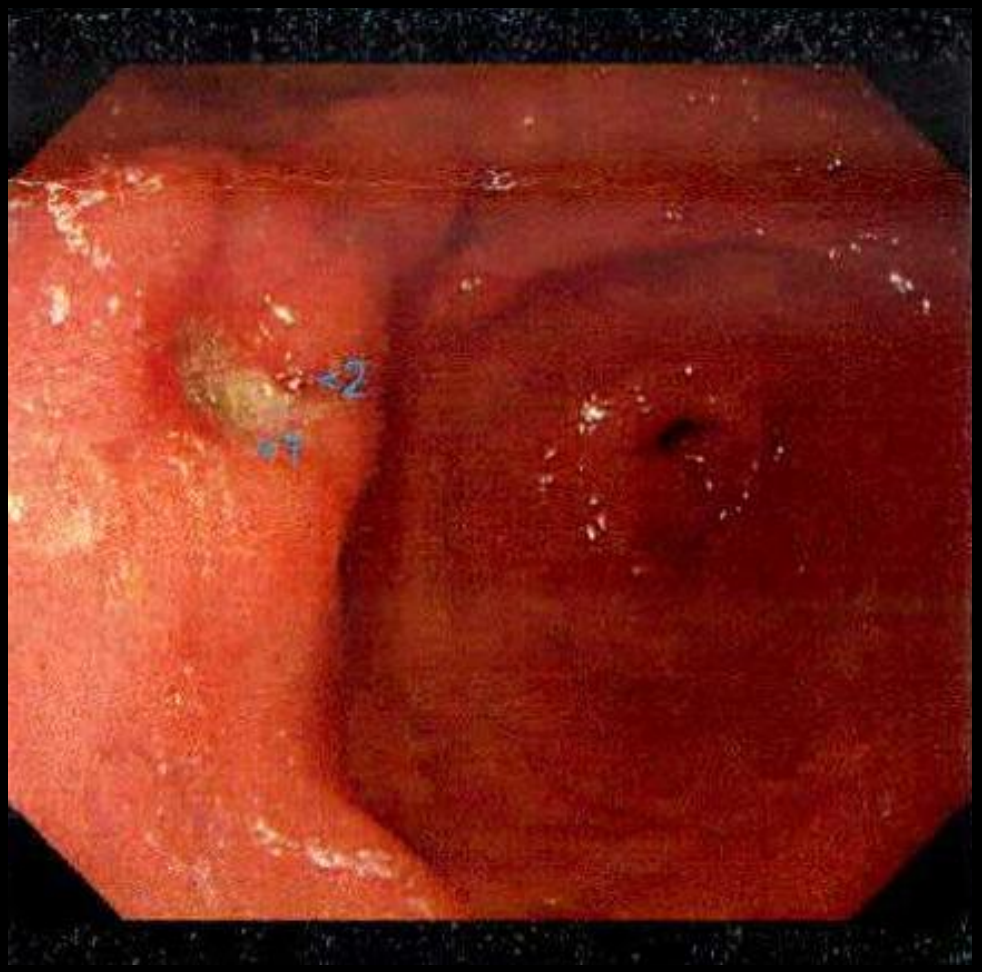
Mapping
胃

担当　伊丹　久実

前医にて･･･
（白色光）


2
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白色光
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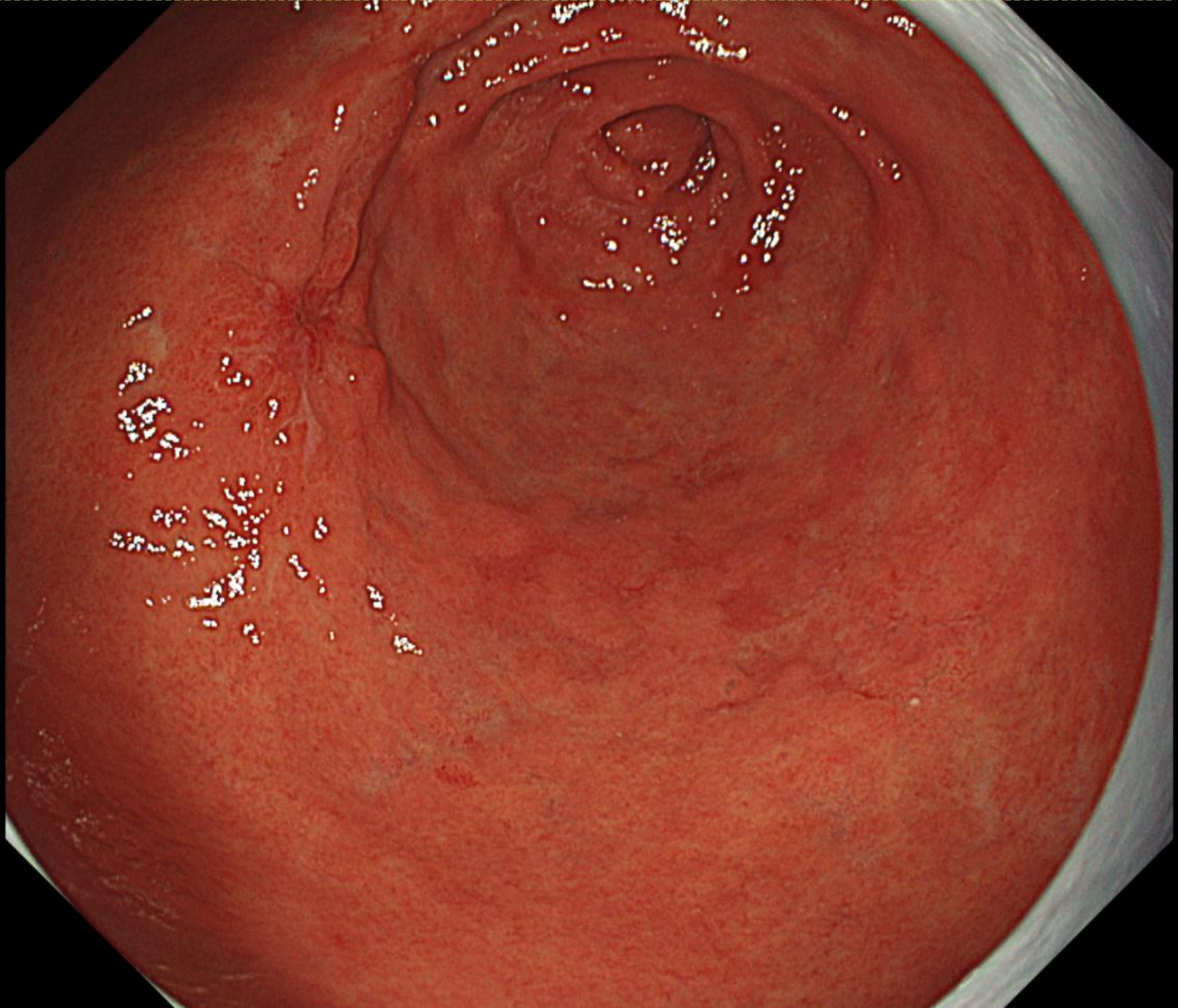

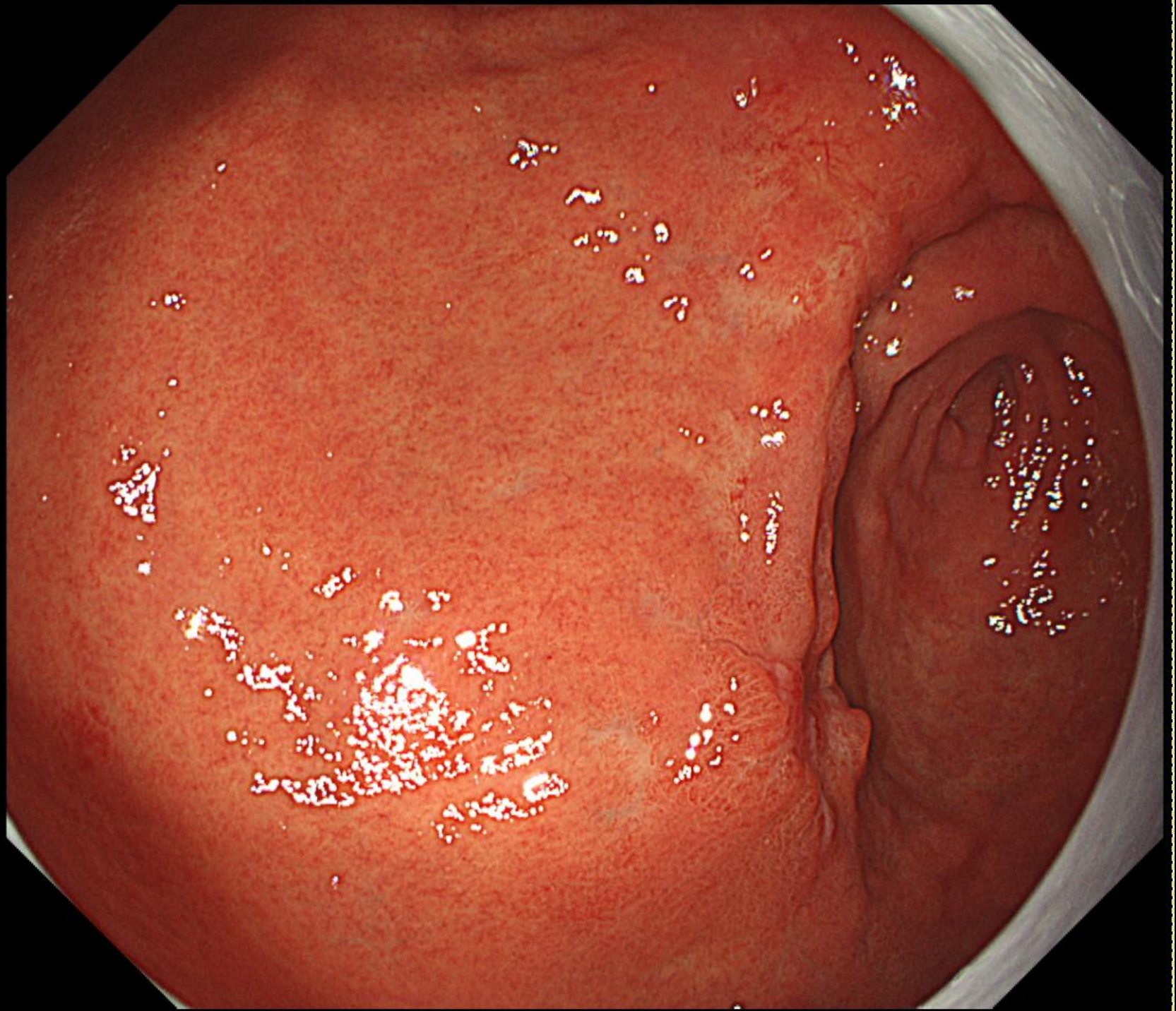

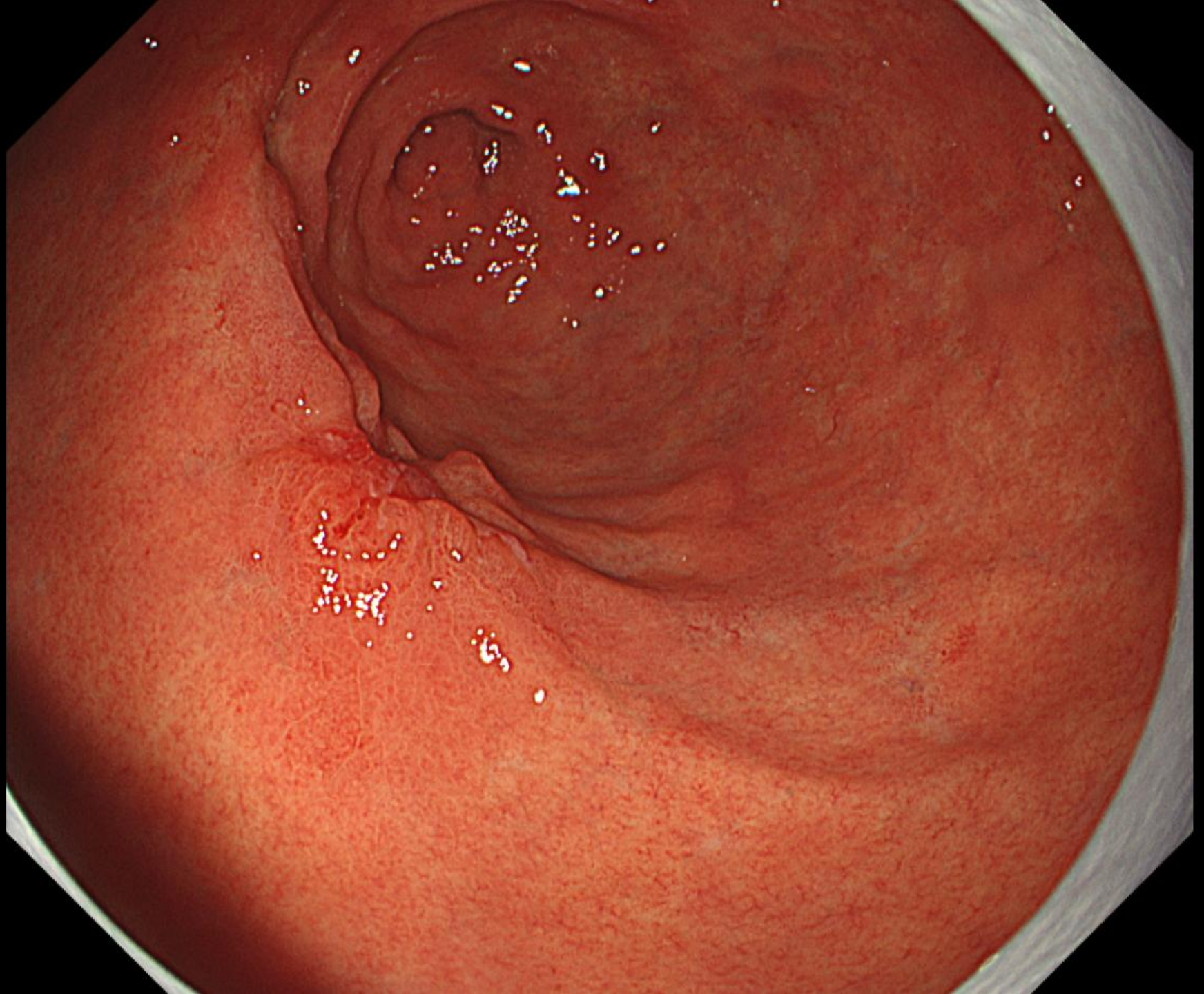

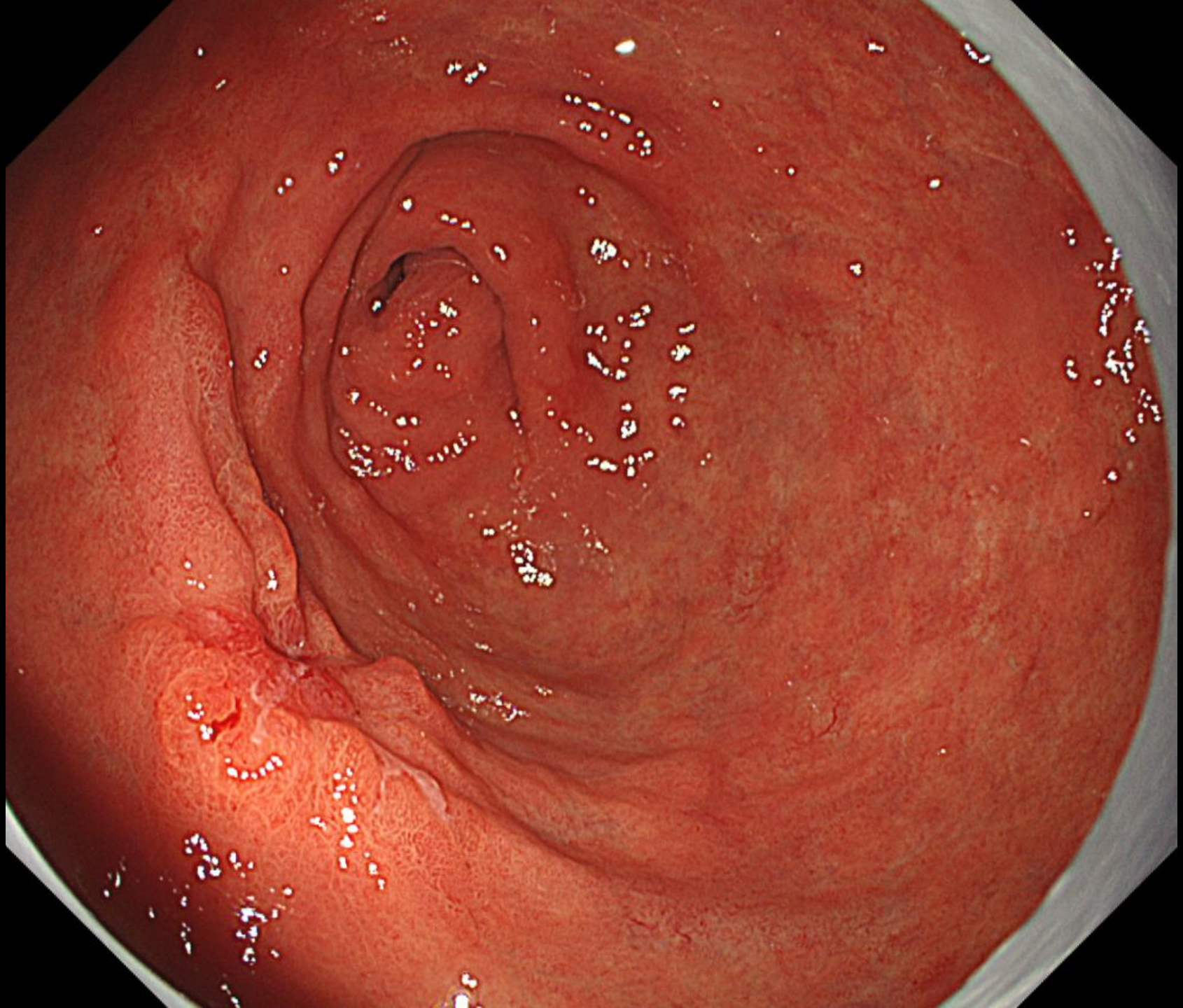

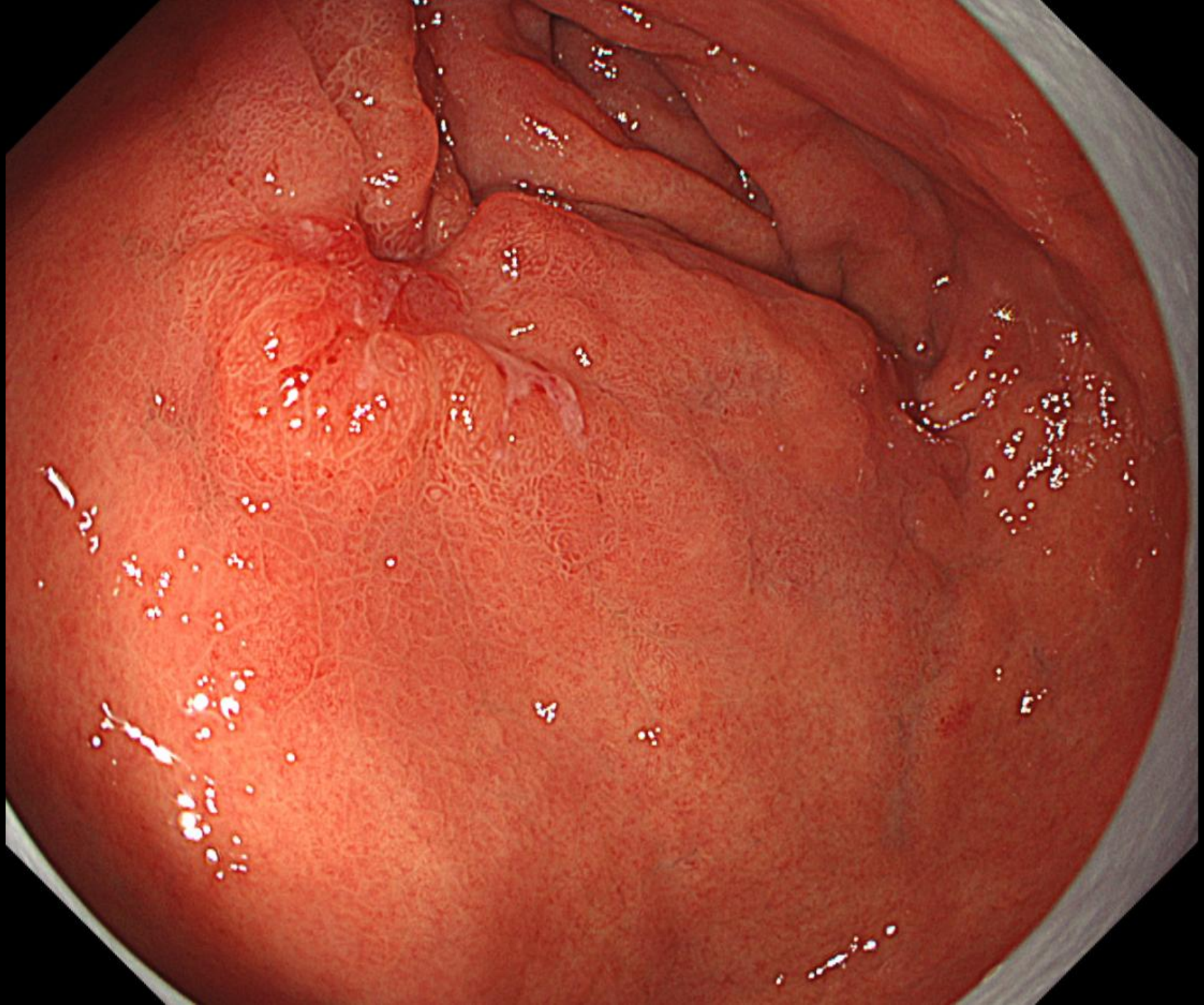

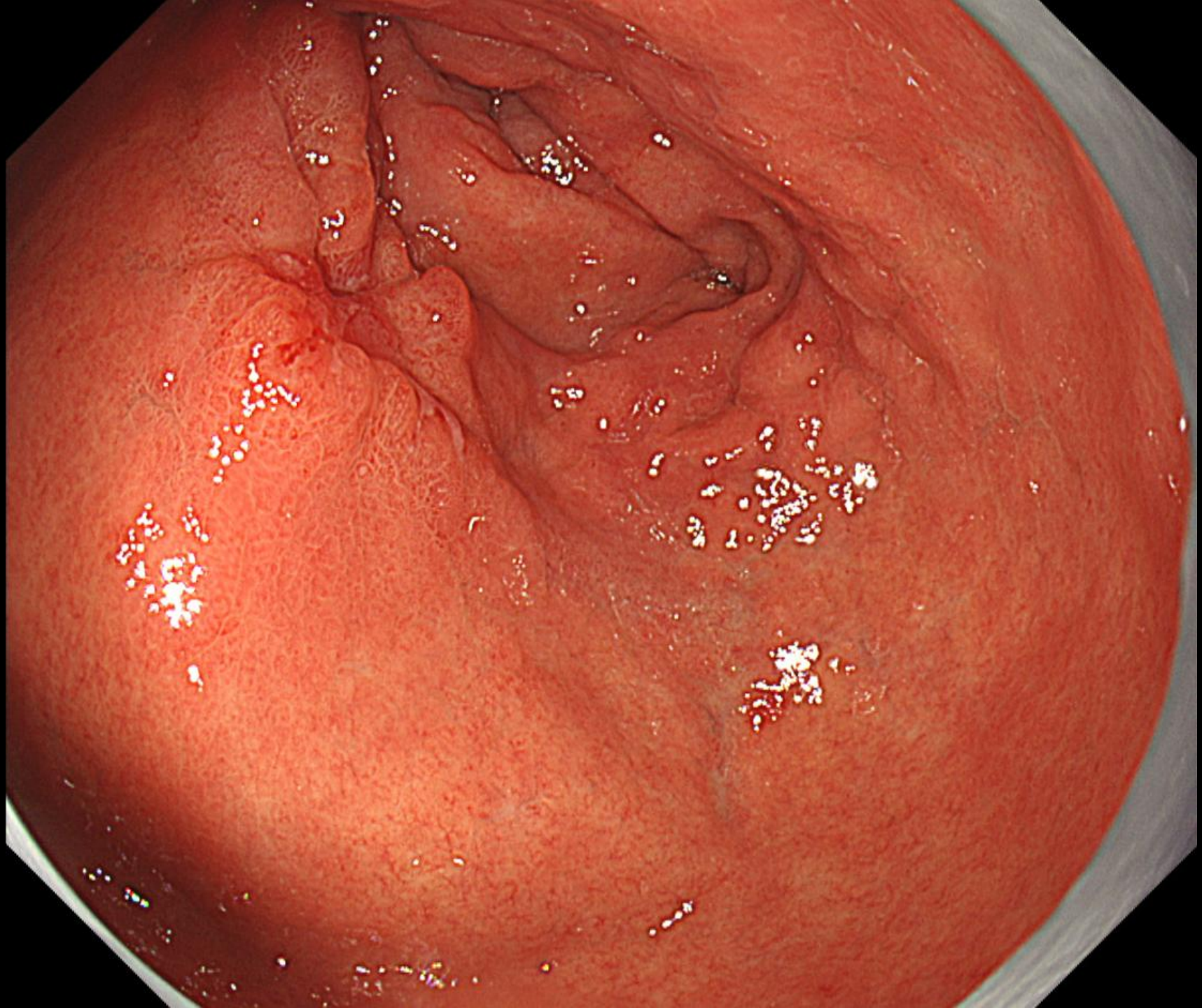

インジゴカルミン散布
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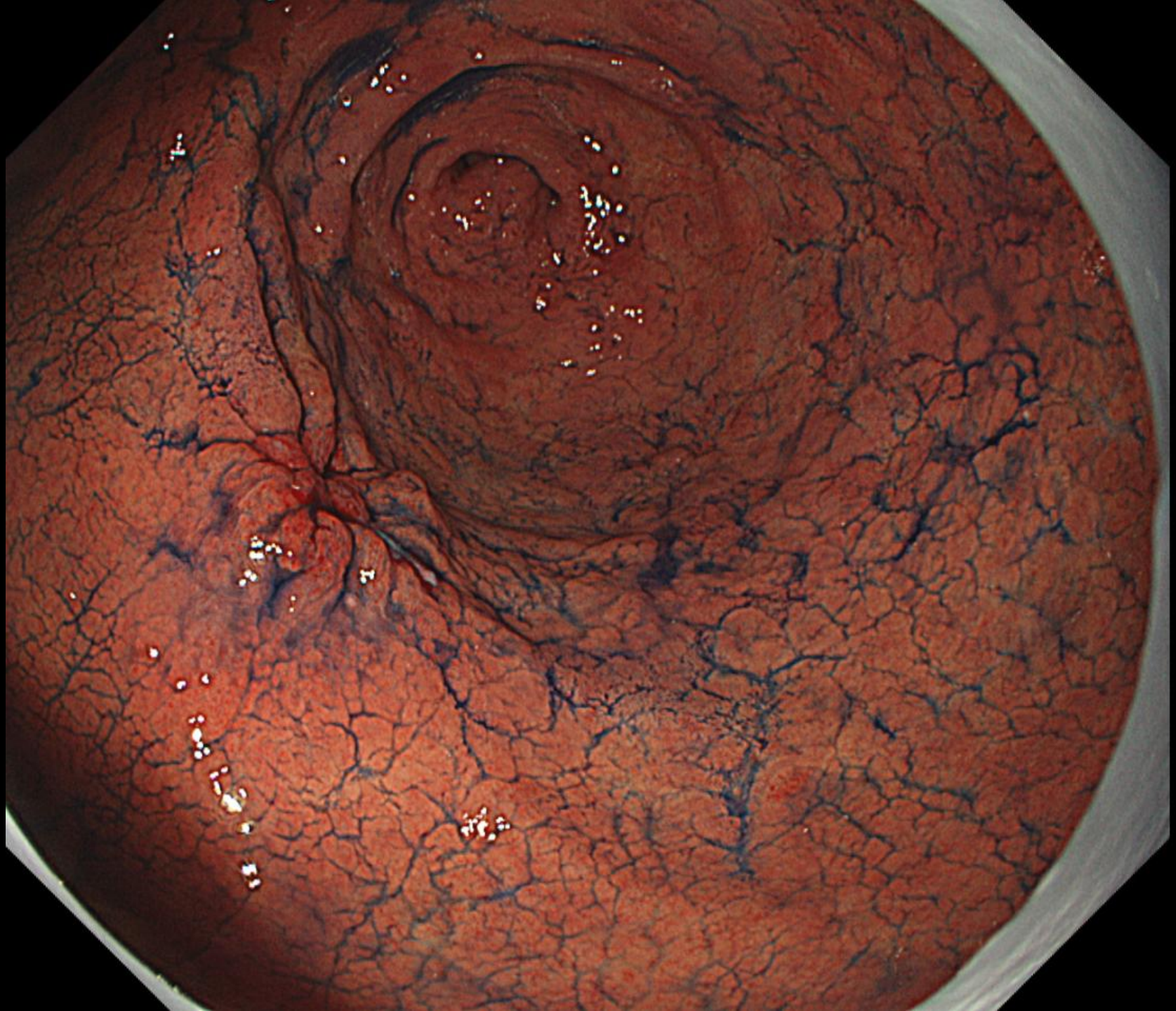

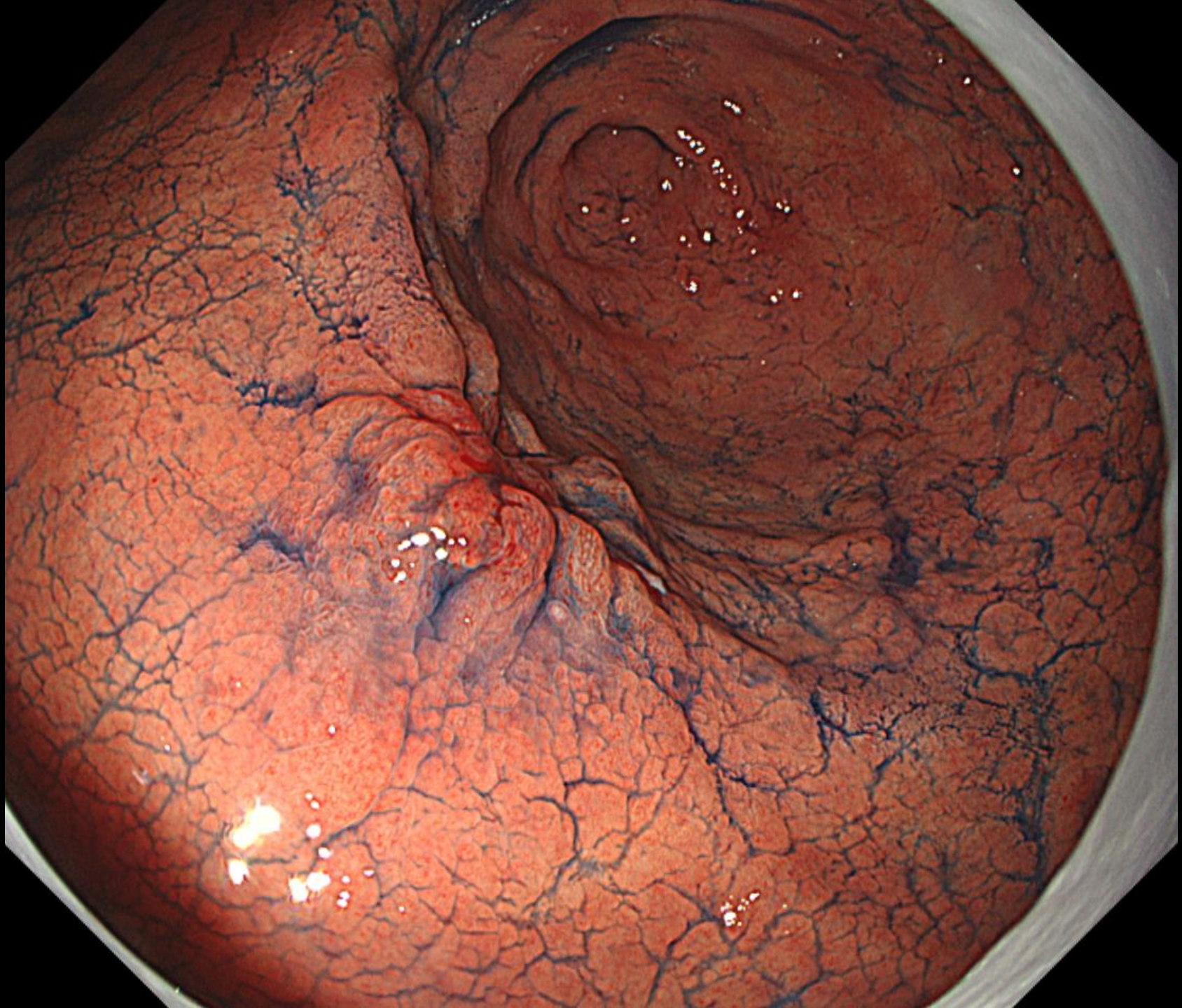

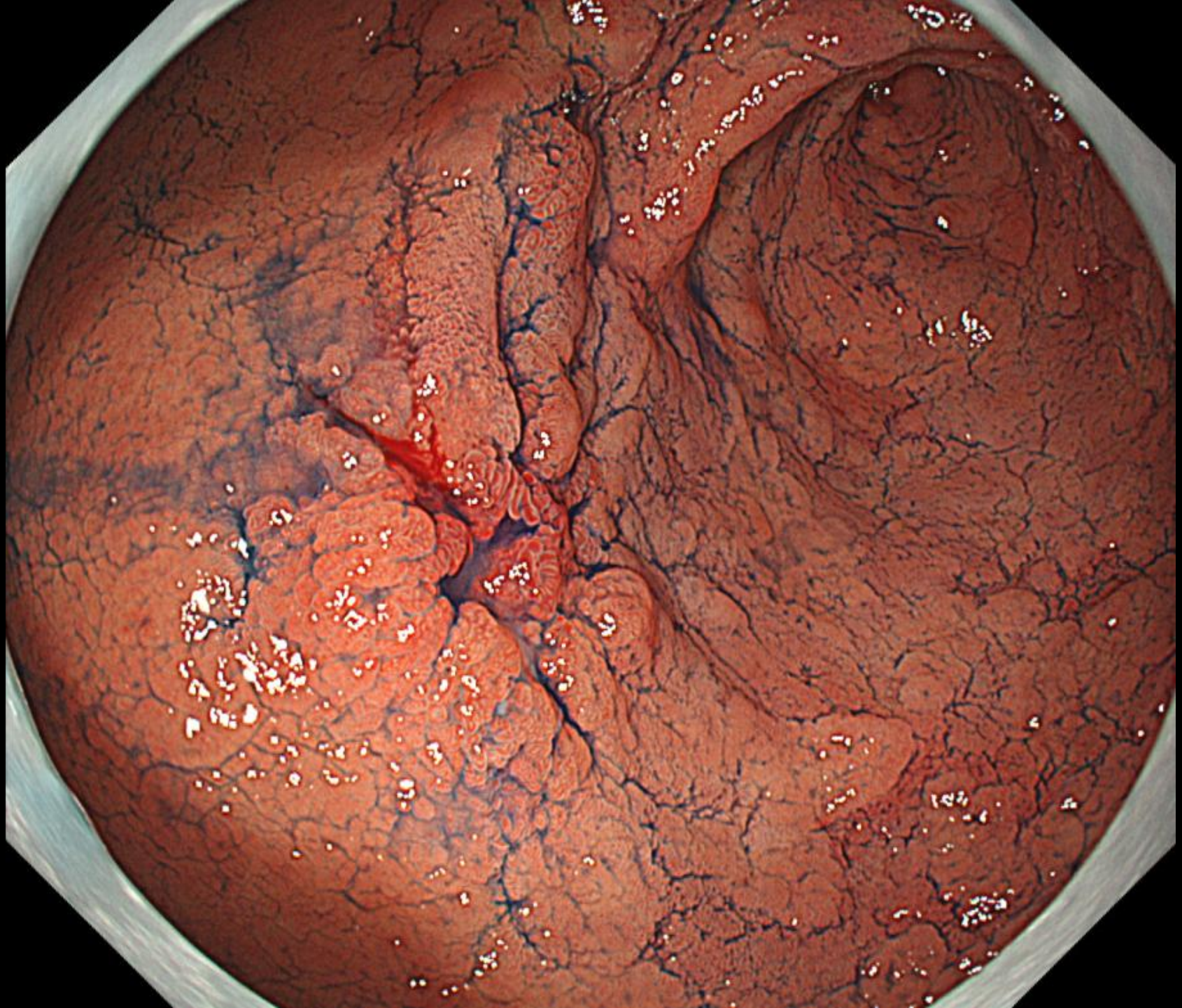

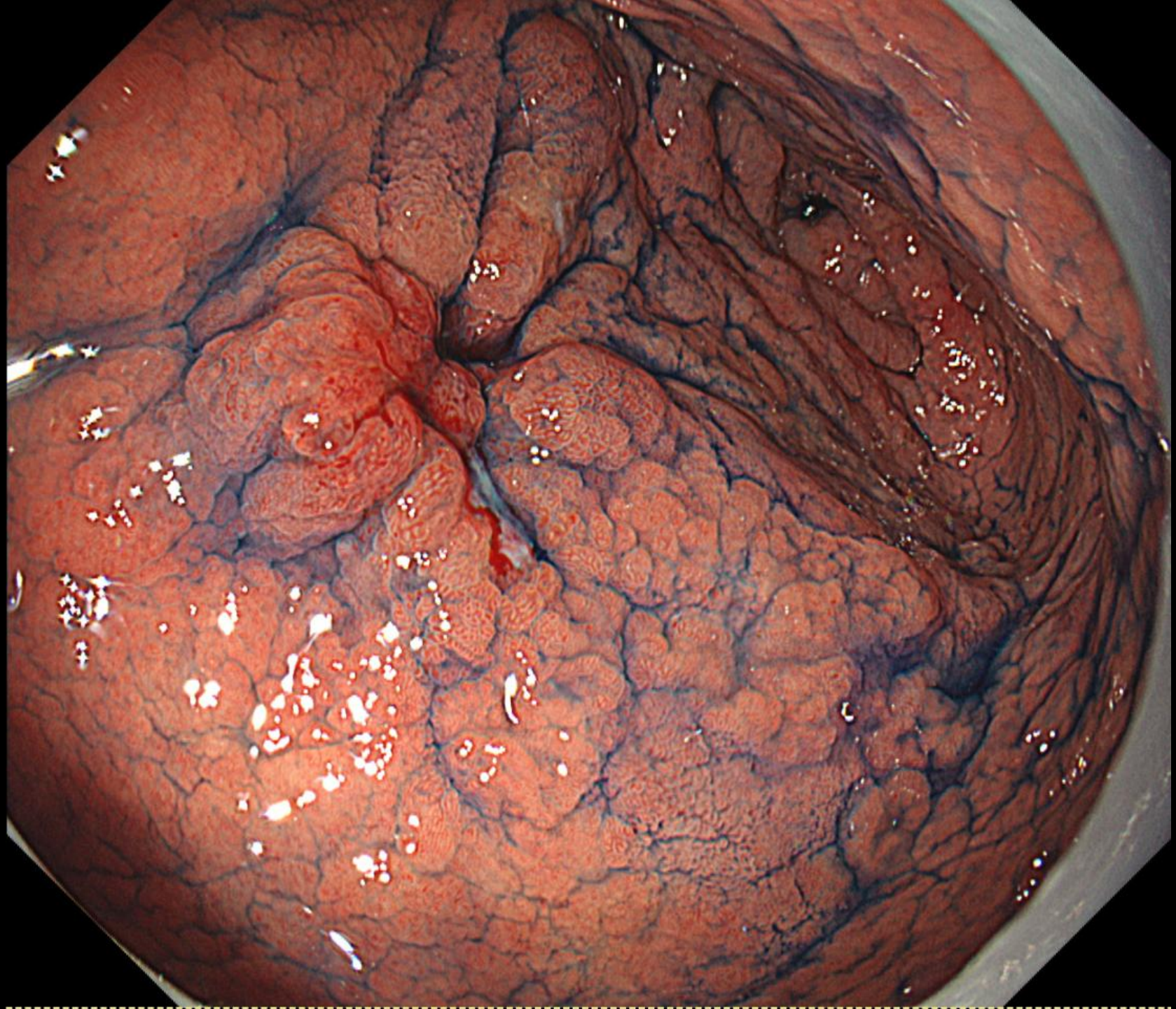

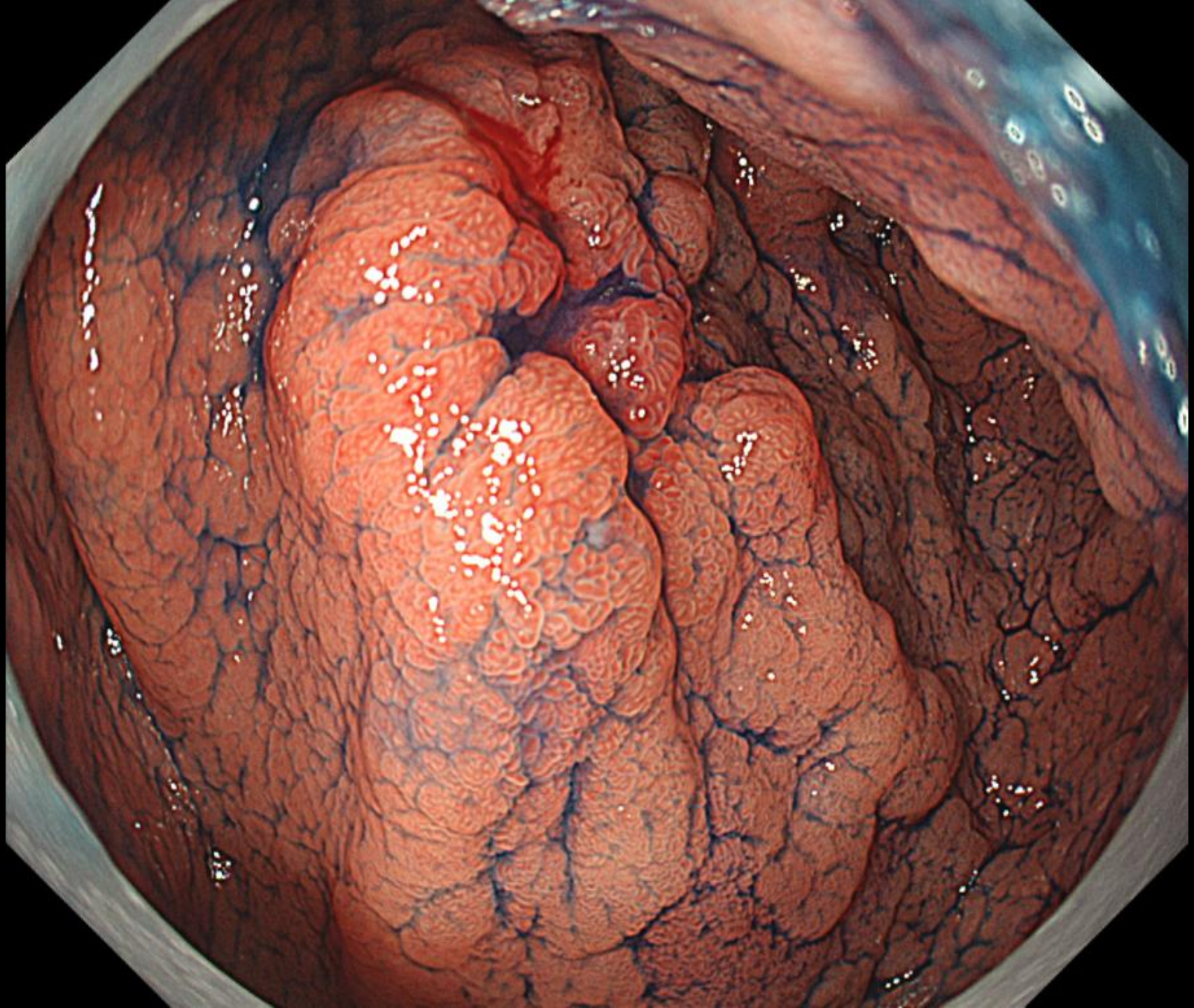

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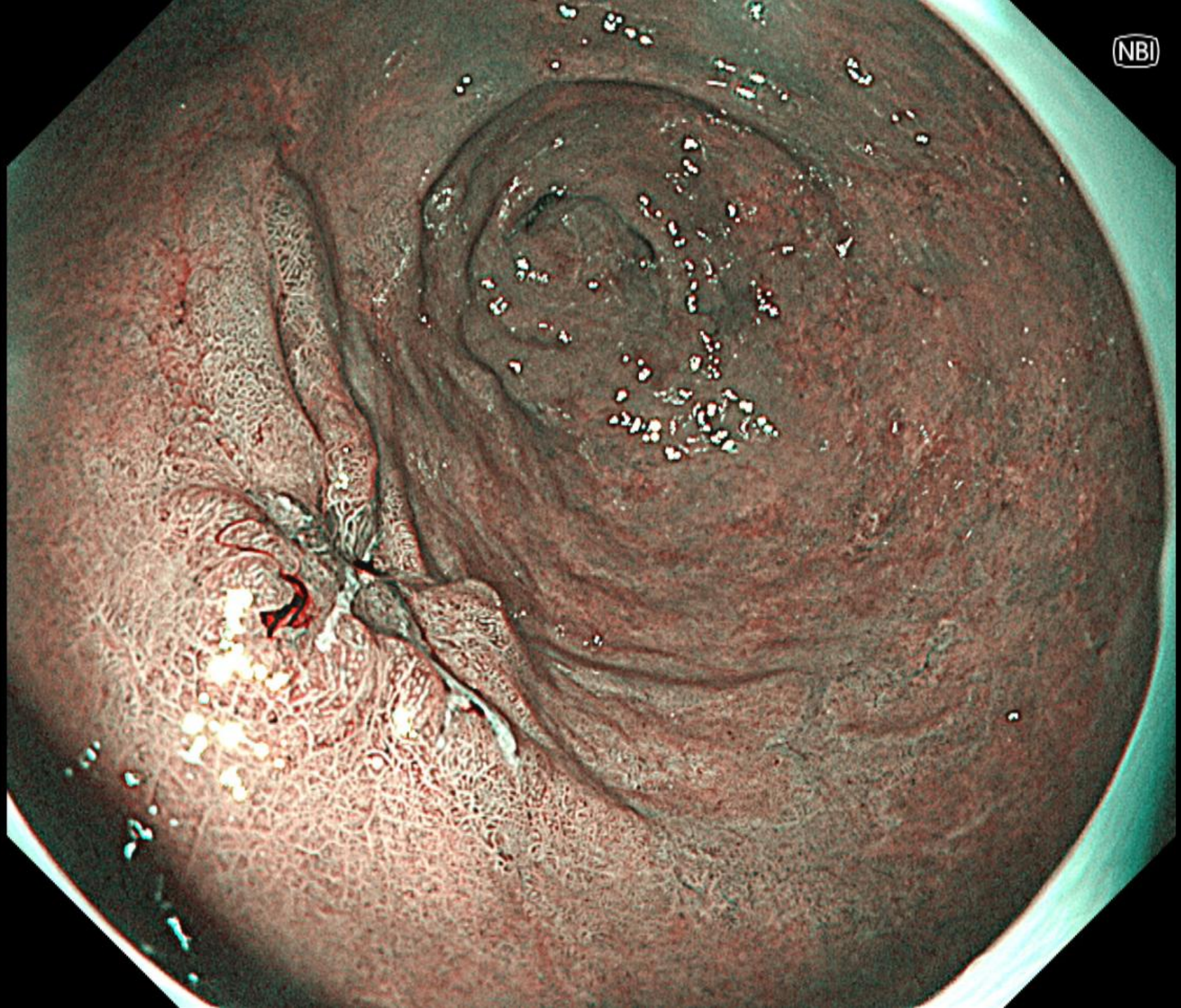
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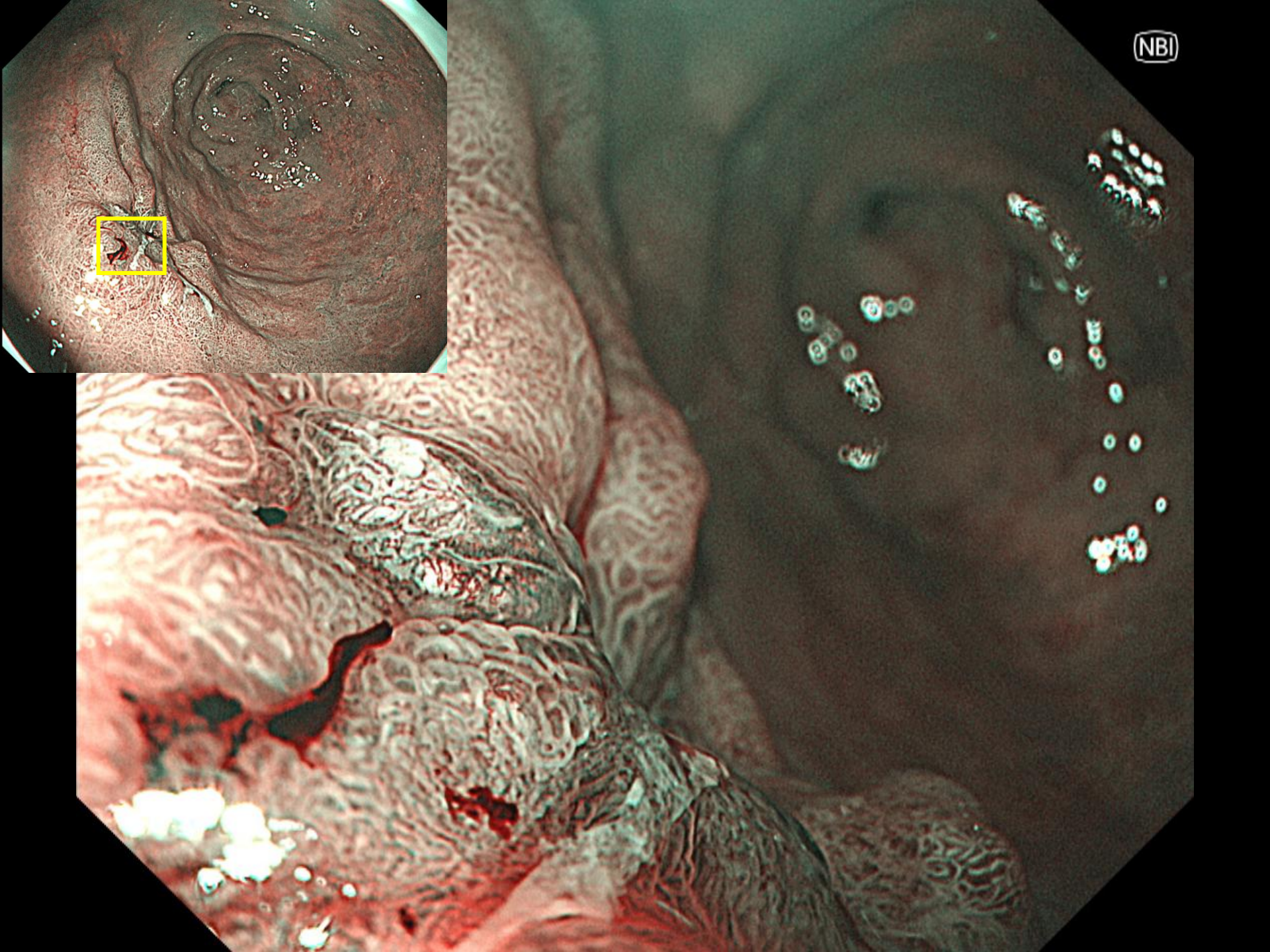
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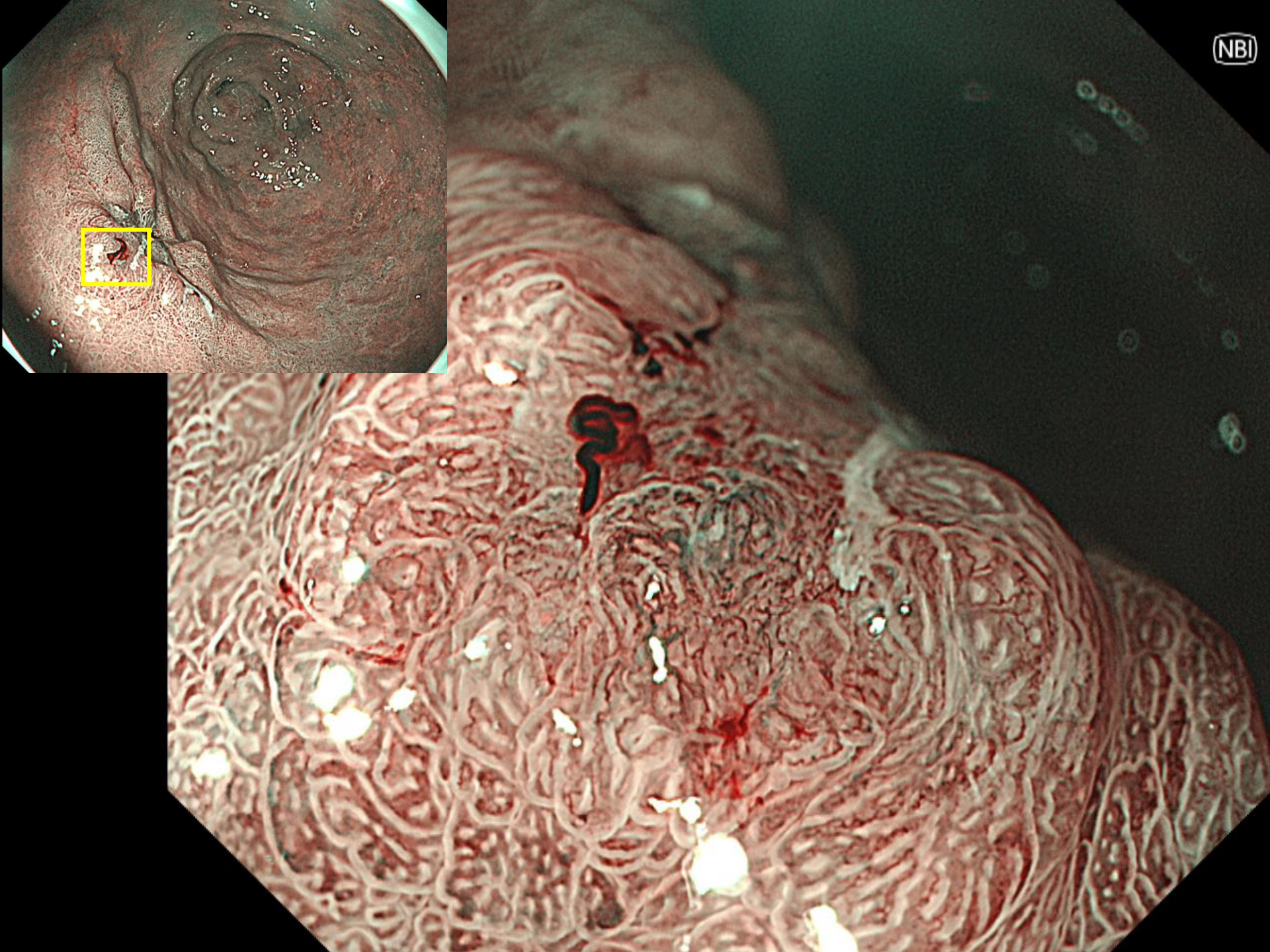
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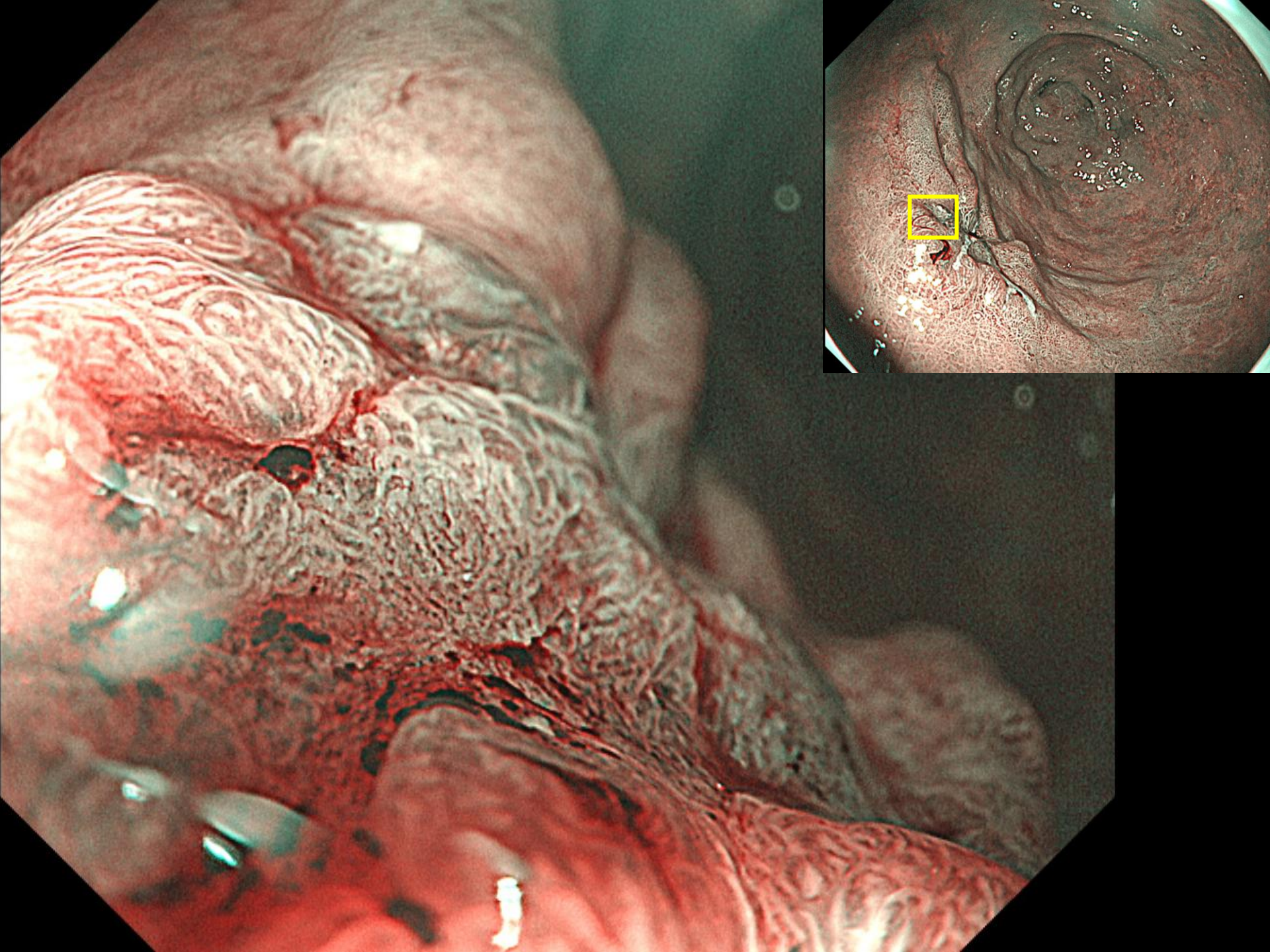

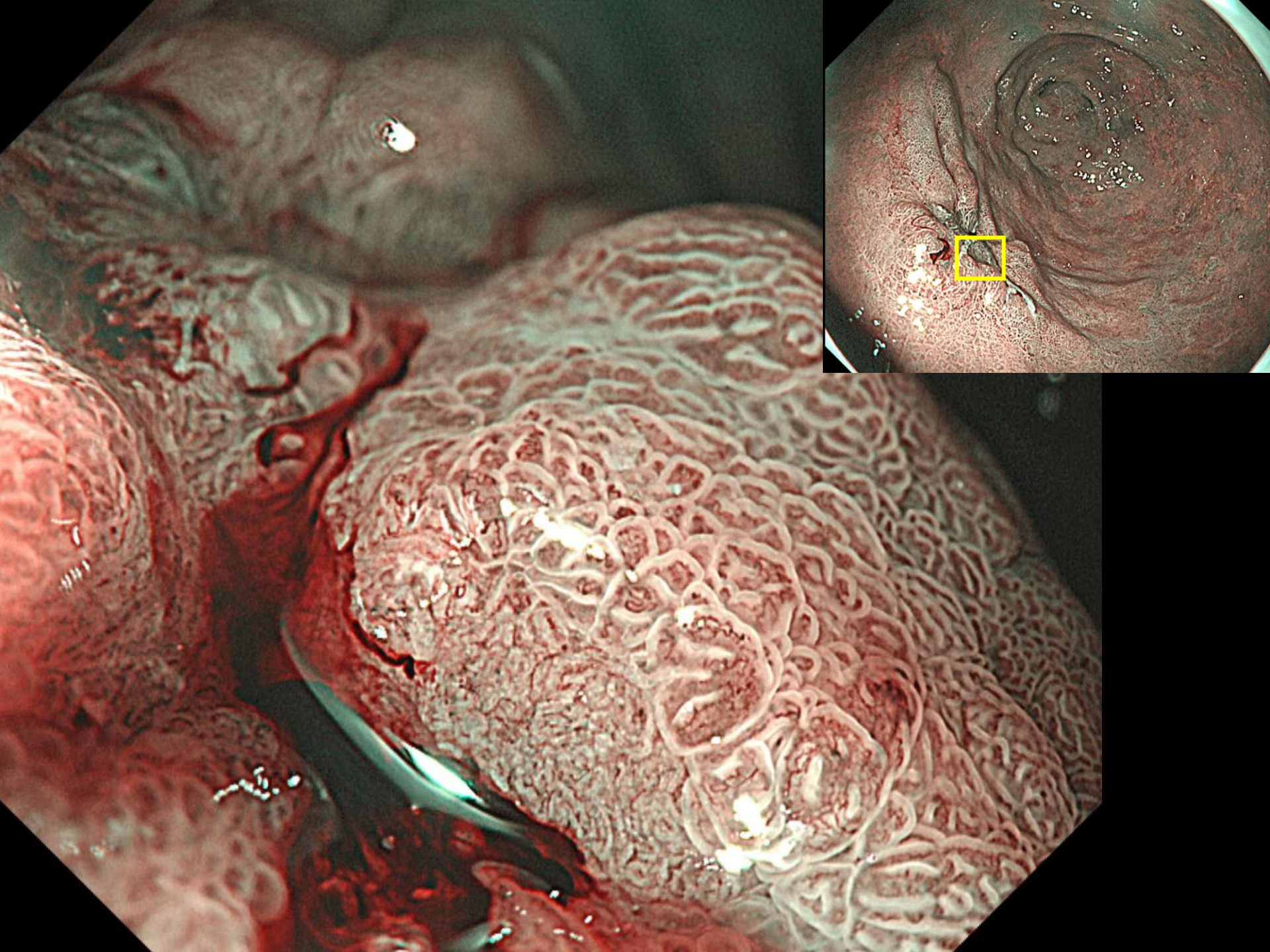

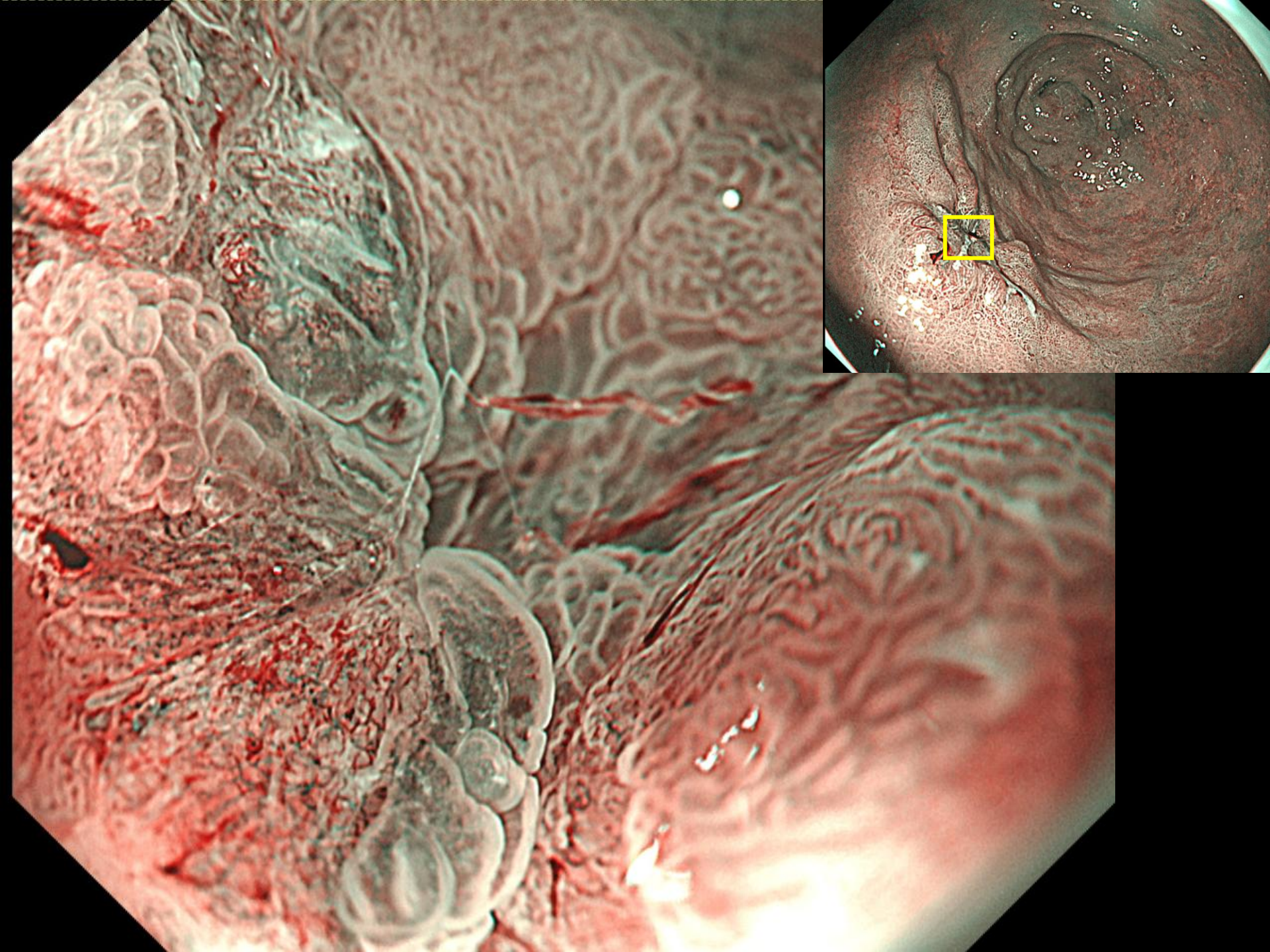

EUS
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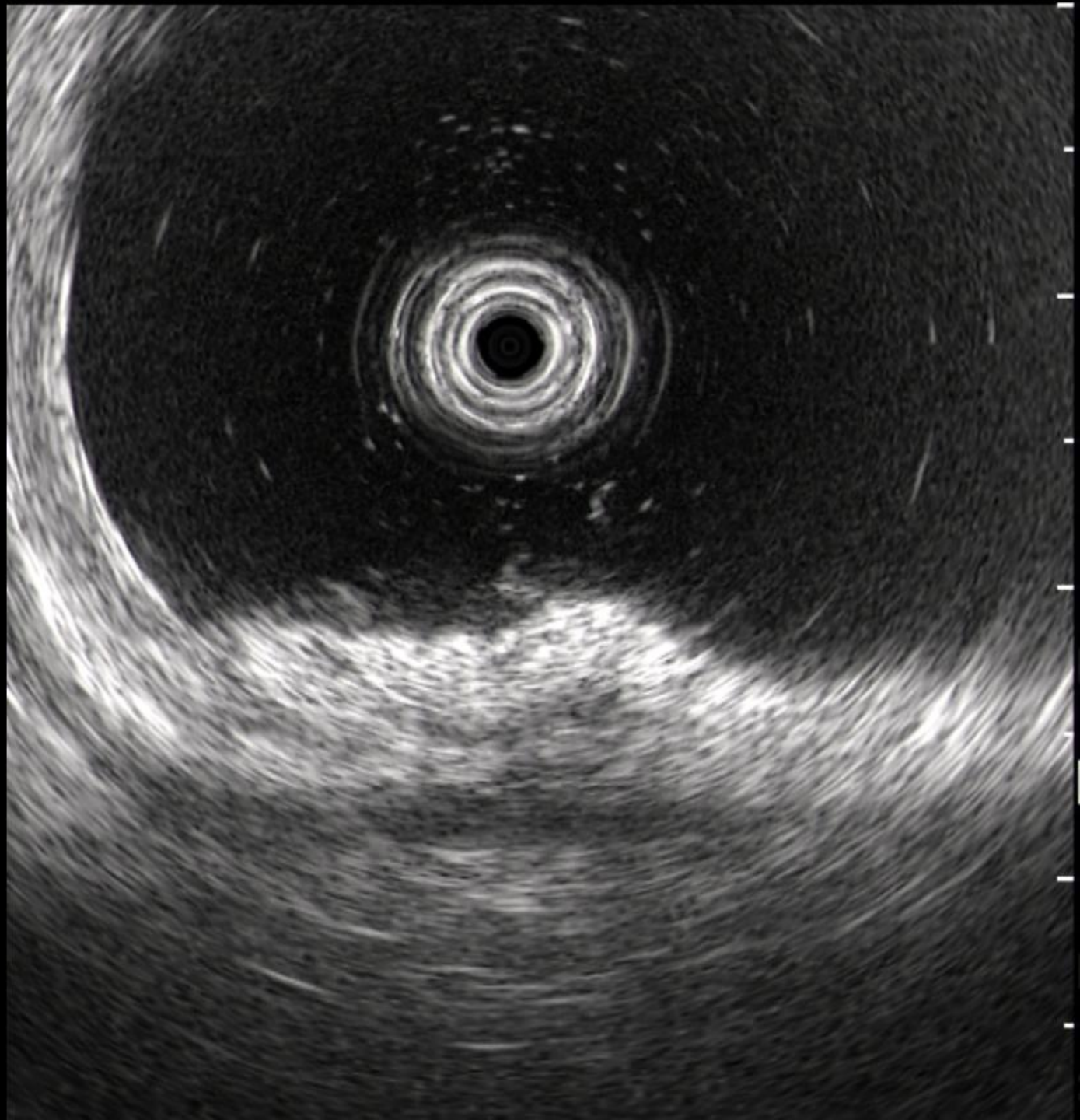
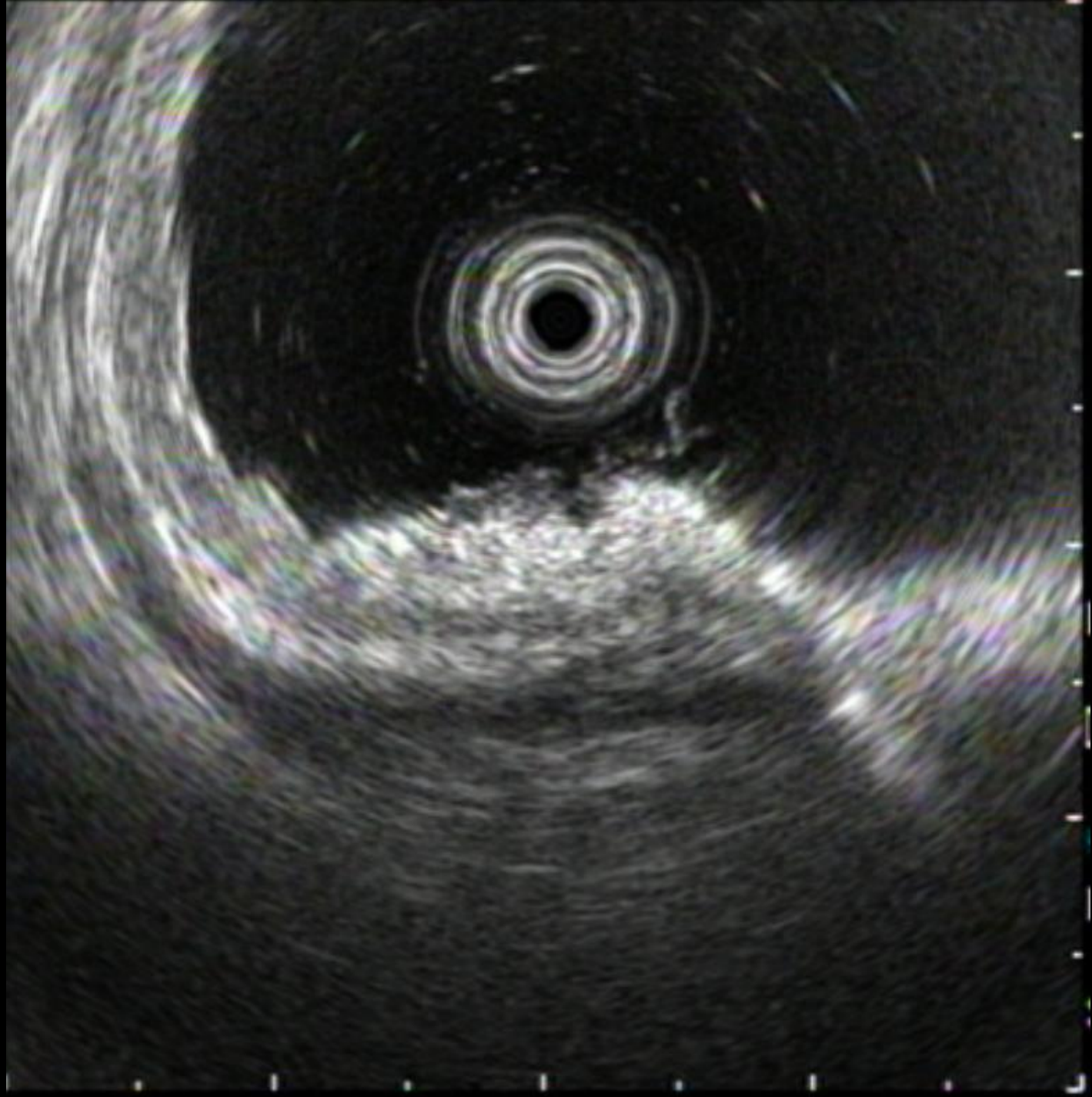




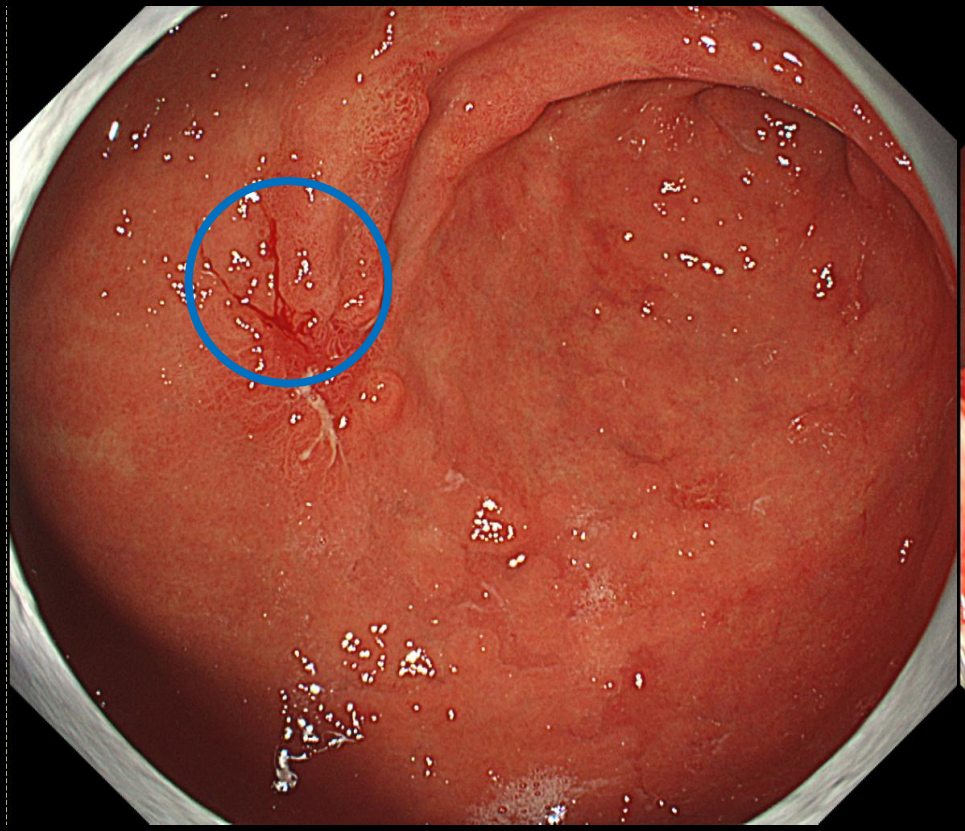
内視鏡診断

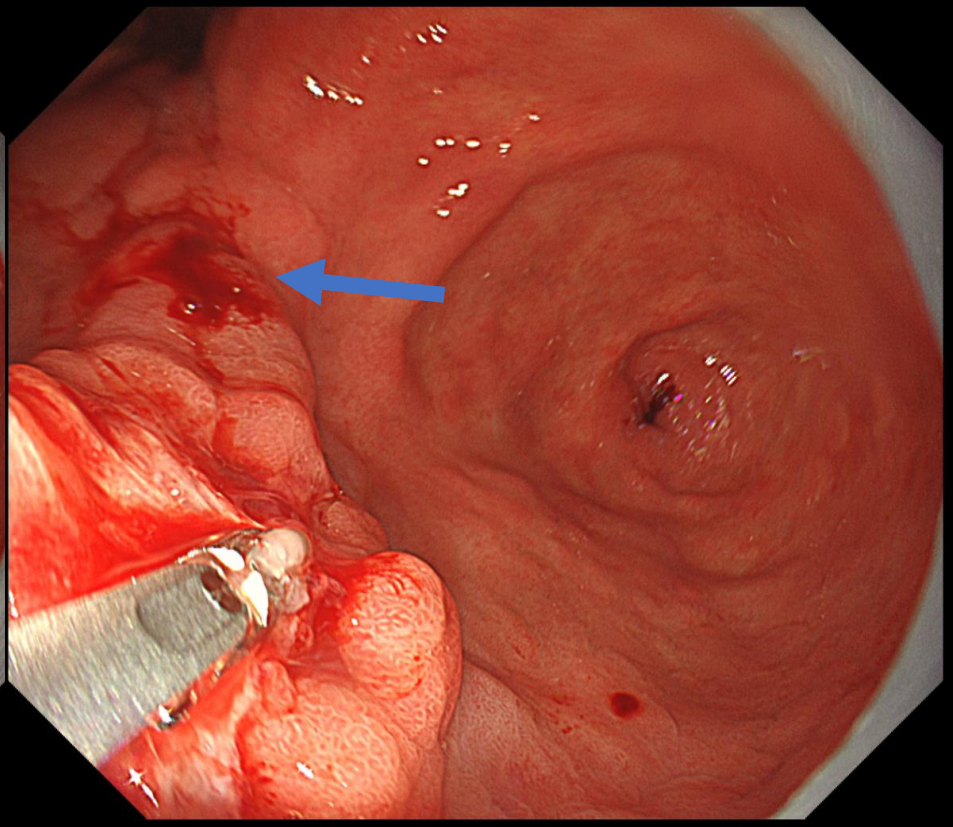
大きさ：10mm　肉眼型：0-Ⅱc, 分化型
深達度：SM1, UL1,
NBI観察：DL ＋,
微小血管構造：irregular,
表面微細構造：irregular

→拡大適応病変としてESD実施の方針

陰性生検

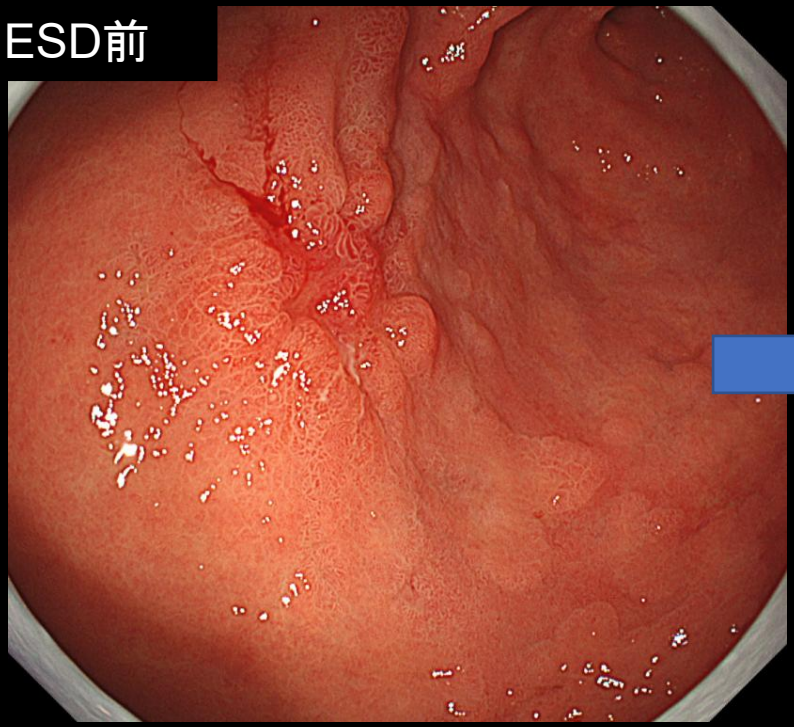
腫瘍の小弯側から陰性生検を実施

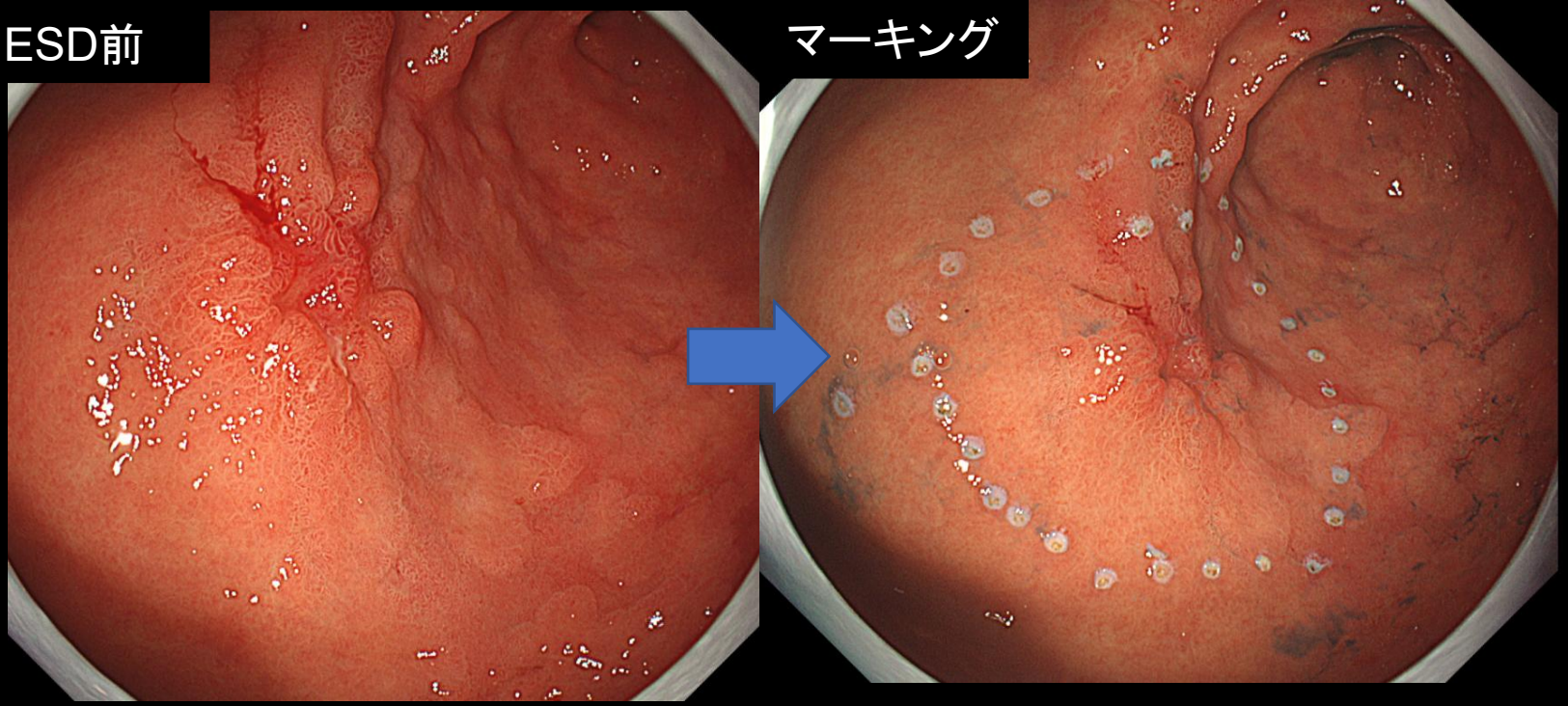


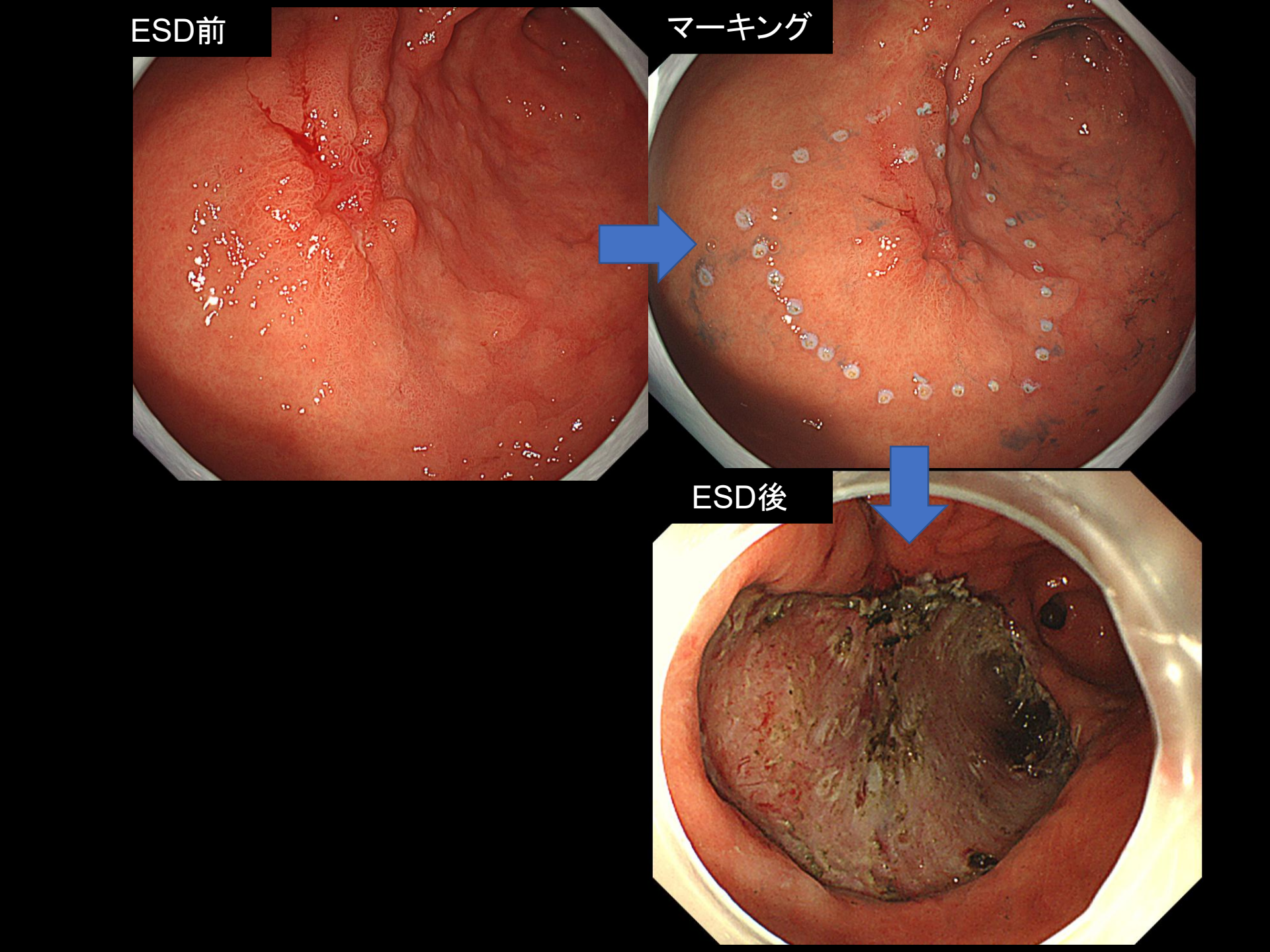


ESD

ESD前




ESD前
マーキング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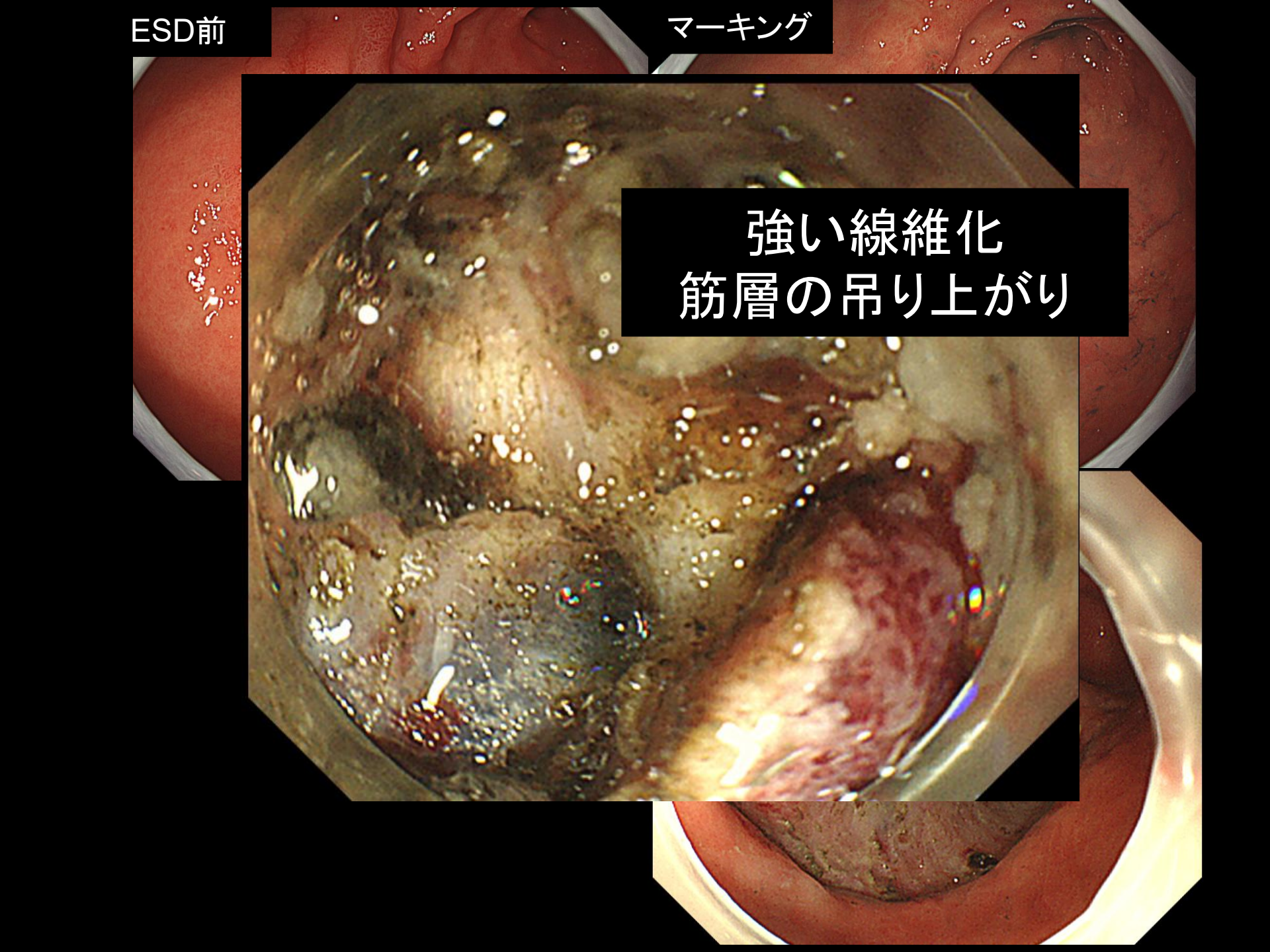
マーキング
ESD後


ESD前
マーキング
強い線維化
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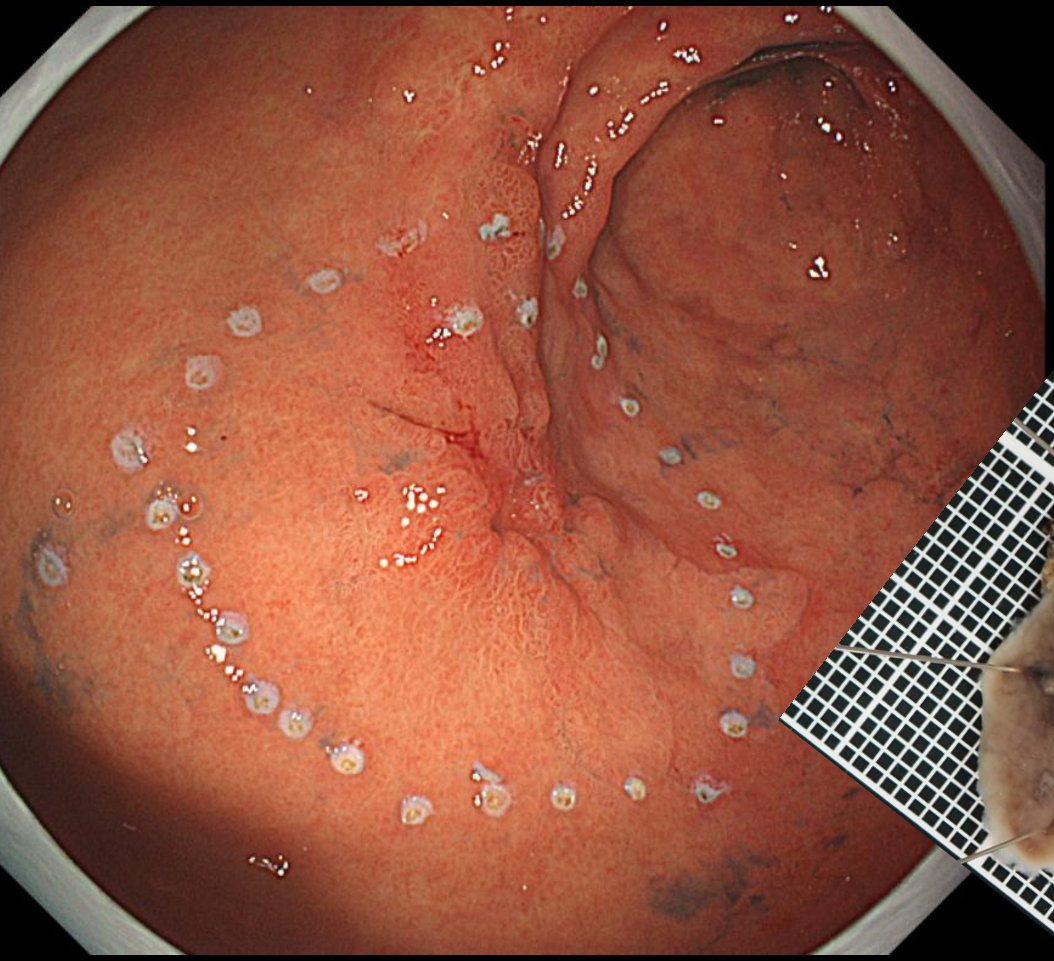
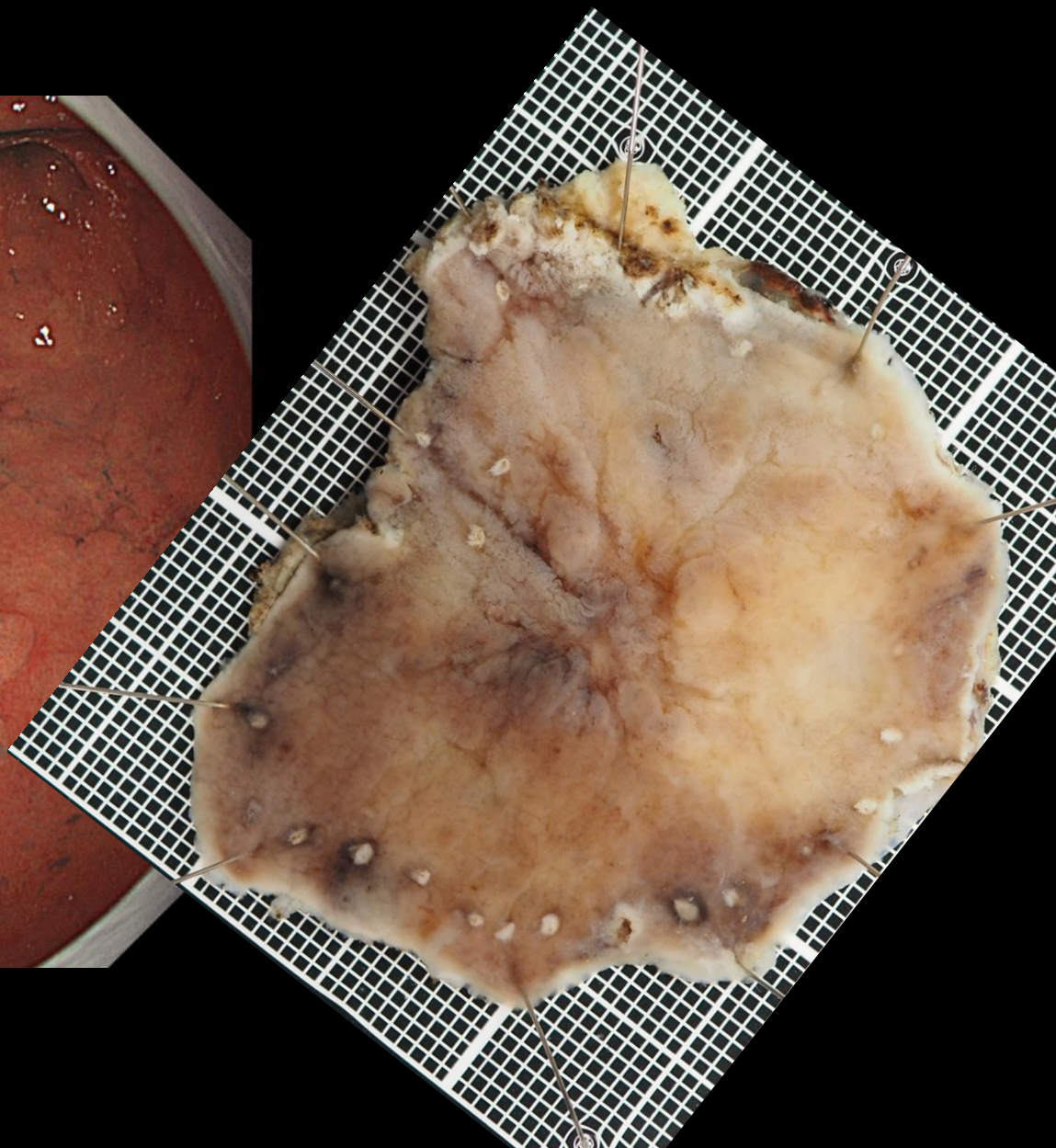
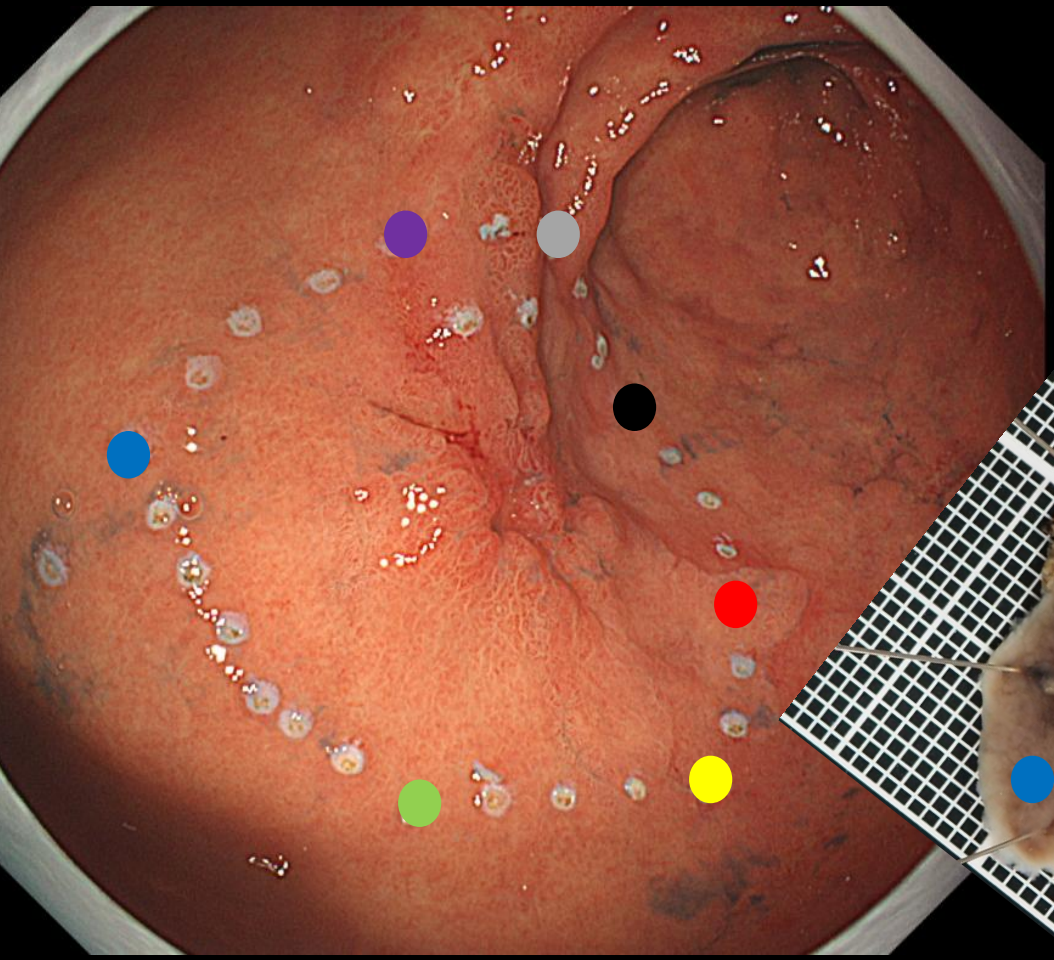
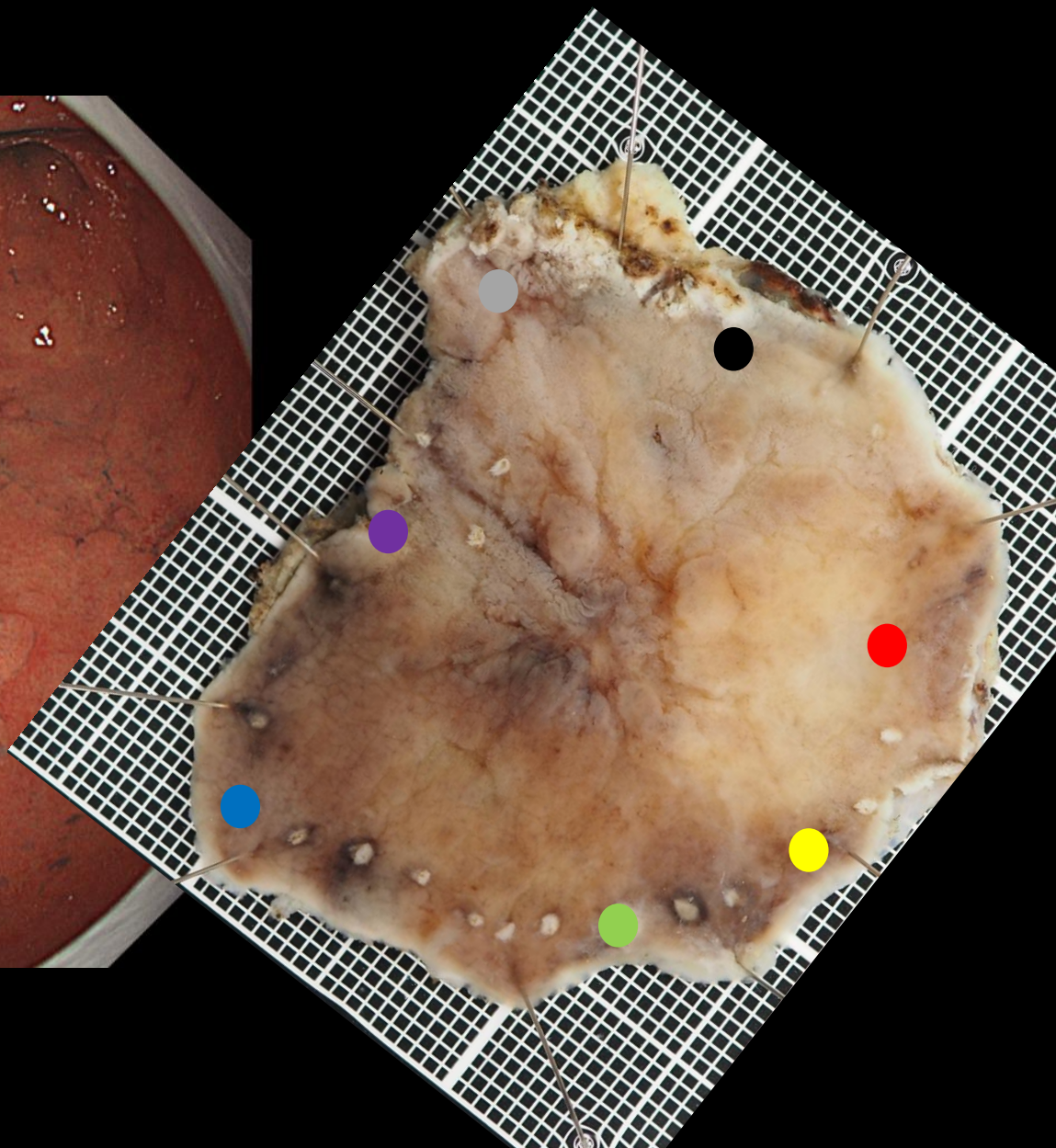
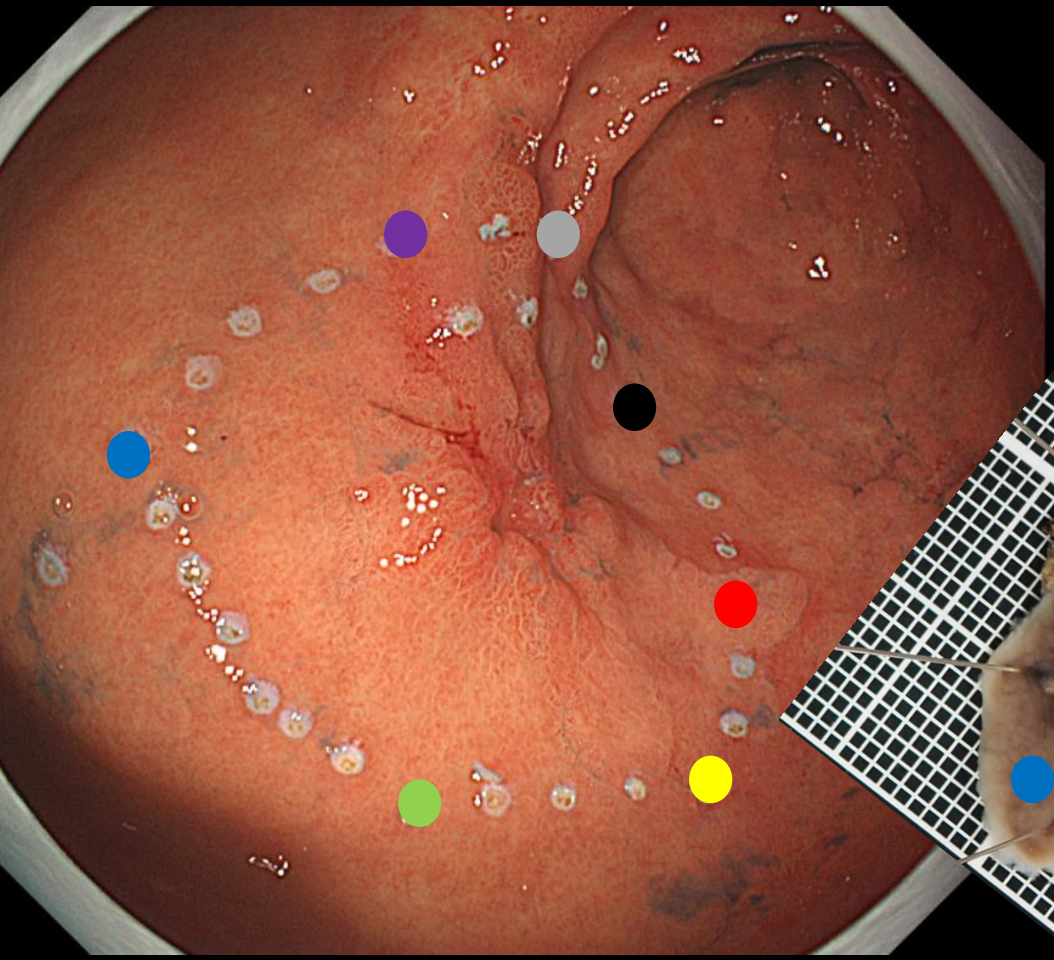
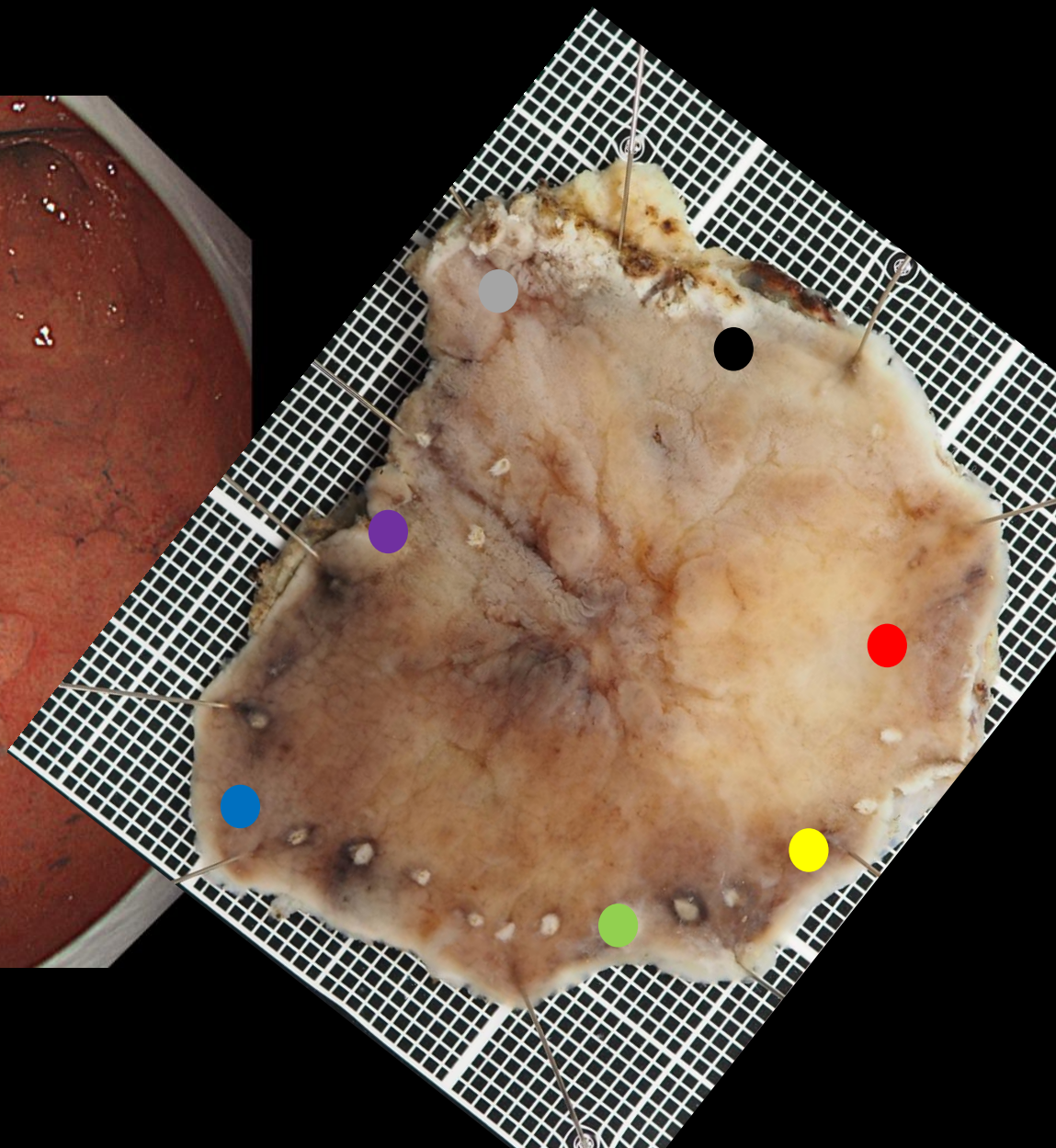


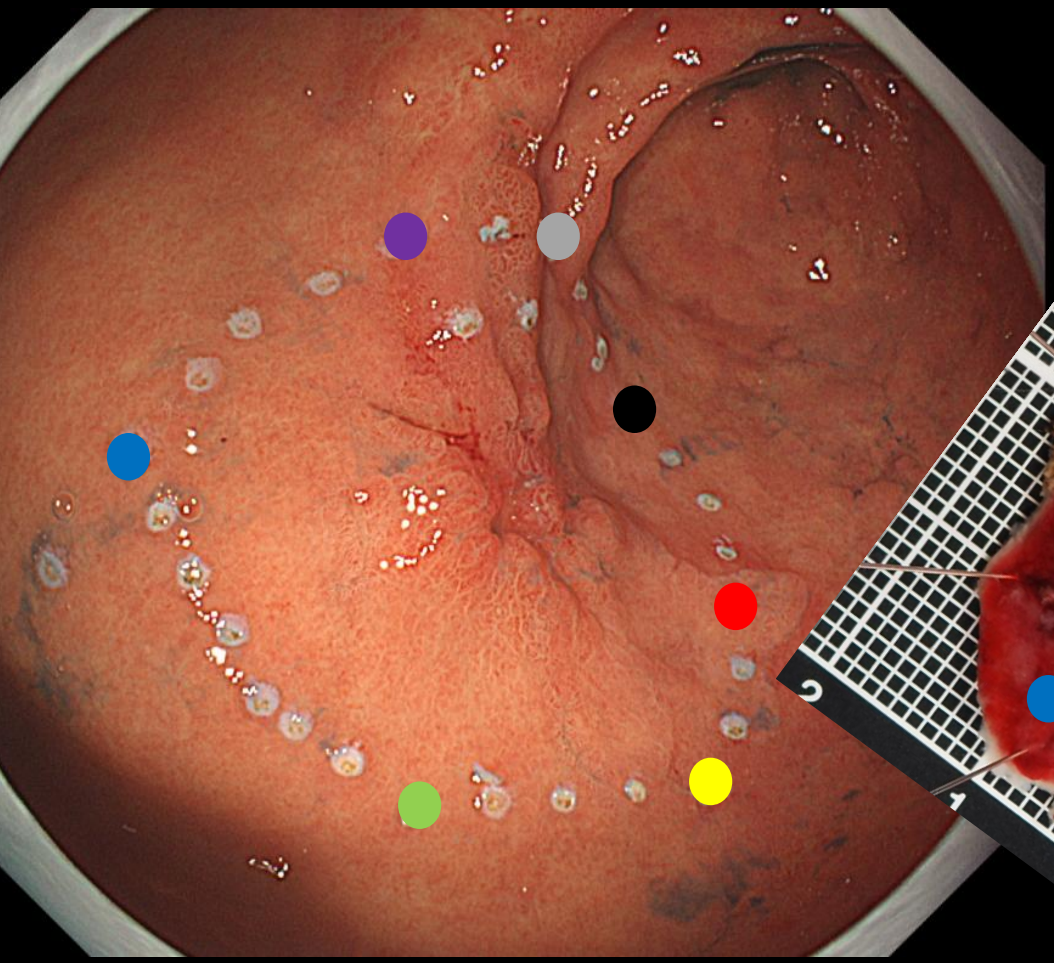


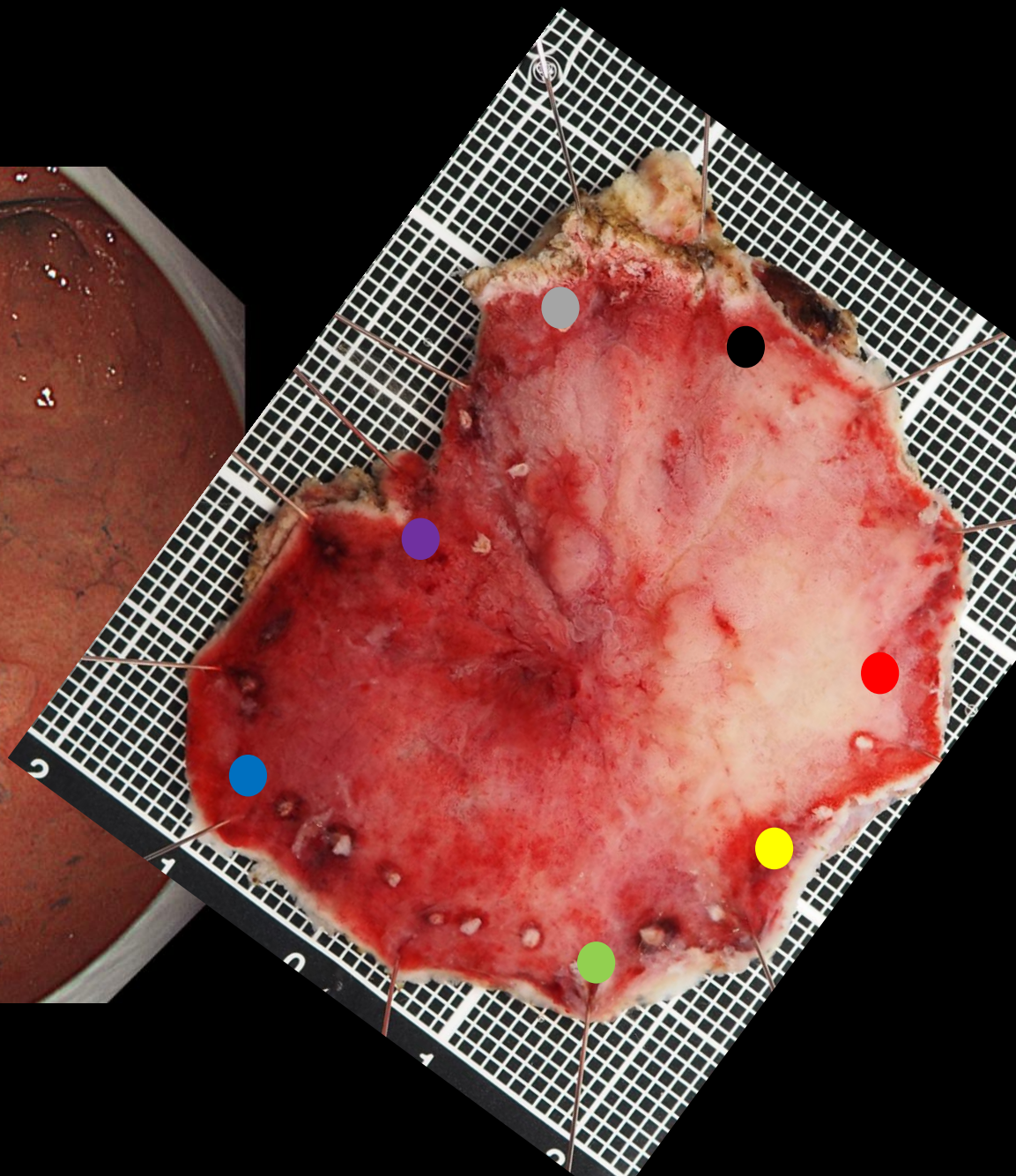


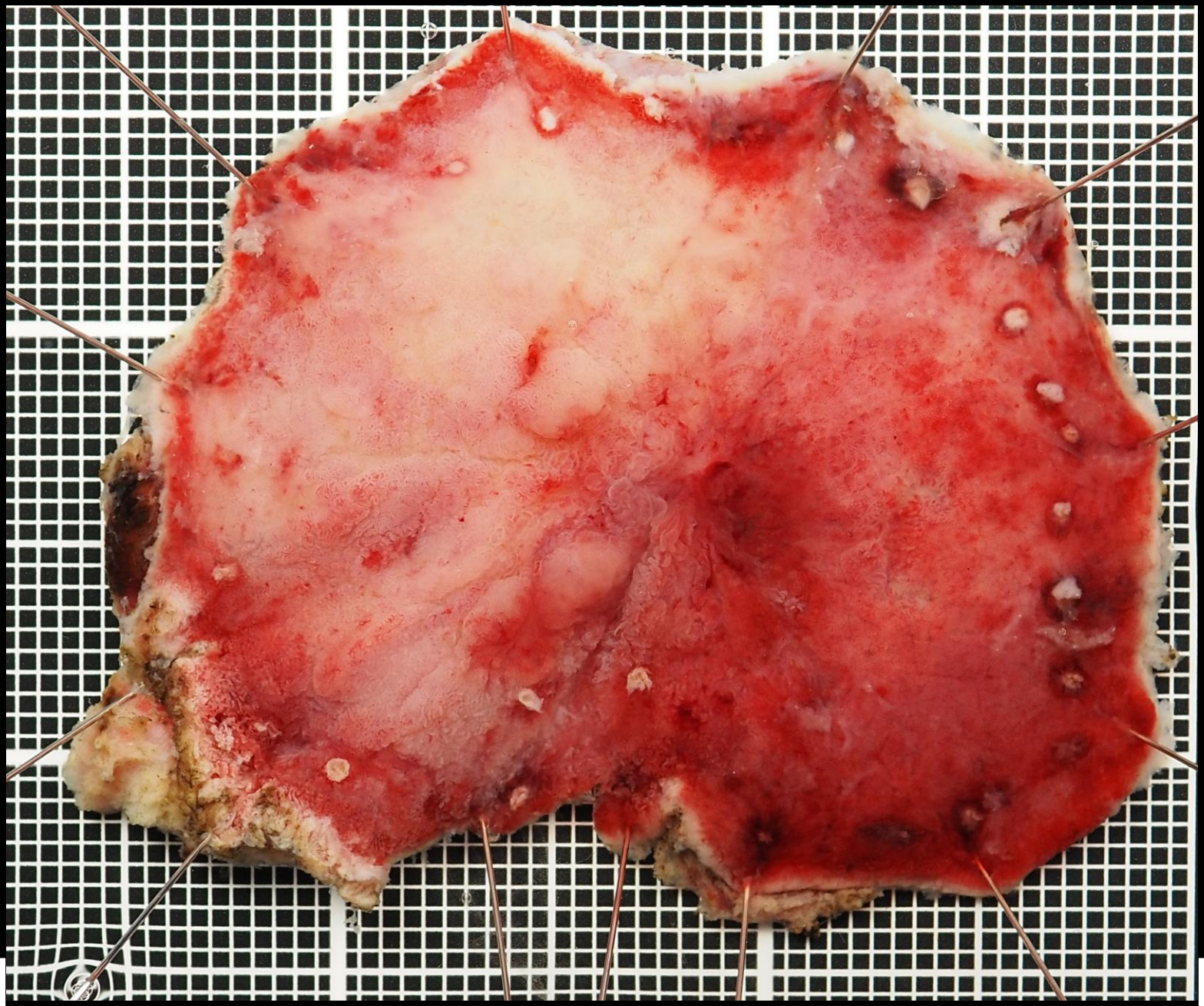






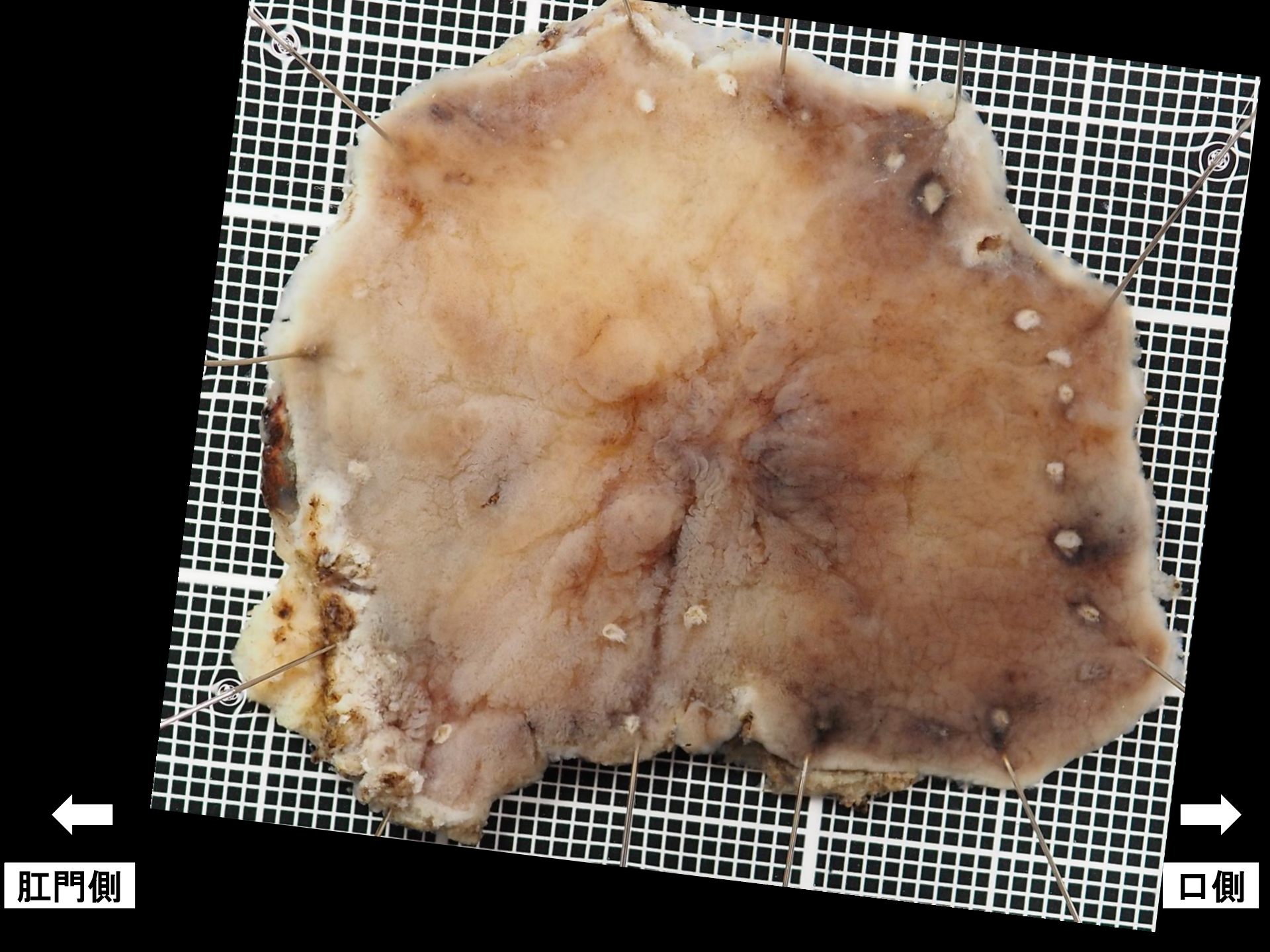


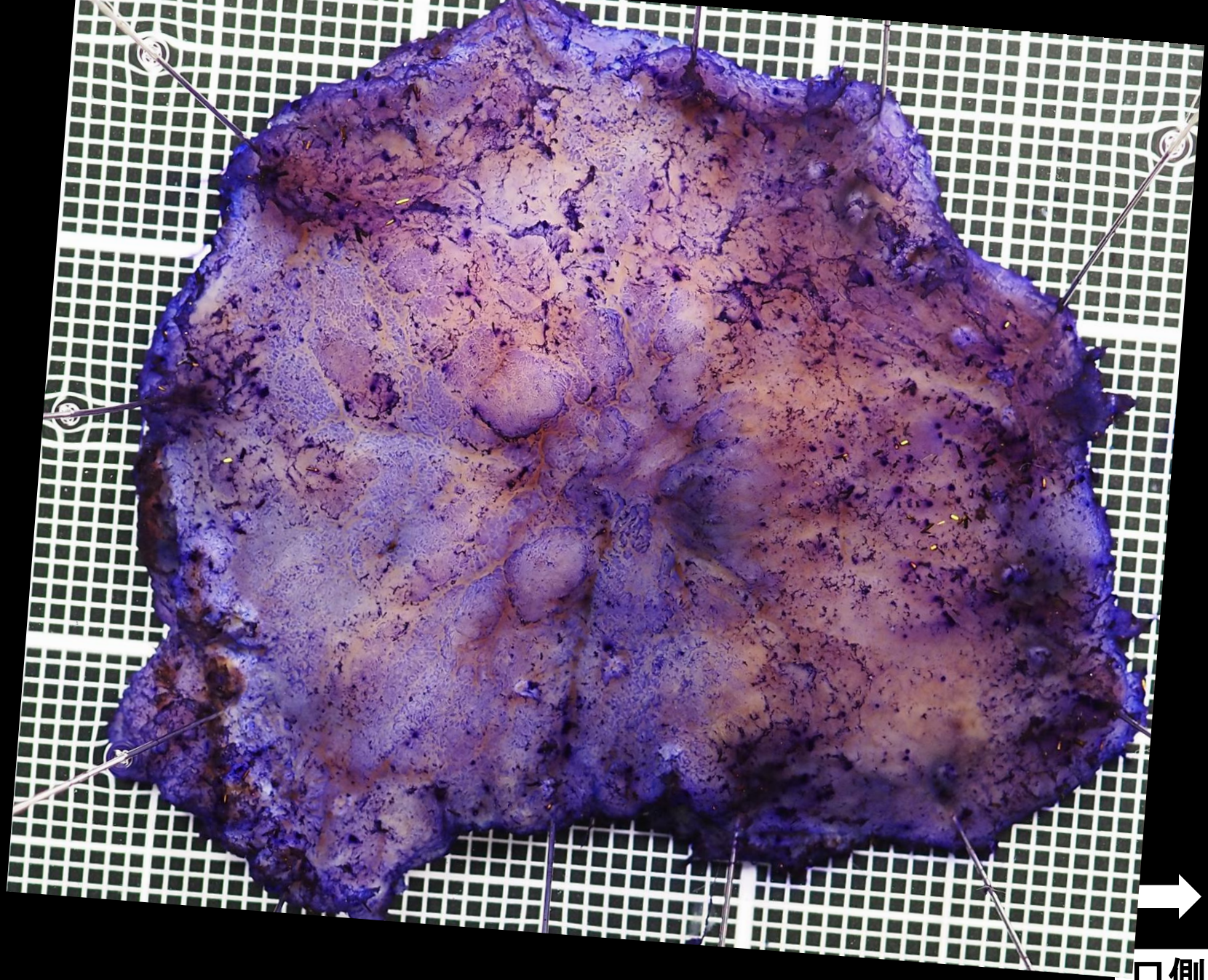




肛門側

口側


肛門側
口側



肛門側

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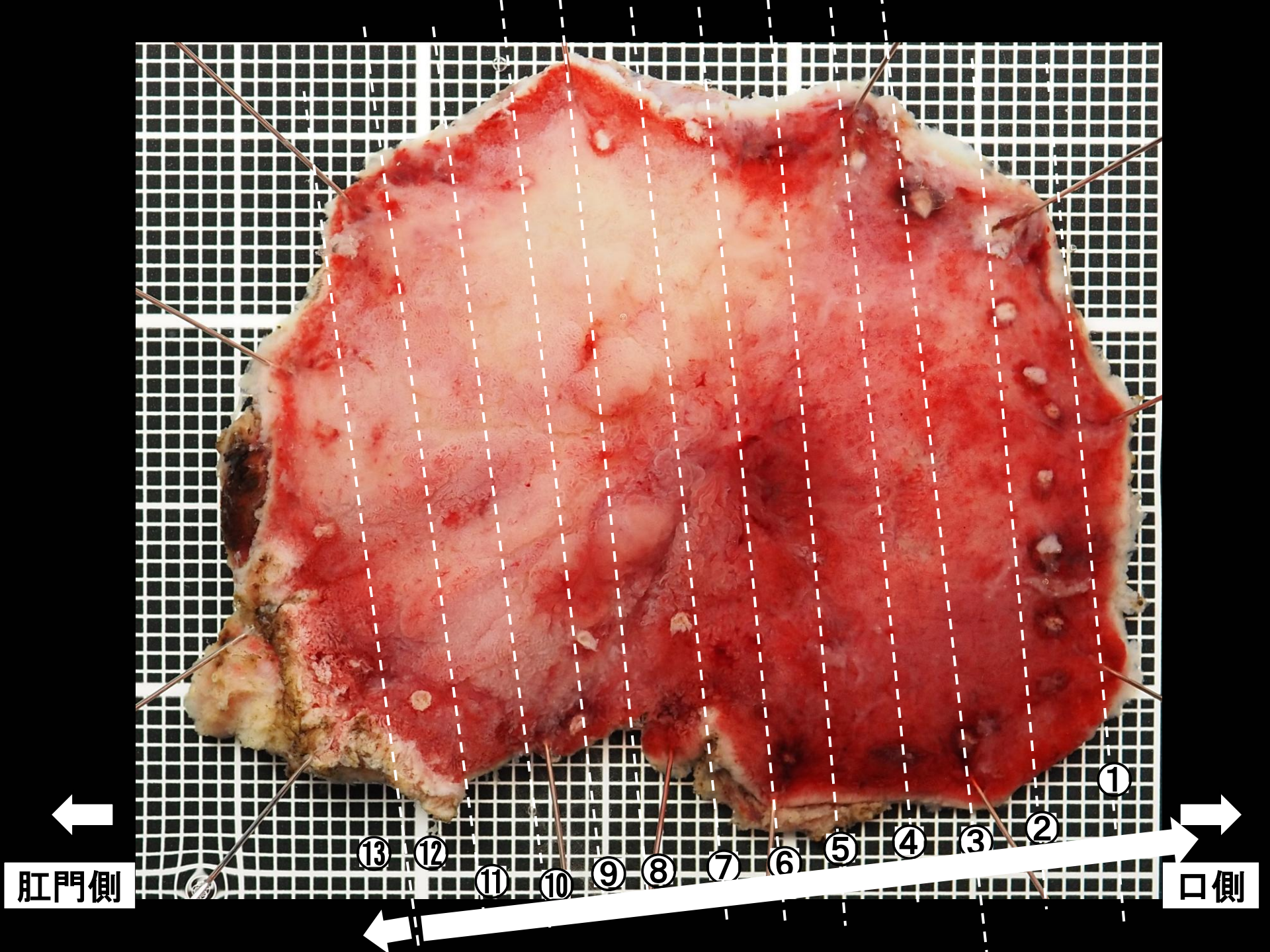
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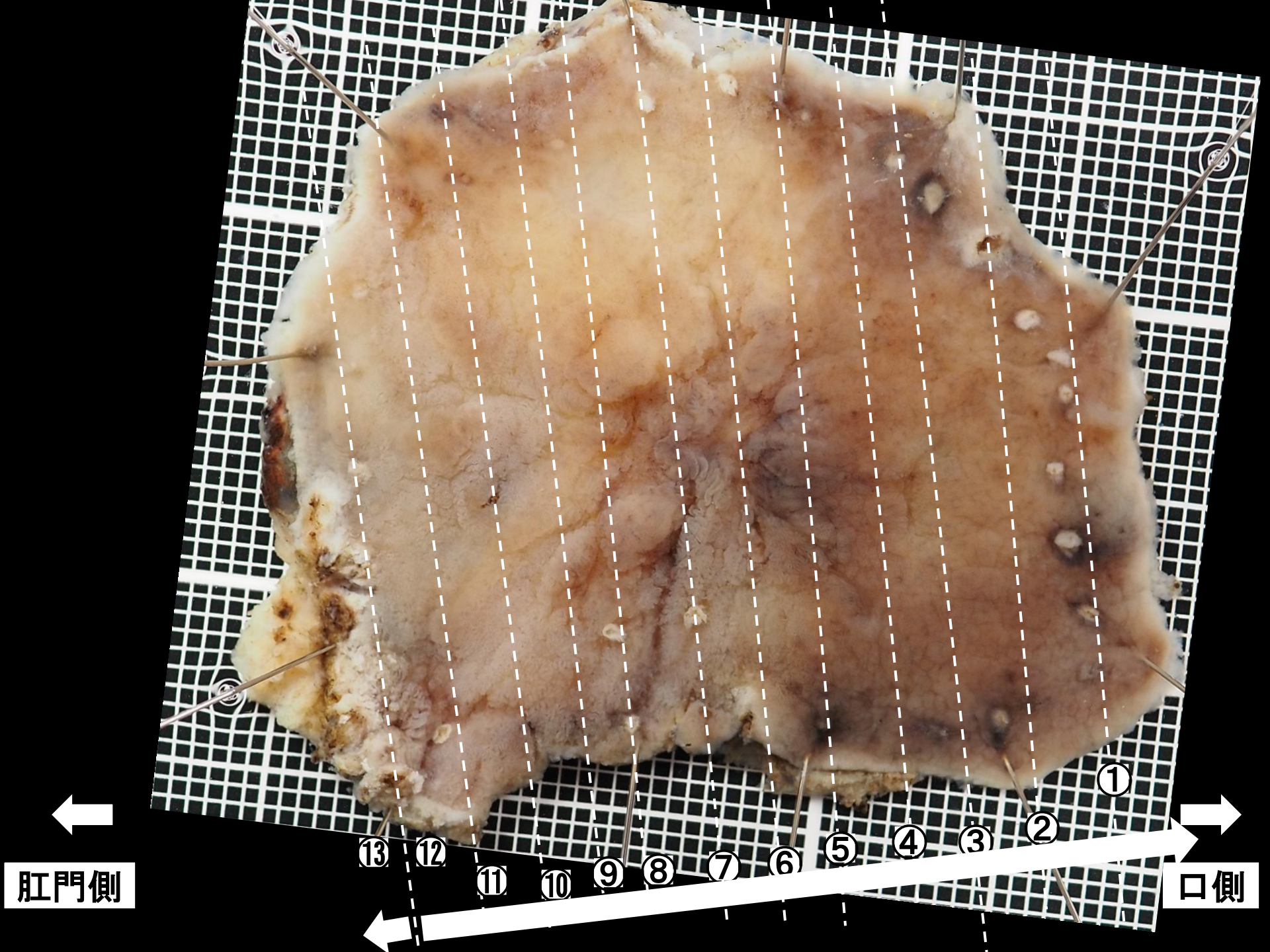
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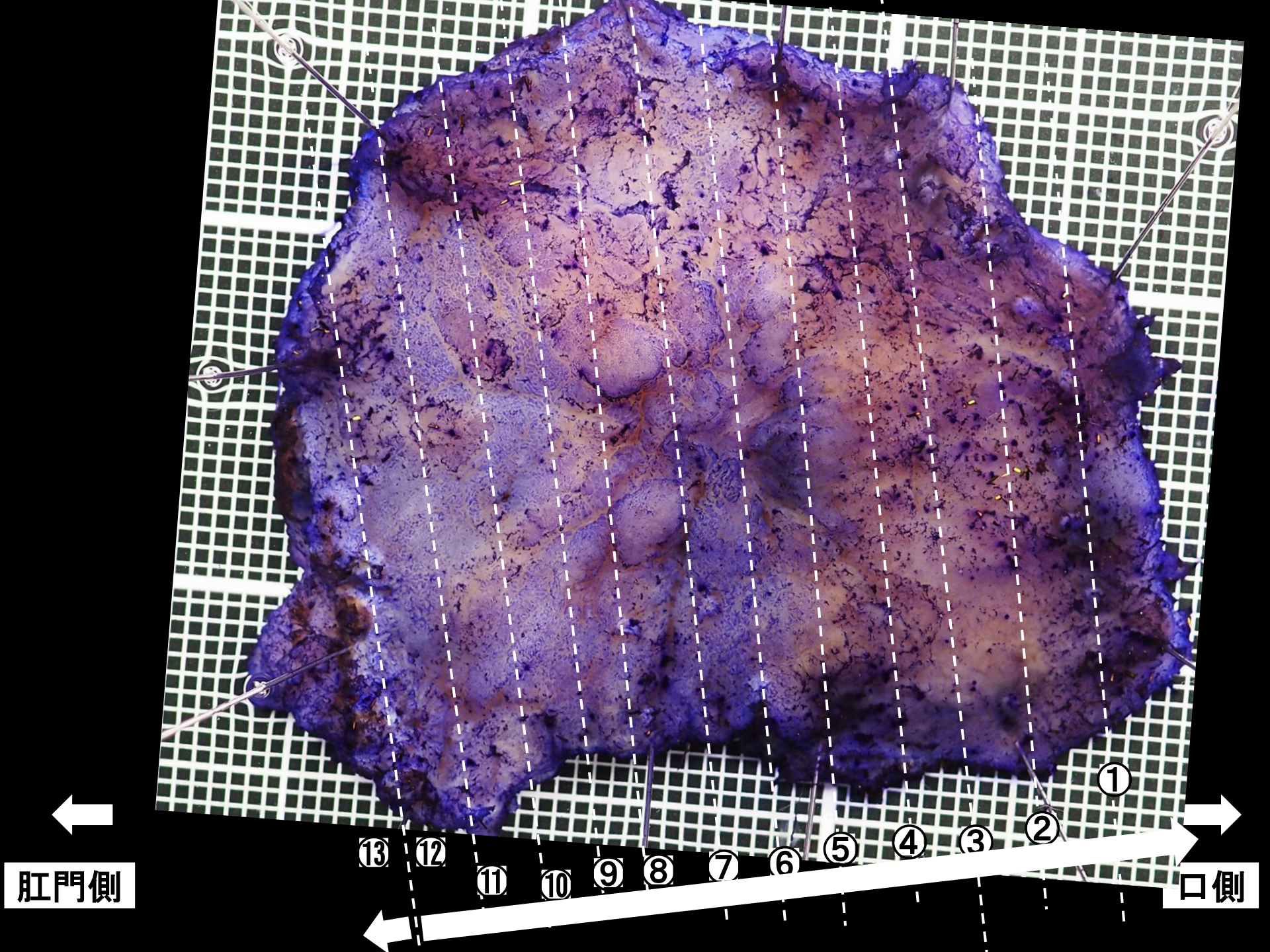
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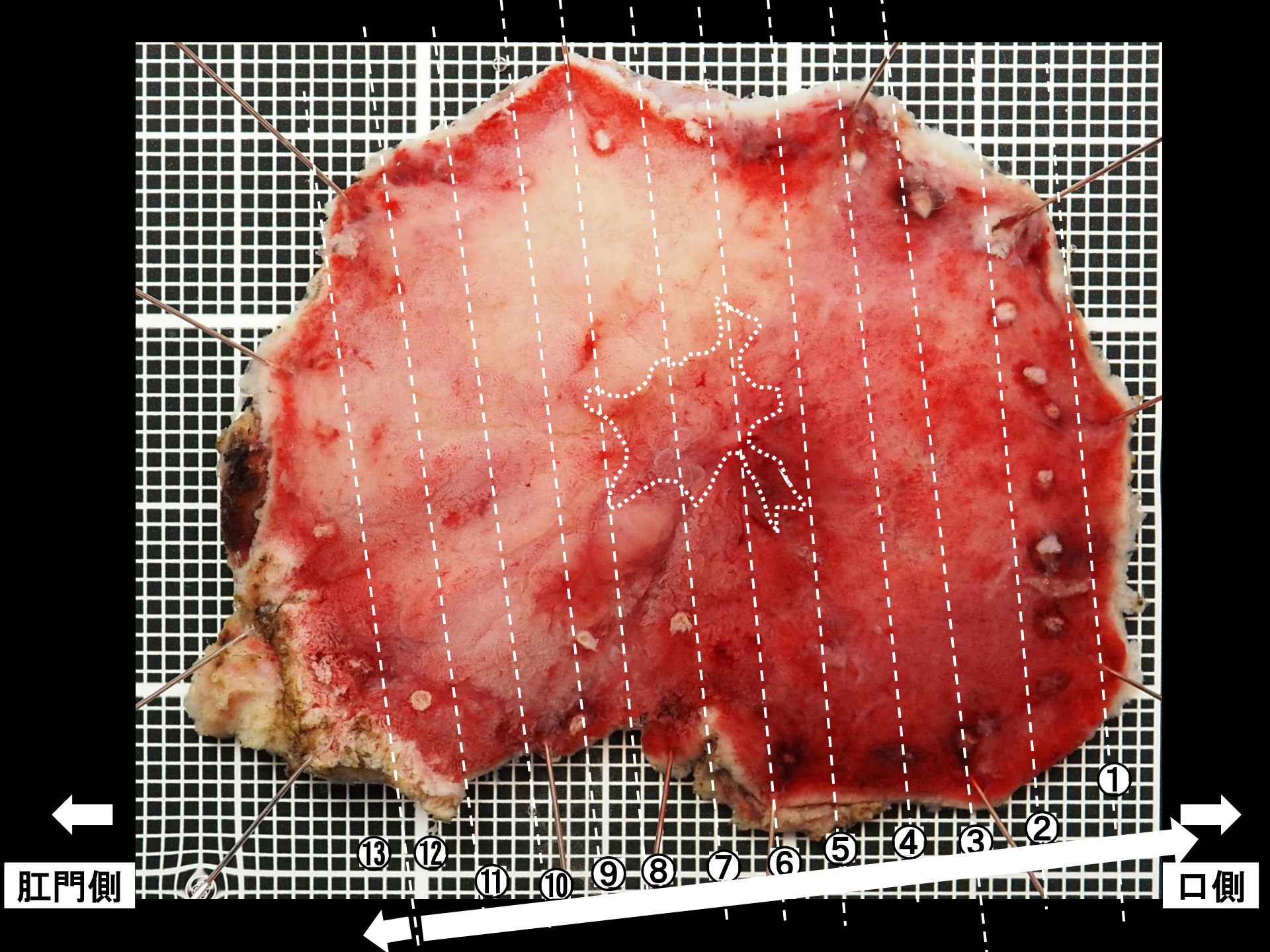
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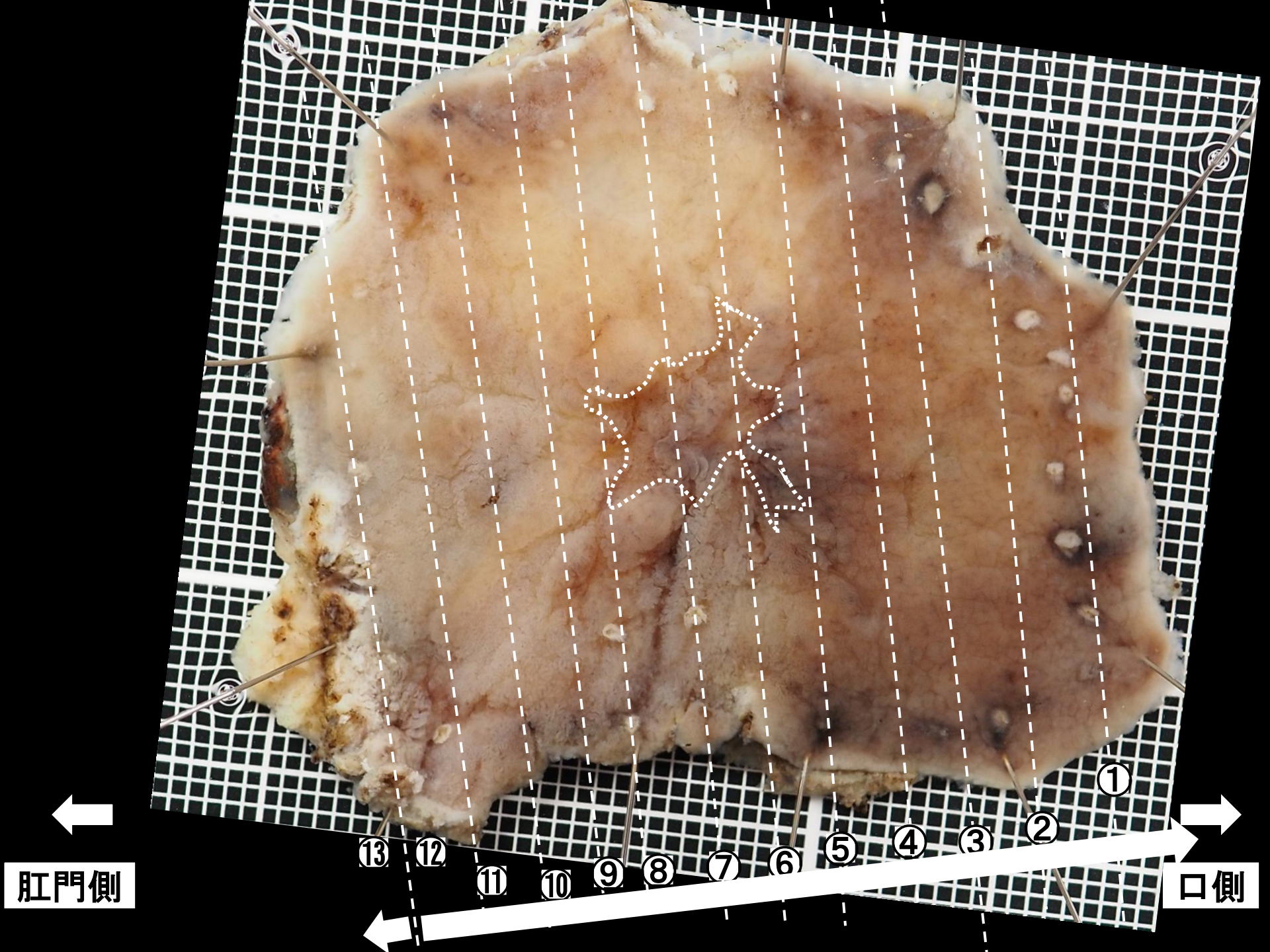
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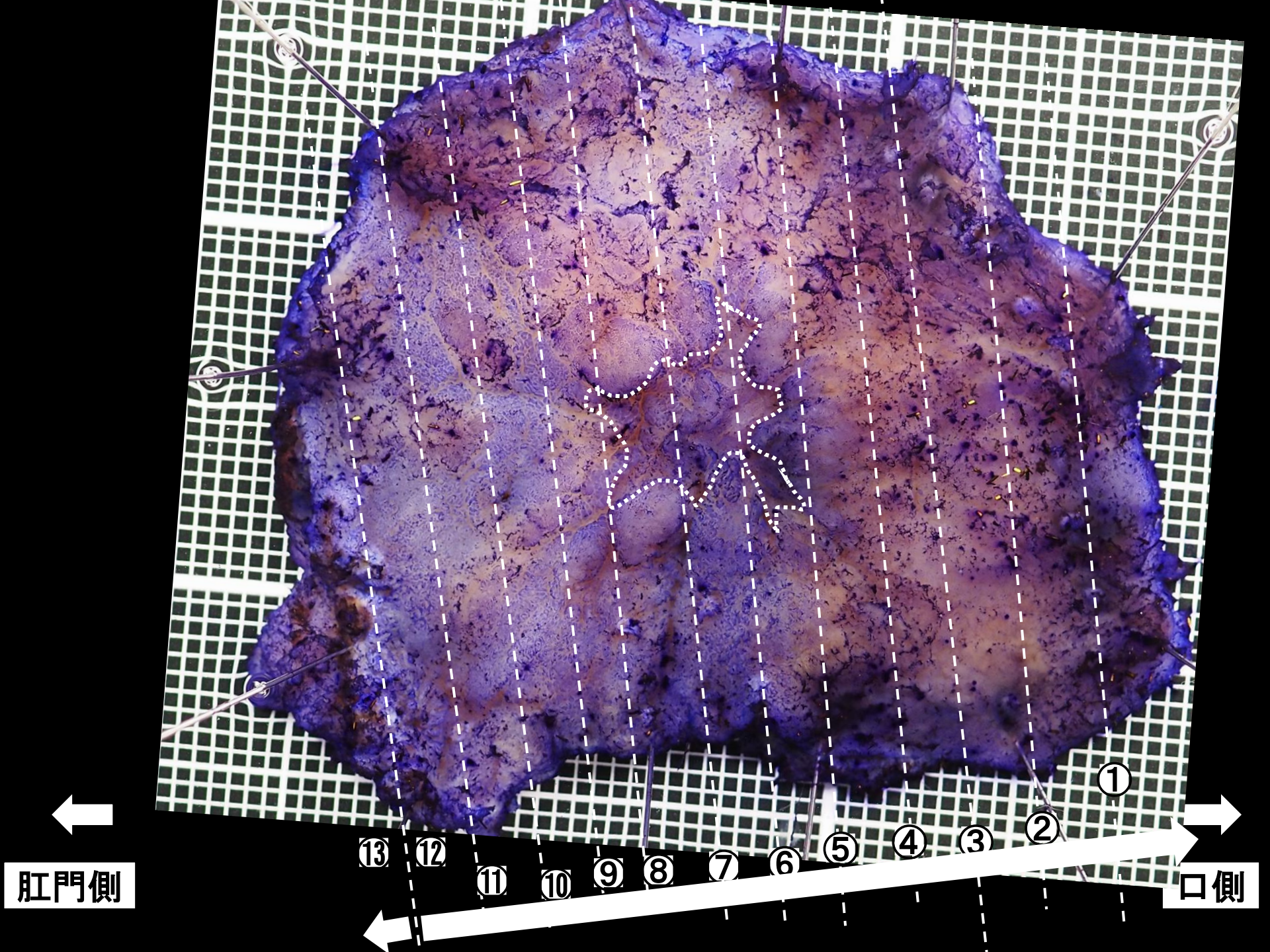
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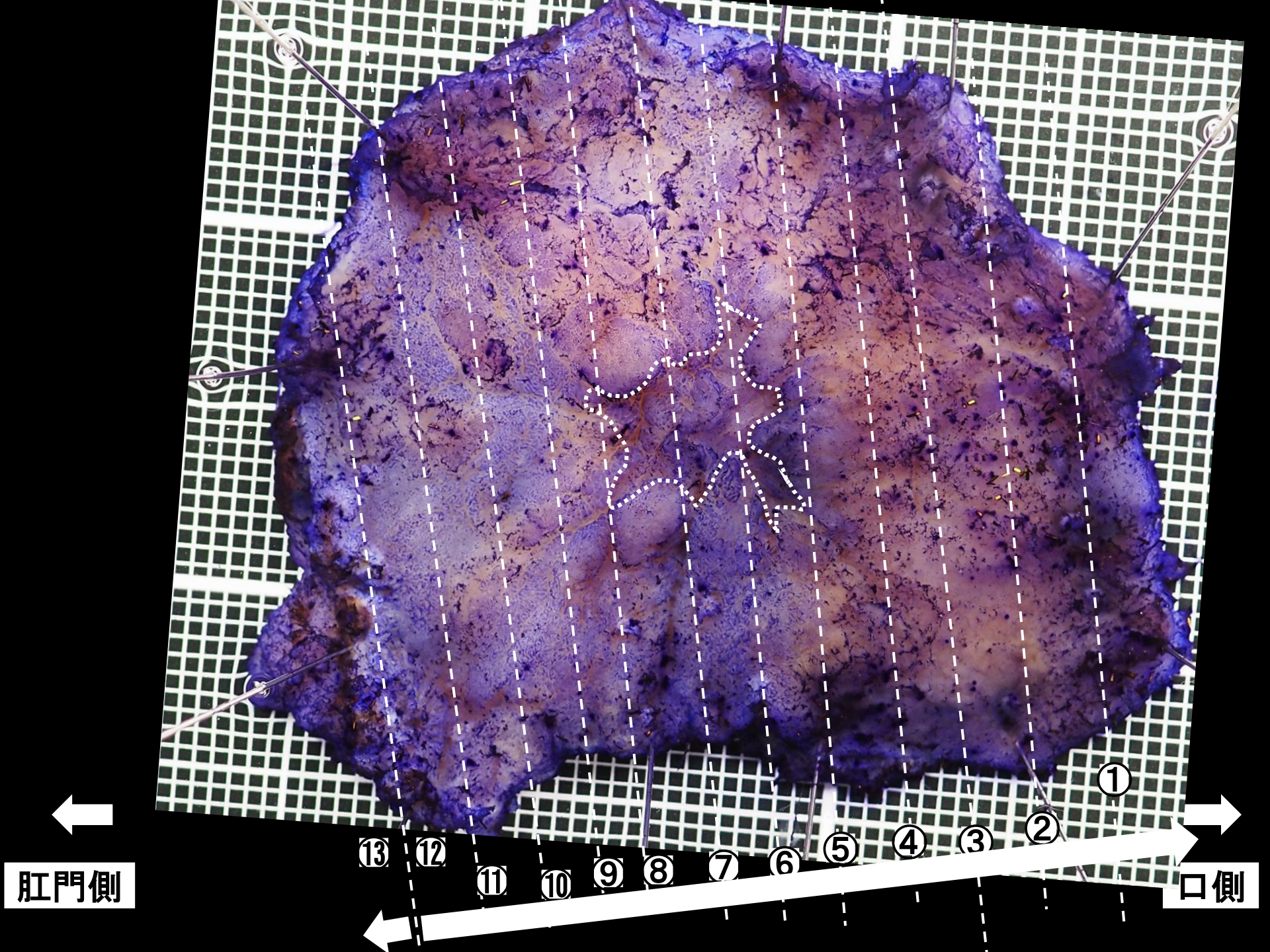
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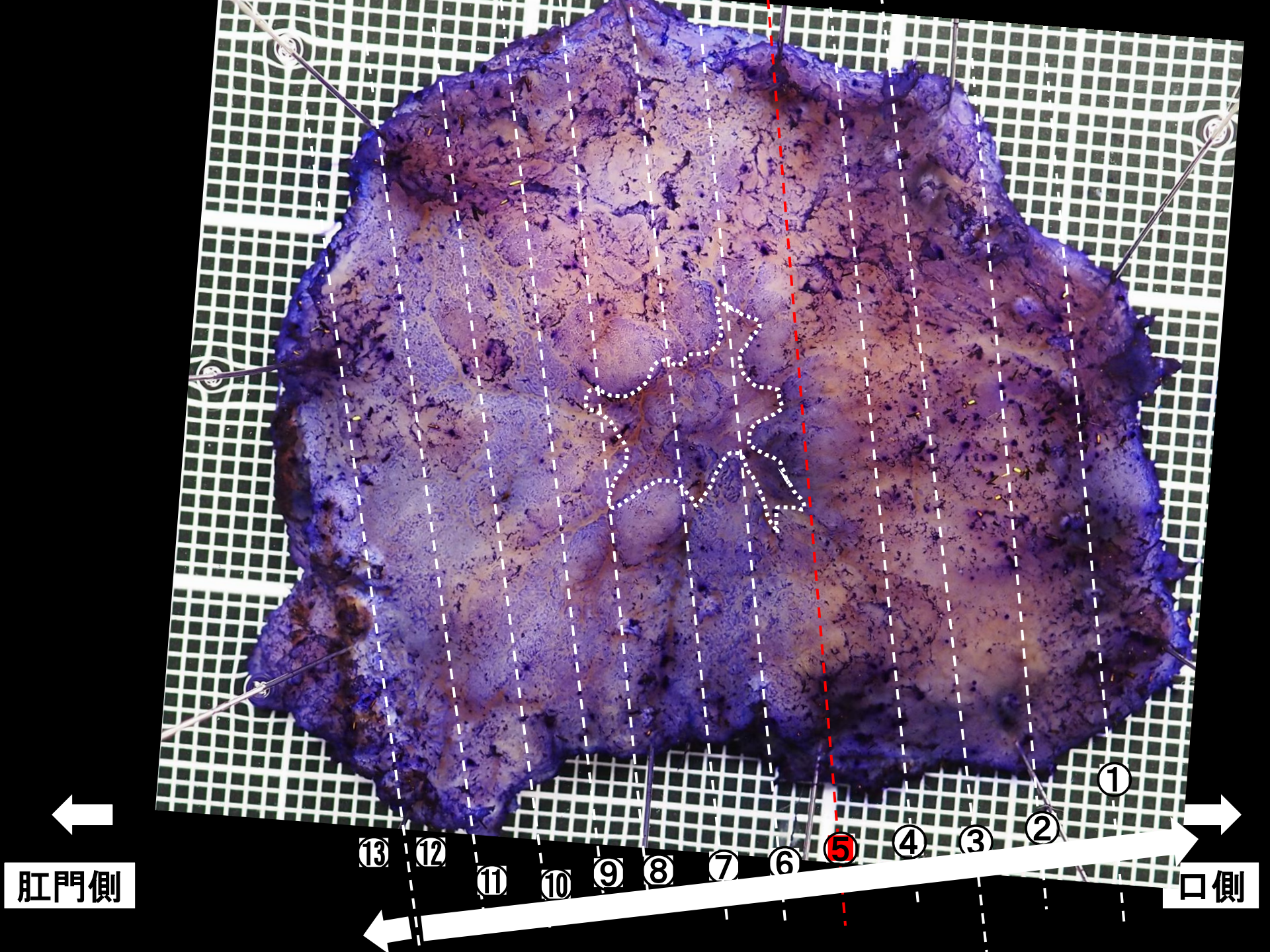
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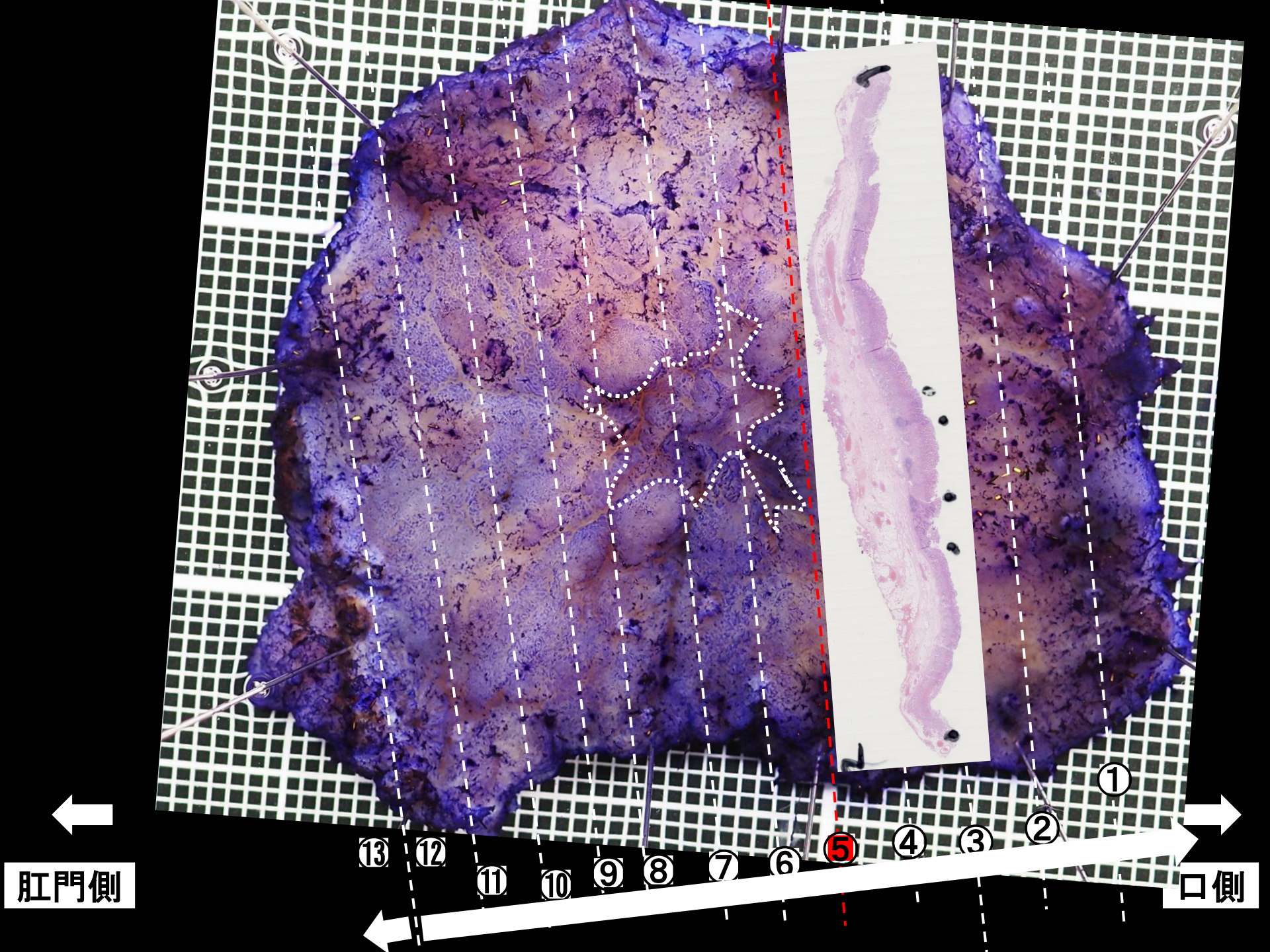
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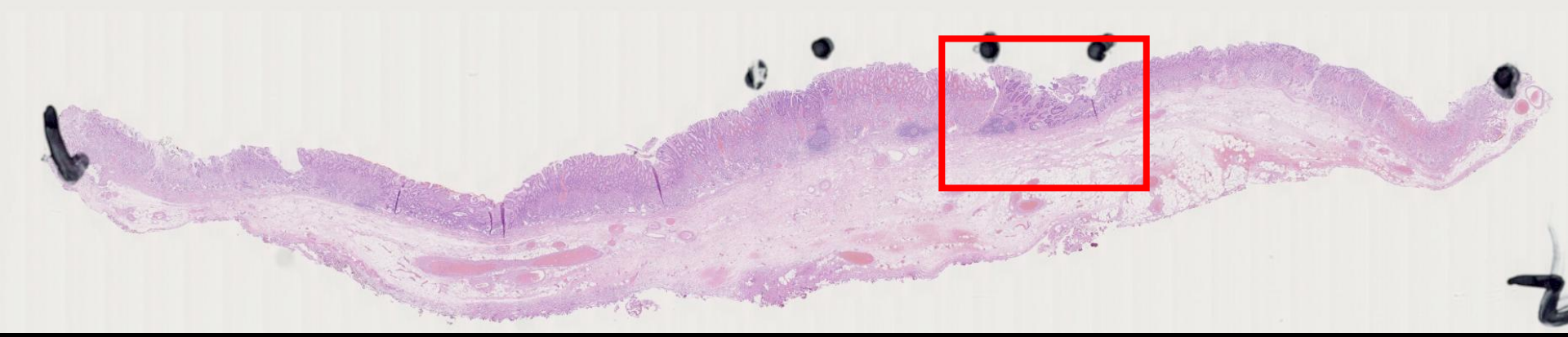

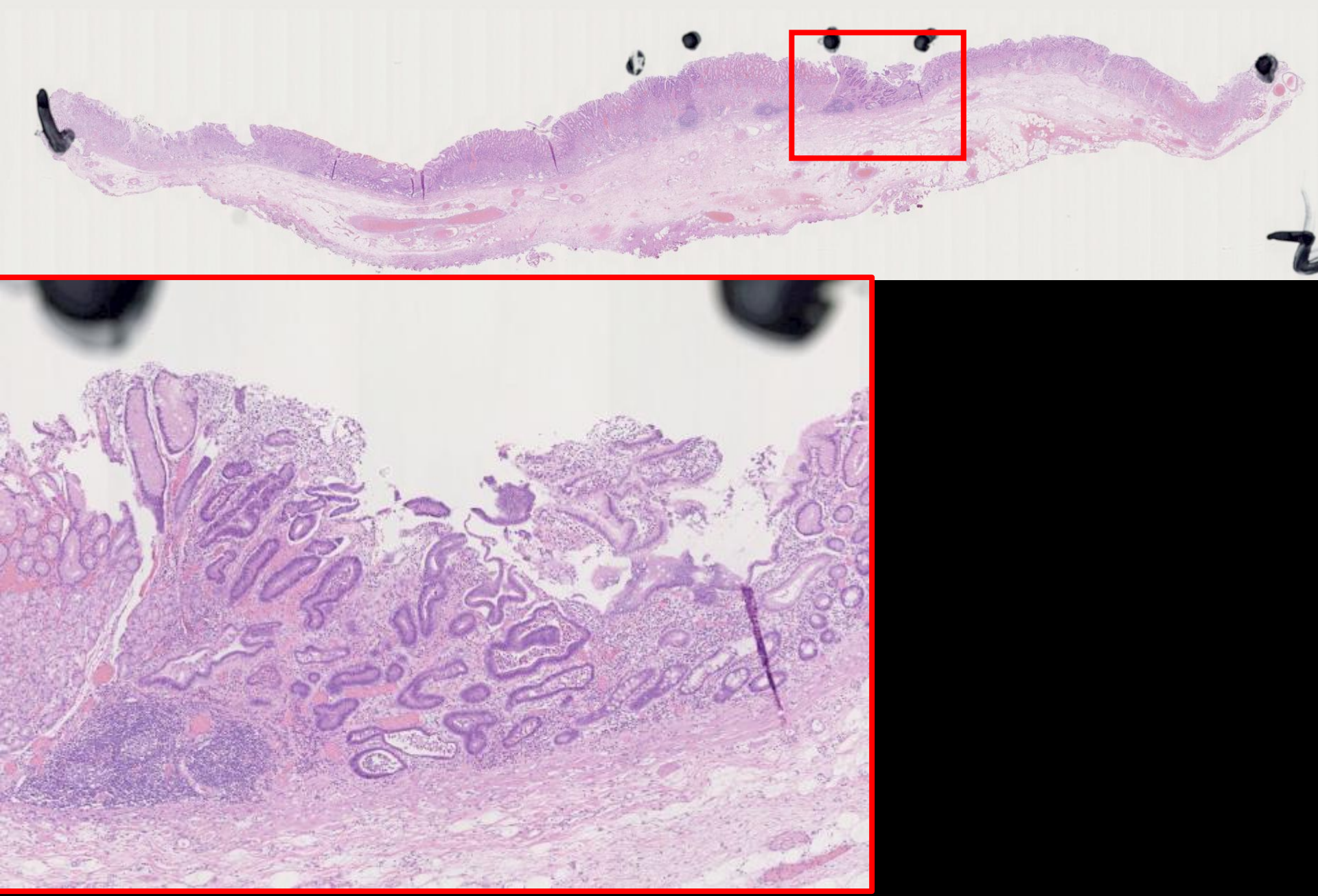

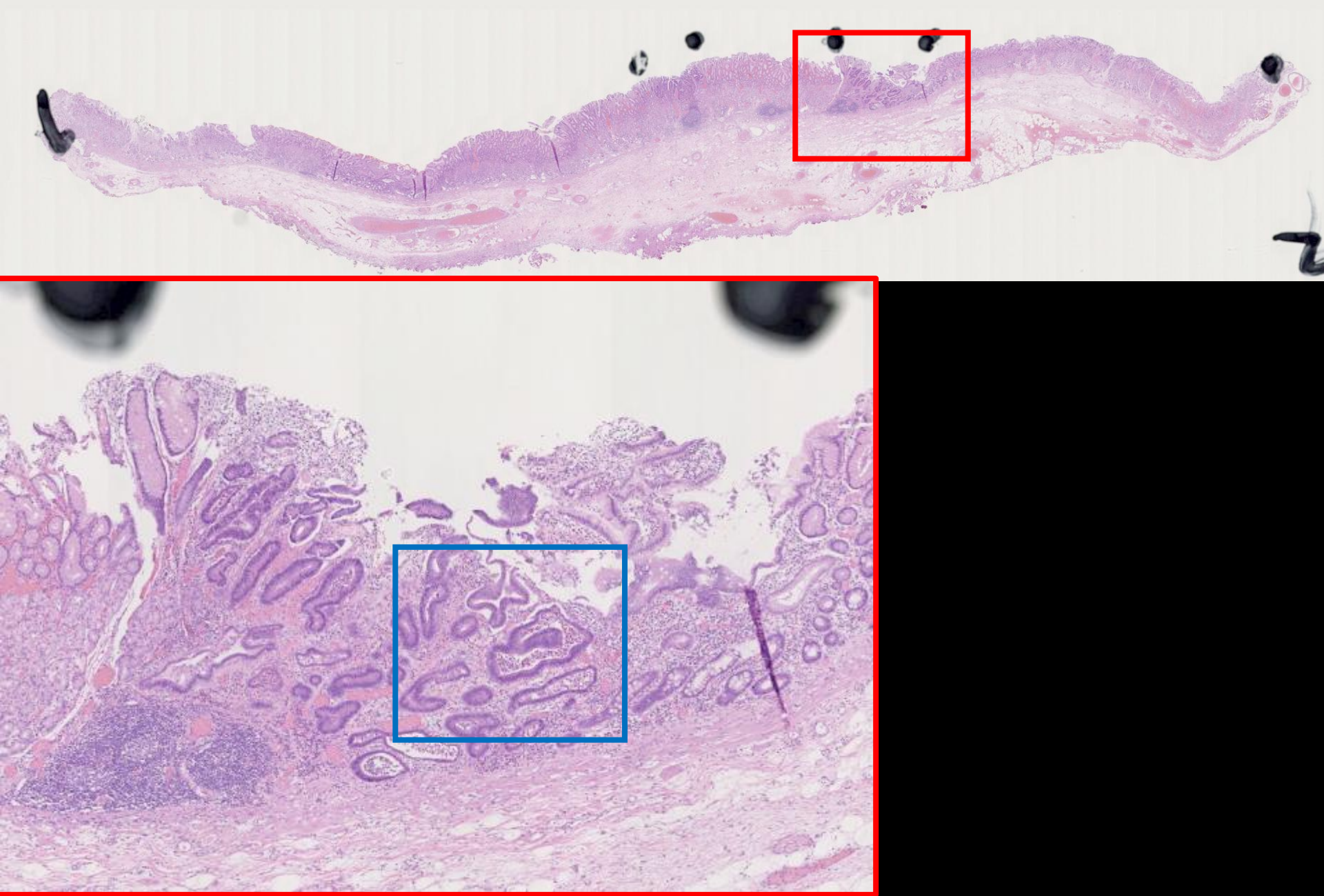

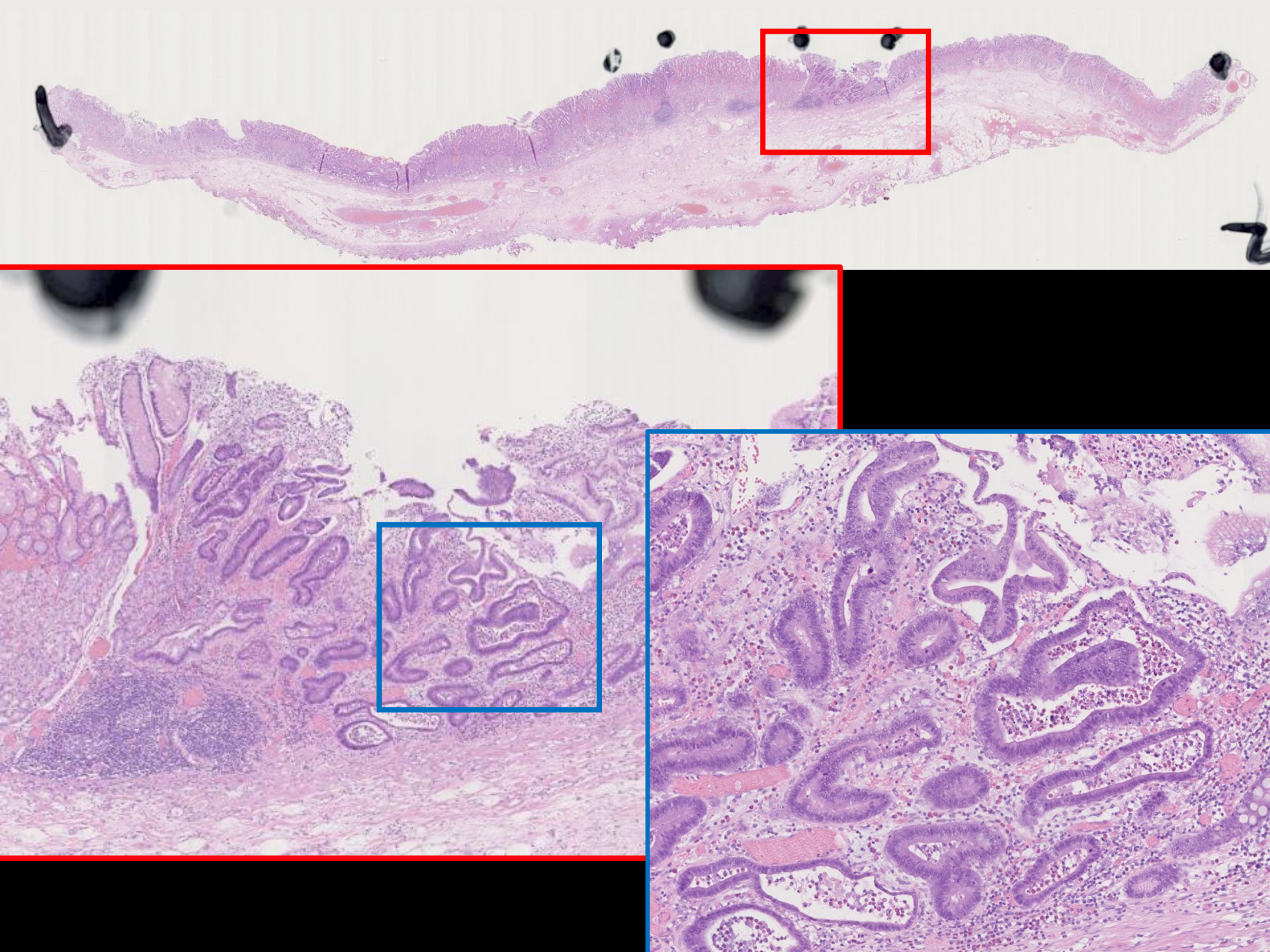

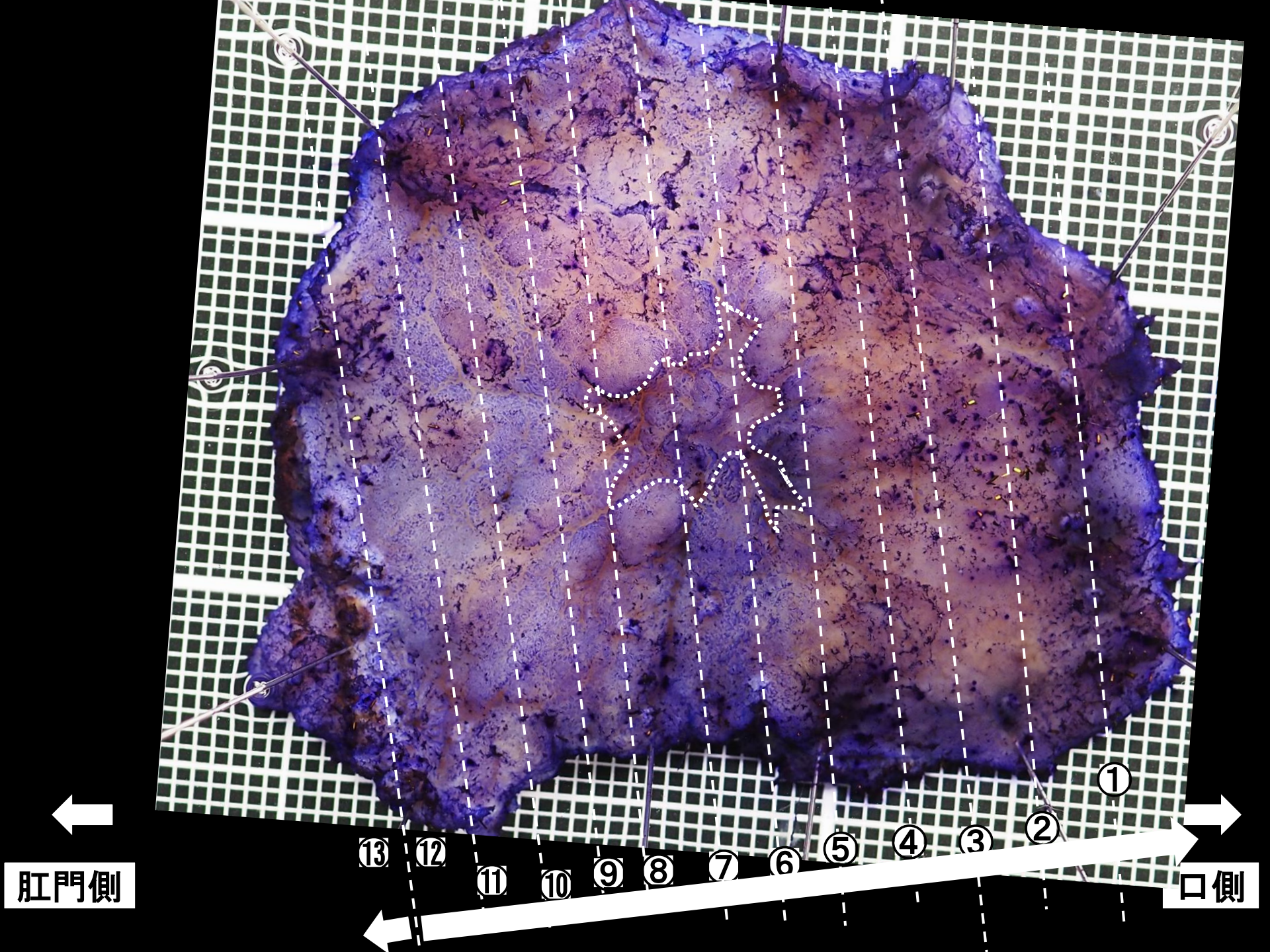
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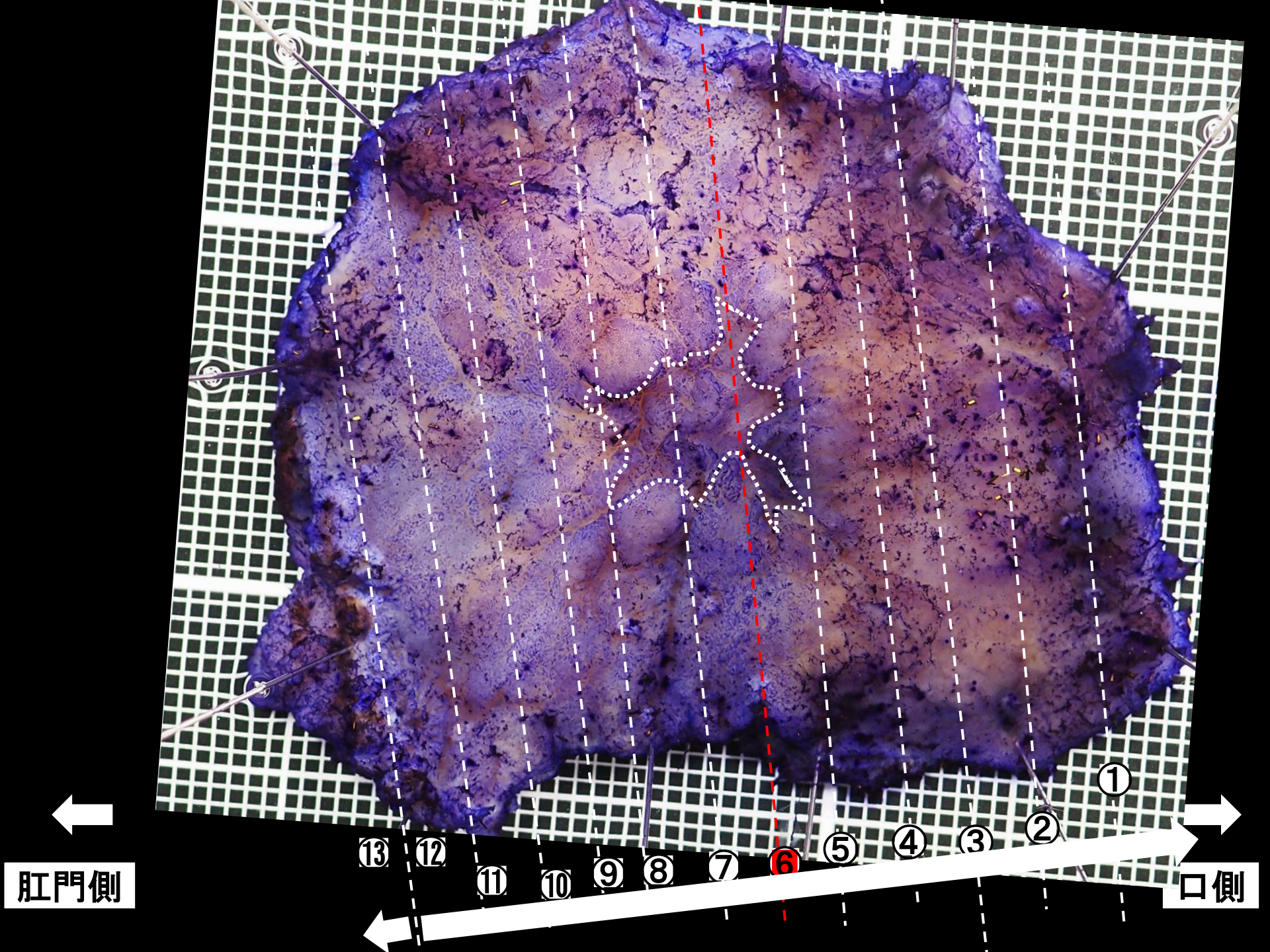
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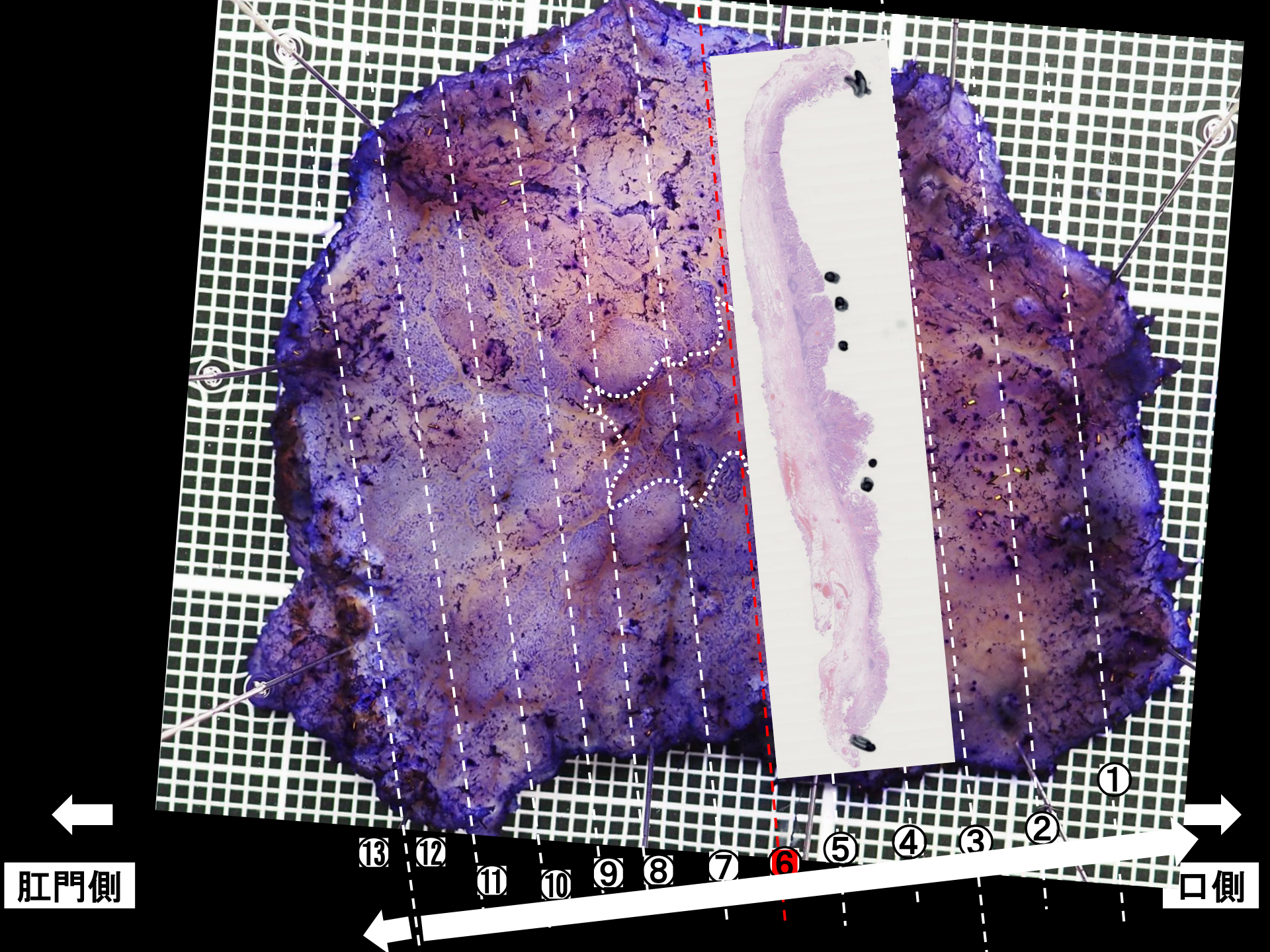
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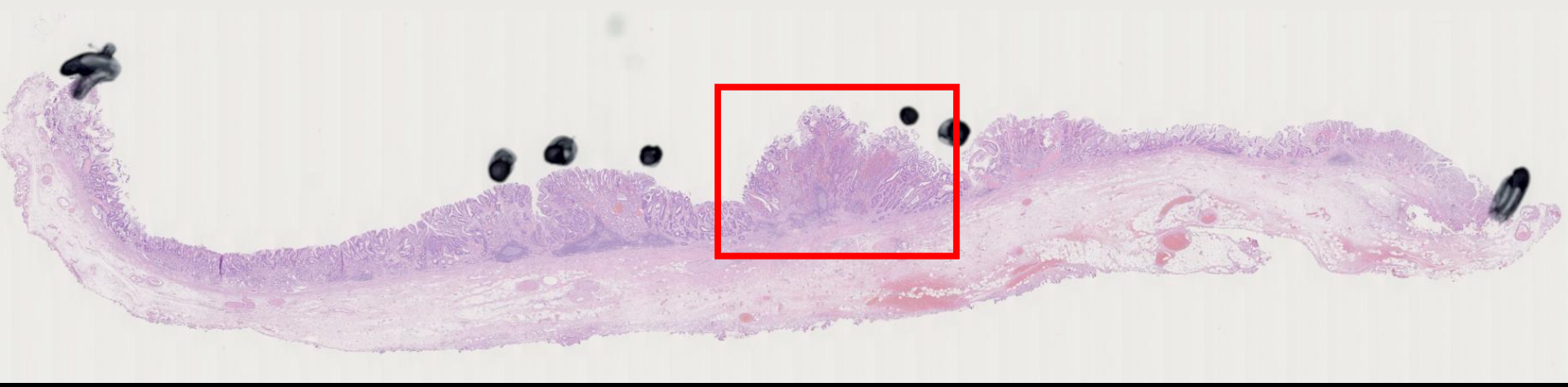

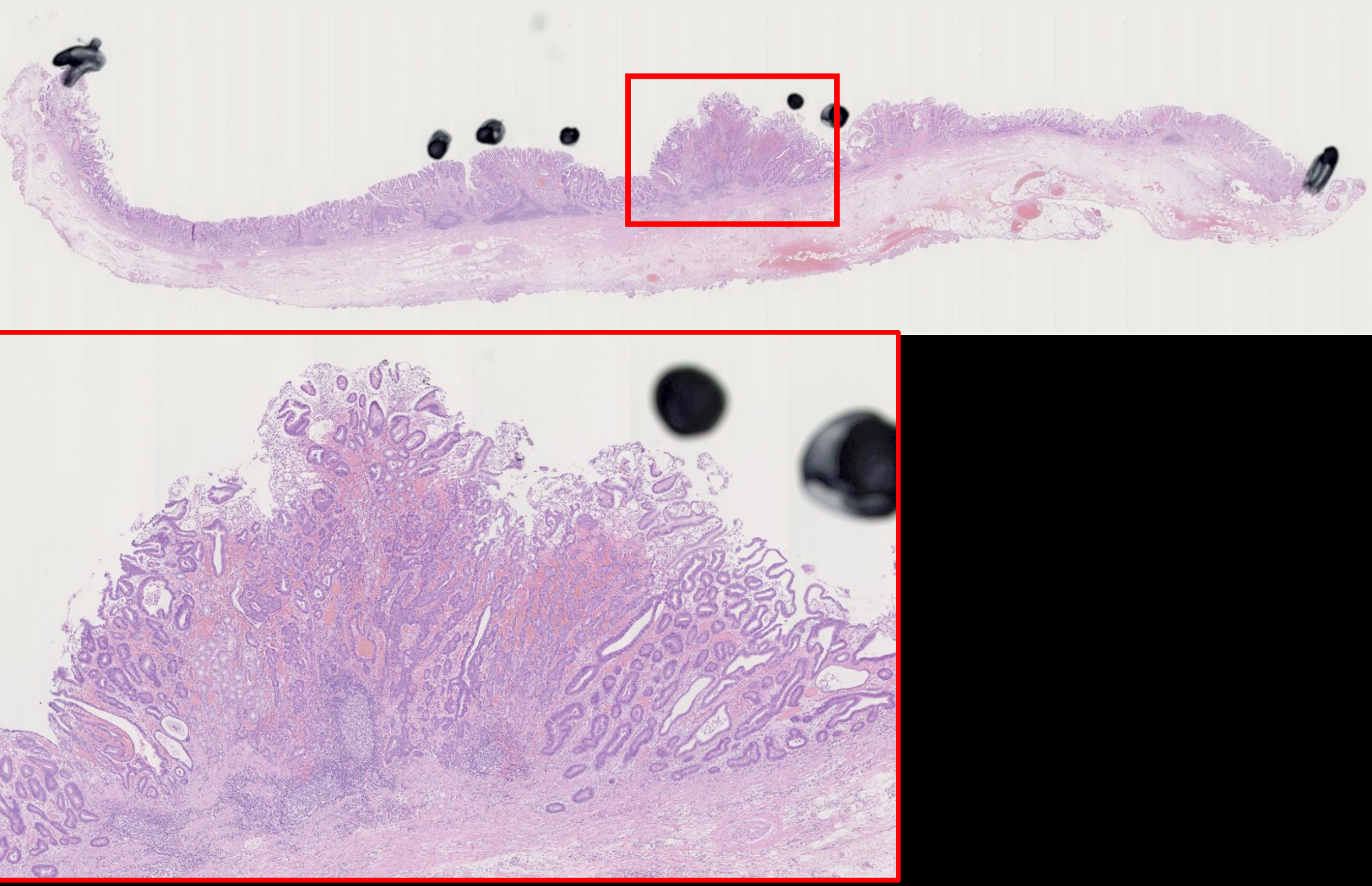

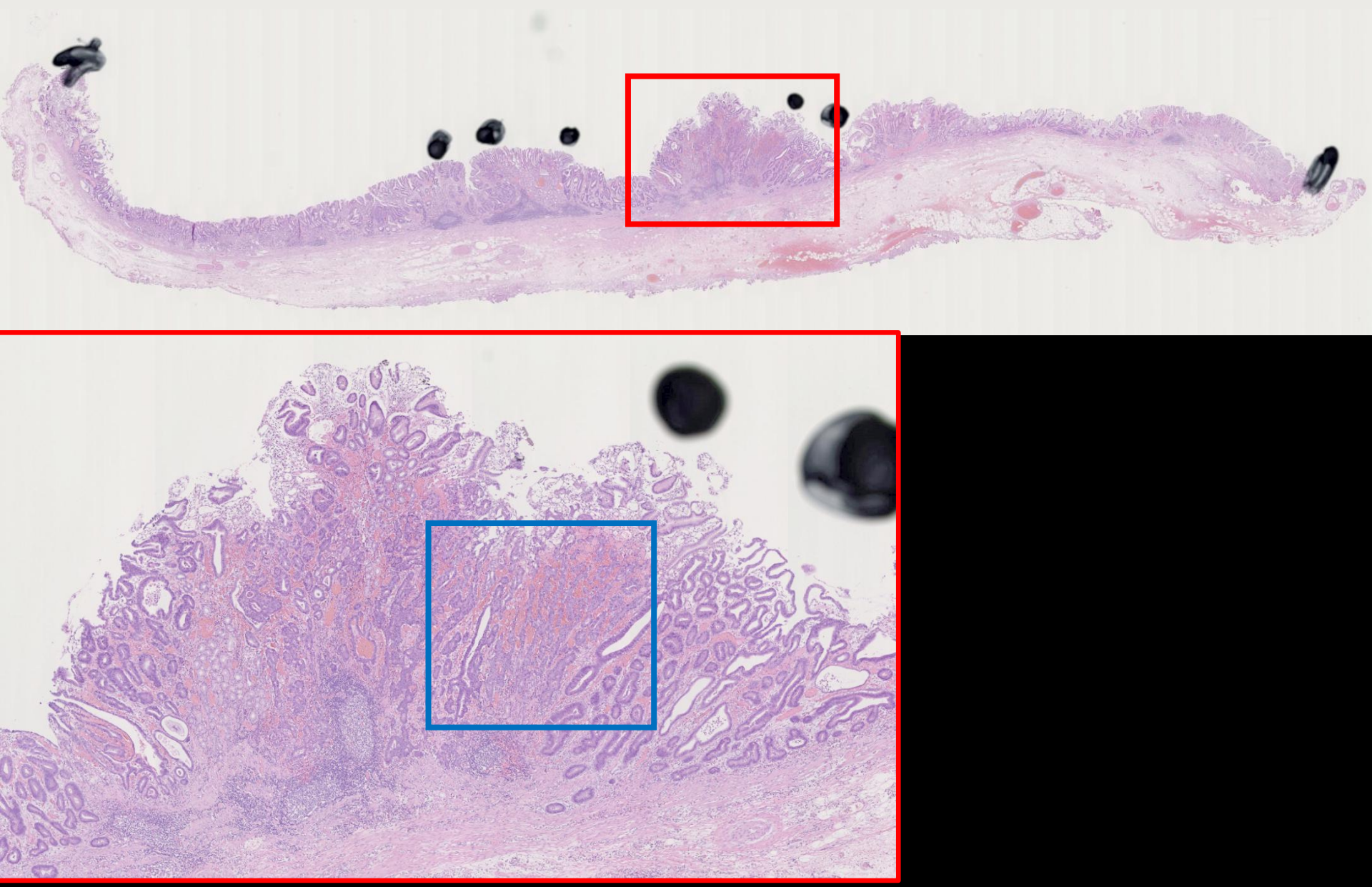

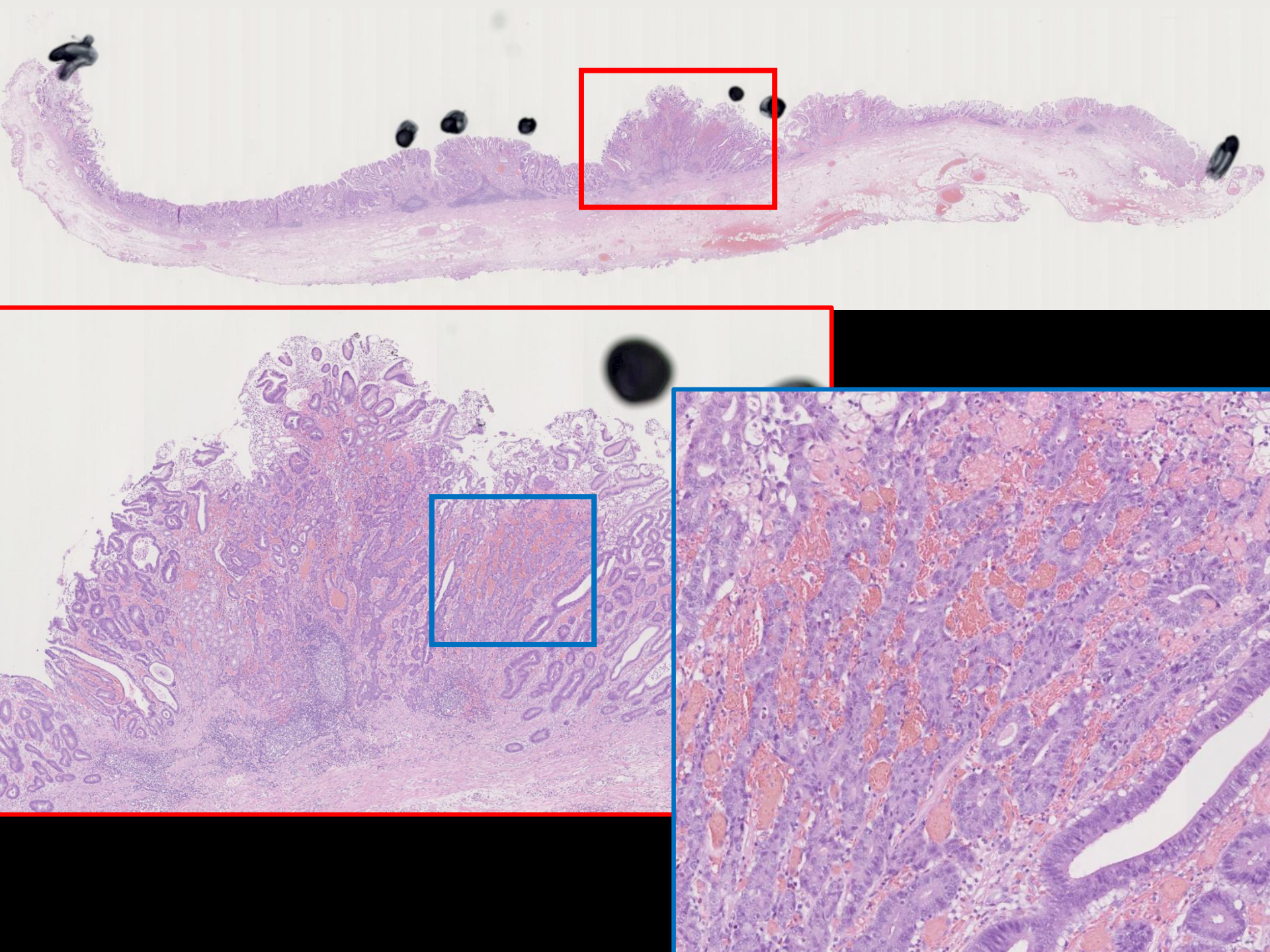

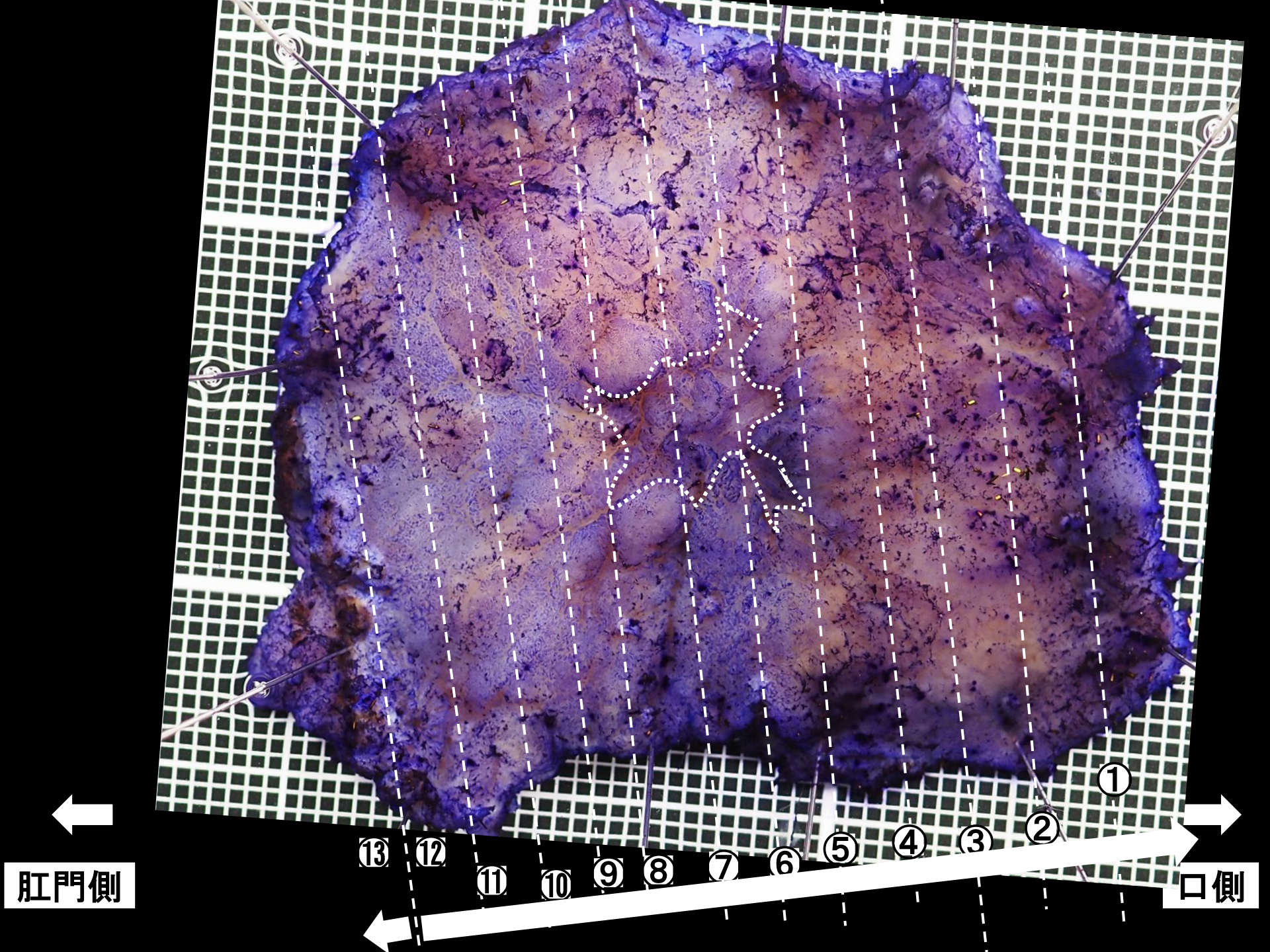
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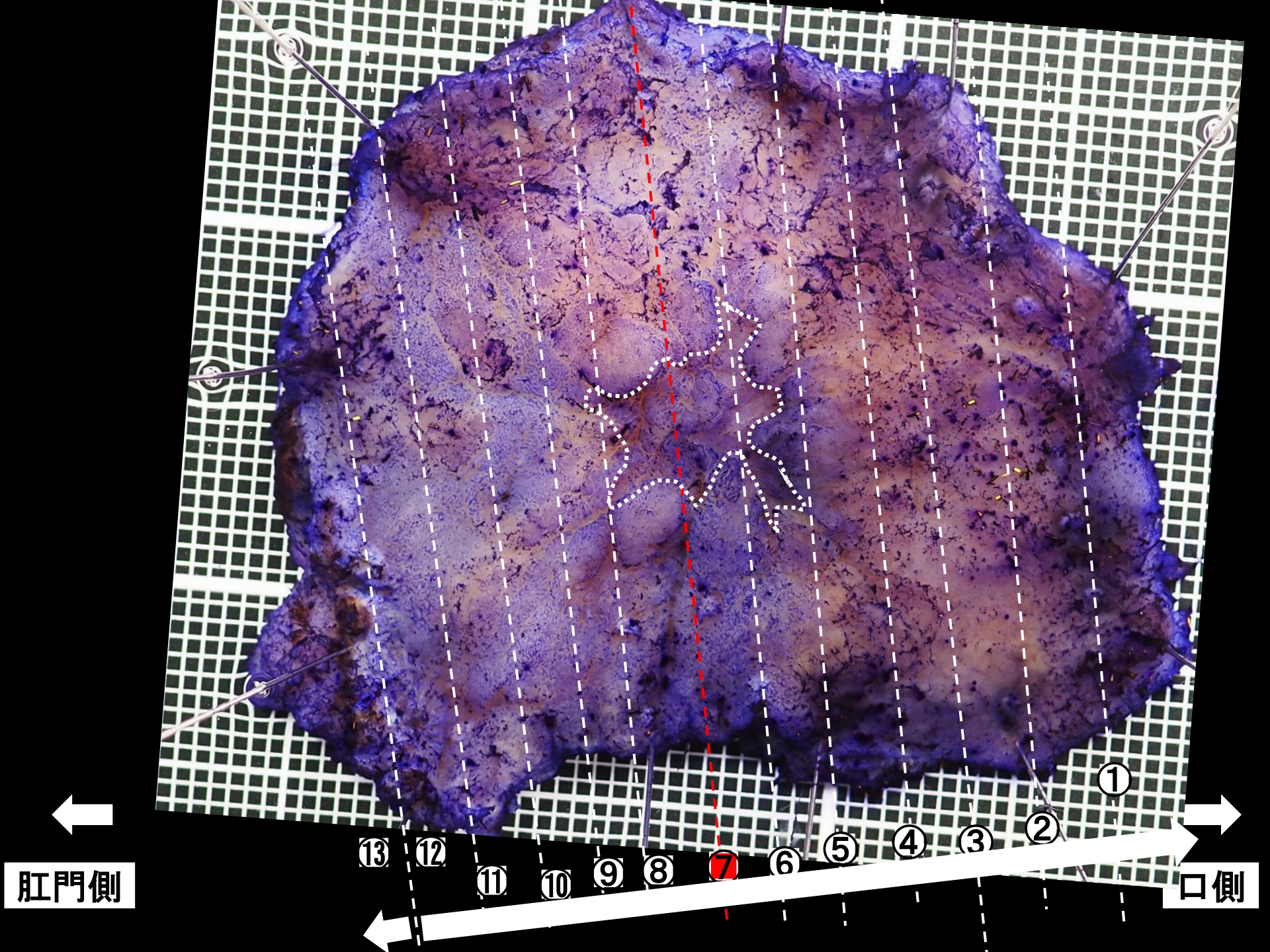
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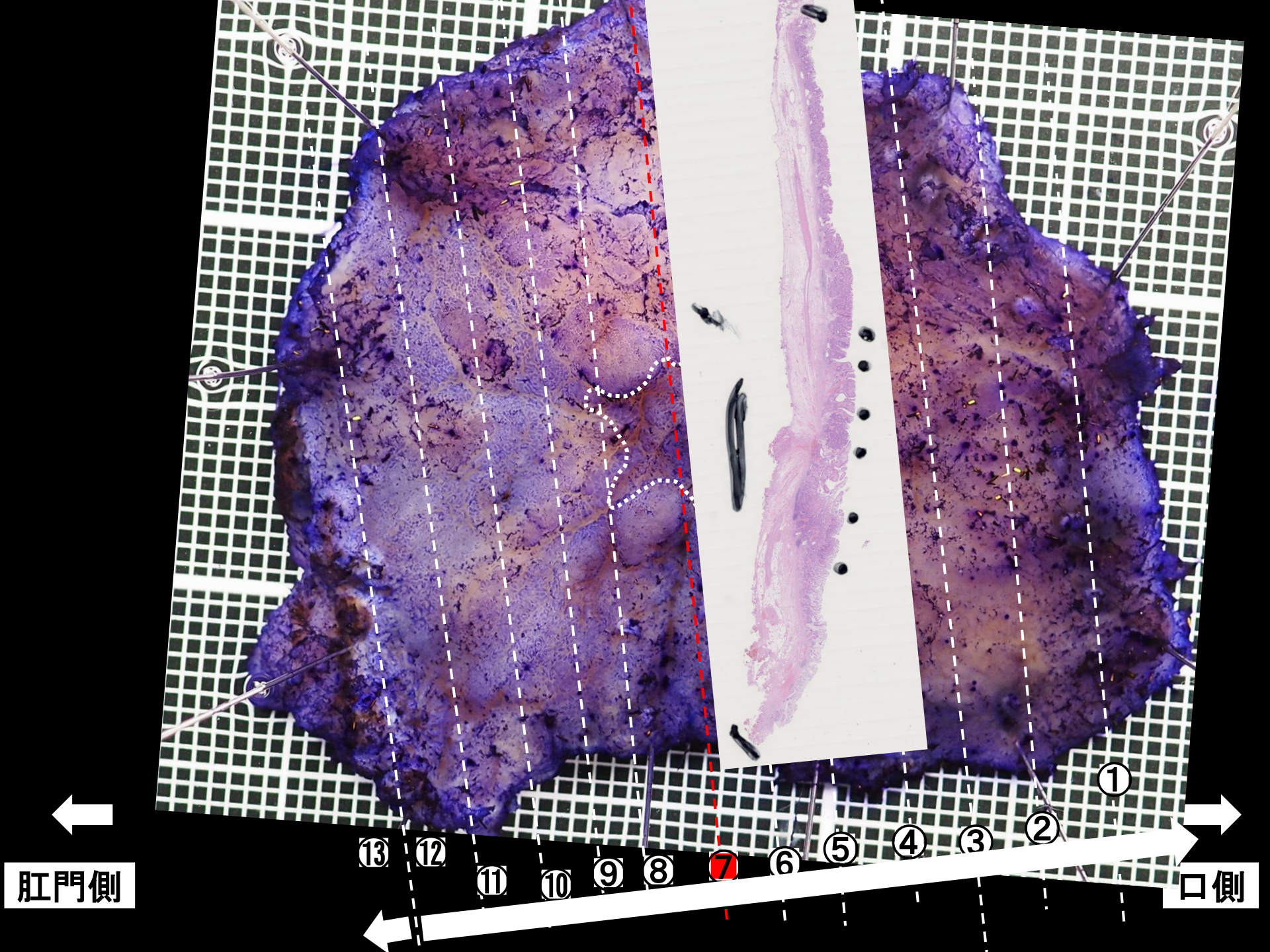
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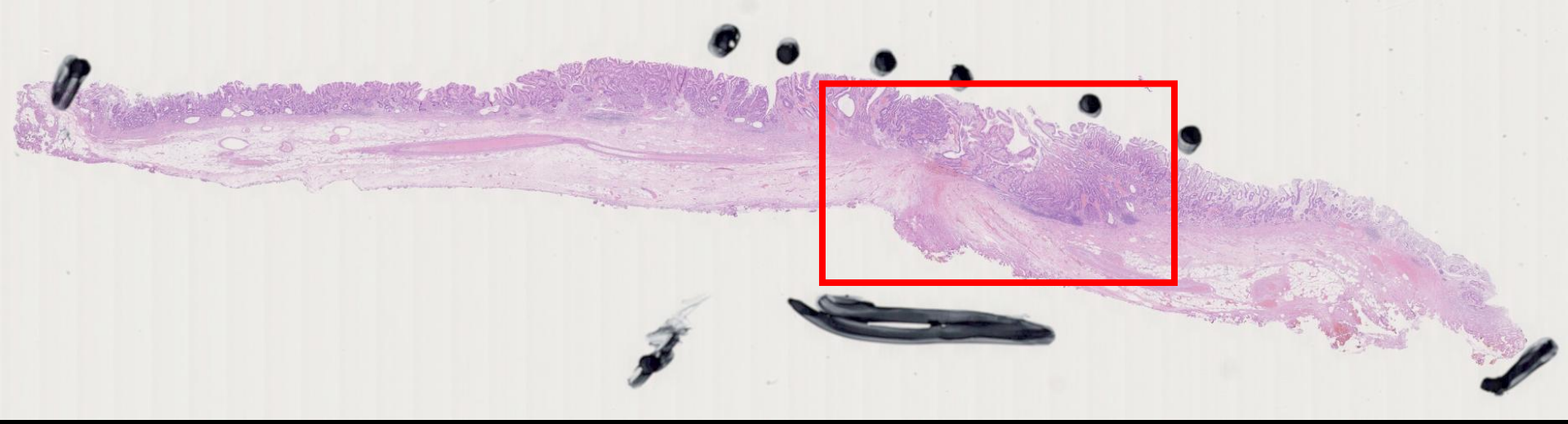
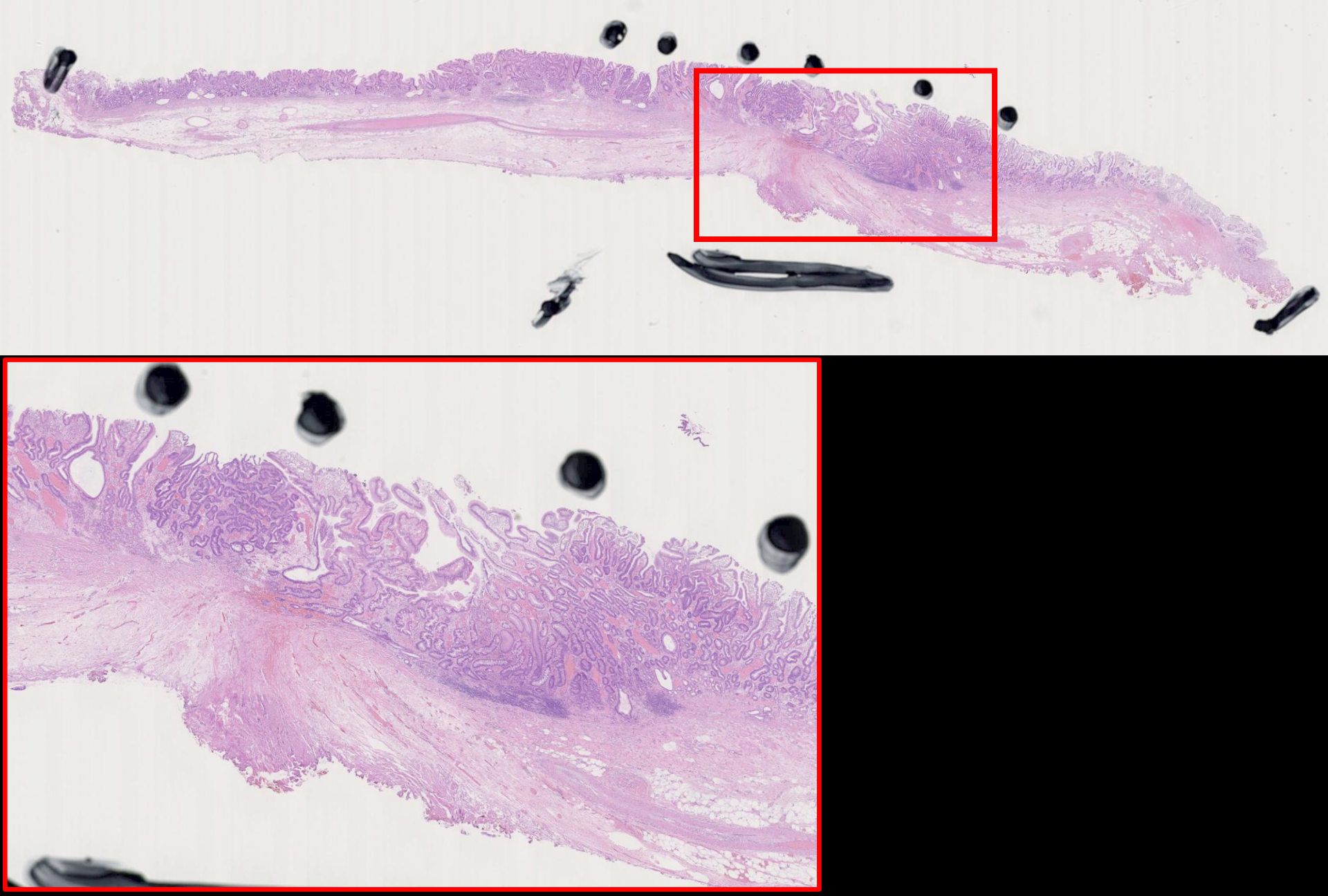
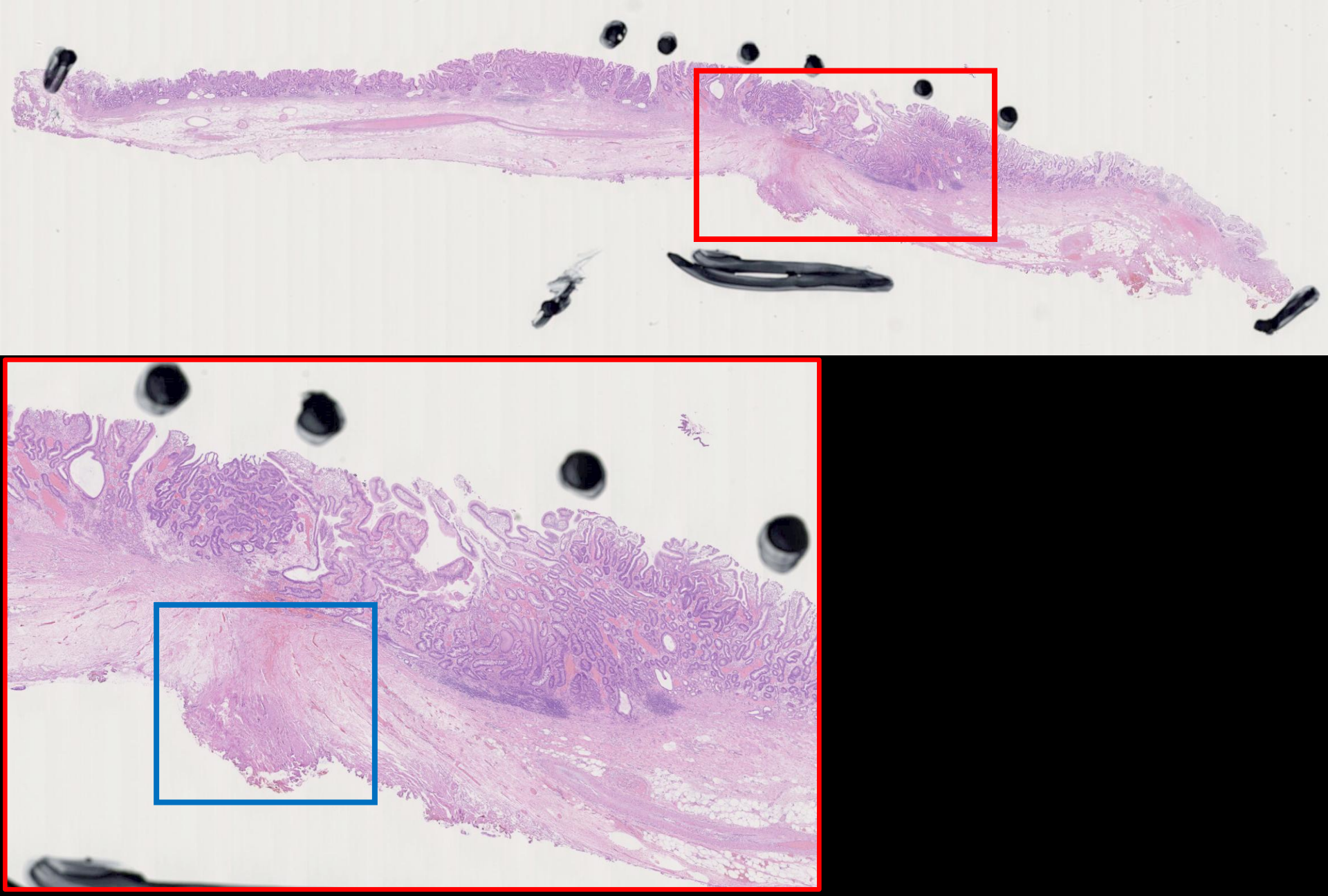
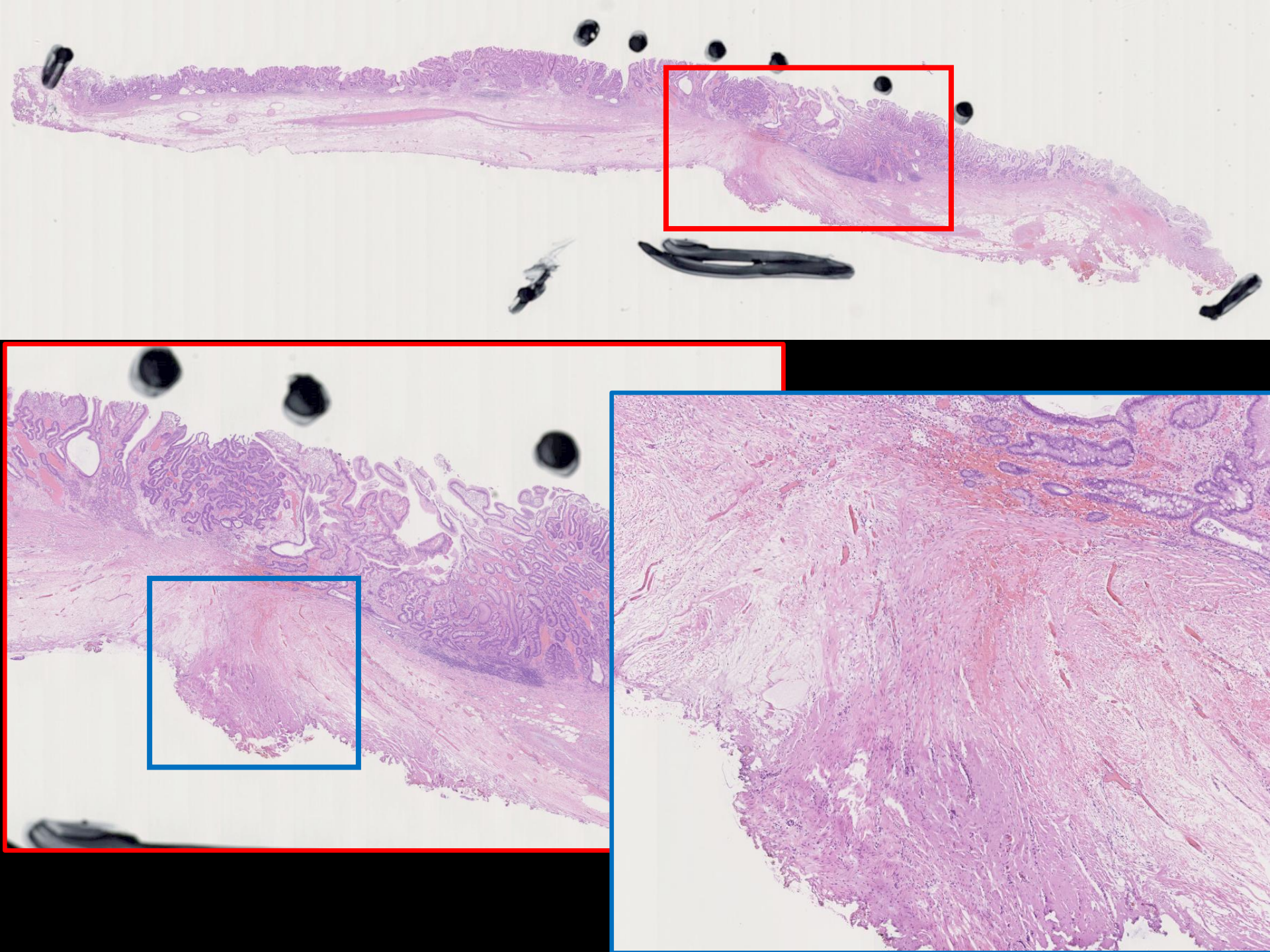
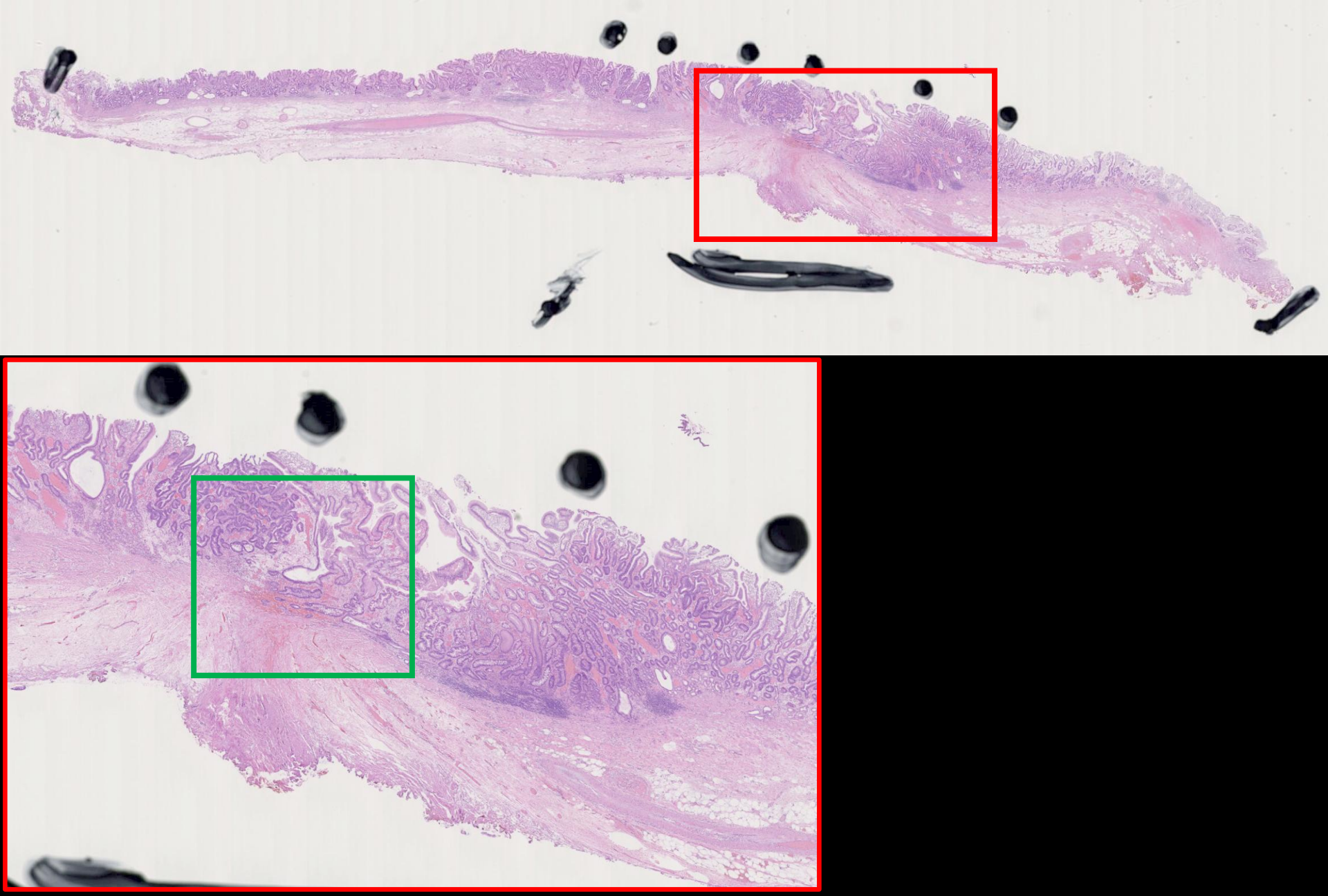
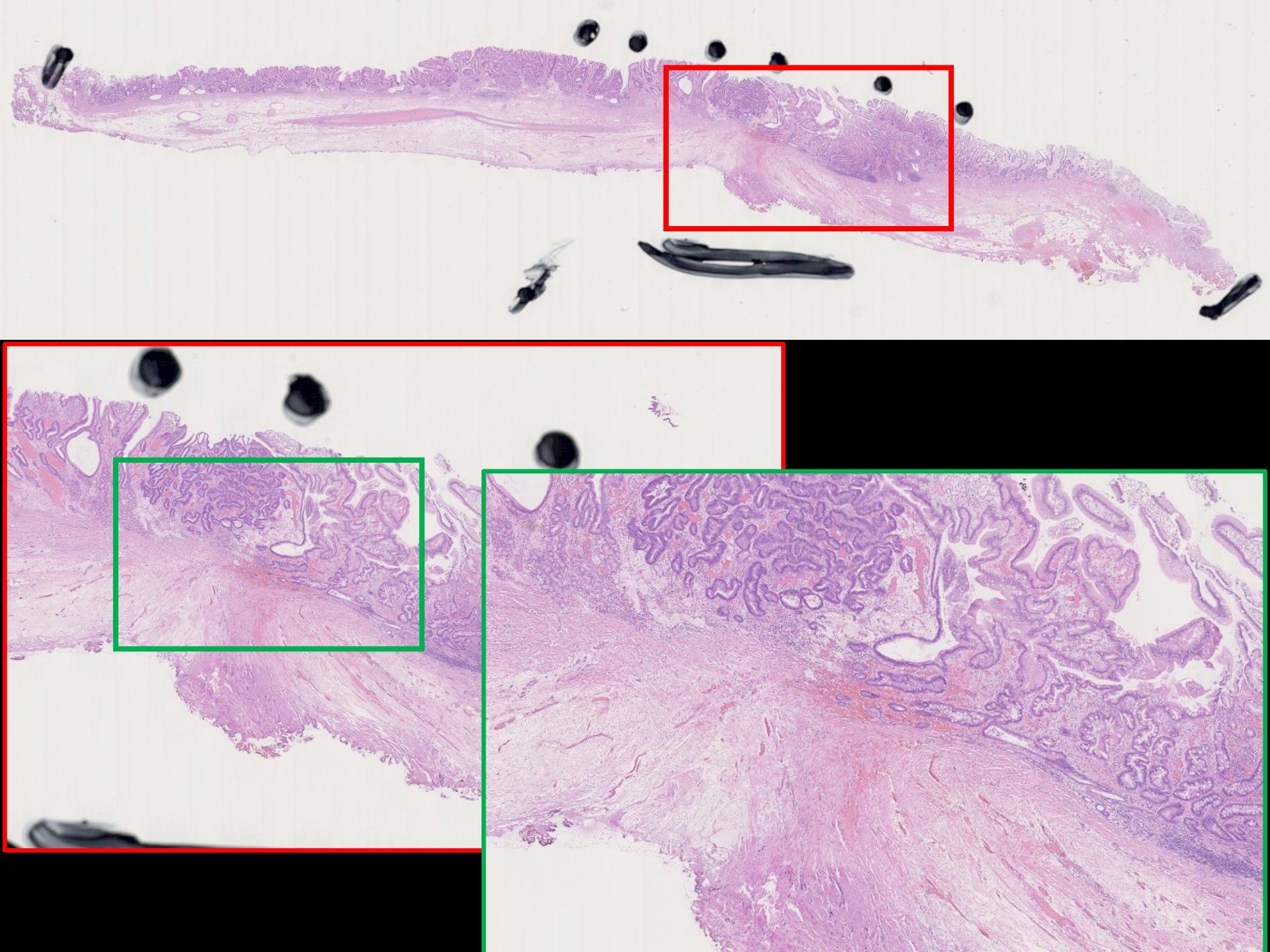


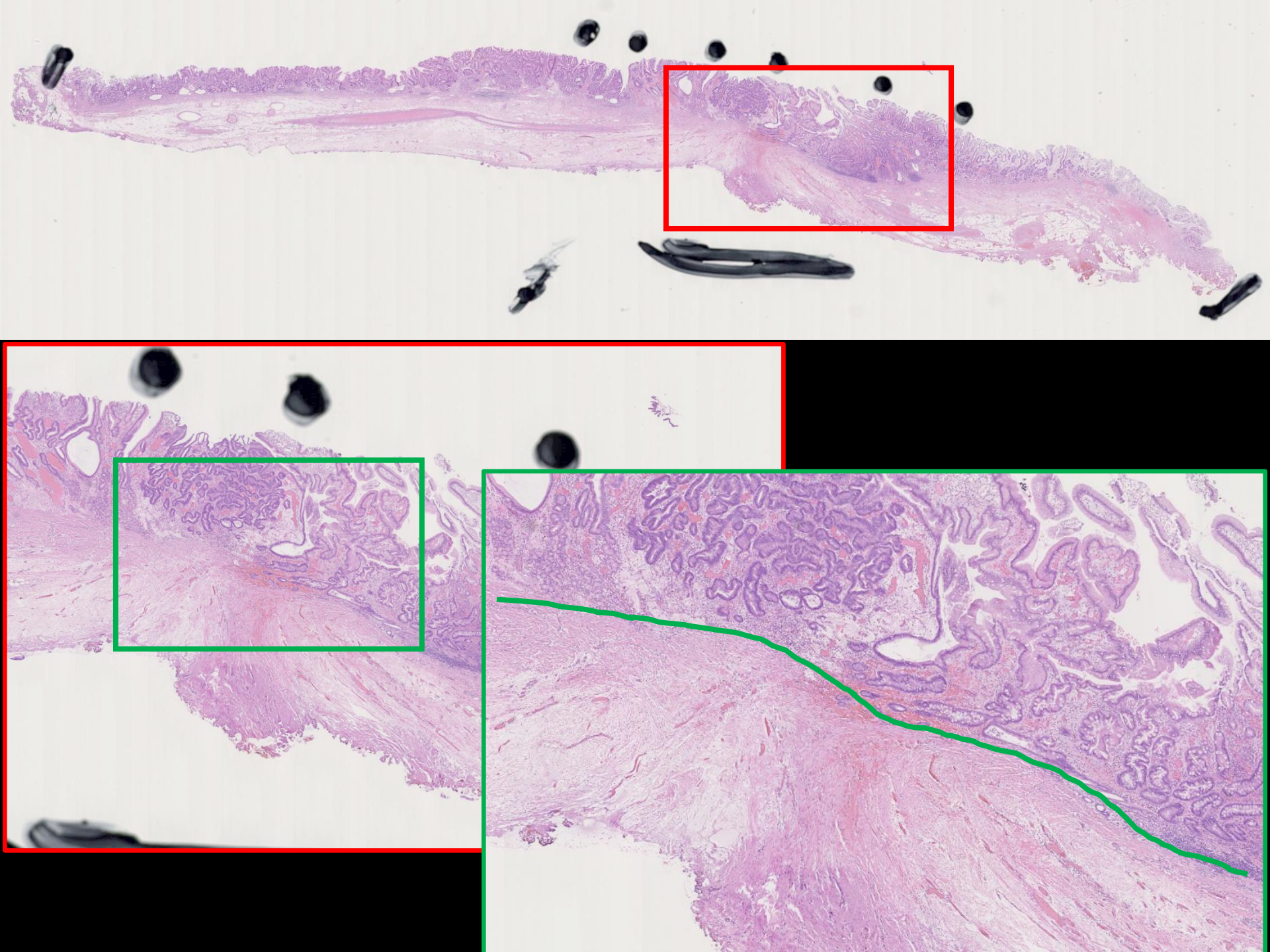










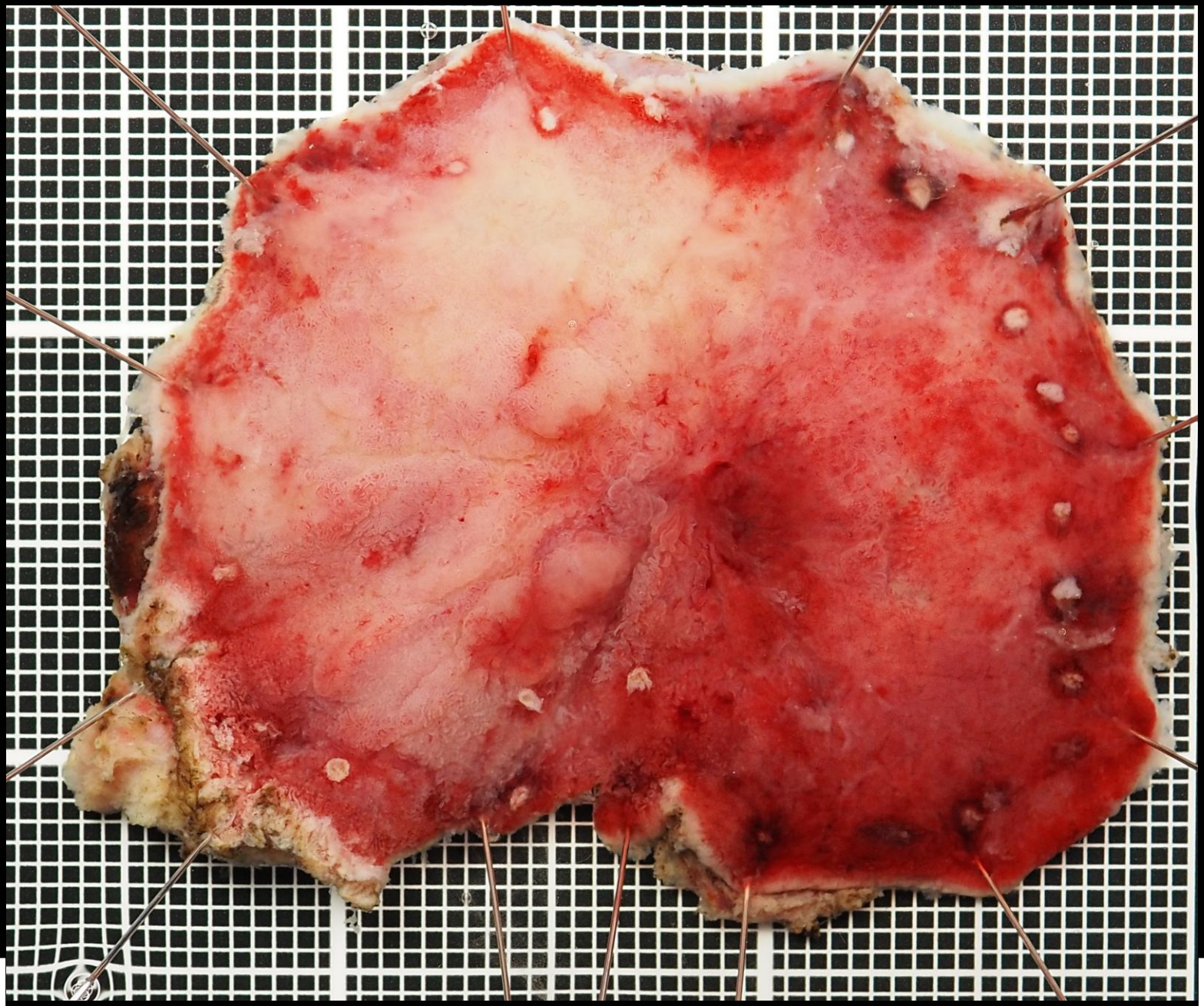


病理診断

tubular adenocarcinoma,
moderately differenciated(tub1>tub2),
pT1a(M), INFb, Ly0(D2-40), V0(EVG),
pUL0, pHM0(6mm), pVM0

e-Cura A

Mapping



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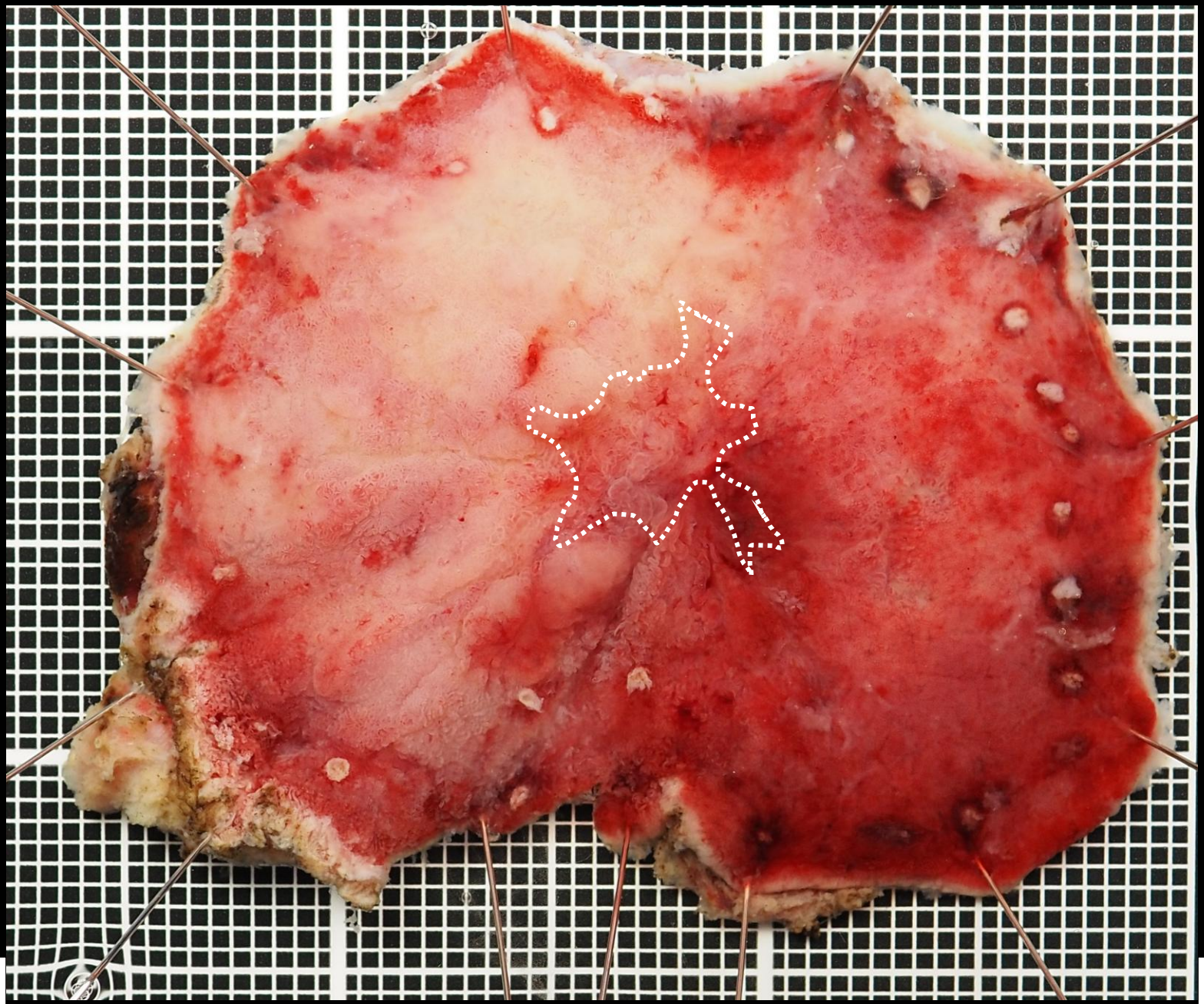
口側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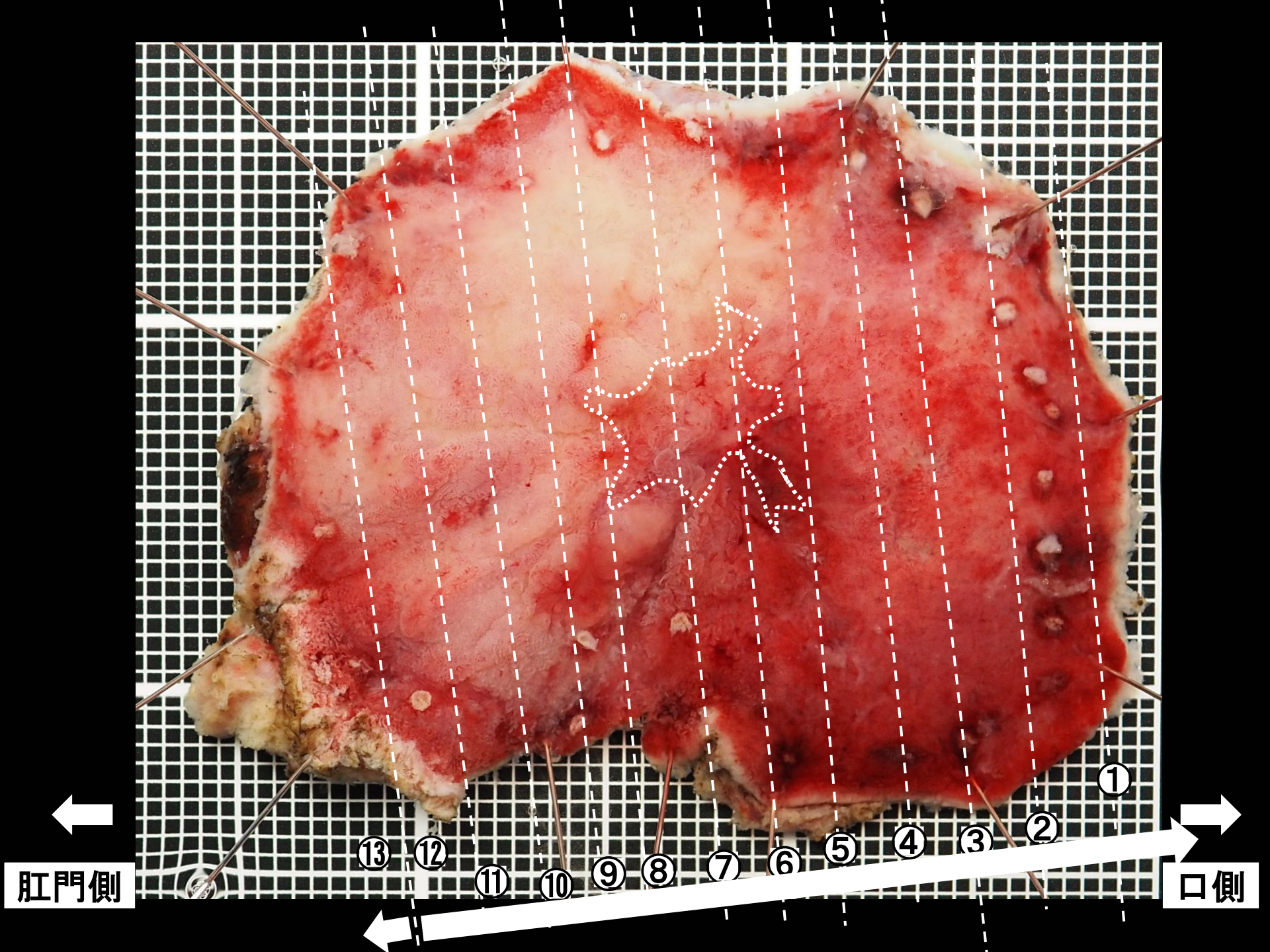
口側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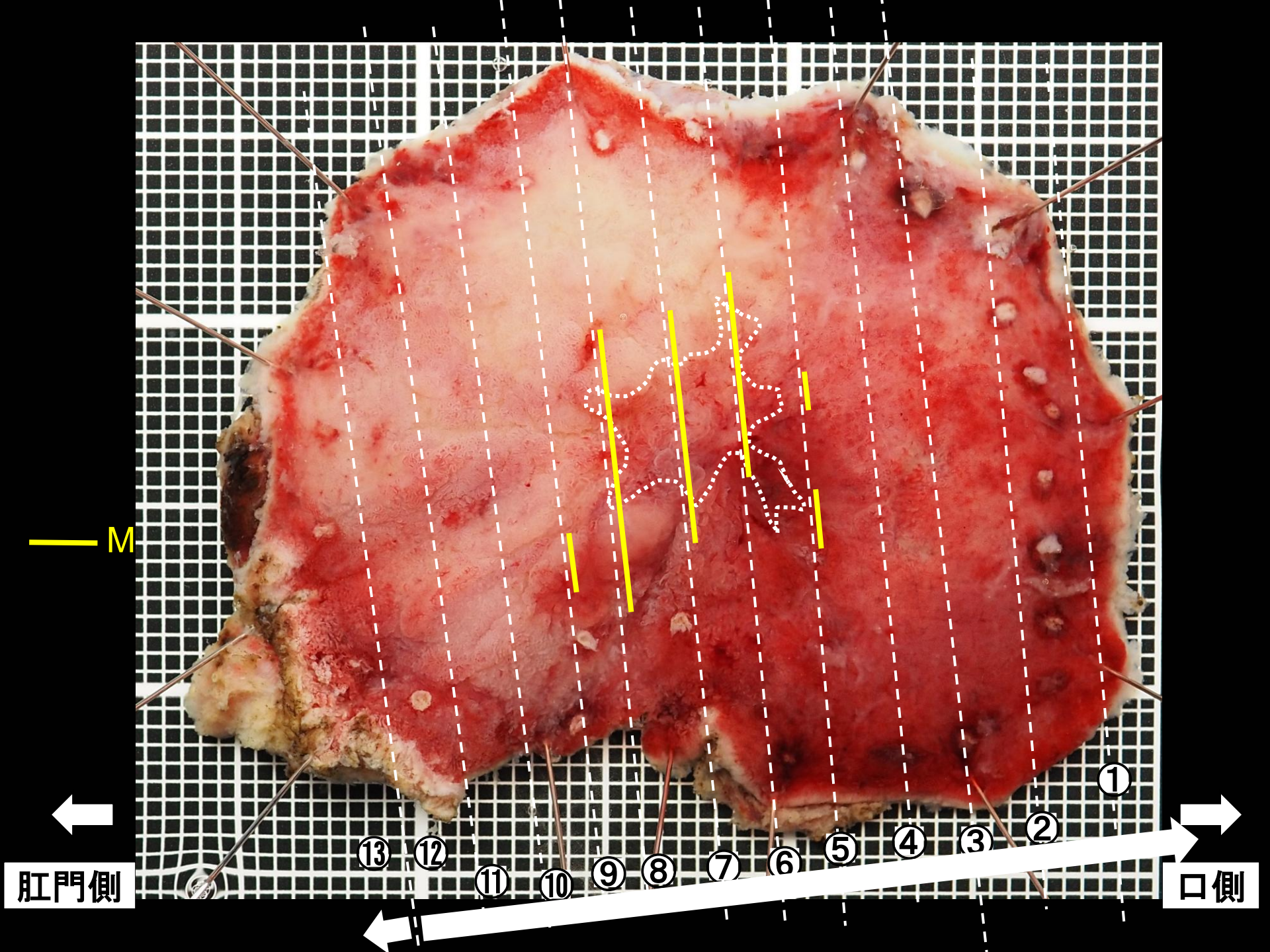
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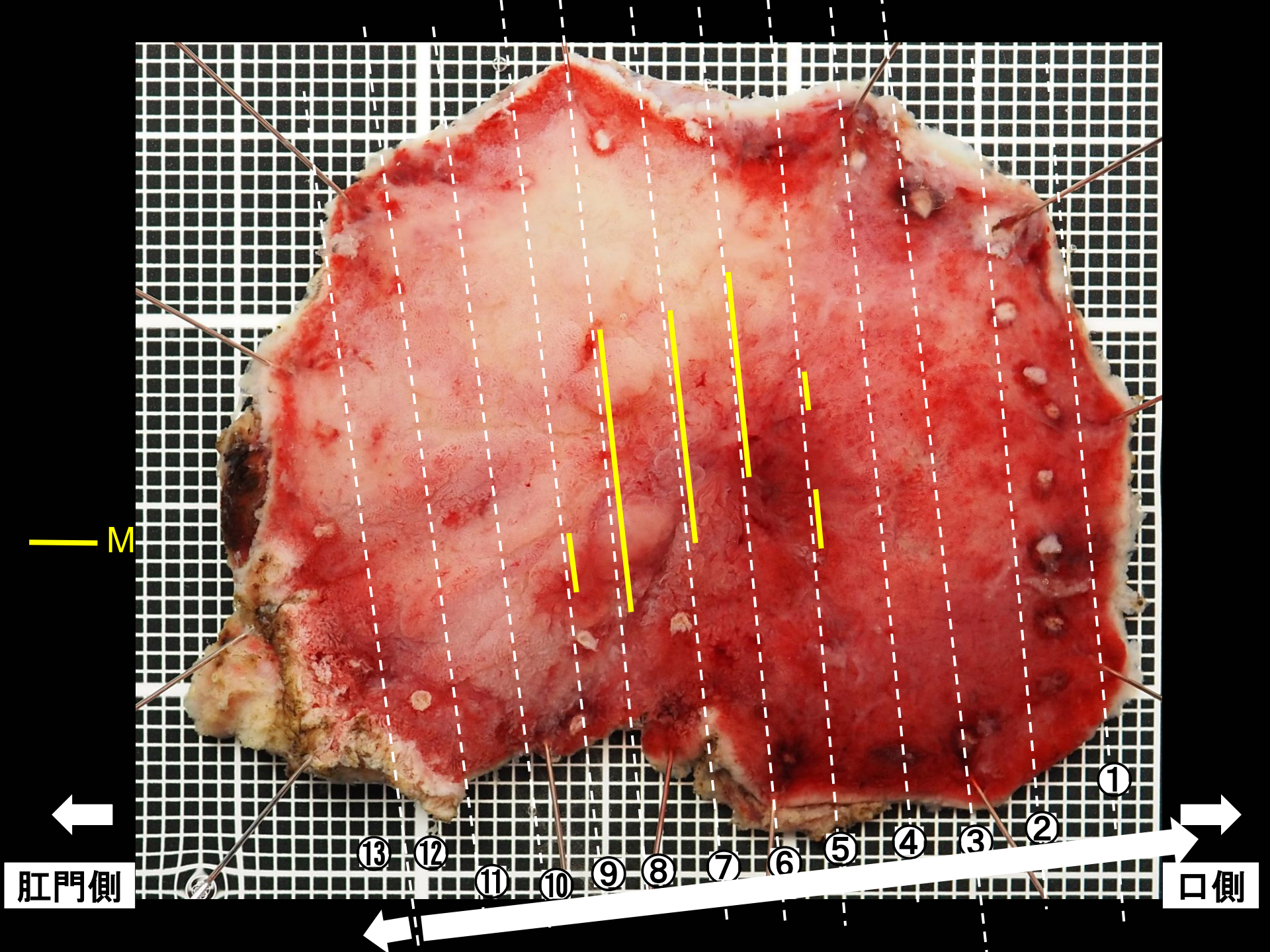
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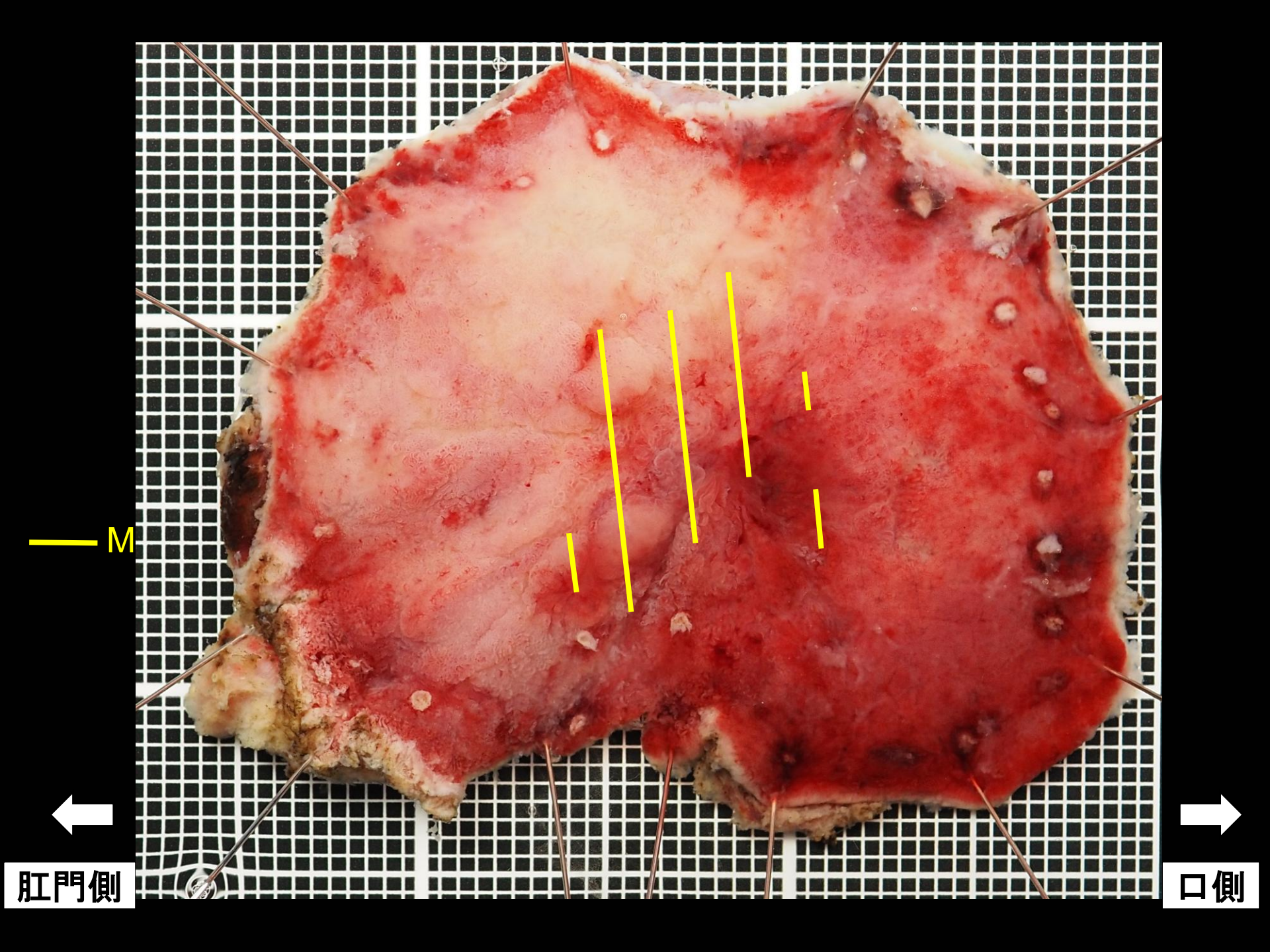
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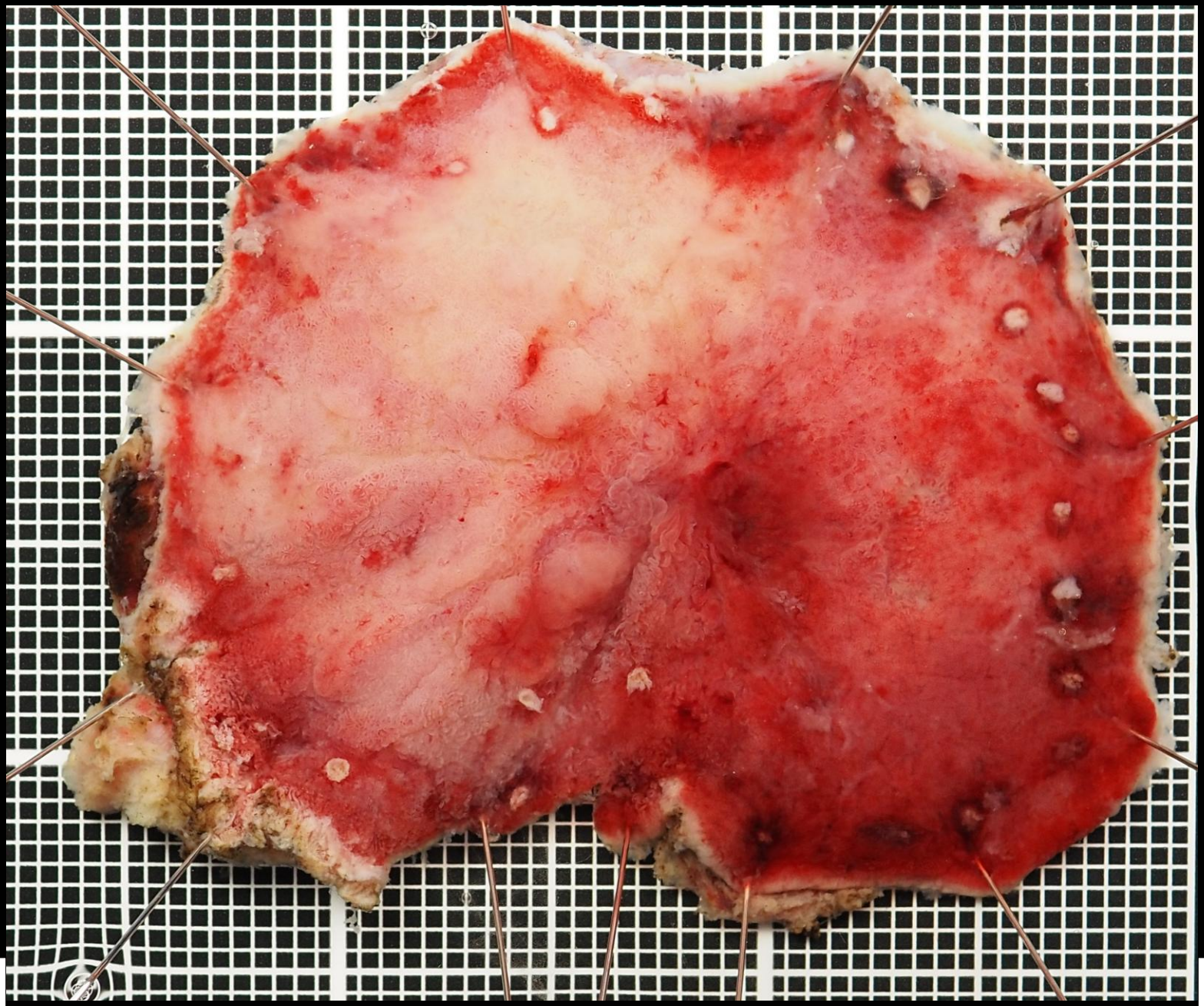

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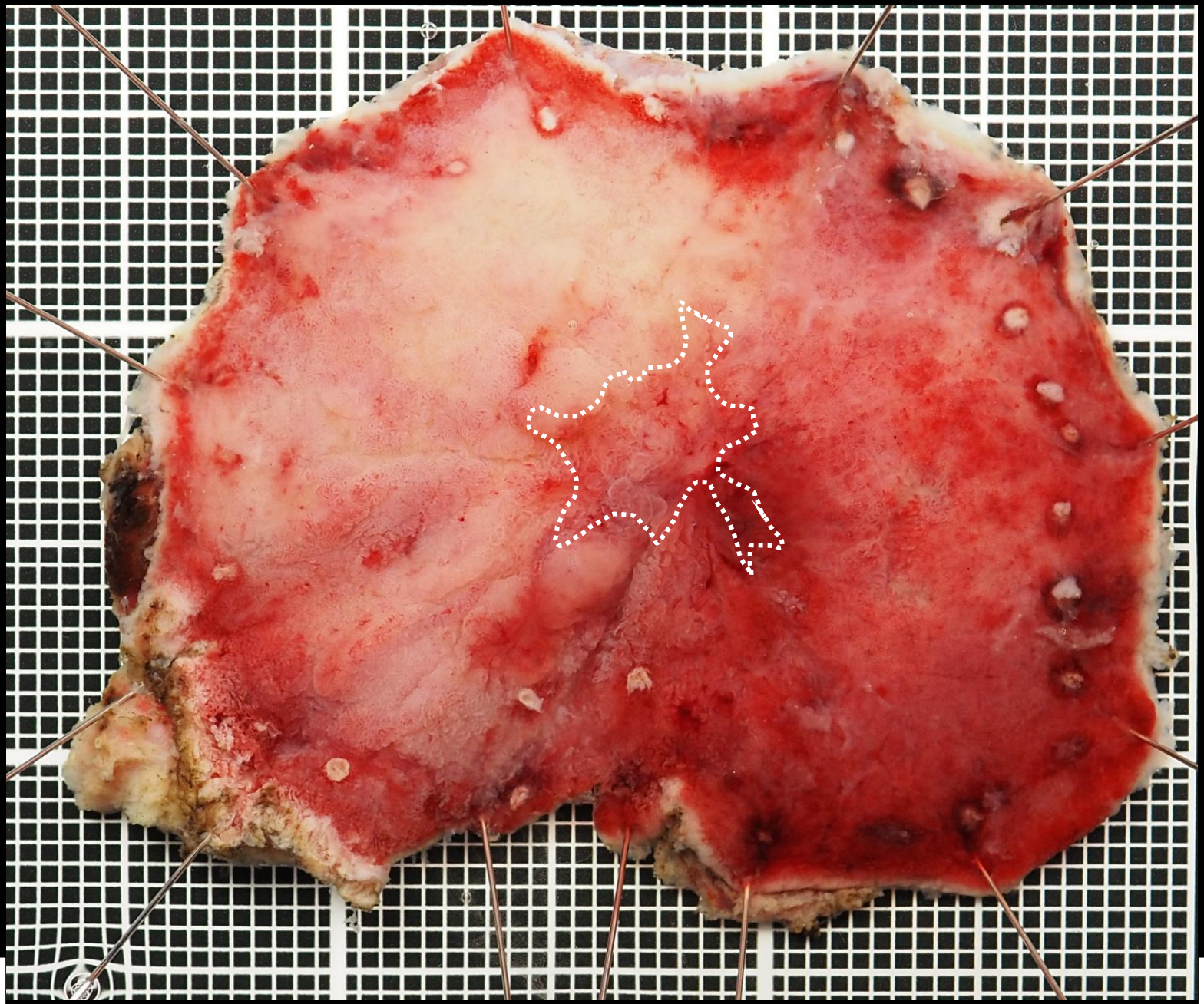
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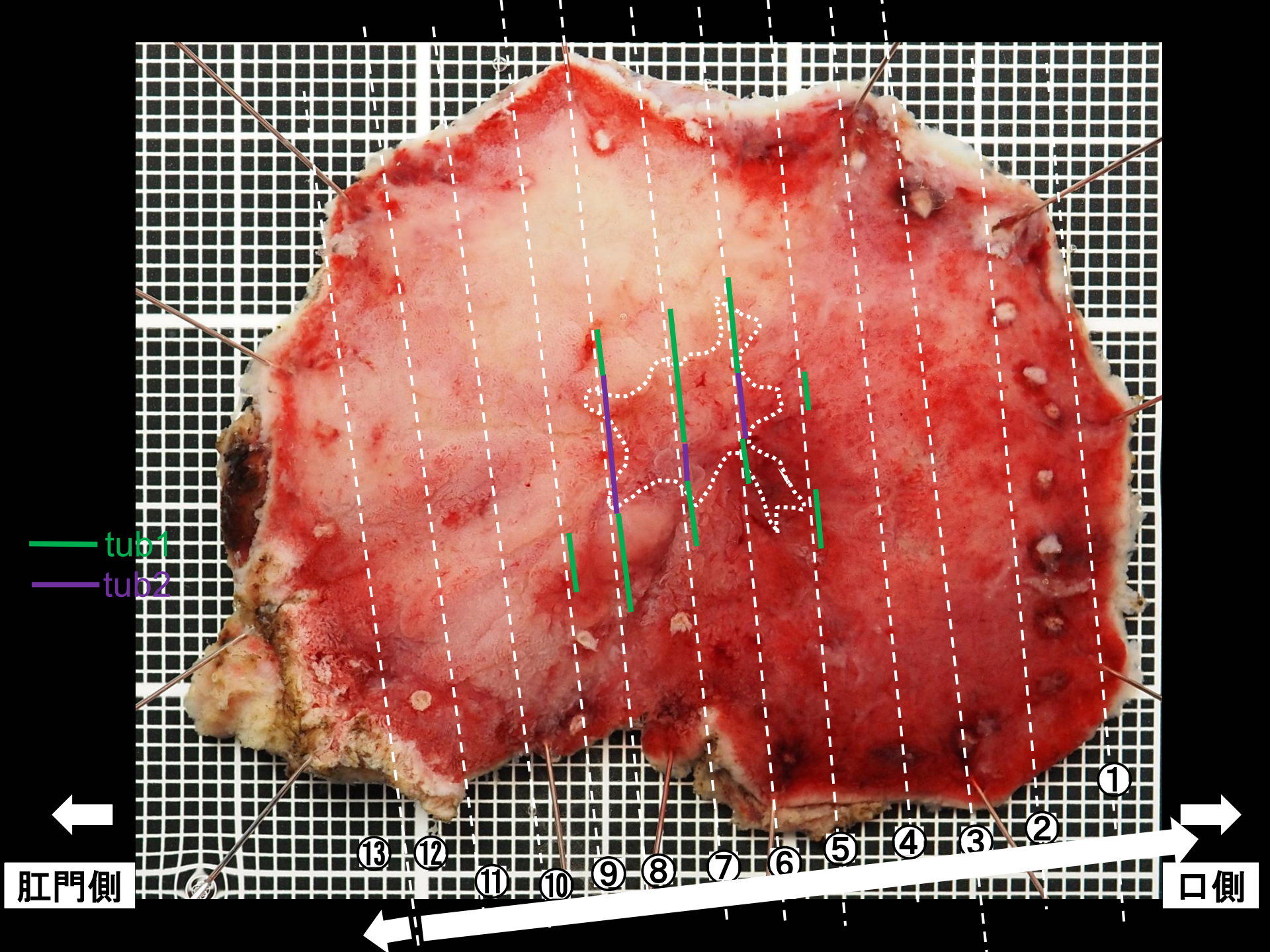
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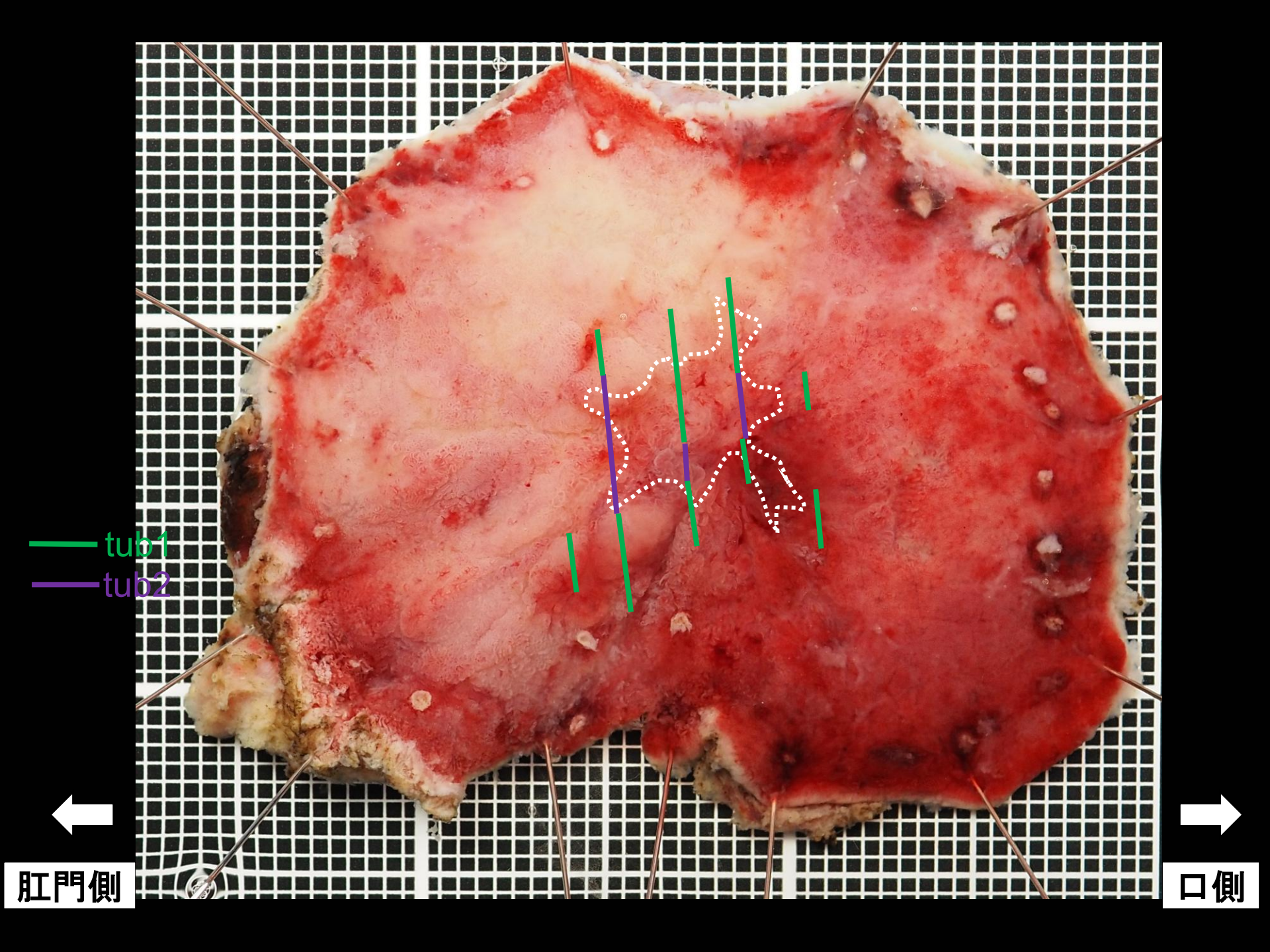
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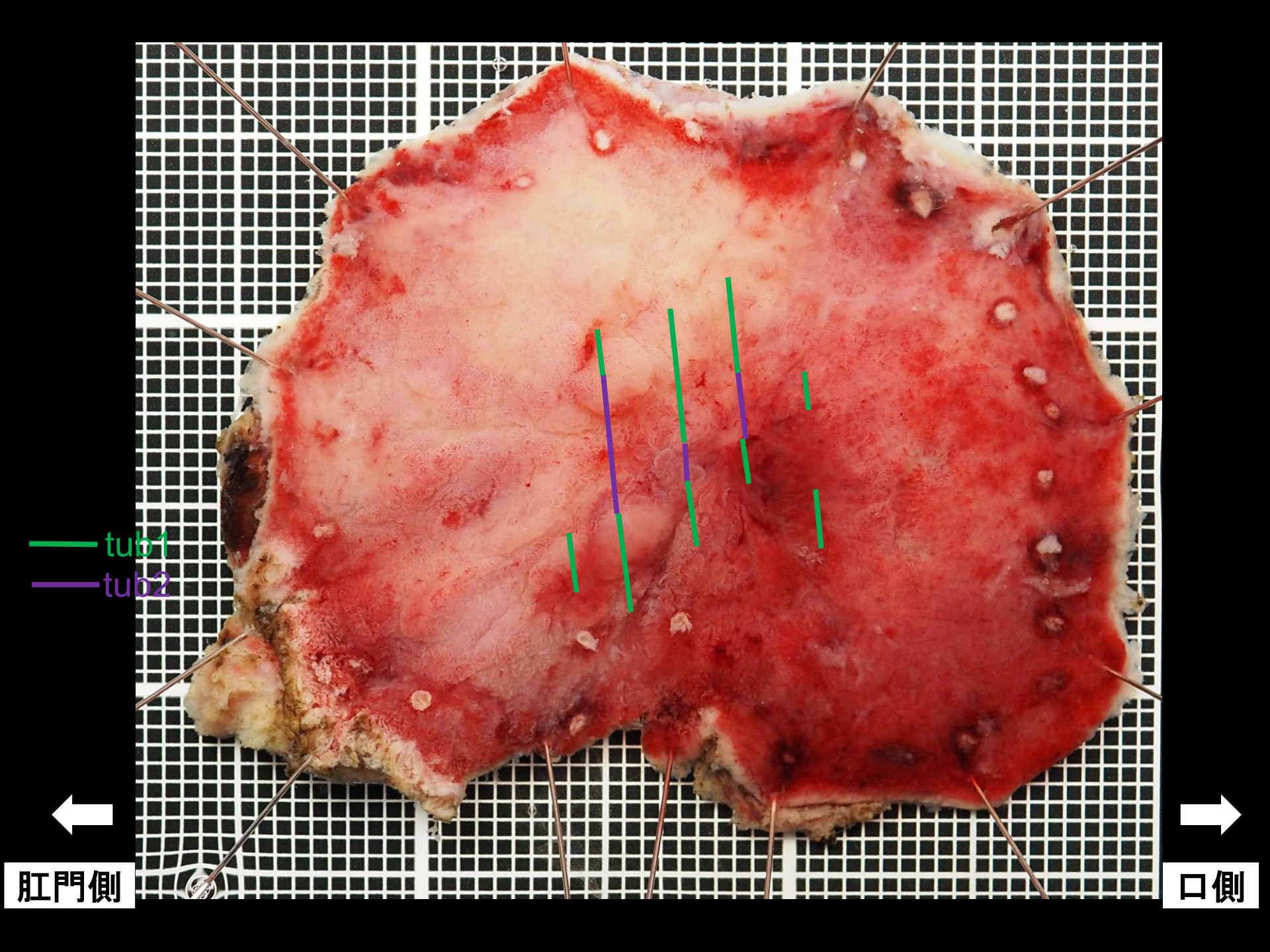
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tub2
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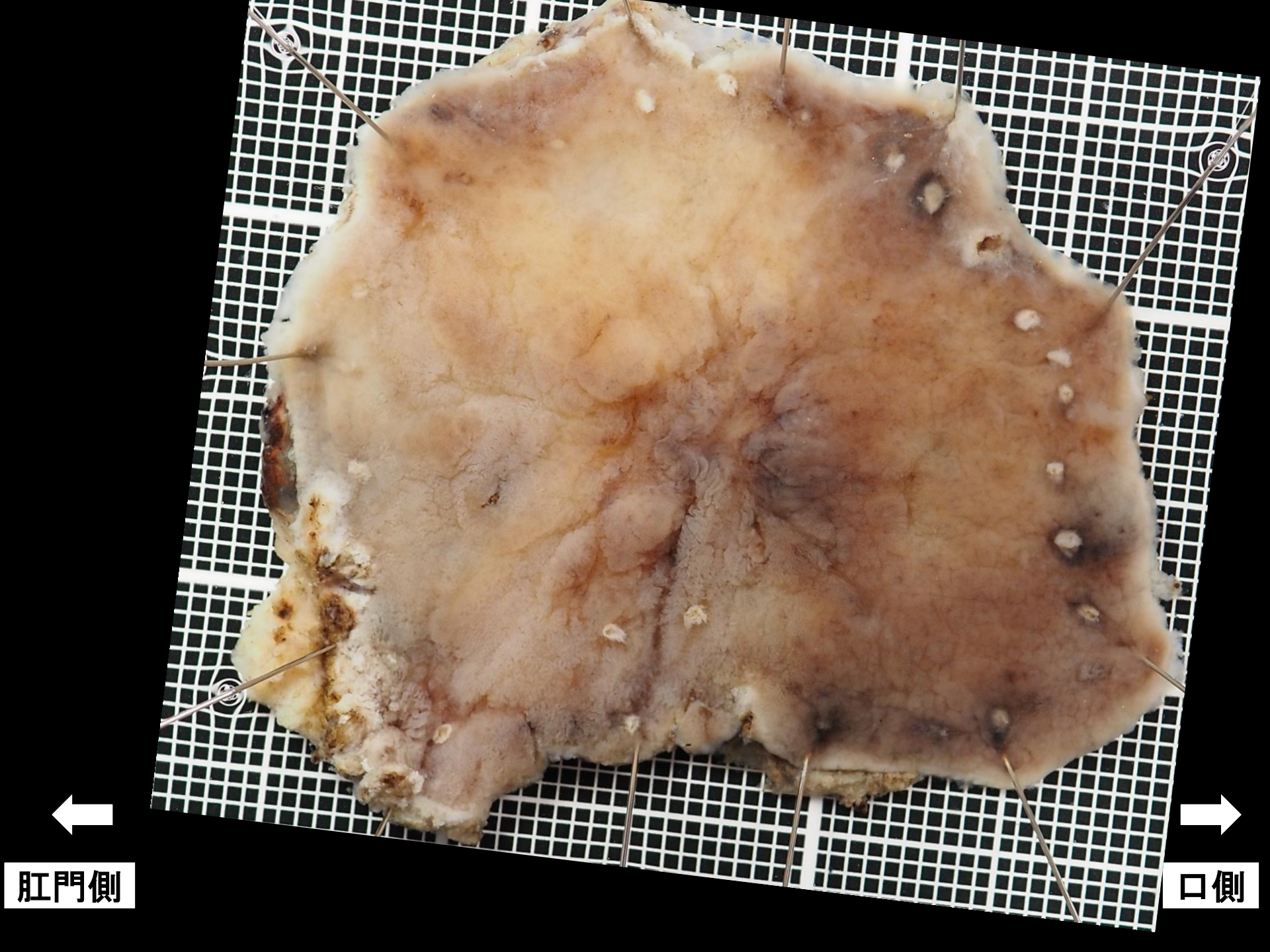
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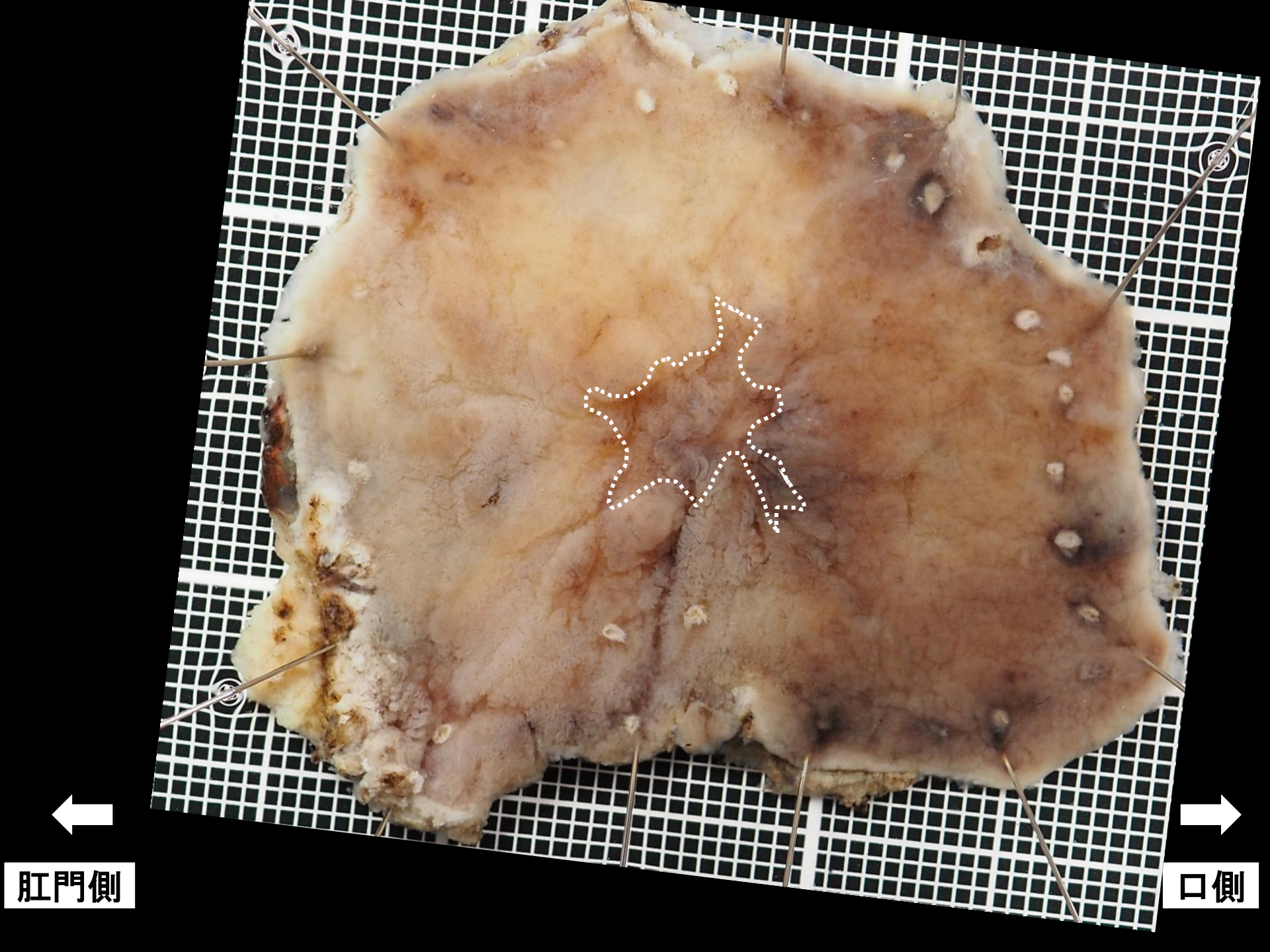
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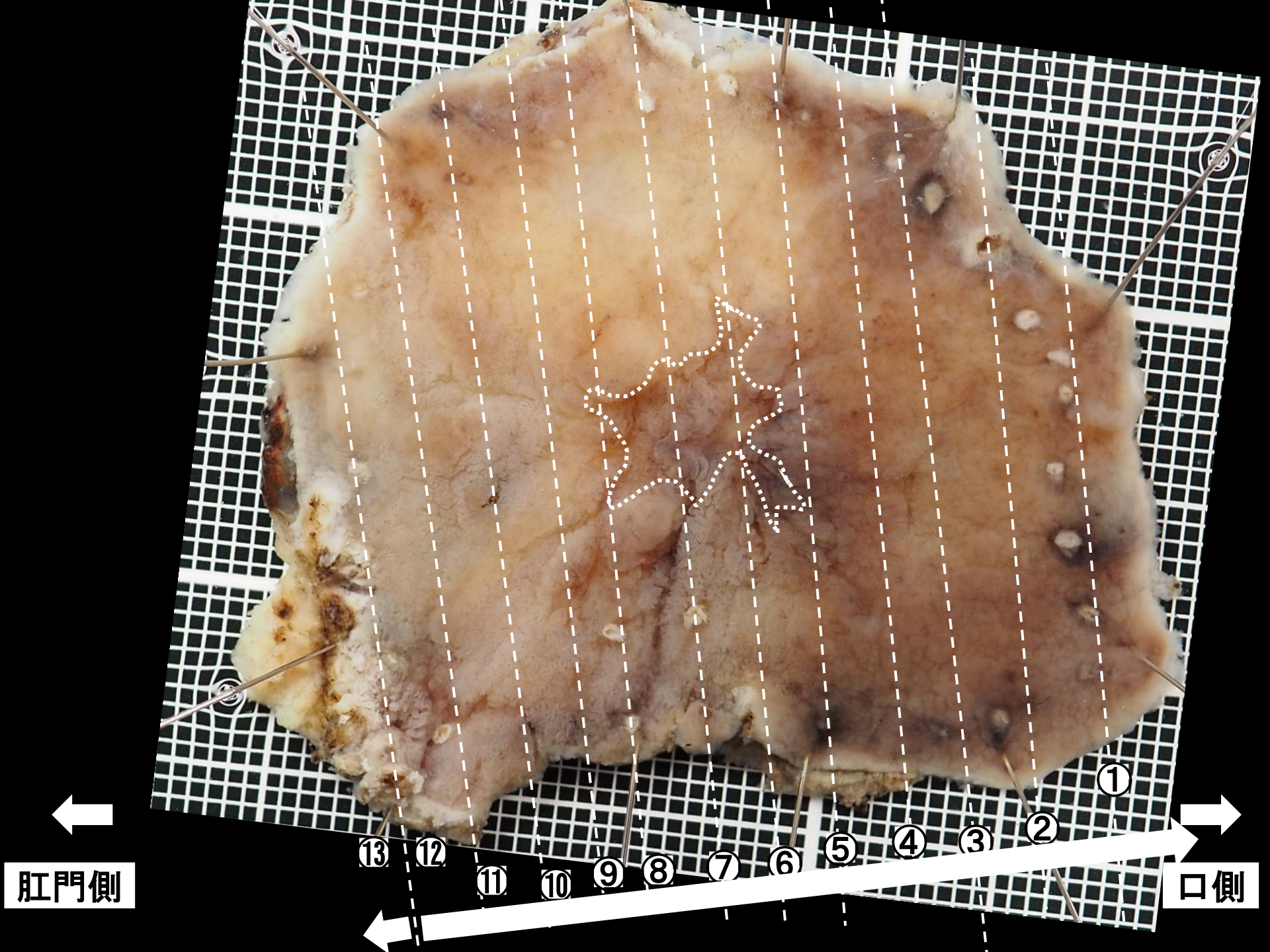
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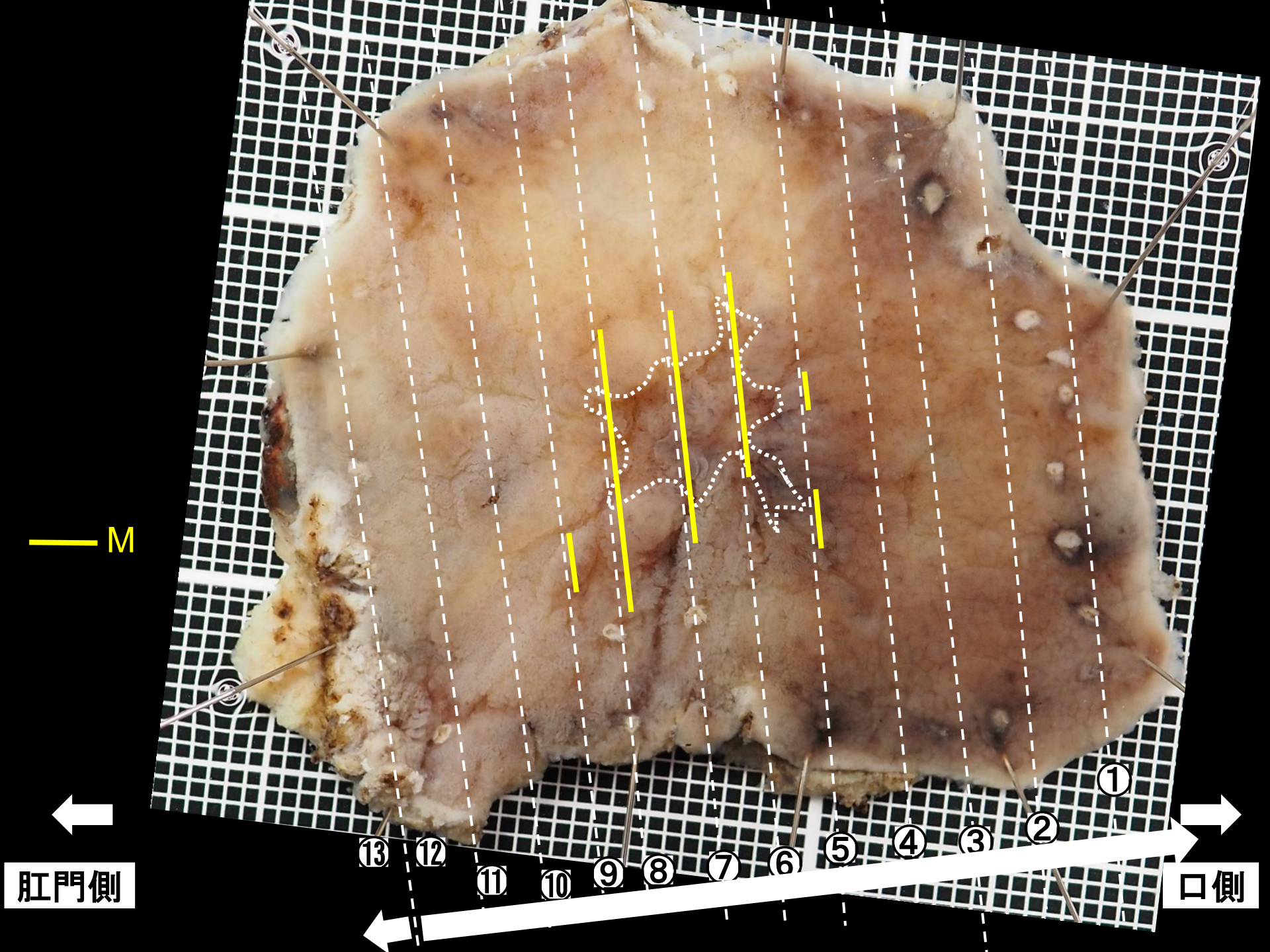
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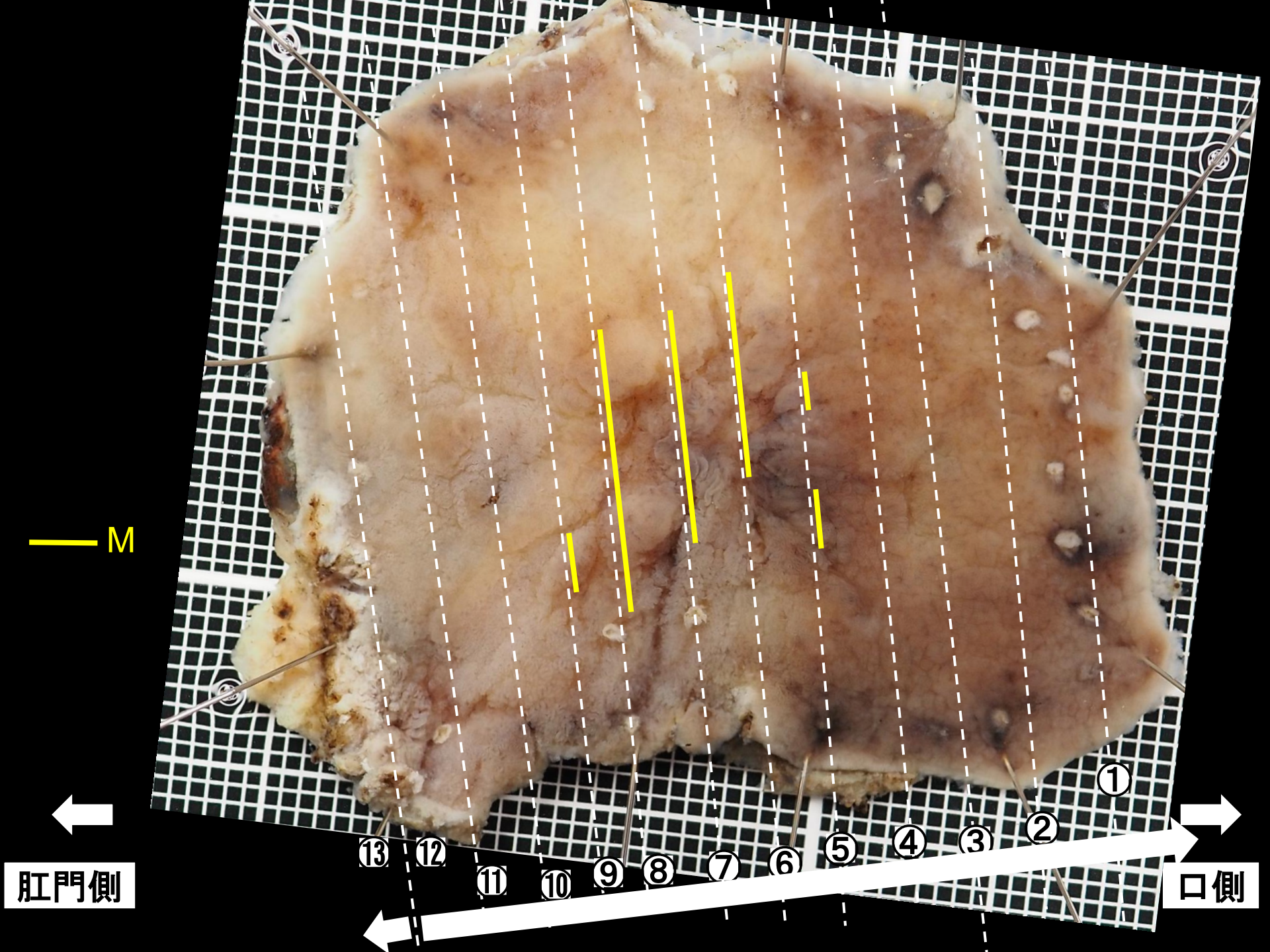
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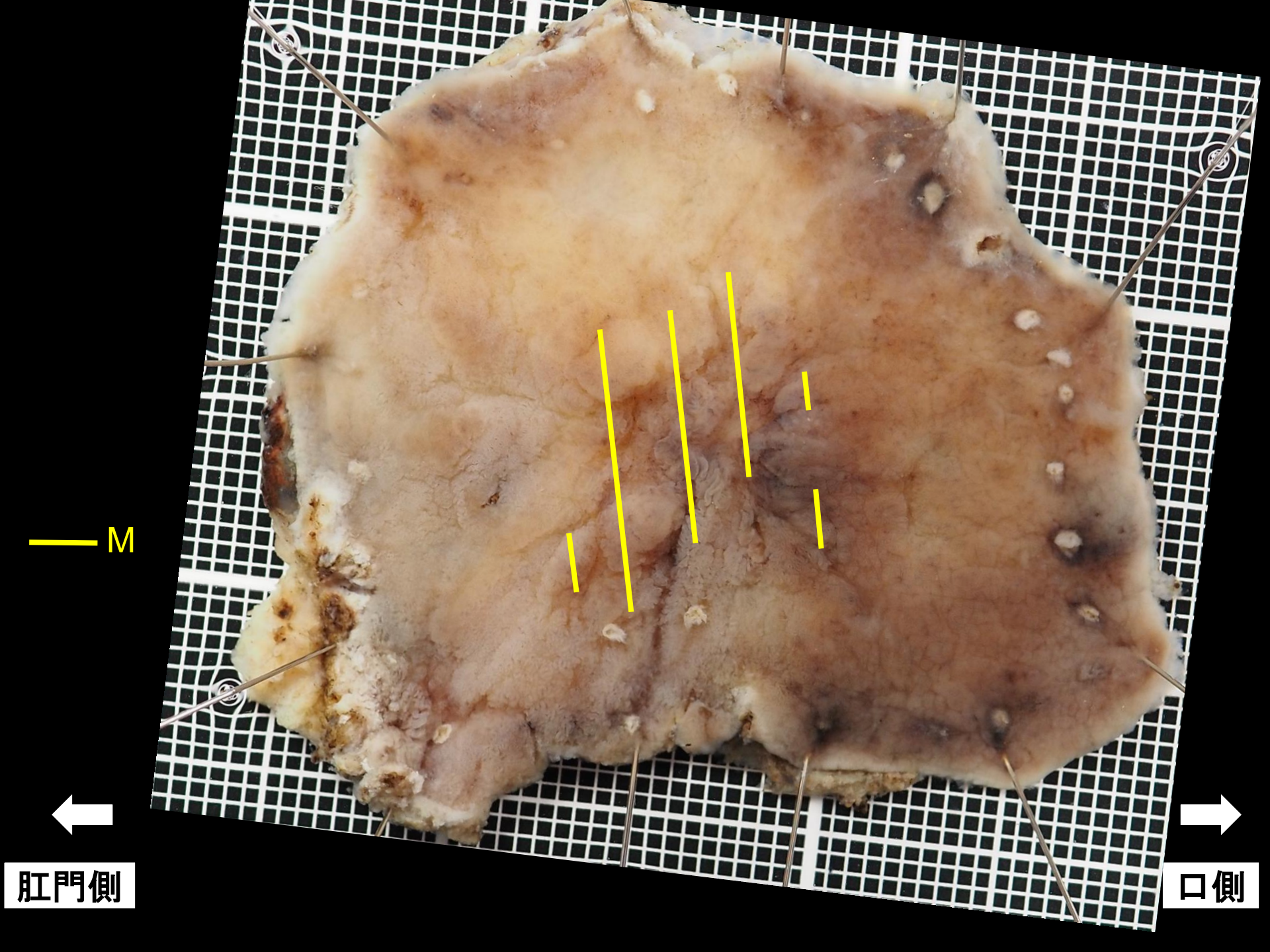
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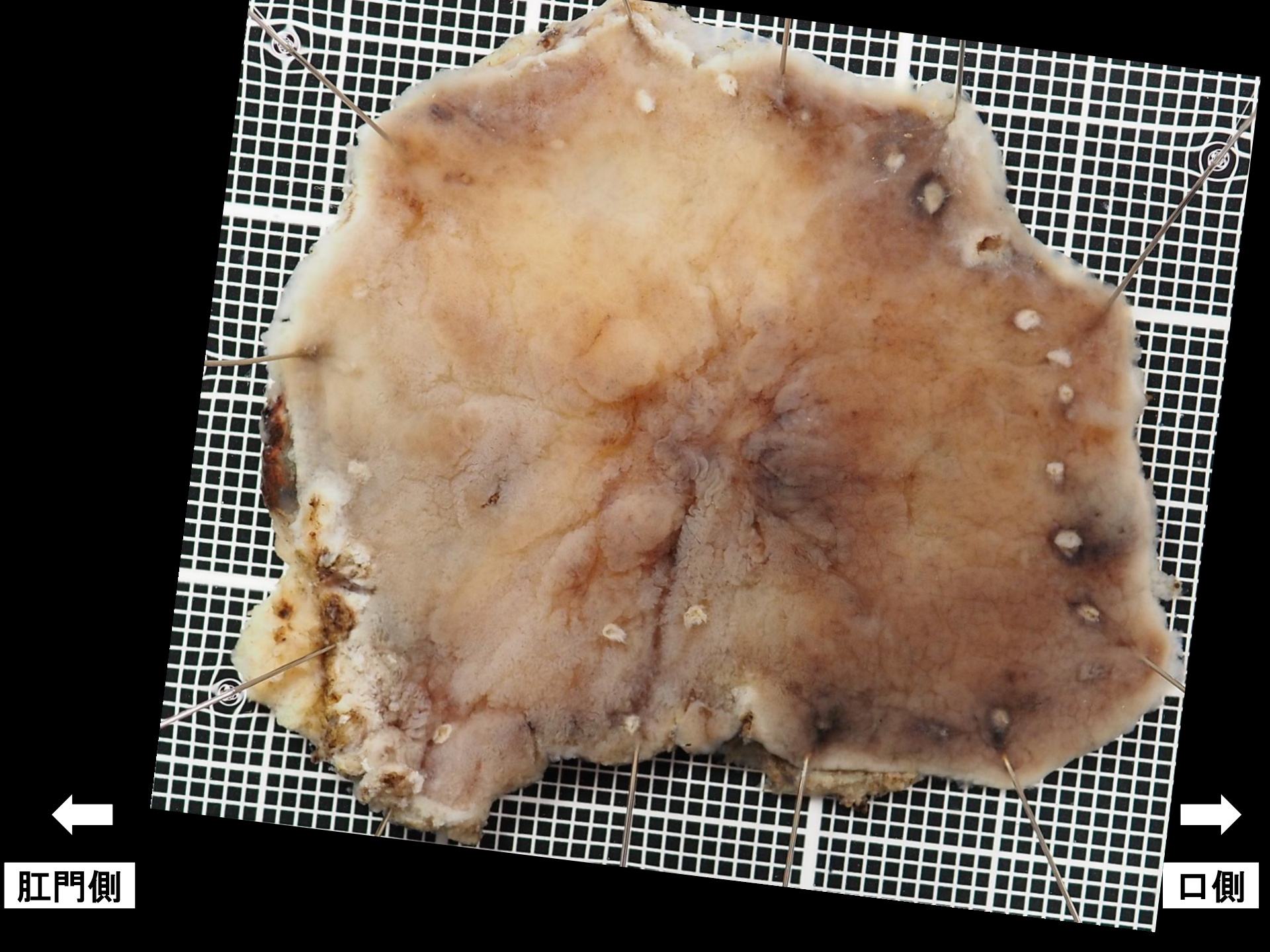
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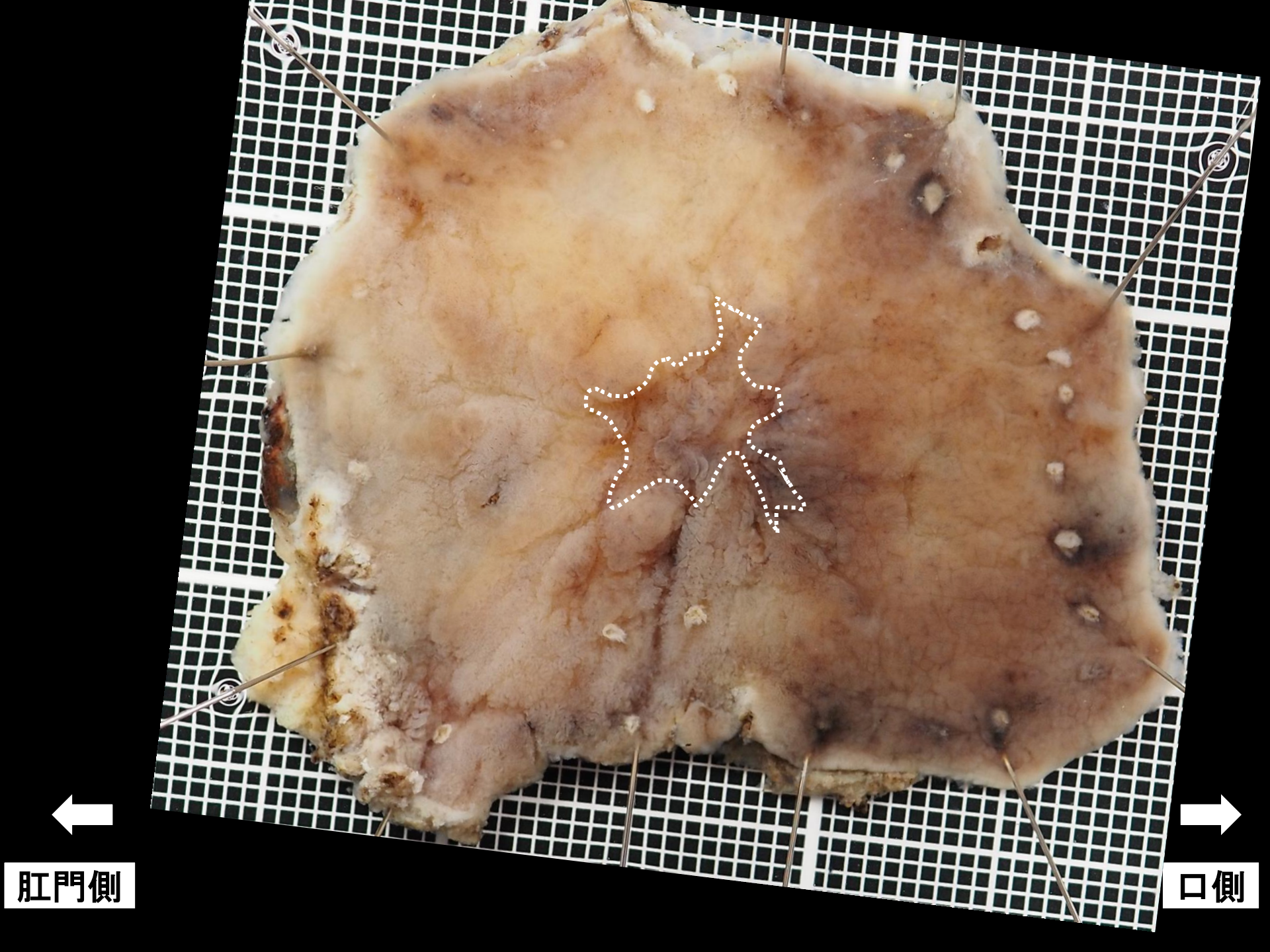
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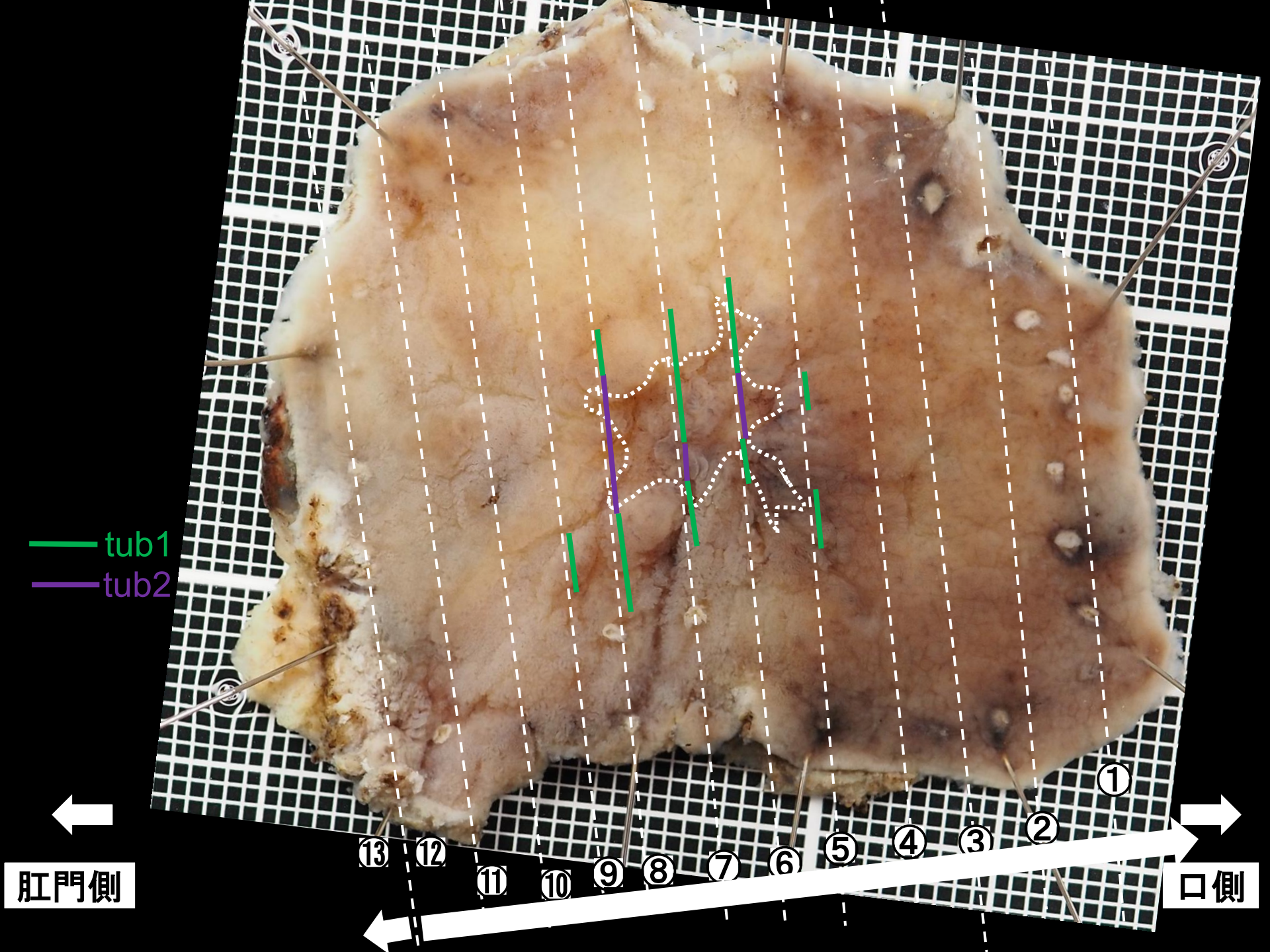
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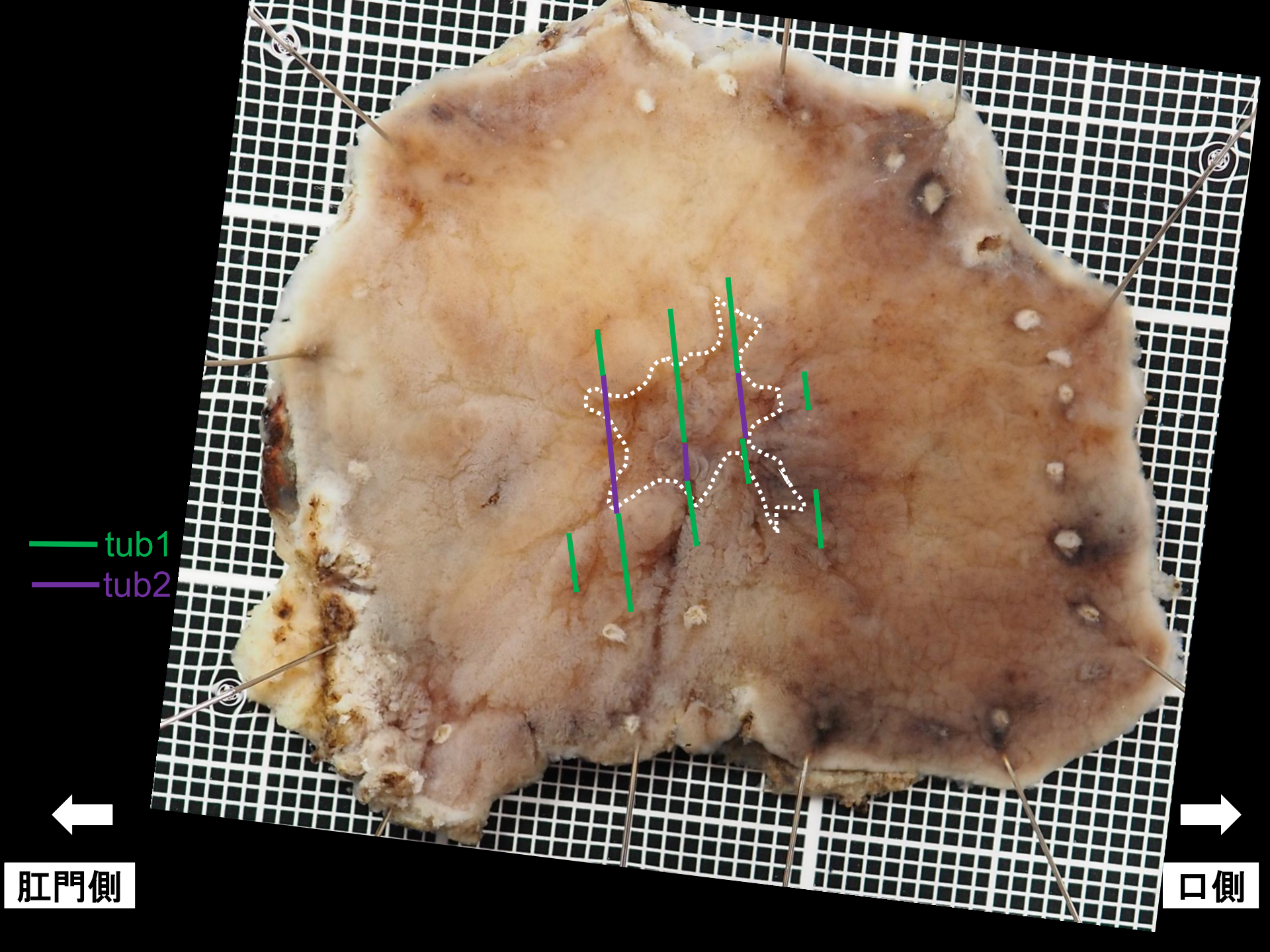
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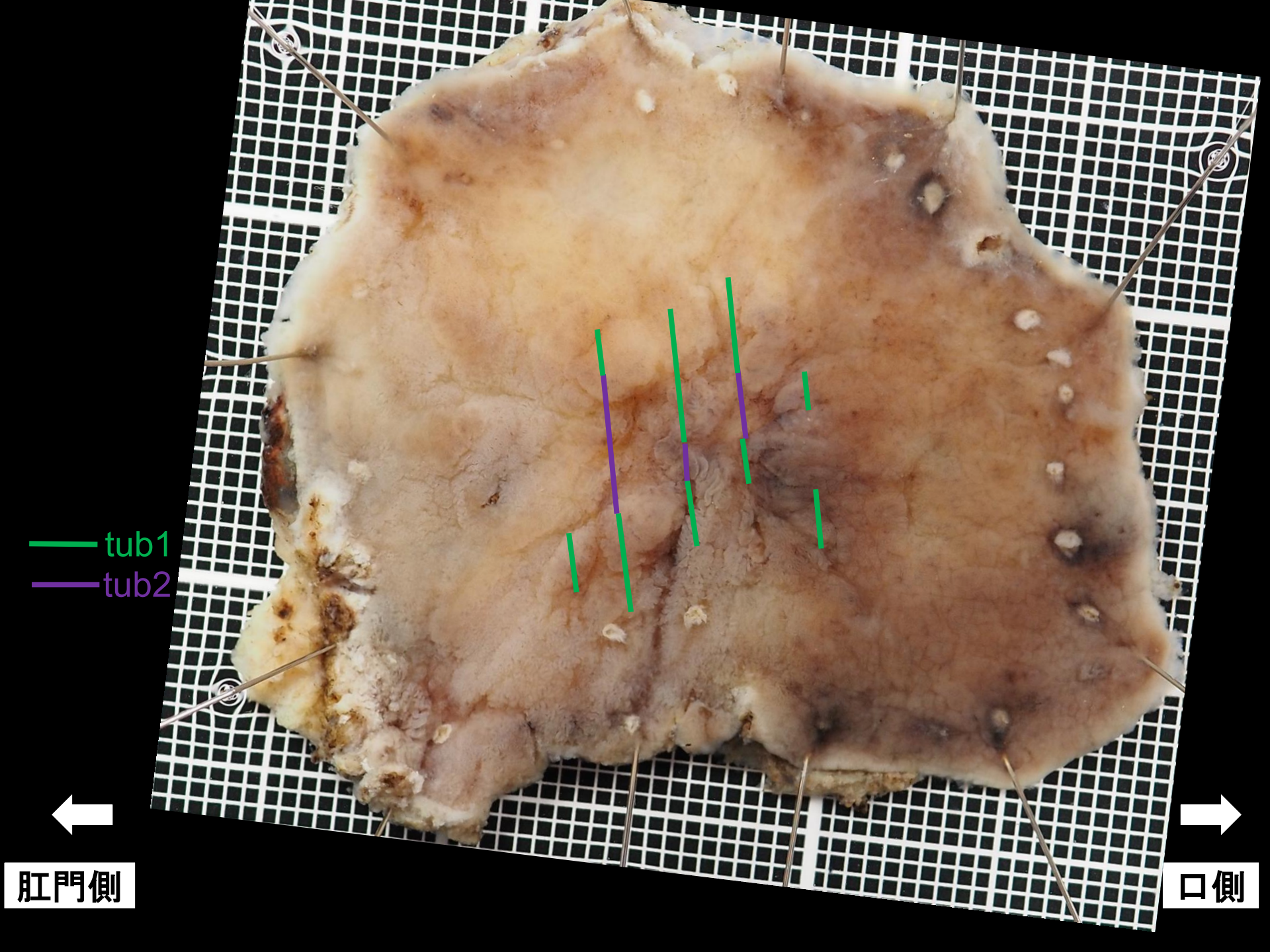
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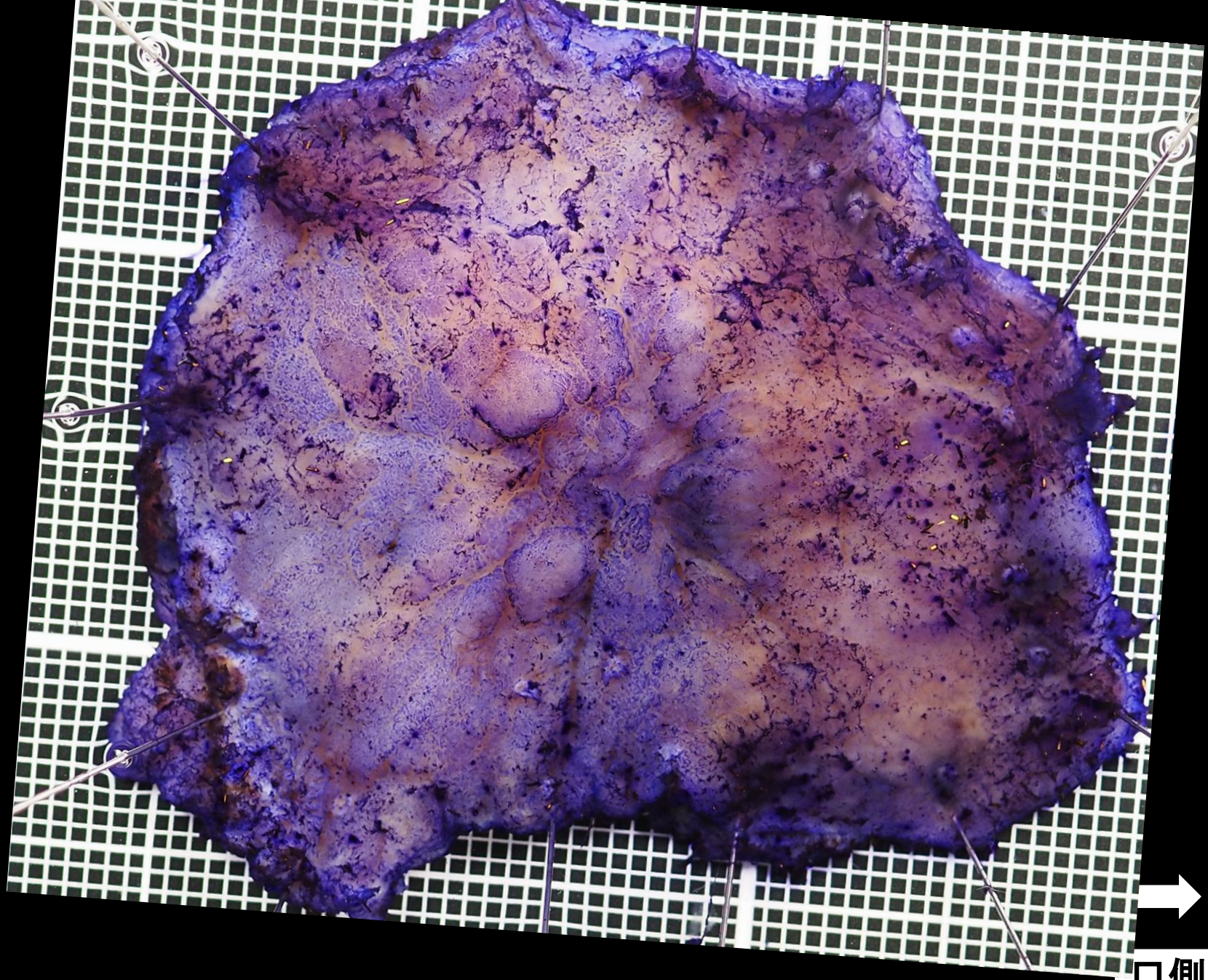

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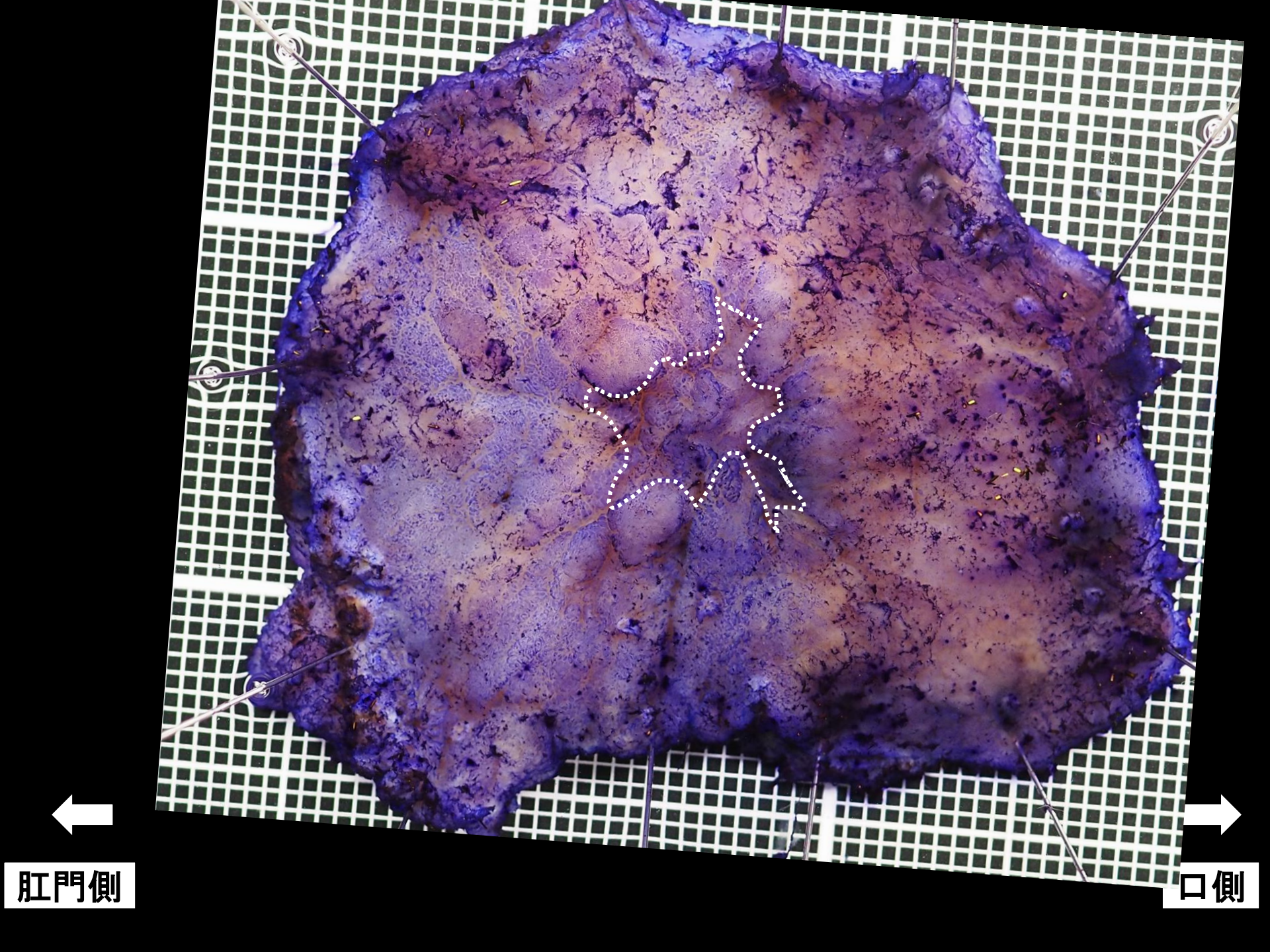
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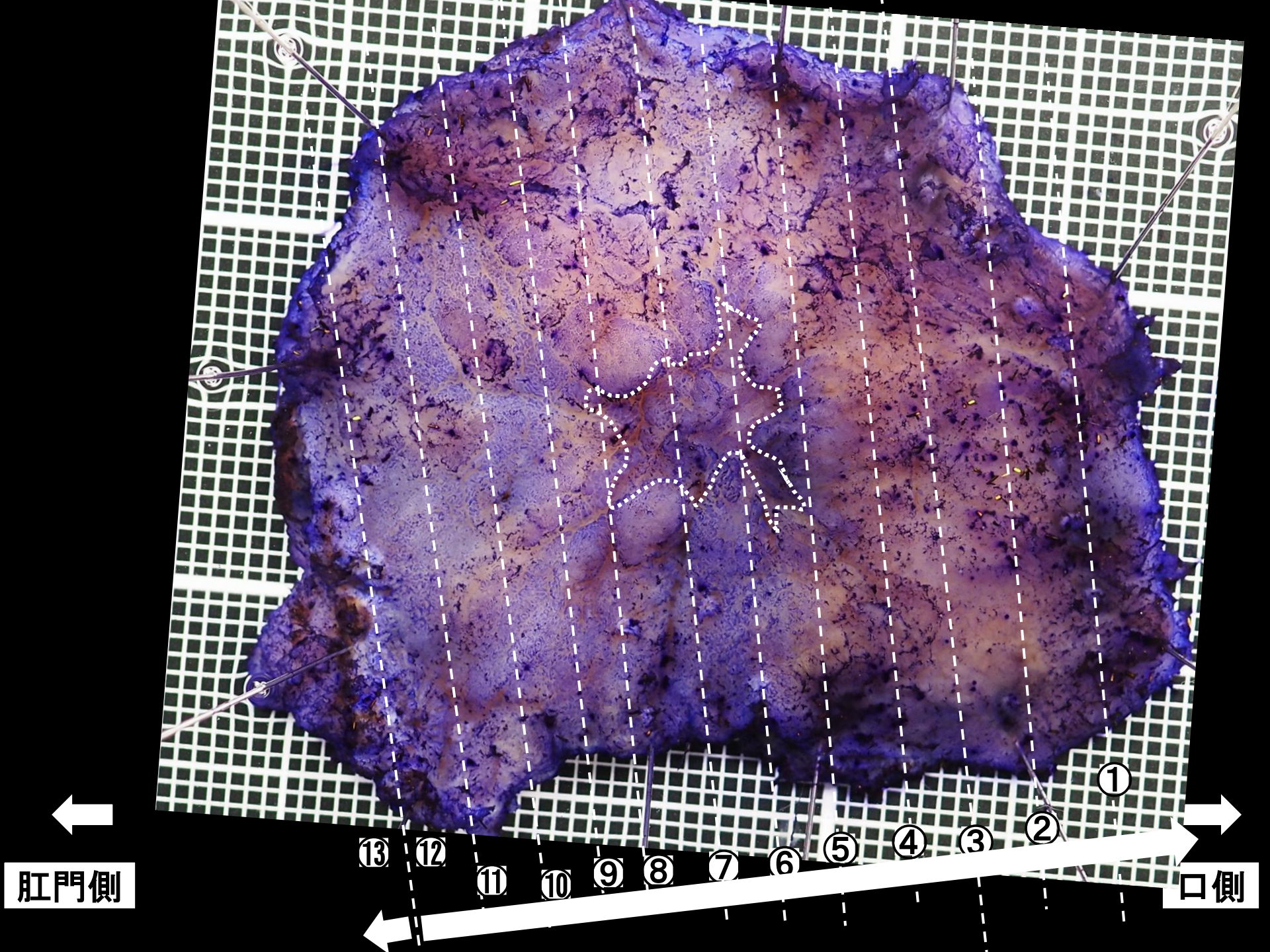
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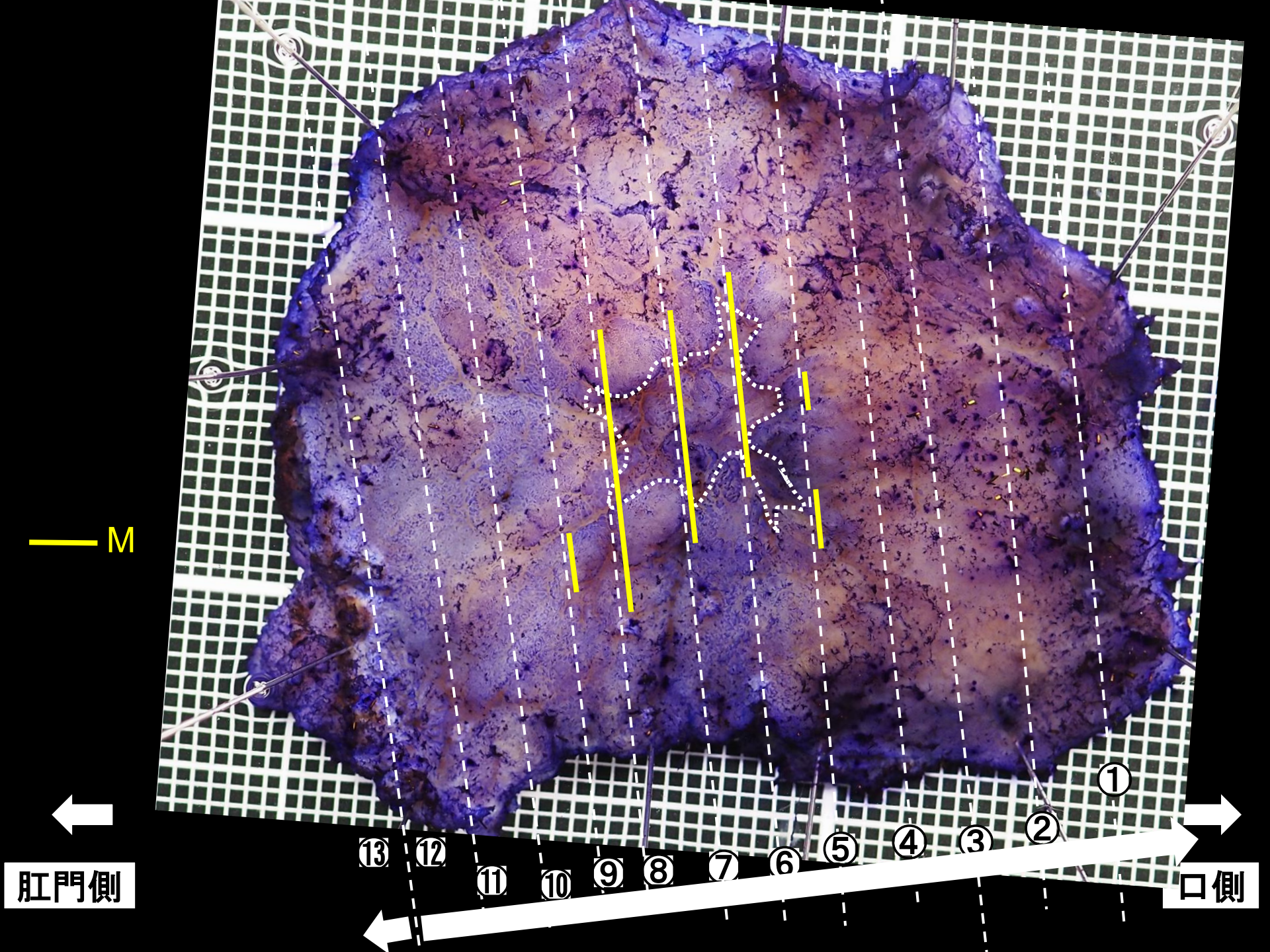
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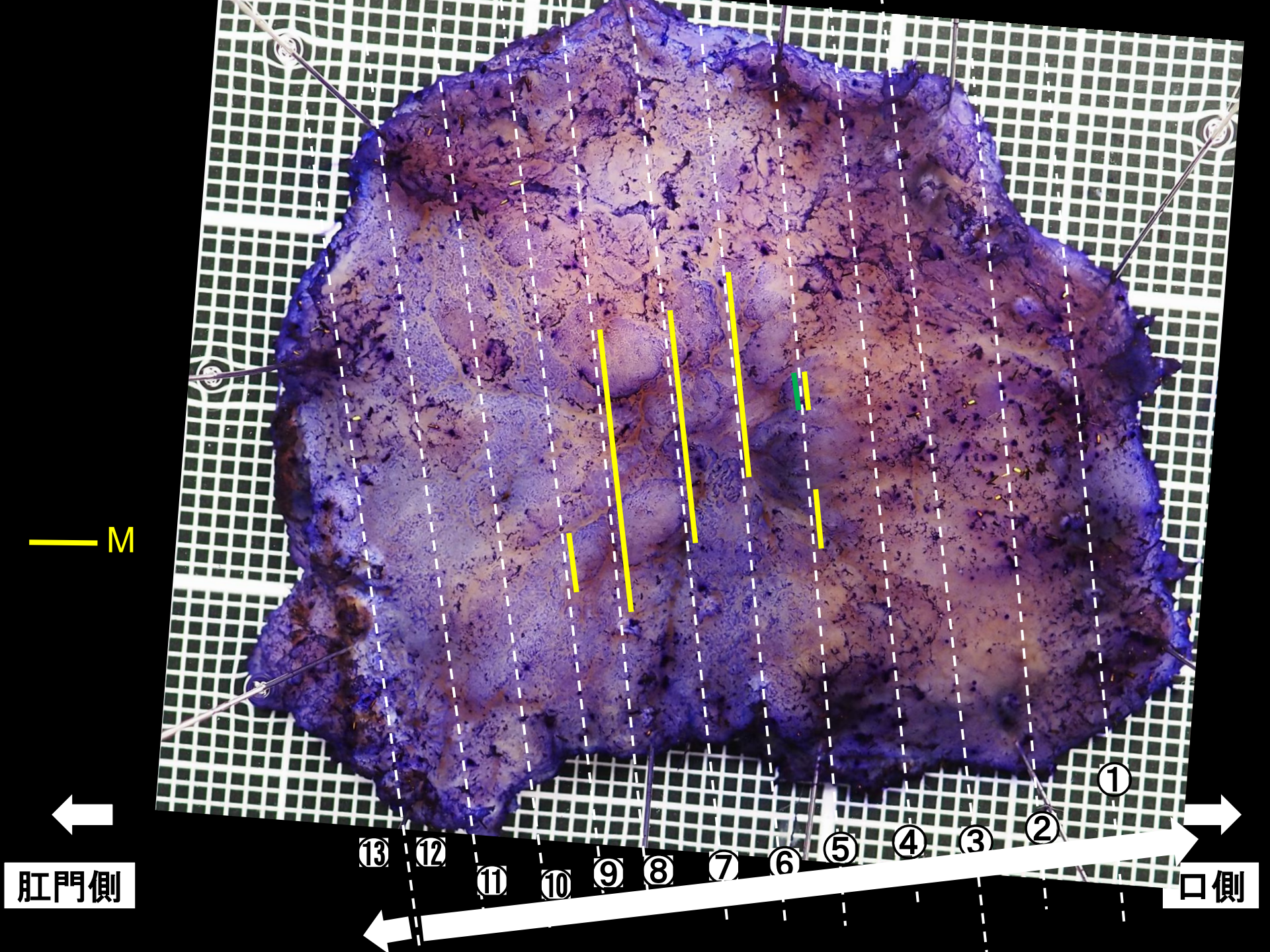
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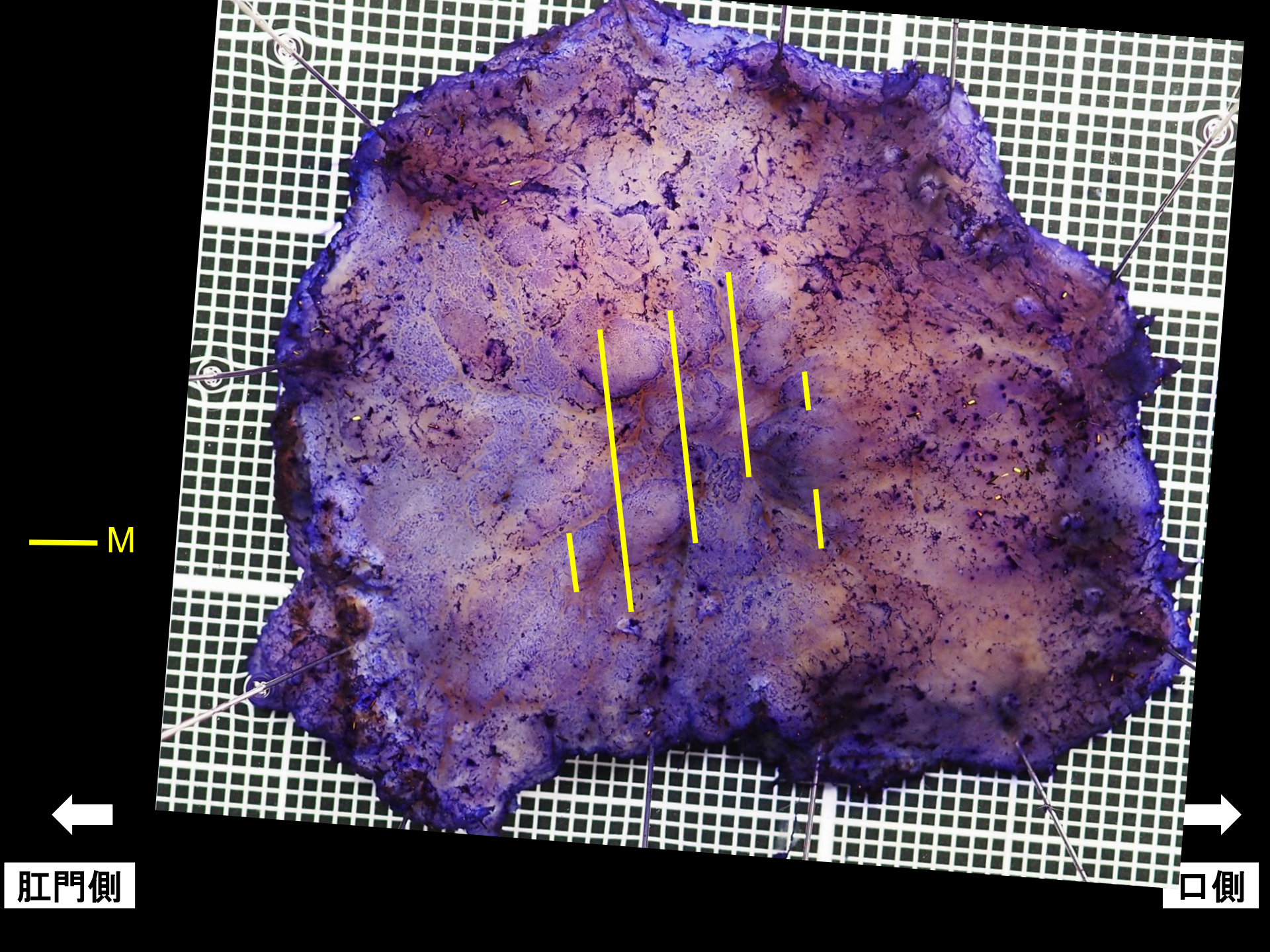
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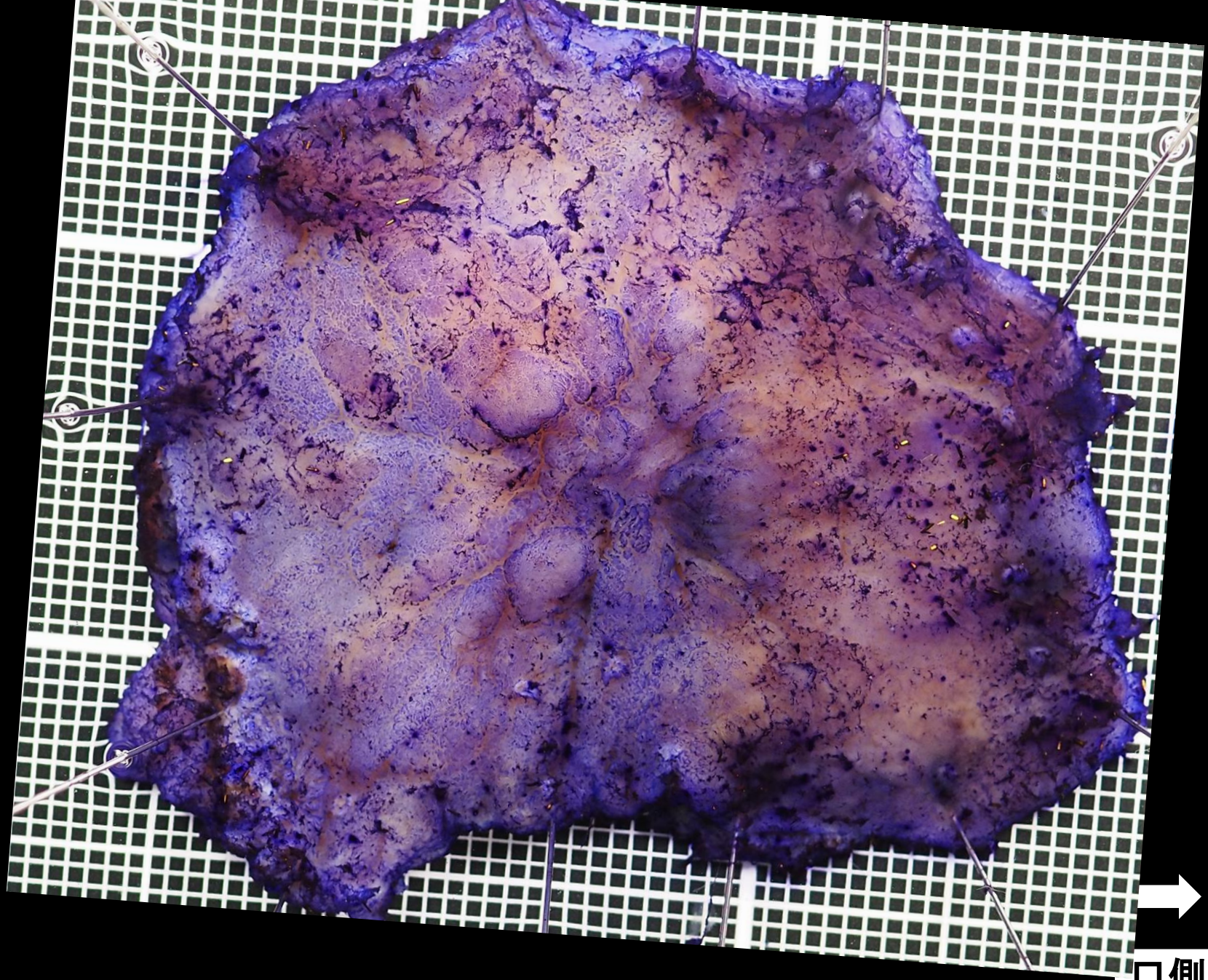

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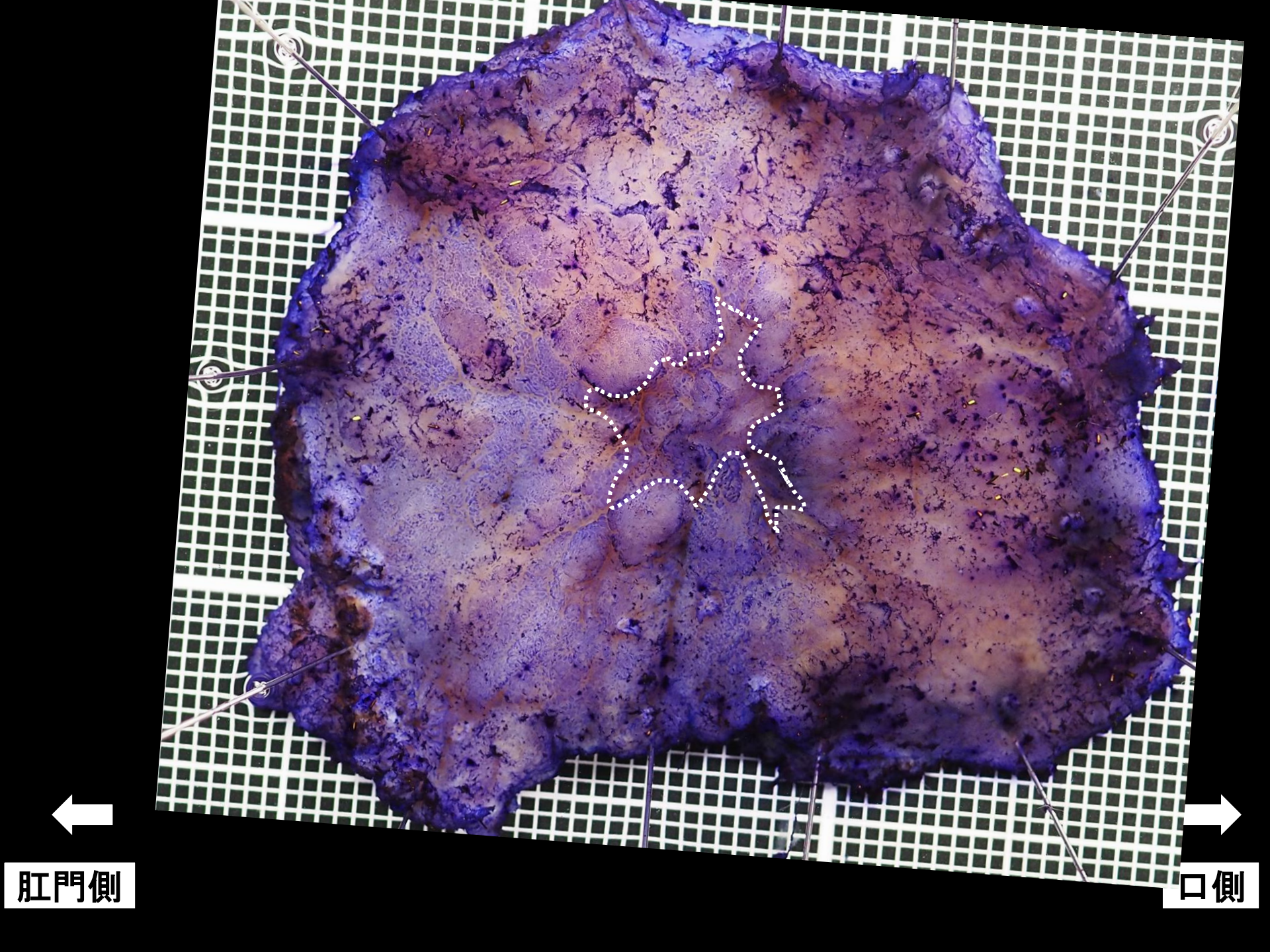
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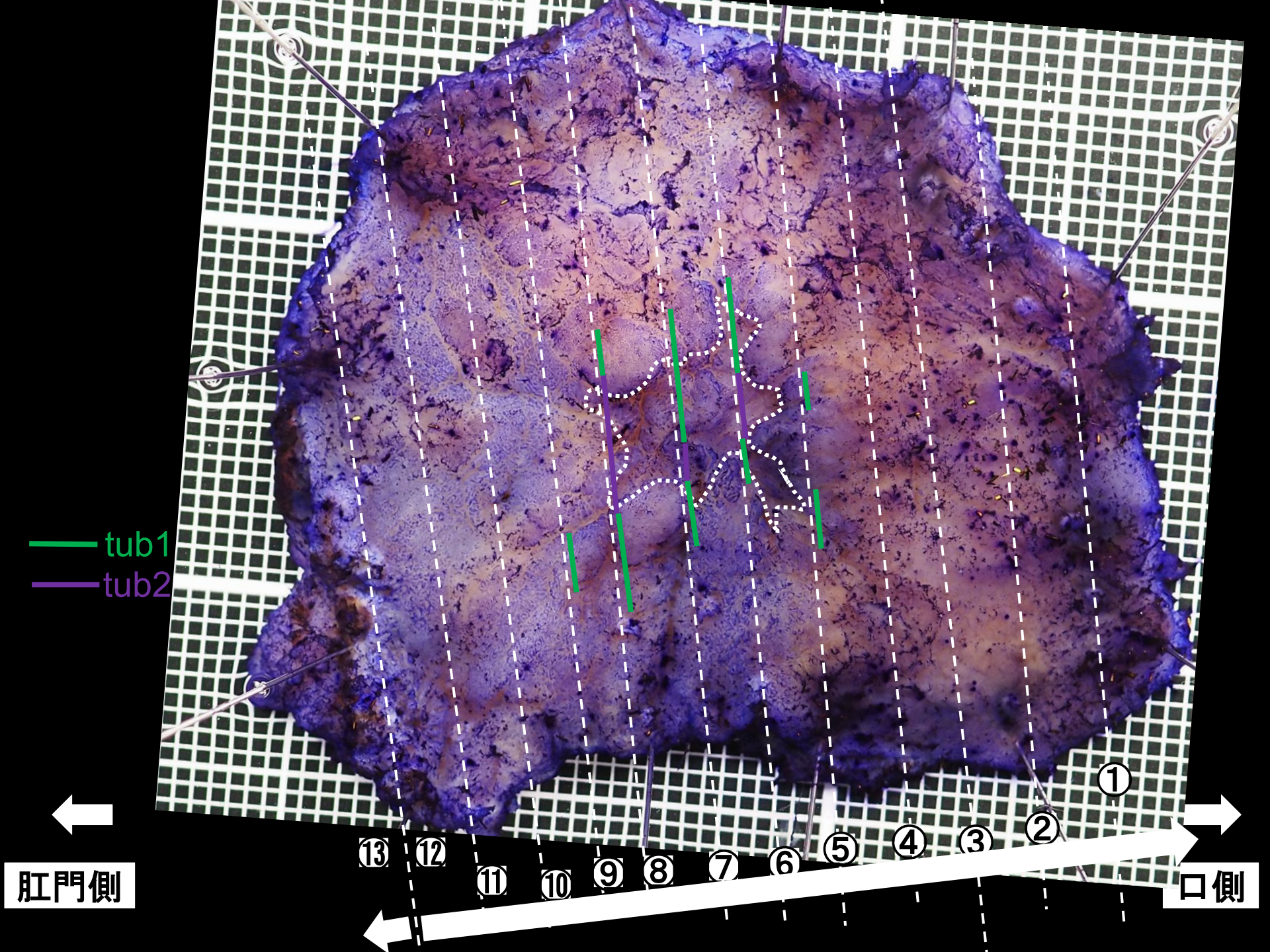
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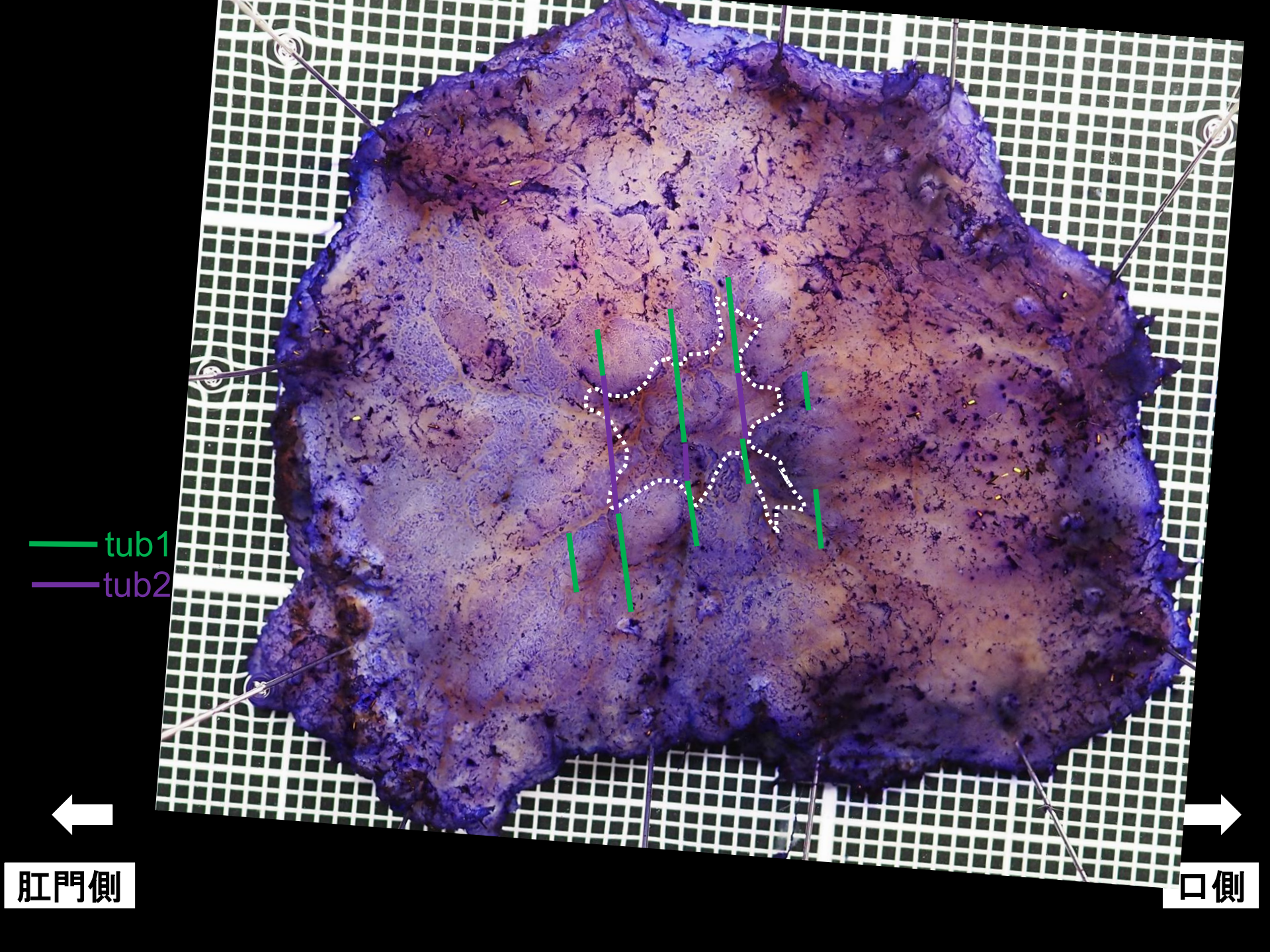
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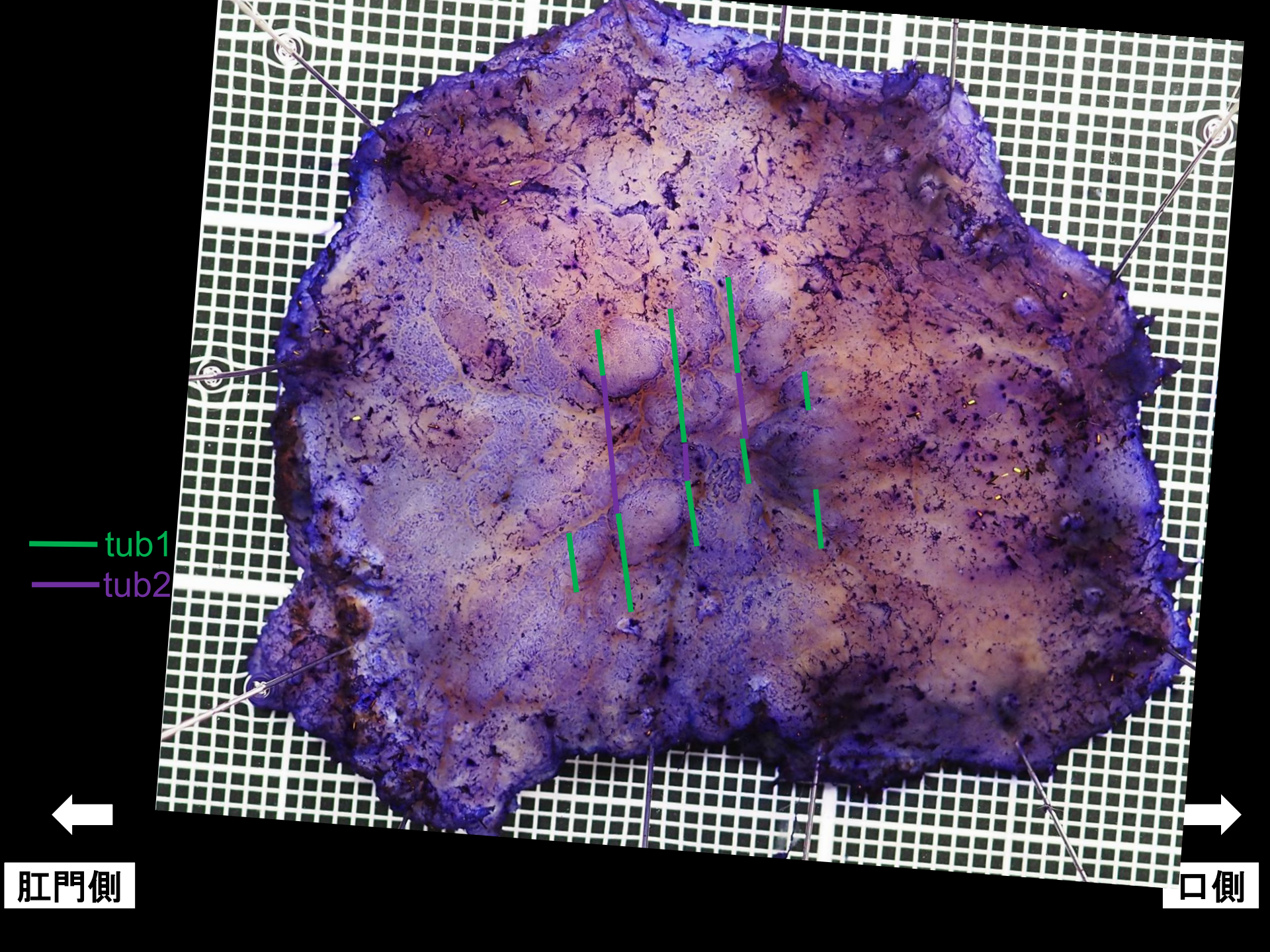
tub1
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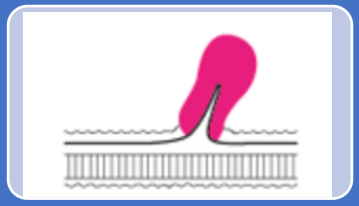
早期胃癌における深達度診断

白色光による内視鏡診断

肉眼型と深達度

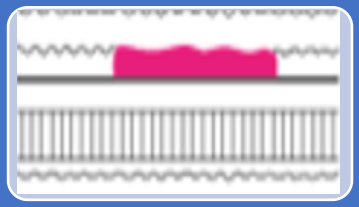


0-I型

- >40mmであればSM癌の可能性が高い

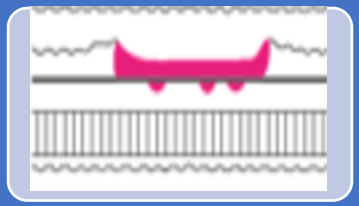
0-IIa型

- びらん・発赤で粘膜が粗造
- 中心陥凹がある



0-IIb型

- 褐色調



0-IIc型

- UL(-): 陥凹内の所見（発赤や結節）、粘膜下膨隆、壁硬化像
- UL(＋)：集中ひだの肥厚や癒合、台状挙上

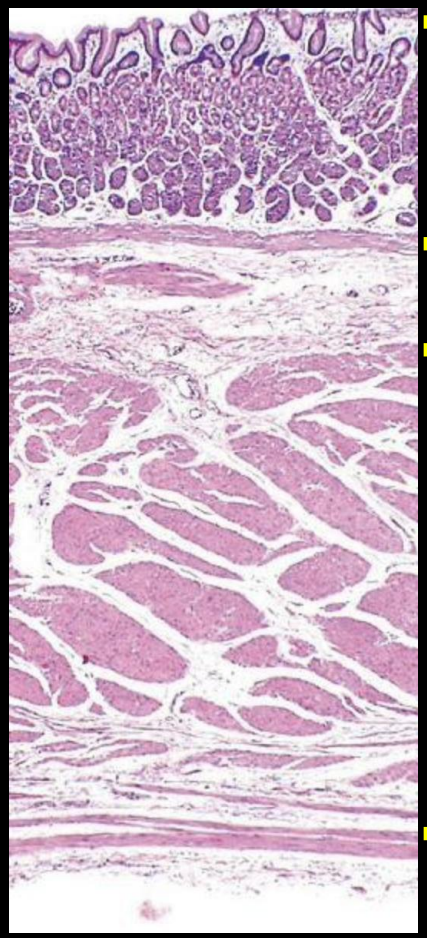
陥凹病変の深達度診断

SM深部浸潤癌

	分化型腺癌	未分化型癌
壁変形	あり（弧の変形、陥凹面の台状挙上）	
陥凹表面	胃小区模様の癒合・粗大化、消失 びらん・潰瘍形成	インゼルの消失 陥凹表面の無構造化 丘上隆起の出現
陥凹辺縁	蚕食像の消失 粘膜下腫瘍様辺縁隆起の形成	
集中ひだの所見	ひだ先端の混紡状腫大 ひだの癒合 ひだの環状癒合	

EUSでの深達度診断

組織像



粘膜

粘膜筋板

上皮

粘膜固有層

粘膜下層

筋層

漿膜下層

漿膜

12MHz

第1層 :内腔と粘膜上皮の境界で生じる

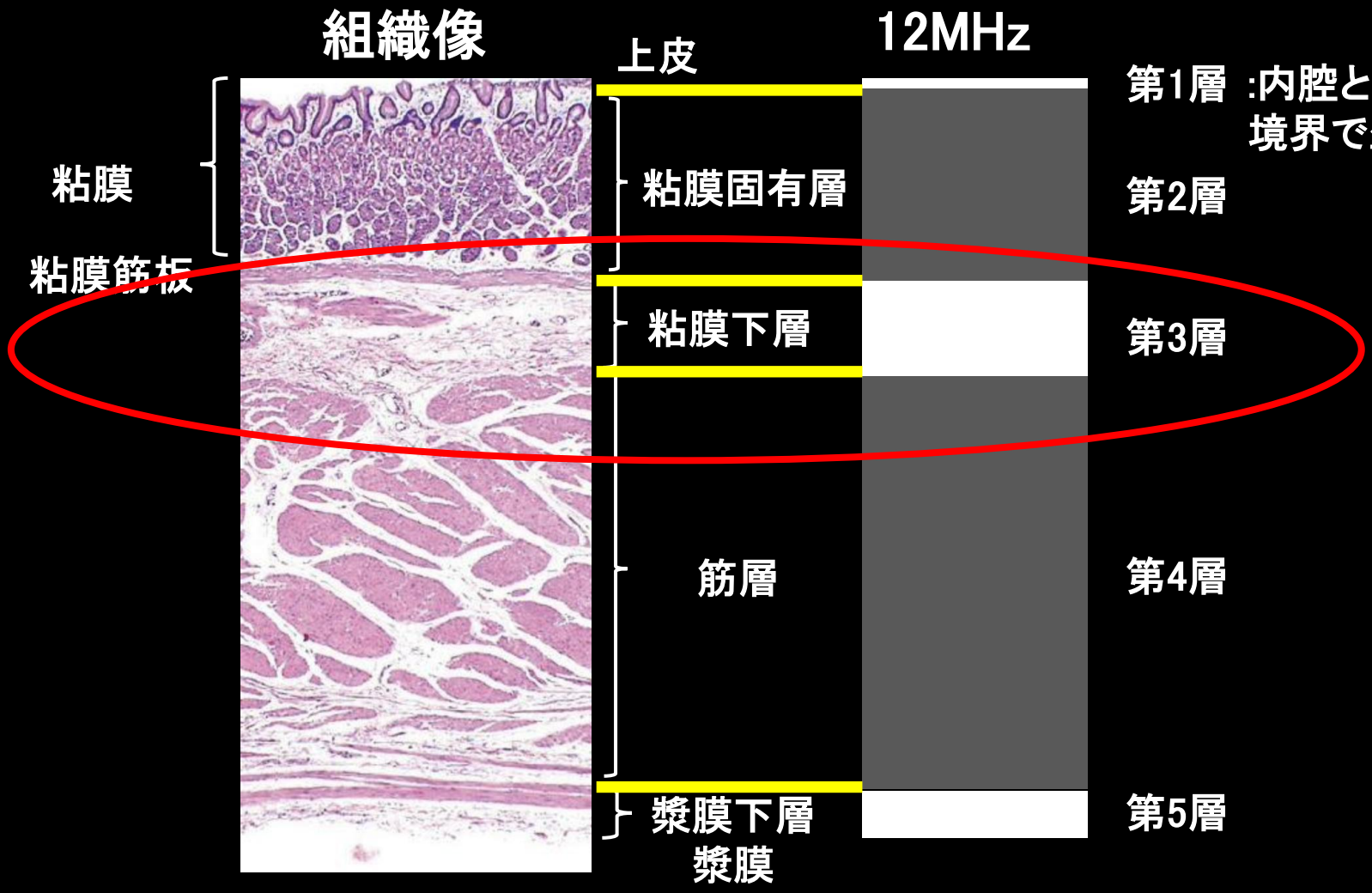
第2層

第3層

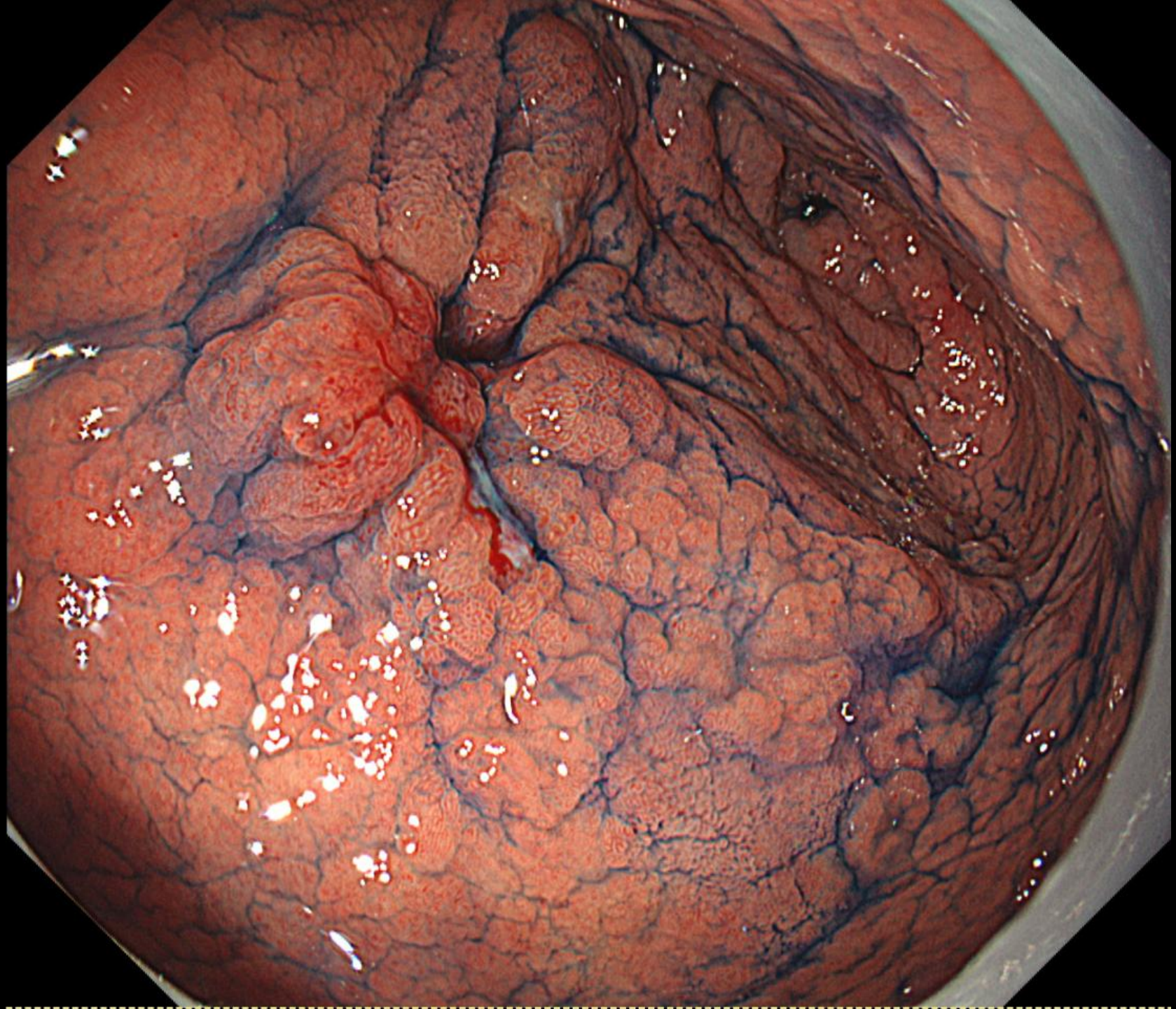
第4層

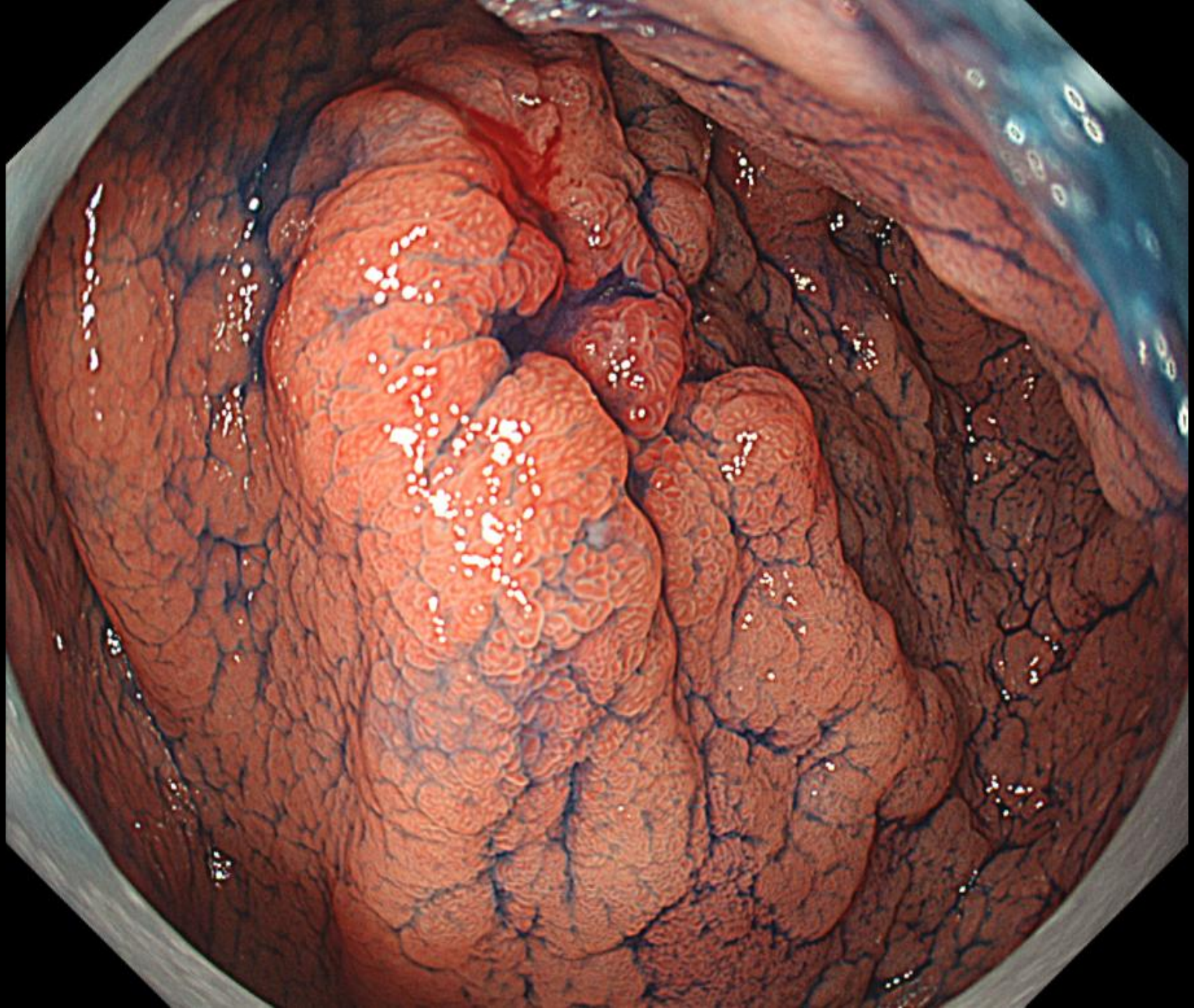
第5層

EUSでの深達度診断


組織像
12MHz
上皮
粘膜
粘膜筋板
粘膜固有層
粘膜下層
筋層
漿膜下層
漿膜
第1層 :内腔と粘膜上皮の境界で生じる
第2層
第3層
第4層
第5層

本症例では･･･

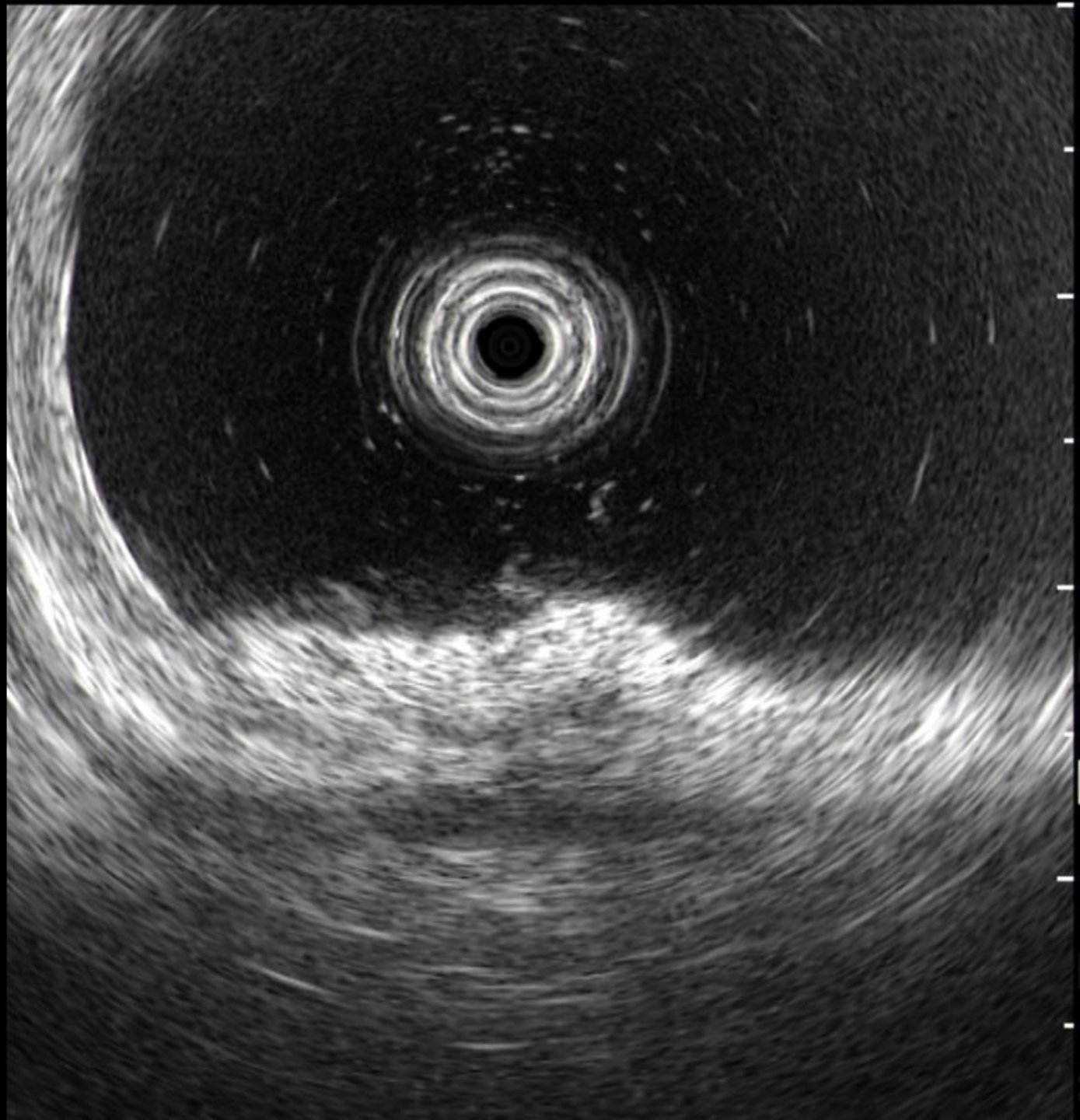


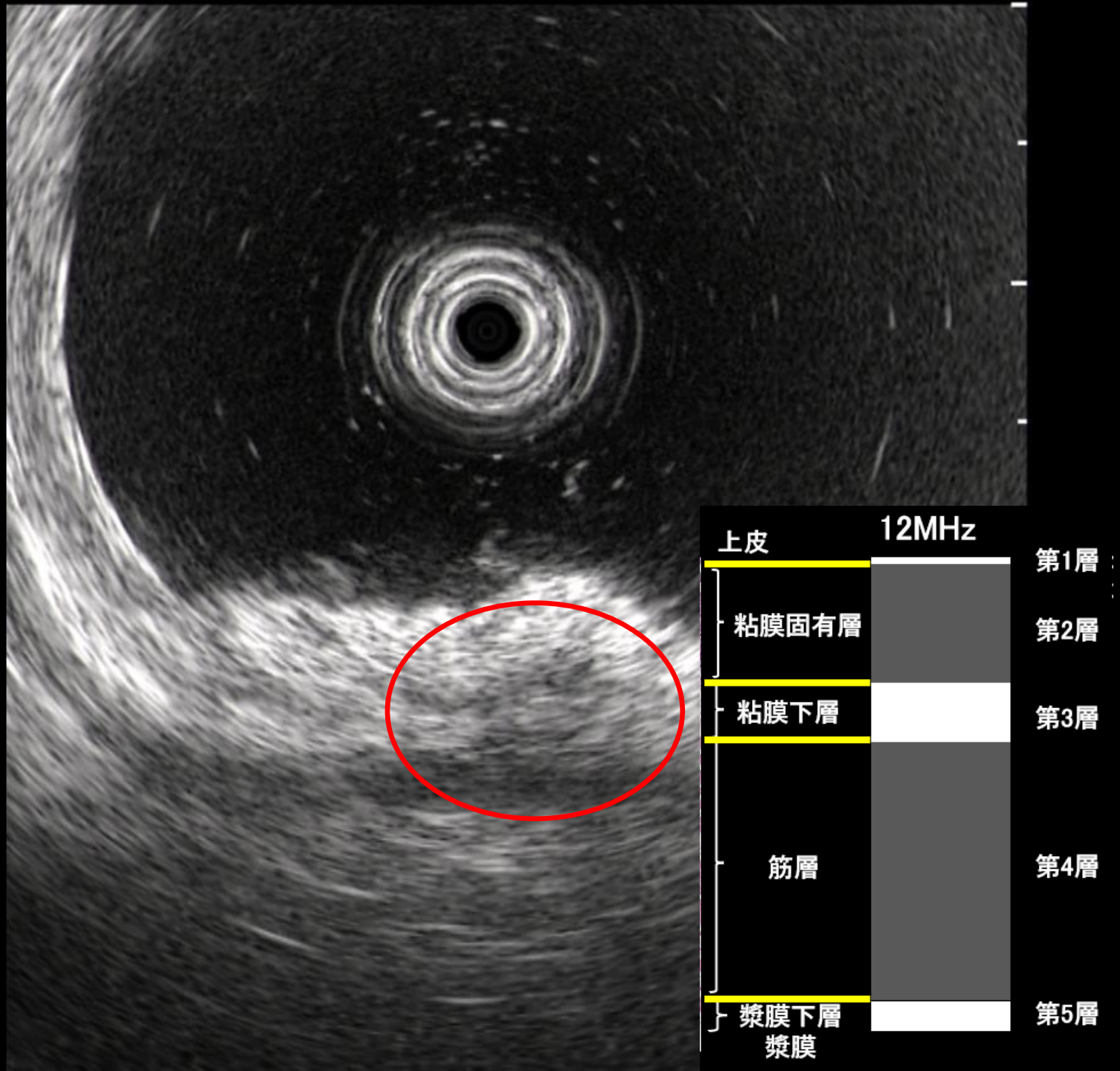


陥凹病変の深達度診断

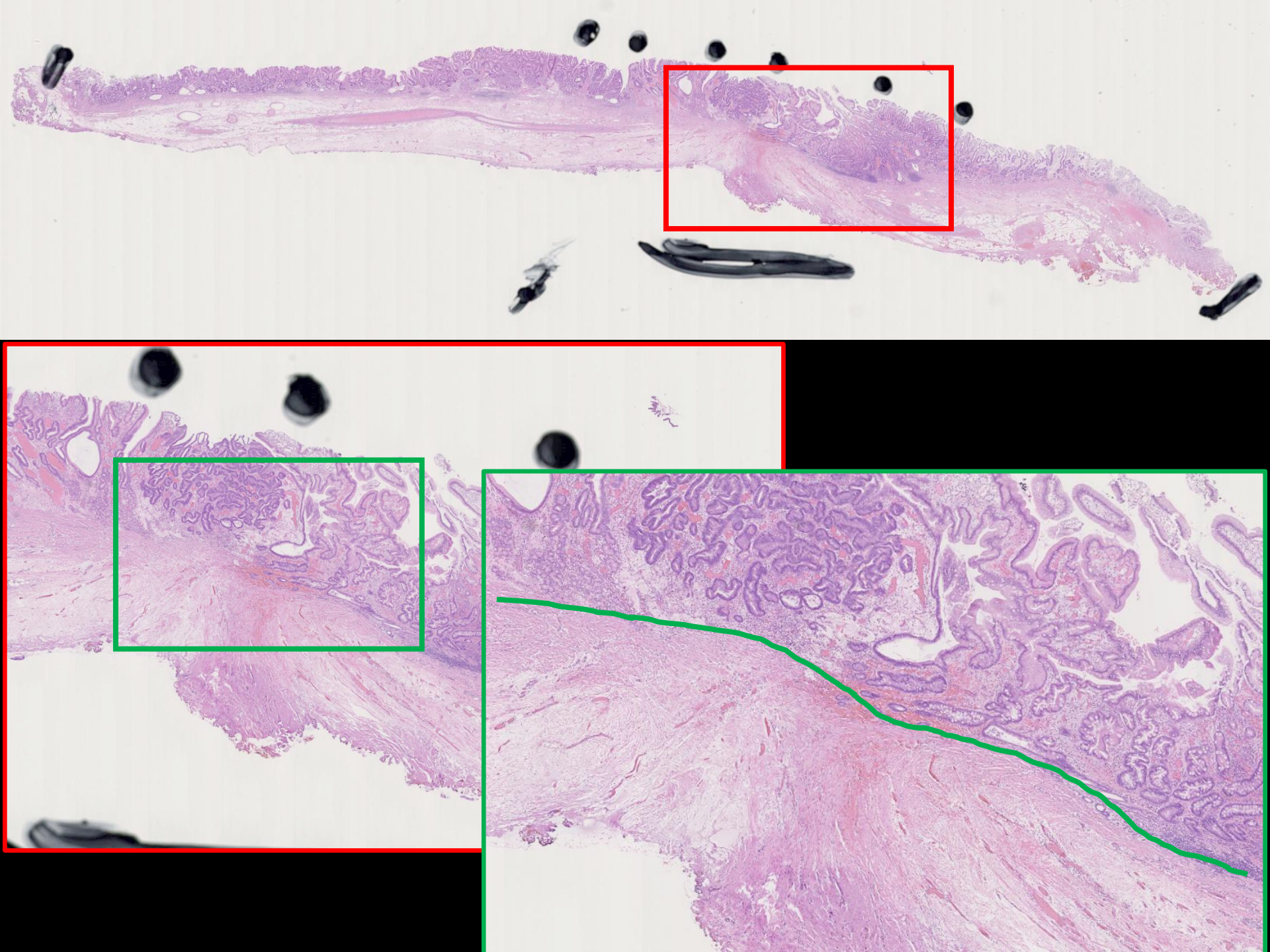
SM深部浸潤癌

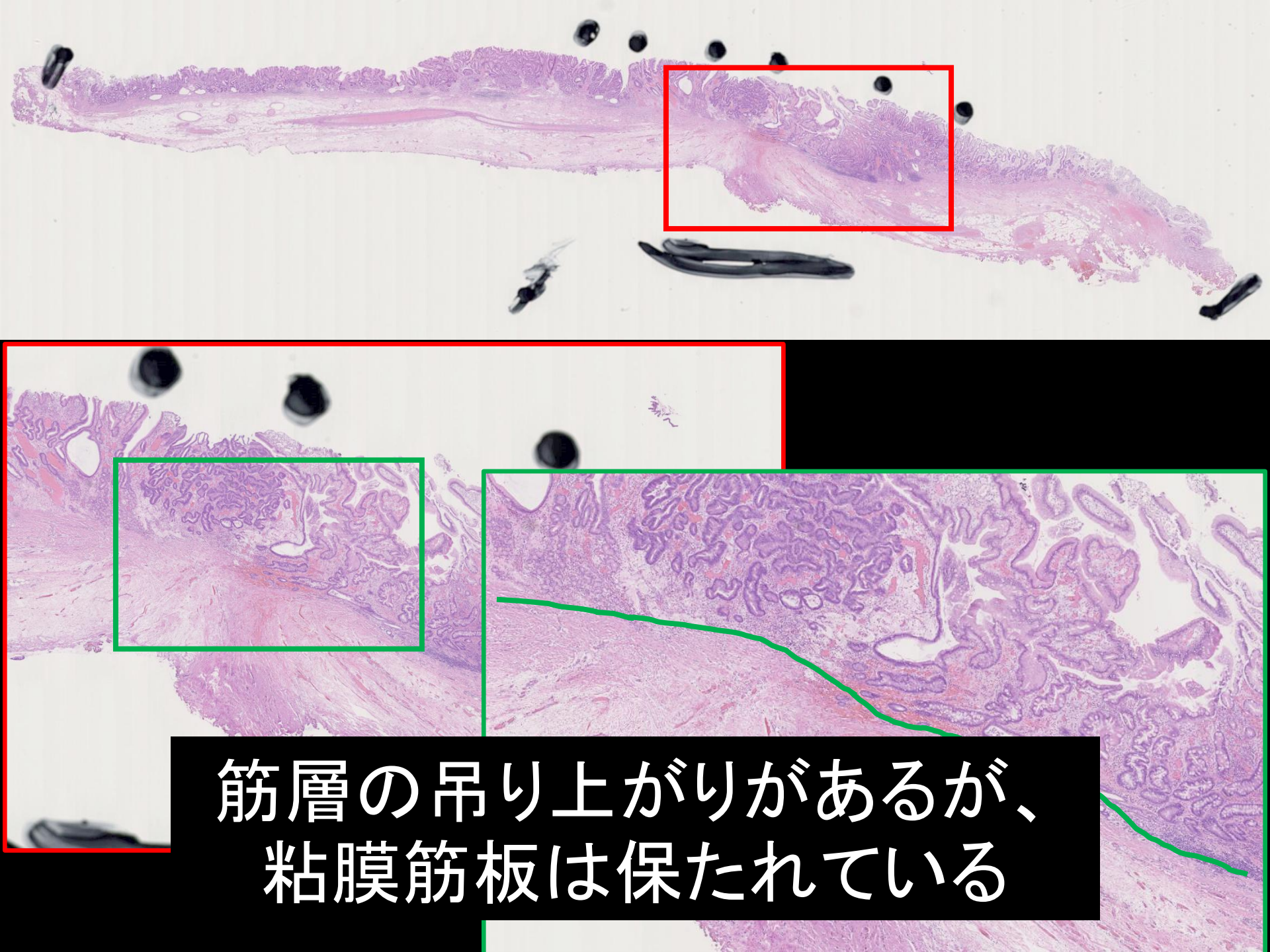
	分化型腺癌	未分化型癌
壁変形	あり（弧の変形、陥凹面の台状挙上）	
陥凹表面	胃小区模様の癒合・粗大化、消失 びらん・潰瘍形成	インゼルの消失 陥凹表面の無構造化 丘上隆起の出現
陥凹辺縁	蚕食像の消失 粘膜下腫瘍様辺縁隆起の形成	
集中ひだの所見	ひだ先端の混紡状腫大 ひだの癒合 ひだの環状癒合	

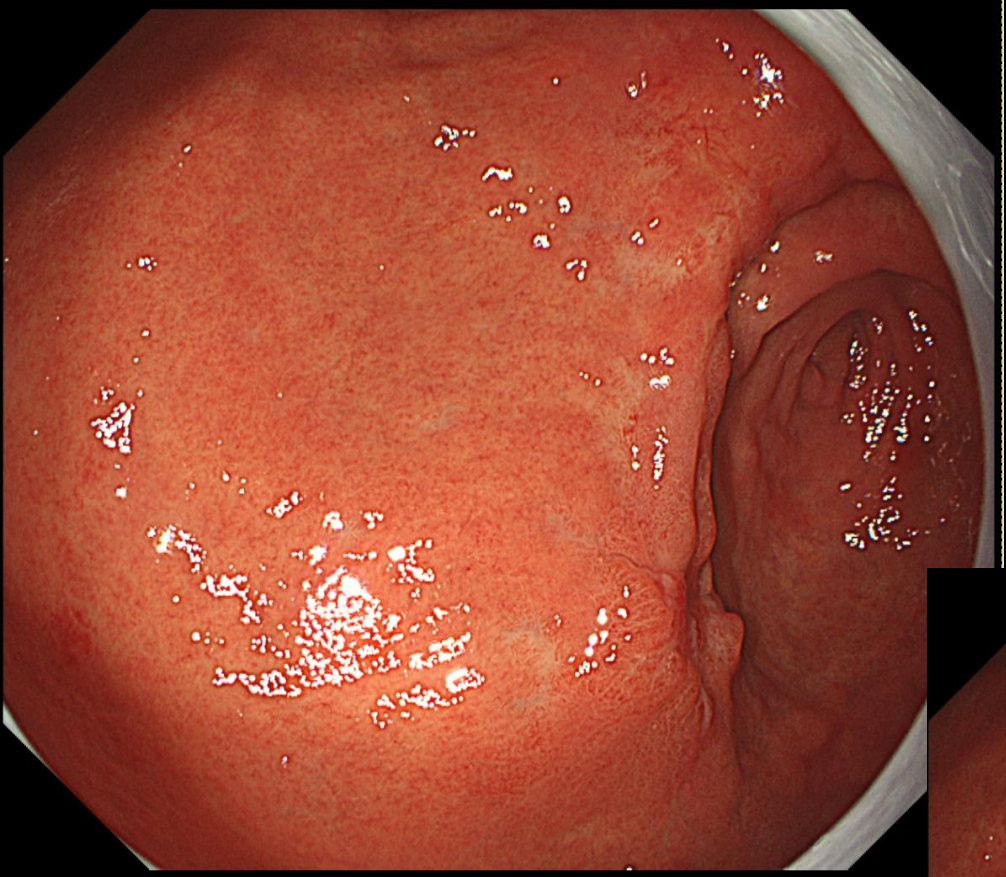


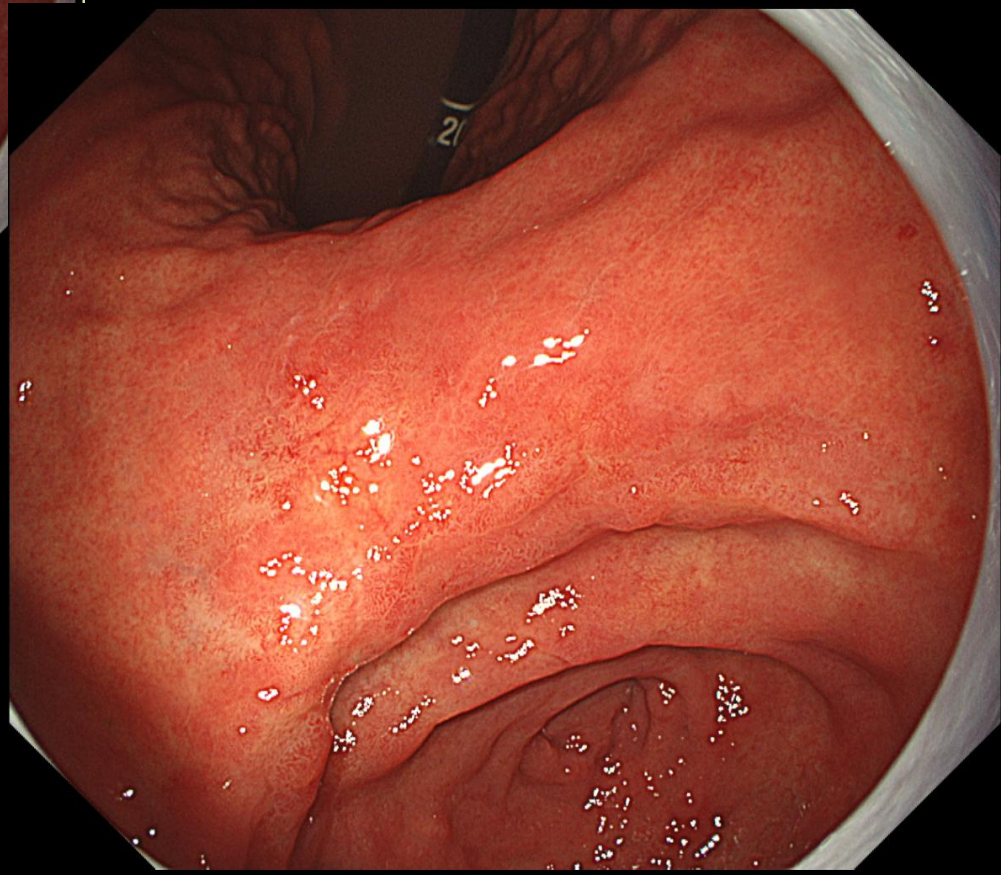

12MHz
上皮
第1層
粘膜固有層
第2層
粘膜下層
第3層
筋層
第4層
漿膜下層
第5層
漿膜

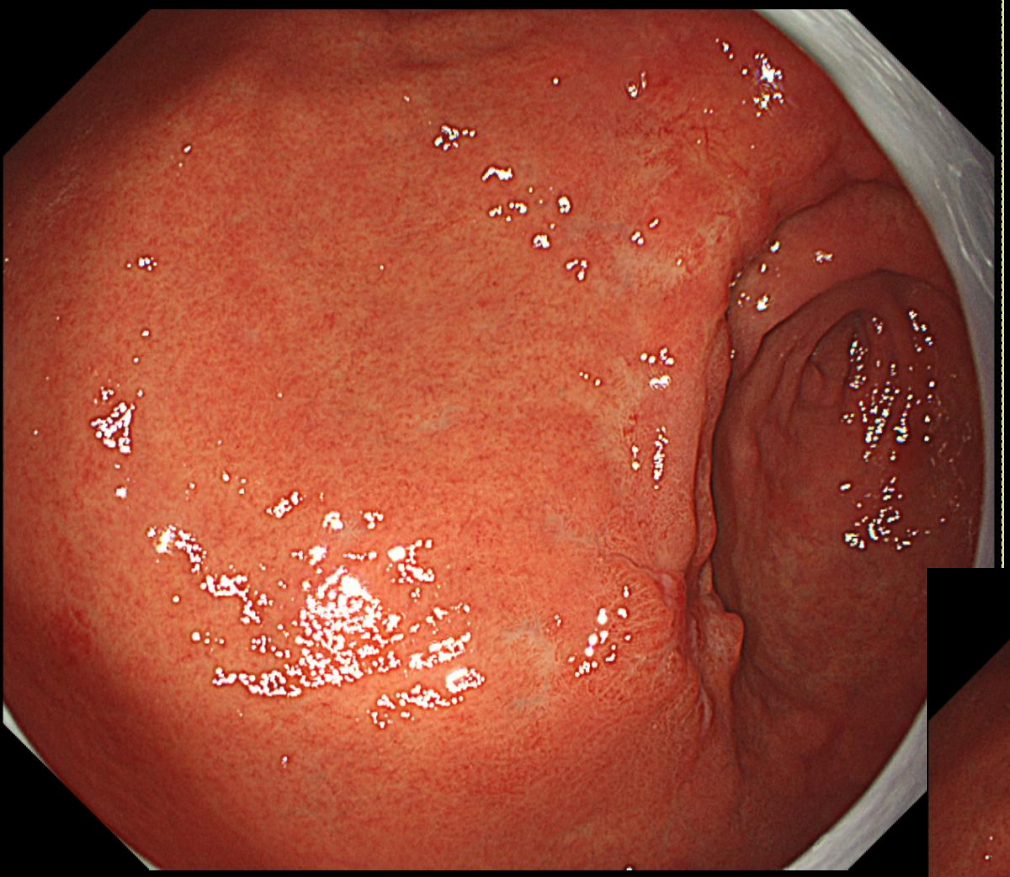
実際は・・・

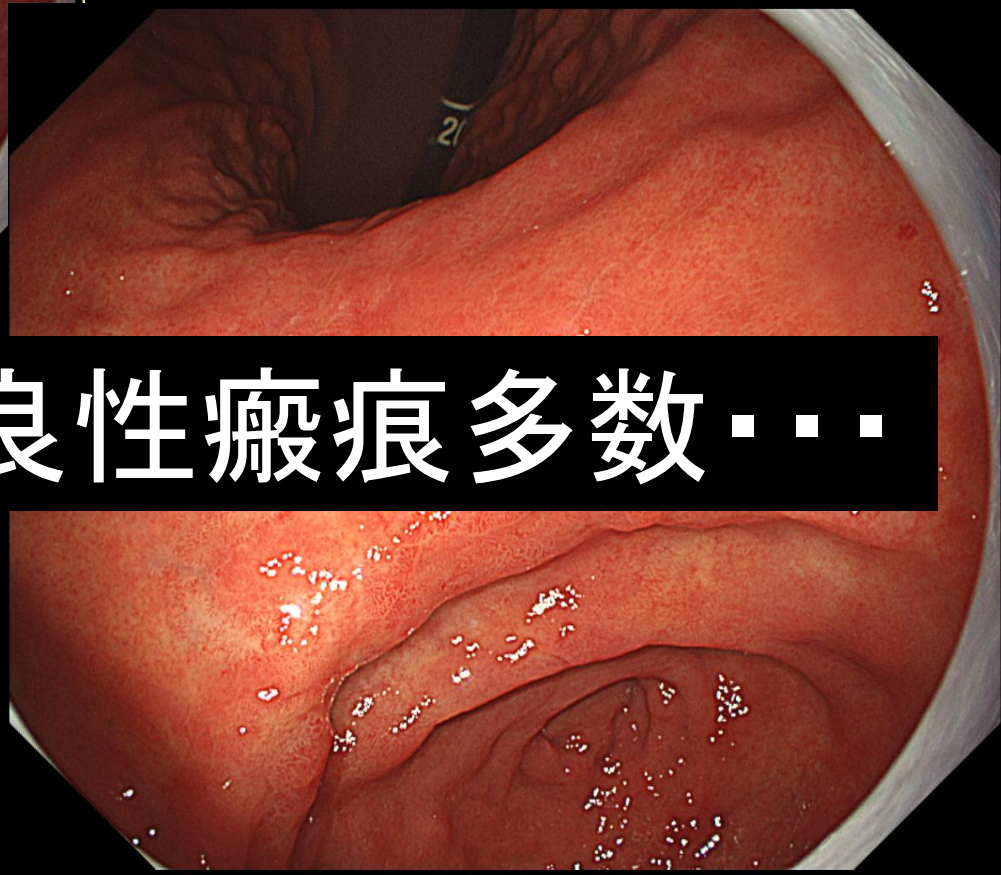



筋層の吊り上がりがあるが、
粘膜筋板は保たれている

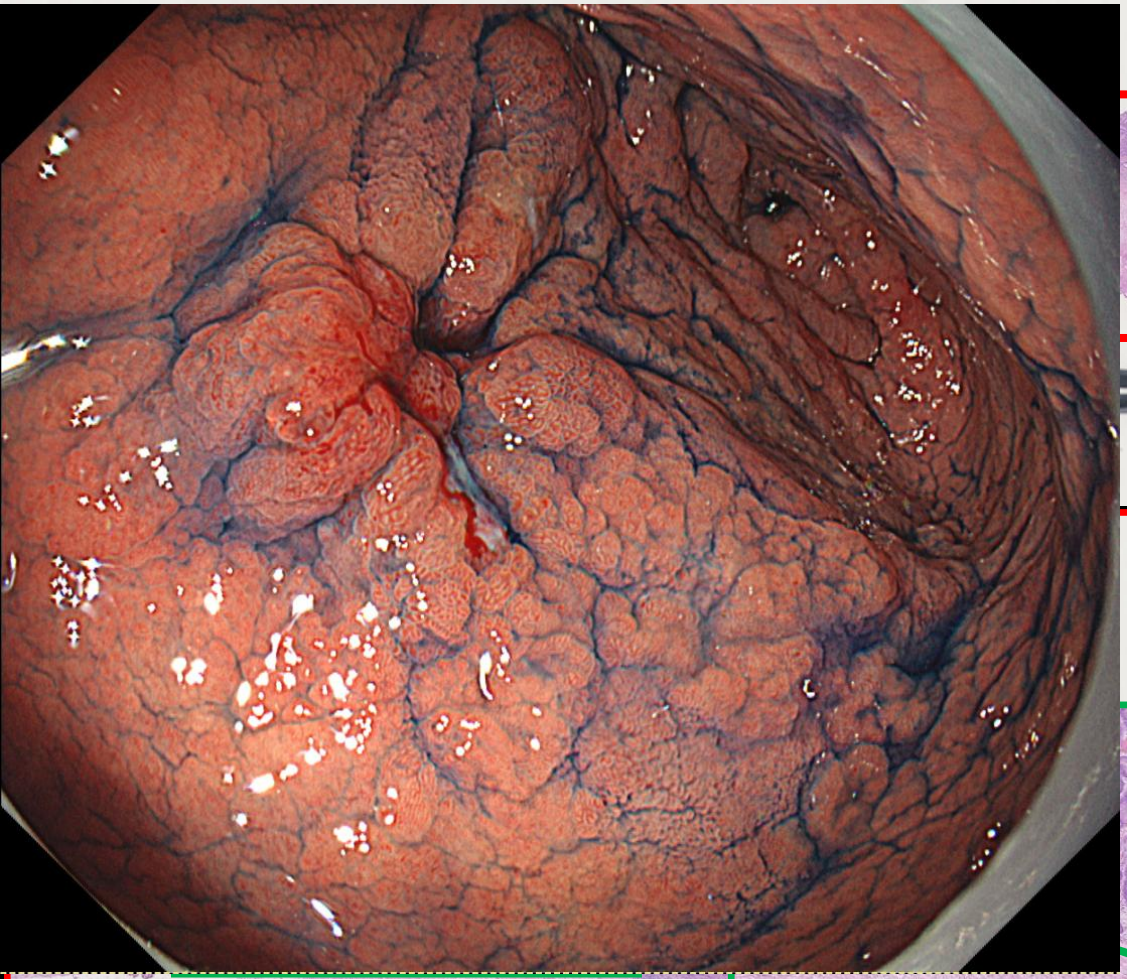


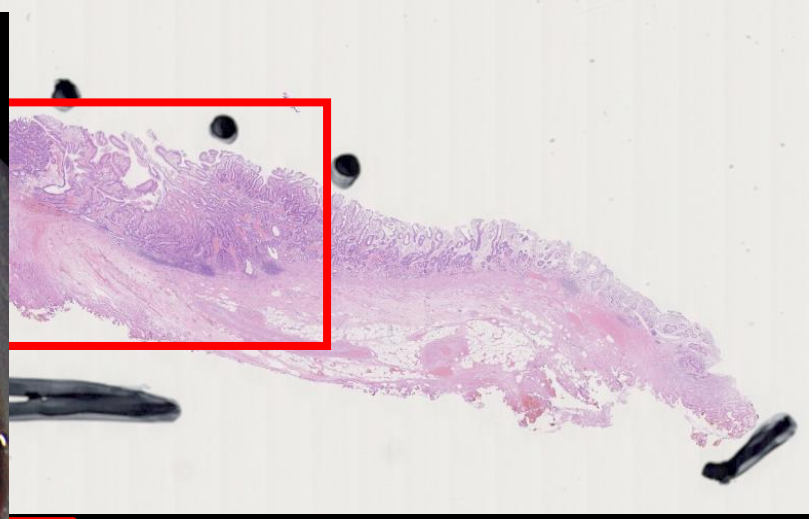


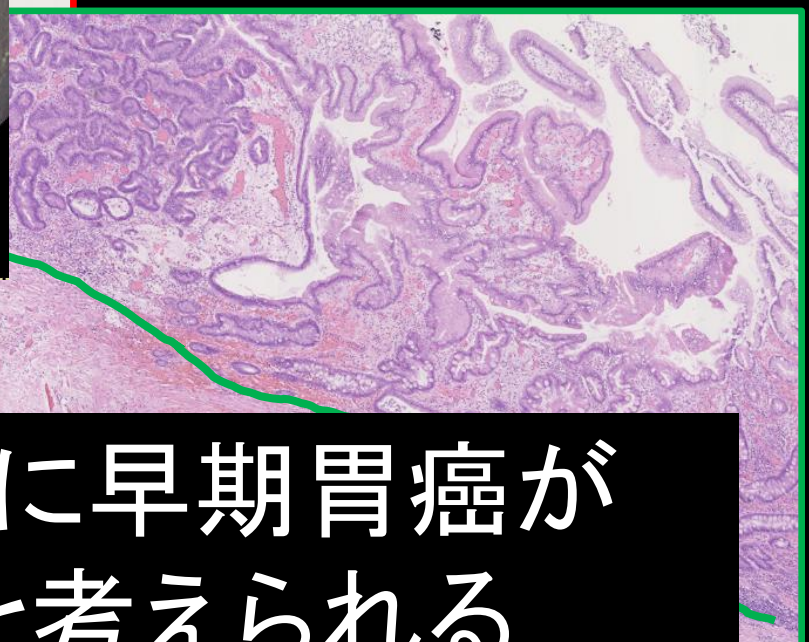


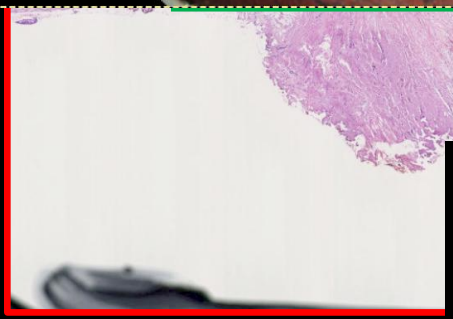


前庭部かつ良性瘢痕多数・・・



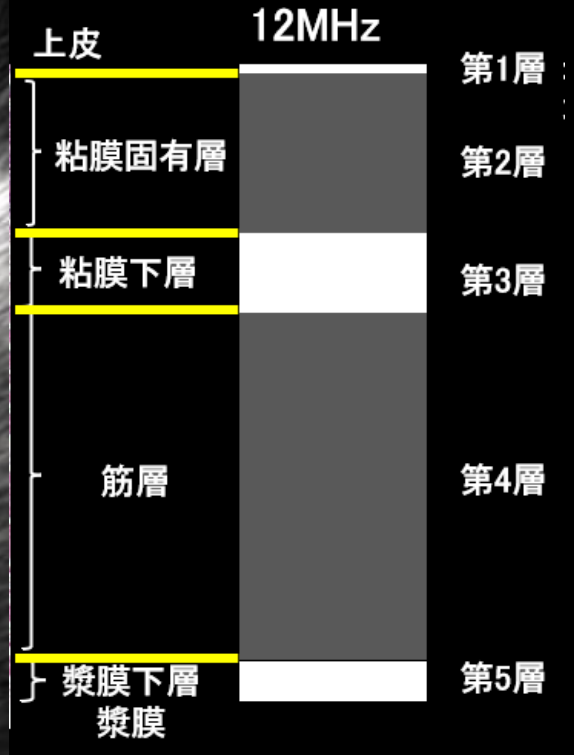






良性瘢痕上に早期胃癌が
発生したと考えられる

下から上への筋層の
吊り上がりを見ていた？



Take Home Message

- 早期胃癌の深達度診断には背景胃粘膜を評価することも重要である。
- ミニチュアEUSでの深達度診断が方針決定の一助となる。