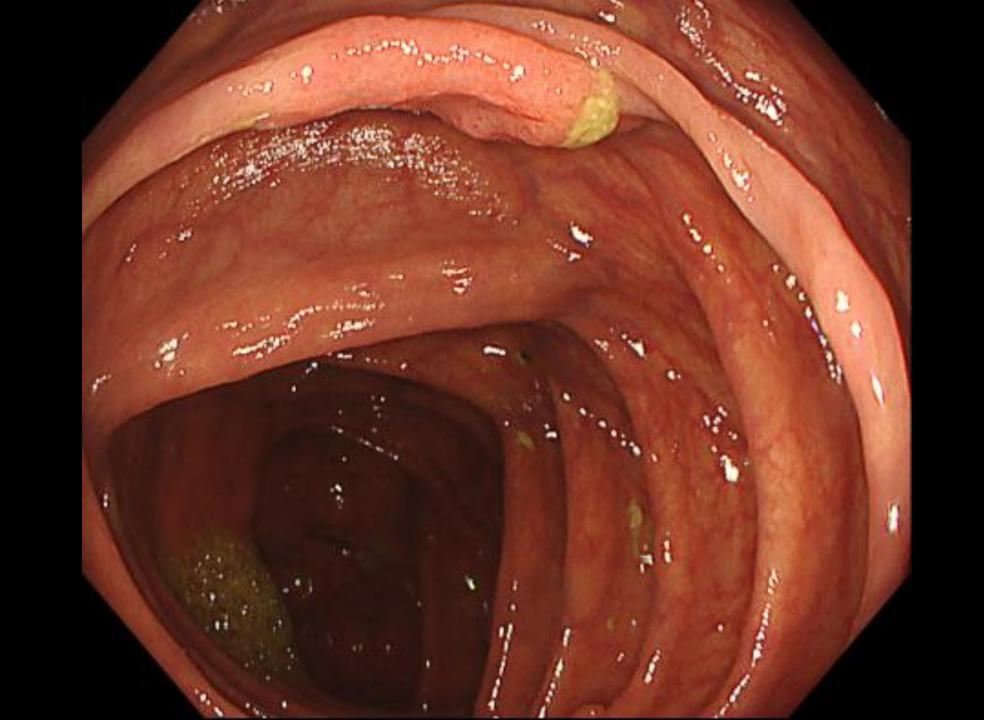
消化管mapping 上行結腸

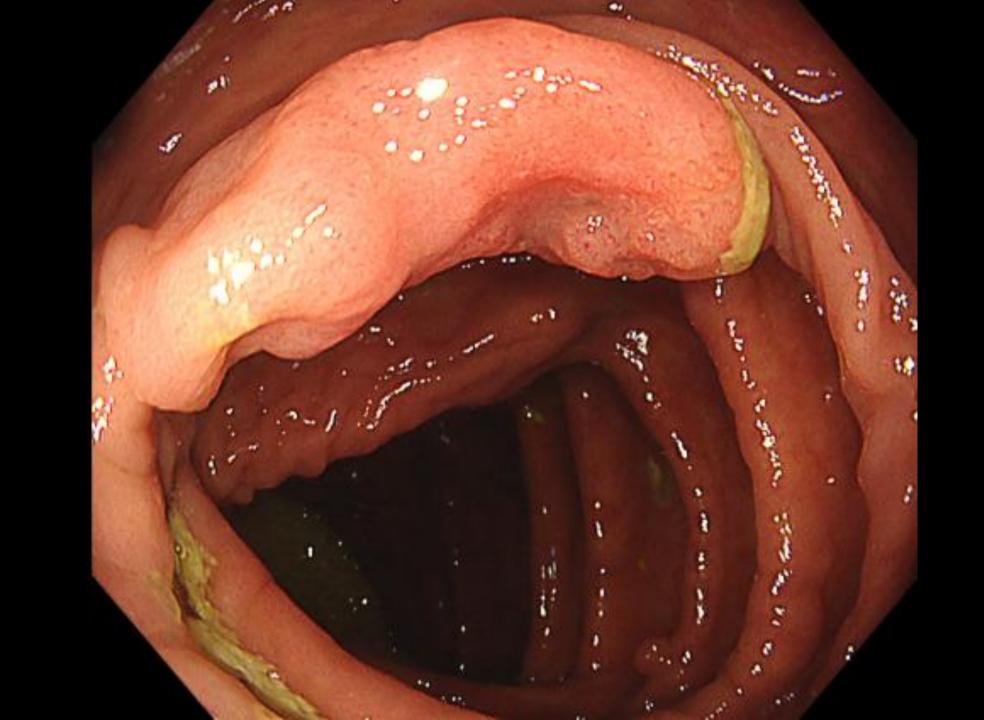
担当

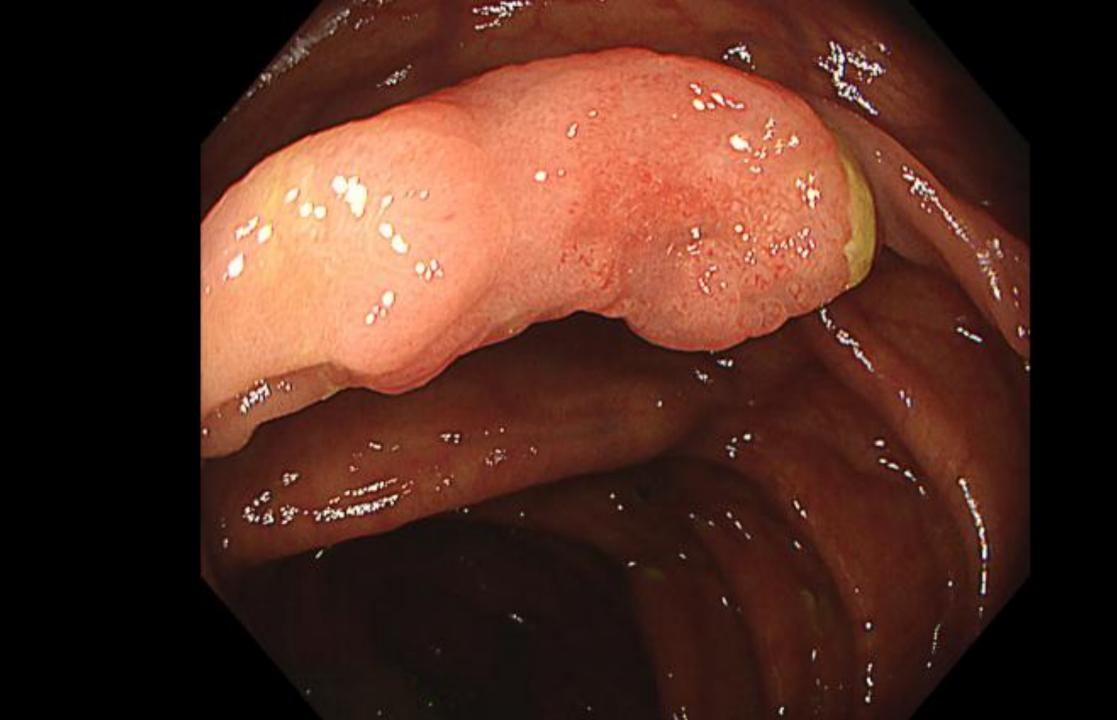
大堂 真一郎

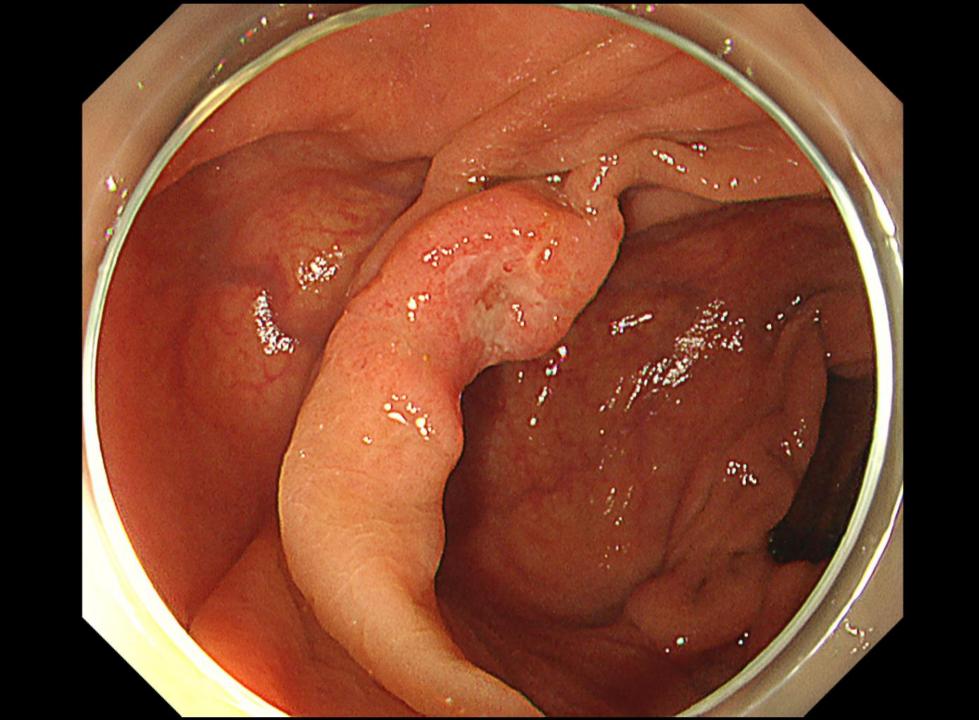
白色光 (8枚)

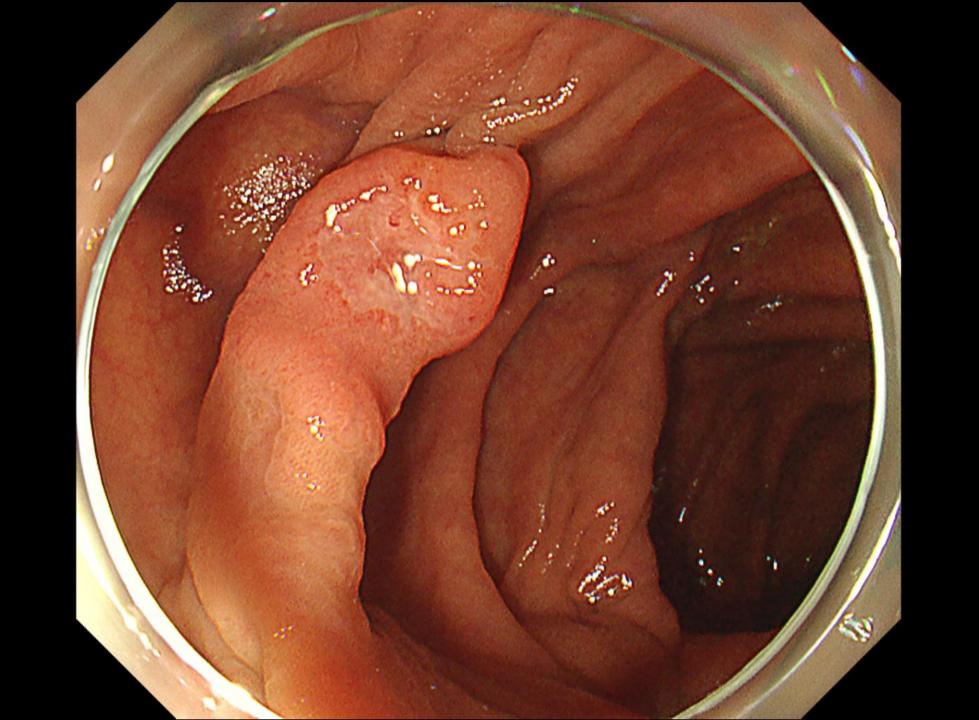


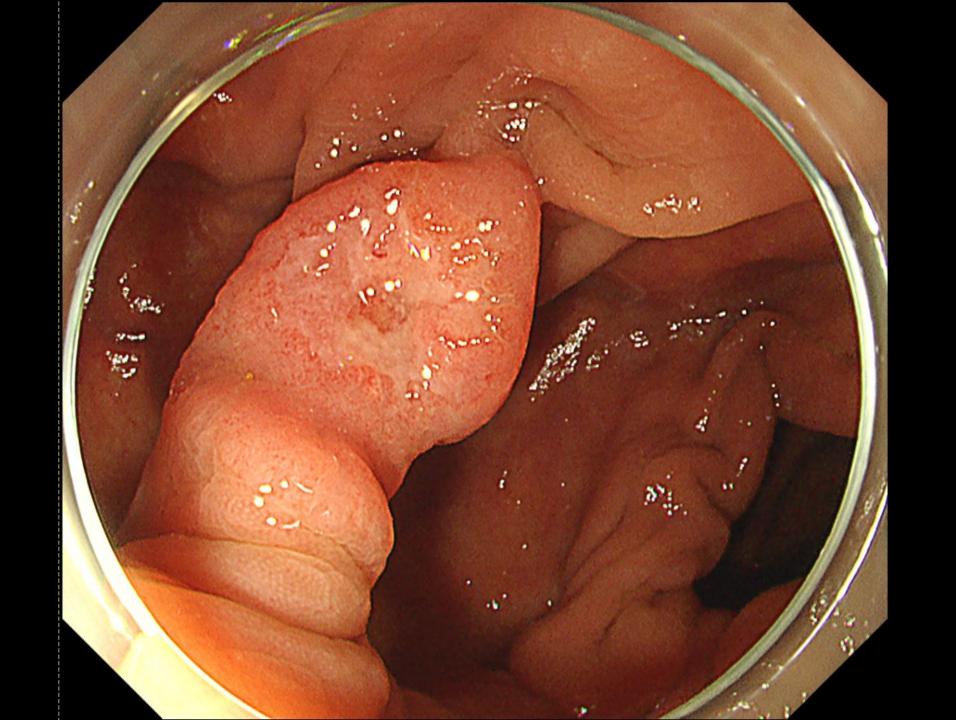




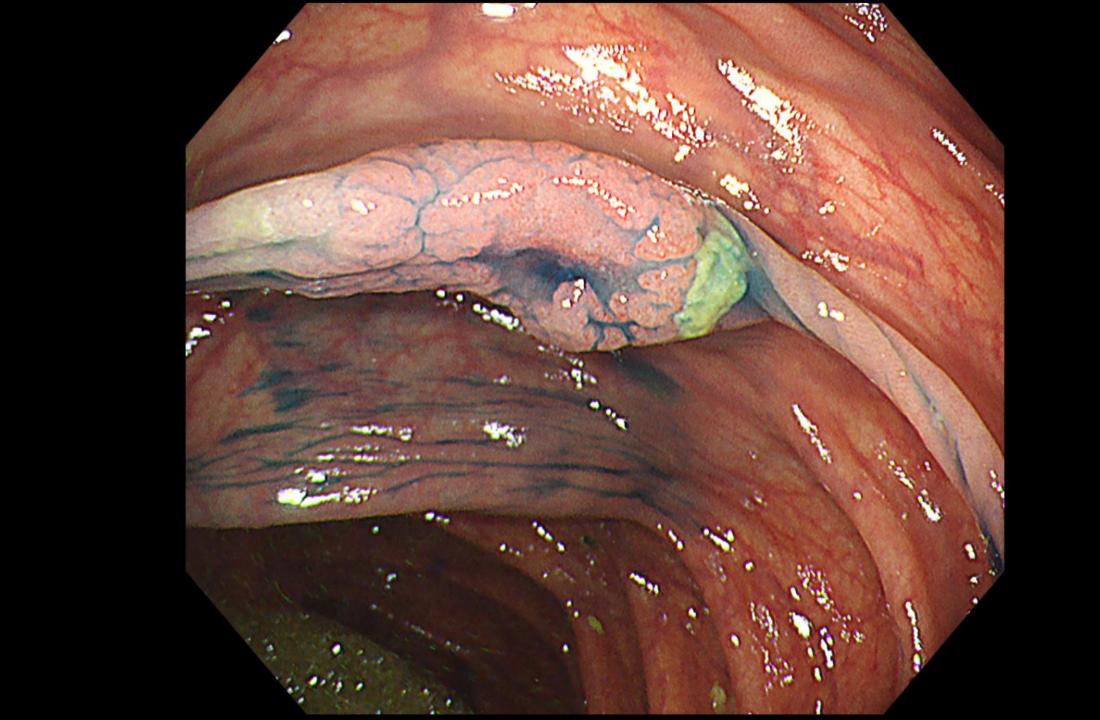


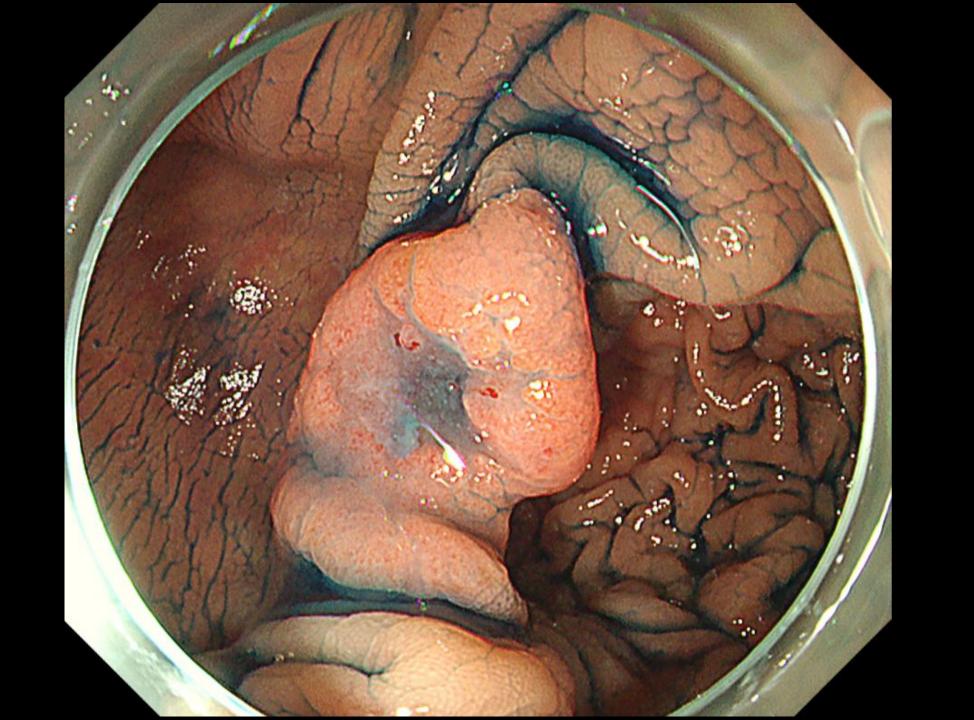


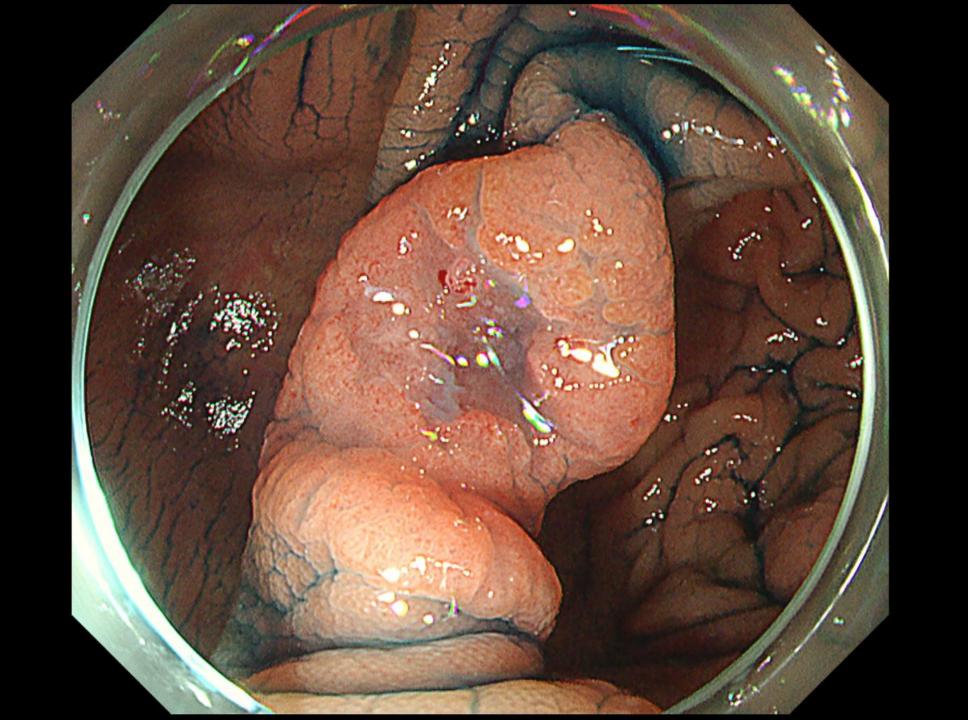




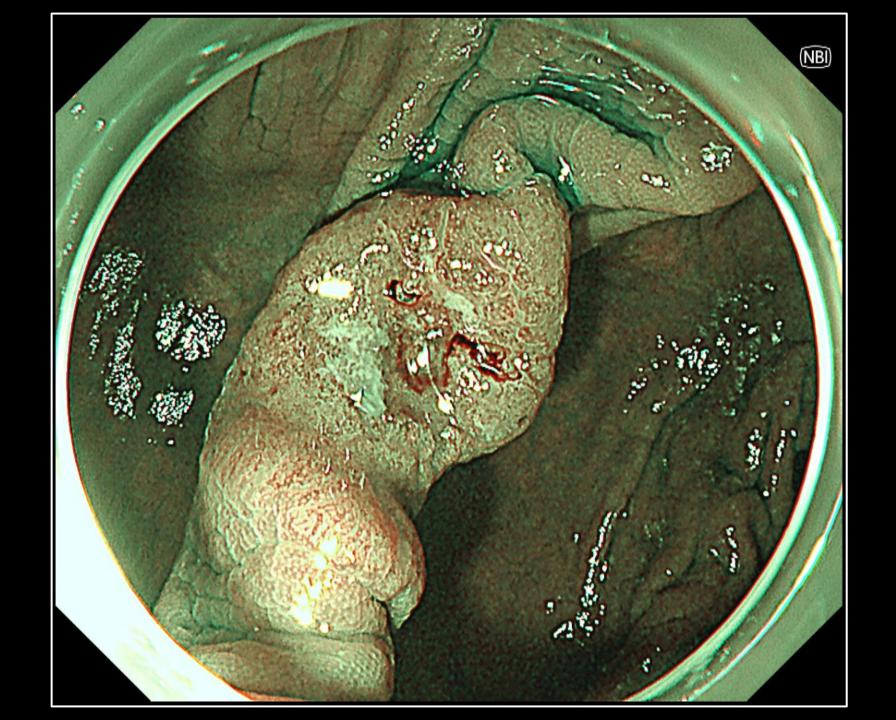
インジゴカルミン散布(3枚)

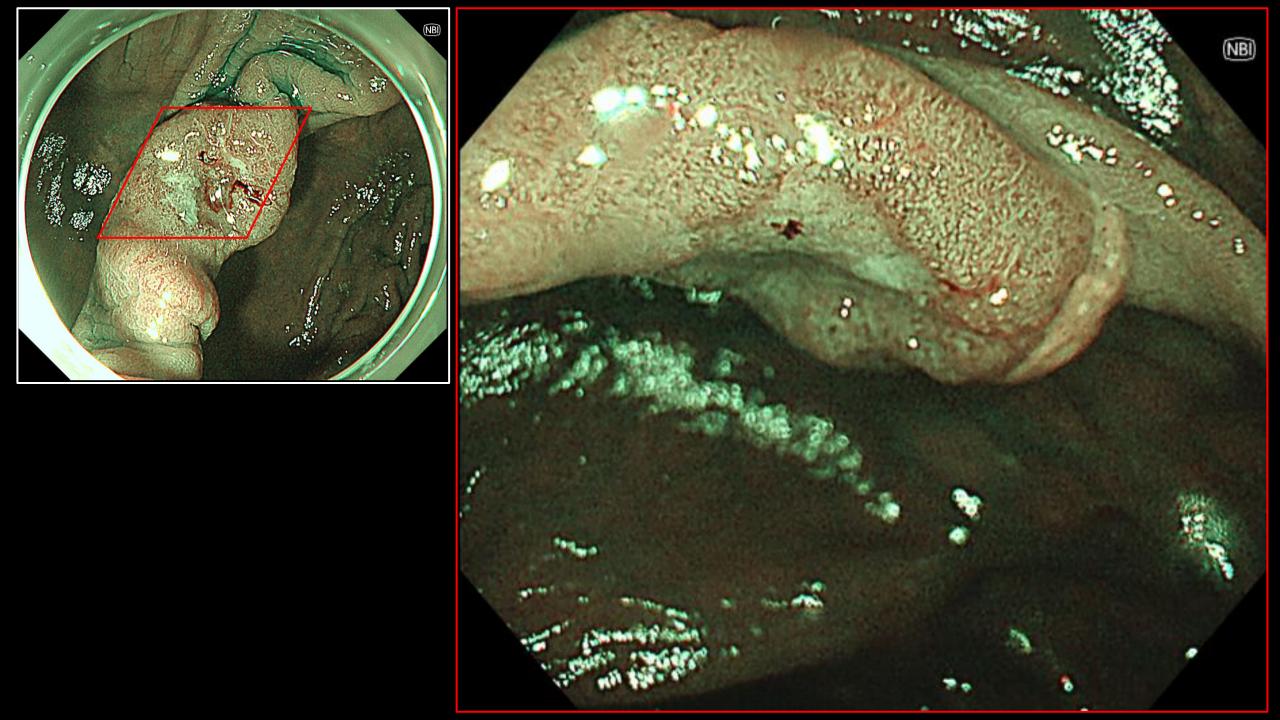


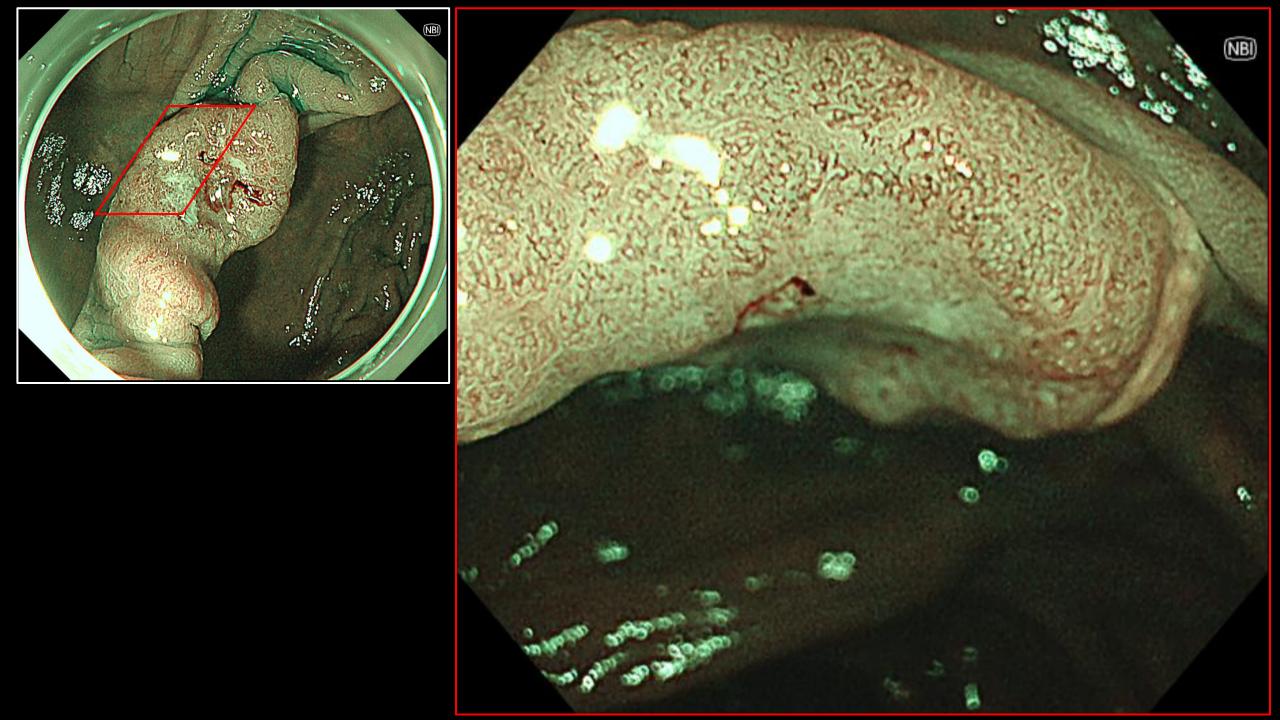


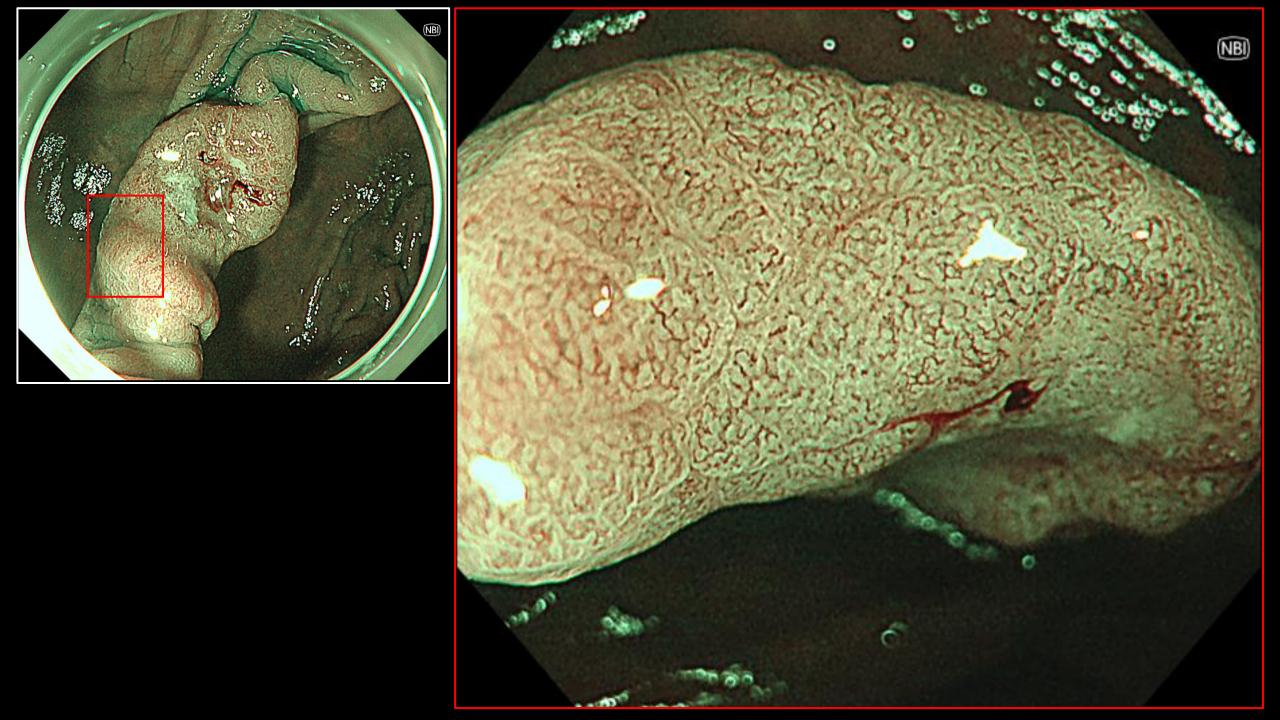


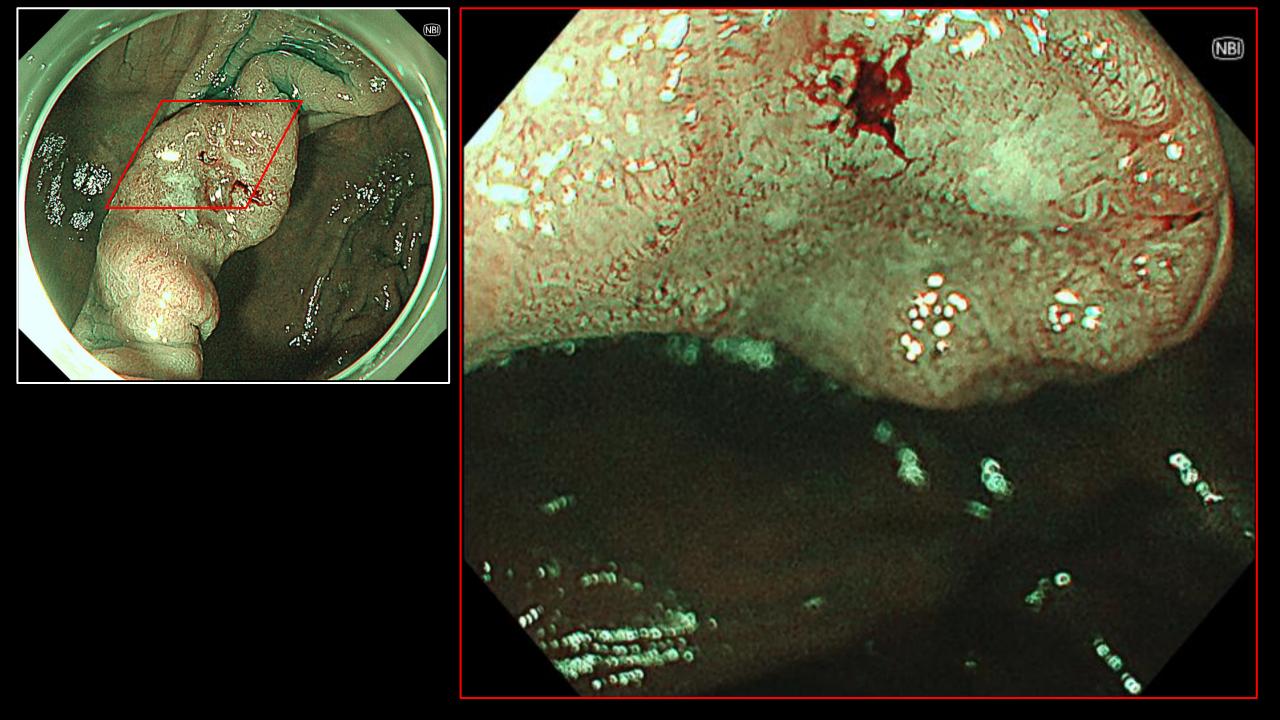
NBI(8枚)

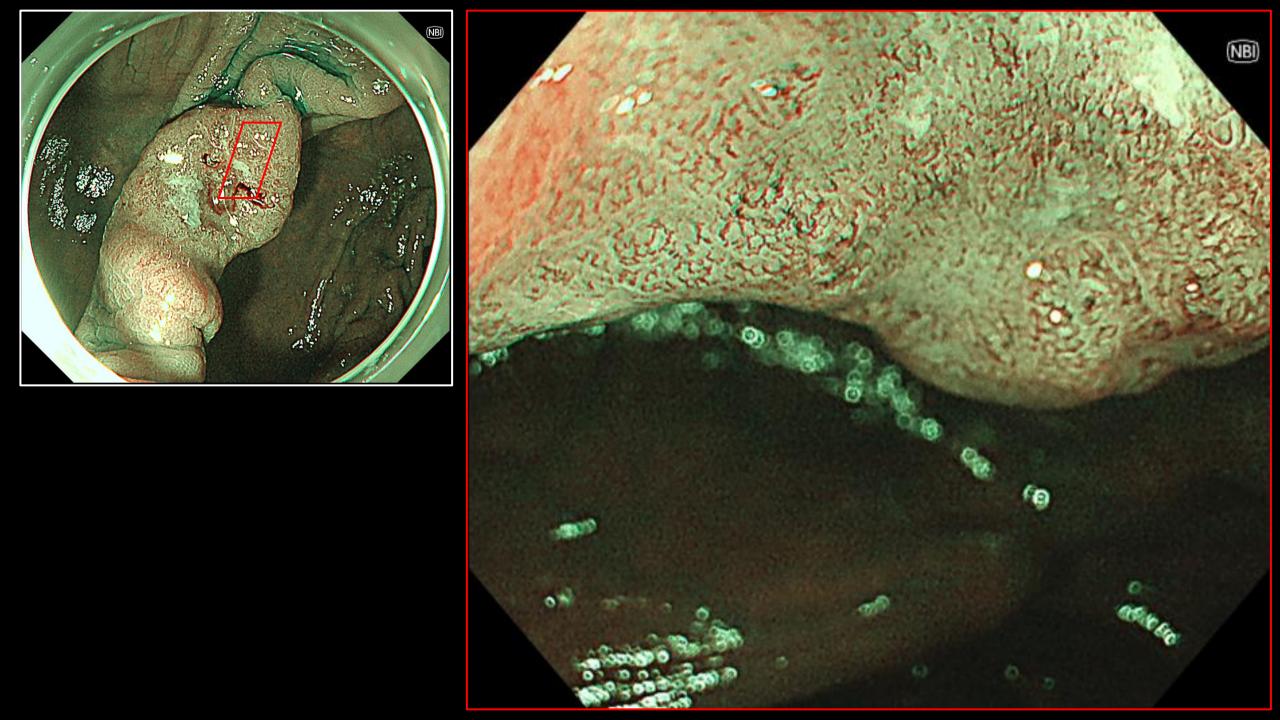


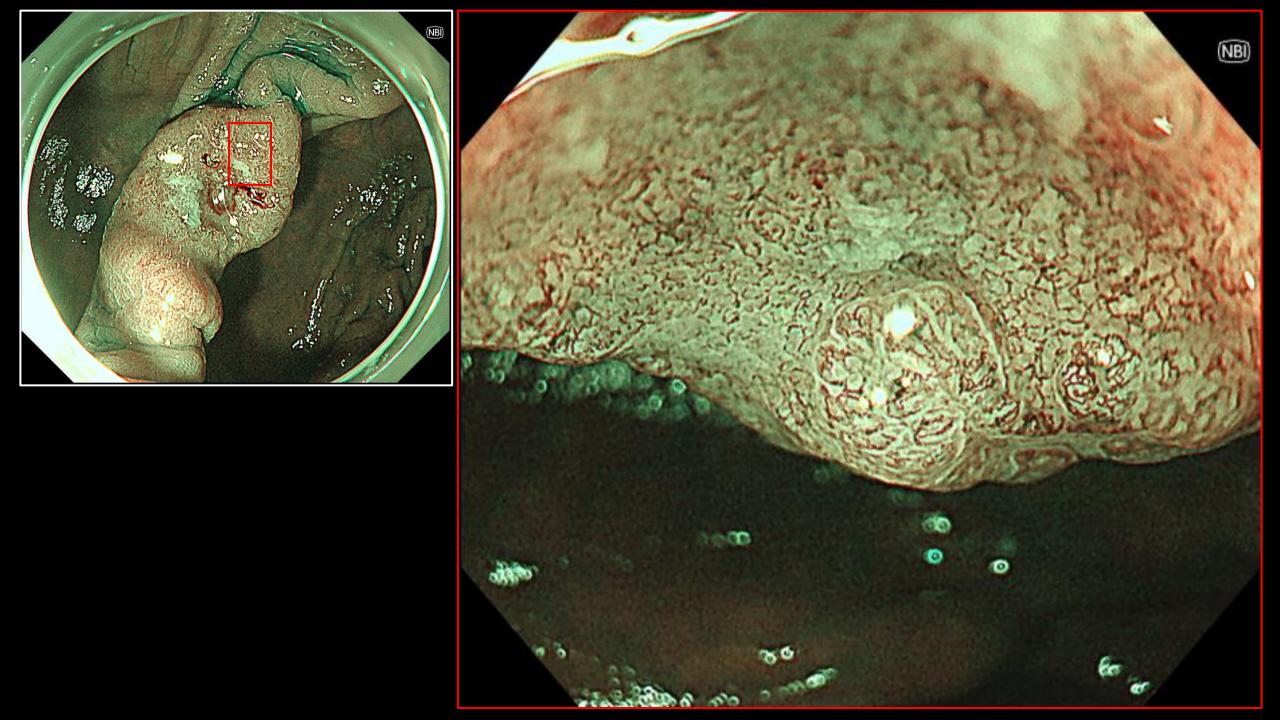


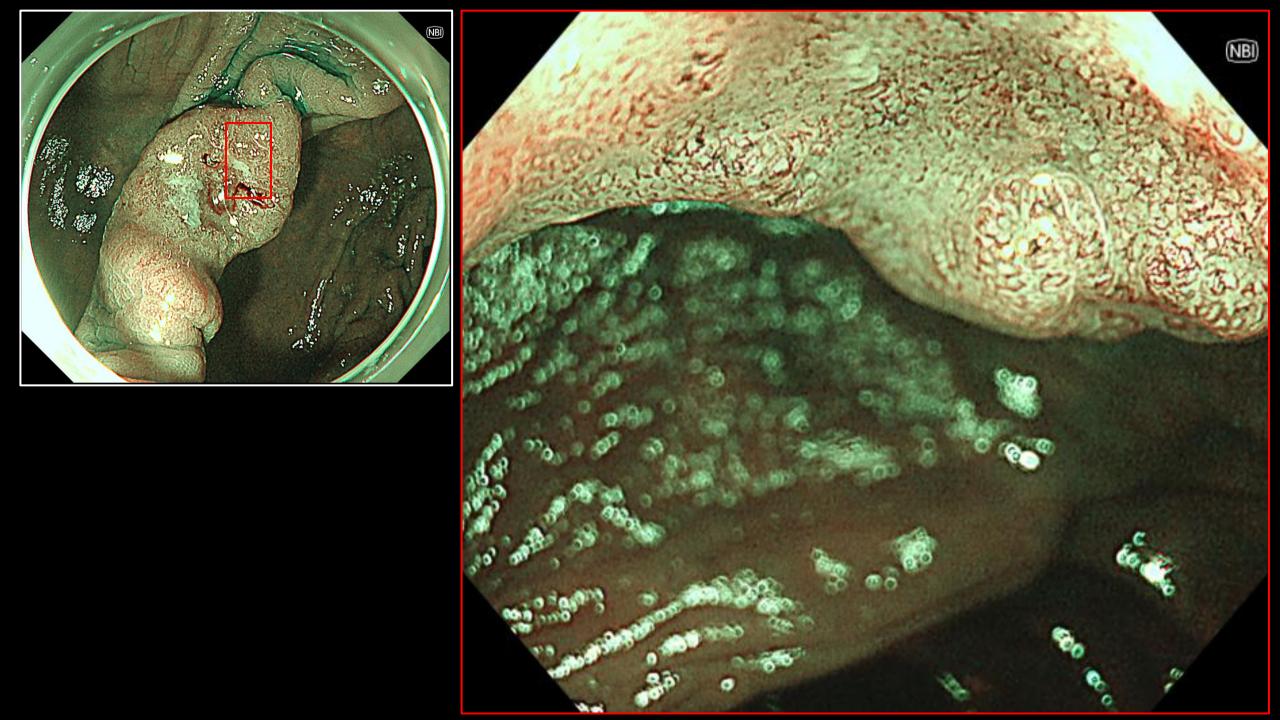


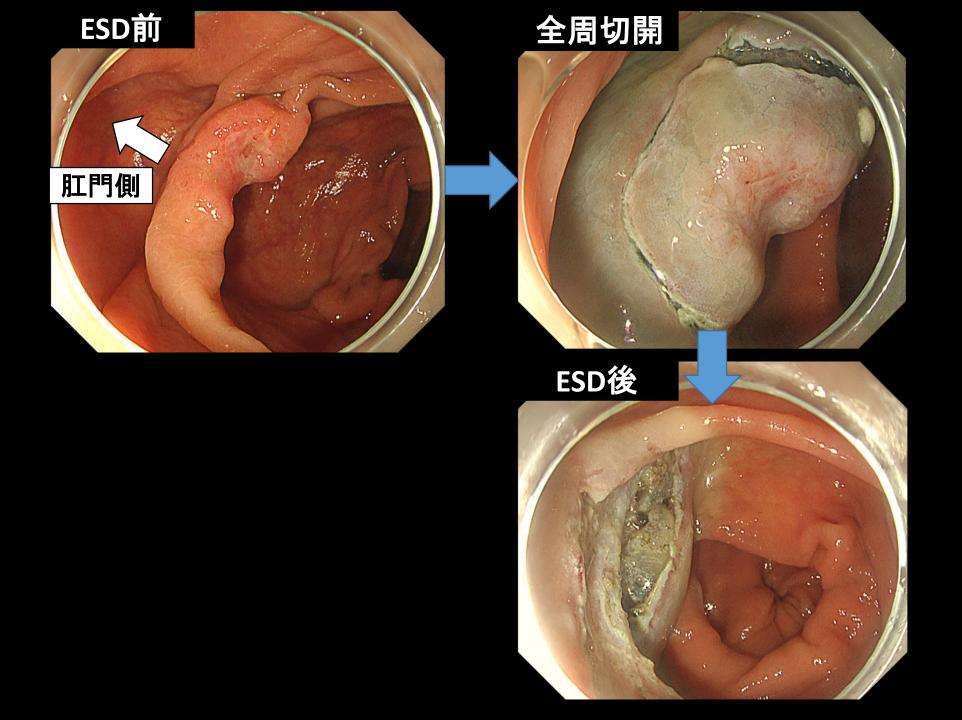


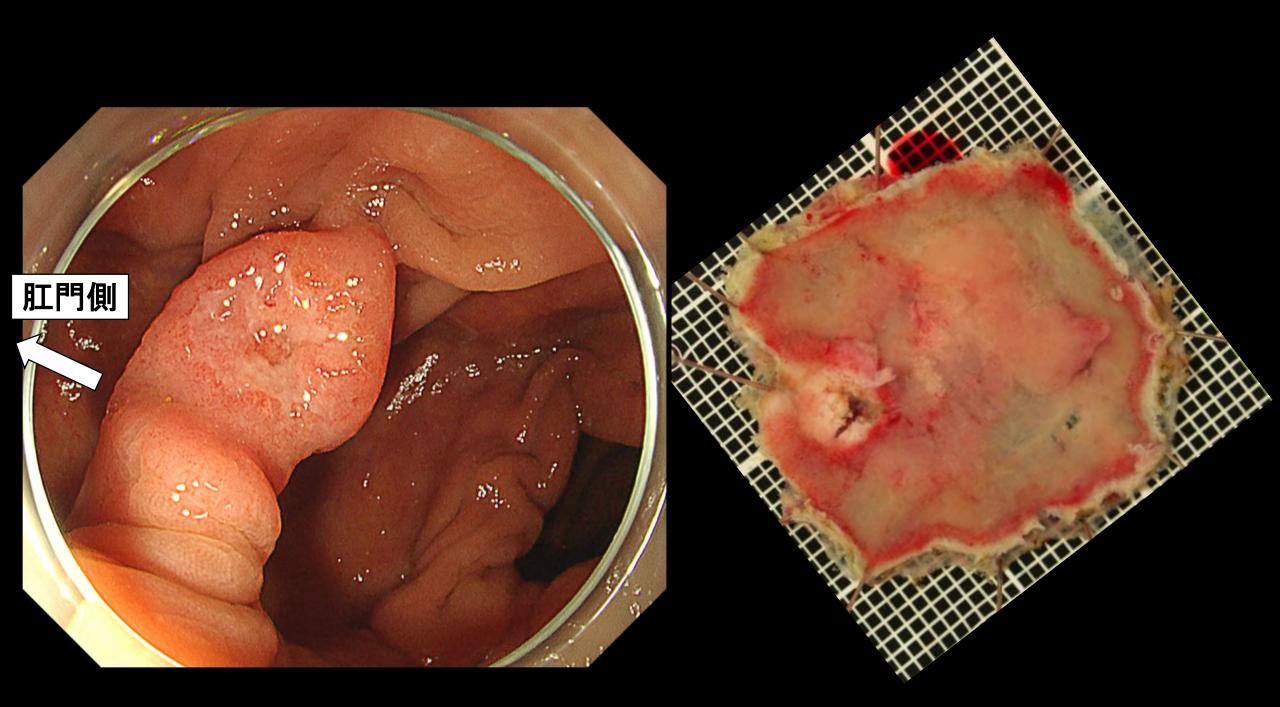


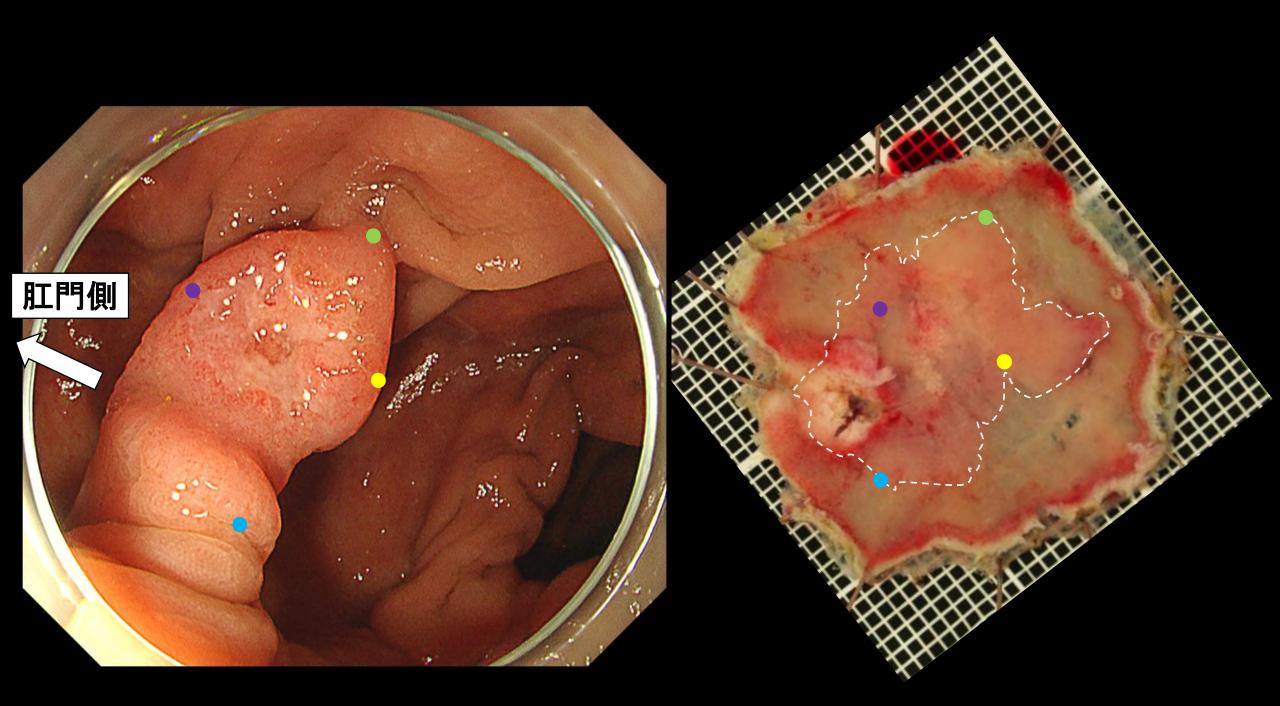


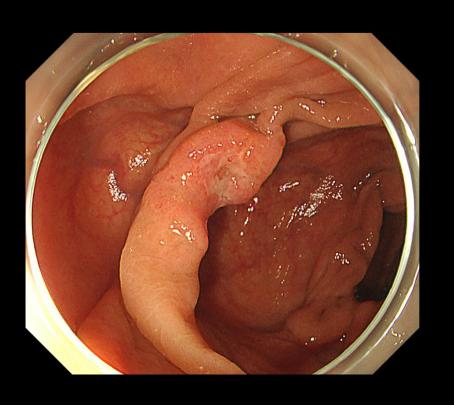


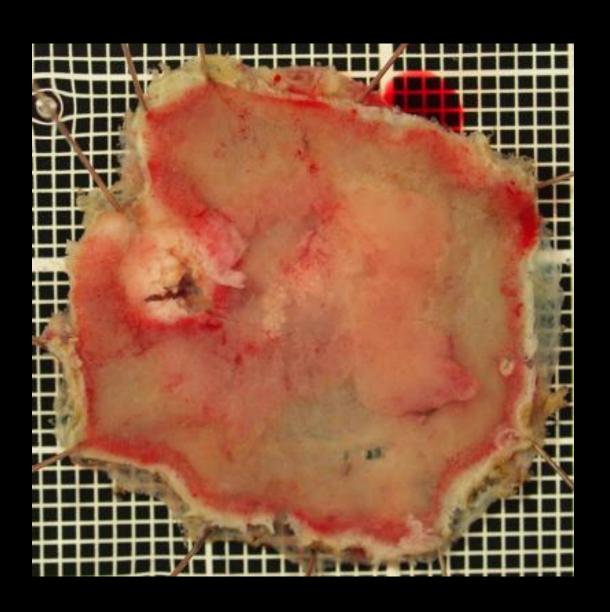


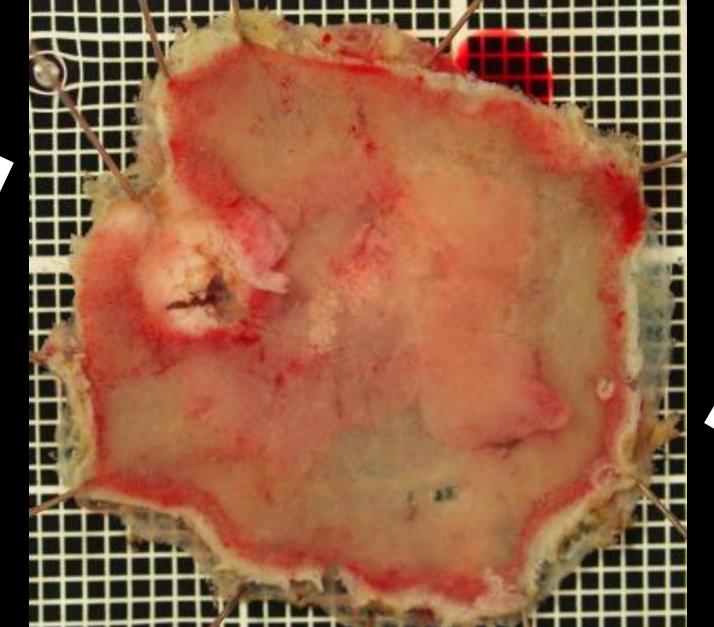






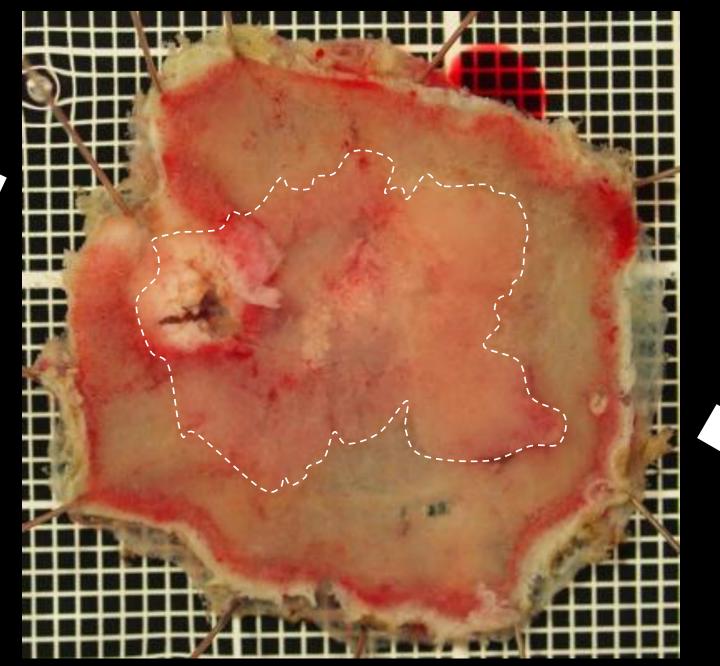




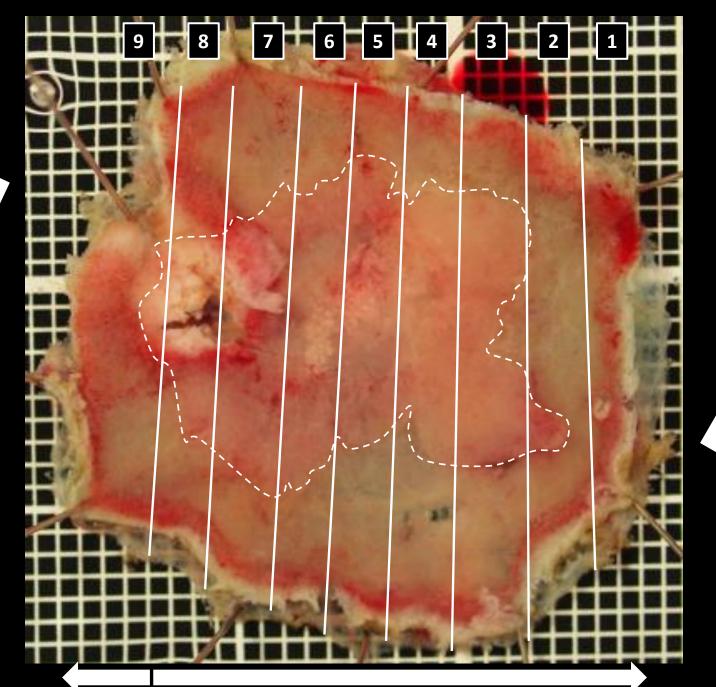






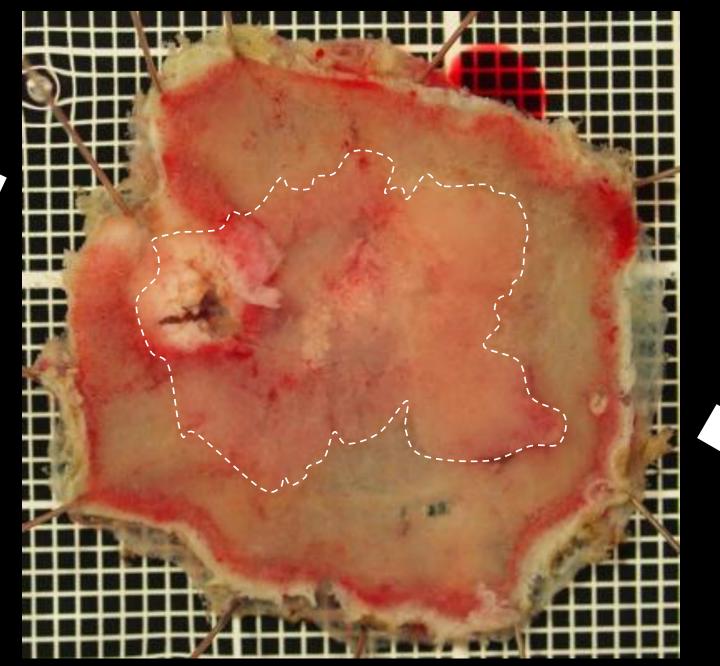




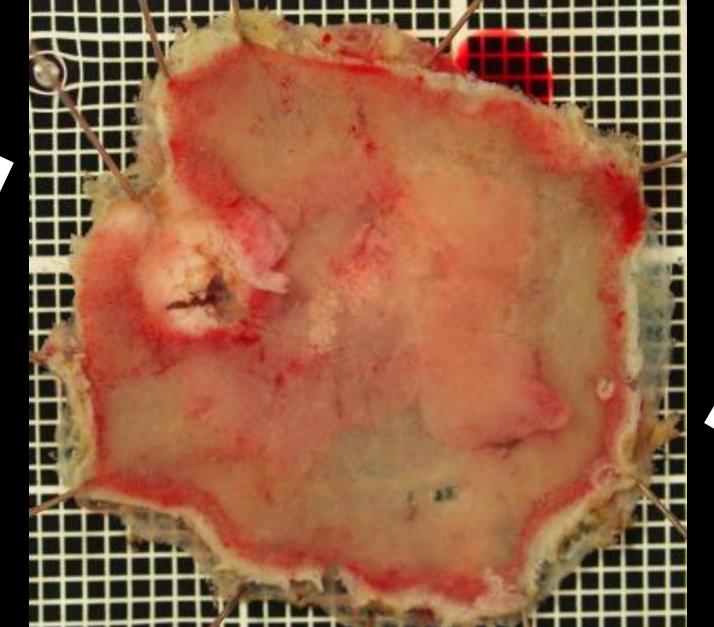




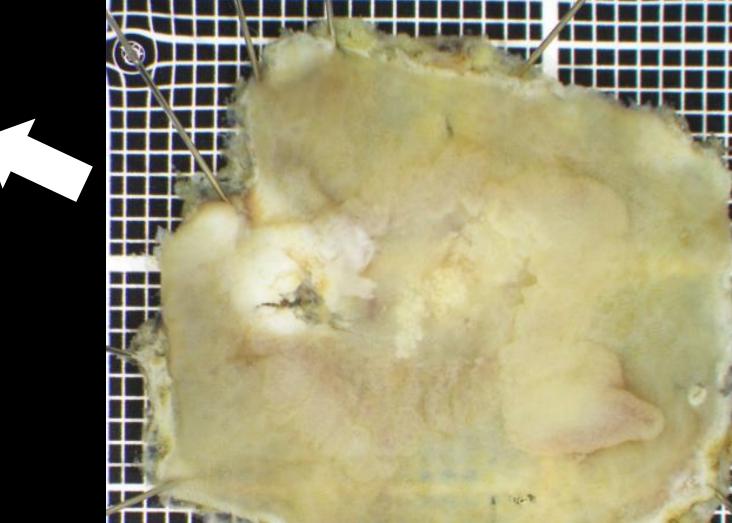






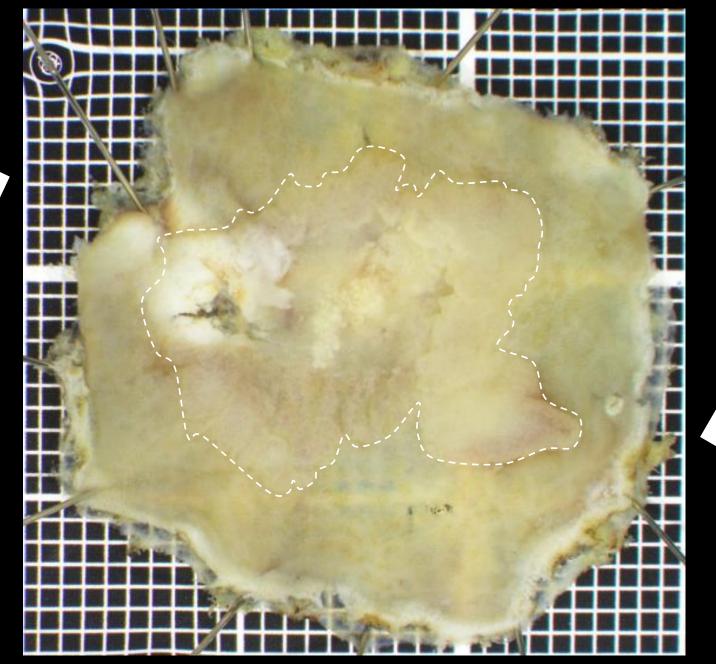




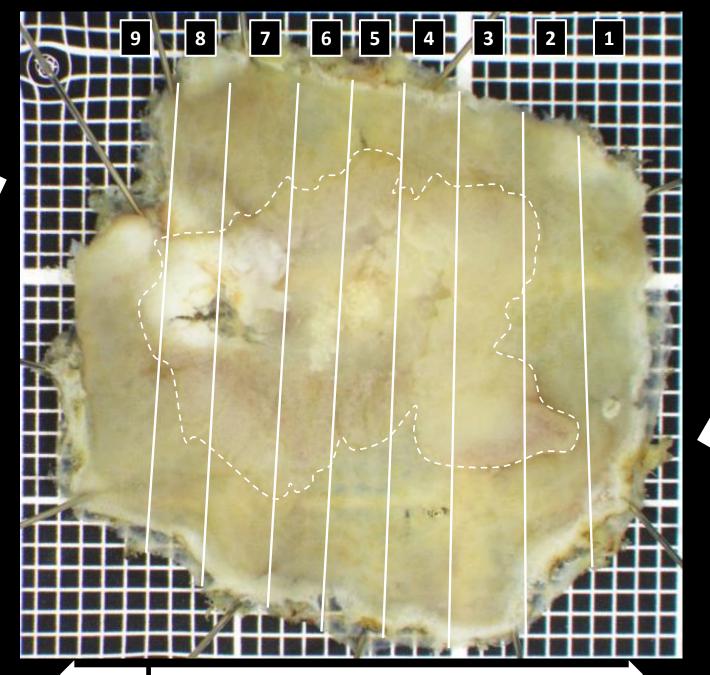




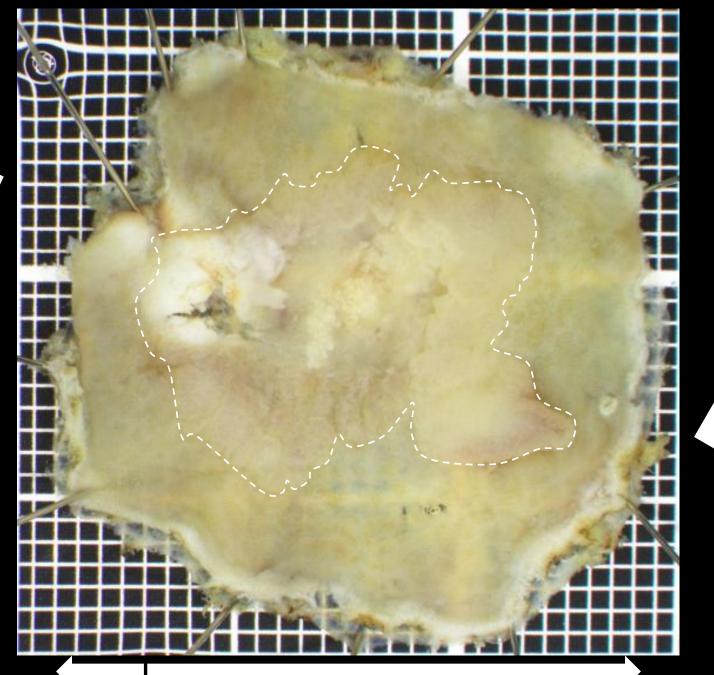






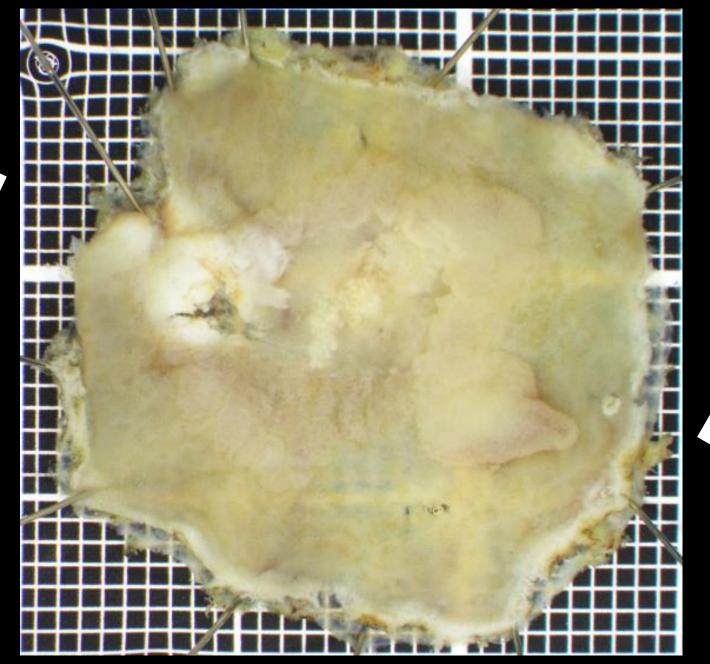




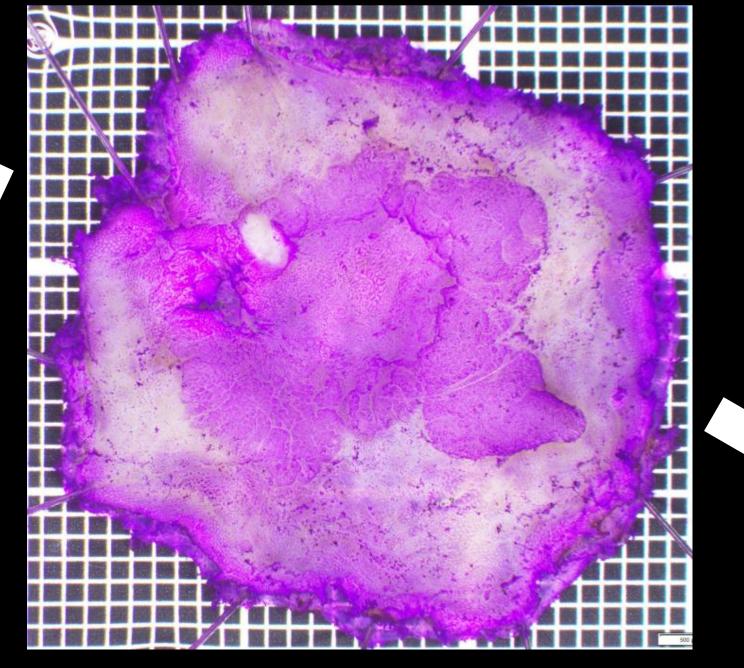






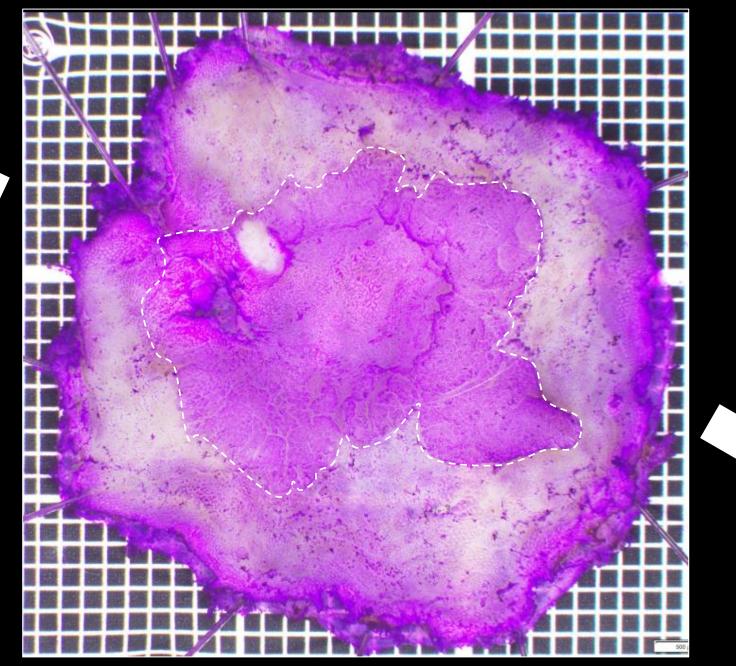










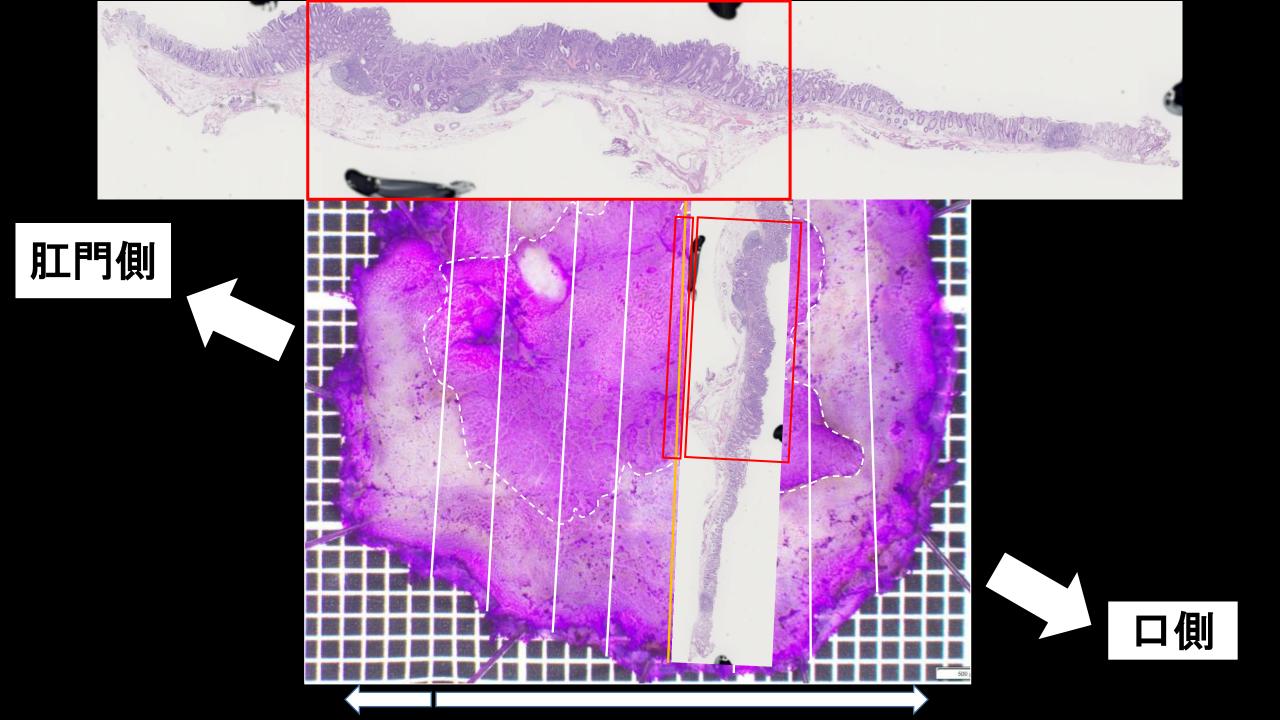


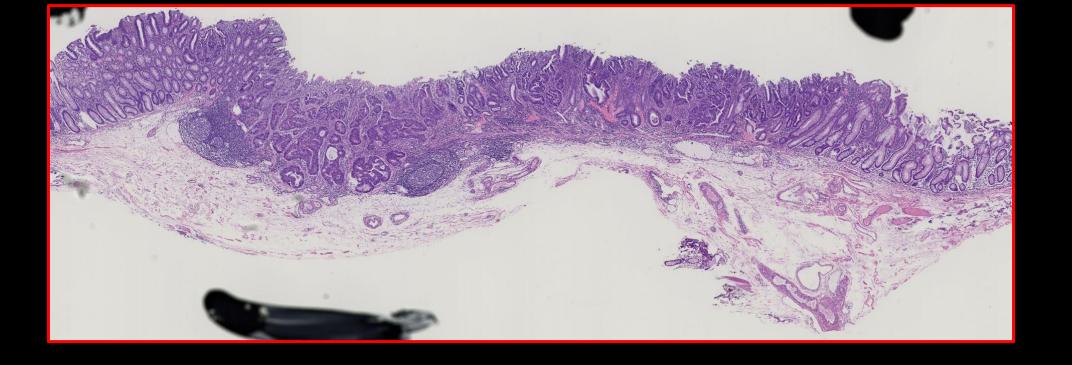


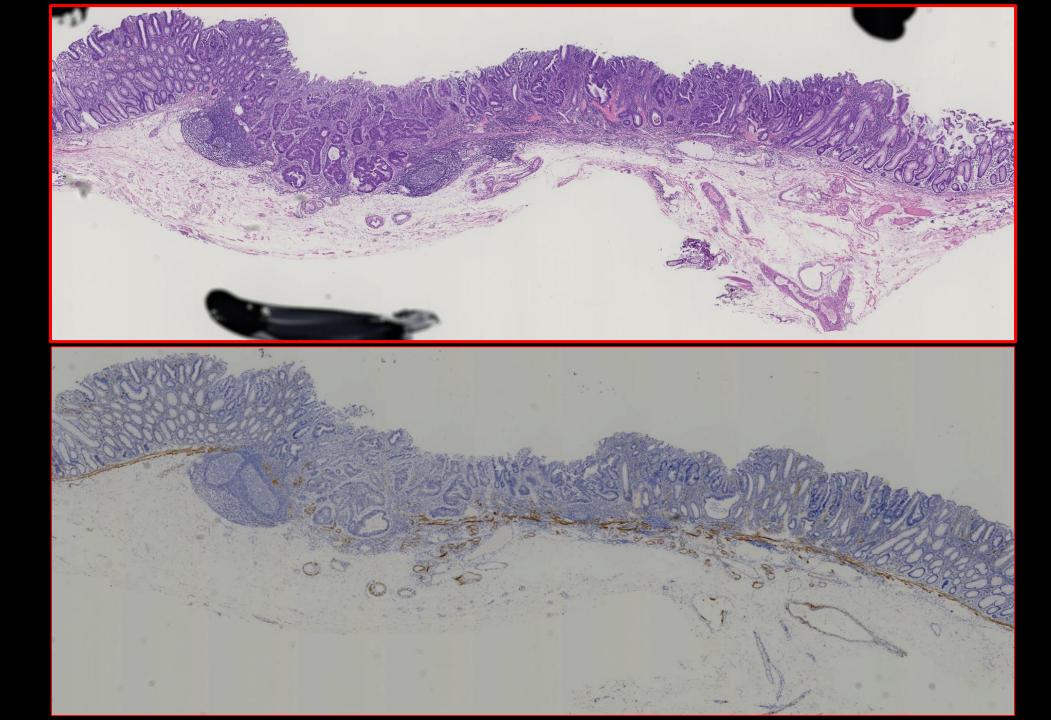
7 6 5 4 肛門側 口側

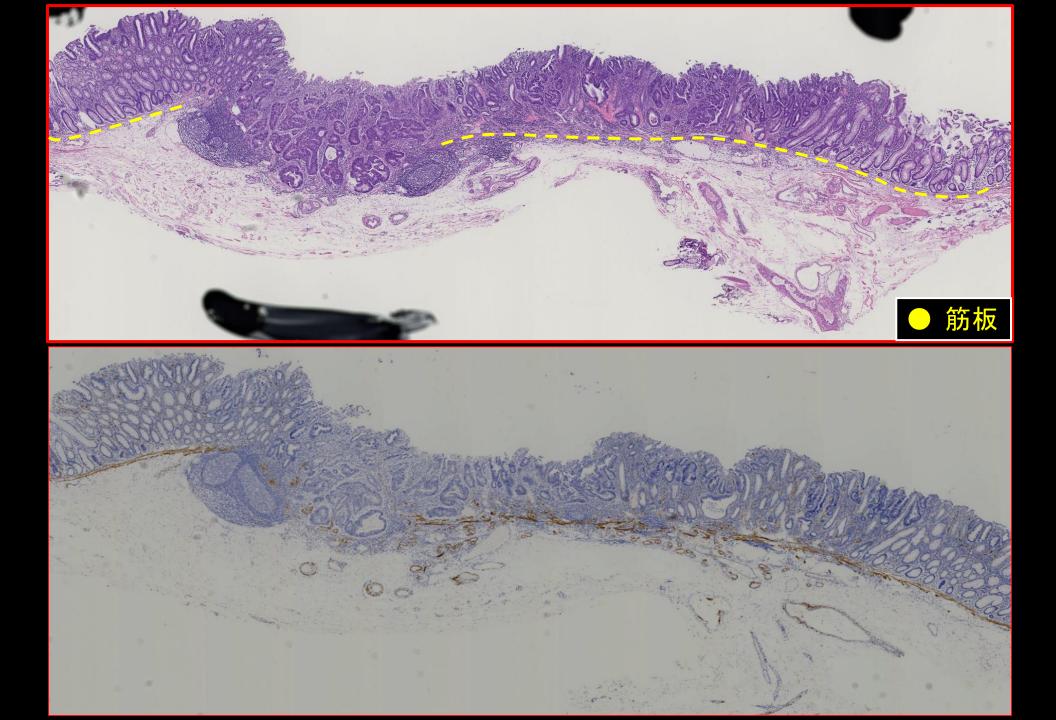
7 6 5 肛門側 口側

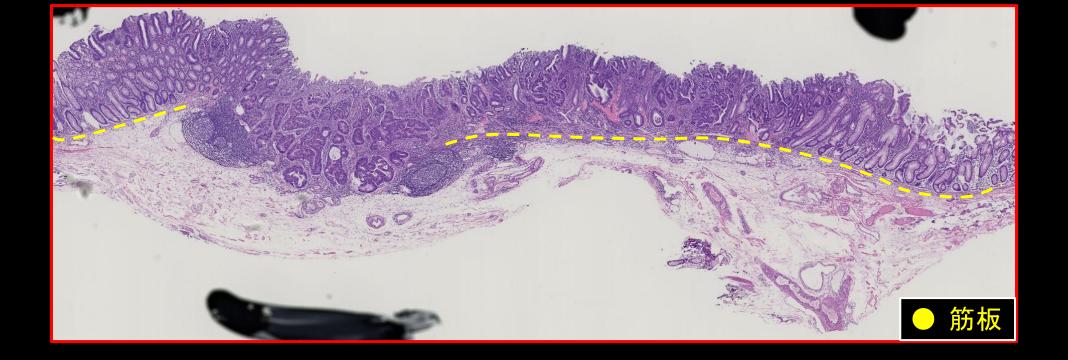
7 6 5 肛門側





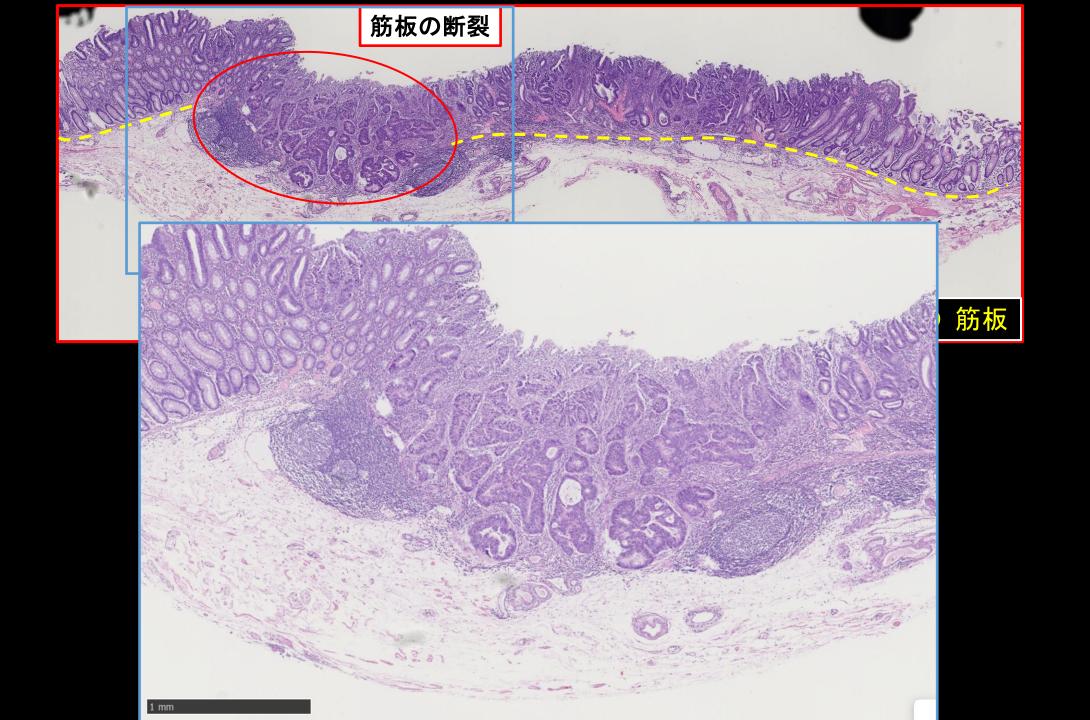


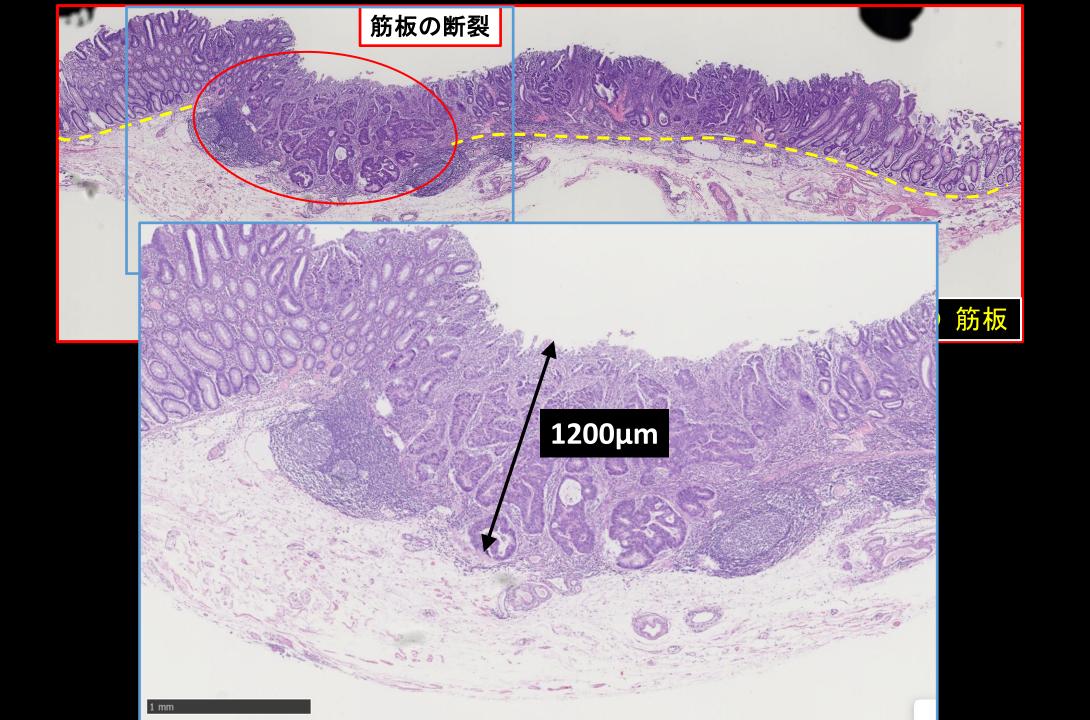


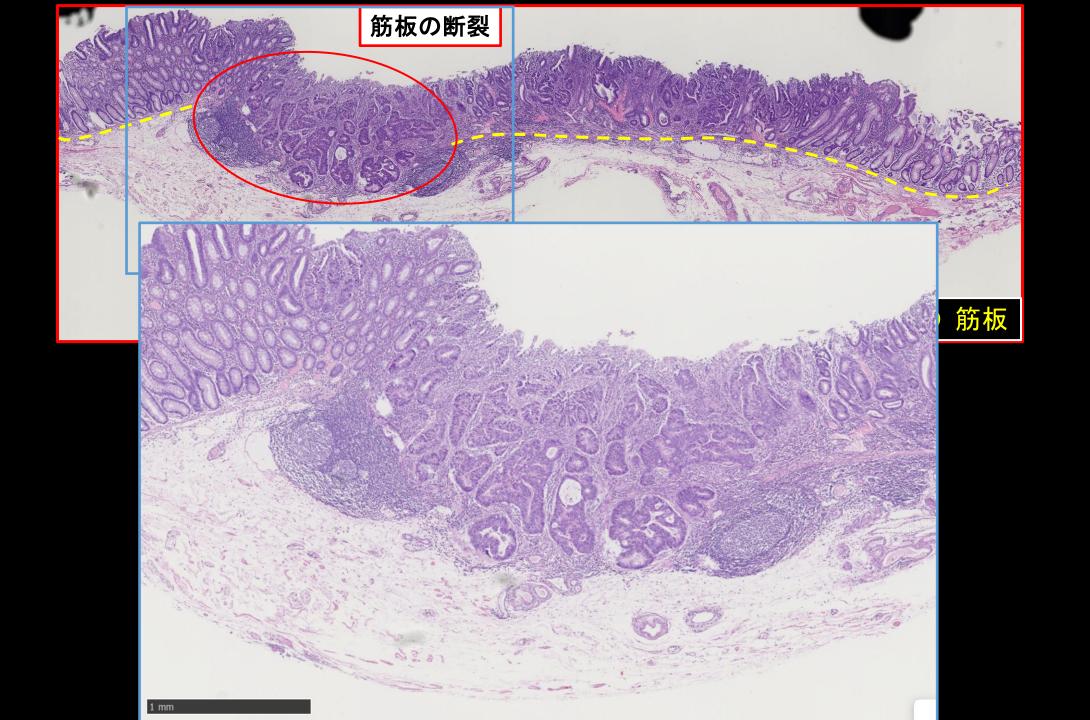


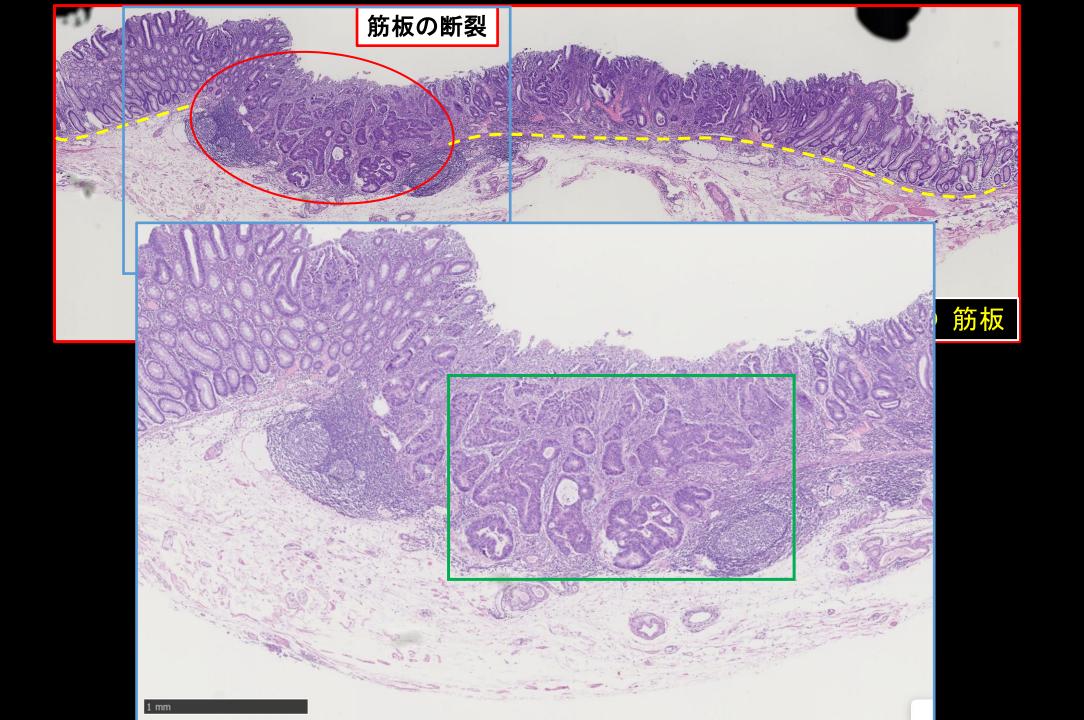


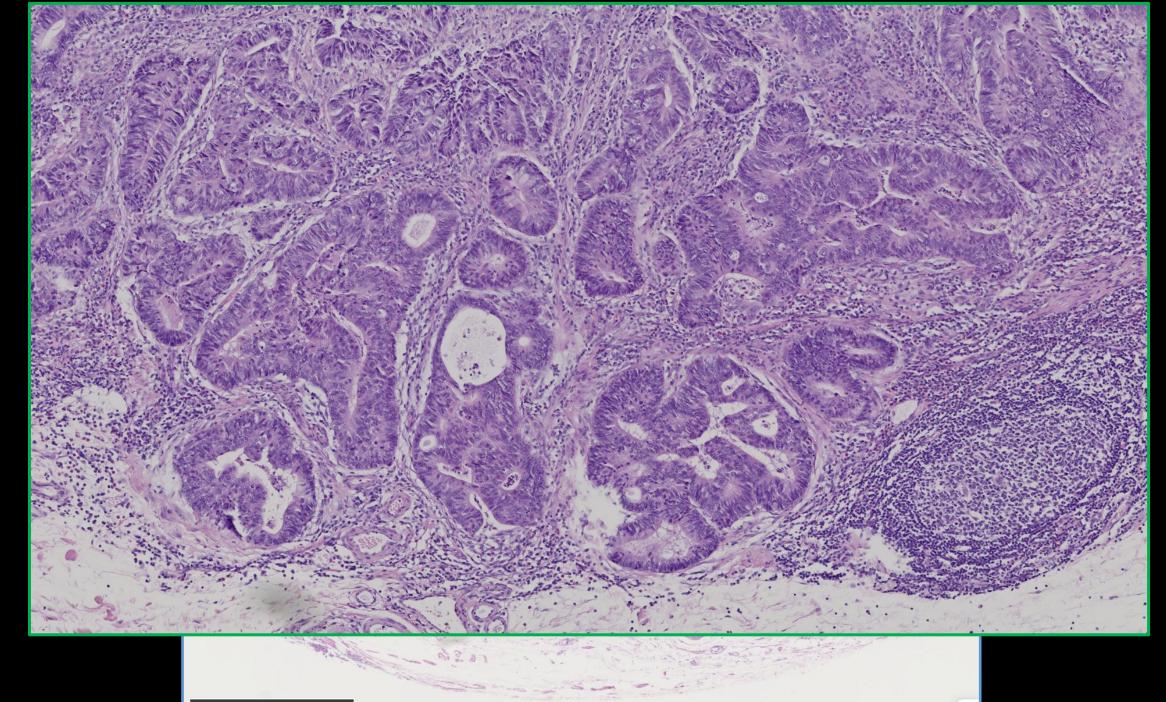


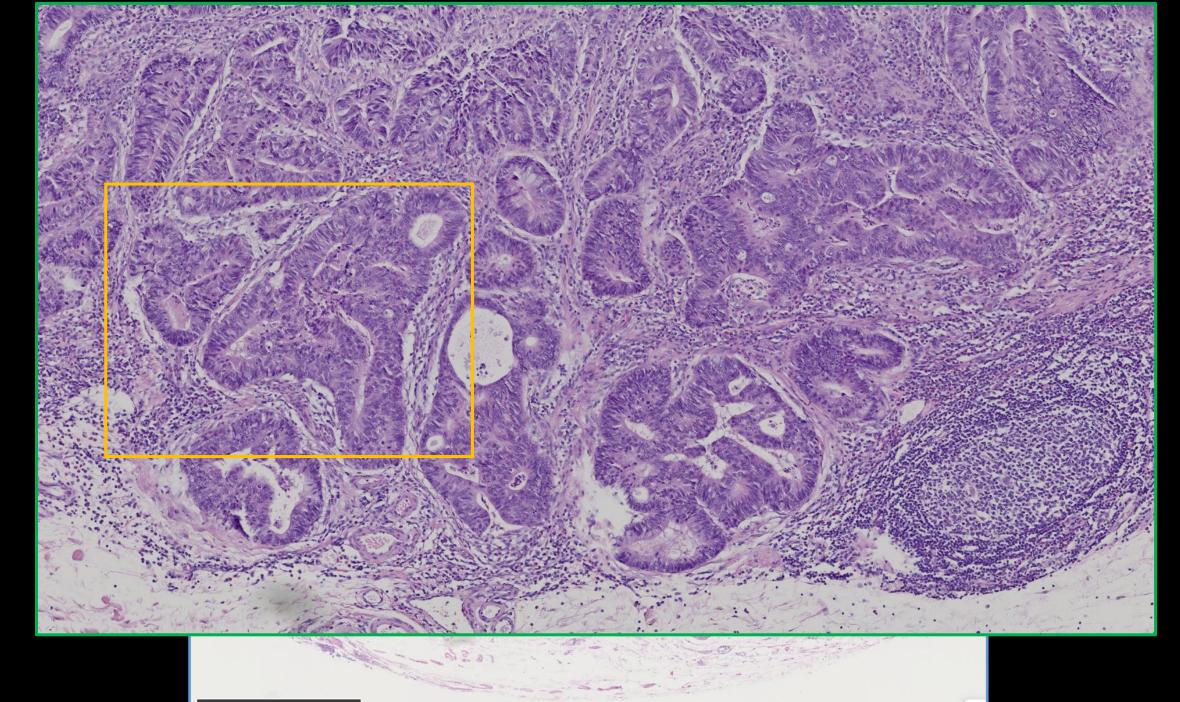


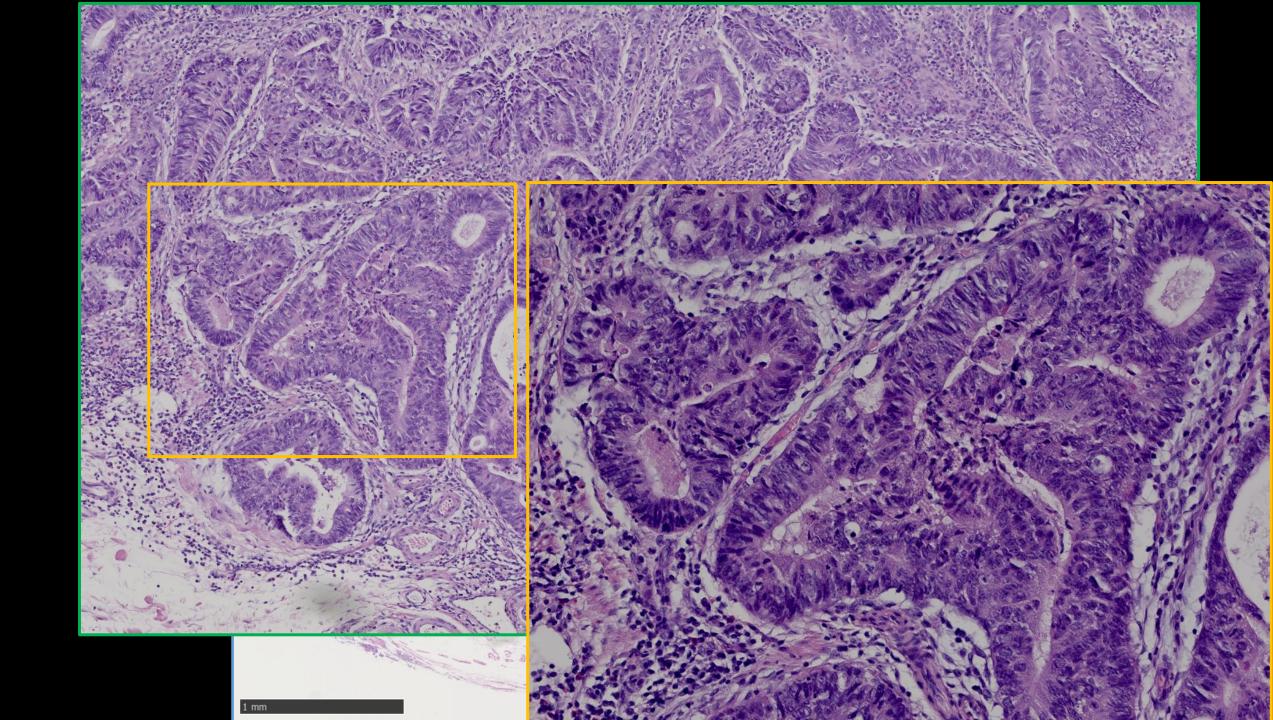


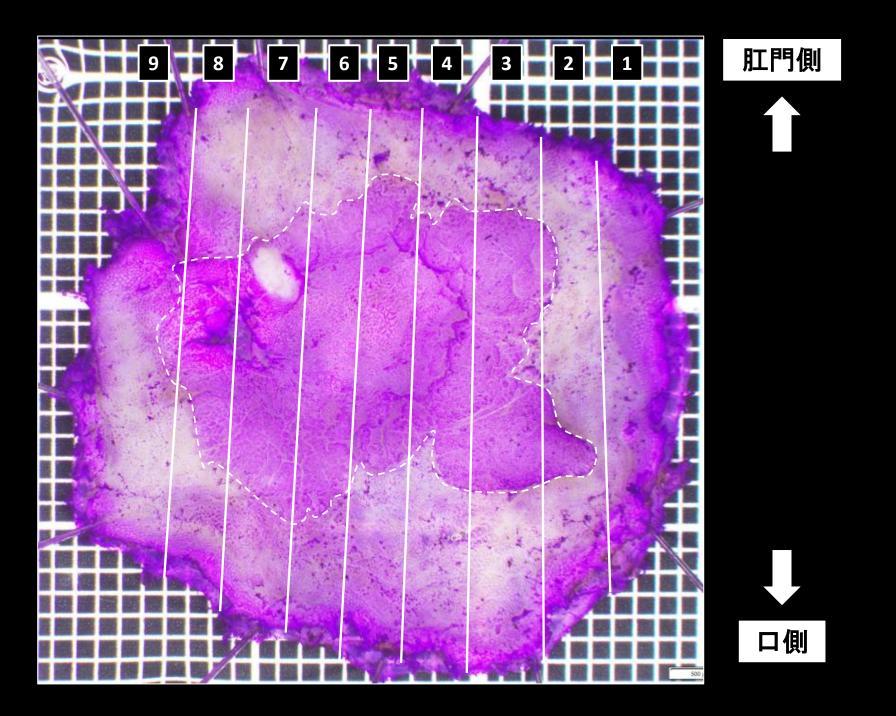


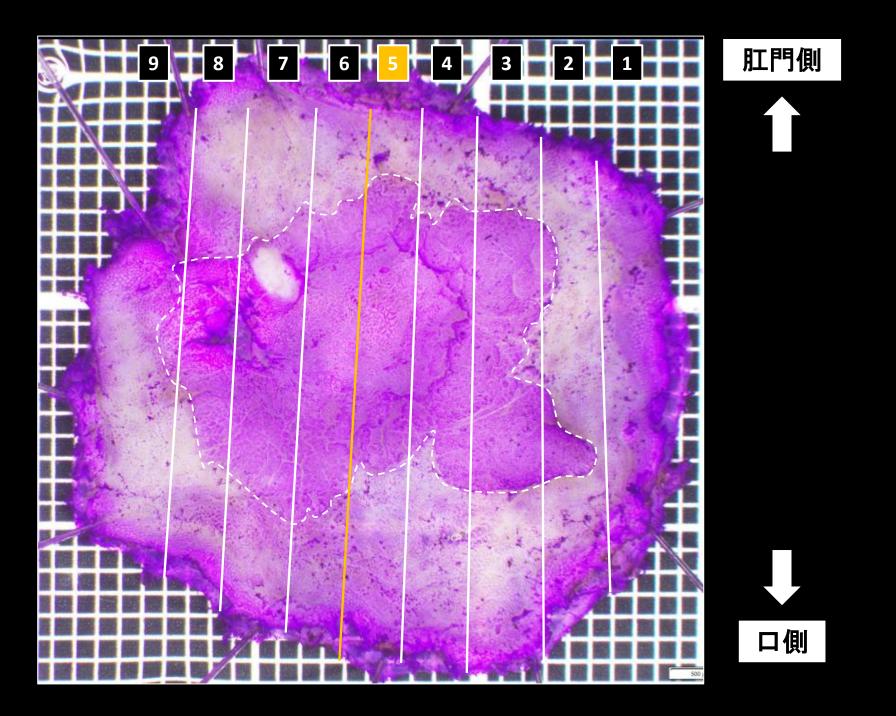


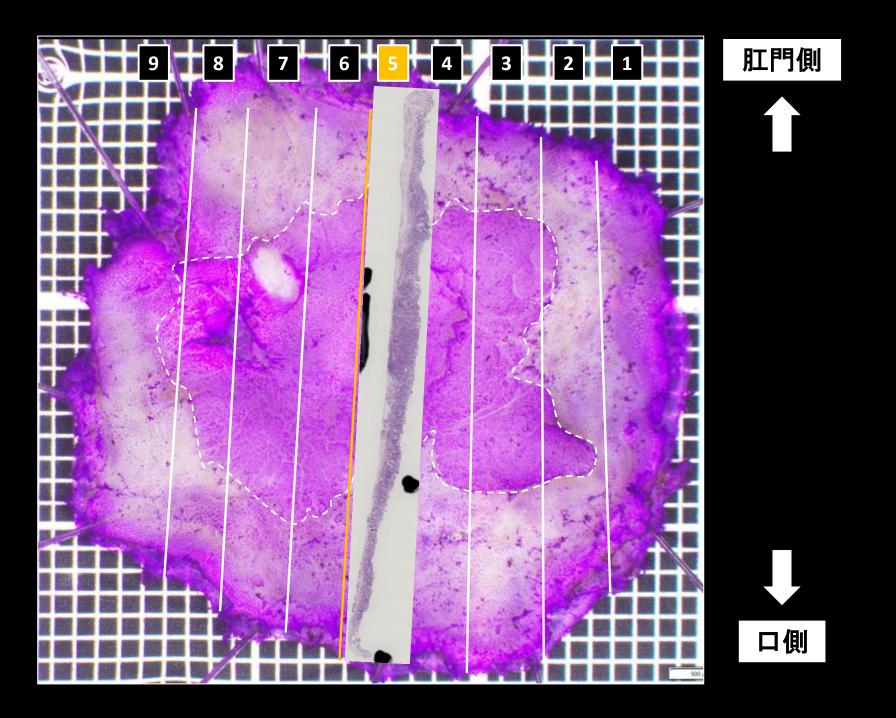


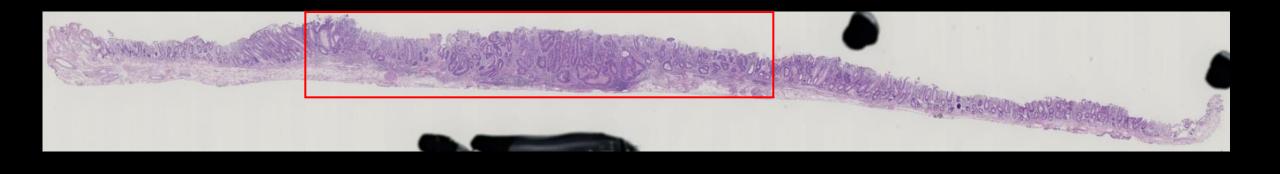


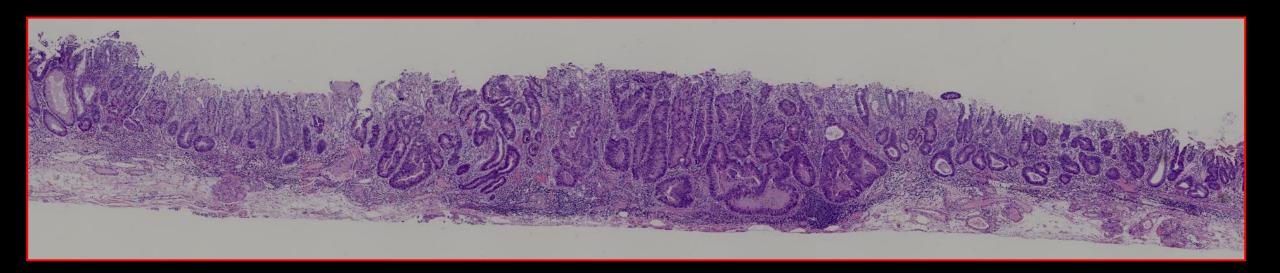


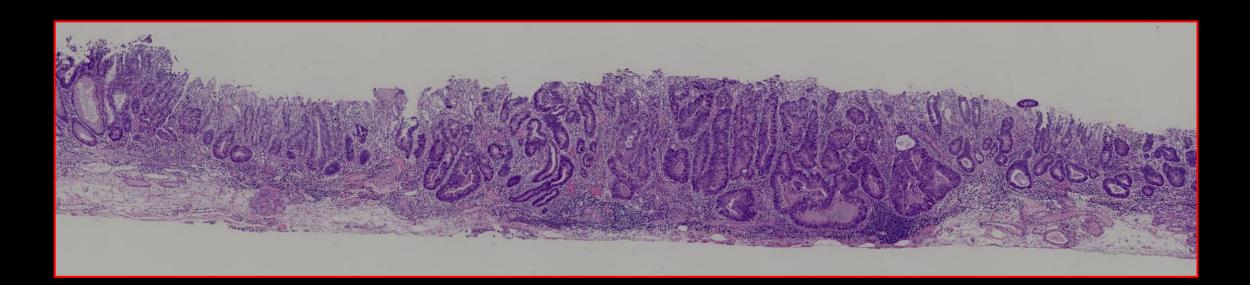


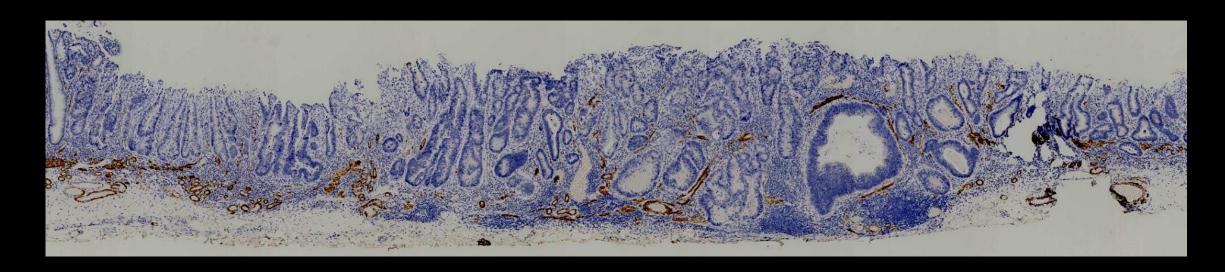


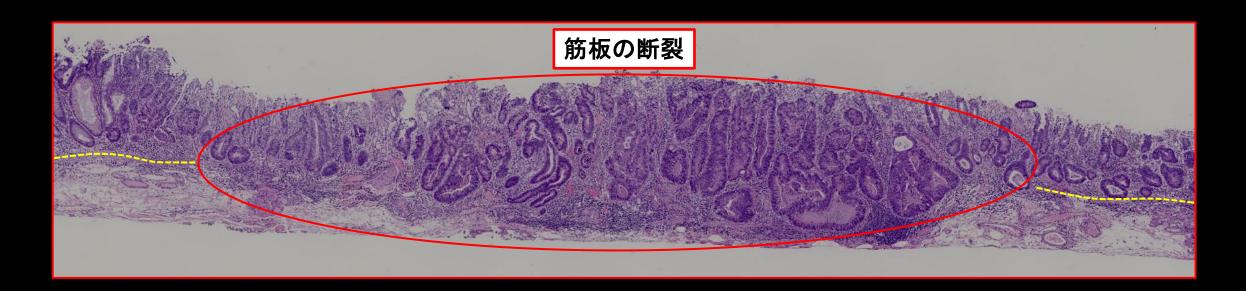


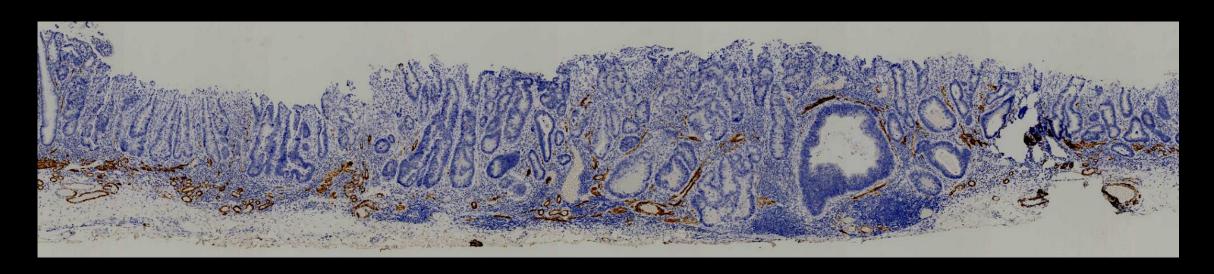


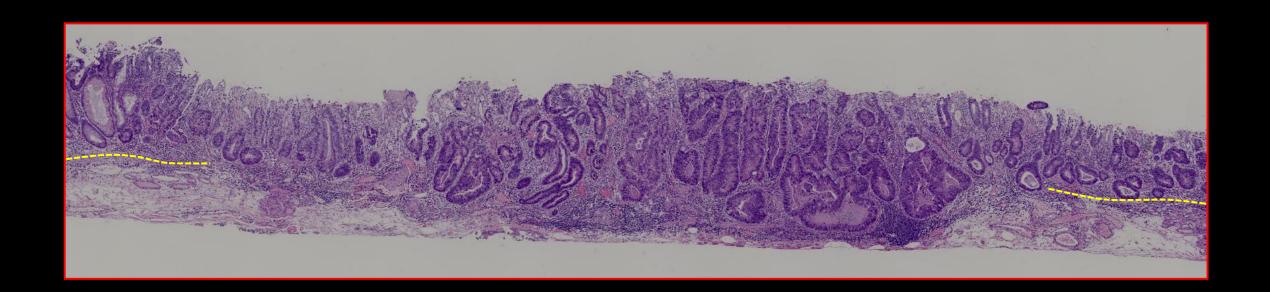


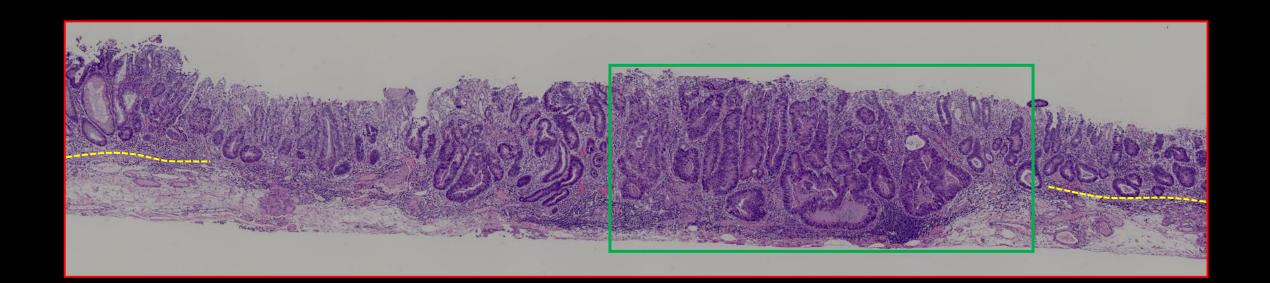


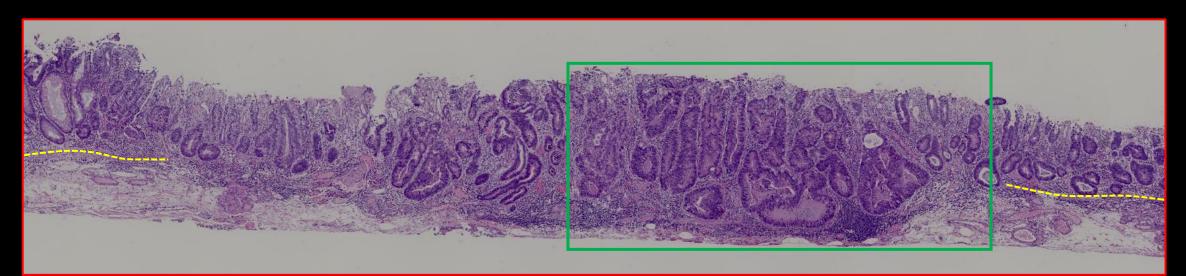


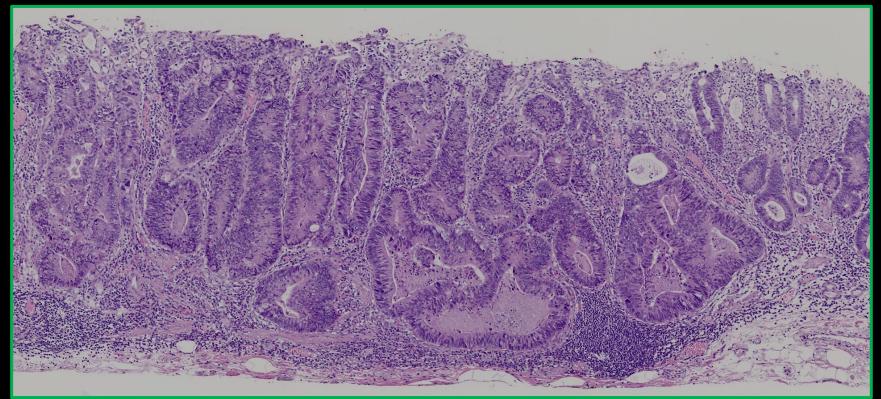


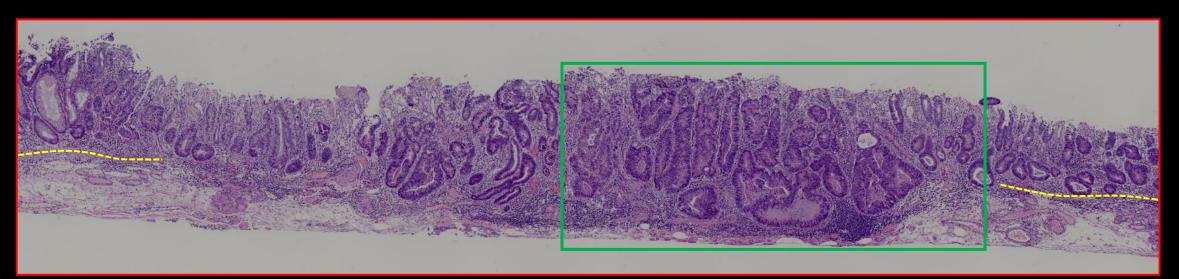


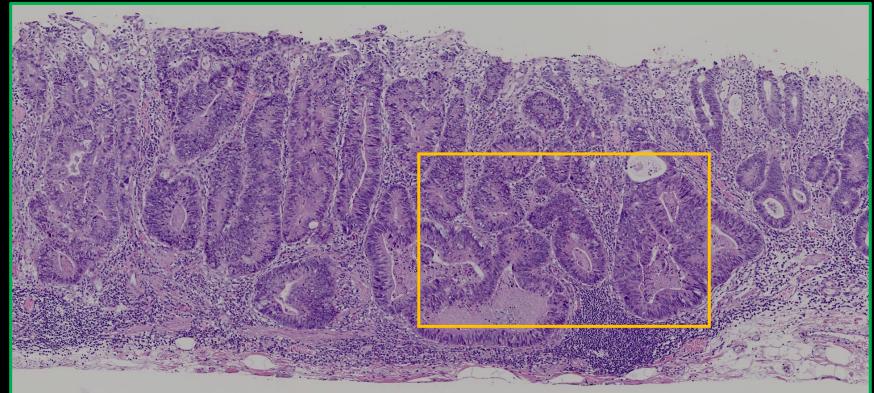


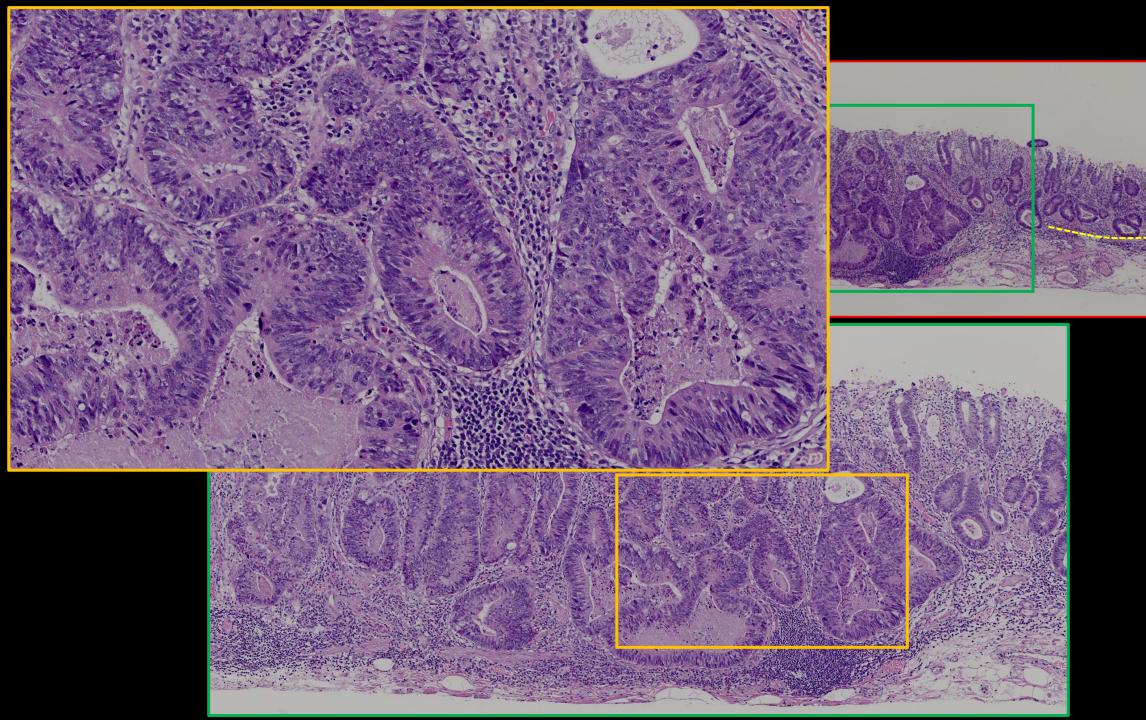




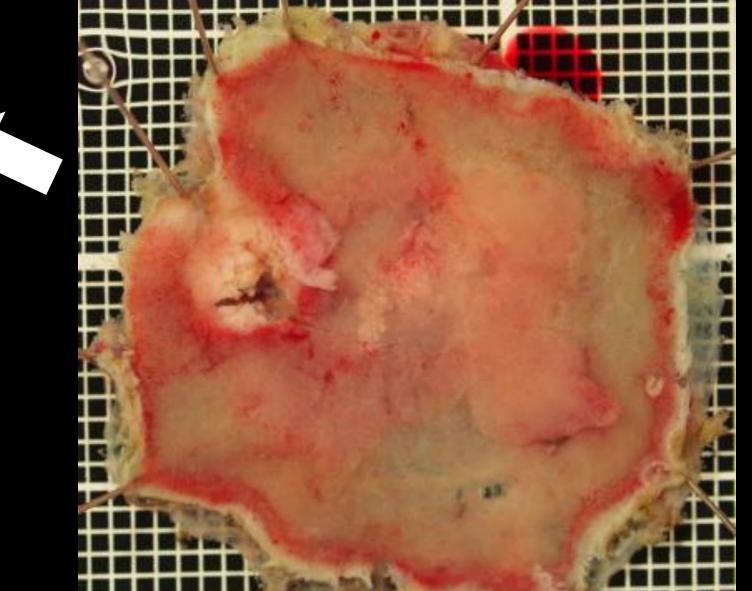






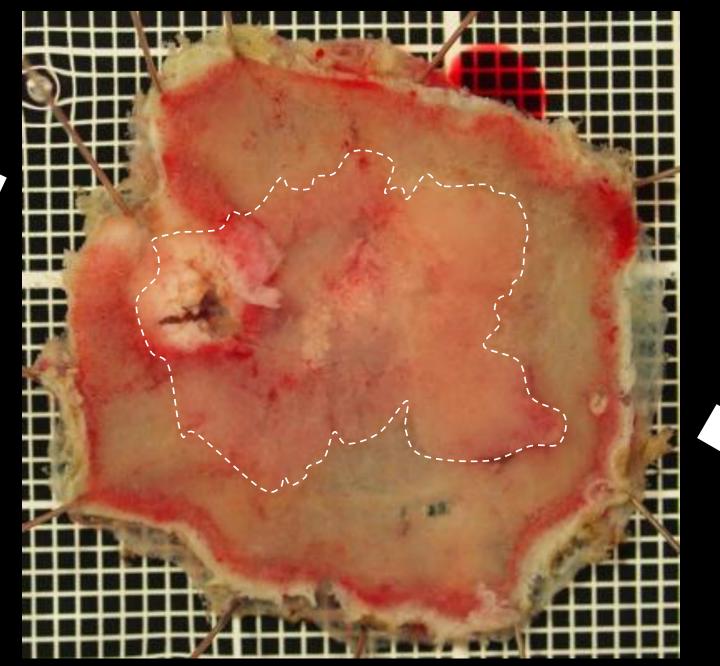


mapping

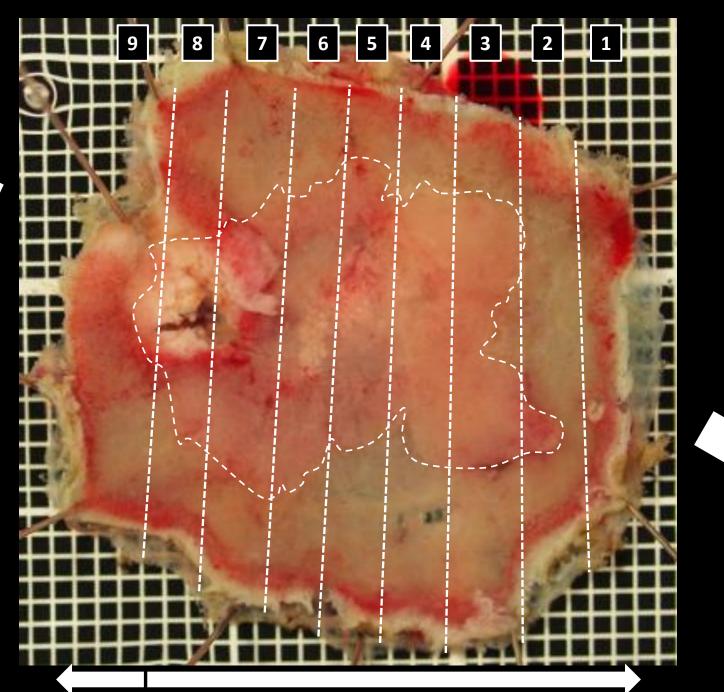






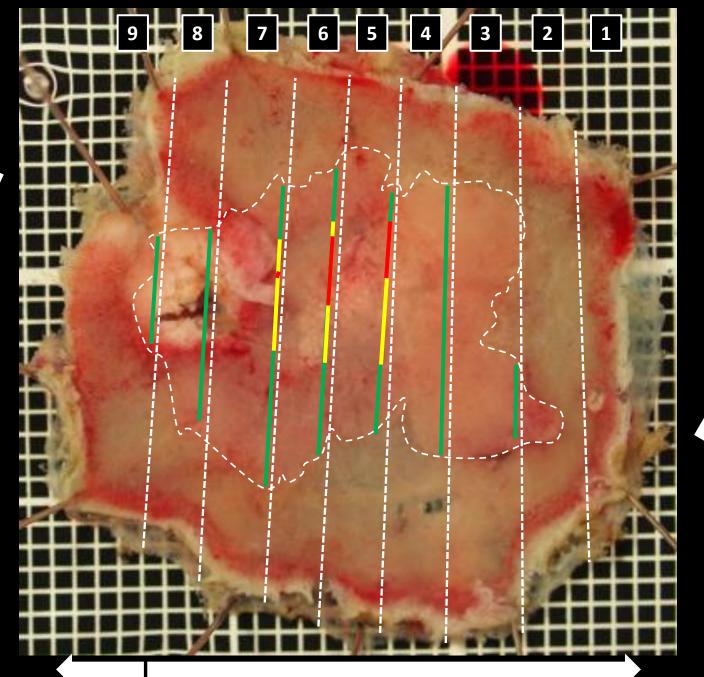








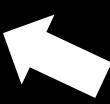


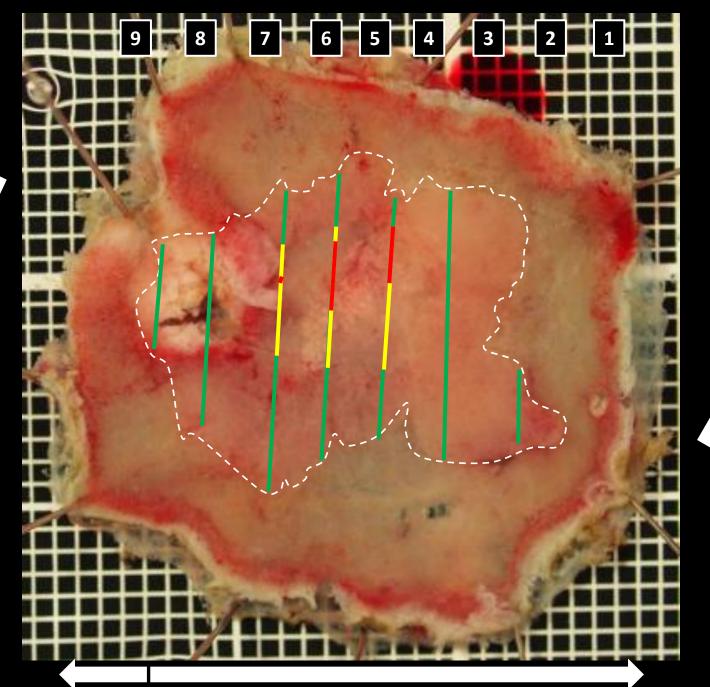




口側

— Adenoma — M



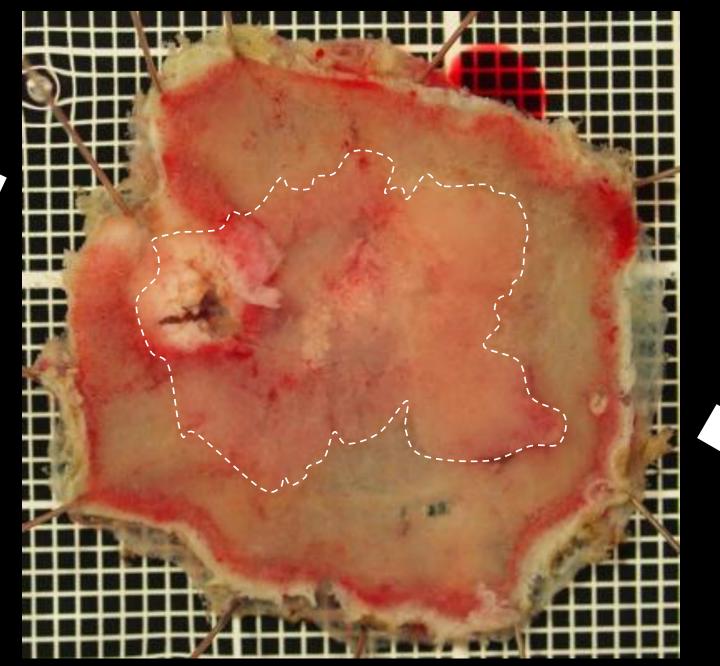




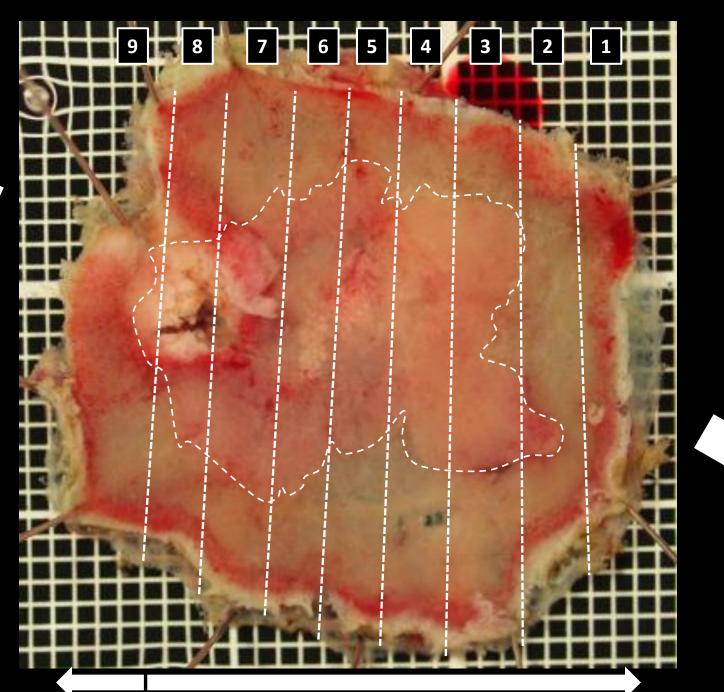
口側

— Adenoma — M

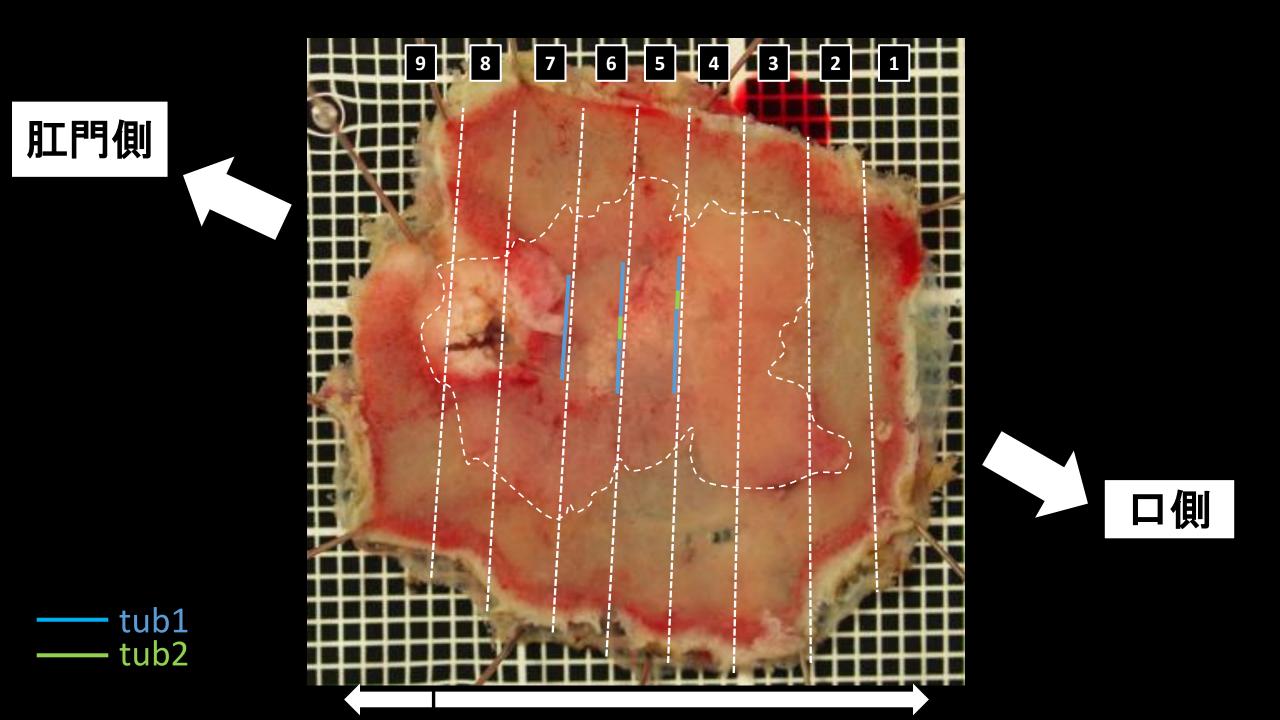




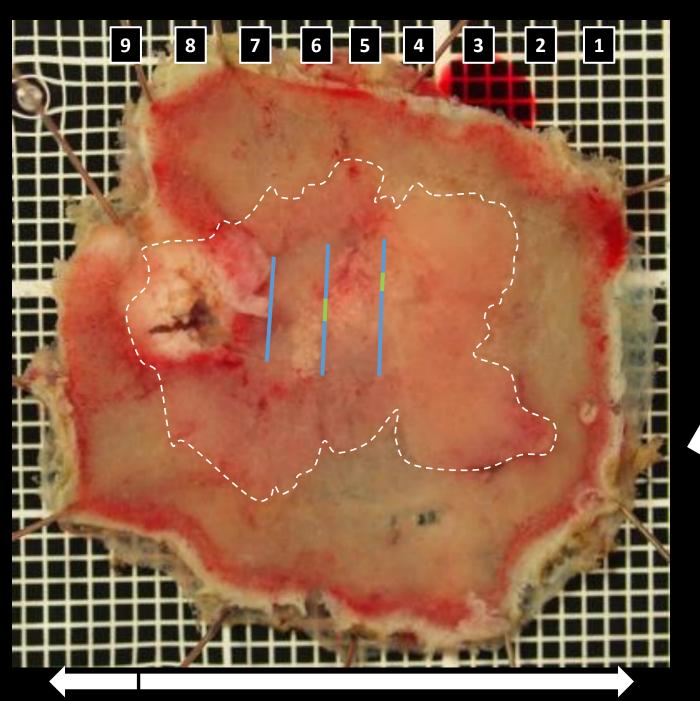




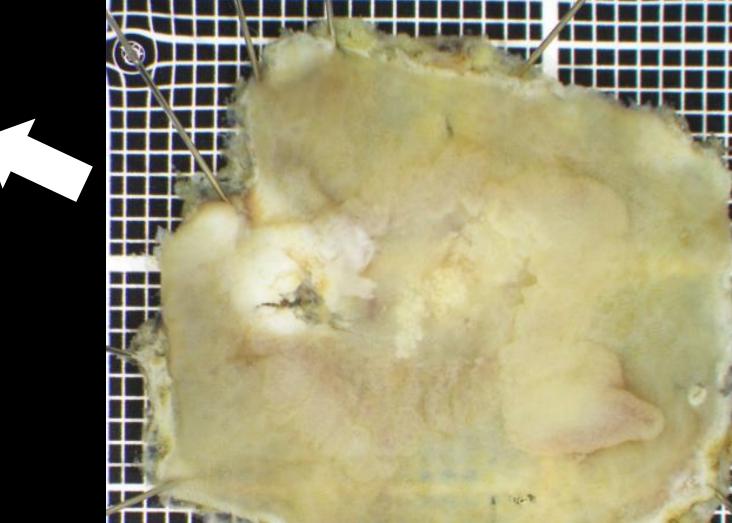




肛門側 tub1 tub2

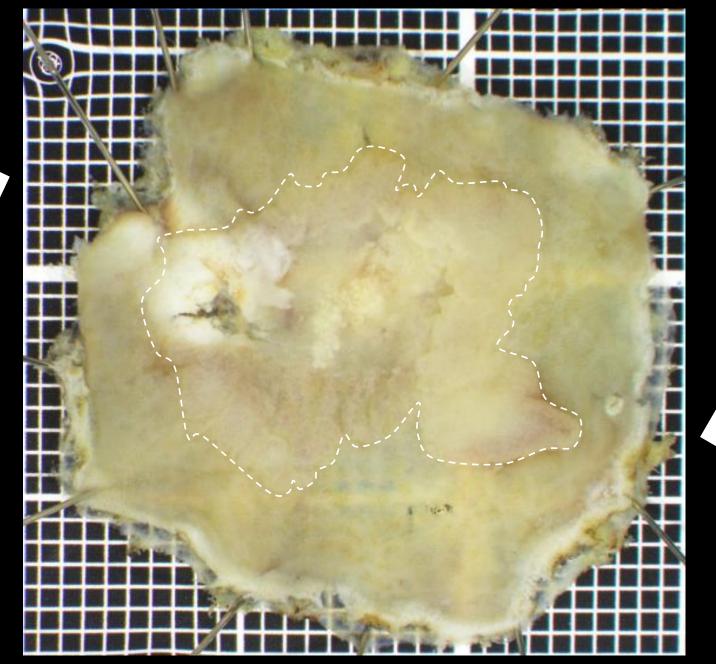






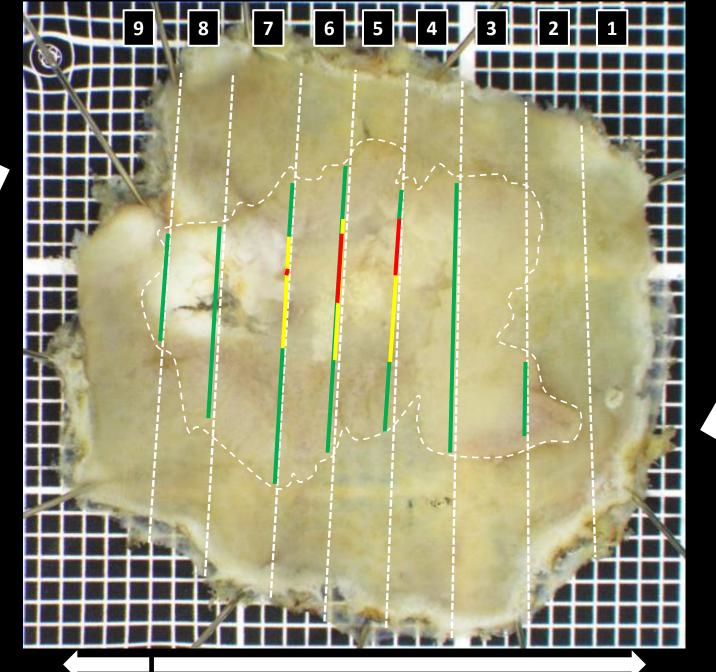








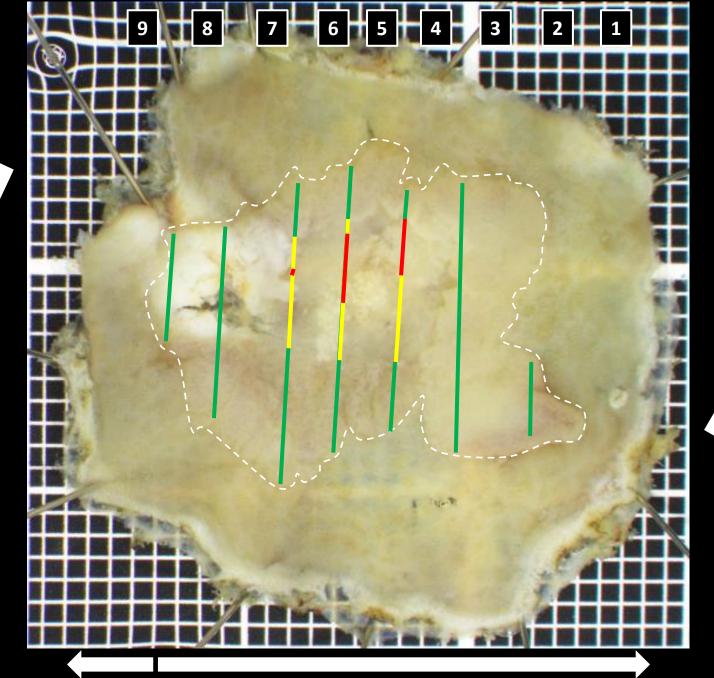








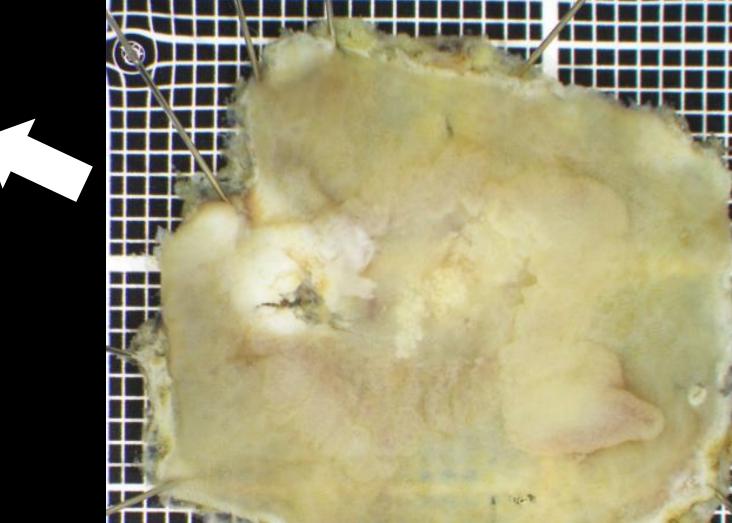






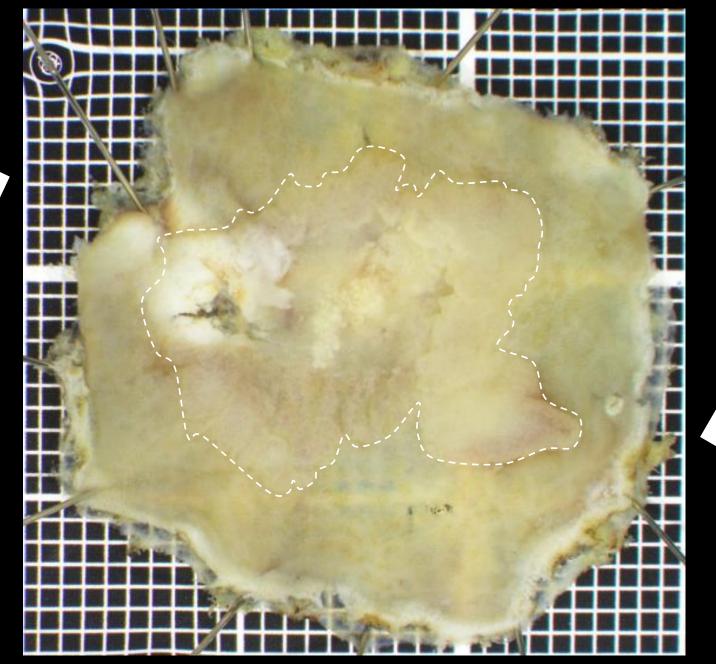
口側

— Adenoma — M

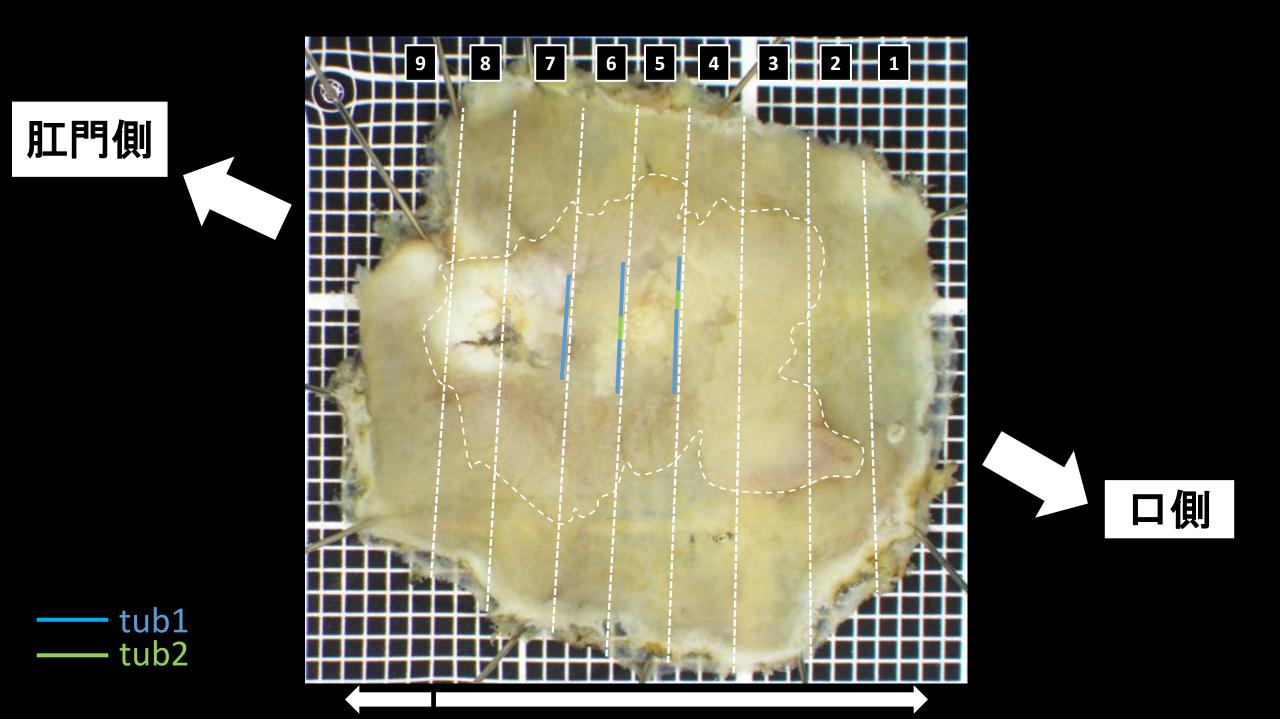




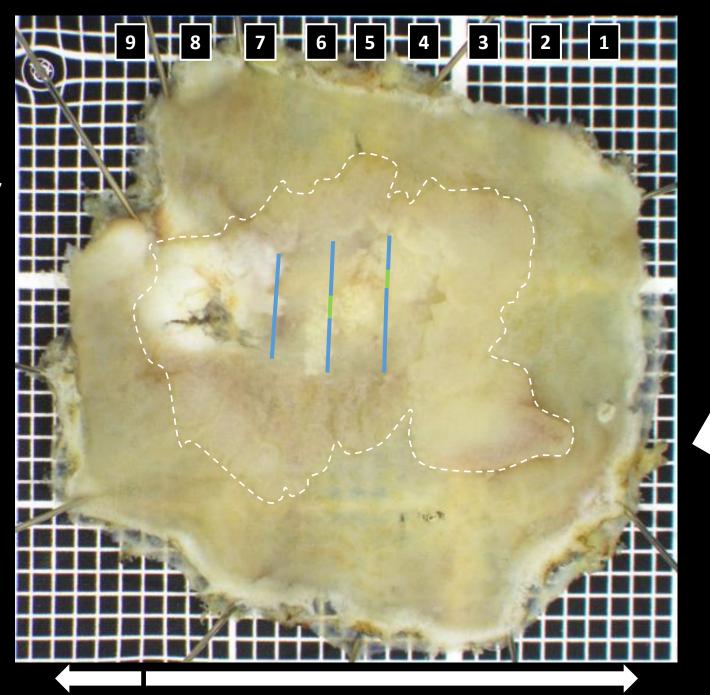








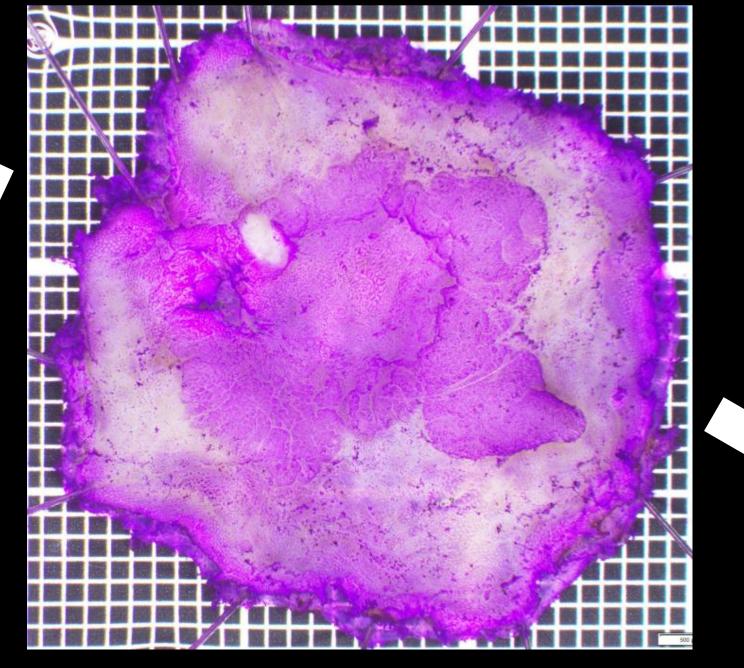






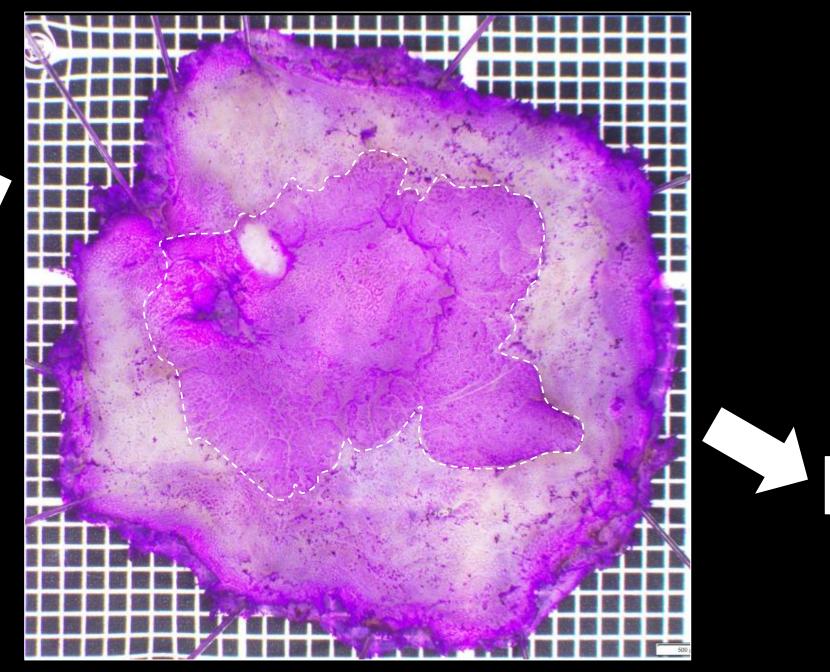
口側

—— tub1 —— tub2



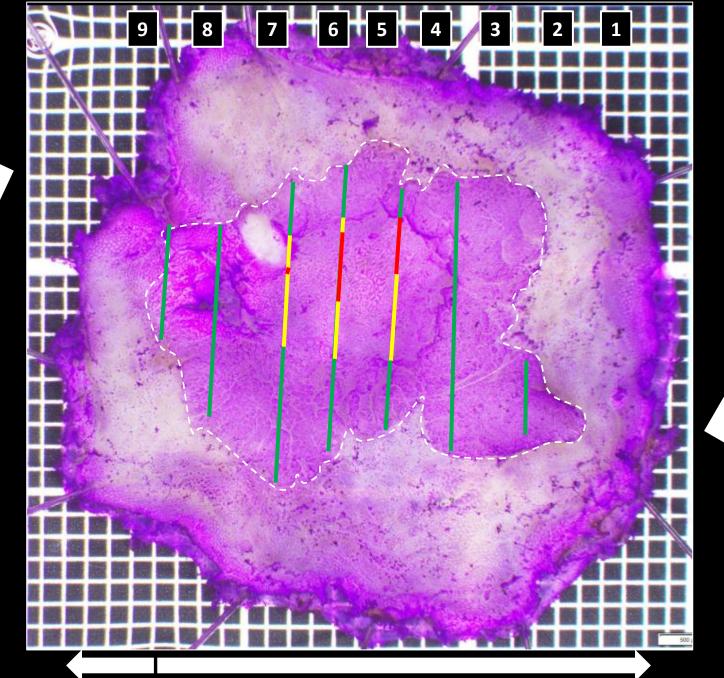






7 6 5 4 肛門側 Adenoma M

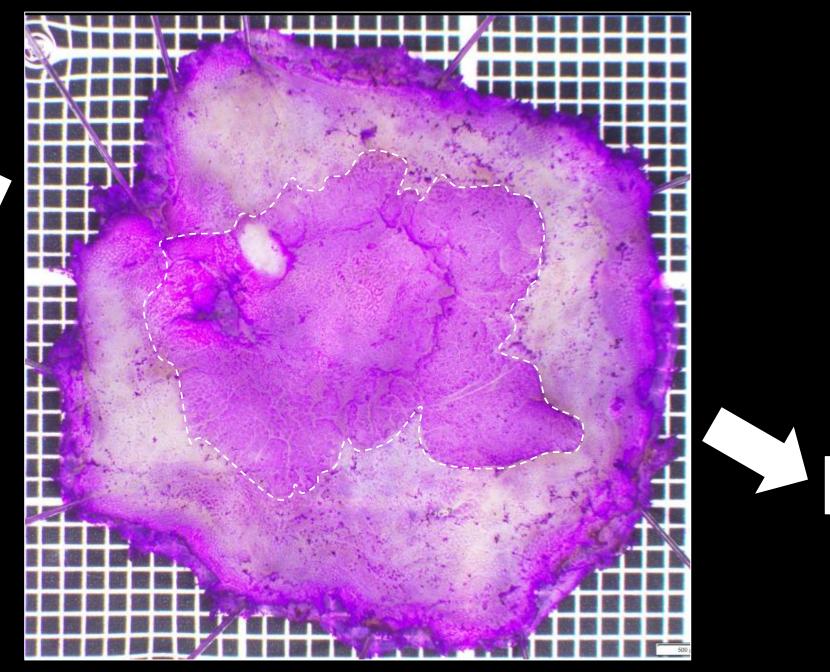


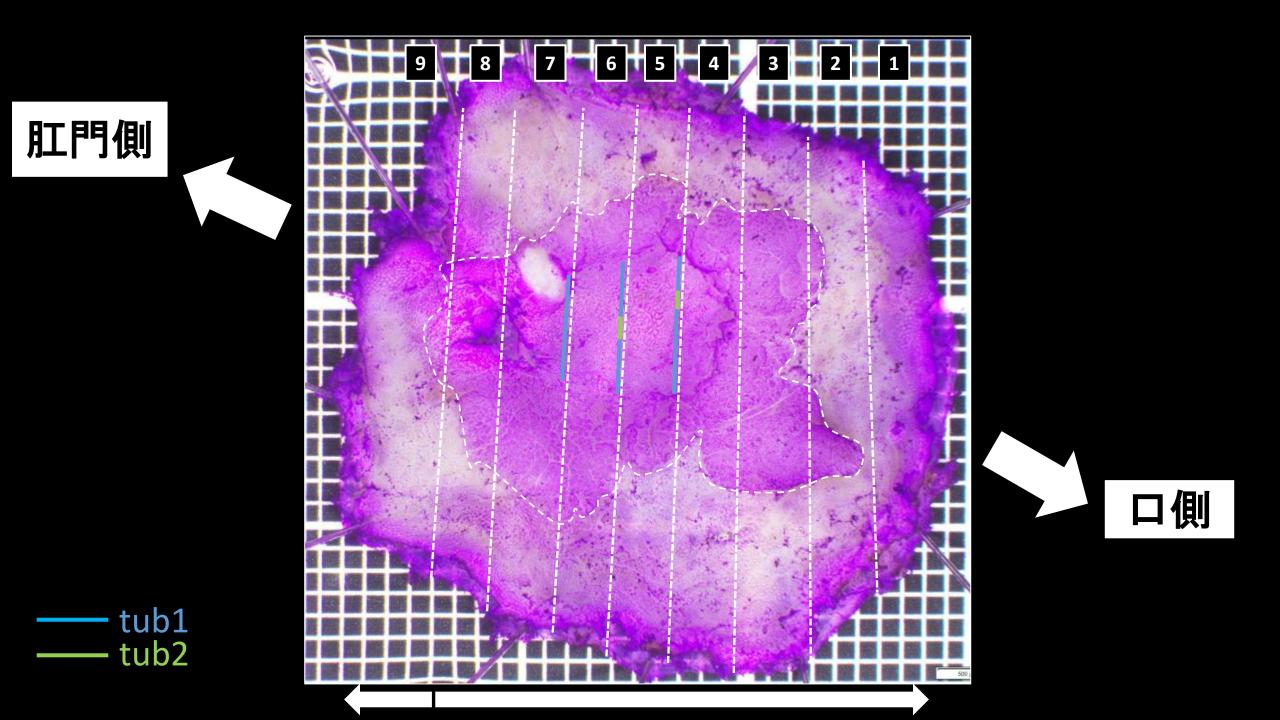


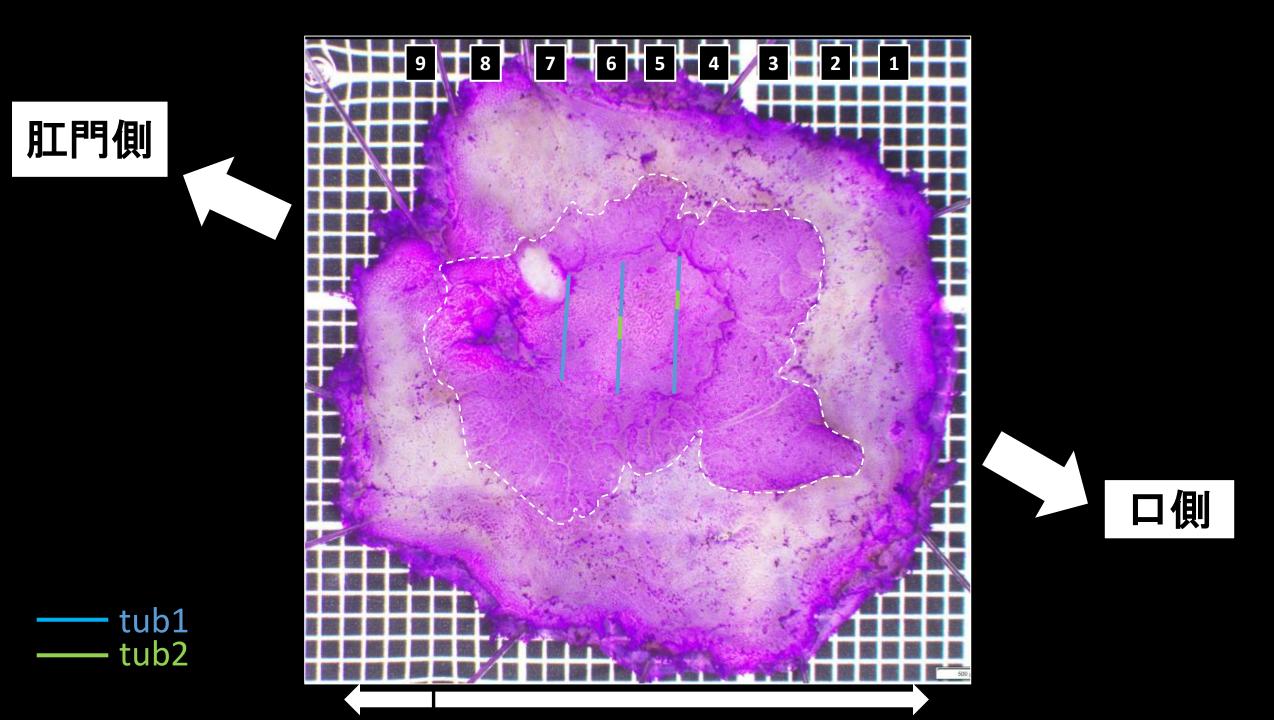


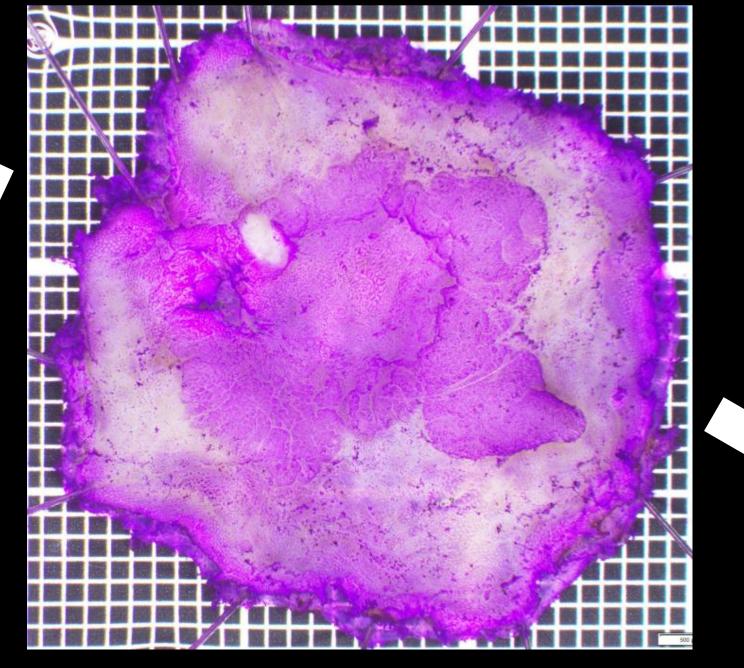
— Adenoma — M — SM



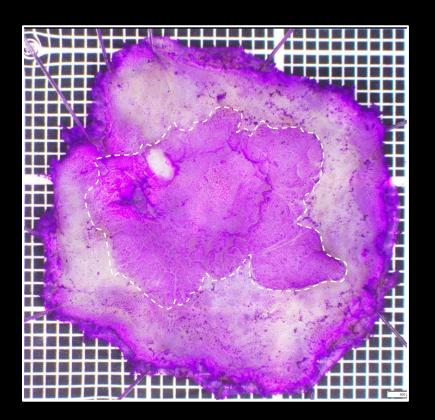


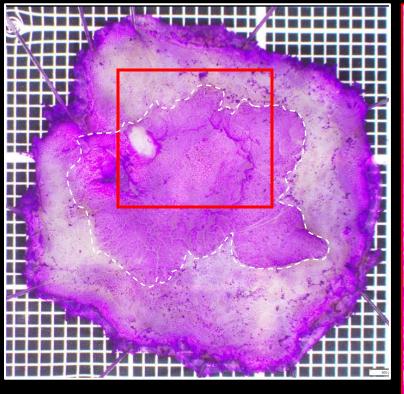


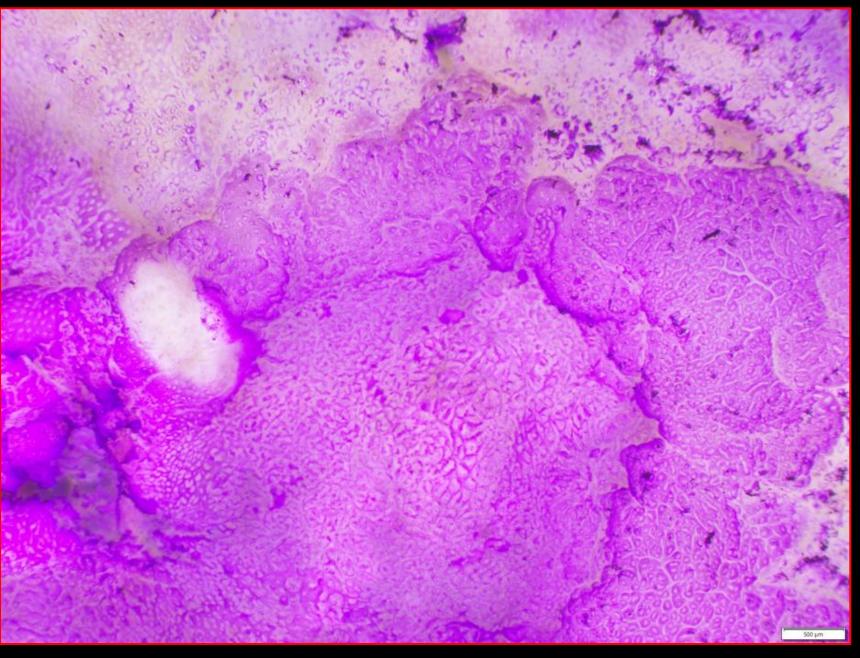


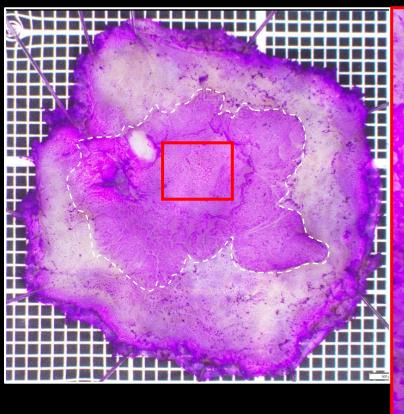


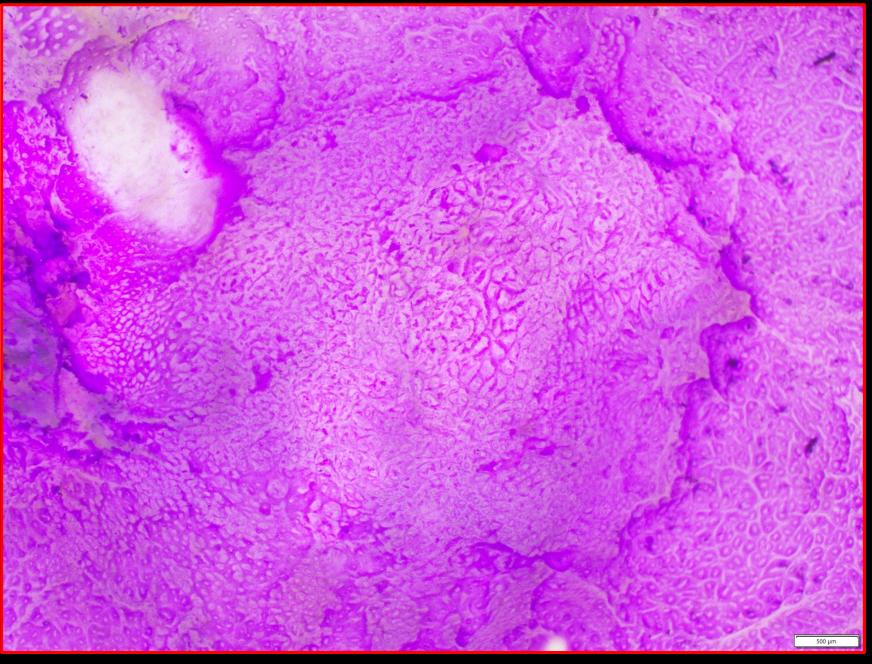


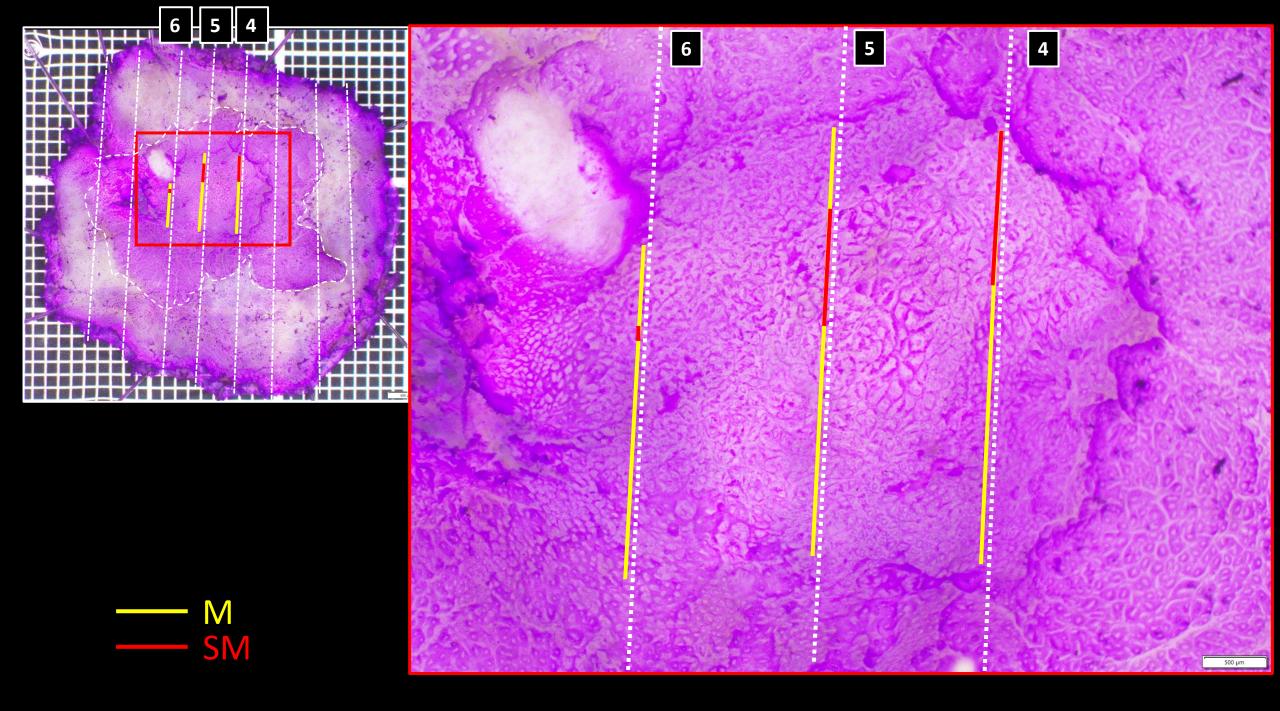


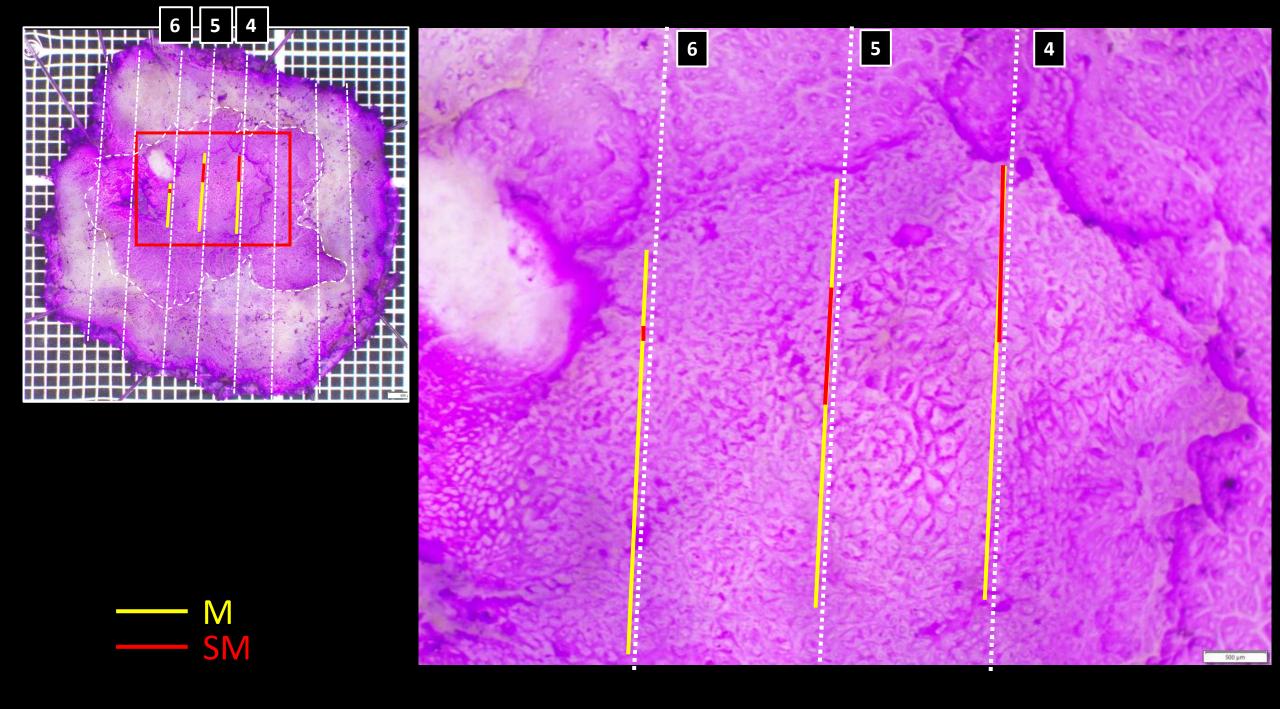


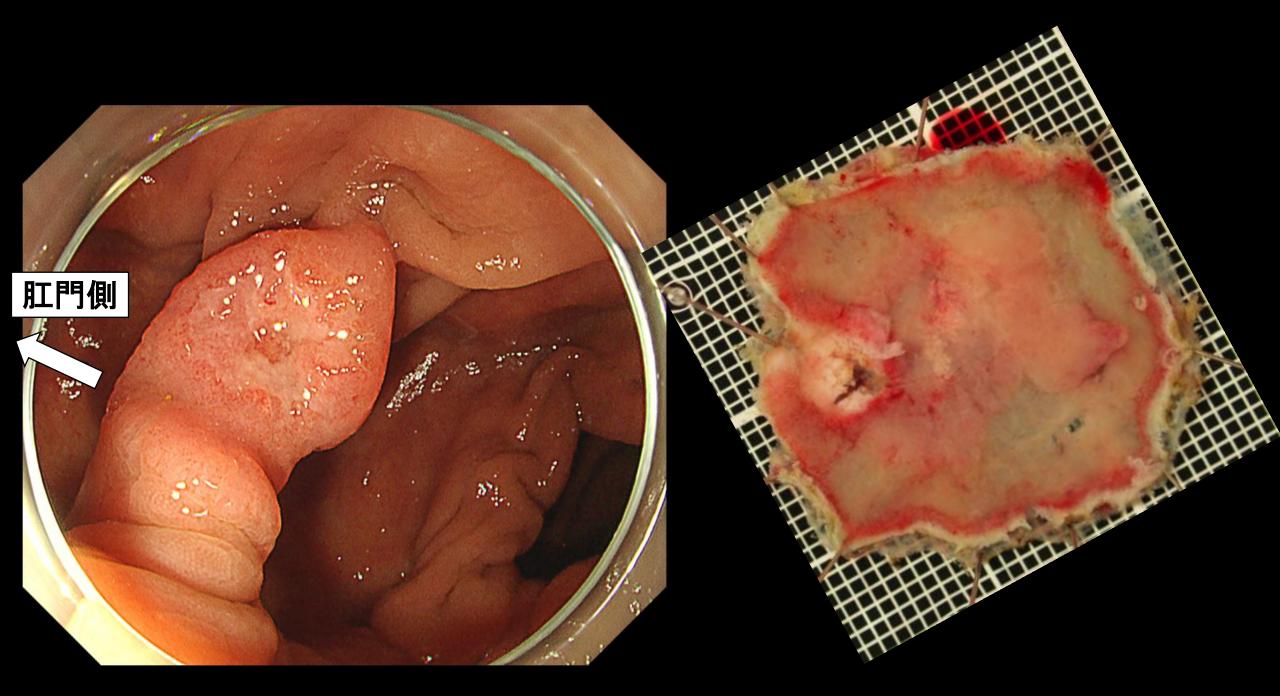


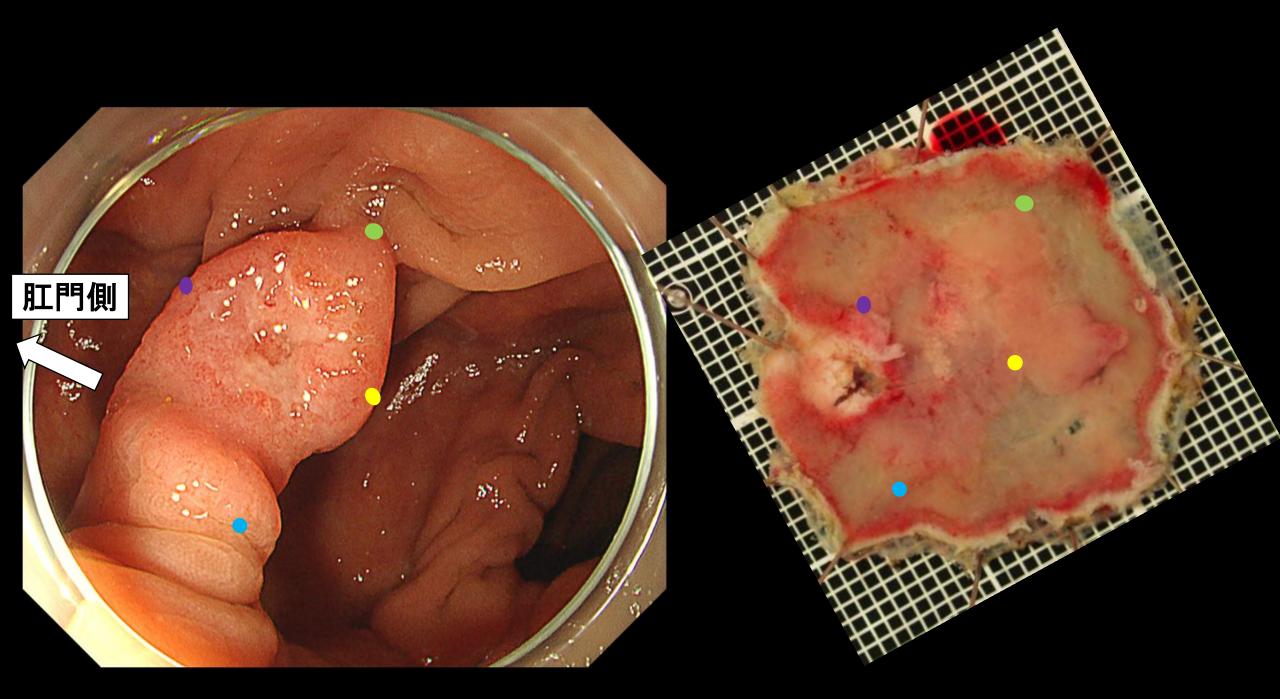


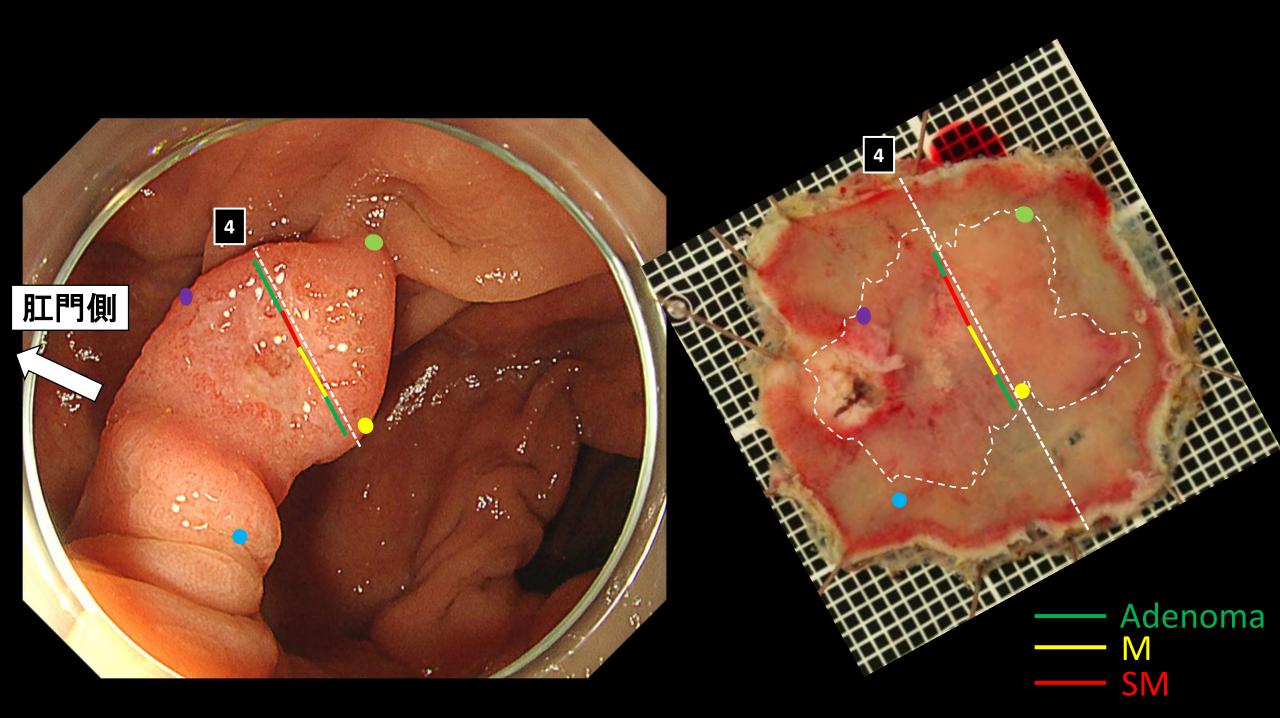


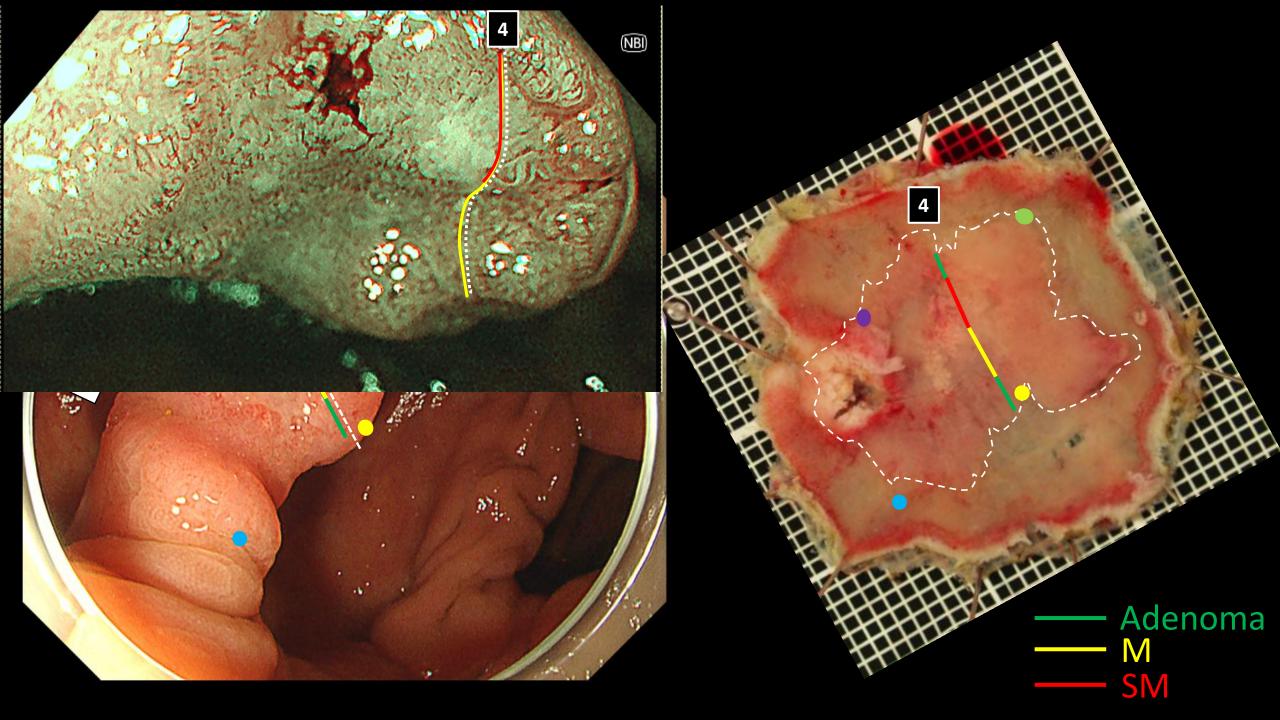


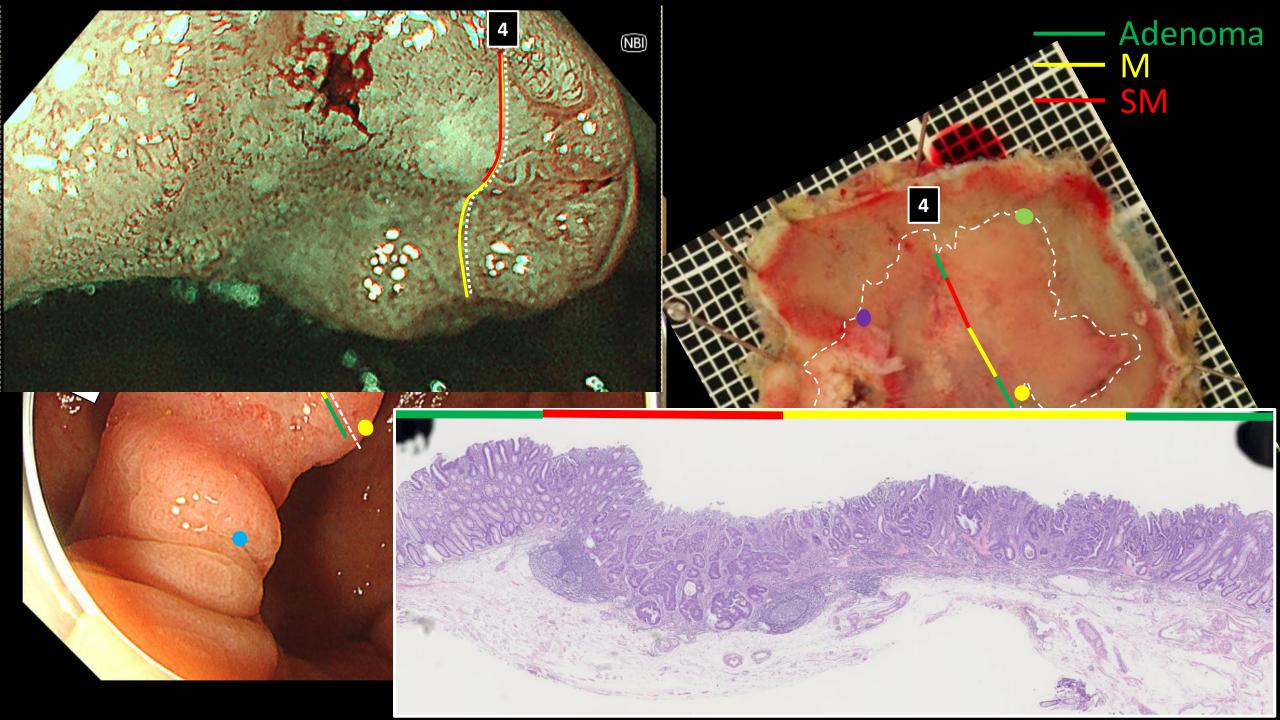


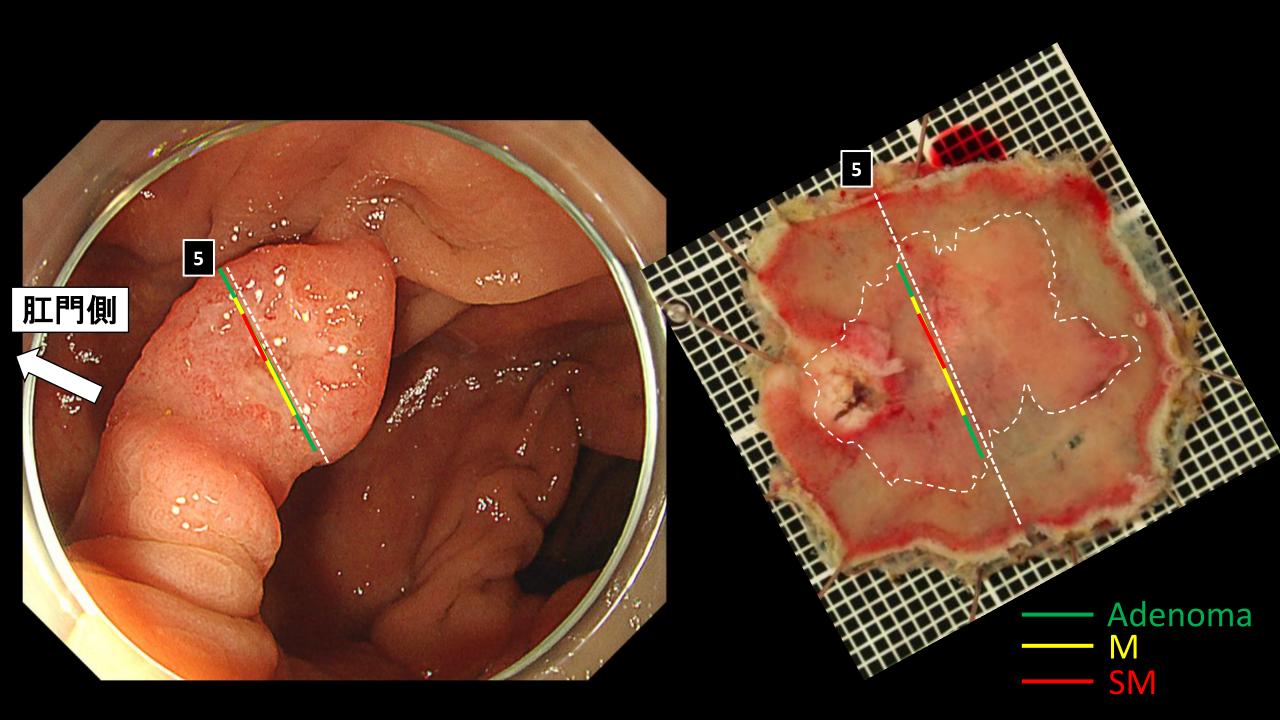


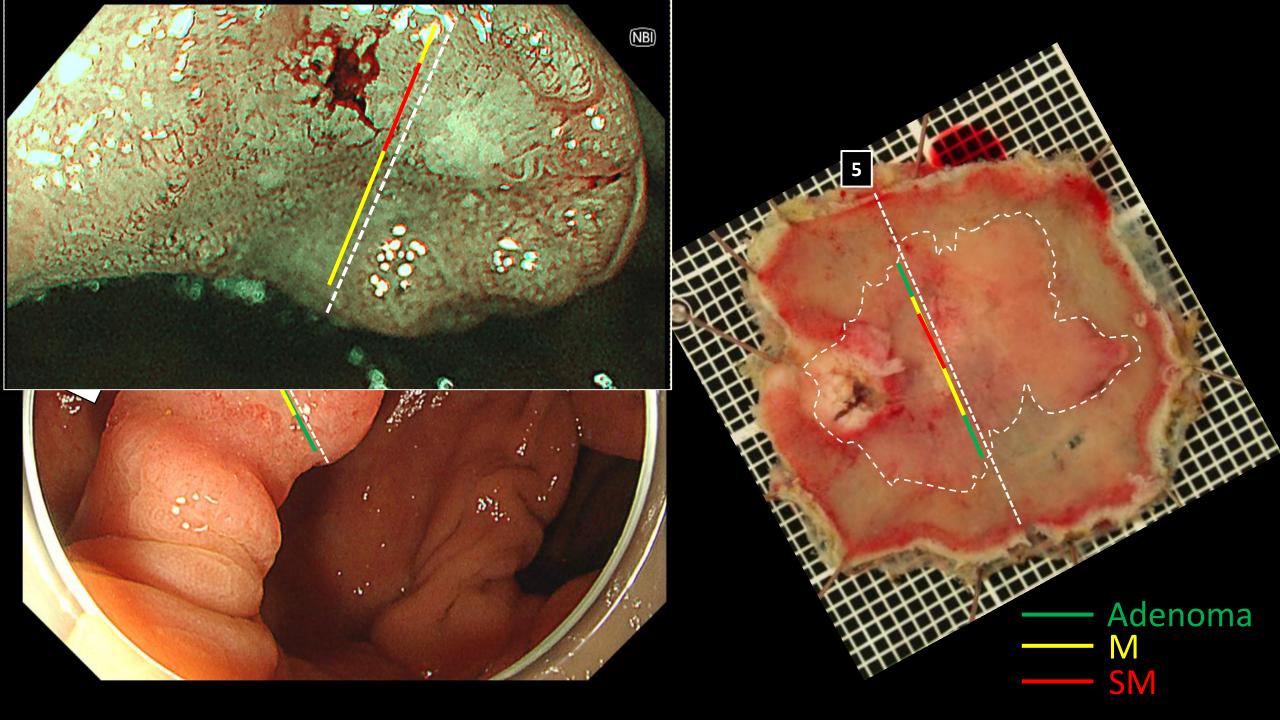


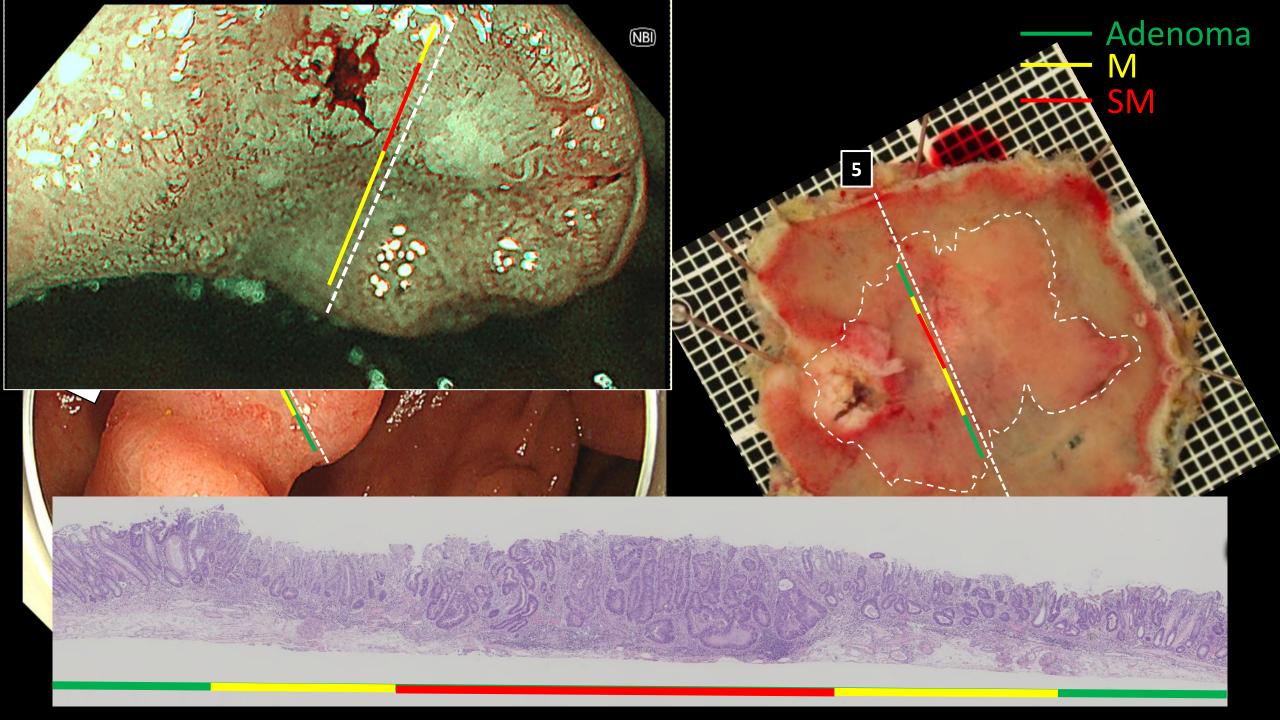












最終診断

ESD: Acending, $0-\Pi a+\Pi c$, 17×13 mm, cartinoma with adenoma component, tubular adenocarcinoma, well differentiated (tub1>tub2), pT1b(SM, 1200µm), Ly0 (D2-40), V0 (EVG), BD1, HM0 (3mm), VM0 (0.1mm), ER0 取扱規約: pT1b N0 M0 pStage I

SM 1200>1000μm →追加切除の方針に

内視鏡的切除されたpT1b大腸癌の追加治療の適応基準

- ①垂直断端陽性 →外科的切除の追加を強く推奨
- ②切除標本の組織学的検索で以下の一因子でも認める
 - →リンパ節郭清を伴う腸切除
- (1) T1b(SM高度浸潤 1000μm以上)
- (2) 脈管侵襲陽性
- (3) 低分化腺癌、印環細胞癌、粘液癌
- (4) 浸潤先進部の簇出 BD 2/3
- ※SM浸潤度≥1000µm以上のリンパ節転移率は12.5%

表面型T1b癌を反映する内視鏡所見

腫瘍の全体像における所見

- -緊満所見
- 内視鏡的硬さ
 - 凹凸不整

腫瘍の表面性状

- 陥凹内隆起
- 陥凹内凹凸
- ・粗造・強い発赤

腫瘍周囲の性状

- *皺襞集中ひきつれ
- •凹凸不整 •台上举上

技術的側面

- ・空気変形なし
 - 易出血性