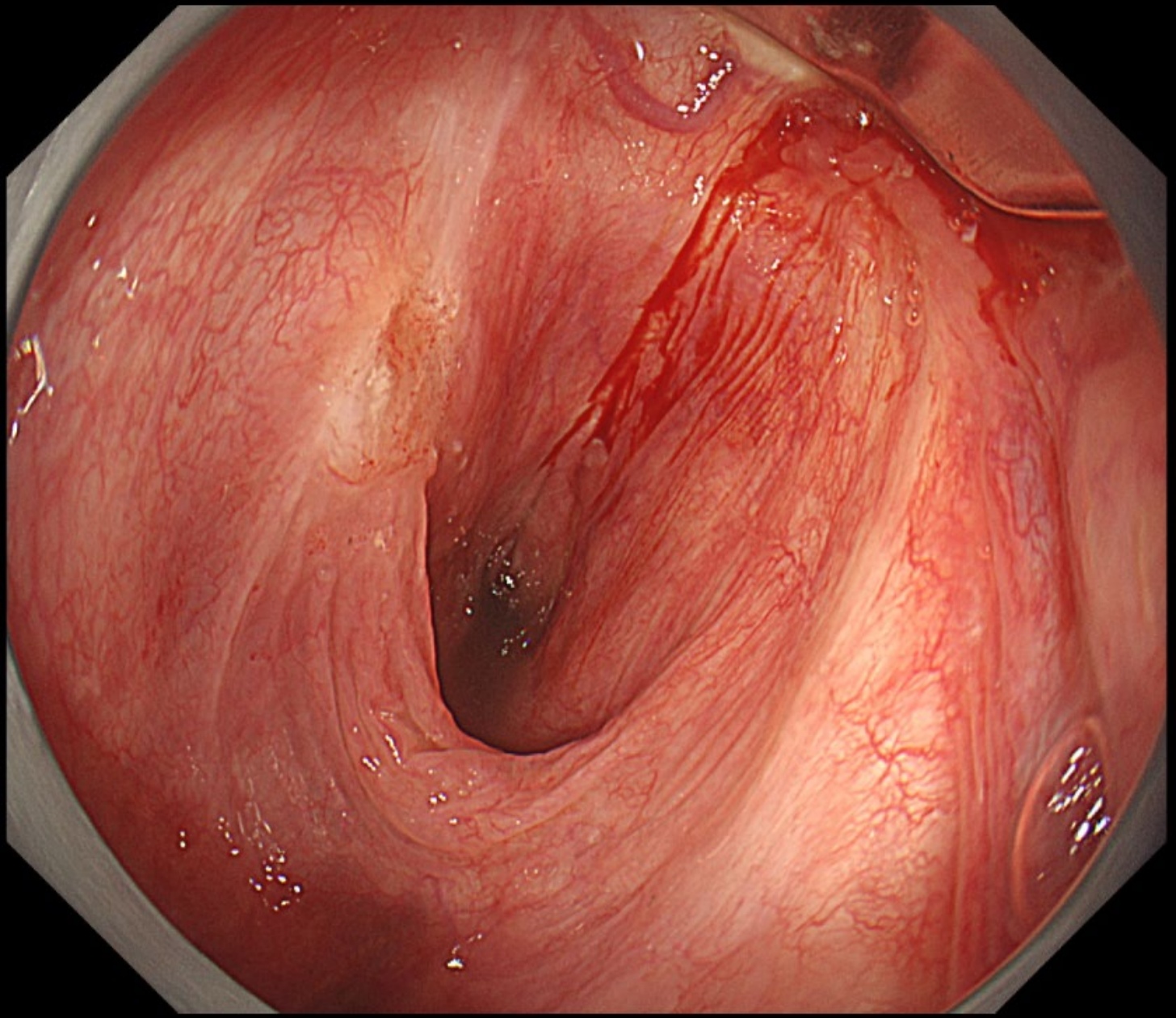
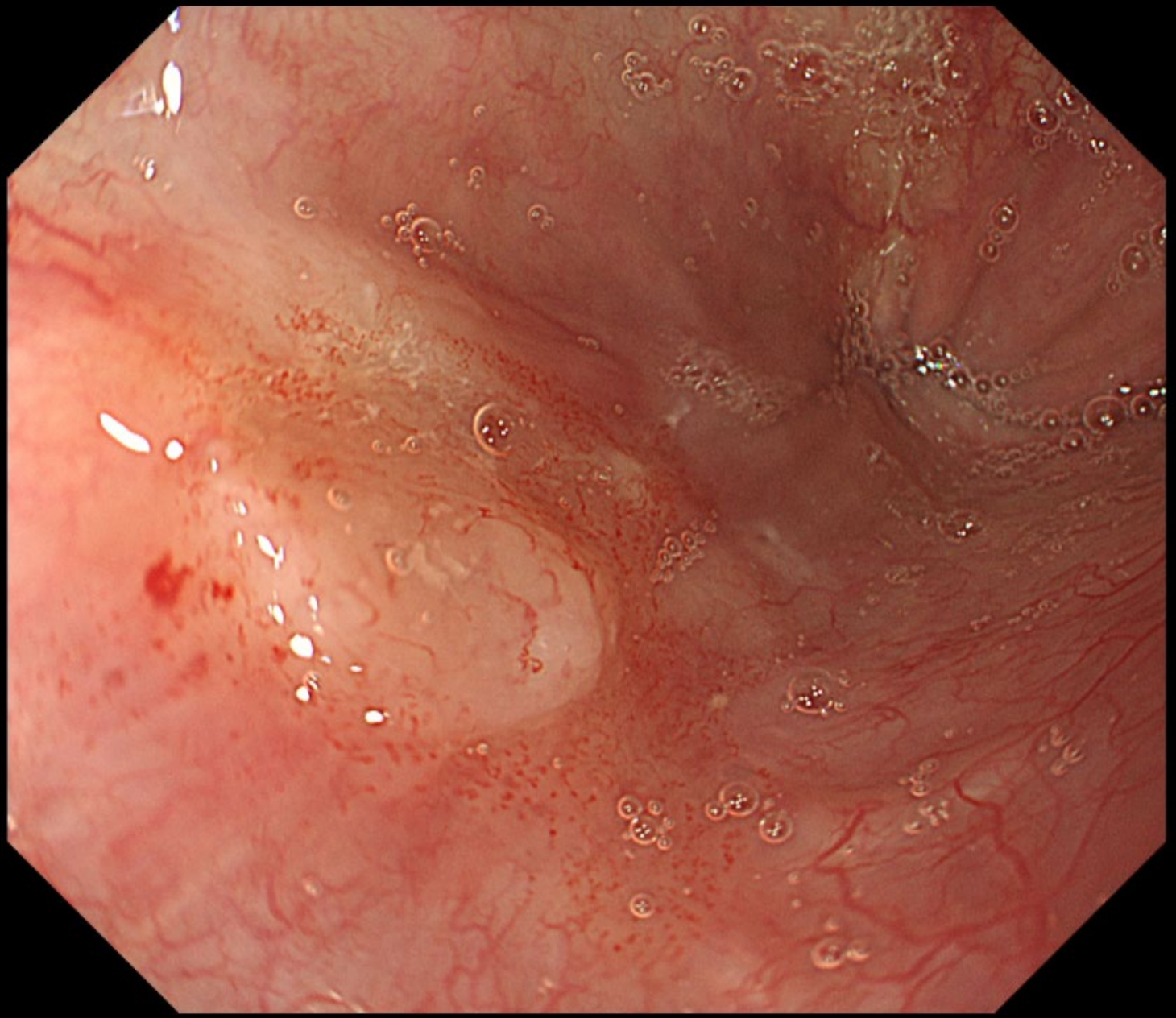
# 消化管mapping

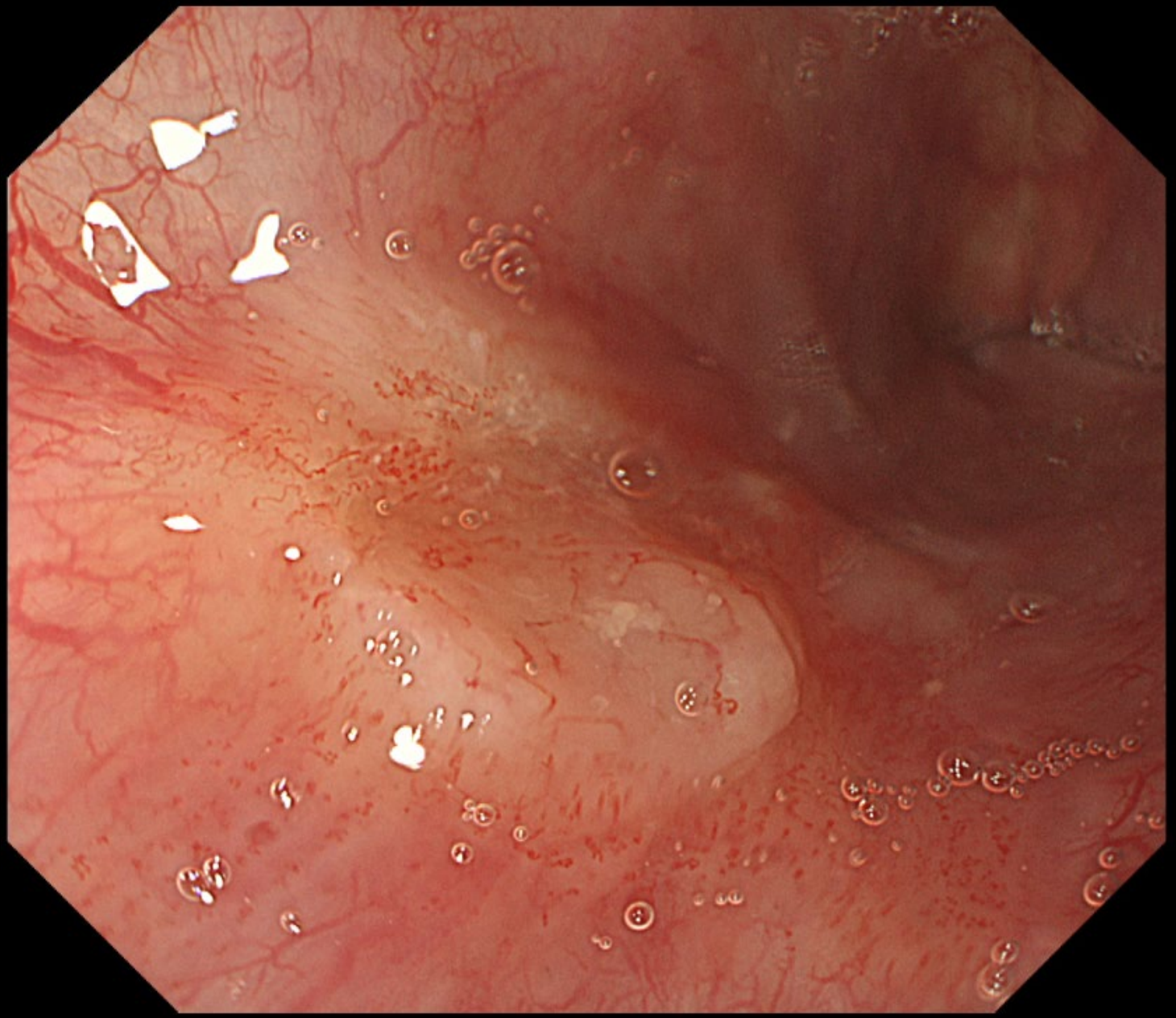
## 下咽頭

担当:
小坂　太郎

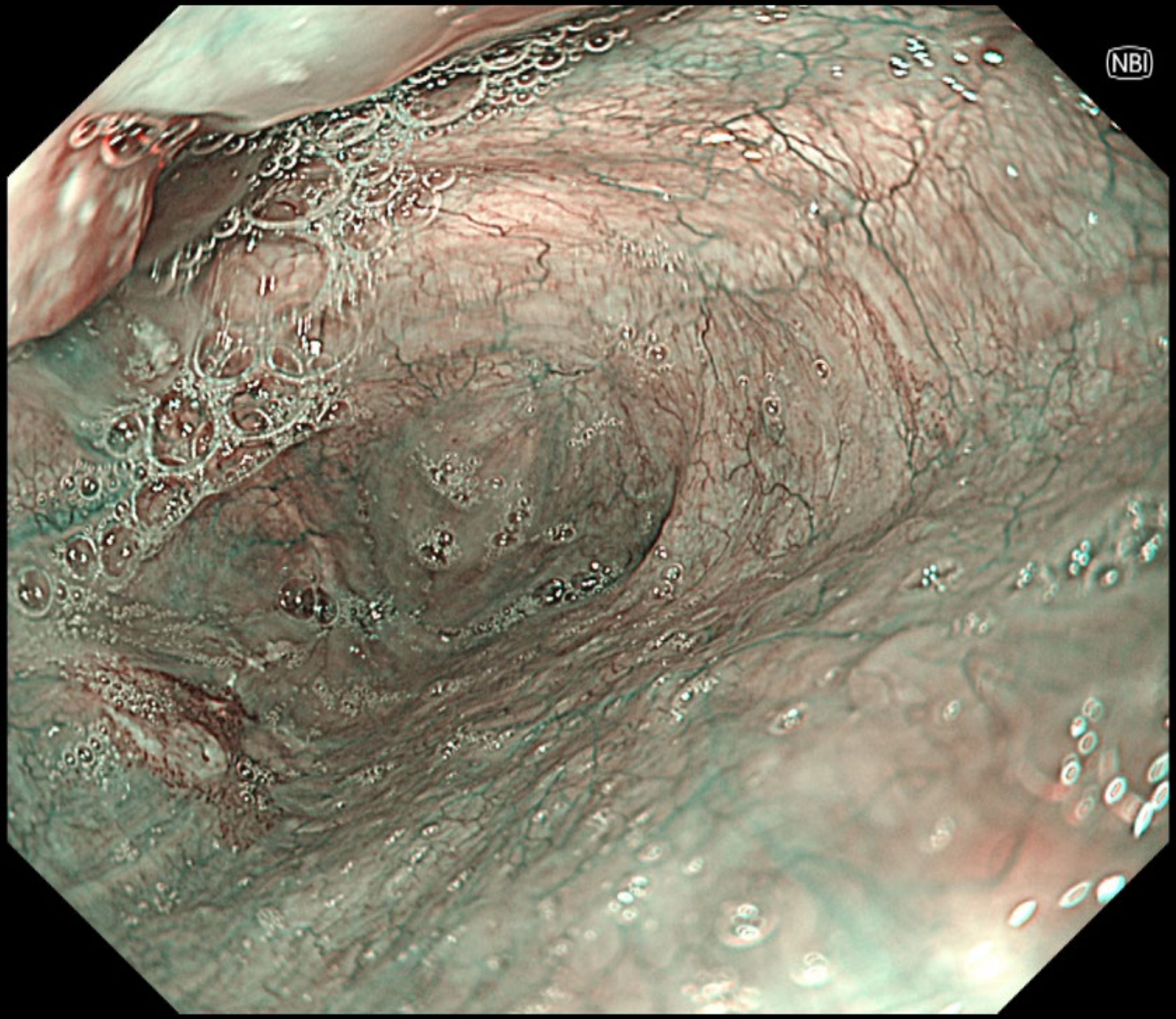
白色光3枚







NBI 7枚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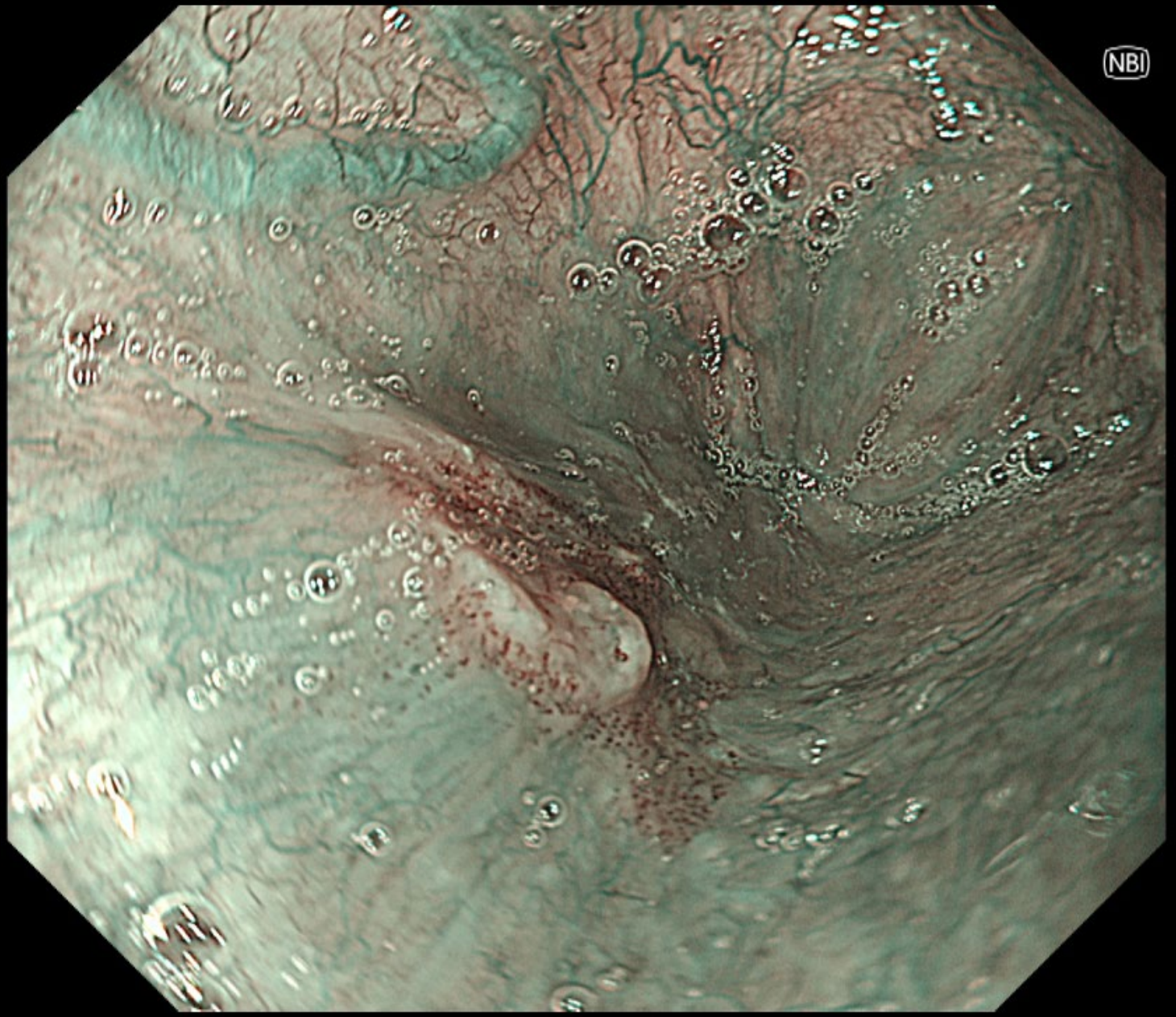
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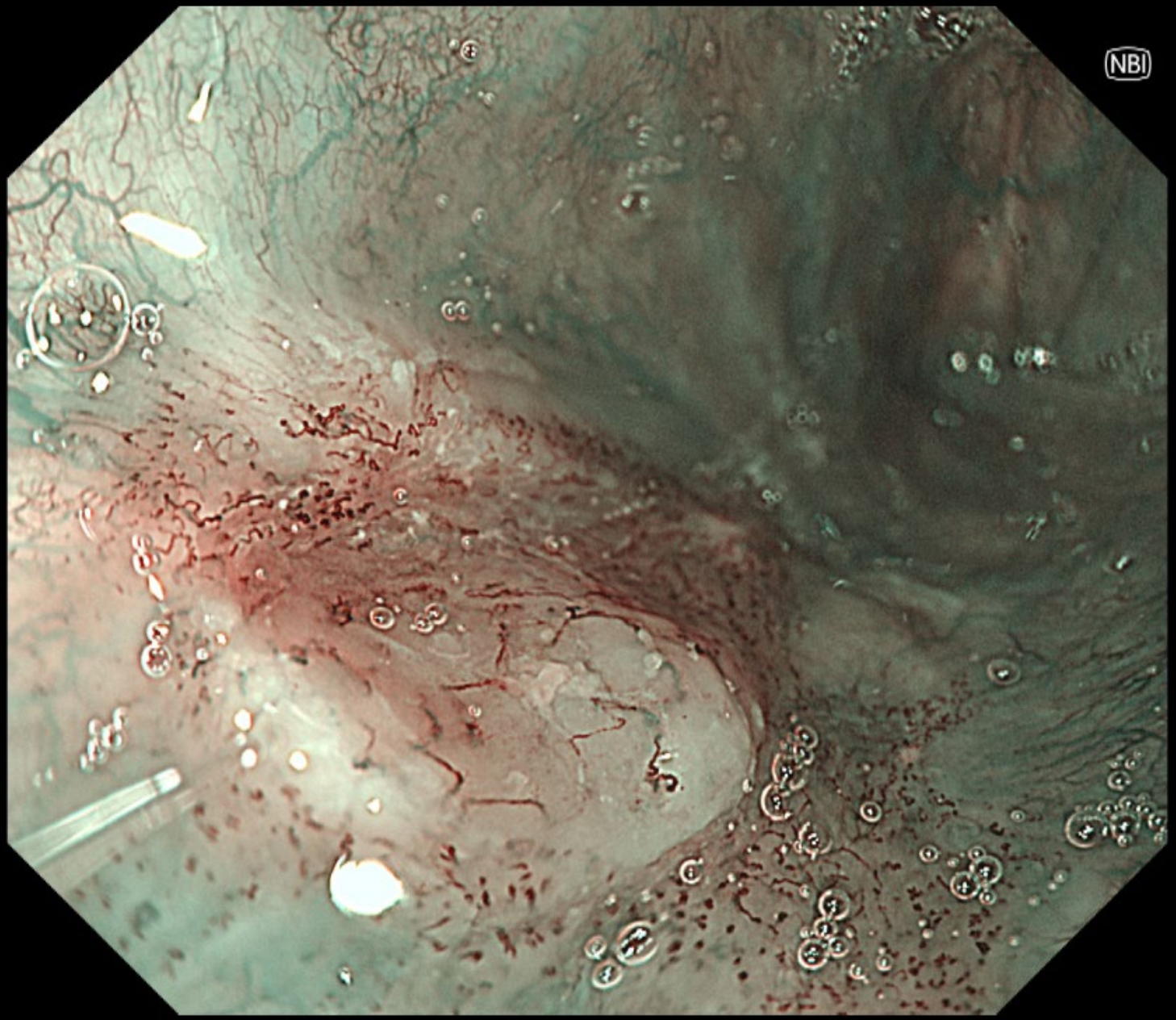
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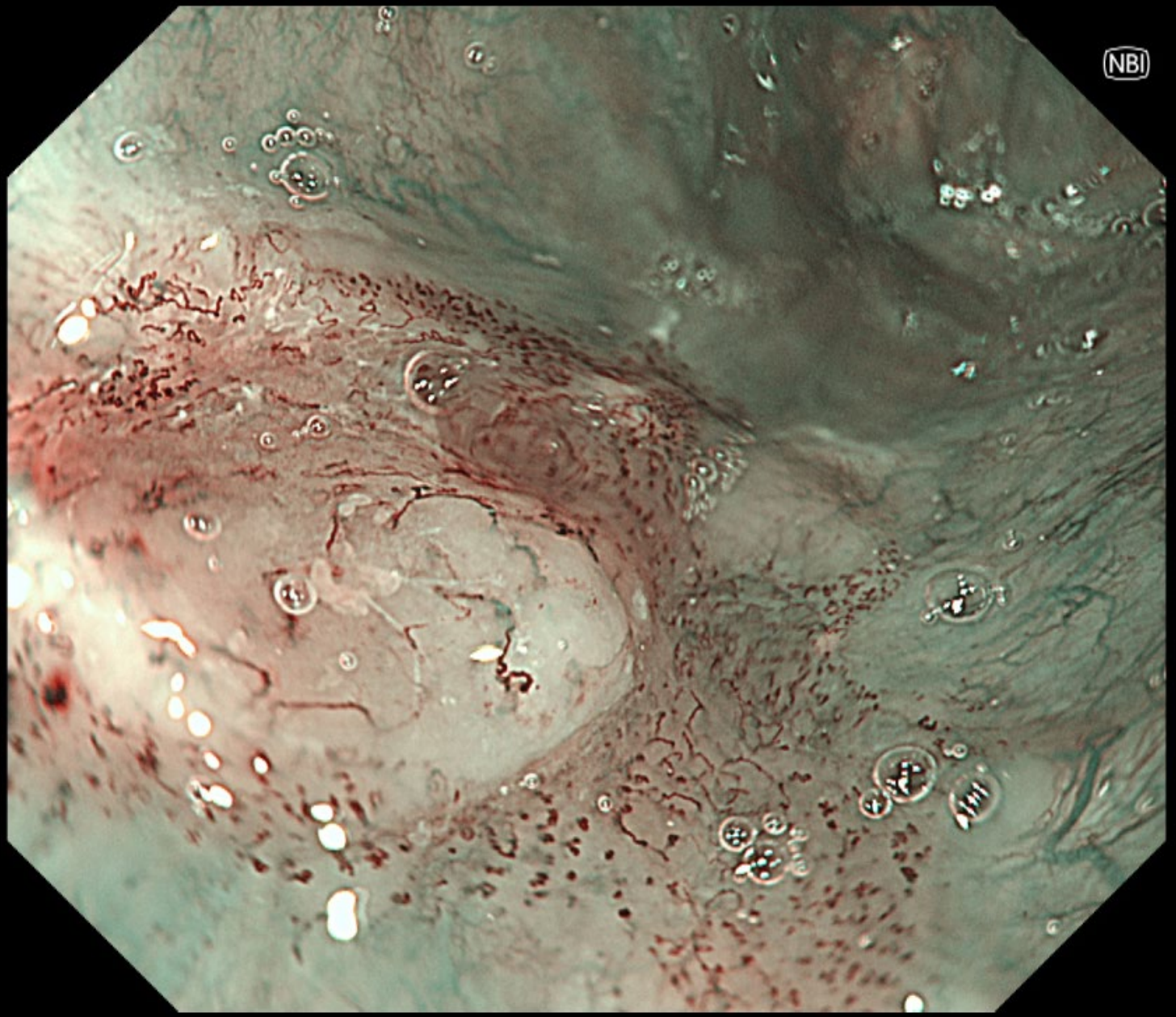
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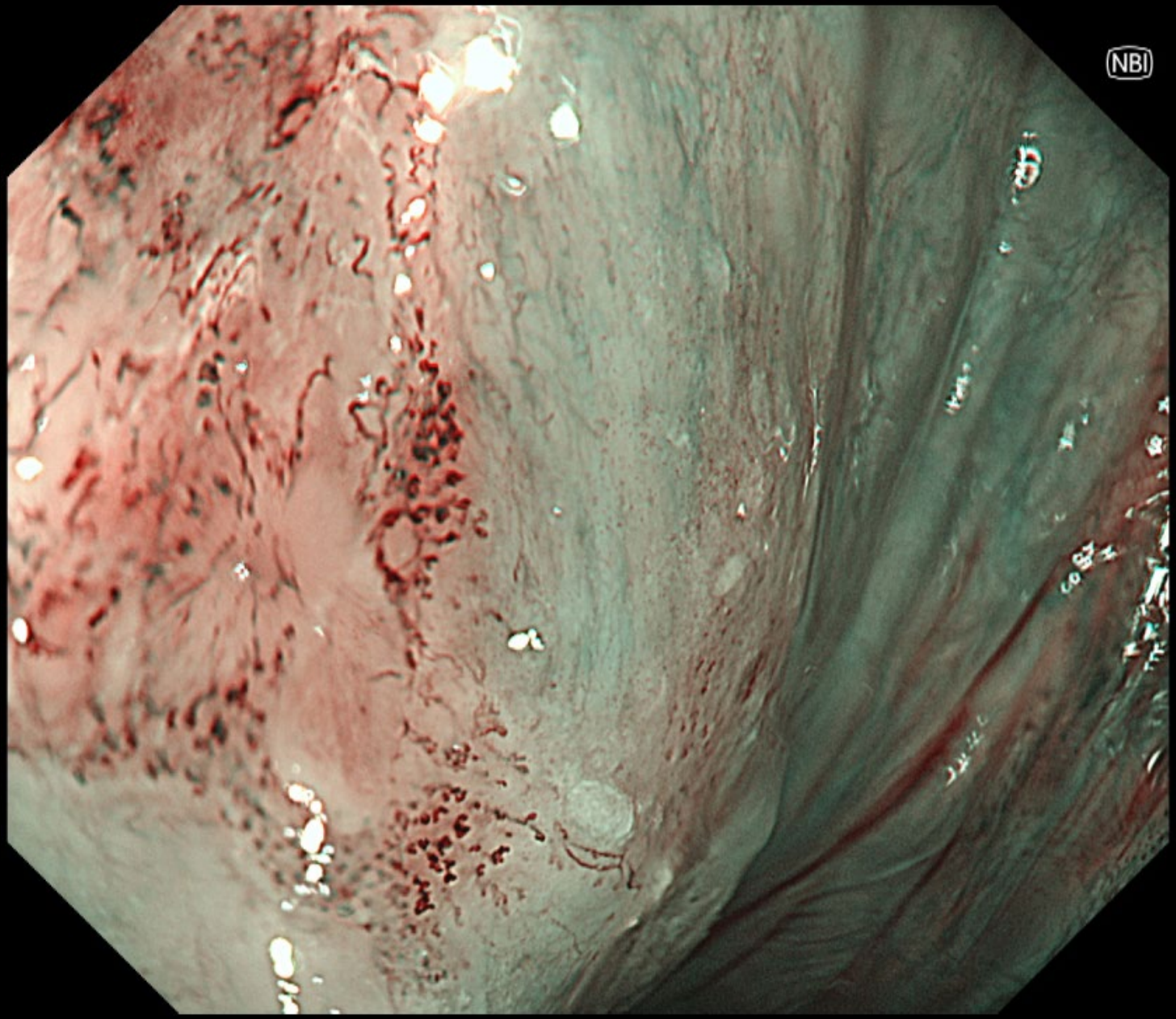
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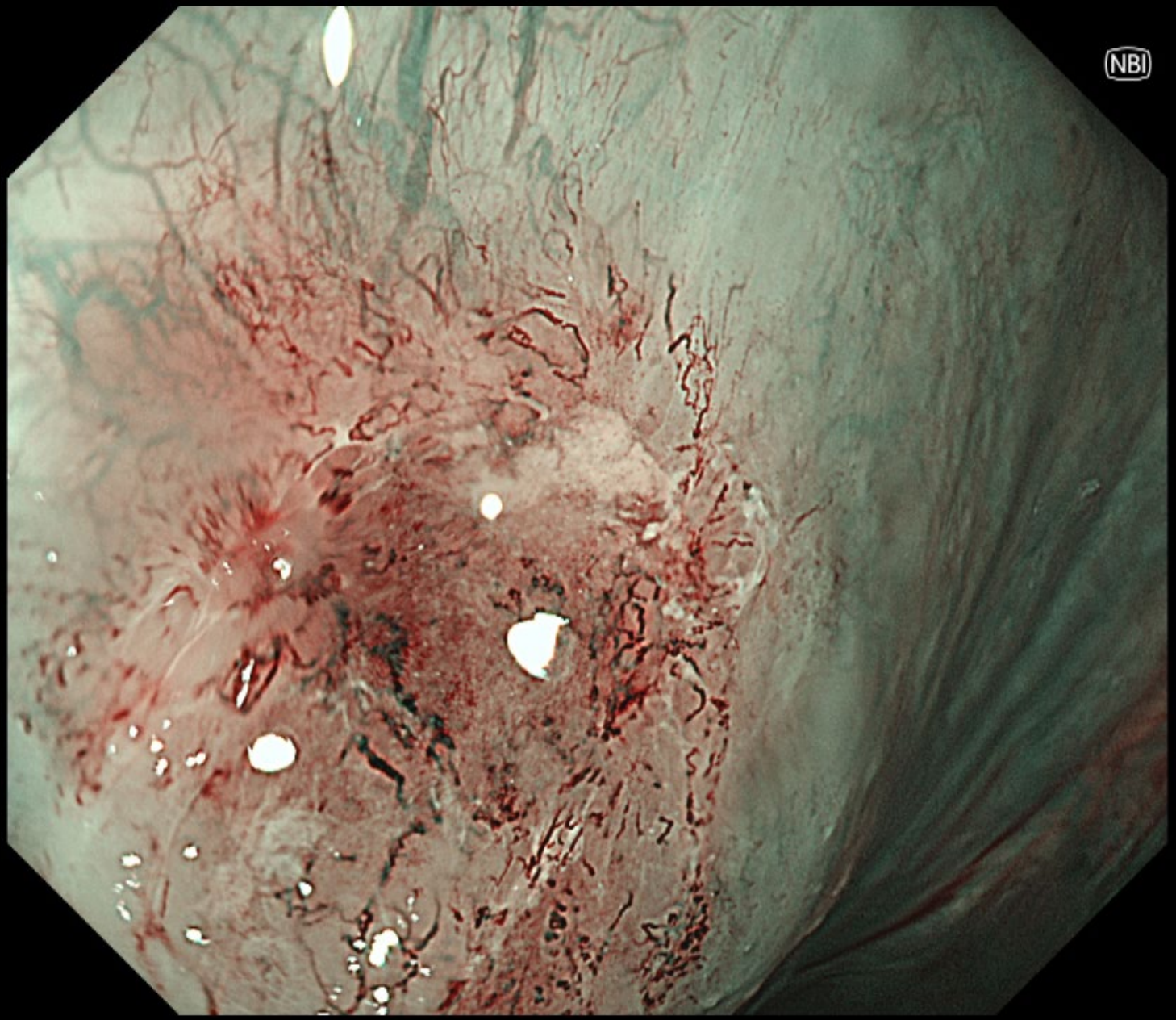
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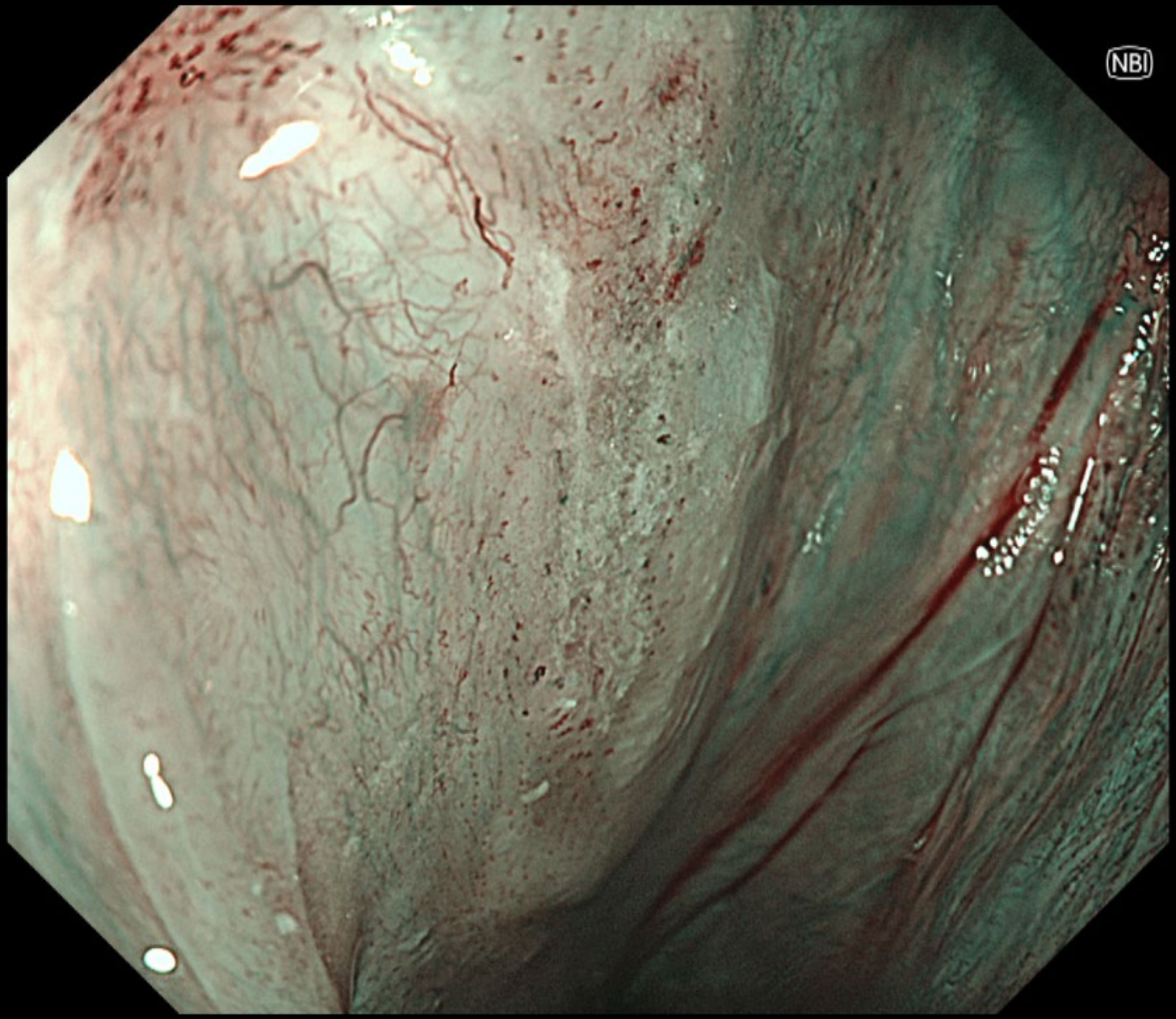
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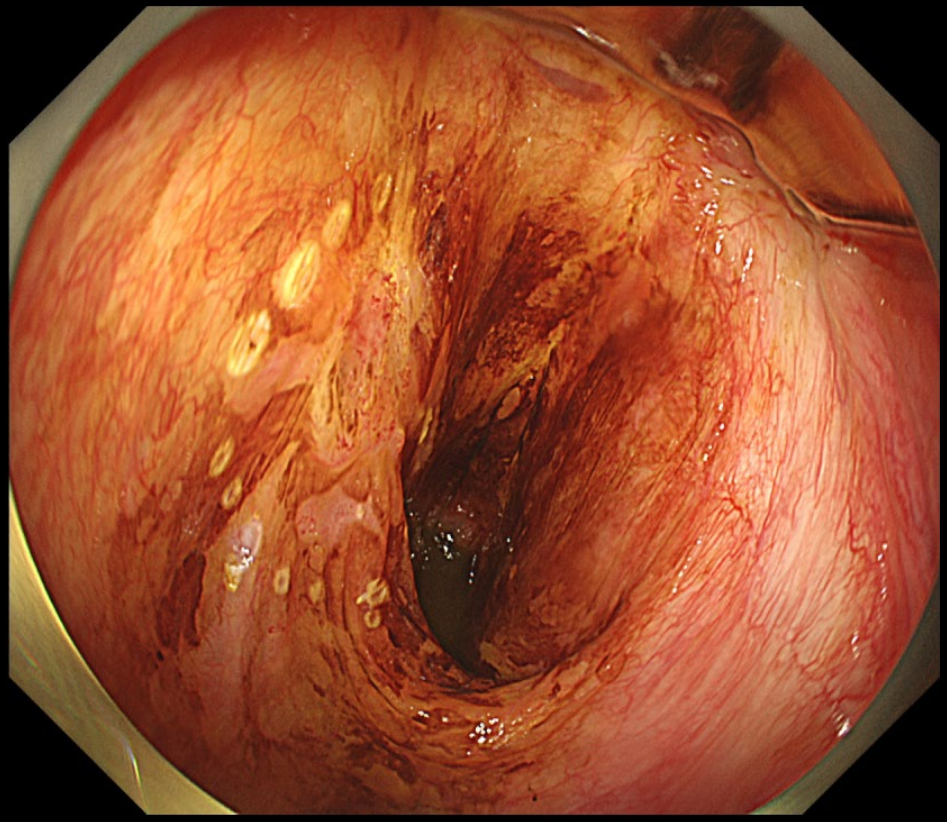
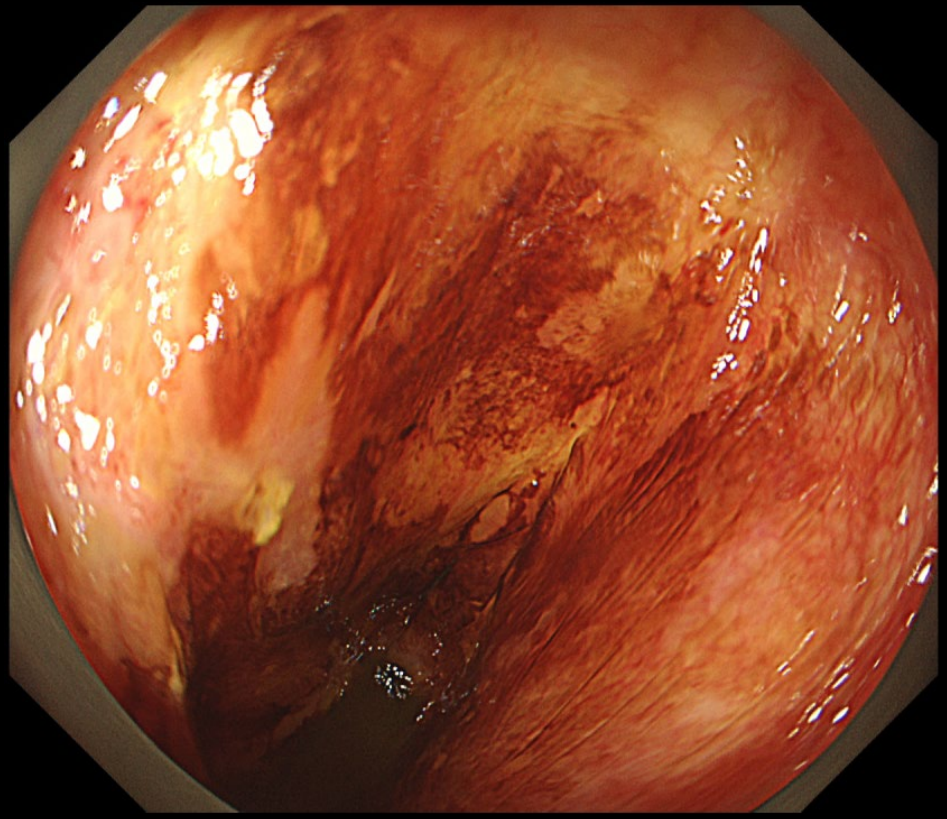
# 内視鏡診断

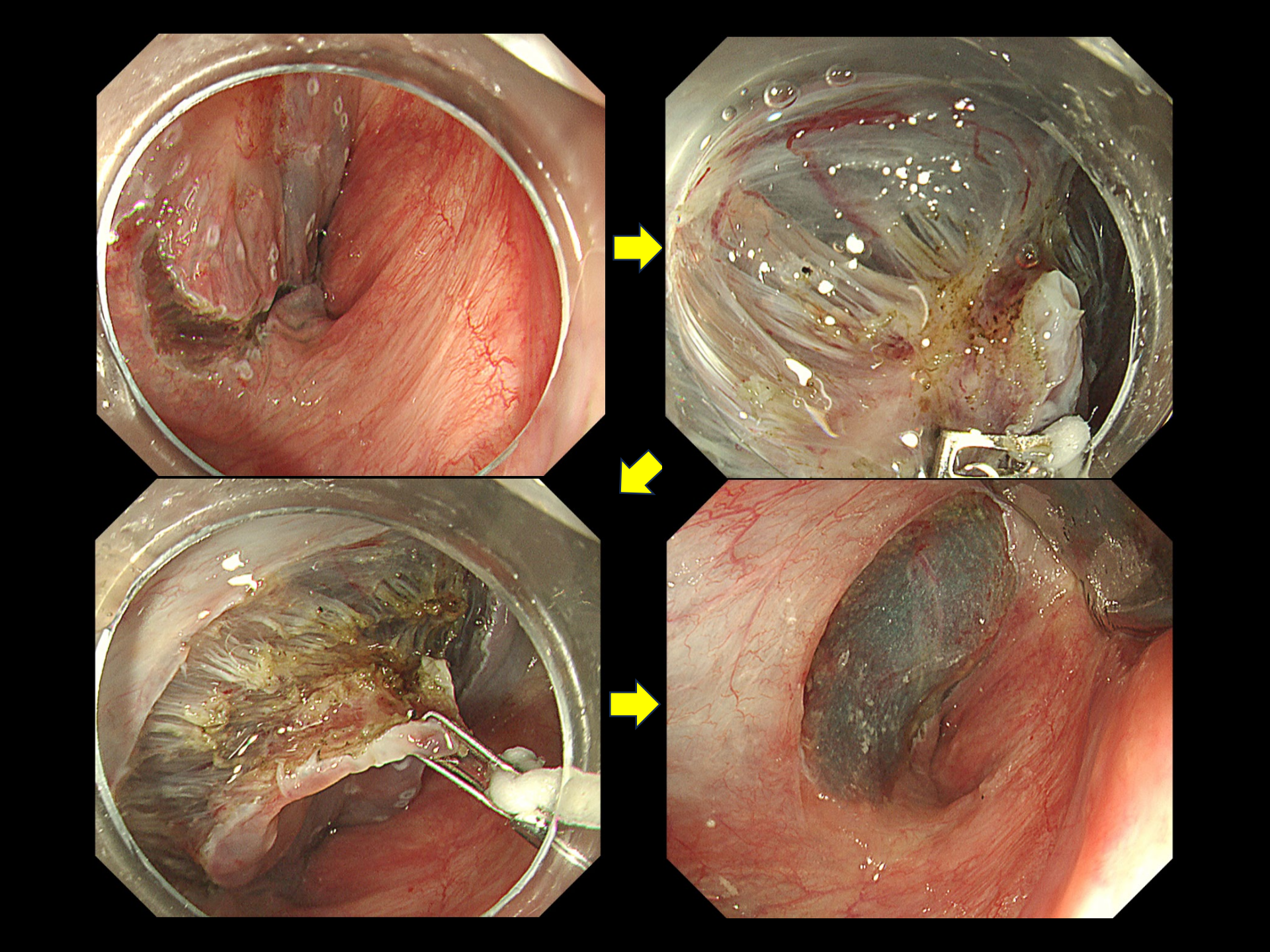
10mm, 0-IIb+IIa
厚さがあり白苔の付着を認める
Type B2, AVA middle
深達度：上皮下層

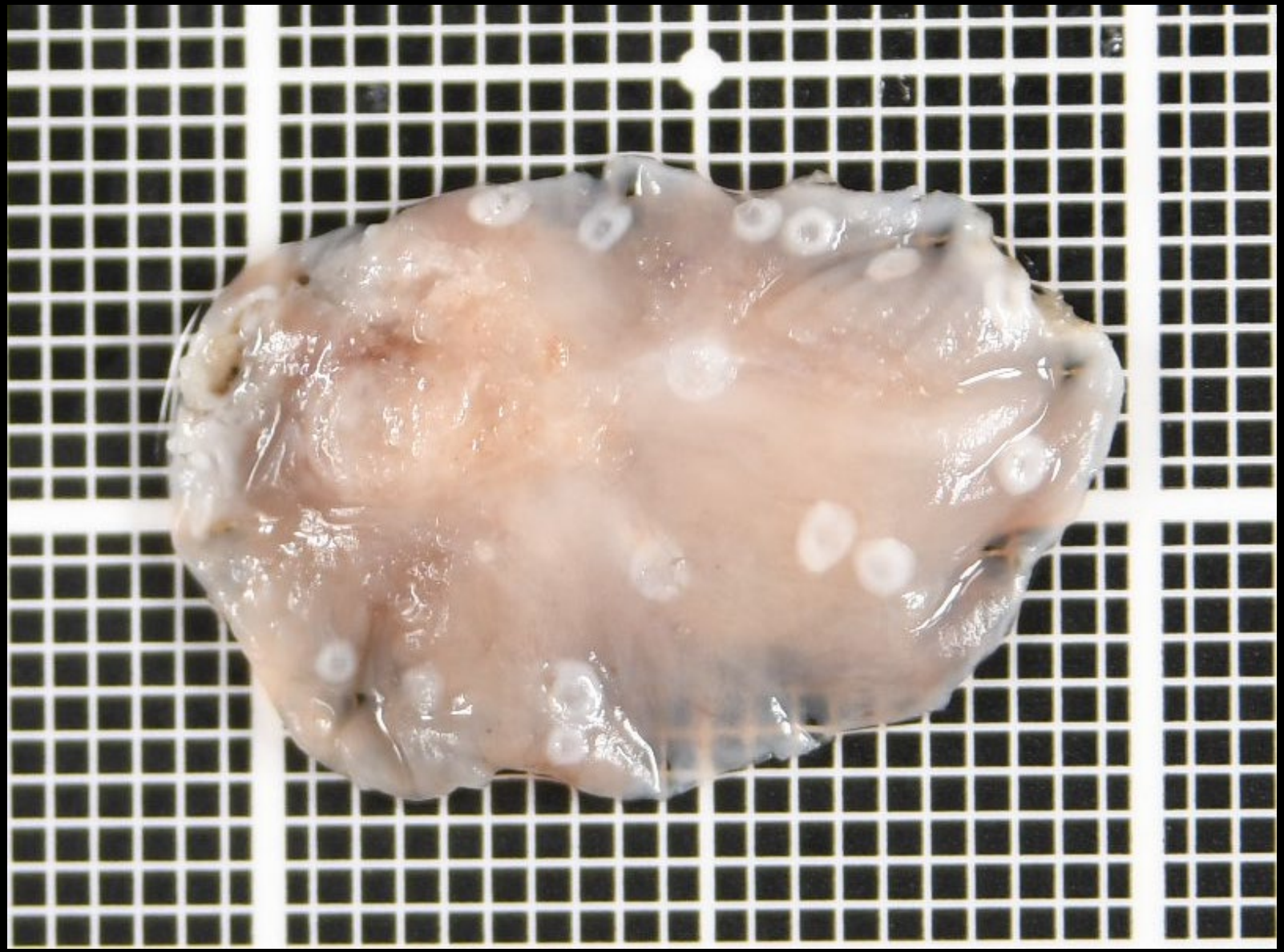
ESD適応病変と診断

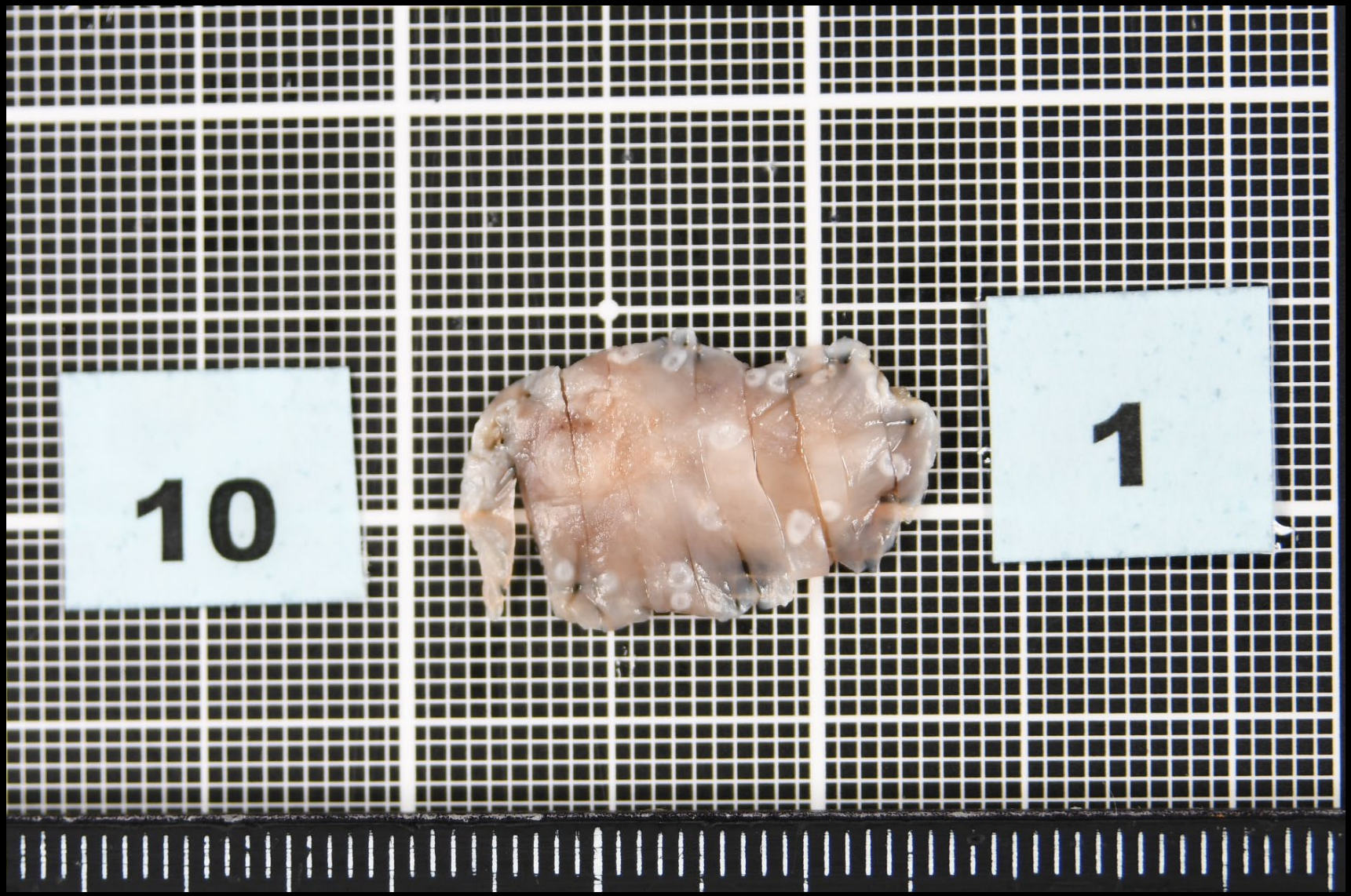
ESD







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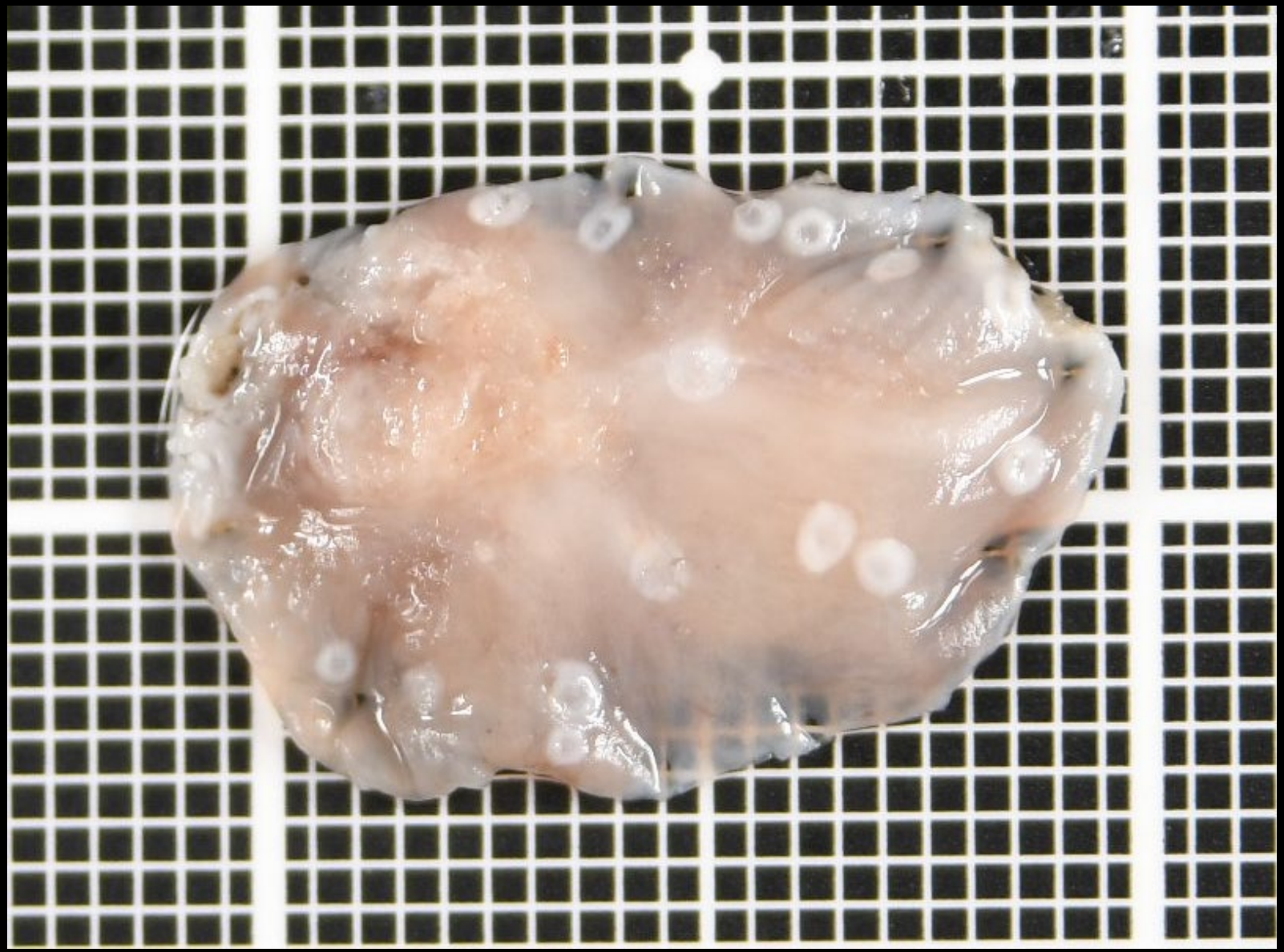
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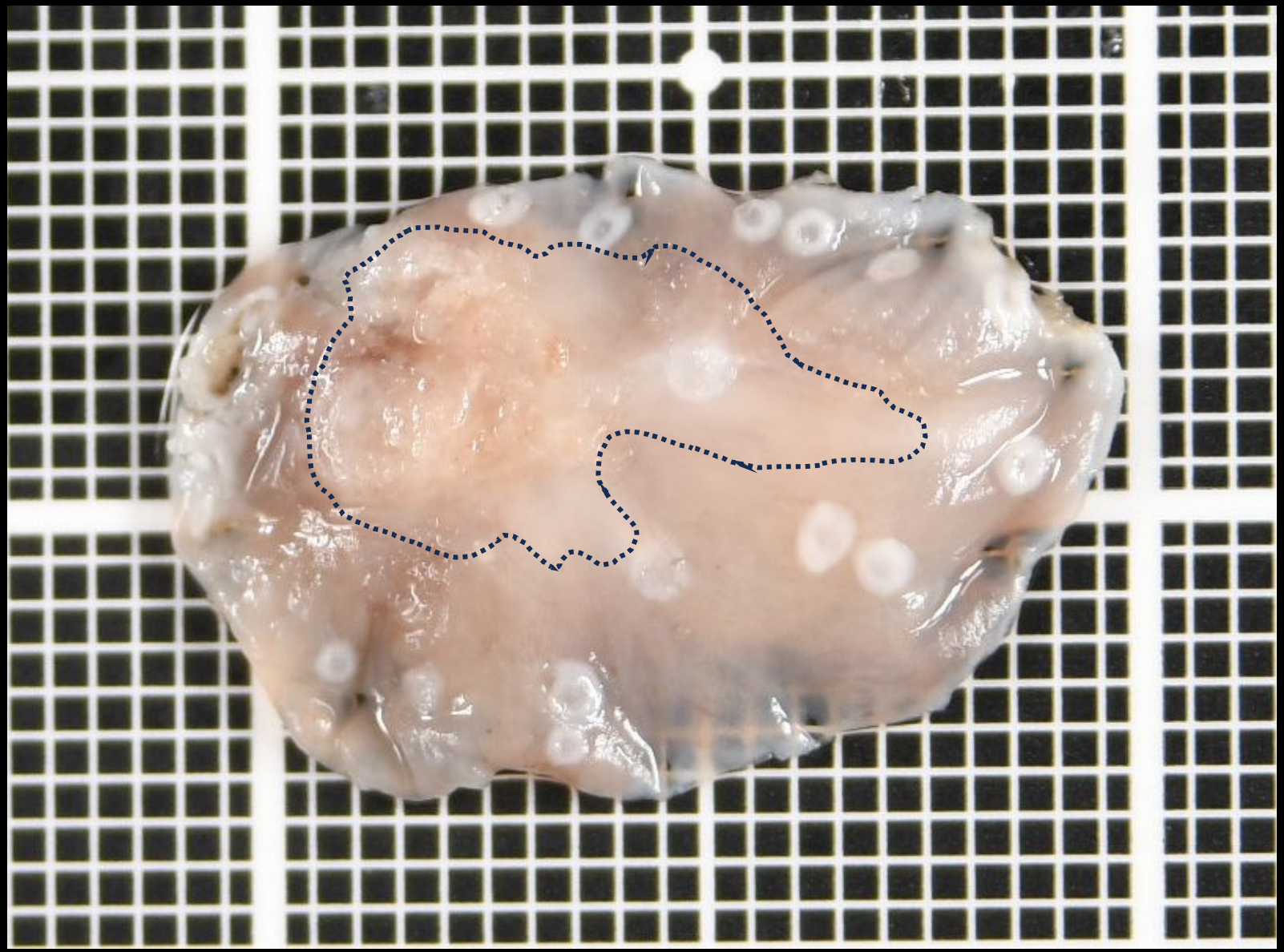
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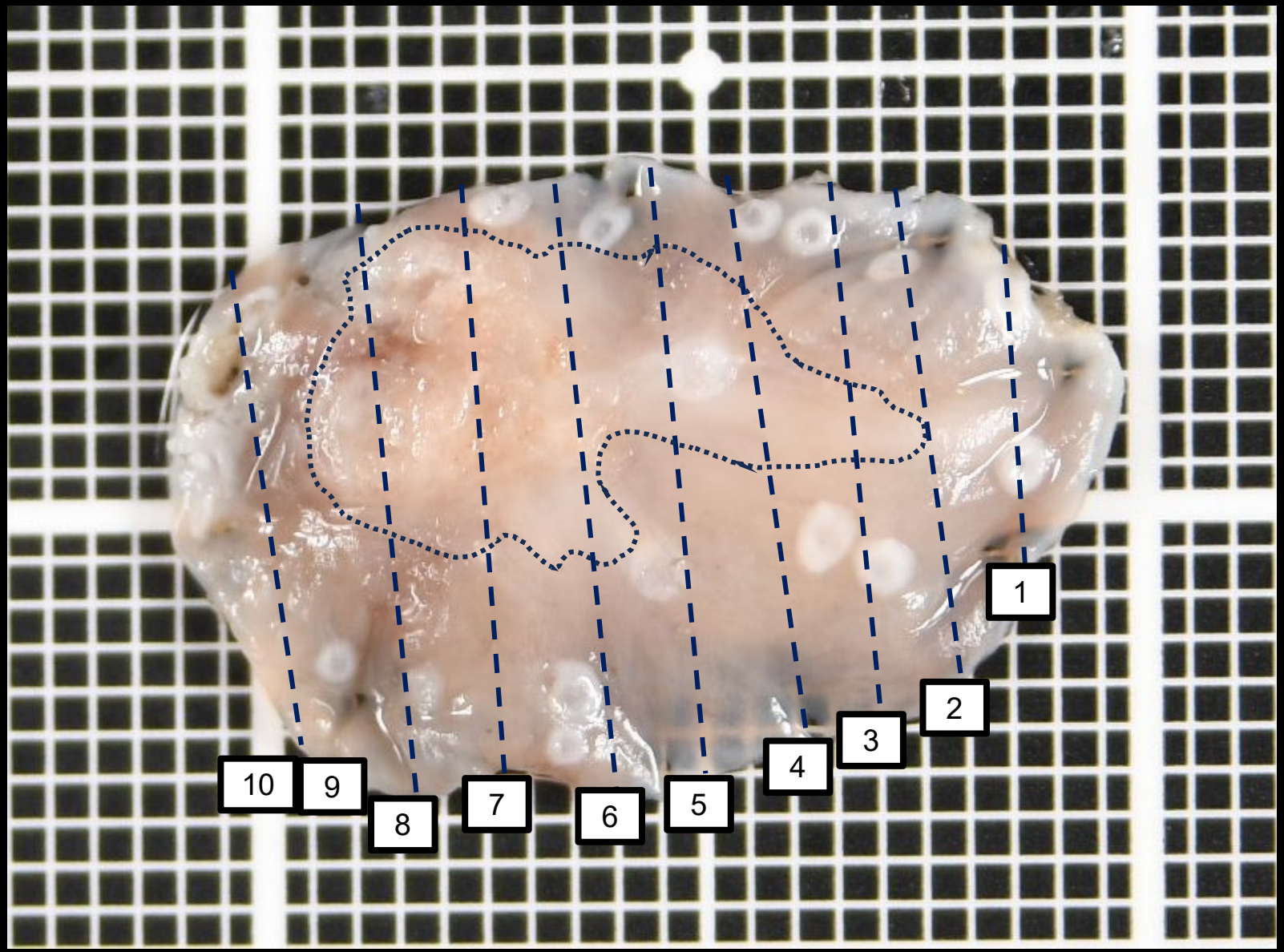
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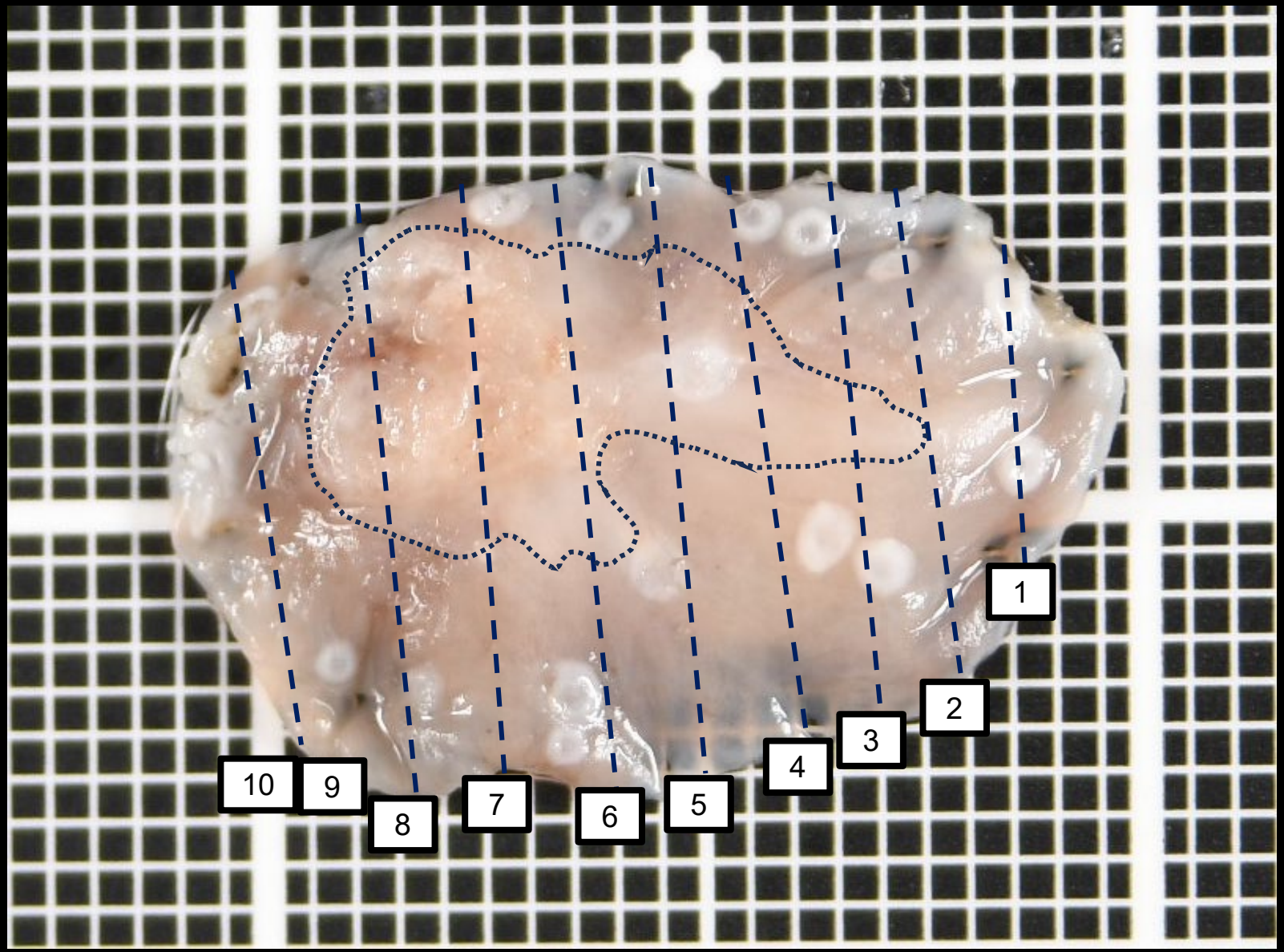
# Key Slice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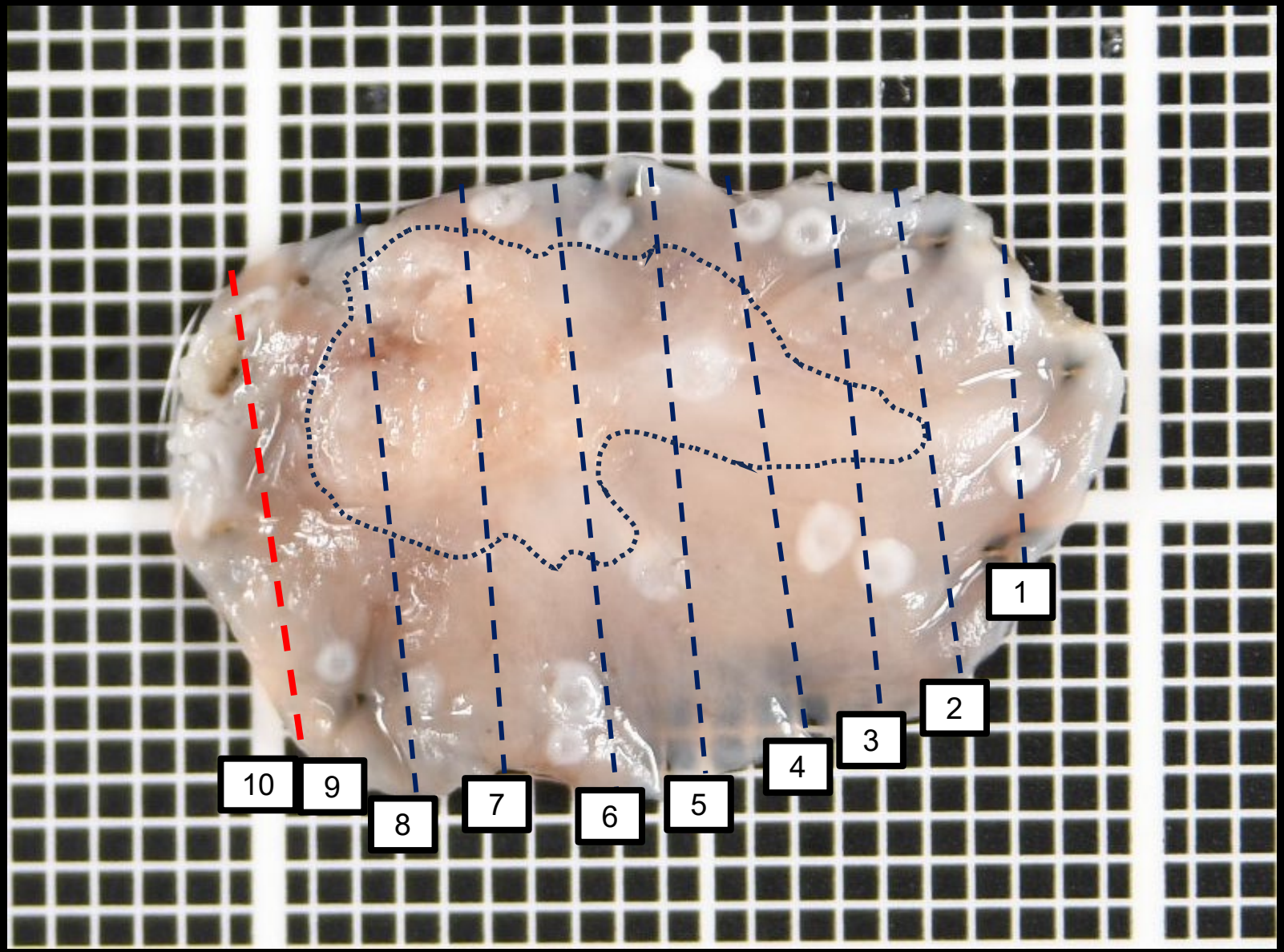
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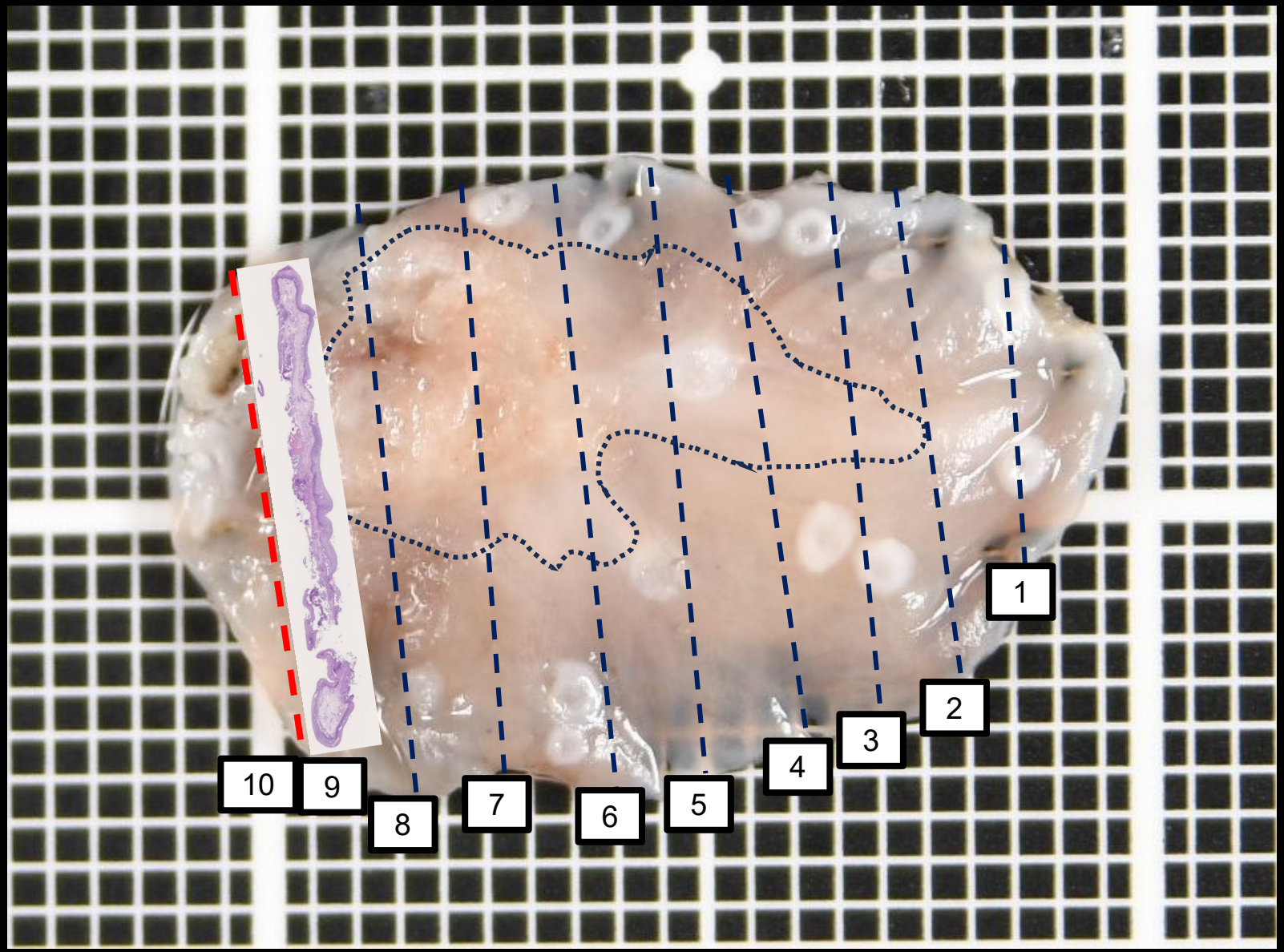
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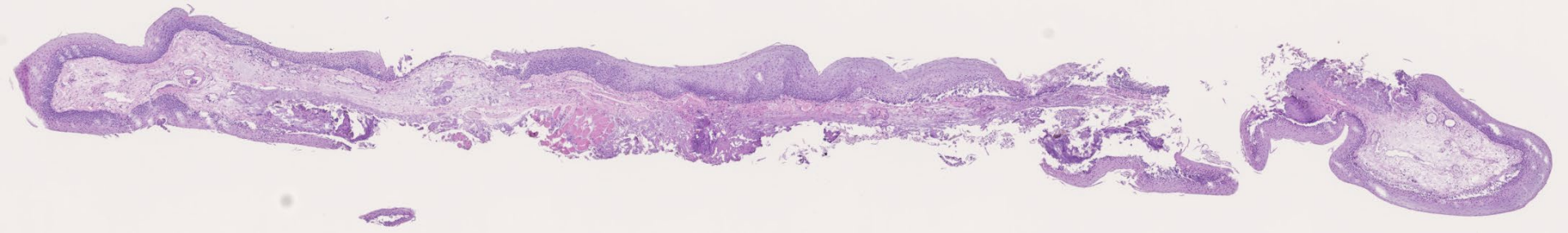

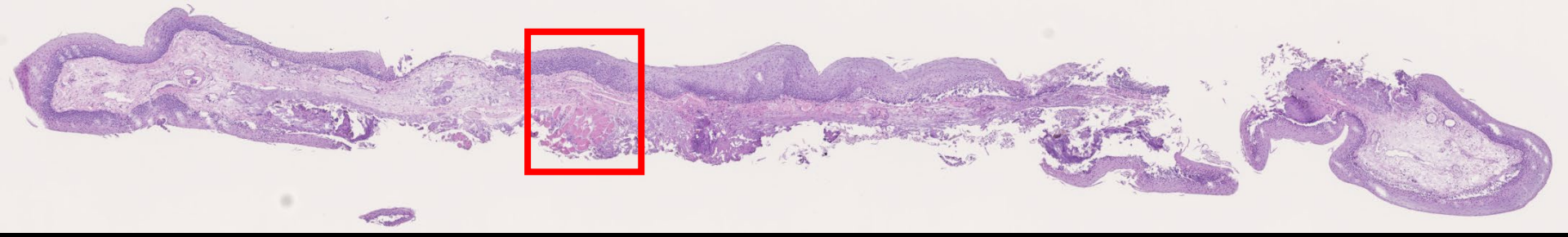

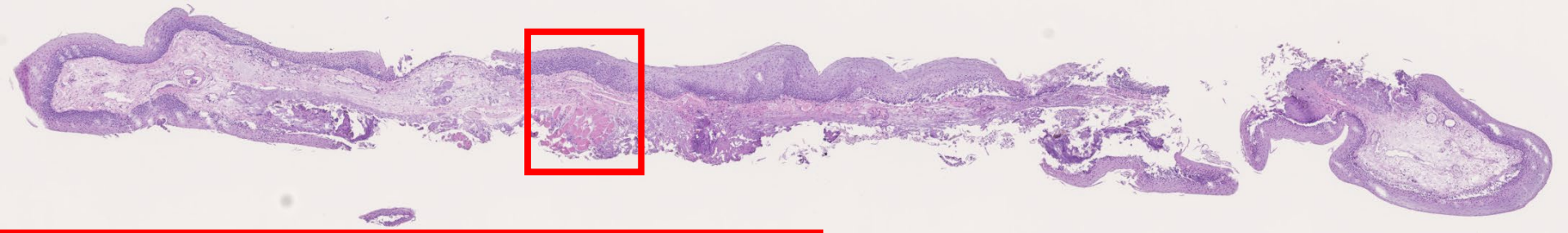

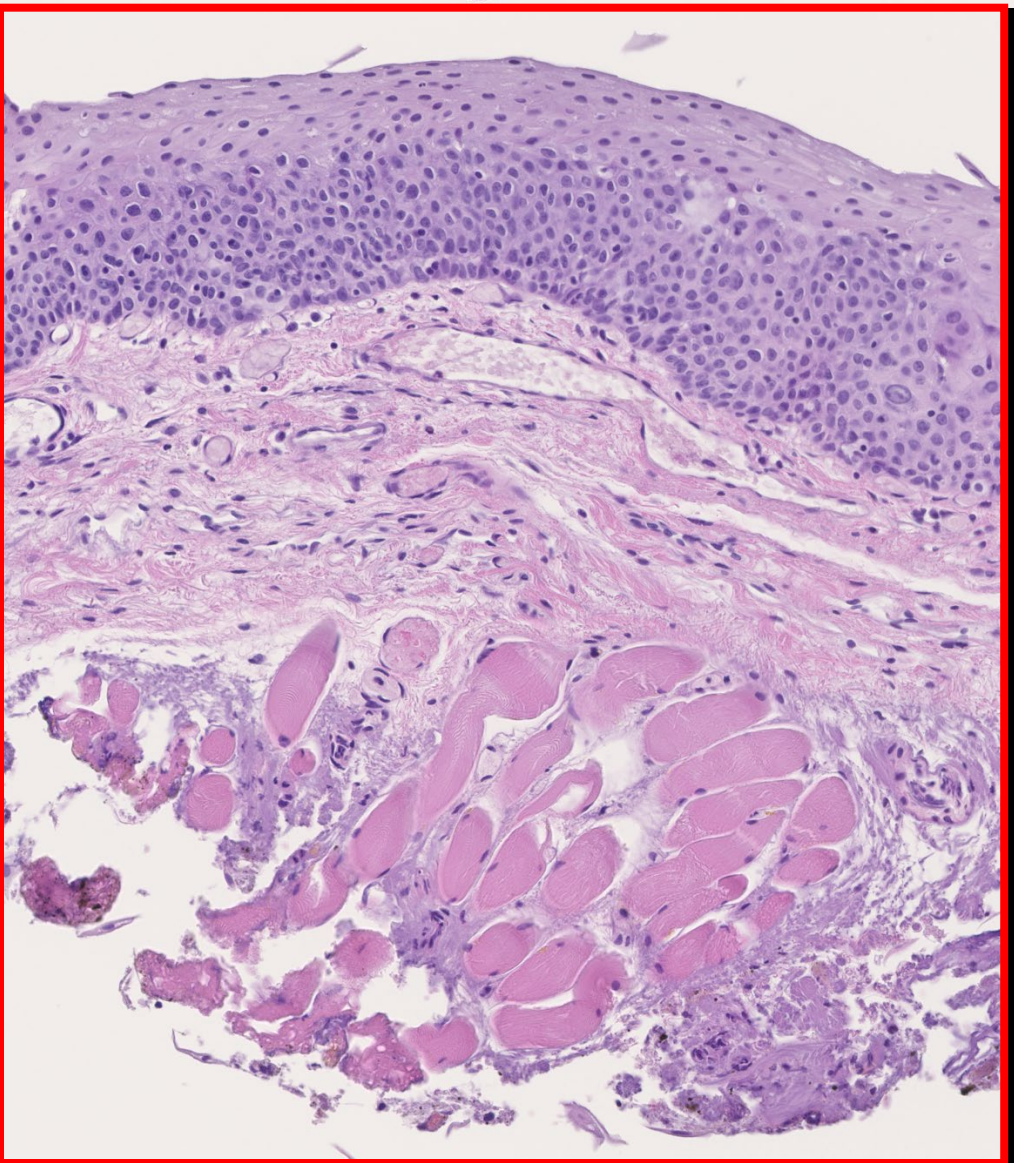

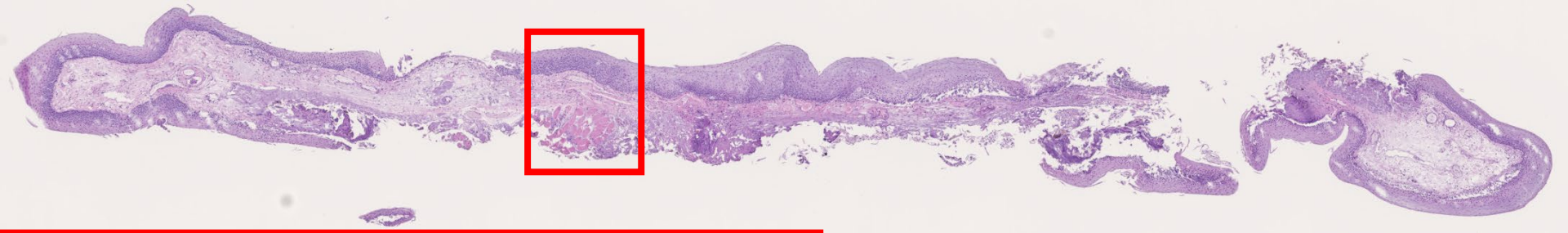

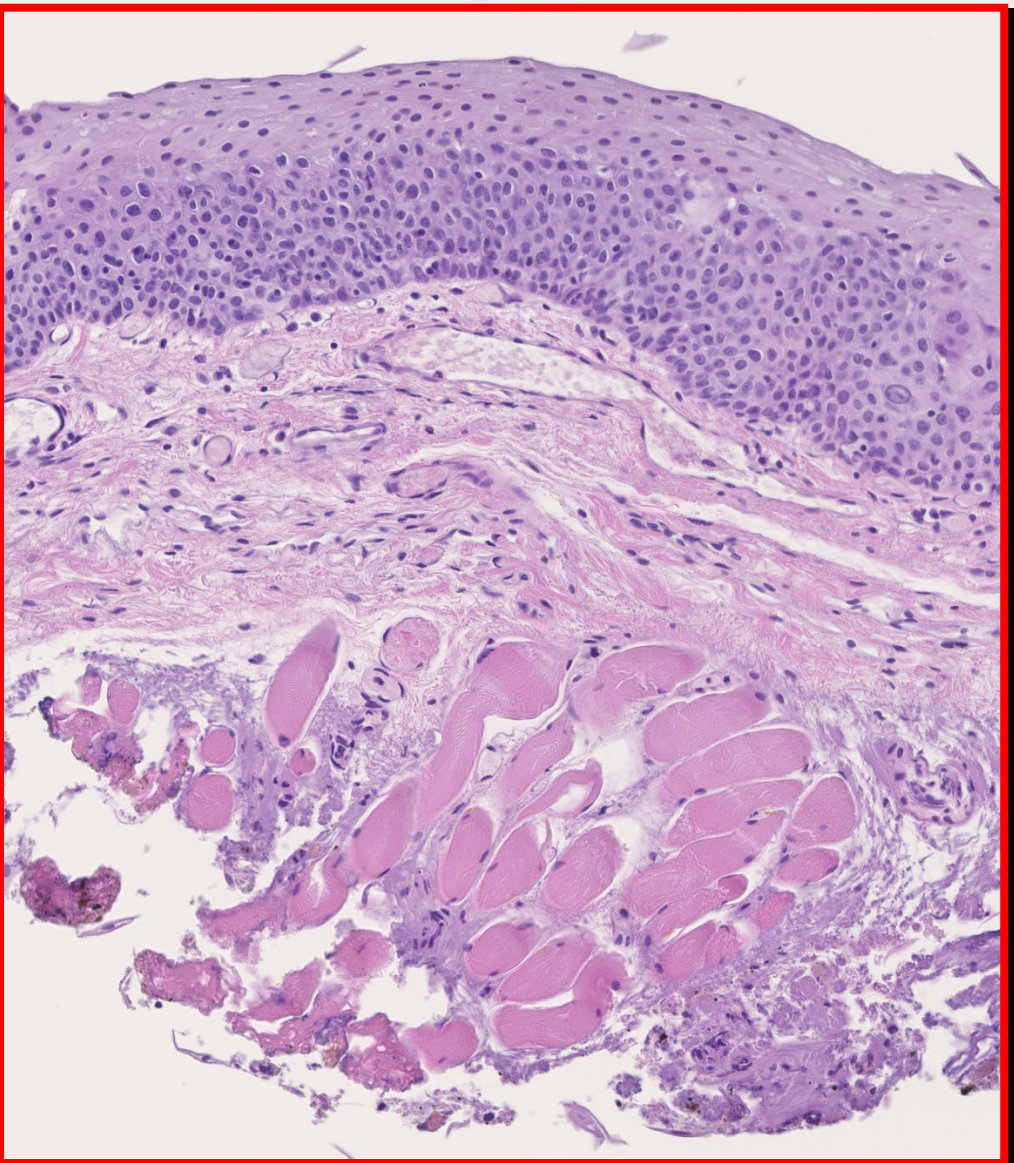

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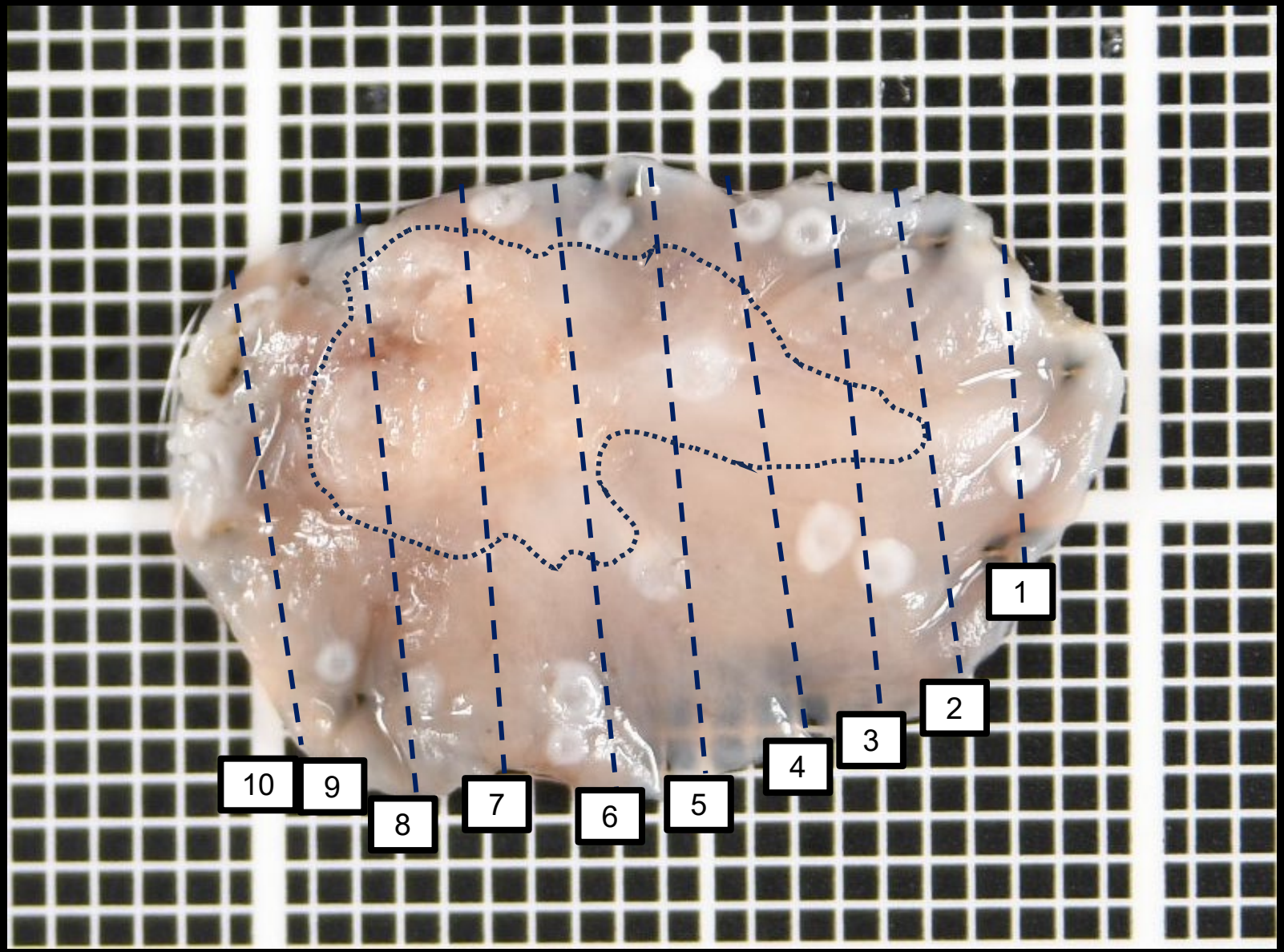
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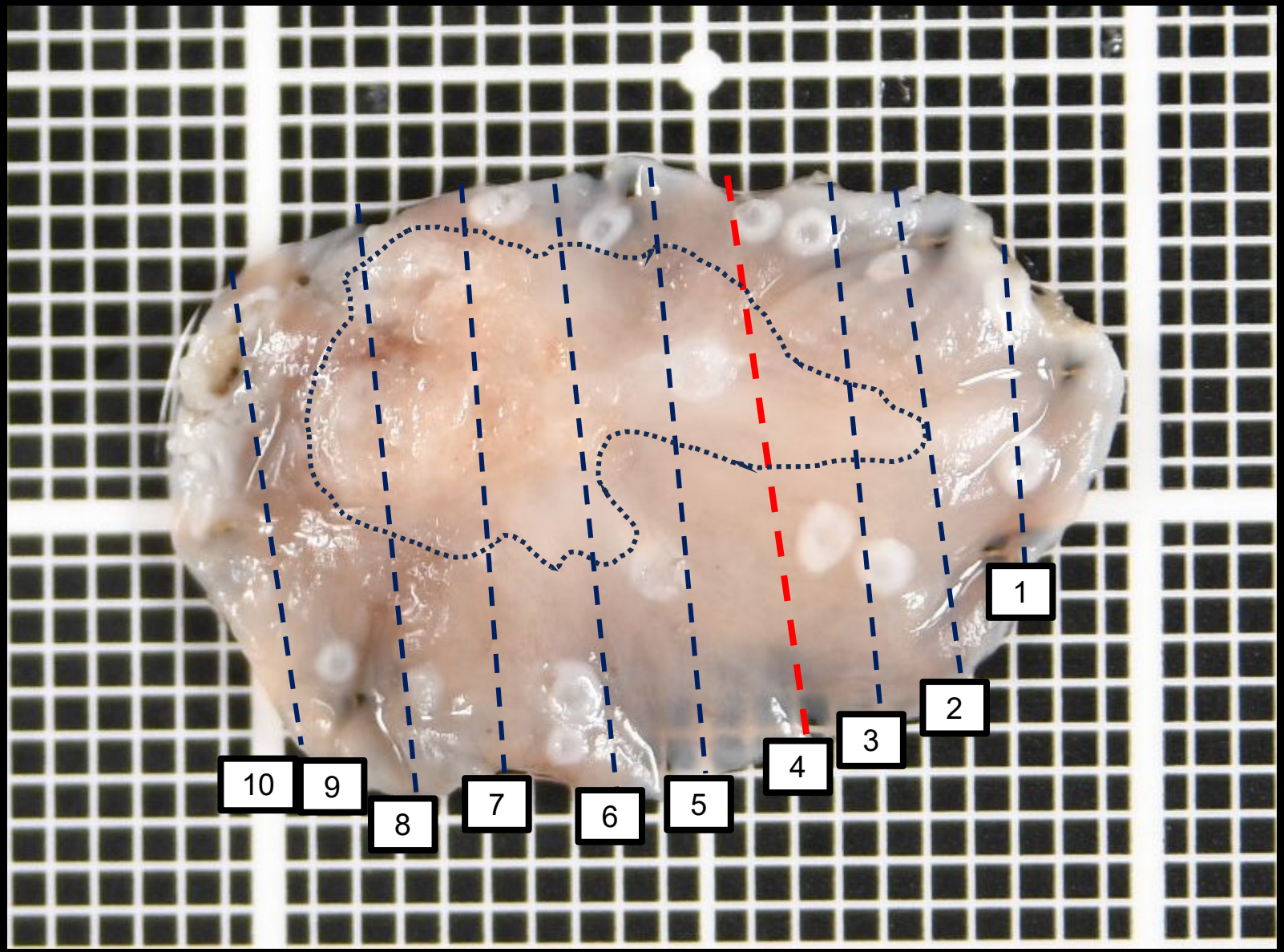
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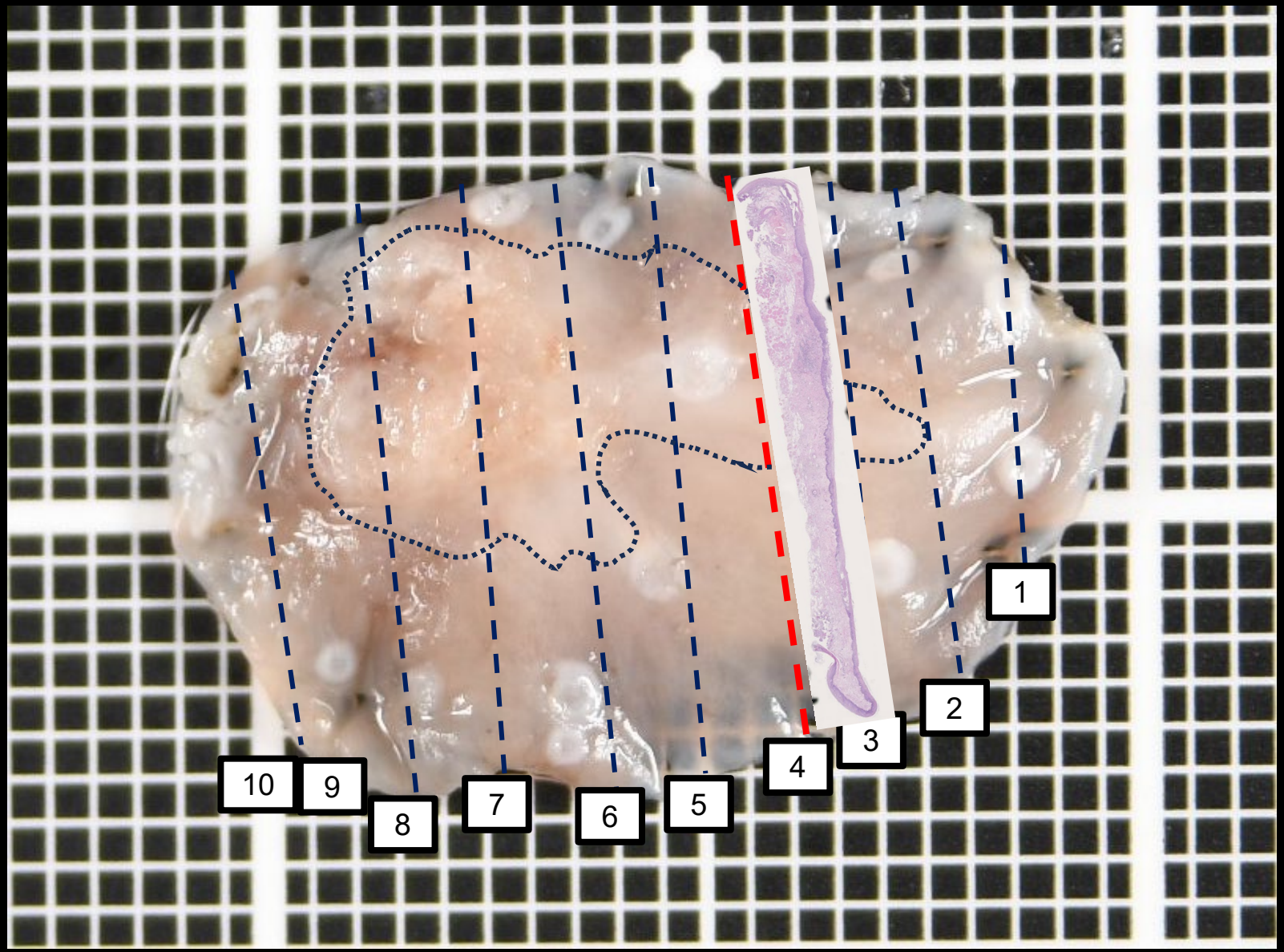
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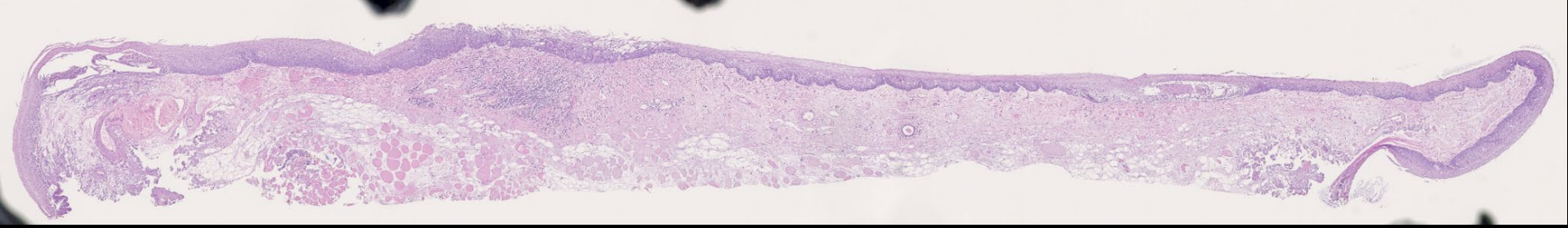

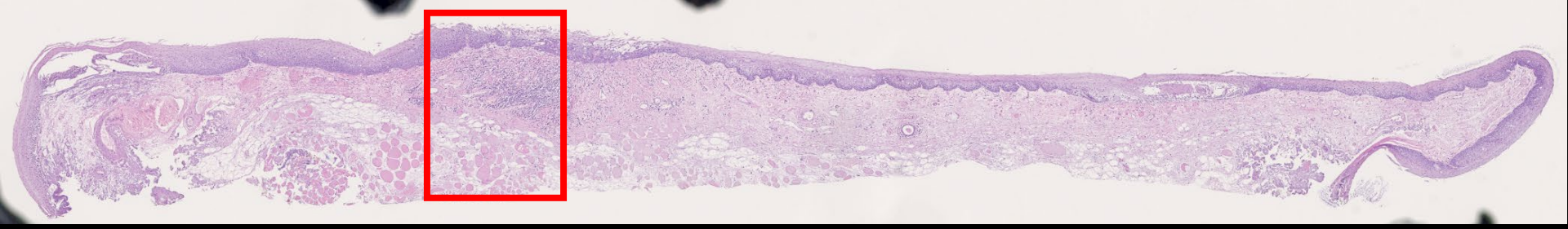

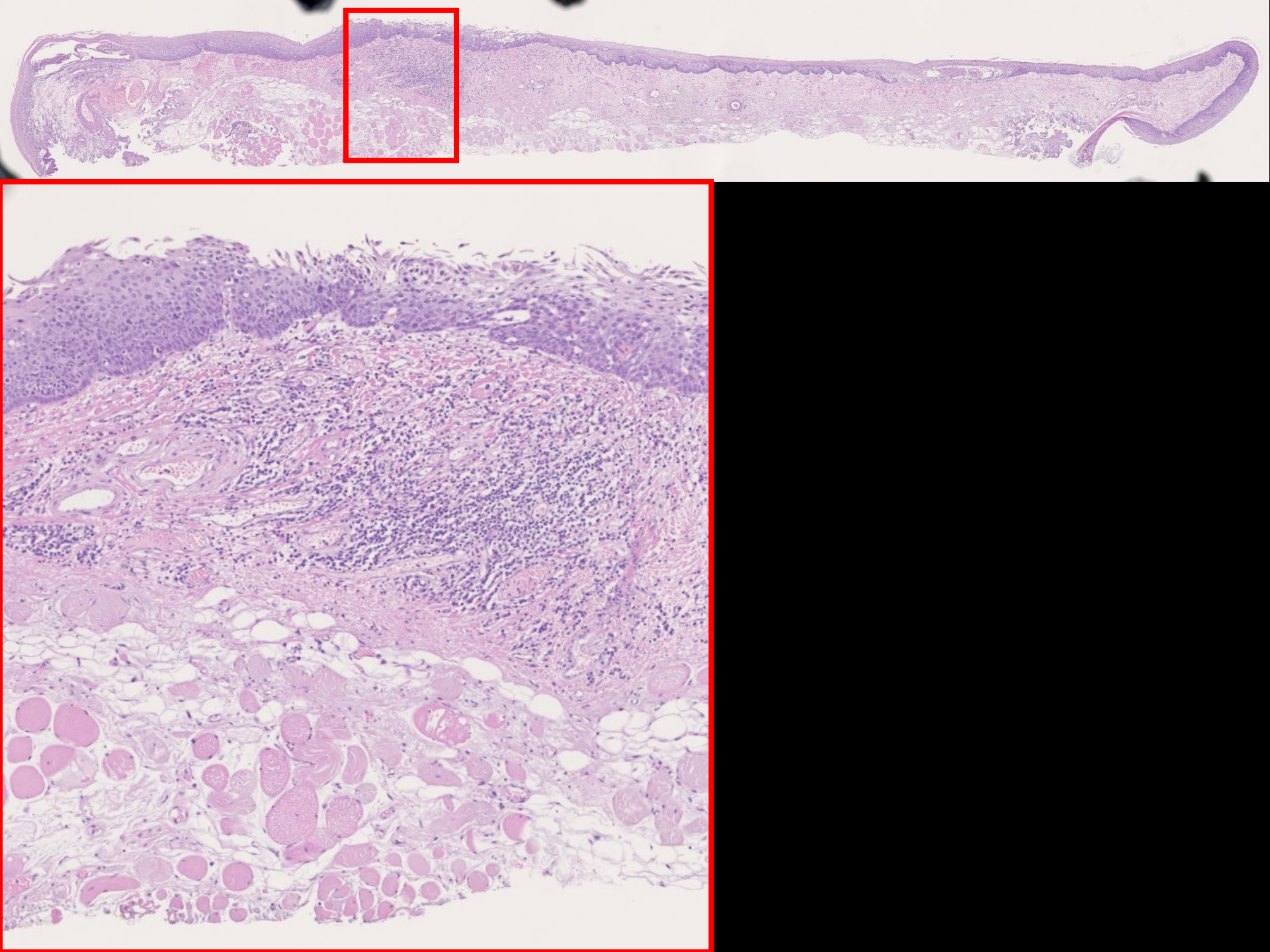

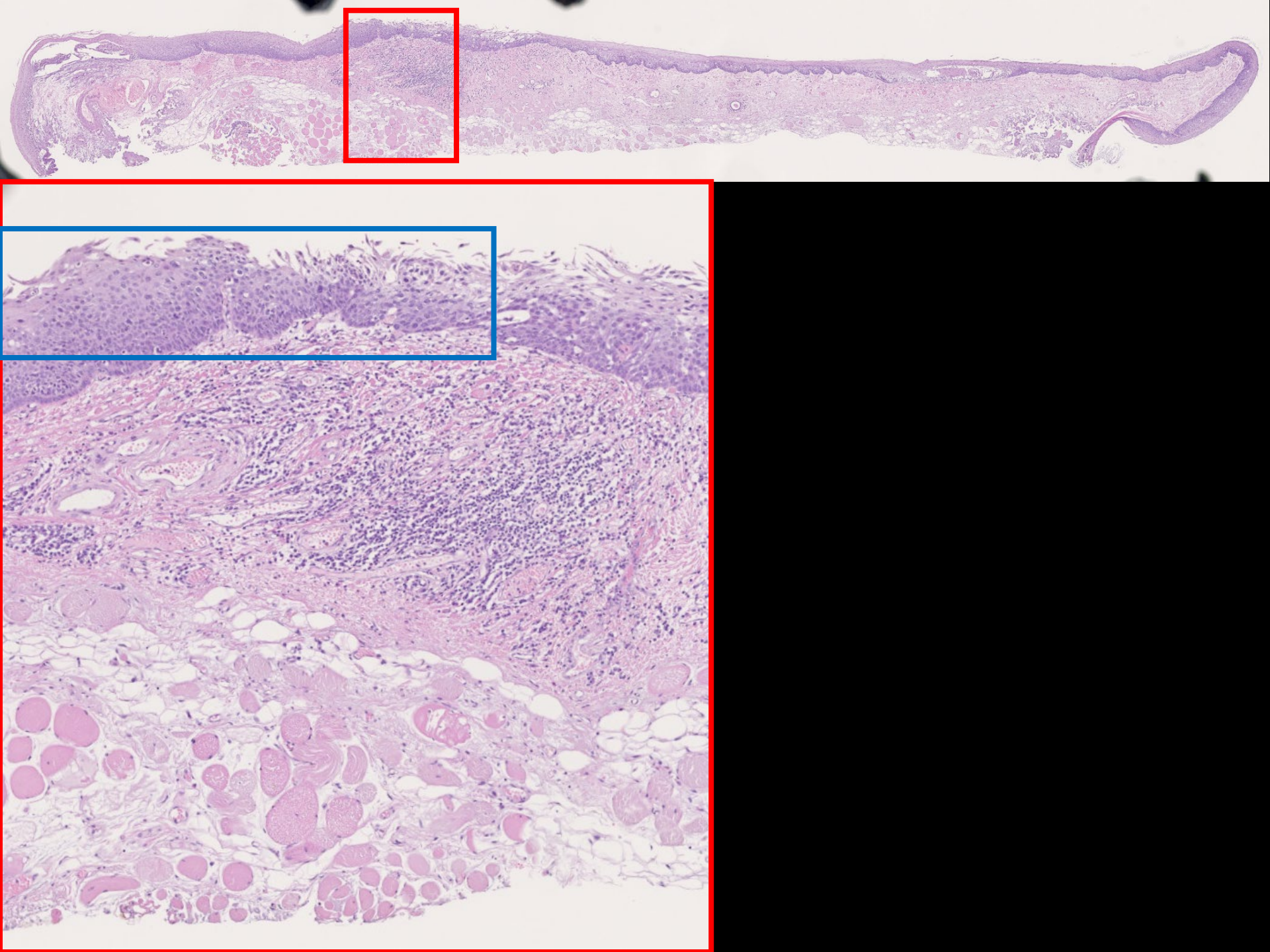

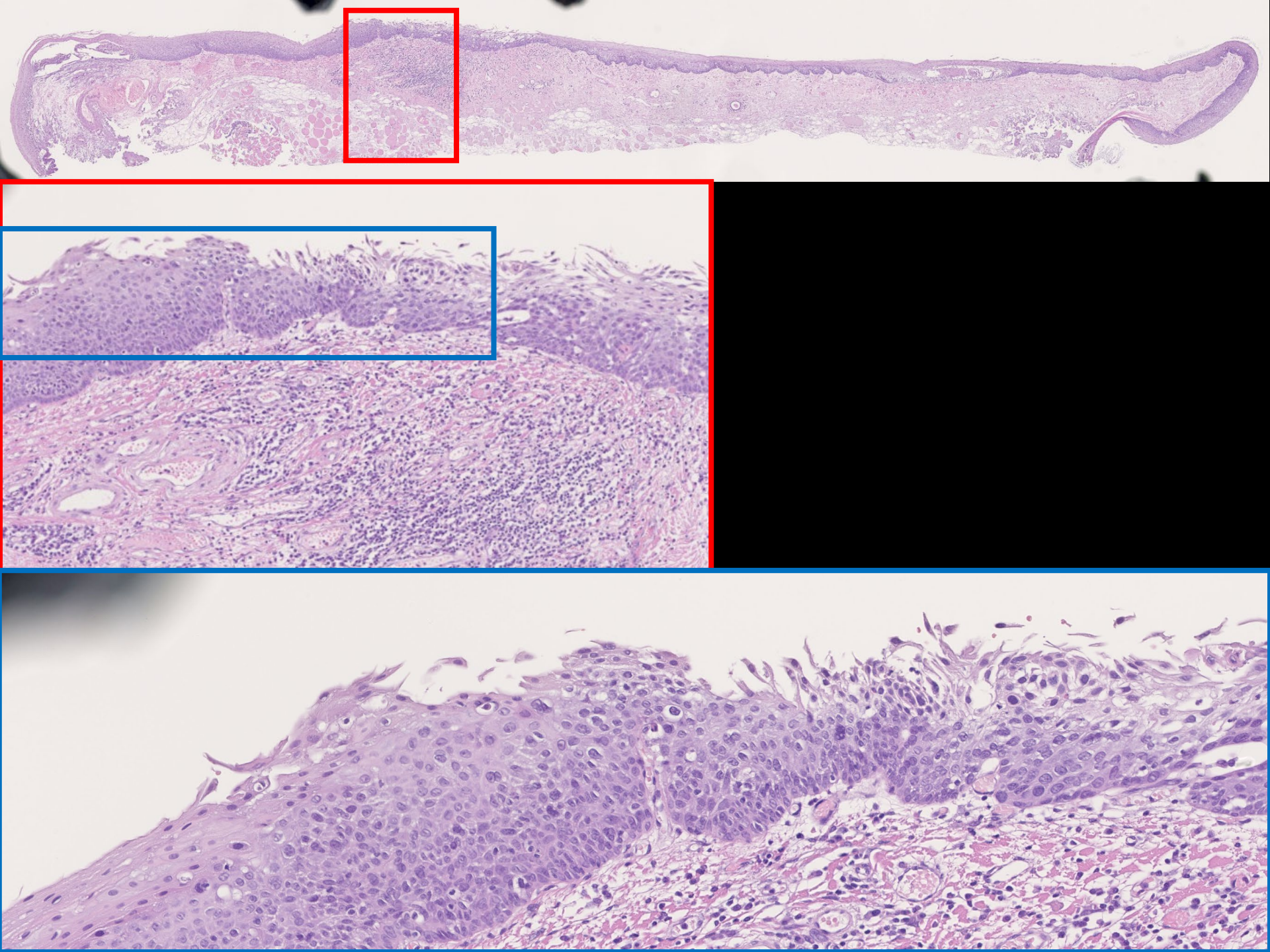

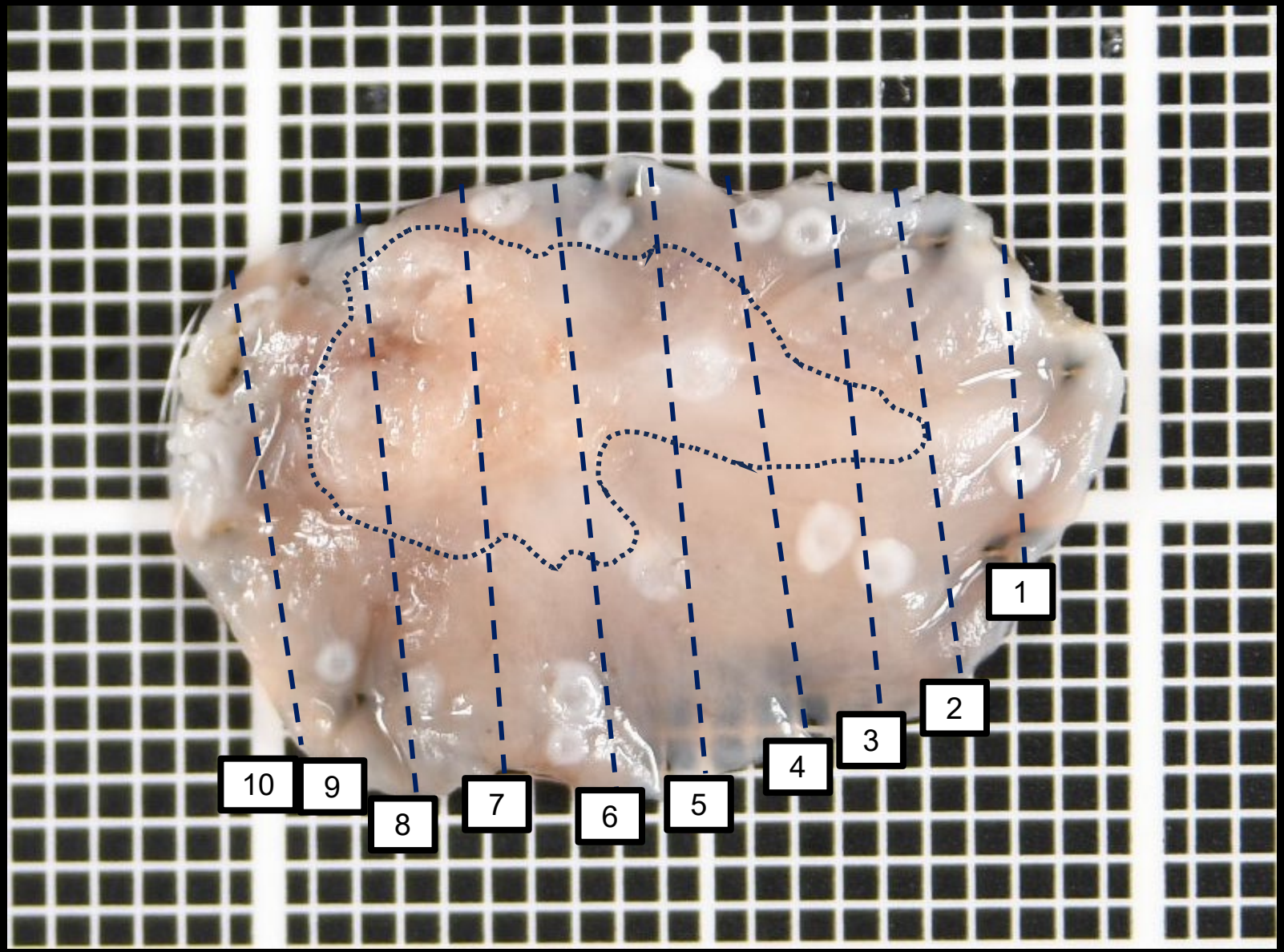
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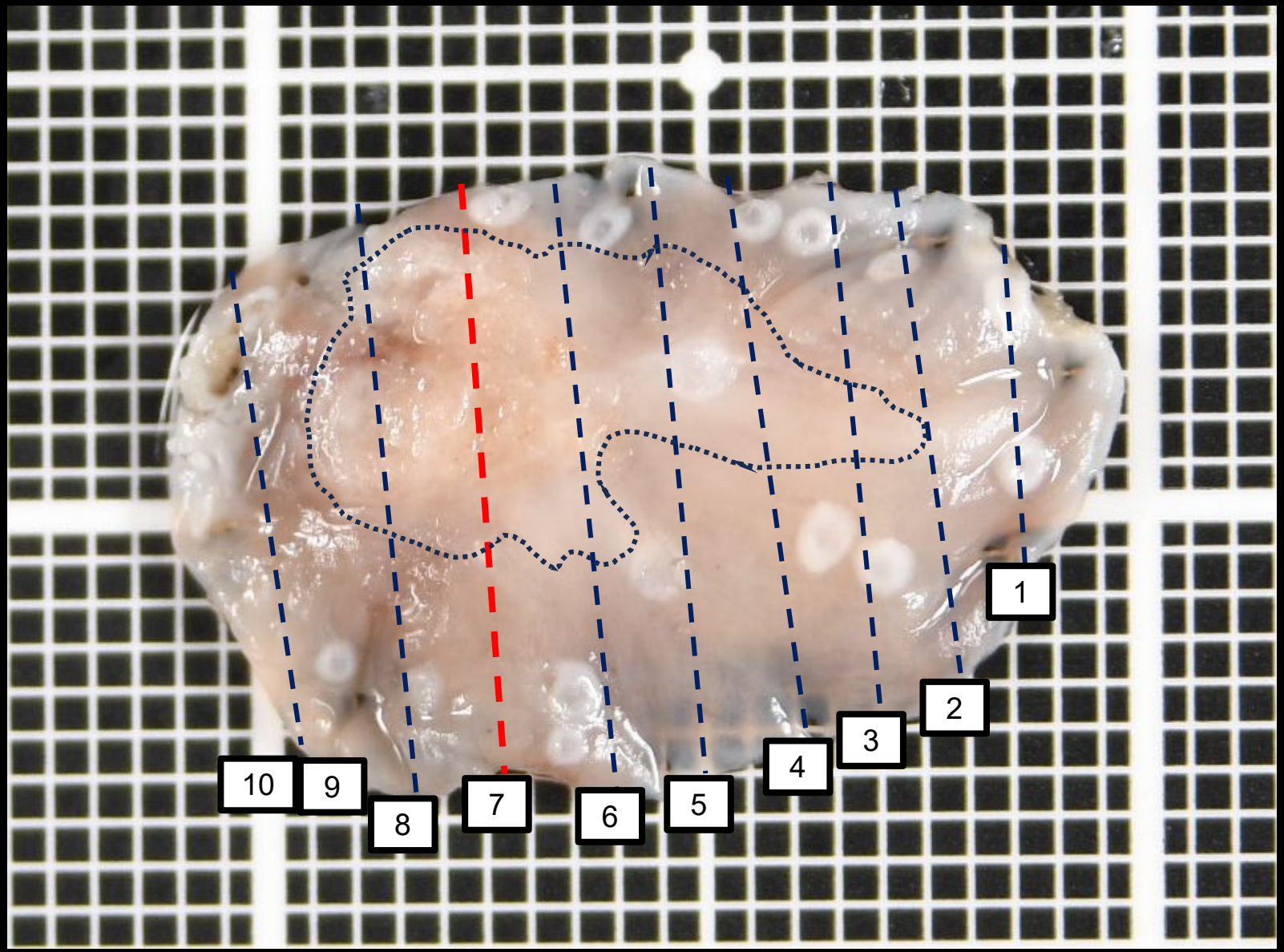
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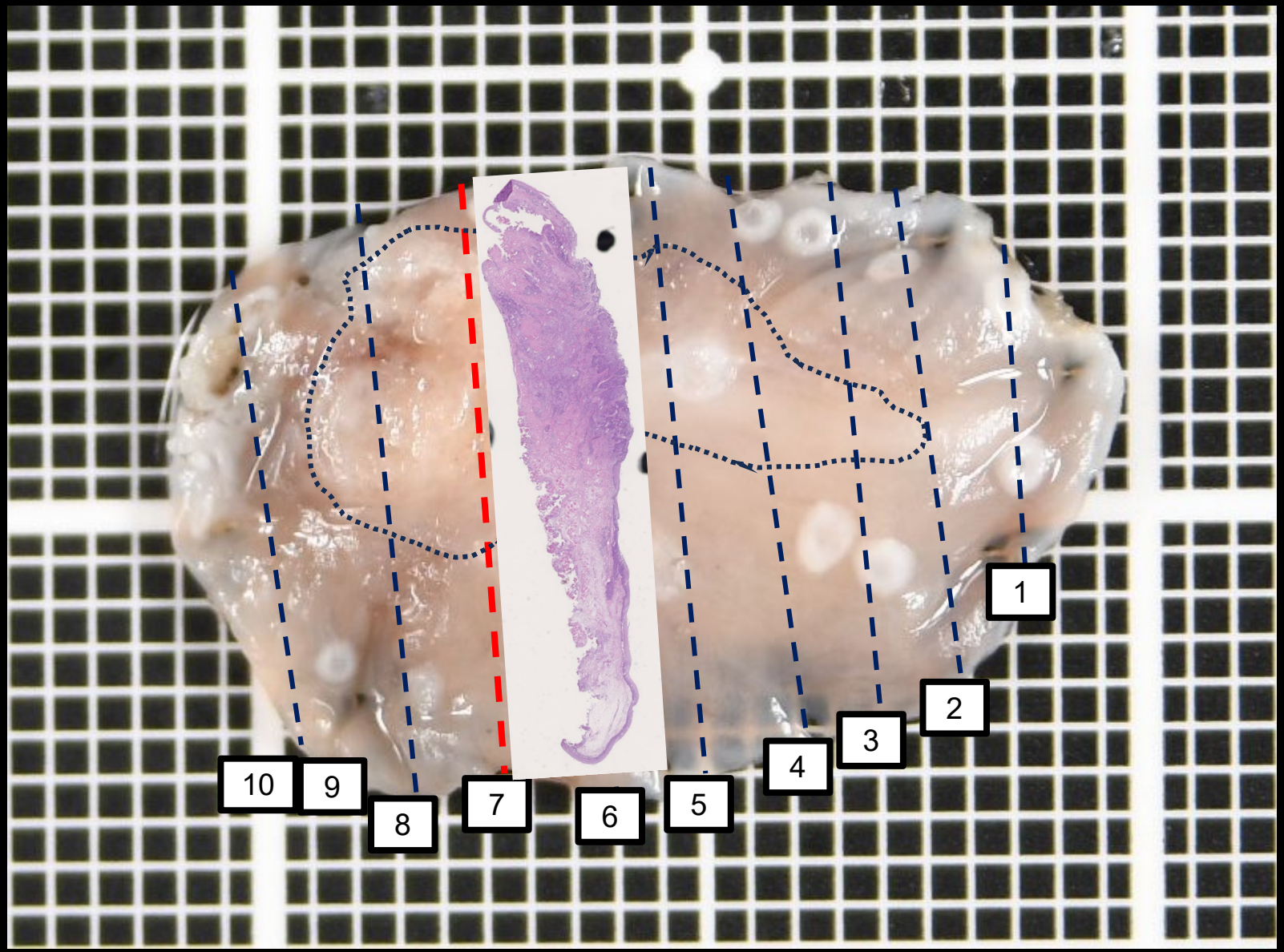
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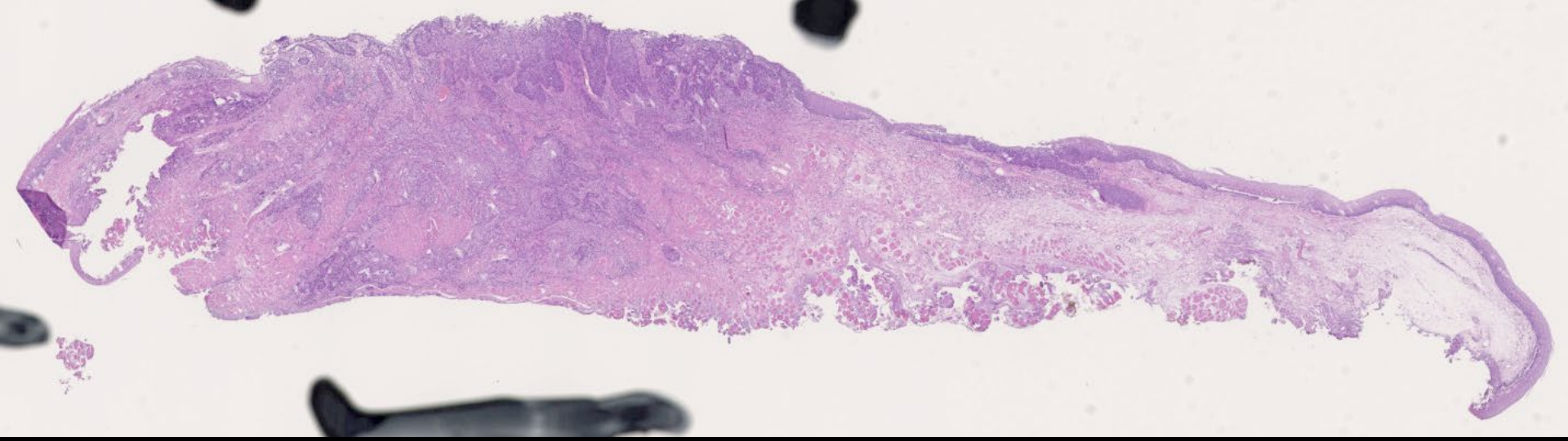
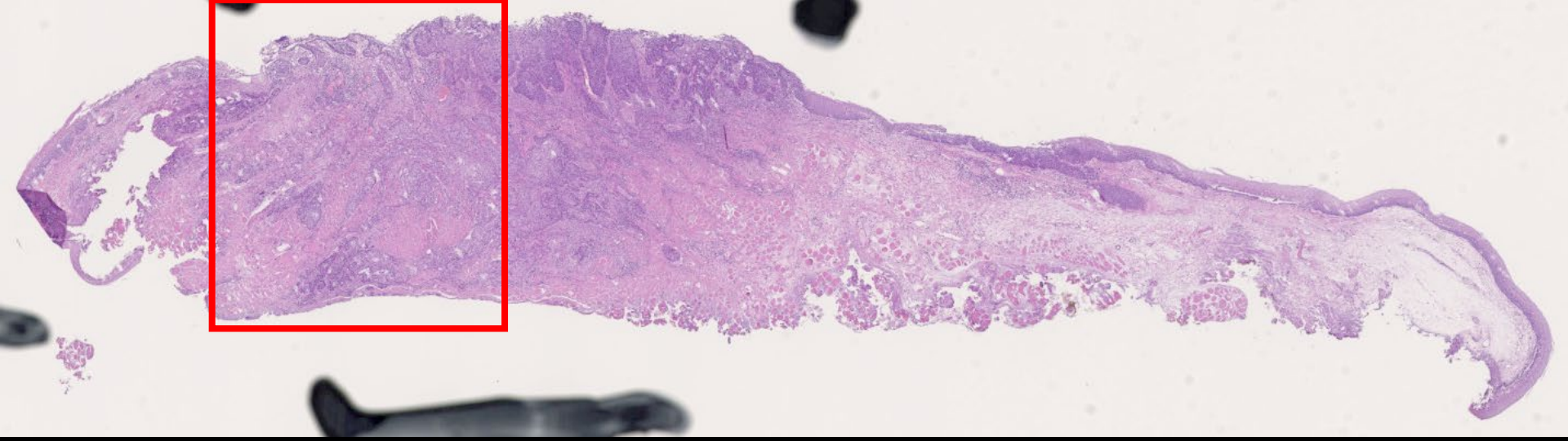
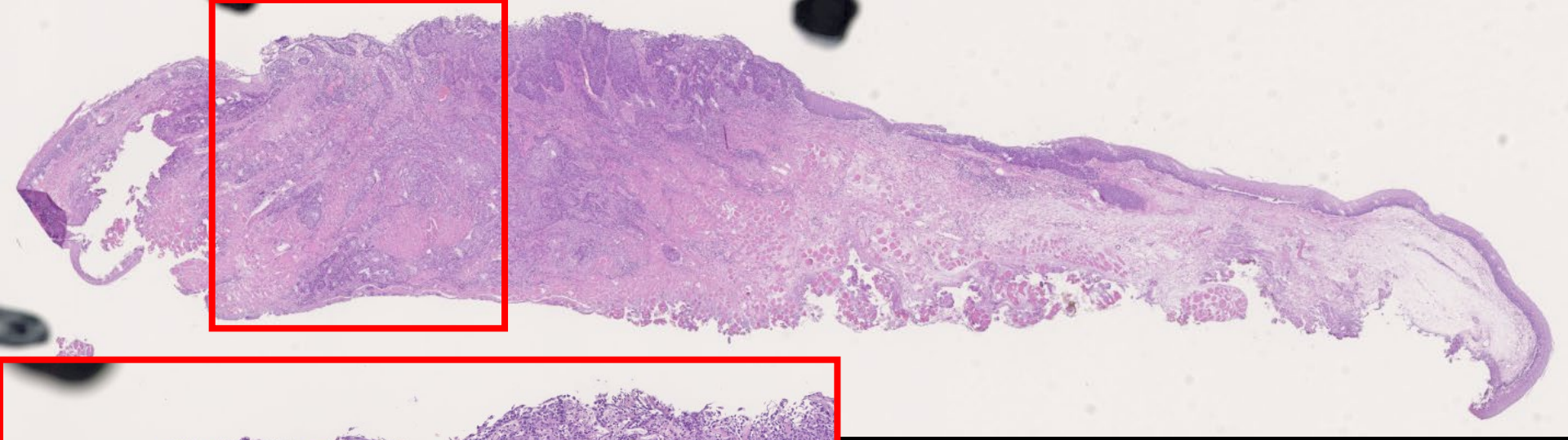
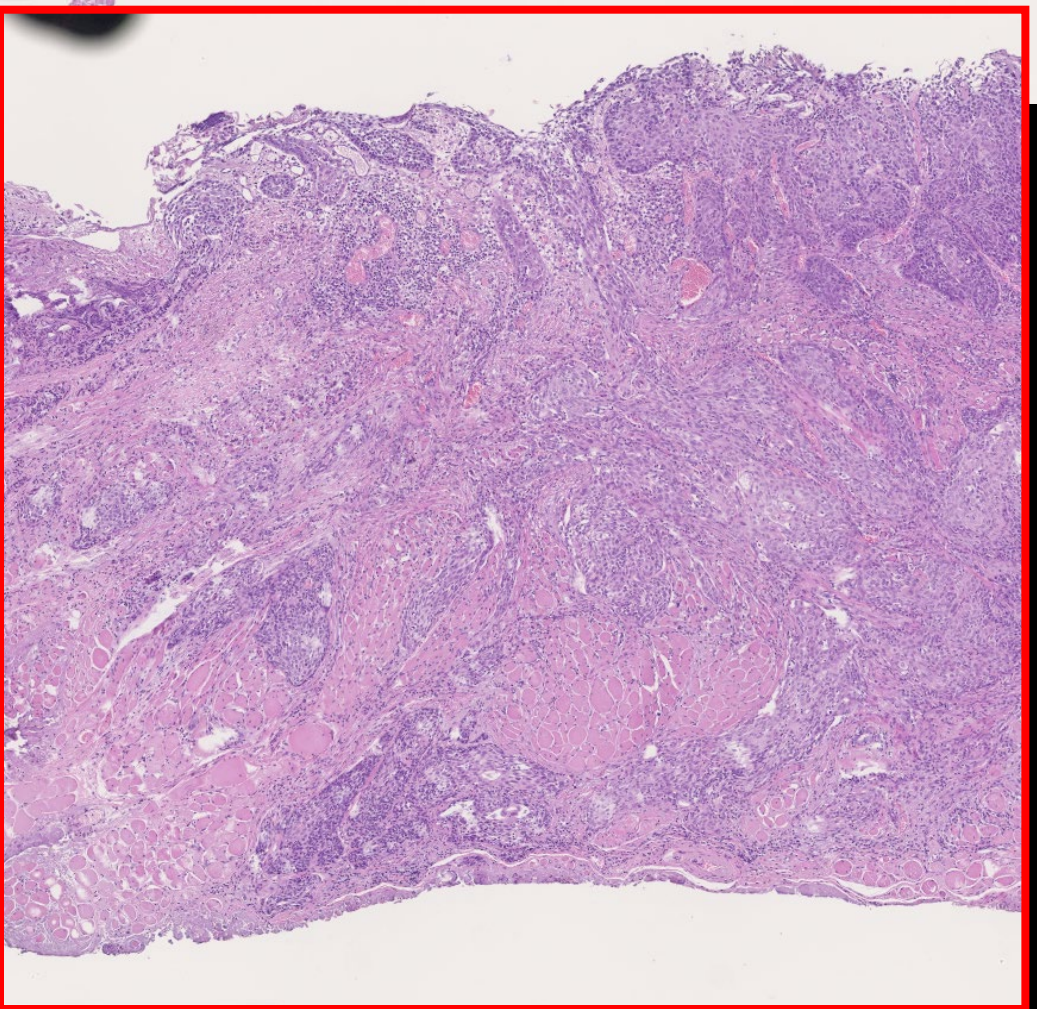
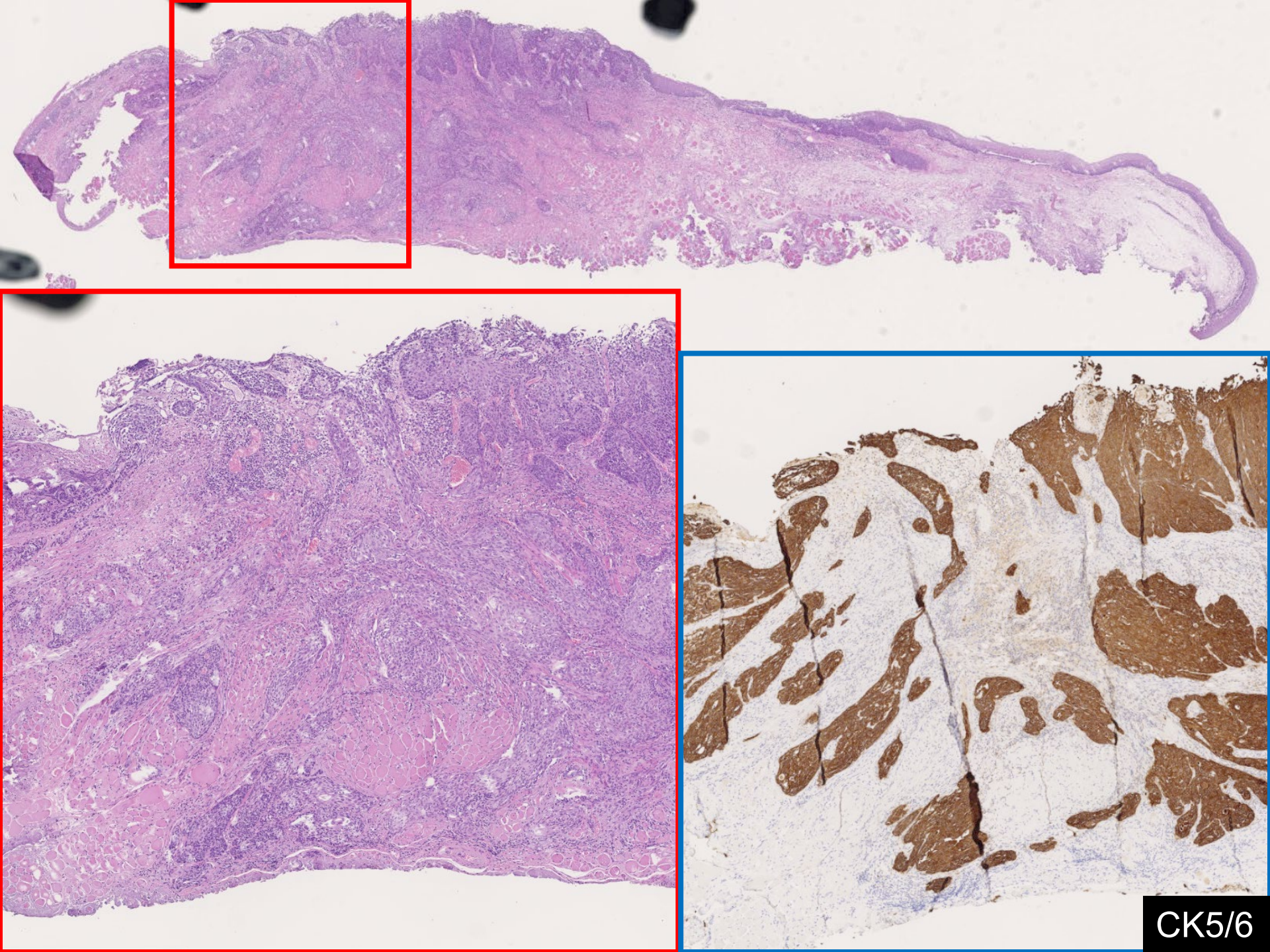
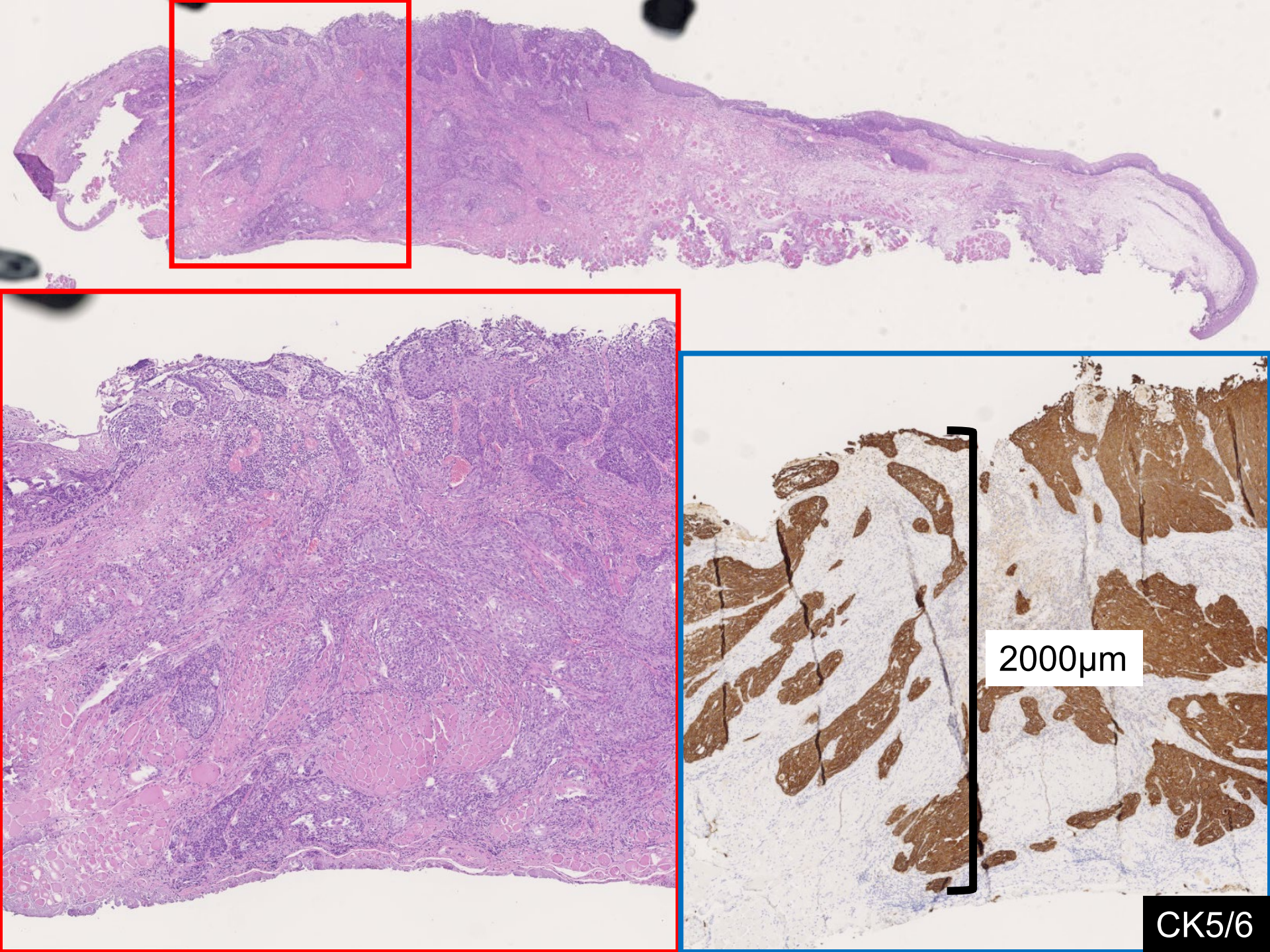


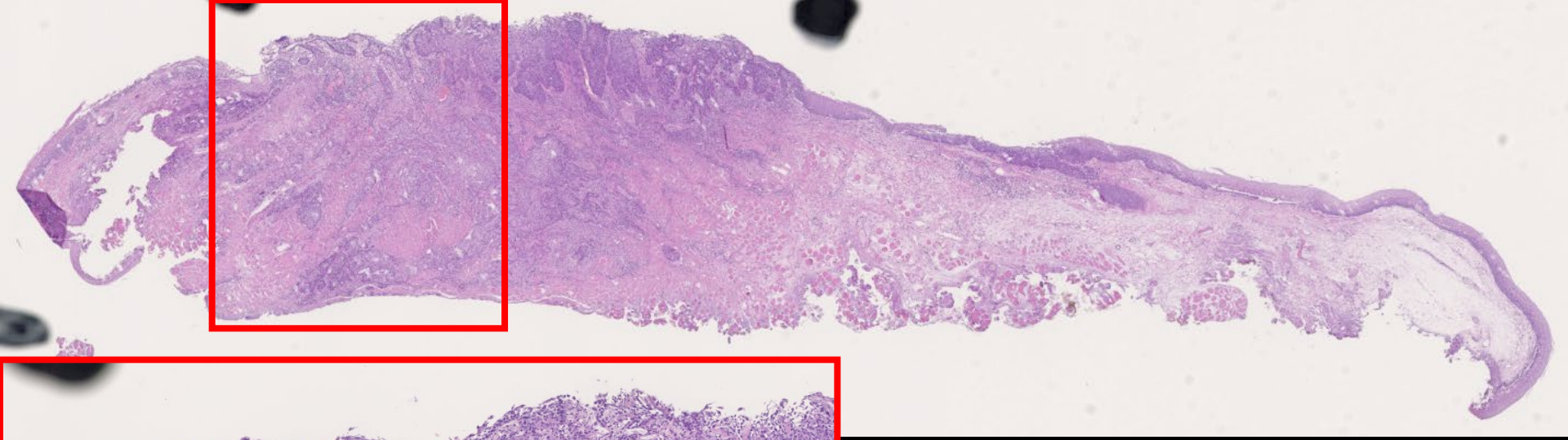


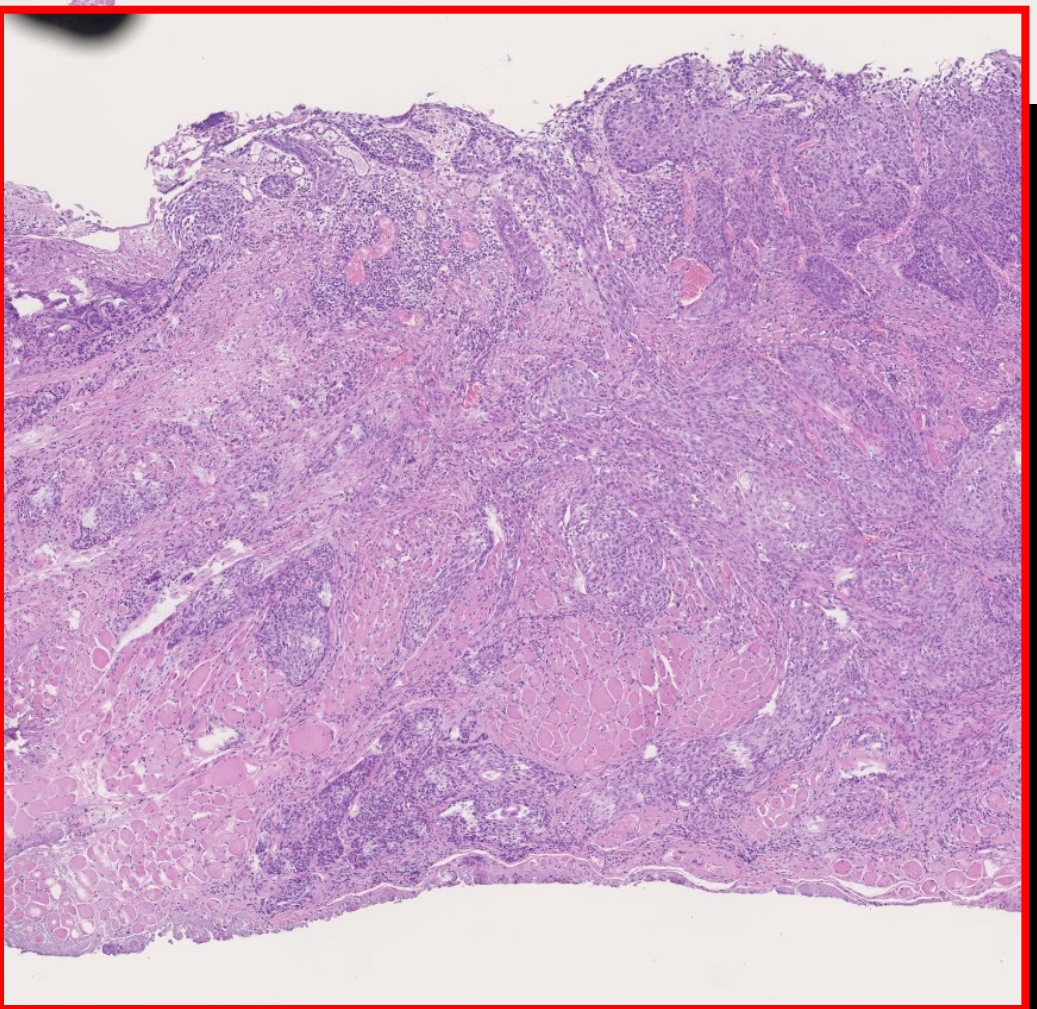


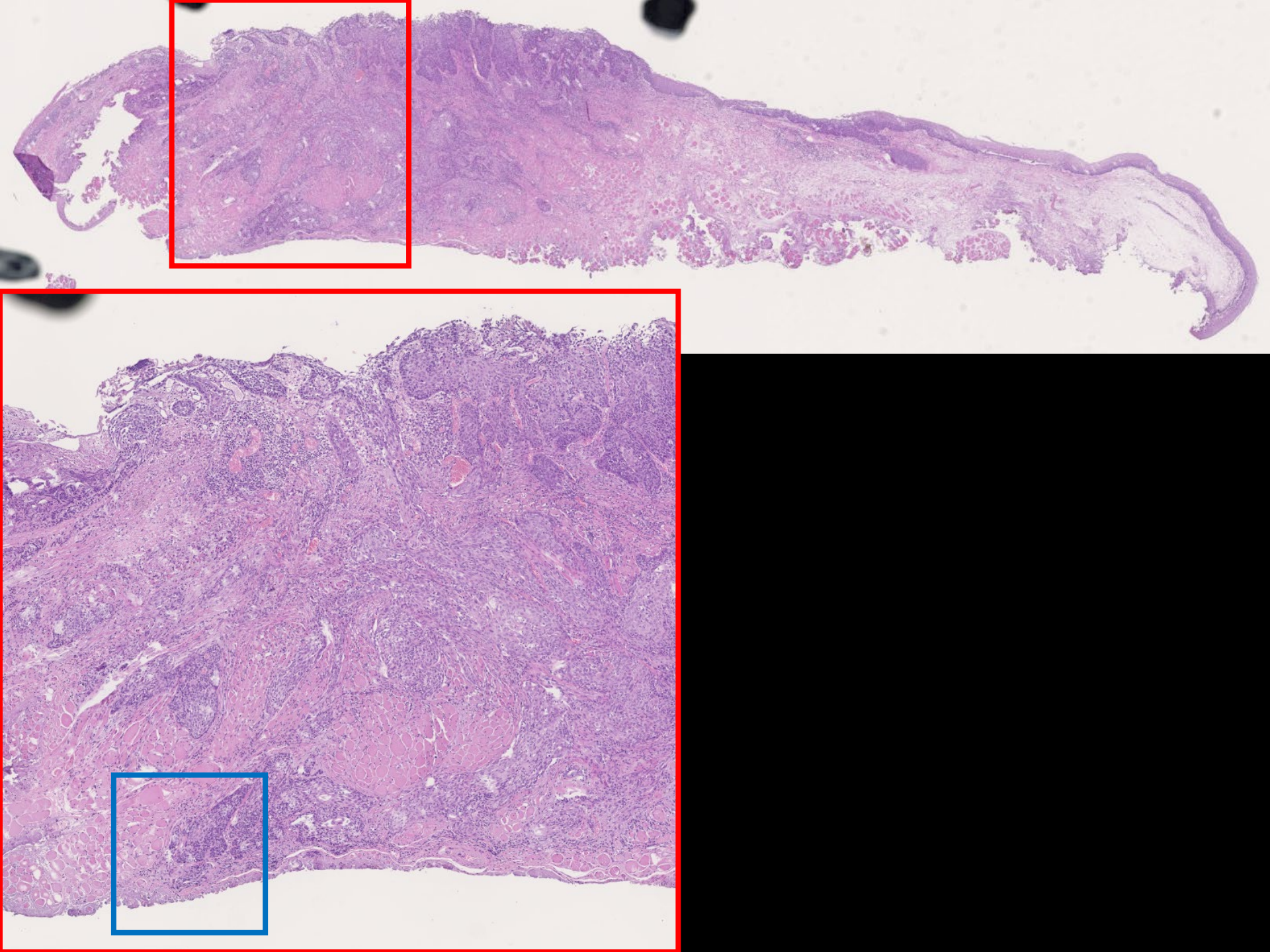


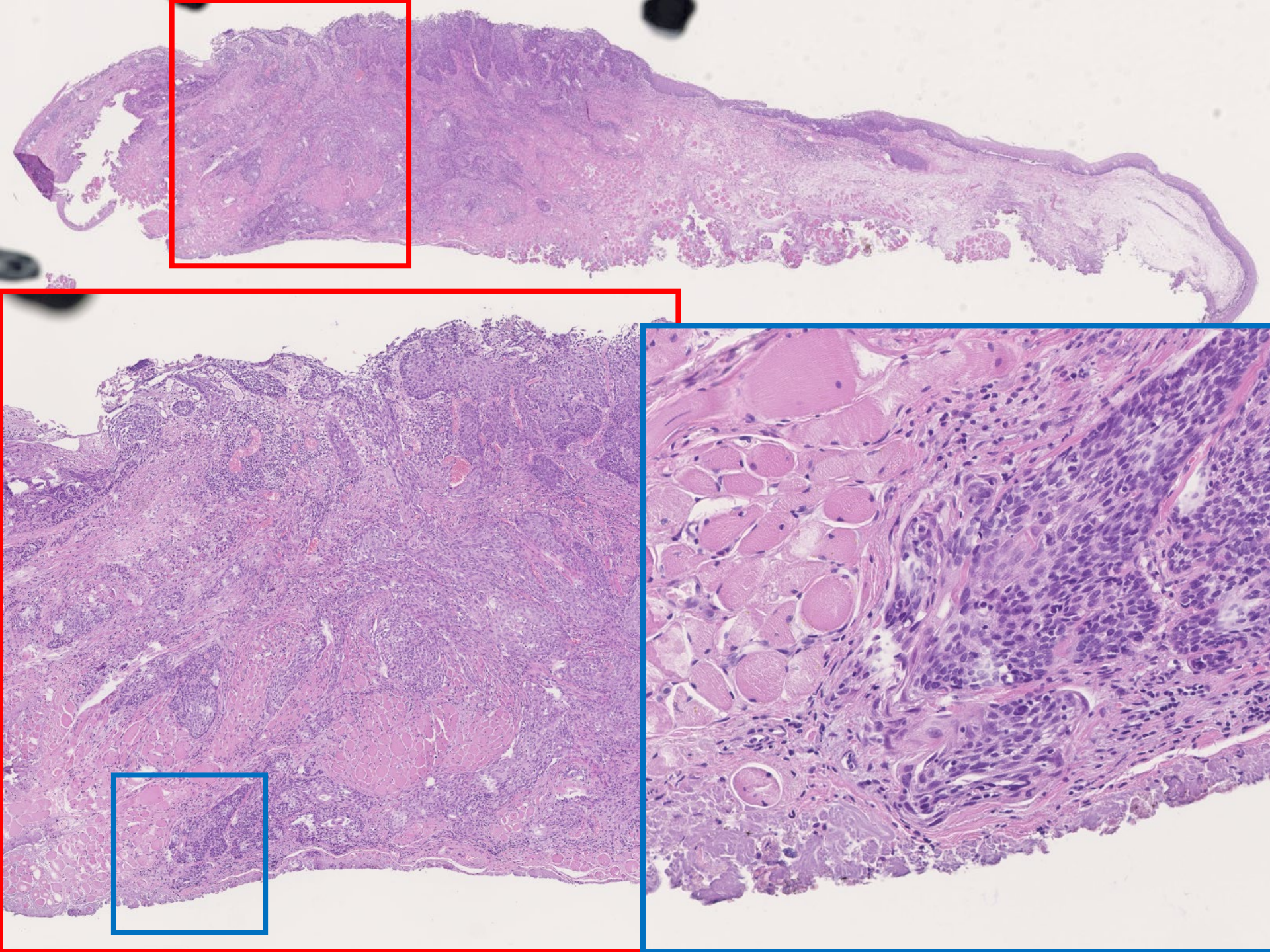

CK5/6

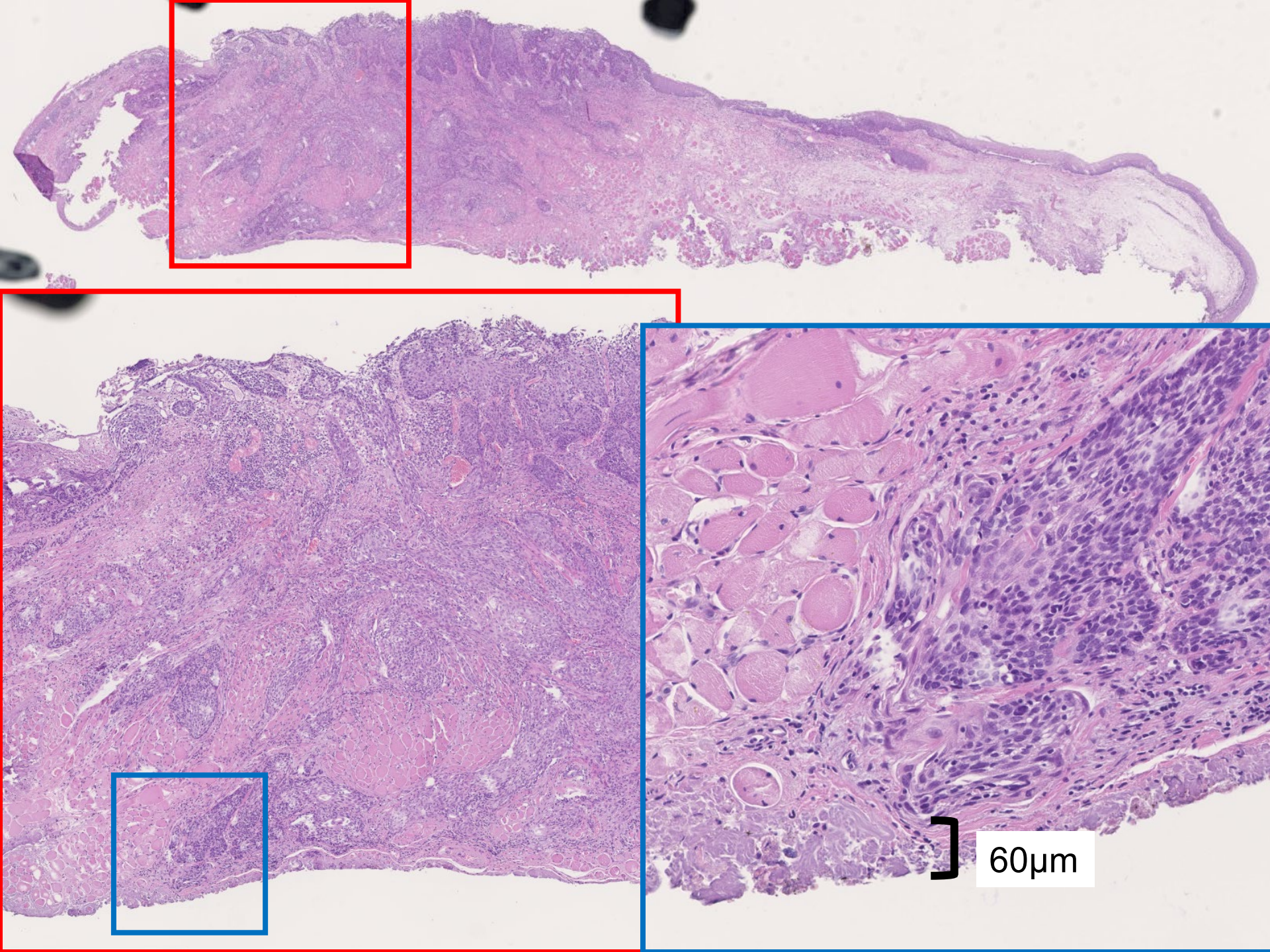

2000μm
CK5/6







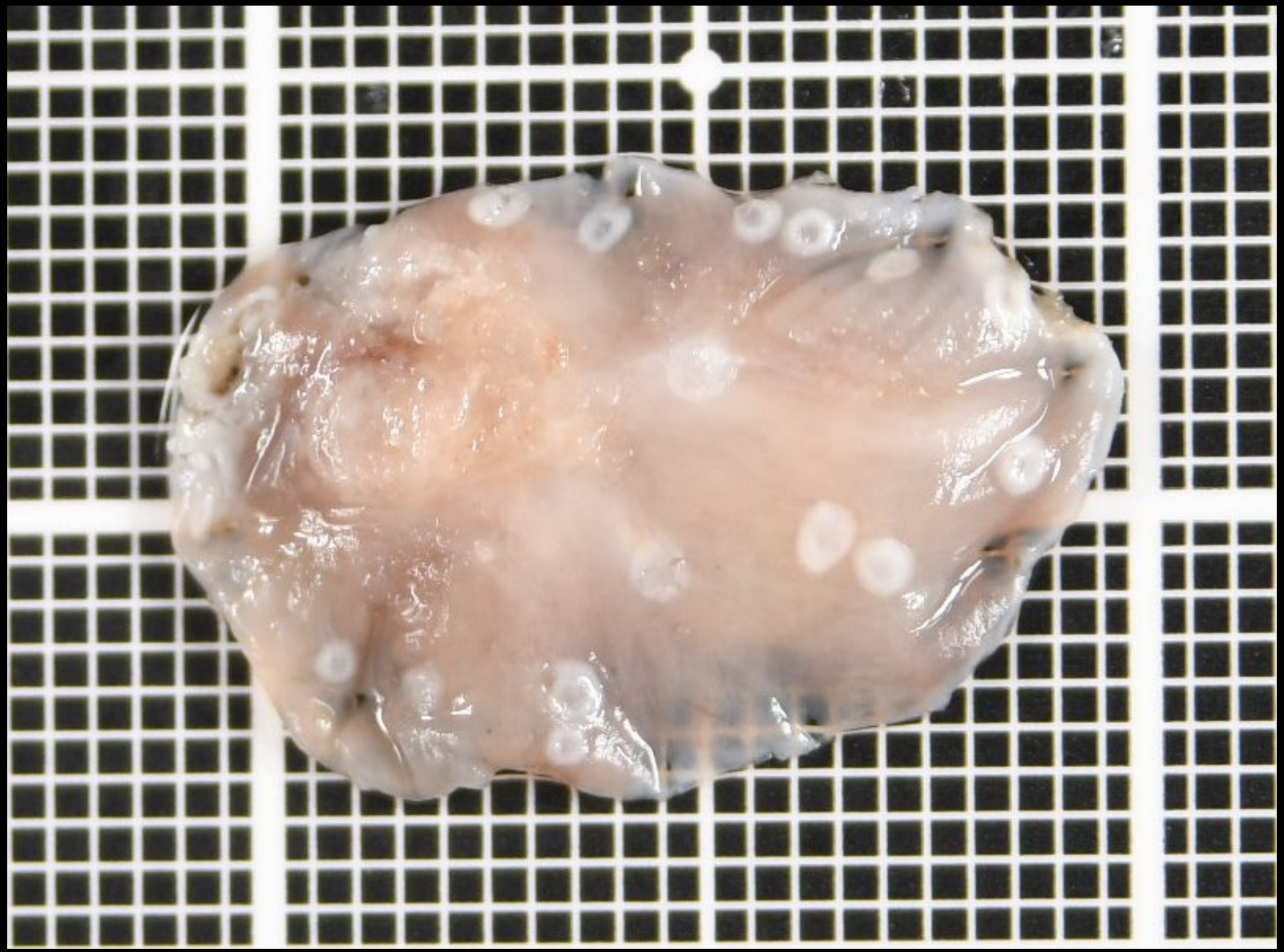



60µm

# 病理診断

Moderately differentiated
squamous cell carcinoma,
Invasion to skeletal muscle,
Ly0, V0, pn0, HM0(2mm), VM0(0.06mm)

mapping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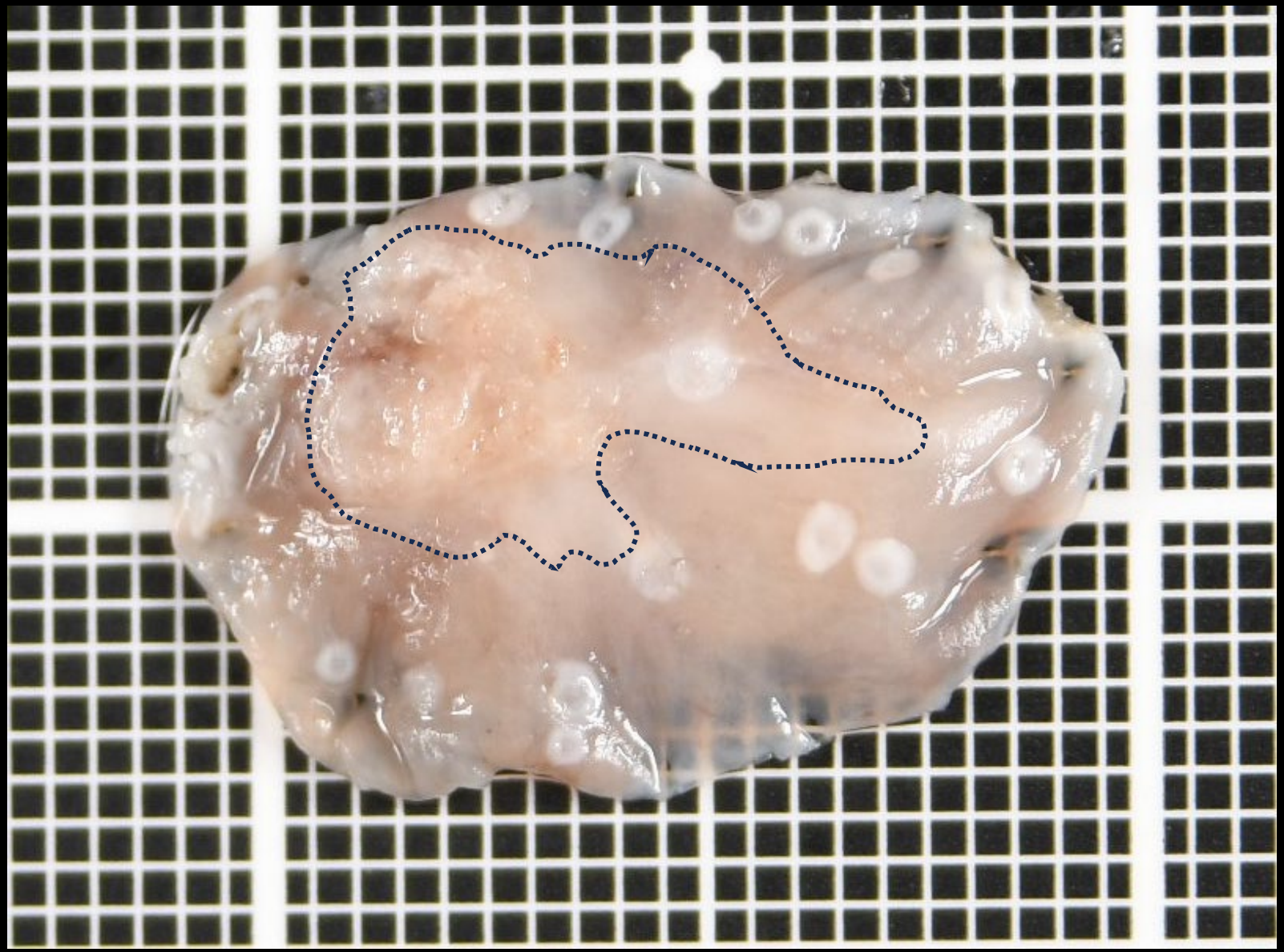
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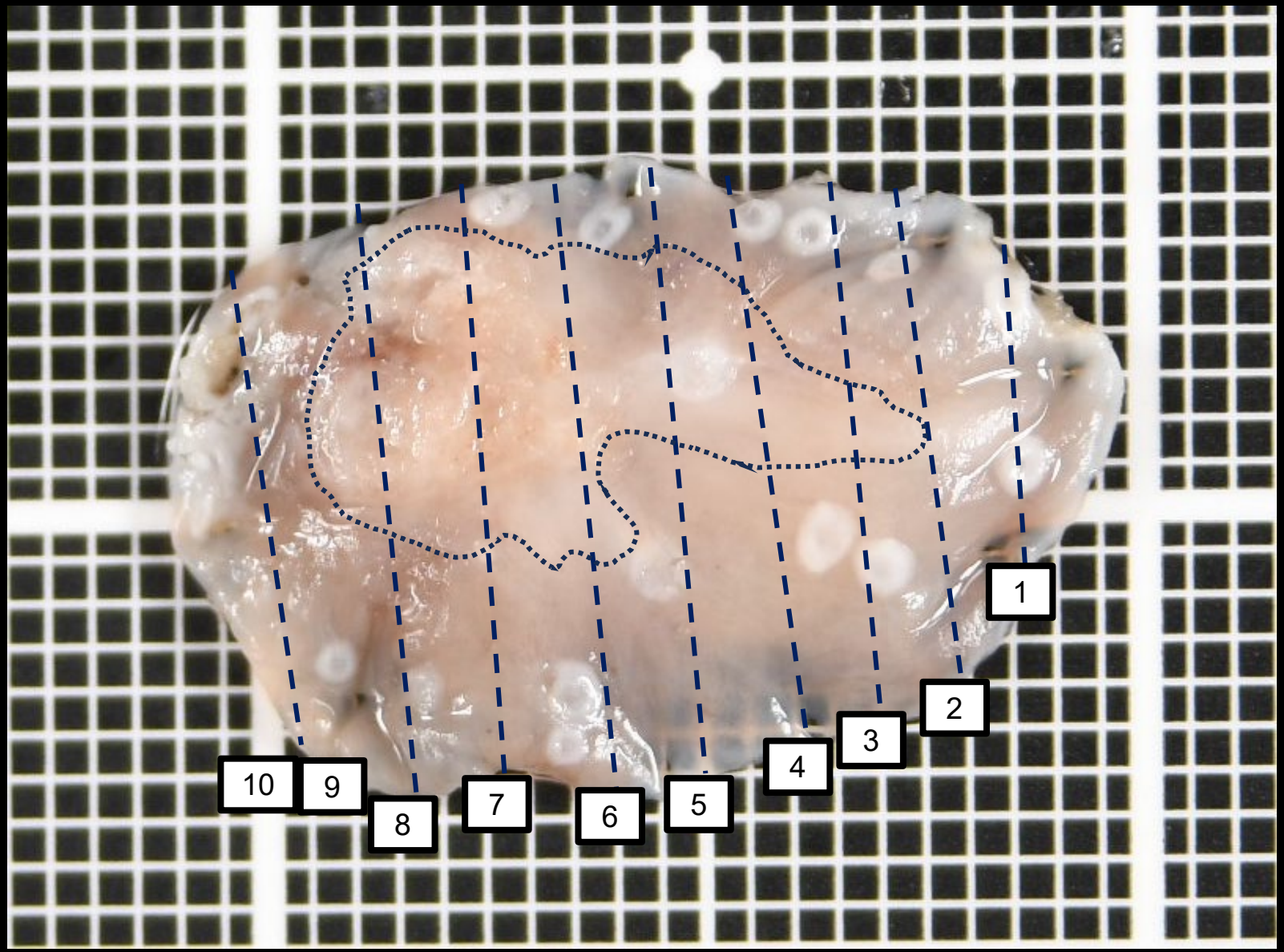
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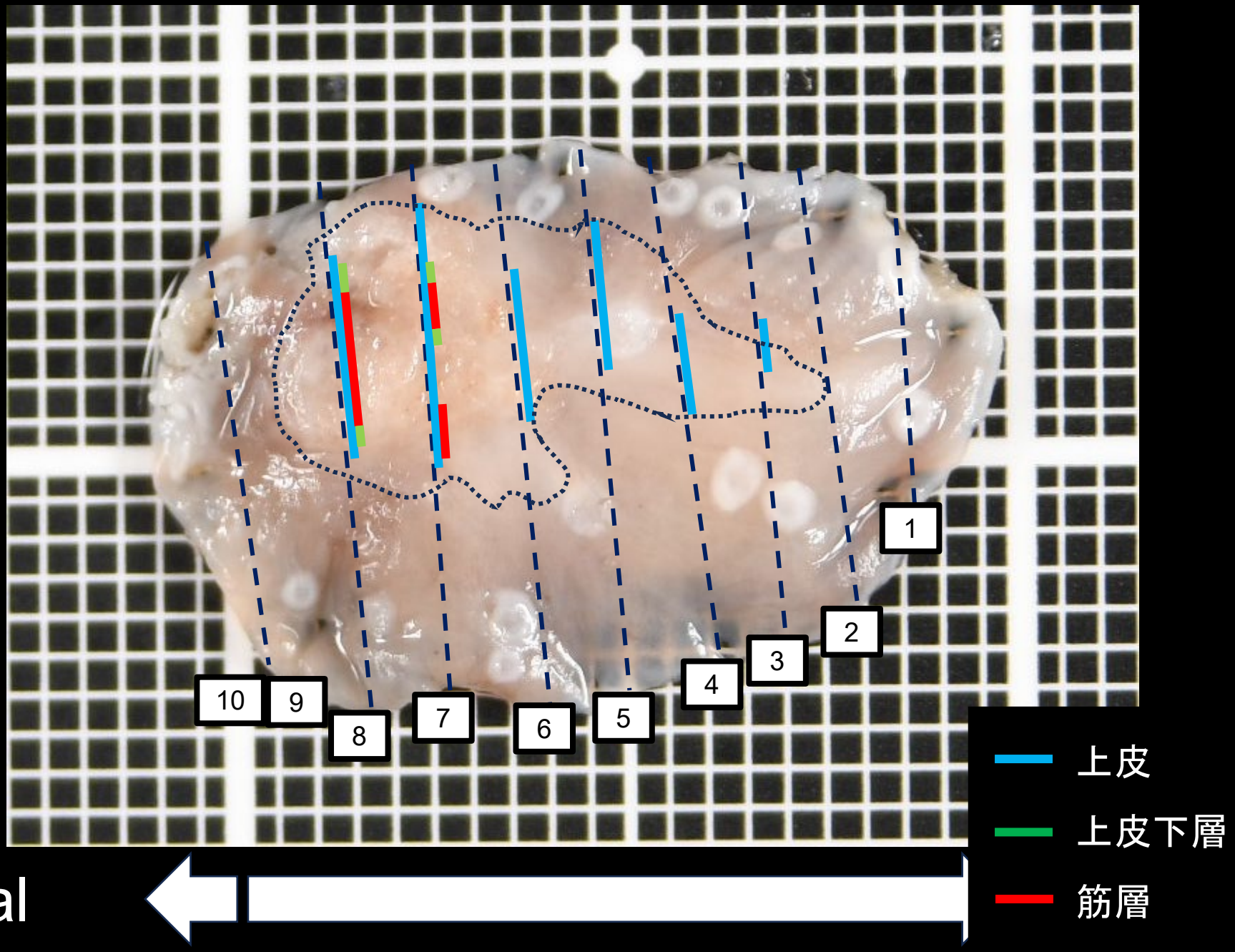
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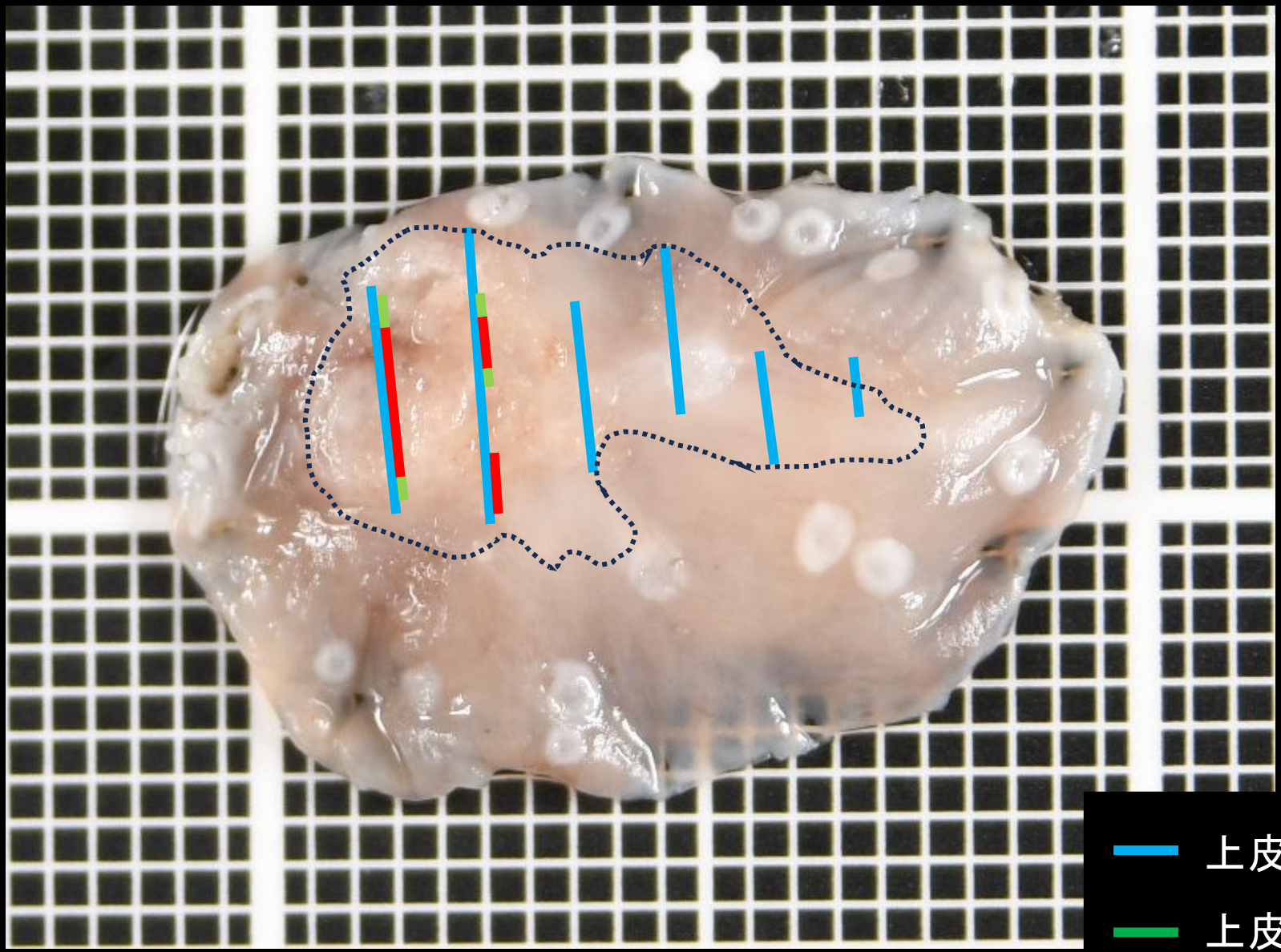
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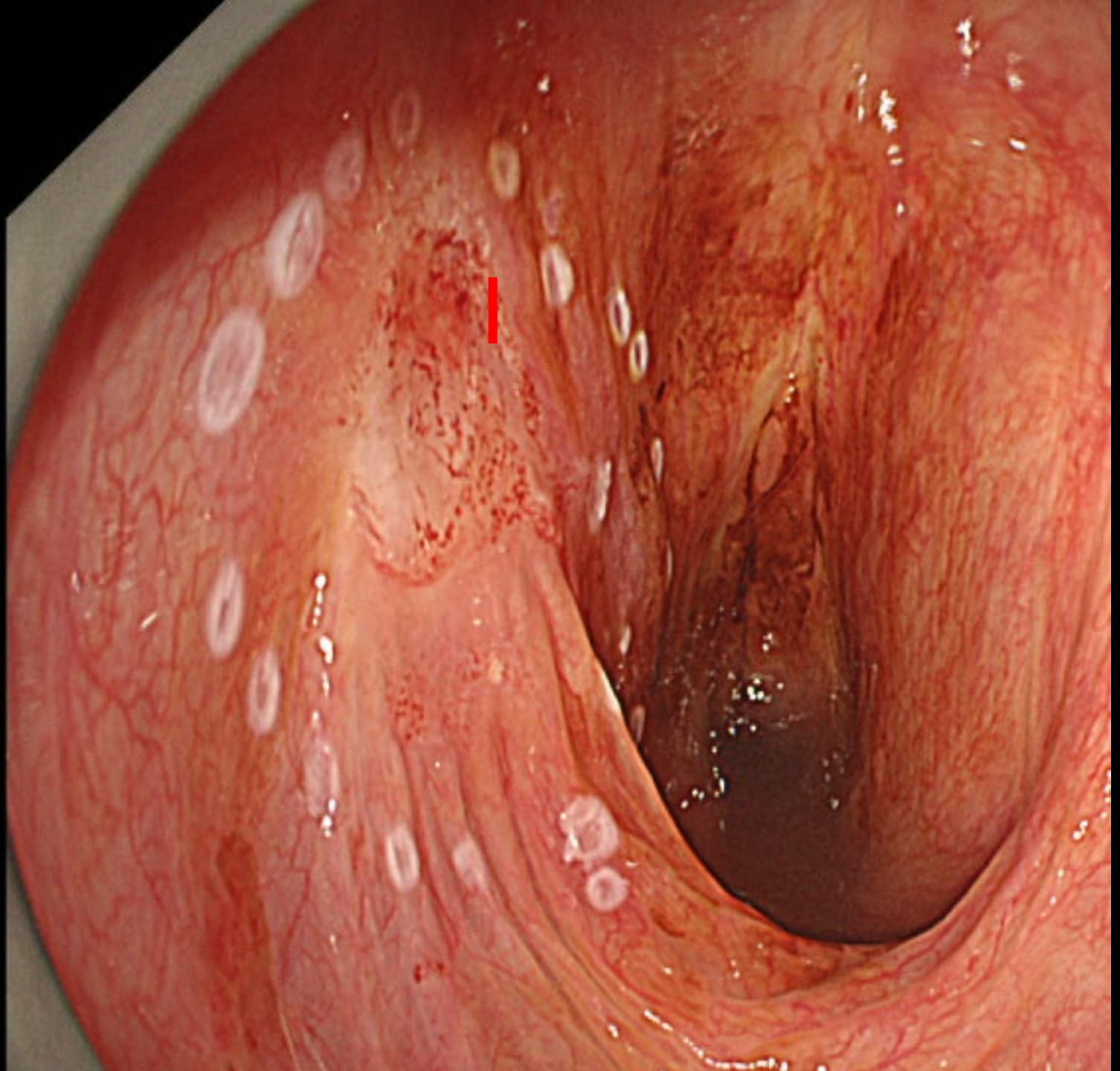

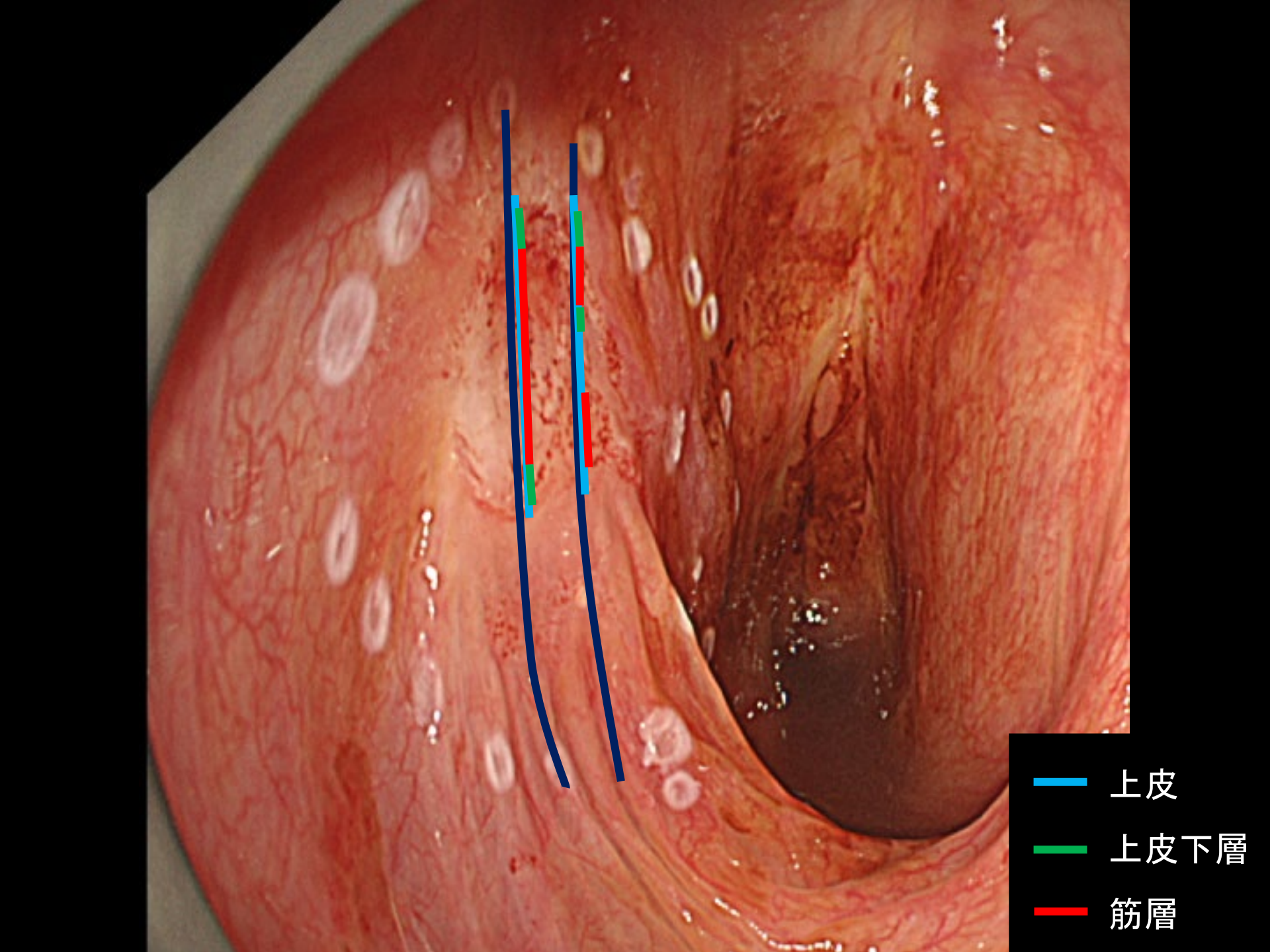
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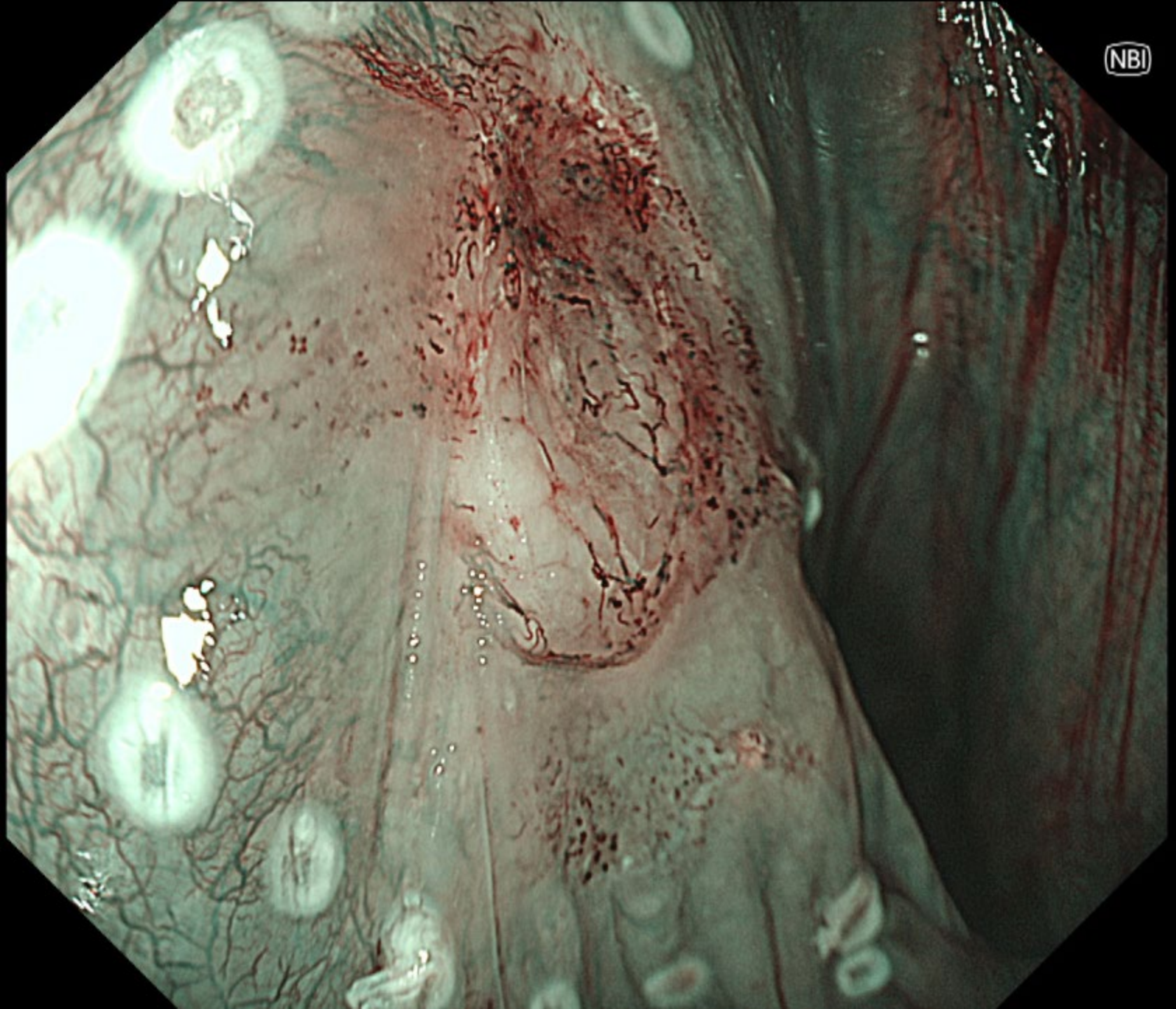
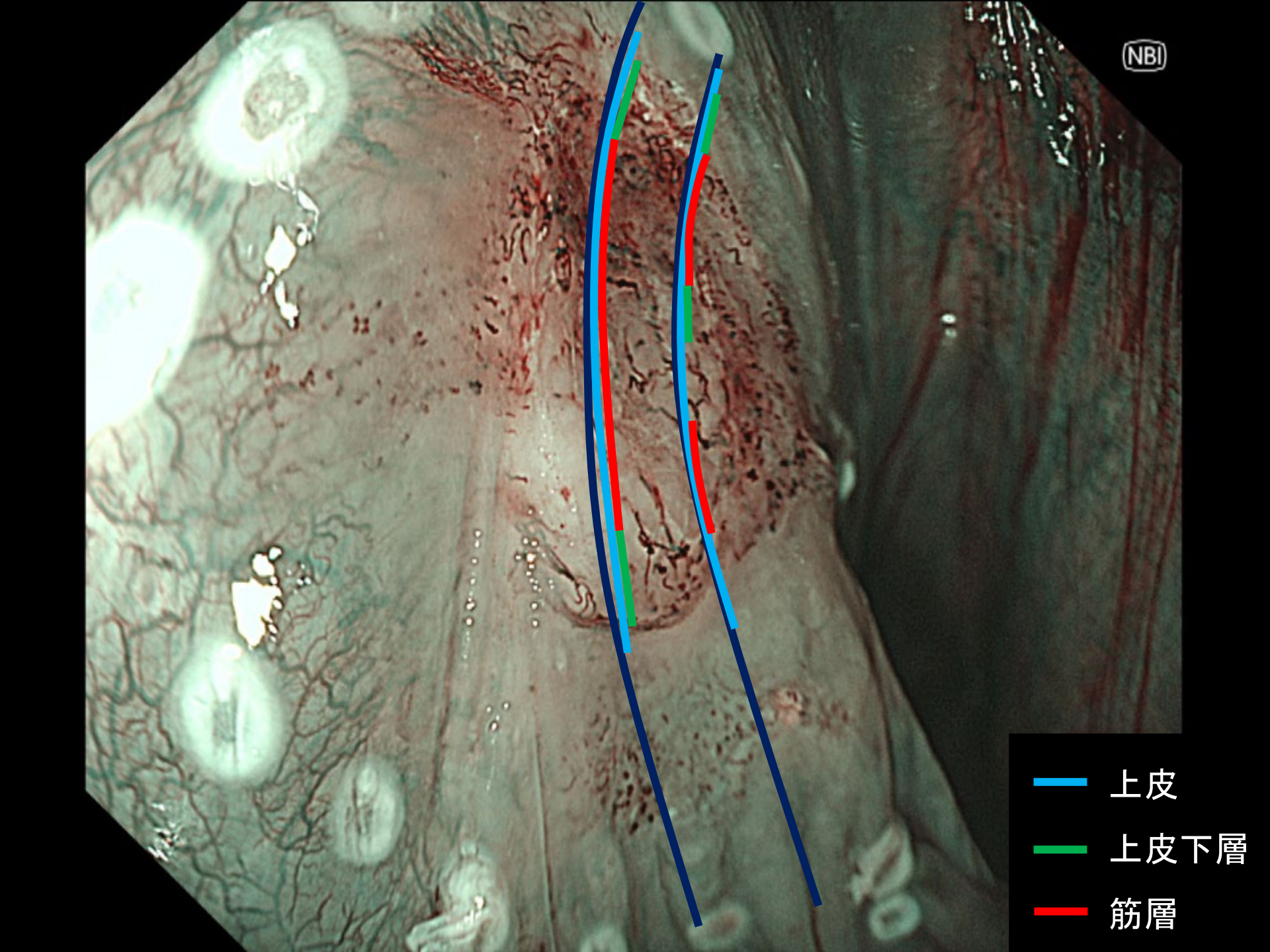
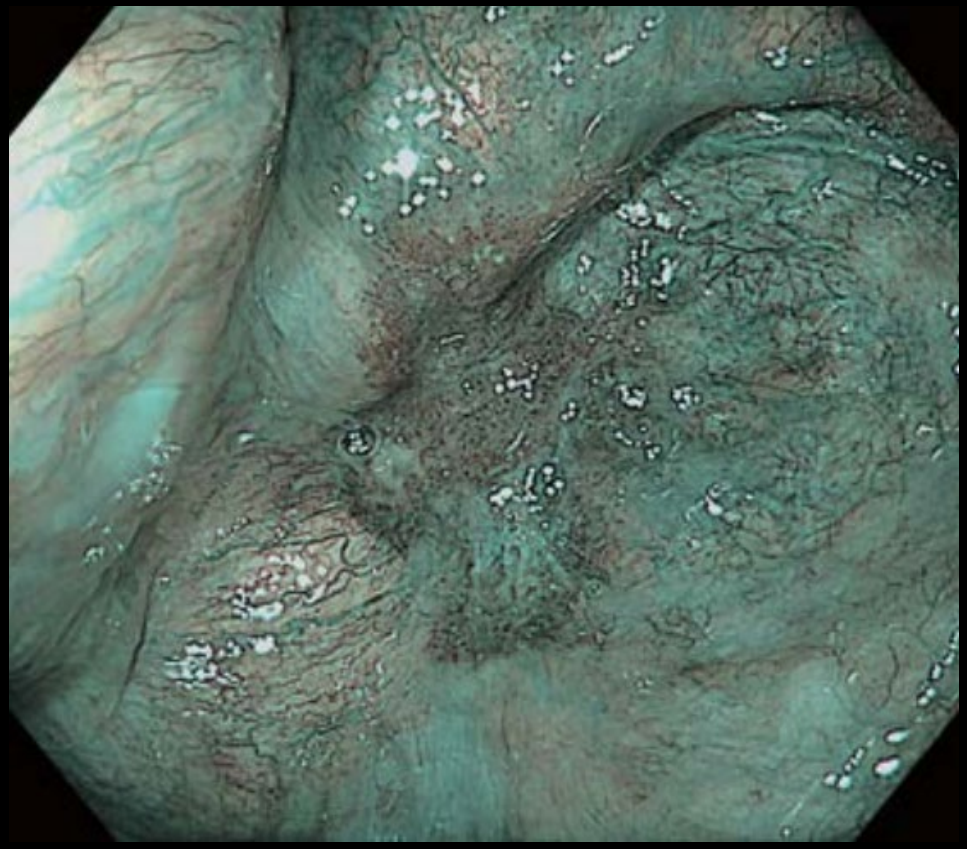
上皮下層
筋層


NBI


NBI
上皮
上皮下層
筋層

# 考　察

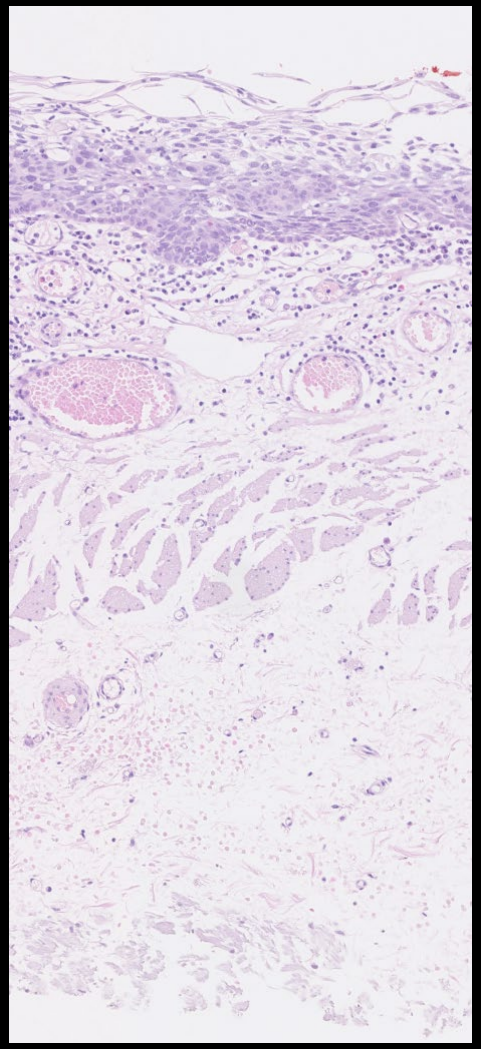
# 咽頭癌の存在診断



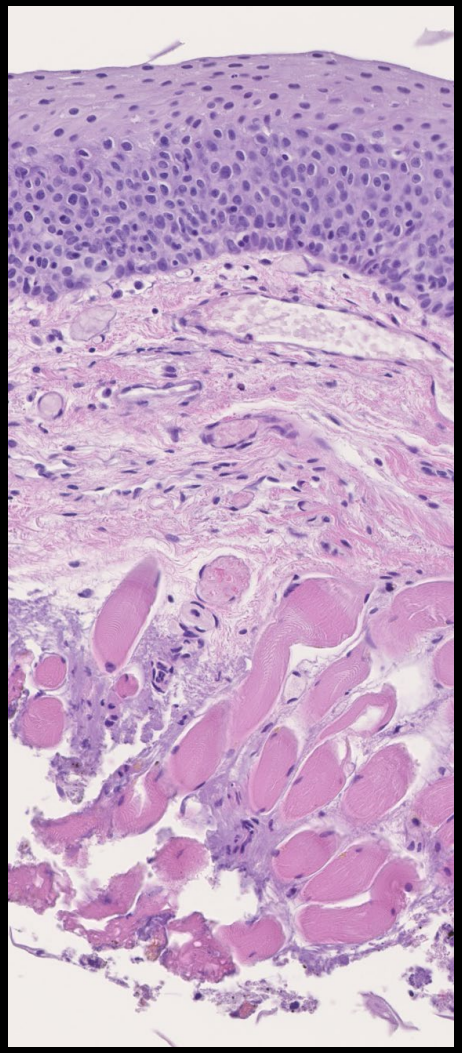
食道癌と同様

NBI観察で
Brownish area

# 食道　　咽頭

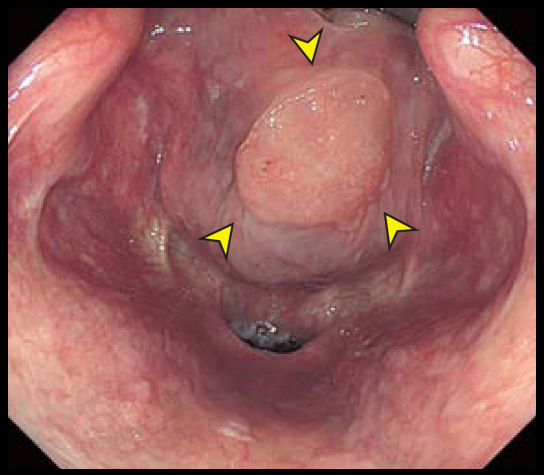


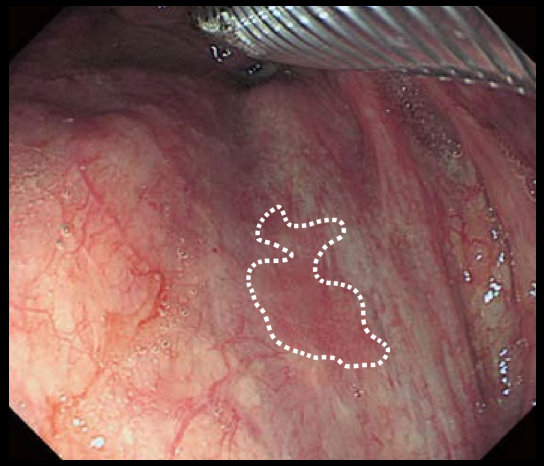
上皮
粘膜固有層
粘膜筋板
粘膜下層



上皮
上皮下層
下咽頭
収縮筋

# 咽頭癌の深達度診断



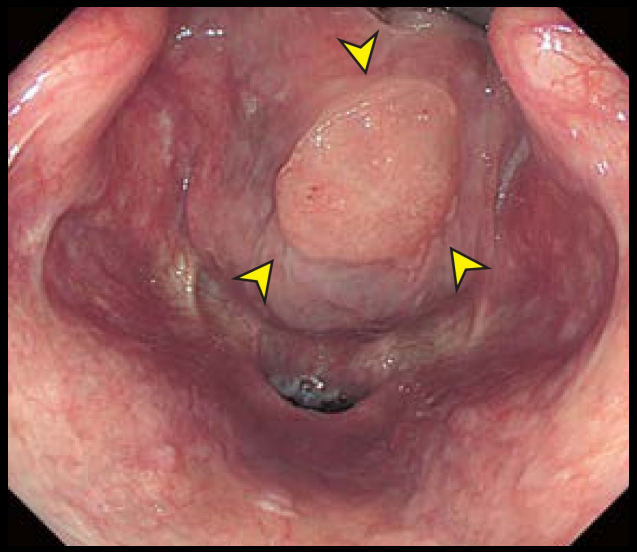


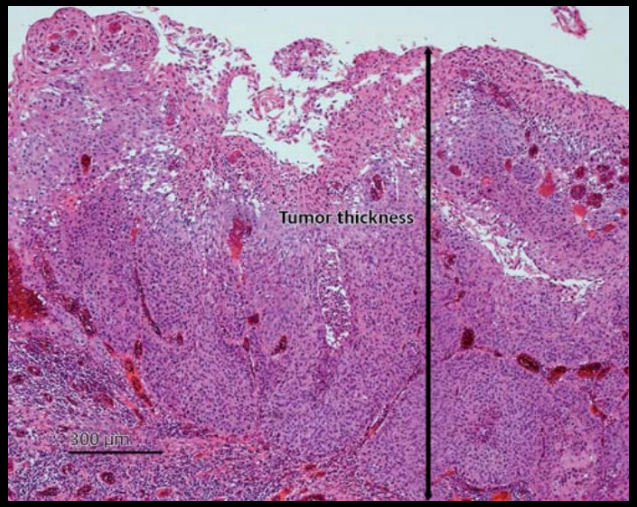
| | 0-I, 0-IIa | 0-IIb, 0-IIc |
|---|---|---|
| 上皮下層浸潤 | 32/57例 (56.2%) | 18/141例 (12.8%) |

| | Subepithelial invasion (n=50) | SCC in situ (n=148) | *P* value |
|---|---|---|---|
| Lesion size, median (range), mm | 20 (3–56) | 13 (2–50) | 0.002 |
| Macroscopic type, n (%) | | | <0.001 |
| 0-I | 7 (14) | 1 (1) | |
| 0-IIa | 25 (50) | 24 (16) | |
| 0-IIb | 16 (32) | 94 (63) | |
| 0-IIc | 2 (4) | 29 (20) | |

Endoscopy 2015; 47: 11–18

# Tumor thickness





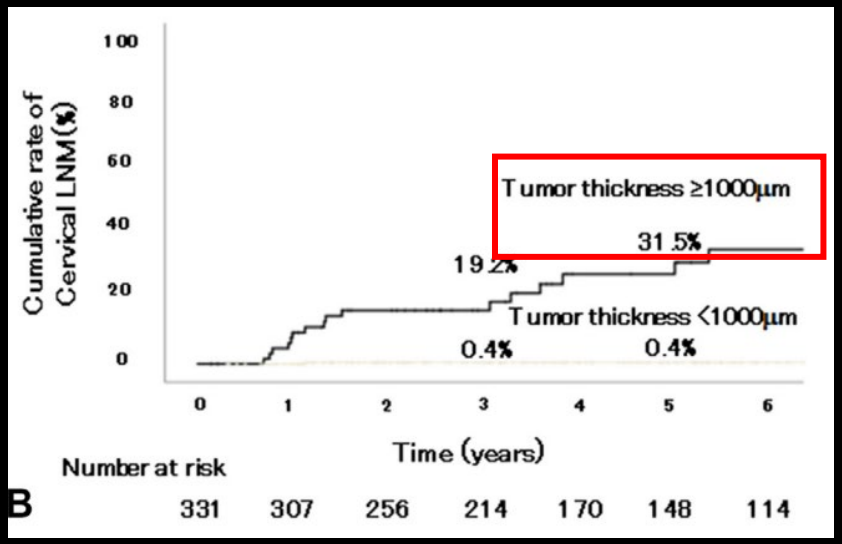

| | | Gross appearance | | | |
|---|---|---|---|---|---|
| | | 0-I | 0-II | Total | |
| Thickness (μm) | <1000 | 0 (0.0%) | 66 (79.5%) | 66 (79.5%) | *1 |
| | ≥1000 | 11 (13.3%) | 6 (7.2%) | 17 (20.5%) | |
| PV | Positive | 4 (4.8%) | 3 (3.6%) | 7 (8.4%) | *2 |
| | Negative | 7 (8.4%) | 69 (83.1%) | 76 (91.6%) | |
| | Total | 11 (13.3%) | 72 (86.7%) | 83 | |
| | | | Fisher's exact test | *1: P<0.0001<br>*2: P<0.01 | |

0-I型で tumor thickness≧1000μm

Endoscopy 2015; 47: 11–18

# Tumor thickness

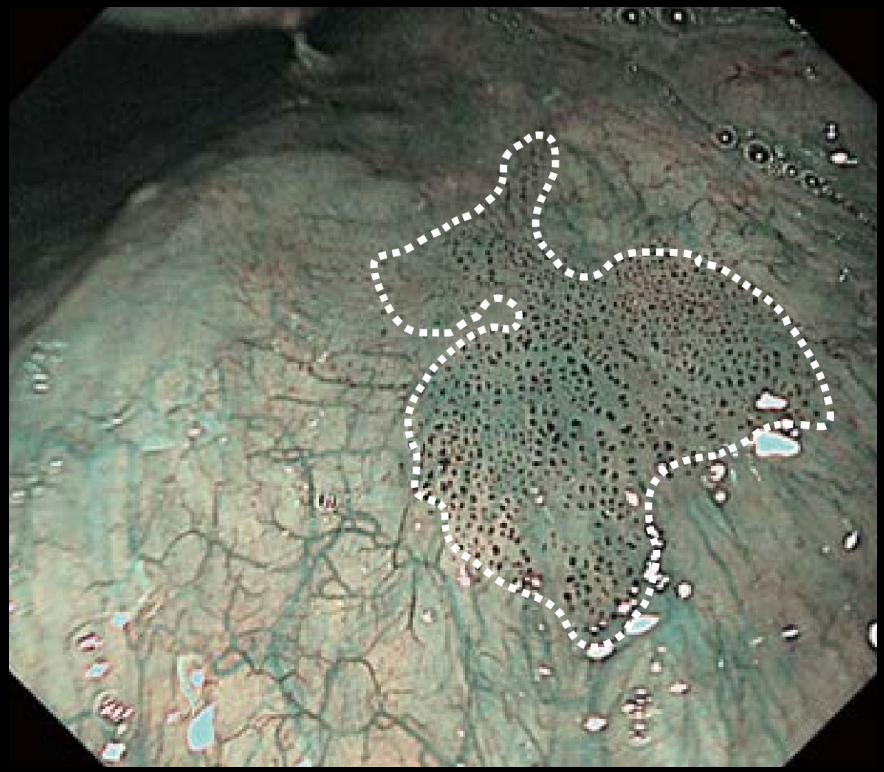
| | | LNM | | | |
|---|---|---|---|---|---|
| | | Positive | Negative | Total | |
| Thickness (μm) | <1000 | 0 (0.0%) | 66 (79.5%) | 66 (79.5%) | *1 |
| | ≥1000 | 3 (3.6%) | 14 (16.9%) | 17 (20.5%) | |
| Gross appearance | 0-I | 3 (3.6%) | 8 (9.6%) | 11 (13.3%) | *2 |
| | 0-II | 0 (0.0%) | 72 (86.7%) | 72 (86.7%) | |
| | Total | 3 (3.6%) | 80 (96.4%) | 83 | |
| | | Fisher's exact test | | *1: P<0.01<br>*2: P<0.01 | |

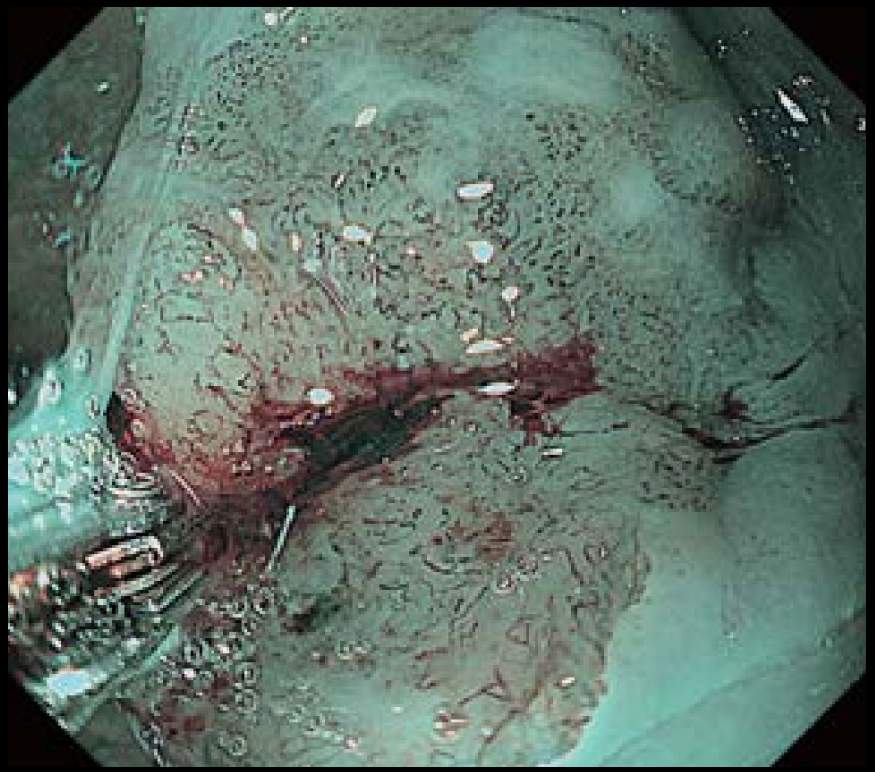



Tumor thickness　≧1000μmで
リンパ節転移率が有意に高い

J Med Dent Sci 2015; 62 : 19-24
Gastrointestinal endoscopy 2023; 98(4) 524-533

# NBI拡大観察





B1血管の上皮内癌の診断能は
感度95%, 特異度43%

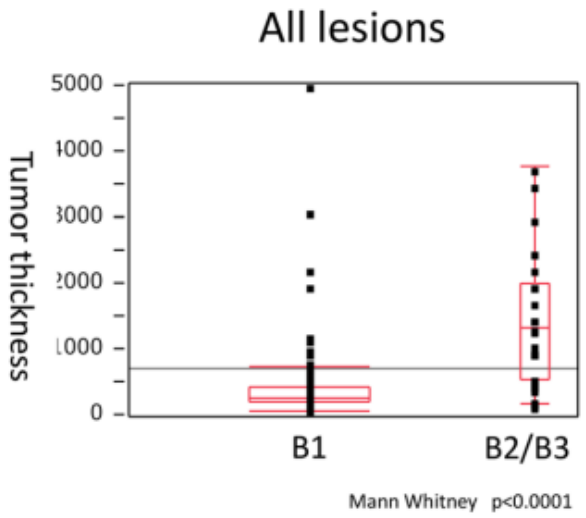
Esophagus 2021; 18: 111-117

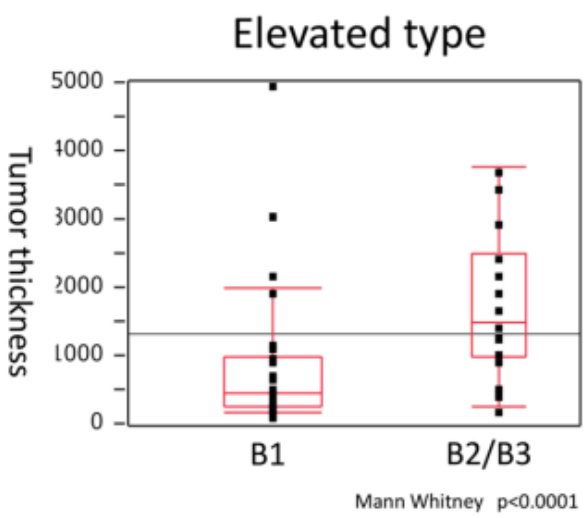
# NBI拡大観察

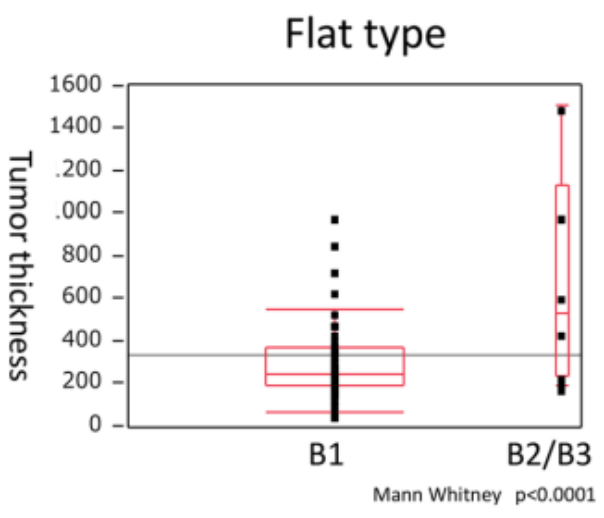
| | B1 | B2/B3 |
|---|---|---|
| 平坦 | 13.4% | 54.5% |
| 隆起 | 47.2% | **92.9%** |

| | Tis | Sub-epithelial cancer | Total |
|---|---|---|---|
| (a) All lesions | | | |
| B1 | 138 | 42 | 180 |
| B2, 3 | 7 | 32 | 39 |
| | 145 | 74 | 219 |
| (b) Flat type | | | |
| B1 | 110 | 17 | 127 |
| B2, 3 | 5 | 6 | 11 |
| | 115 | 23 | 138 |
| (c) Elevated type | | | |
| B1 | 28 | 25 | 53 |
| B2, 3 | 2 | 26 | 28 |
| | 30 | 51 | 81 |

*Tis* squamous cell carcinoma in situ



# 下咽頭癌のT因子

| | |
|---|---|
| TX | 原発腫瘍の評価が不可能 |
| T0 | 原発腫瘍を認めない |
| Tis | 上皮内癌 |
| T1 | 下咽頭の1亜部位に限局，および/または最大径が2cm以下の腫瘍 |
| T2 | 片側喉頭の固定がなく，下咽頭の1亜部位をこえるか，隣接部位に浸潤する腫瘍，または最大径が2cmをこえるが4cm以下で片側喉頭の固定がない腫瘍 |
| T3 | 最大径が4cmをこえる，または片側喉頭の固定がある，または食道粘膜に進展する腫瘍 |
| T4a | 次のいずれかに浸潤する腫瘍：甲状軟骨，輪状軟骨，舌骨，甲状腺，食道頸部正中軟部組織* |
| T4b | 椎前筋膜に浸潤する腫瘍，頸動脈を全周性に取り囲む腫瘍，または縦隔に浸潤する腫瘍 |

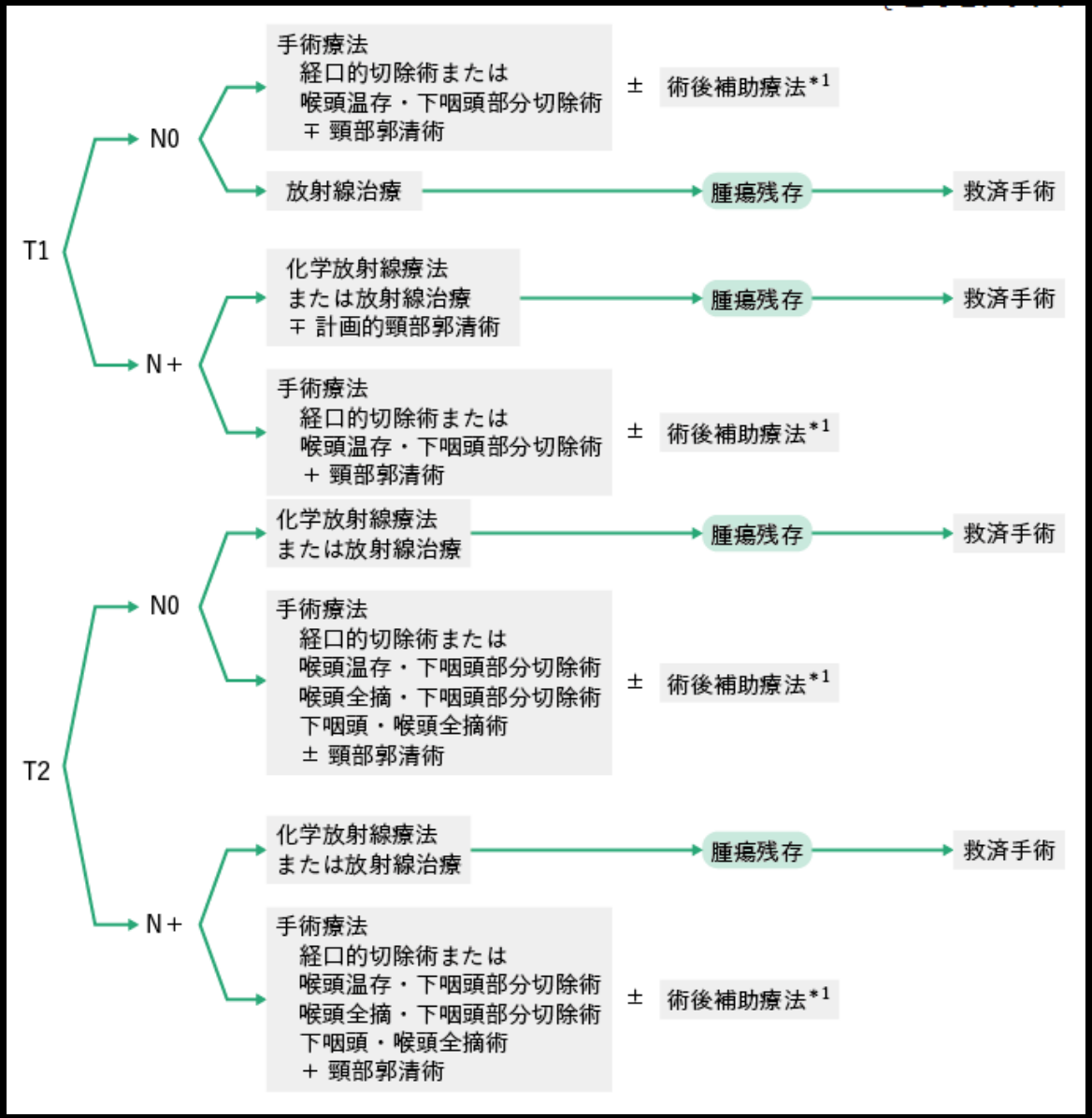
注

*頸部正中軟部組織には，前喉頭筋群および皮下脂肪組織が含まれる。

亜部位：梨状陥凹・後壁・輪状後部

頭頸部がんガイドライン2018年度版

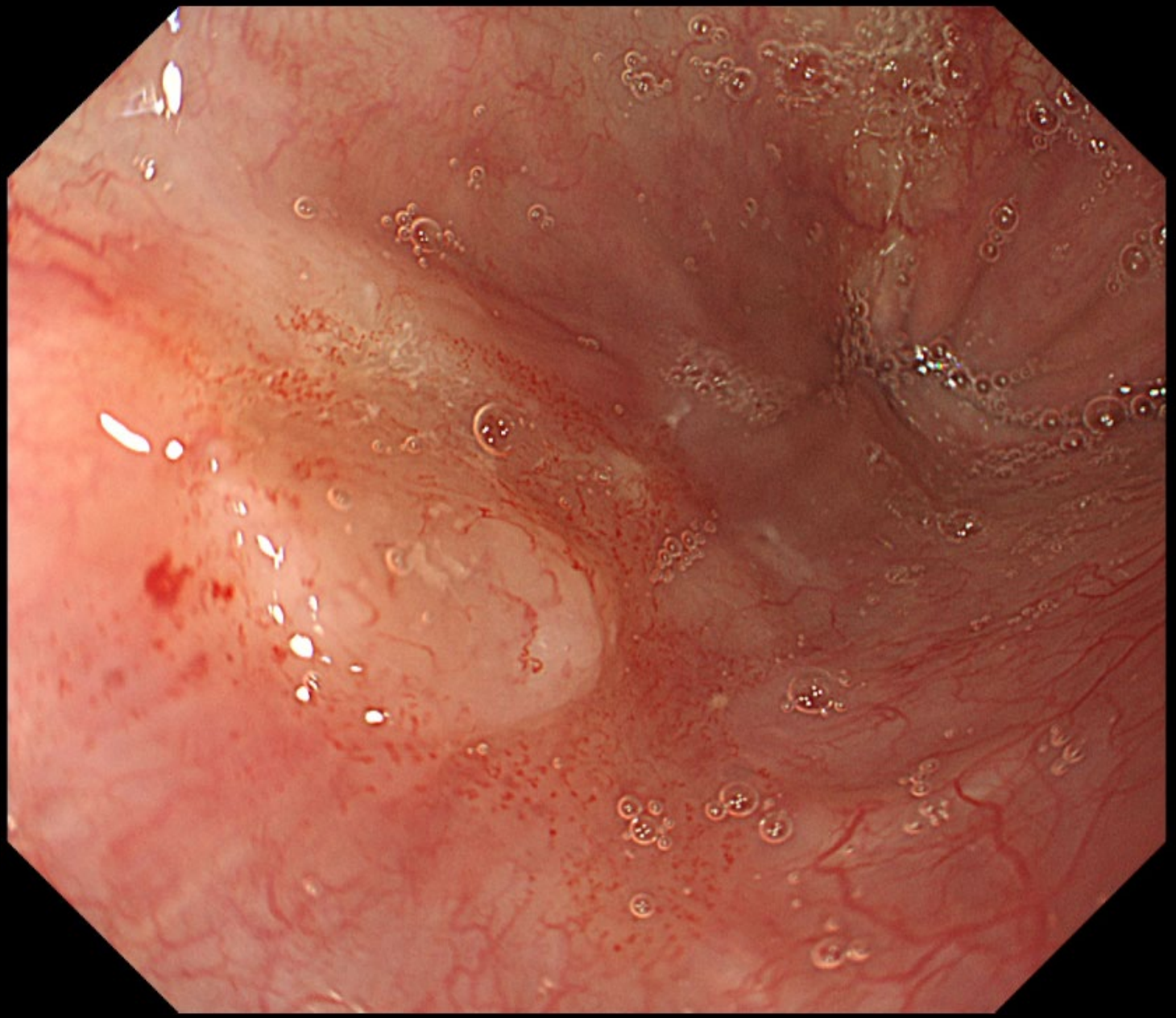
# 下咽頭癌の治療法

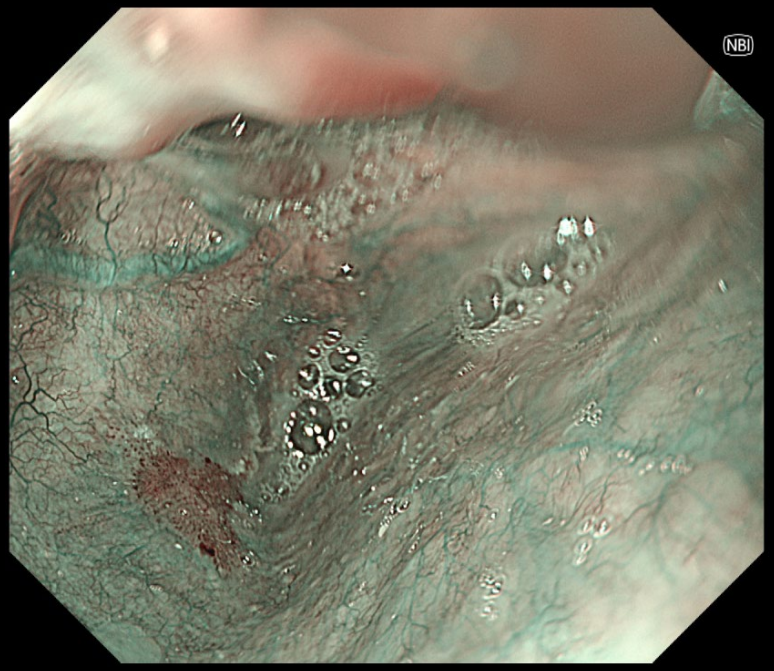

T1
N0
手術療法
経口的切除術または
喉頭温存・下咽頭部分切除術
∓ 頸部郭清術
±
術後補助療法*1
放射線治療
腫瘍残存
救済手術
N+
化学放射線療法
または放射線治療
∓ 計画的頸部郭清術
腫瘍残存
救済手術
手術療法
経口的切除術または
喉頭温存・下咽頭部分切除術
＋ 頸部郭清術
±
術後補助療法*1
T2
N0
化学放射線療法
または放射線治療
腫瘍残存
救済手術
手術療法
経口的切除術または
喉頭温存・下咽頭部分切除術
喉頭全摘・下咽頭部分切除術
下咽頭・喉頭全摘術
± 頸部郭清術
±
術後補助療法*1
N+
化学放射線療法
または放射線治療
腫瘍残存
救済手術
手術療法
経口的切除術または
喉頭温存・下咽頭部分切除術
喉頭全摘・下咽頭部分切除術
下咽頭・喉頭全摘術
＋ 頸部郭清術
±
術後補助療法*1

## CQ12-1 頭頸部扁平上皮癌術後再発高リスク患者に対する術後化学放射線療法は有用か？

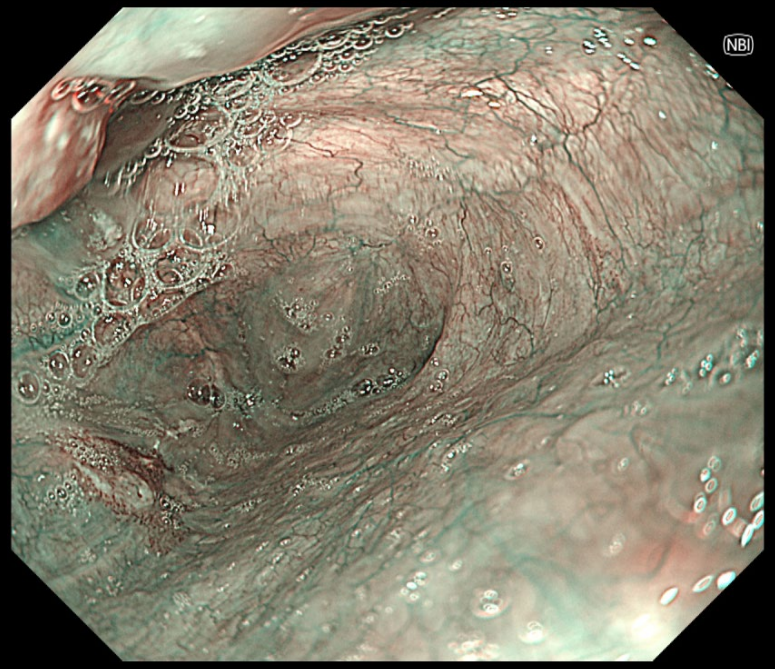
| 推奨グレード | |
|---|---|
| A | 顕微鏡的断端陽性もしくは節外浸潤陽性の頭頸部扁平上皮癌術後再発高リスク患者に対して，シスプラチン併用術後化学放射線療法を行うことが勧められる。 |

| 推奨グレード | |
|---|---|
| D | シスプラチン以外の抗がん薬を併用する術後化学放射線療法は，行わないことを勧める。 |






1年前




今回

# まとめ

咽頭には粘膜筋板がなく上皮・上皮下層に分類

0–I型は腫瘍が厚く，リンパ節転移率が高い

血管形態のみでは深達度診断が難しく，肉眼型が重要