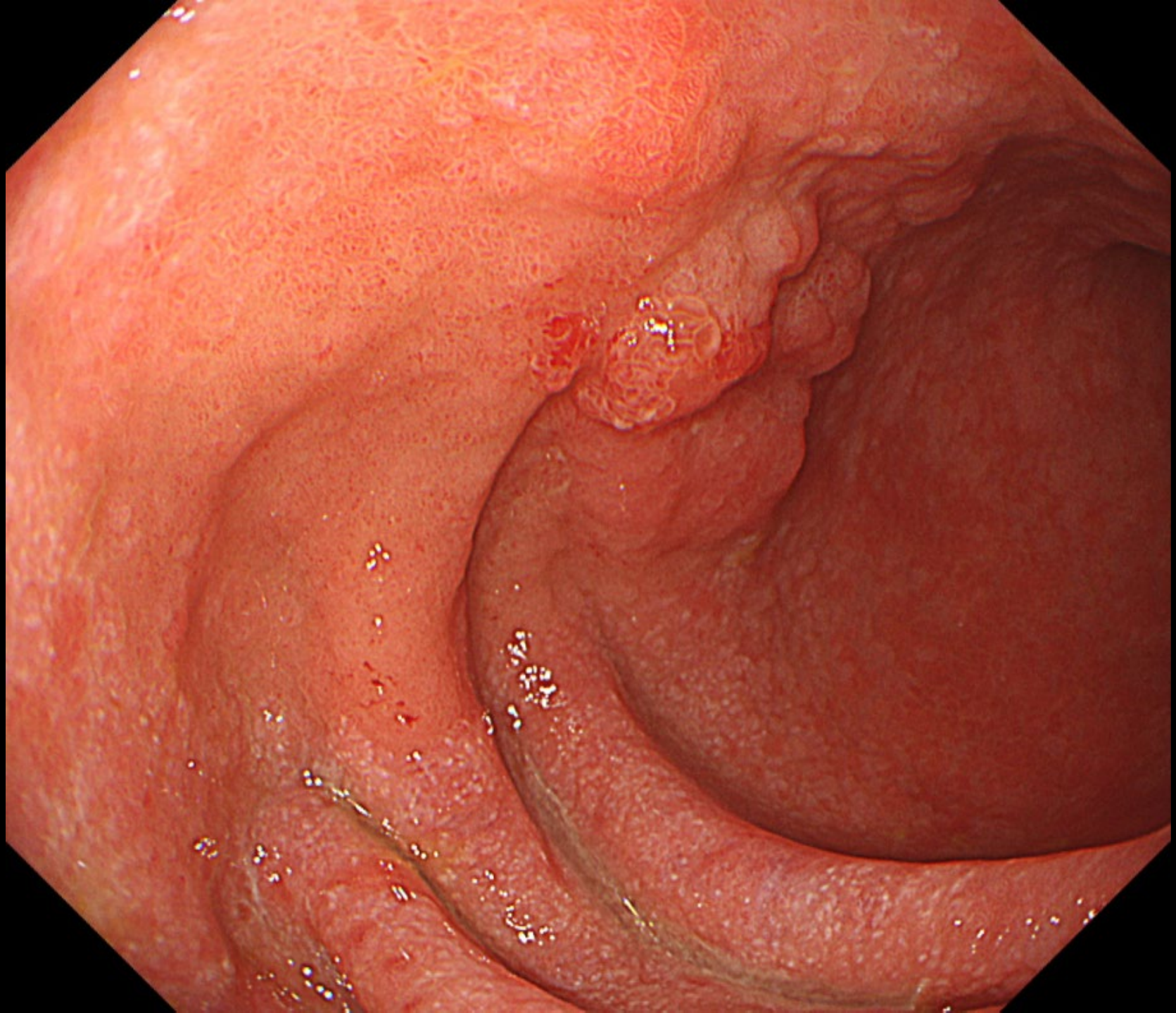
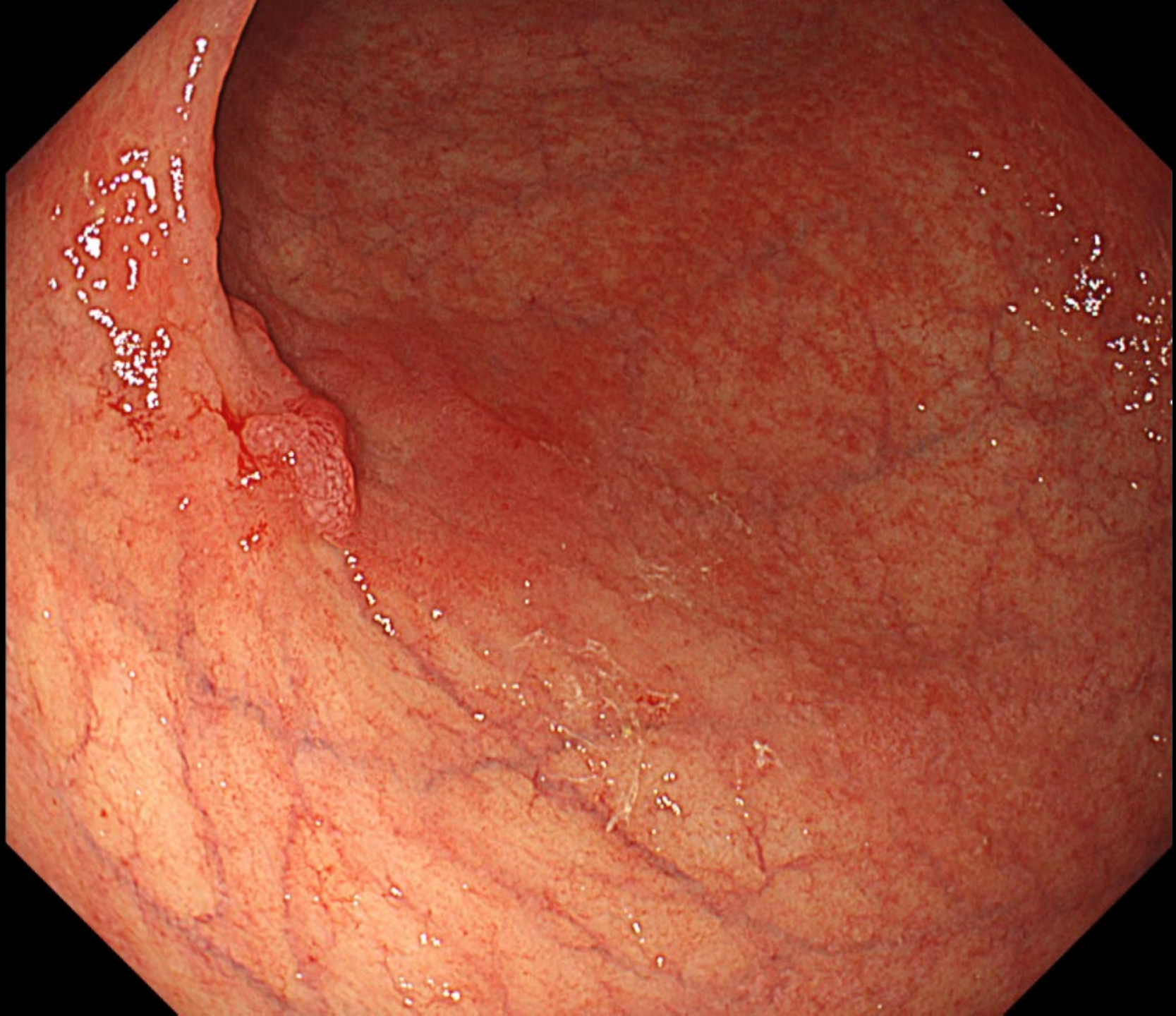
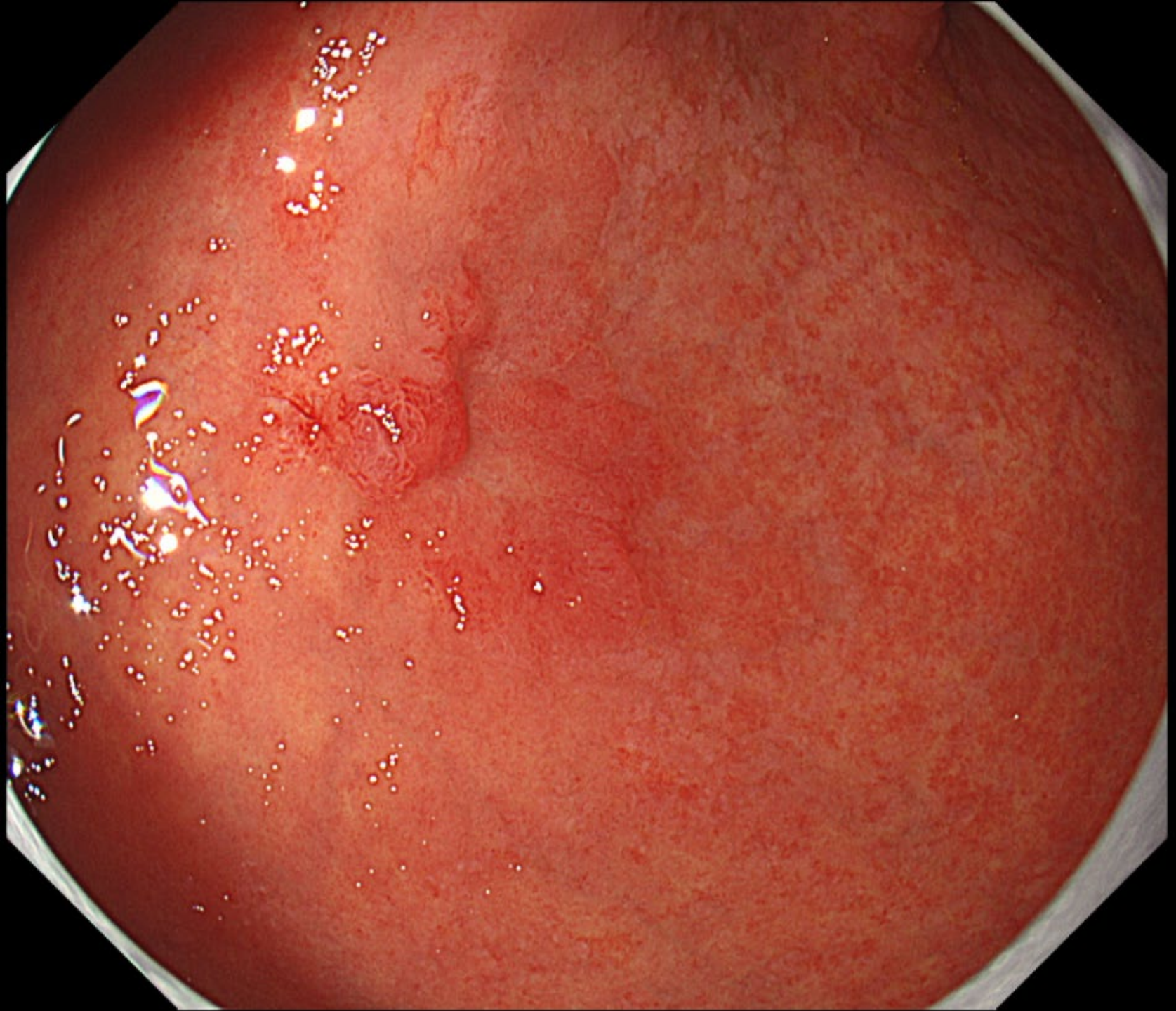
# 胃Mapping

担当： 大薄直也

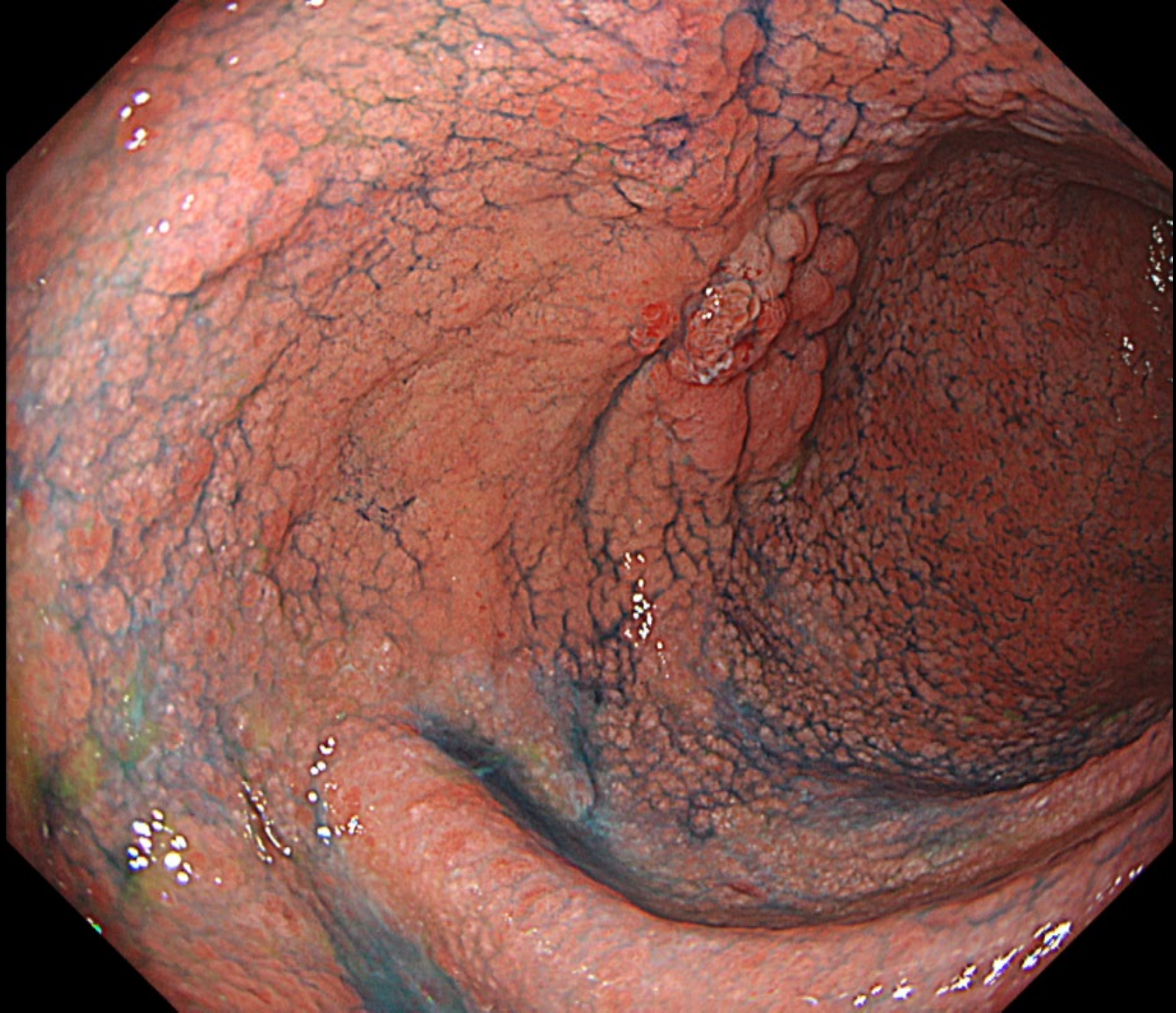
白色光
（3枚）

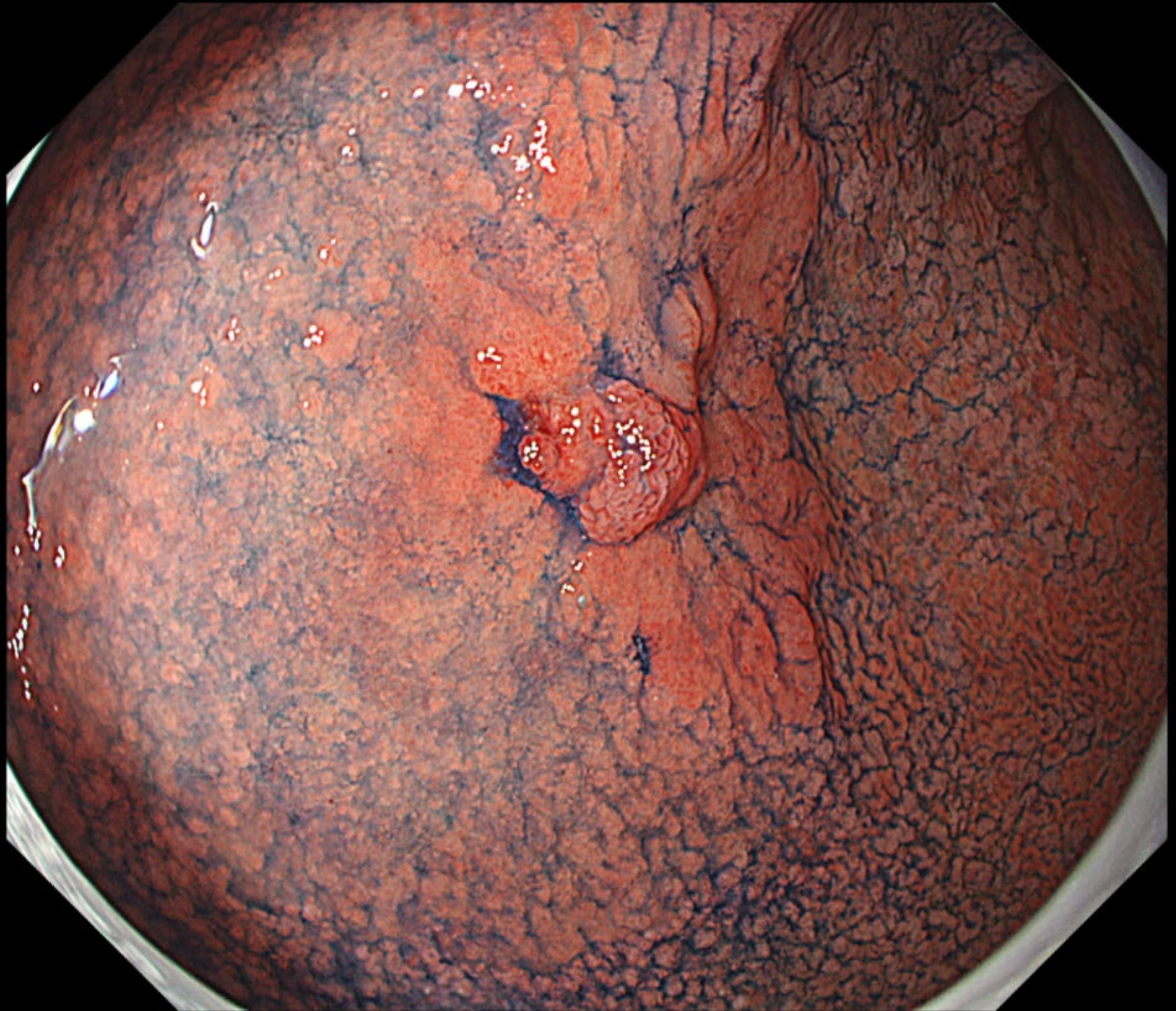




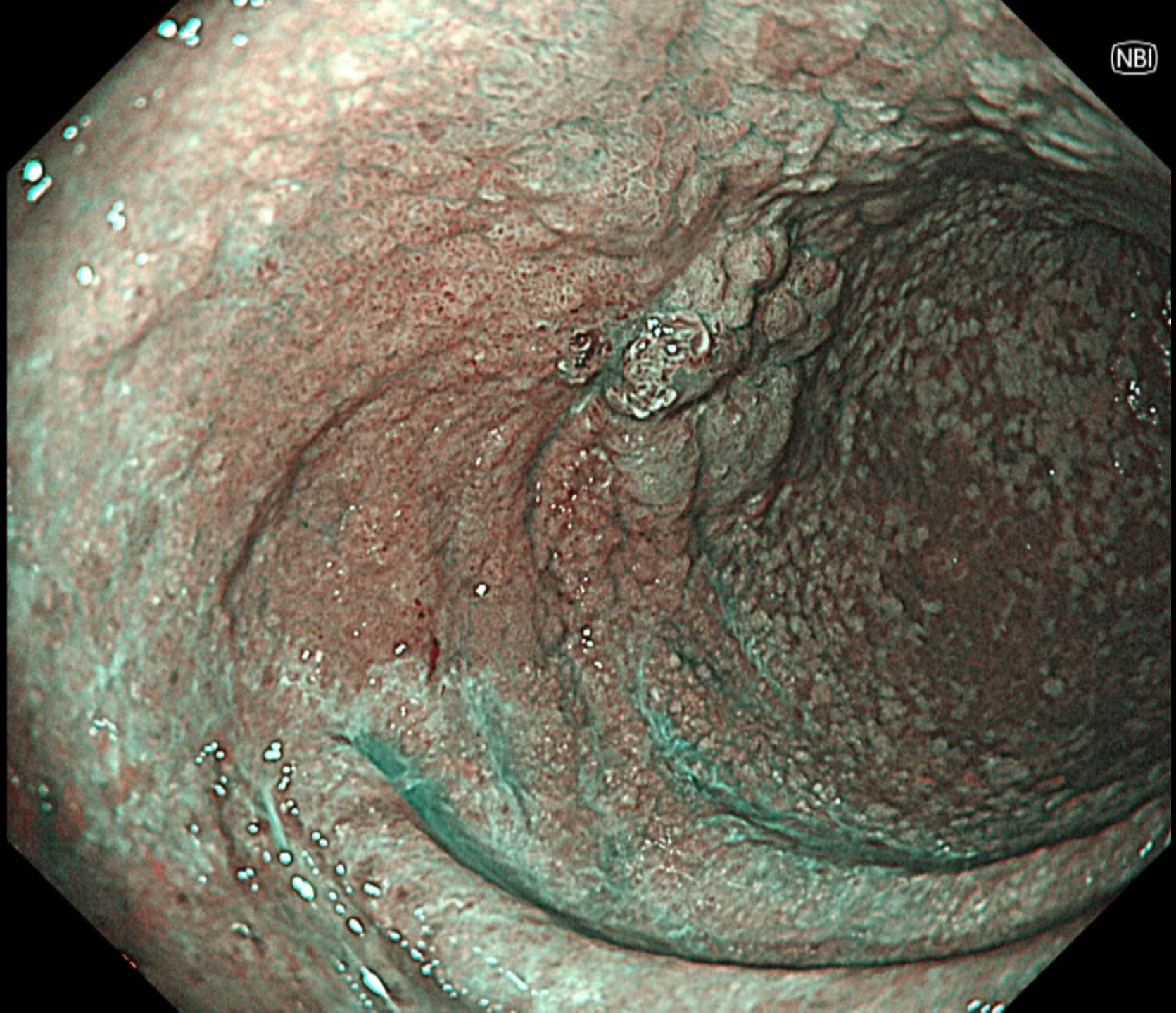


# インジゴカルミン
# （3枚）





# NBI
# （11枚）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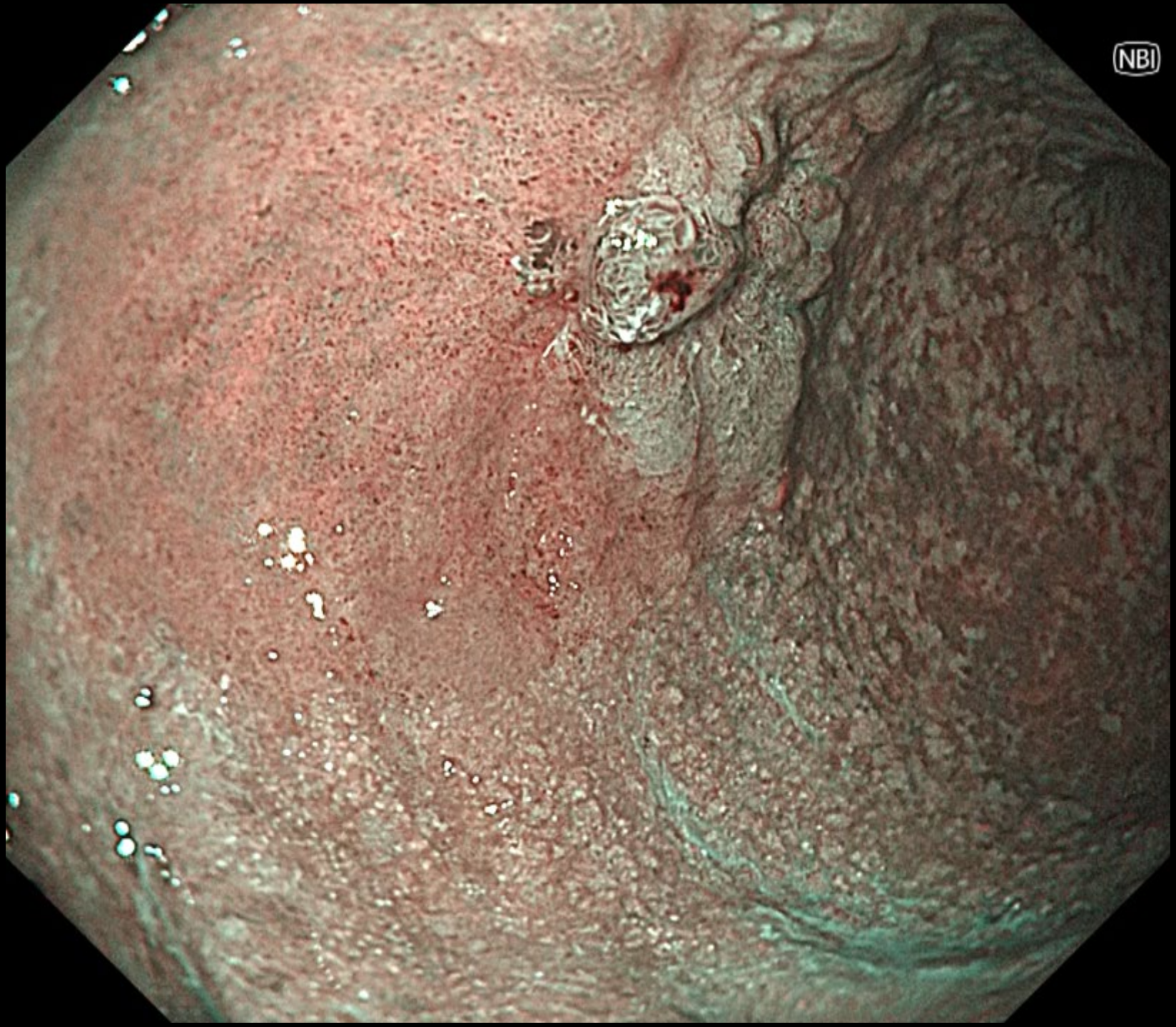
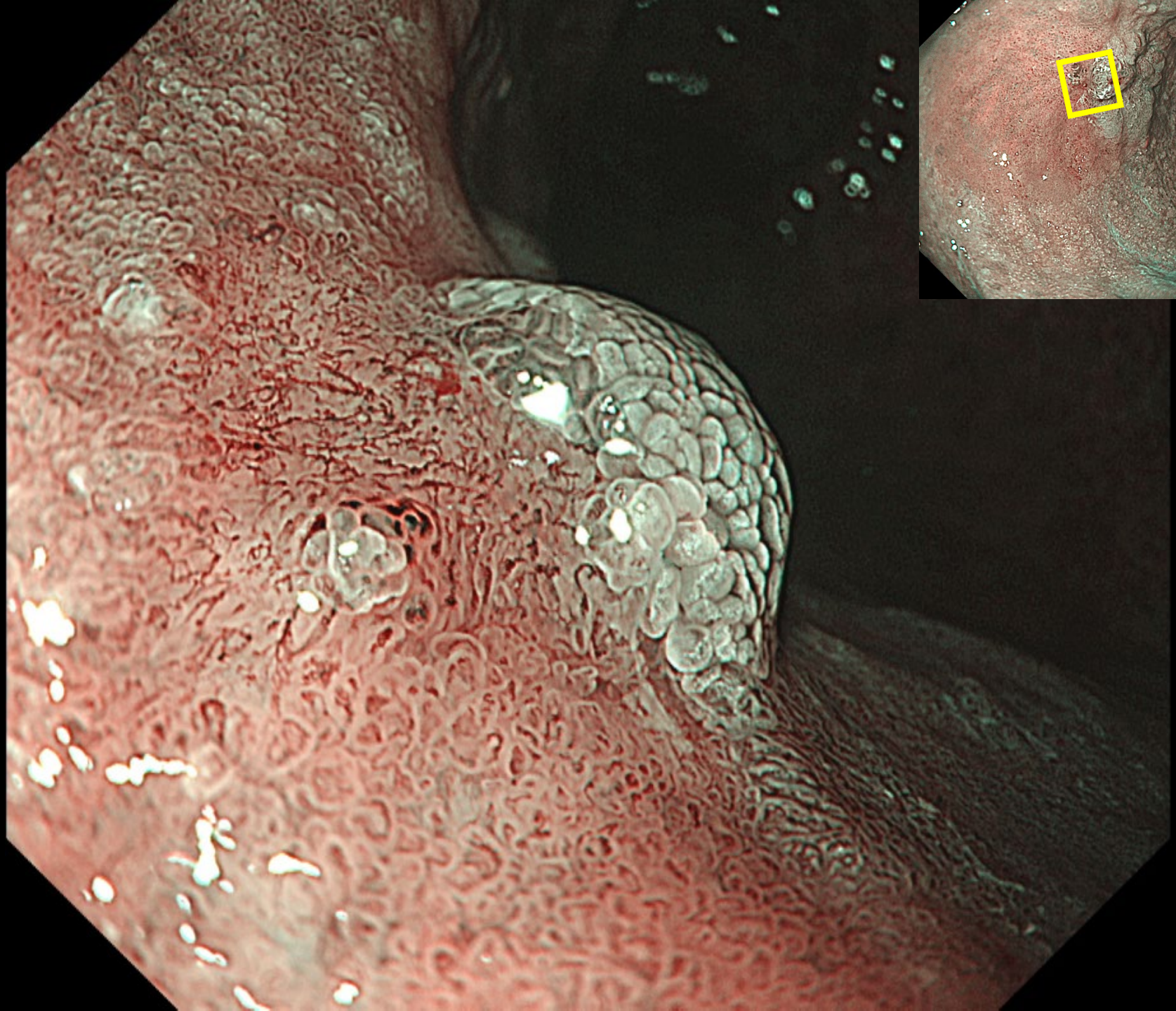

NBI

NBI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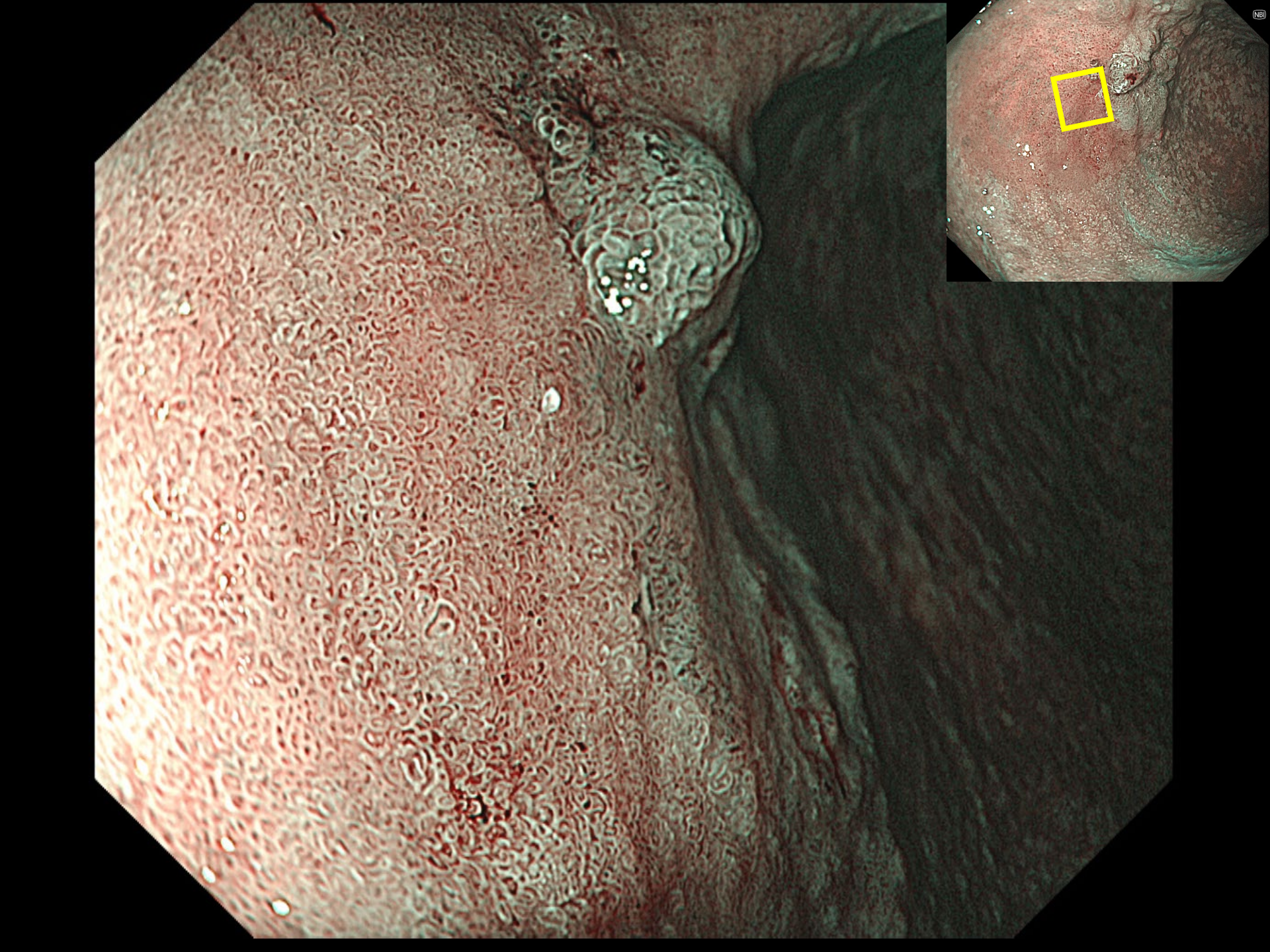
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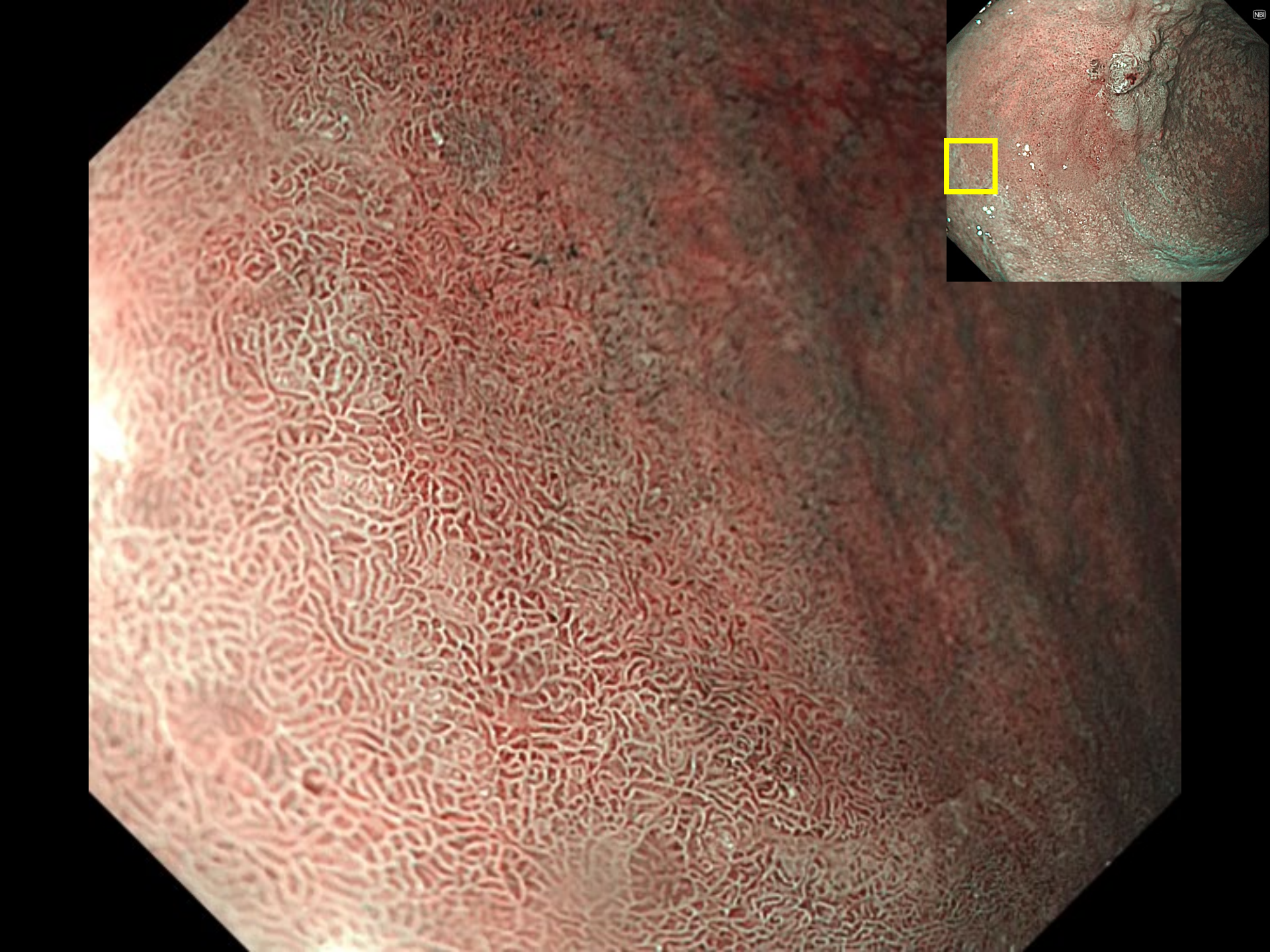
NBI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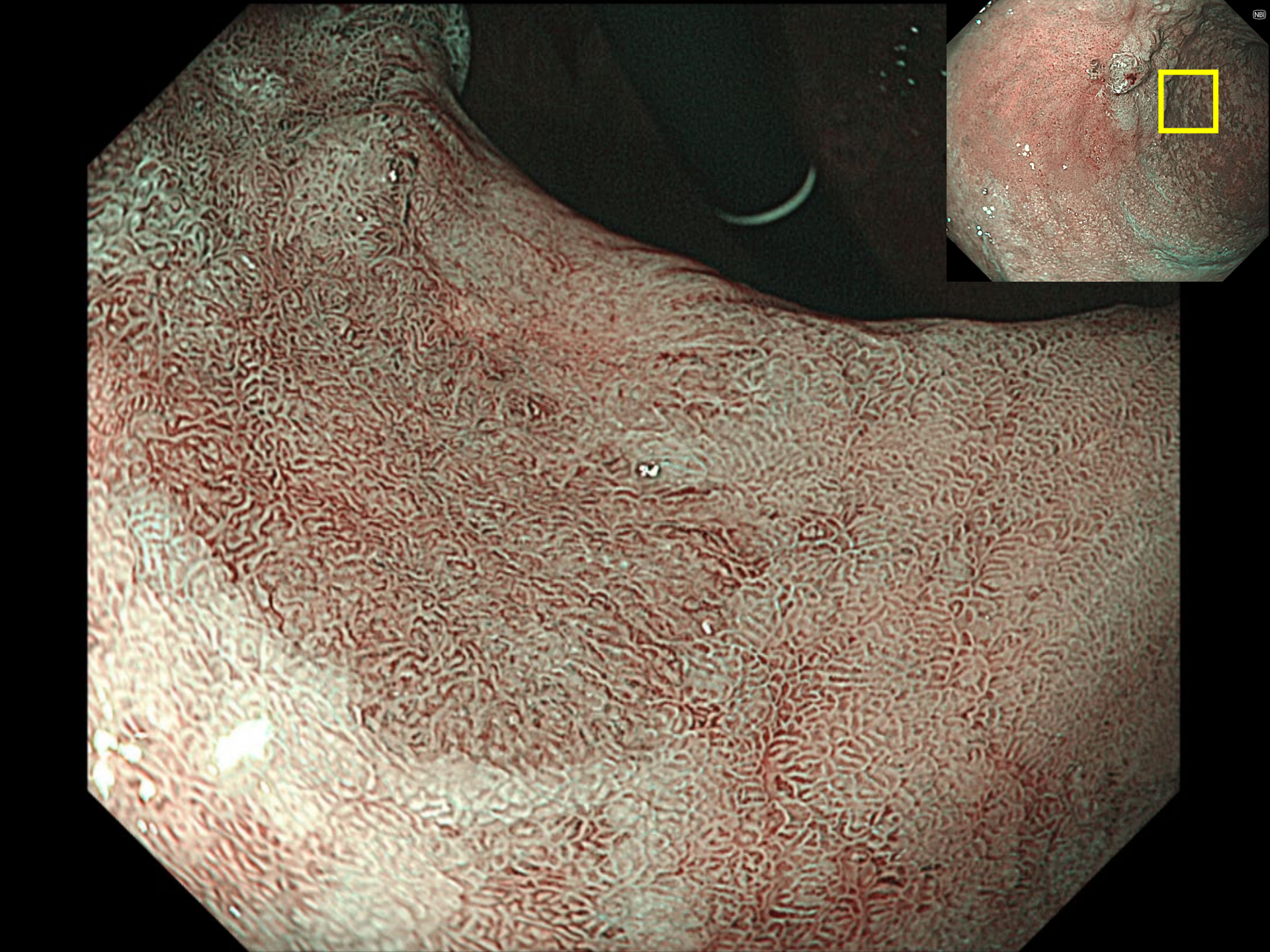
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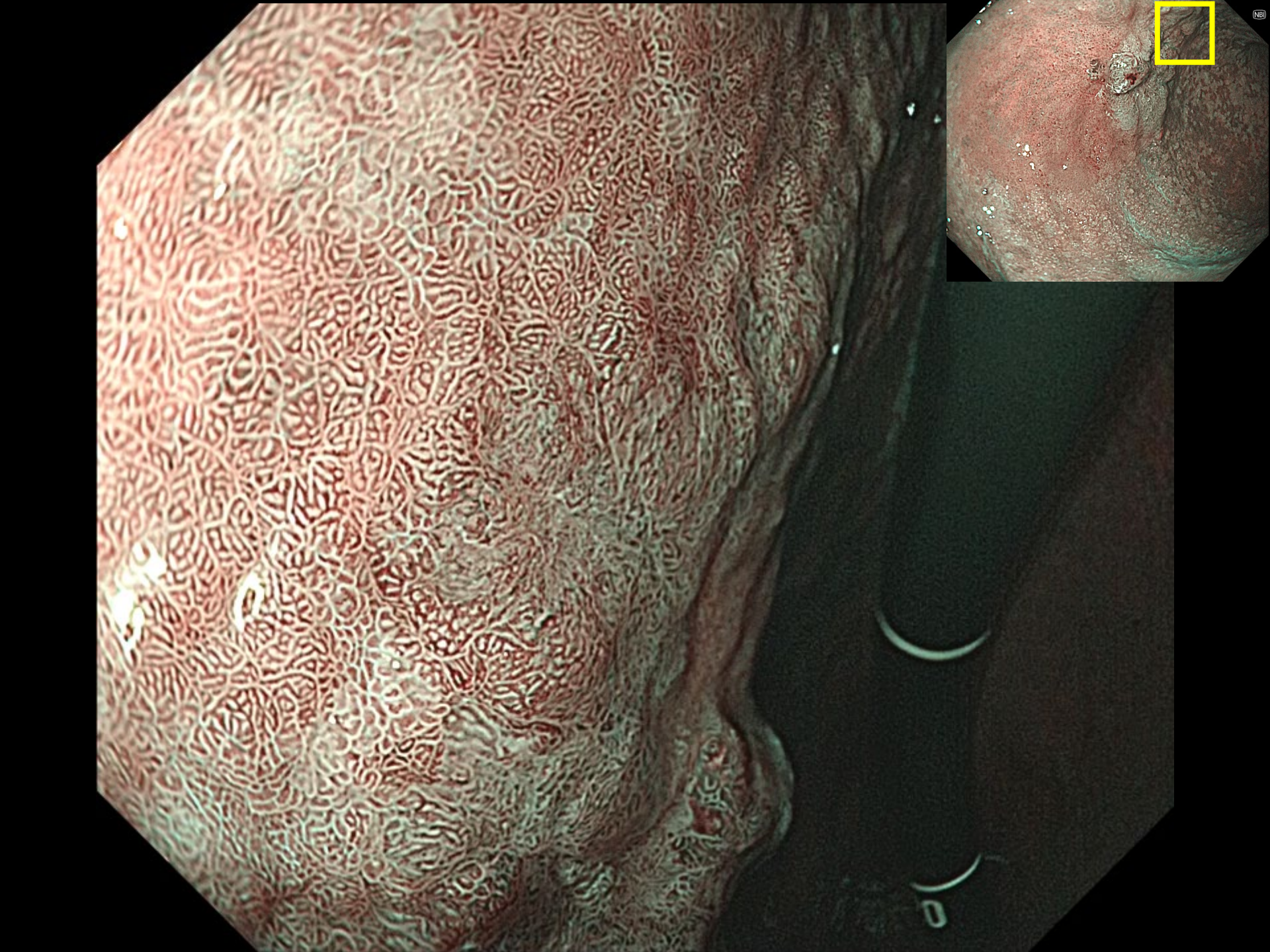
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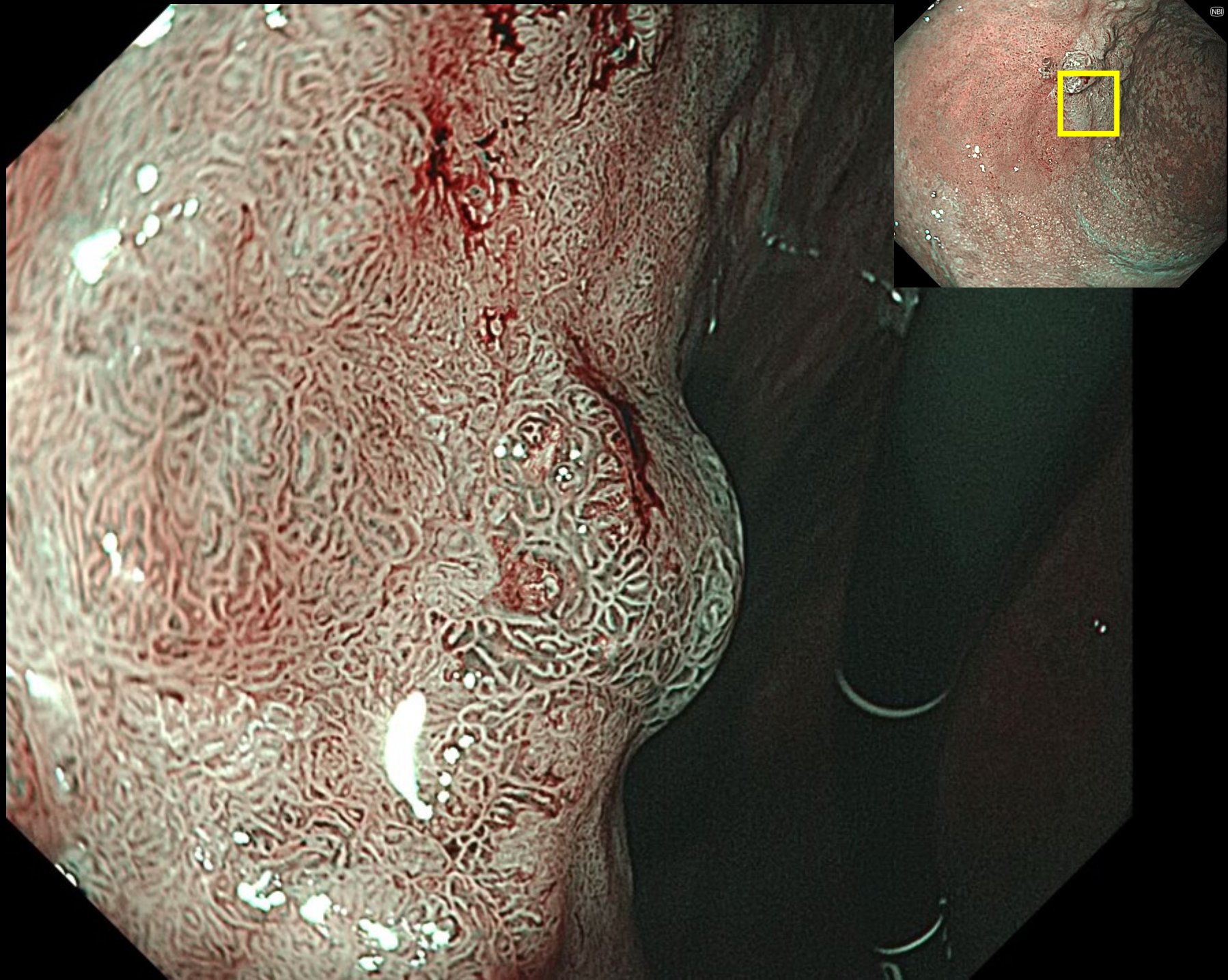
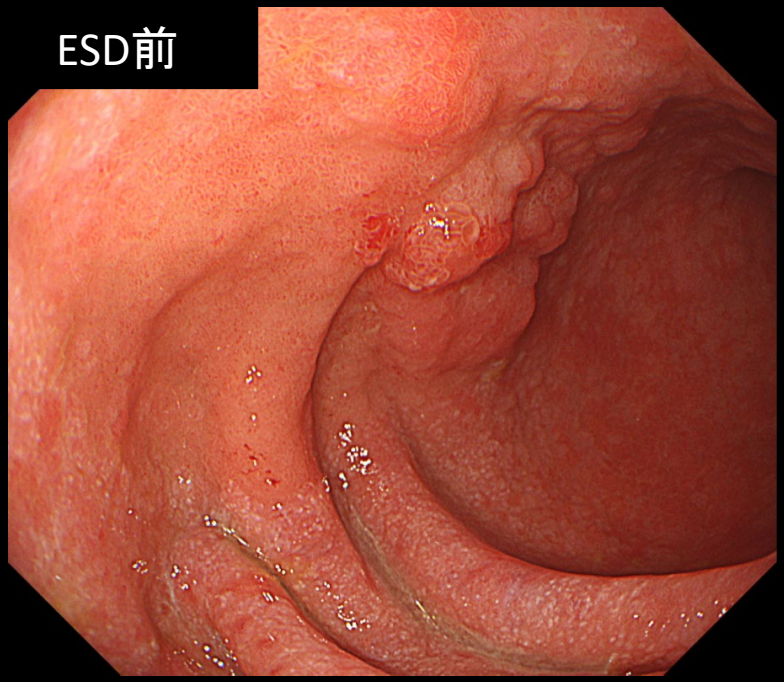

NBI

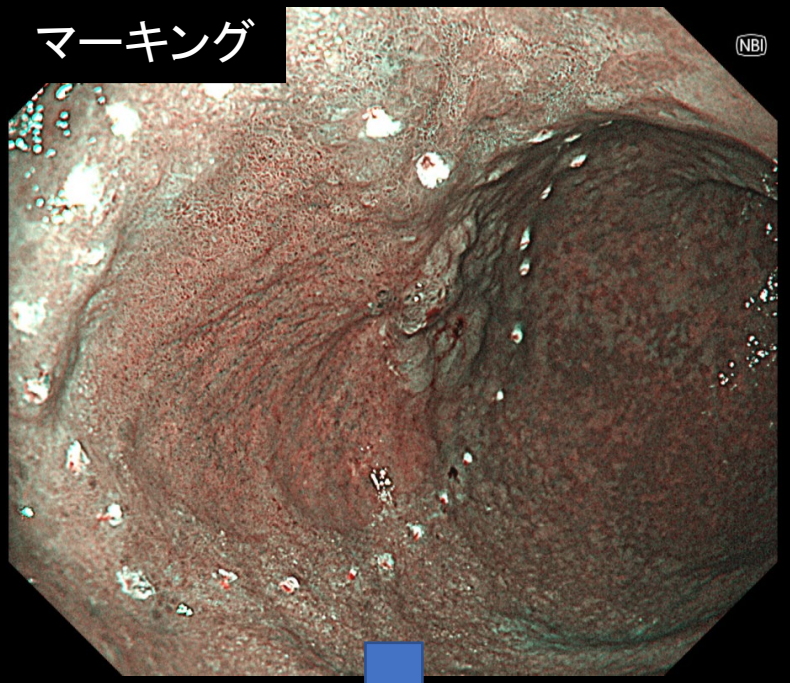
# 内視鏡診断

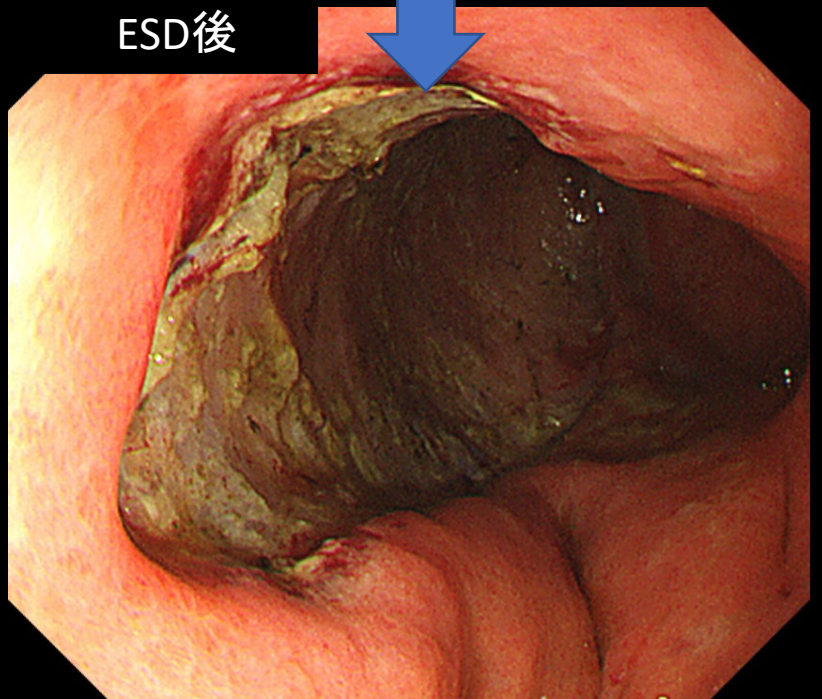
早期胃癌(胃角部前壁)

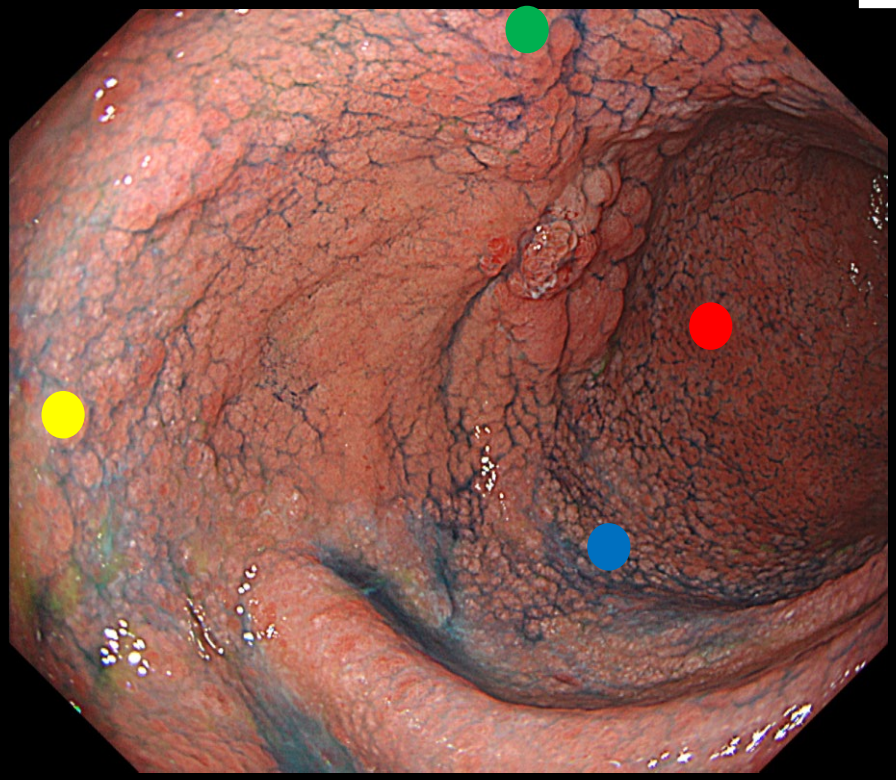
大きさ:50mm　肉眼型:0-Ⅱc＋Ⅱa, 分化型
深達度:M～SM1、UL0
NBI観察:DL present
　　微小血管構造: irregular,
　　表面微細構造: irregular

# ESD


ESD前

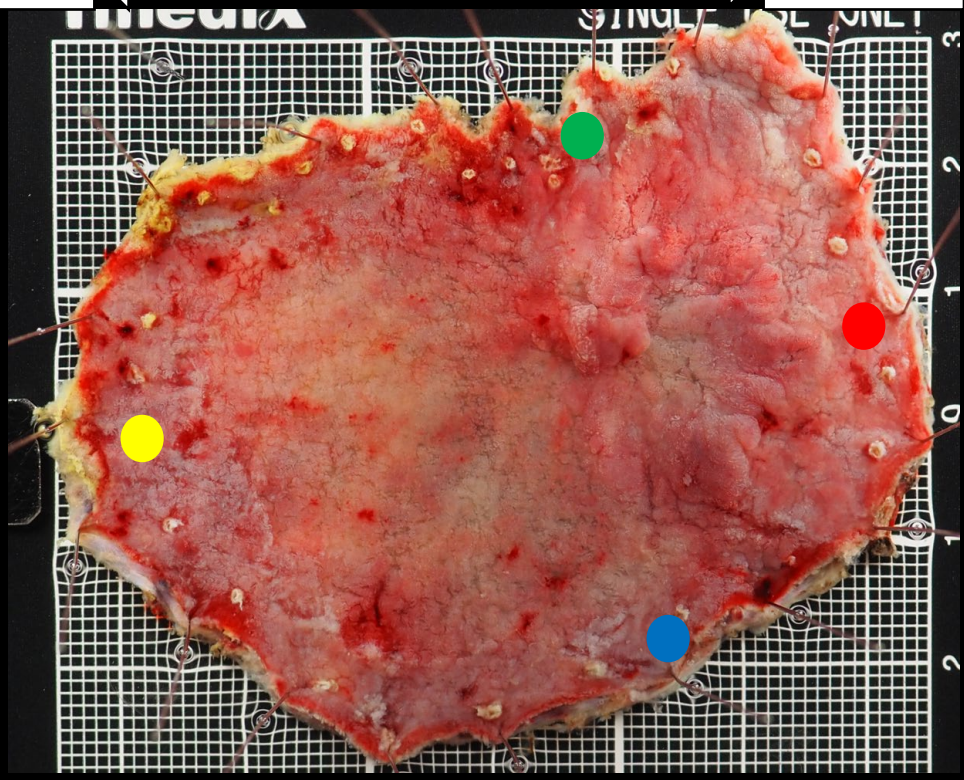

マーキング
NBI

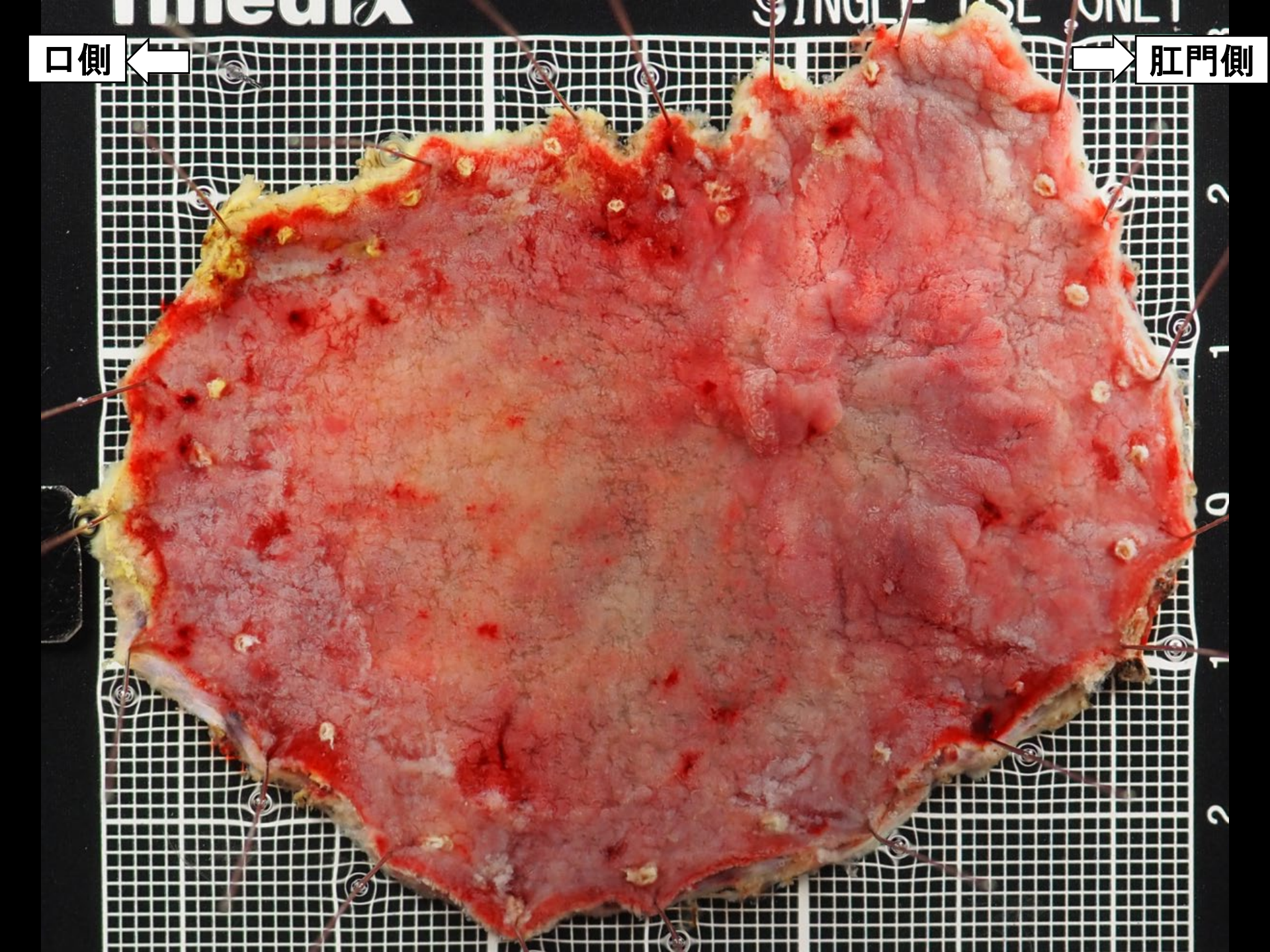

ESD後



口側

肛門側

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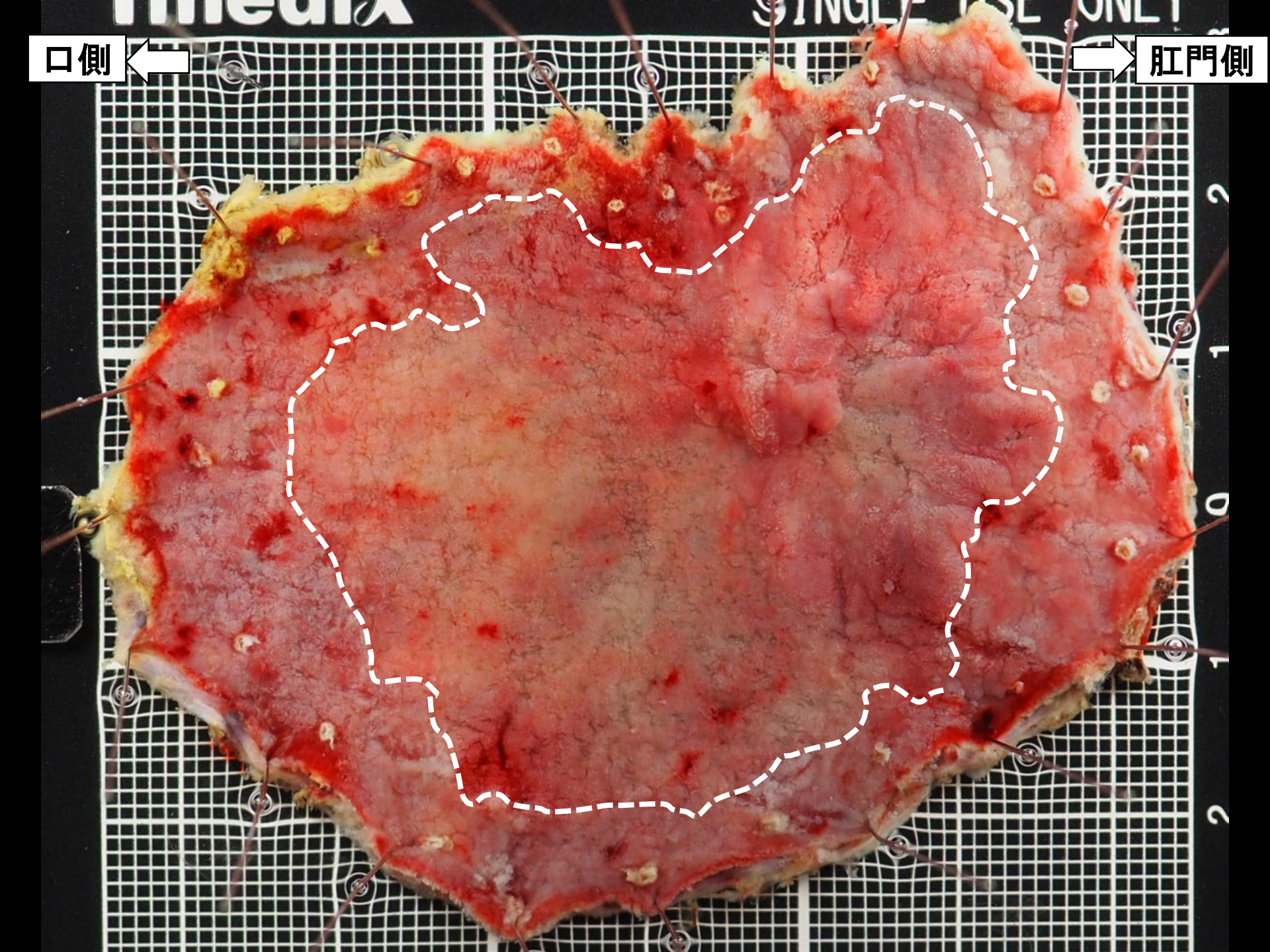
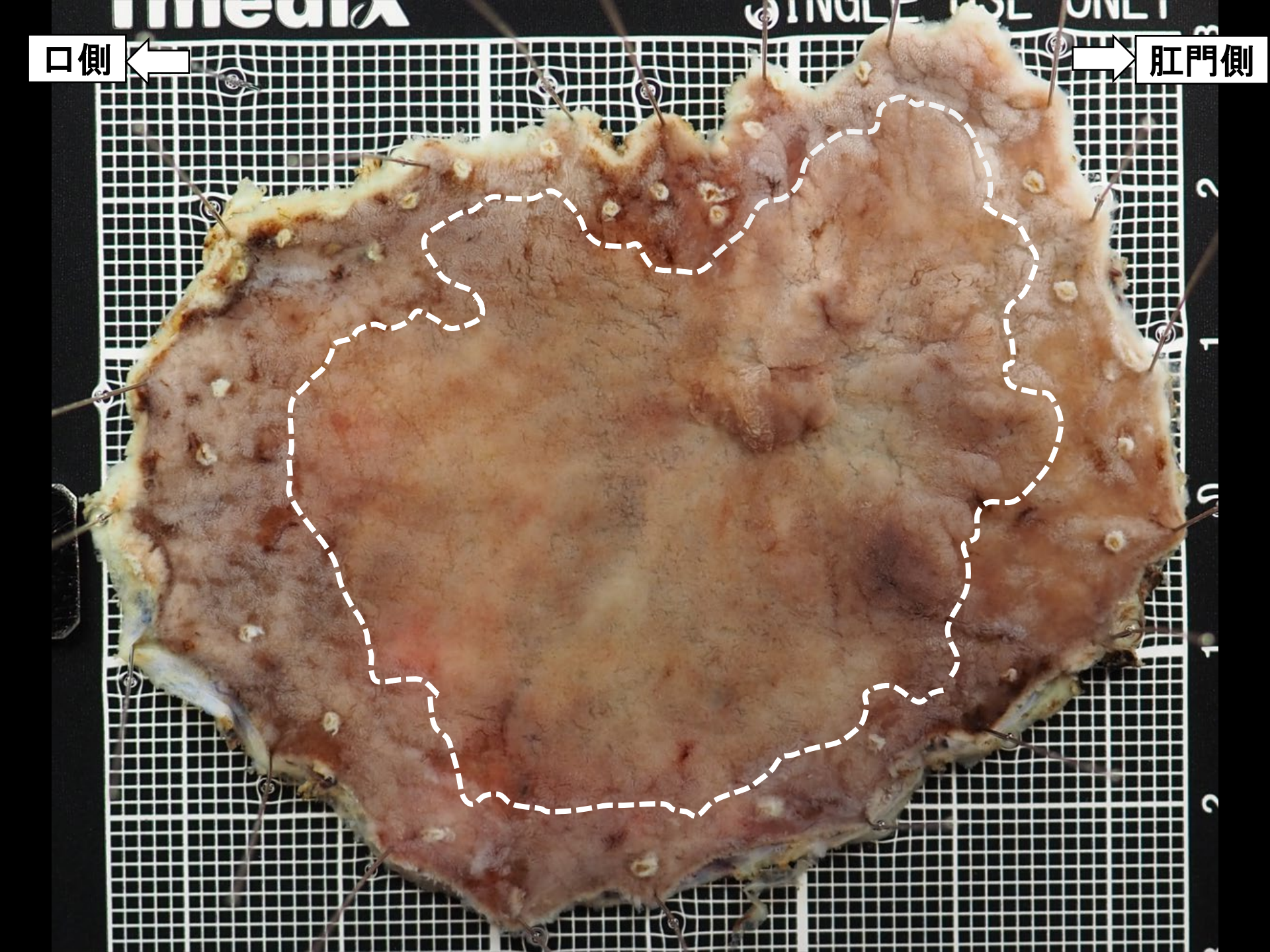
肛門側


口側
肛門側

Medix
SINGLE USE ONLY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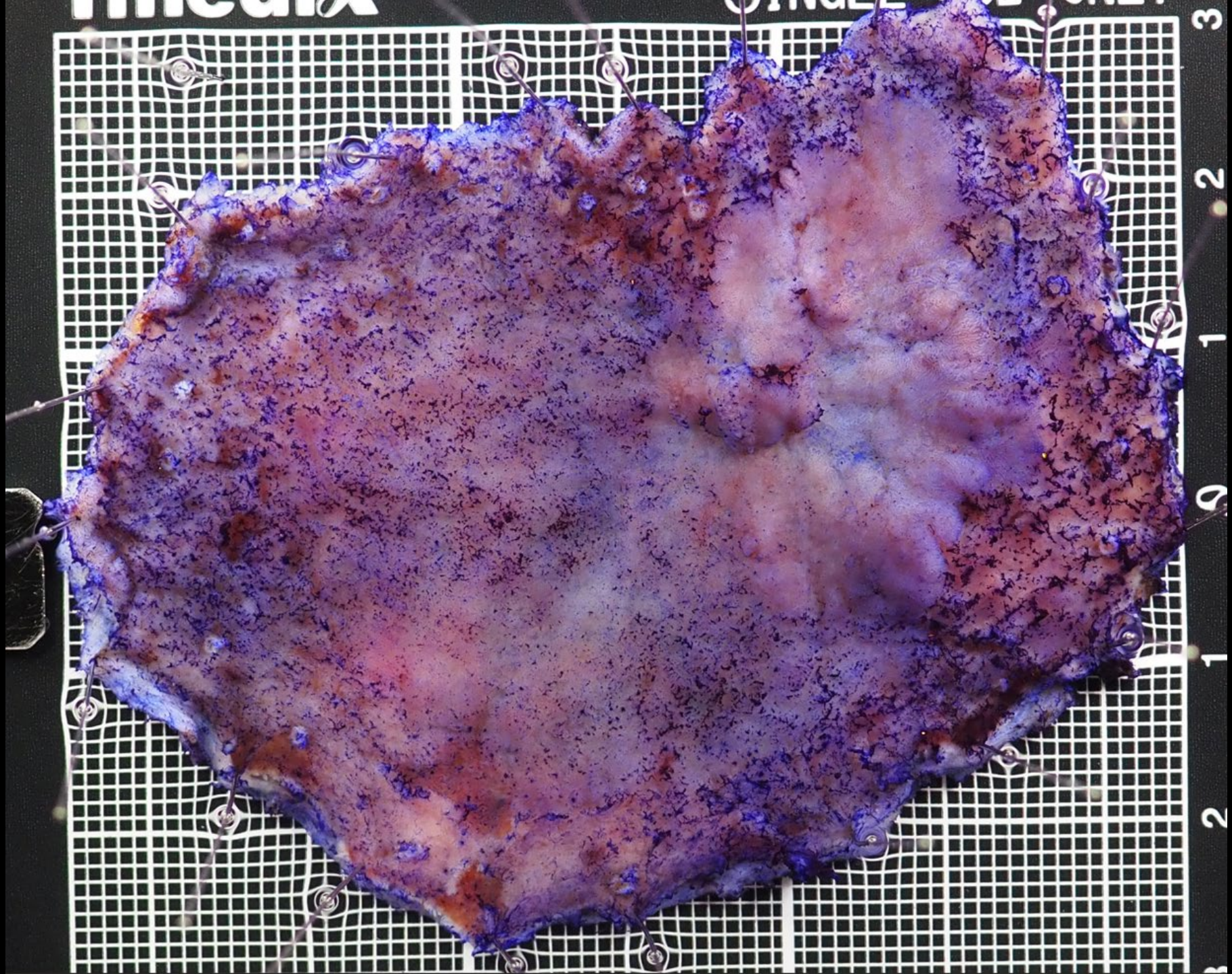
肛門側



口側
肛門側

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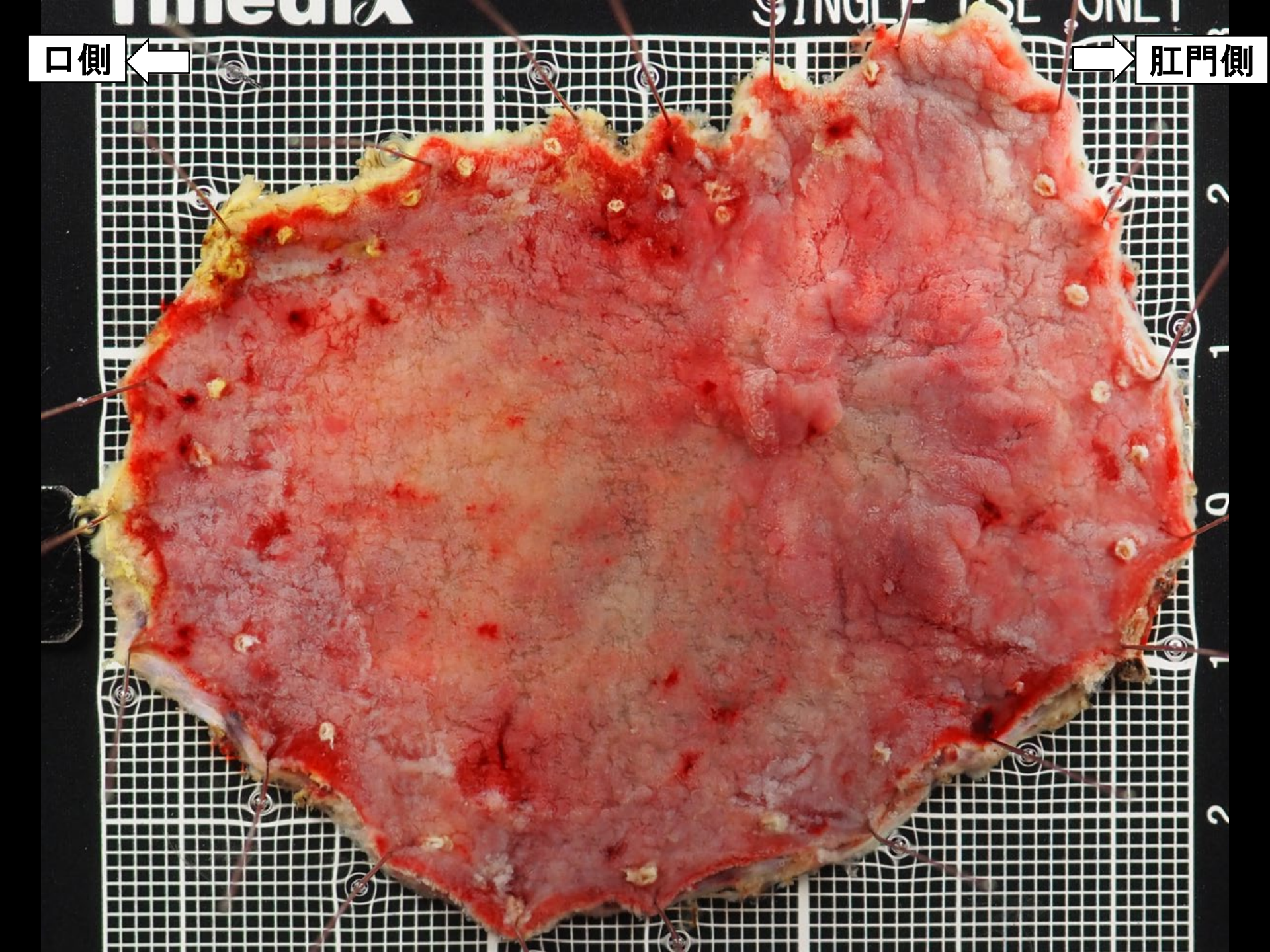
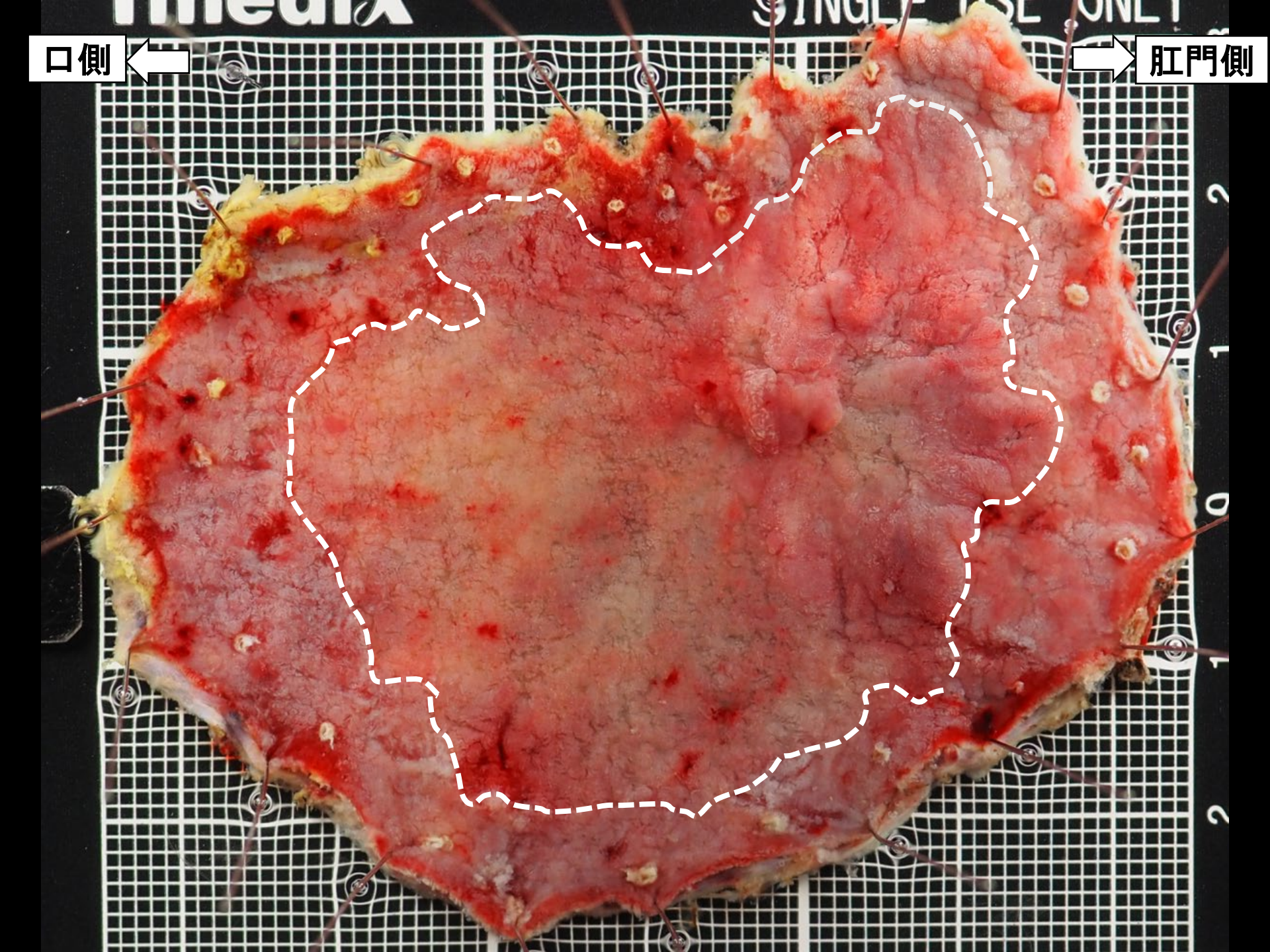

口側
肛門側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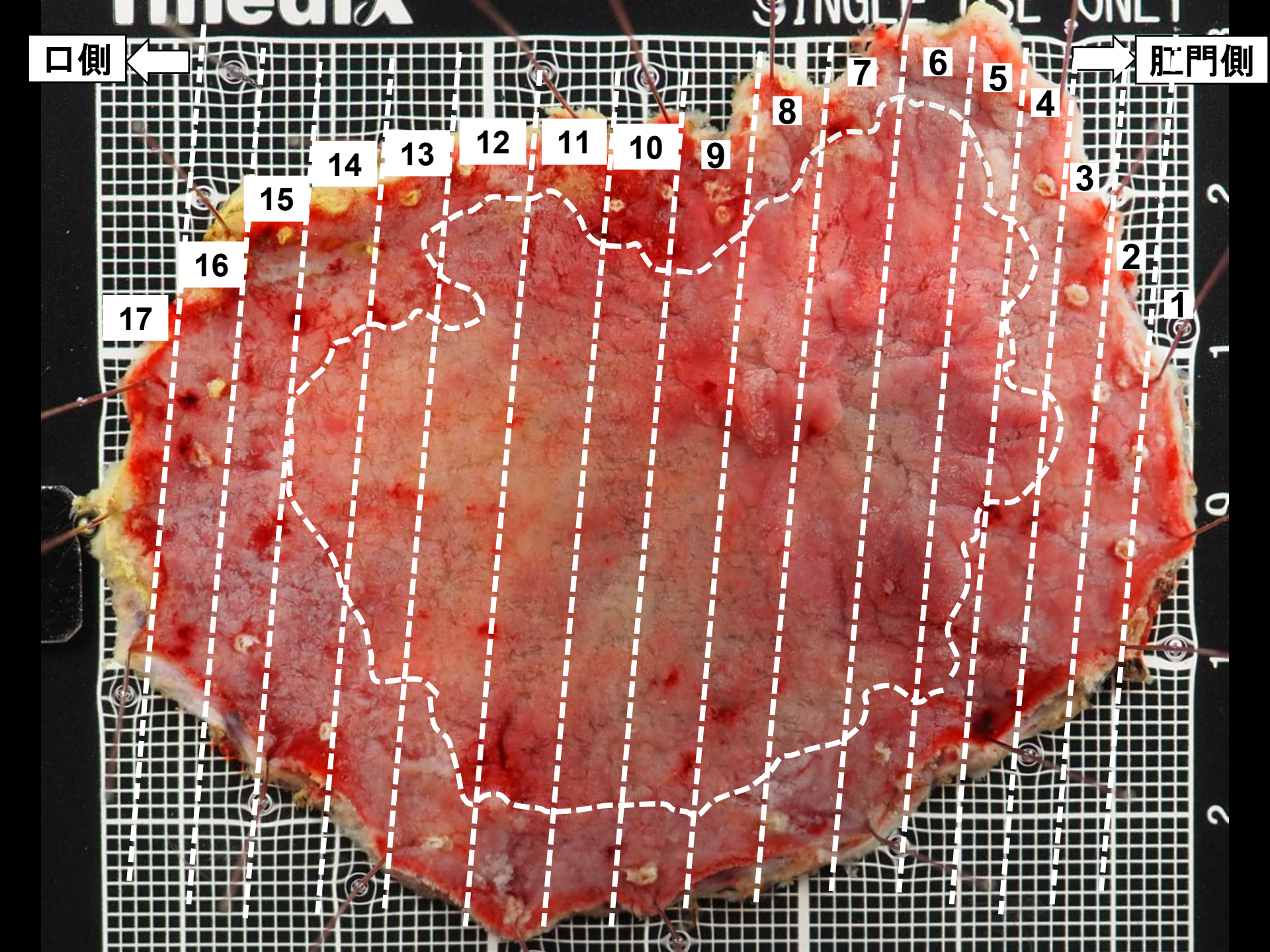
肛門側


口側
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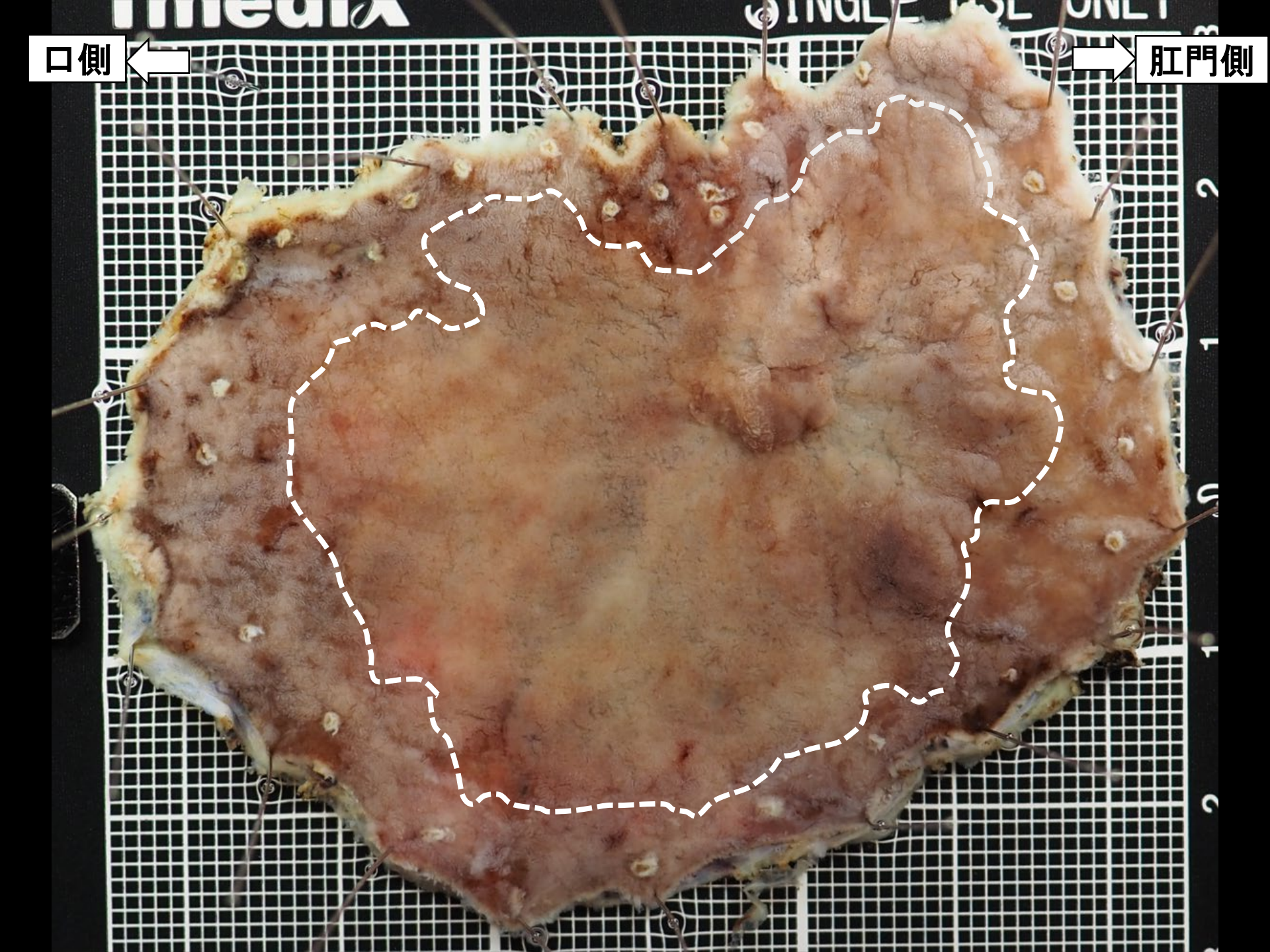
Medix
SINGLE USE ONLY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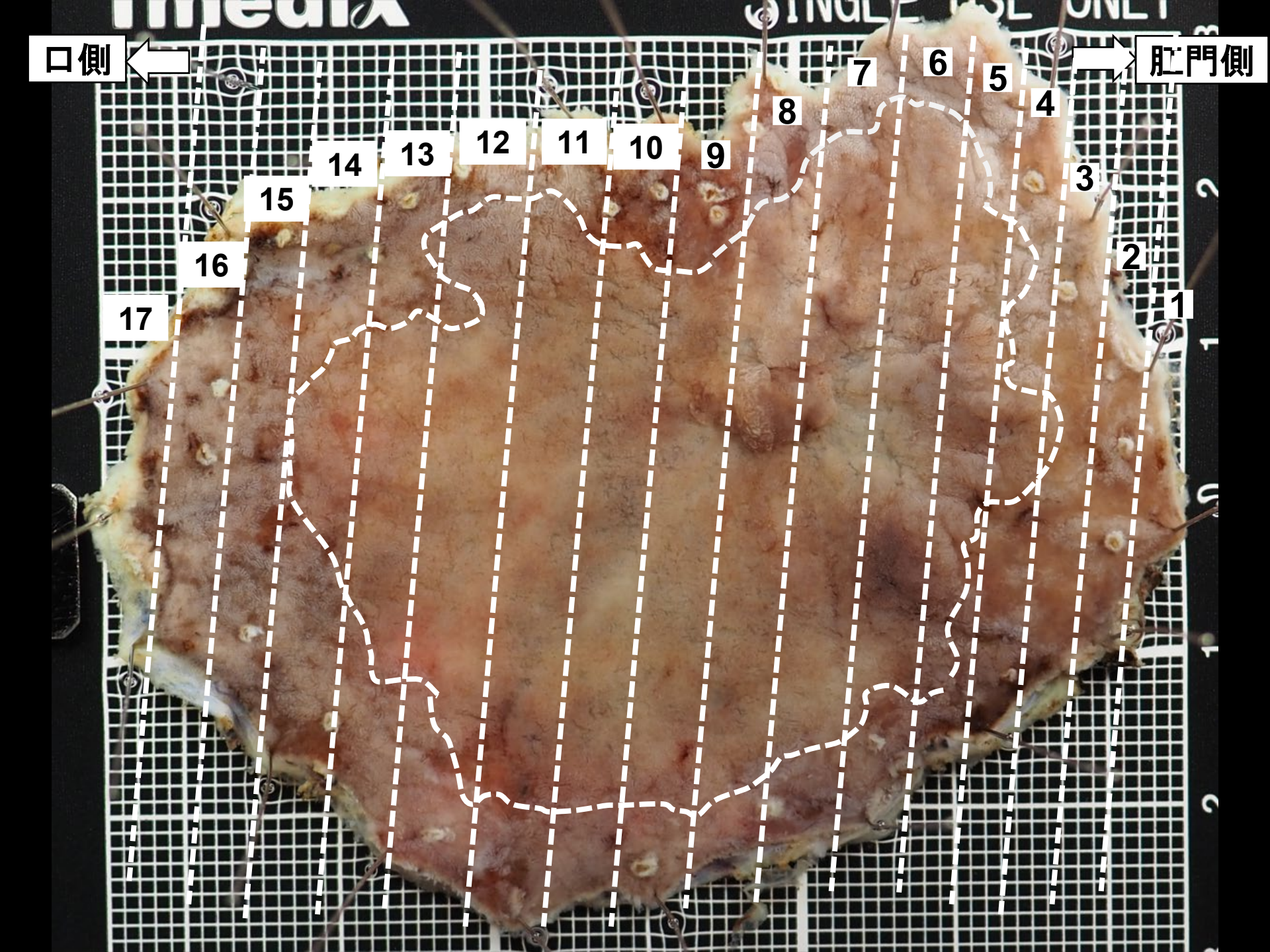
肛門側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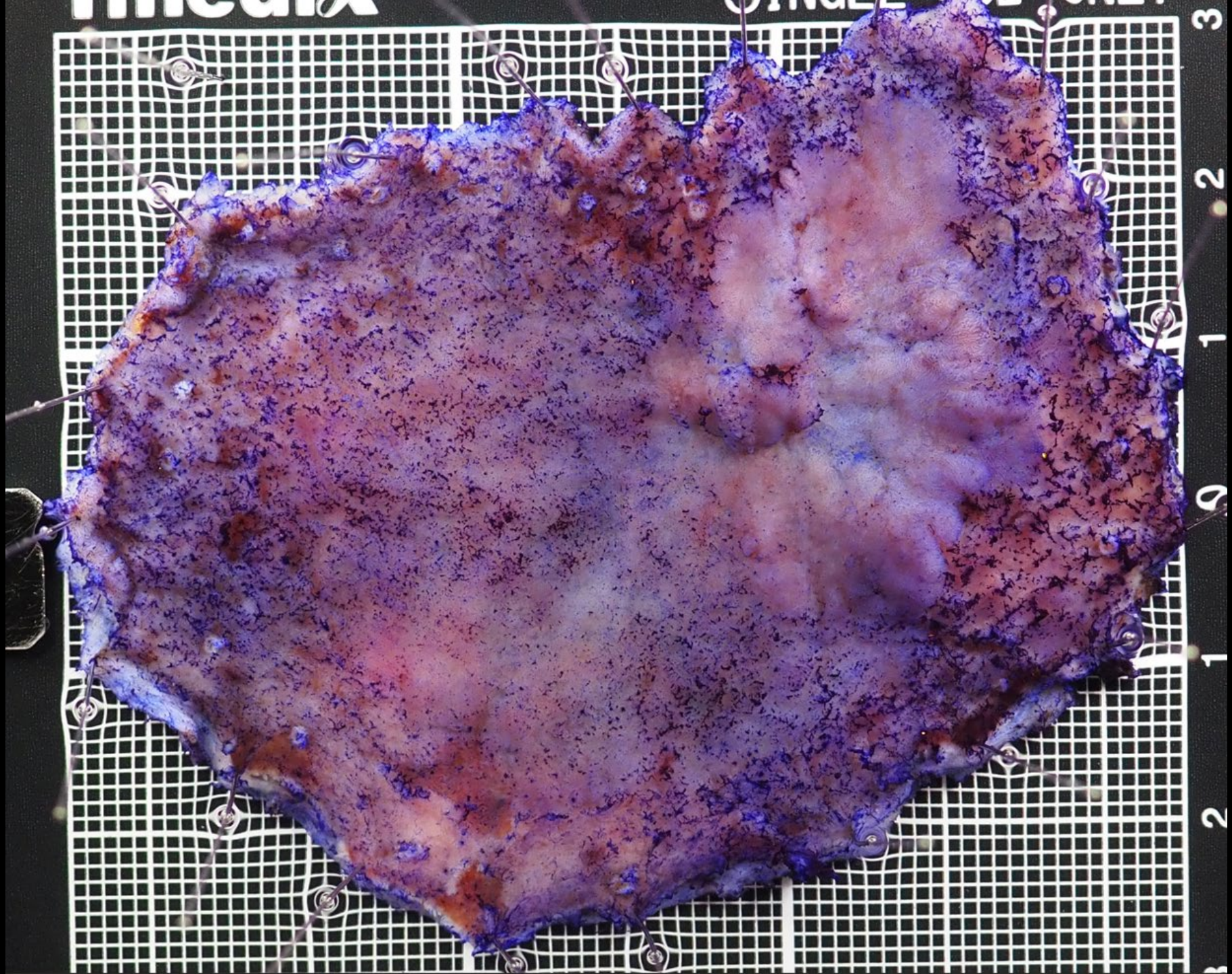
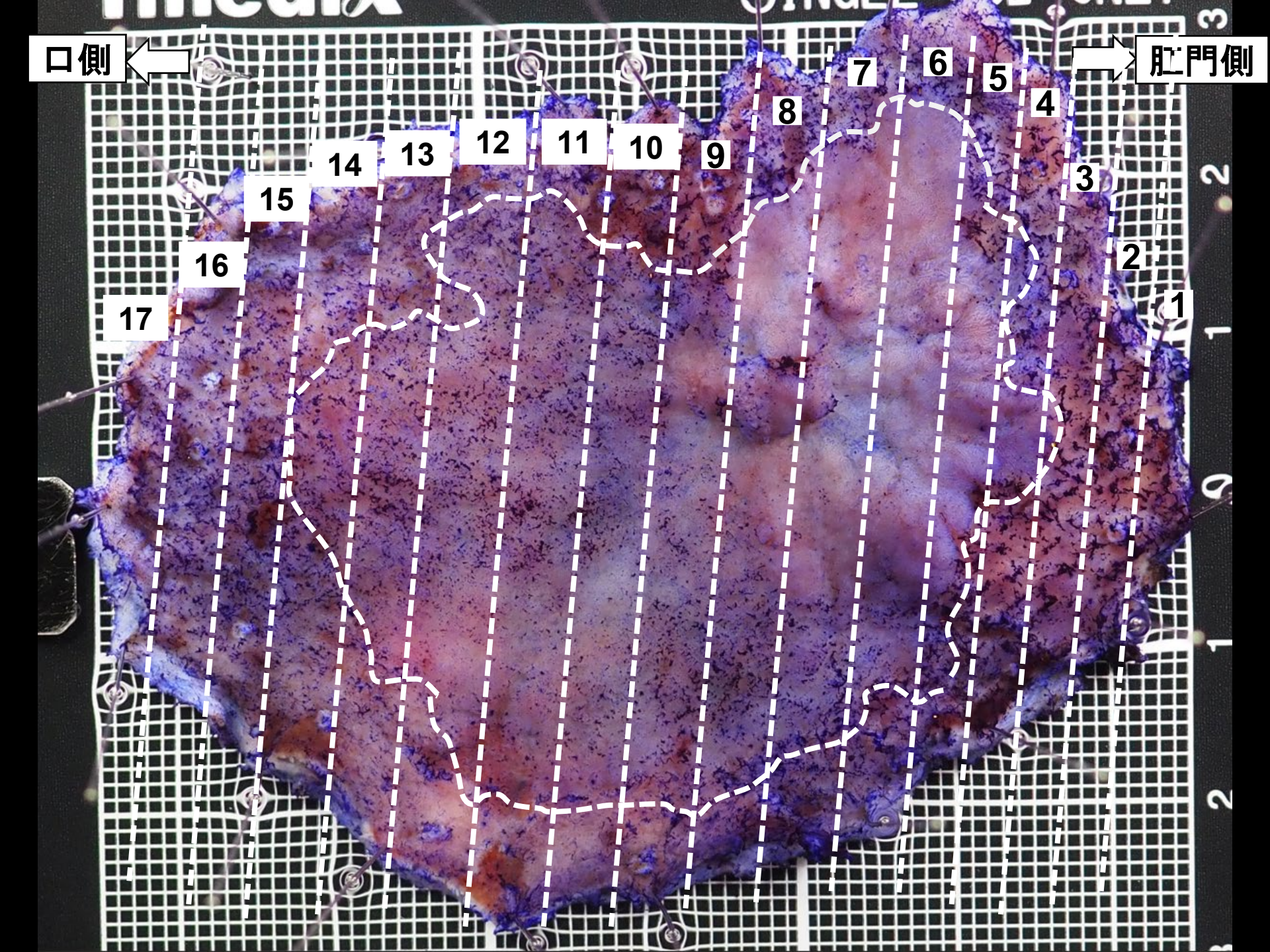


口側
肛門側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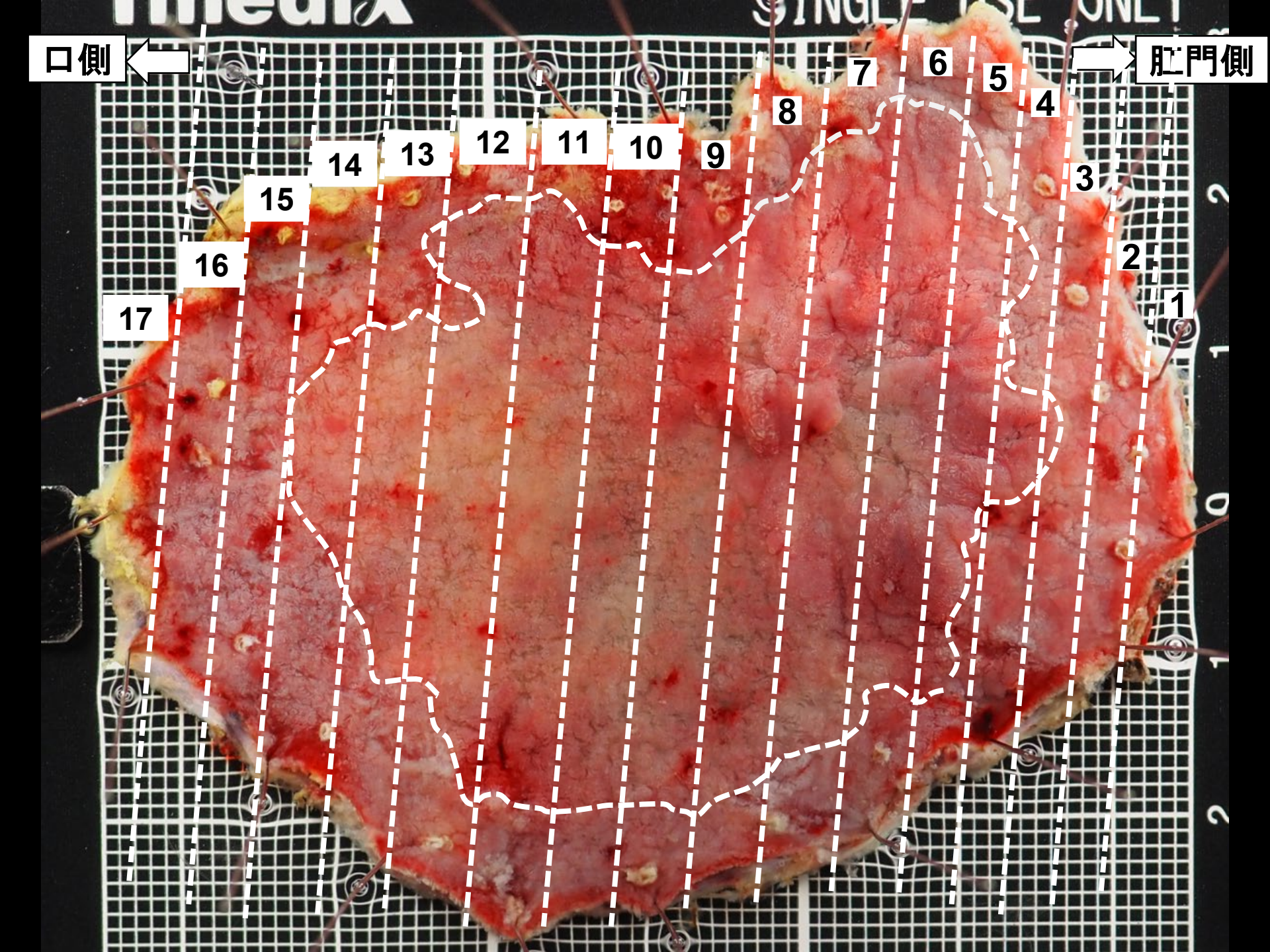
# Key Slice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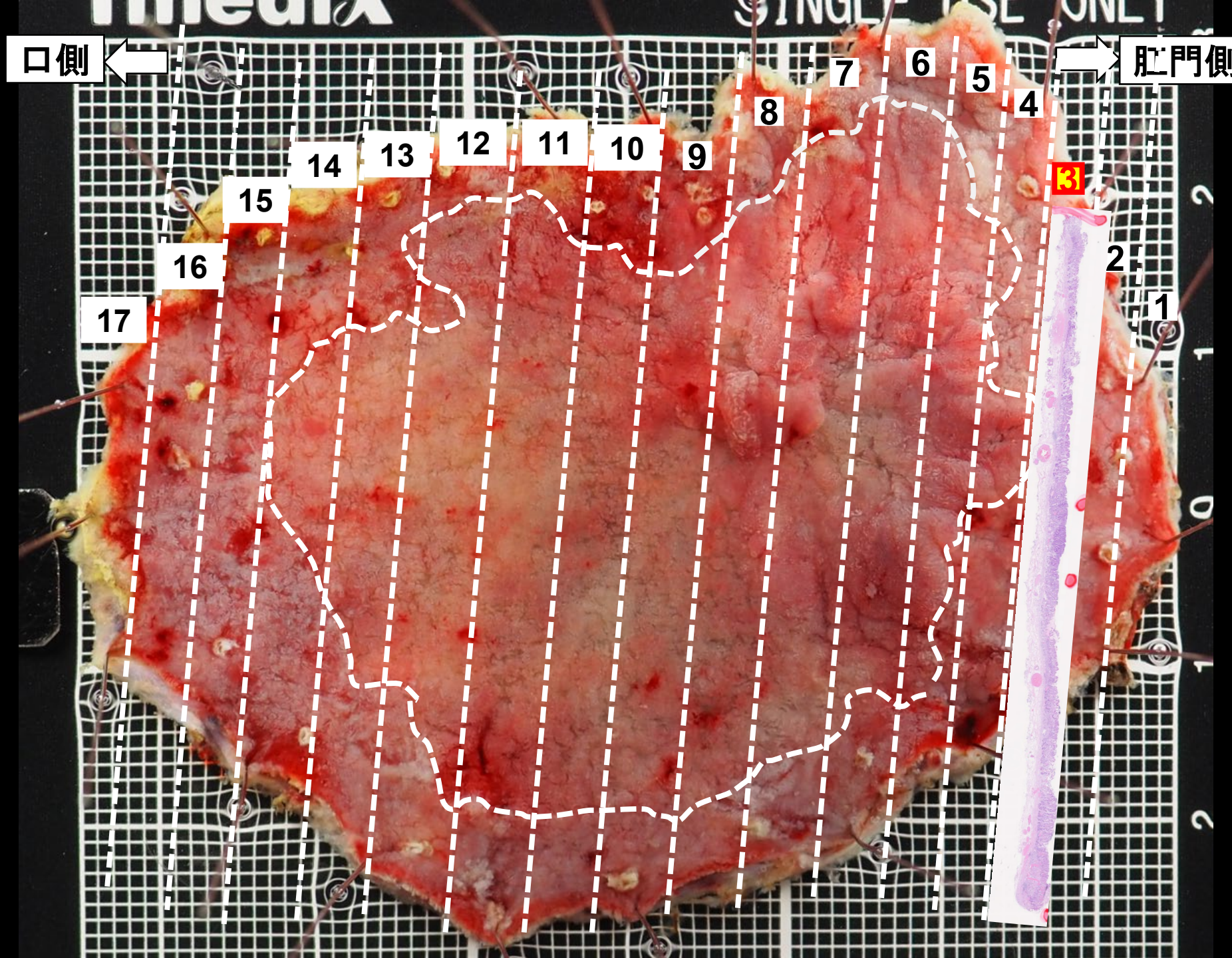
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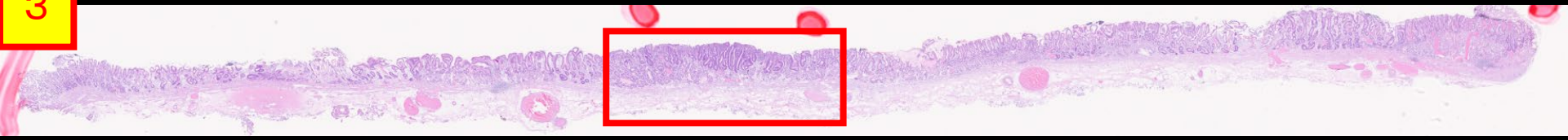

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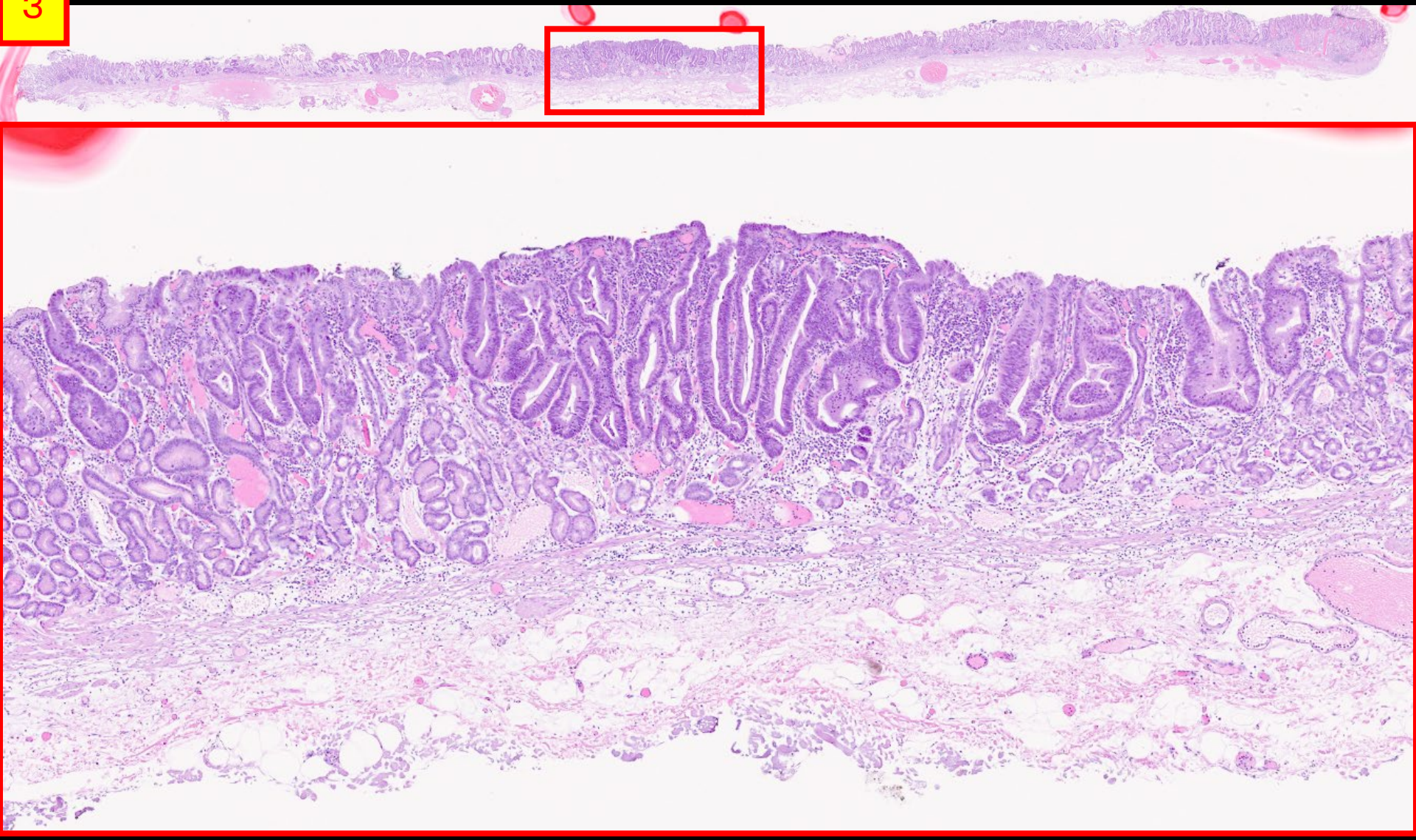

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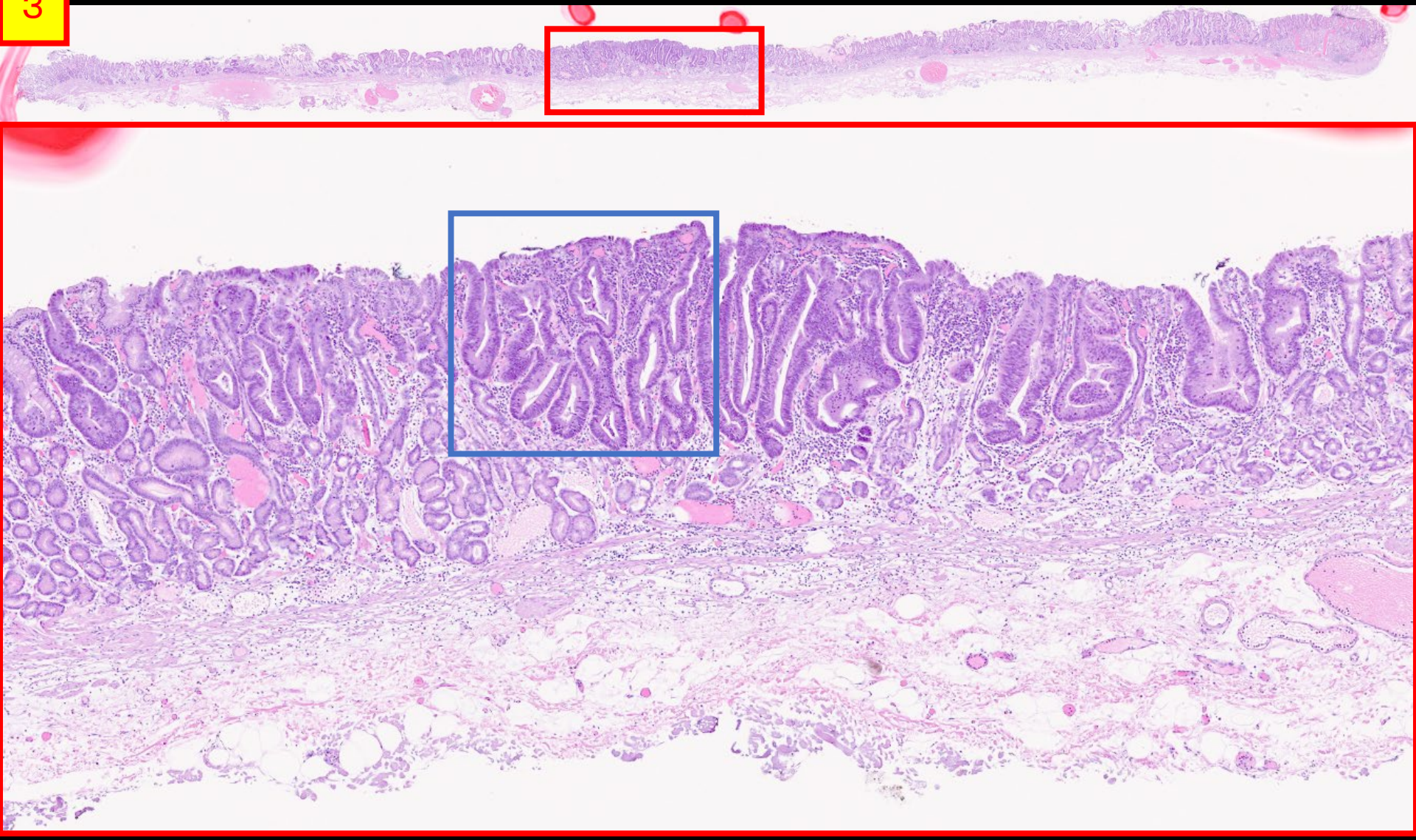

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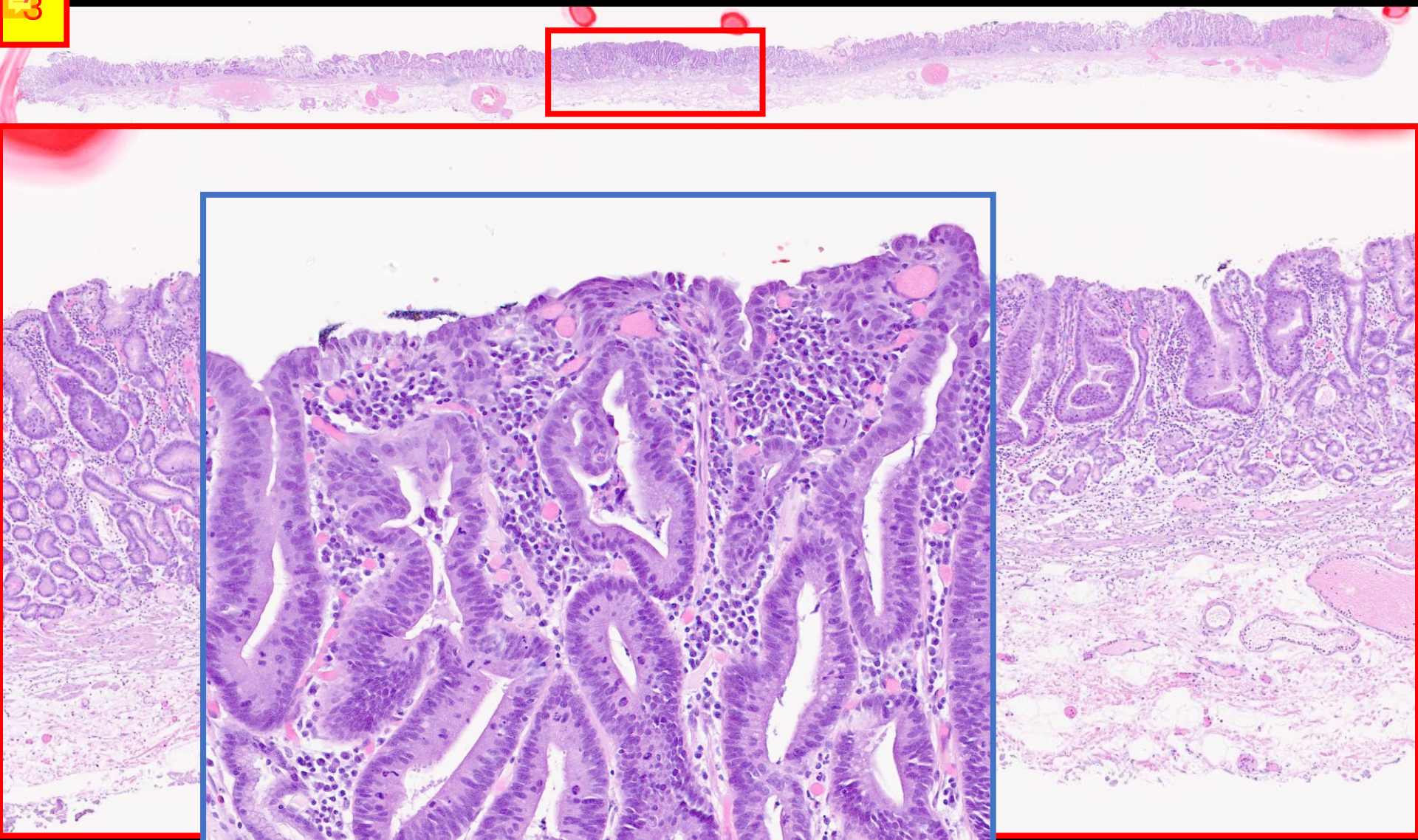

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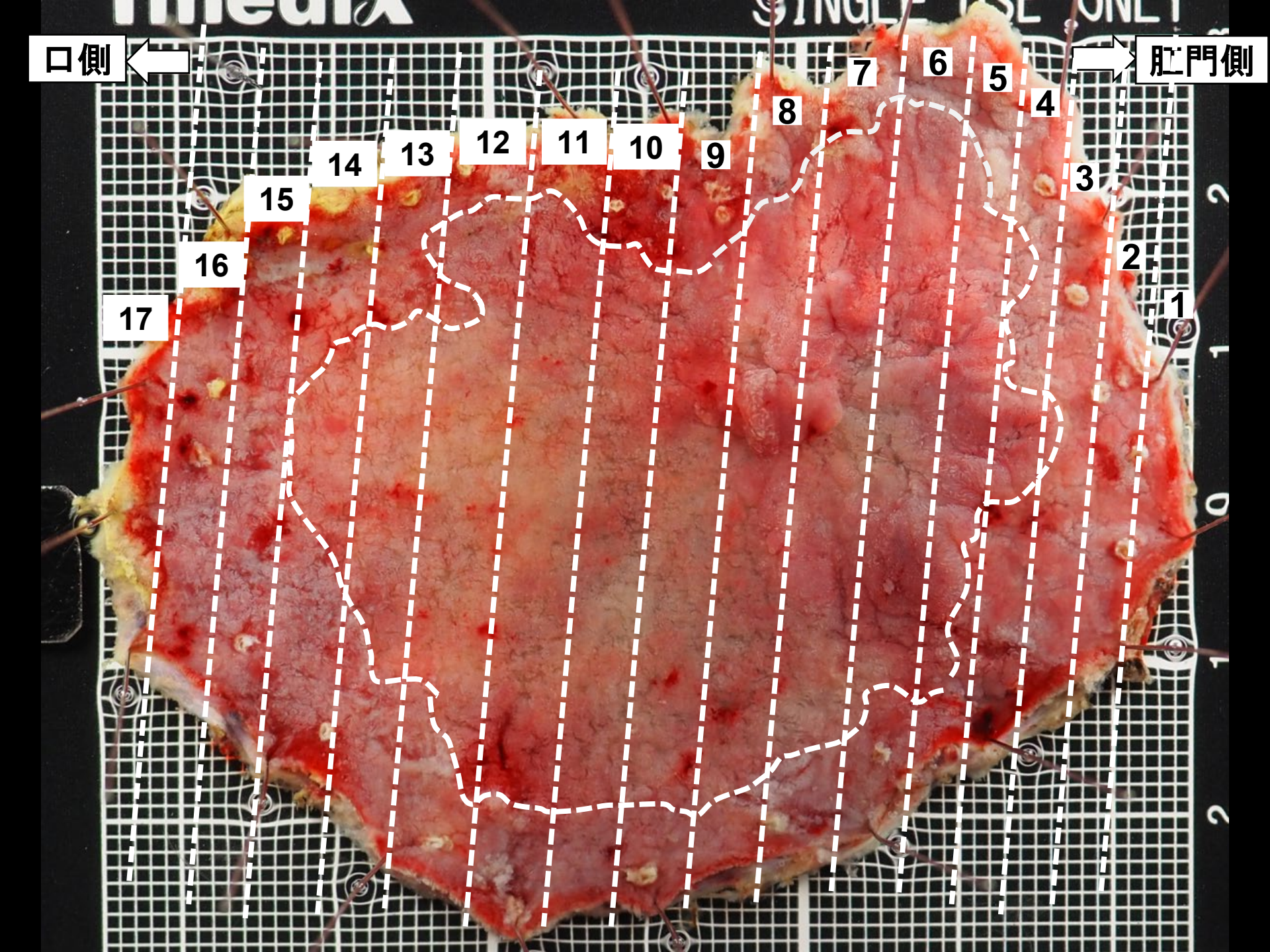
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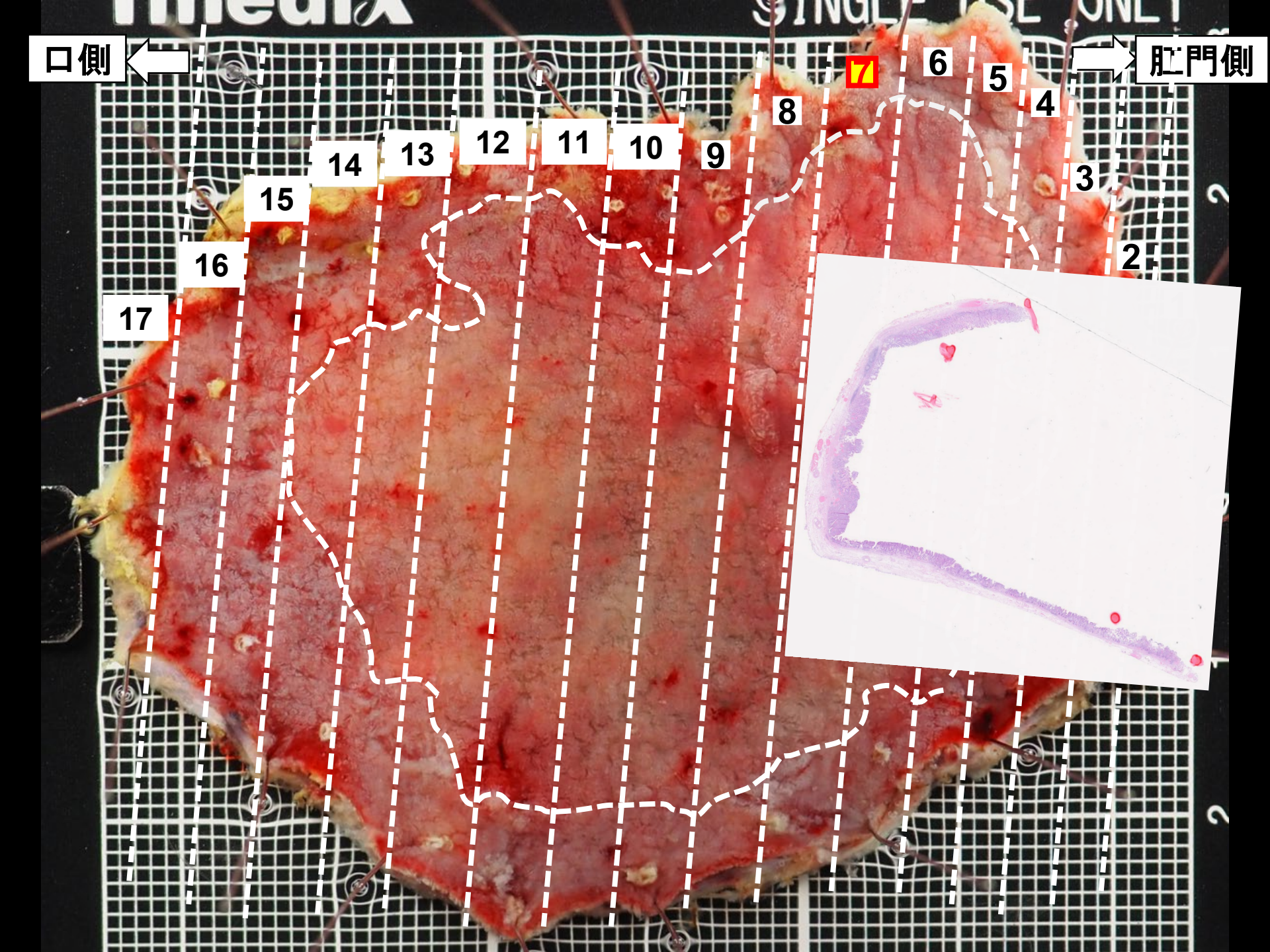
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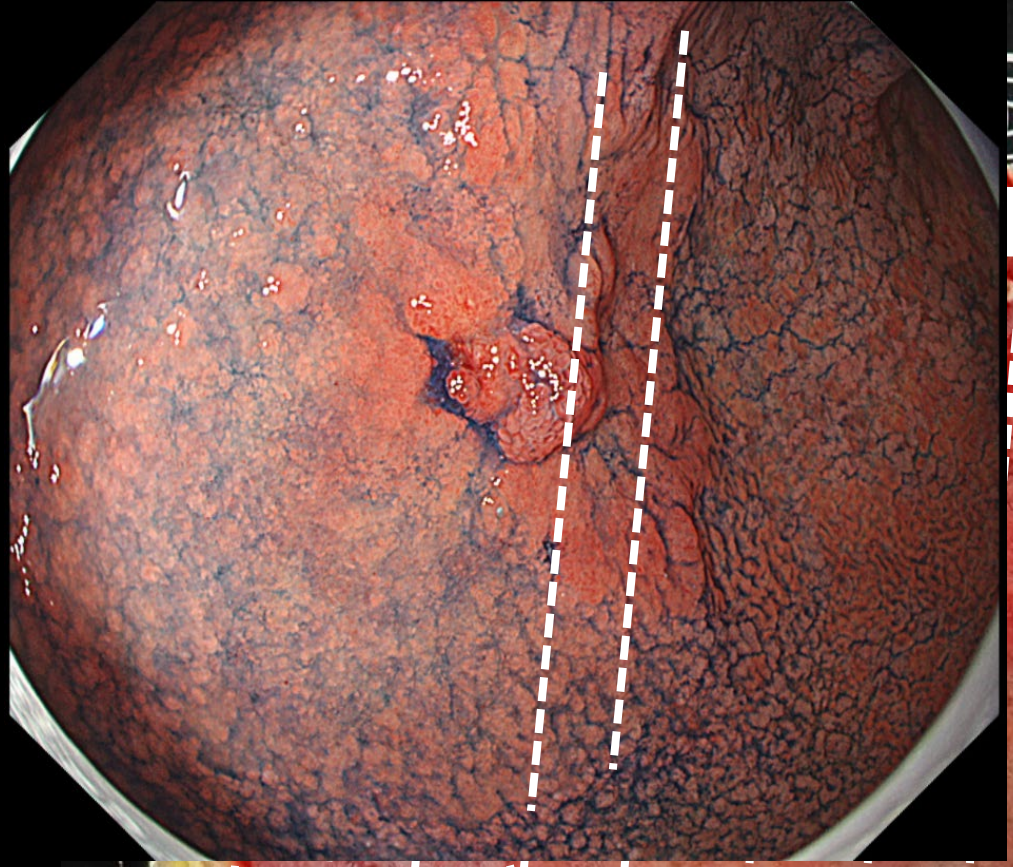

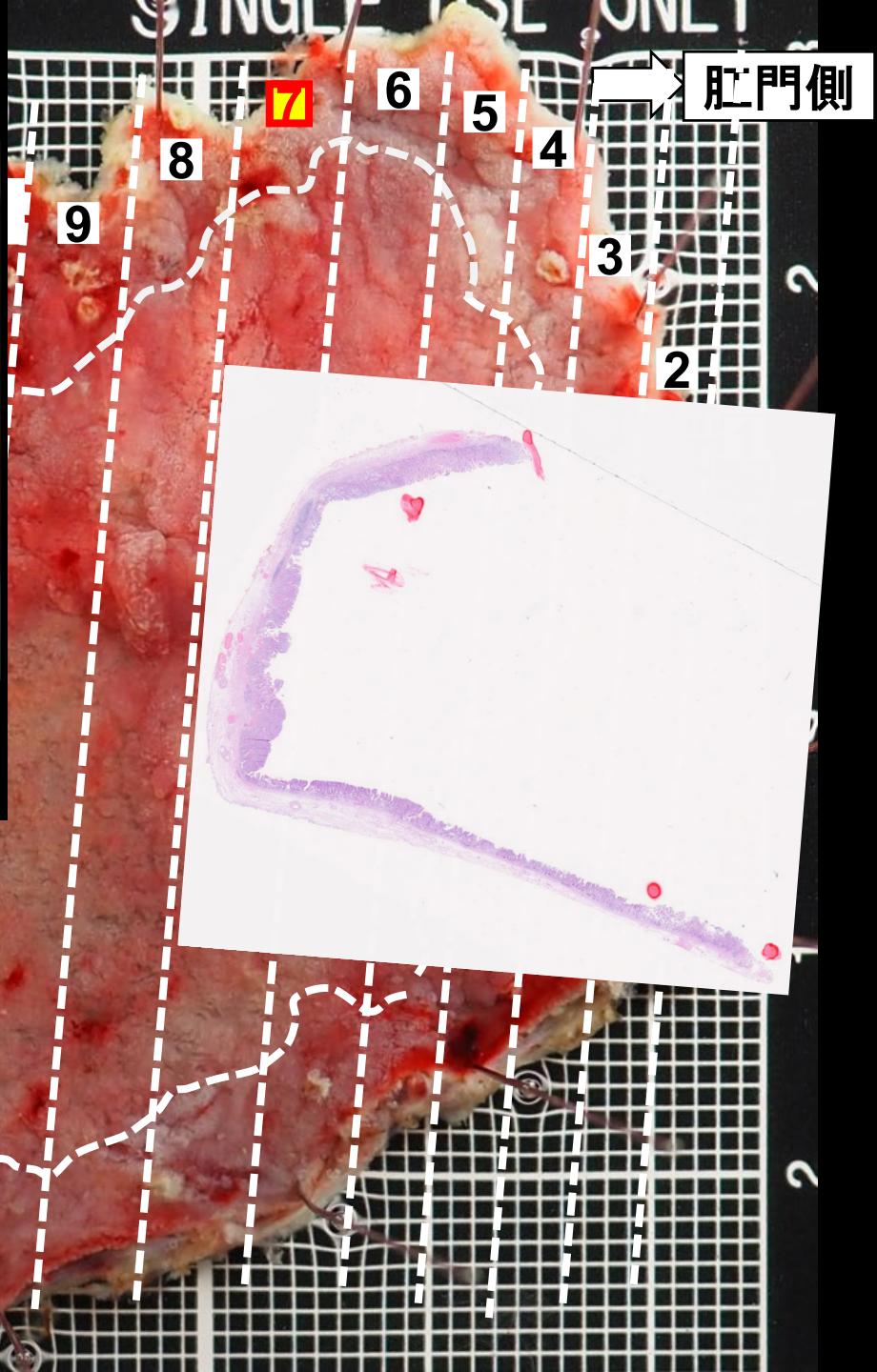
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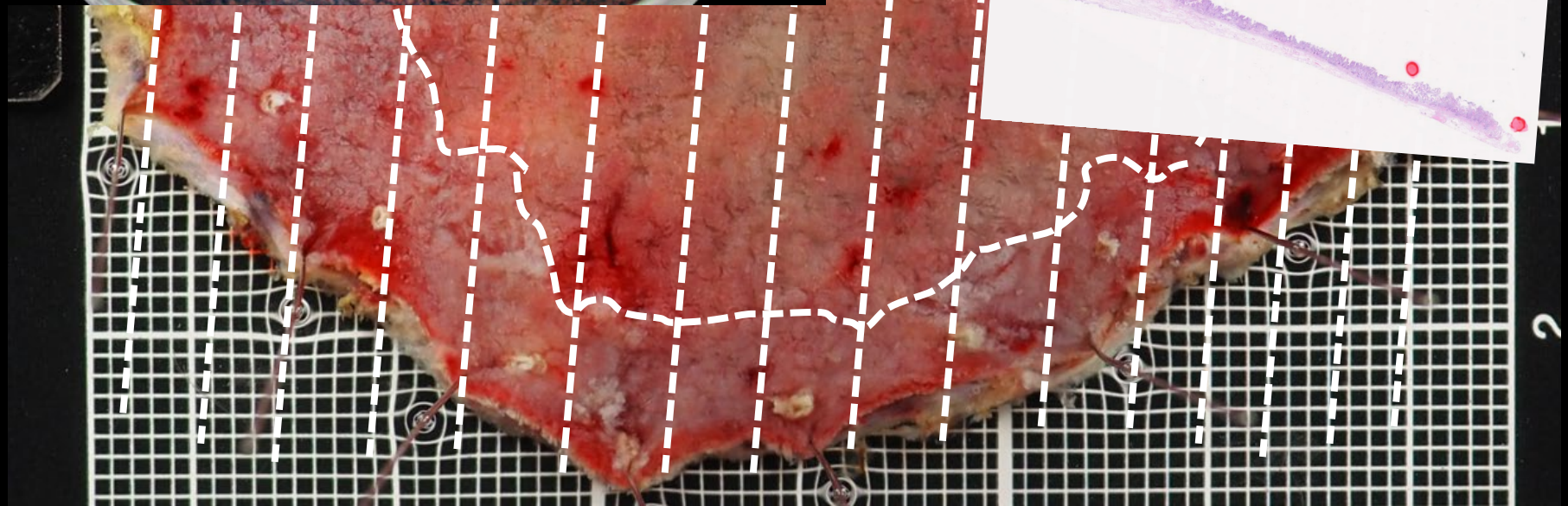
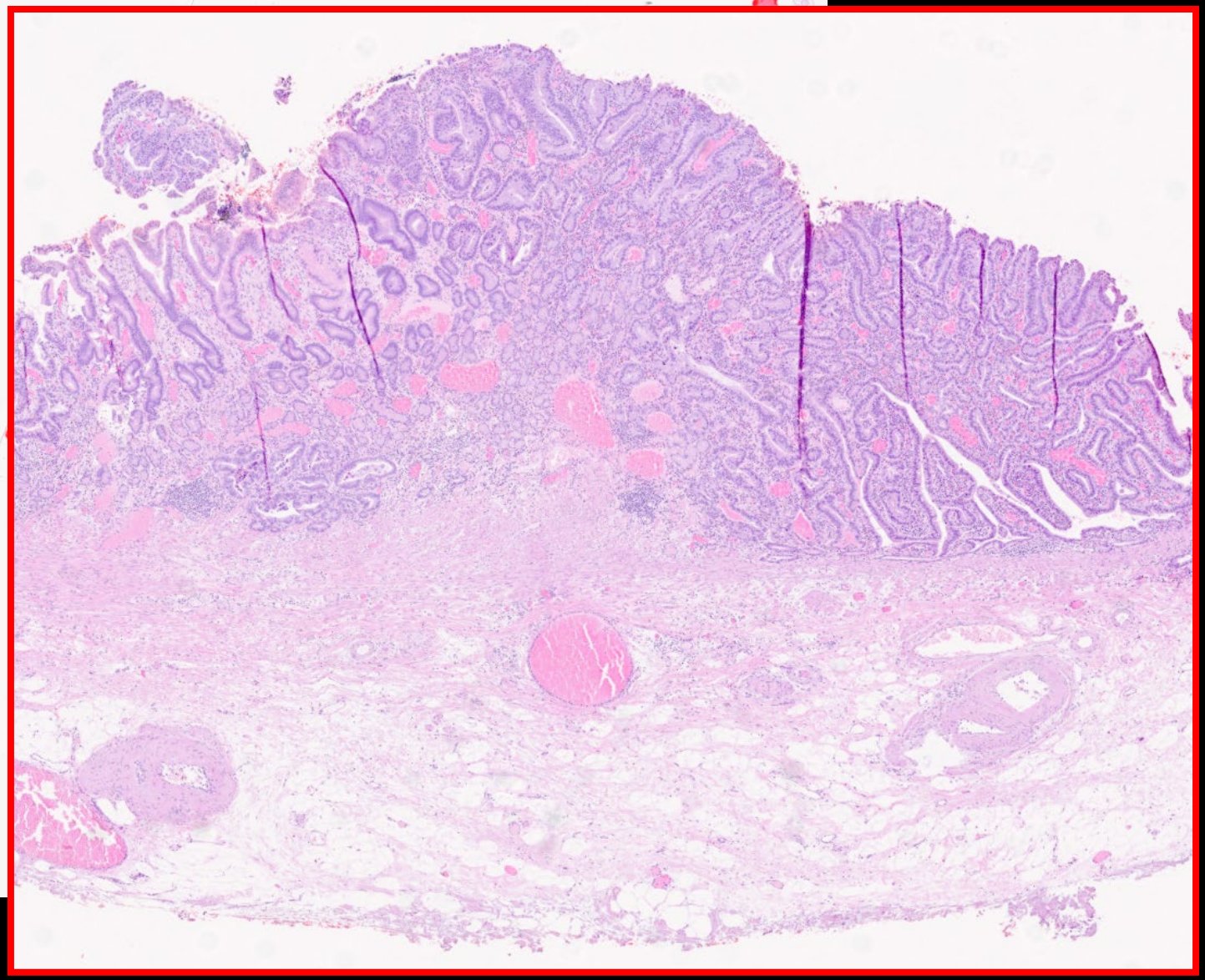
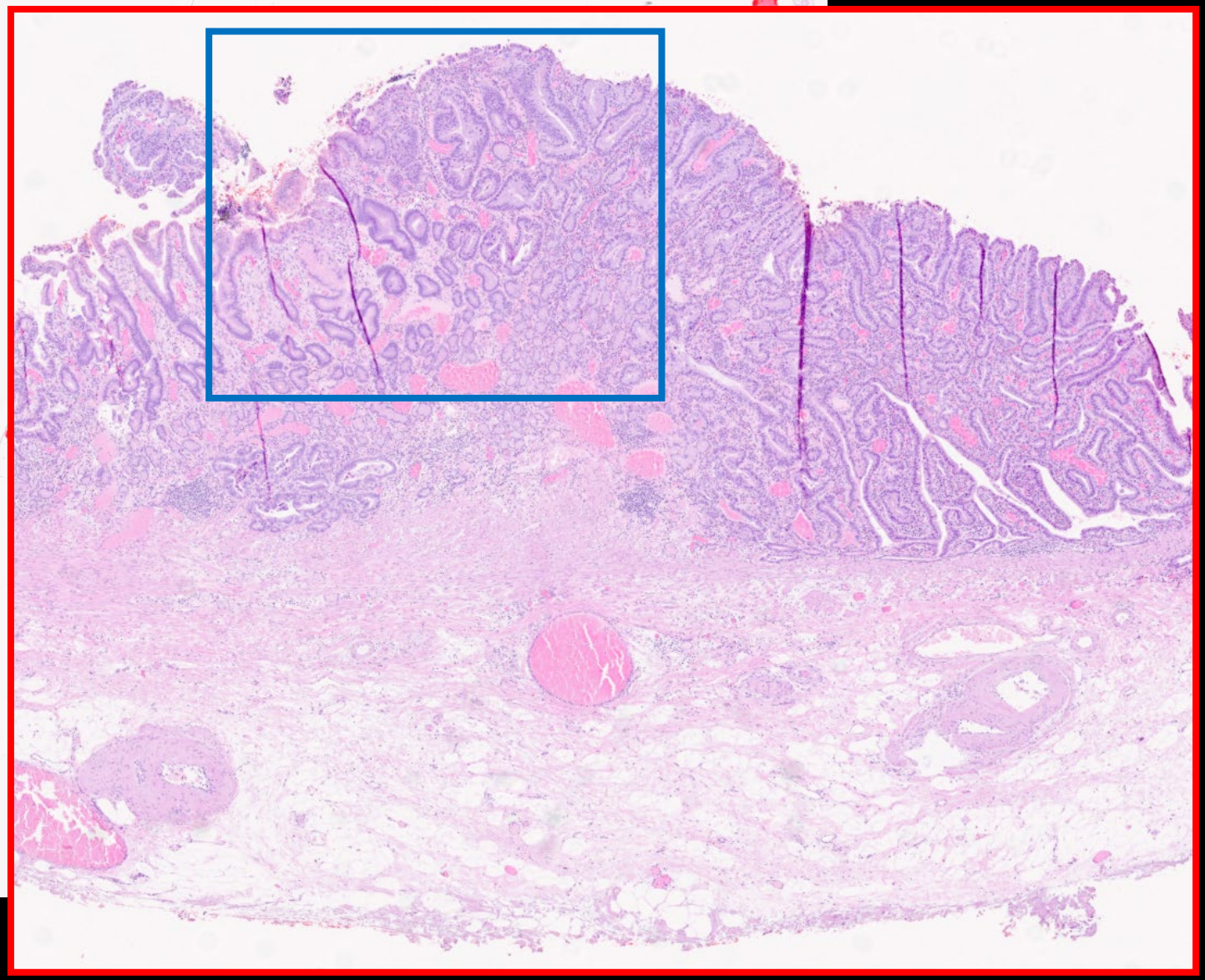
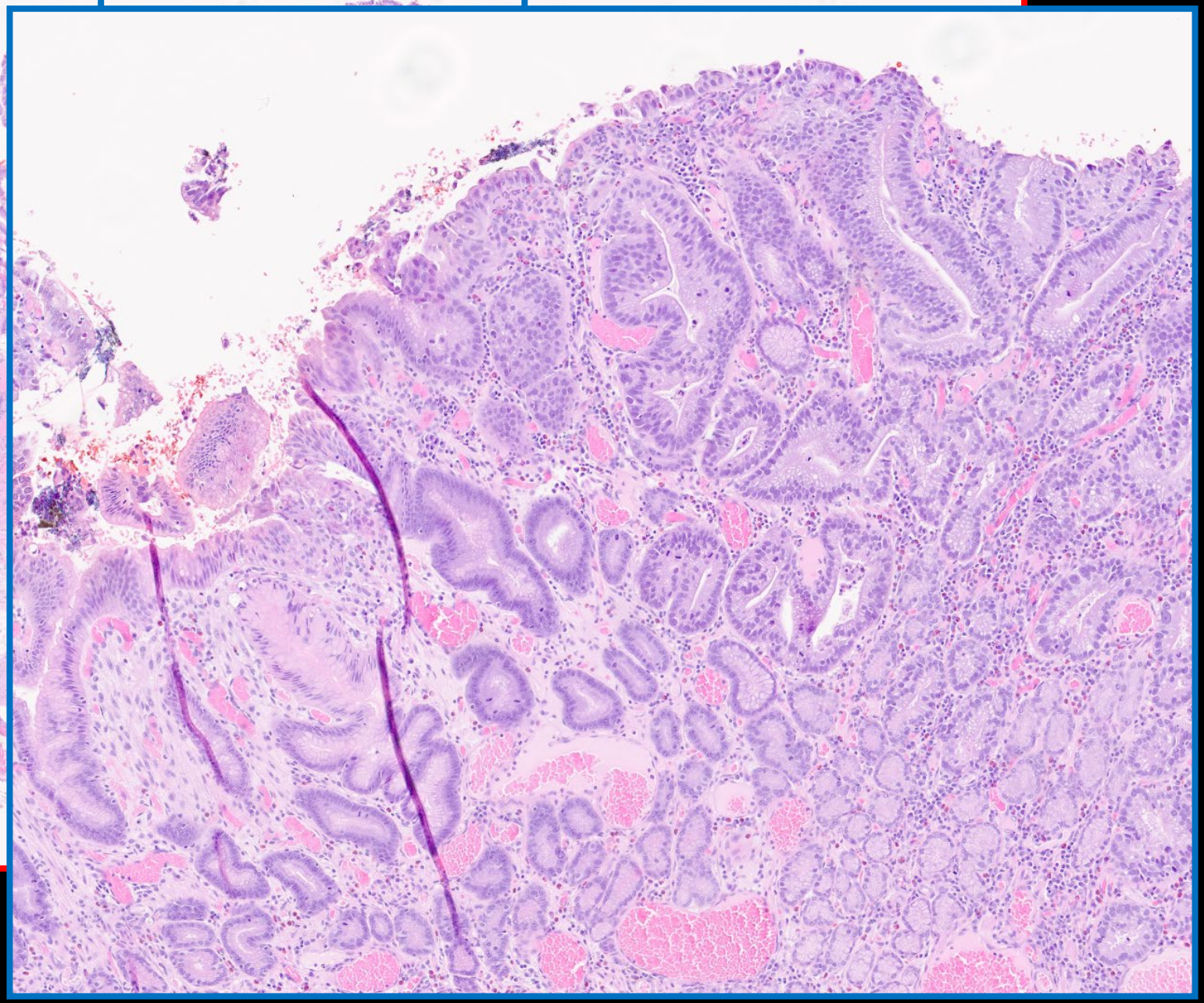
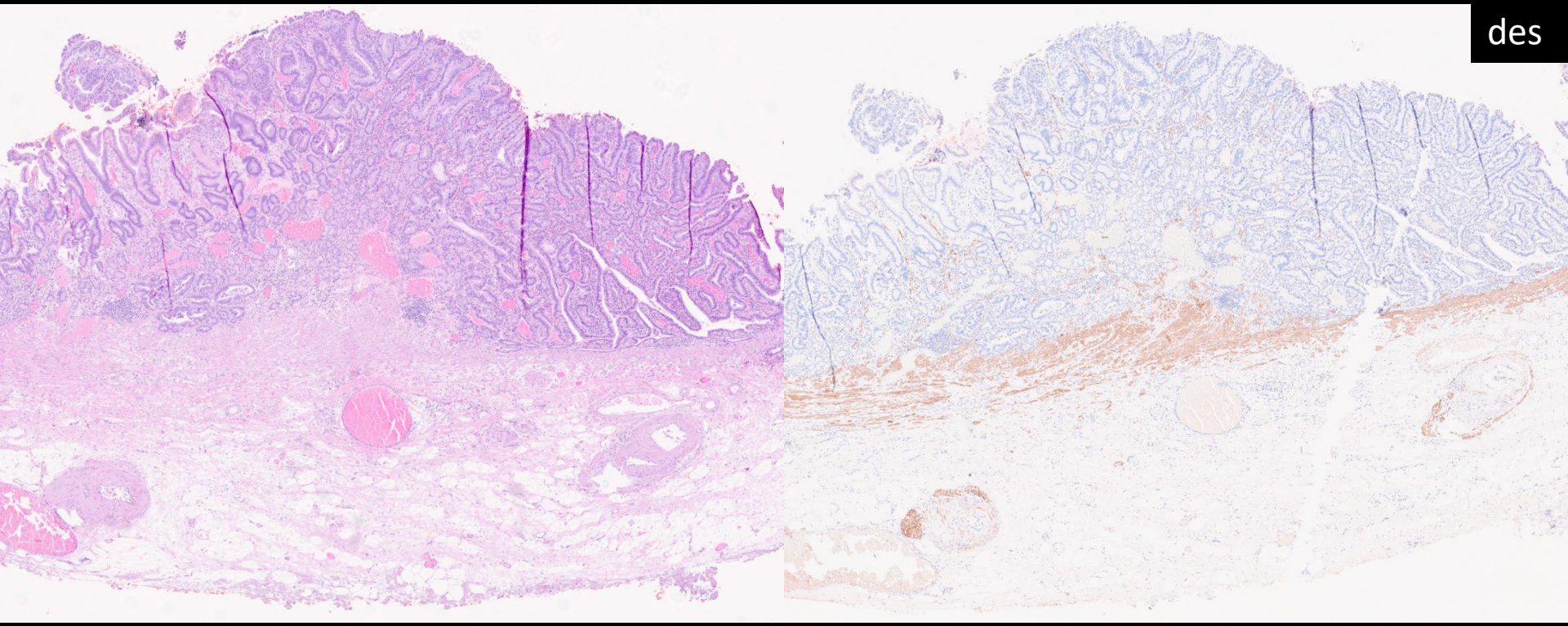




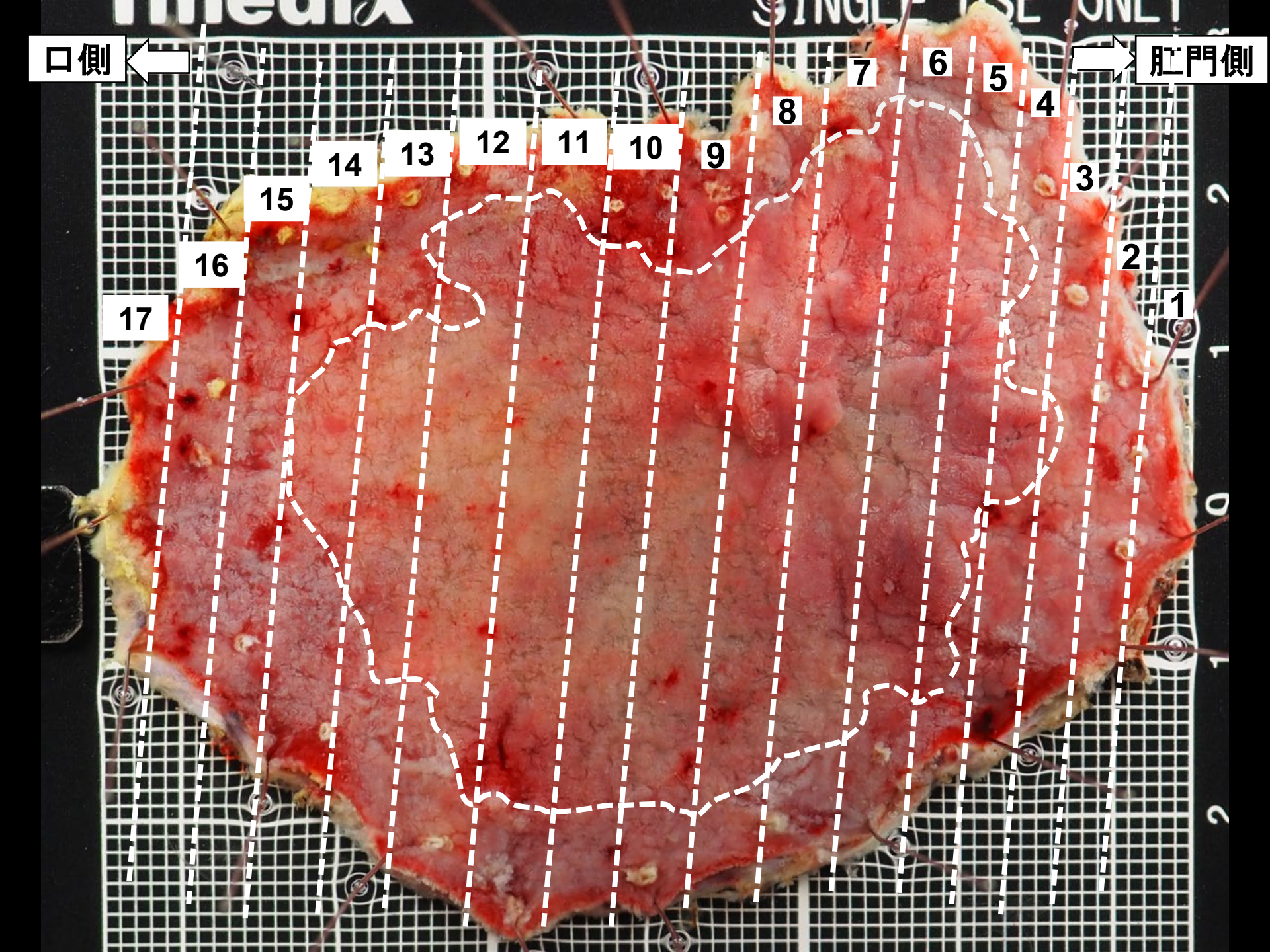




# desmin染色




**強い線維化を認めるも、粘膜筋板の断裂は認めず**


口側
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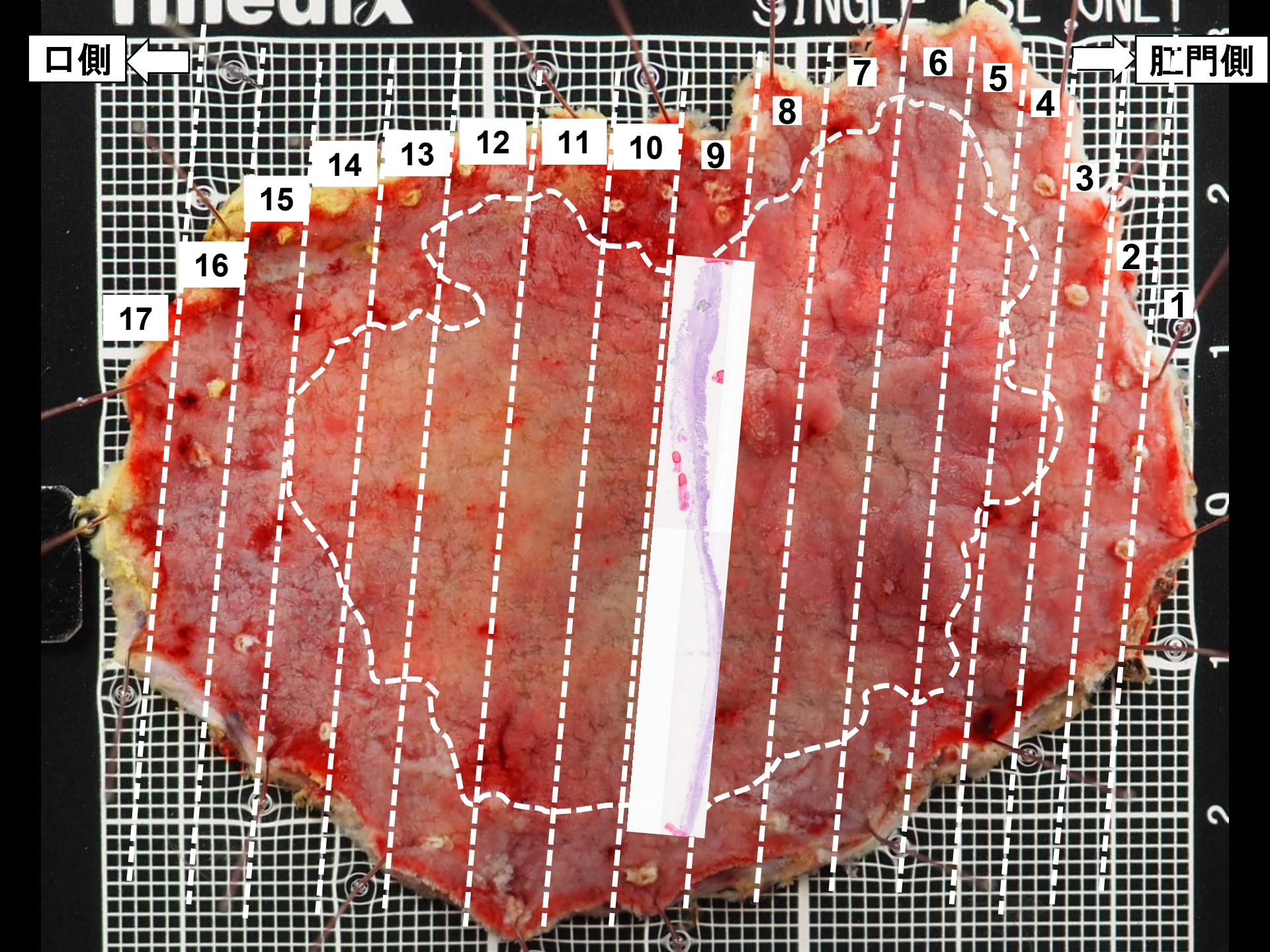
口側
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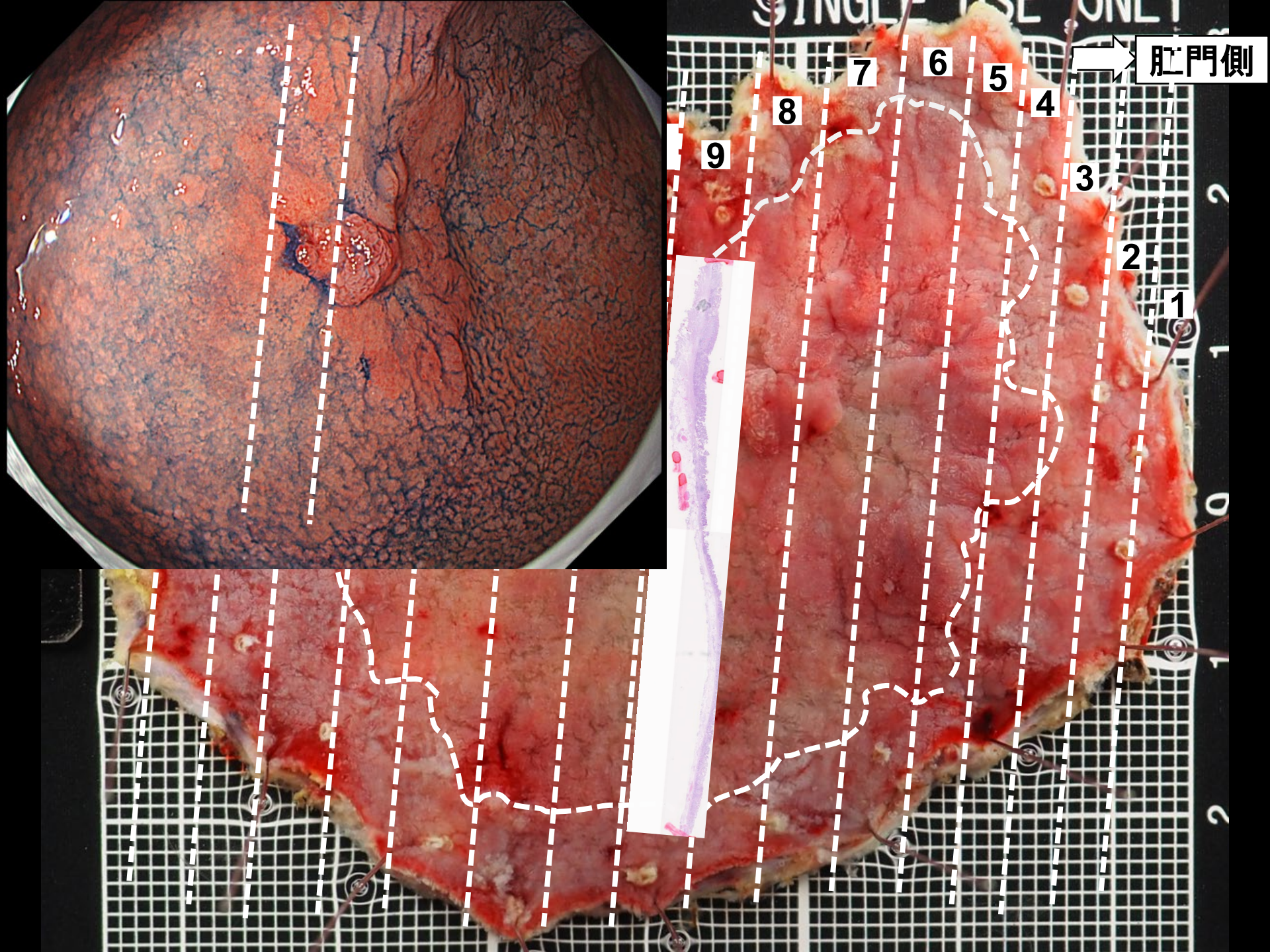
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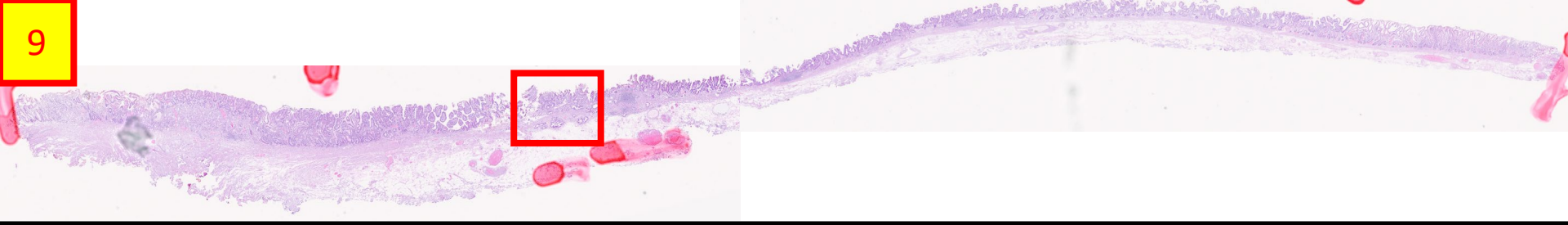
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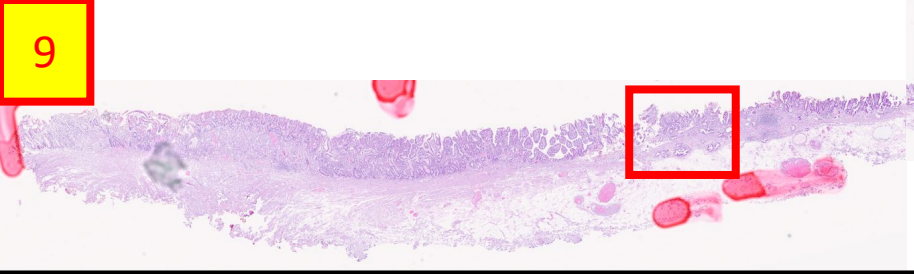

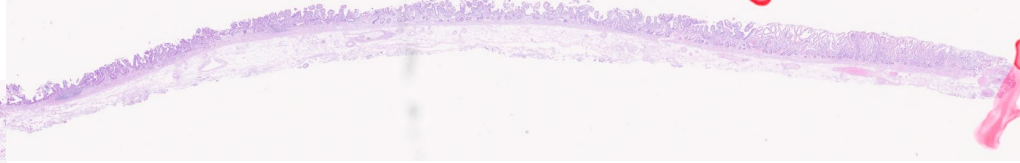

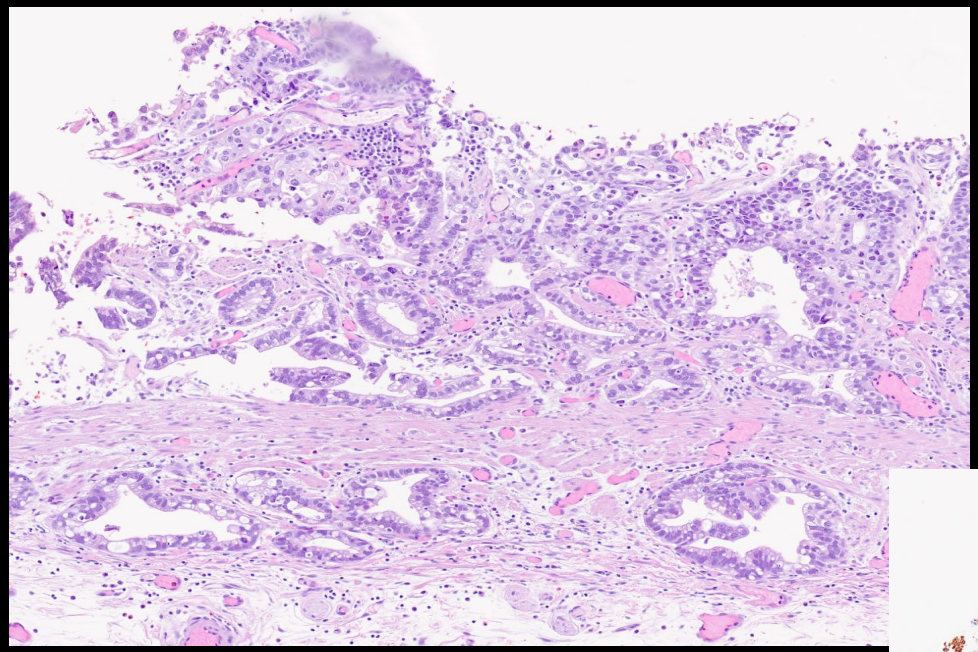

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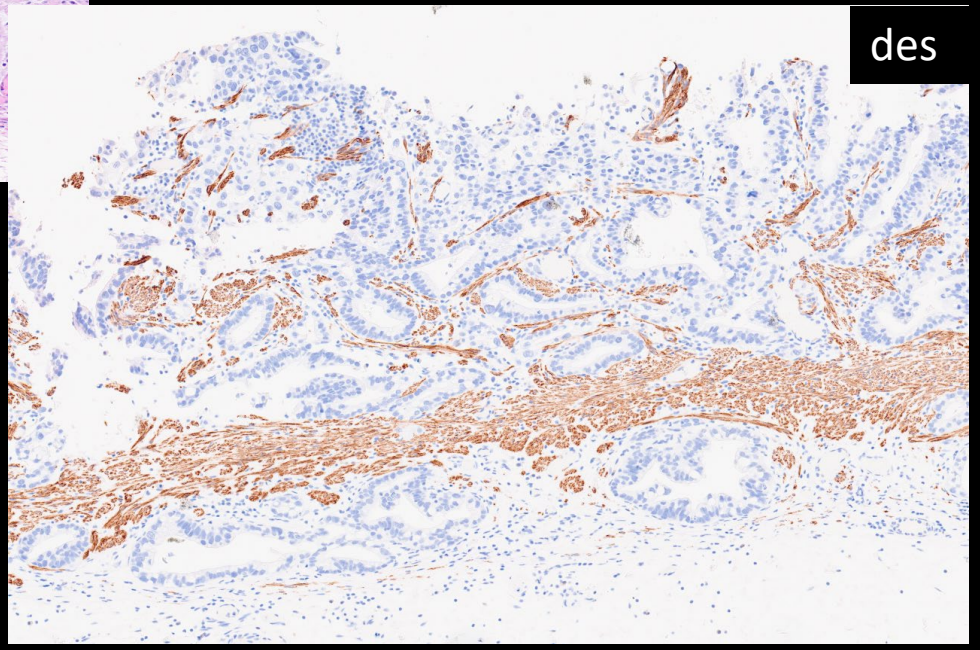

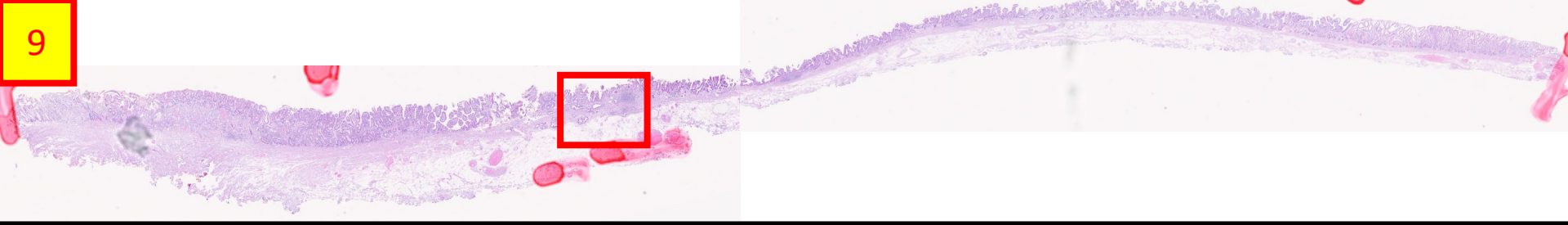
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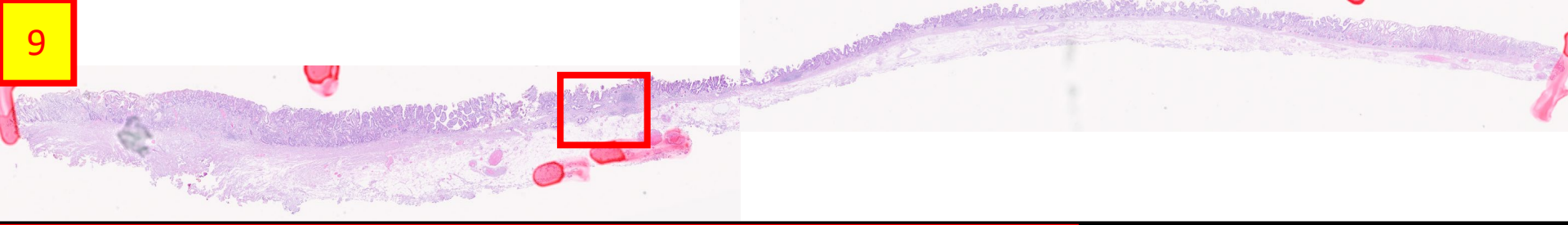

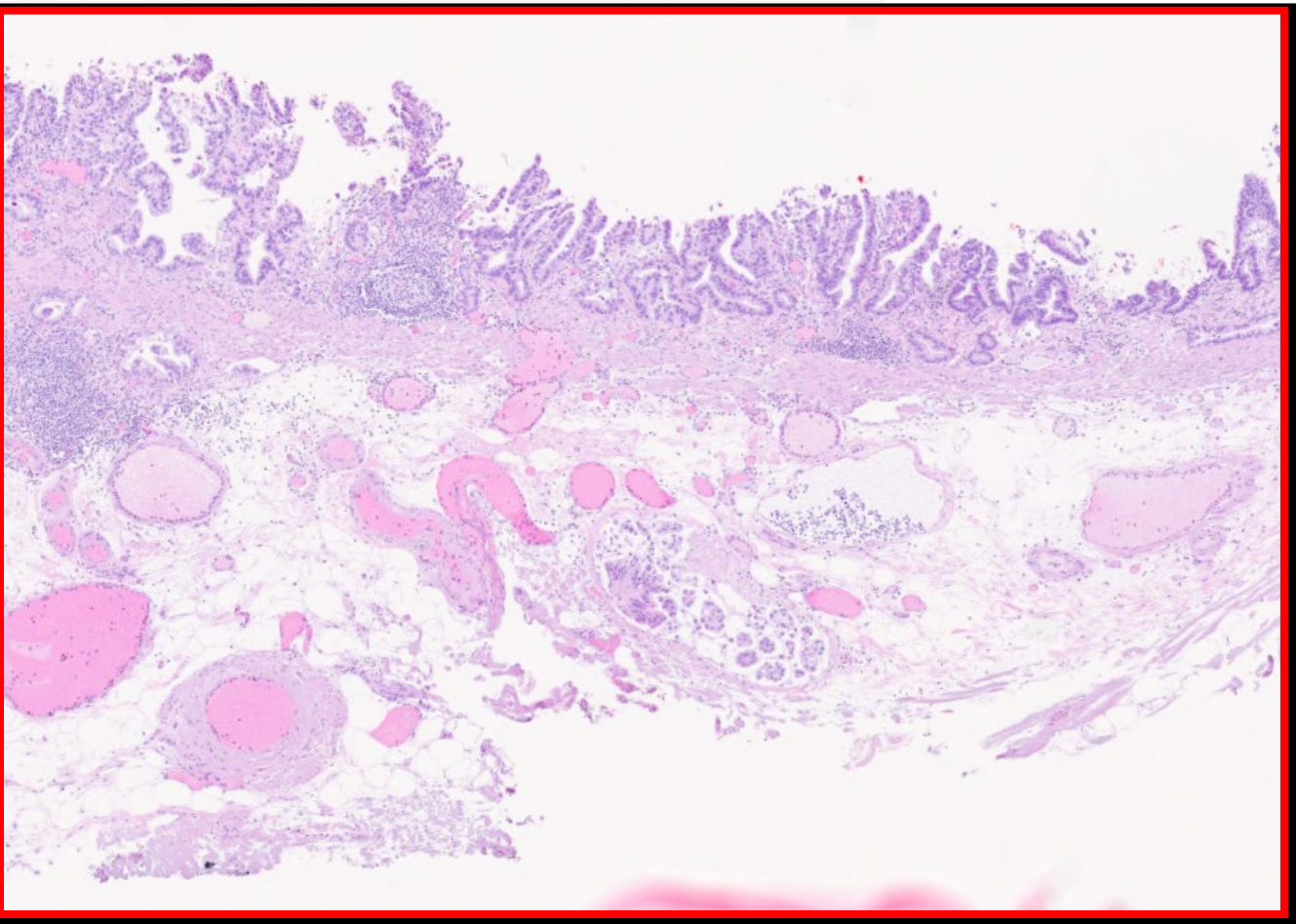

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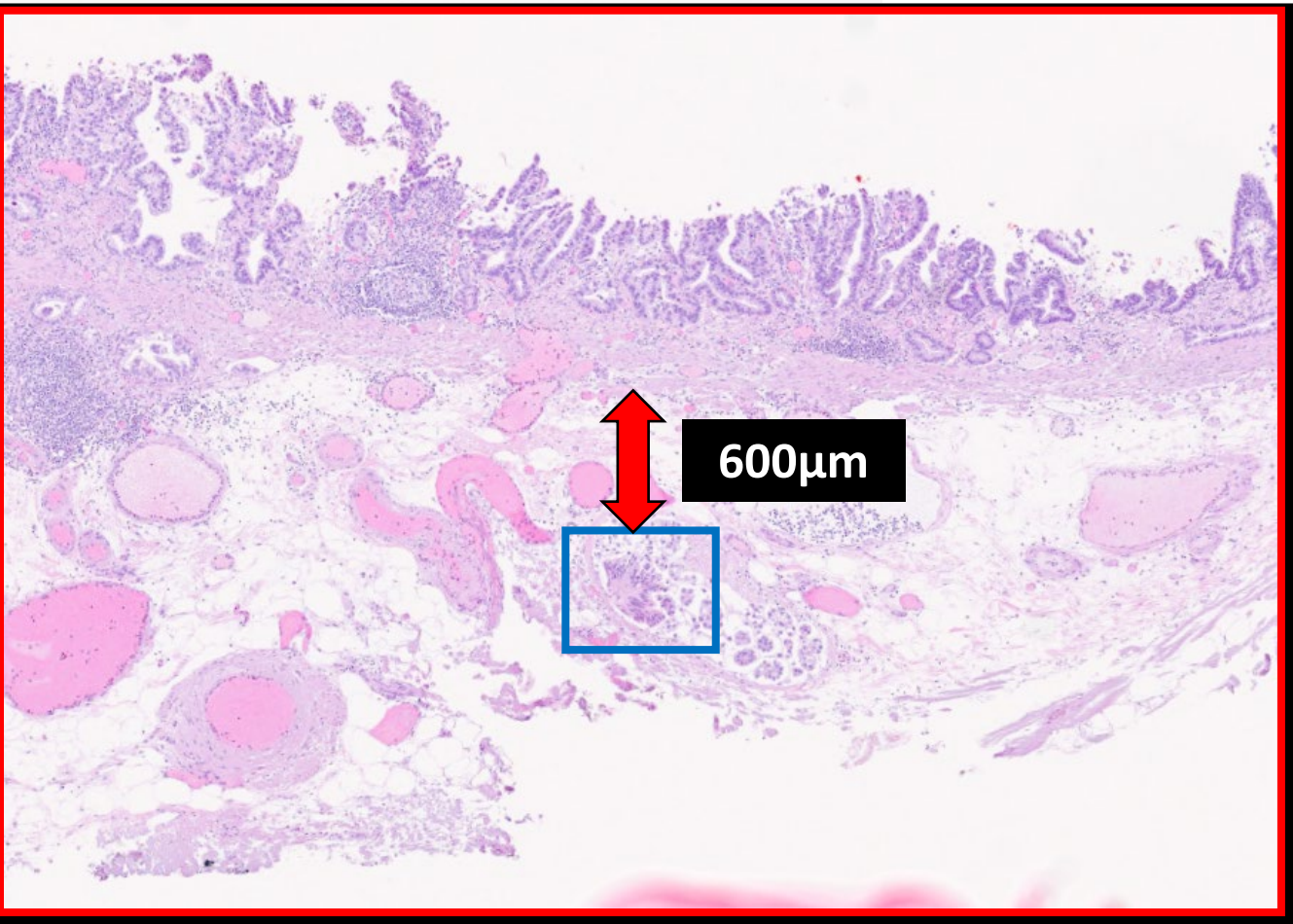

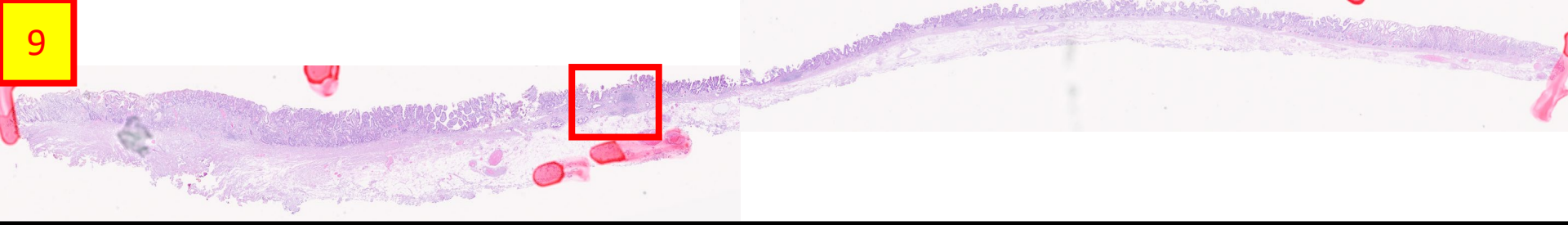
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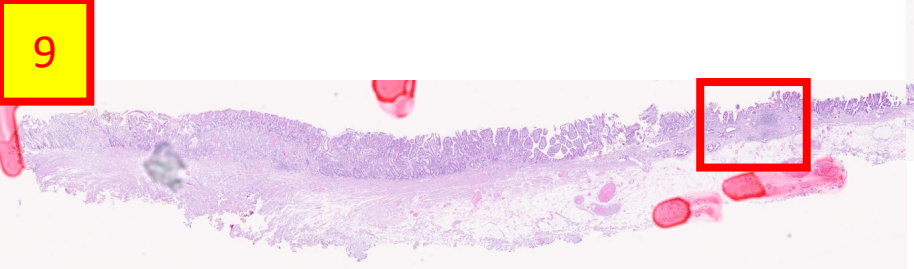

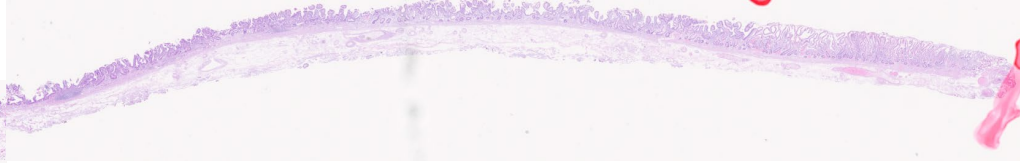

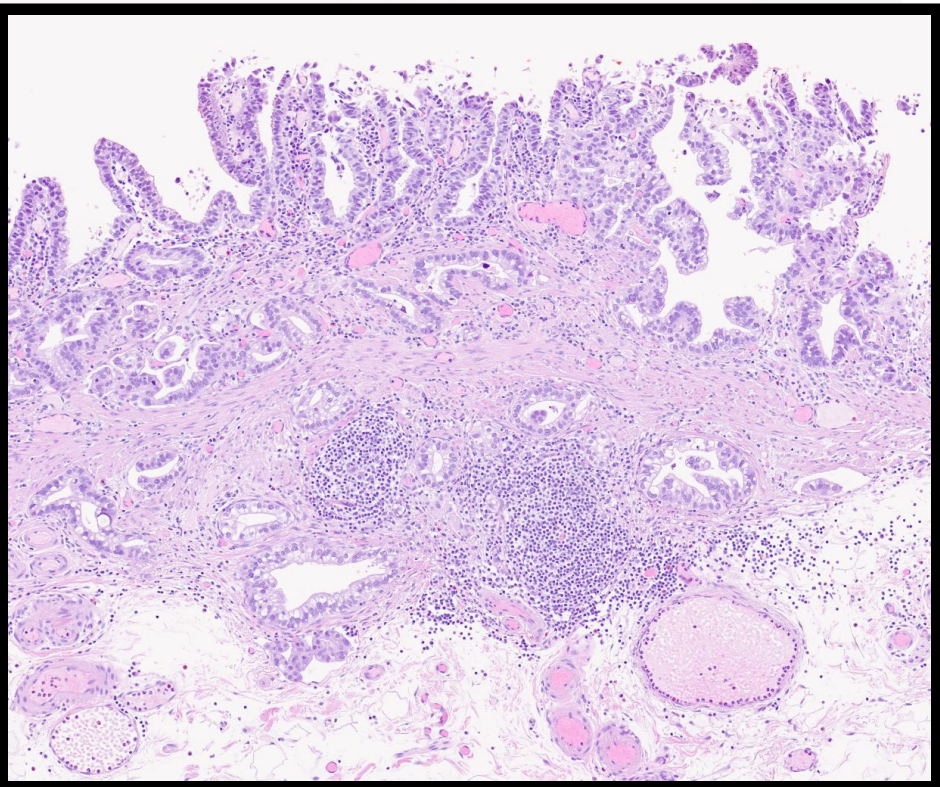

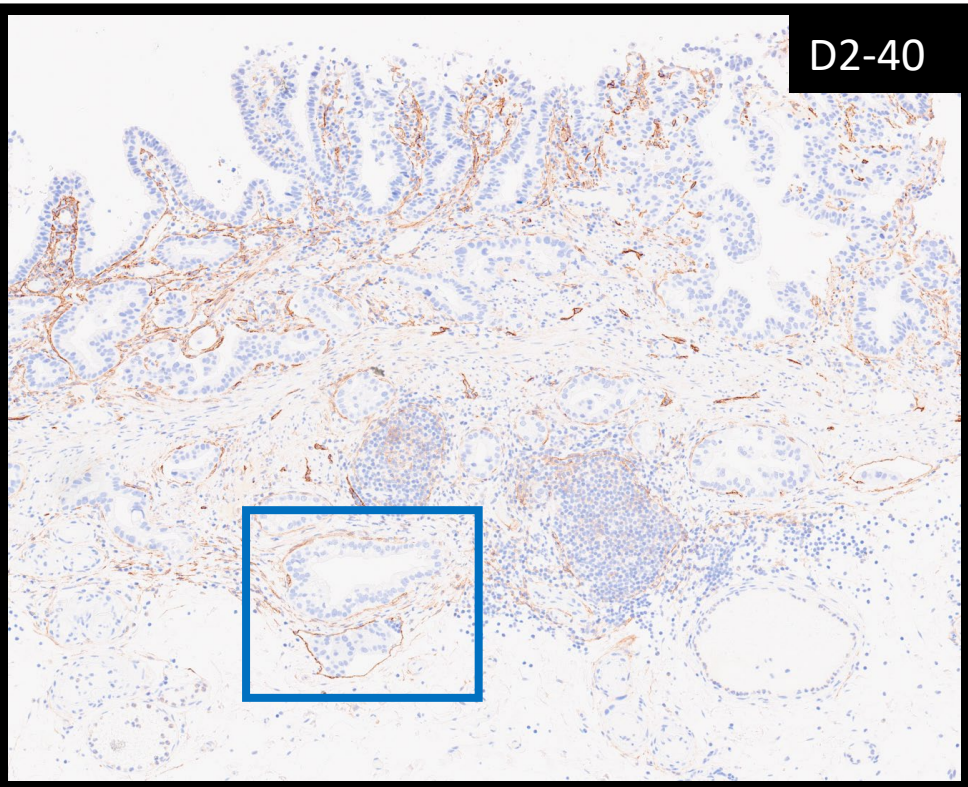

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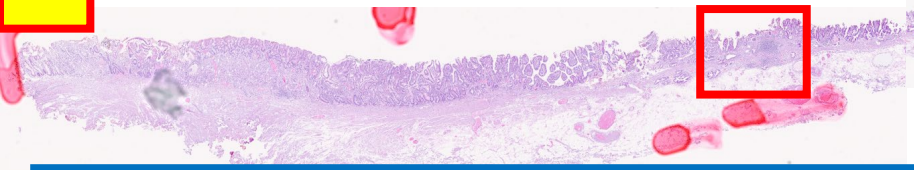

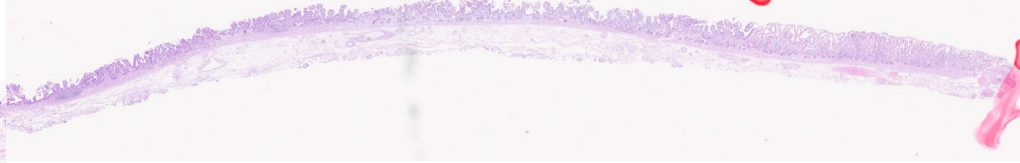

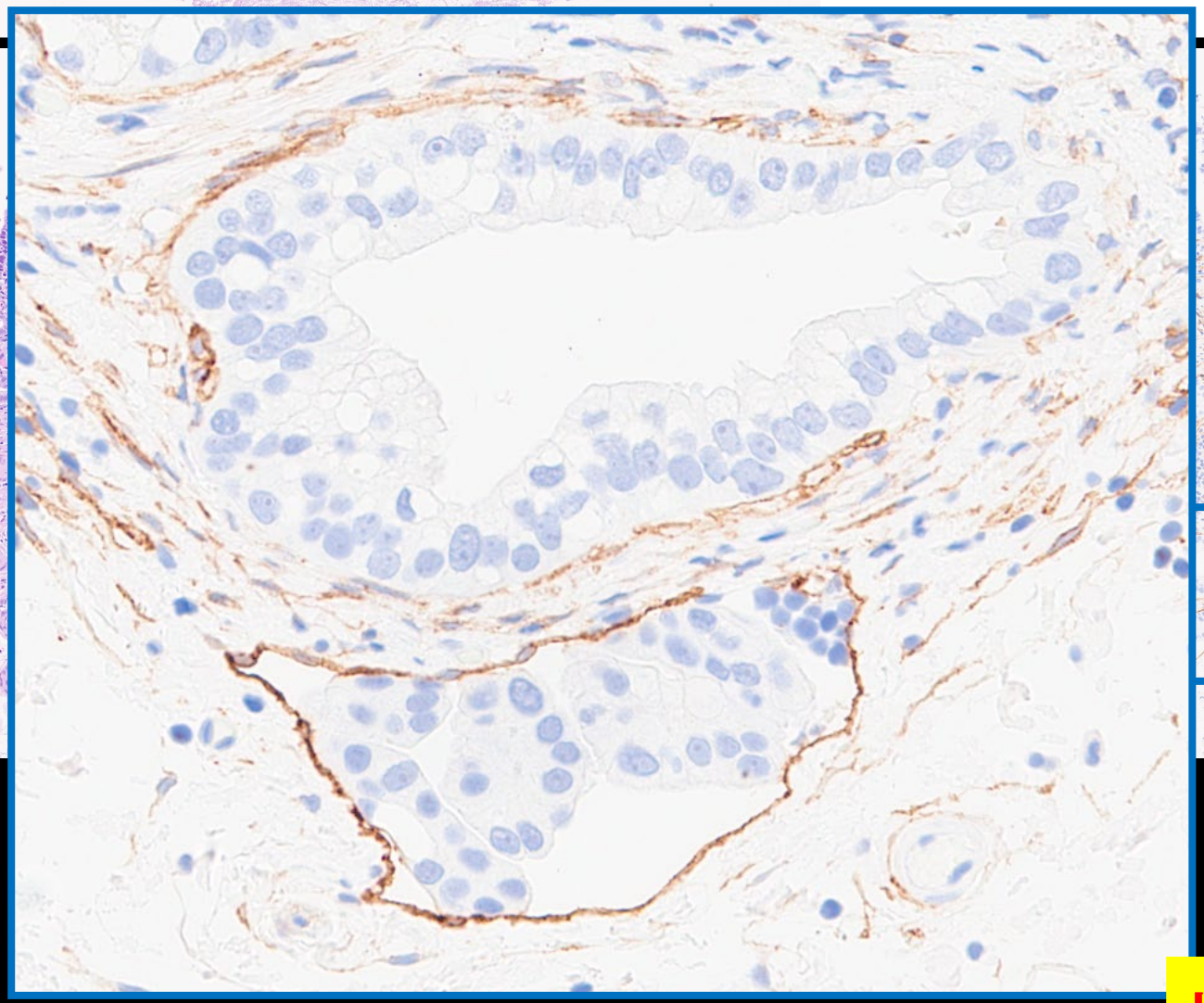

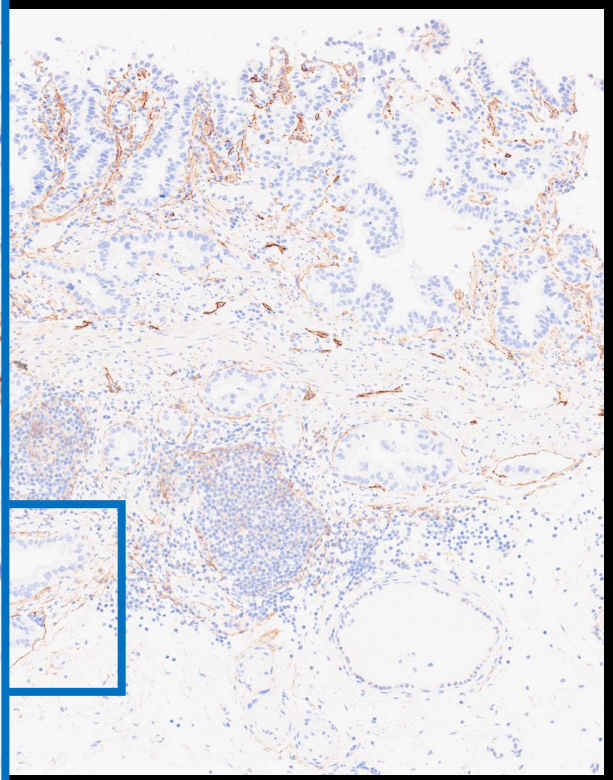

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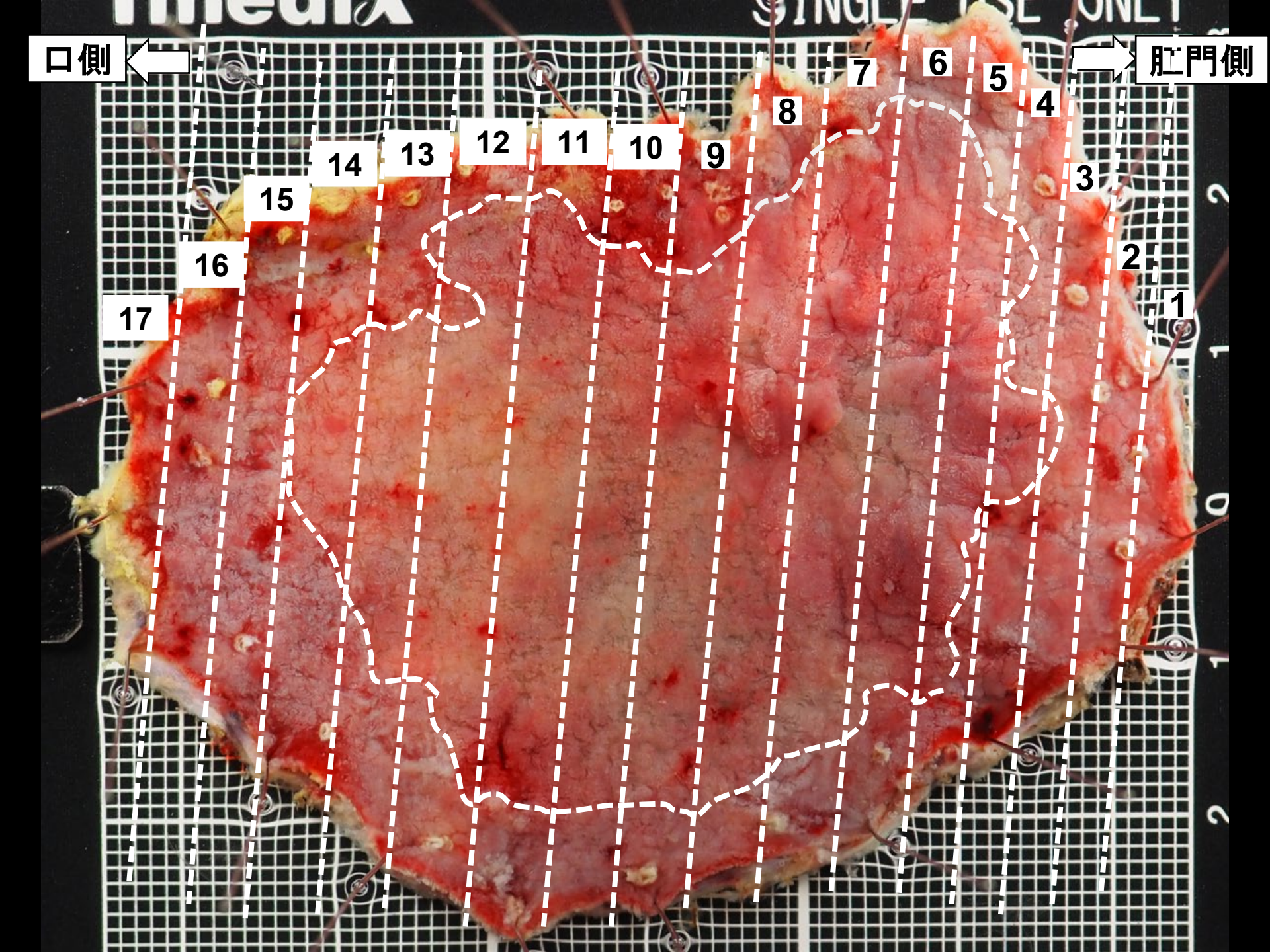
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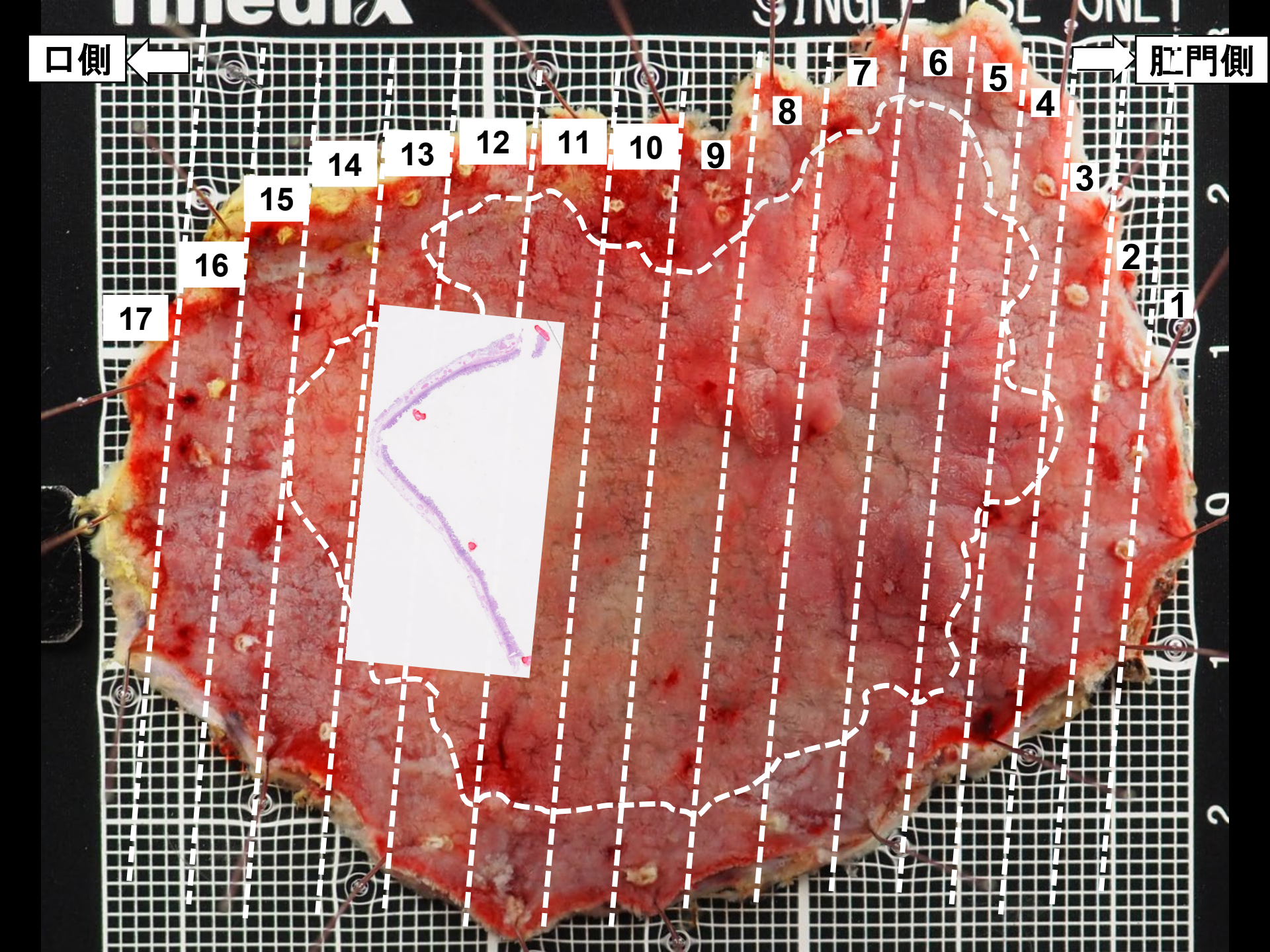
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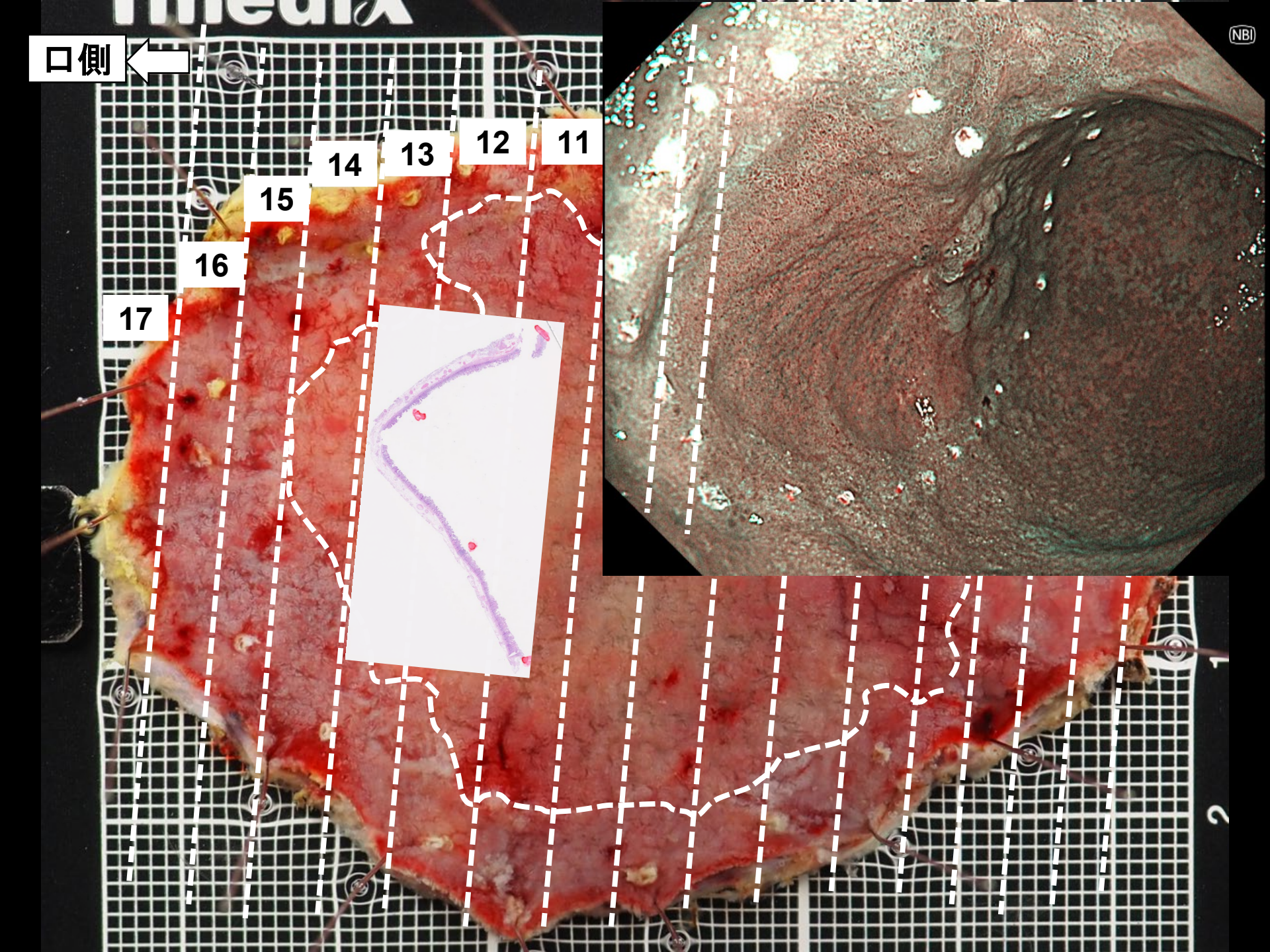
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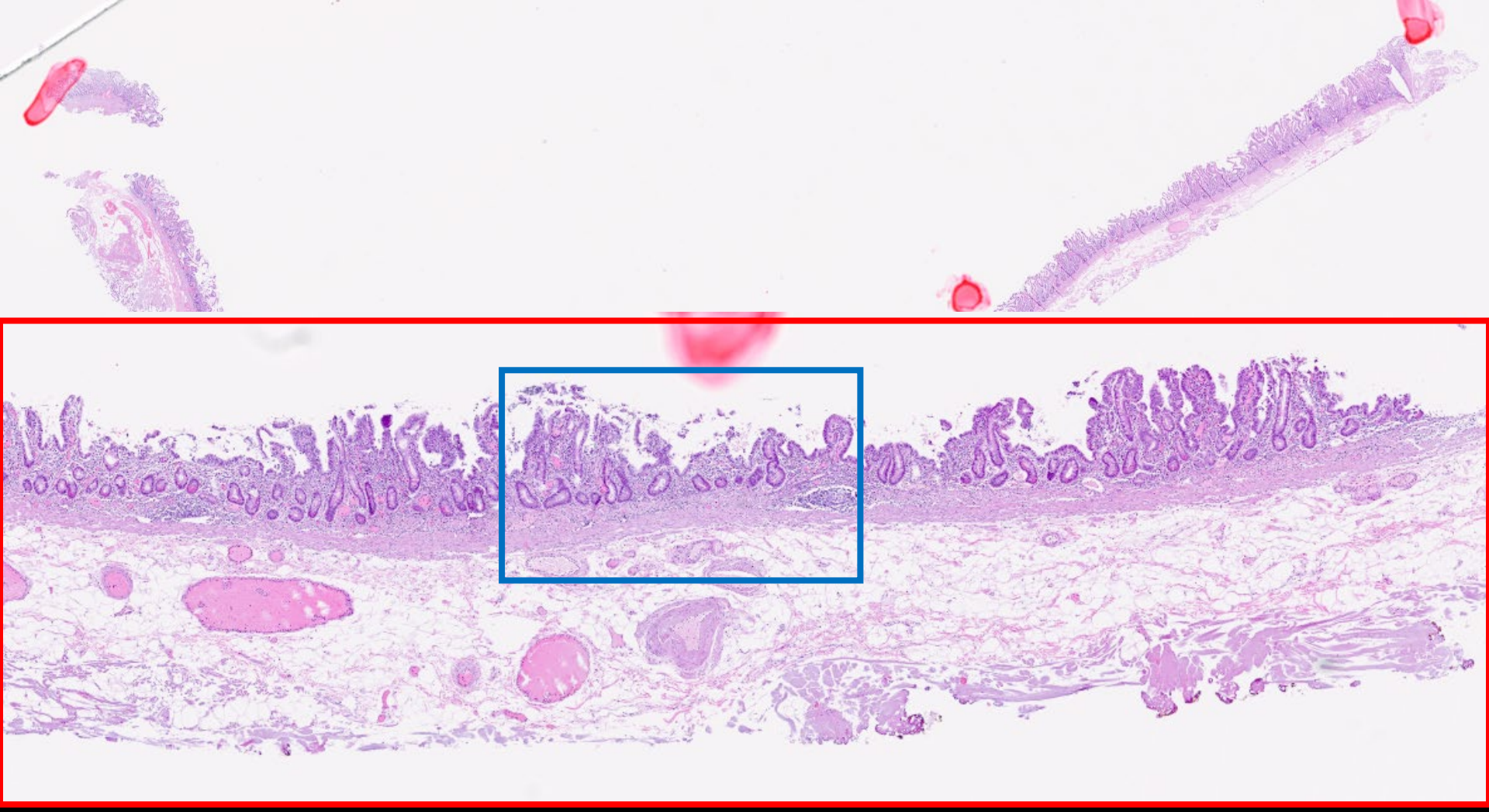
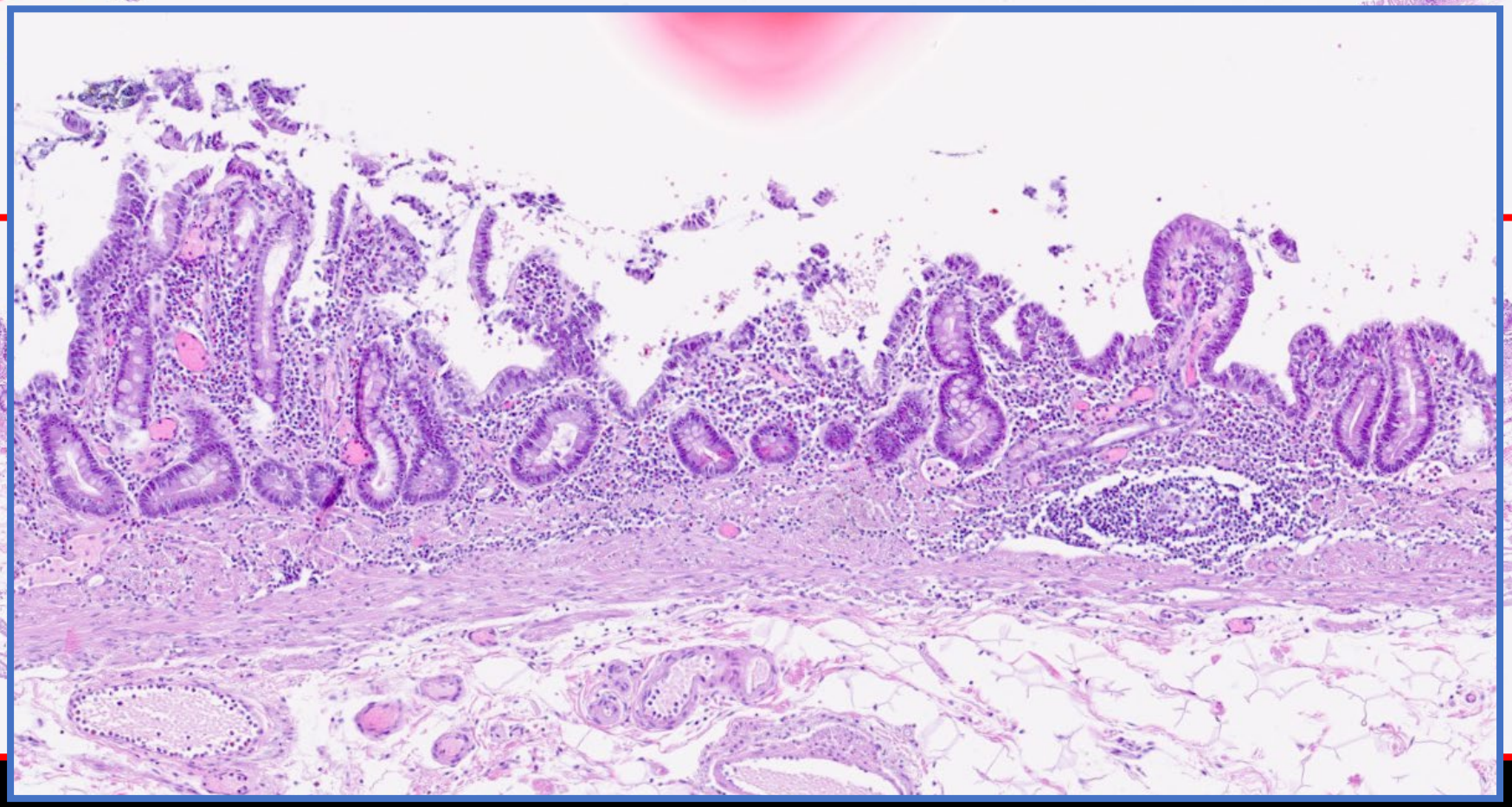
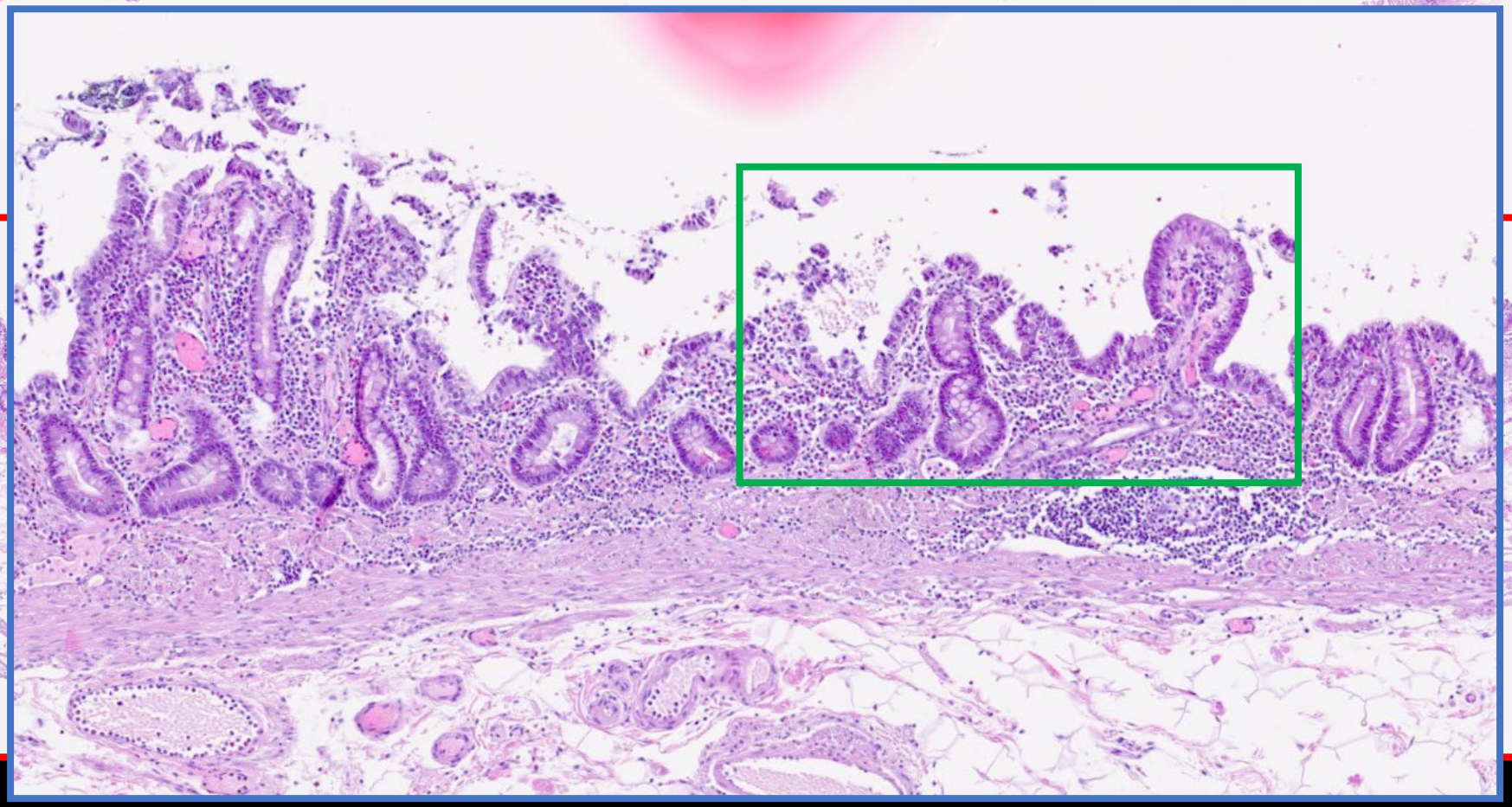
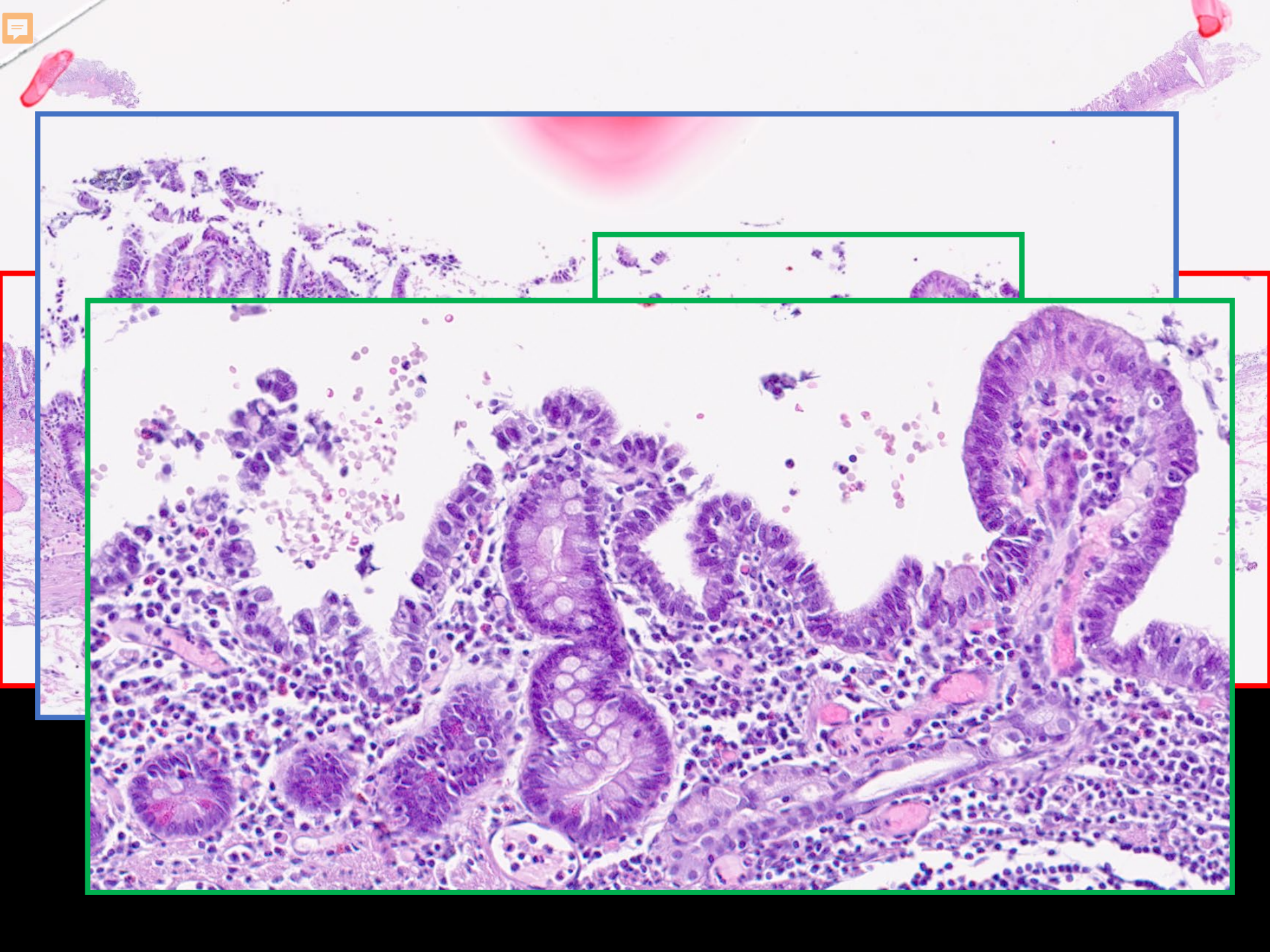
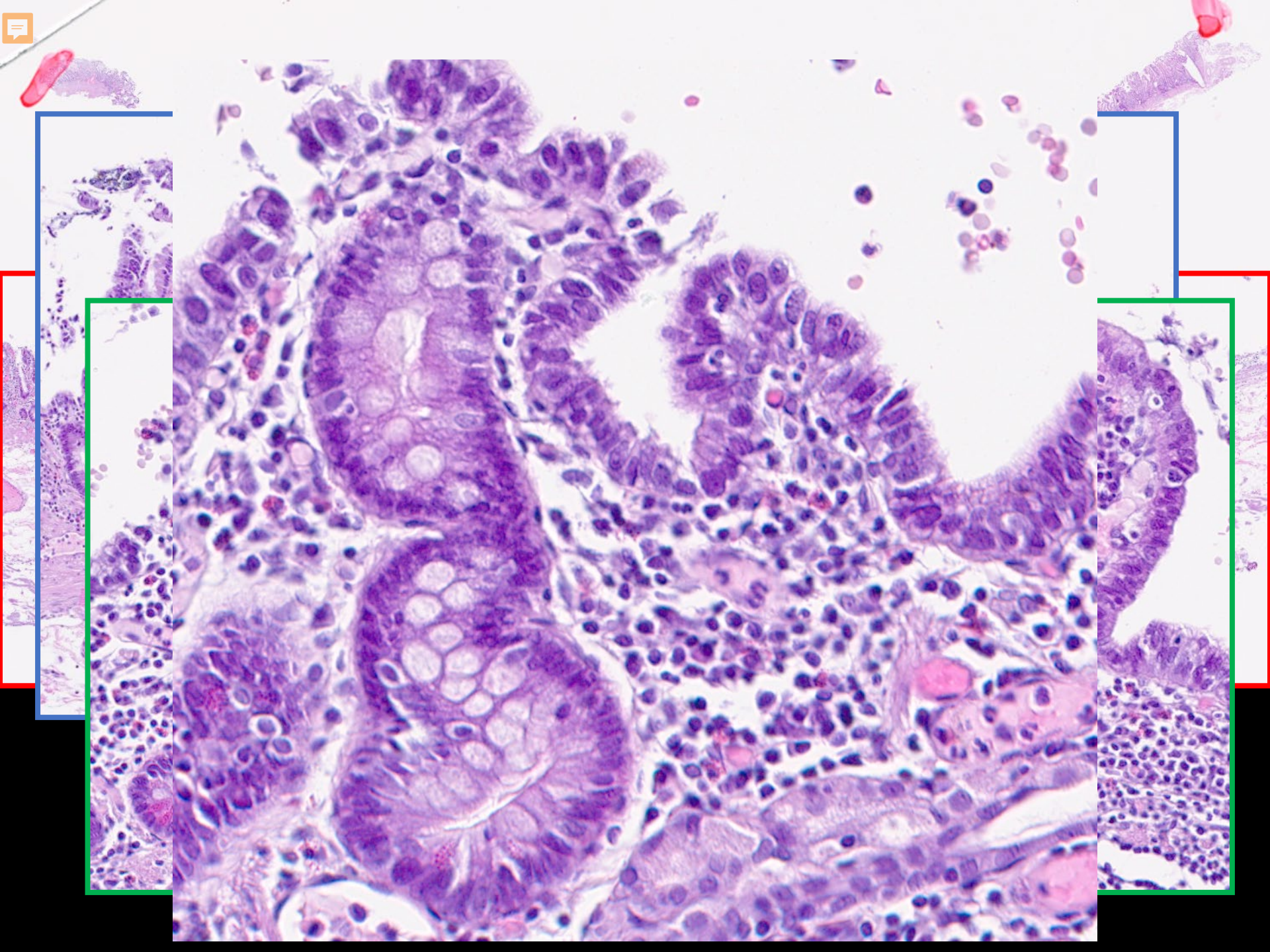








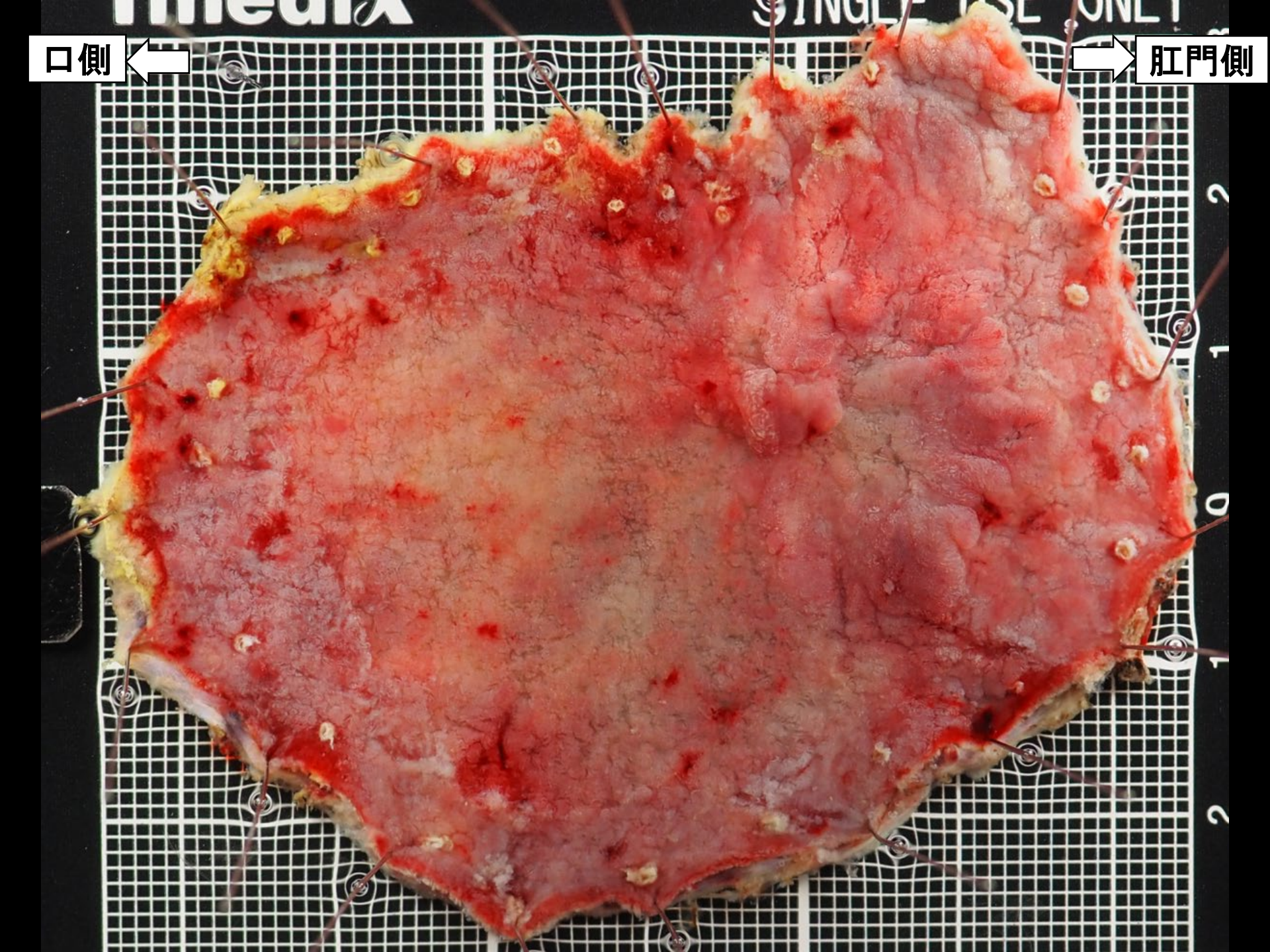


# 病理診断

Stomach, ESD: tubular adenocarcinoma,
well differentiated (tub1), pT1b2(SM2, 0.6mm),
INFb, Ly1(D2-40), V0(EVG),
UL0,pHM0(5mm),pVM0(0.1mm)

→e-Cura C2

# Mapping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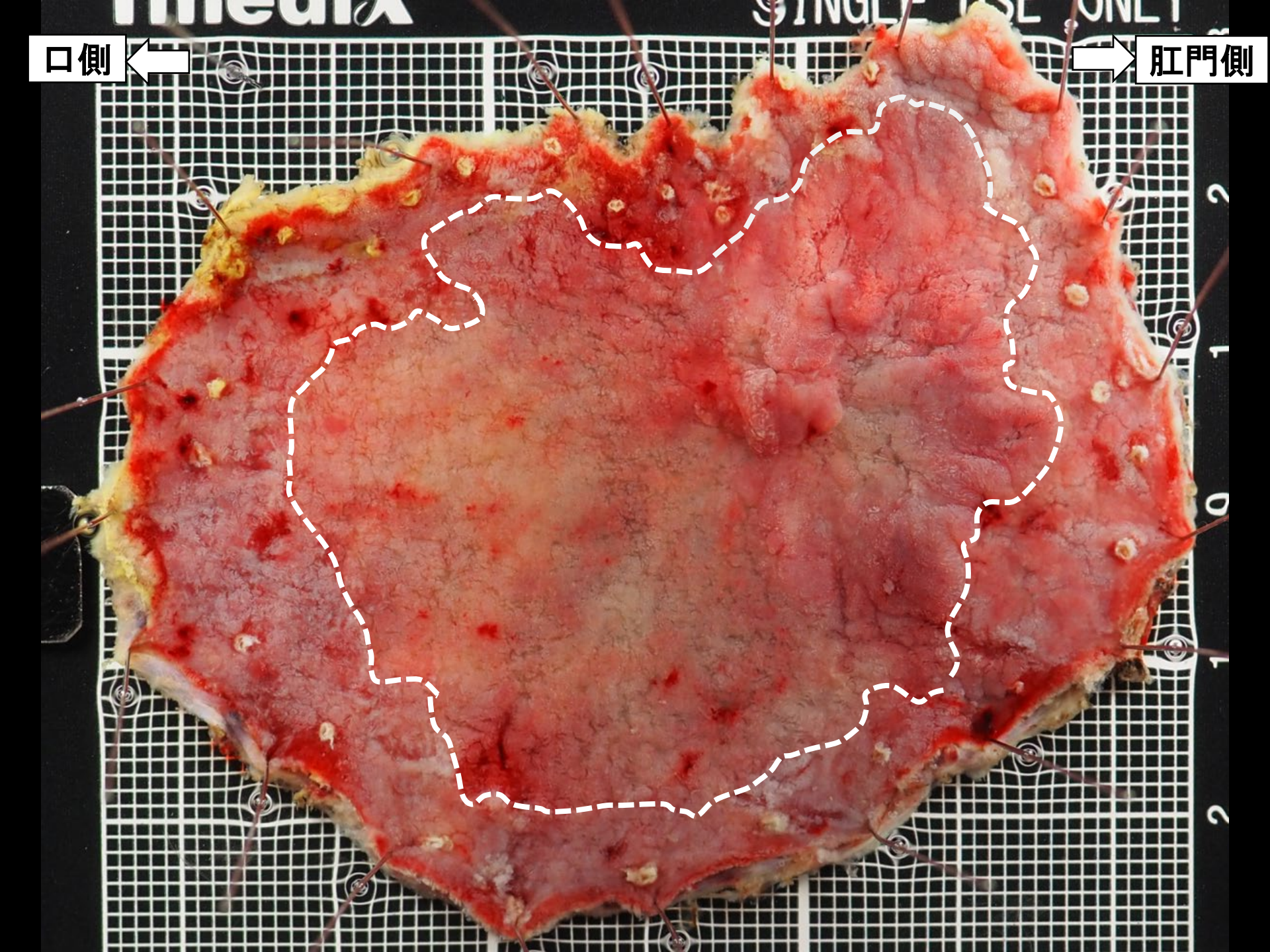
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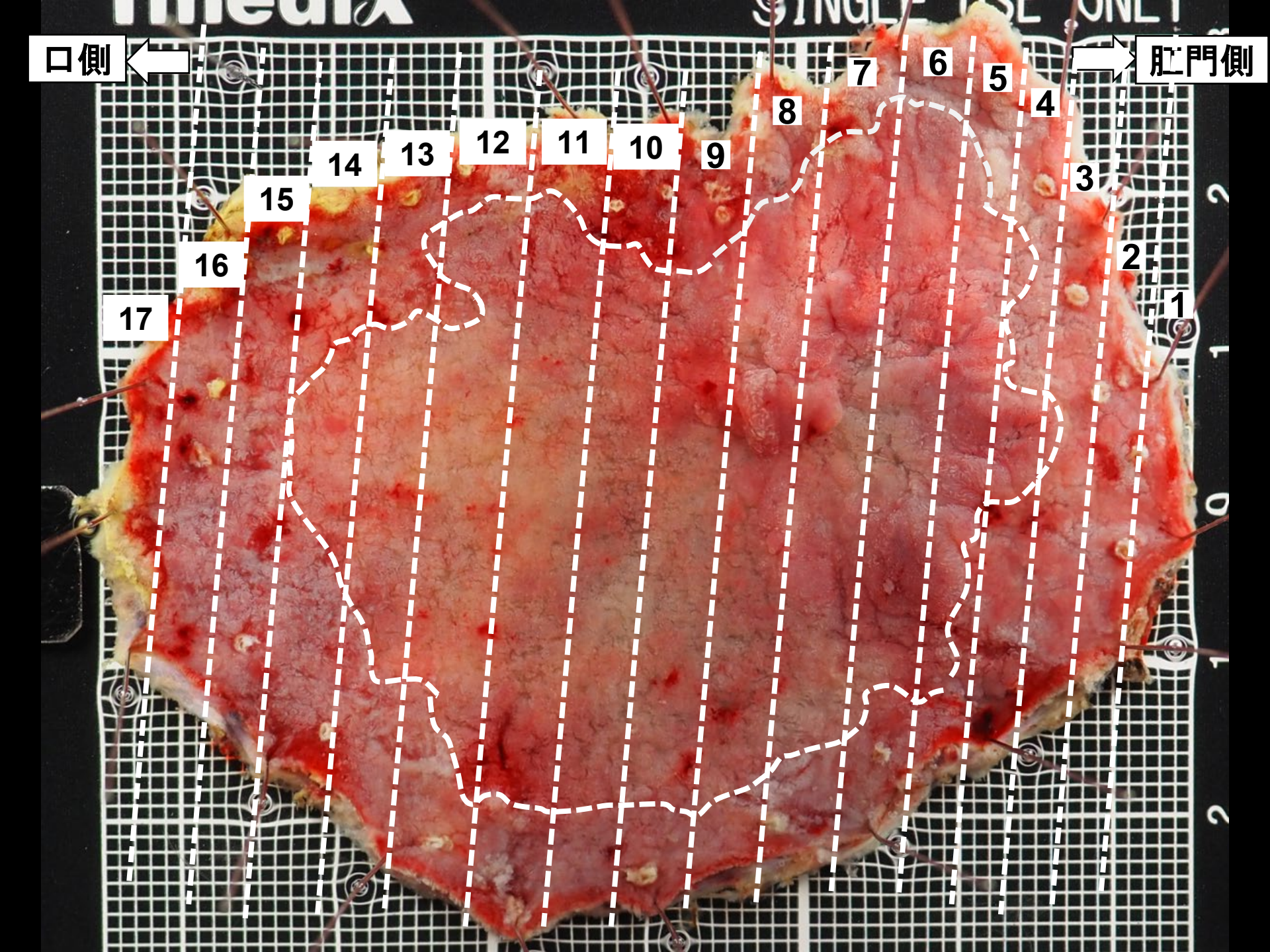
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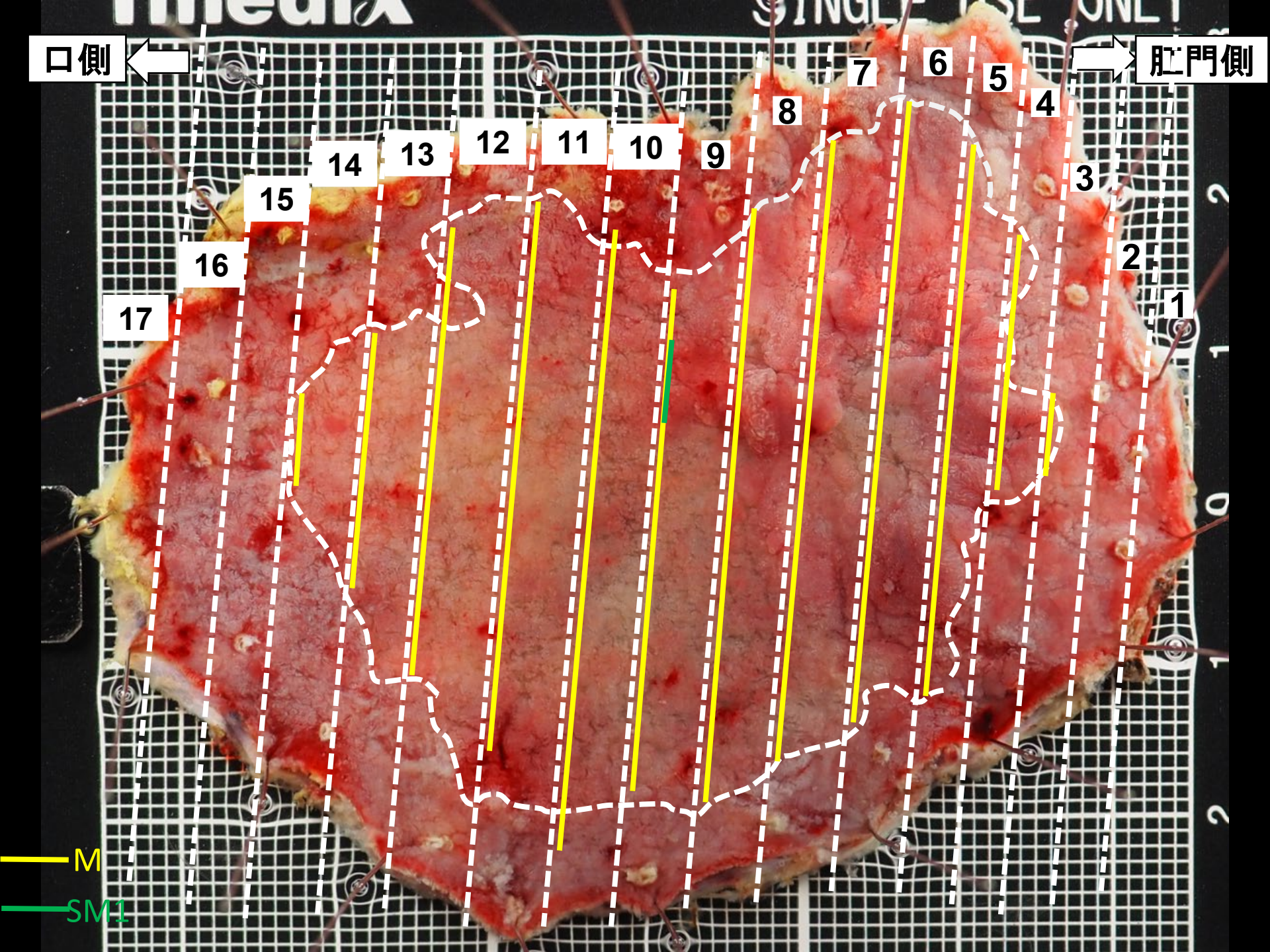
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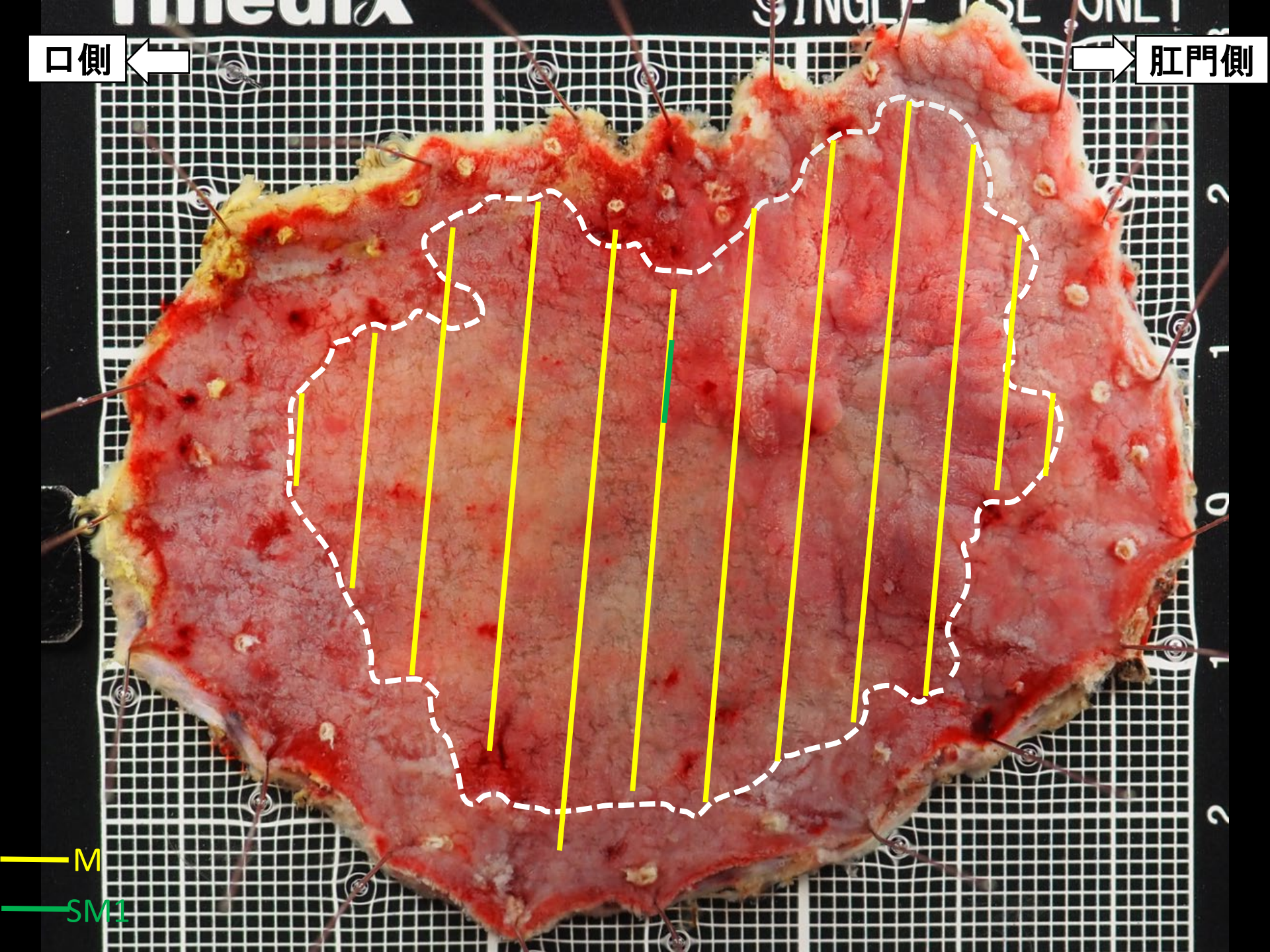
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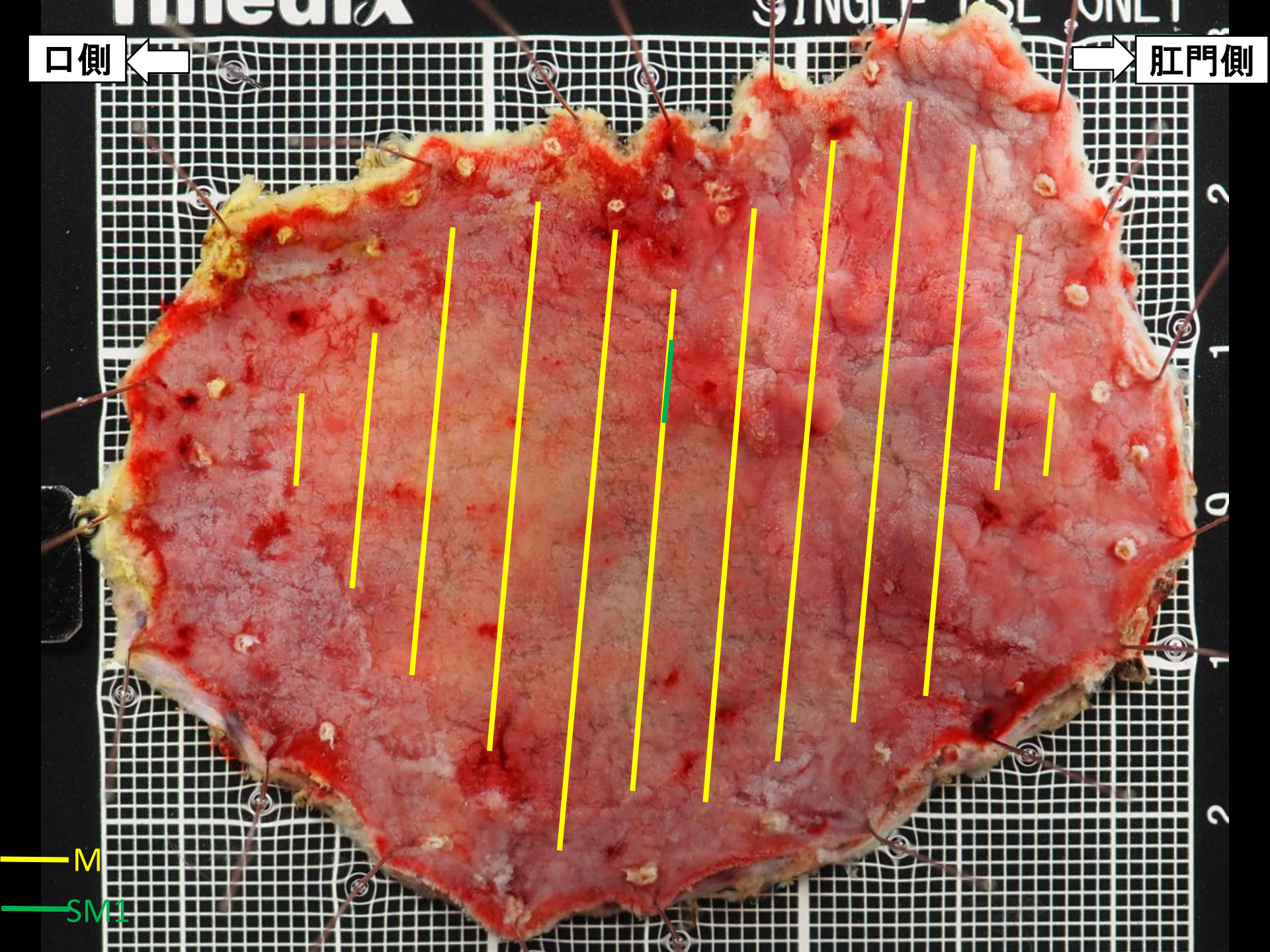
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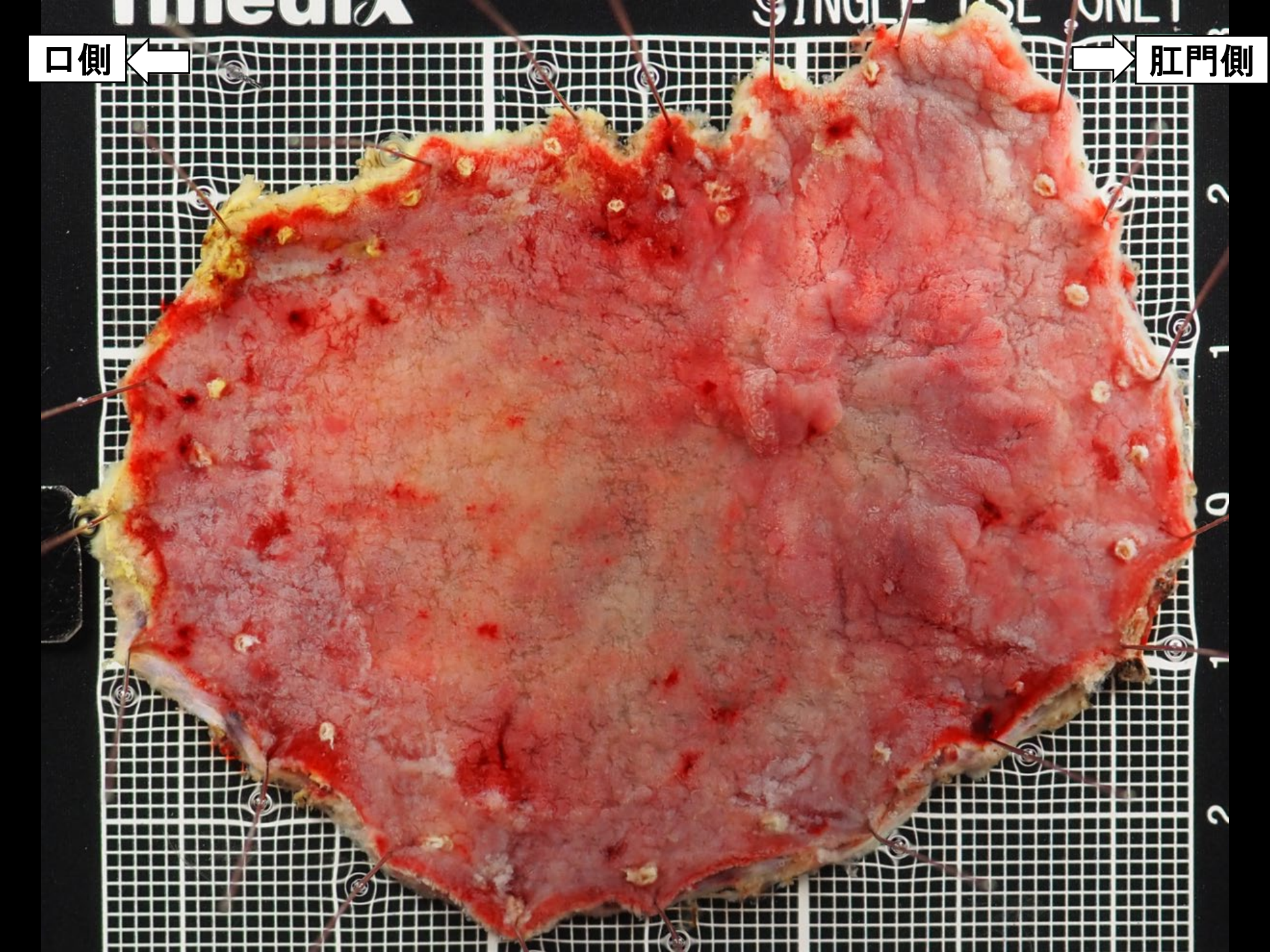
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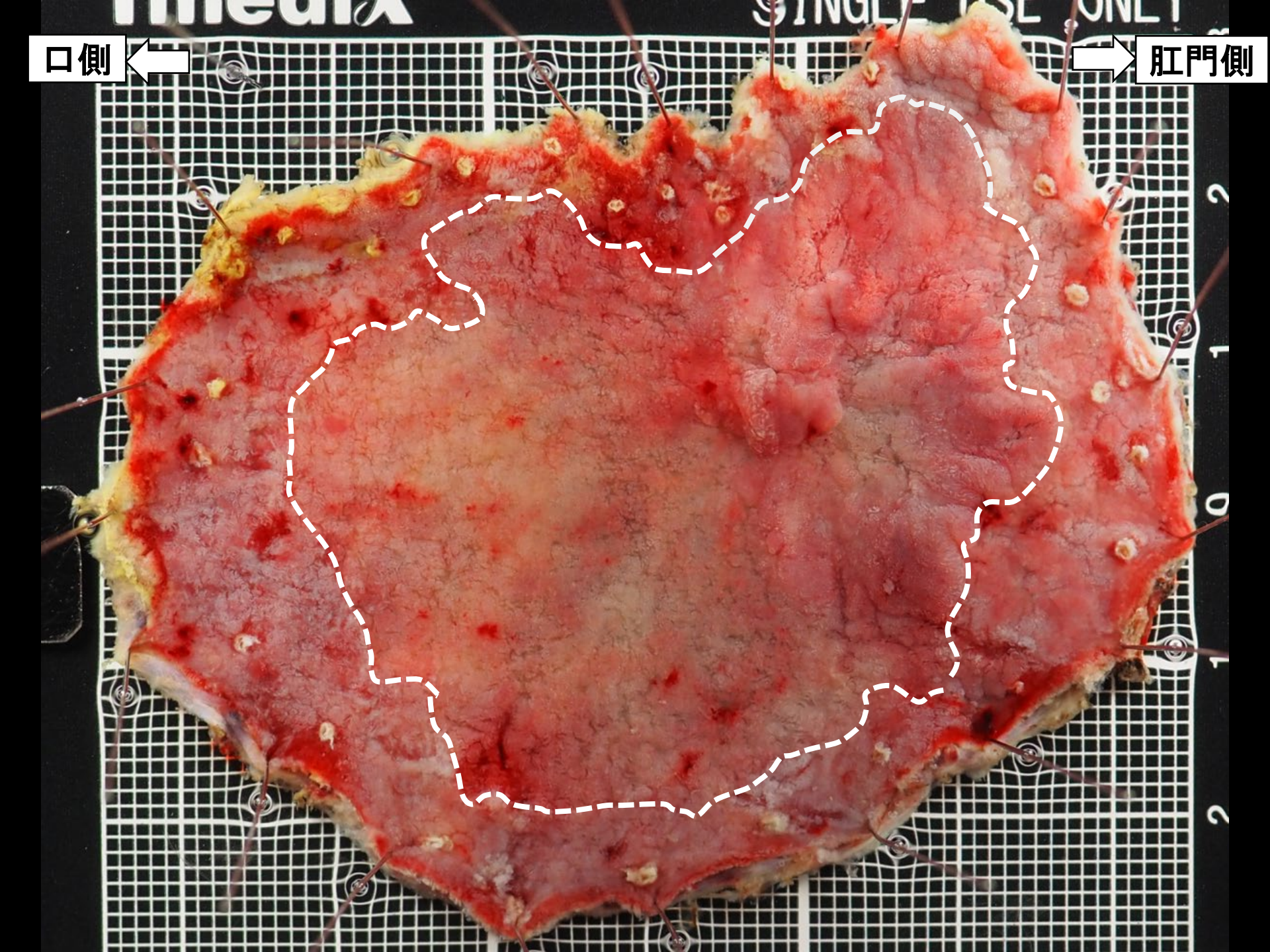
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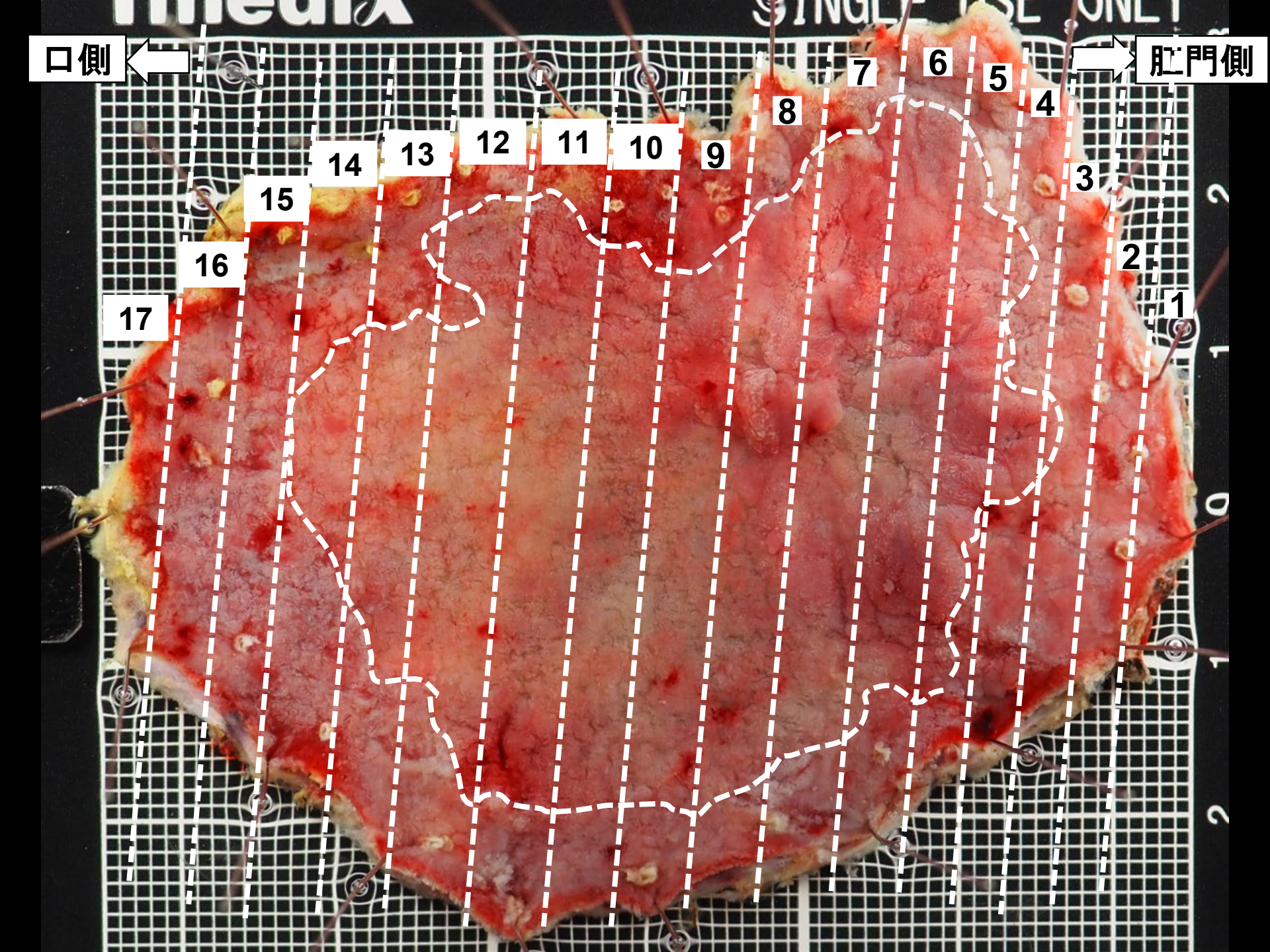
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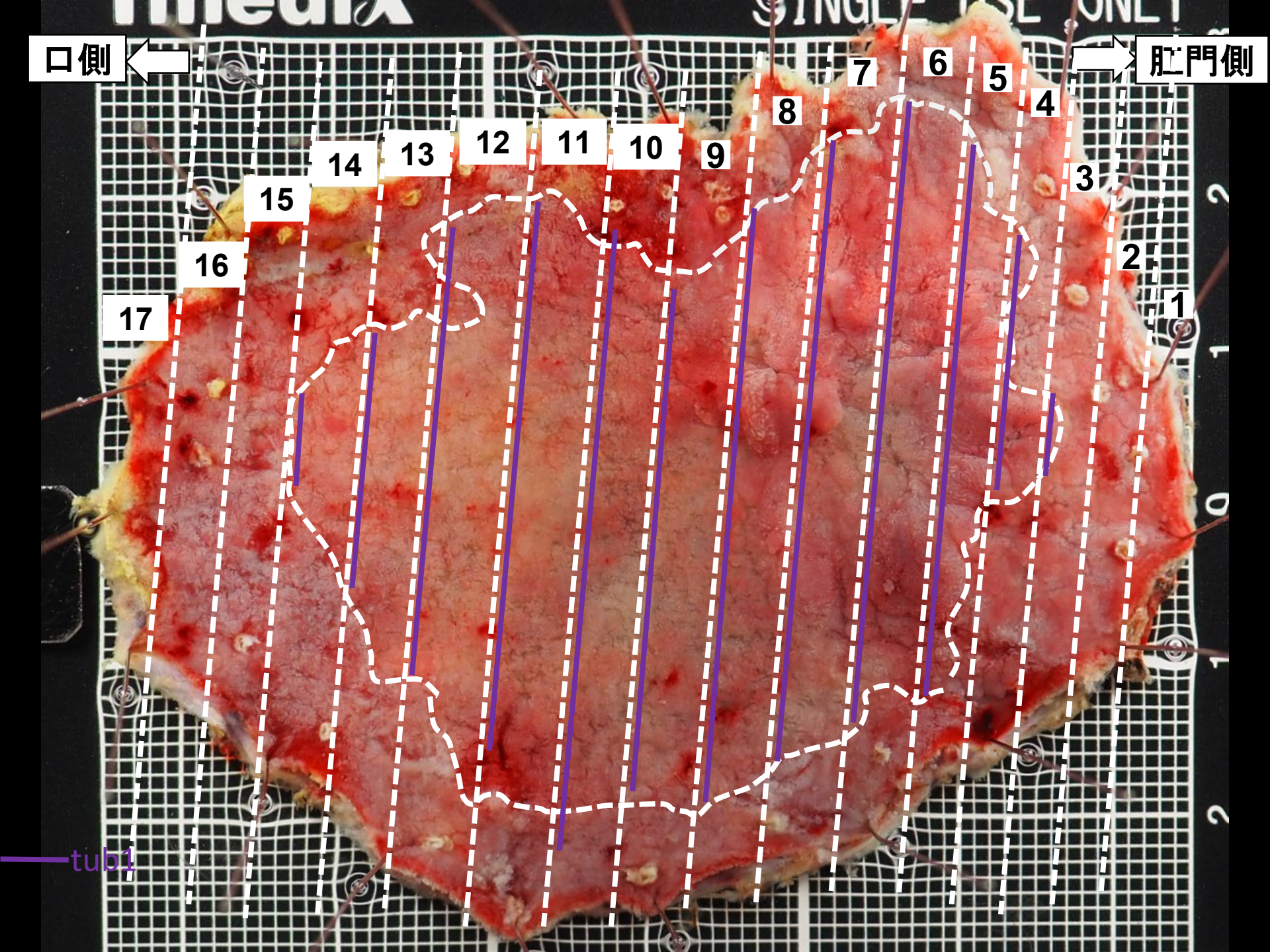
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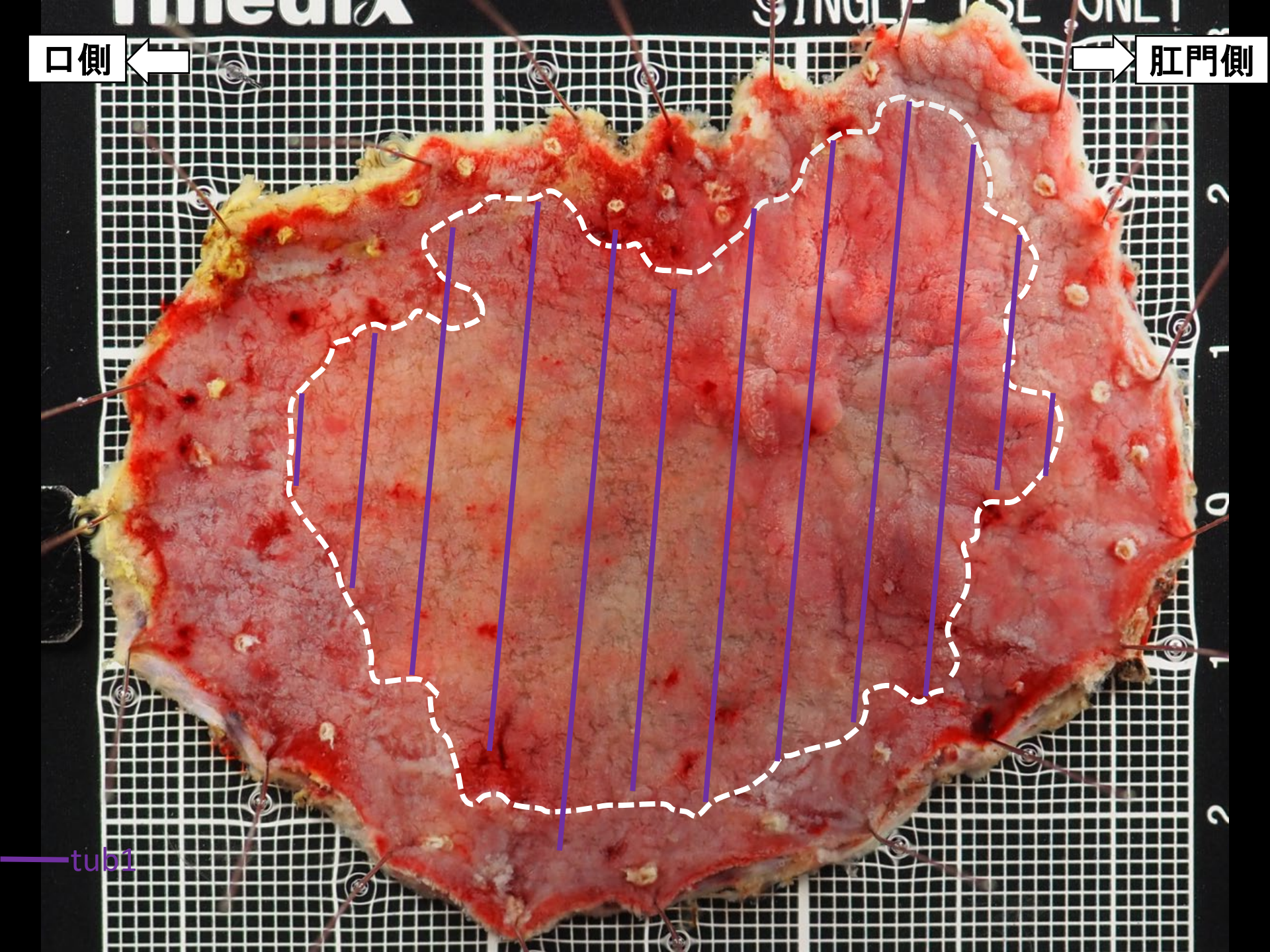
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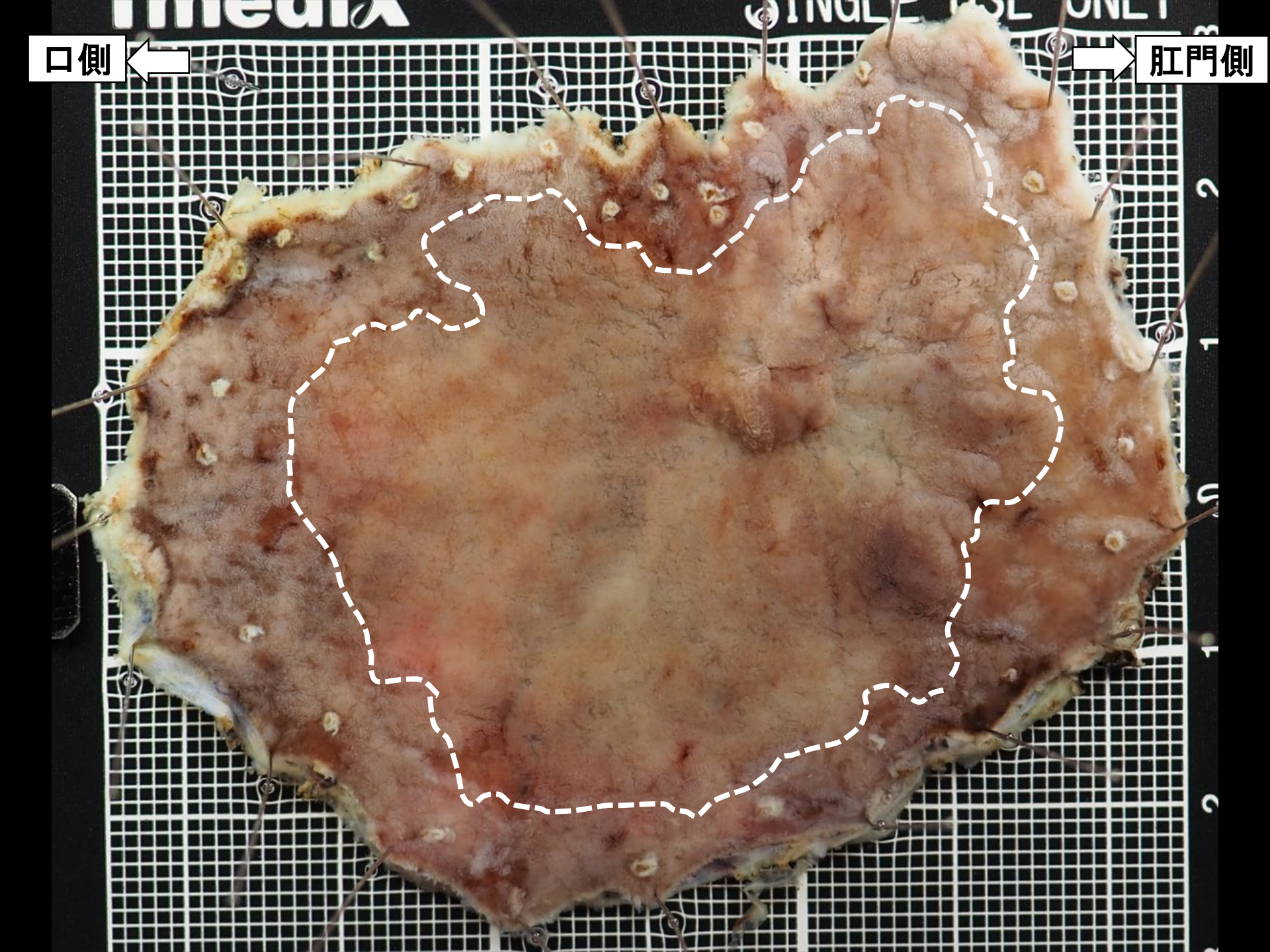
Medix
SINGLE USE ONLY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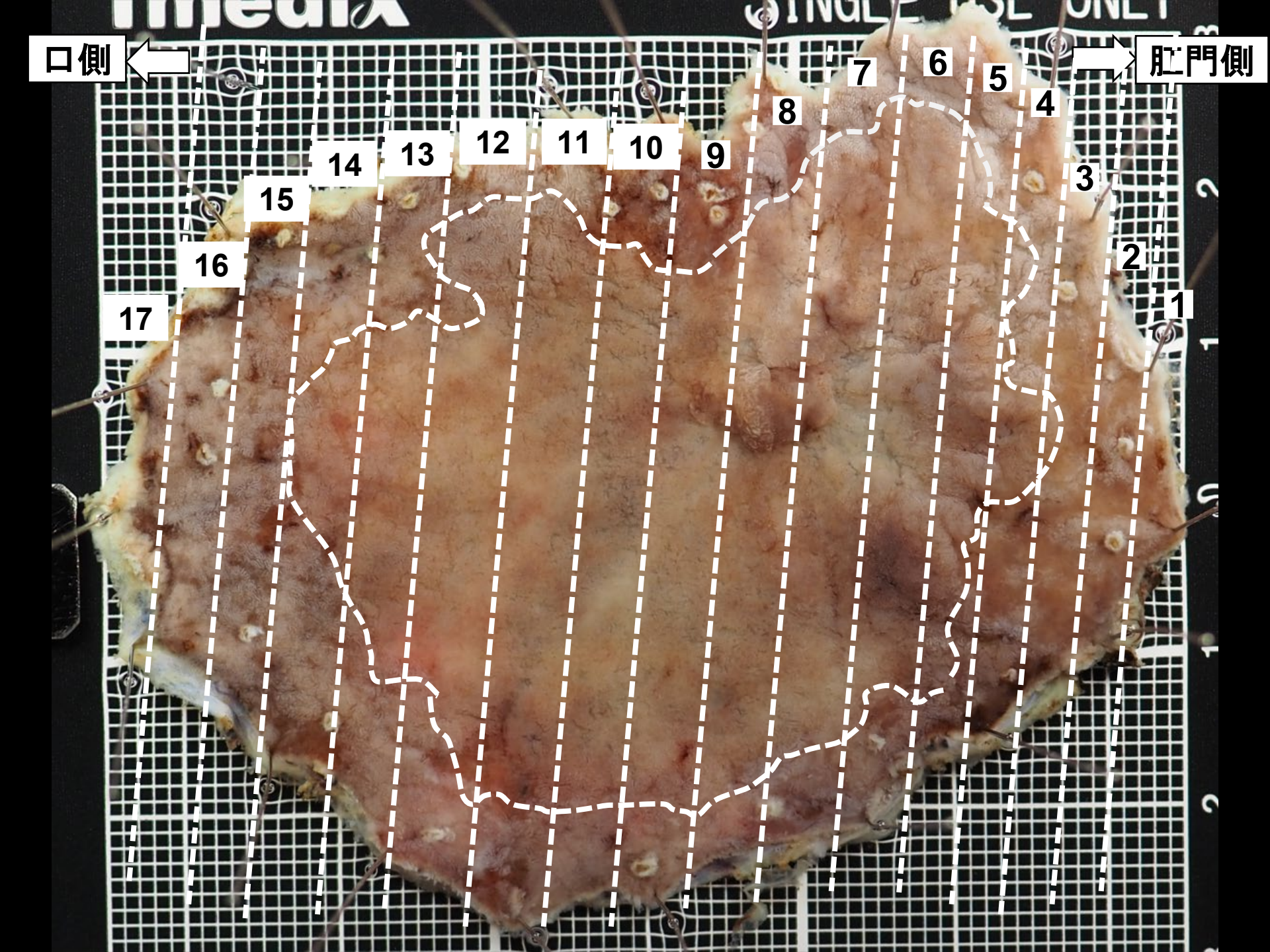
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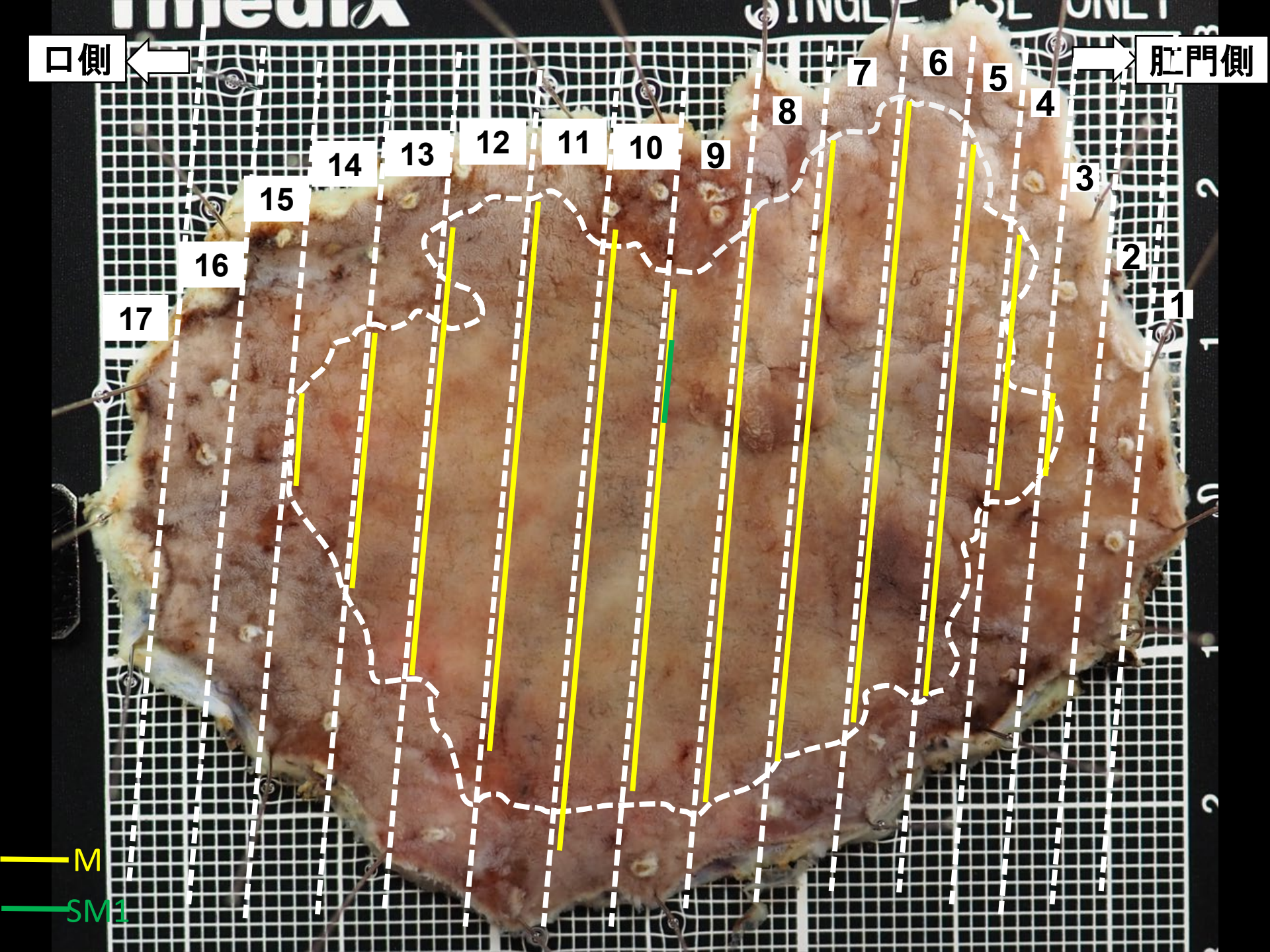
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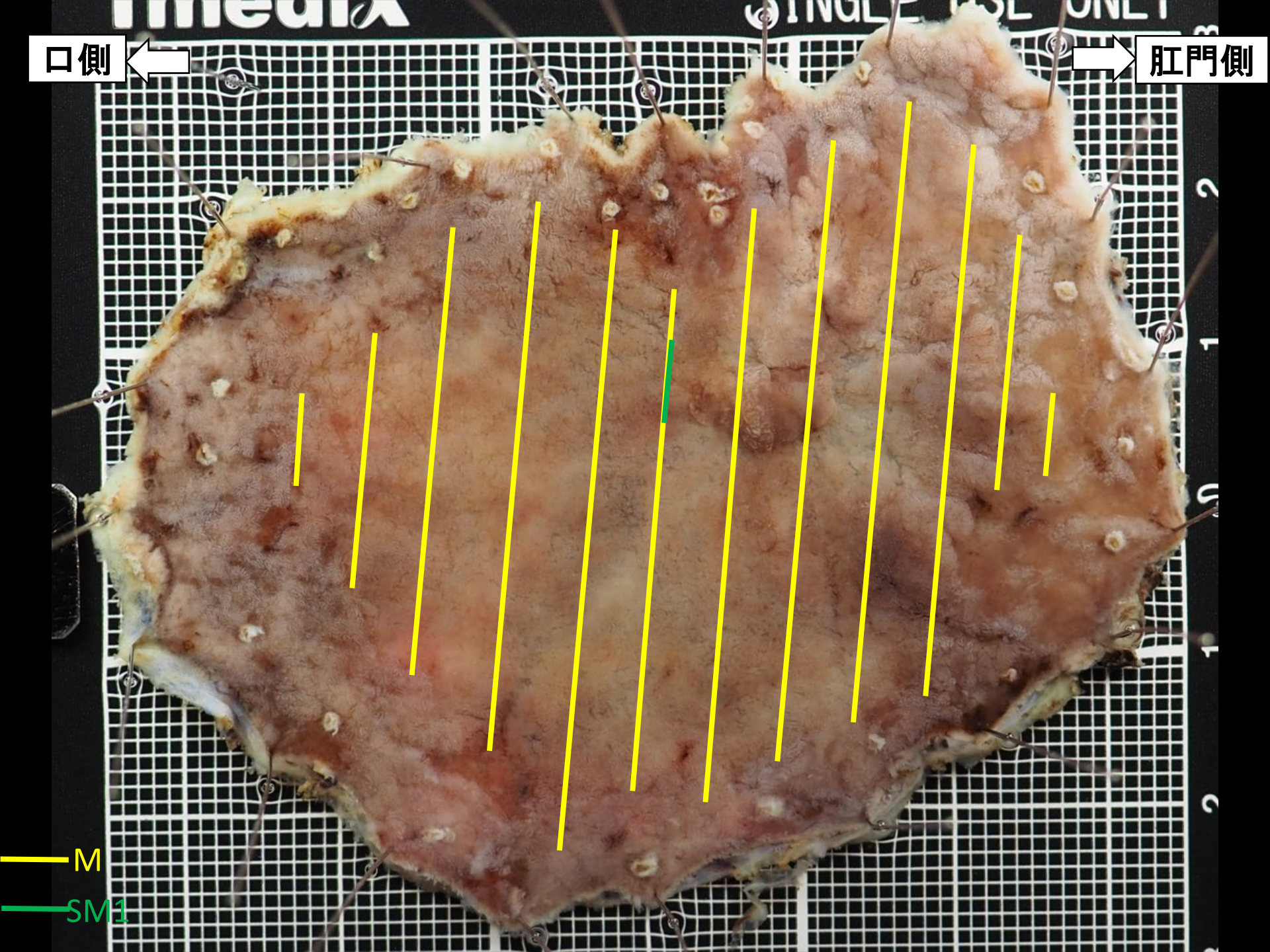
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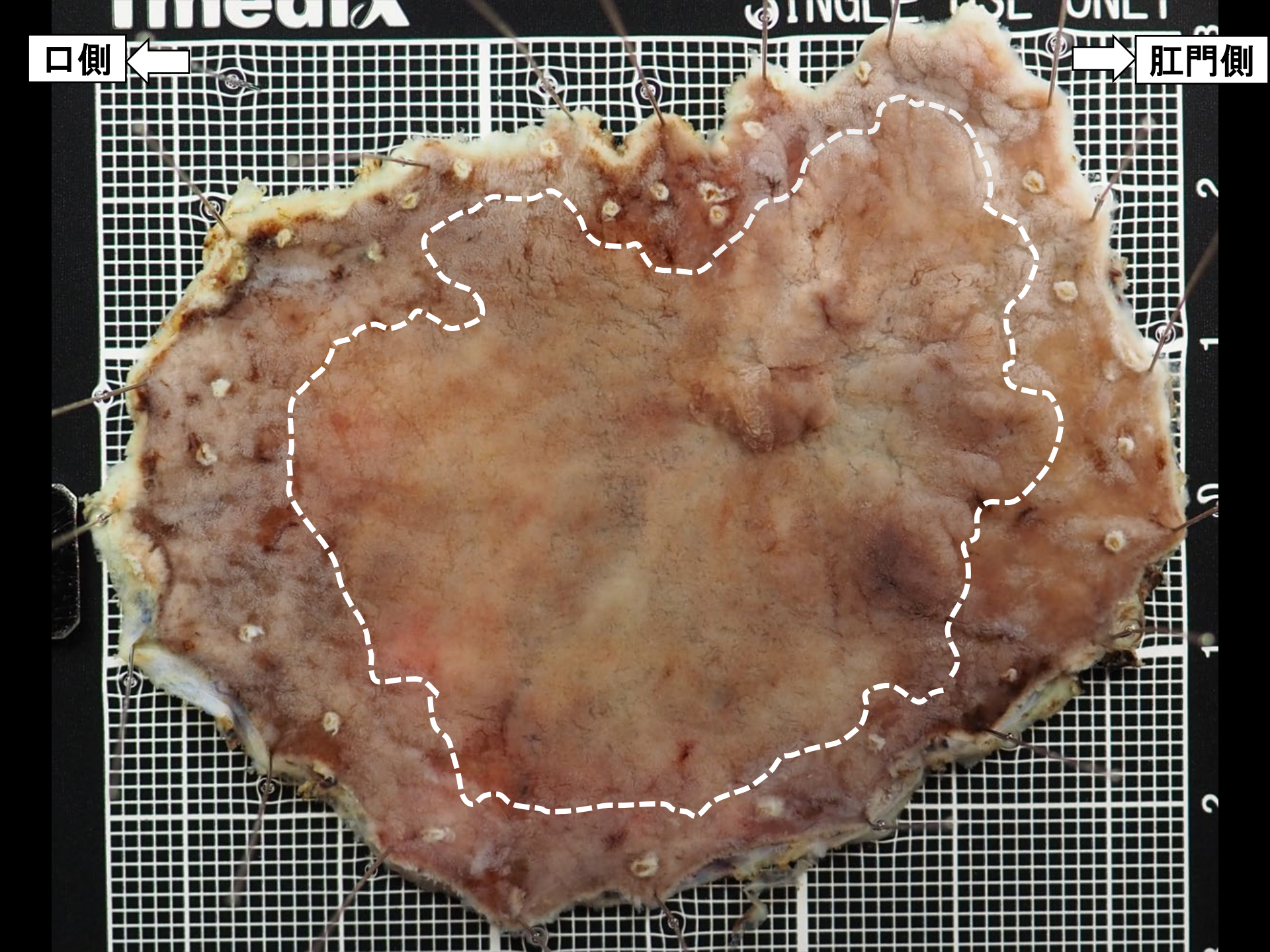
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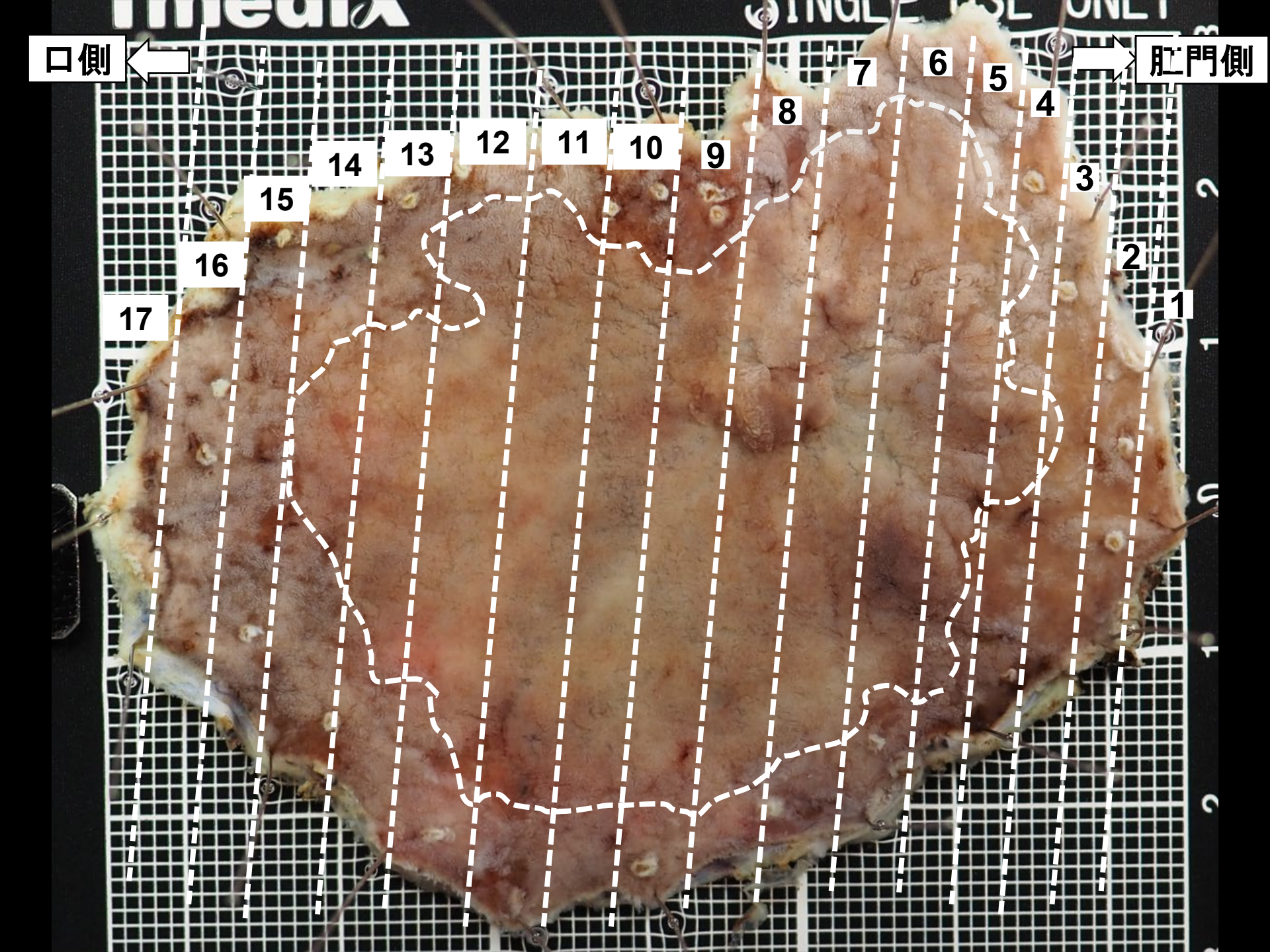
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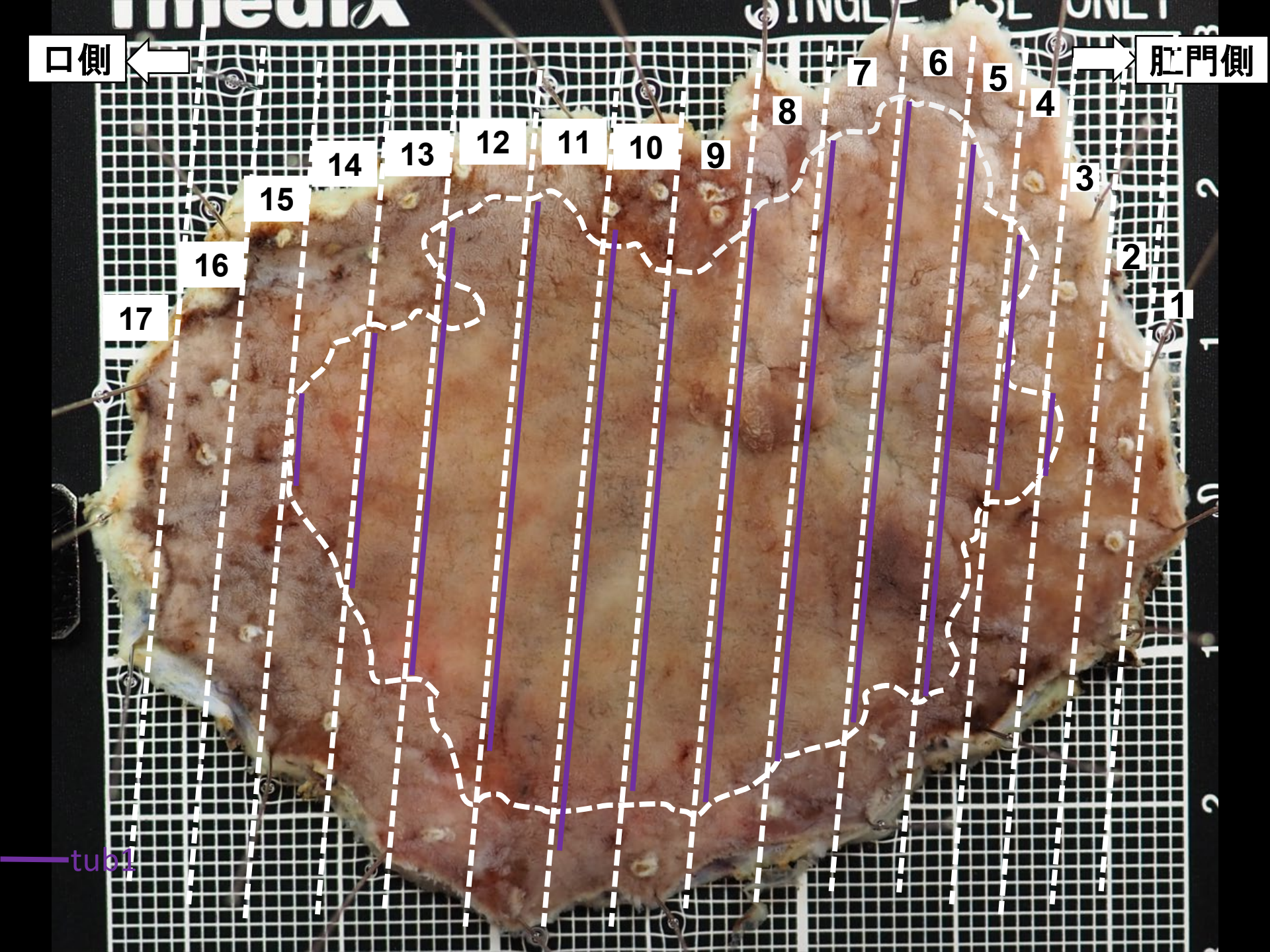
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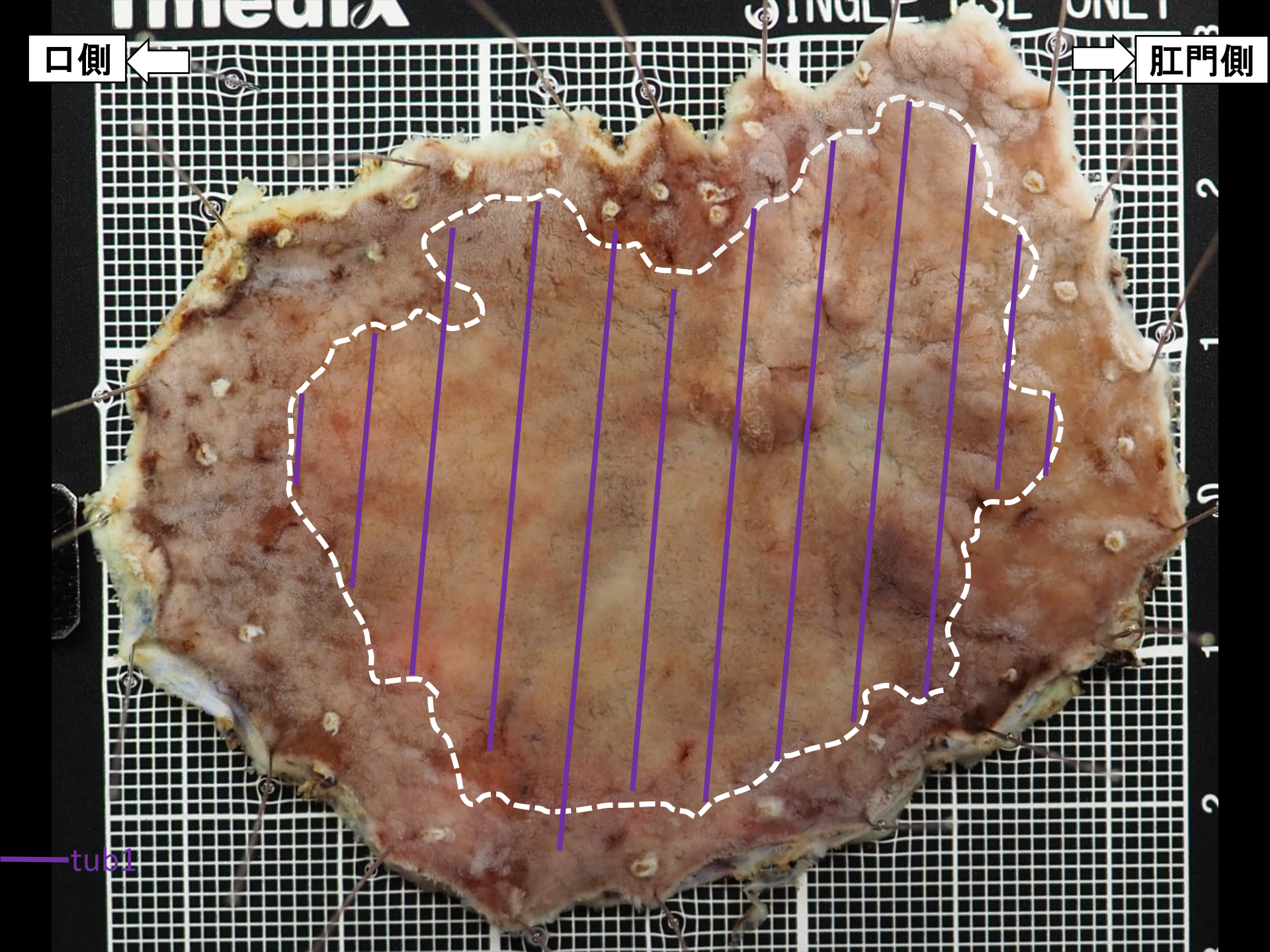
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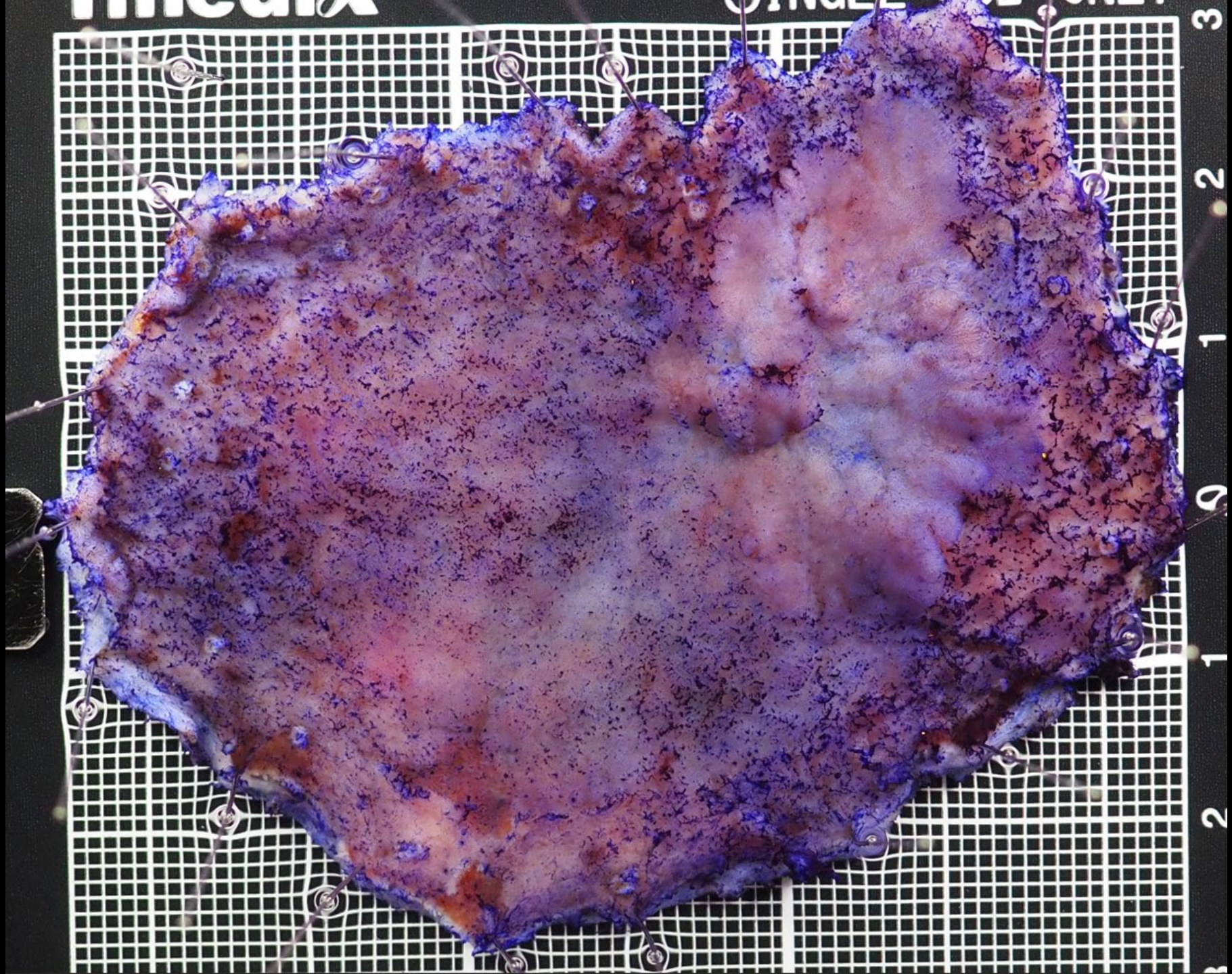

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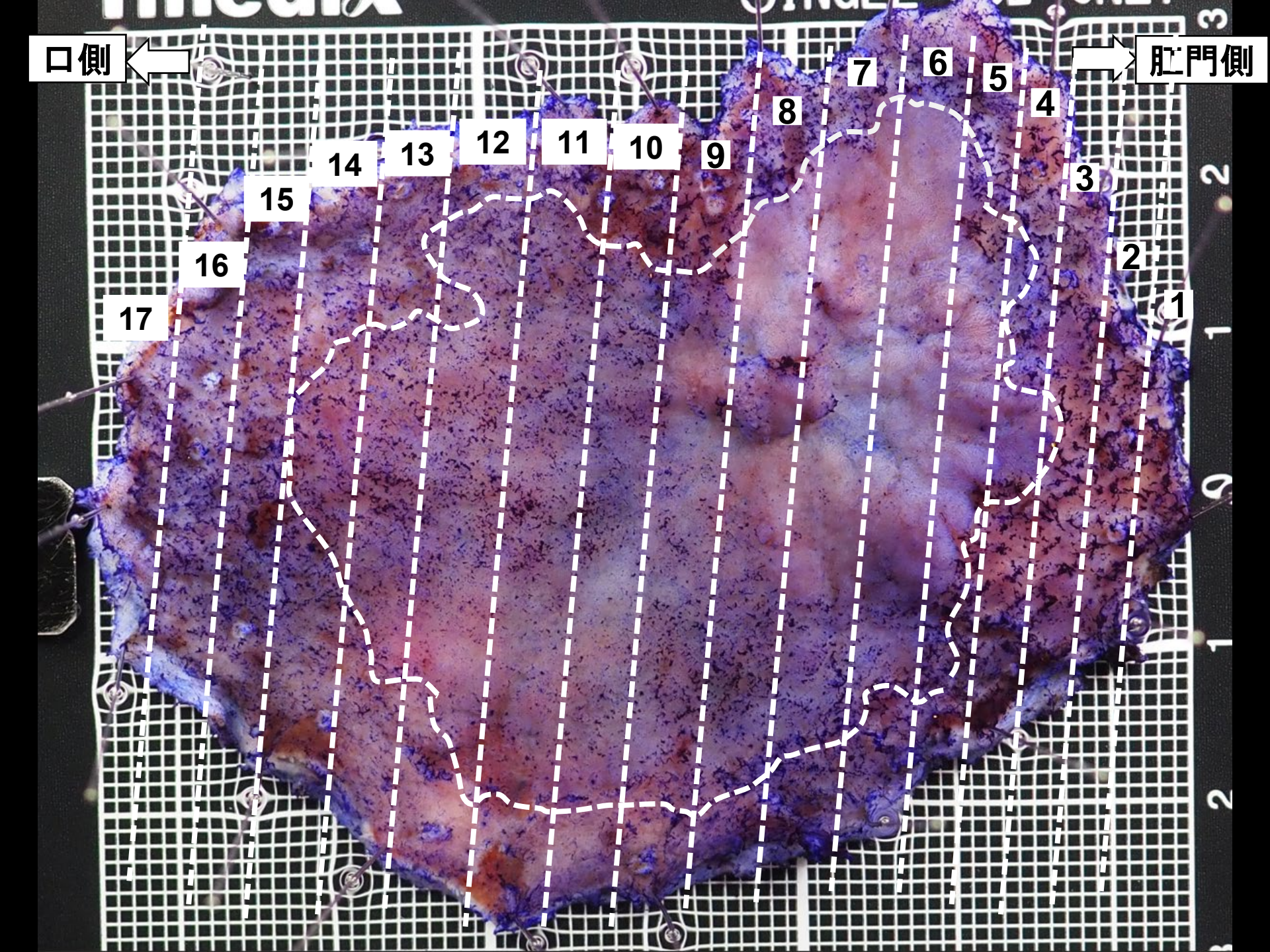
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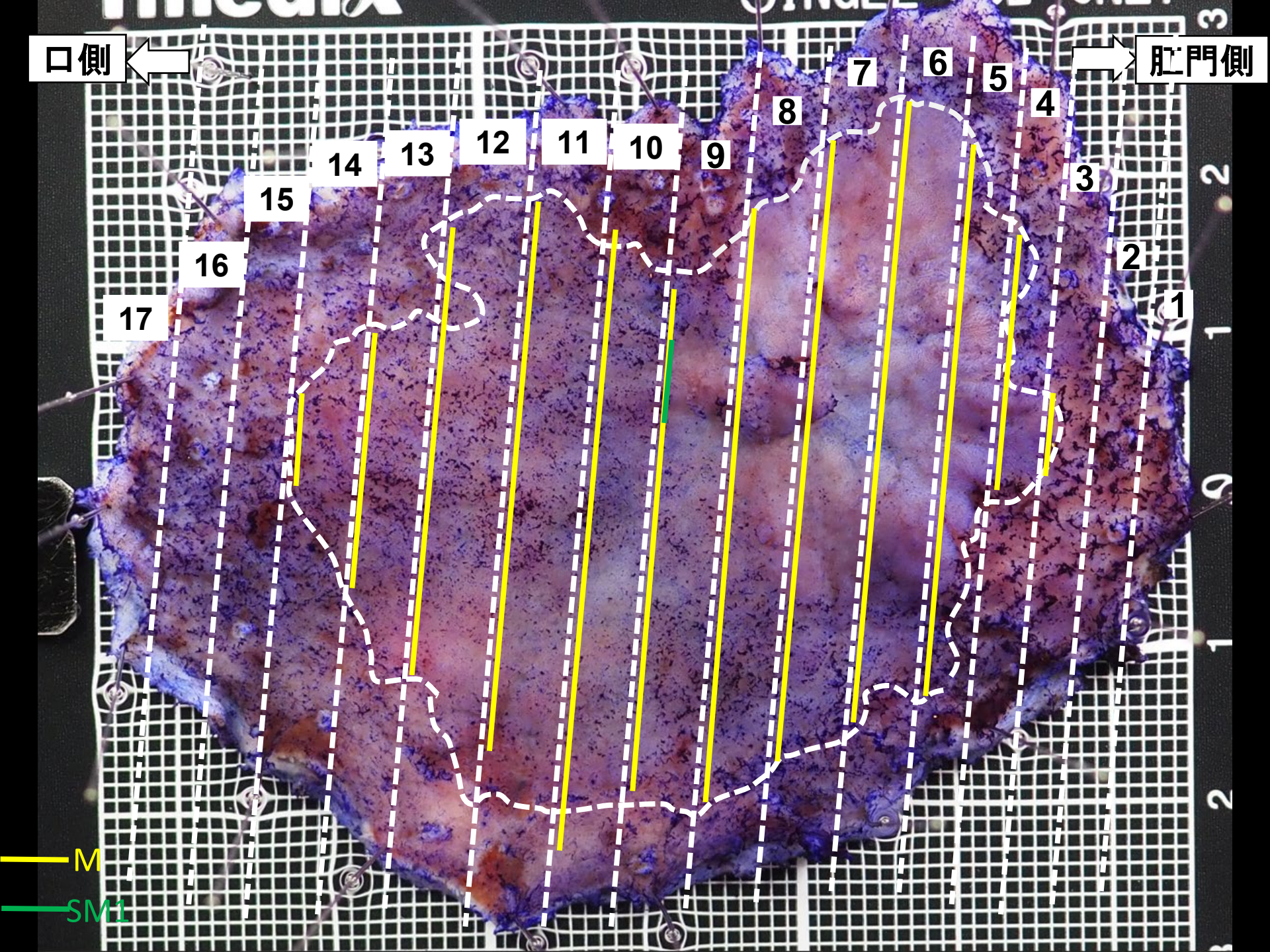
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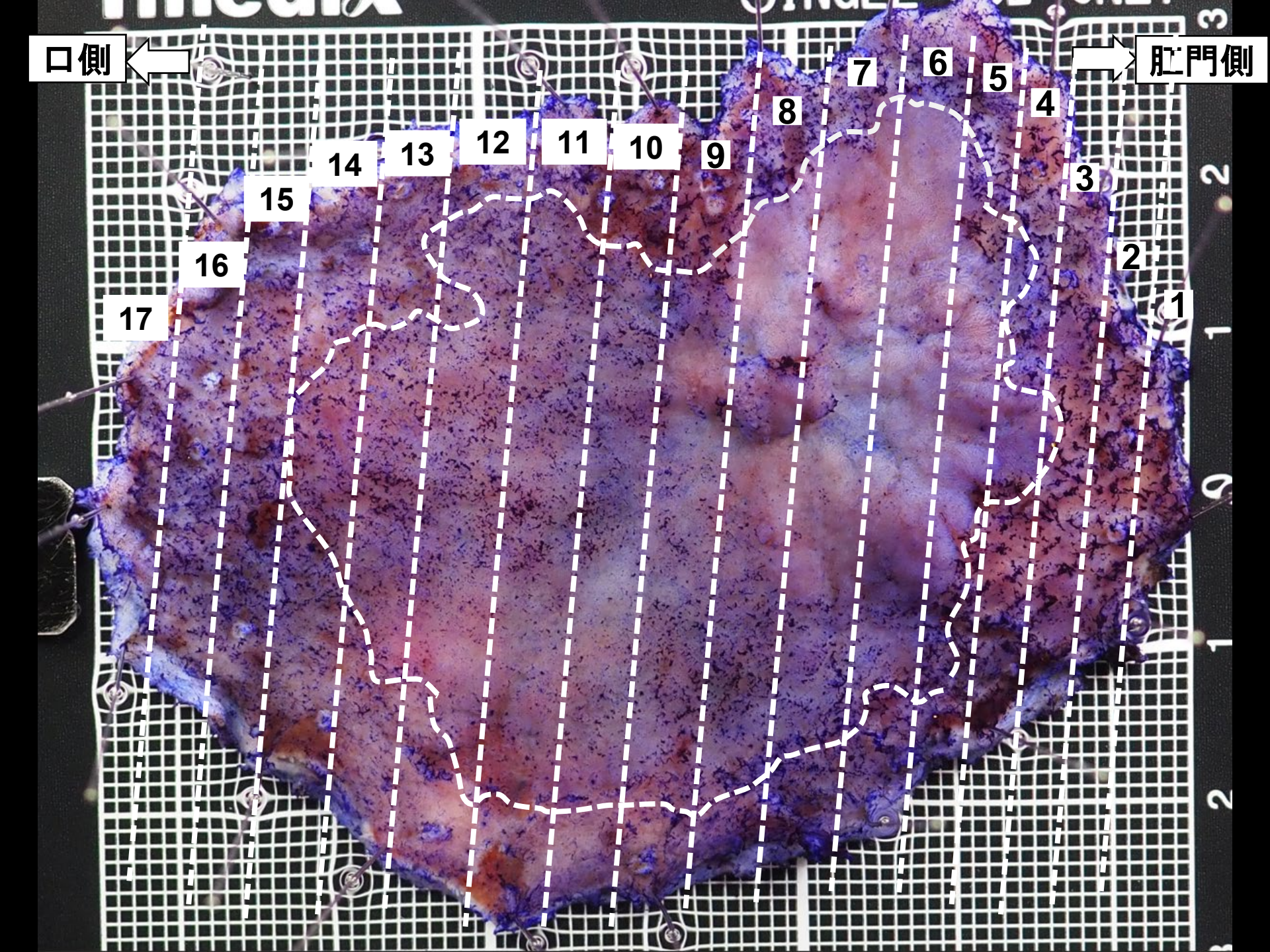
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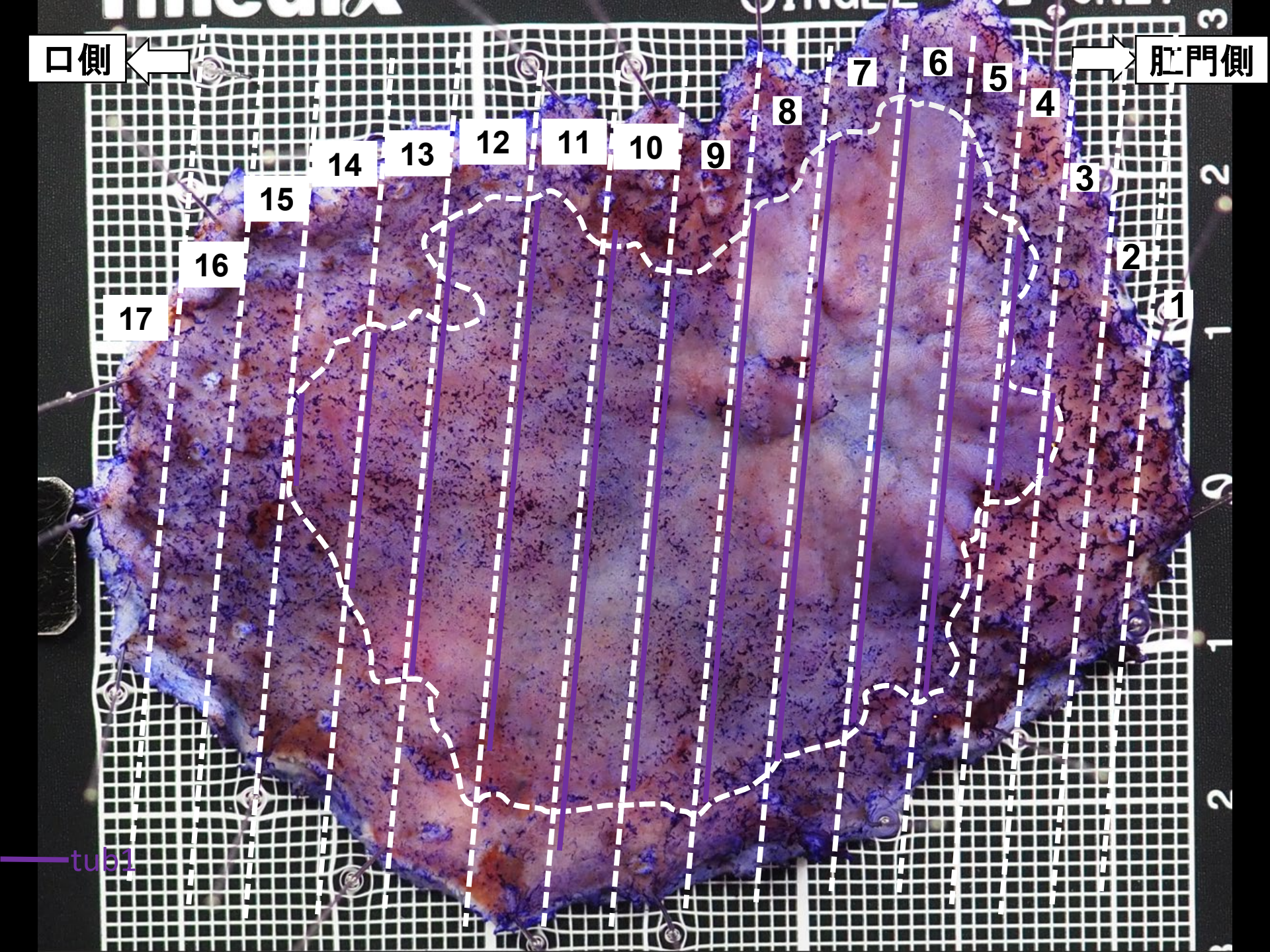
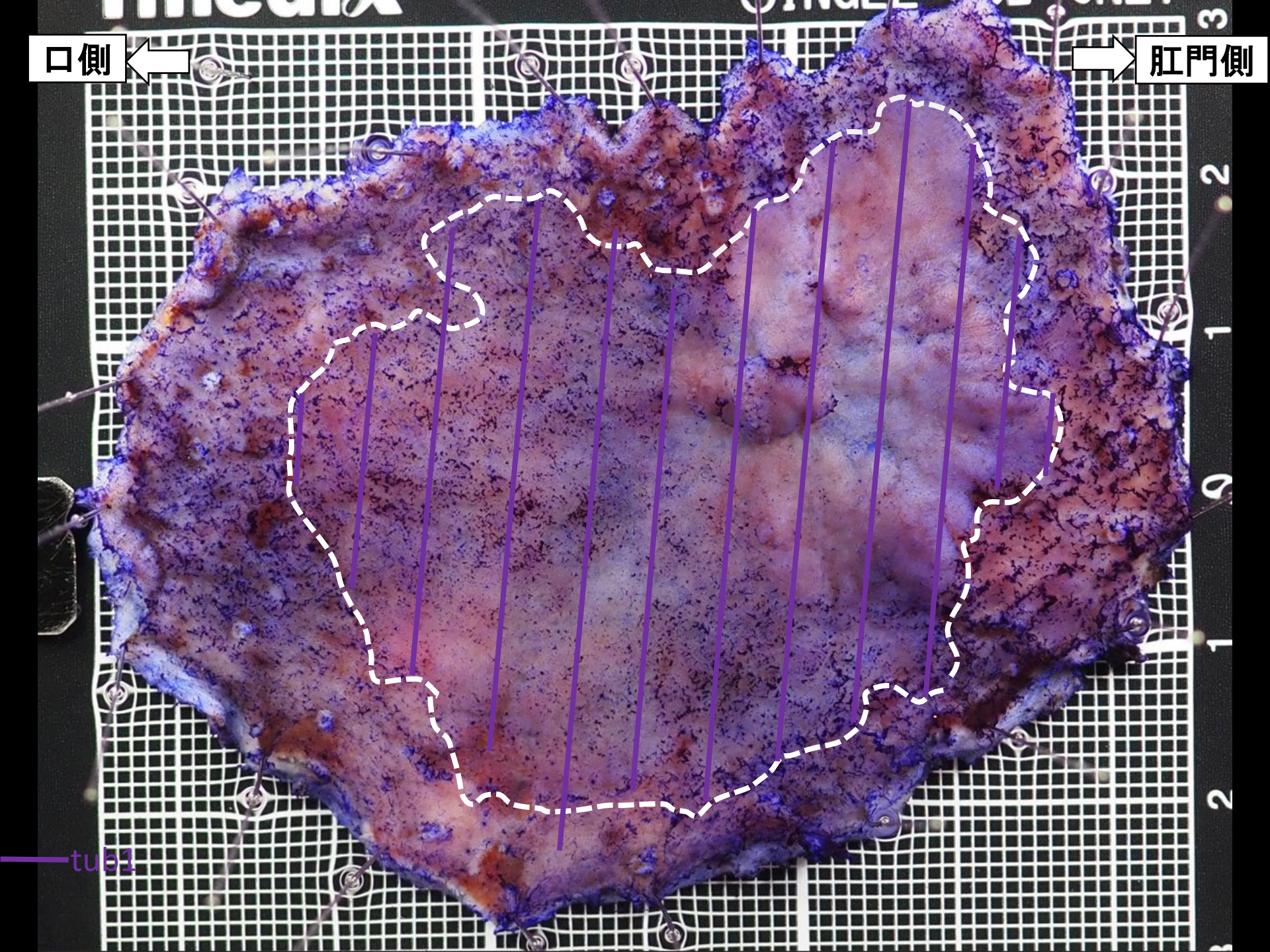

口側
肛門側
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
tub1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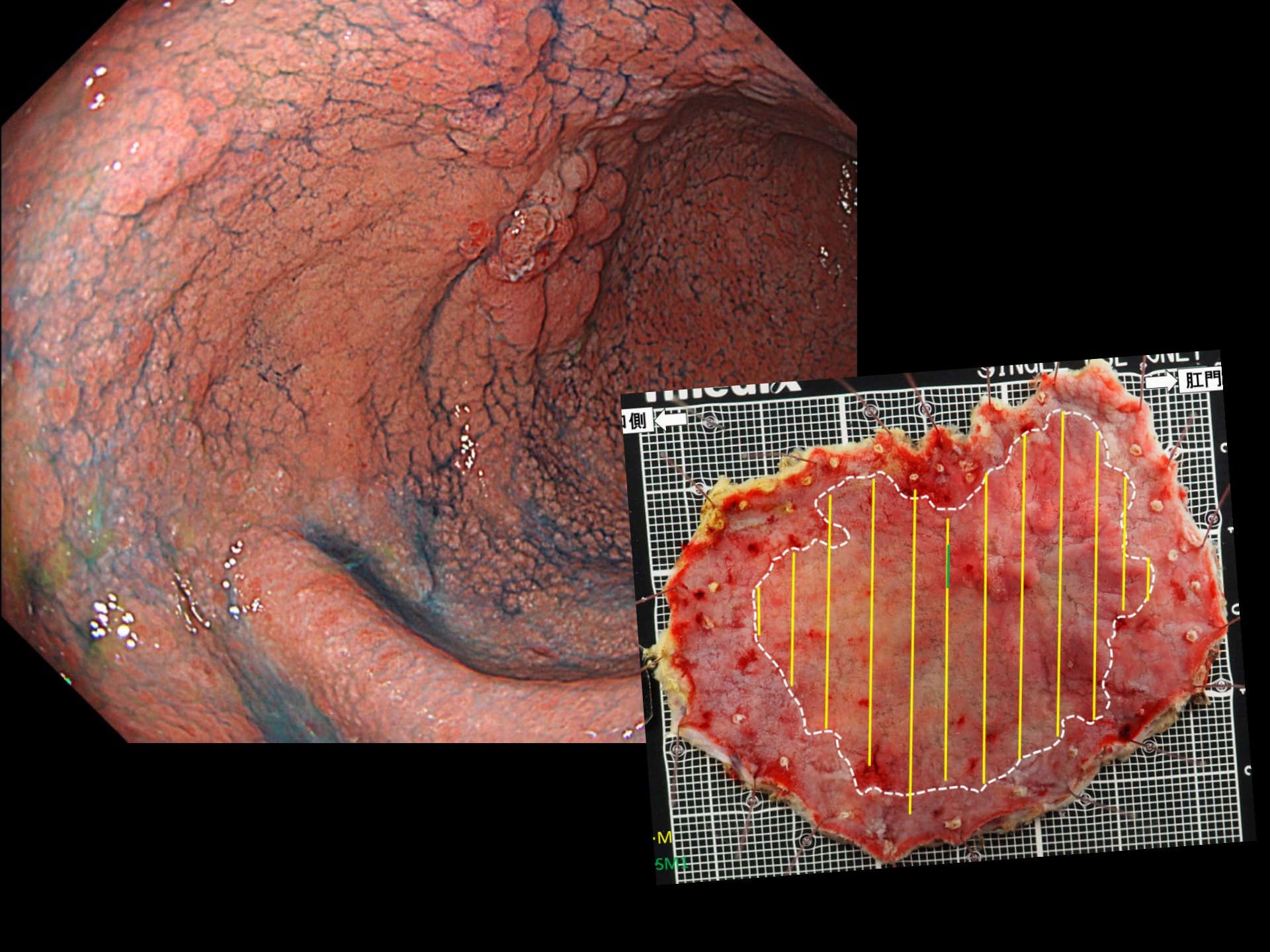
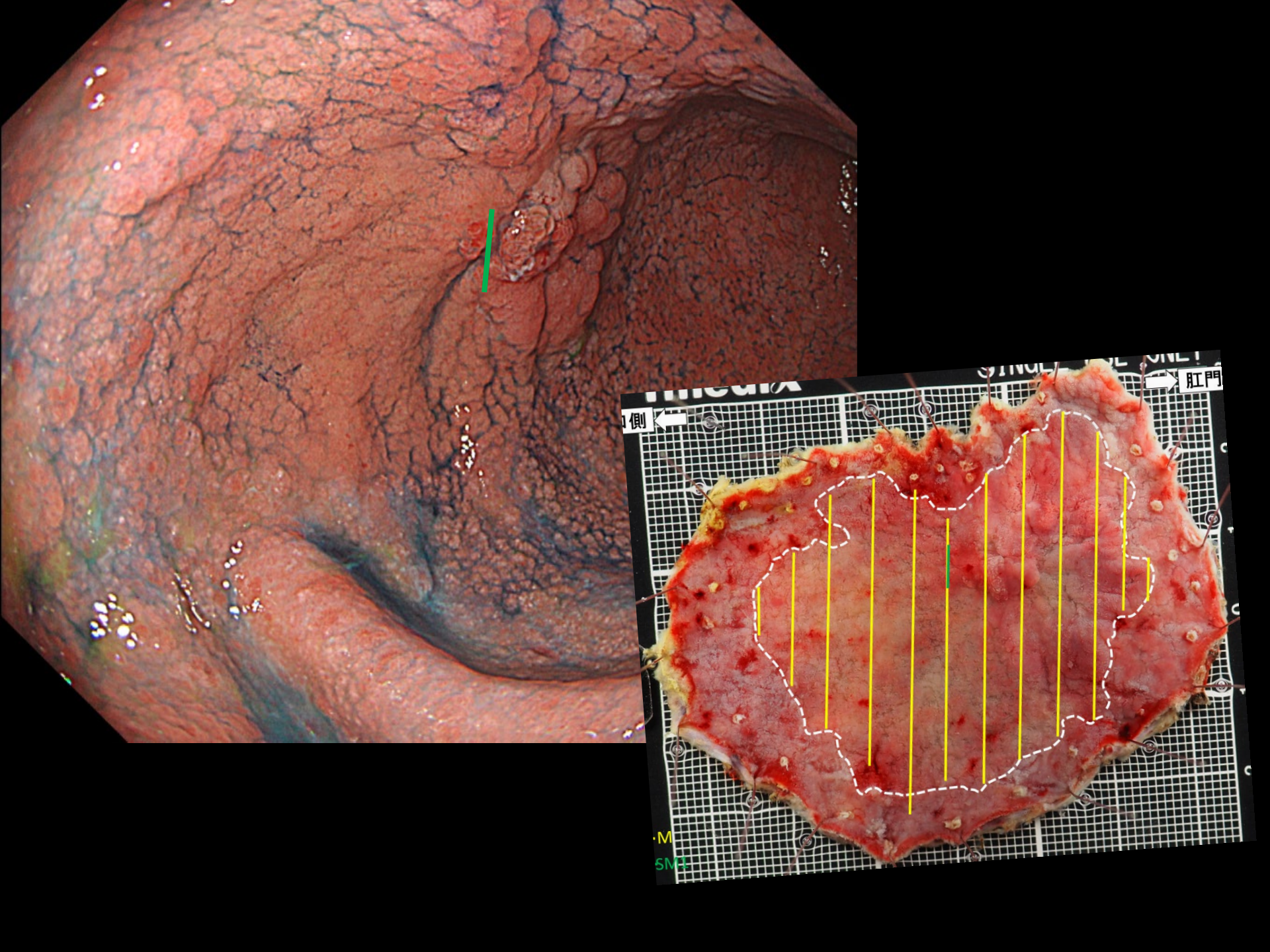
肛門側
tub1


肛門
側
M
SM


肛門
側

# 超高分化型腺癌(低異型度分化型胃癌)

正常上皮に近い分化、もしくは腺腫に近い分化を示す癌、
つまり超高度に分化した癌　と定義される

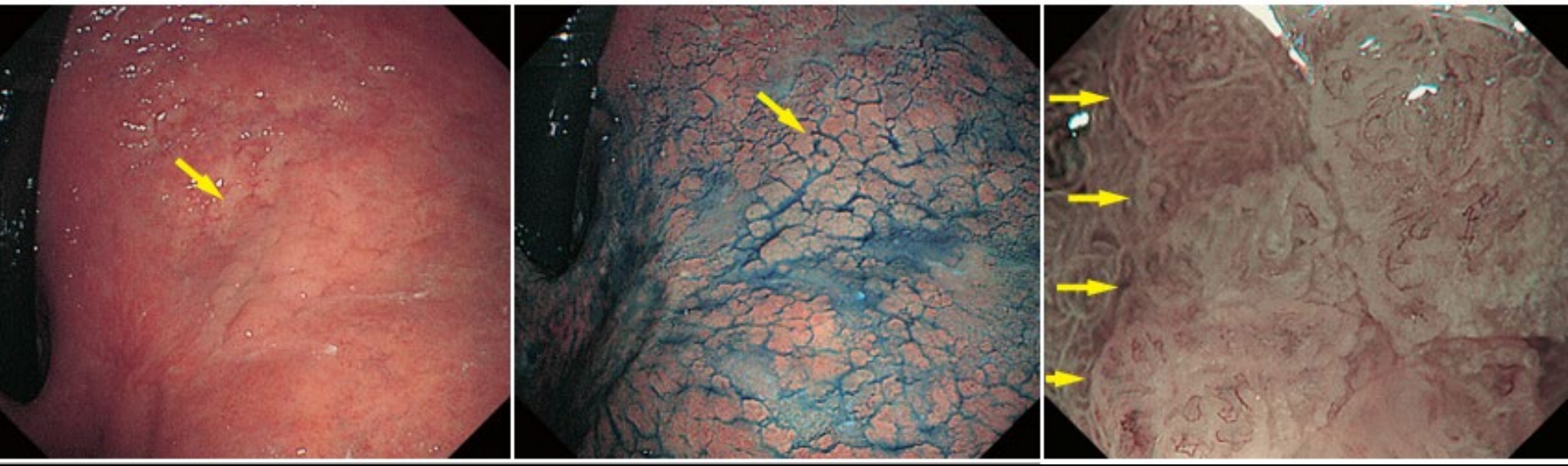
病理学的には細胞異型、構造異型に乏しく、
幼若な再生上皮、腸上皮化生、過形成腺窩上皮
胃固有線、および腺腫との鑑別に注意を要する

胃と腸　50(6):739-744, 2015

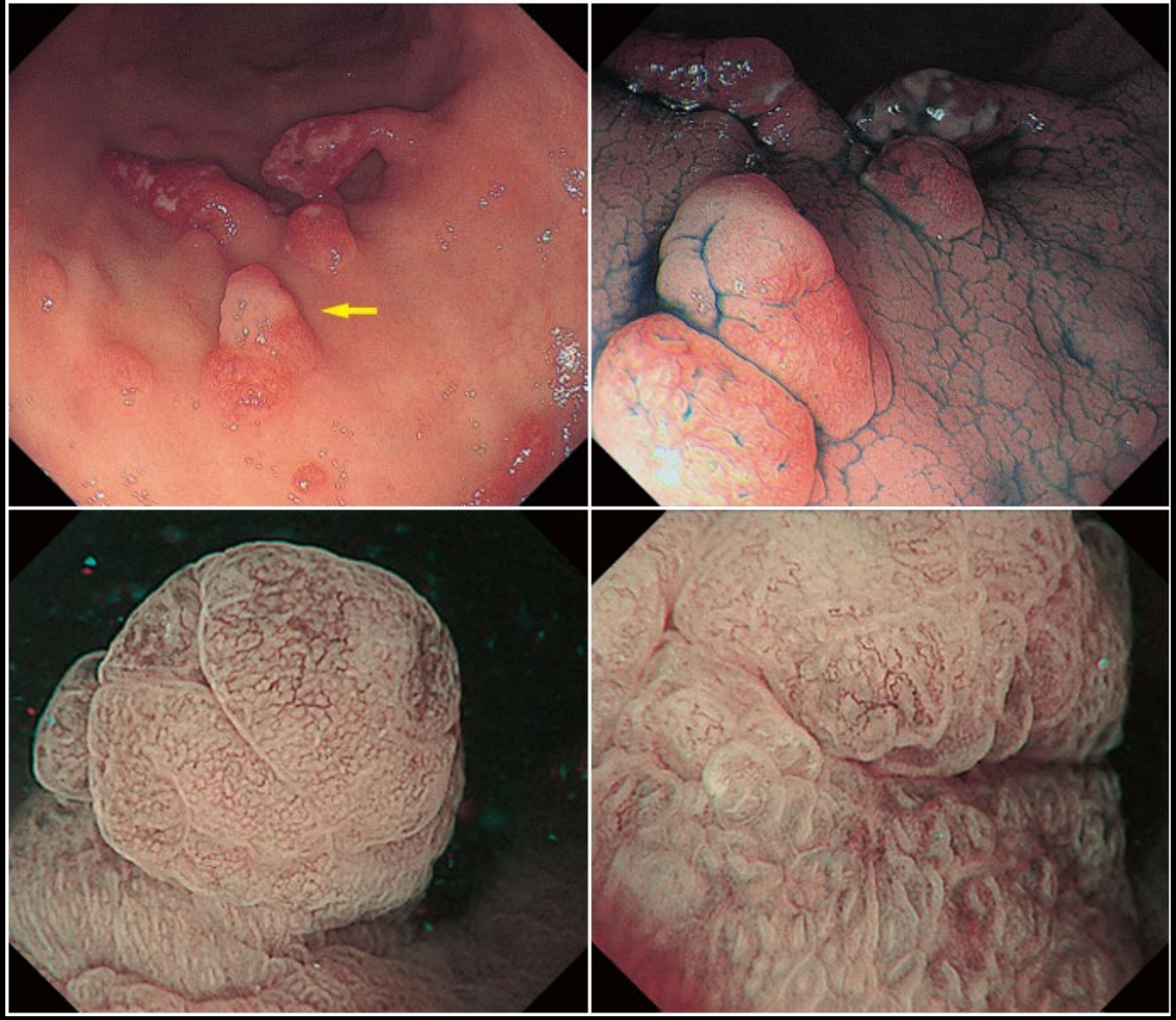
**Table 1** 低異型度分化型癌の組織学的分類

| |
|---|
| 胃型 |
| 　胃腺窩上皮型 |
| 　胃固有腺型 |
| 　　胃底腺型 |
| 　　幽門腺型 |
| 腸型 |
| 混合型 |
| 腺窩上皮型過形成ポリープ内癌 |
| 幽門腺型腺腫内癌 |

〔岩下明徳, 他. 低異型度癌の分化型胃癌の診断. 胃と腸　45:1057-1060, 2010より転載〕



胃と腸　50(6):739-744, 2015



胃と腸　50(6):739-744, 2015

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| 胃固有腺型 |
| 胃底腺型 |
| 幽門腺型 |
| 腸型 |
| 混合型 |
| 腺窩上皮型過形成ポリープ内癌 |
| 幽門腺型腺腫内癌 |

〔岩下明徳, 他. 低異型度癌の分化型胃癌の診断. 胃と腸　45:1057-1060, 2010より転載〕

# 低異型度分化型腺癌(腸型)の内視鏡像

M領域に多く、肉眼型としては0-Ⅱa>0-Ⅱcが多い

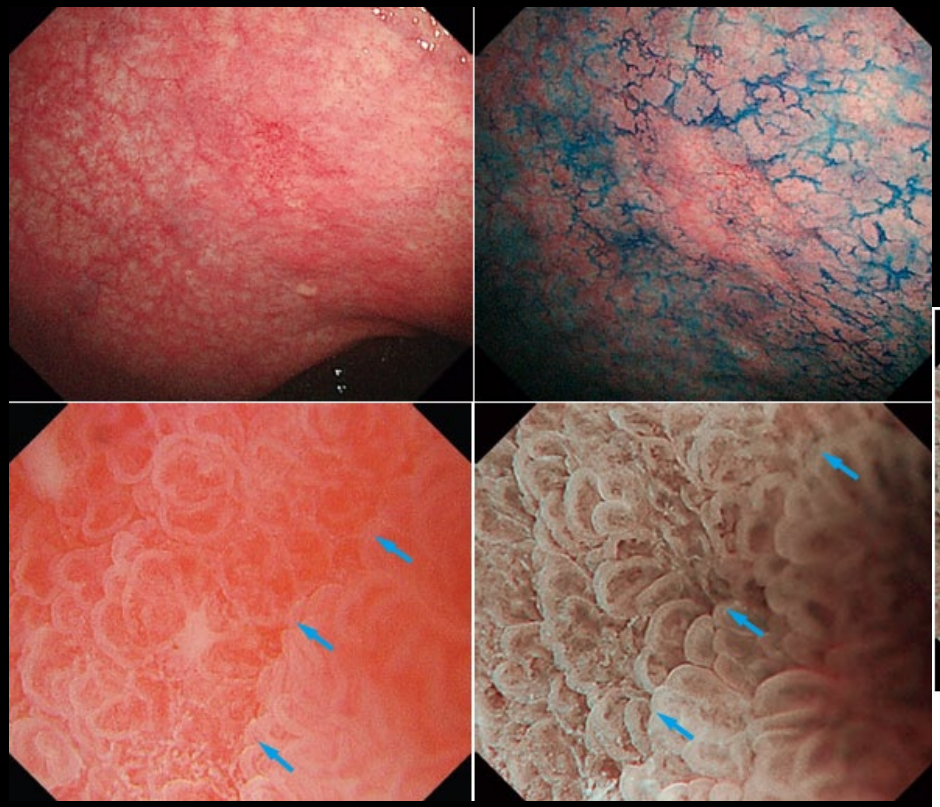
細胞異型、構造異型が弱く術前生検で癌と診断困難なことが多い

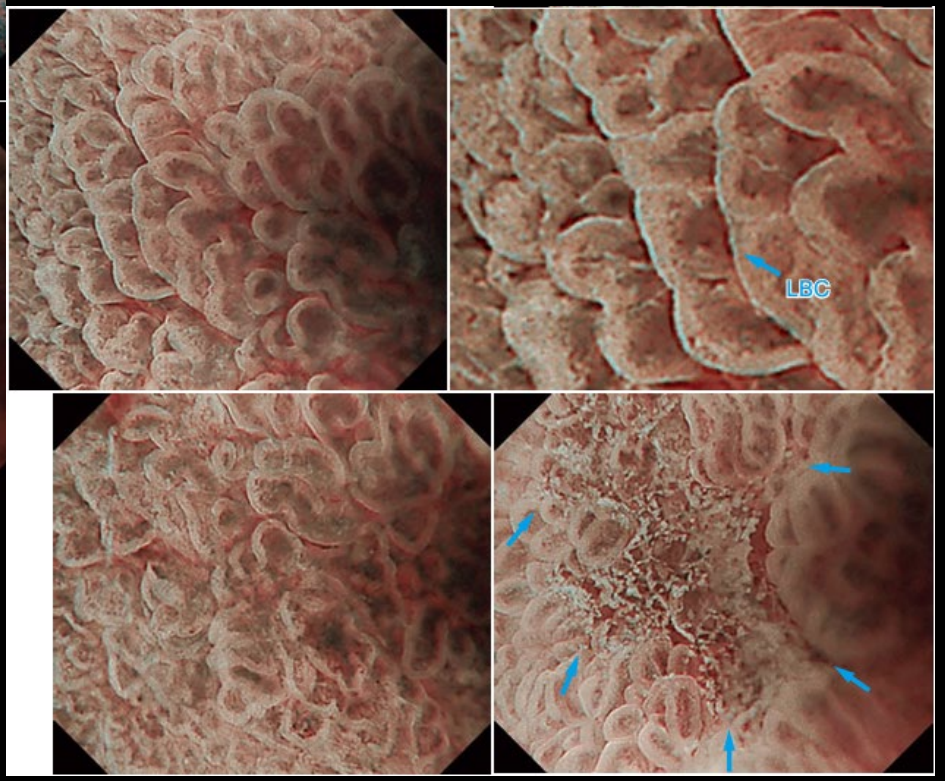
World J Gastroenterol. Apr 28, 2006; 12(16): 2510-2516

範囲診断が難しく、ESDで非治癒切除となることが多い

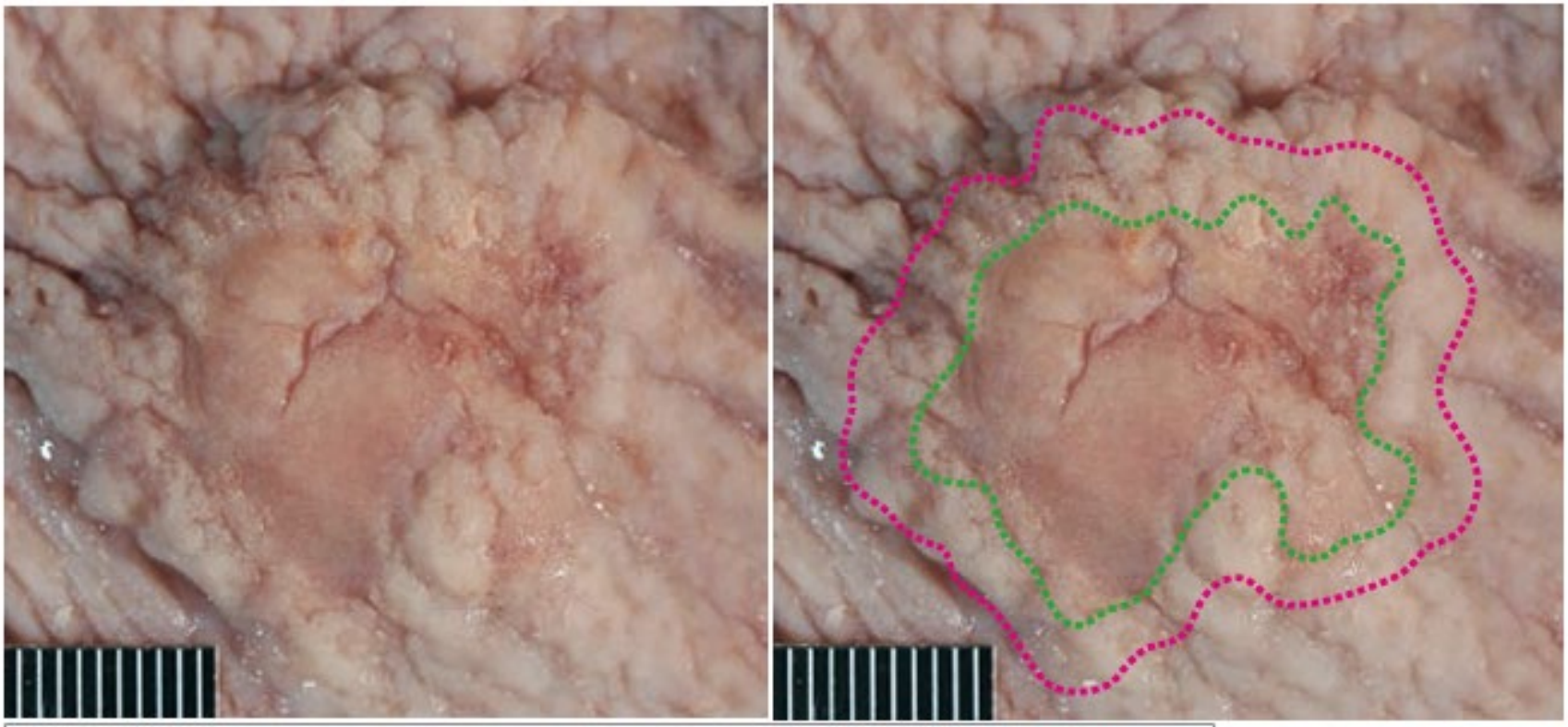
腫瘍が粘膜下層に浸潤すると線維化を伴うことが多く、立ち上がりなだらかな粘膜下腫瘍様の隆起を形成し、カルデラ様の独特な肉眼像を呈することがある

# 低異型度分化型腺癌(腸型)の内視鏡像





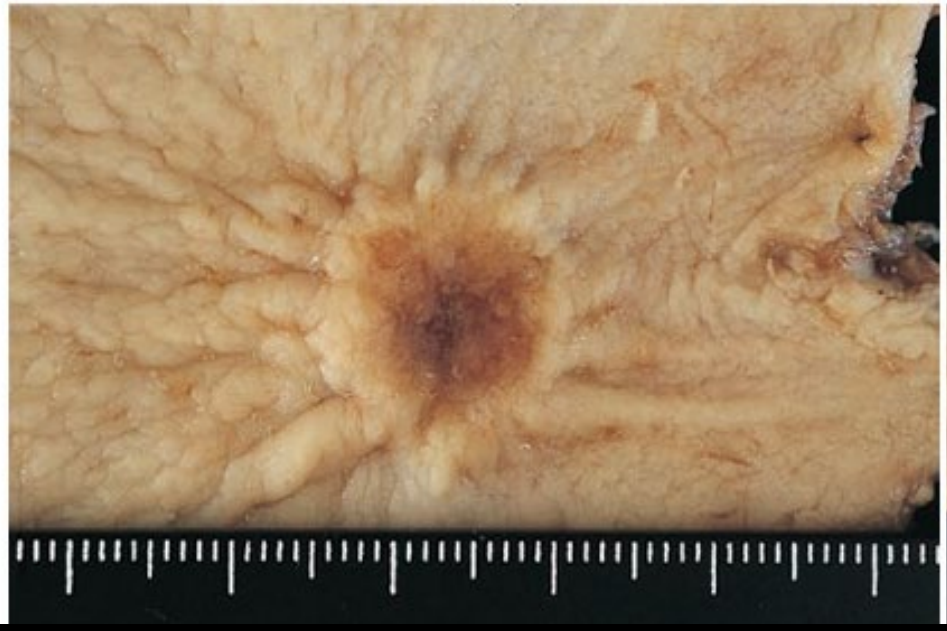

胃と腸　45(7):1159–1171，2010



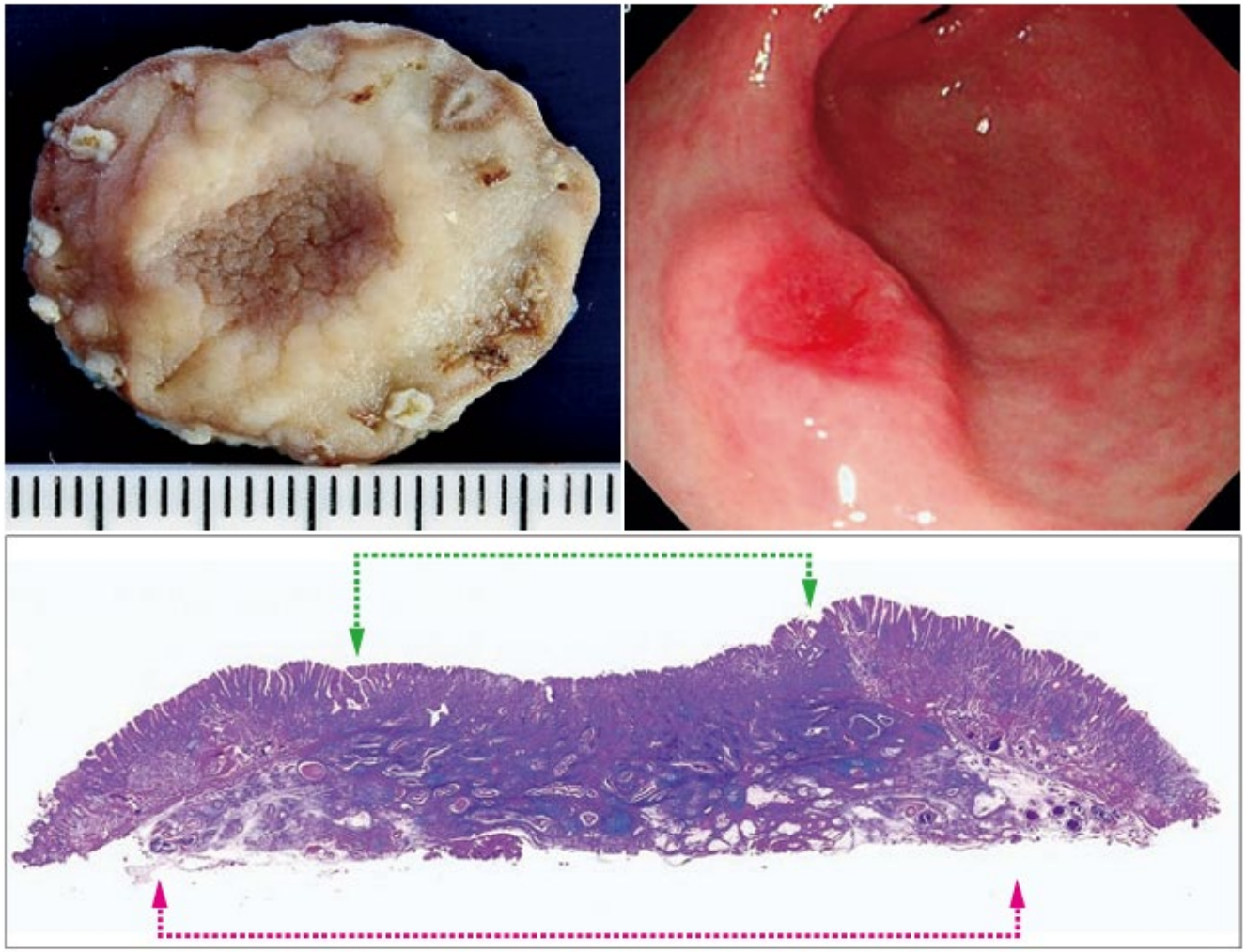
胃と腸　45（7）：1073–1085，2010

6
7
8
9
15

cm
1



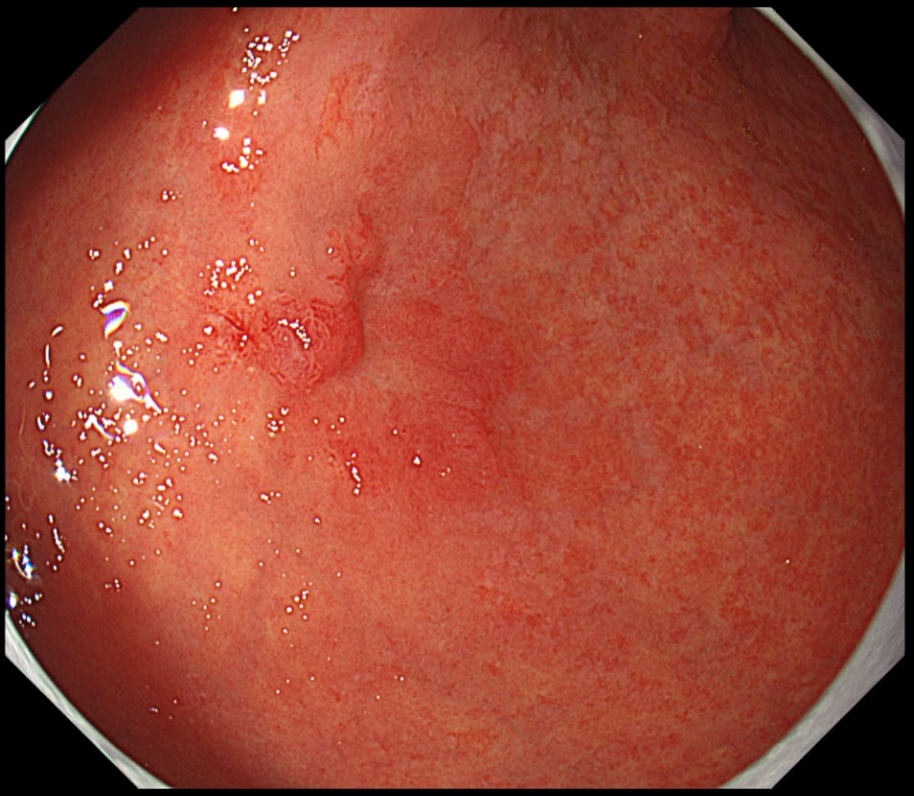
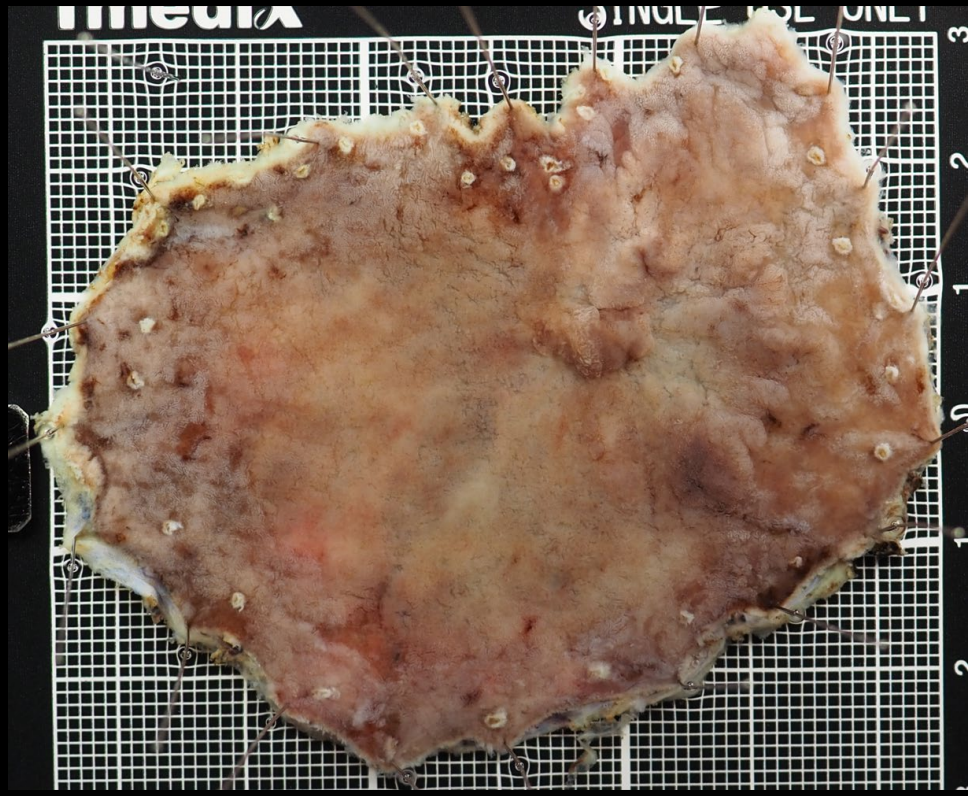
1
2
3



a | b
c

**Fig. 4** Macroscopic and endoscopic features of low grade differentiated type gastric adenocarcinoma.

**a** The elevated lesion with a shallow depression at its center shows macroscopic features of a caldera. The area occupied by the carcinoma invading the submucosal tissue is much wider than that invading the mucosa.

**b** Endoscopically, the elevated lesion with reddish depressed area shows fold convergence, mimicking a submucosal tumor.

**c** Low-power view of the lesion shown in **a** and **b**. The tumor invades massively into the submucosal layer and forms a submucosal tumor-like elevated lesion. The structure of the intramucosal carcinoma is well-preserved. *The green dotted line* indicated tumor invasion of the mucosa. *The red dotted line* indicated tumor invasion of the submucosa.