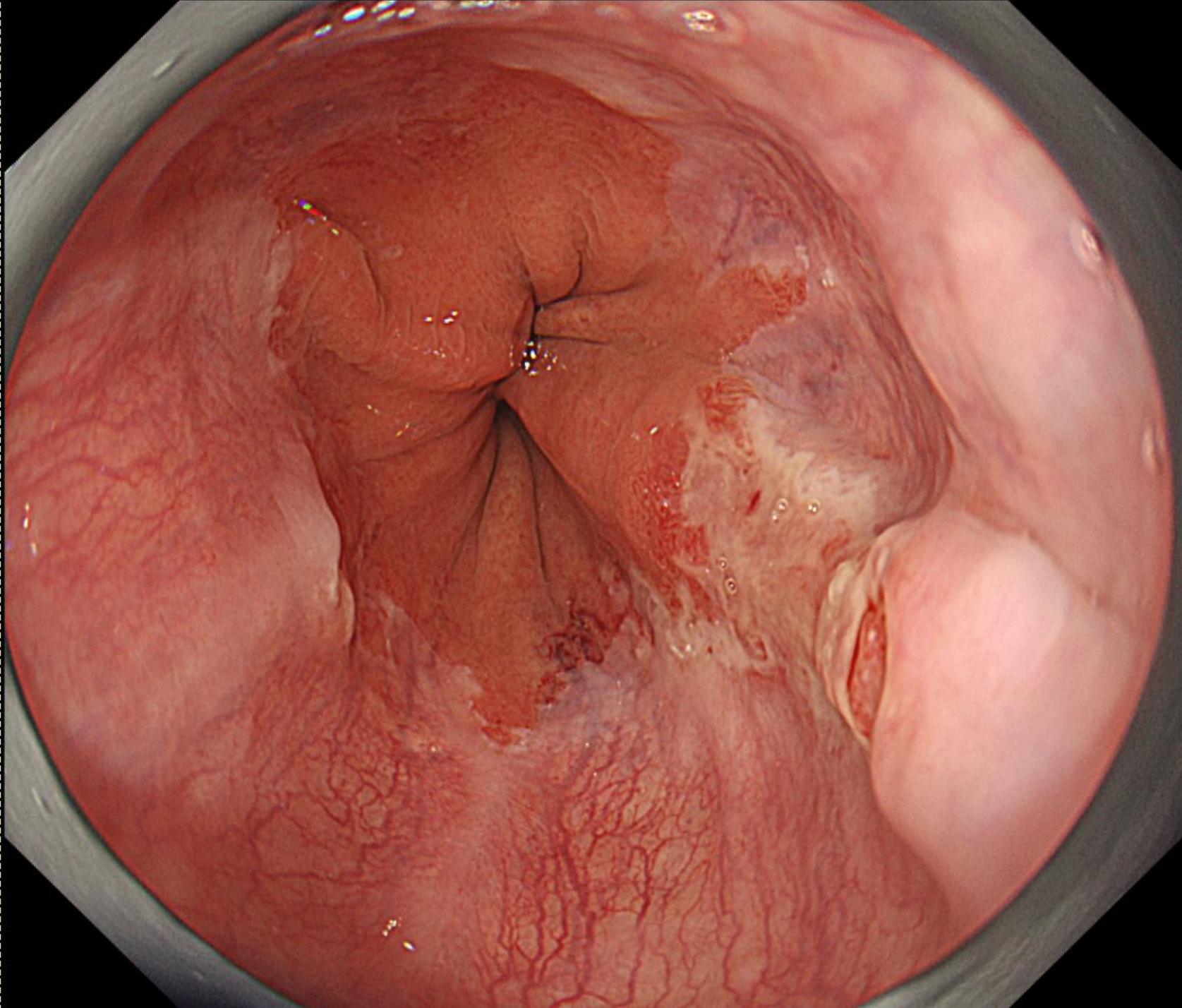


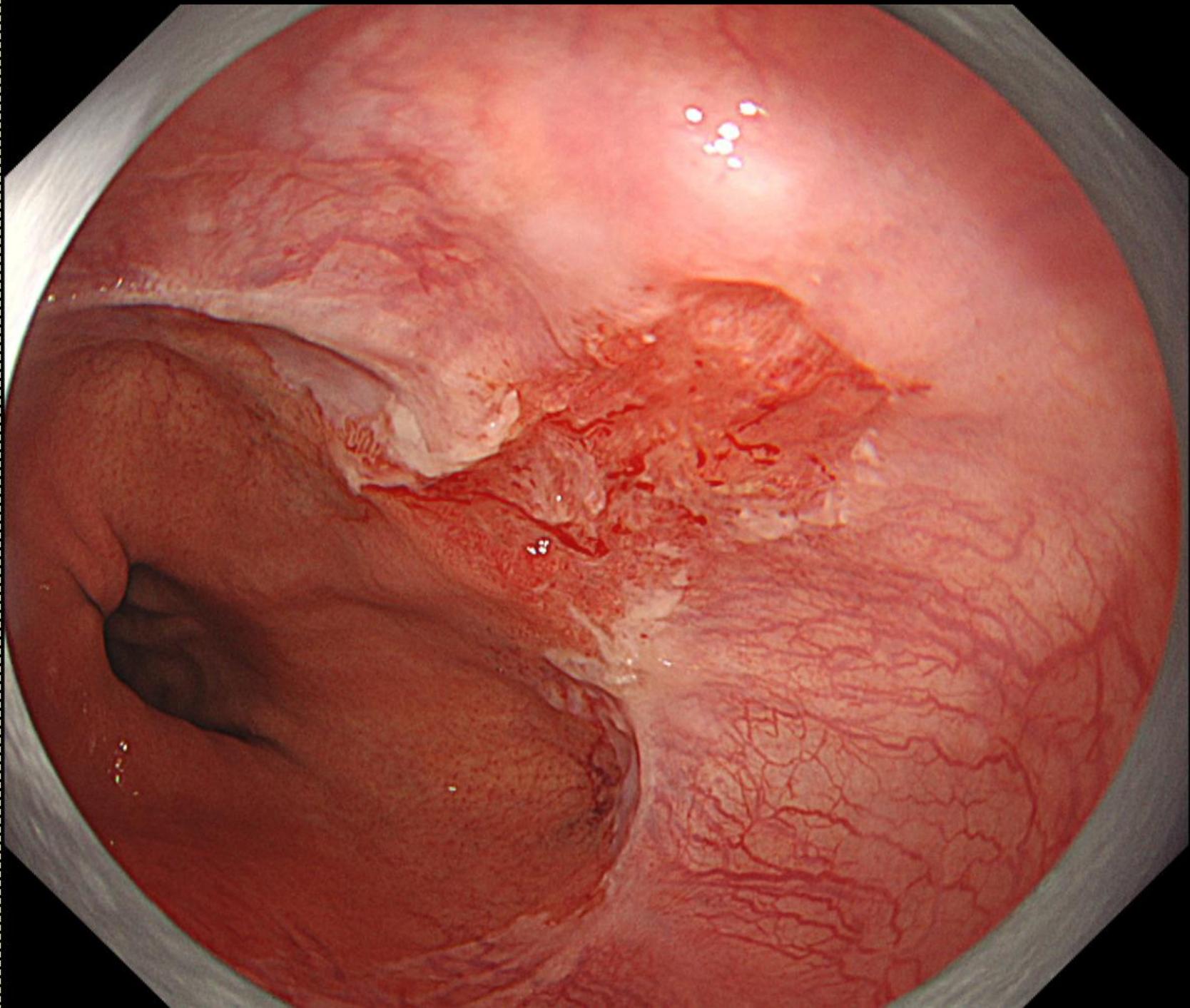
Mapping

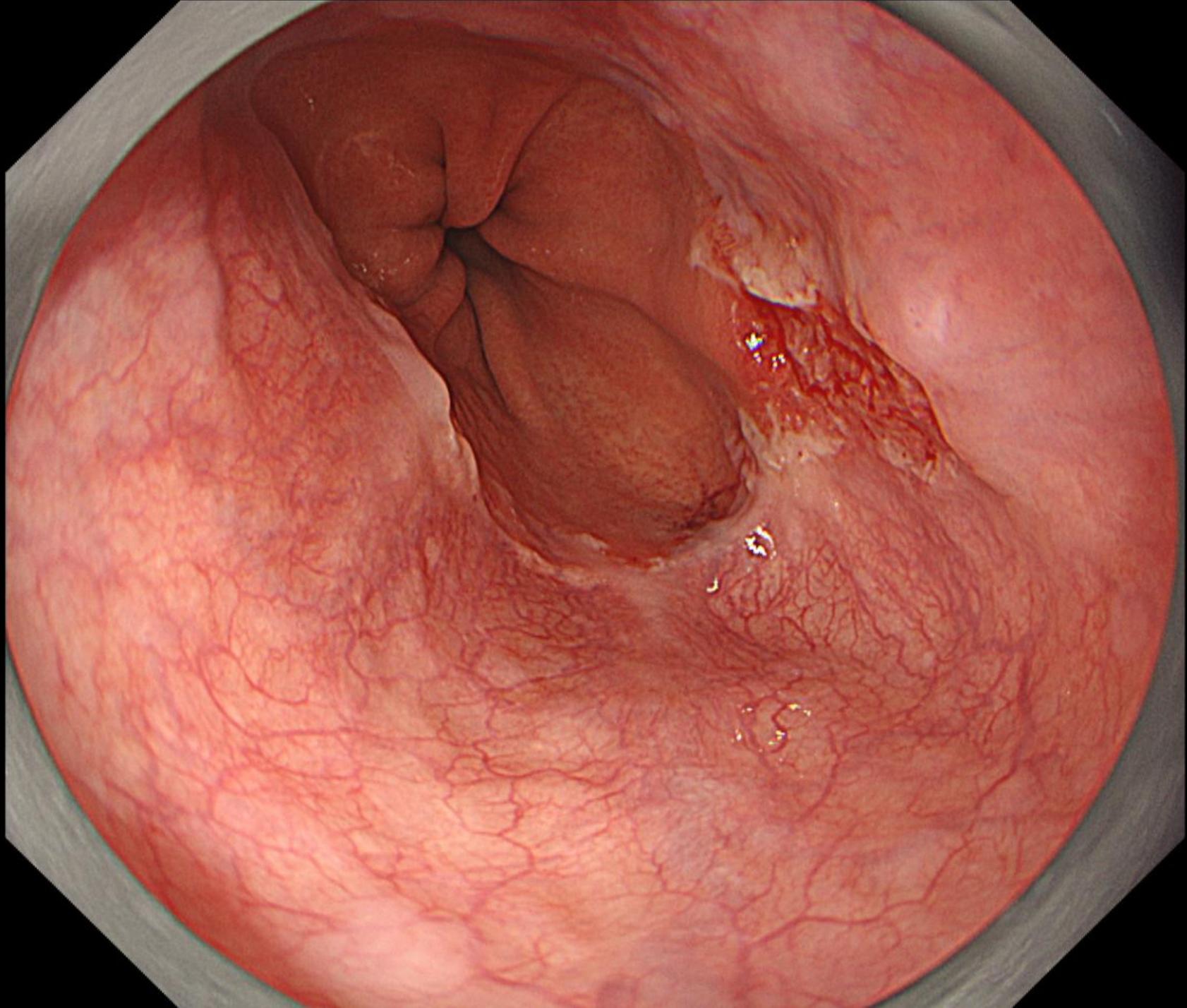
食道胃移行部

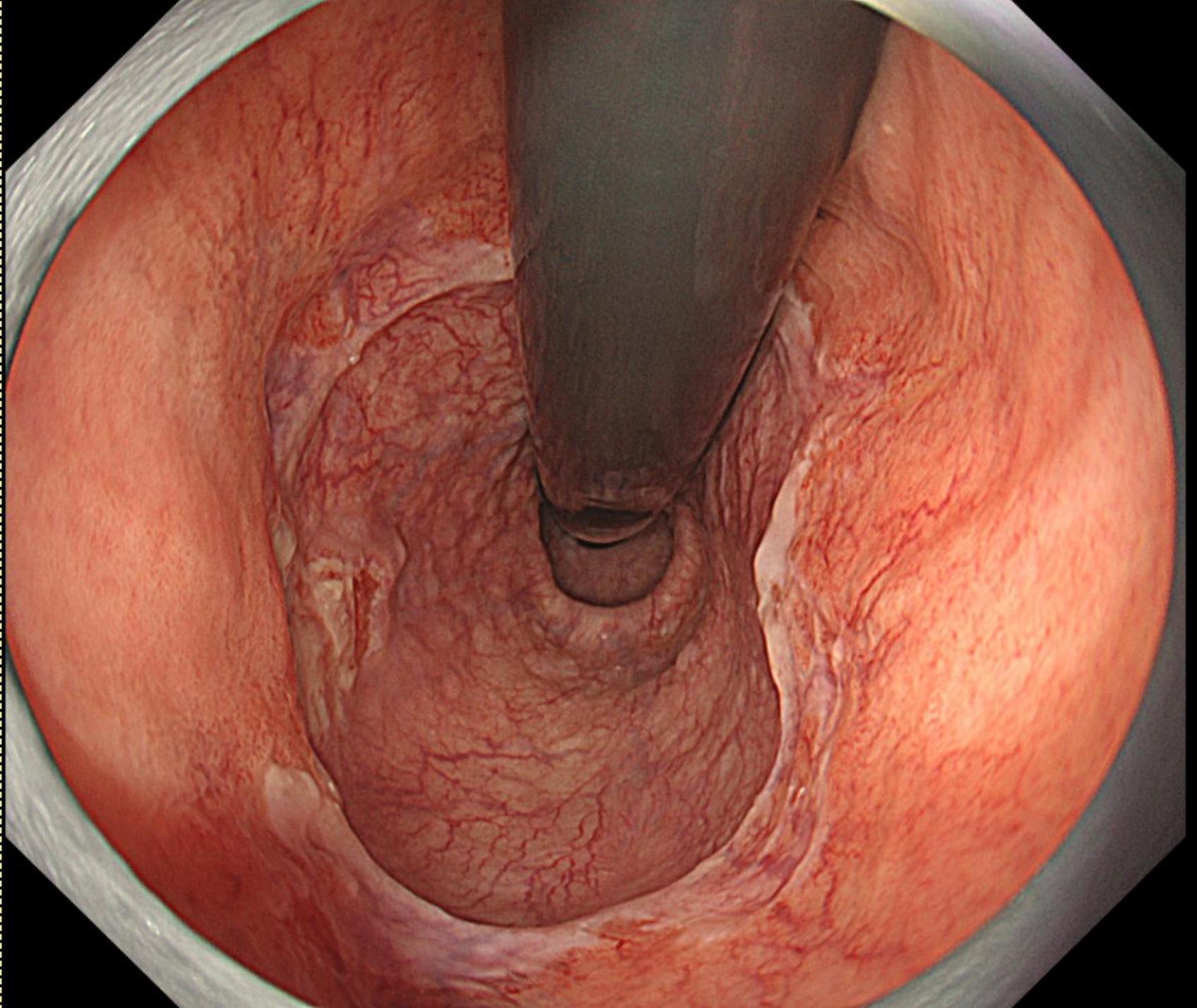
担当 伊丹 久実

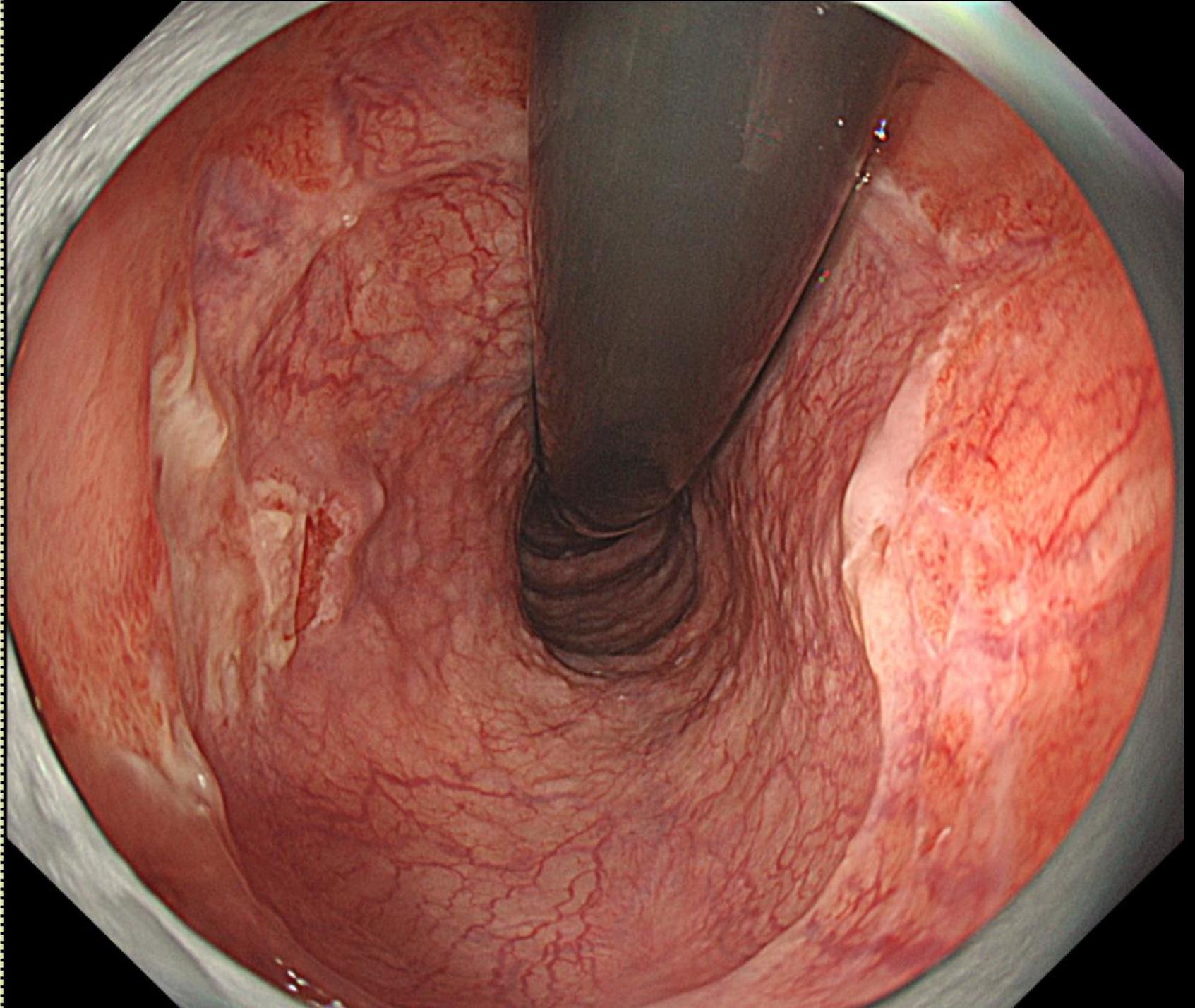
白色光
(5枚)



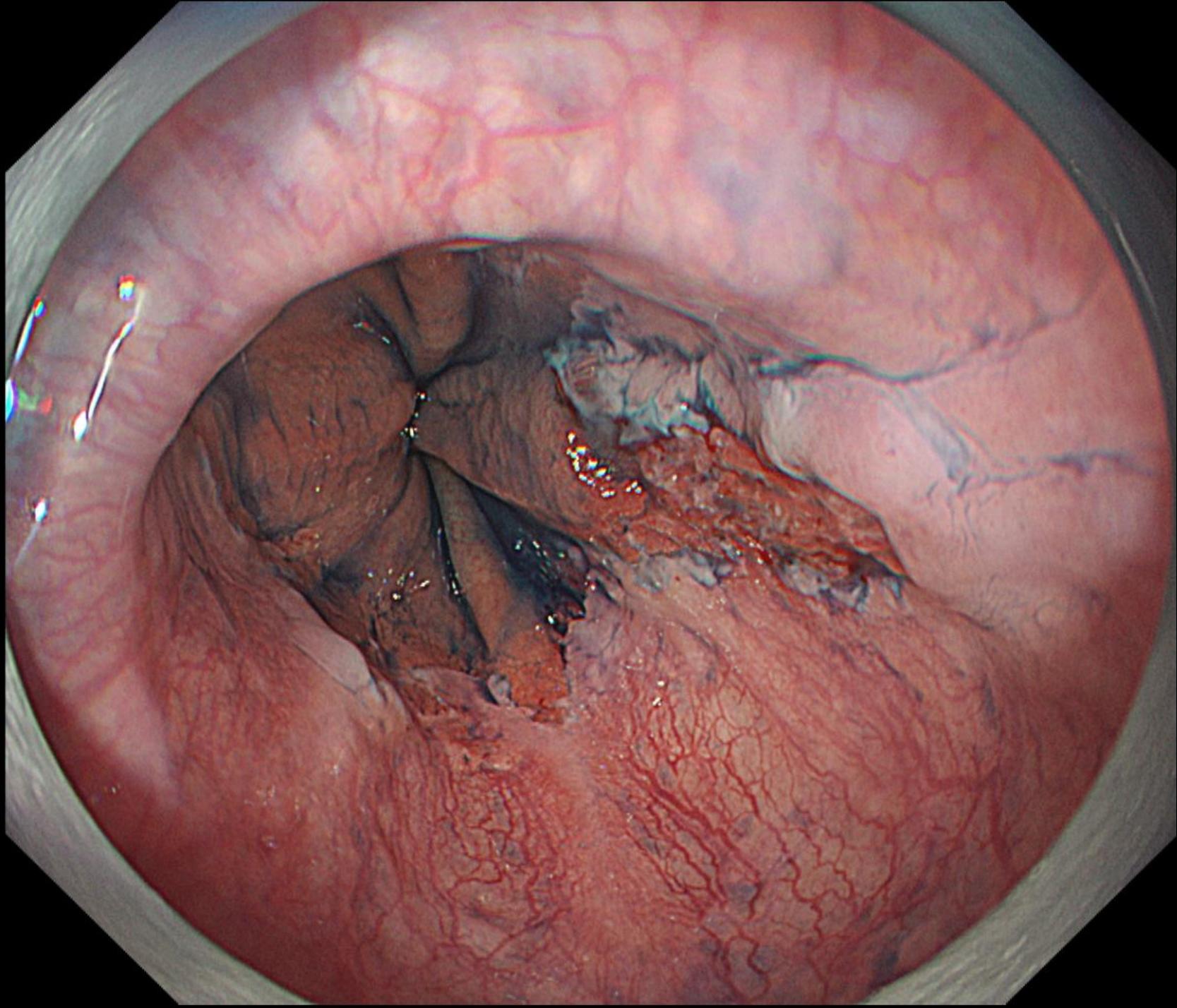


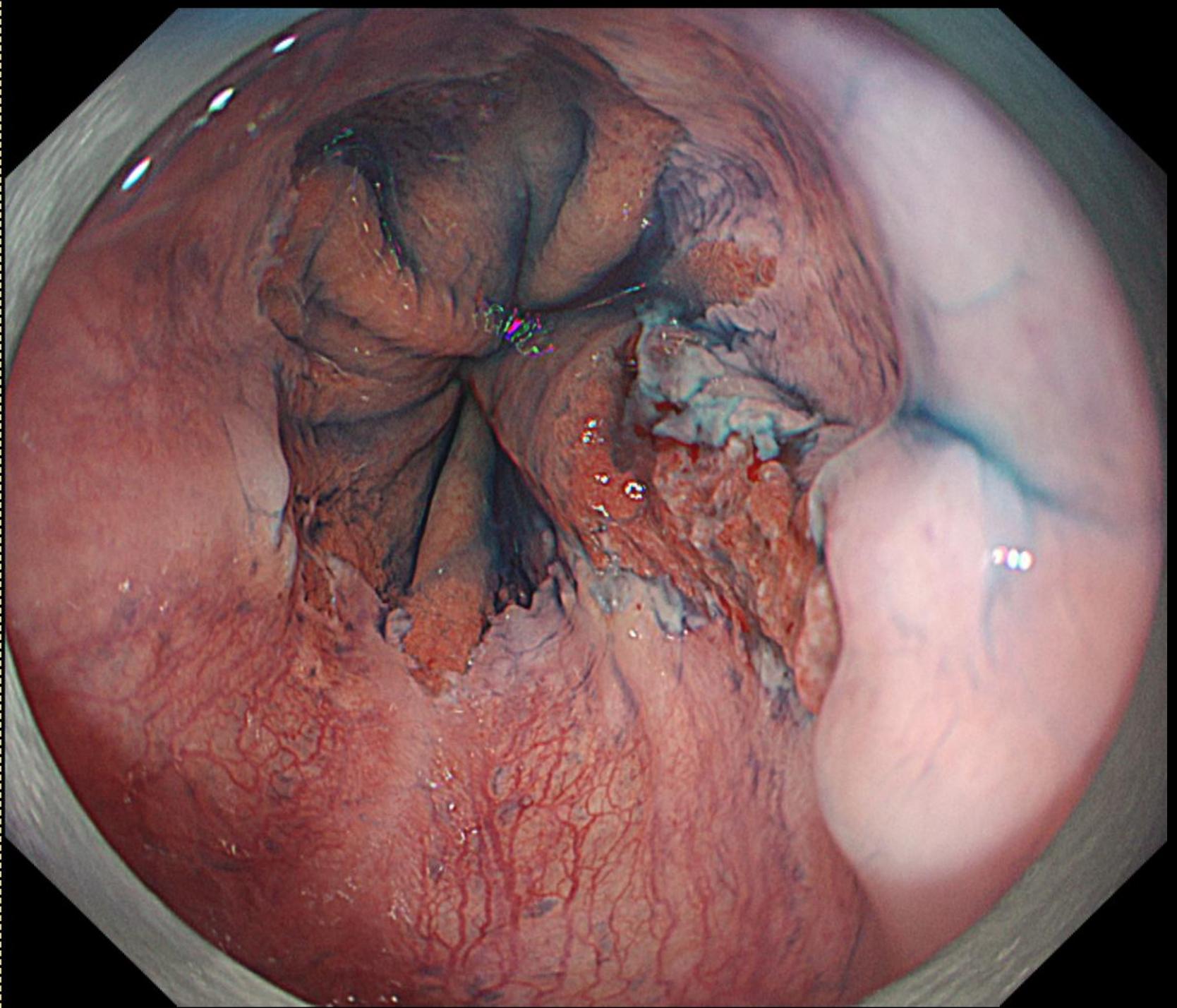


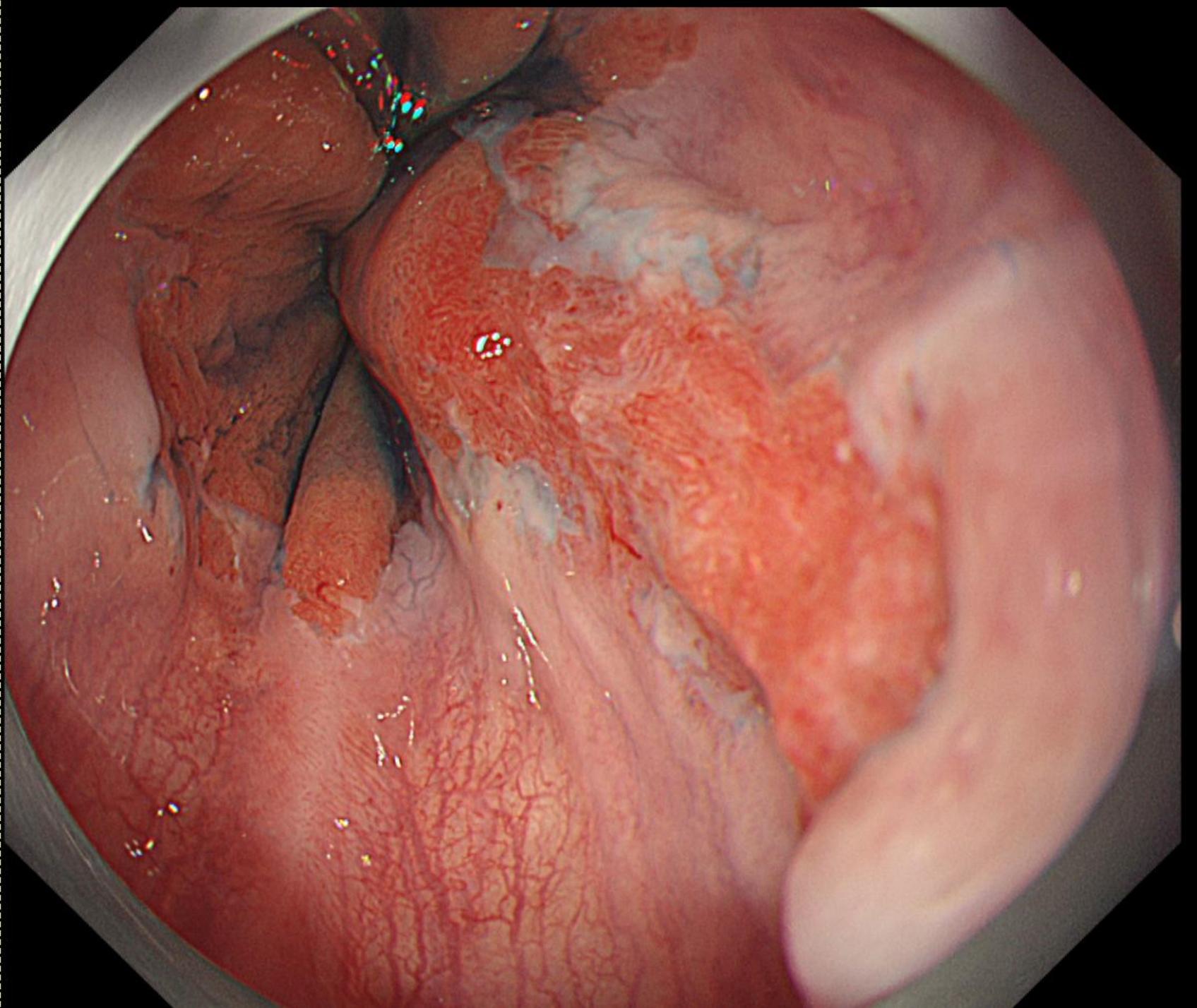




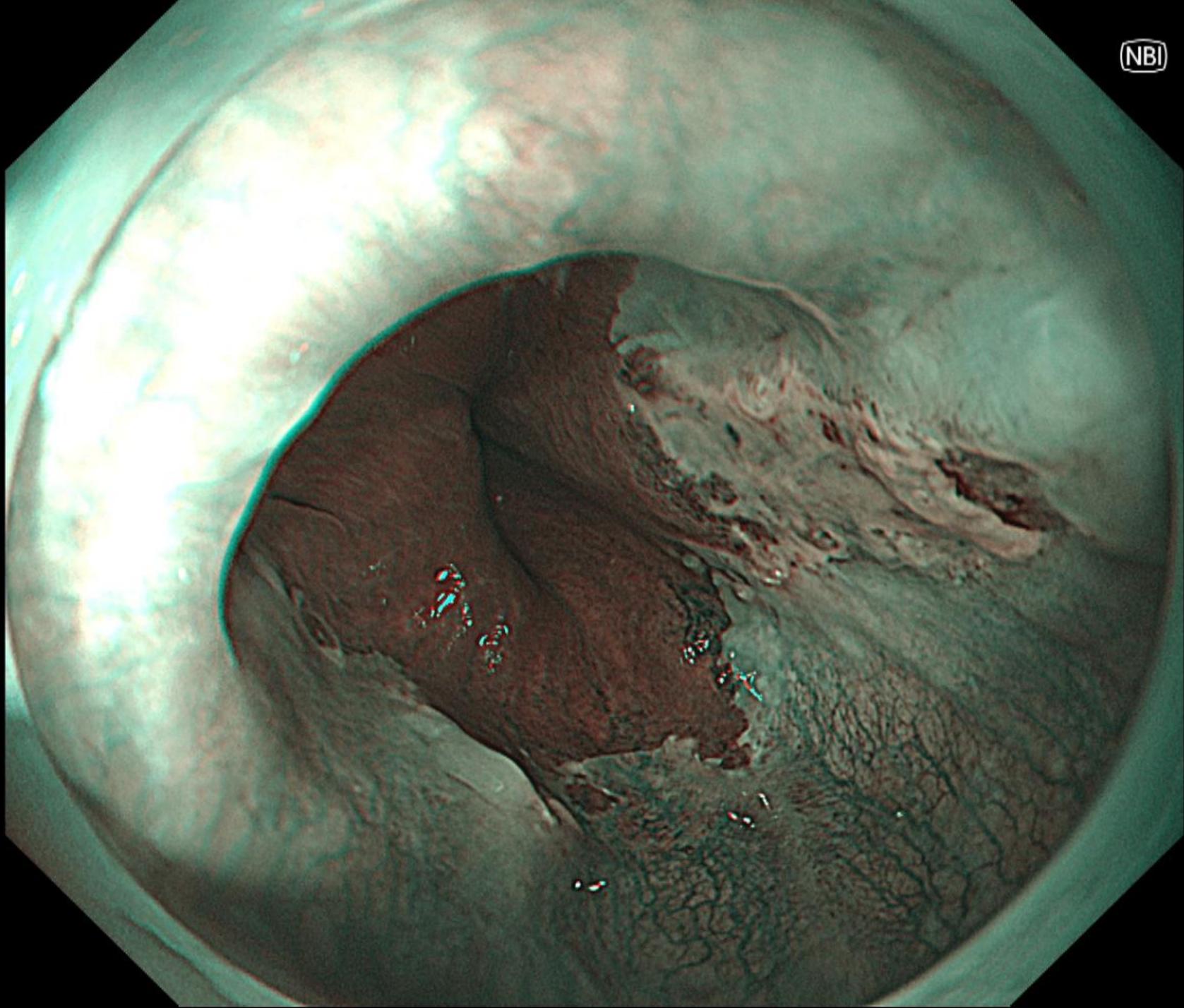
インジゴカルミン散布 (3枚)

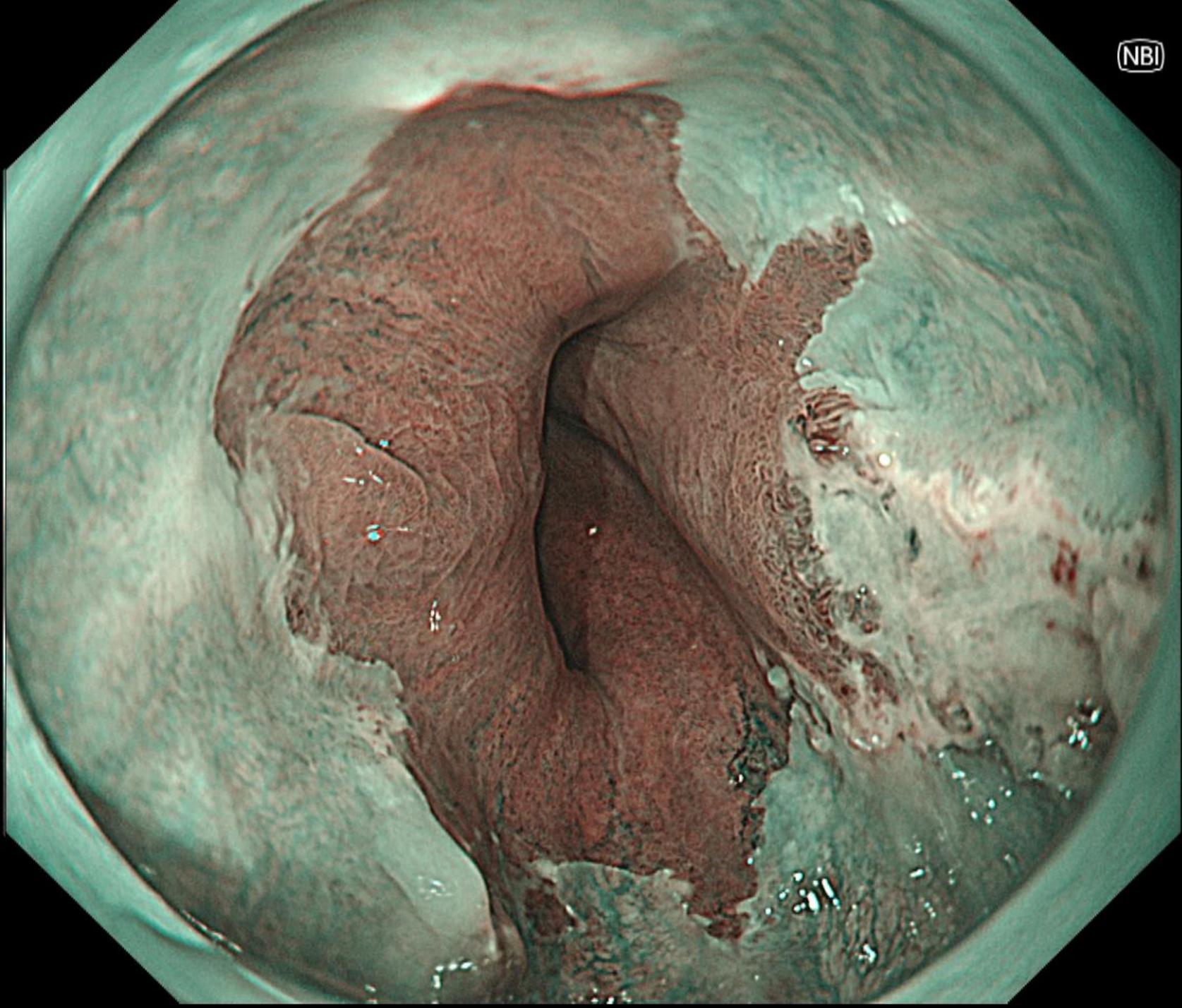


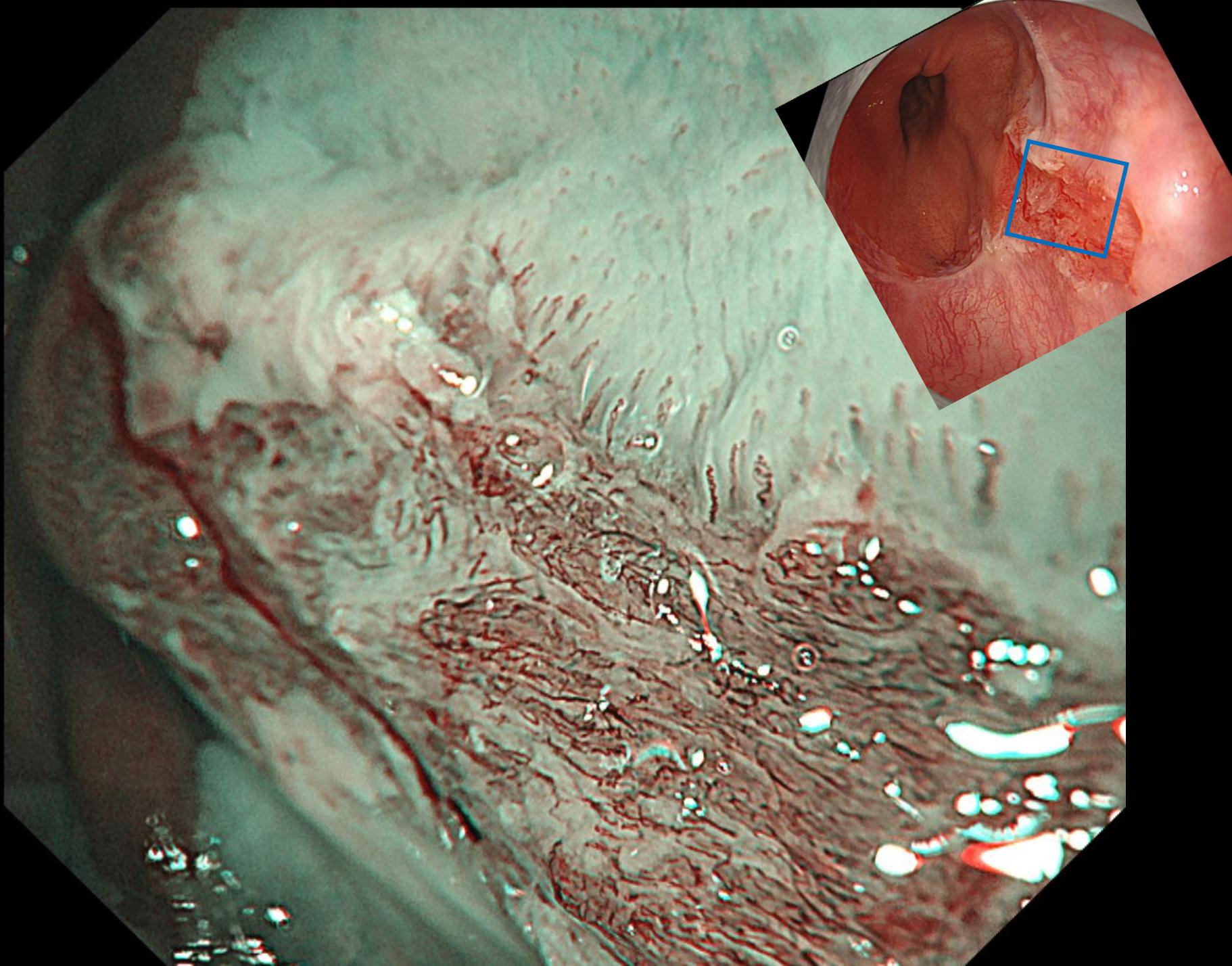


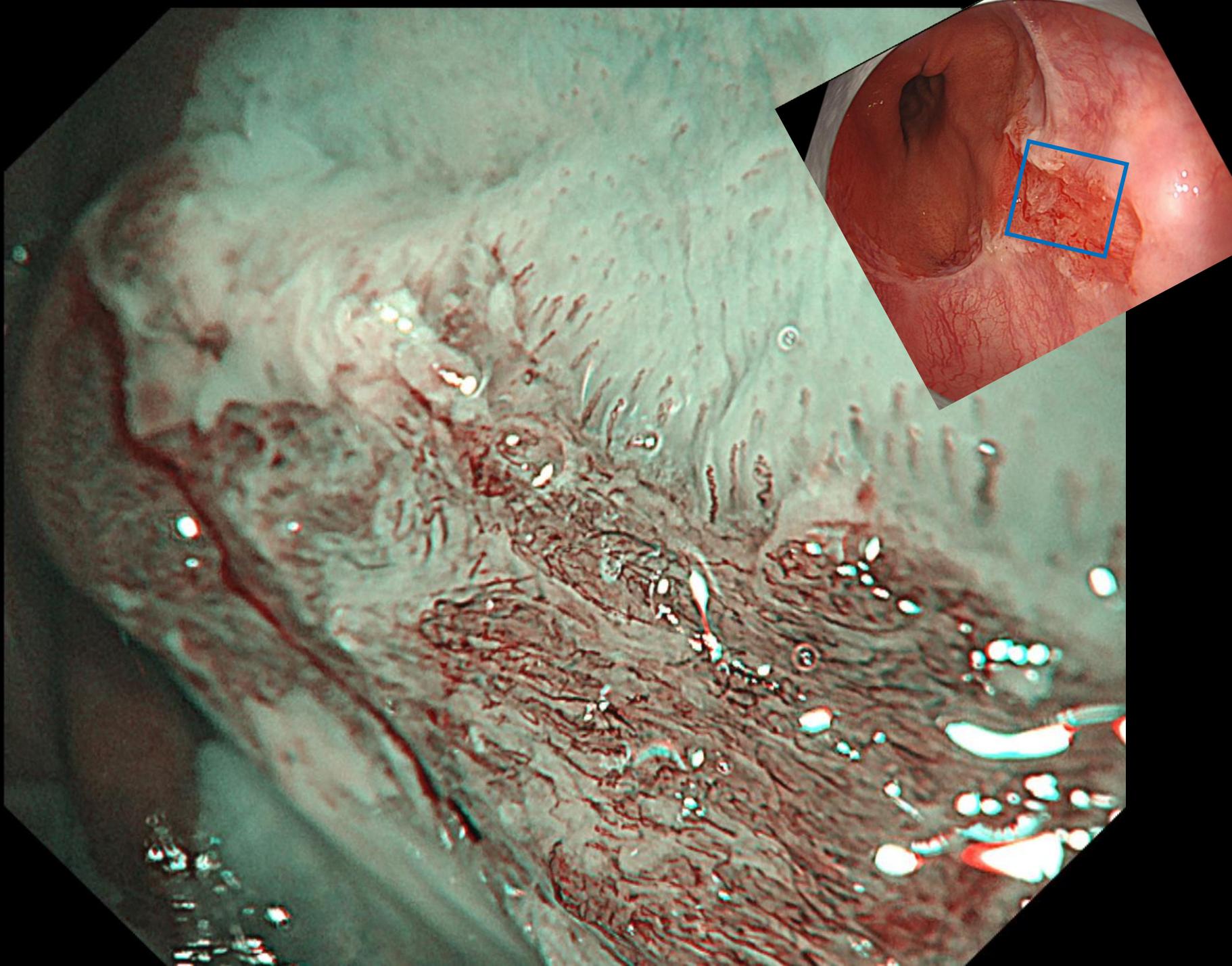


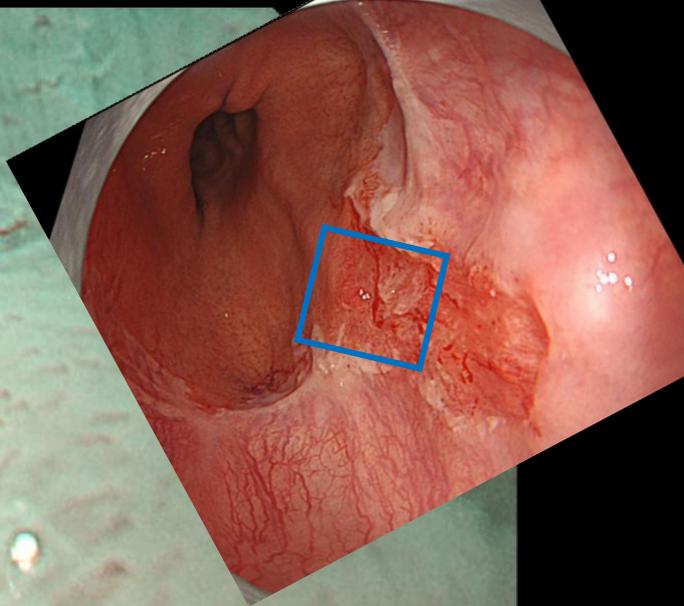
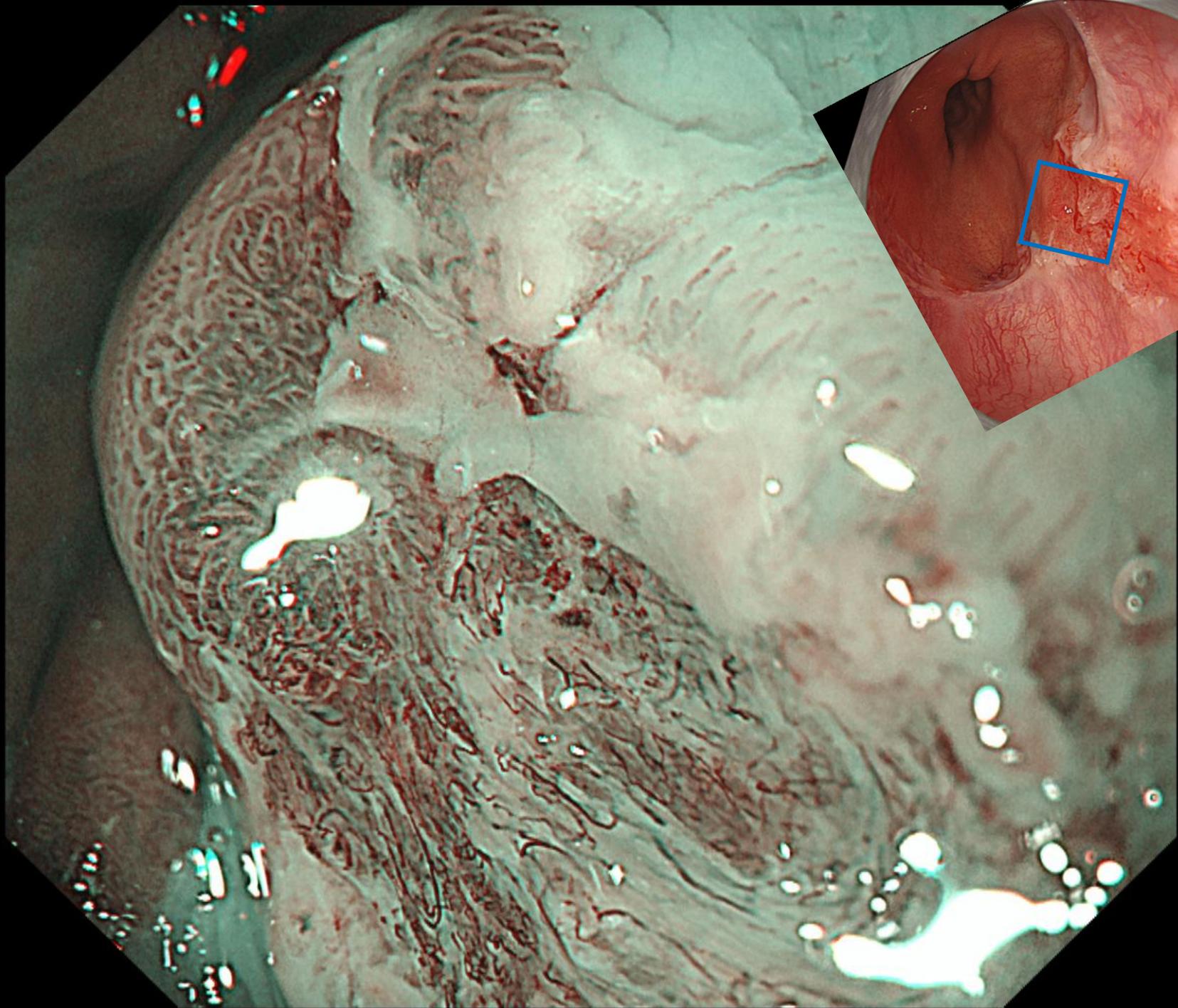
NBI
(10枚)

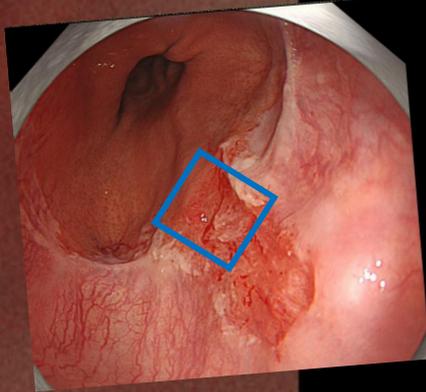
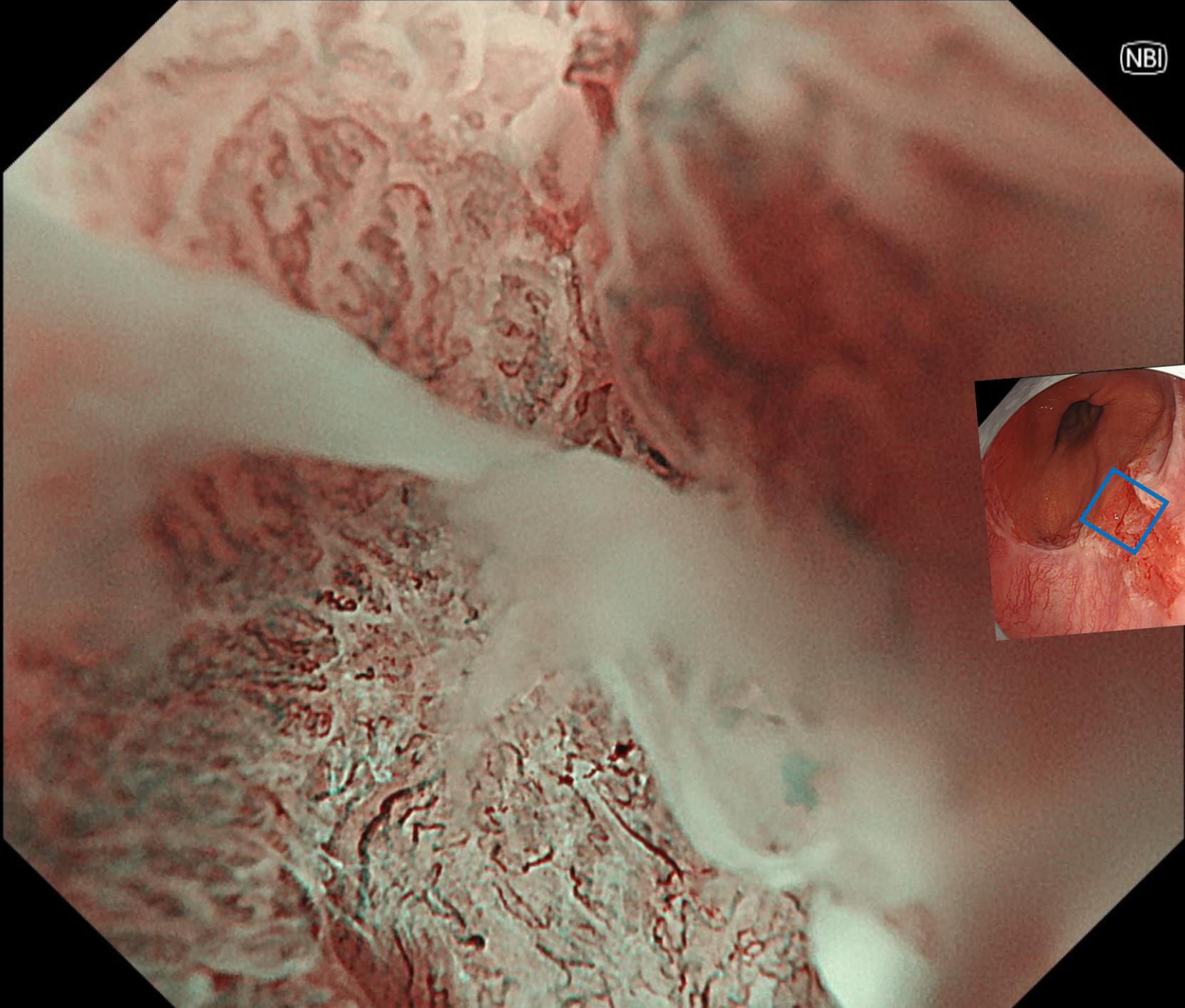


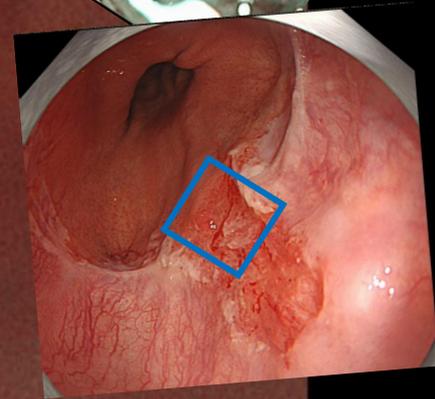
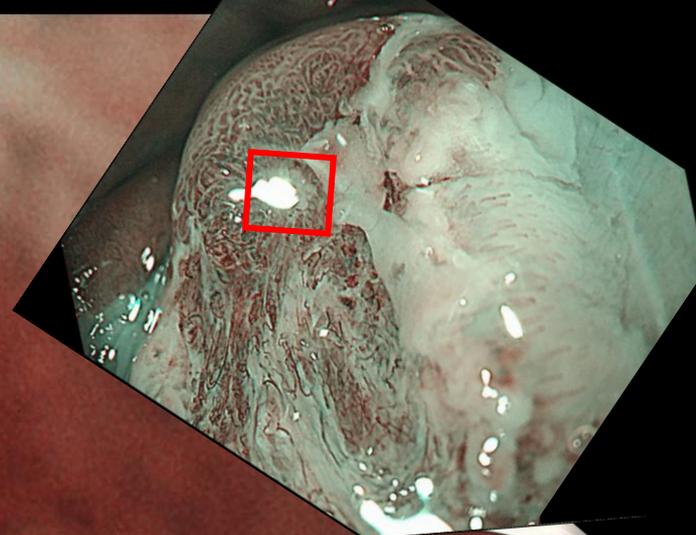
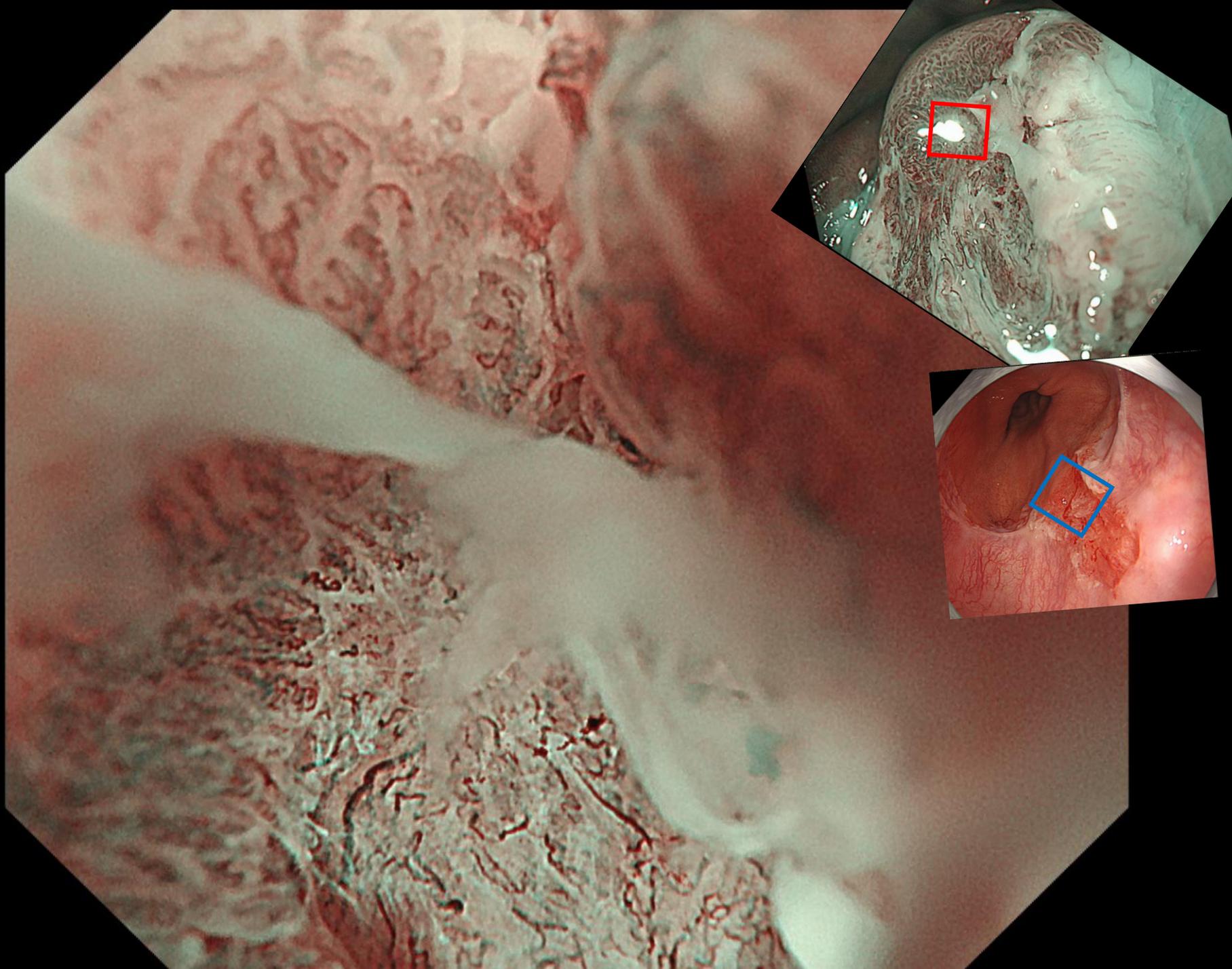


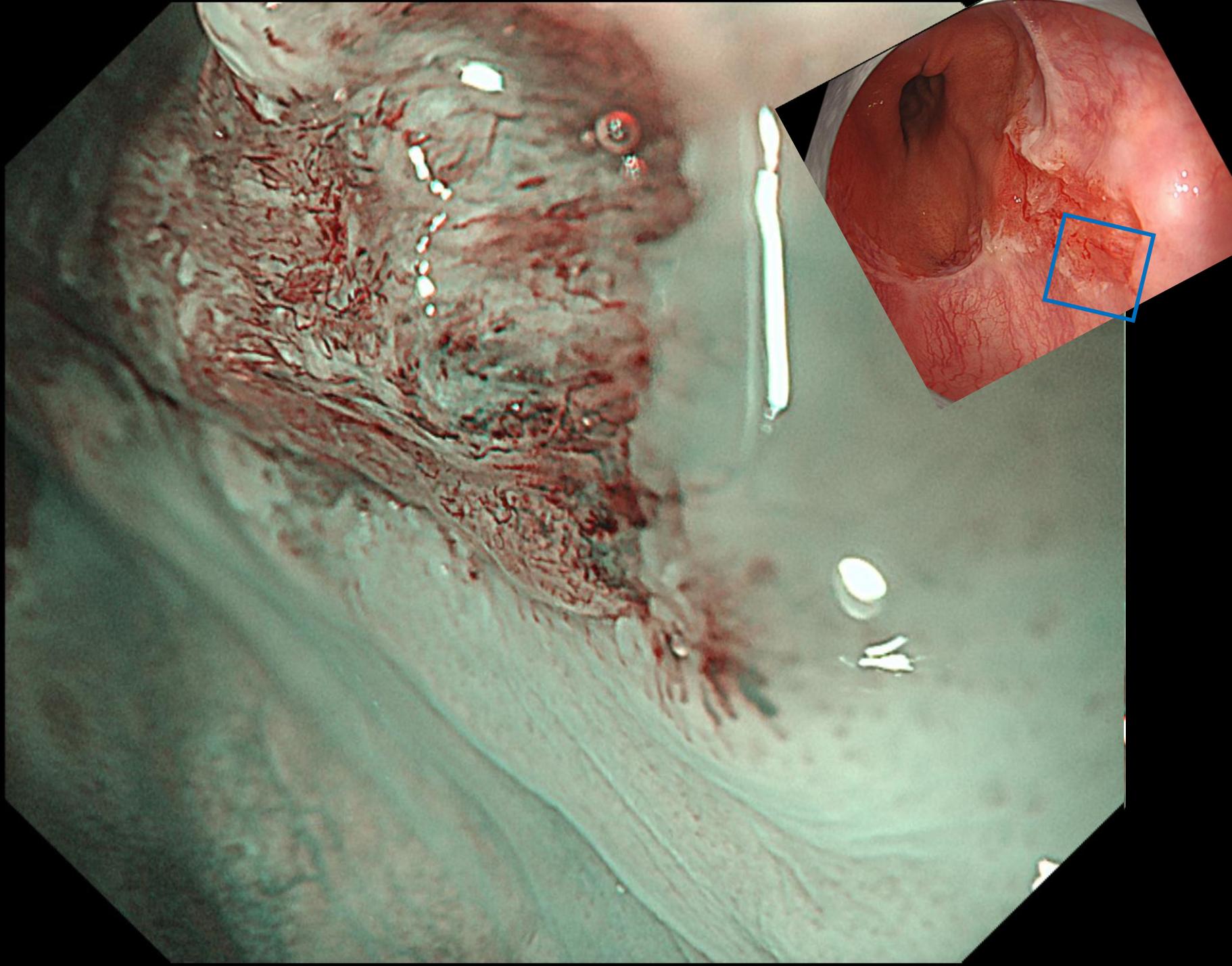


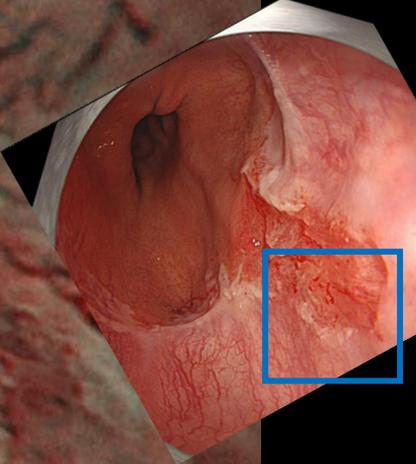
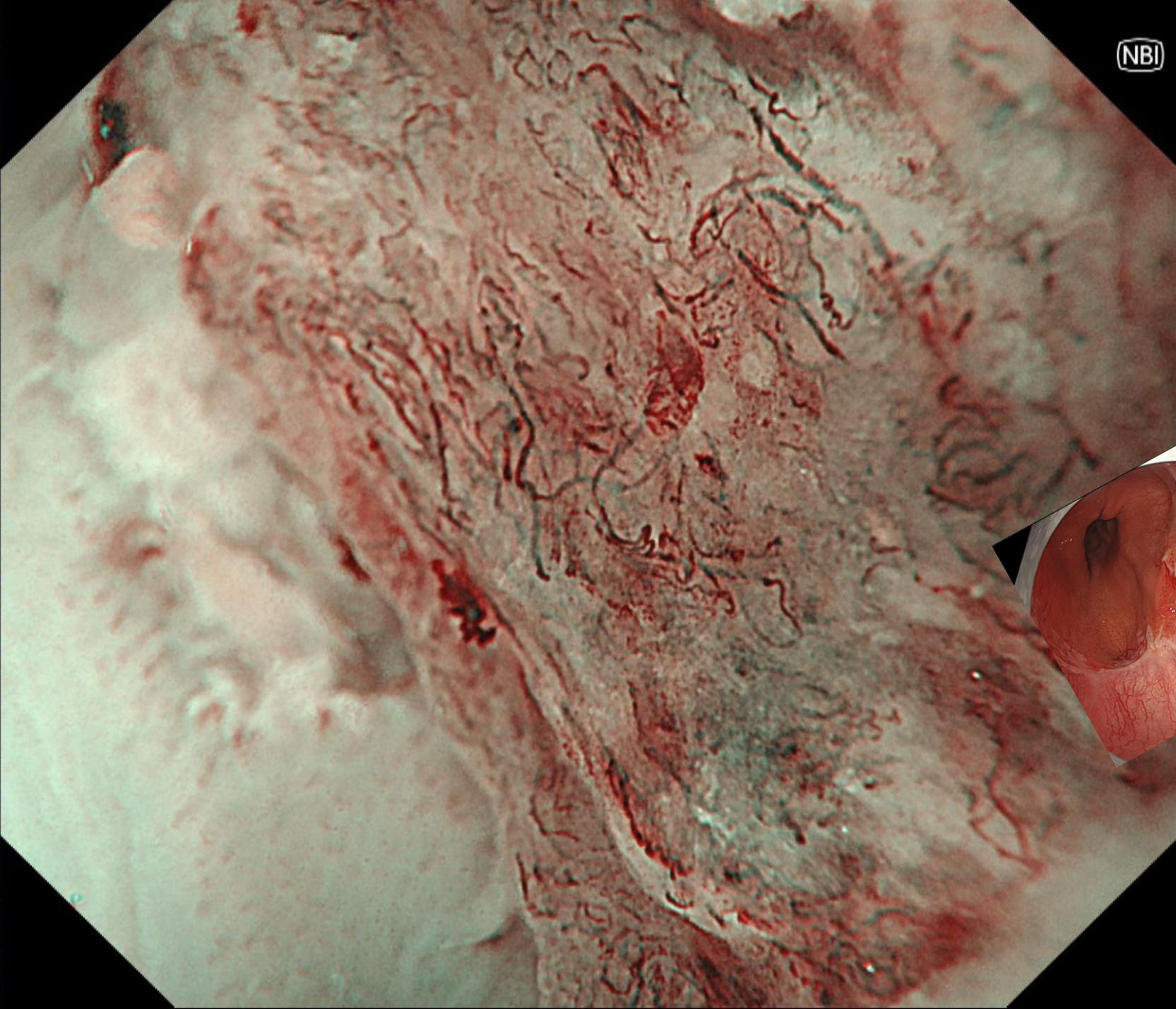


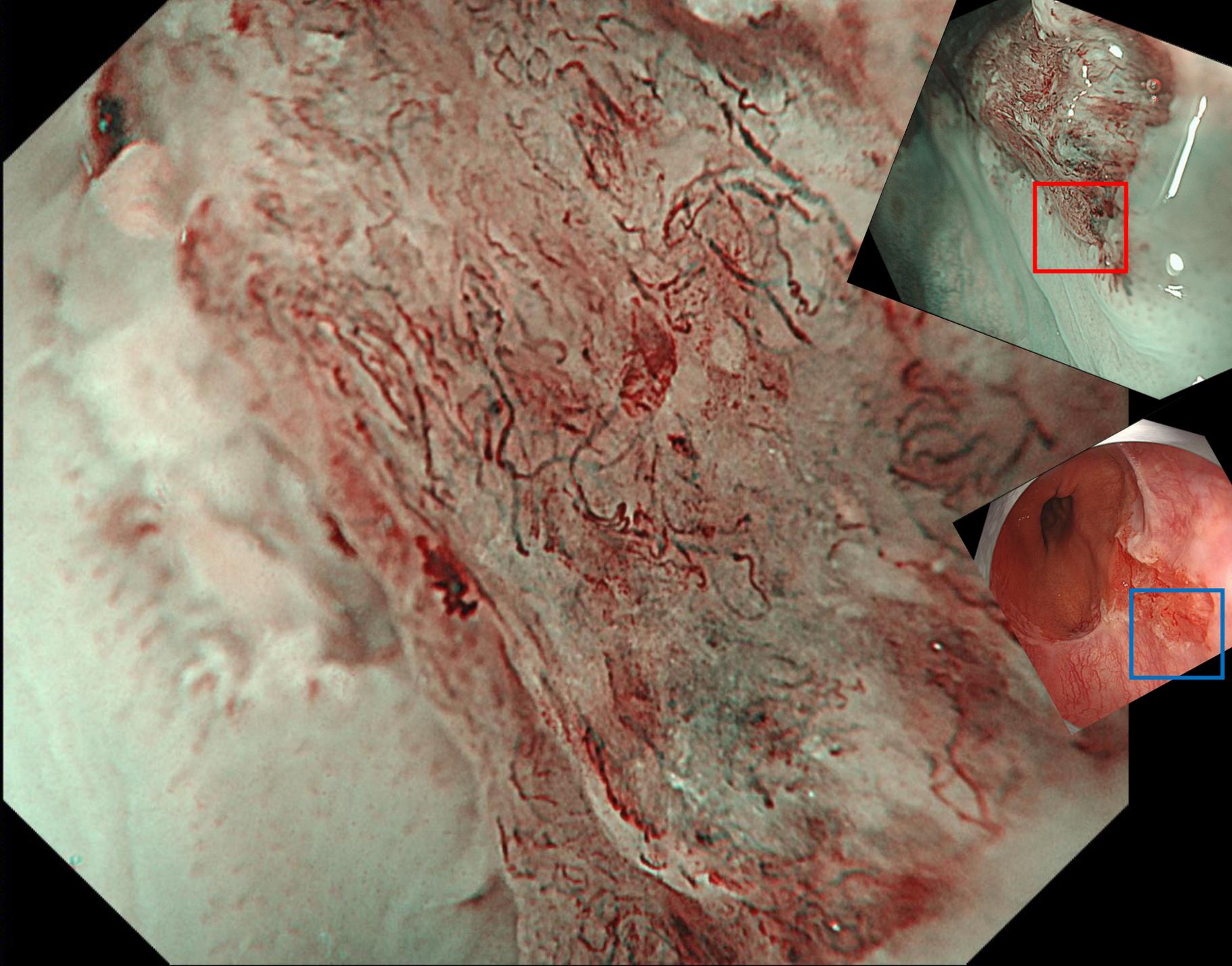


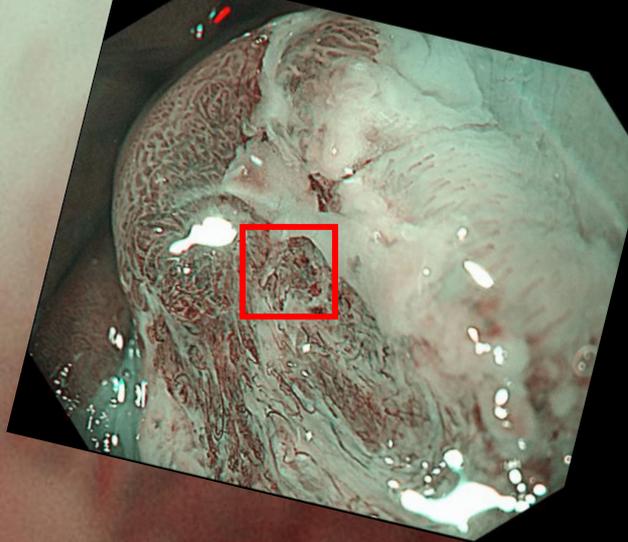
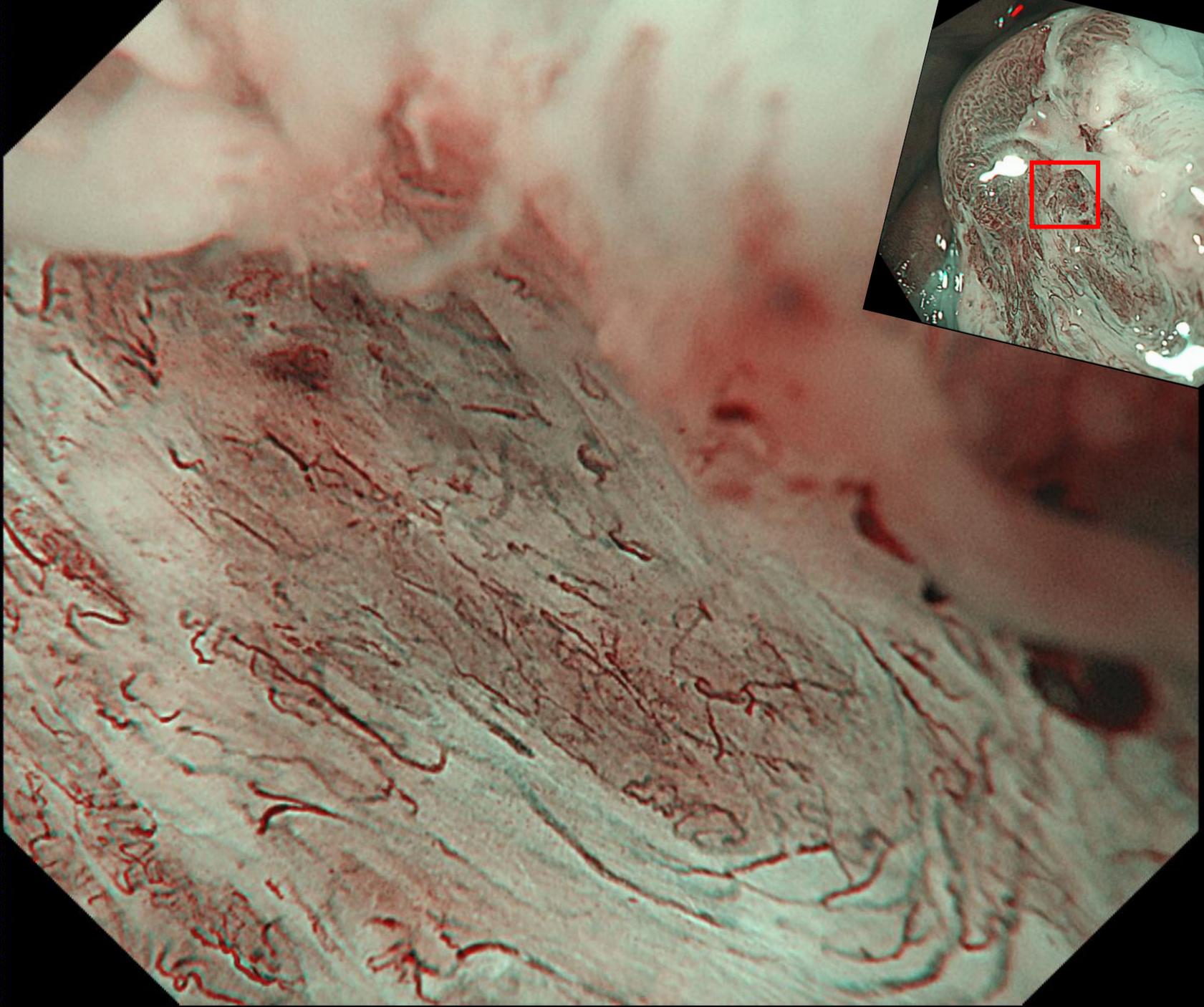


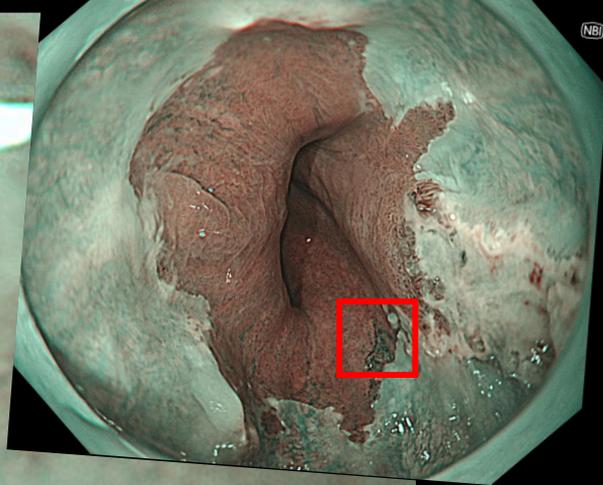
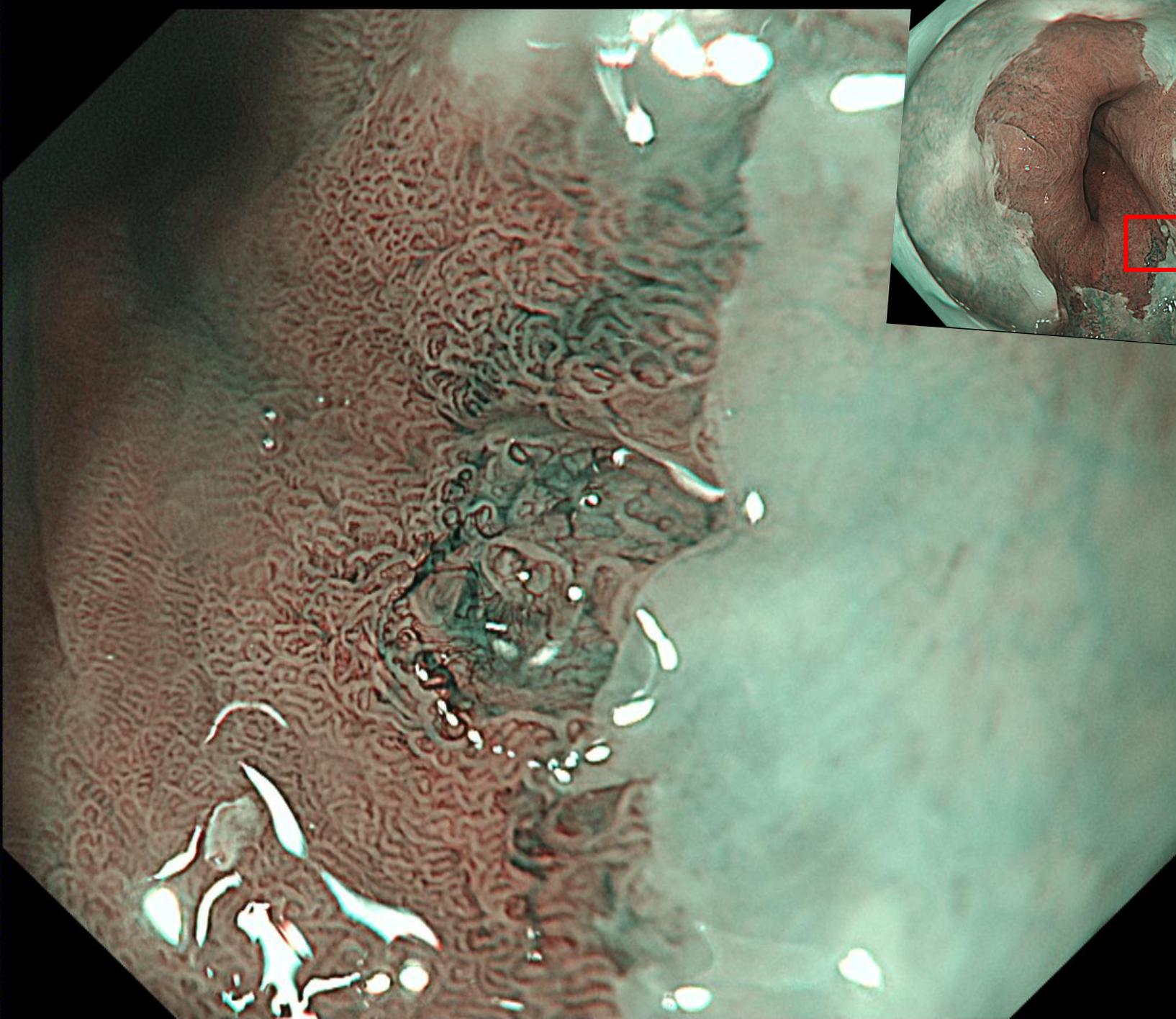












内視鏡診断

表在バレット食道腺癌

大きさ:12mm程度 肉眼型:0-IIb, 分化型

深達度:M、UL:(-),

NBI観察:DL(±),

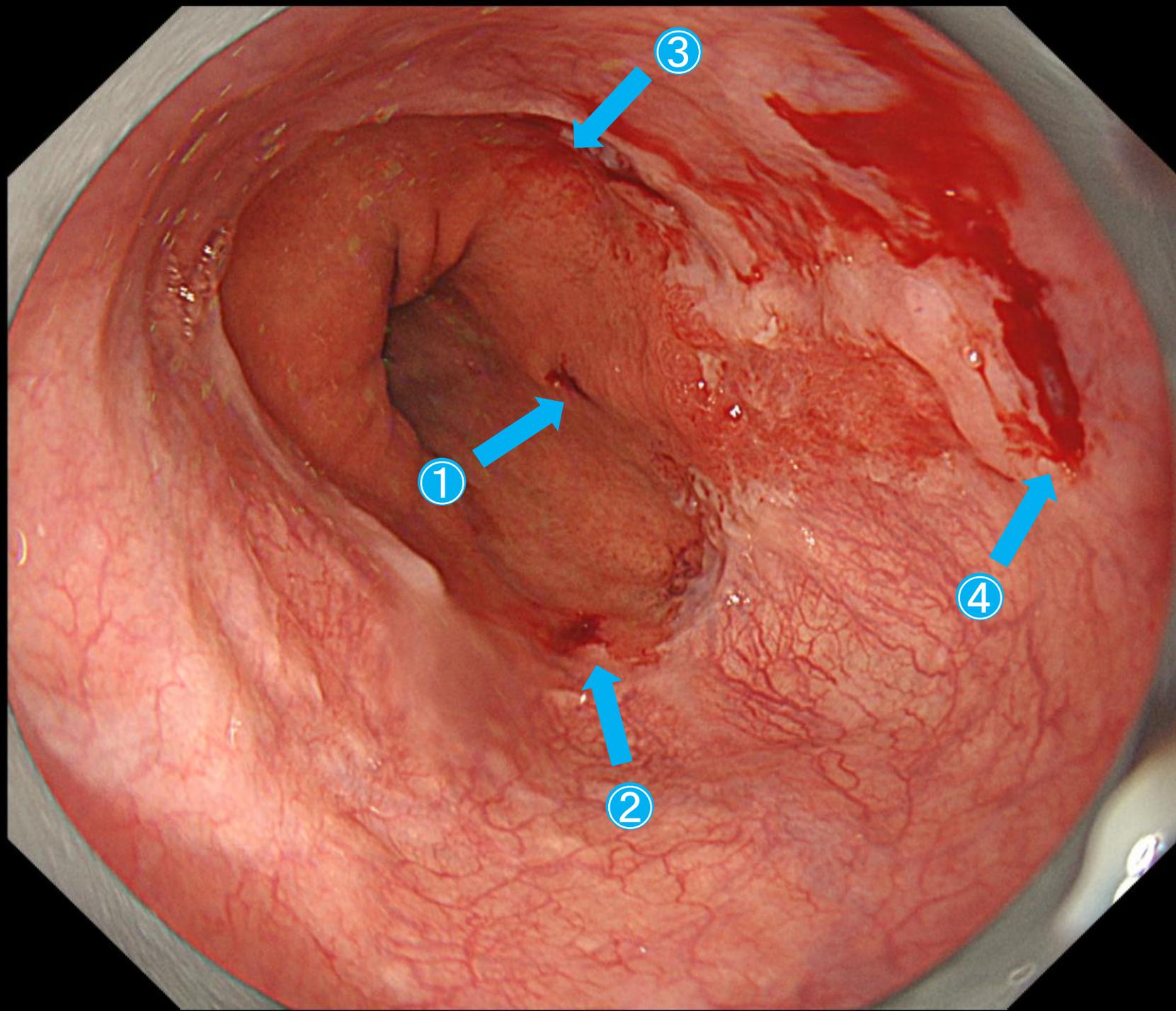
微小血管構造:irregular,

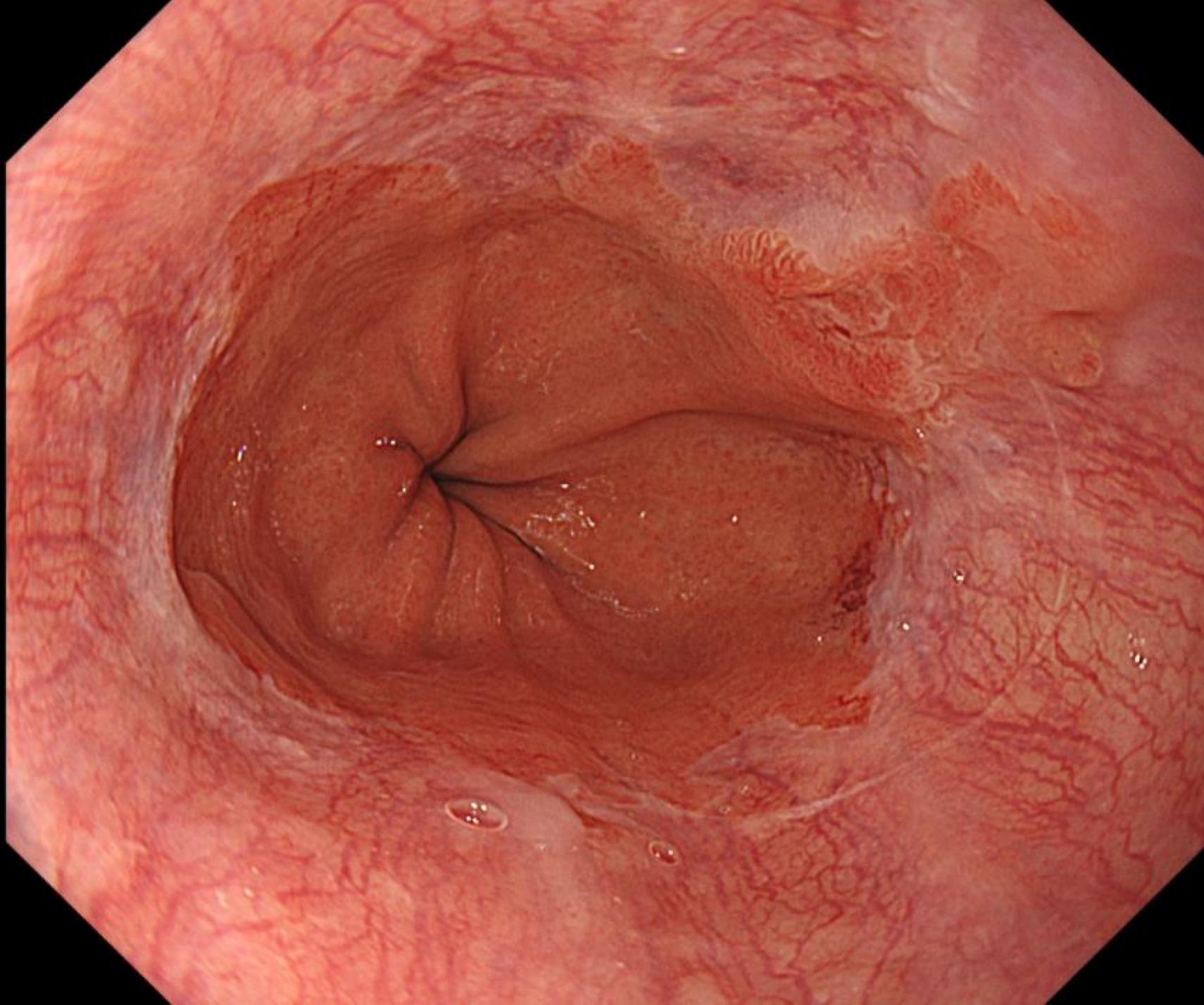
表面微細構造:irregular

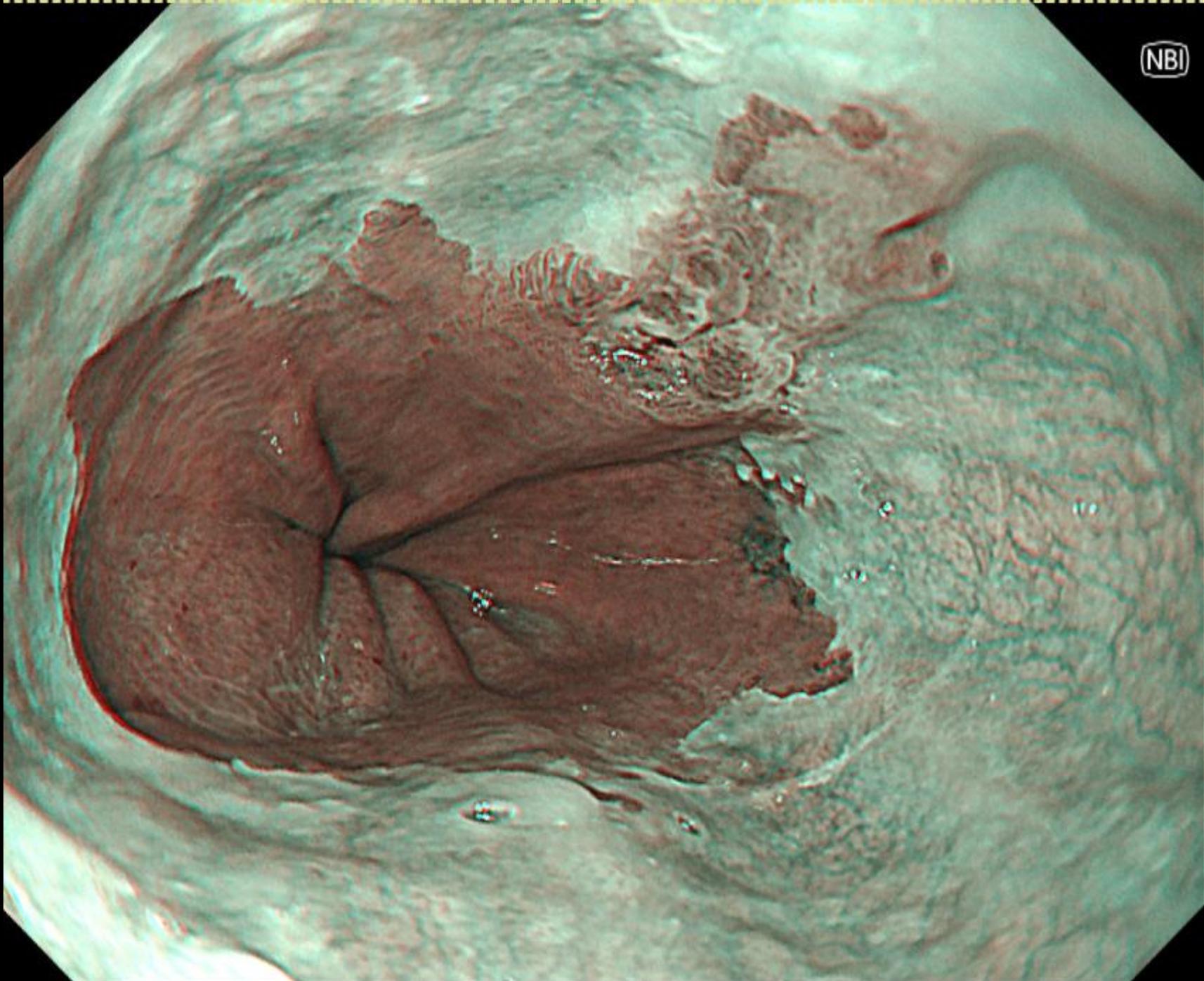
送気脱気で変形は容易

陰性生検:胃側①、背側②、腹側③、食道側④

→陰性

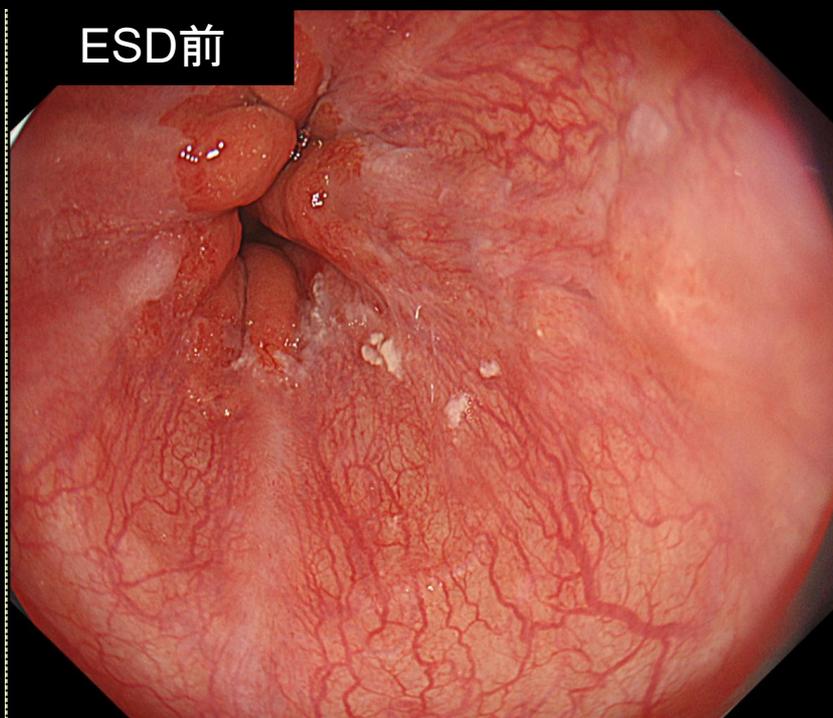




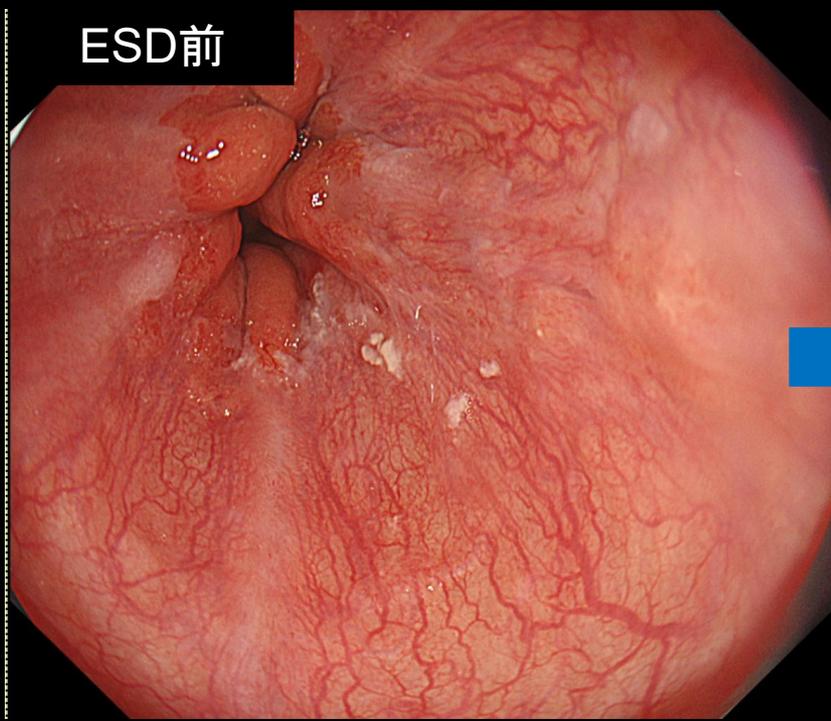


ESD

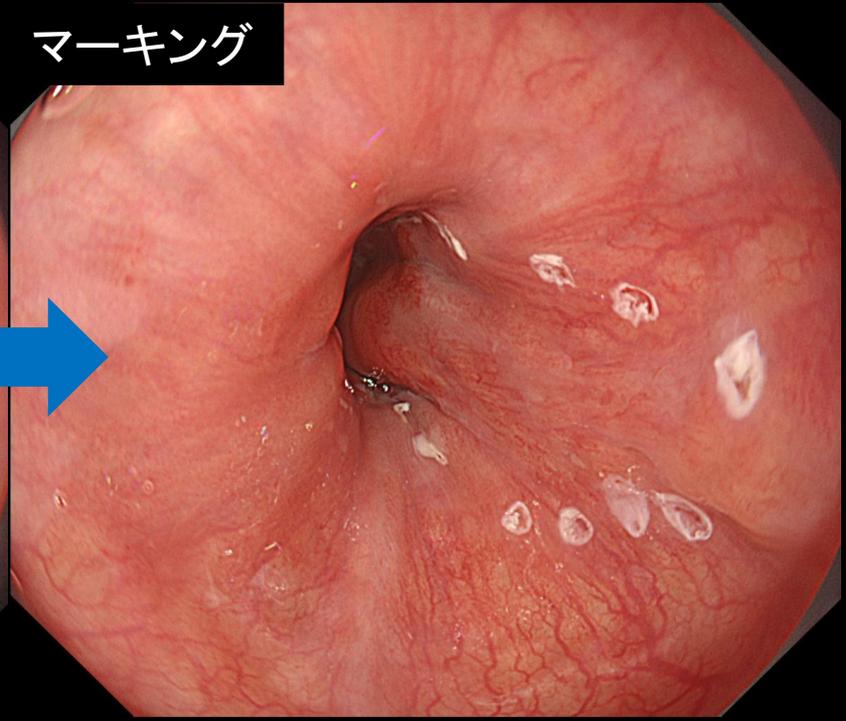
ESD前



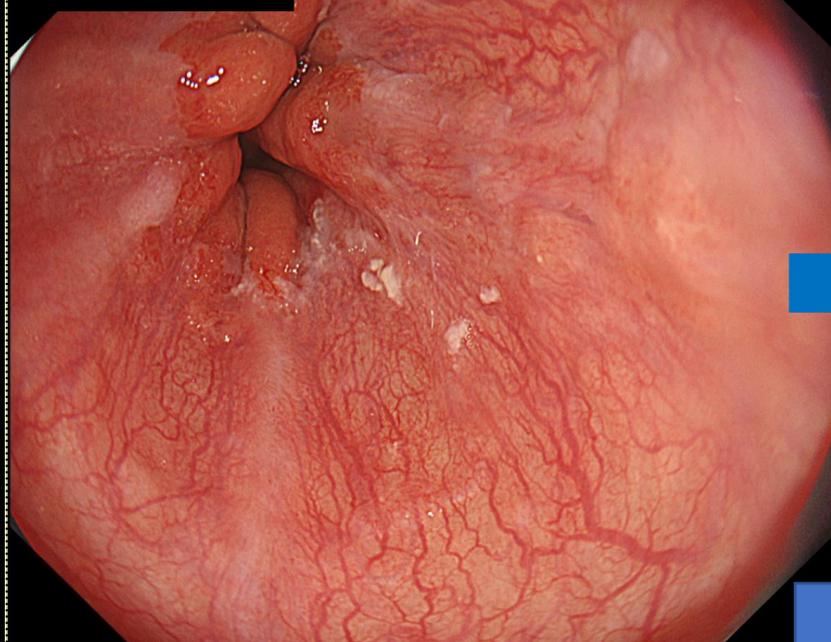
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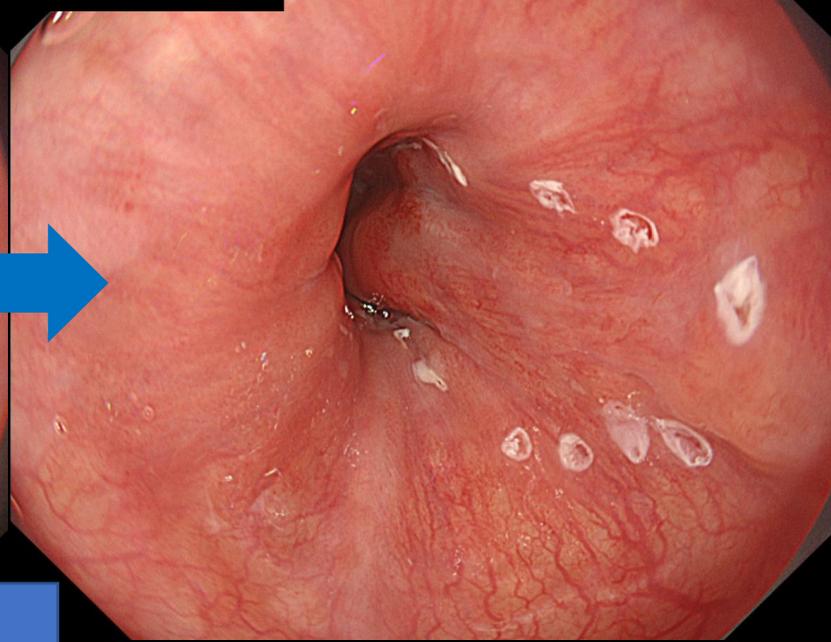
マーキング



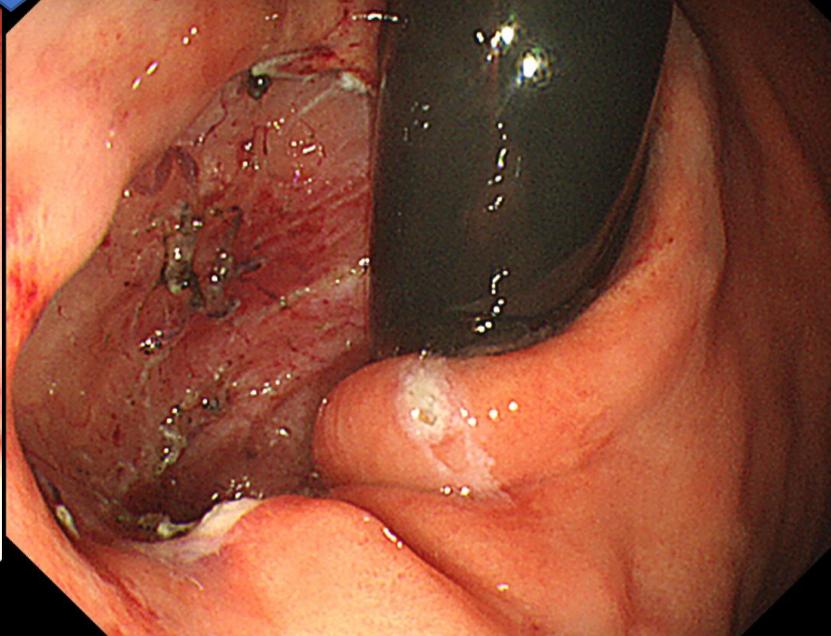
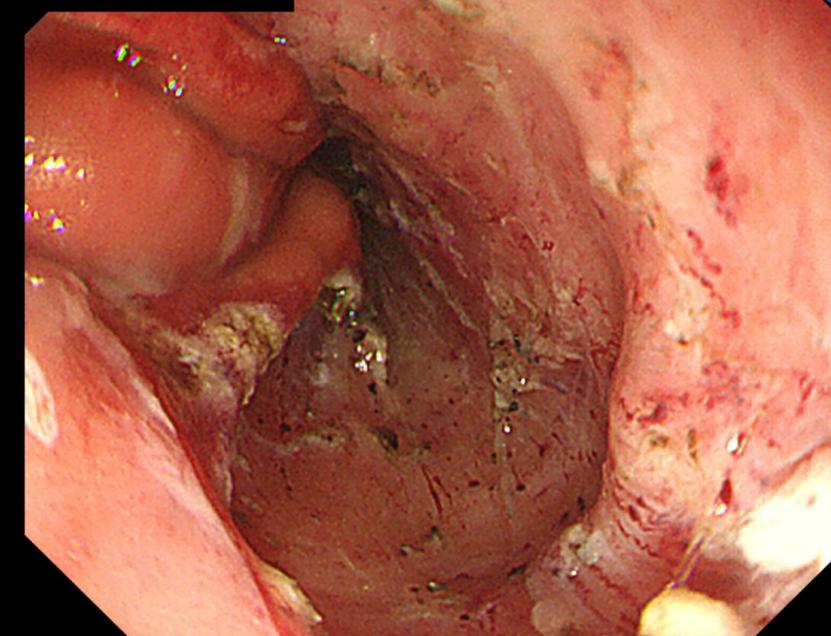
ESD前

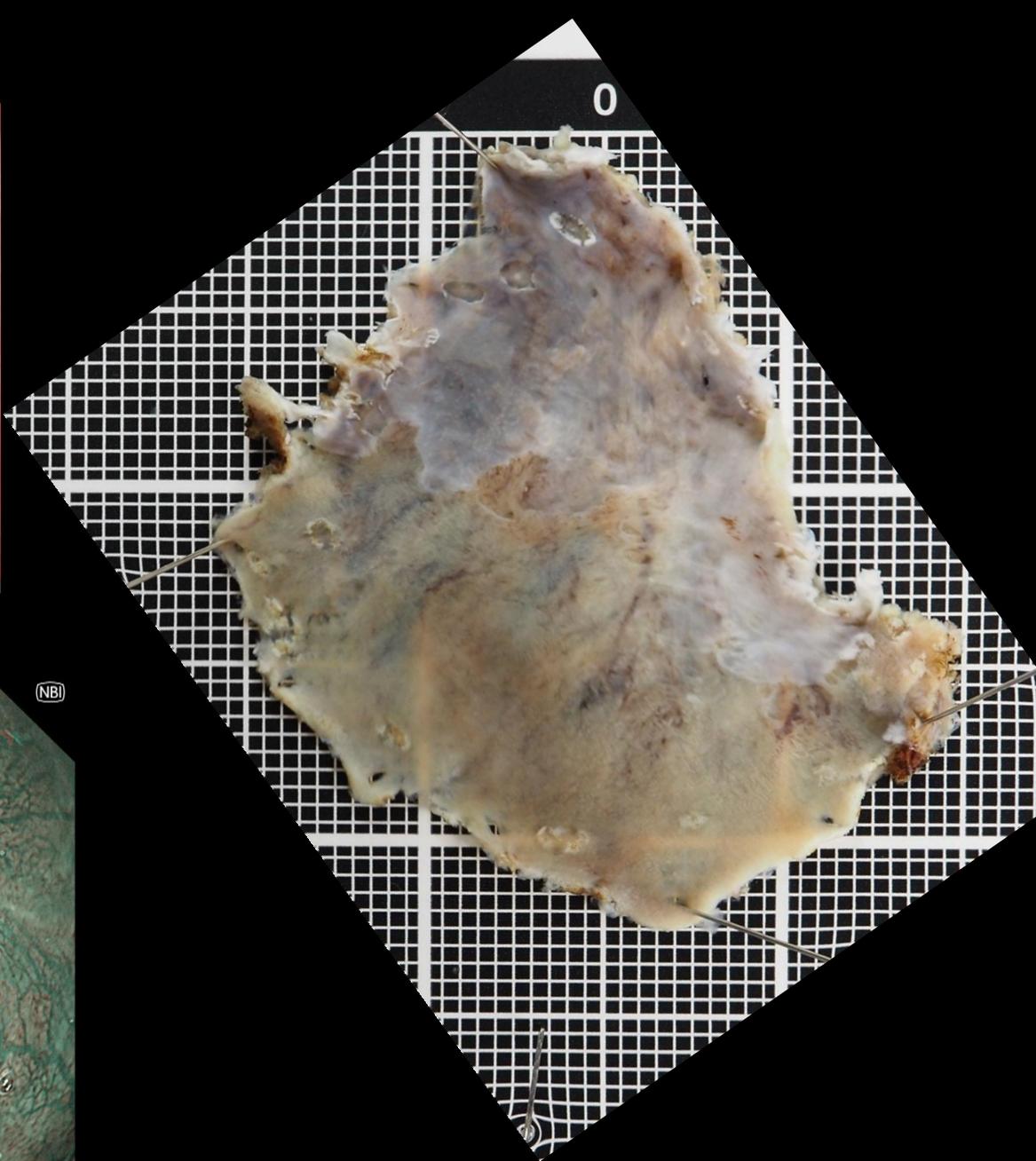
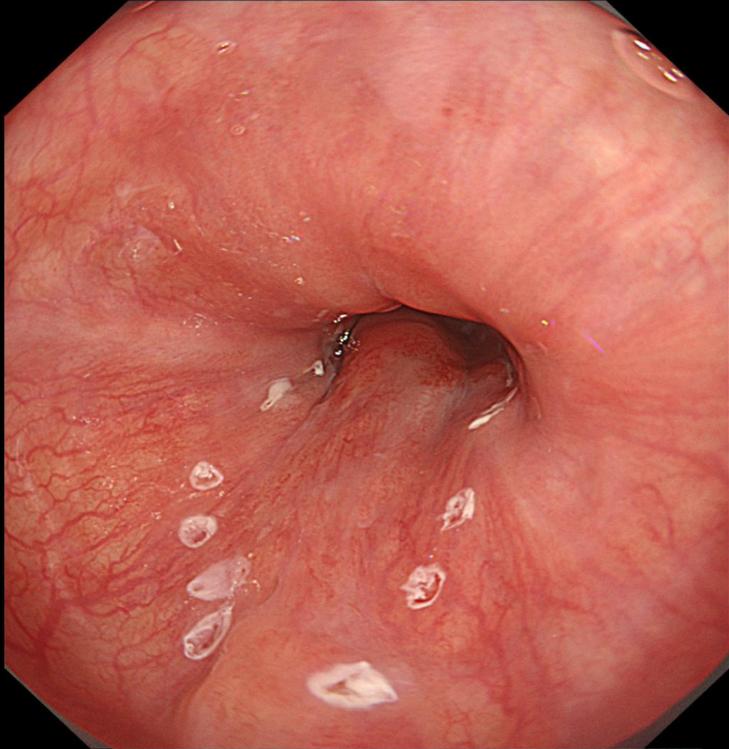


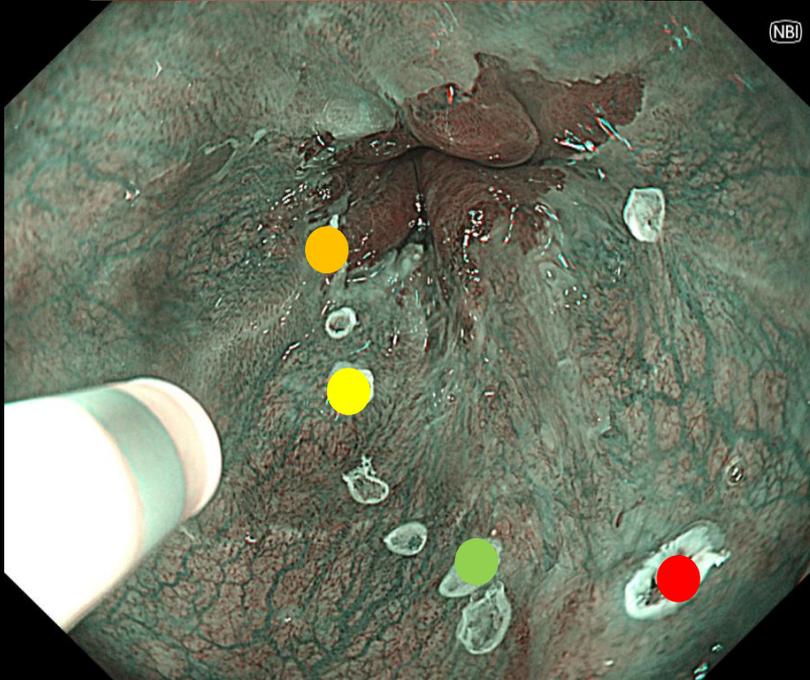
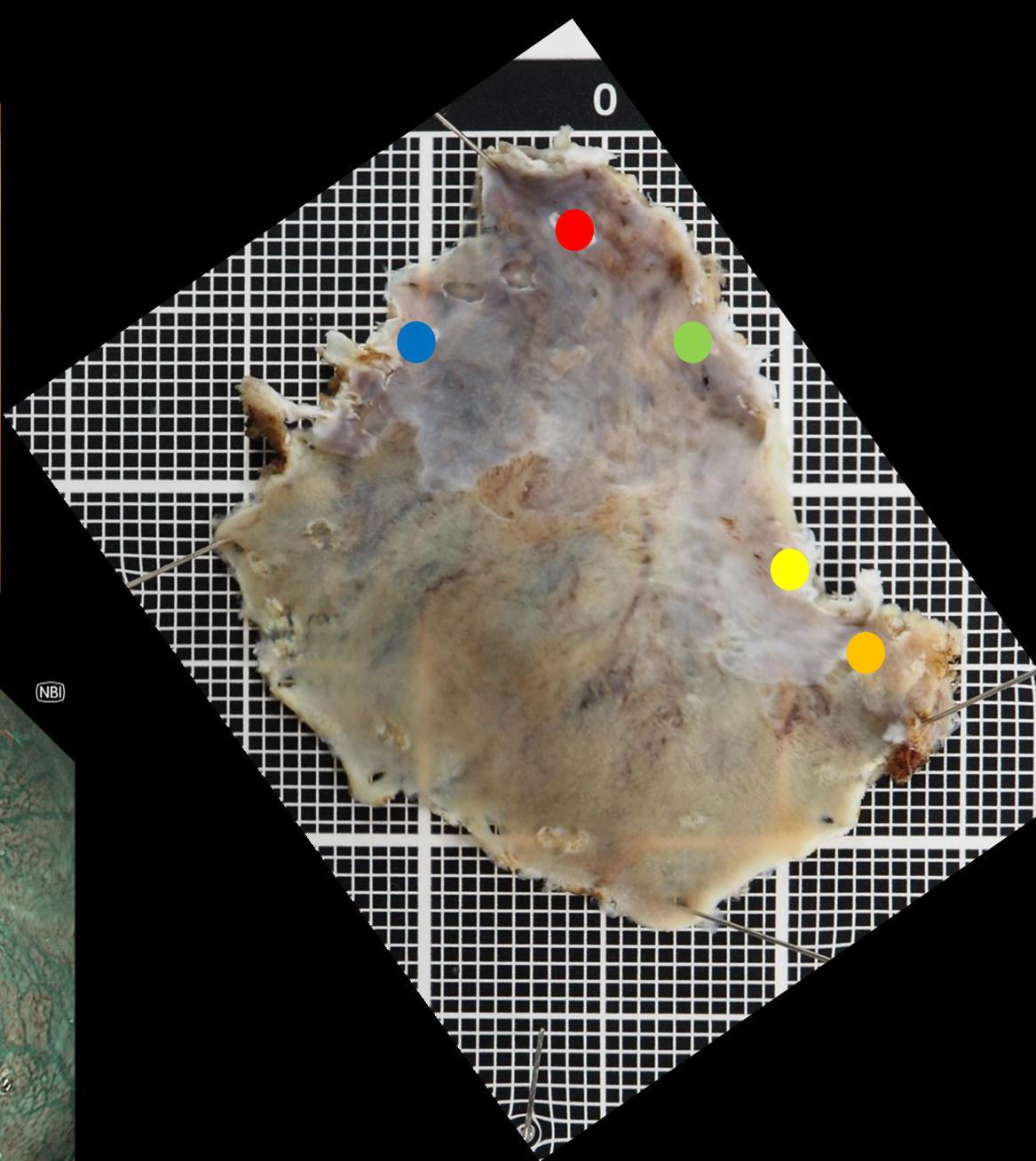
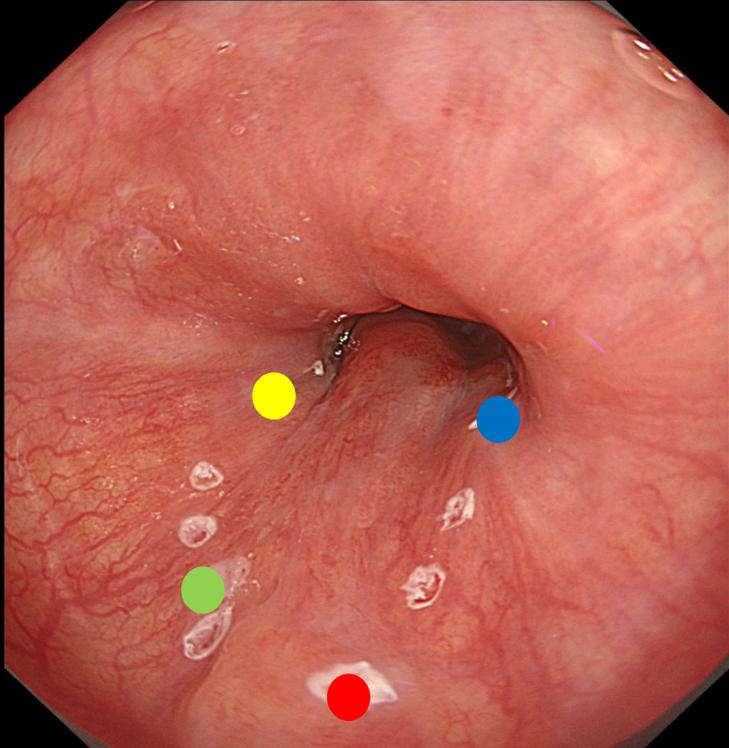
マーキング



ESD後



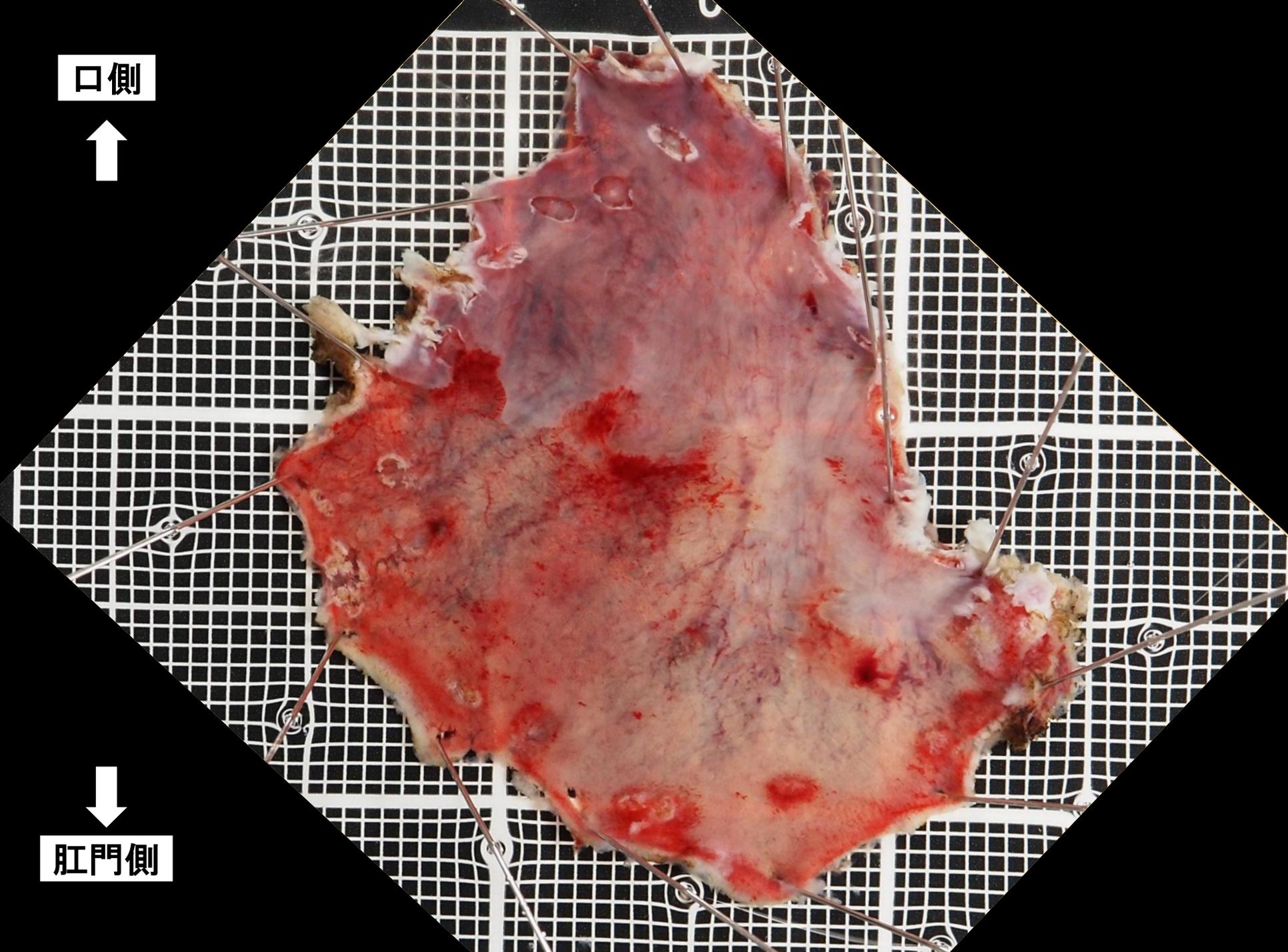
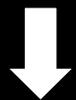




口側



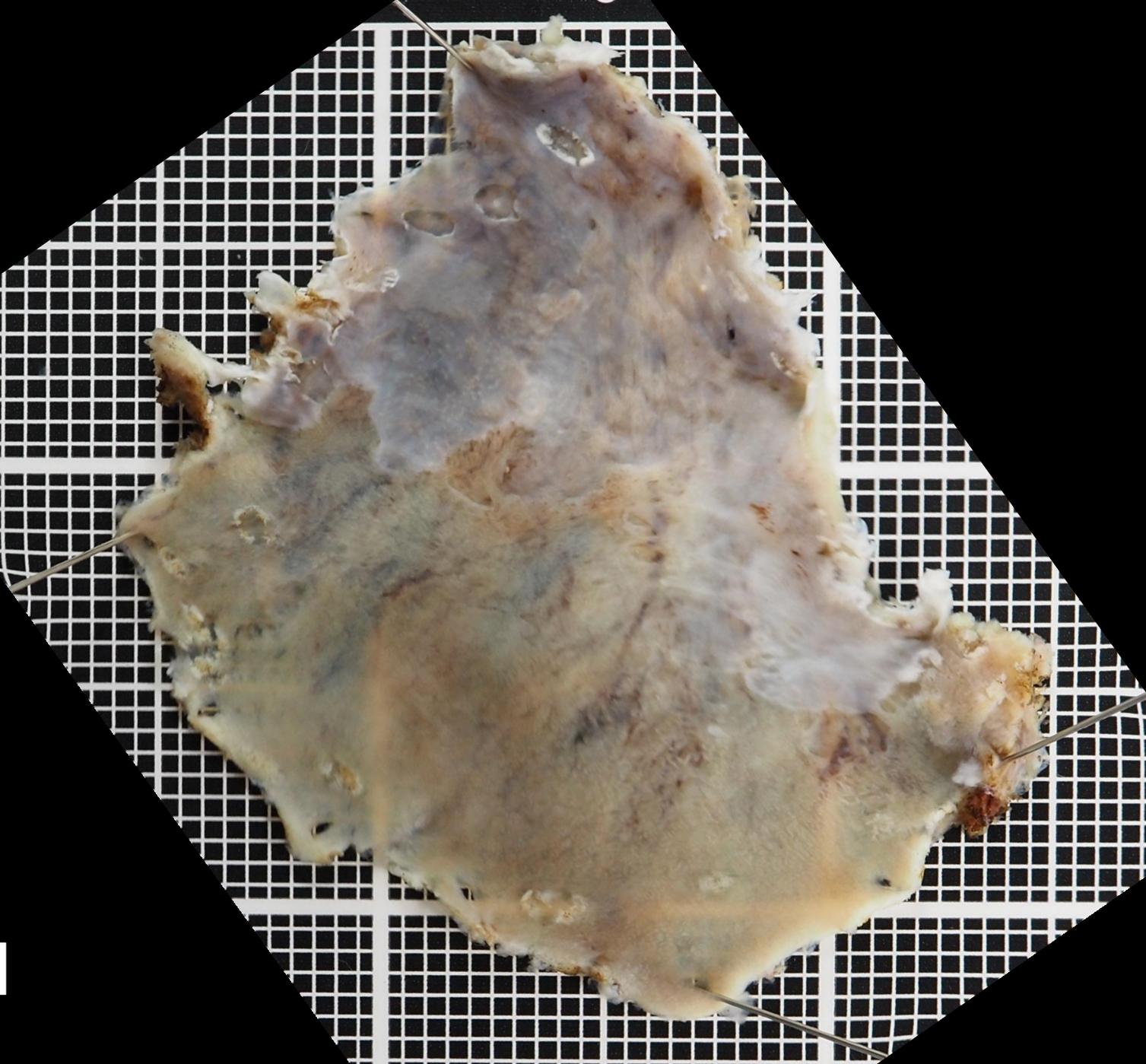
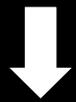
肛門側



口側



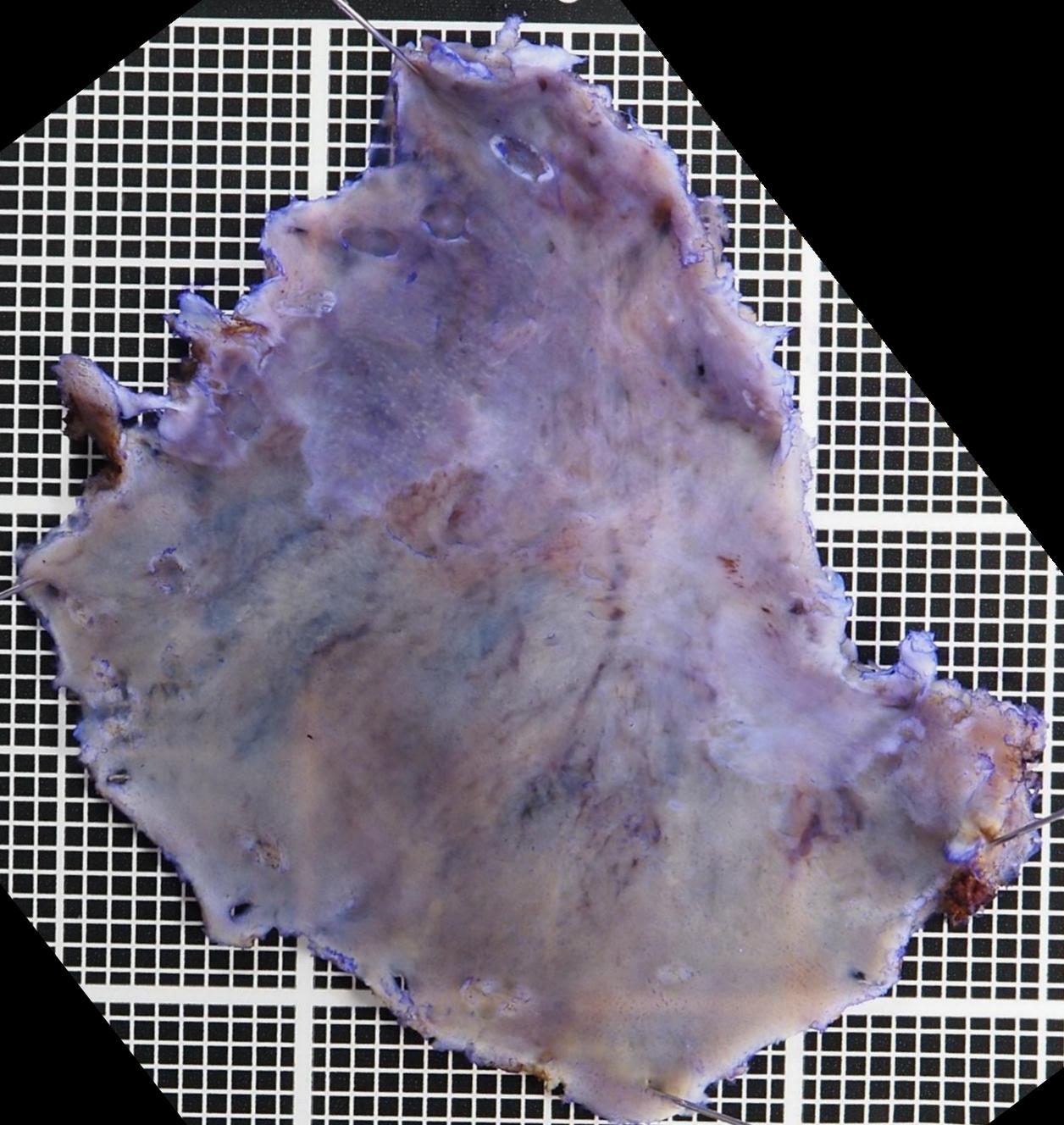
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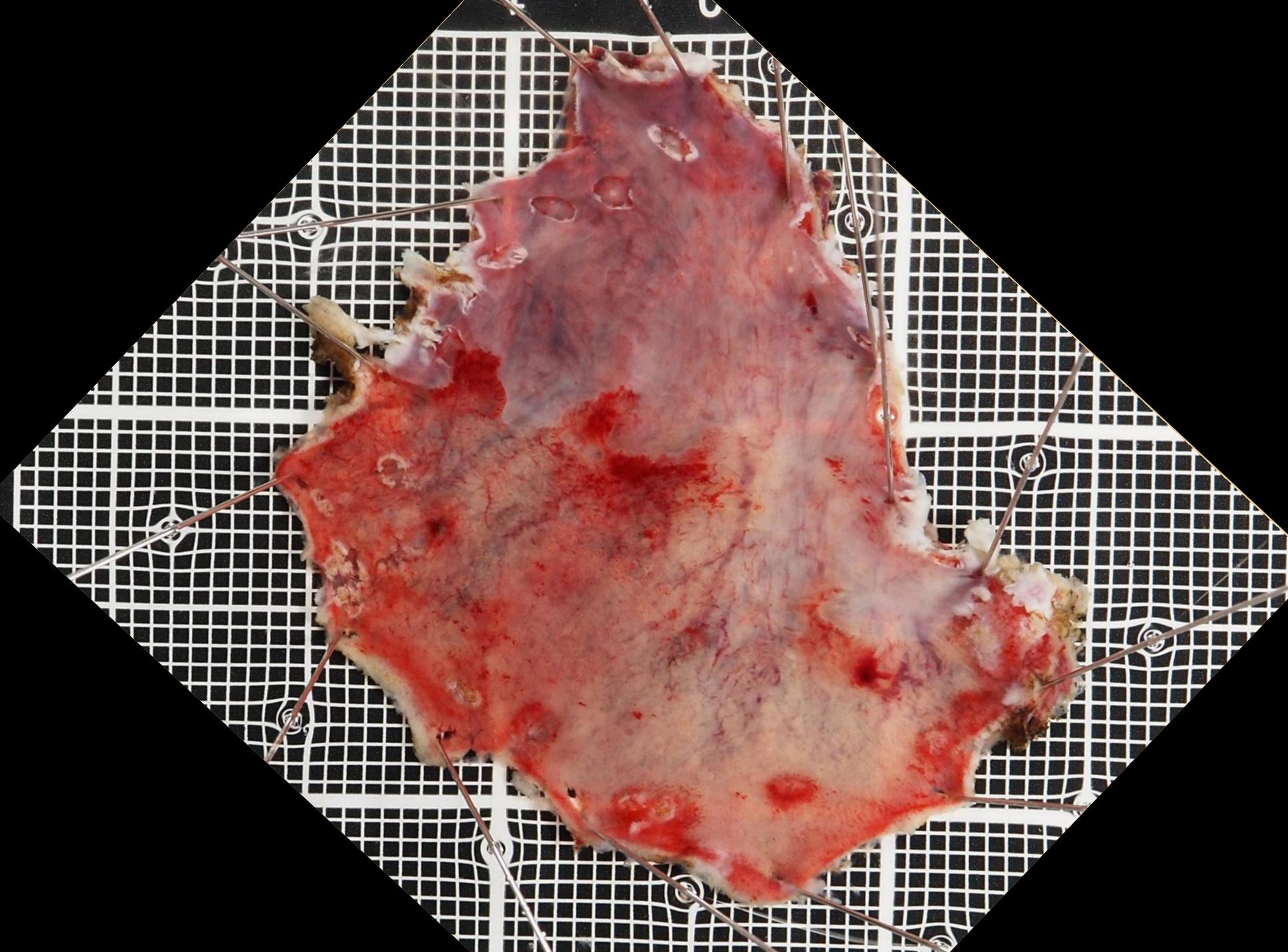


口側



肛門側

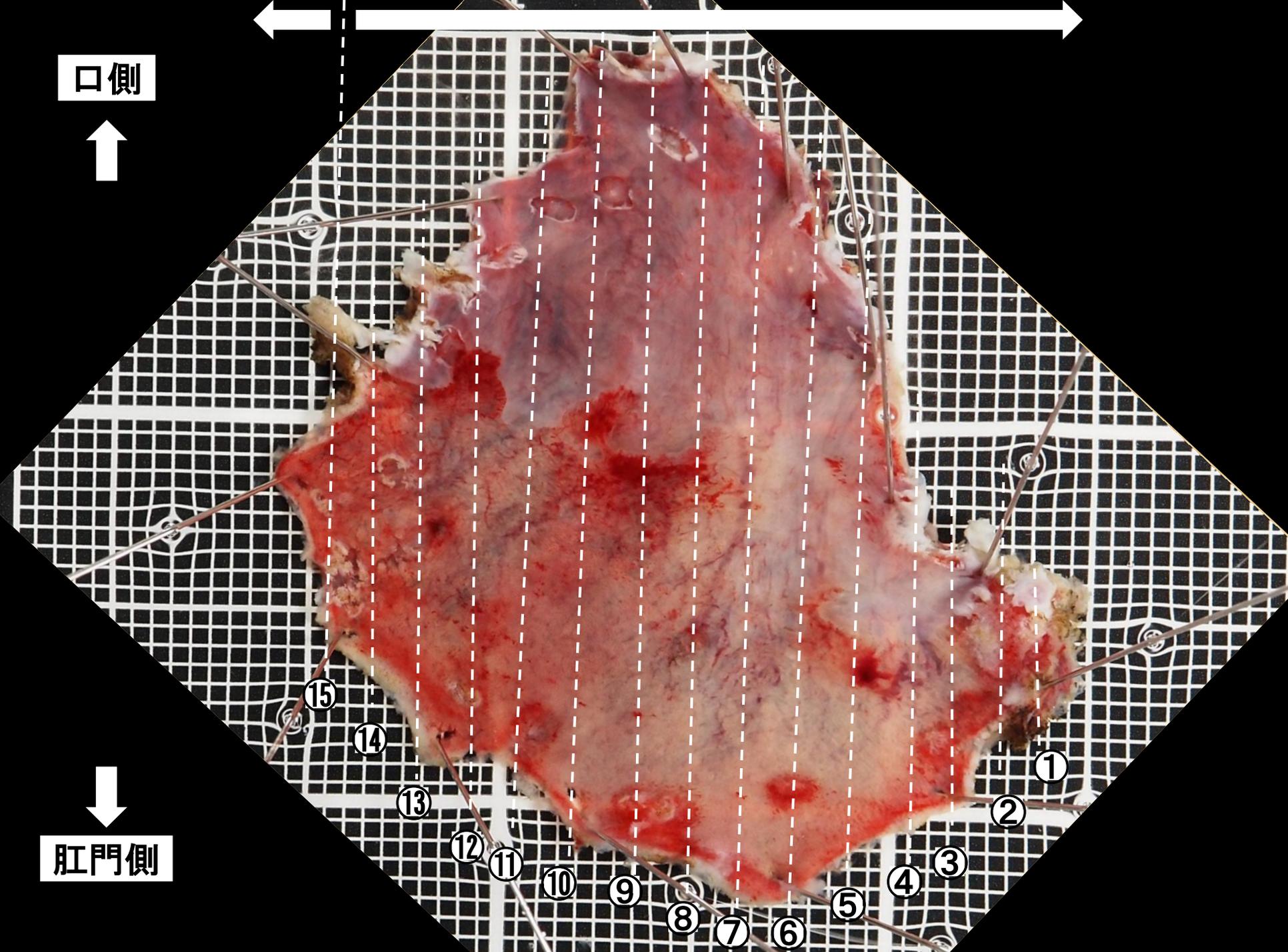
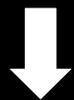




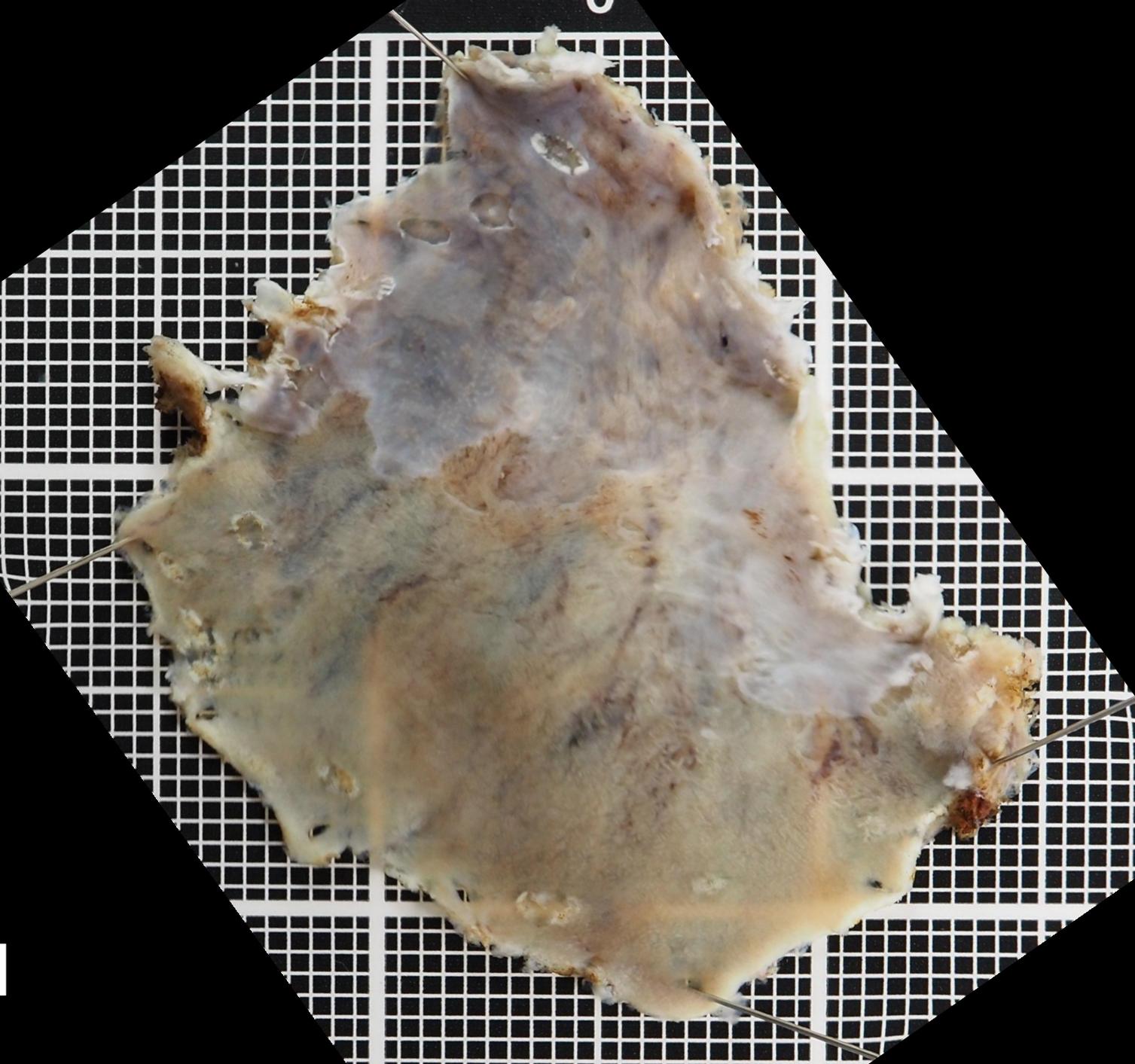
口側



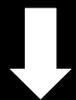
肛門側



口側



肛門側



口側



肛門側



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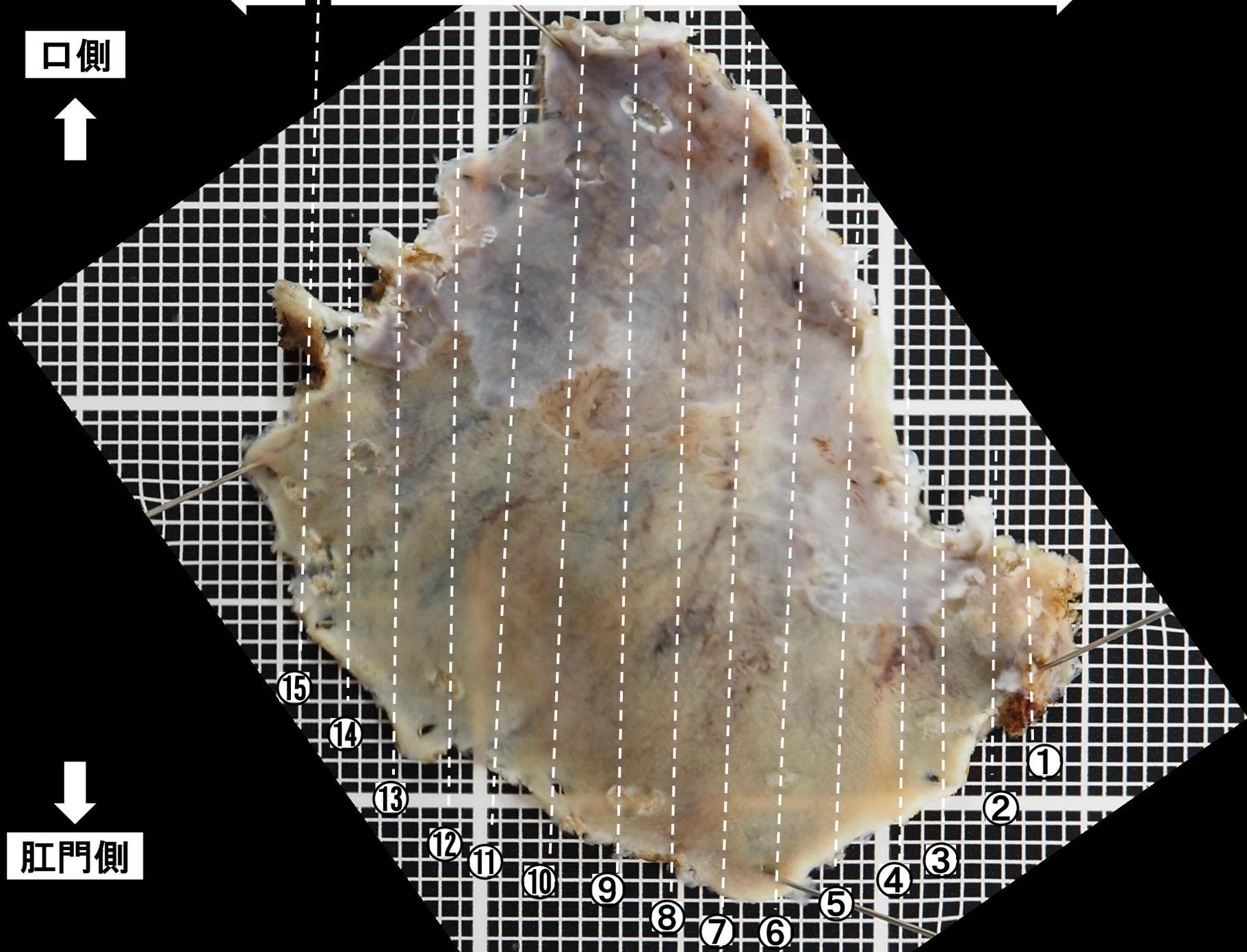
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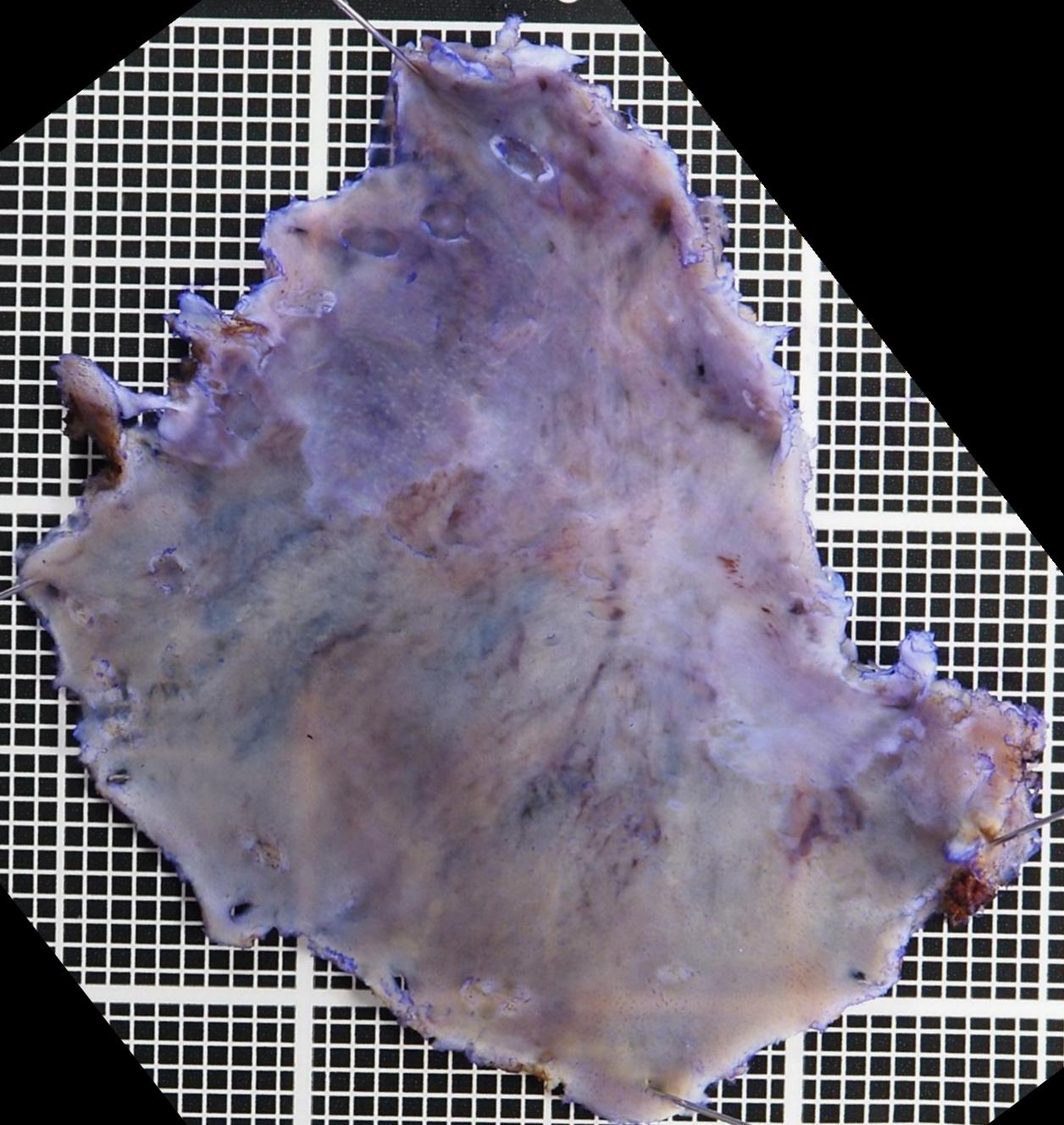
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口側



肛門側



口側



肛門側



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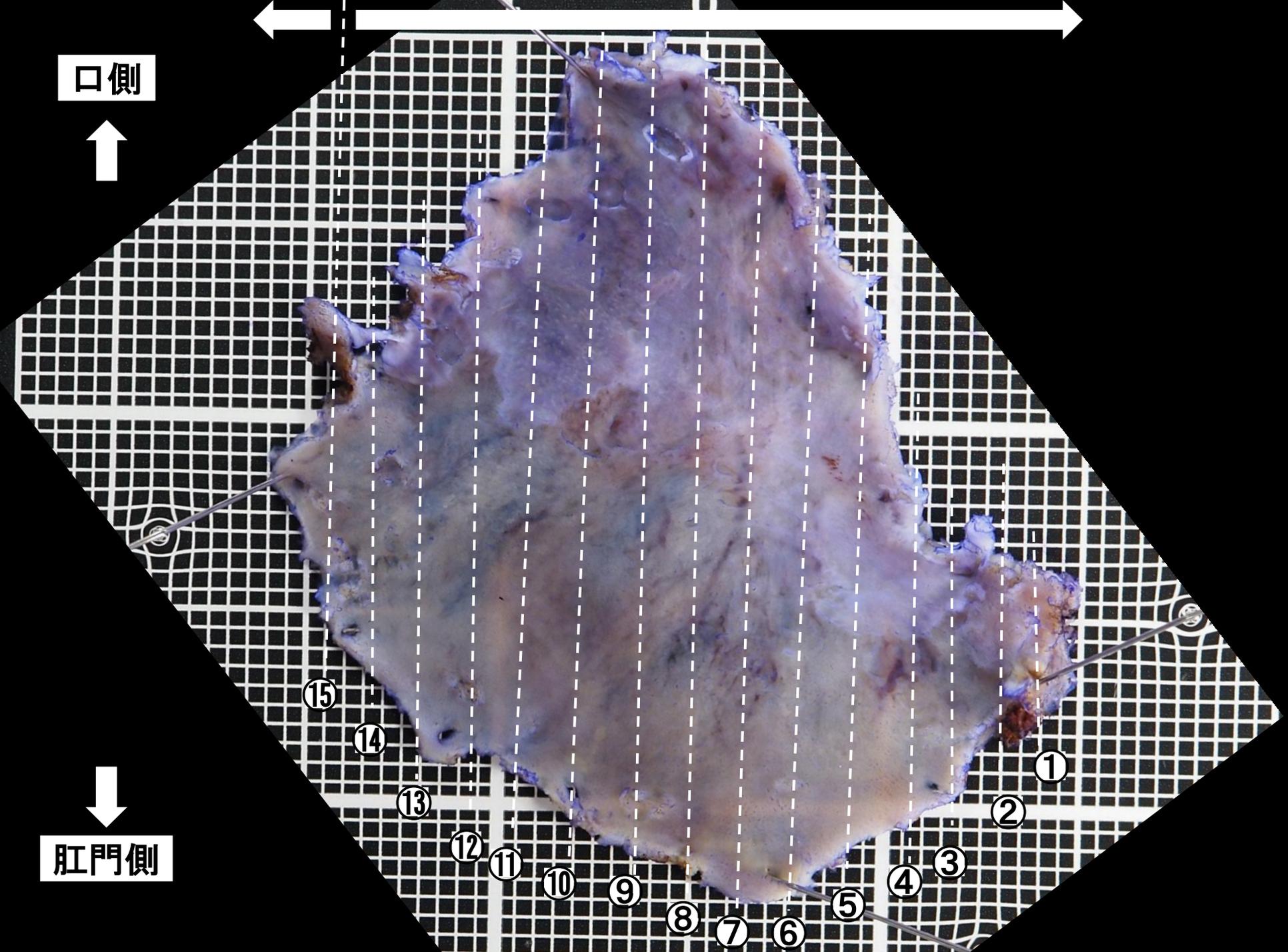
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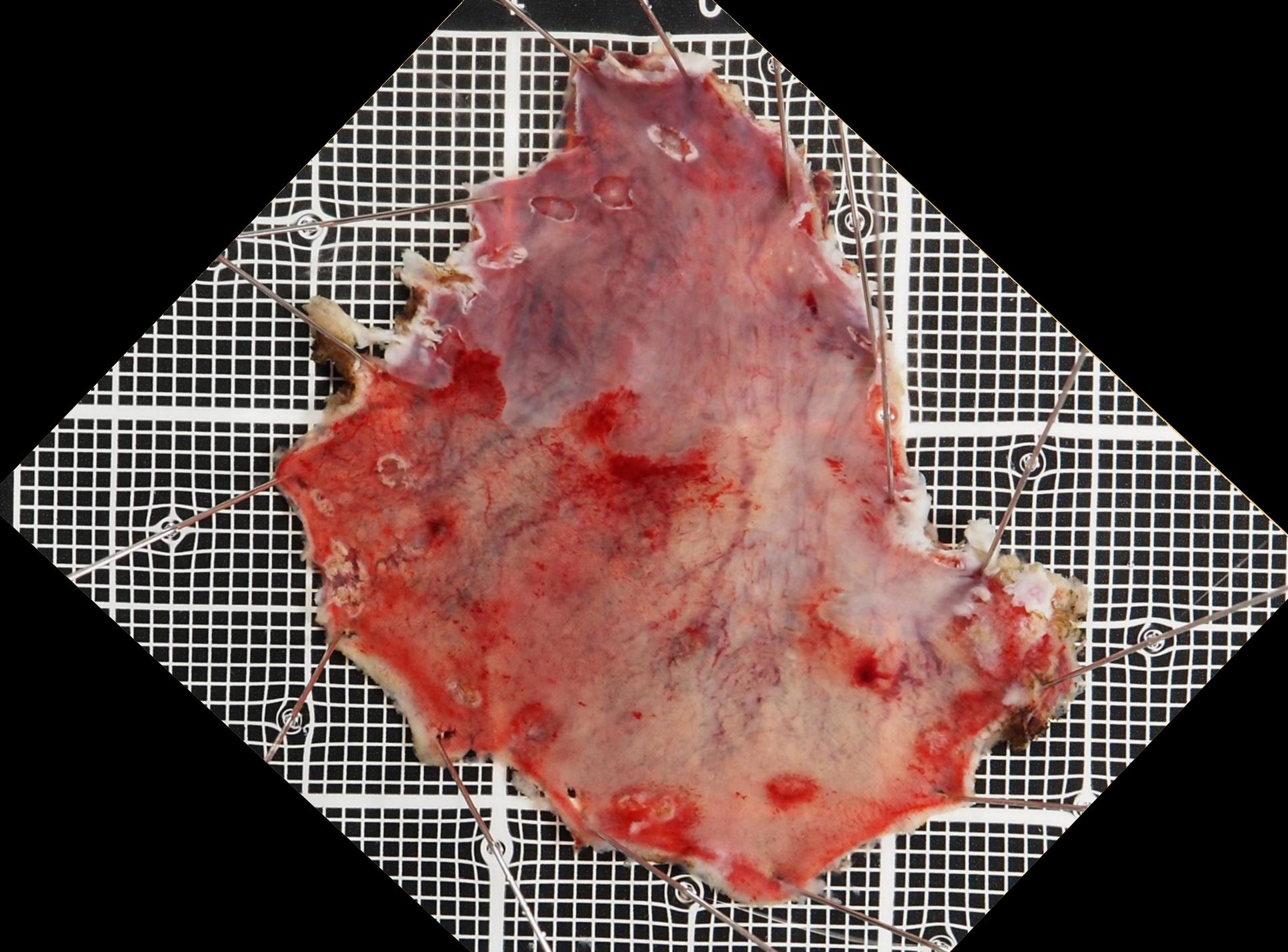
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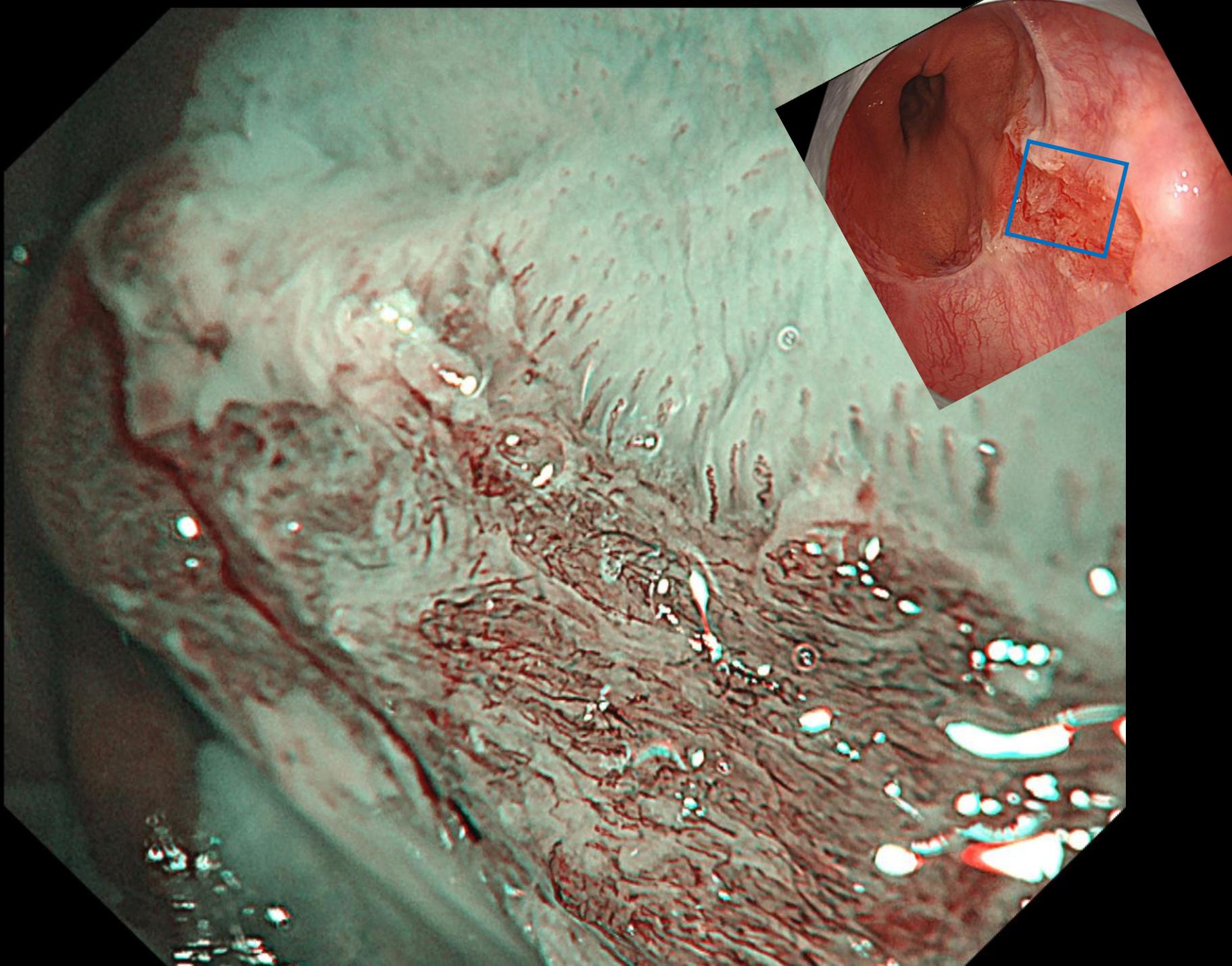
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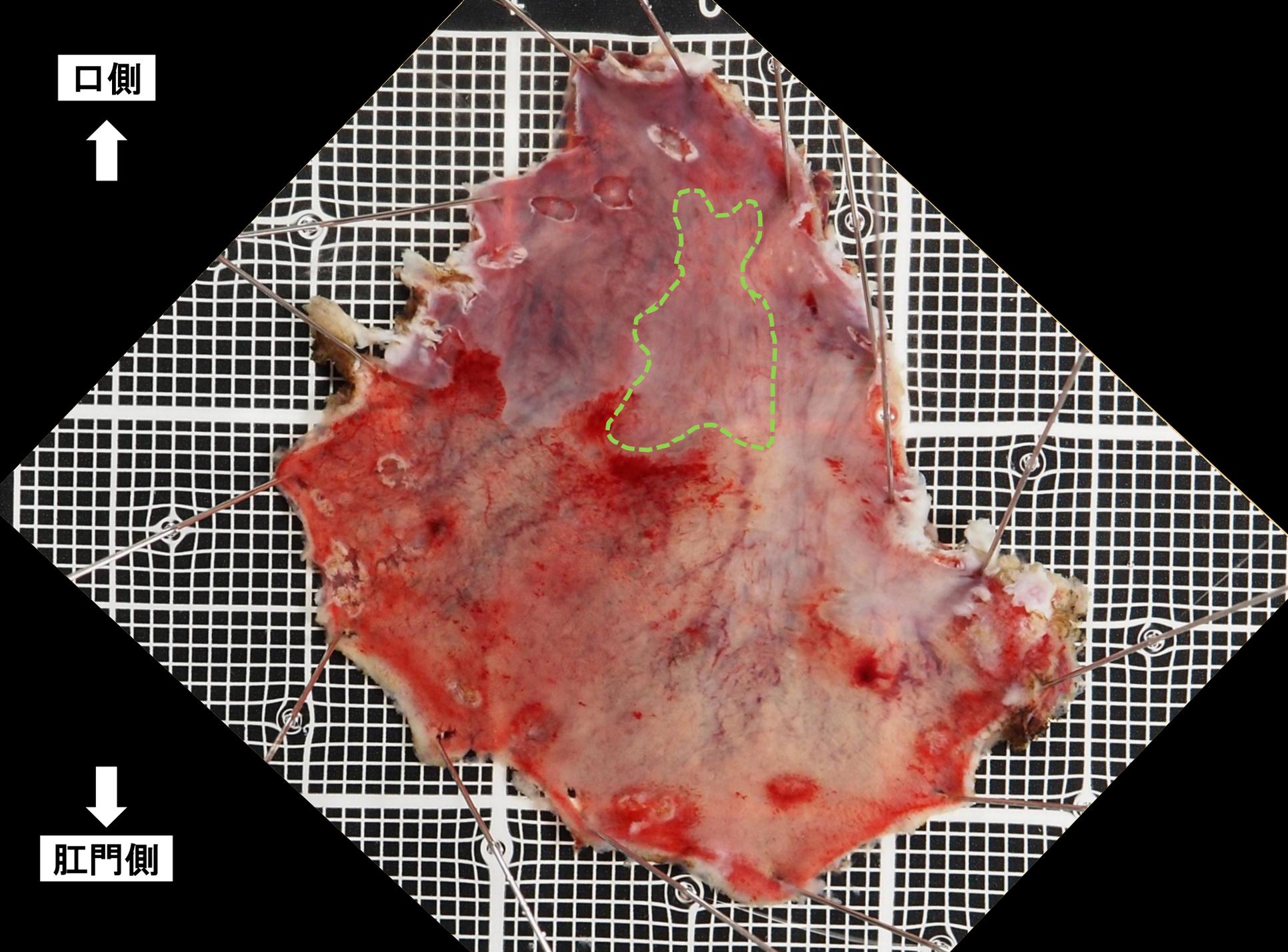
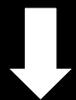


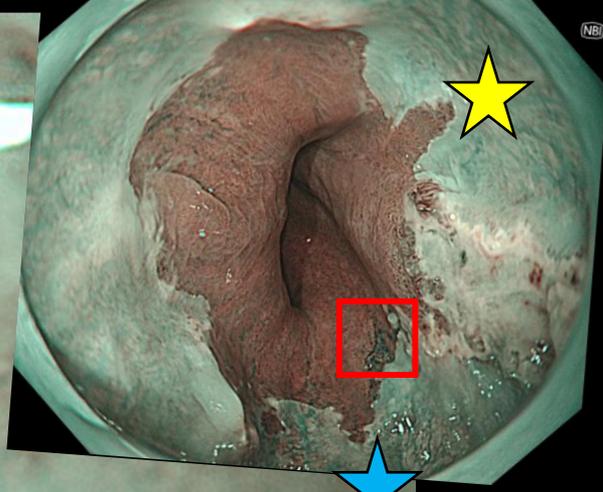
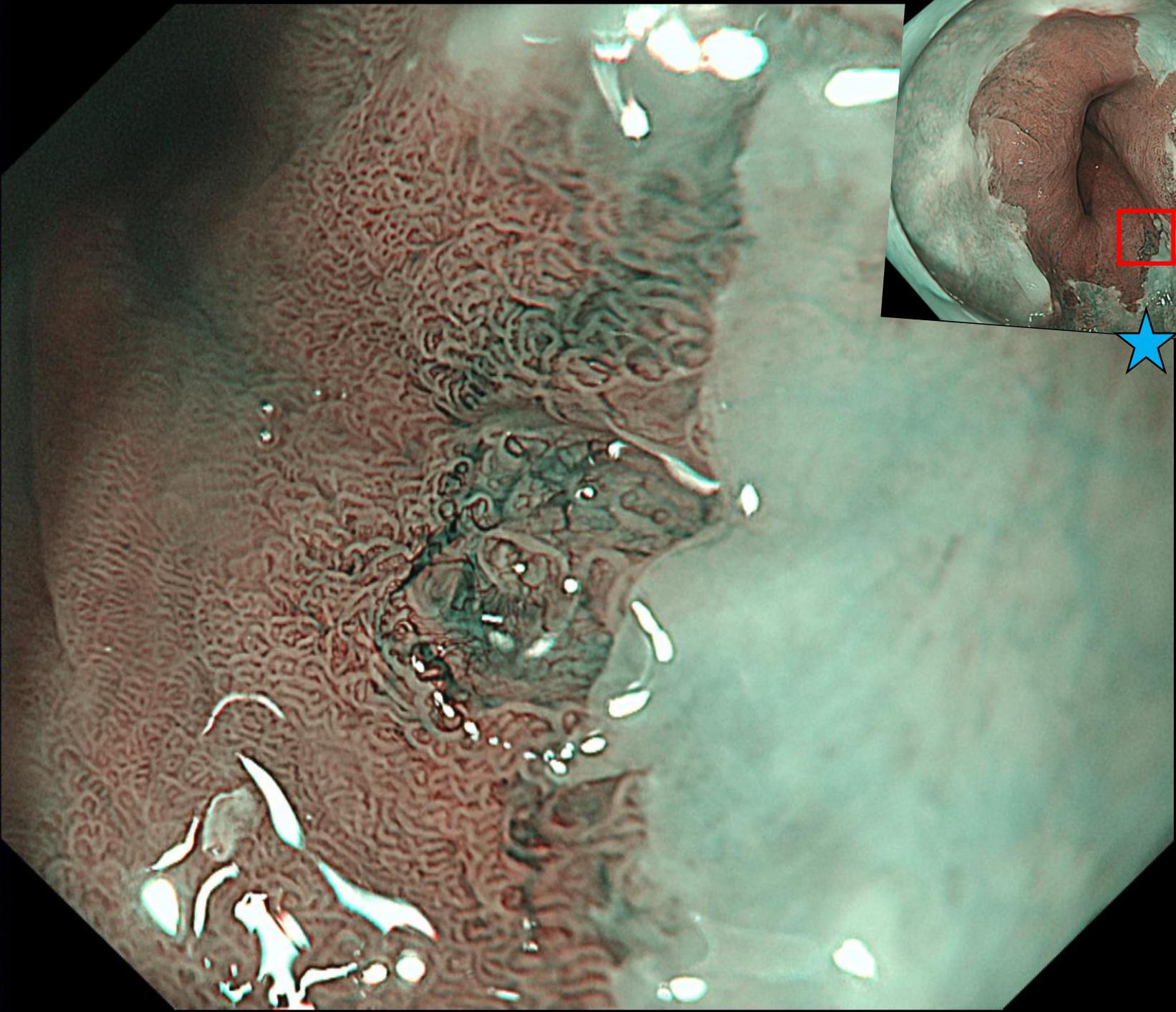


口側

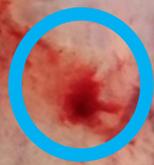


肛門側

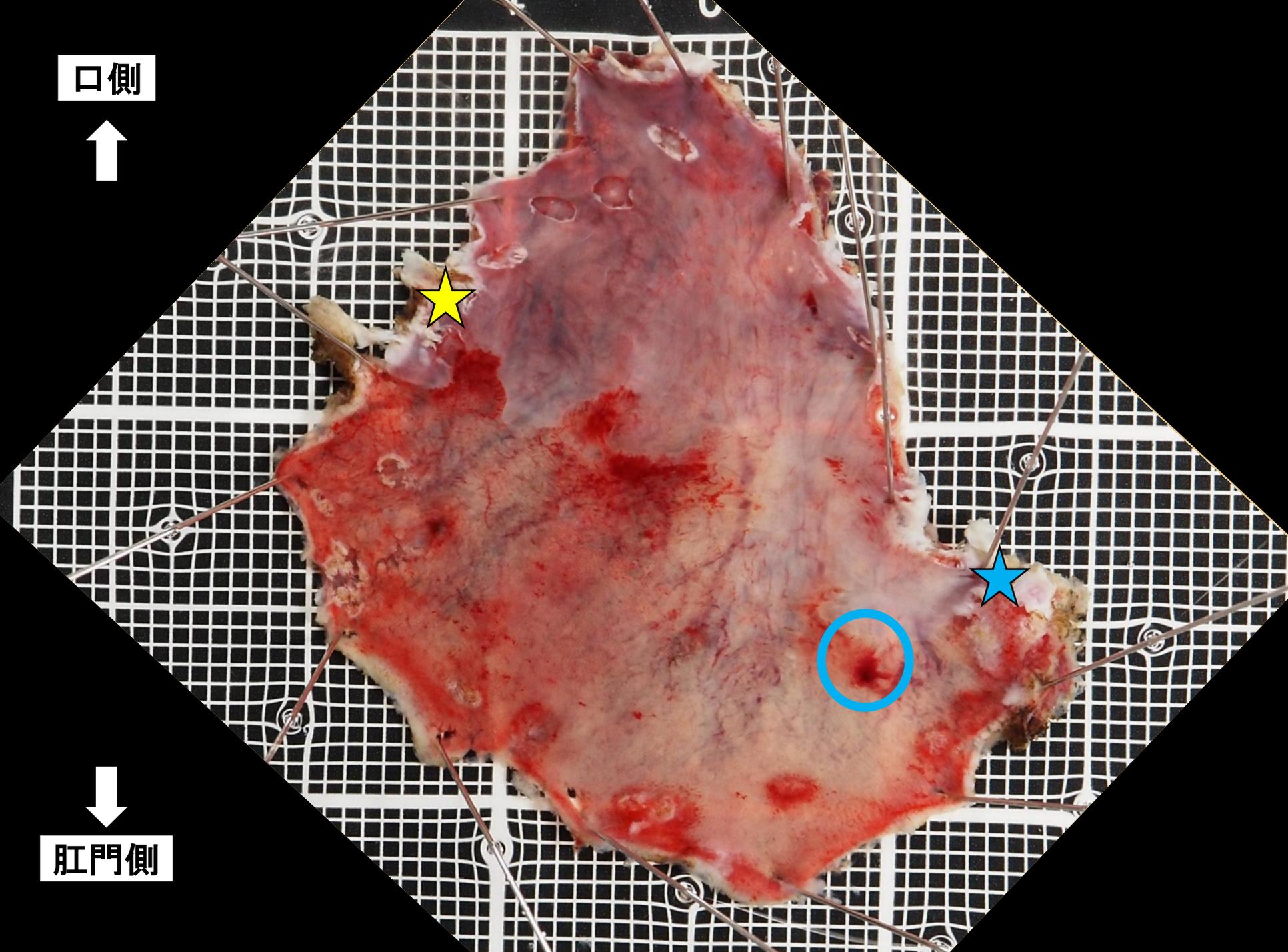
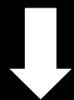




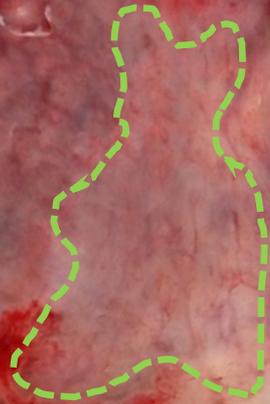
口側



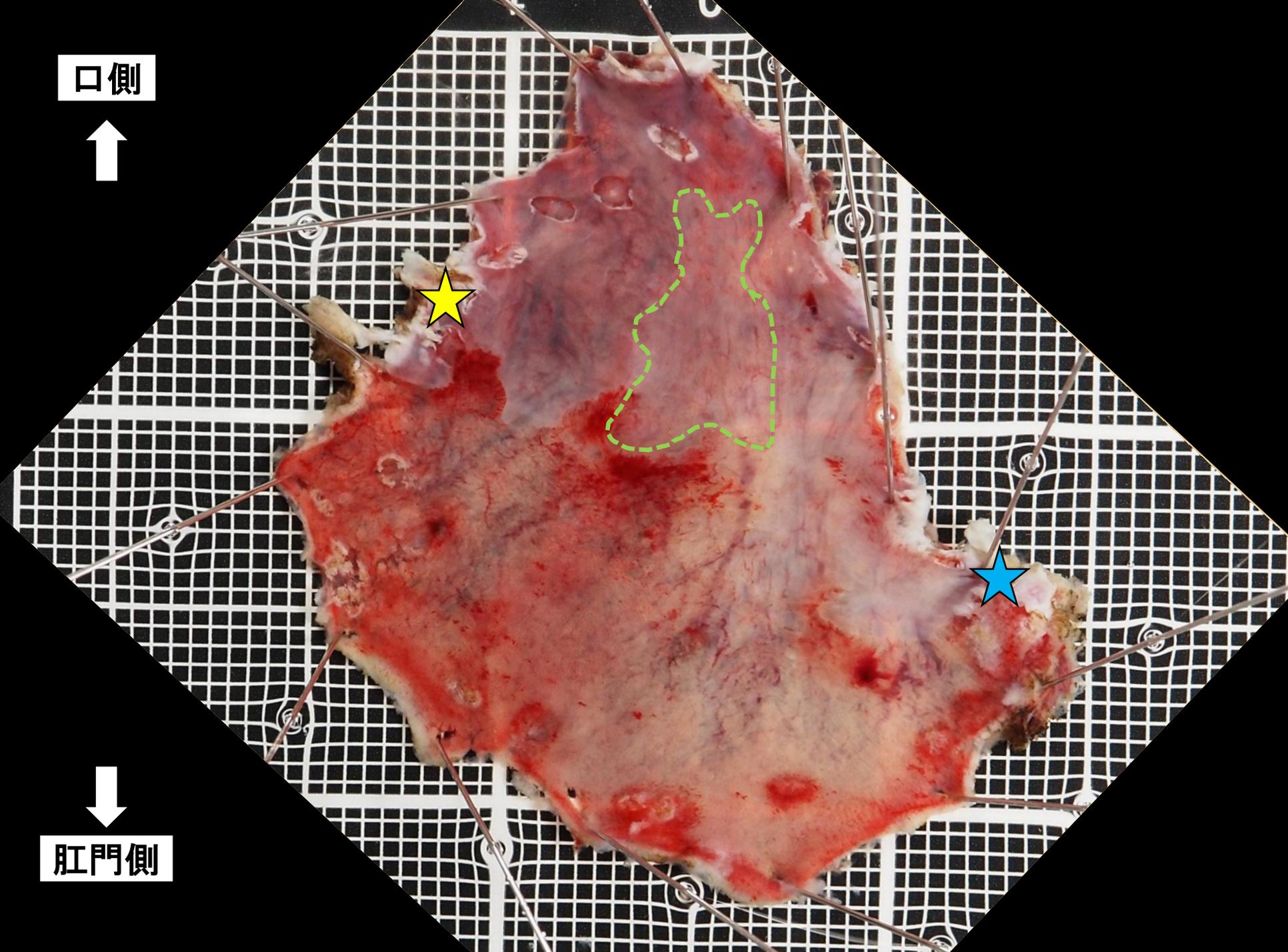
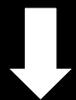
肛門側



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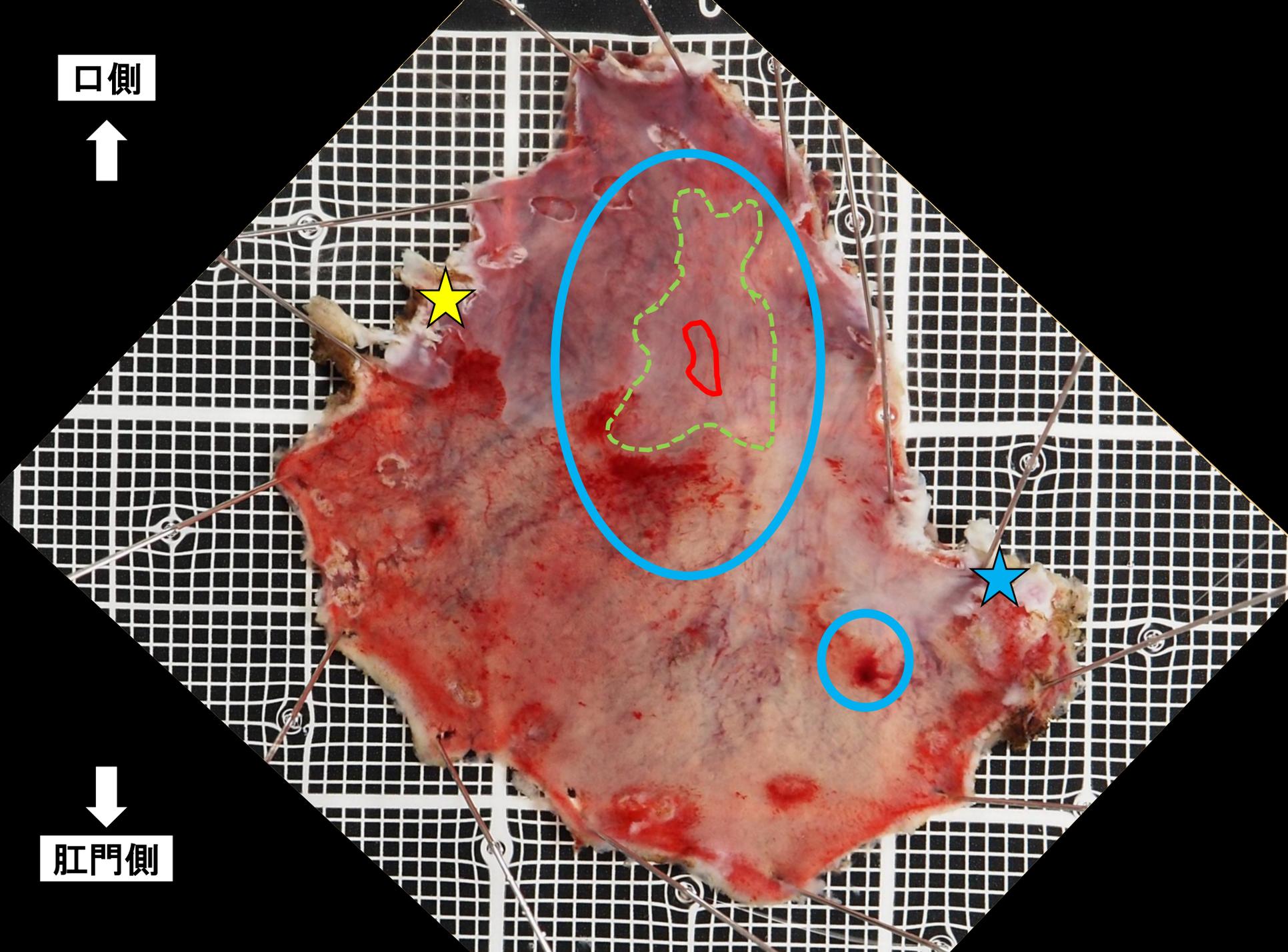
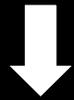
肛門側



口側



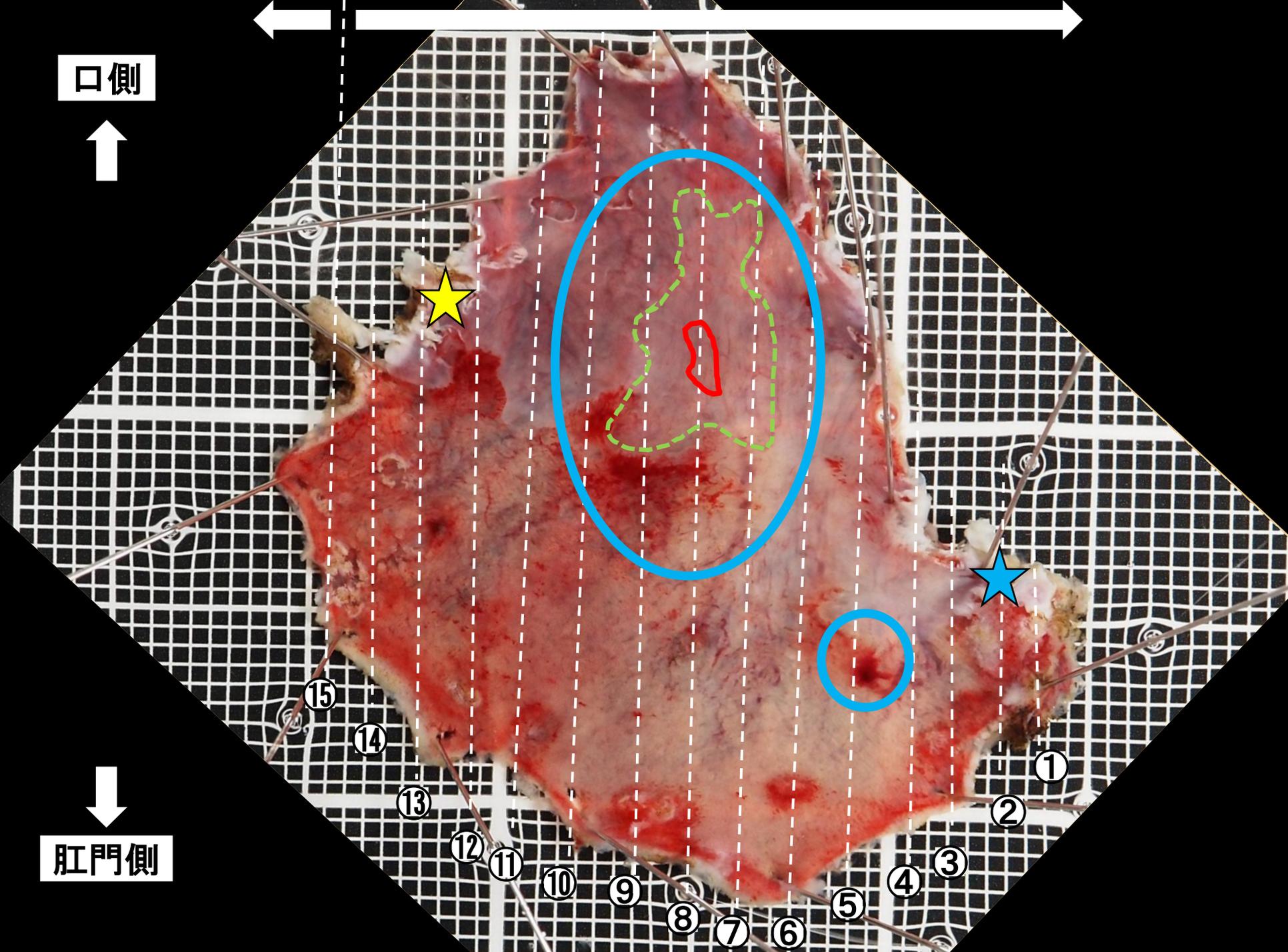
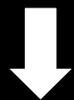
肛門側



口側



肛門側



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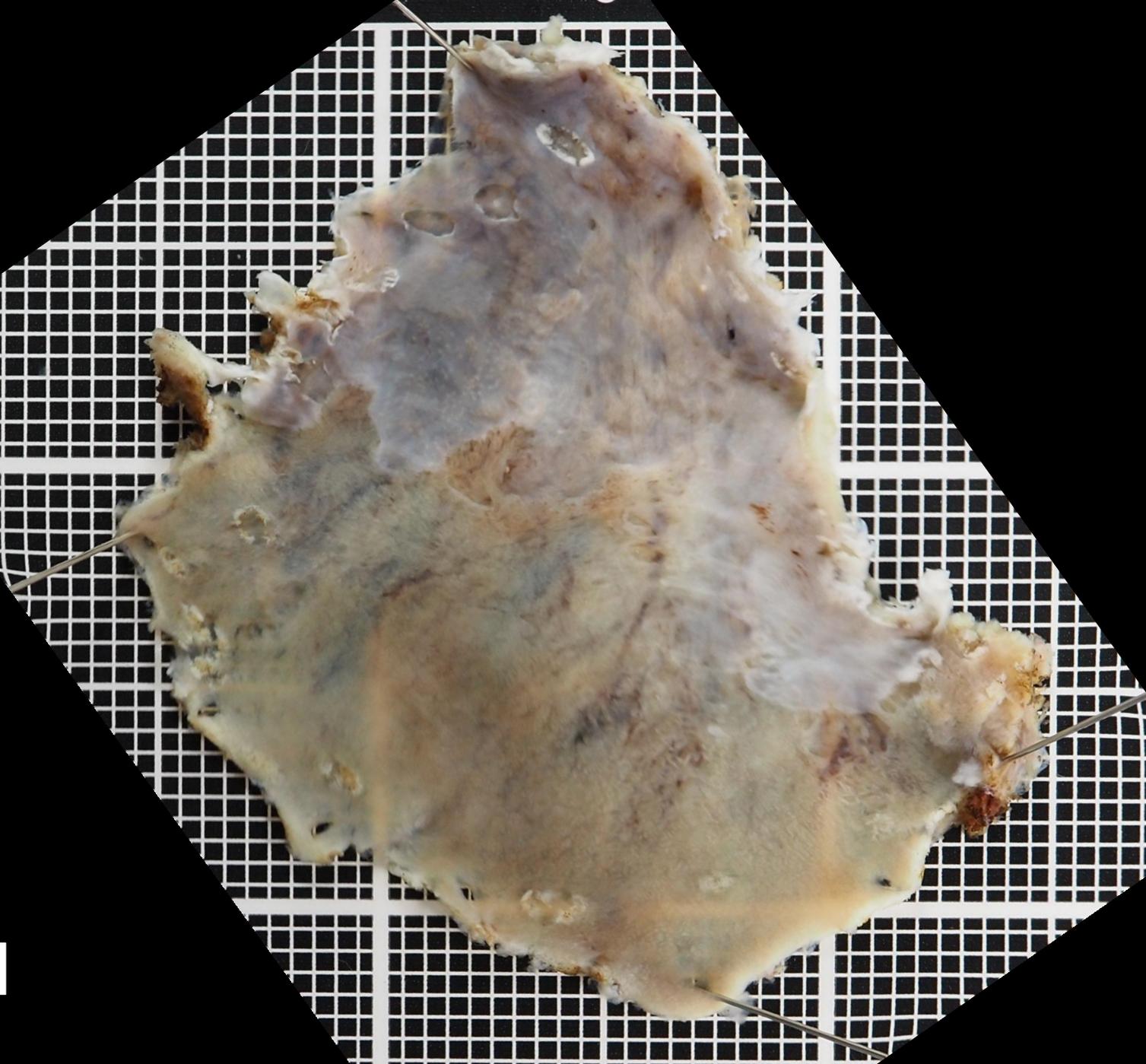
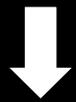
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口側



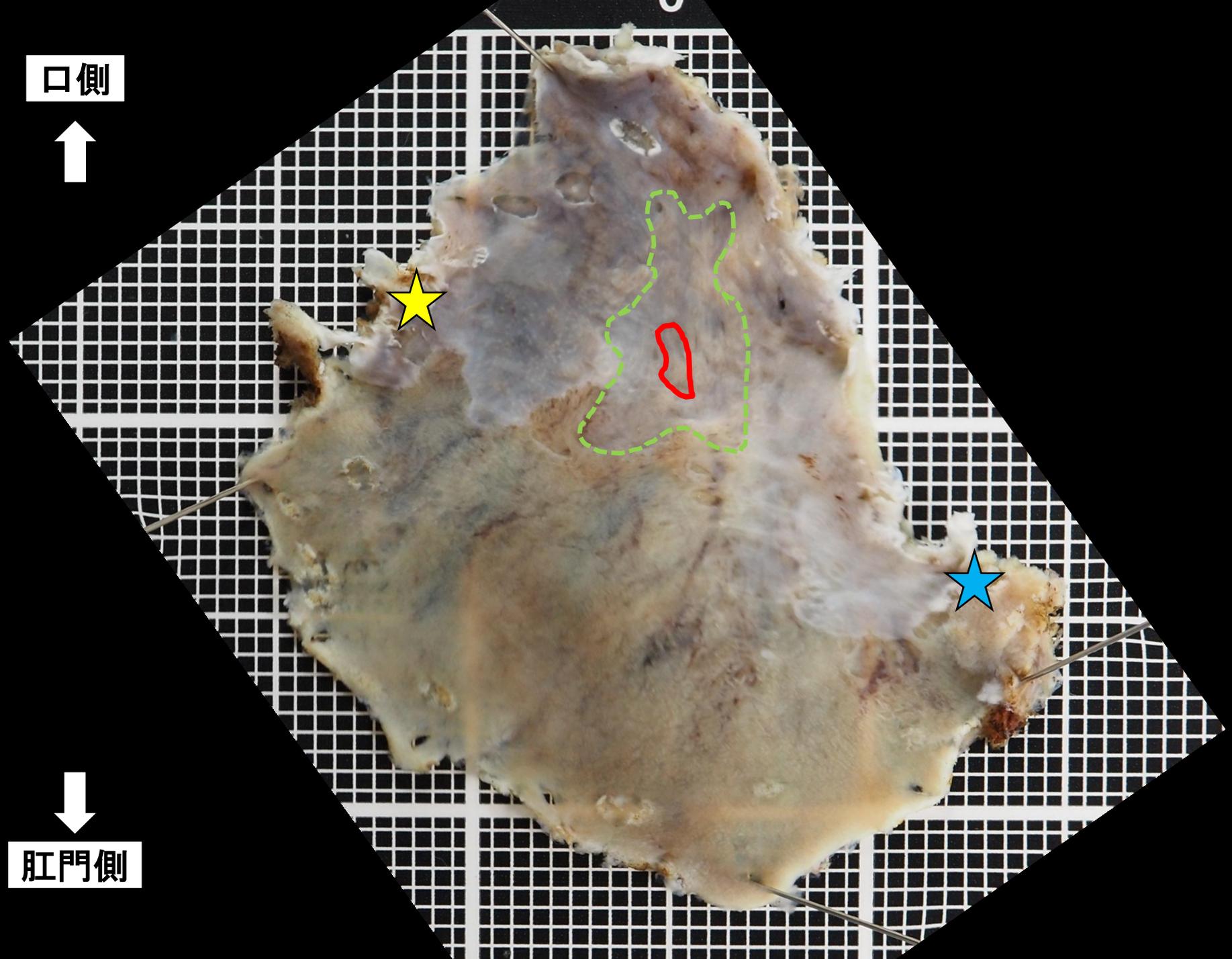
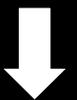
肛門側



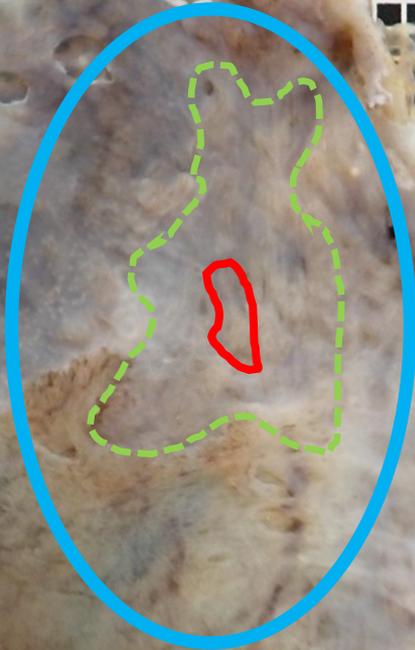
口側



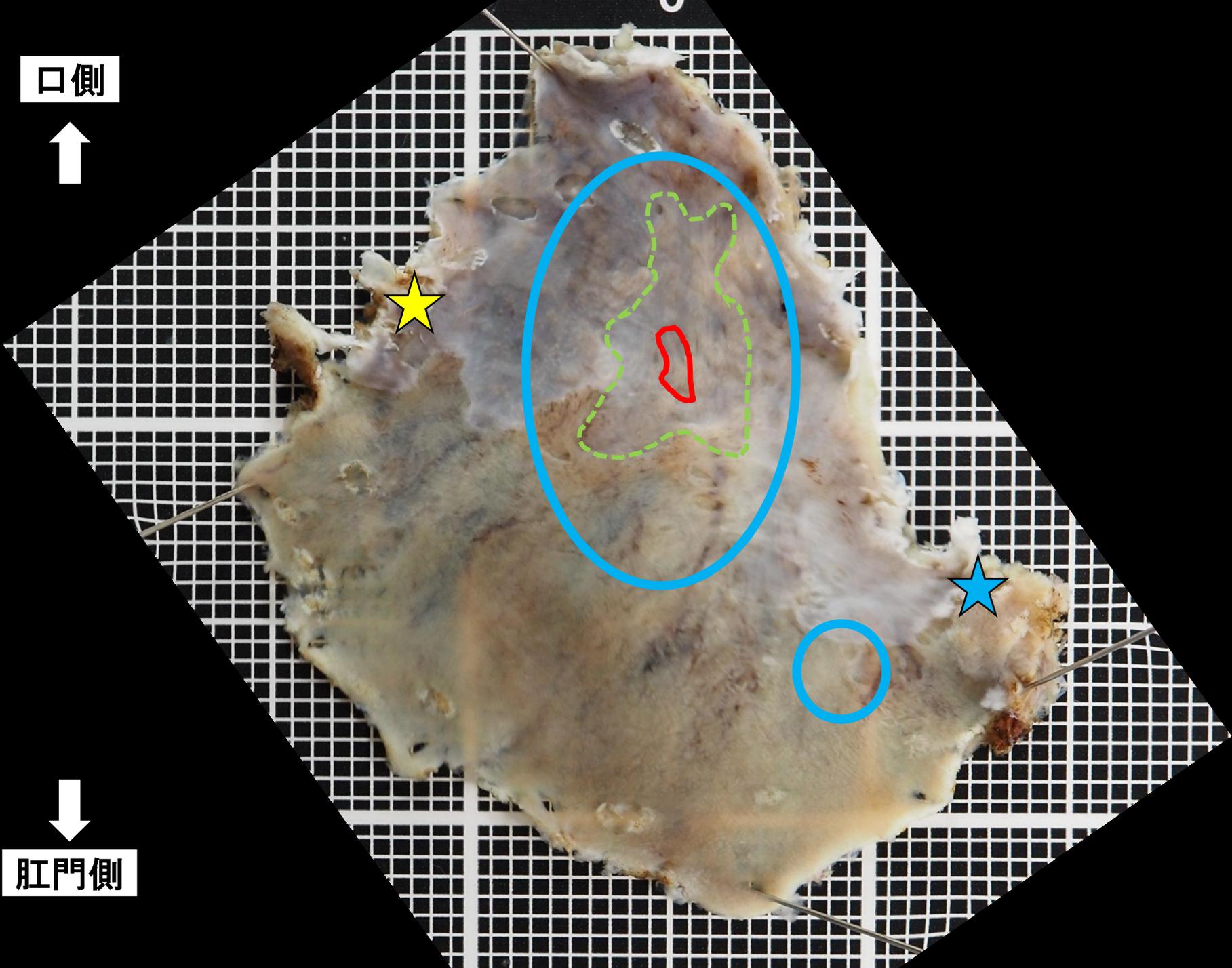
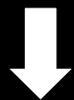
肛門側



口側



肛門側



口側



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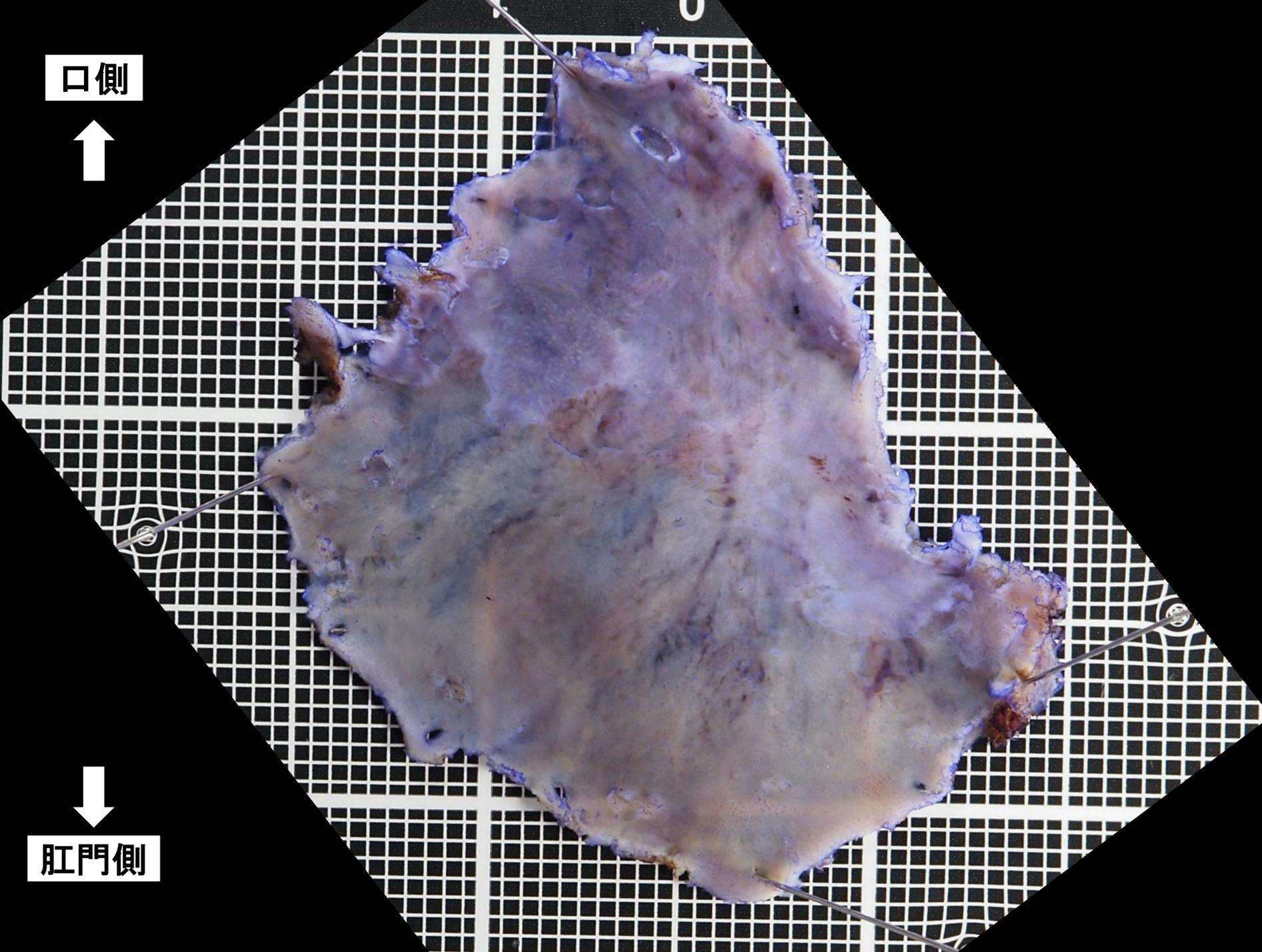
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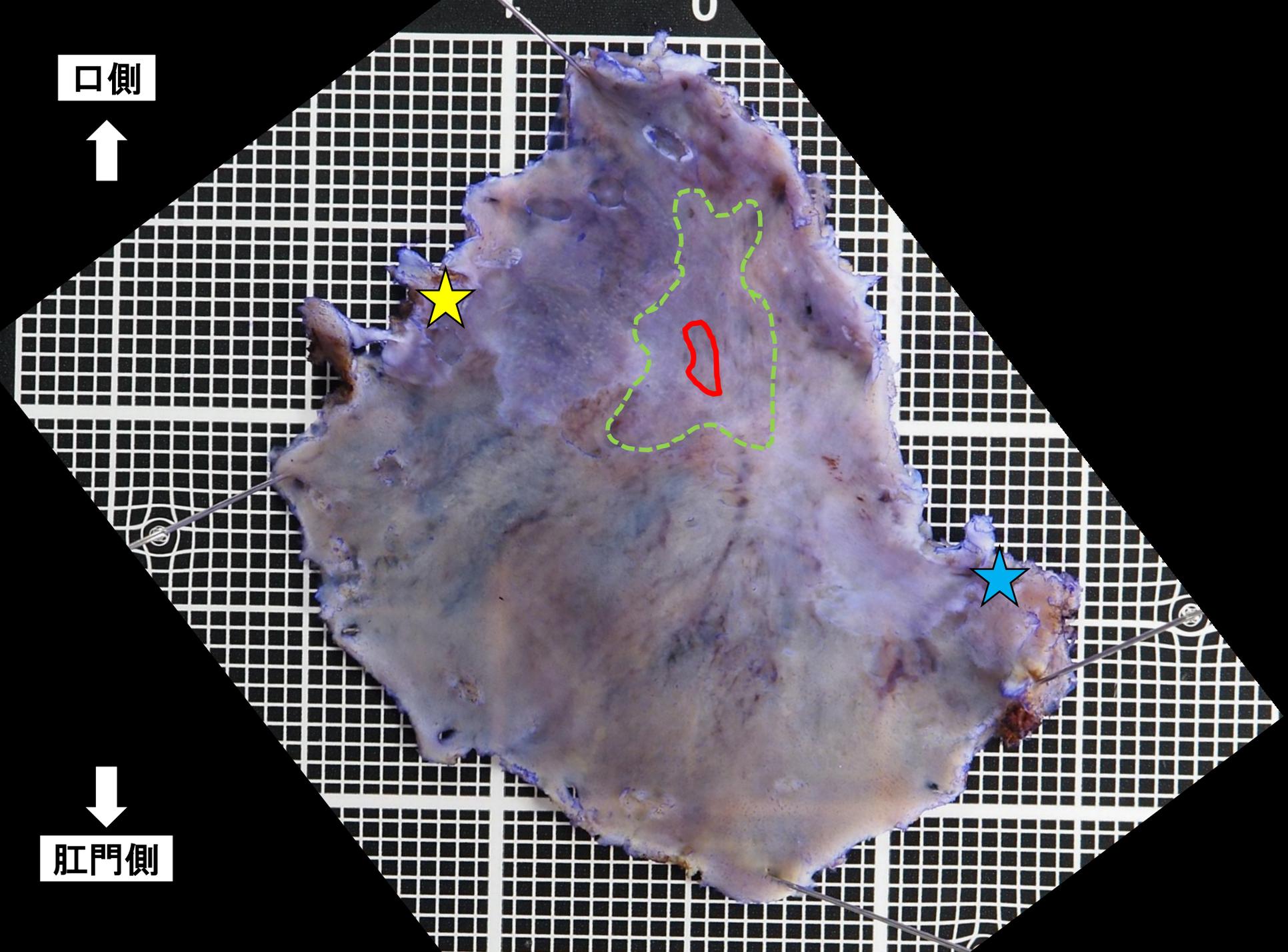
肛門側



口側



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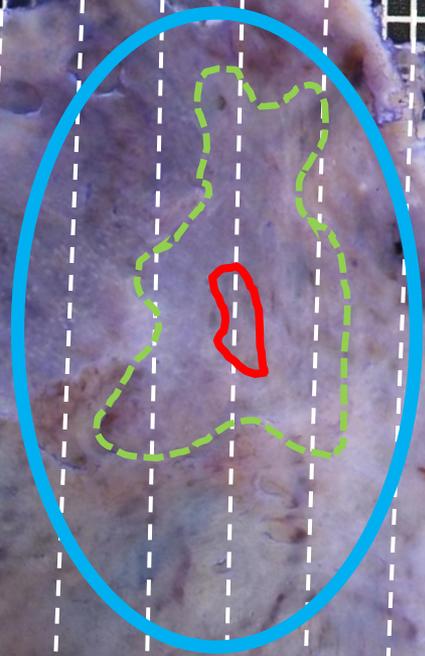
口側



肛門側



口側



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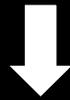
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肛門側



Key Slice

口側



肛門側



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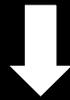
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口側



肛門側



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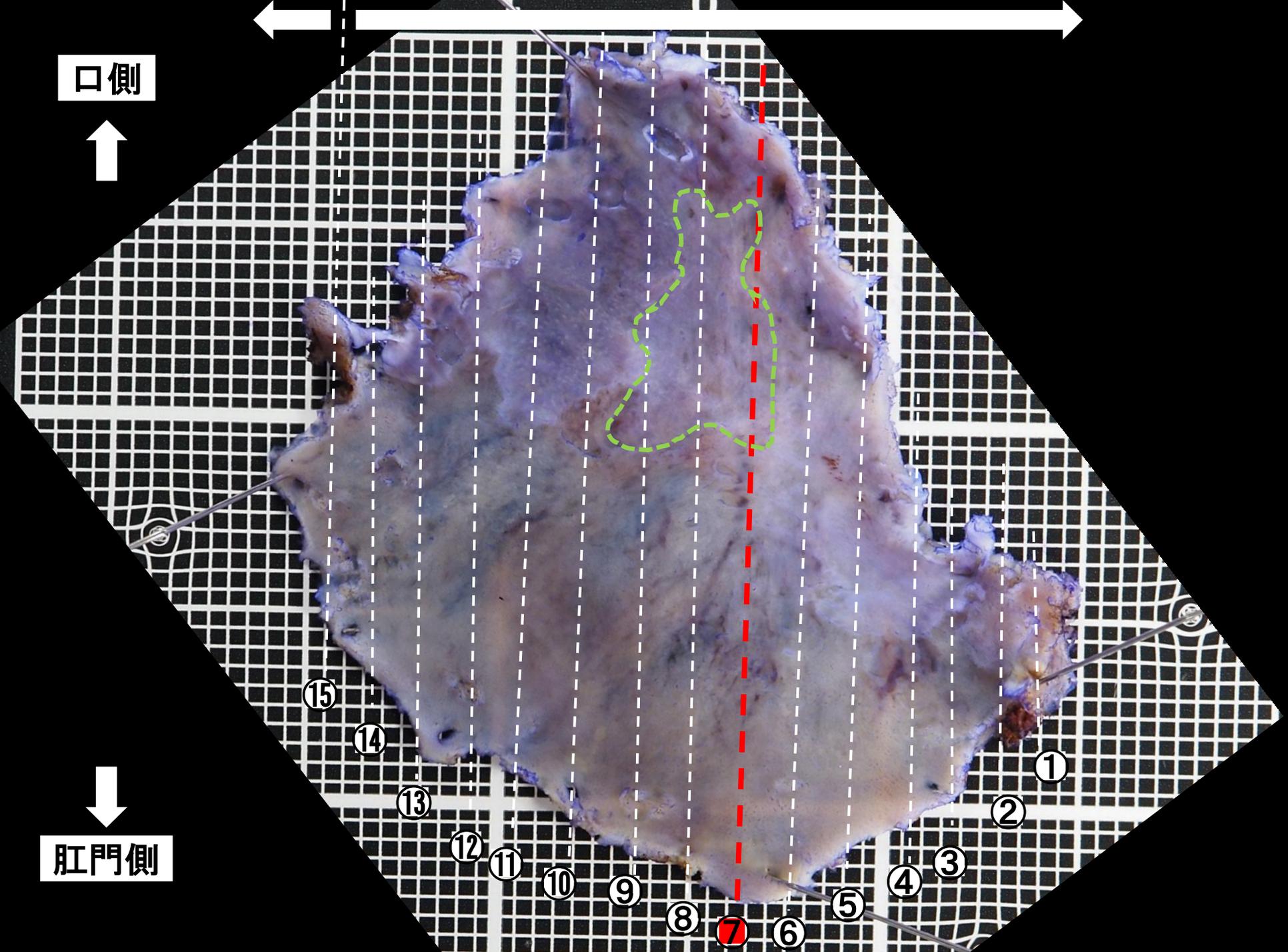
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口側



肛門側



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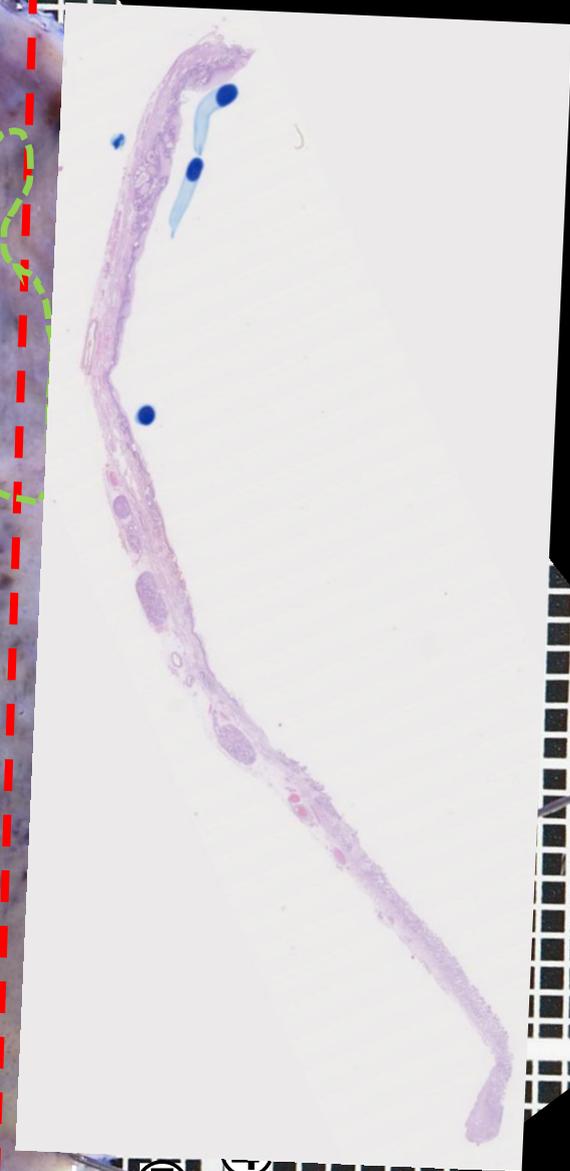
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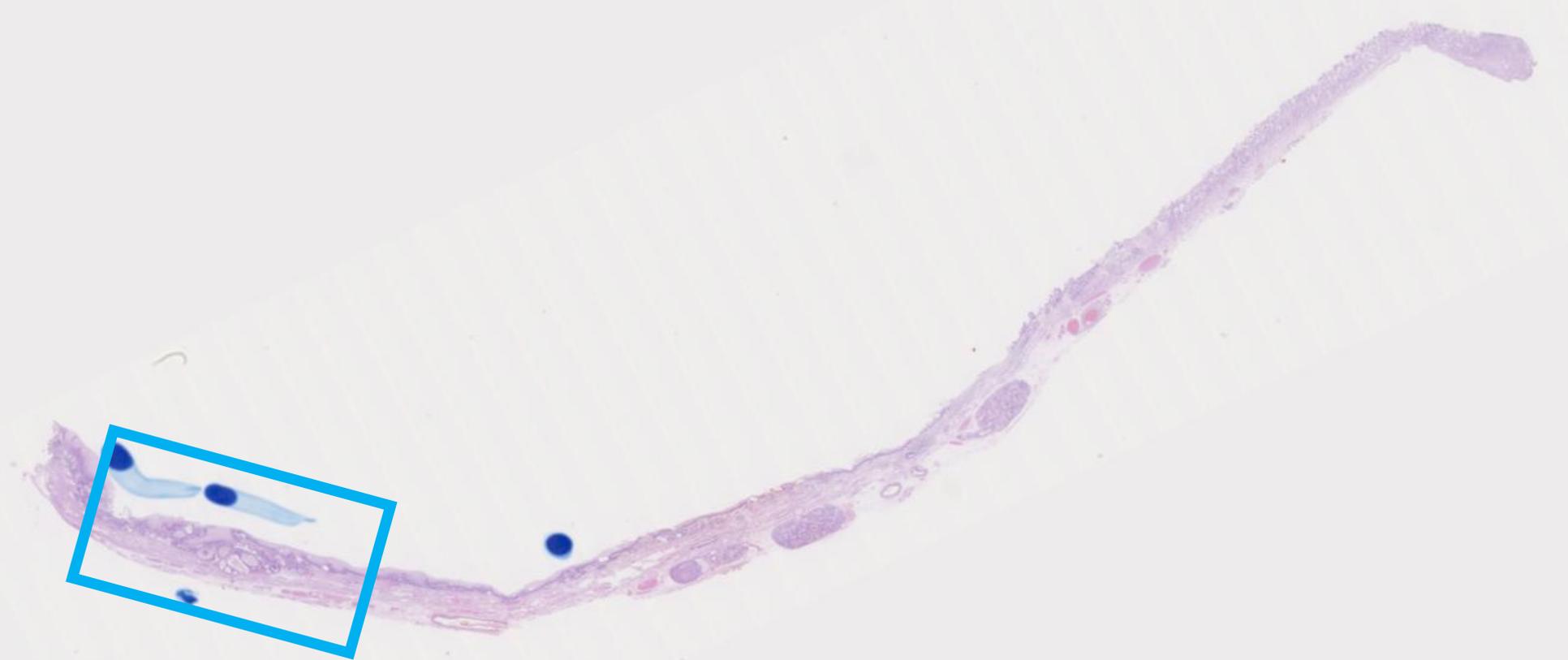
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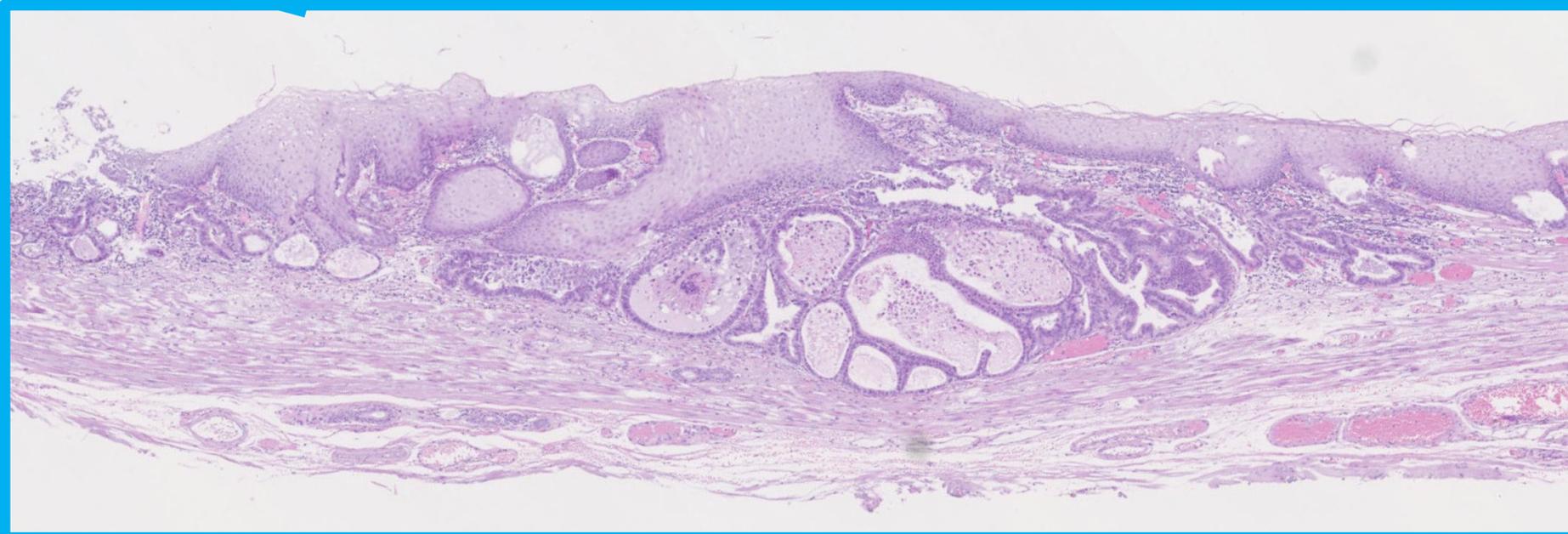
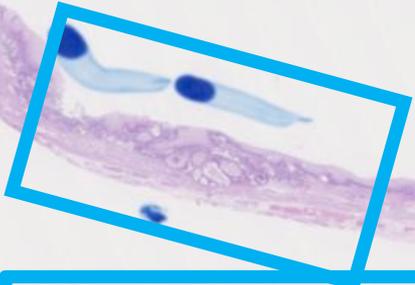
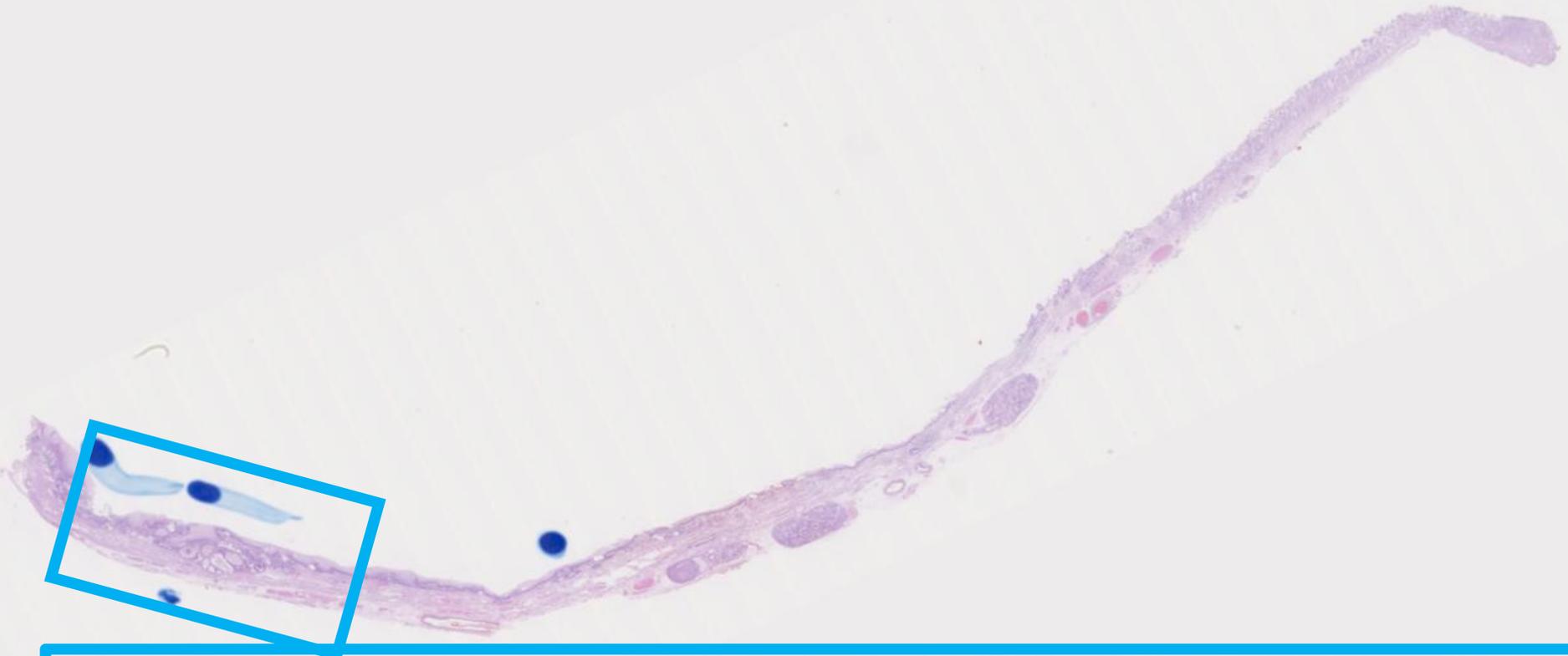
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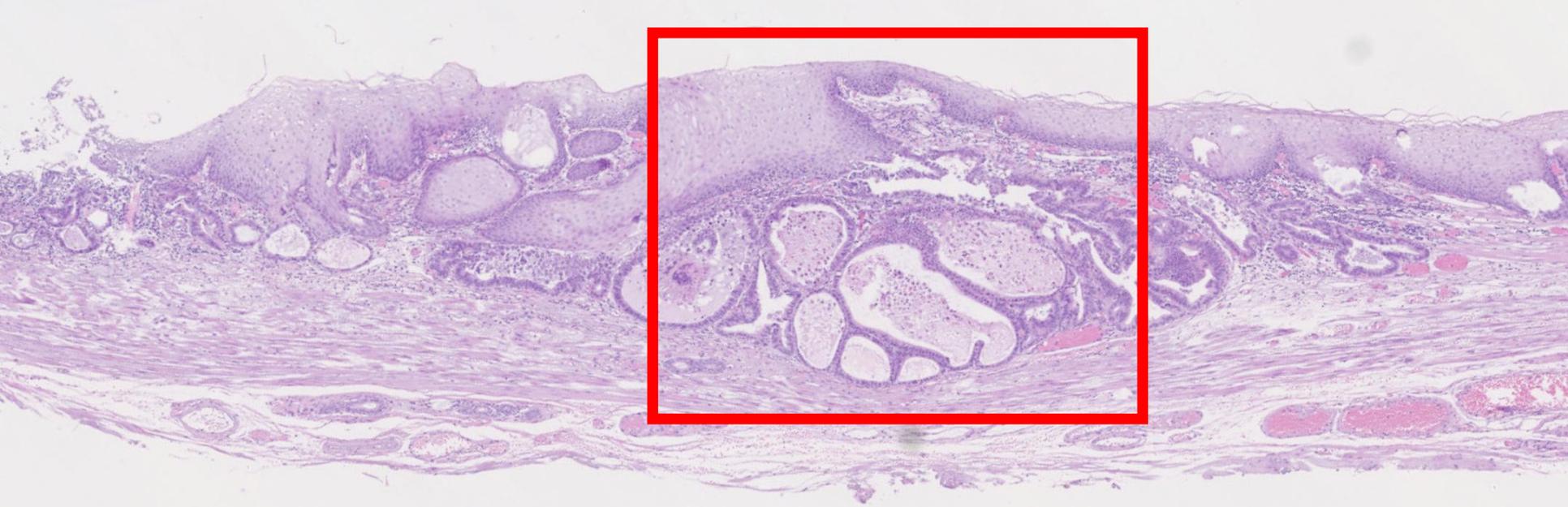
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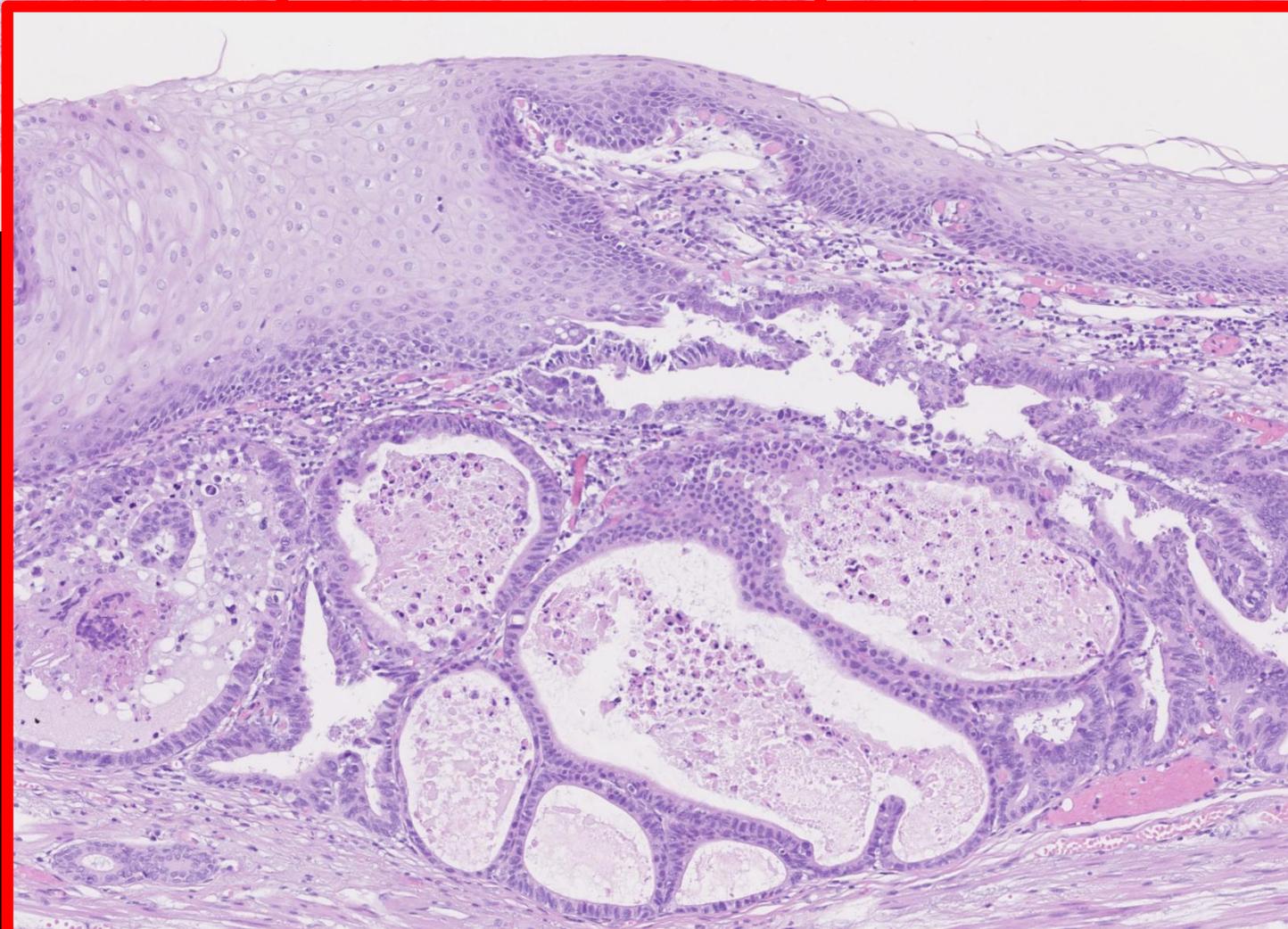
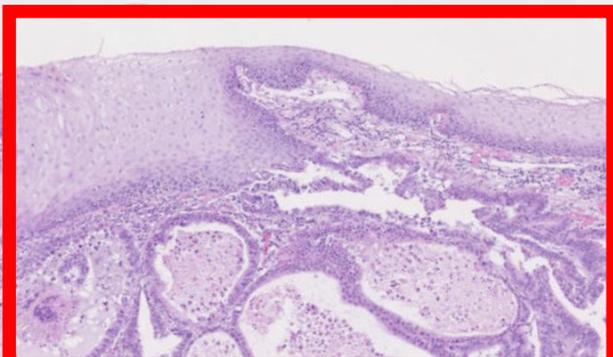
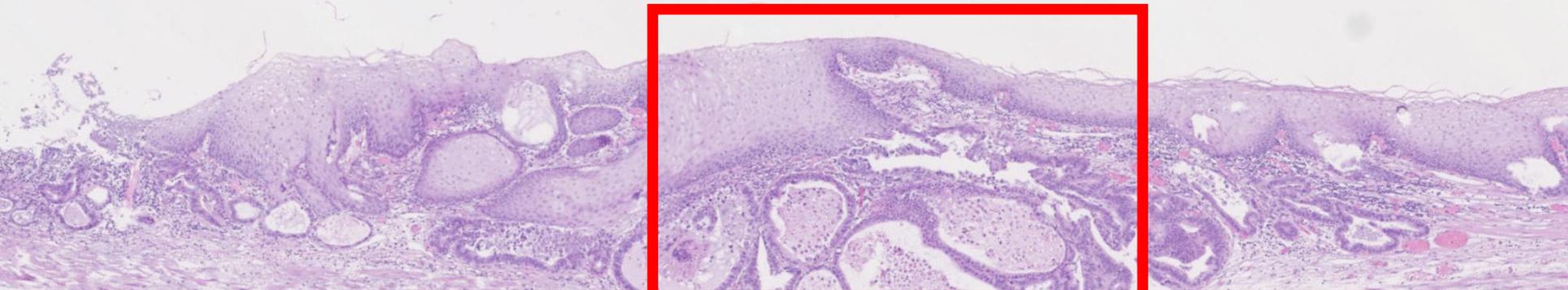
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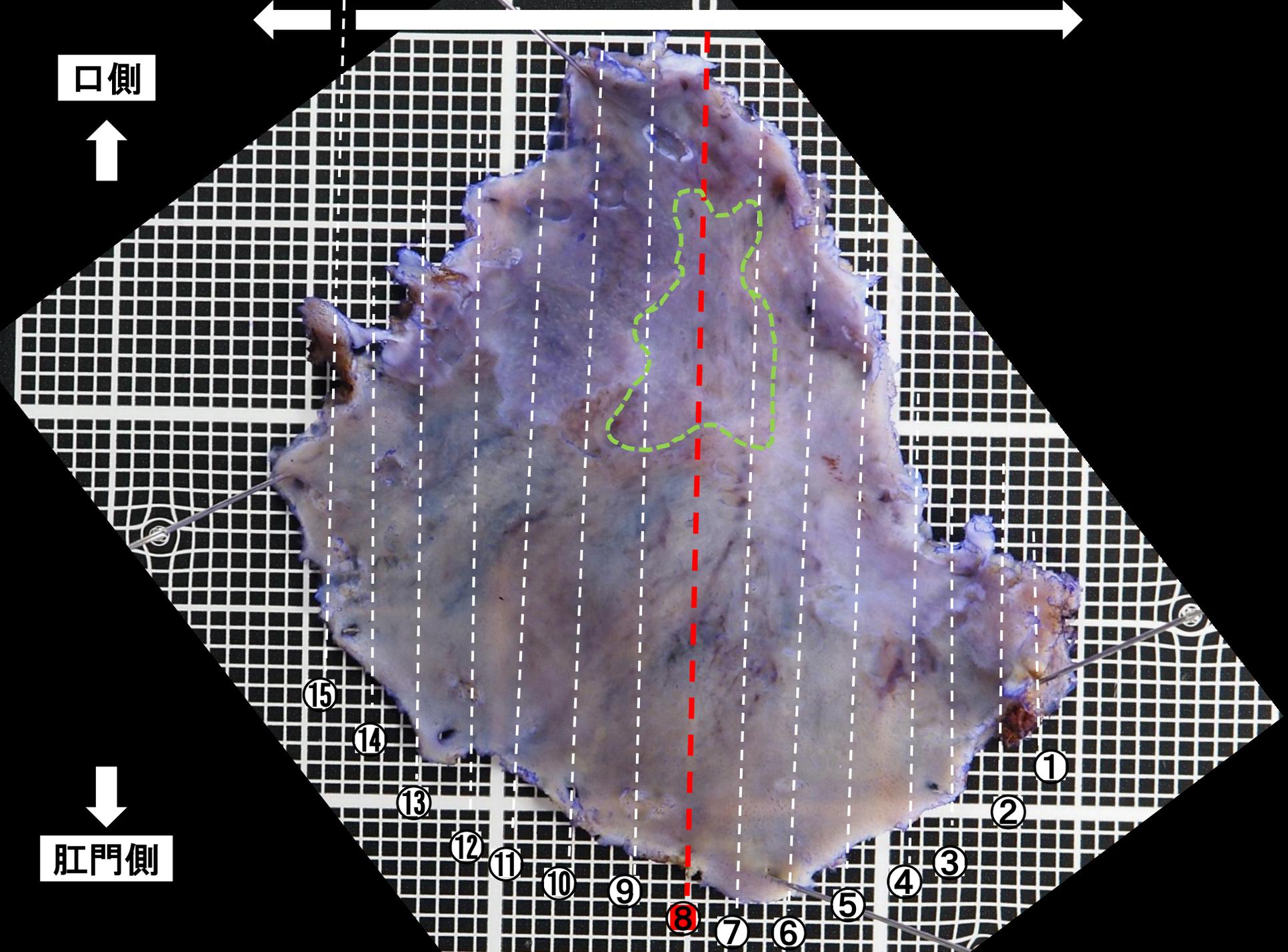
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口側



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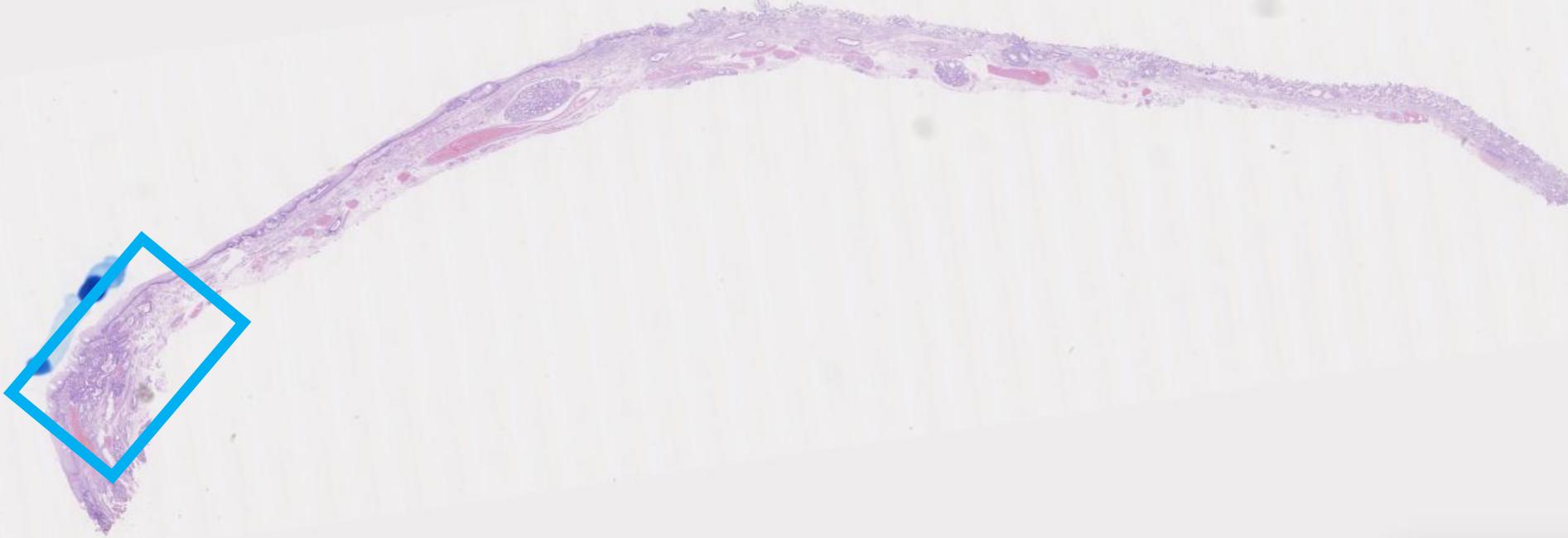
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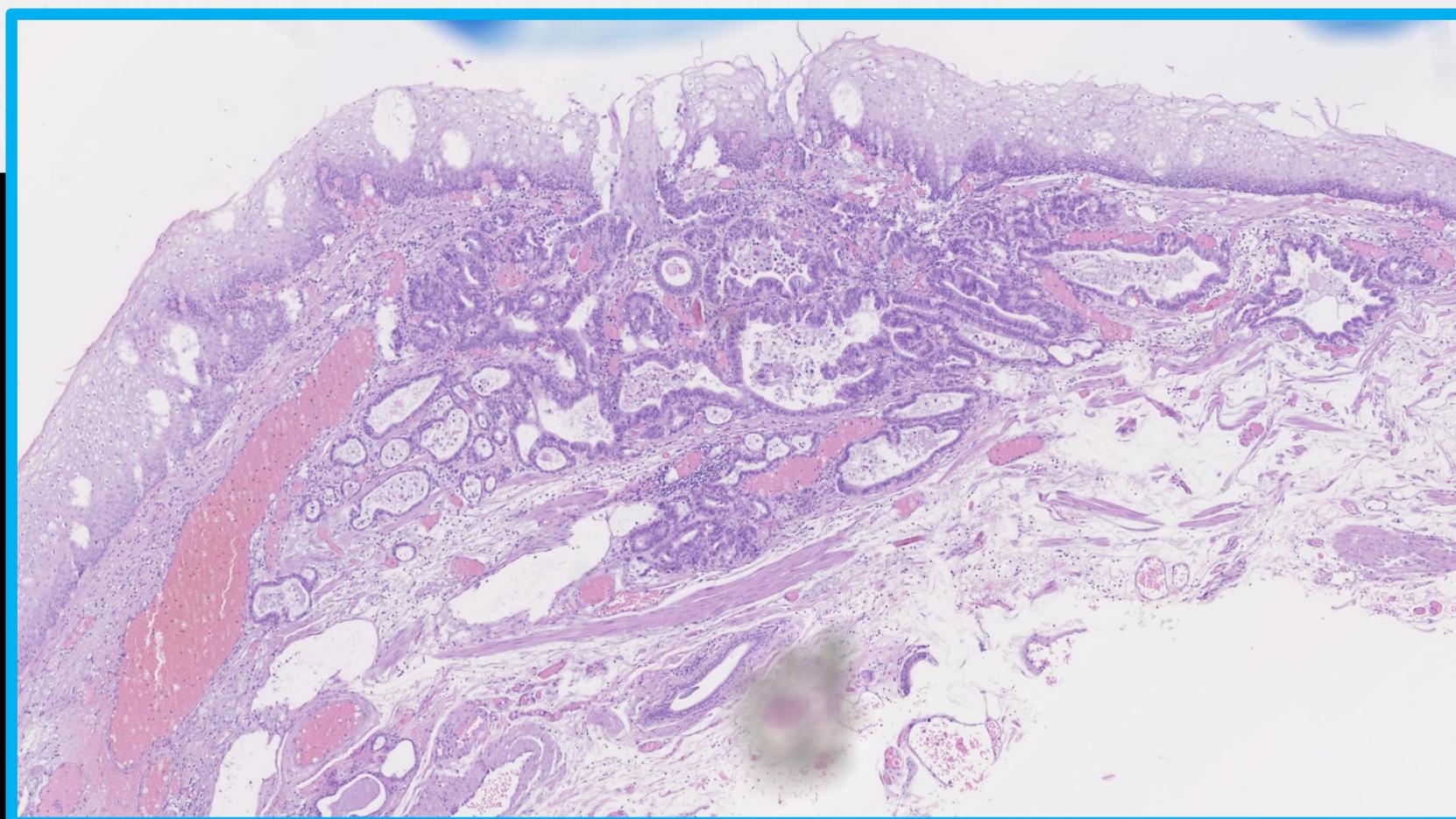
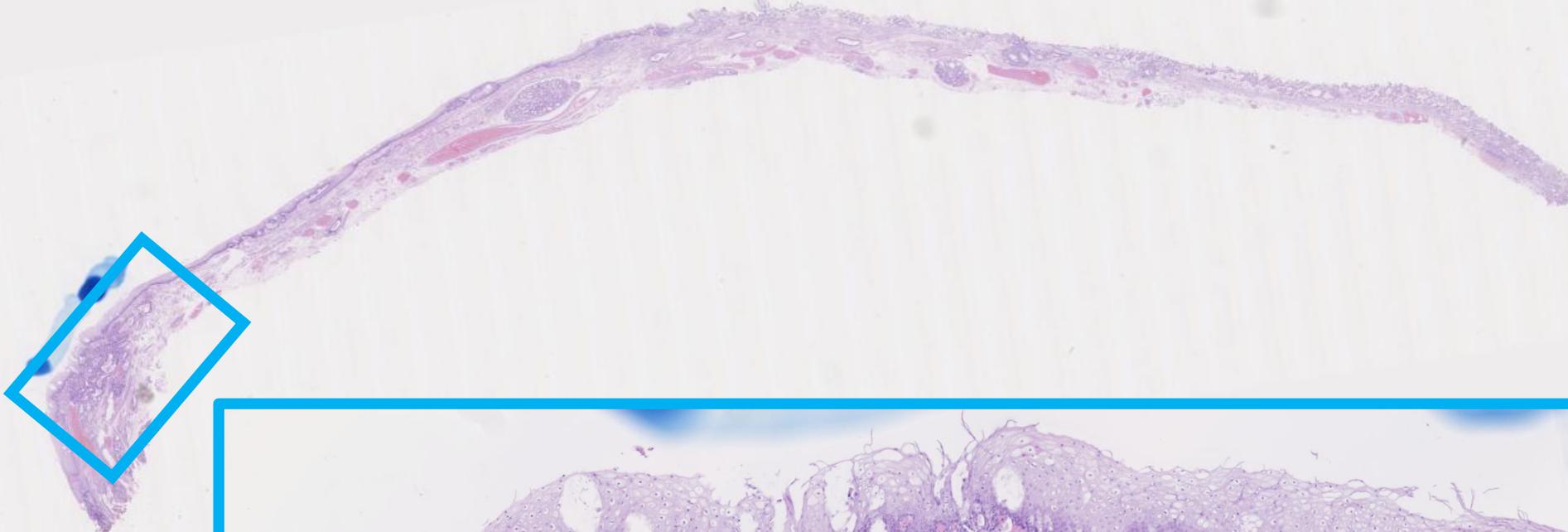
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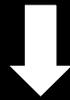




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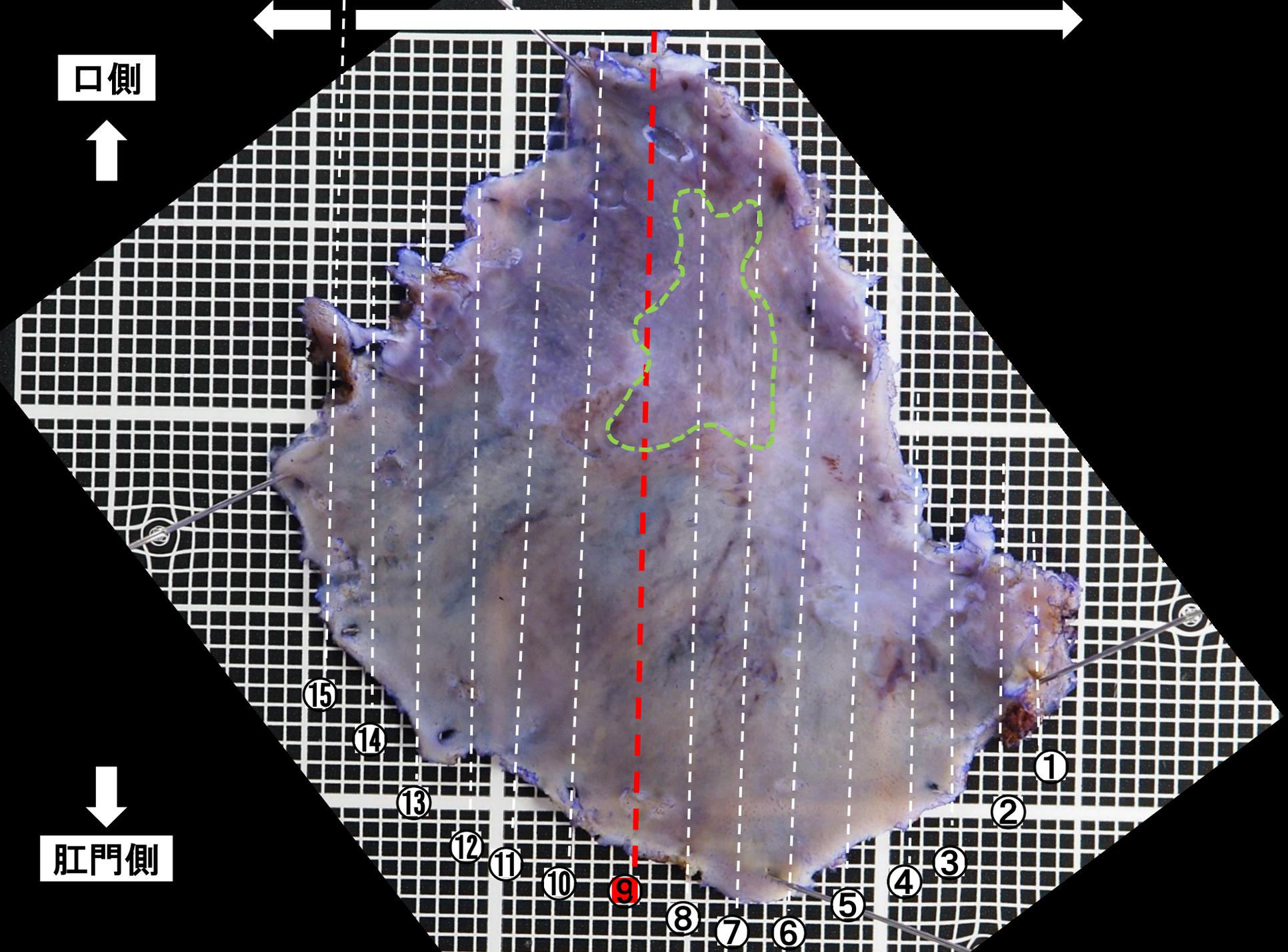
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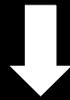
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口側



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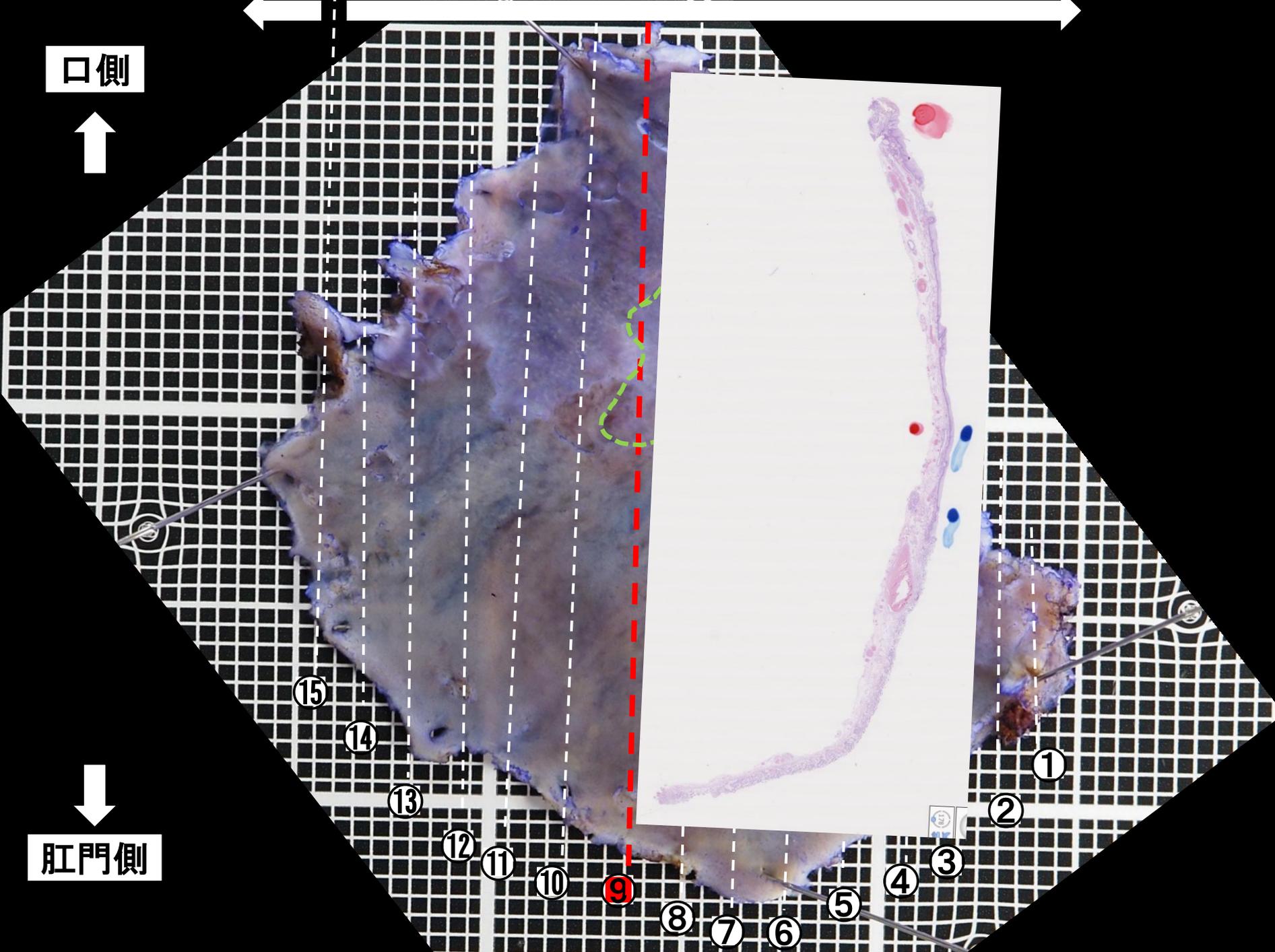
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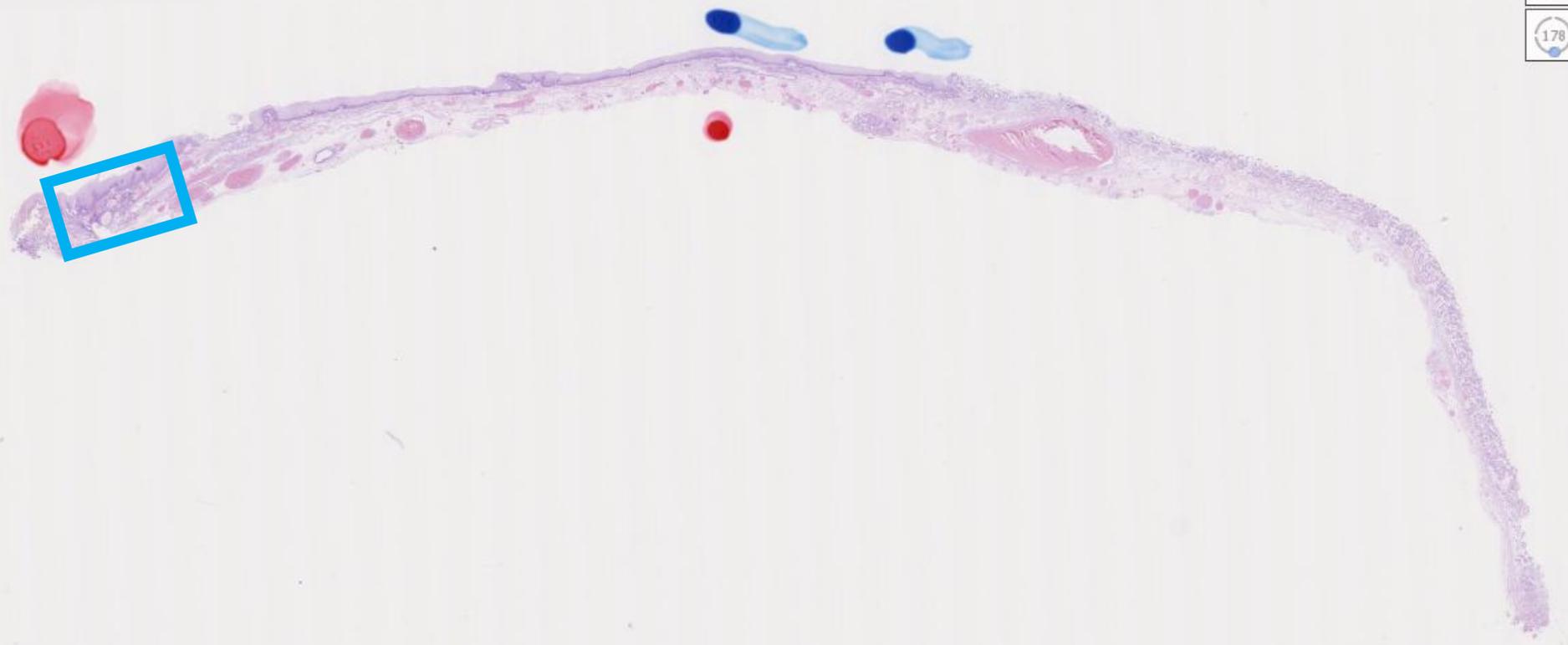
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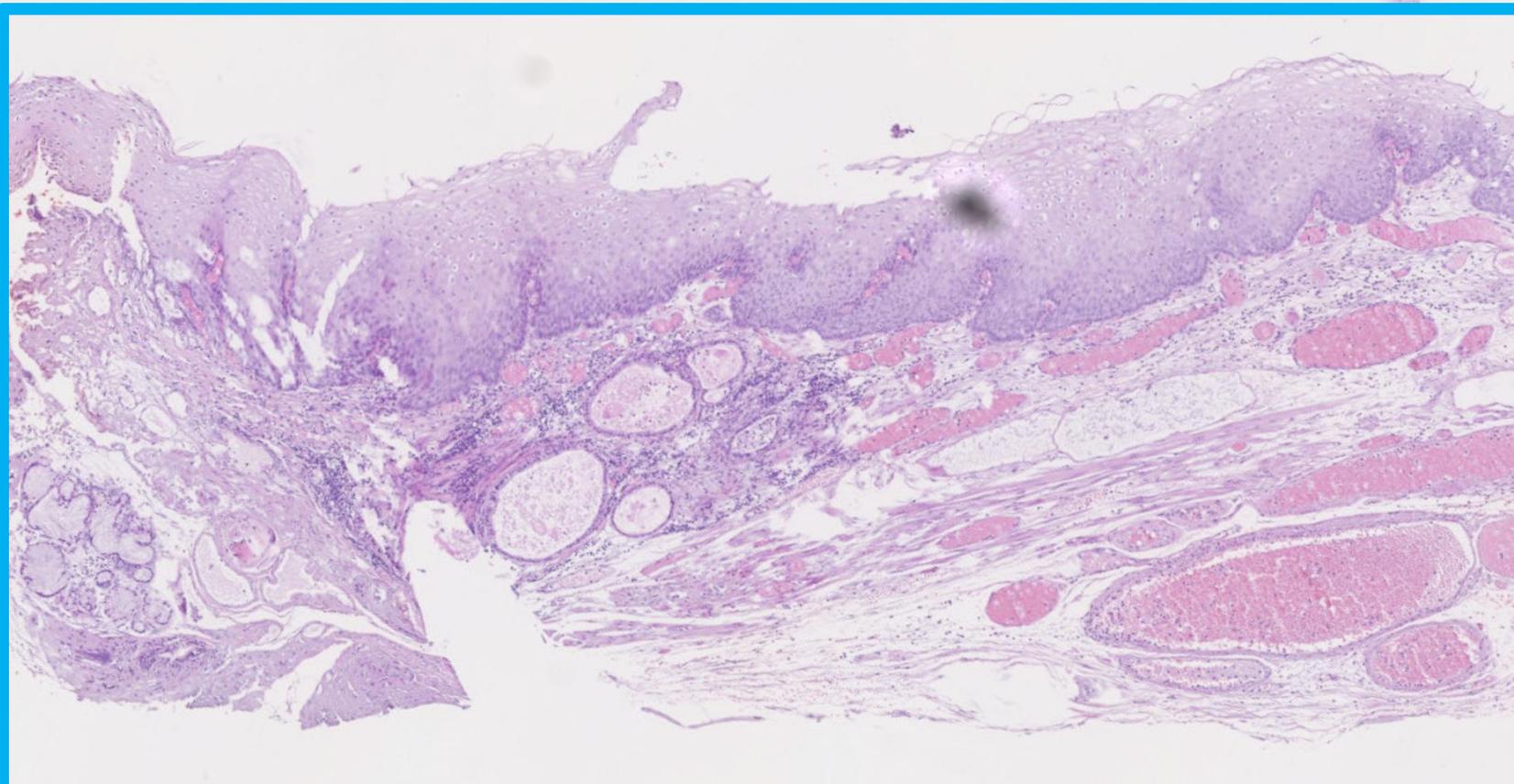
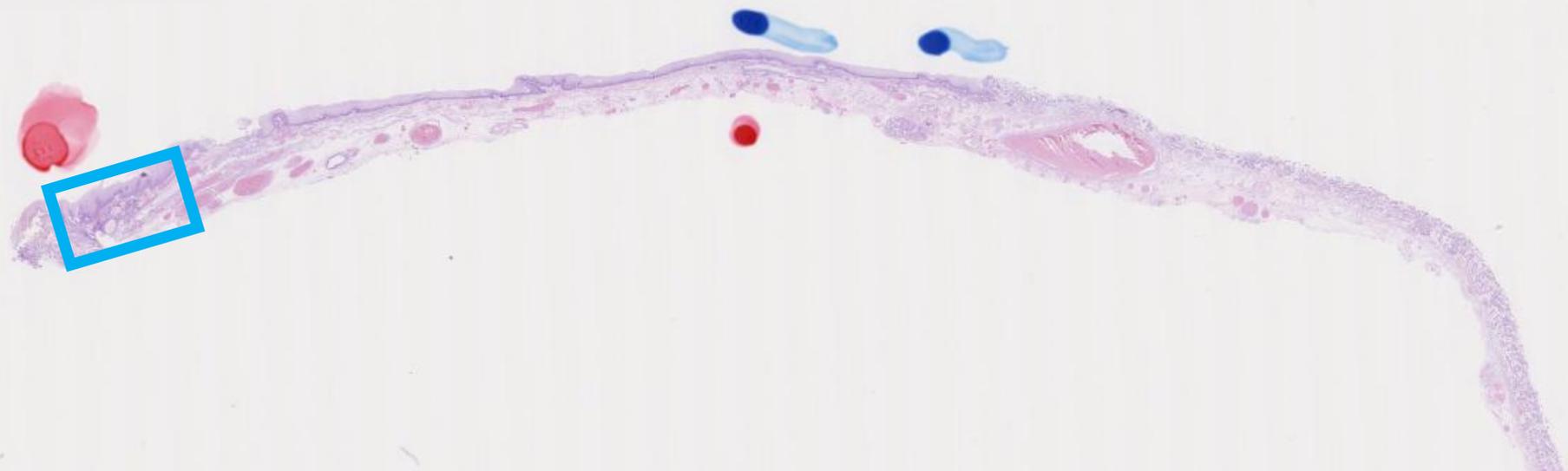
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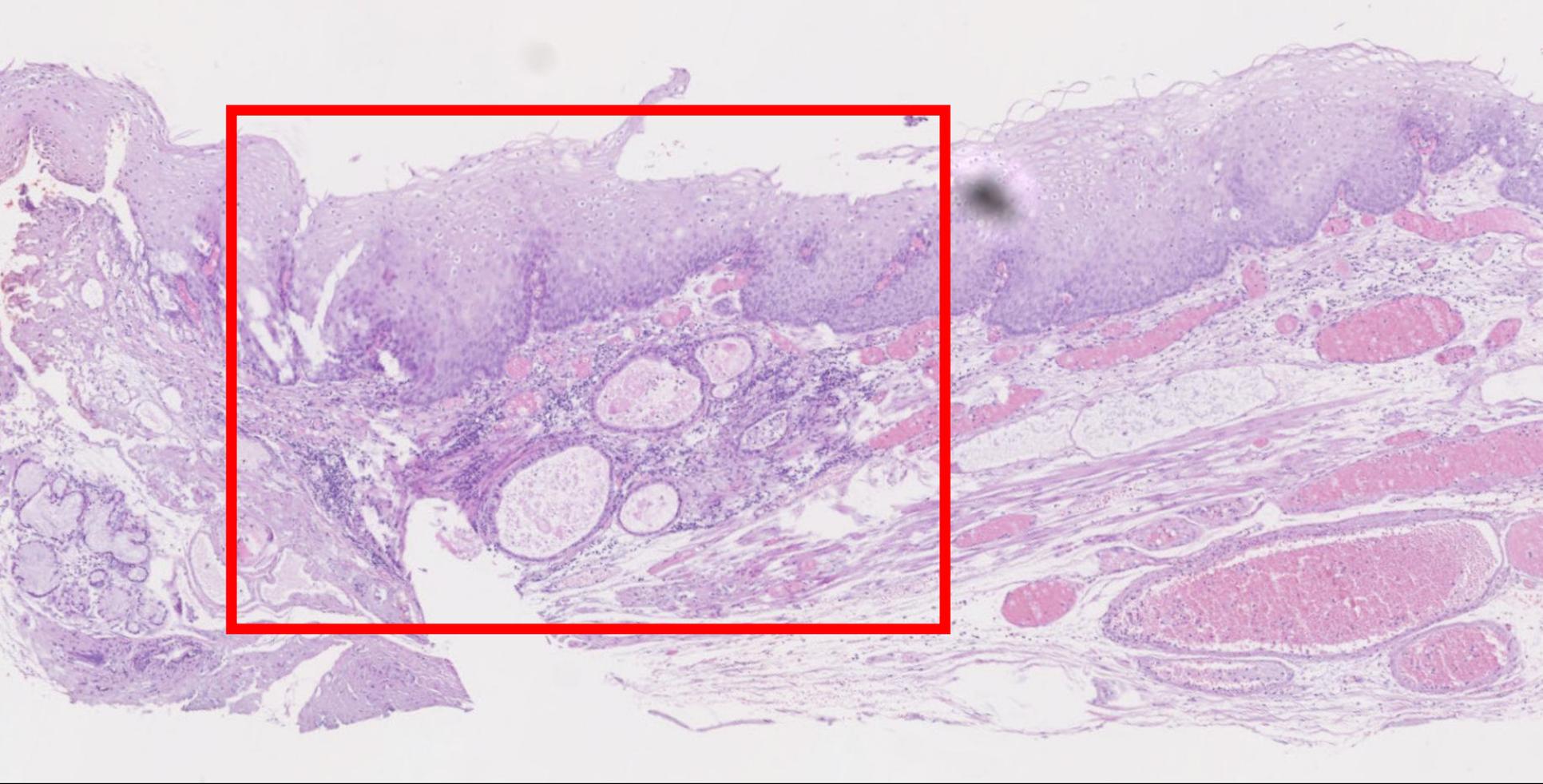
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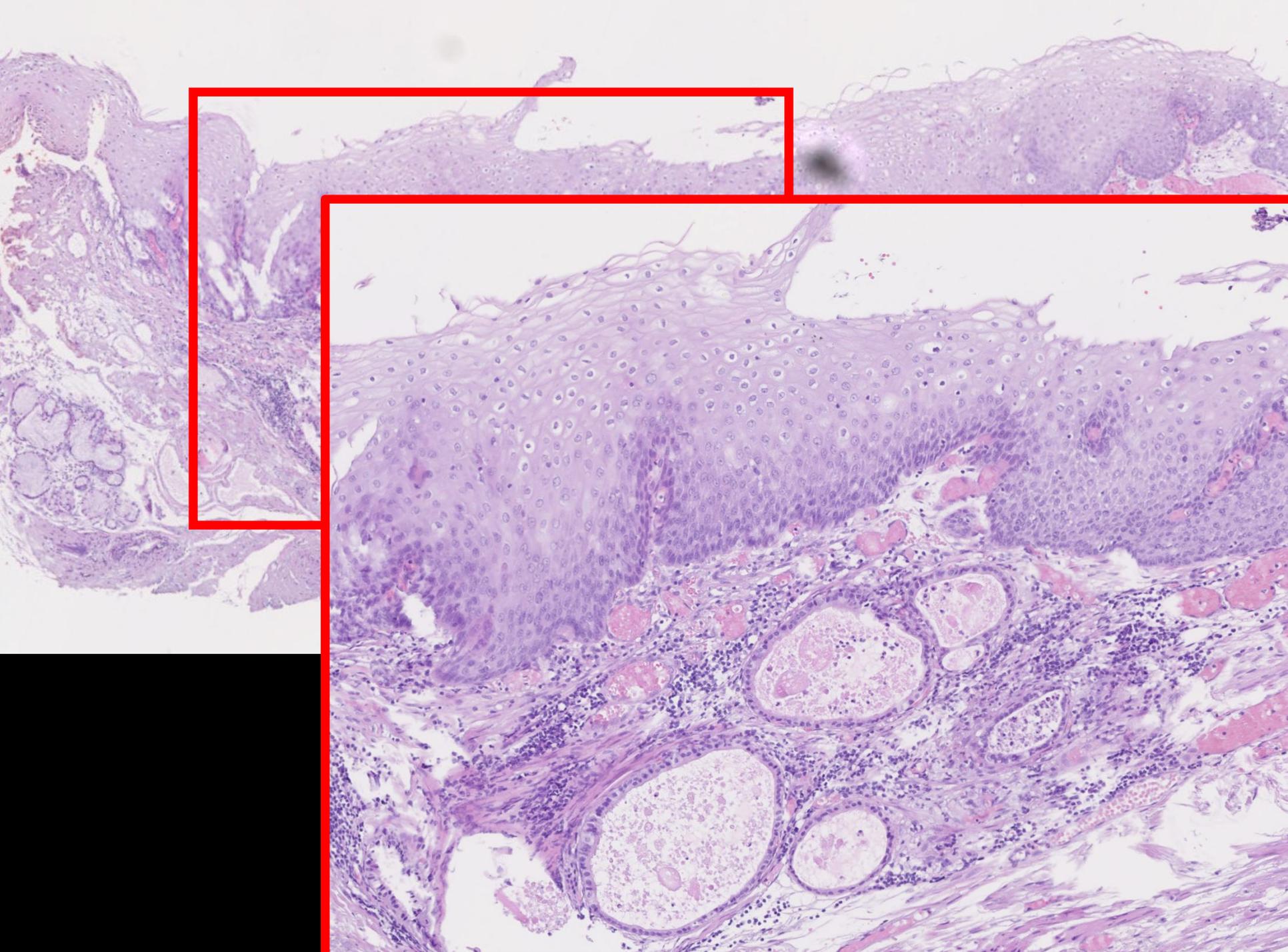
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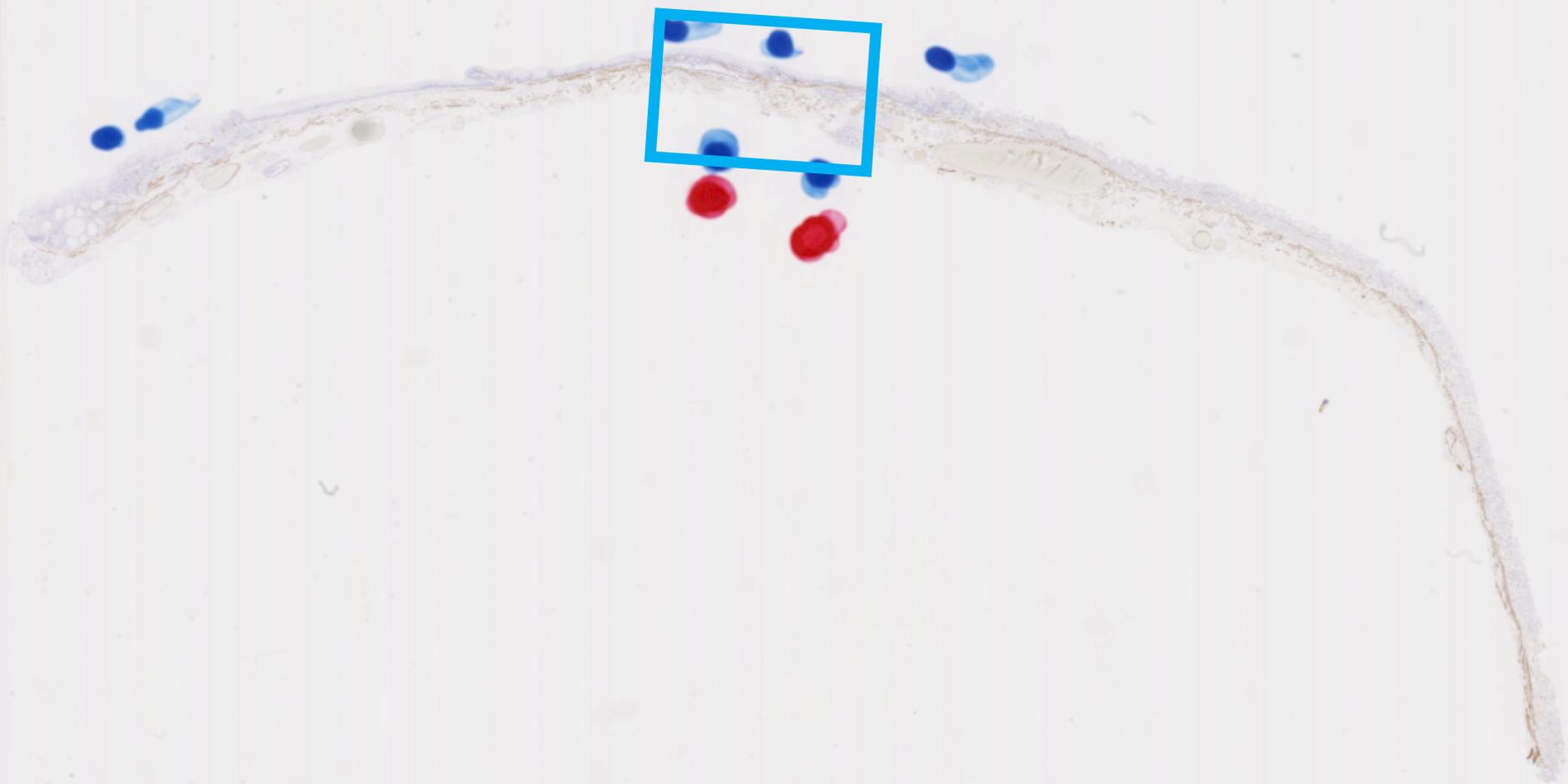


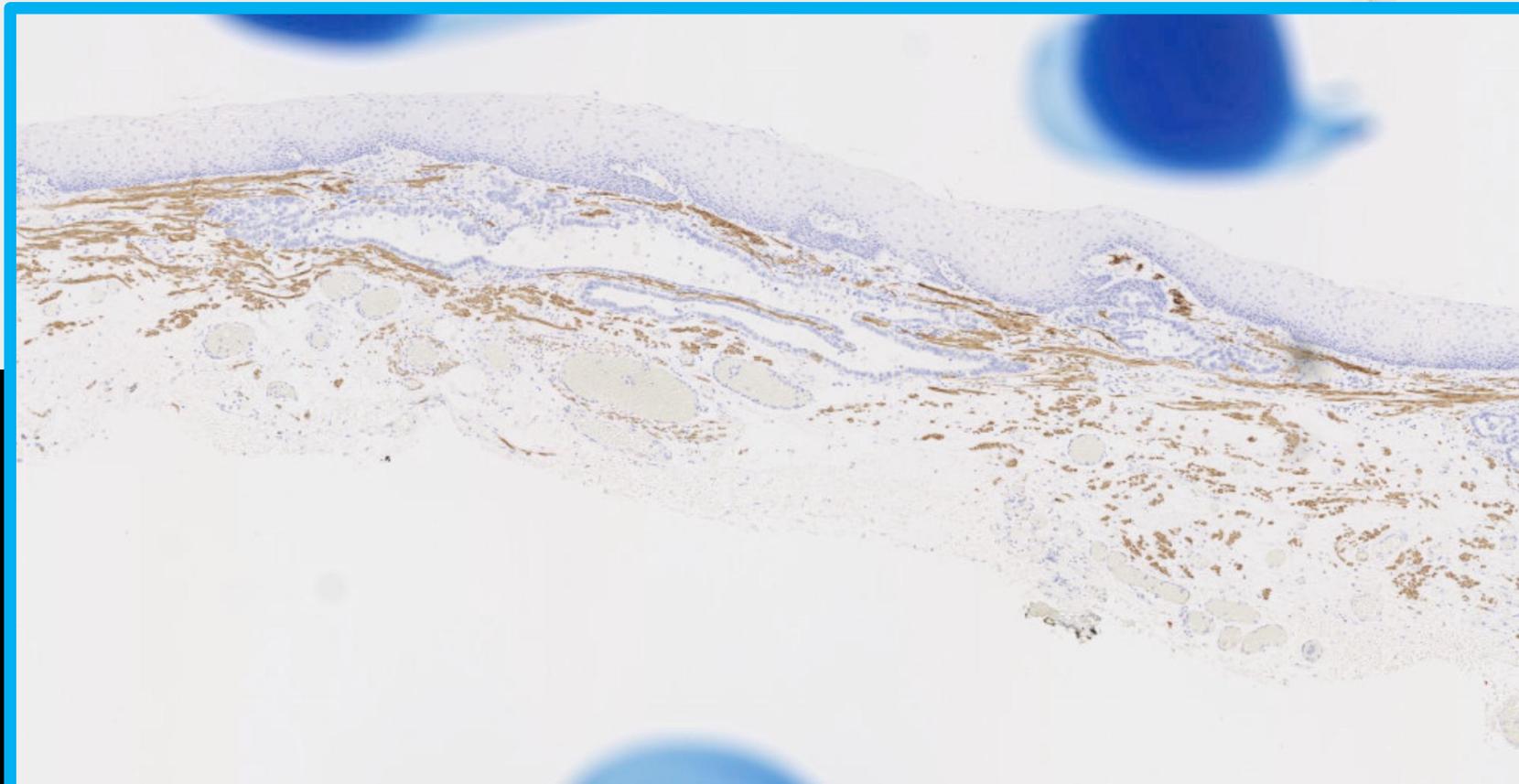
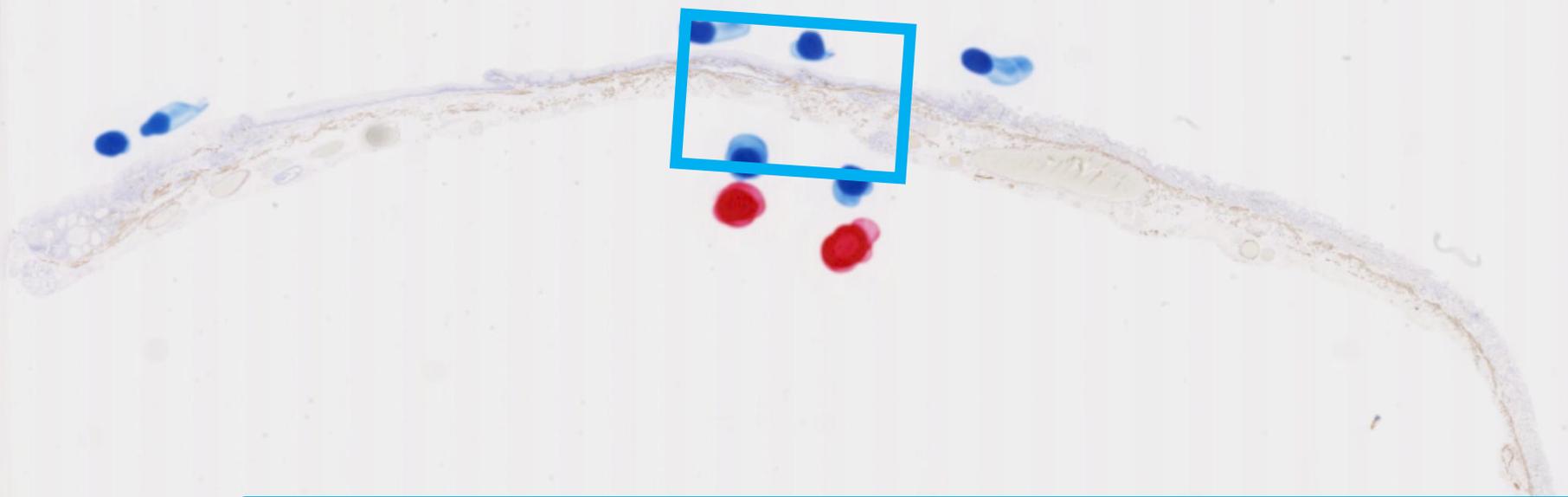




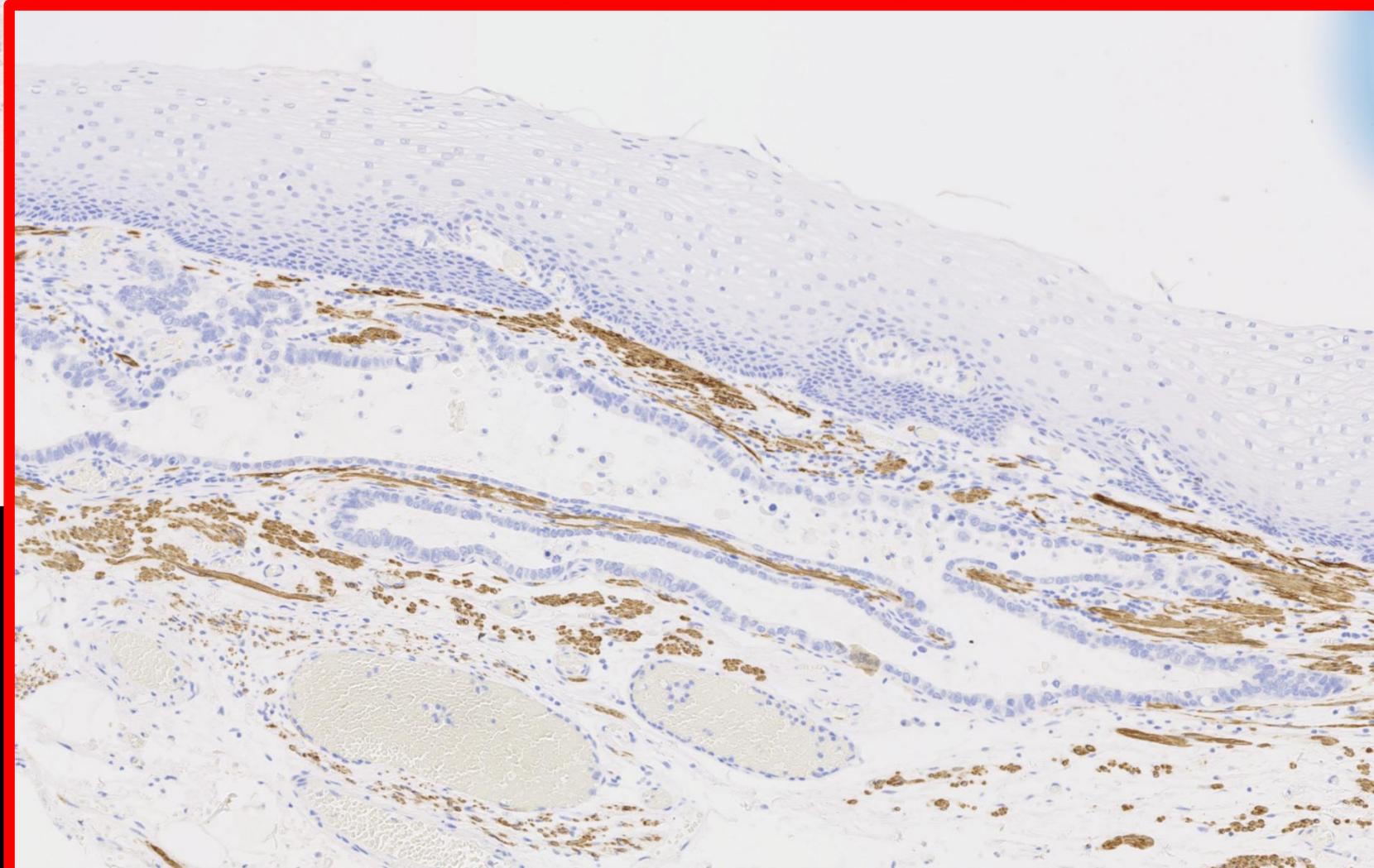
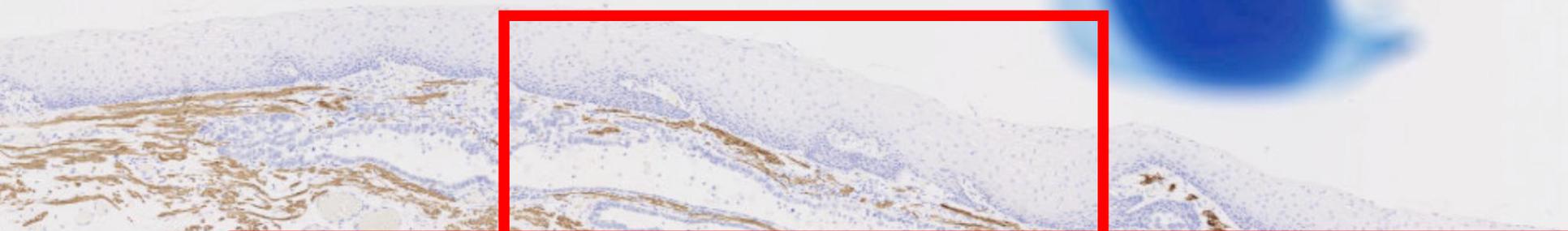












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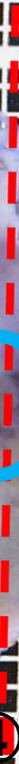
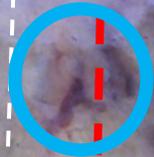
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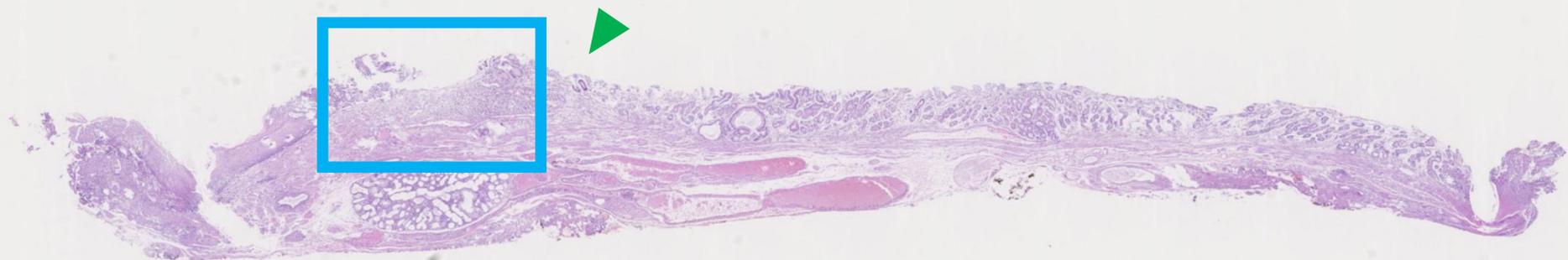
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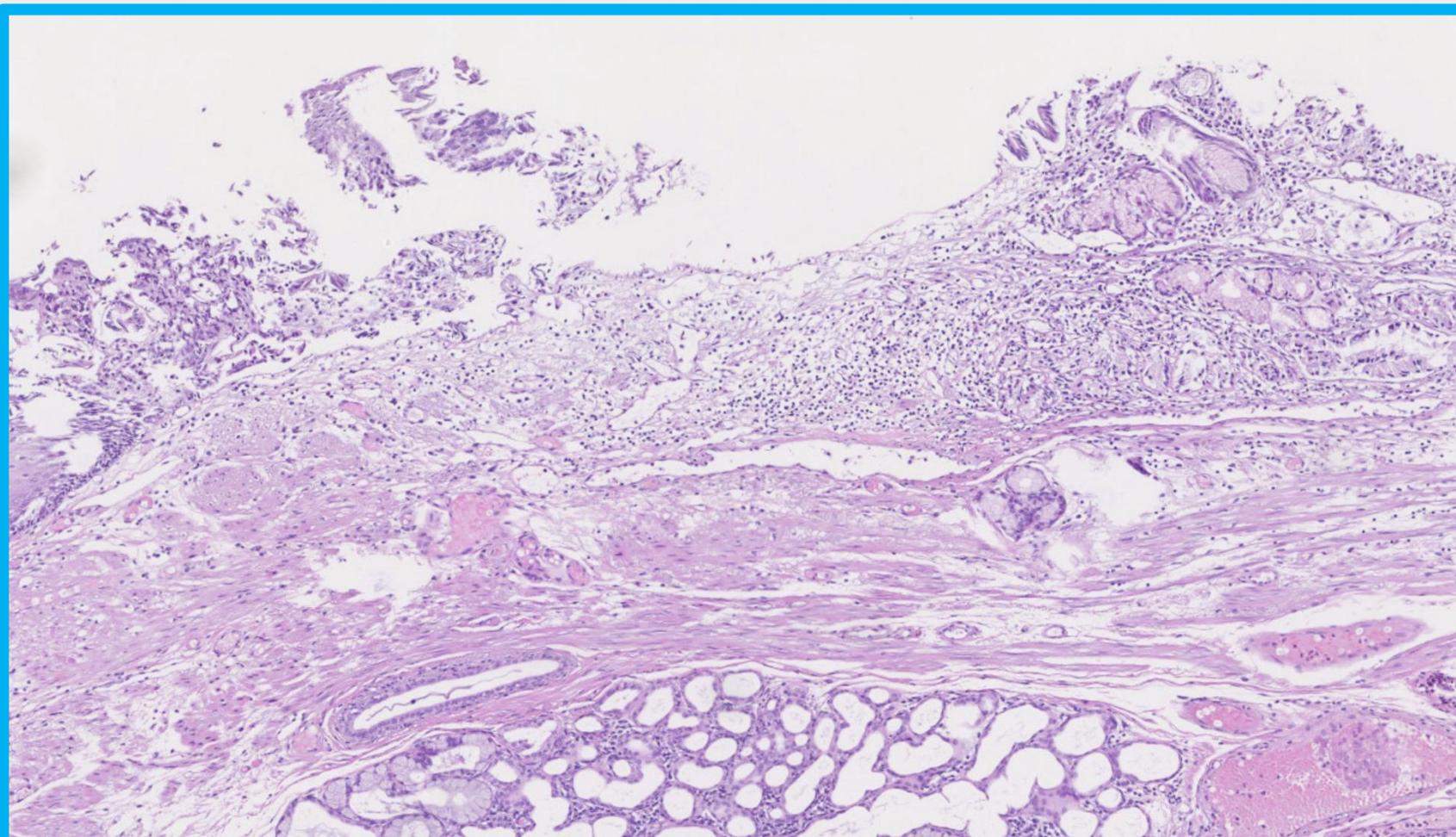
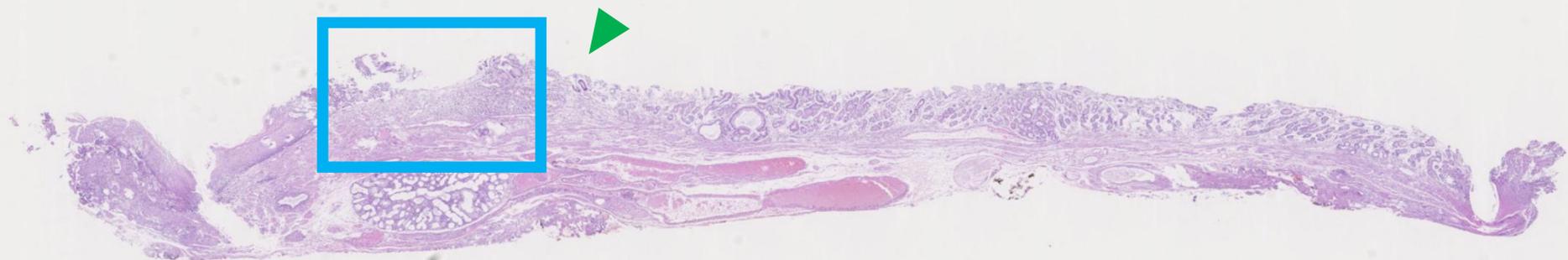
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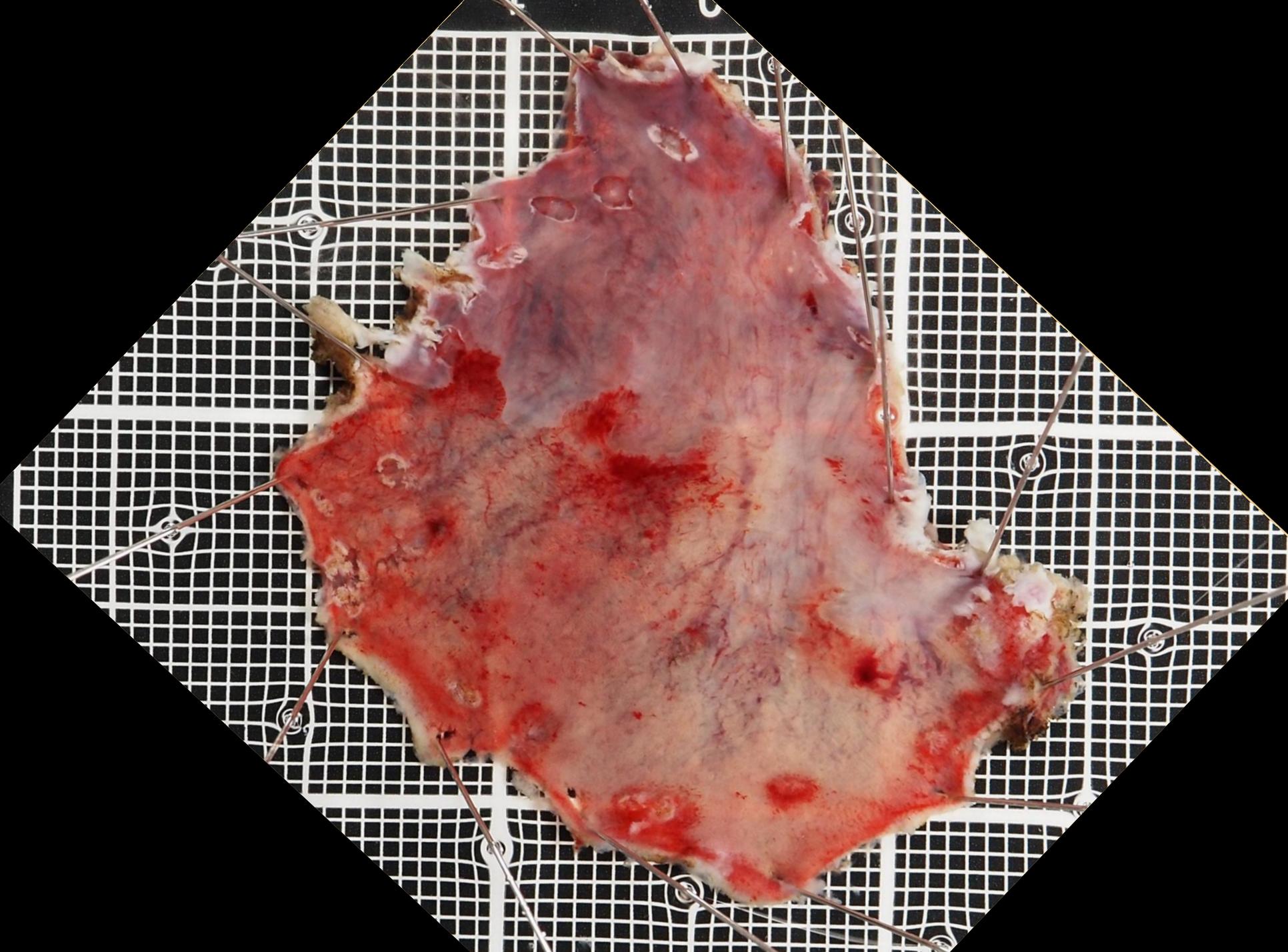


病理診断

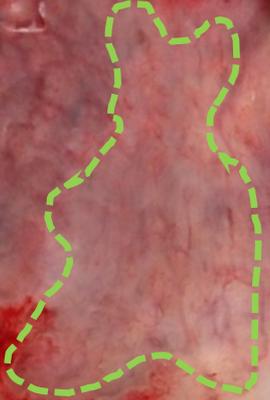
Esophagogastric junction

well to moderately differentiated adenocarcinoma,
pT1a-DMM, Ly0, V0(EVG), pHM0, pVM0

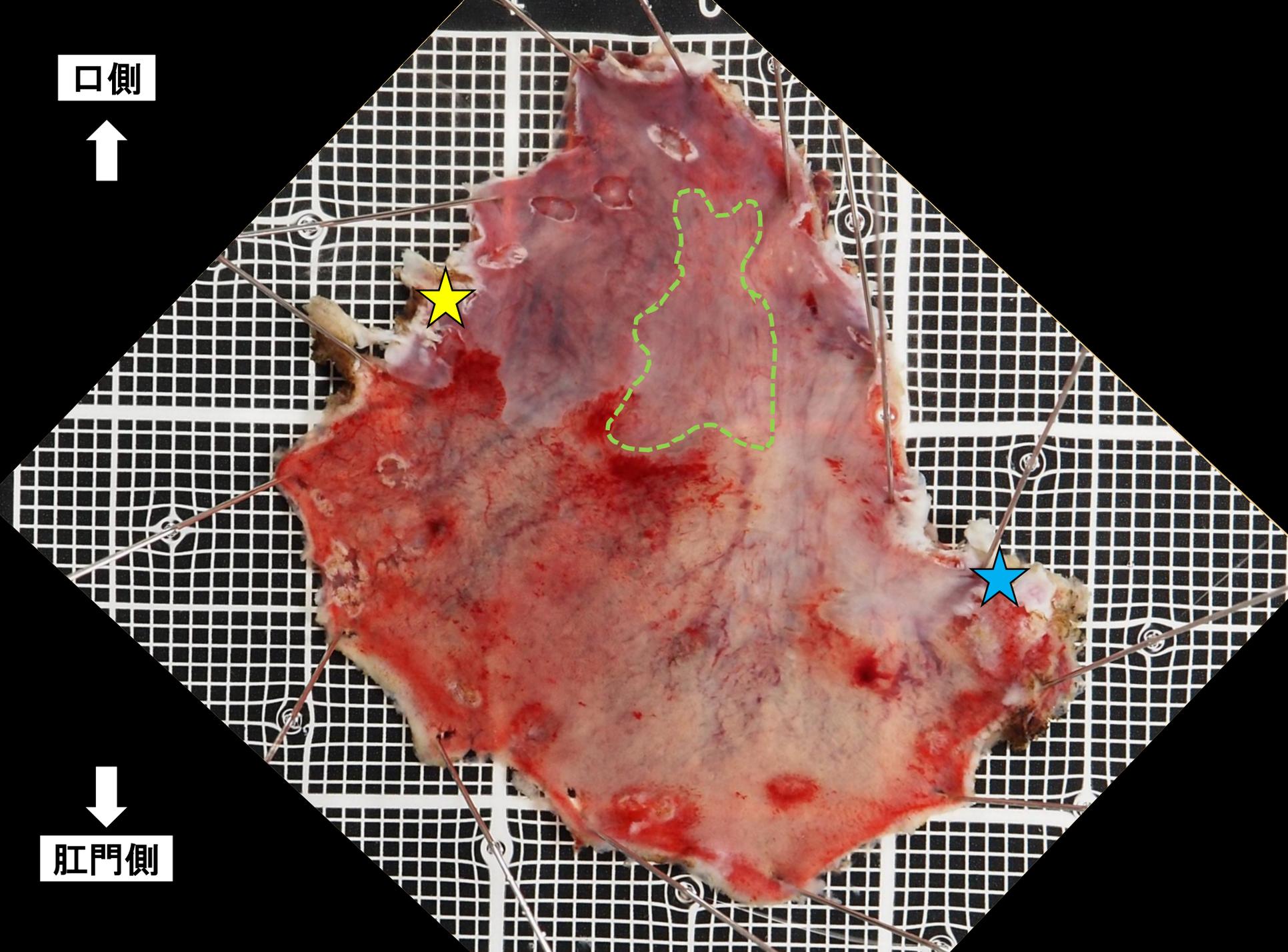
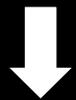
Mapping



口側



肛門側



口側



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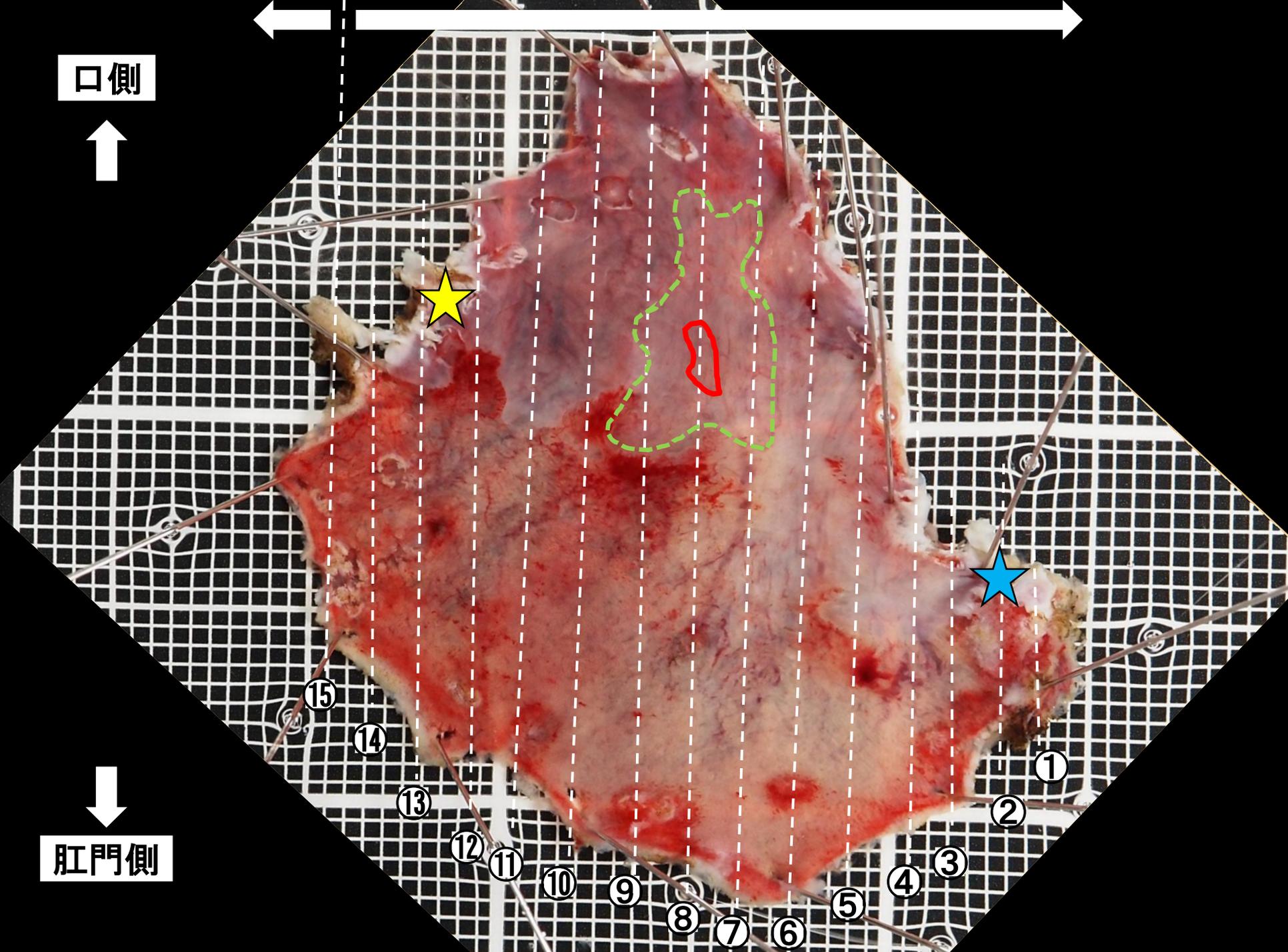
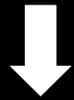
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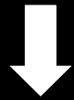


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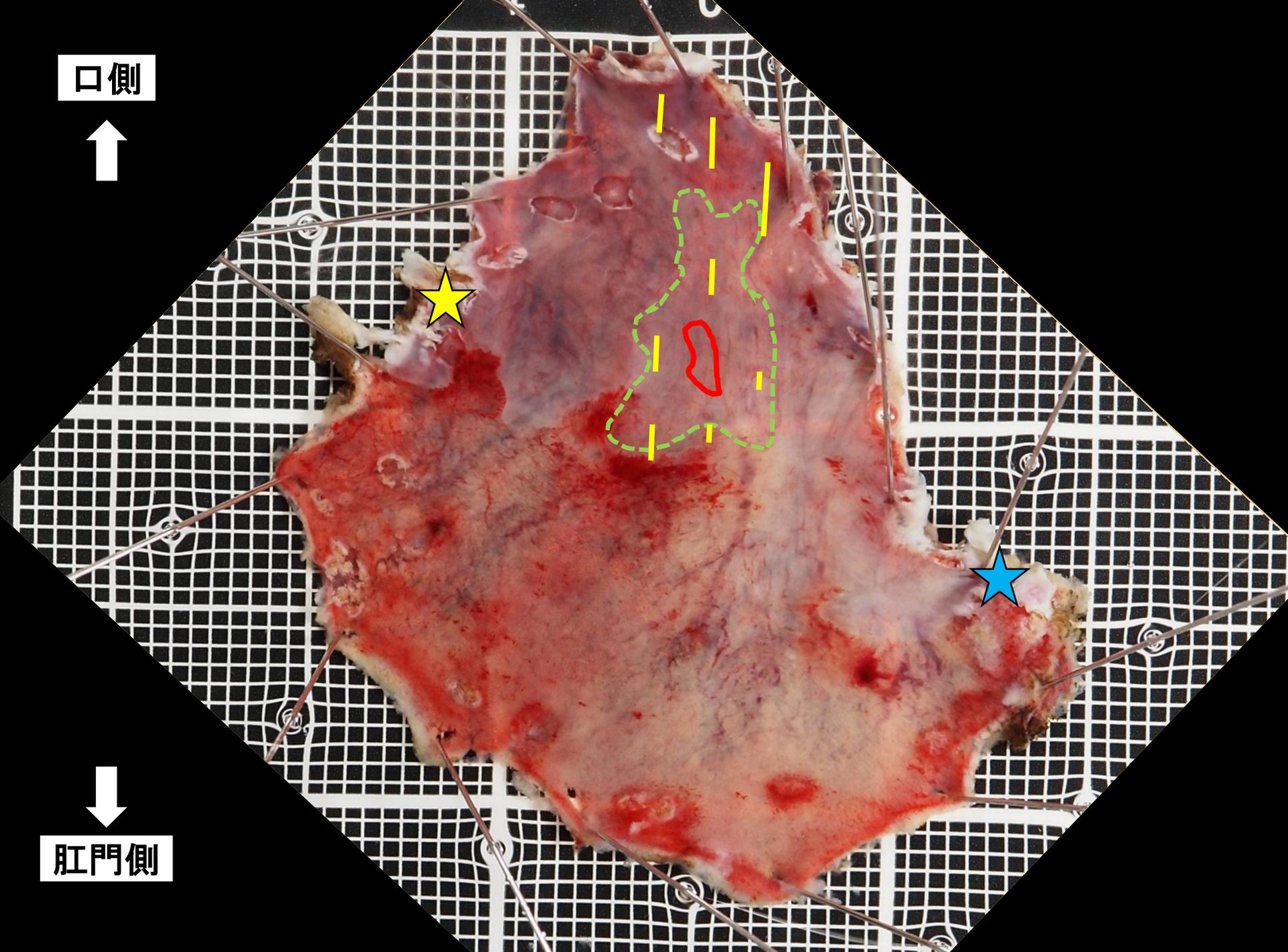
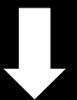
肛門側



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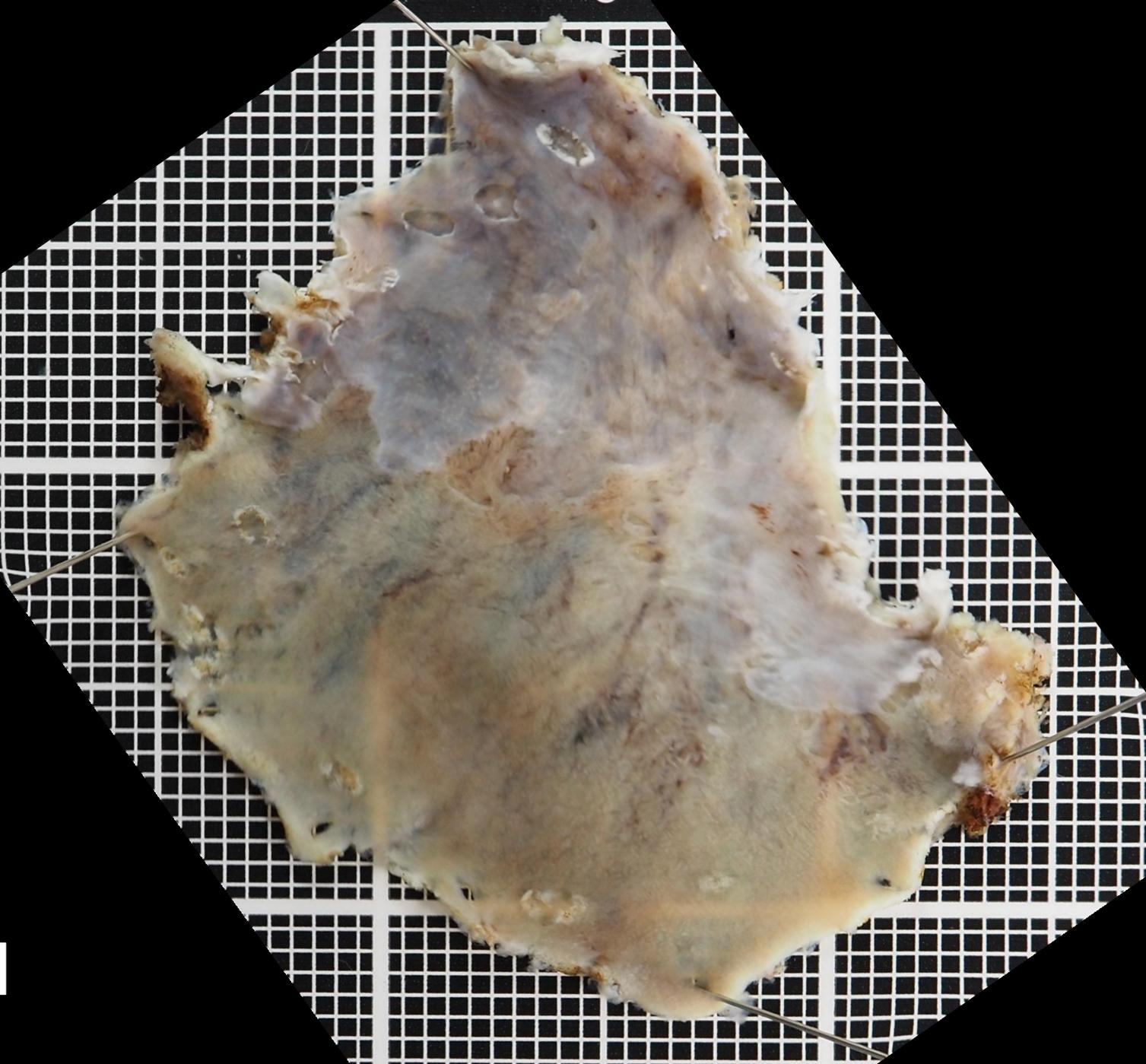
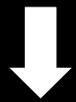
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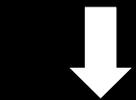
口側



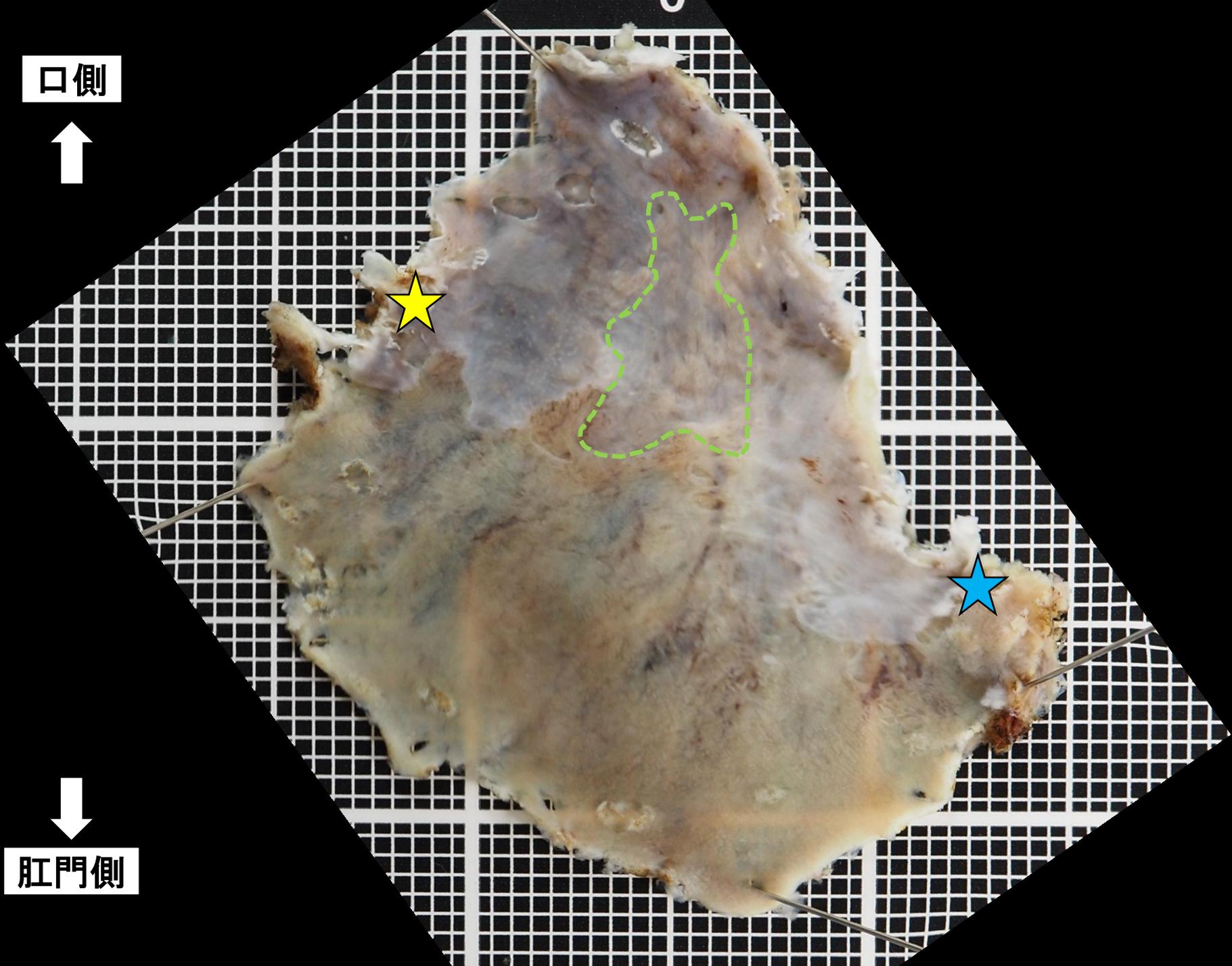
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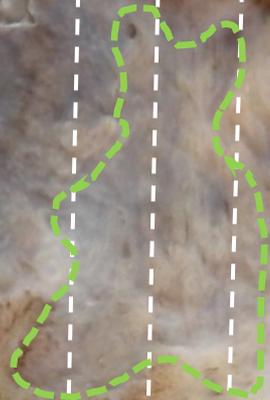
口側



肛門側



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肛門側



口側



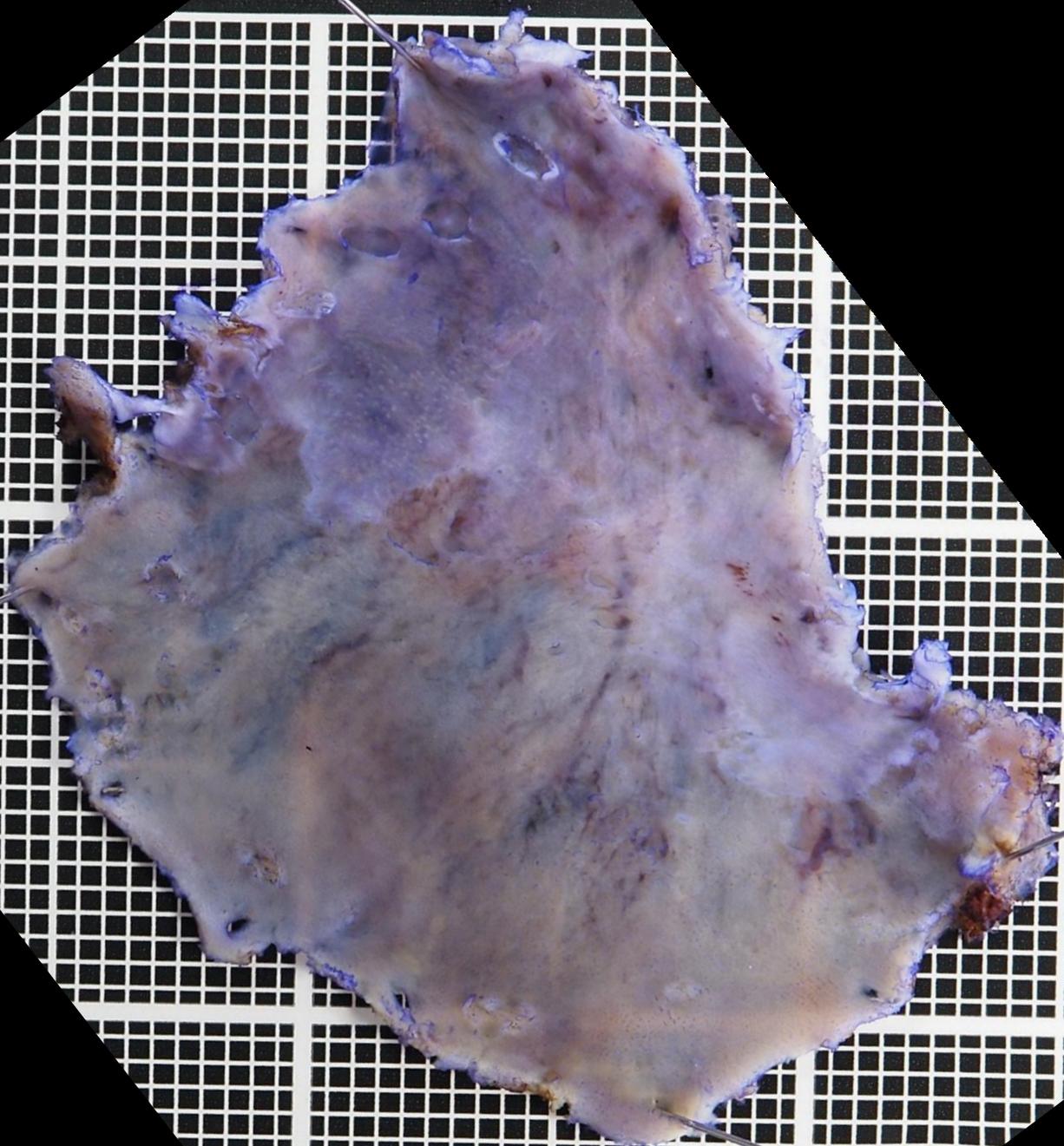
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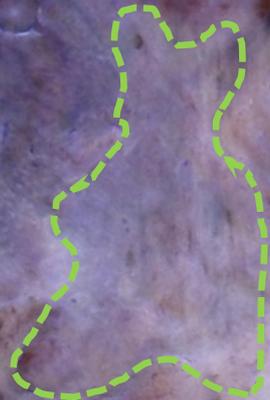
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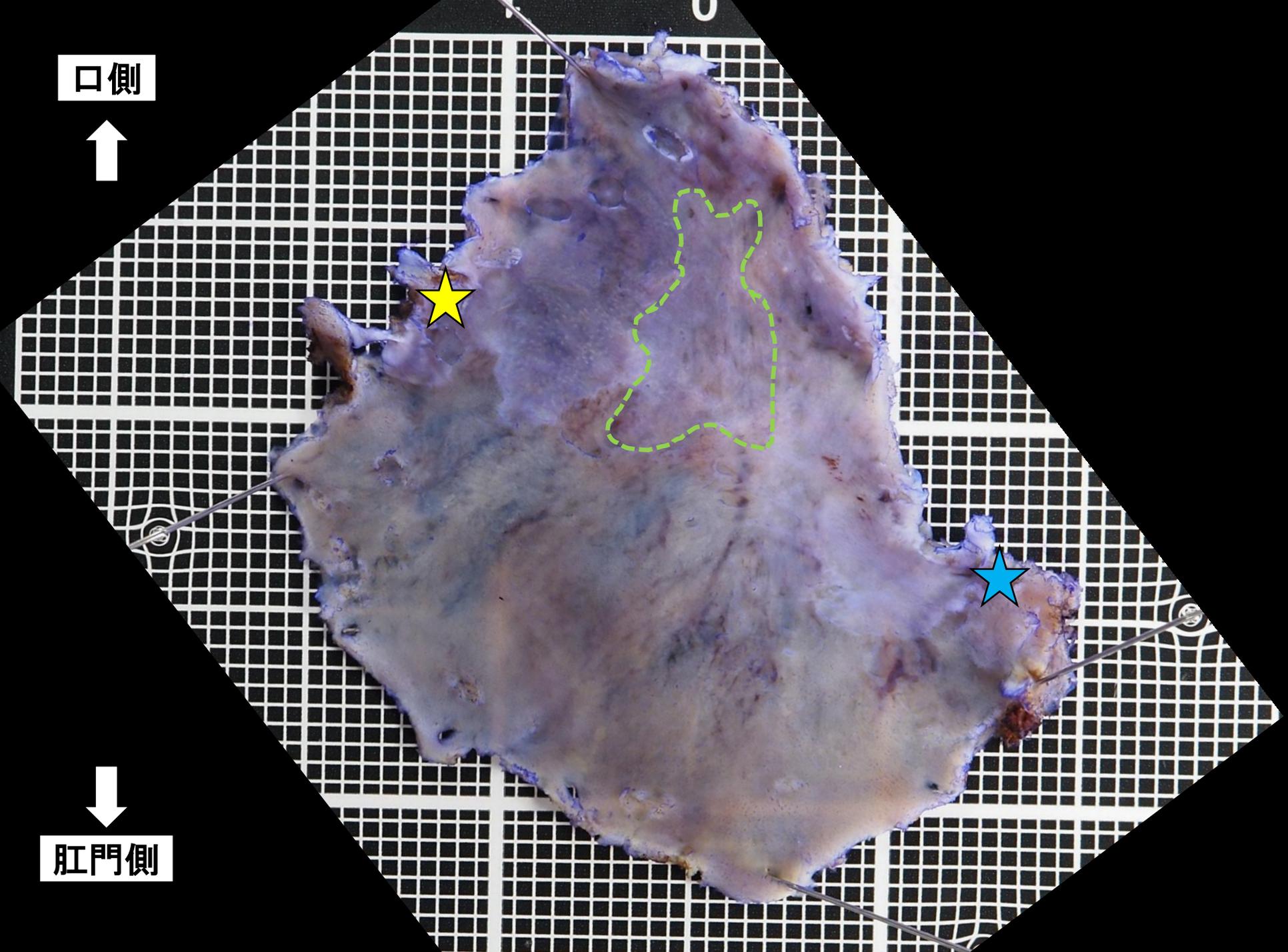
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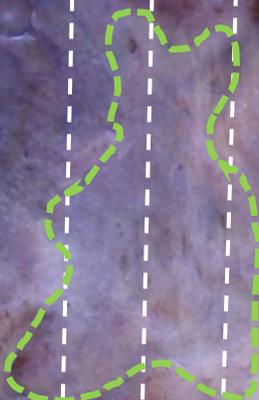
口側



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口側



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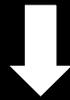
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肛門側



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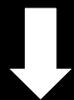
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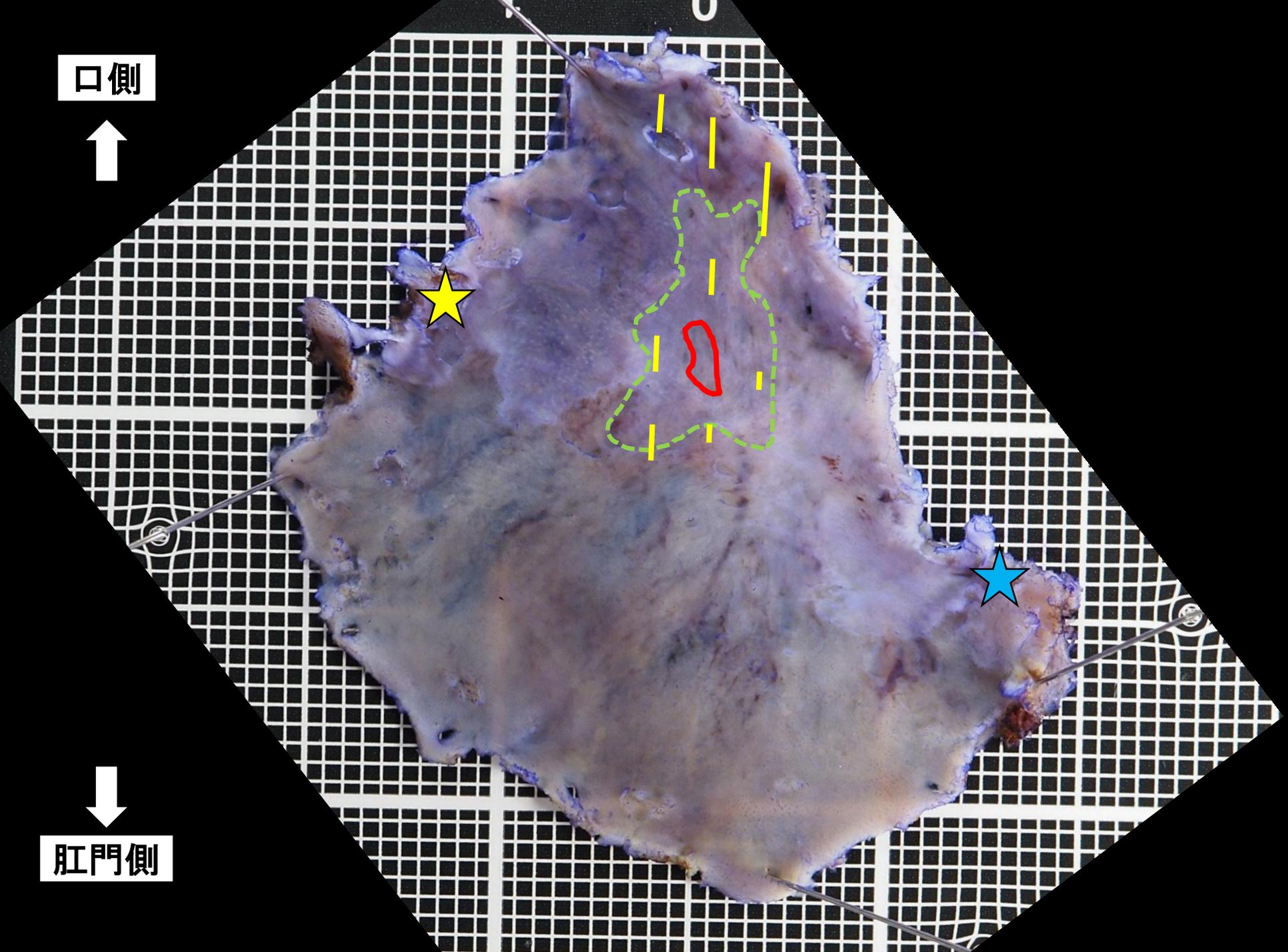
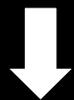
肛門側



口側



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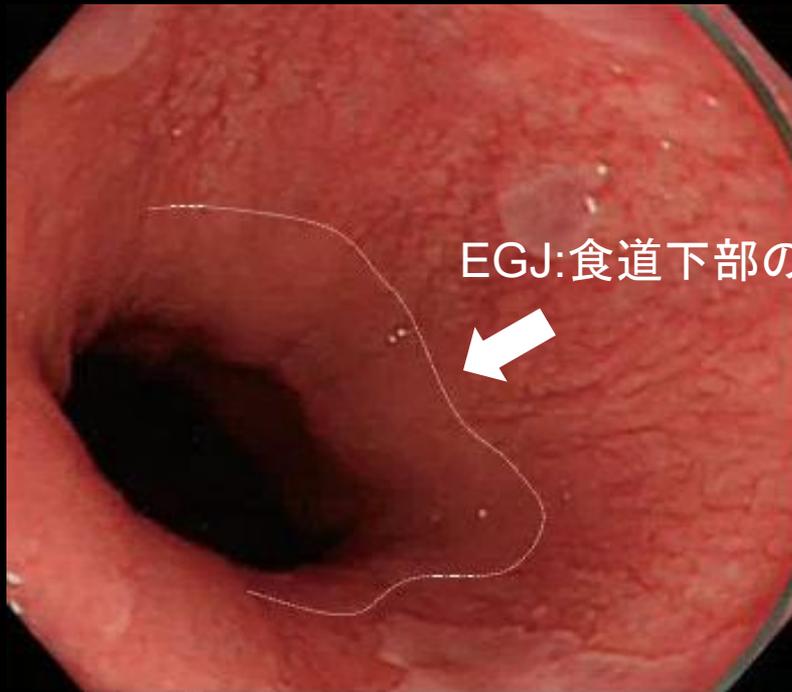


Barrett食道腺癌の早期発見

Barrett食道の定義

胃から連続性に伸びる円柱上皮で
腸上皮化生の有無は問わない

★欧米と日本では定義が異なり、欧米ではSIM(specialized intestinal metaplasia)が必須



EGJ:食道下部の柵状血管の下端

EGJからの円柱上皮粘膜の範囲
= Barrett食道の長さ

Barrett食道腺癌の定義

食道胃接合部癌

病理組織型にかかわらず、食道胃接合部の上下2cm以内に腫瘍の中心があるもの

腹部食道の
扁平上皮癌

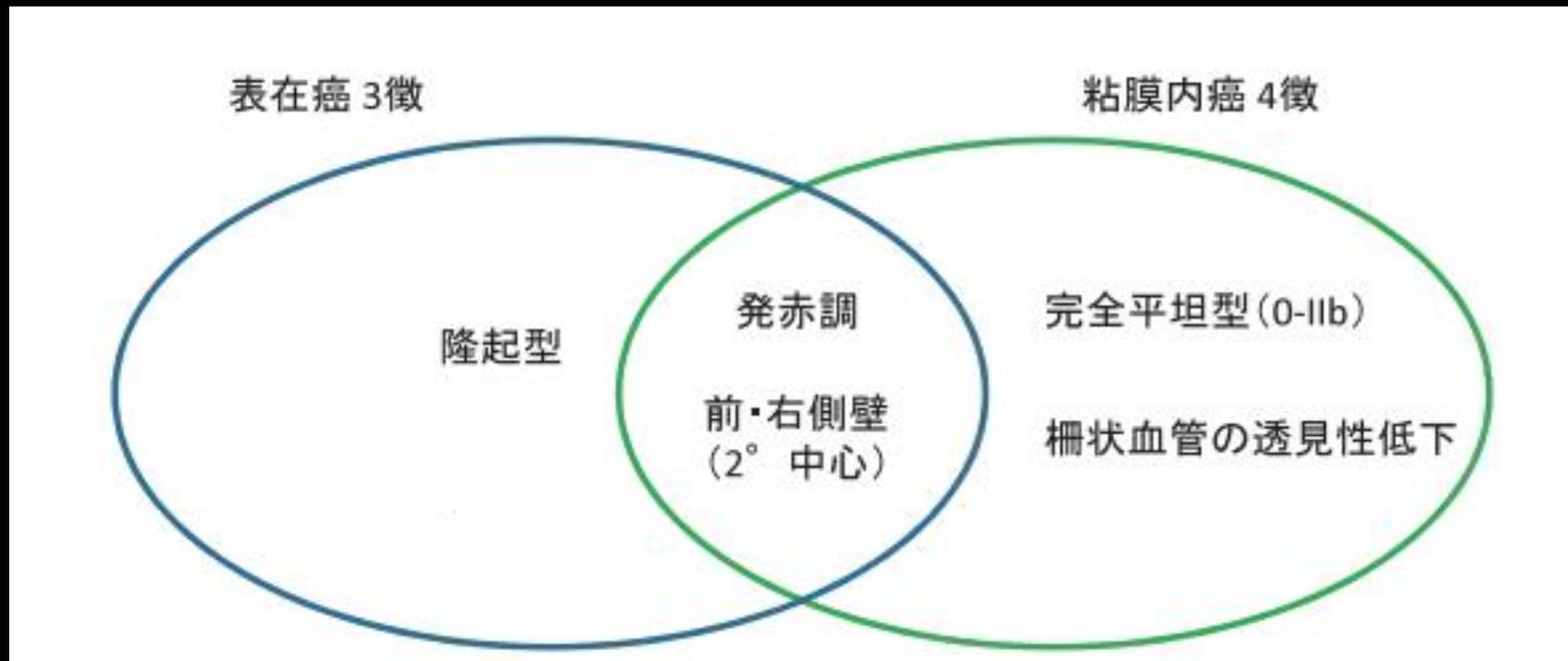
Barrett食道
腺癌

★Barrett食道粘膜を母地に発生した腺癌

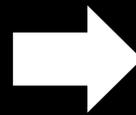
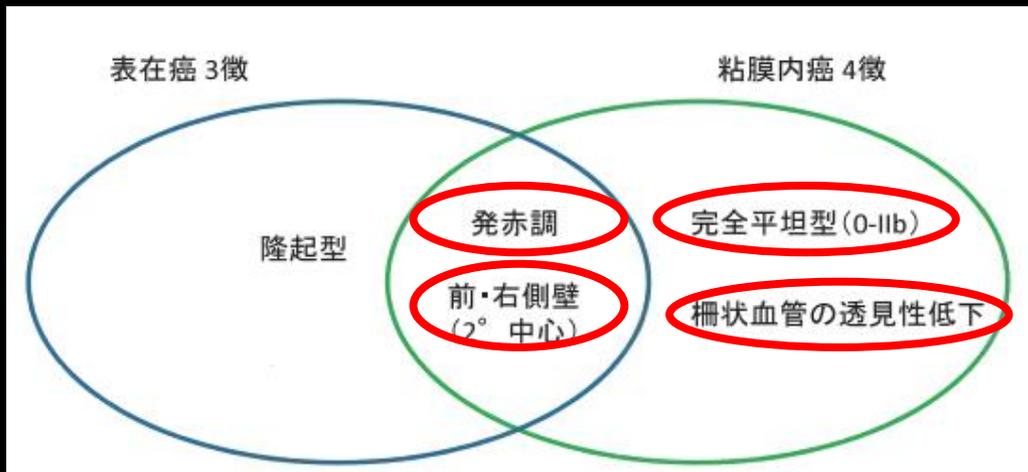
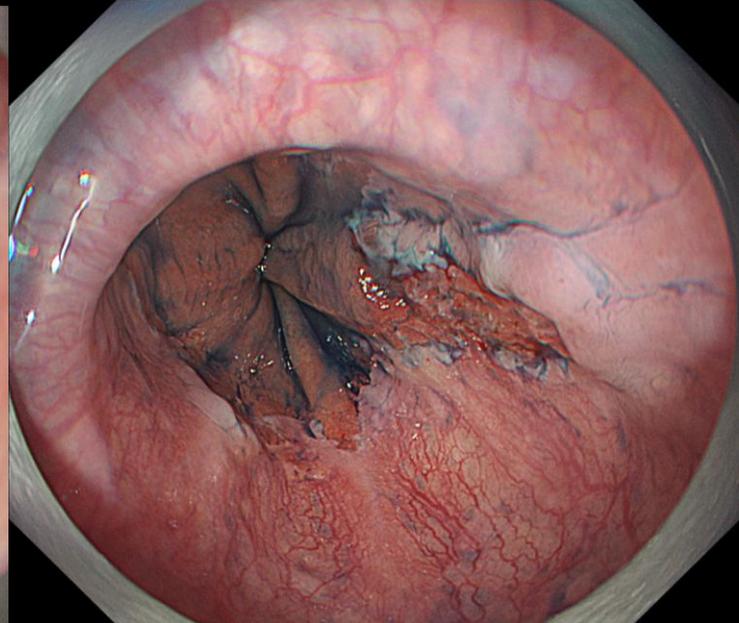
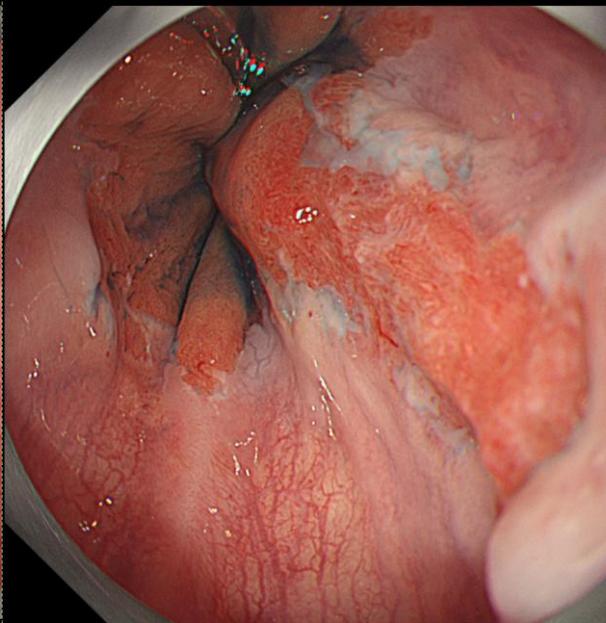
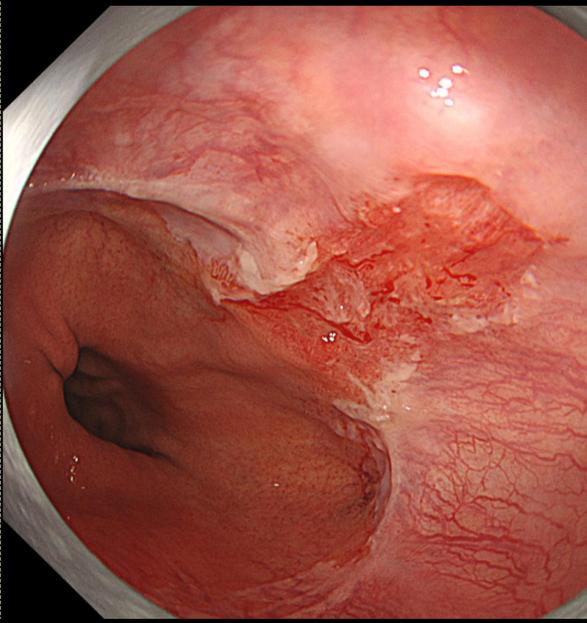
胃噴門部癌

Barrett食道腺癌の診断～白色光～

Barrett食道表在癌のうち95%が白色光で発見されているという報告もあり、表在腺癌の発見には白色光が有用である



本症例の診断～白色光～

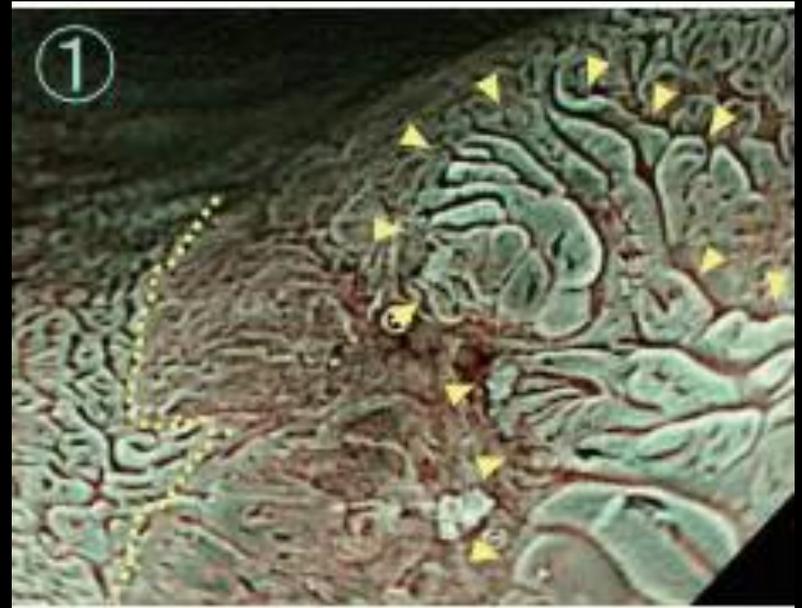
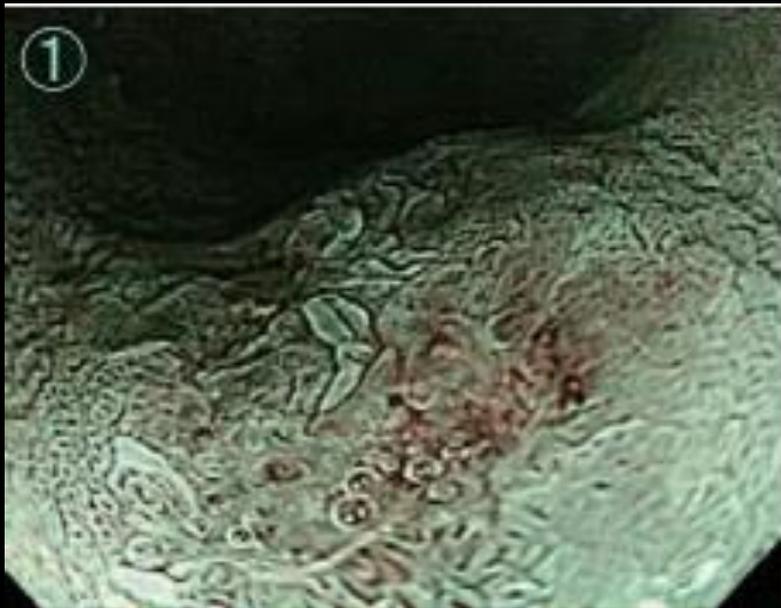


粘膜内癌の4徴が揃っている

Barrett食道腺癌の診断～NBI～

早期胃癌での拡大内視鏡診断に準ずる

酢酸+NBI観察が有用な場合がある
(扁平上皮下の粘膜微細模様がより見えやすくなる
=扁平上皮下進展を確認しやすくなる)

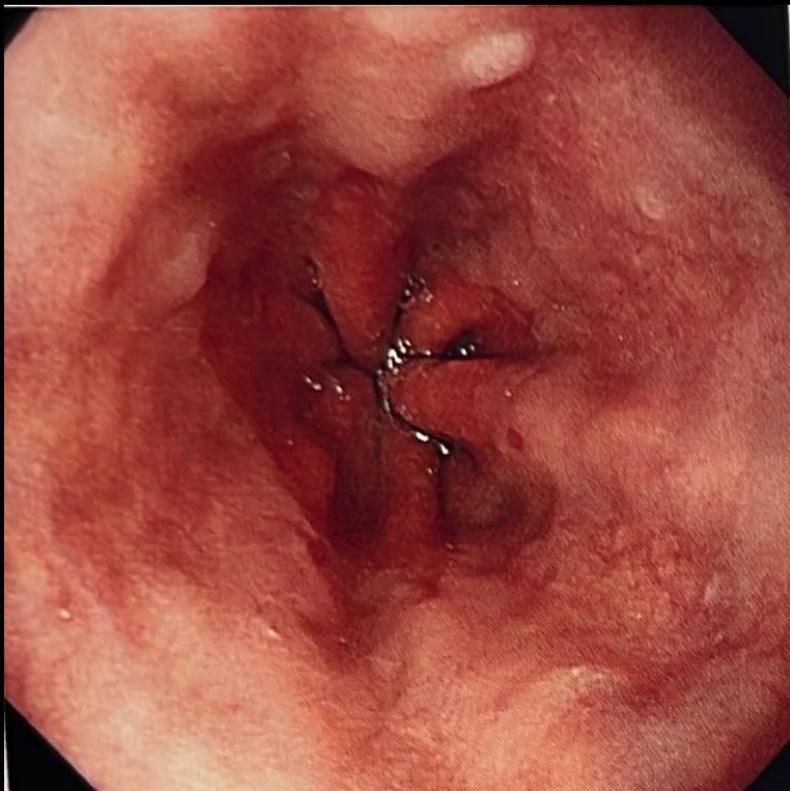


★高分化型管状腺癌の症例:DL、絨毛様構造がよりわかりやすい

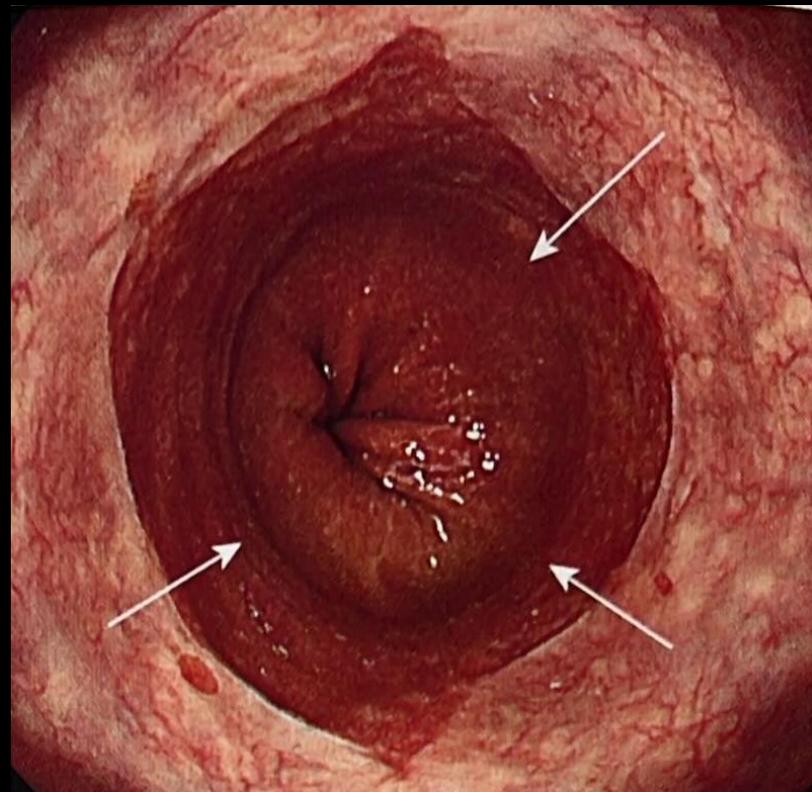
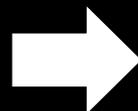
Barrett食道腺癌の診断～観察のコツ～

まず、EGJの観察を念入りに行う

★ 深吸気→息止め

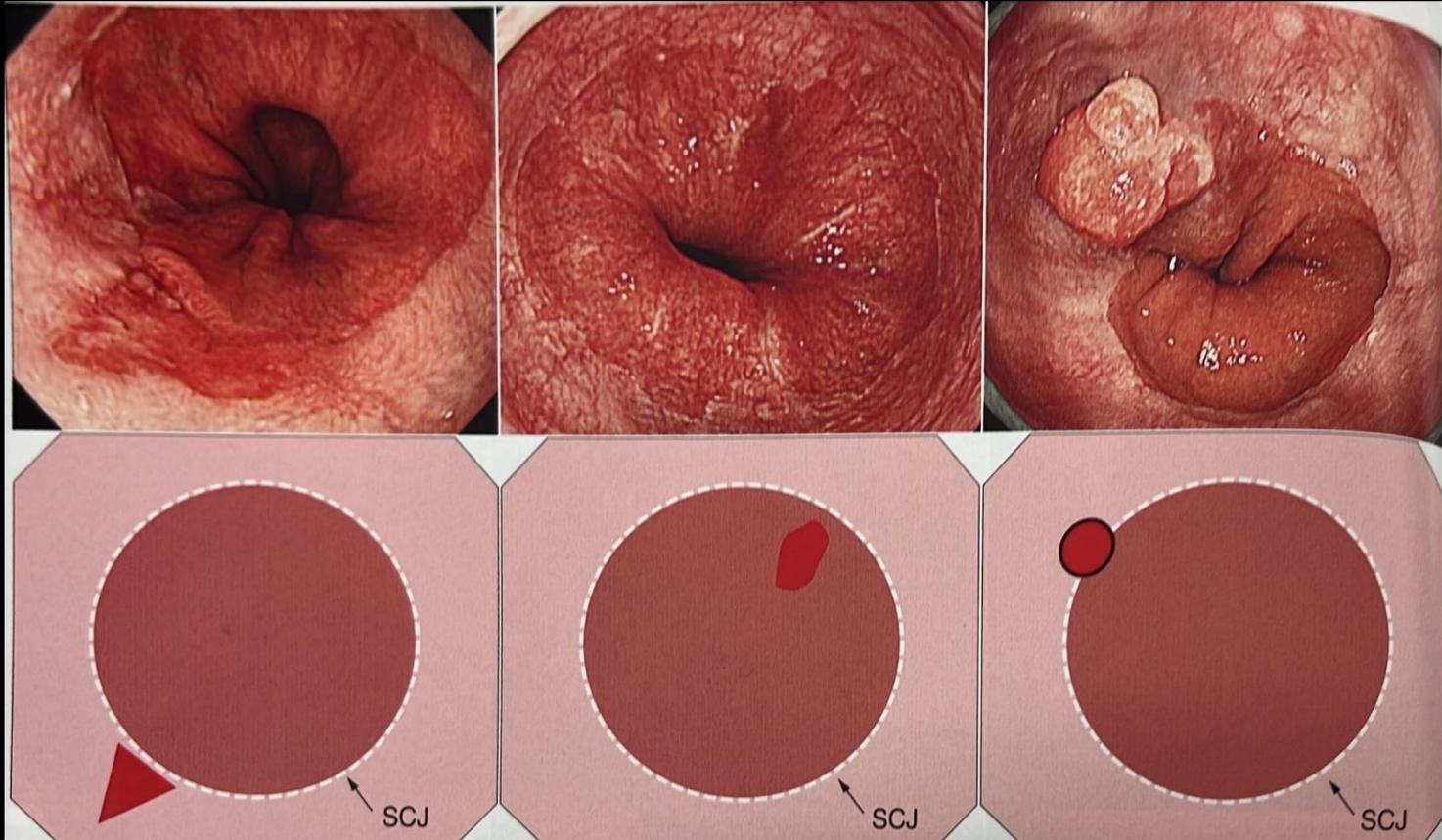


深吸気



Barrett食道腺癌の診断～観察のコツ～

初期のBarrett食道腺癌(SSBE由来)の類型が判断する



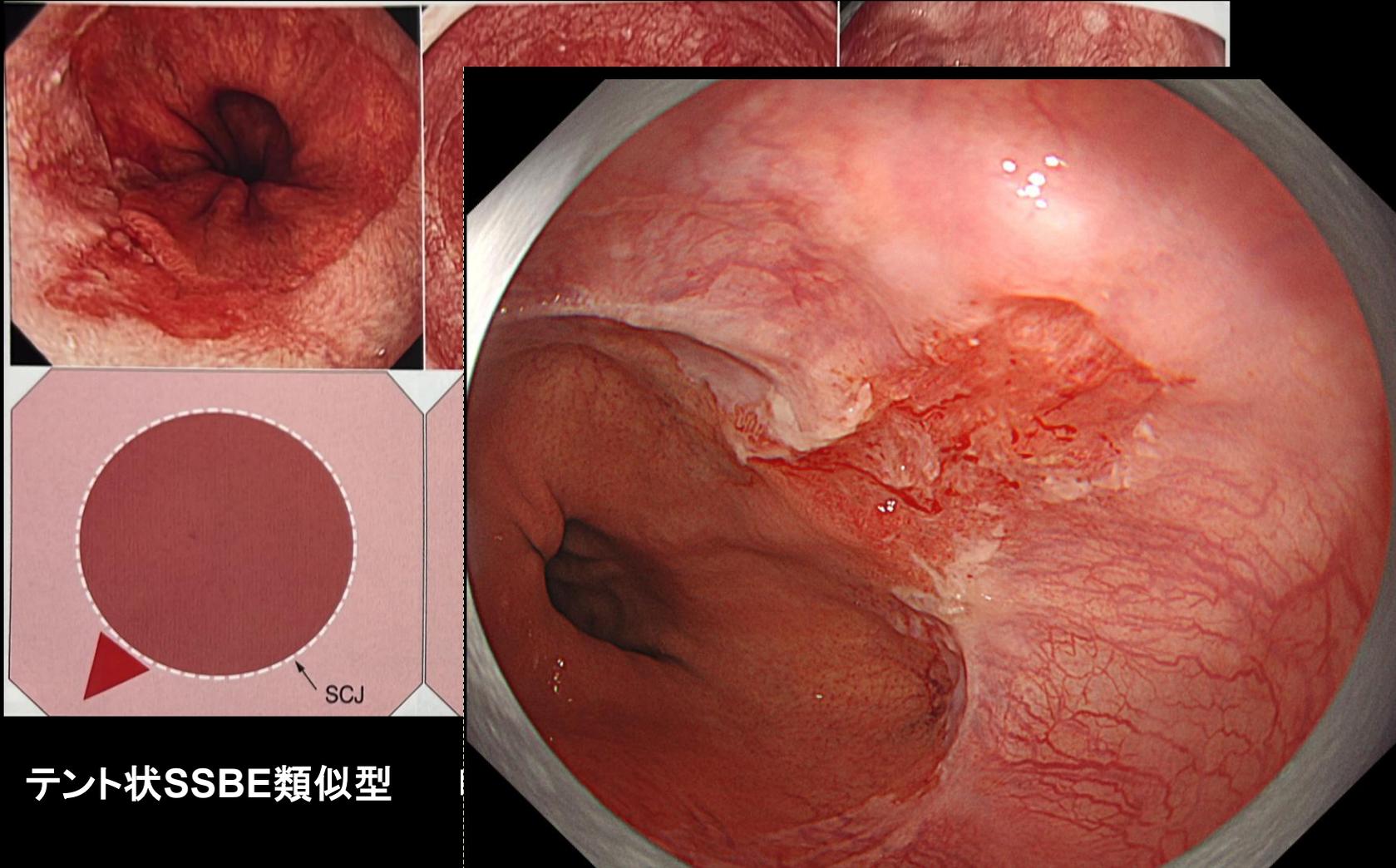
テント状SSBE類似型

噴門部びらん類似型

EGJポリープ類似型

Barrett食道腺癌の診断～観察のコツ～

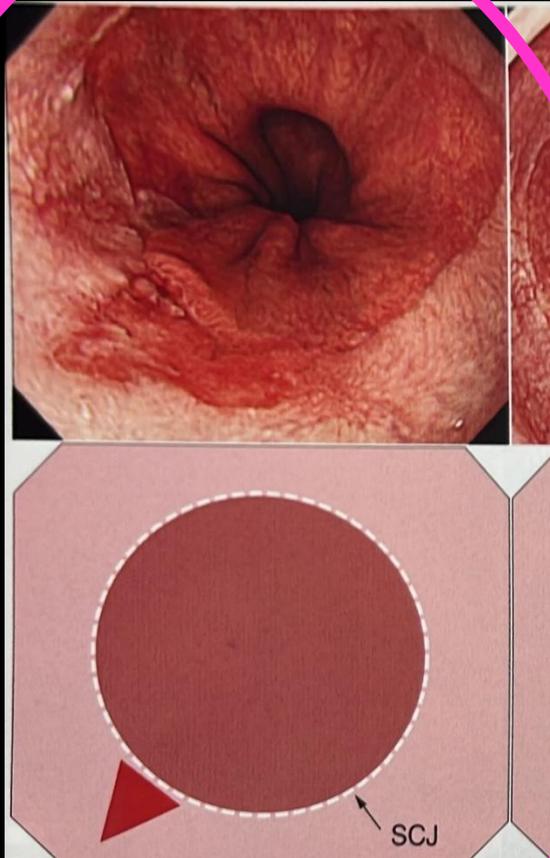
初期のBarrett食道腺癌(SSBE由来)の類型が判断する



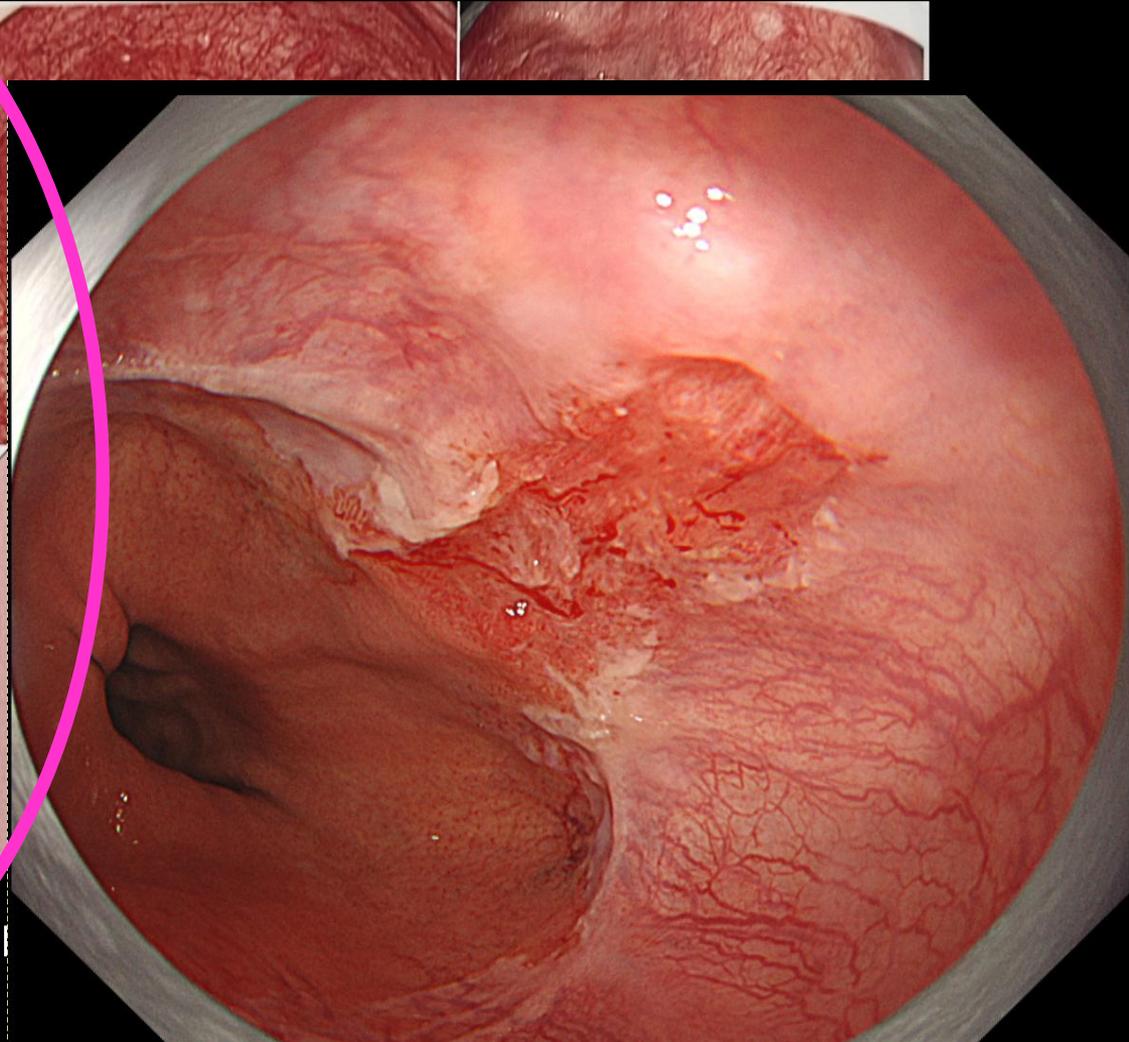
テント状SSBE類似型

Barrett食道腺癌の診断～観察のコツ～

初期のBarrett食道腺癌(SSBE由来)の類型が判断する

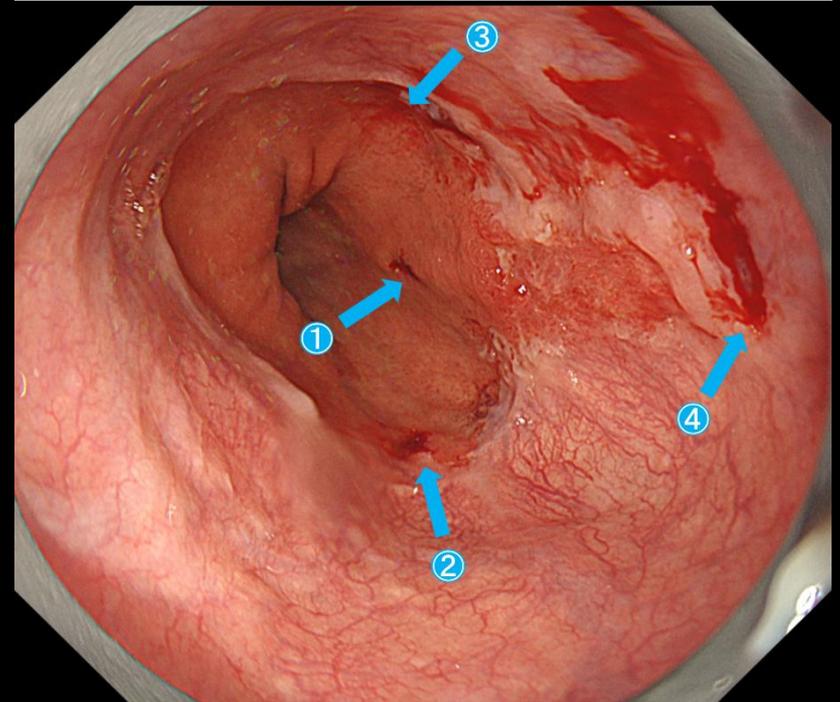
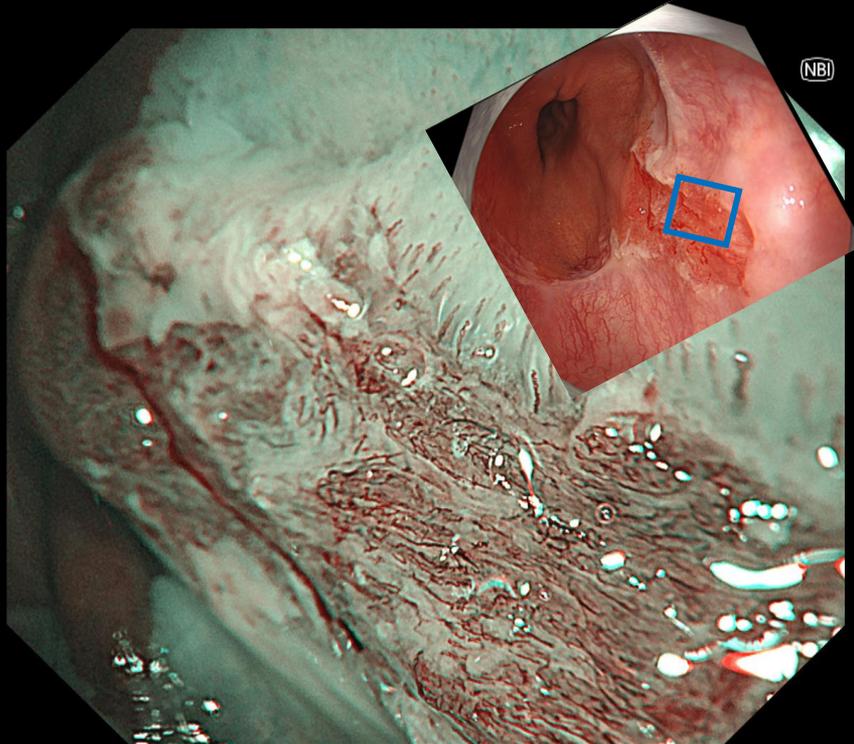


テント状SSBE類似型



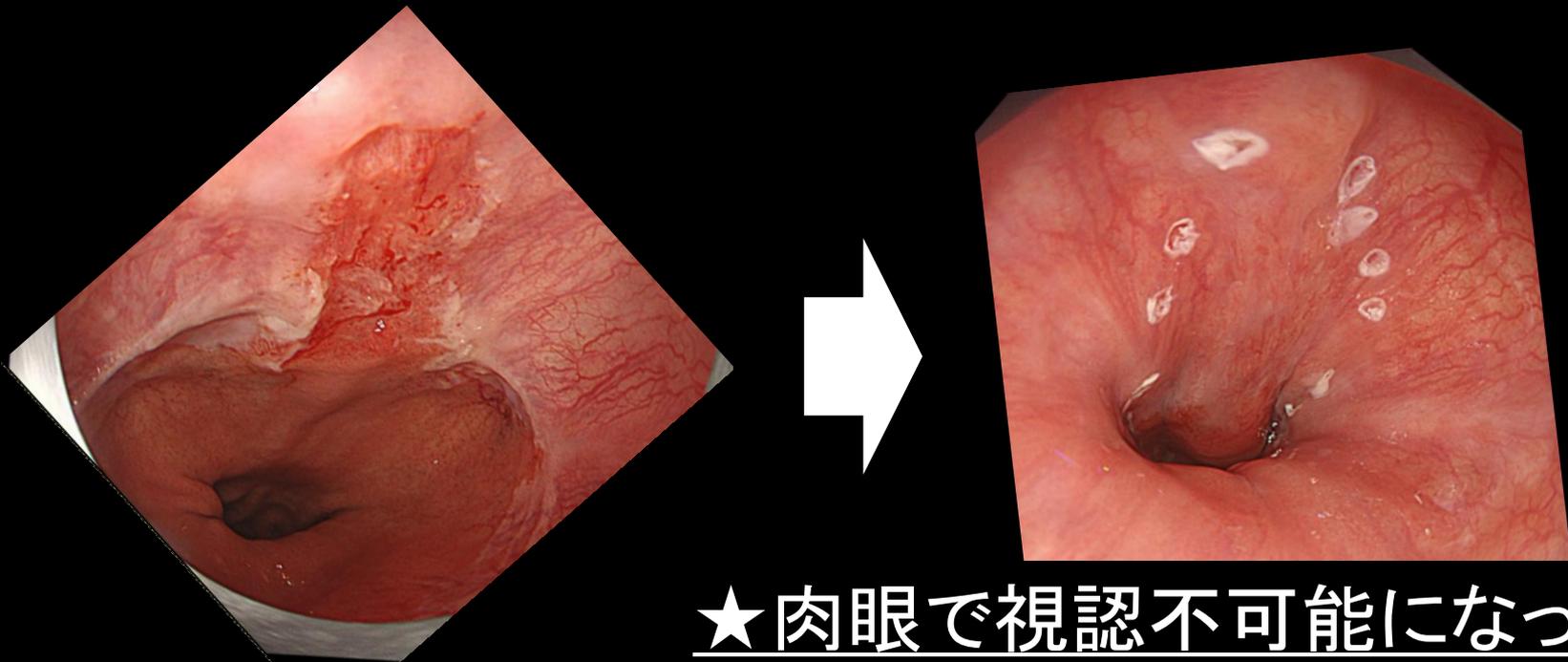
本症例での範囲診断(内視鏡診断)

- 白色光で発赤調平坦病変を認める場所を中心に病変と判断した。
- NBIで同部位に血管異型・微細構造の異型を認めた。
- 陰性生検を実施した。



本症例での範囲診断(実際の範囲)

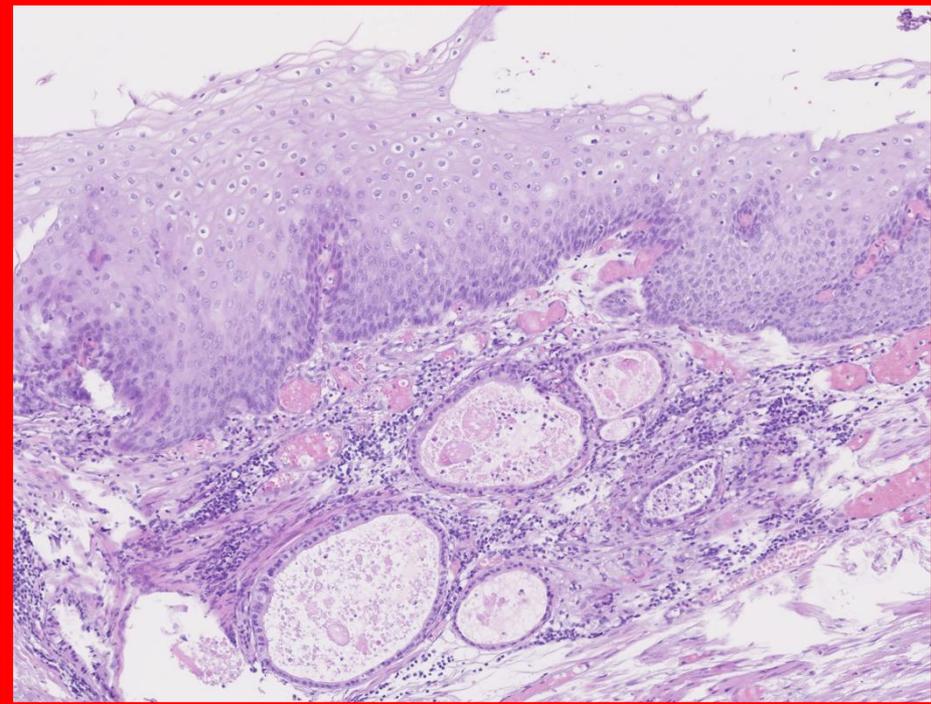
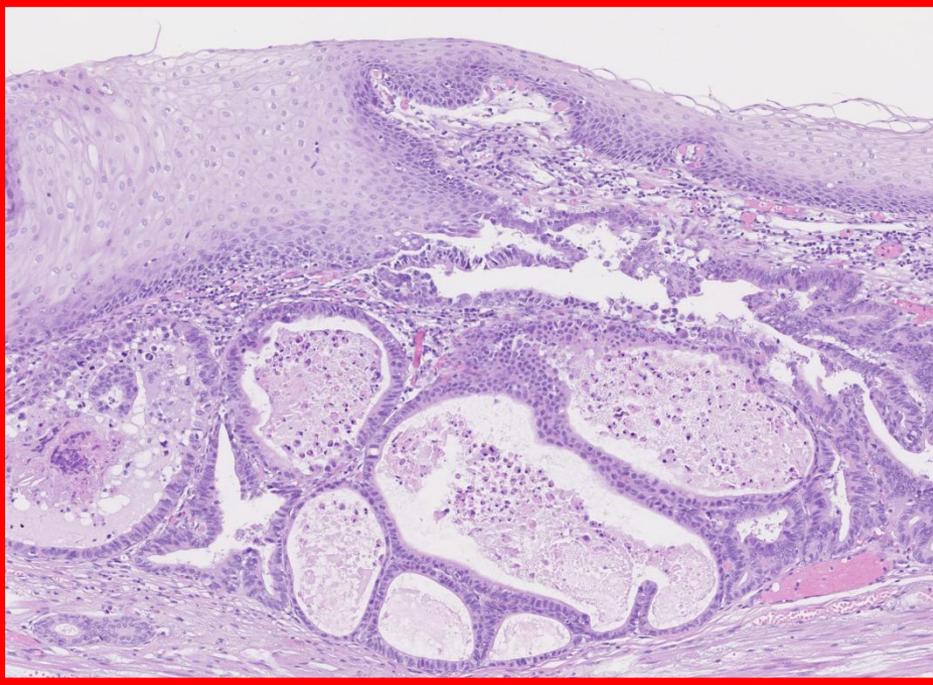
- ・ESD実施時扁平上皮に覆われており、範囲が視認できなかった。(PPIによる粘膜保護効果の可能性)
- ・病変と思われていた部位より口側に病変を認めた。(扁平上皮下進展の可能性)



★肉眼で視認不可能になっていた

本症例での範囲診断(実際の範囲)

いずれの病変も扁平上皮で被覆されていた



扁平上皮下進展 and 扁平上皮の再生

Take Home Message

- ・EGJの観察は念入りに実施する。(特に2時方向)
- ・Barrett食道腺癌を疑って観察する。
- ・Barrett食道腺癌において、扁平上皮下進展に注意する。(観察に酢酸を利用してみる)