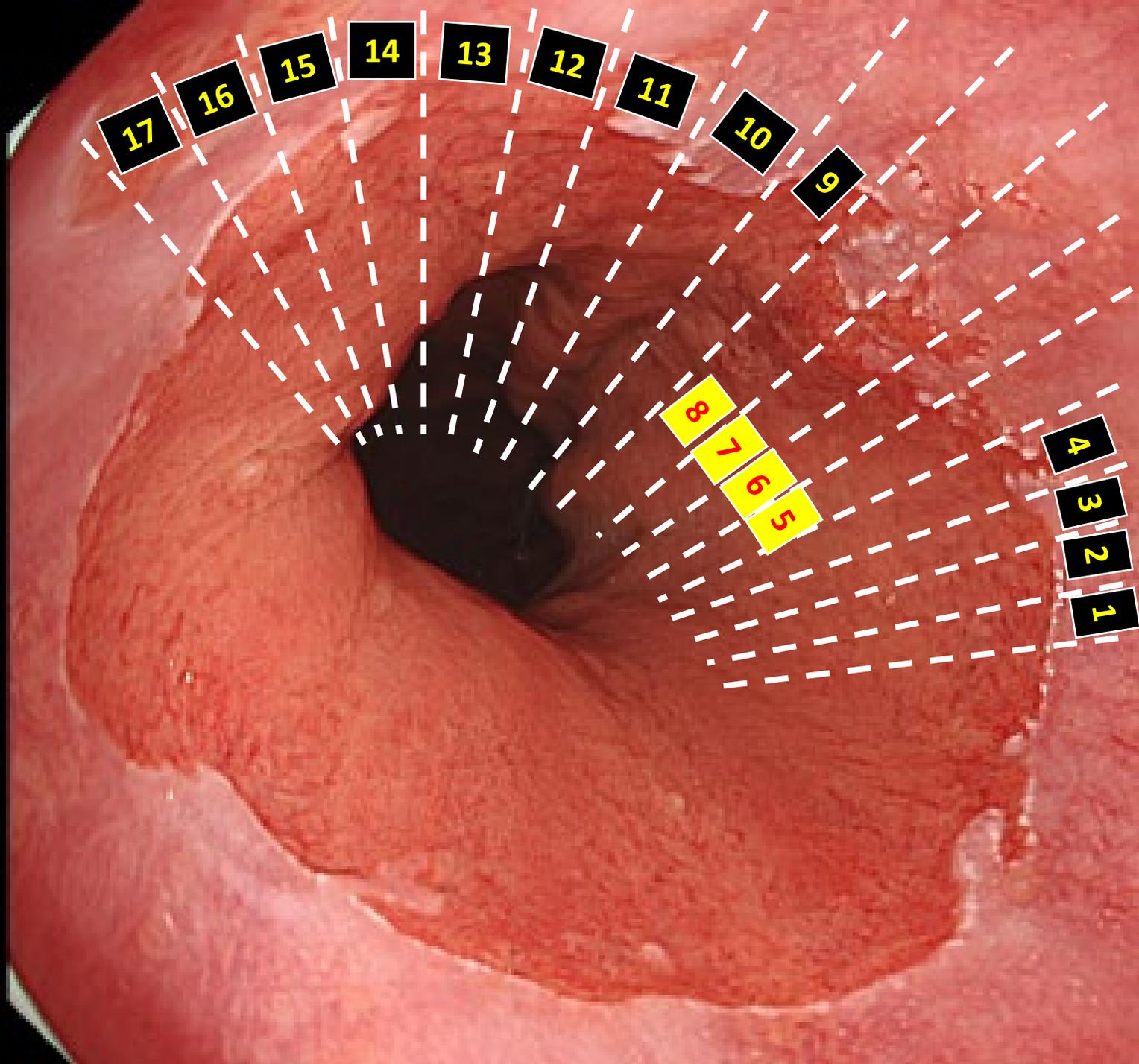


ESD 2ヶ月後



Mapping





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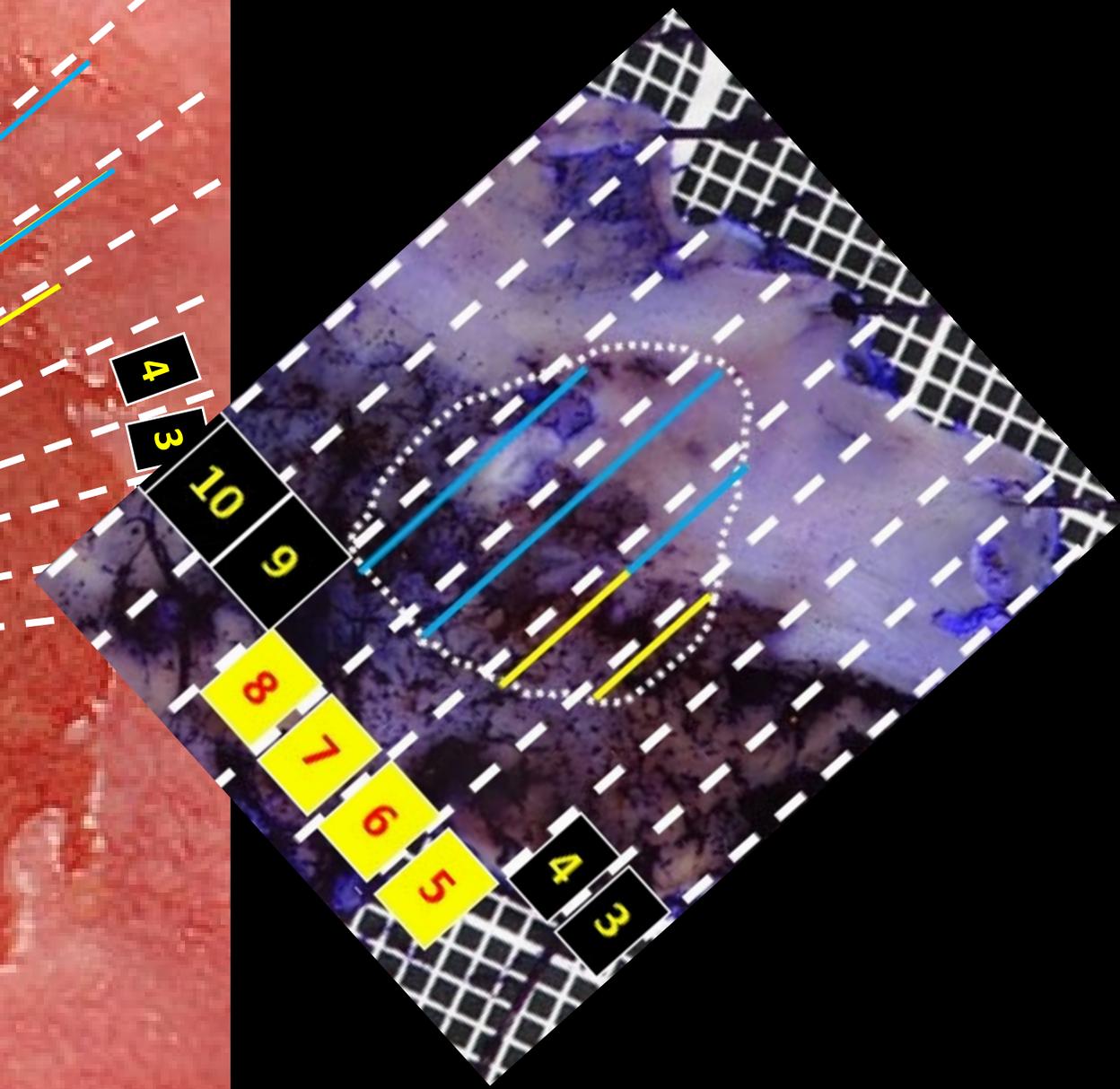
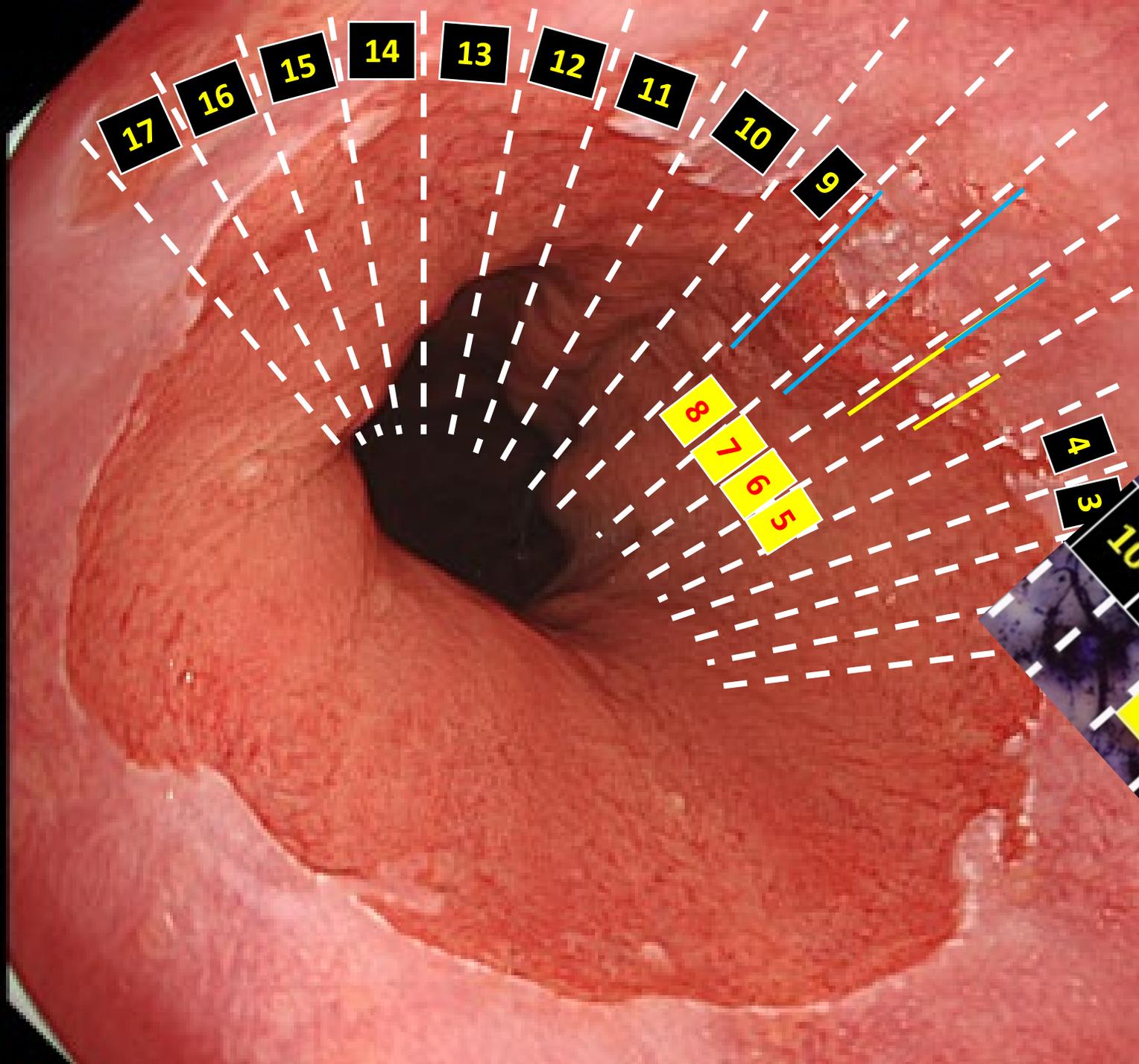
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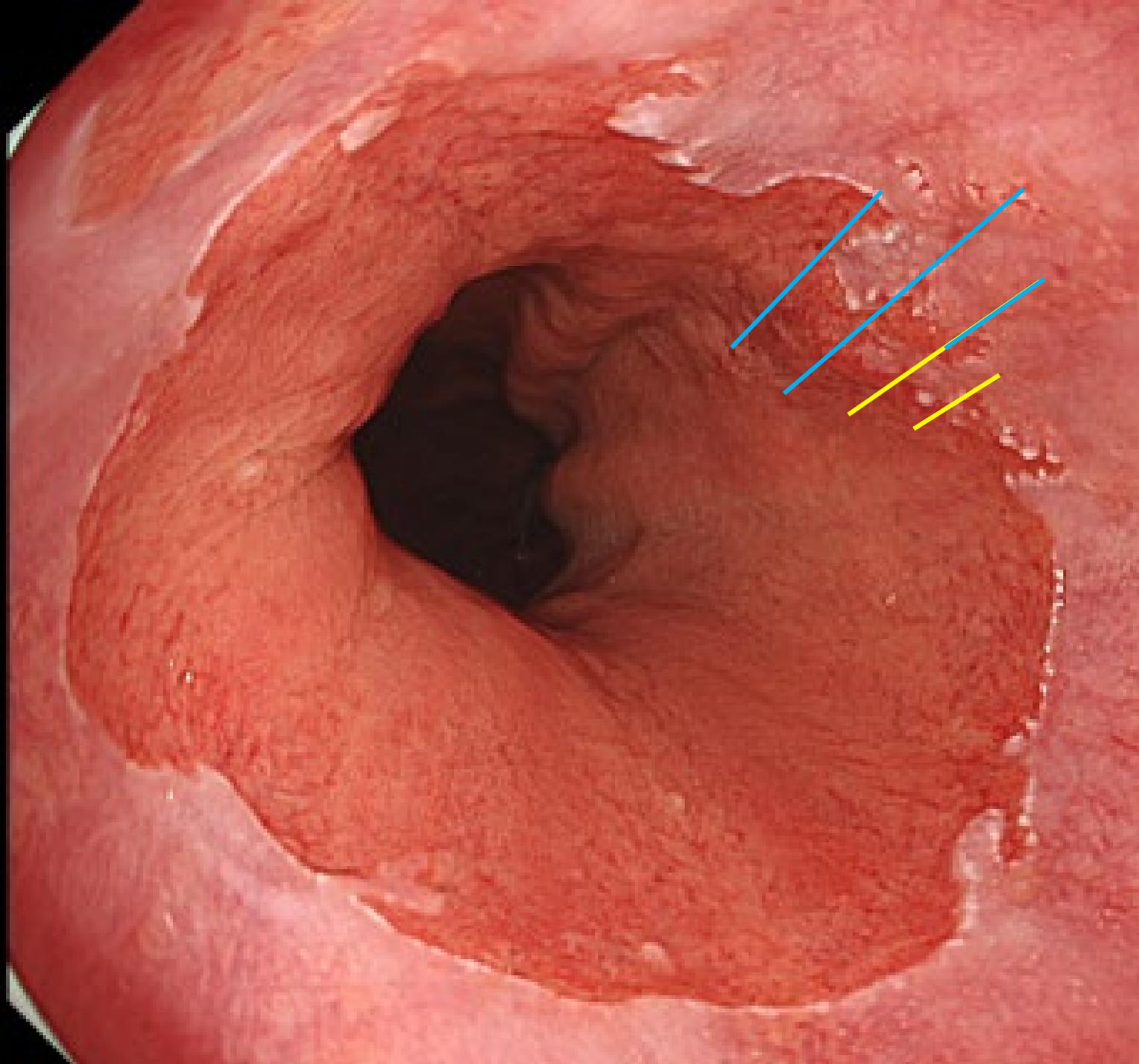
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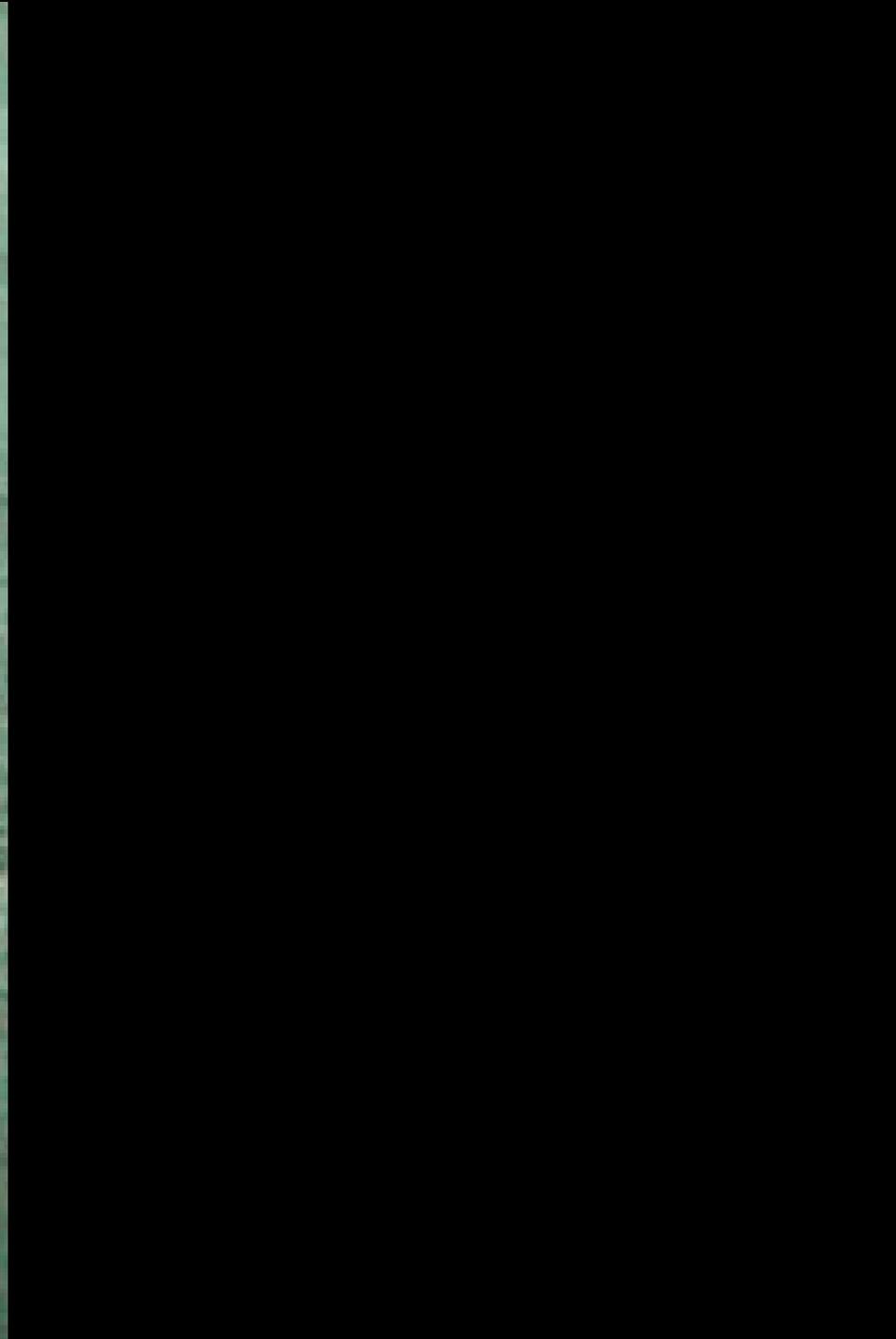
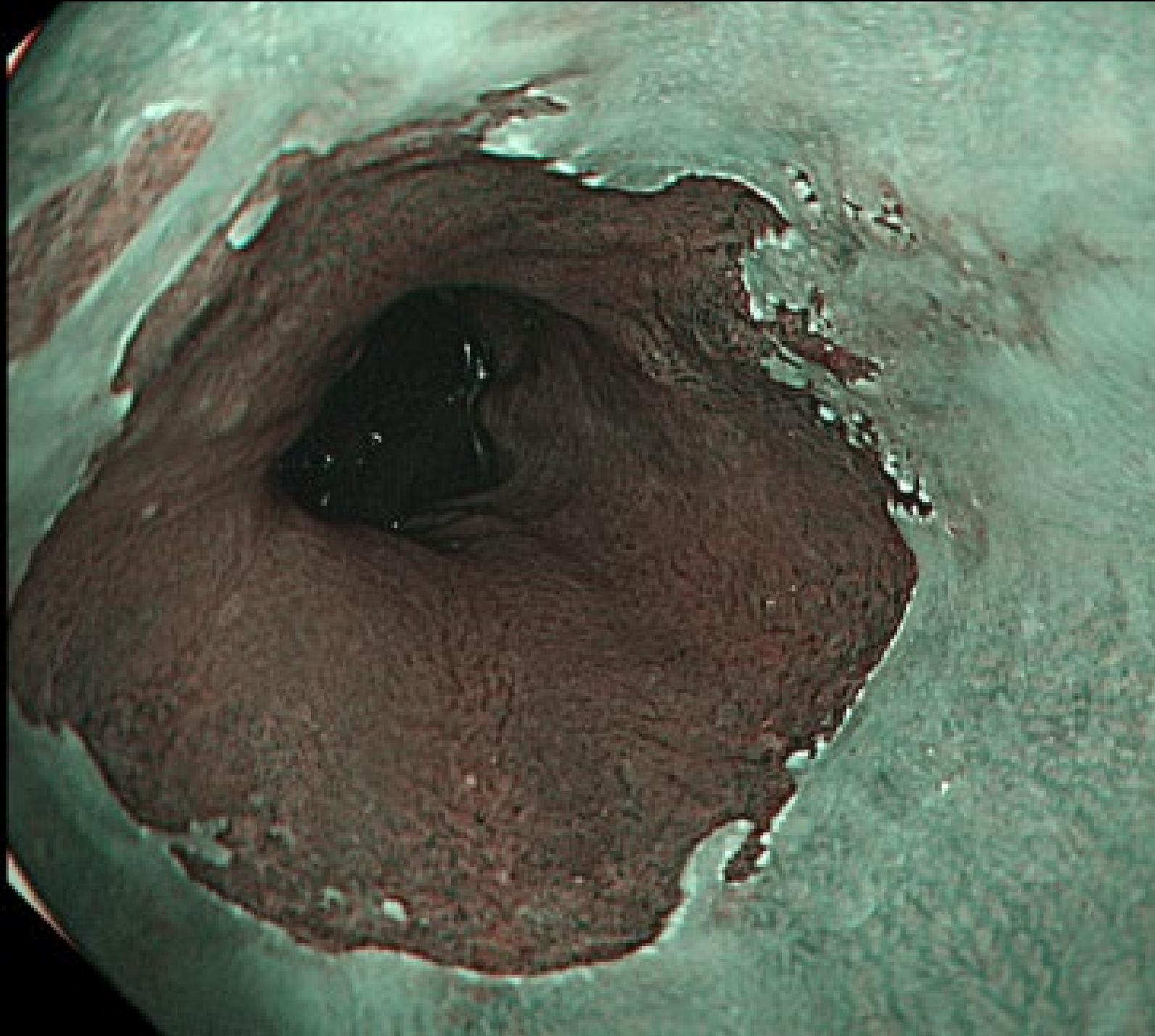
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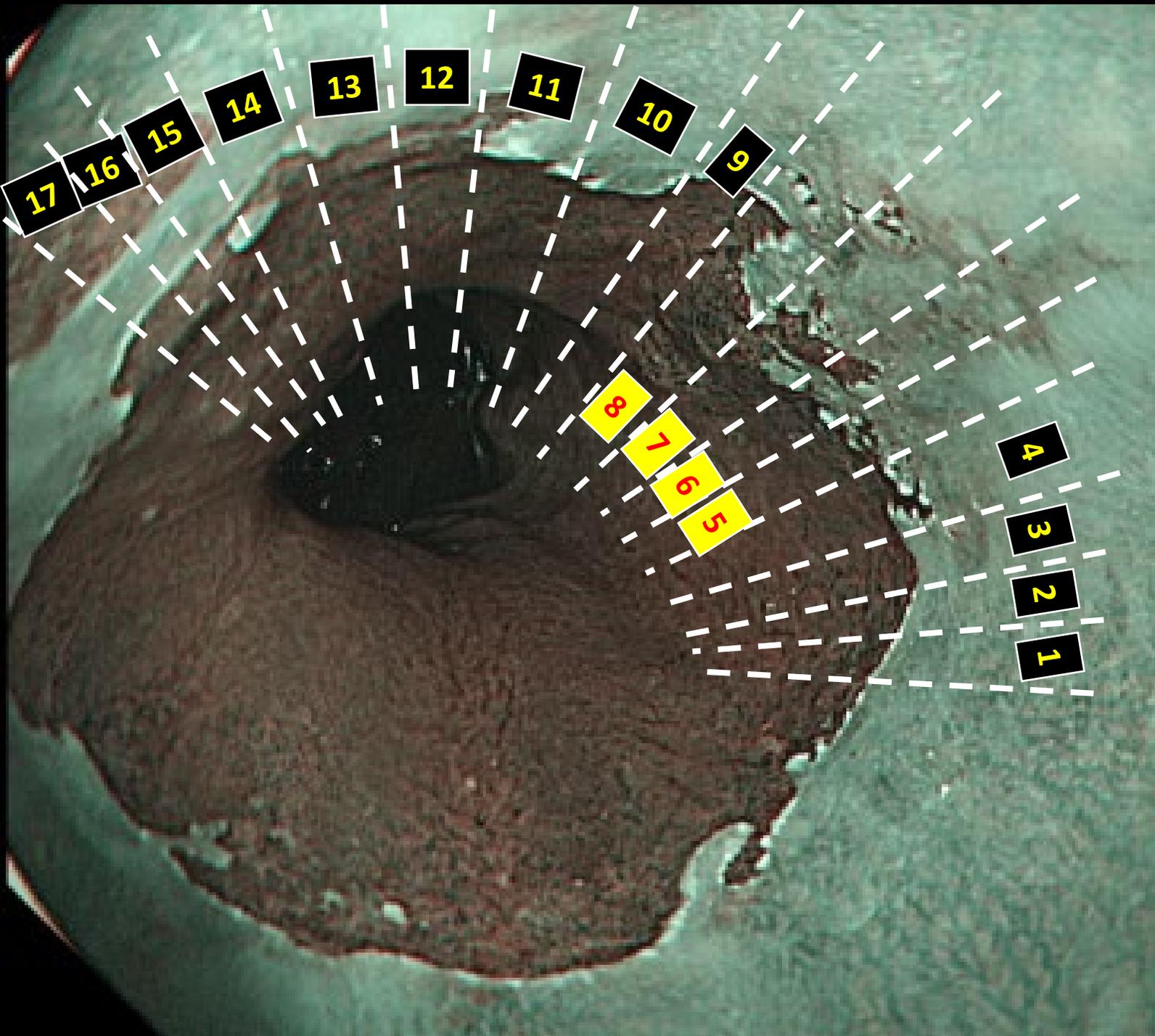
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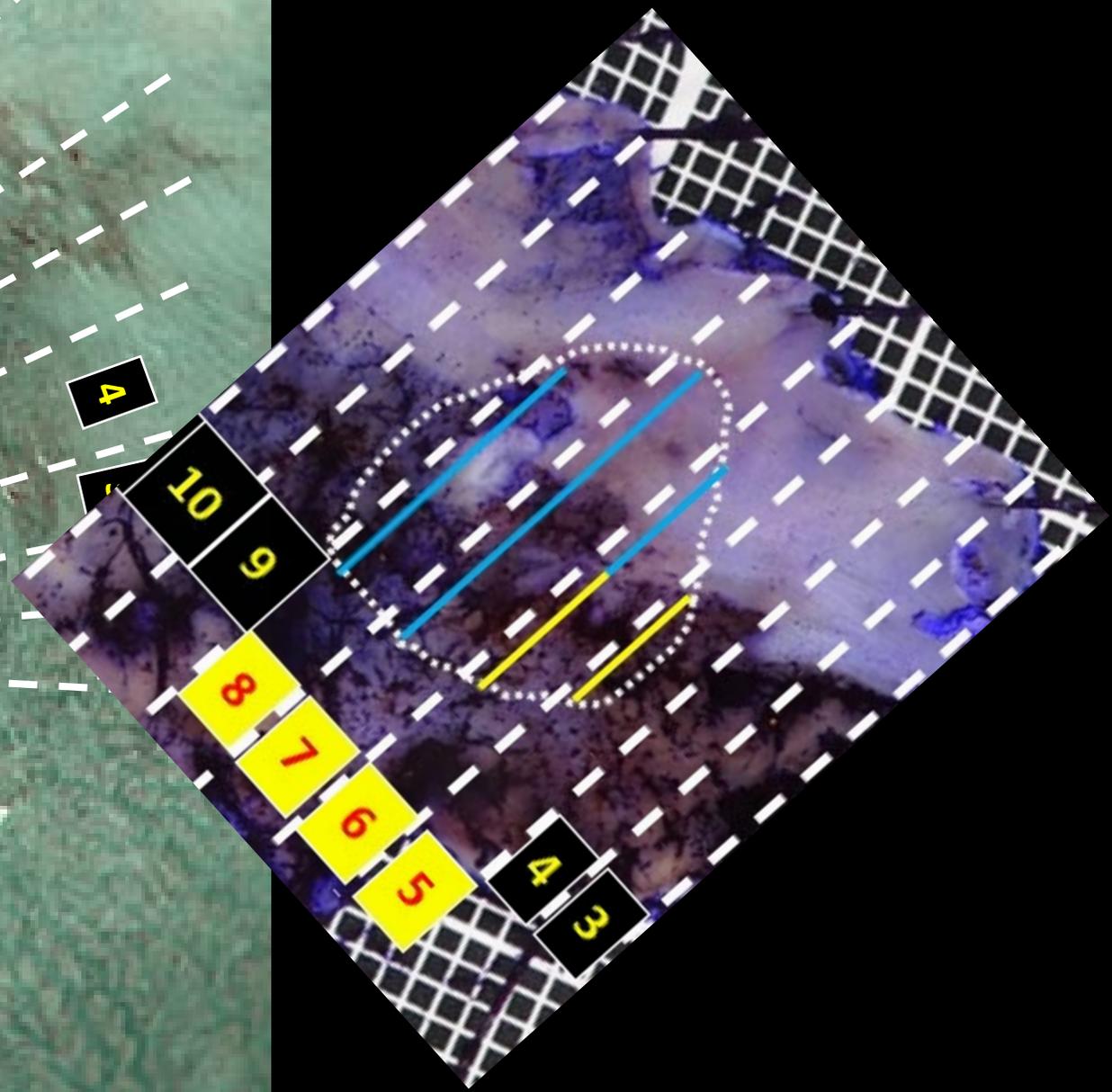
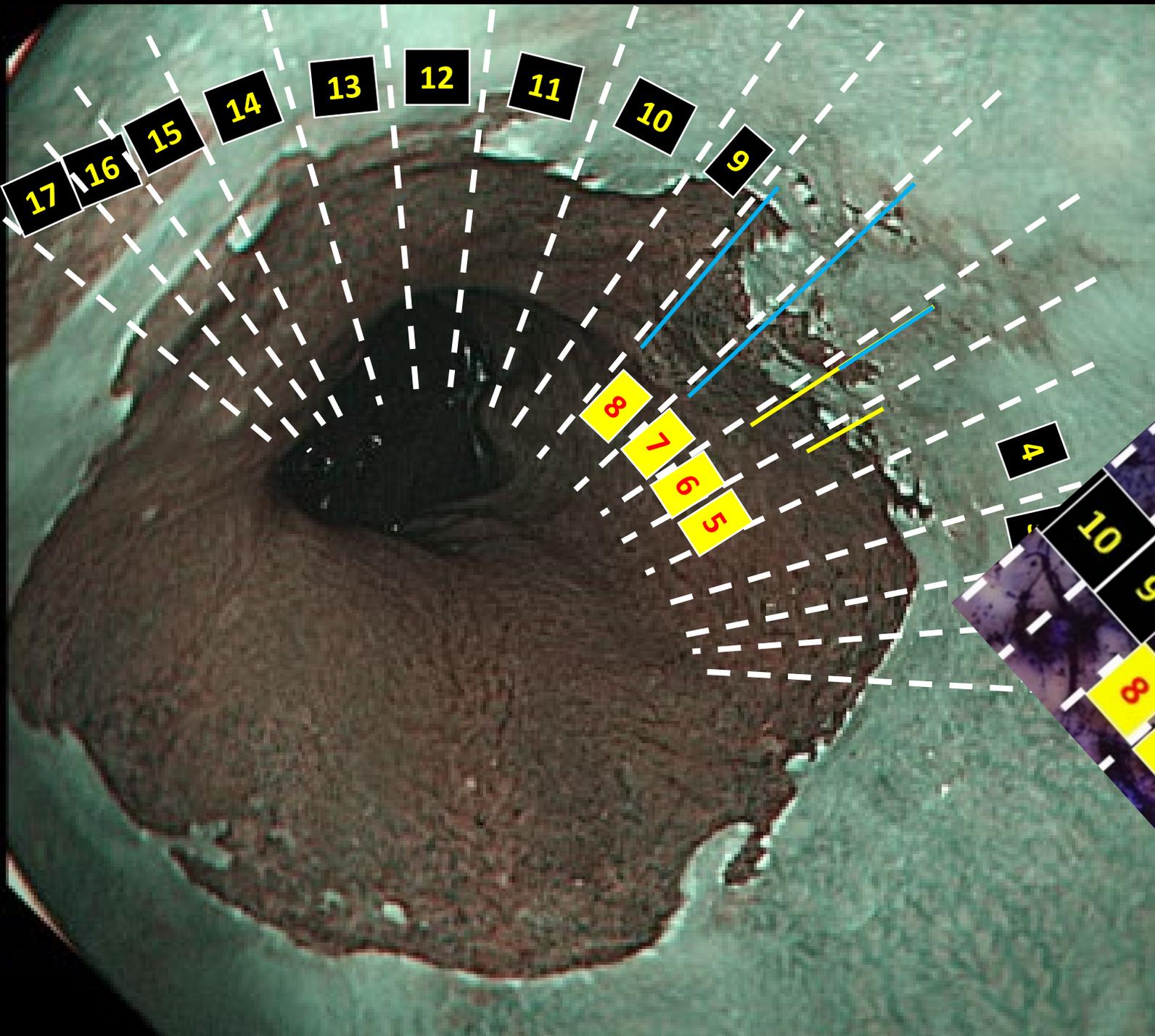
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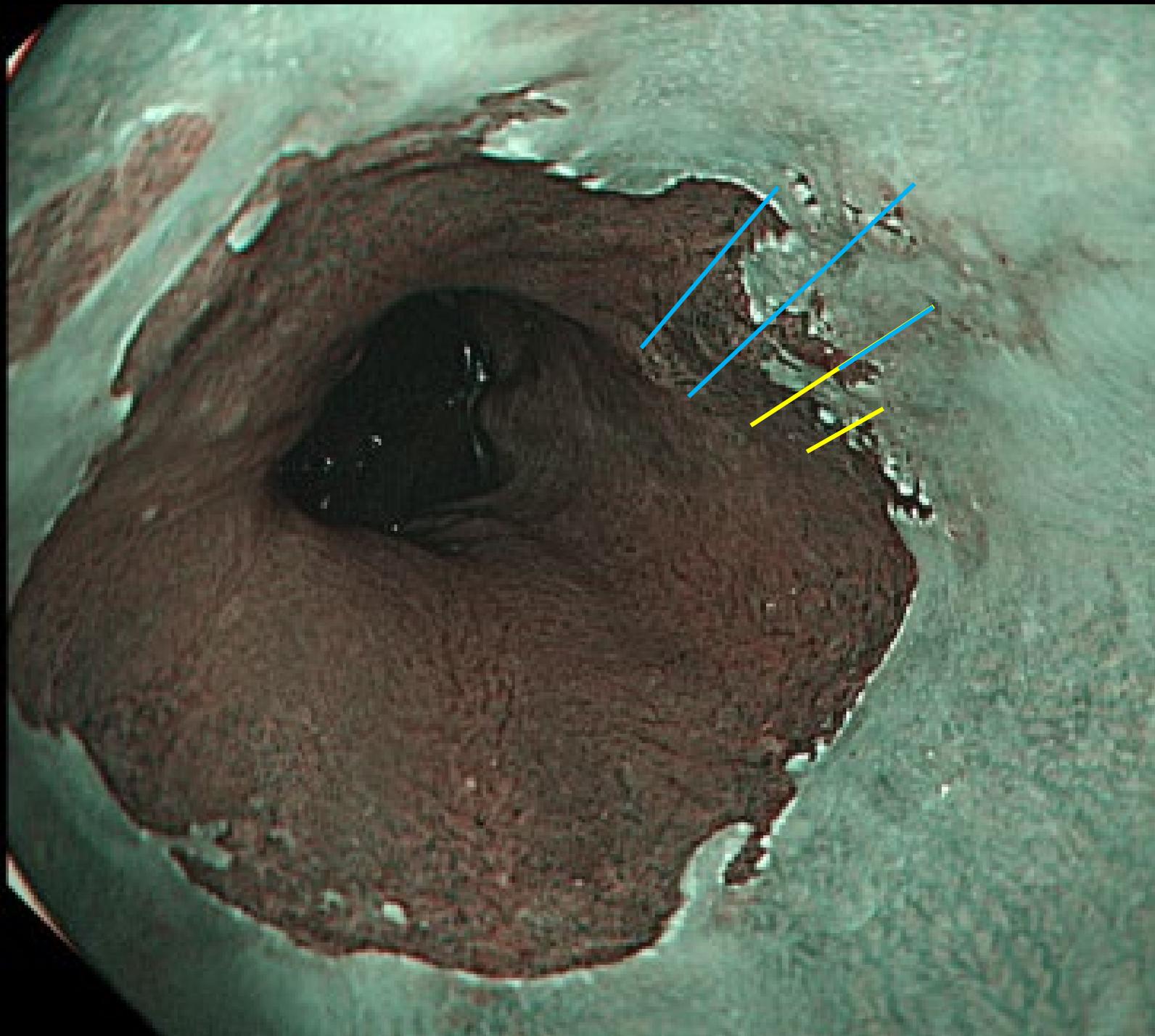










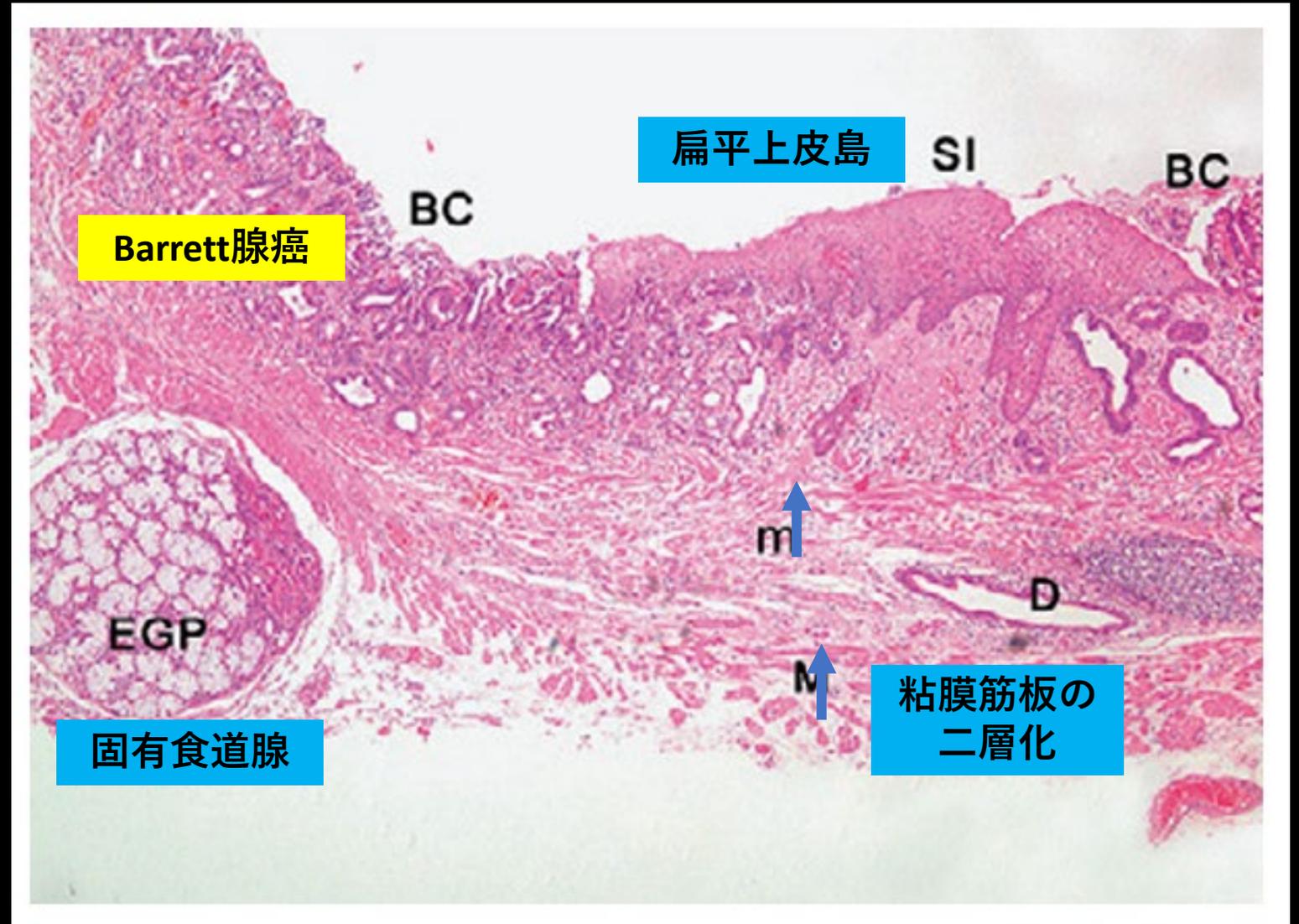


# Barrett腺癌

- 一般的にBarrett食道から発生する
- 全食道癌の数%以下と稀ではあるが、GERDの増加やH.pylori感染率の低下から増加が懸念される
- 食道扁平上皮癌と同様に、進行した段階で発見されると予後不良（5年生存率：17%）のため早期発見が重要である

## Barrett食道の病理学的特徴

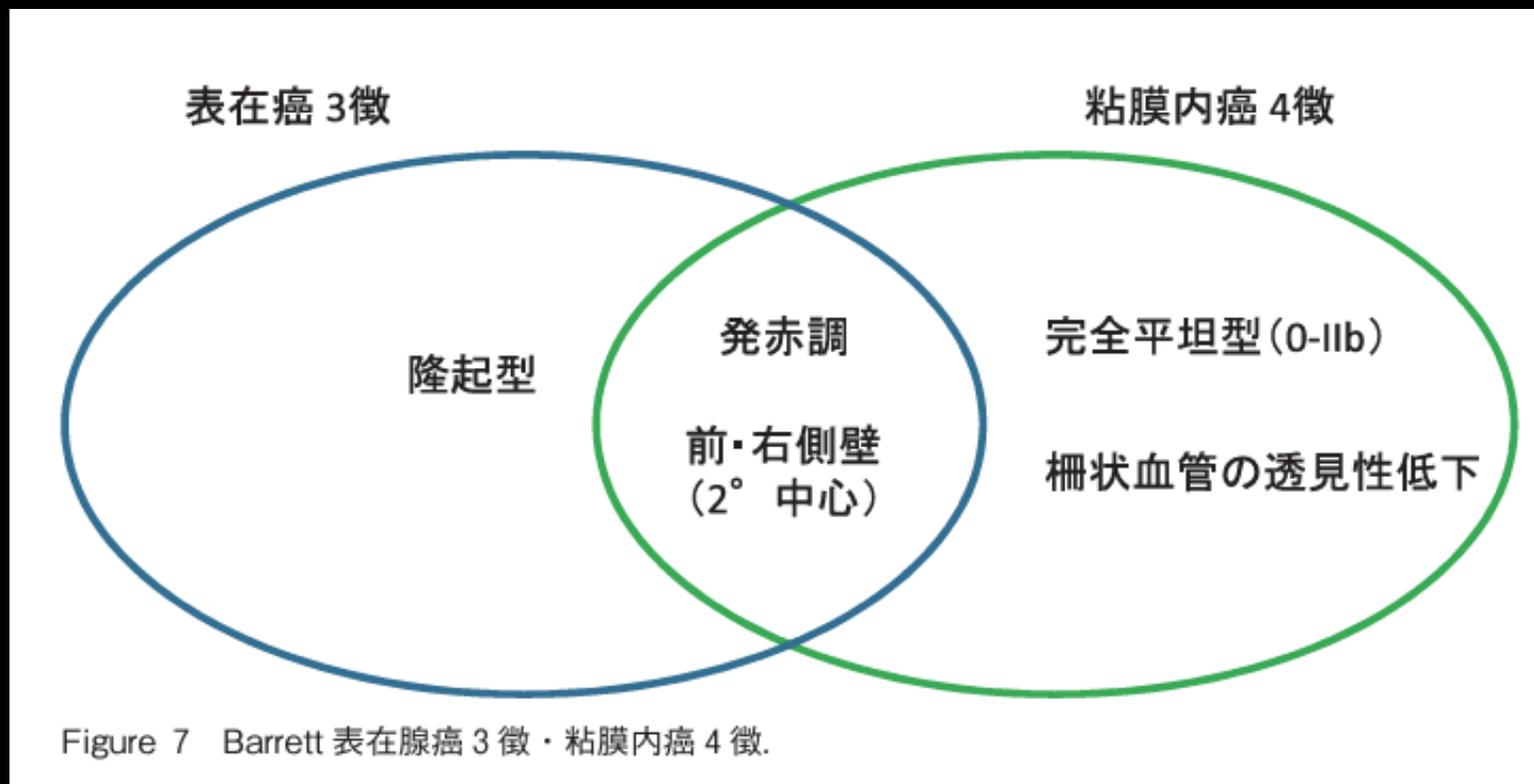
- ・ 固有食道腺
- ・ 粘膜筋板の二層化
- ・ 扁平上皮島



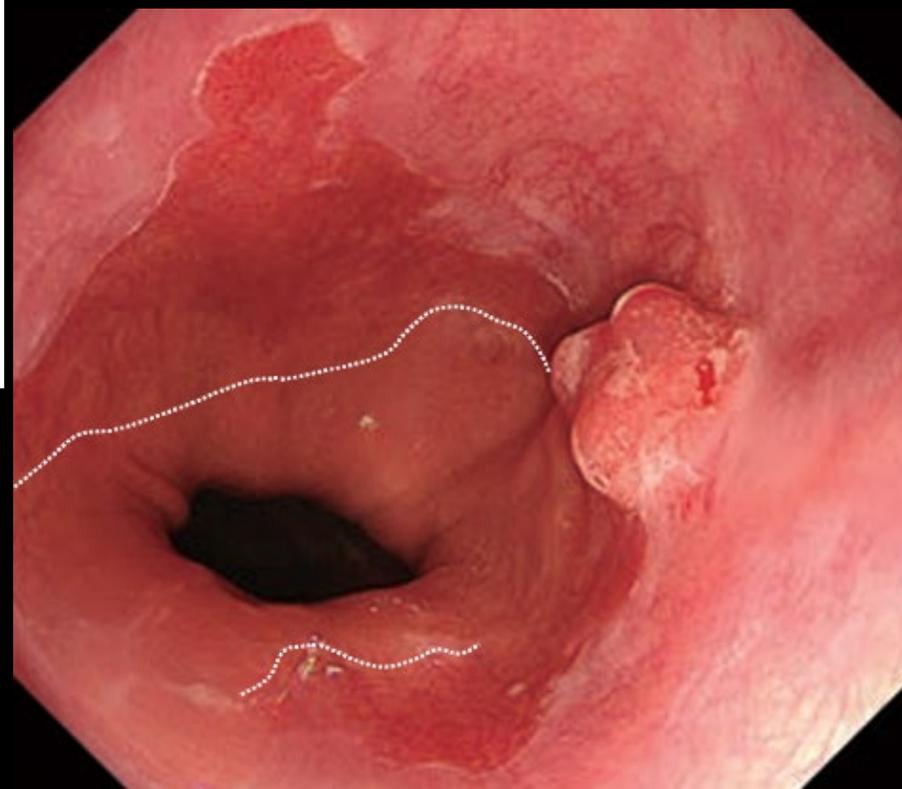
## Barrett腺癌（内視鏡像の特徴）

- ・ 好発部位は0時から2時方向（前壁～右壁）
- ・ 8割以上が発赤調
- ・ PPI投与で消炎させた後に観察すると発見しやすくこともあるが、PPI投与や生検で再生上皮に被覆されてしまう可能性もある
- ・ 4-9割で扁平上皮下進展を認める

# Barrett腺癌（深達度）



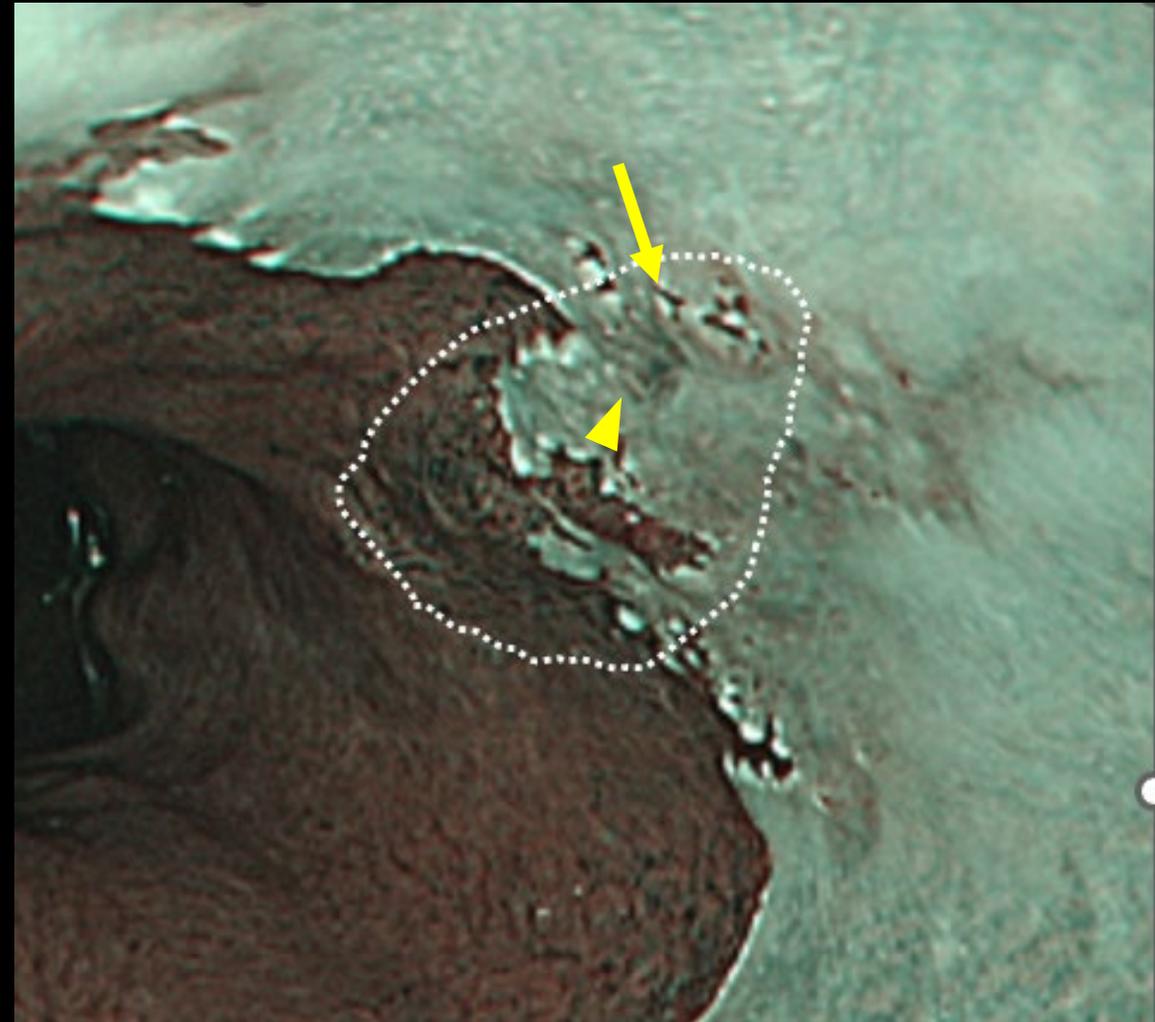
●隆起型Barrett食道癌の1例



隆起型は0-II型に比べて  
リンパ節転移率が有意に高い

## Barrett腺癌（扁平上皮下進展）

- ・ 病変から連続して扁平上皮部に淡い発赤（NBI観察では淡い茶色）を認める
- ・ 粘膜下腫瘍様に隆起していることもある
- ・ 酢酸散布による特徴的な内視鏡所見として **small white sign**(小孔・小白斑・溝状の構造)がある
- ・ NBI+酢酸を併用することでより視認性が向上すると言われている



## Barrett腺癌（扁平上皮下進展）

small white sign は扁平上皮下進展した癌腺管が扁平上皮内に浸潤し、**表面に開口**した像と考えられている

