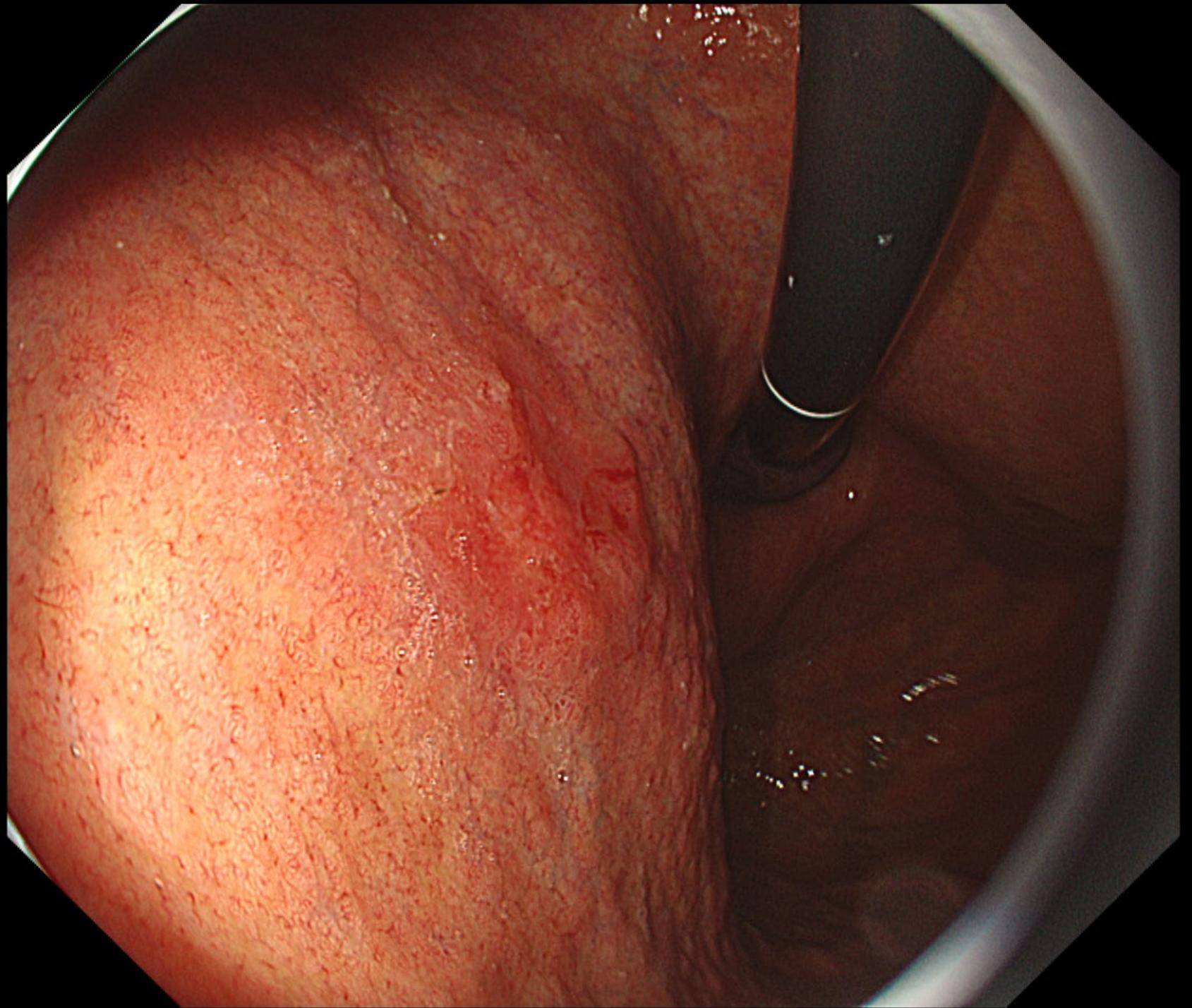


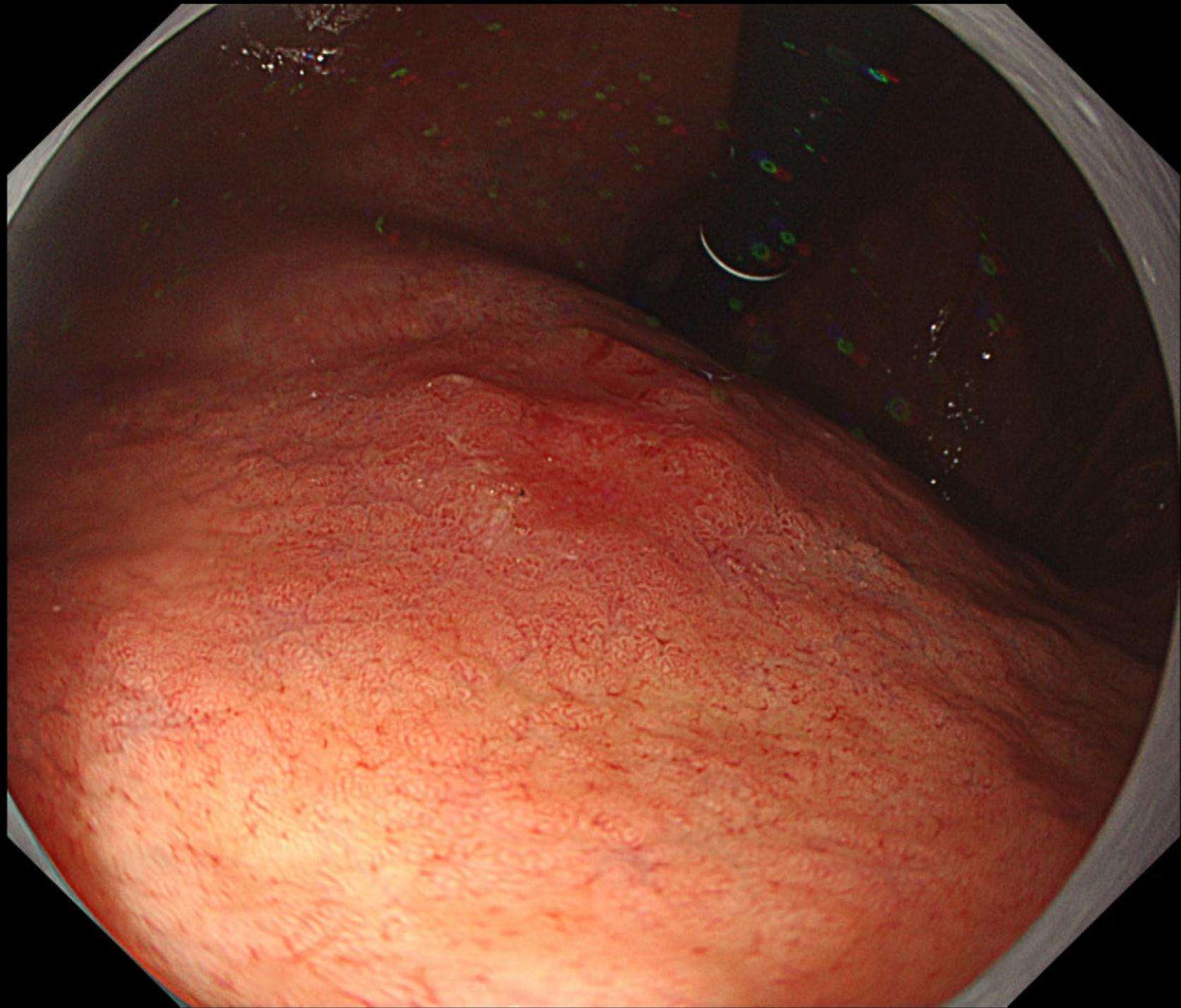
消化管 mapping

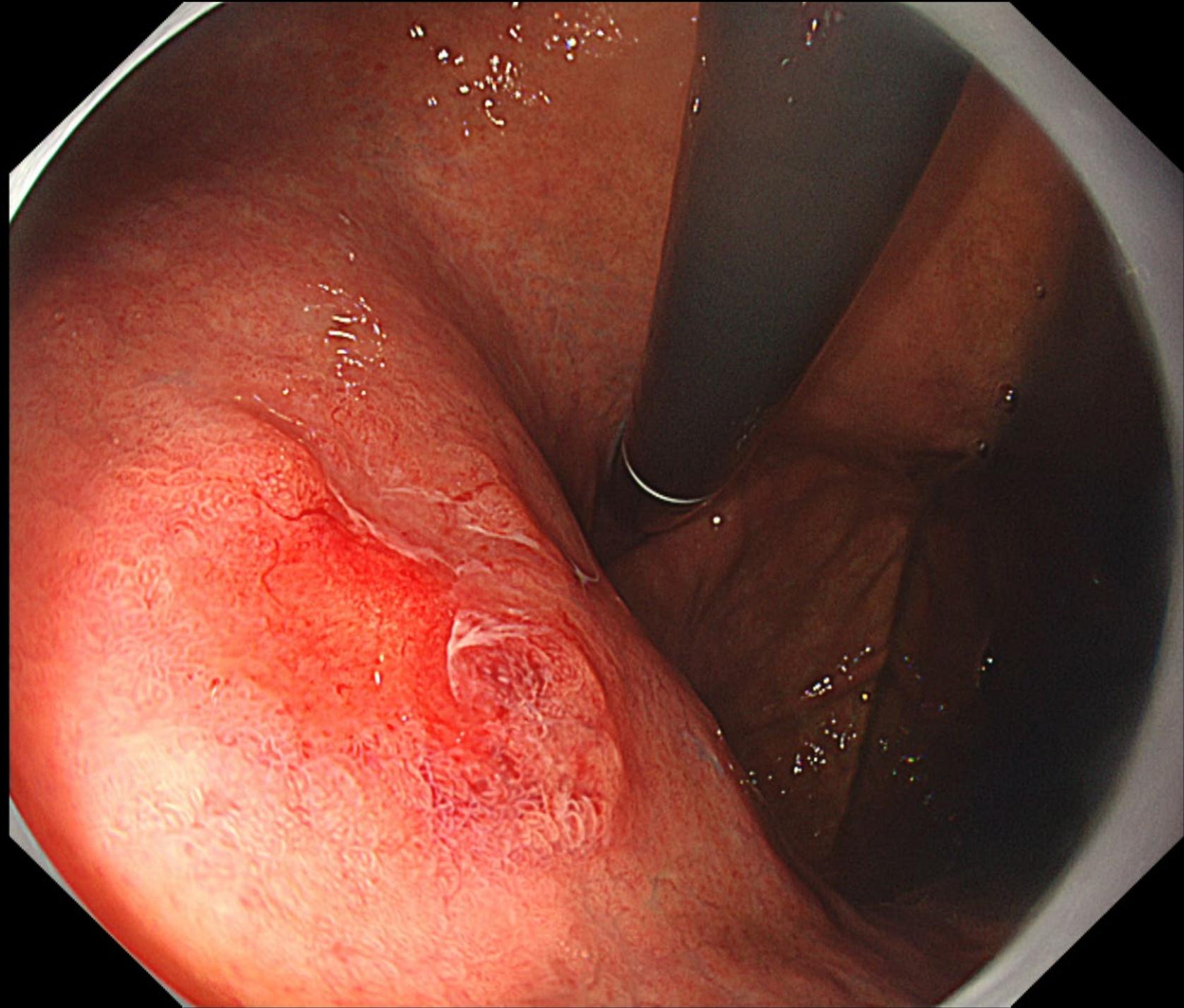
胃

発表：川口 英人

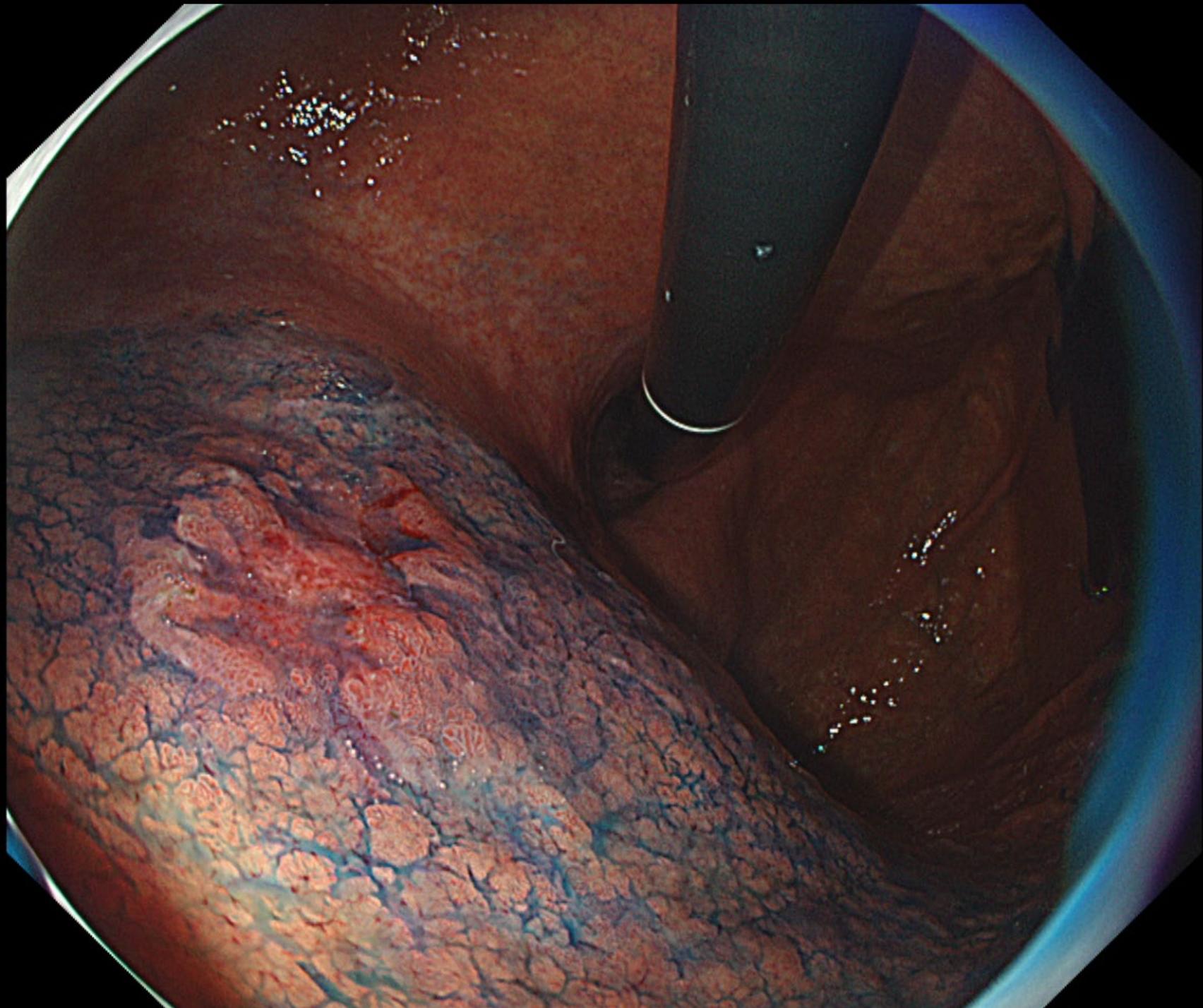
通常觀察 3枚

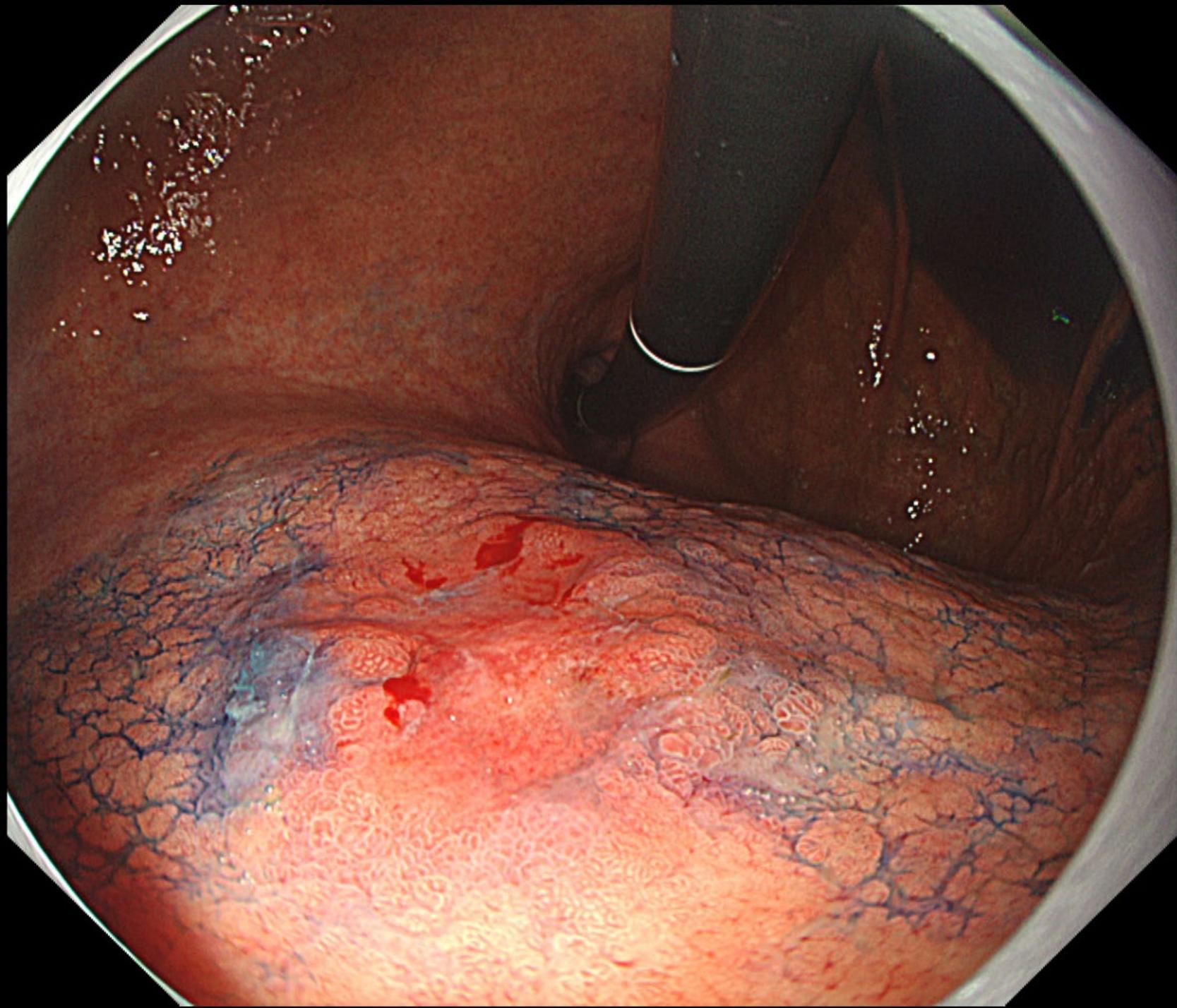




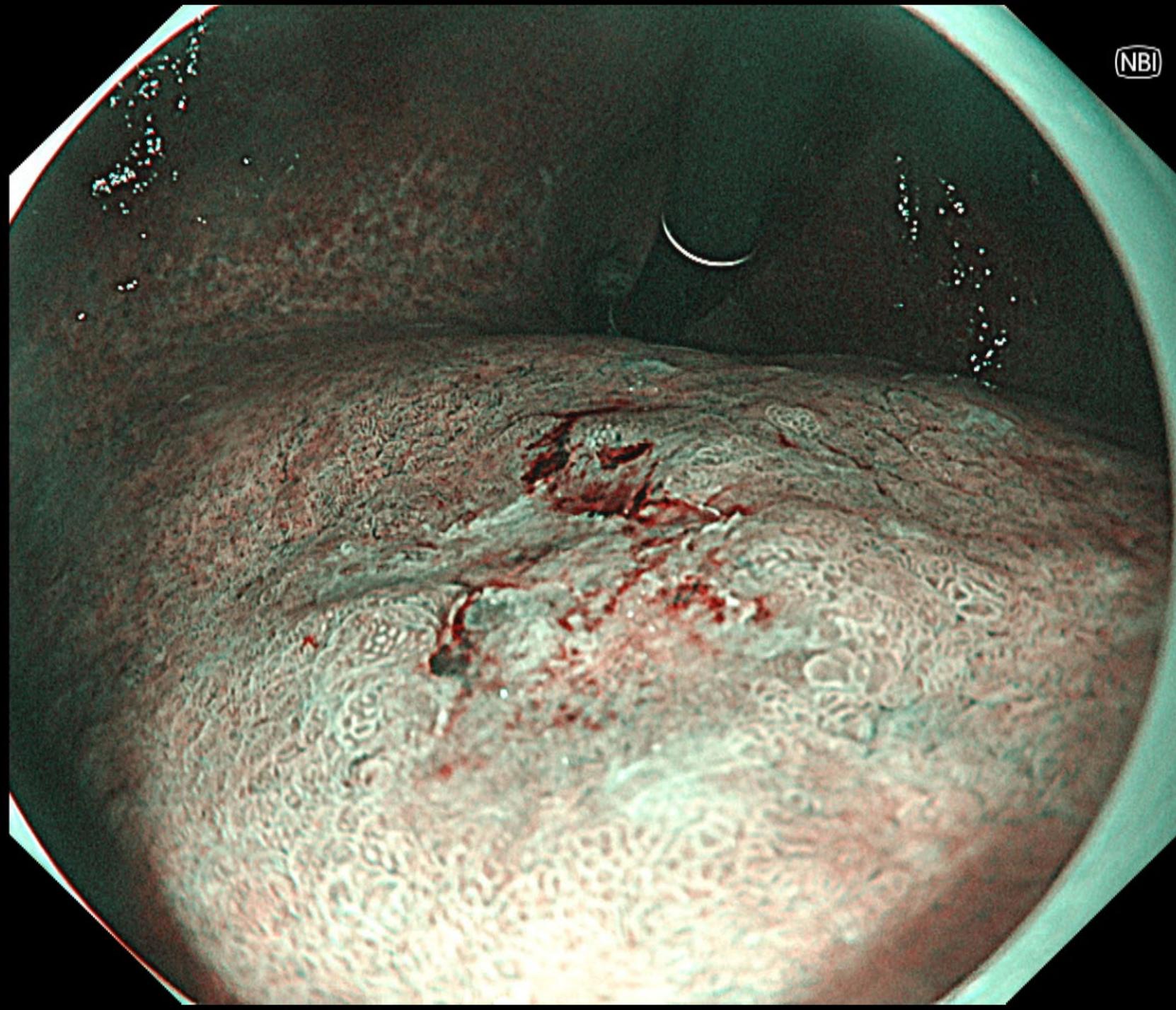


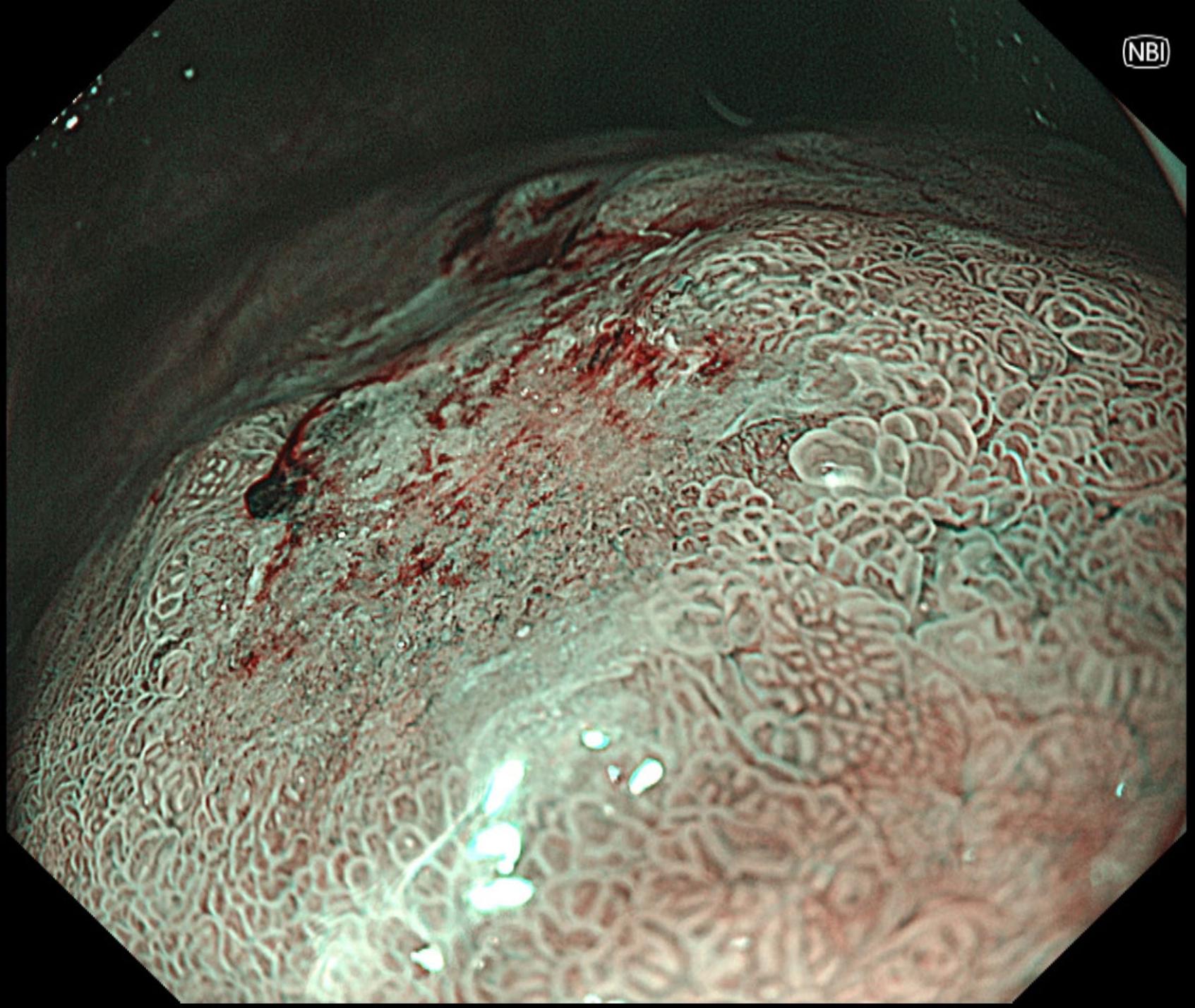
インジゴ散布観察 2枚

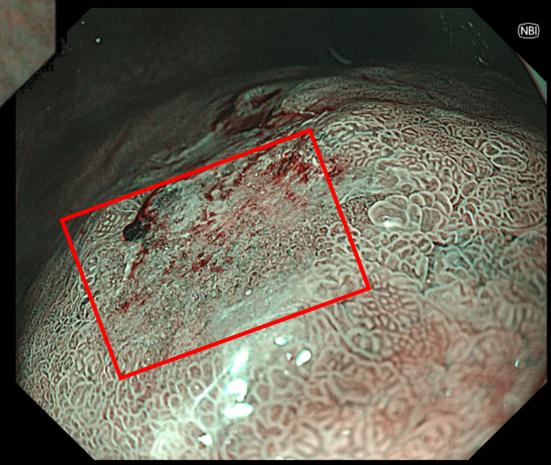
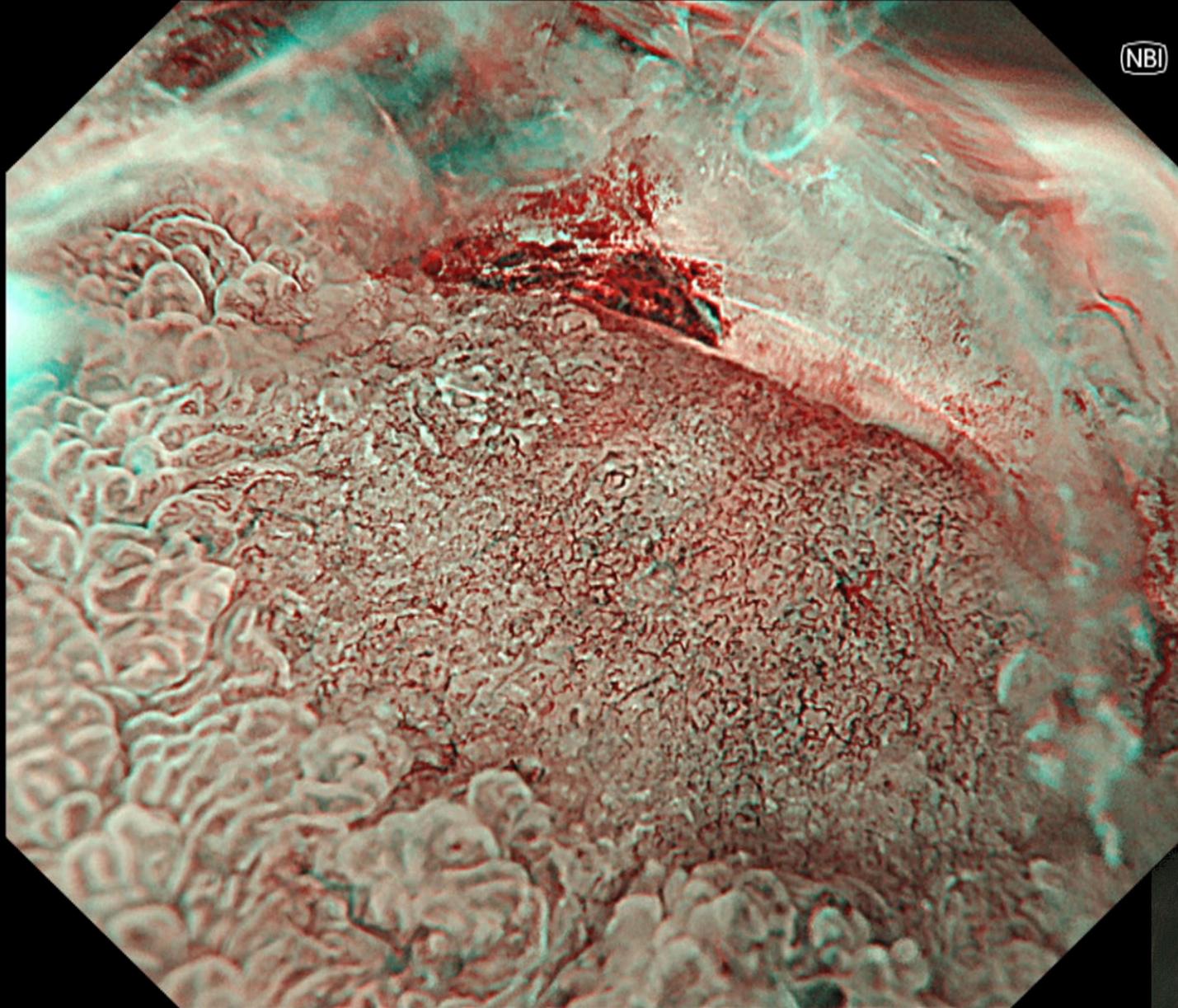




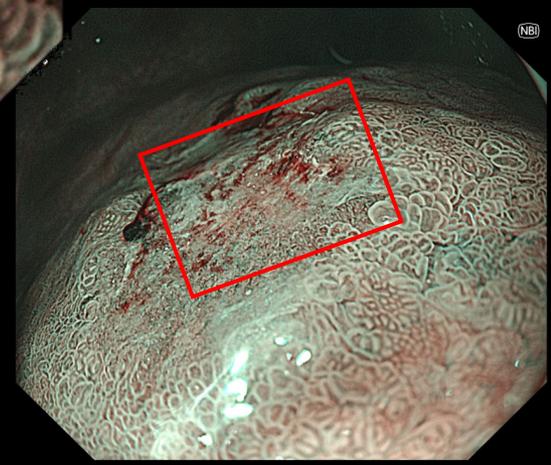
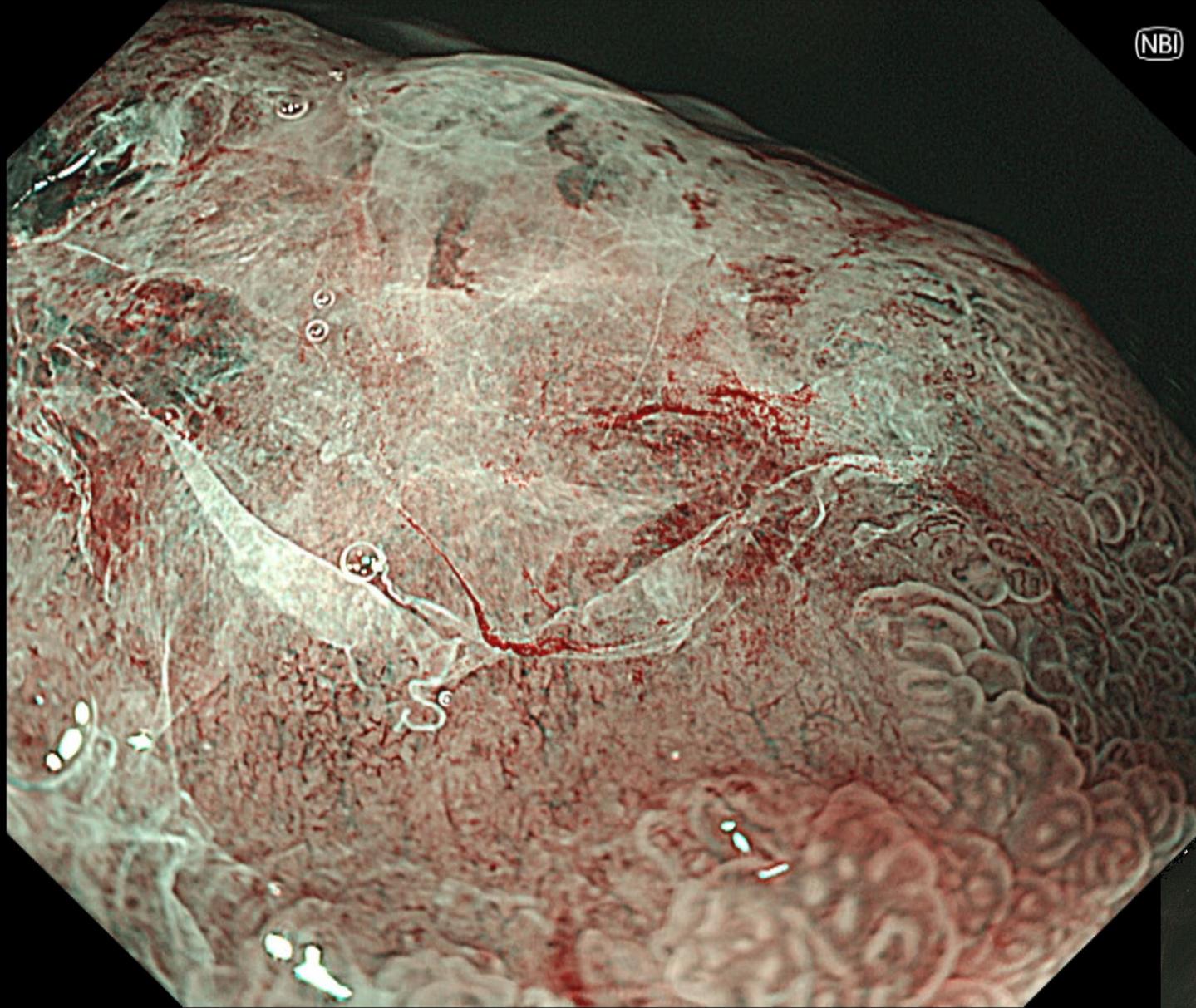
NBI觀察 5枚

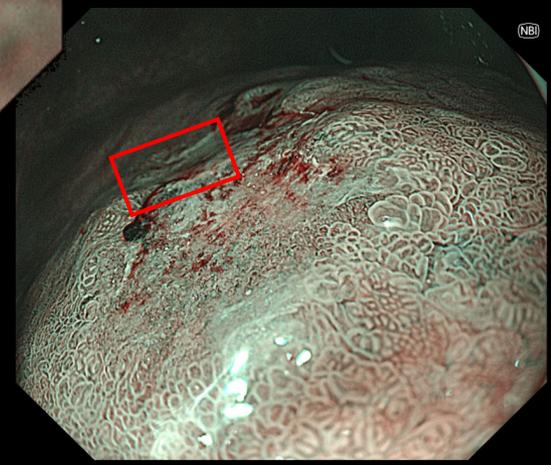
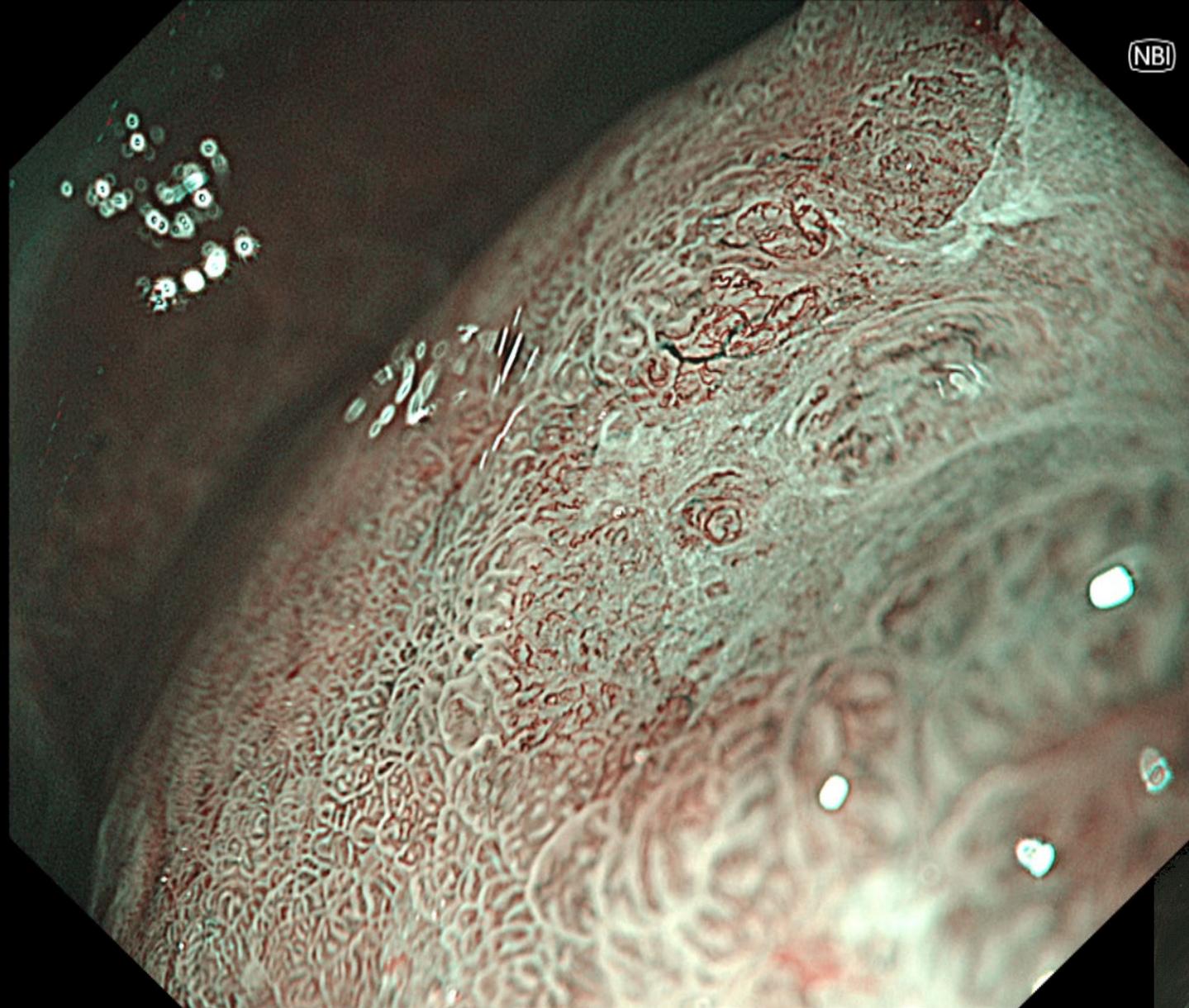






(NBI)





内視鏡診断

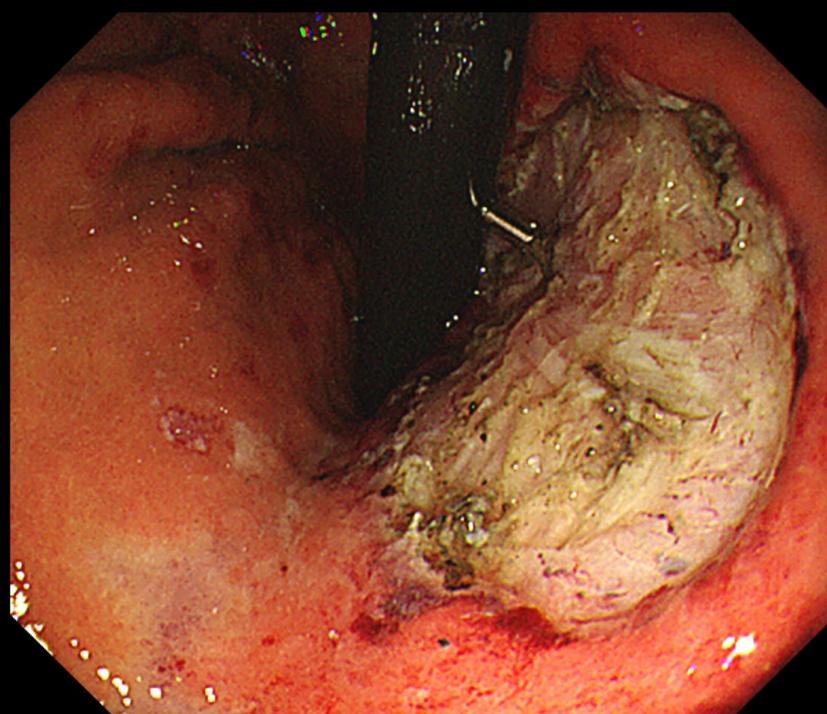
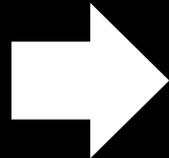
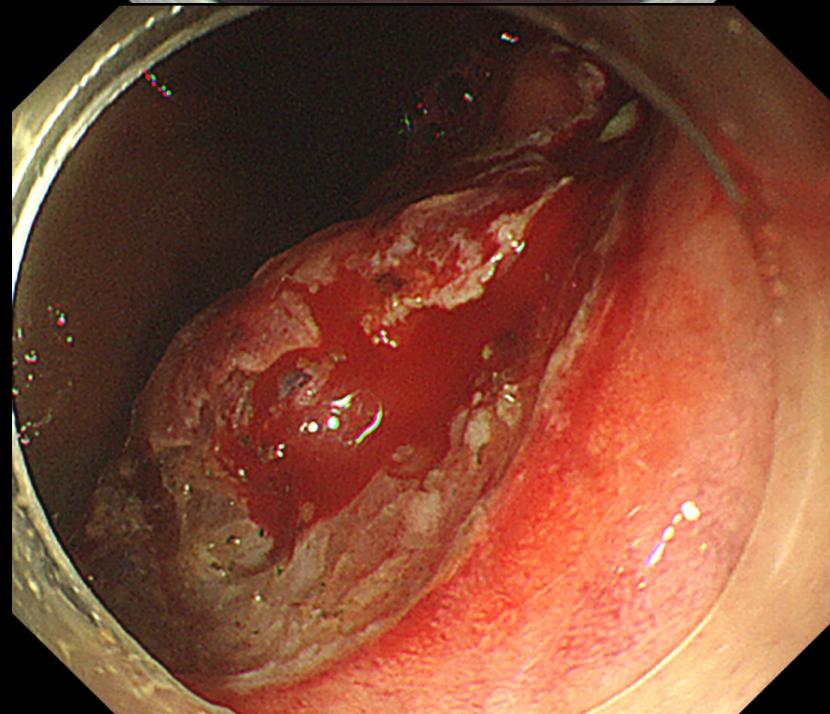
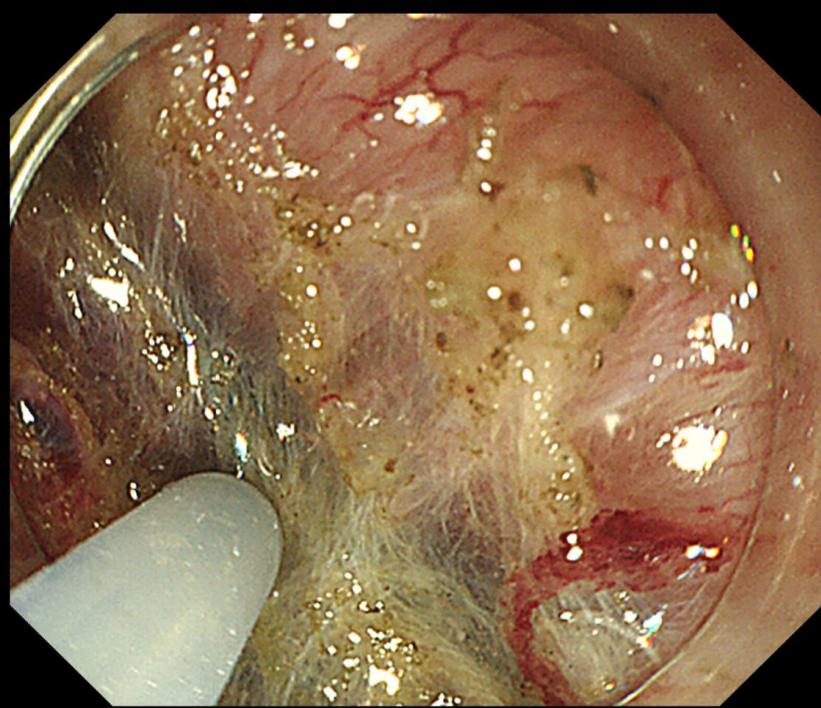
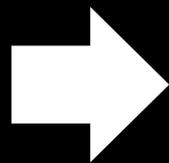
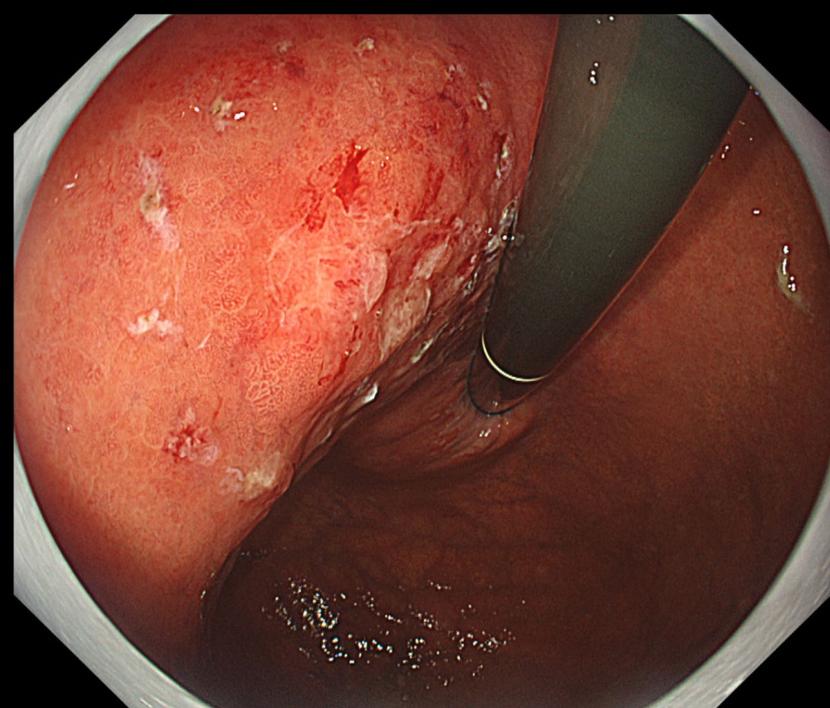
早期胃癌 (体中部後壁)

大きさ : 15mm 肉眼型 0-II c, 分化型

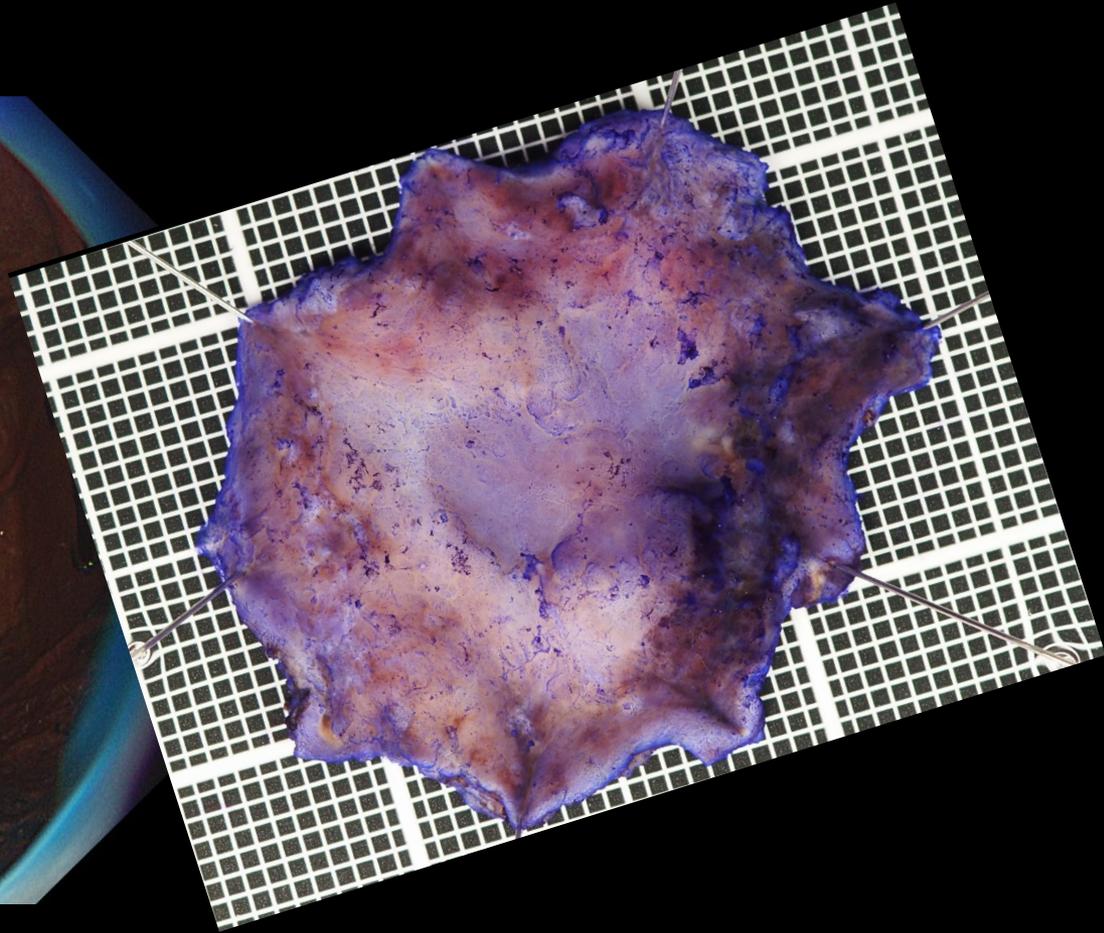
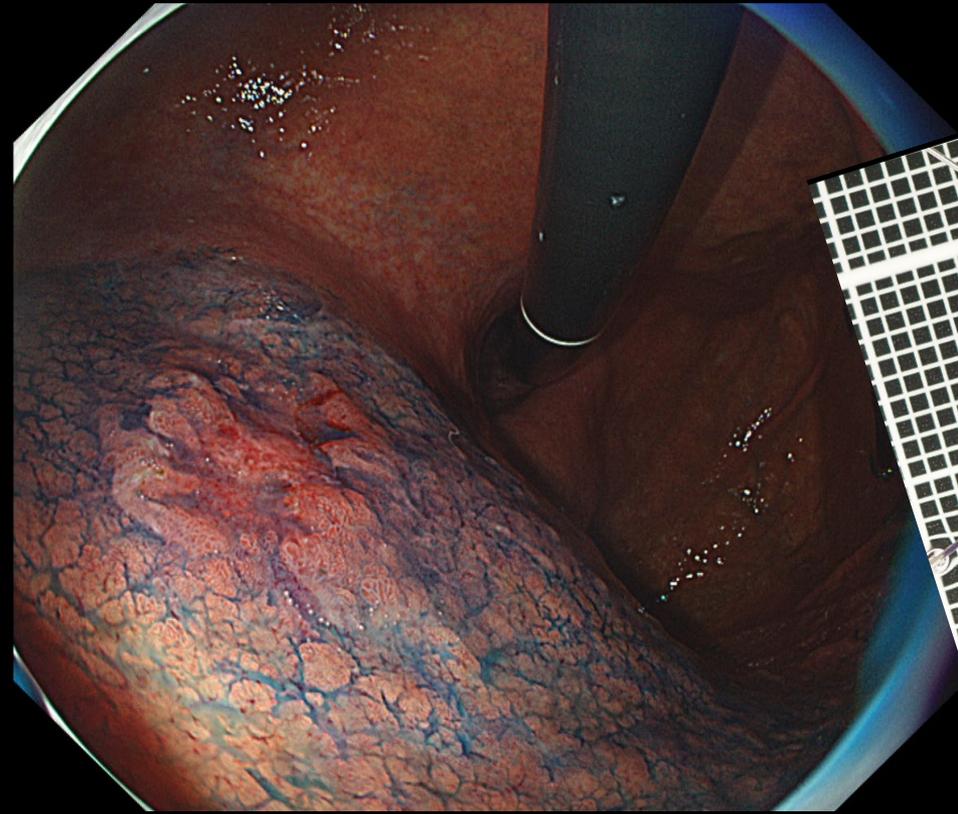
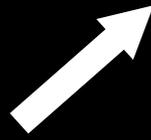
深達度 : M, UL0

NBI観察 : DL(+), IMSP(+), IMVP(+)

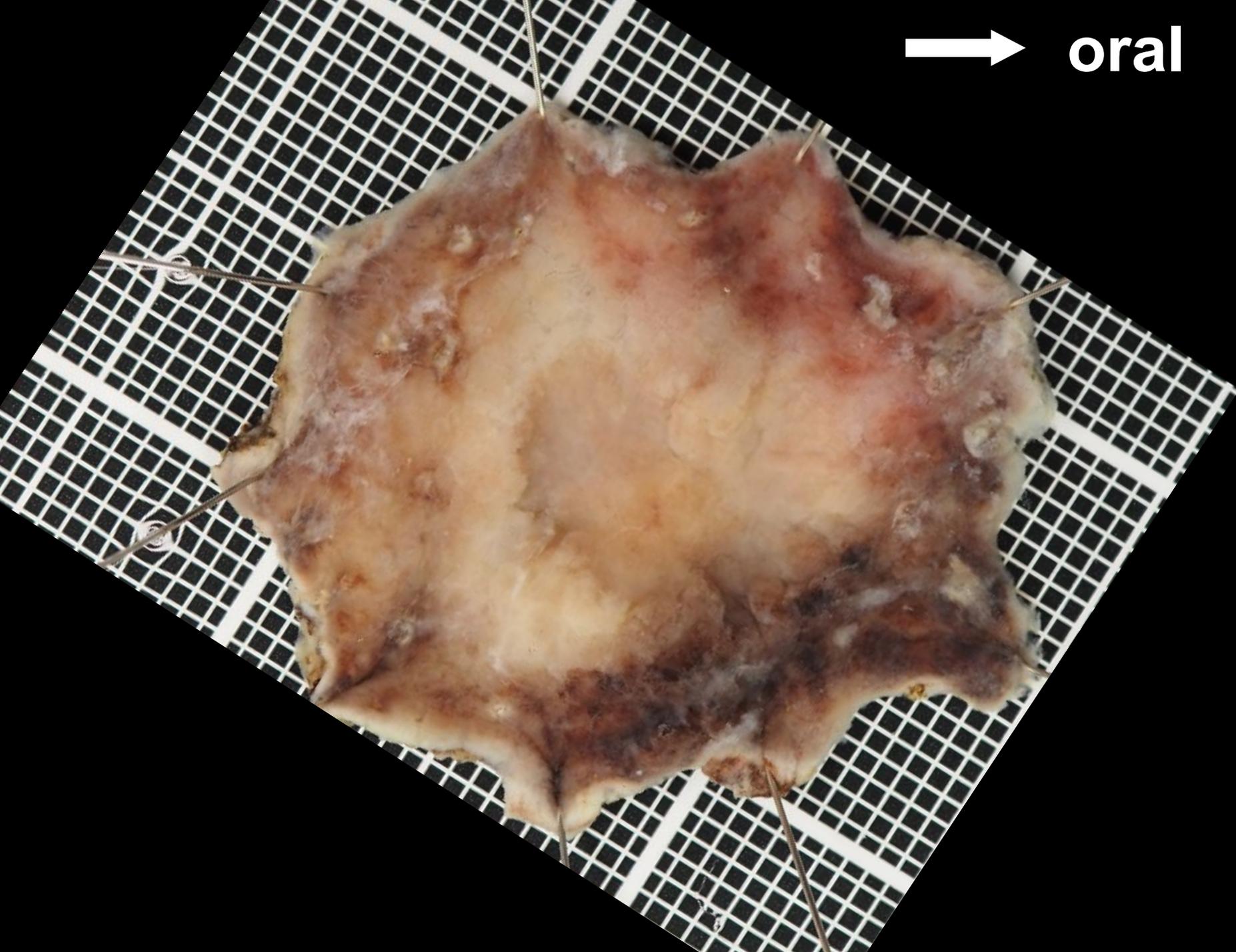
ESD



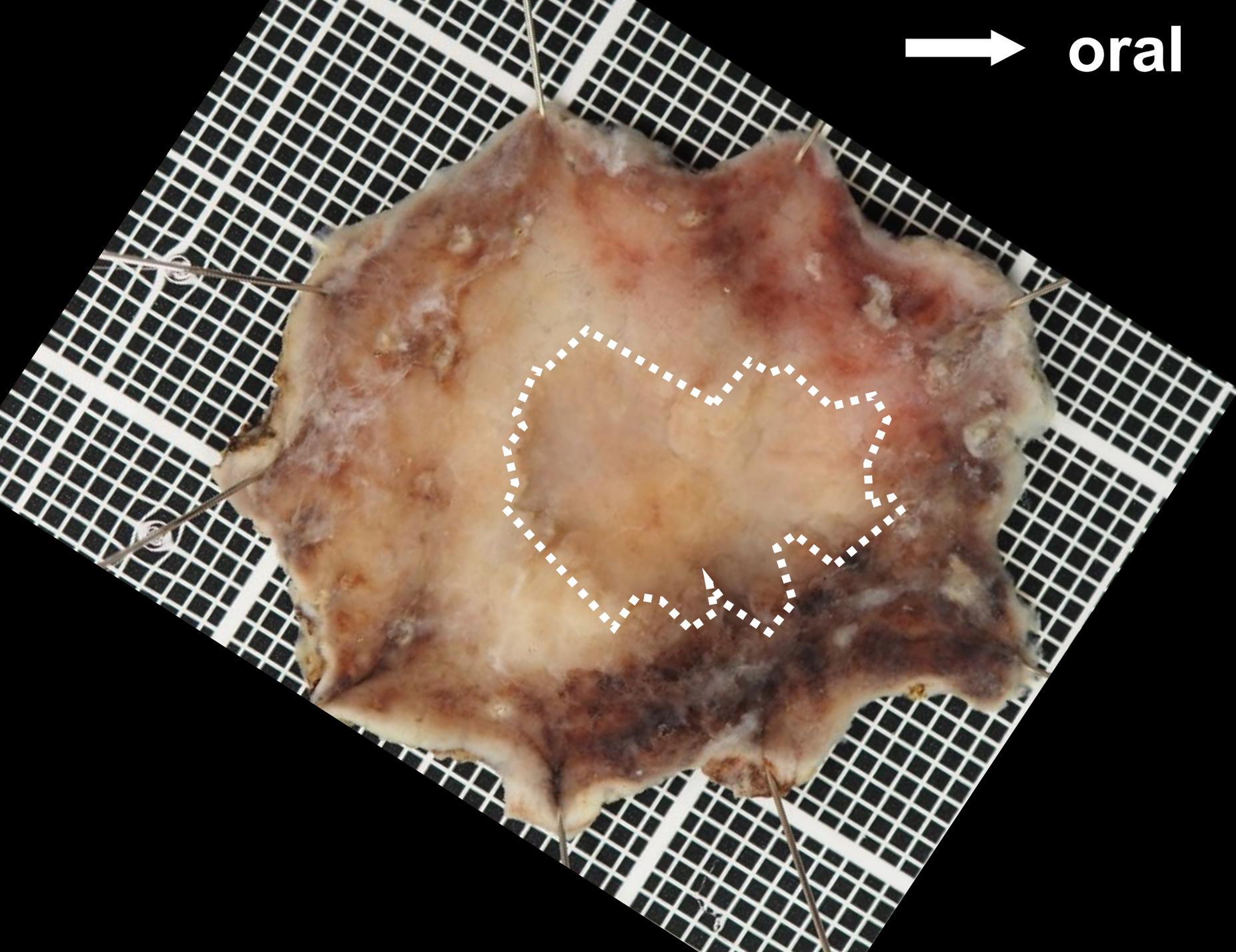
oral



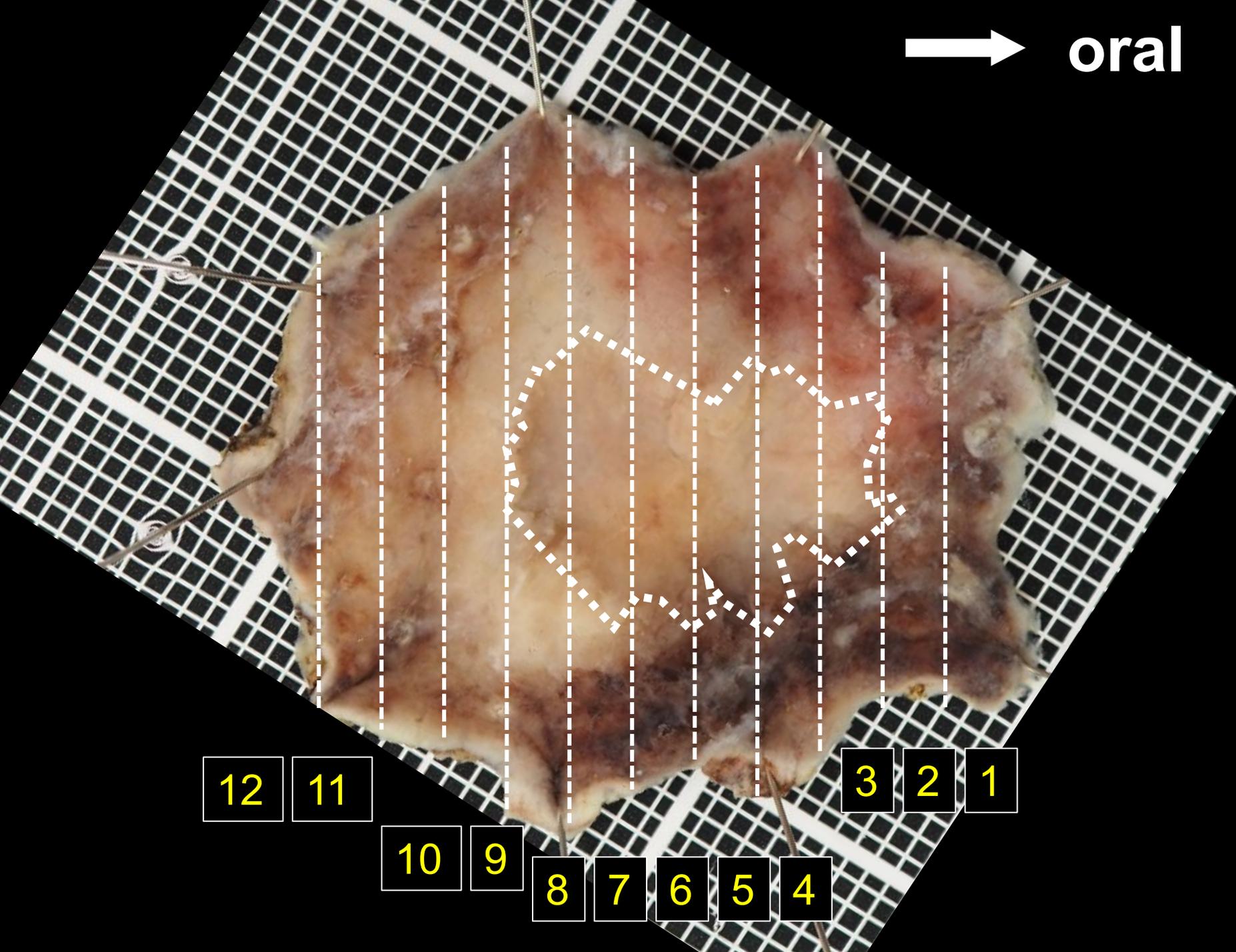
→ oral



→ oral



→ oral



12

11

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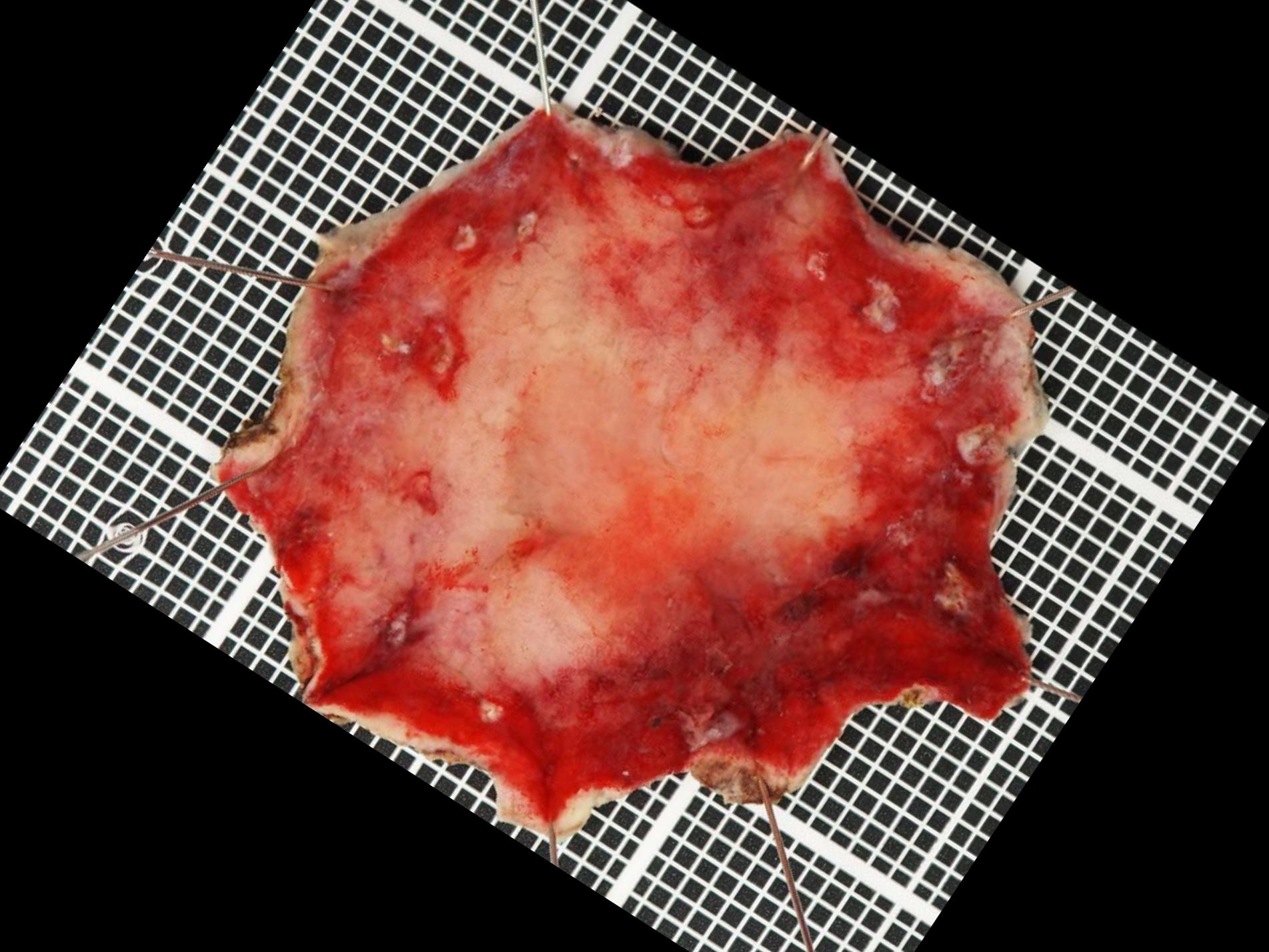
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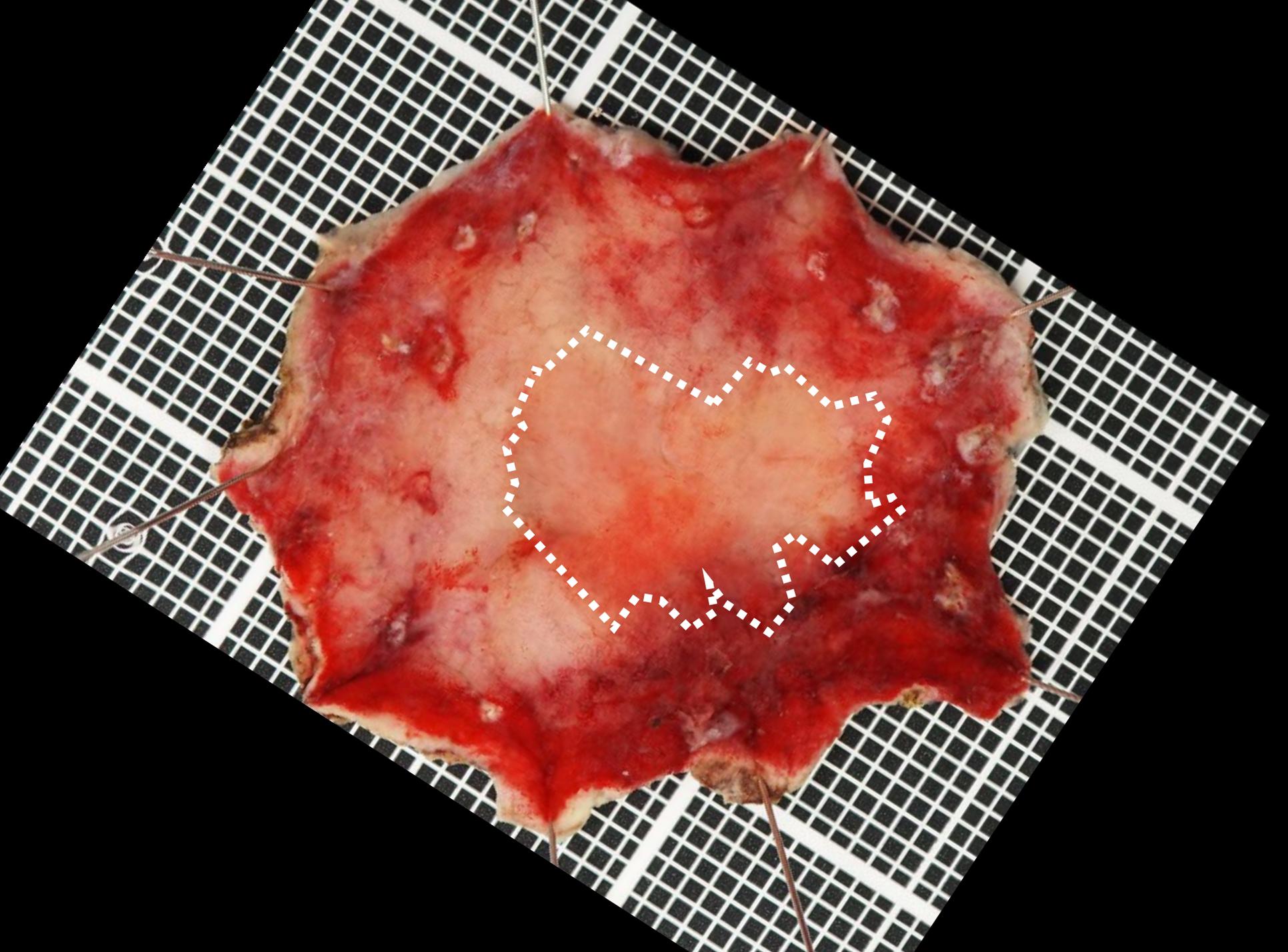
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3

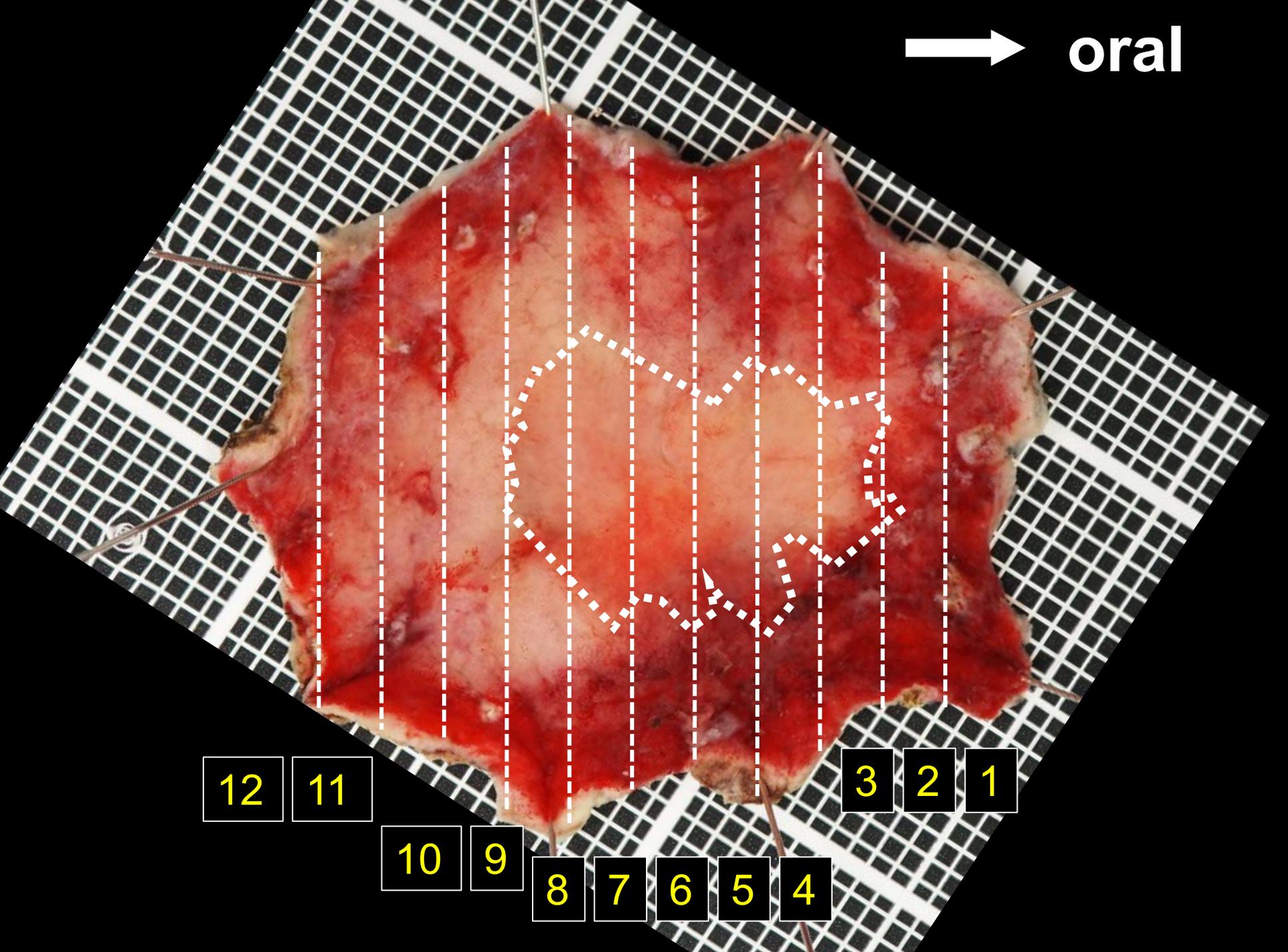
2

1





→ oral



12

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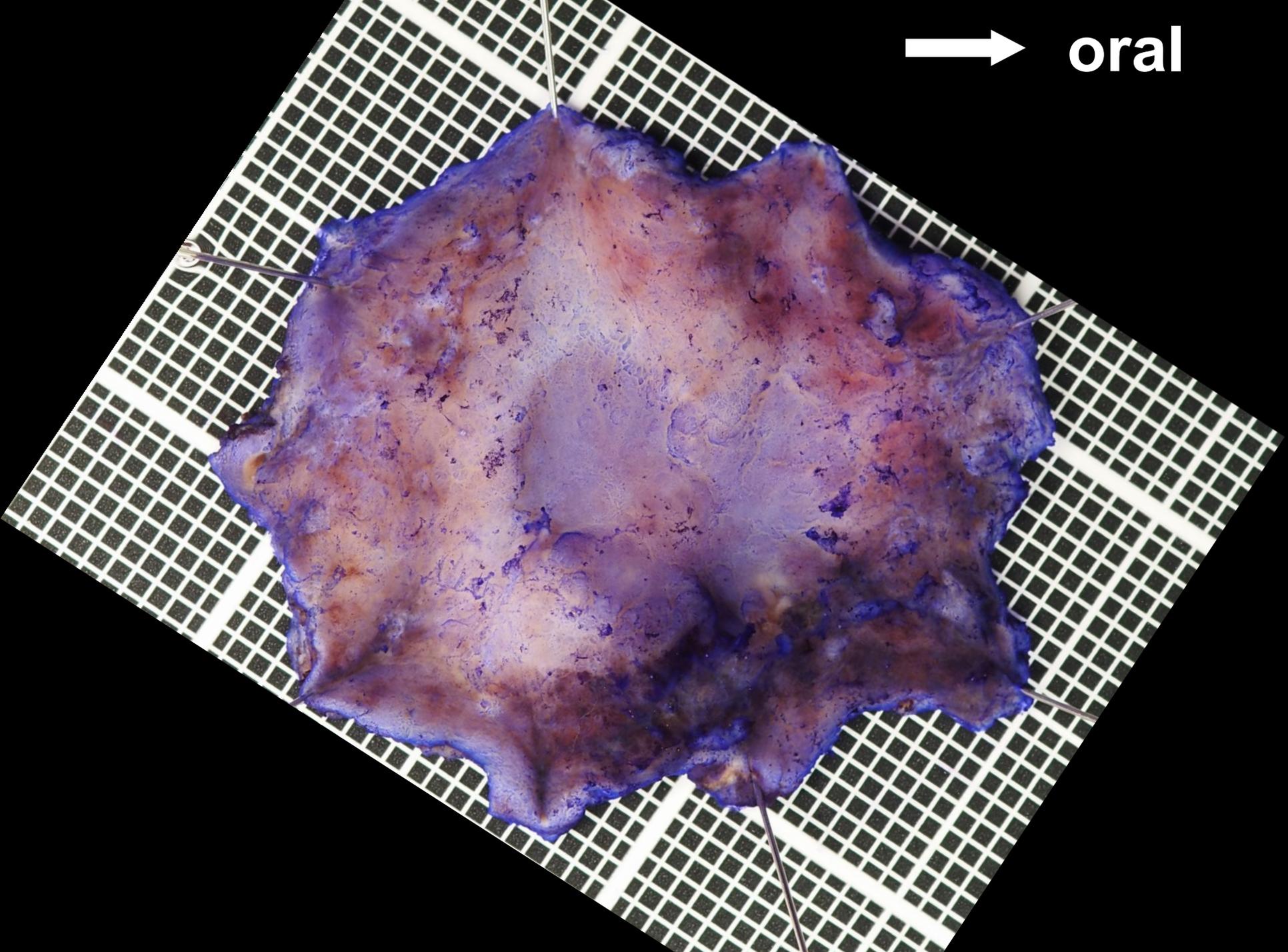
4

3

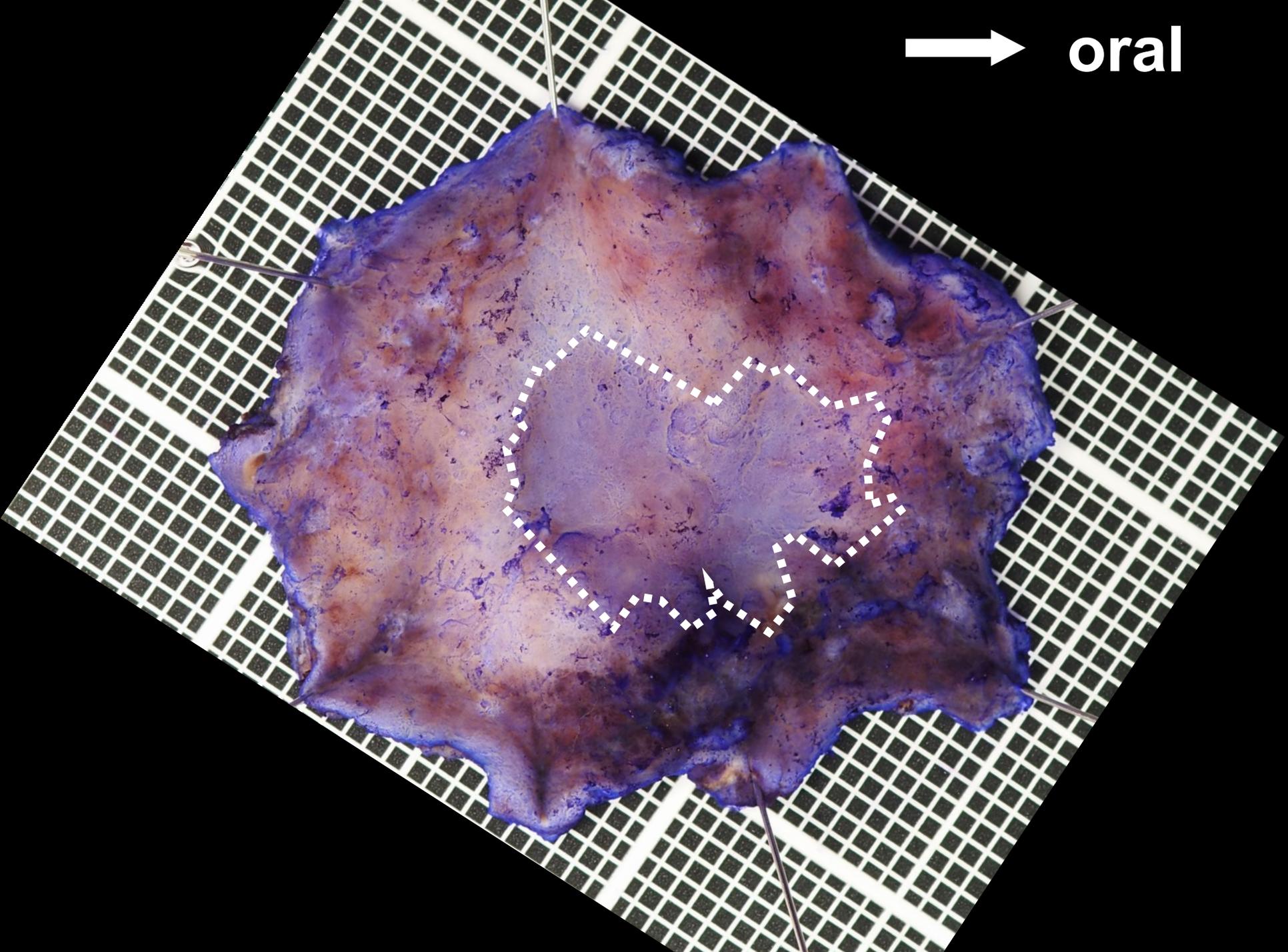
2

1

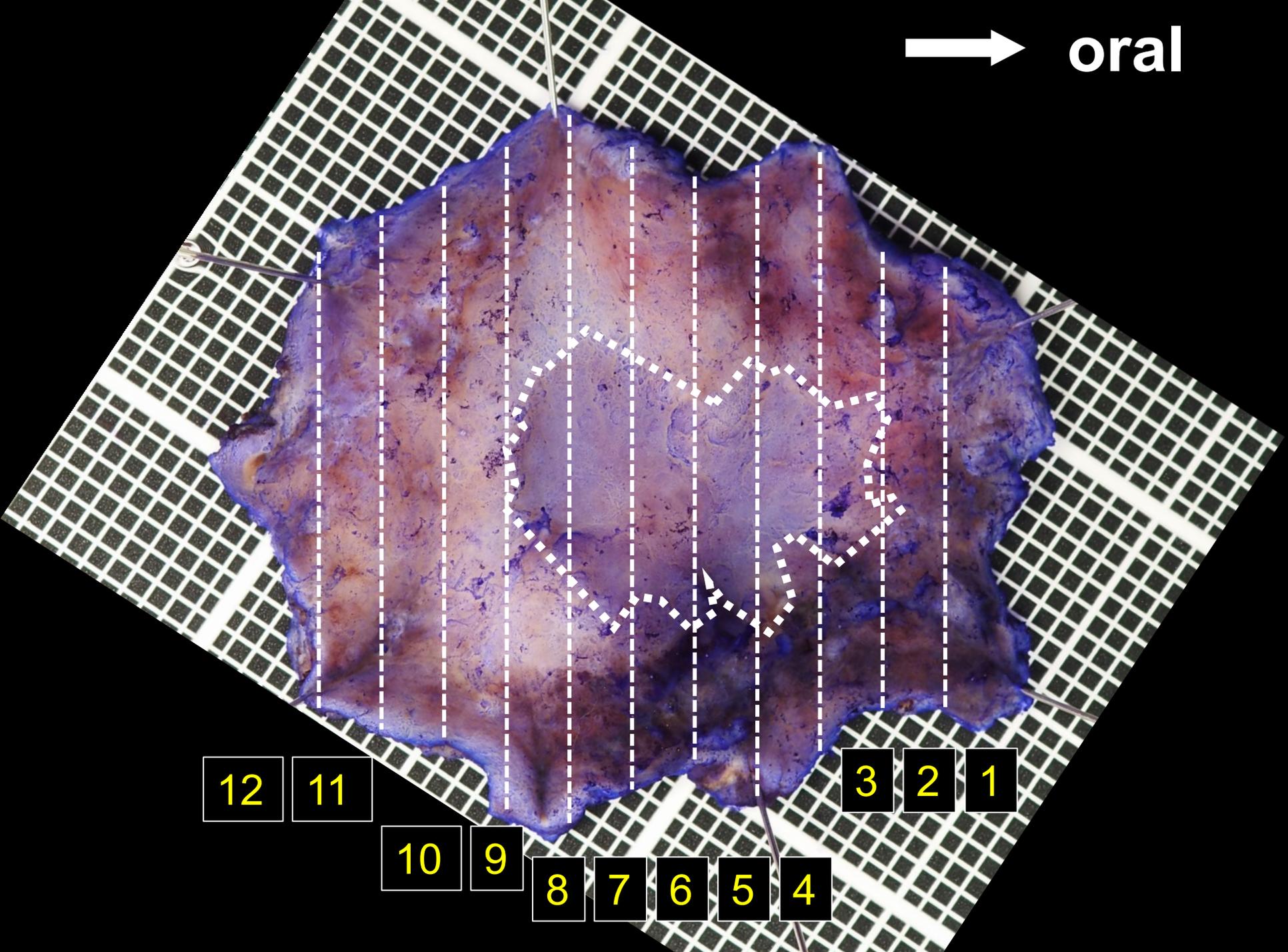
→ oral



→ oral



→ oral



12

11

10

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7

6

5

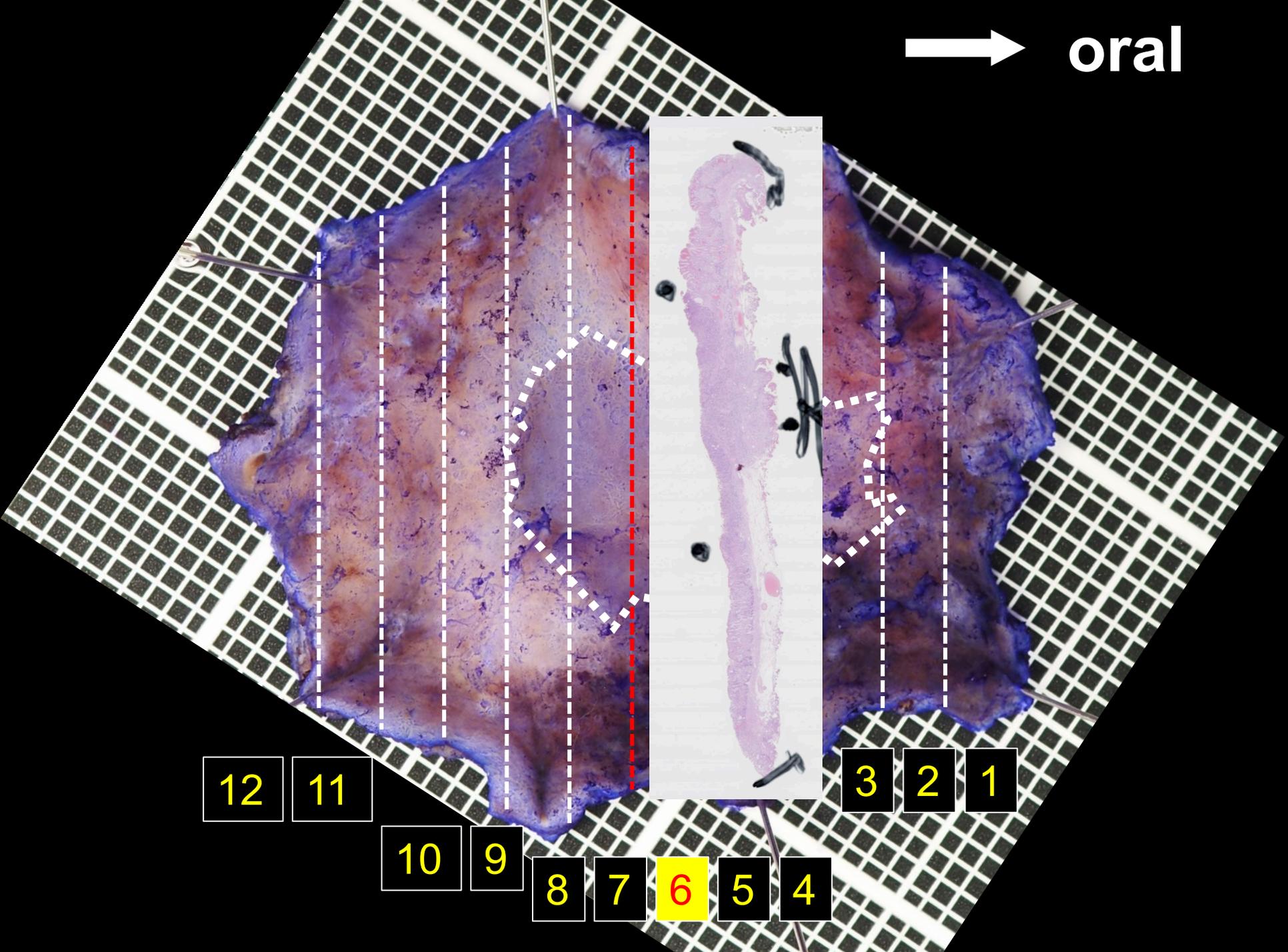
4

3

2

1

→ oral



12 11

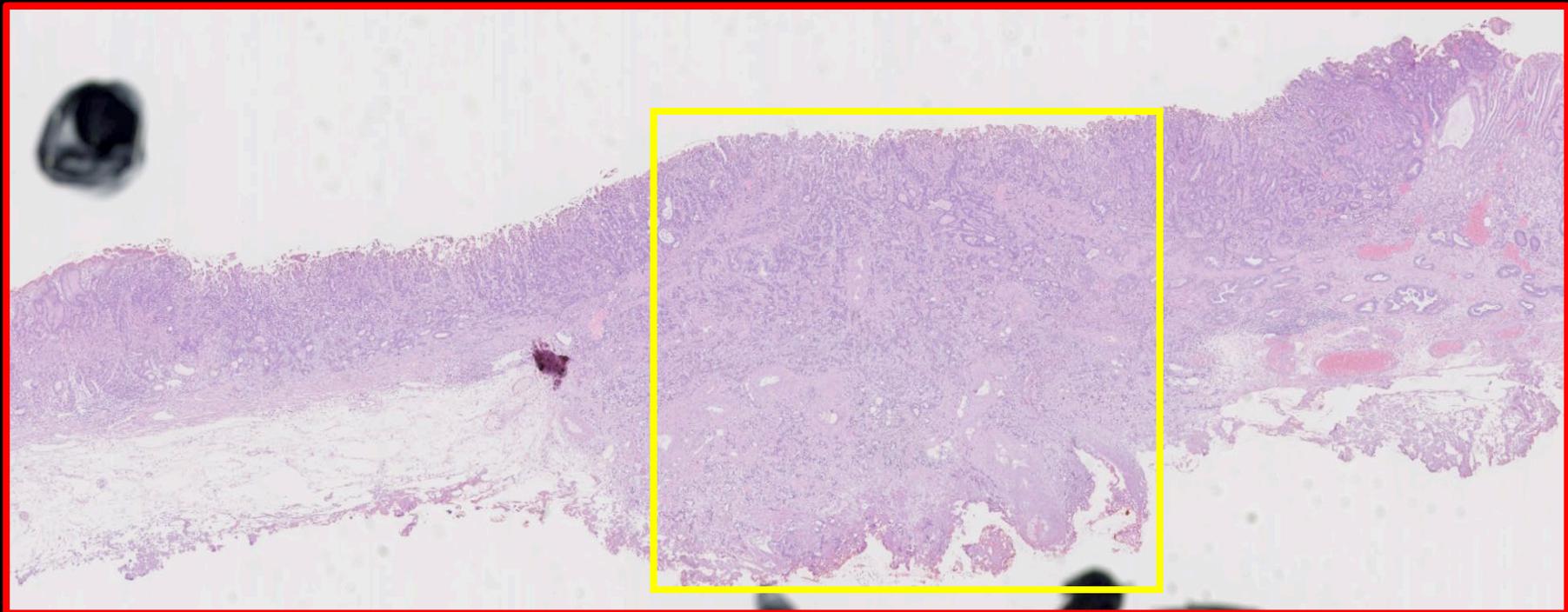
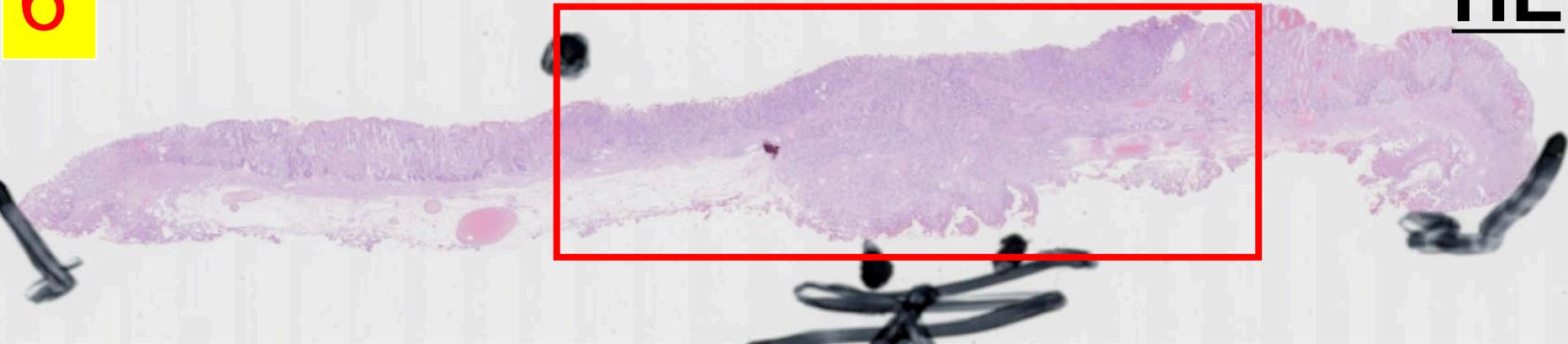
10 9

8 7 6 5 4

3 2 1

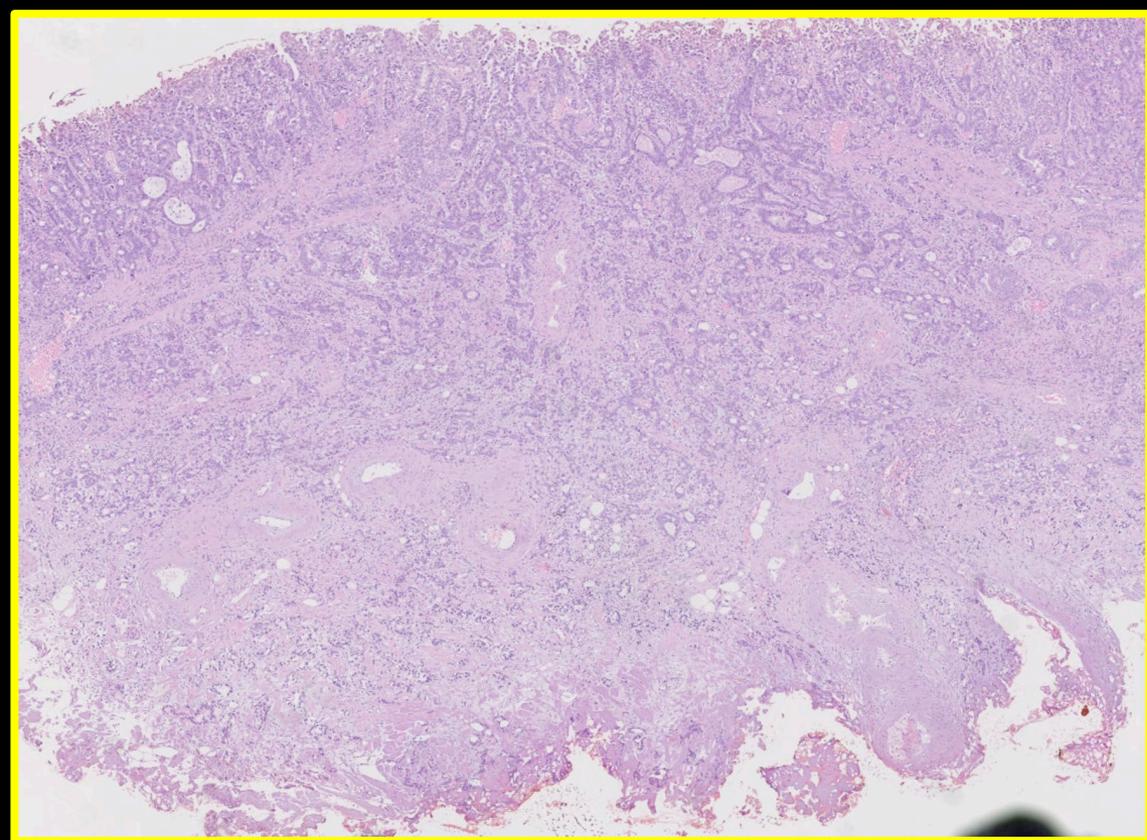
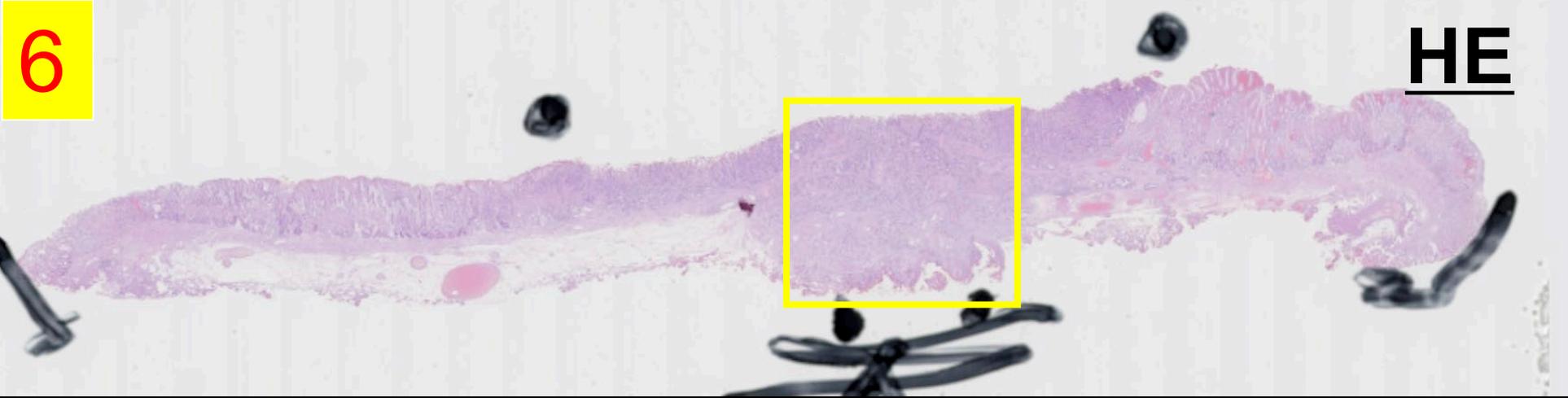
6

HE



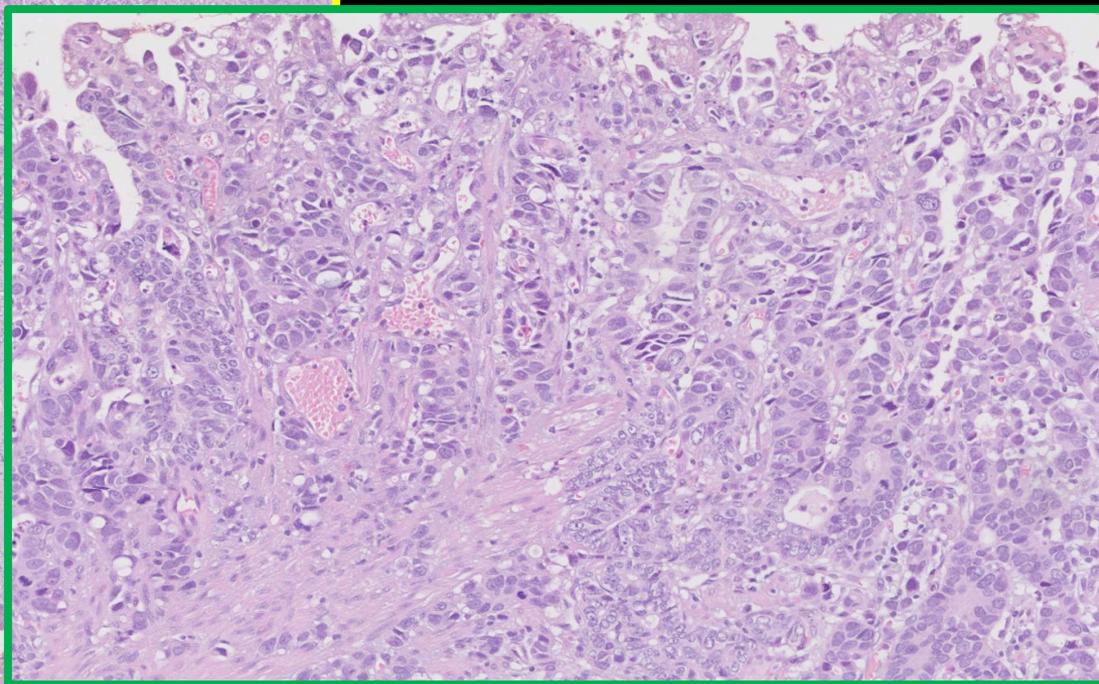
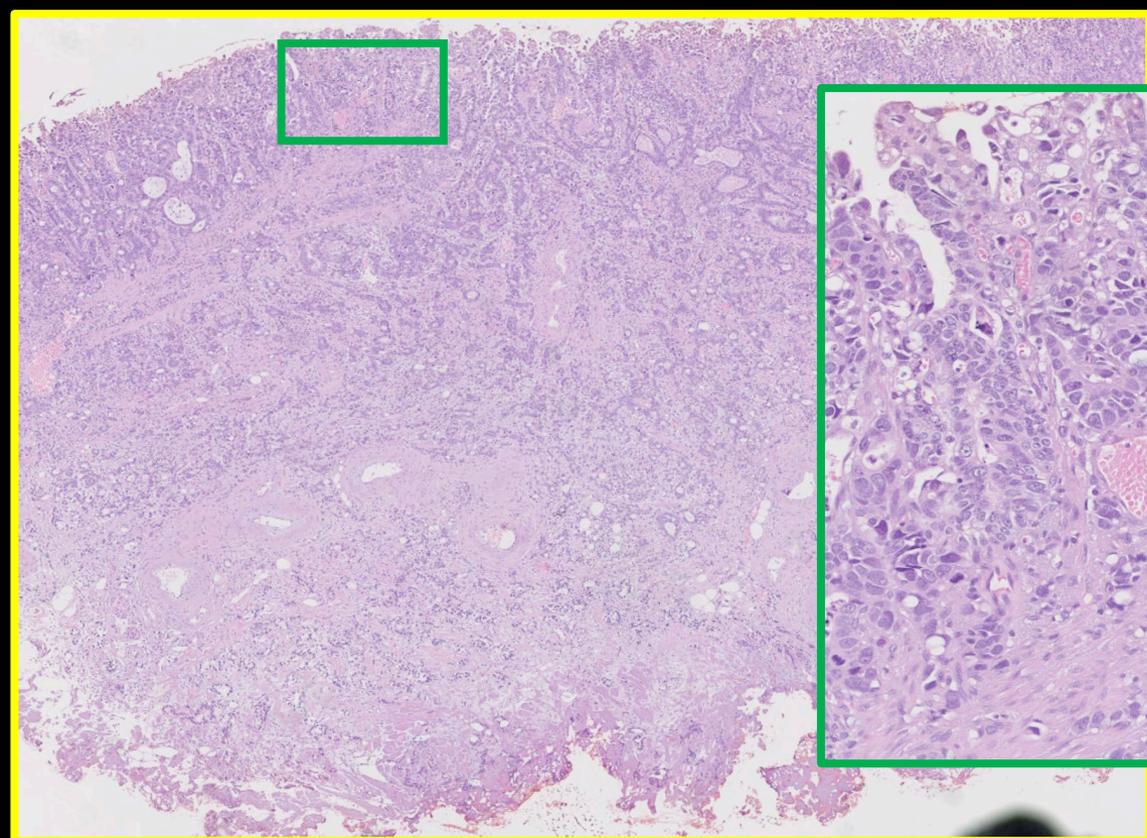
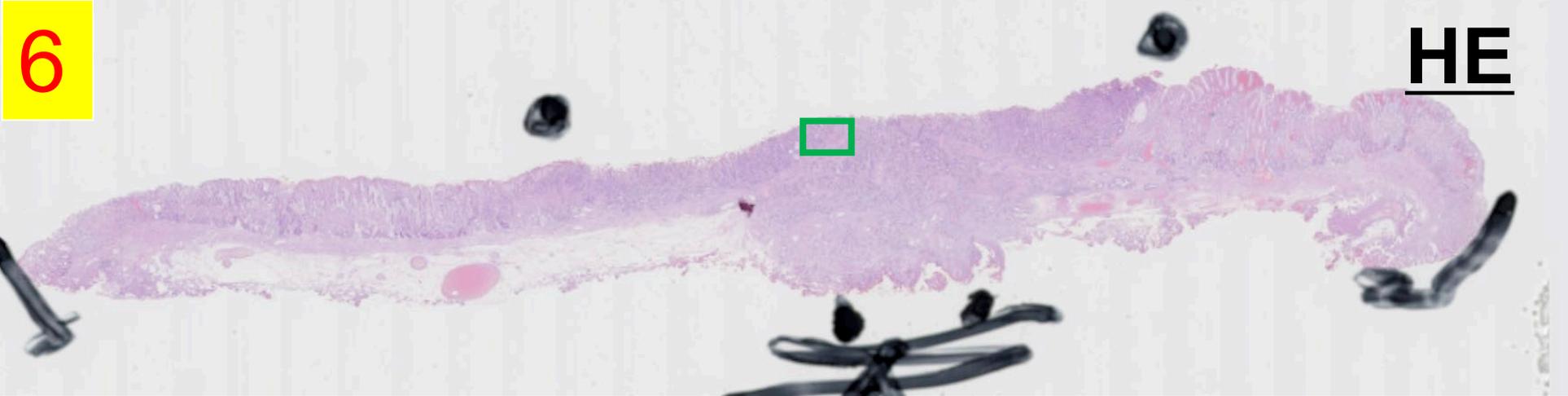
6

HE



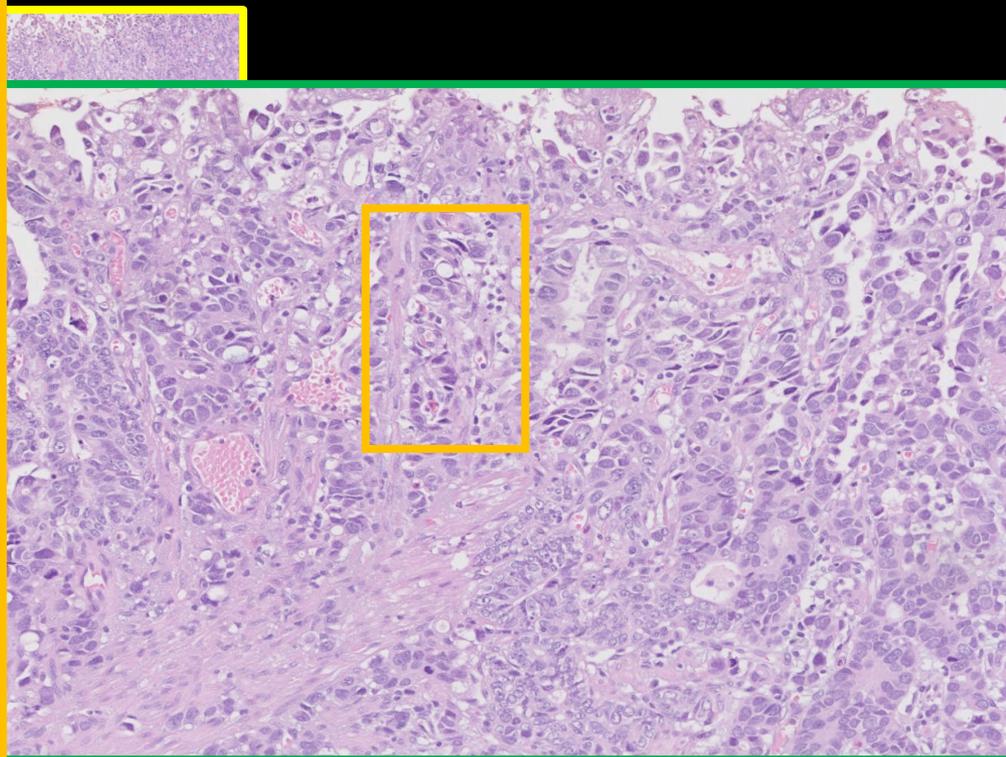
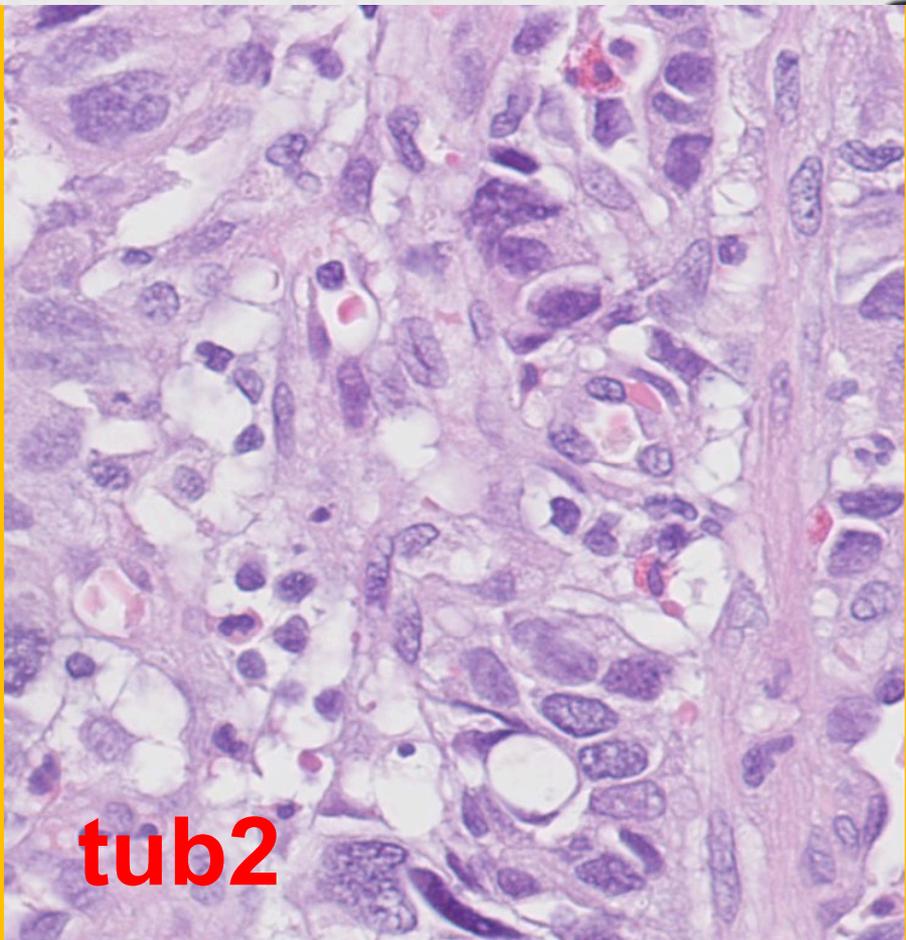
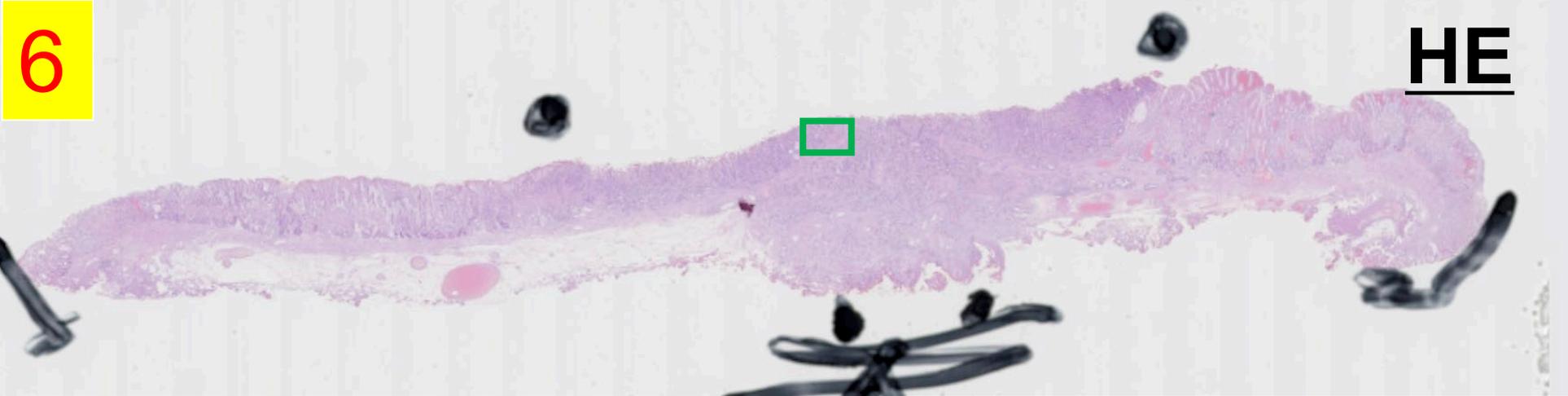
6

HE



6

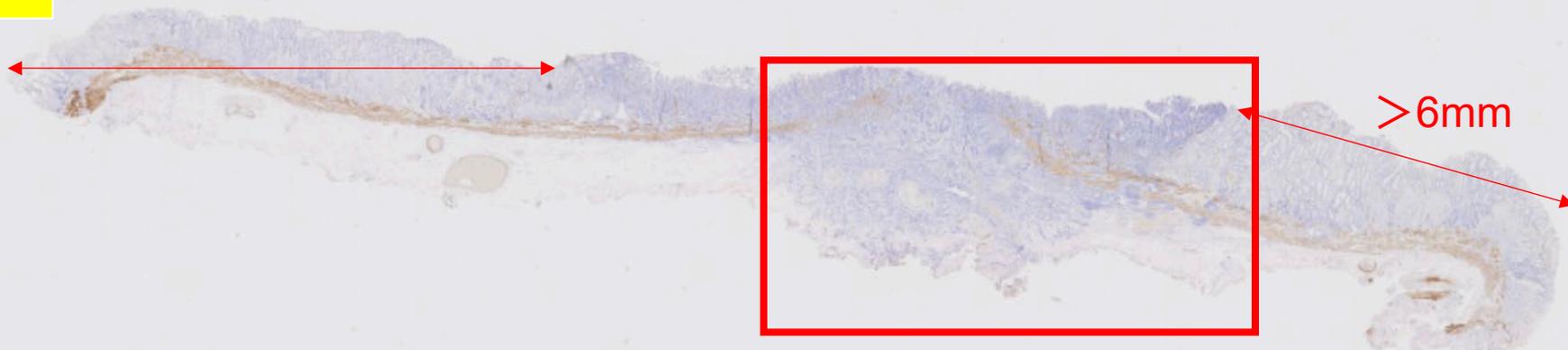
HE



6

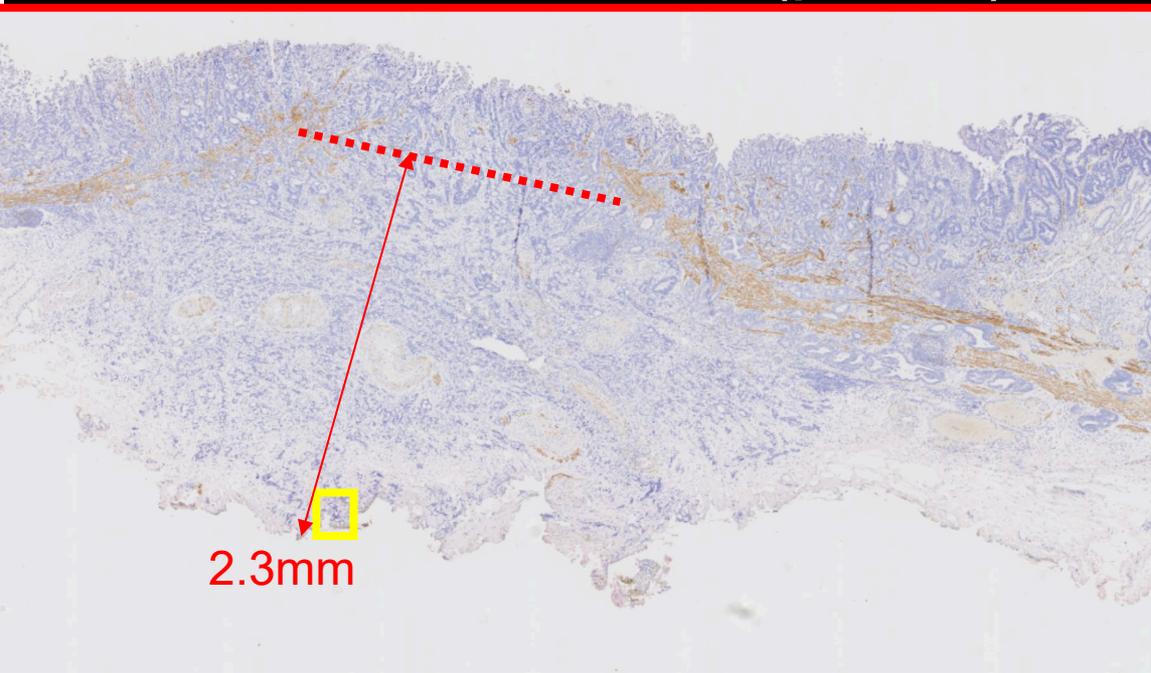
Desmin

>6mm

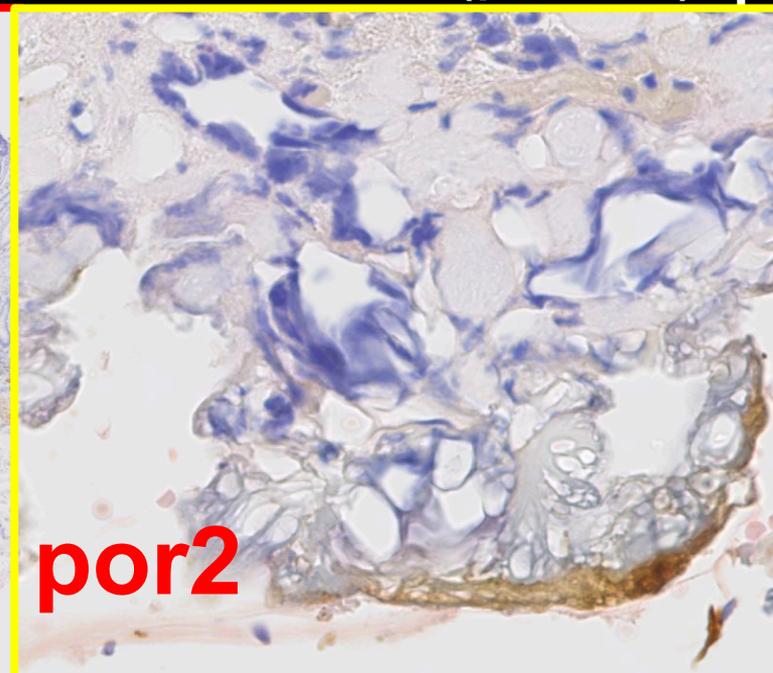


>6mm

腫瘍は粘膜下層に浸潤(pVM1) / 側方断端は陰性(pHM0)



2.3mm

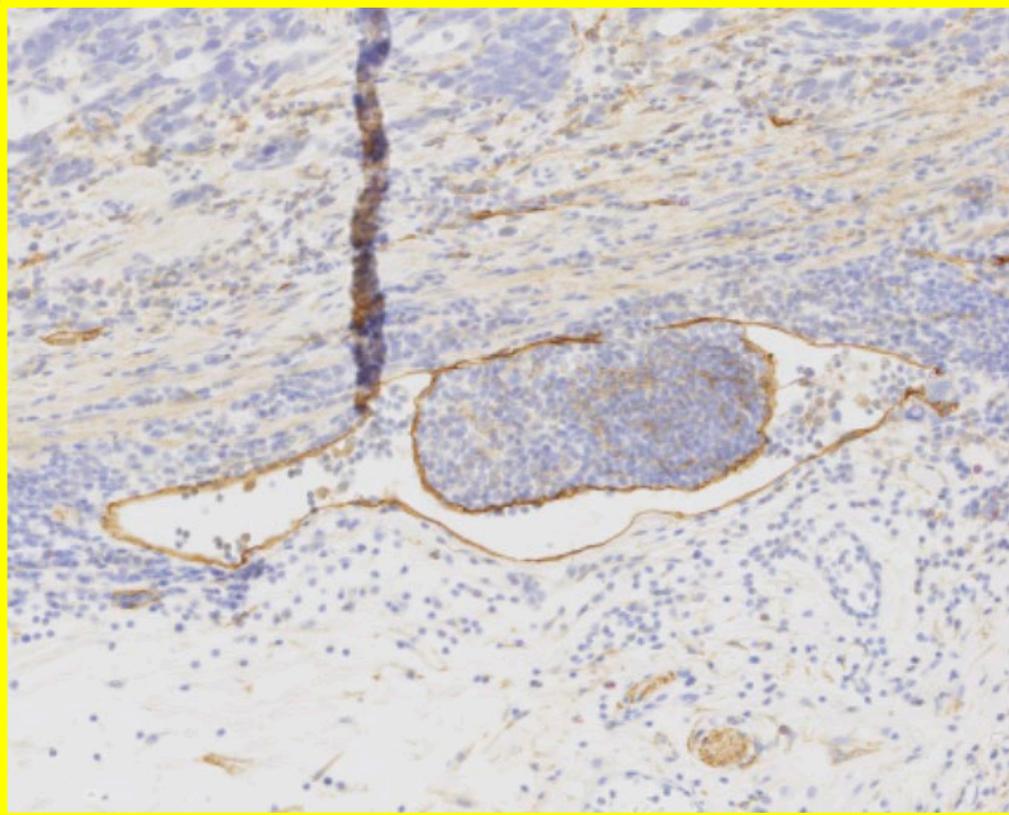
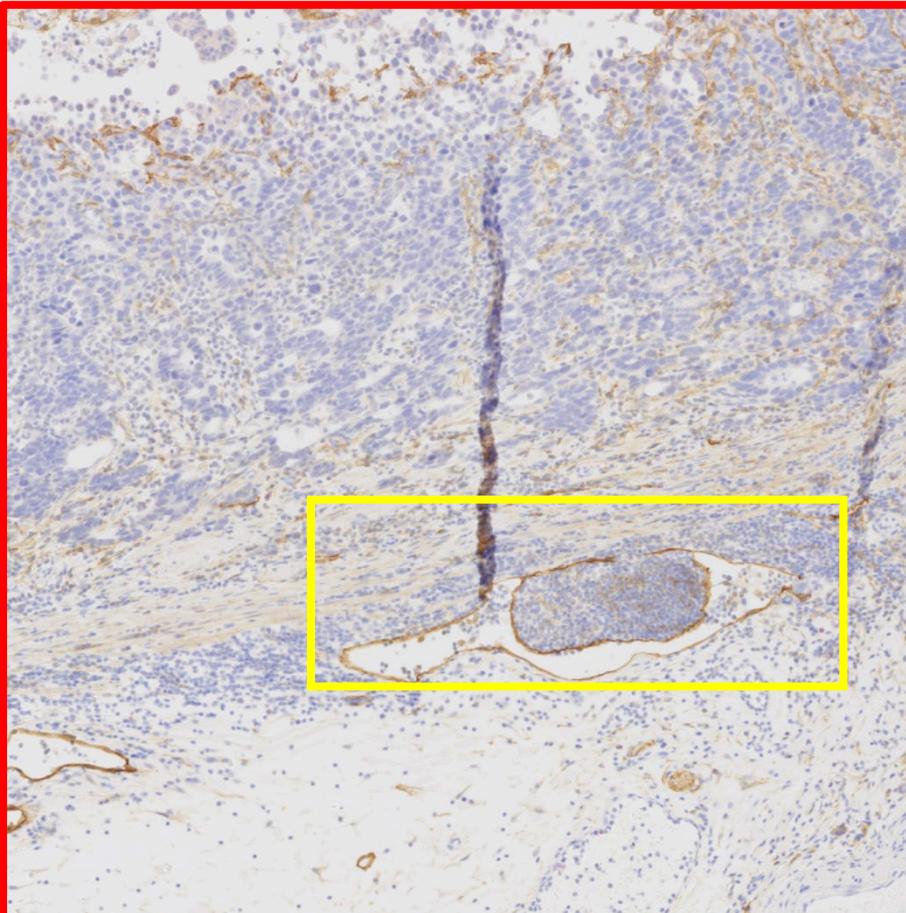


por2

粘膜筋板～浸潤最深部での距離は2.3mm (SM2)

6

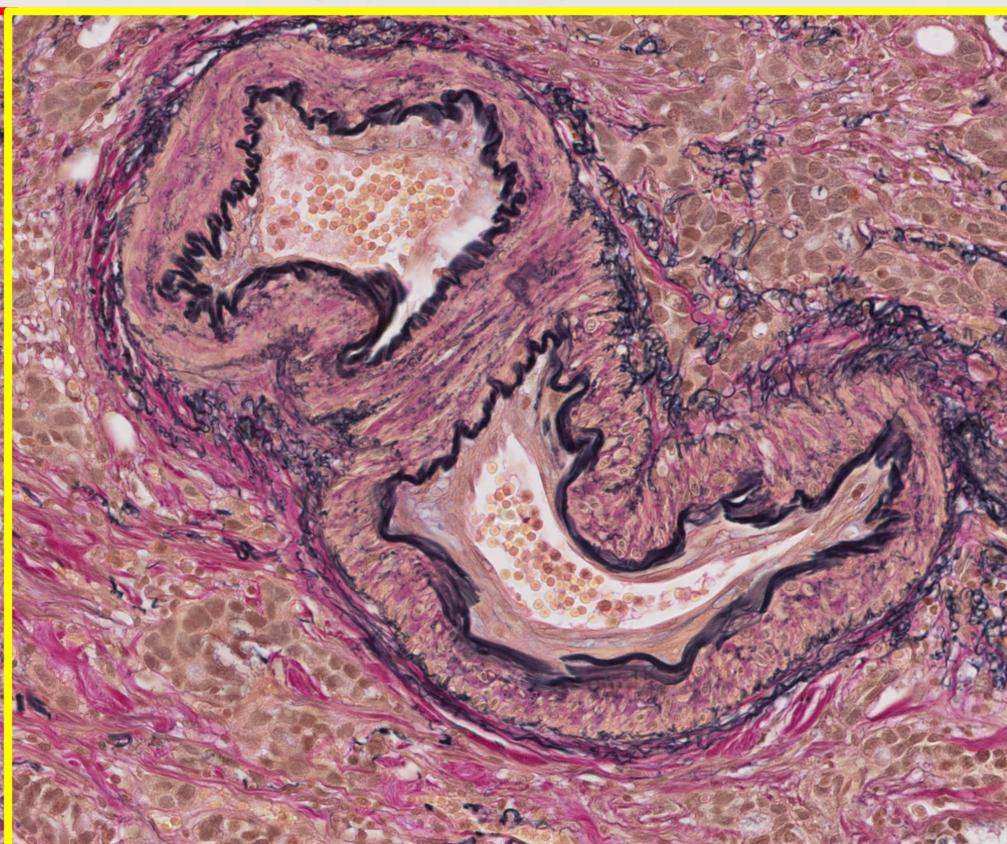
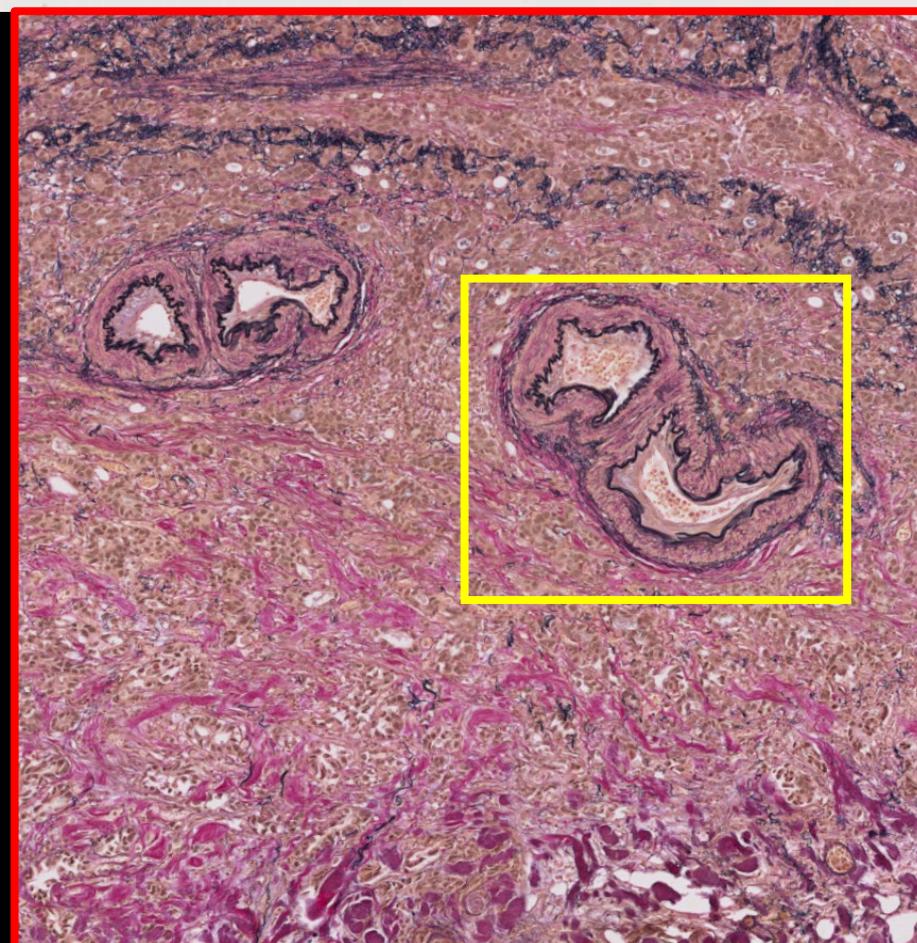
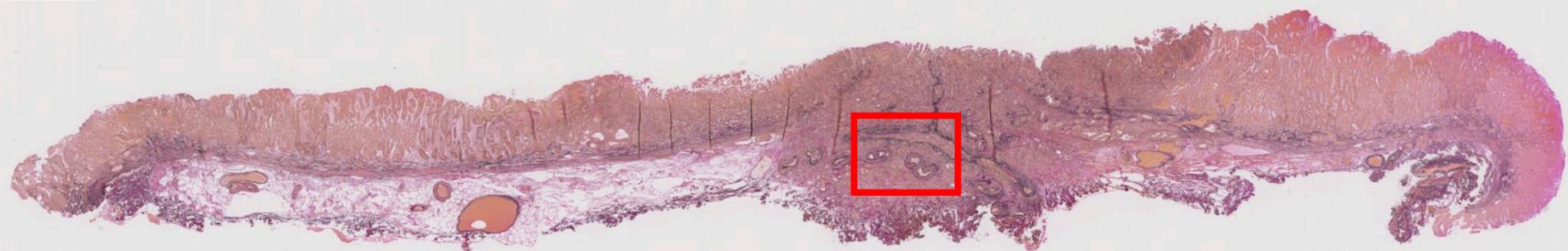
D2-40



リンパ管侵襲陽性(Ly1)

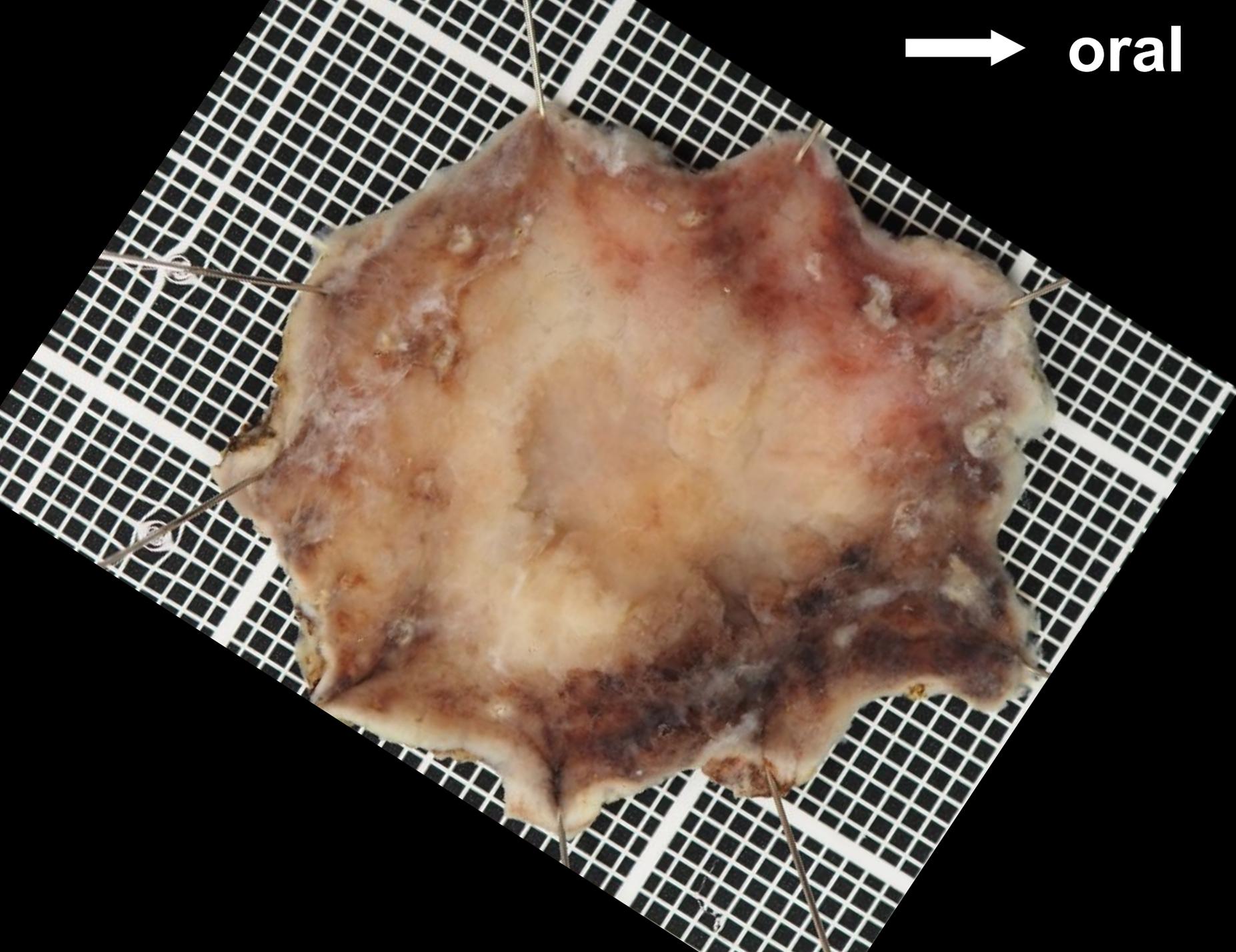
6

EVG



静脈侵襲陽性(V1)

→ oral



→ oral

● M
● SM

12

11

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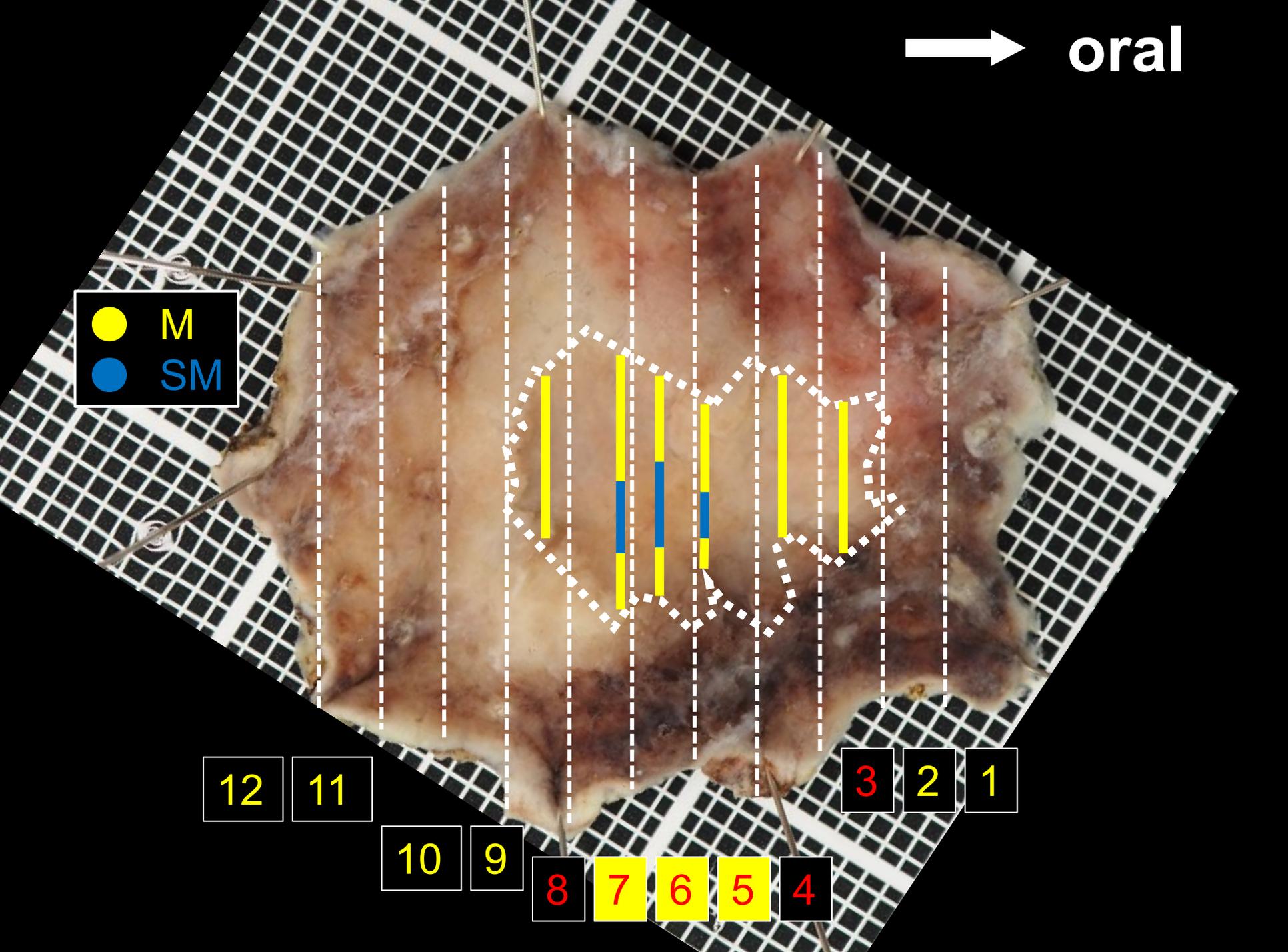
5

4

3

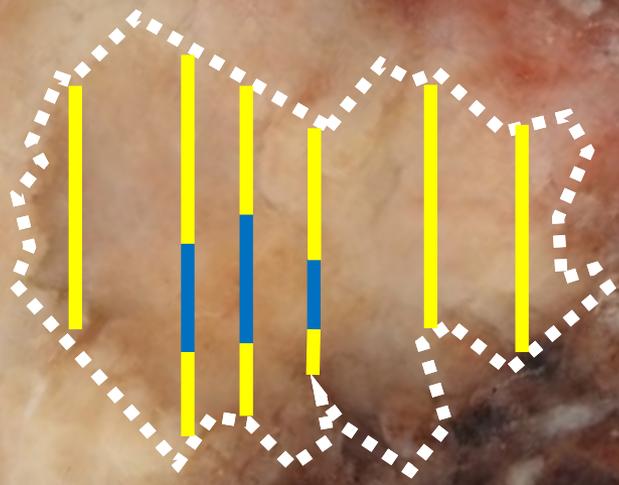
2

1

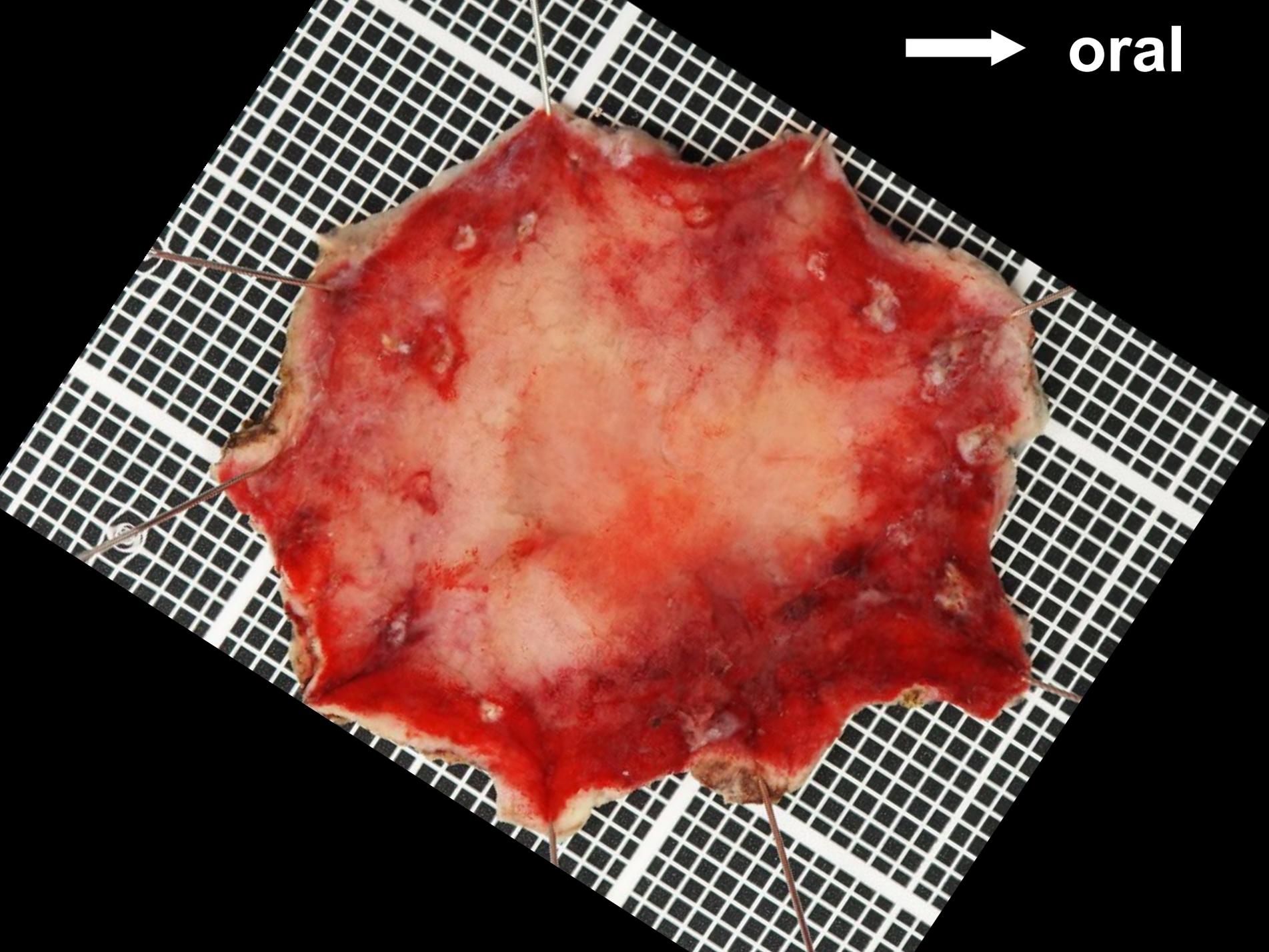


→ oral

● M
● SM



→ oral



→ oral

● M
● SM

12

11

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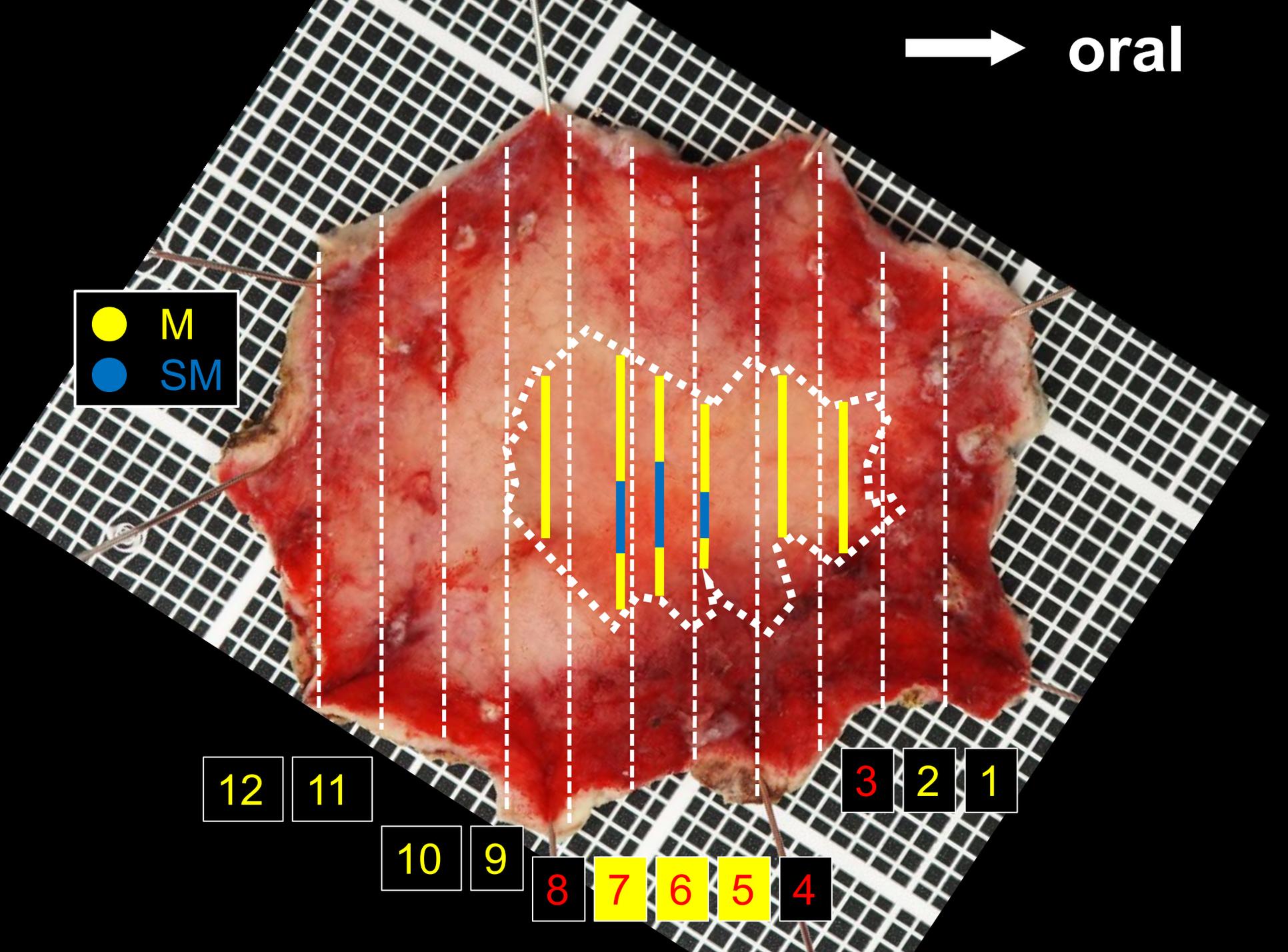
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4

3

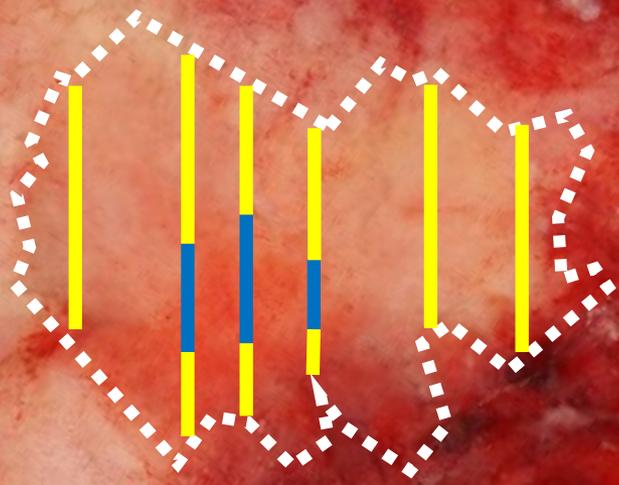
2

1

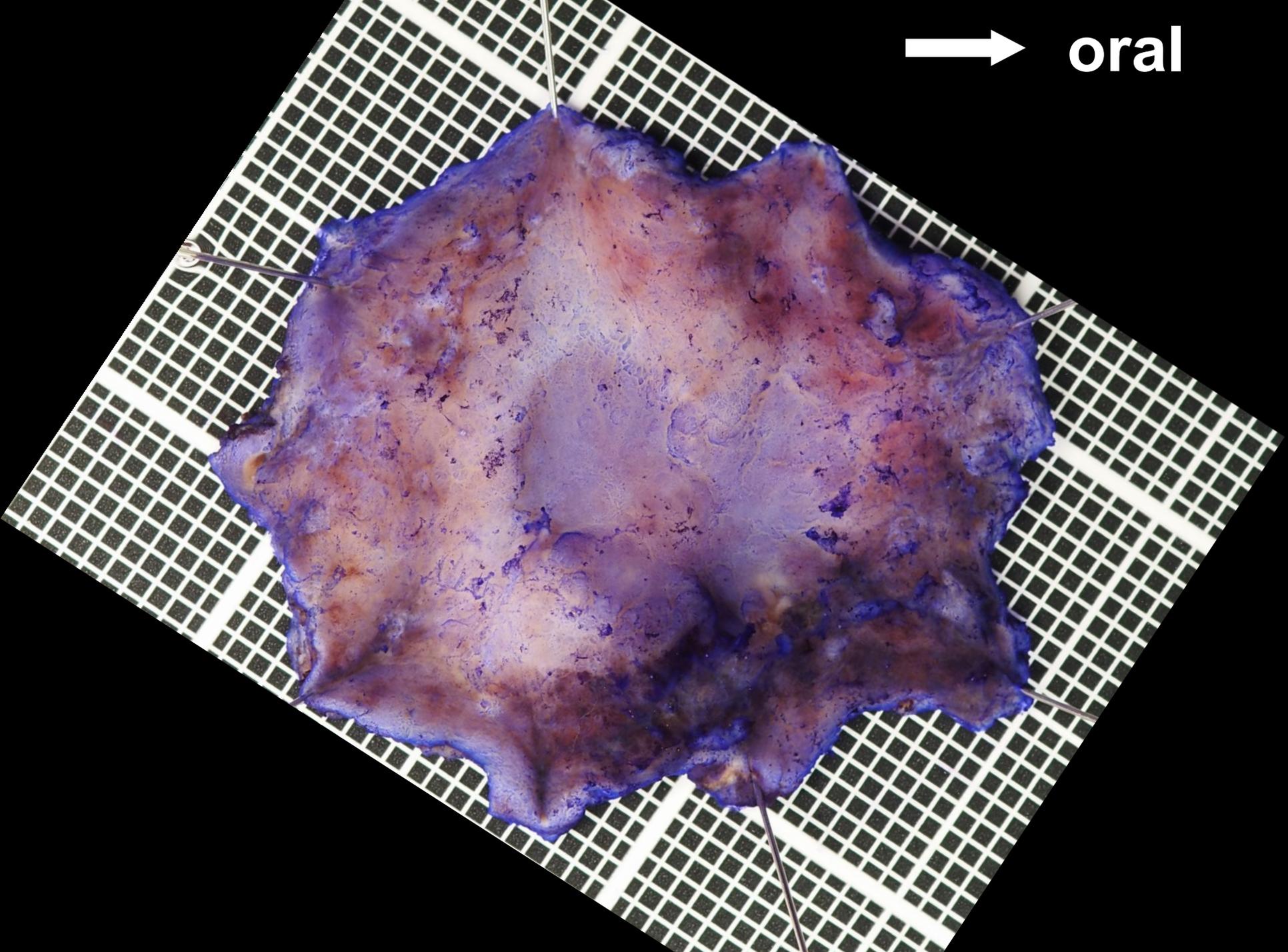


→ oral

● M
● SM



→ oral



→ oral

● M
● SM

12

11

10

9

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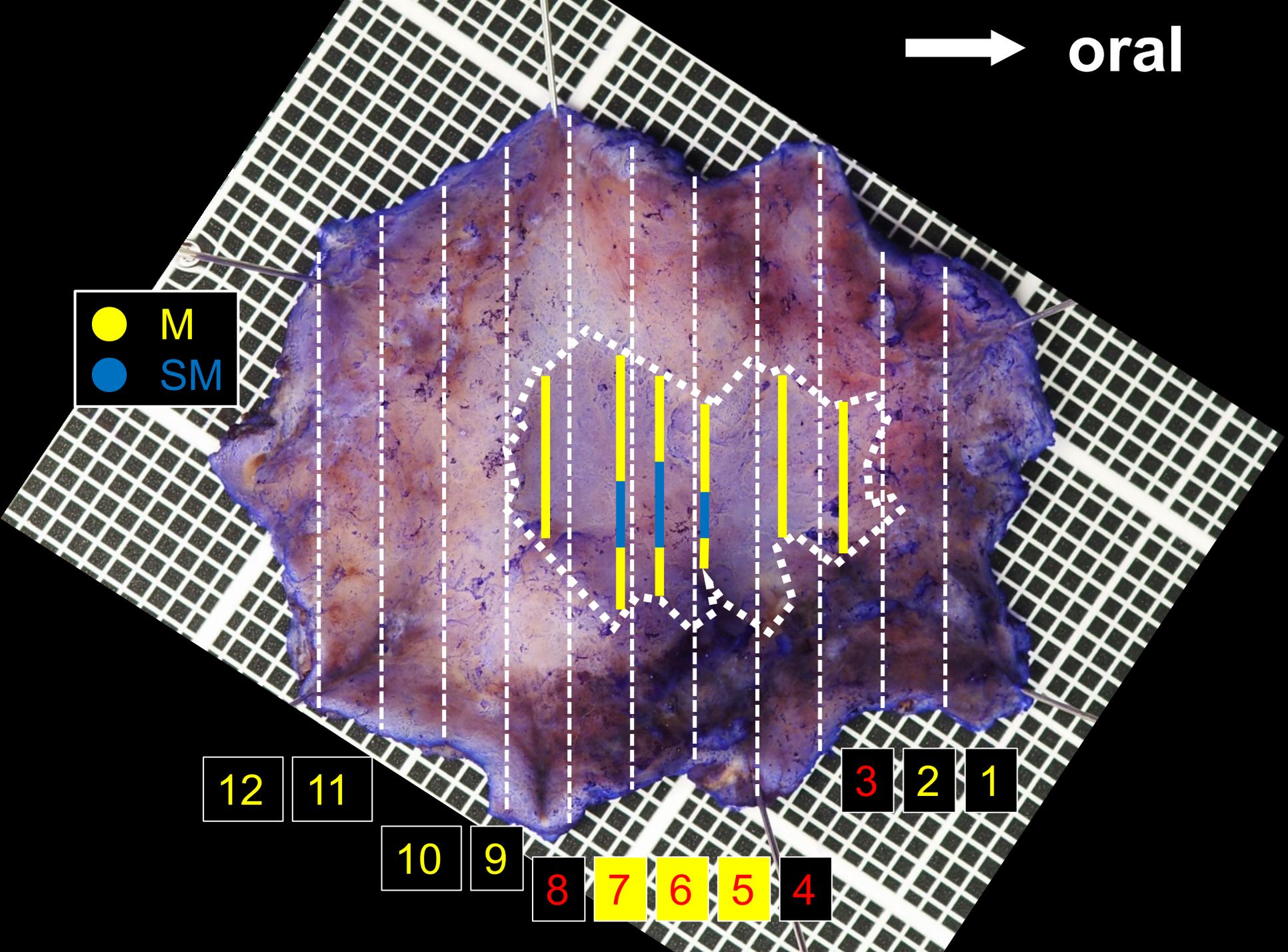
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4

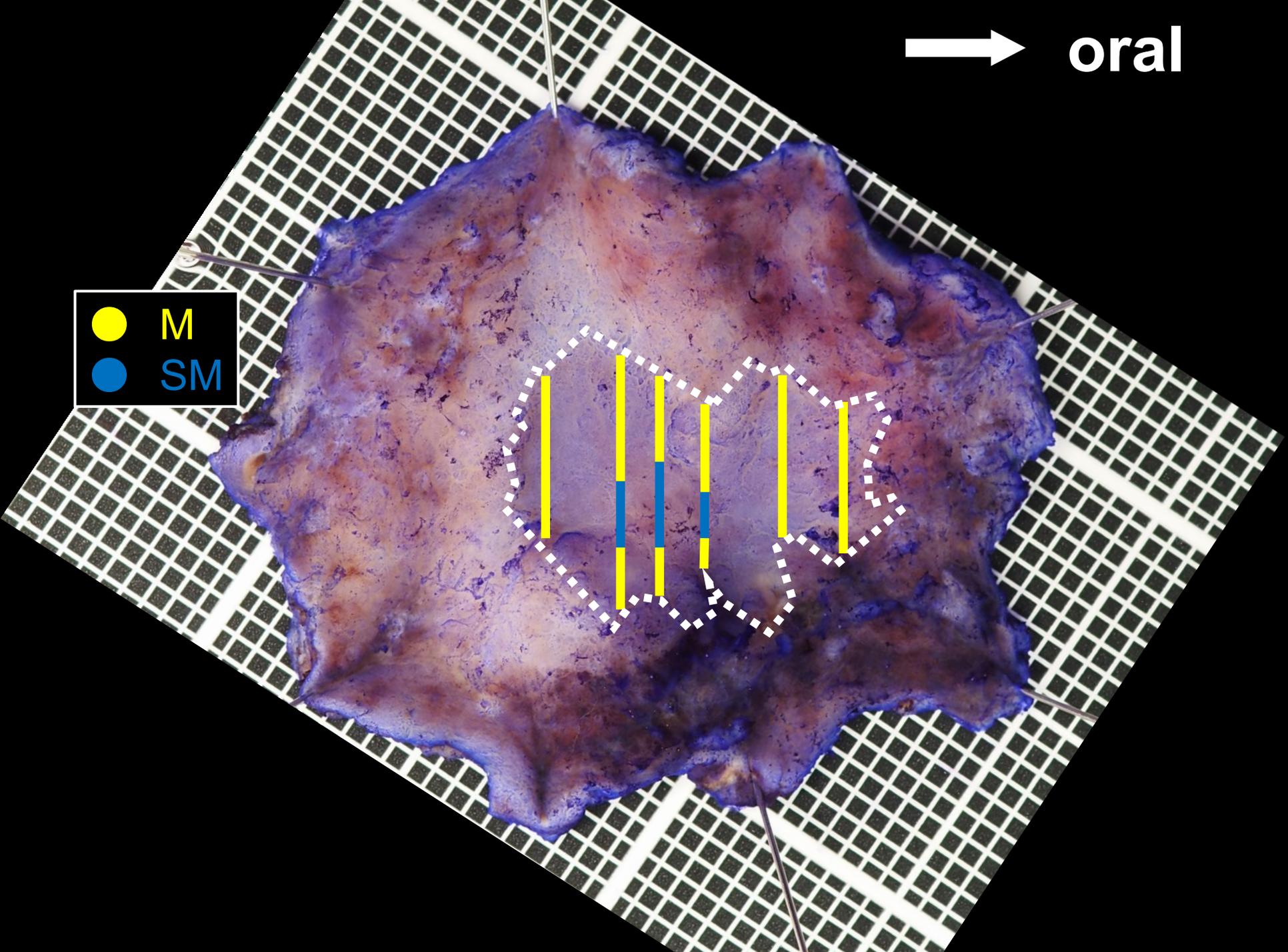
3

2

1



→ oral



病理組織診断

Stomach, ESD: 15 × 10mm(36 × 32mm)

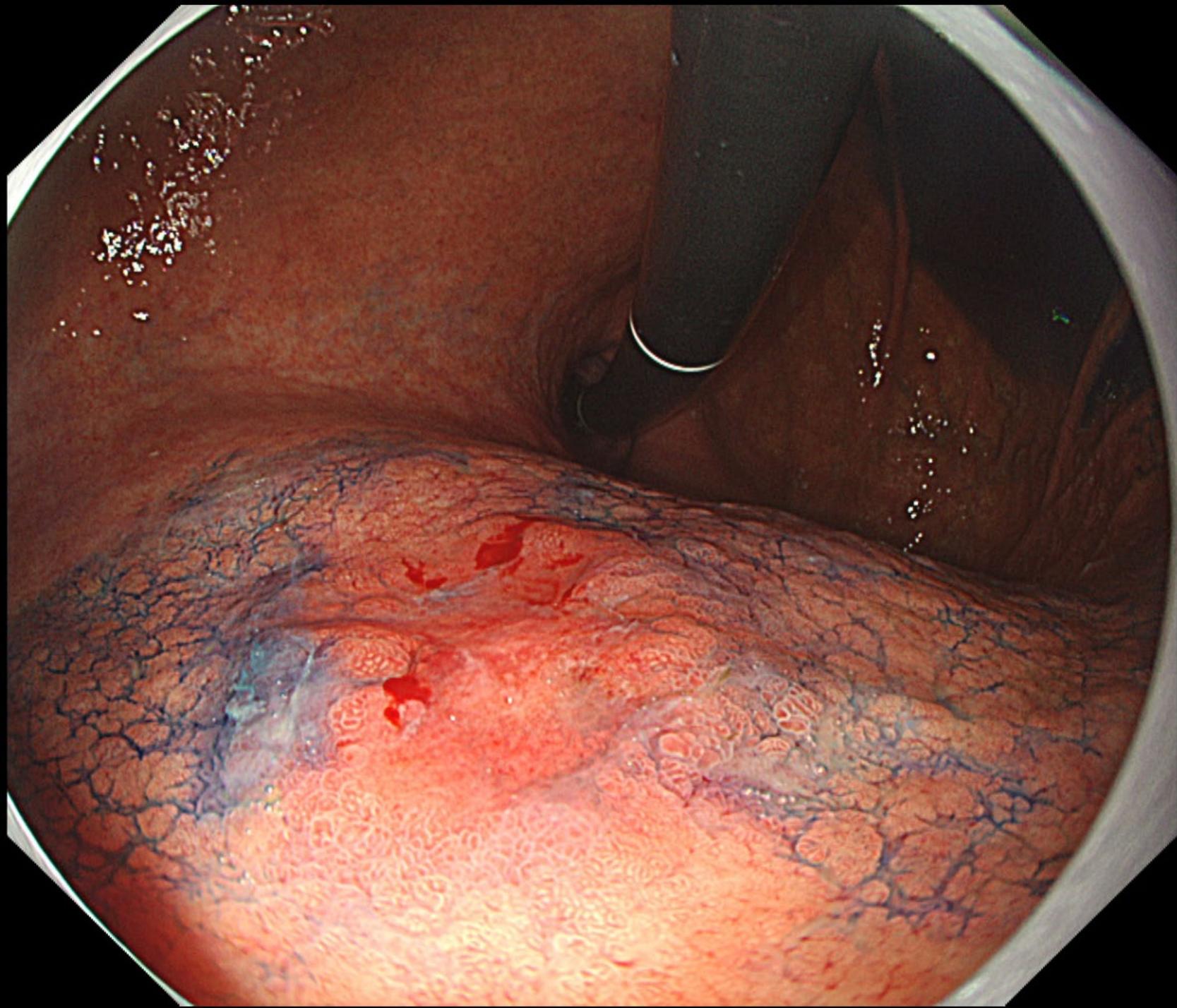
tubular adenocarcinoma,

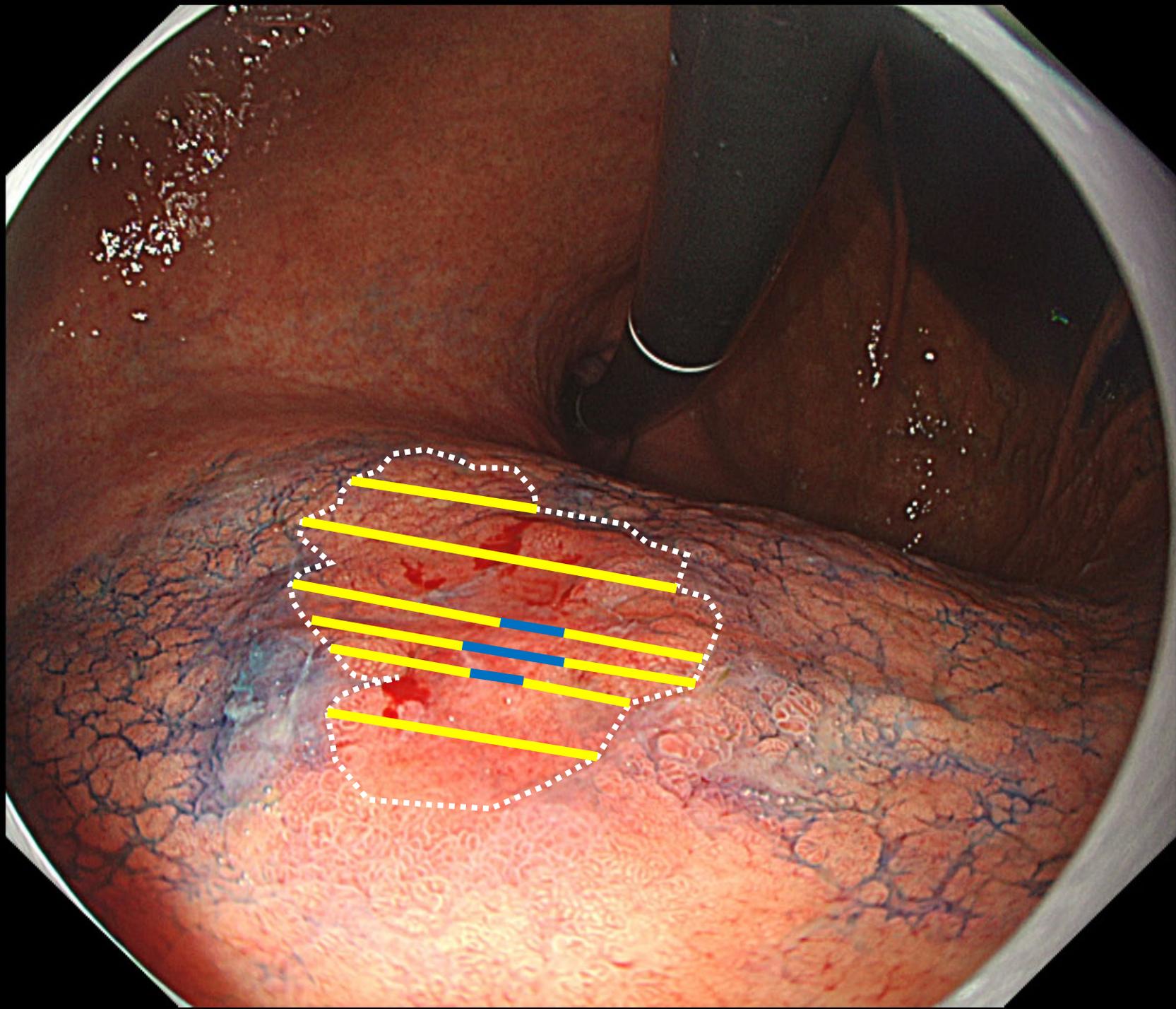
moderately differentiated (tub2>por2),

pT1b2(SM2, 2.3mm), INFb, **Ly1, V1**,

pUL0, pHM0(6mm), **pVM1** .

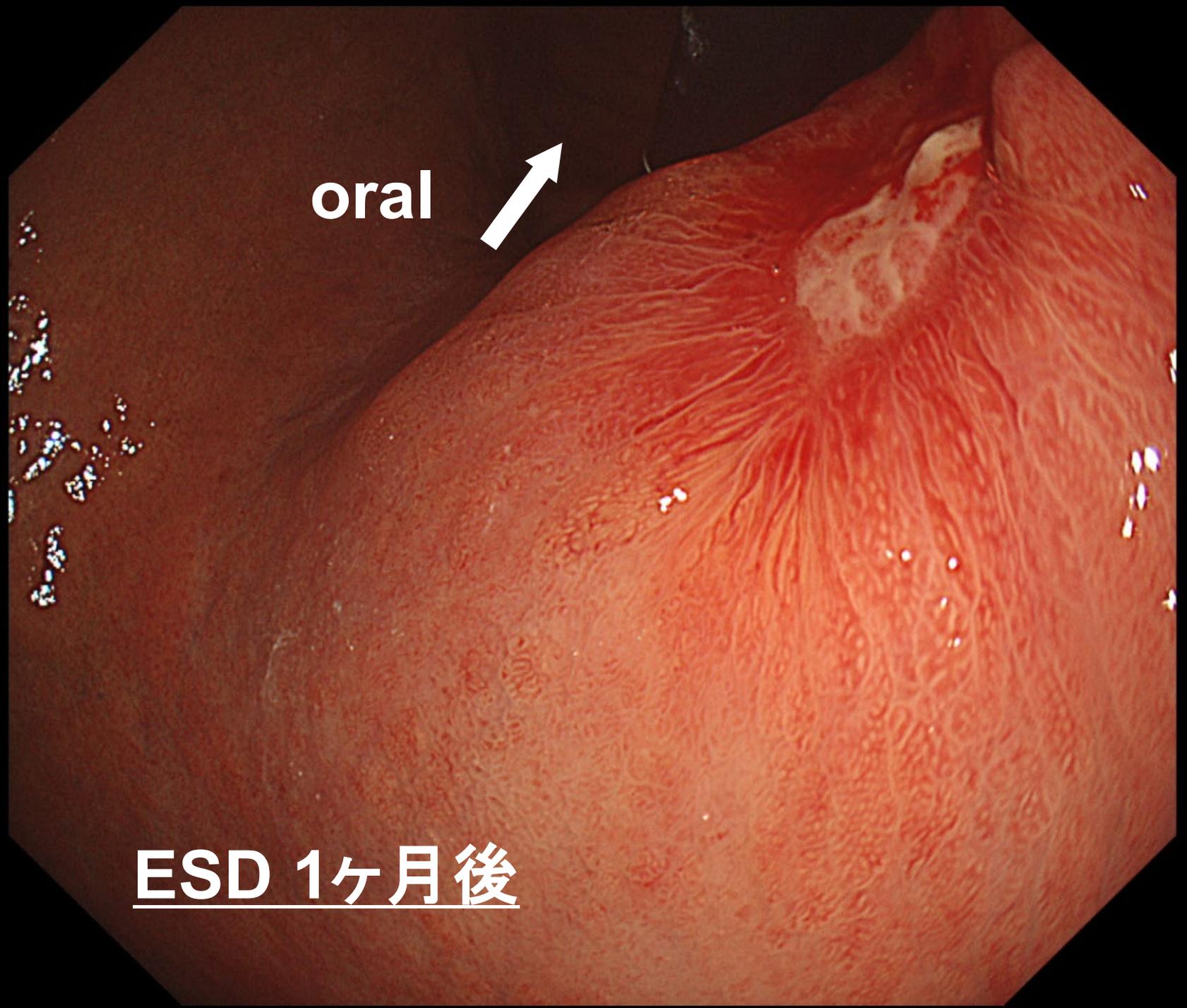
eCura C-2

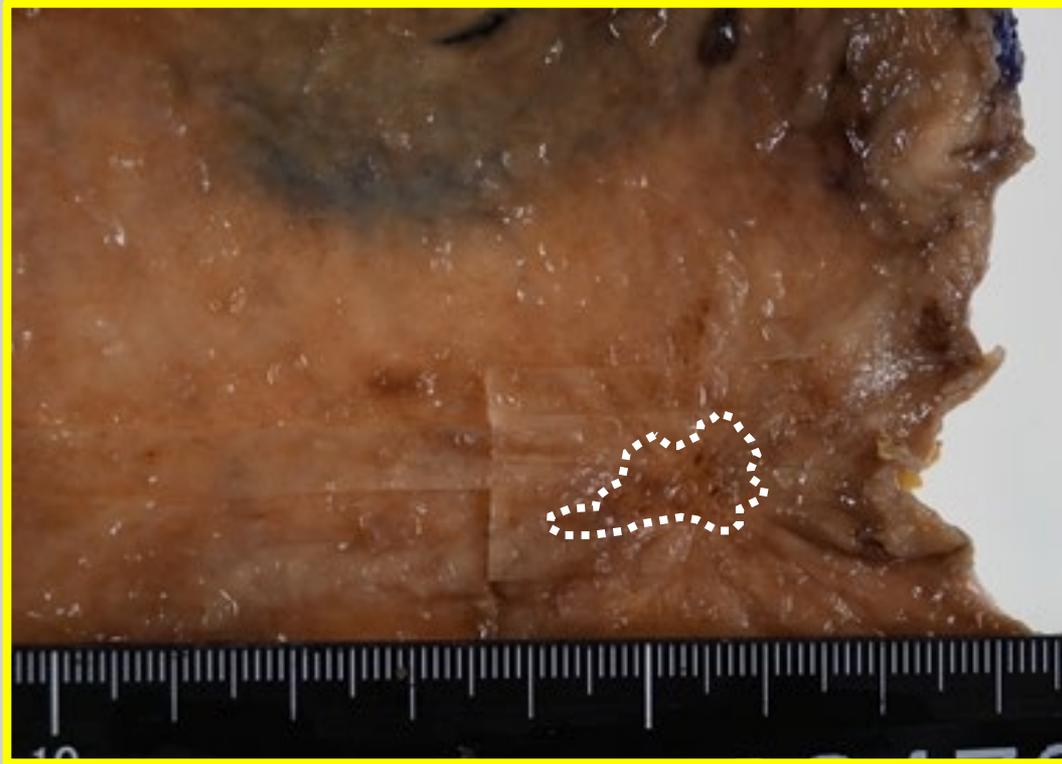




oral 

ESD 1ヶ月後



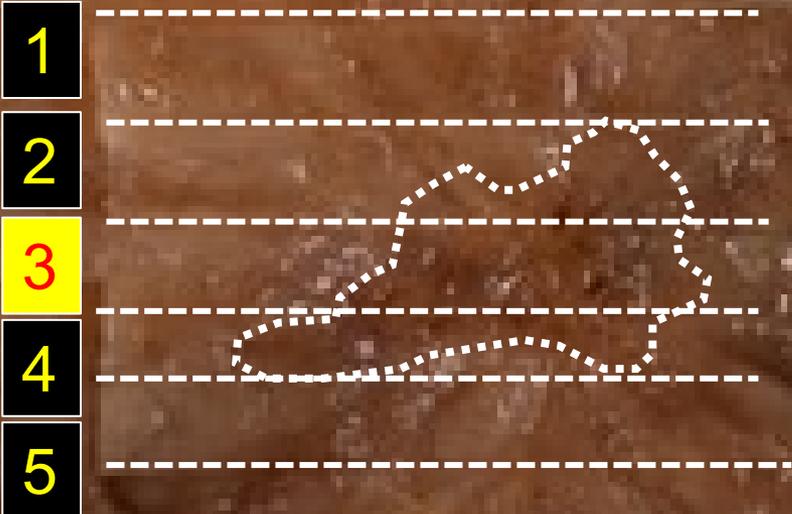


oral

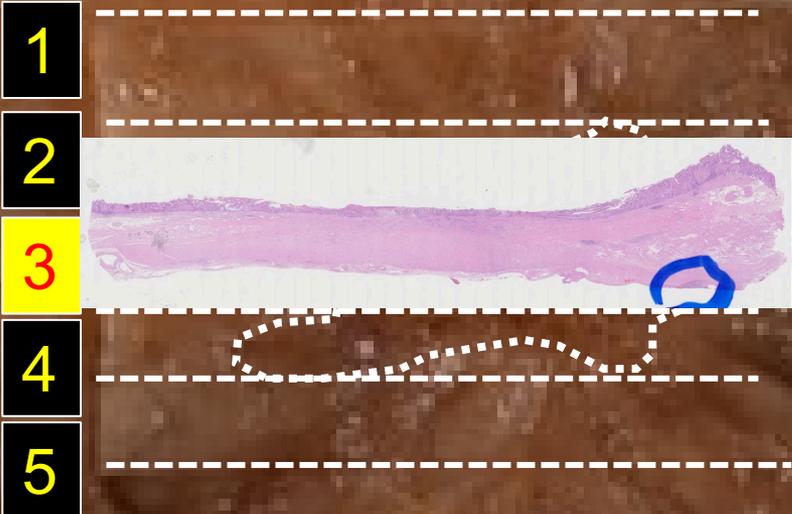


追加切除
(幽門側胃切除)

→ oral

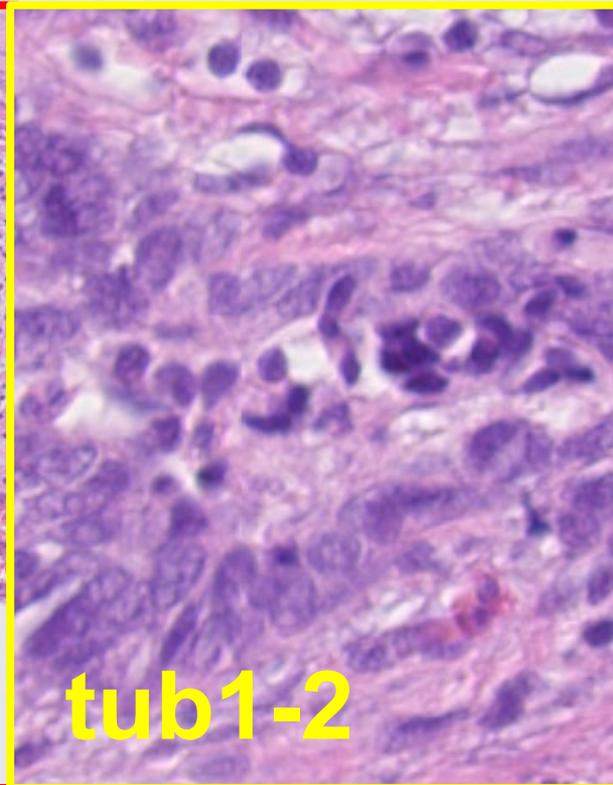
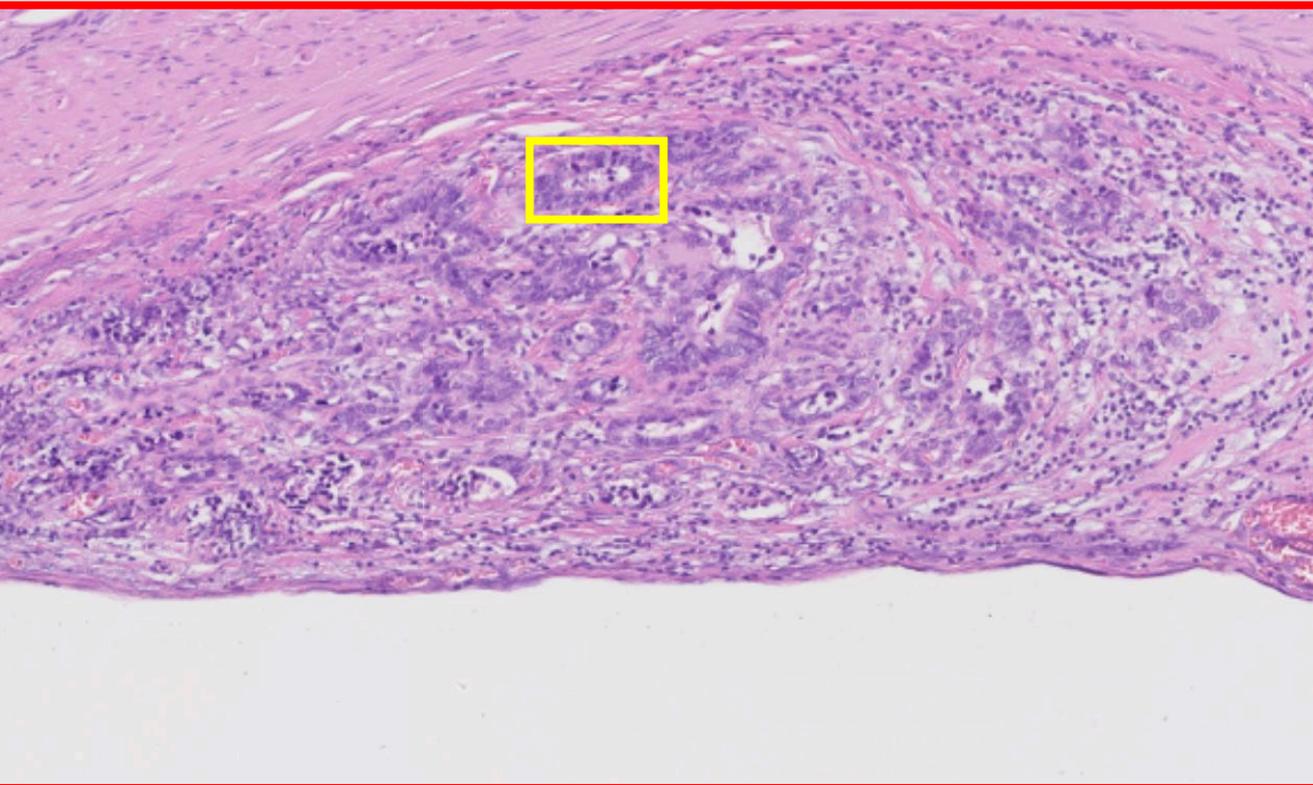
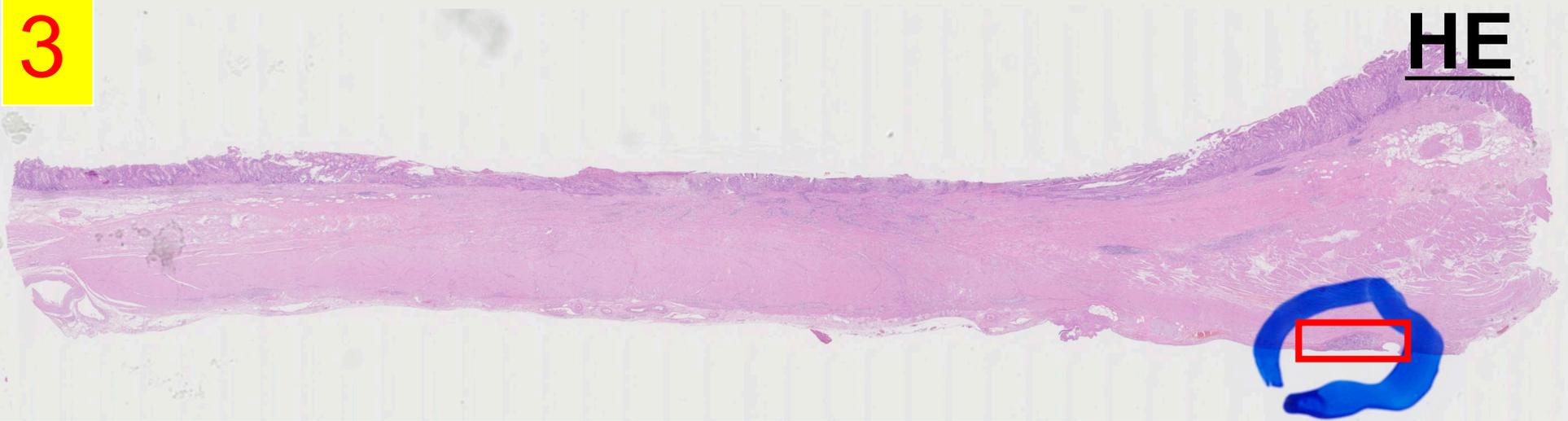


→ oral



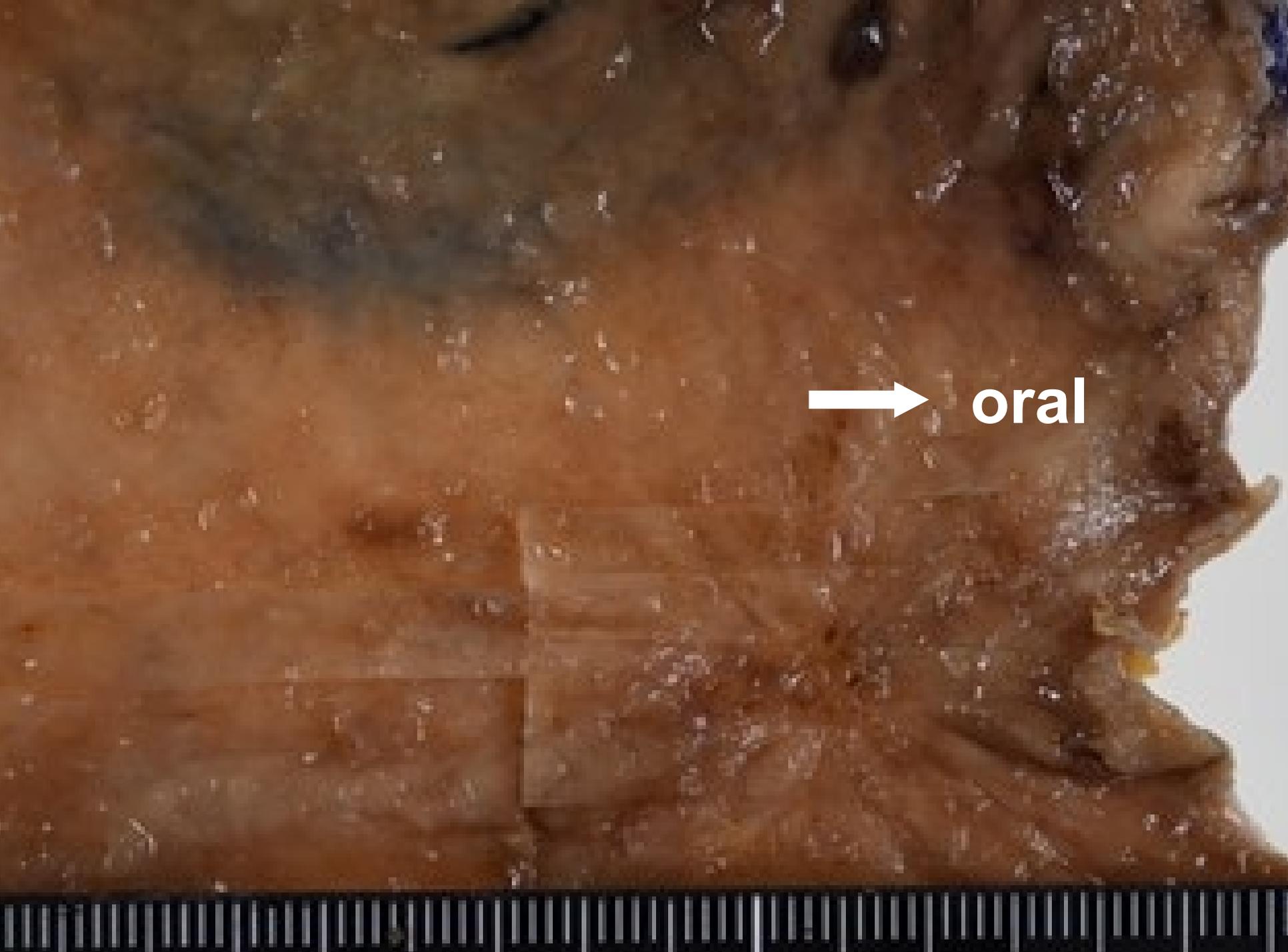
3

HE



tub1-2

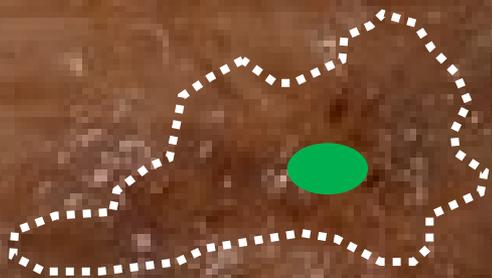
漿膜下にのみ高～中分化腺癌を認める



oral

→ oral

● 漿膜下のみ



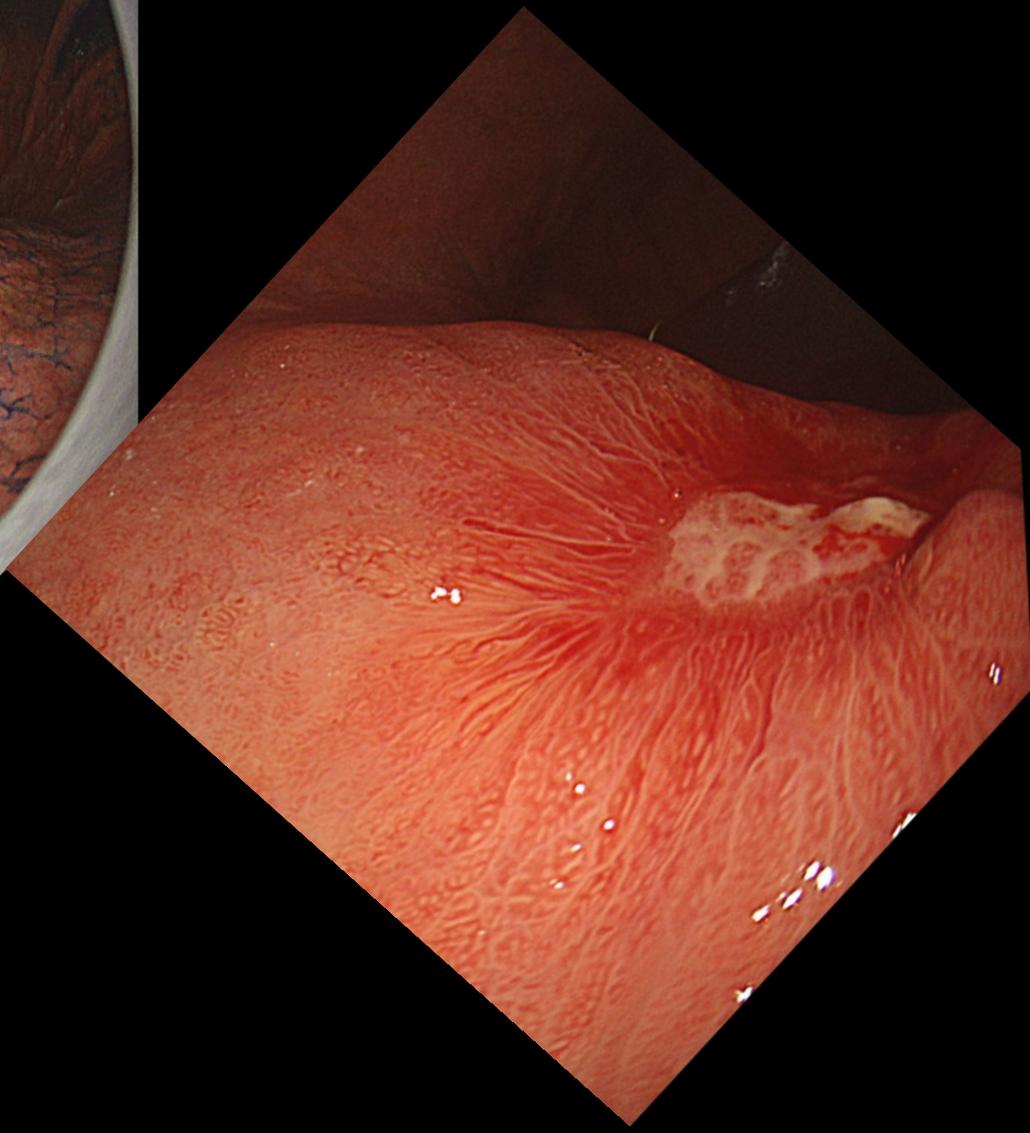
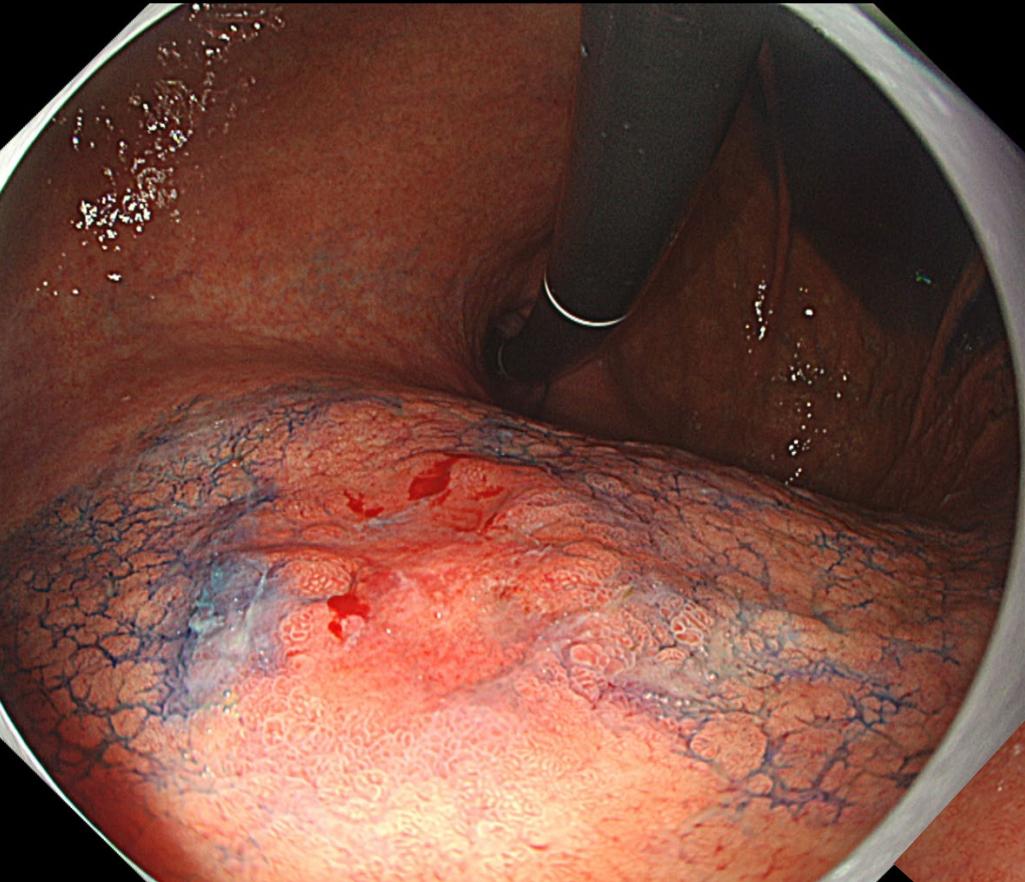
病理組織診断

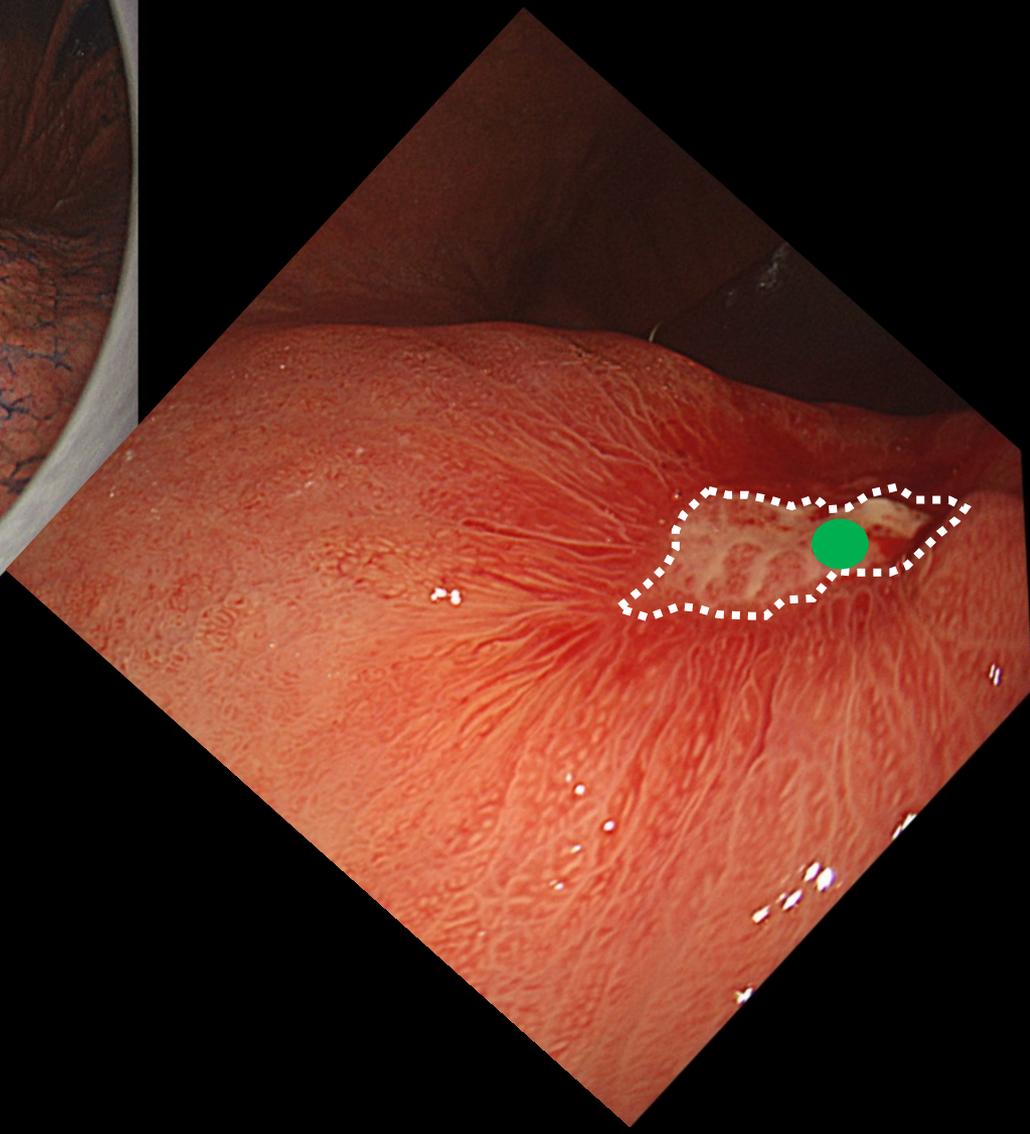
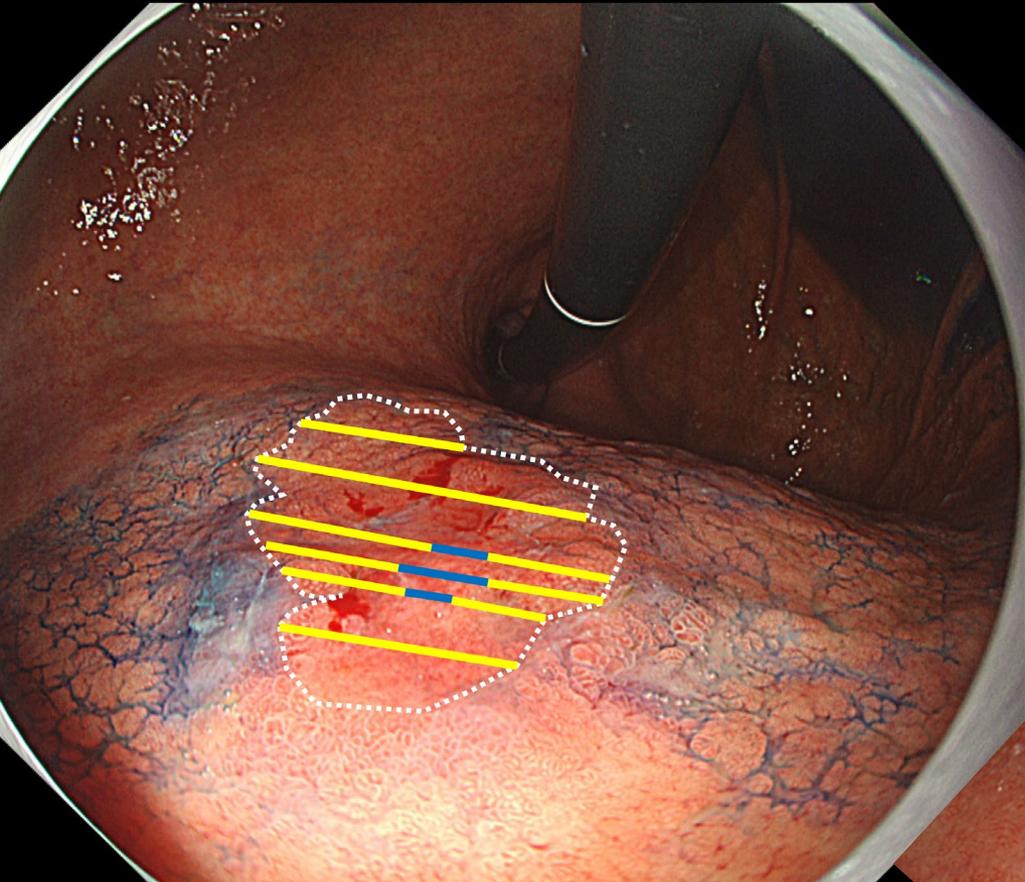
Stomach, distal gastrectomy, status post ESD:

-**Adenocarcinoma**, moderately differentiated, residual (3). M, Post, type5, 1.5mm, **pT3**, INFb, Ly0, V0, p PM0,(4mm) pDM0(140mm), pN0 .

Lymph node dissection:

-No evidence of malignancy

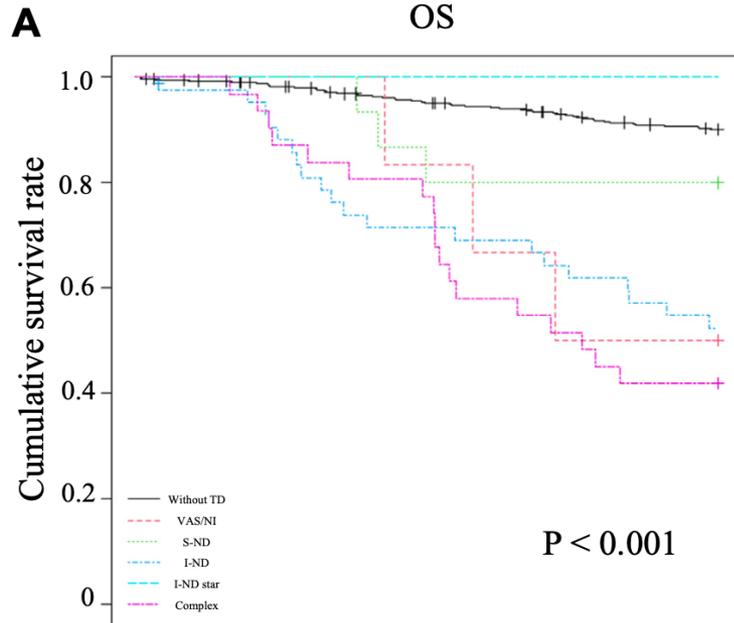




衛星結節 (tumor deposit)

・リンパ節領域に存在するリンパ節構造を有さない全ての非連続性癌進展病変。

(Surgery 175 (2024) 373e379)



No. at risk	0	1	2	3
Without TD	772	740	709	672
VAS/NI	6	6	4	3
S-ND	15	15	12	12
I-ND	43	33	29	22
I-ND star	1	1	1	1
Complex	31	26	17	13

Vascular/Neural Invasion

— **VAS/NI** 脈管侵襲および神経侵襲

Smooth Nodule

— **S-ND** 周囲に比較的均一な被膜様の結合織を有する辺縁整な腫瘍結節

Irregular Nodule

— **I-ND** 辺縁が不整な腫瘍結節

Irregular Nodule -Star

— **I-ND★** I-NDの中で、辺縁に静脈や神経への侵襲所見を伴う5mm以上の腫瘍結節