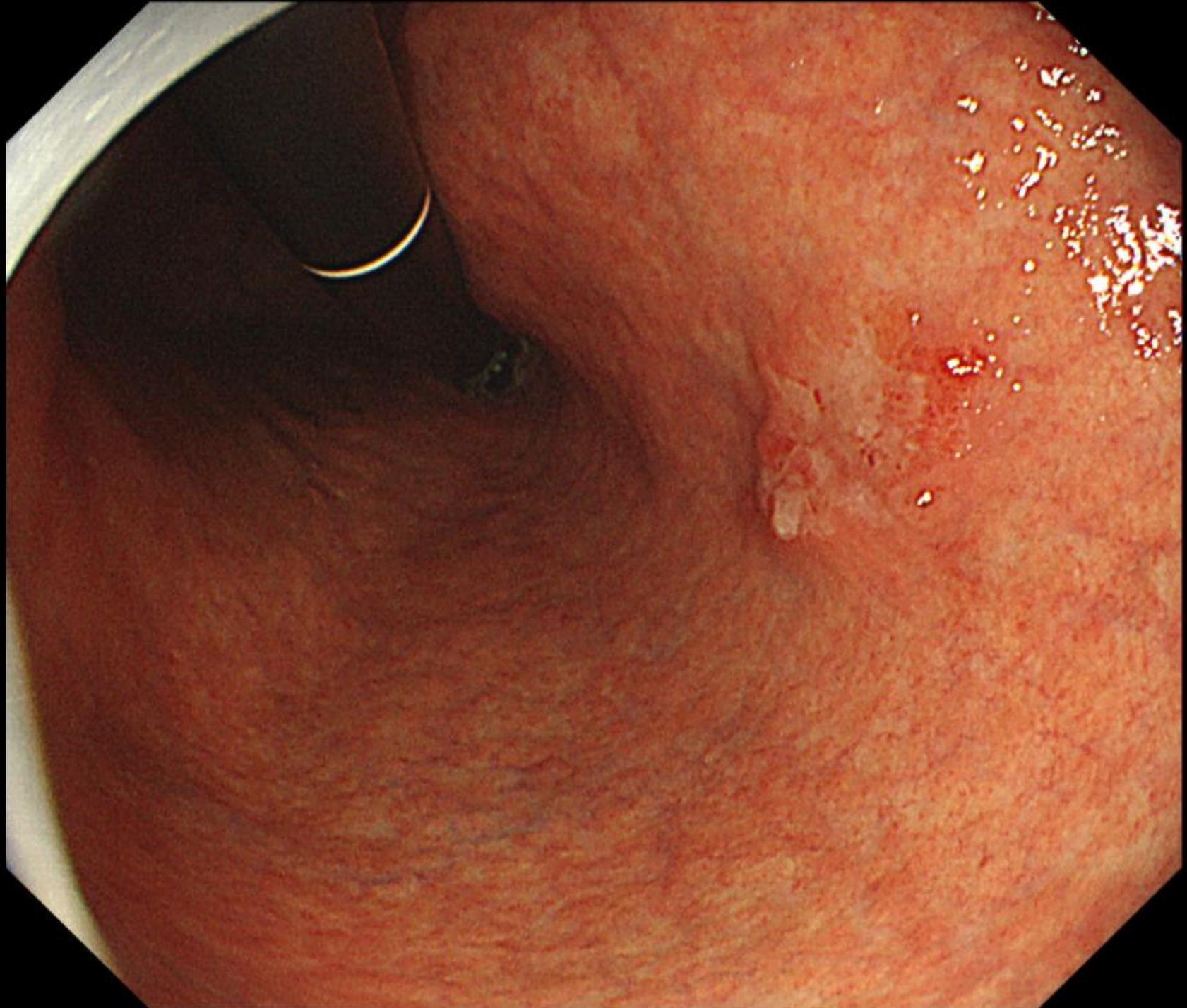


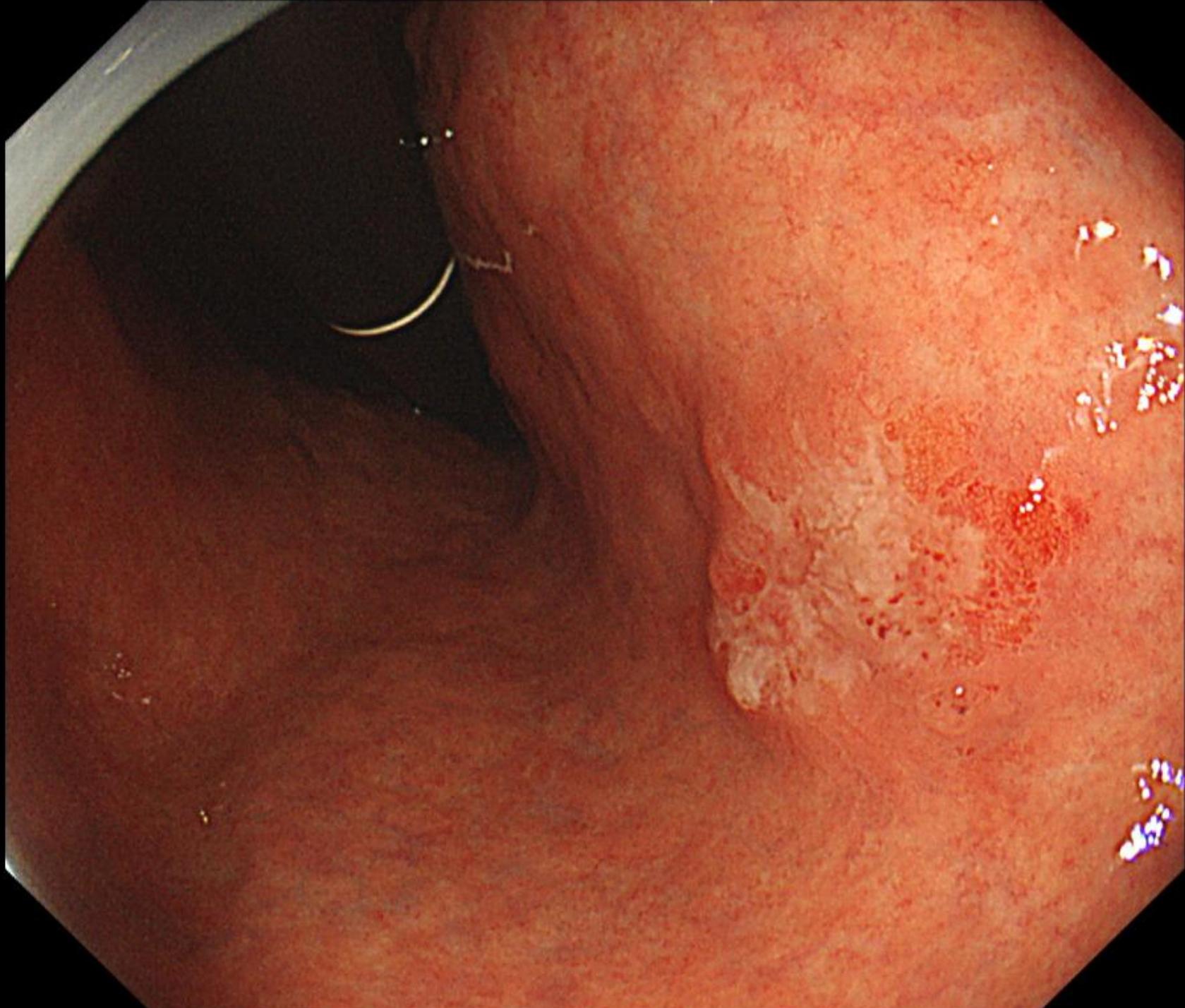
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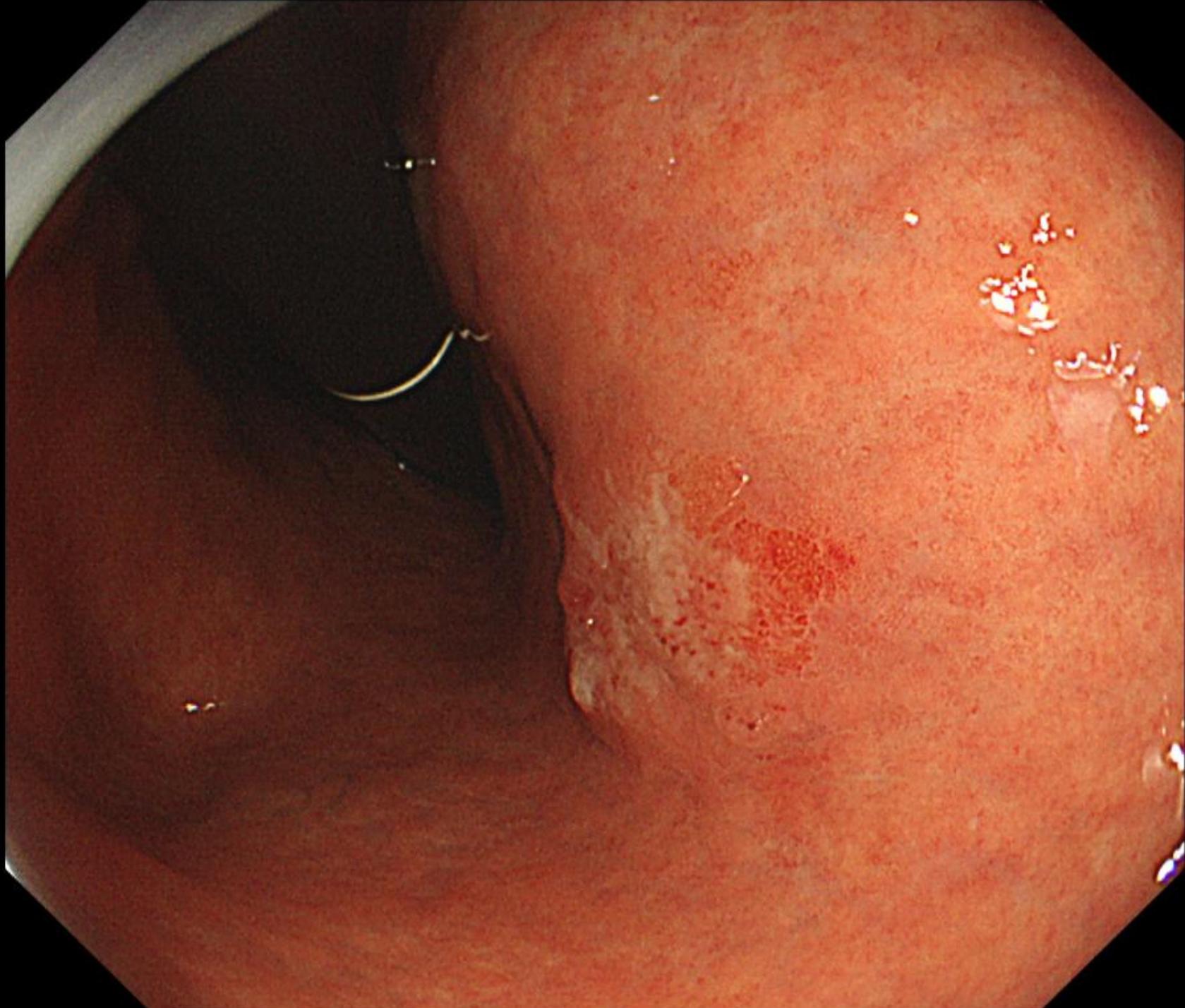
胃

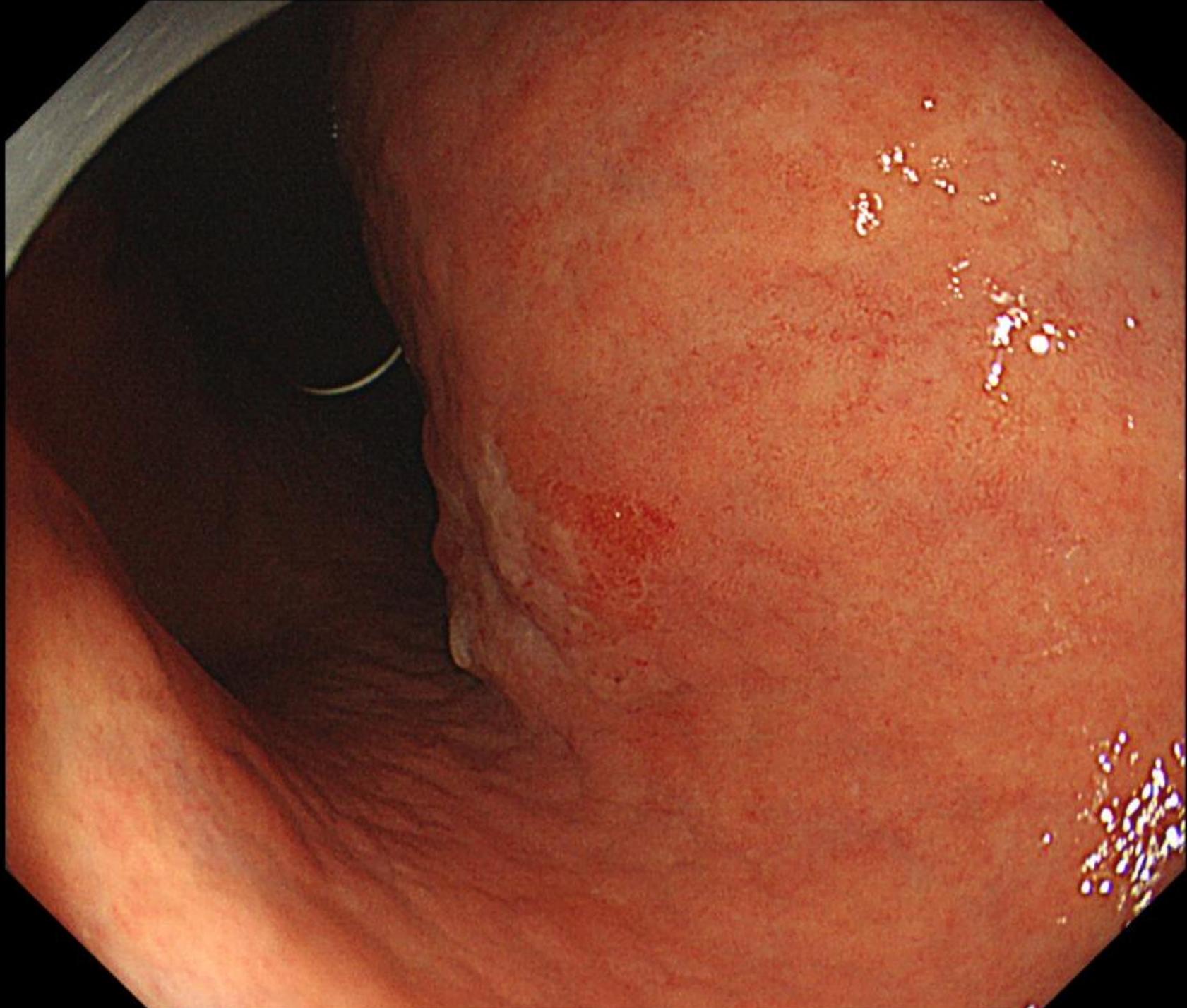
担当 伊丹 久実

白色光
(4枚)

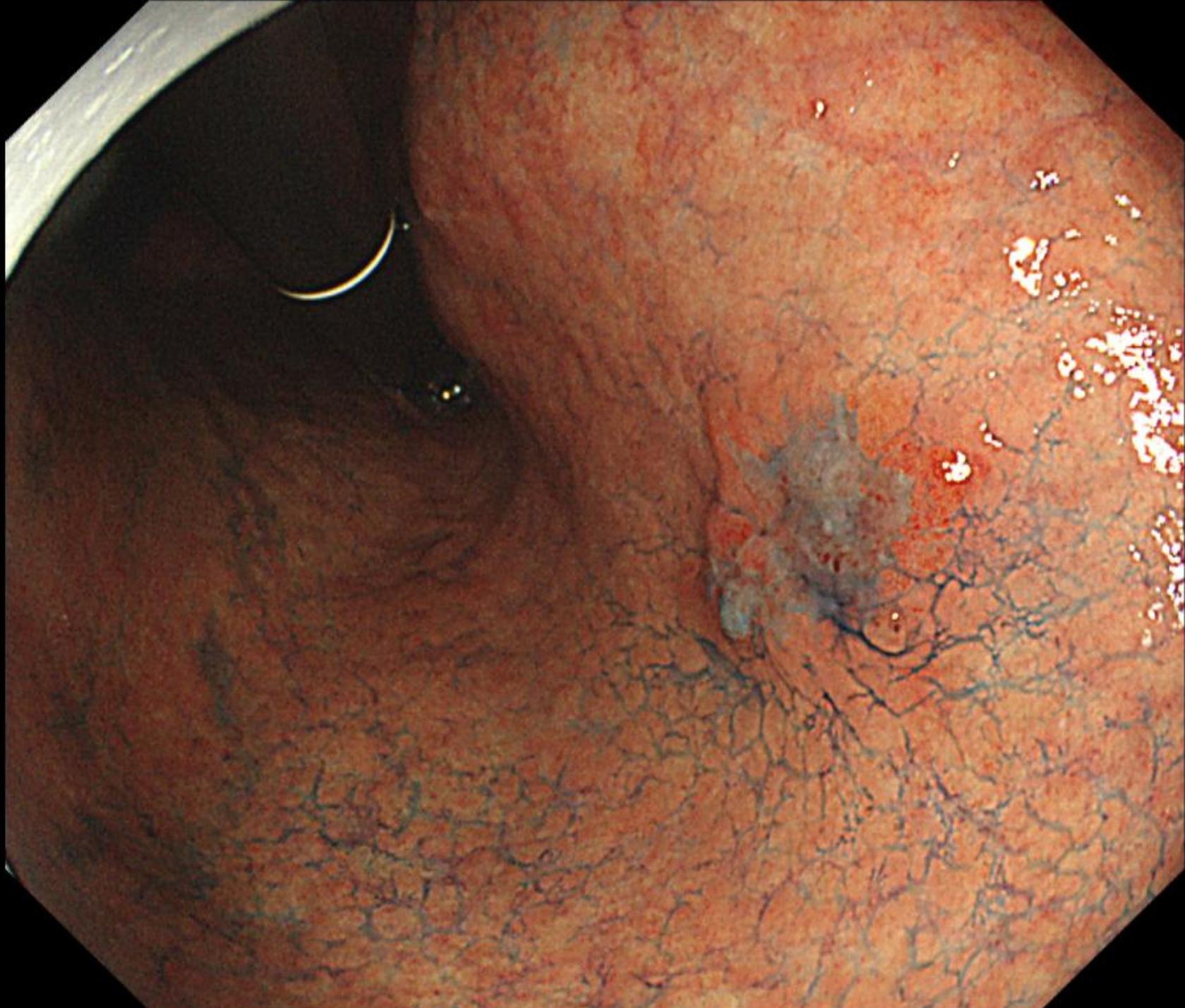


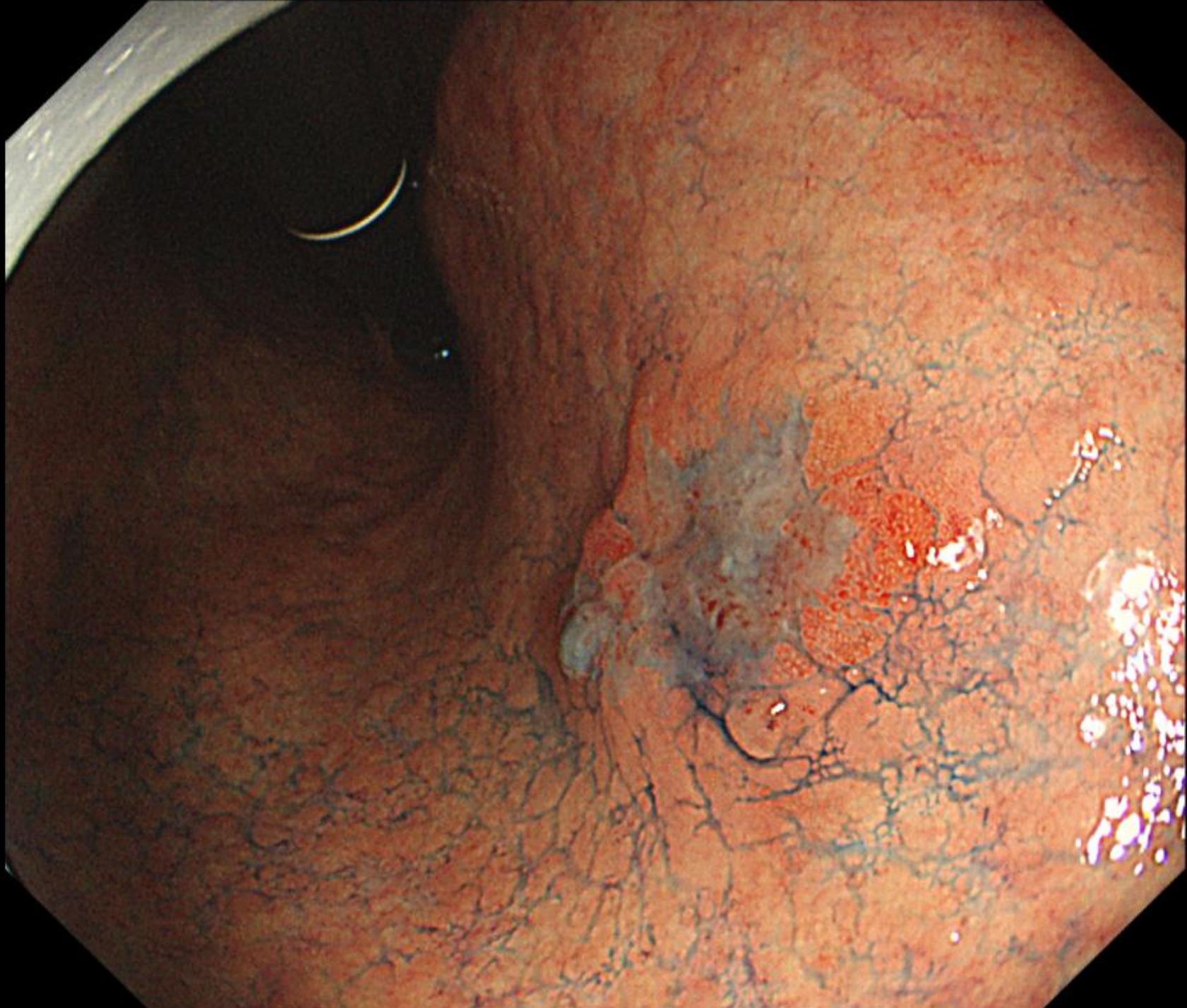




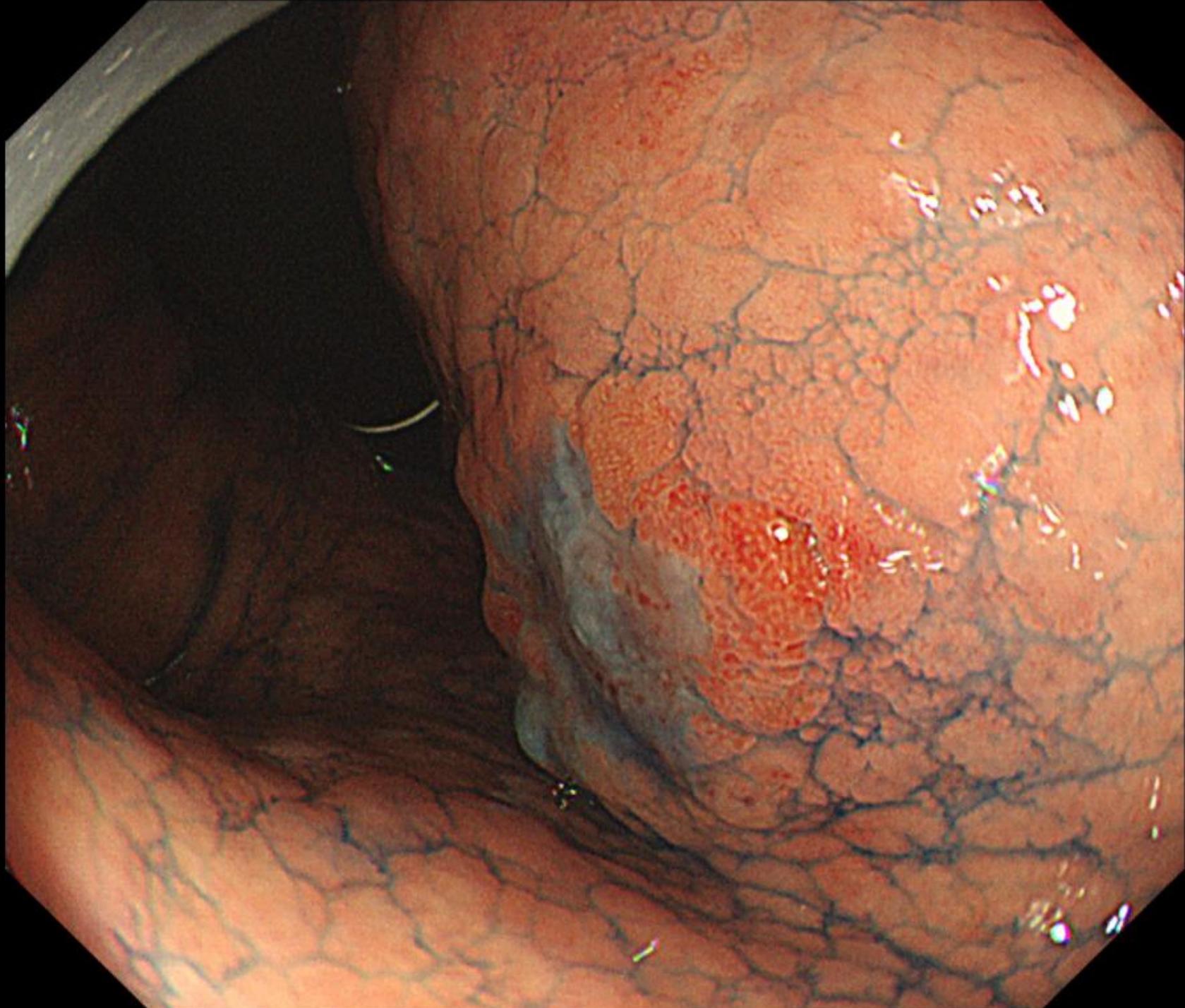


インジゴカルミン散布 (4枚)



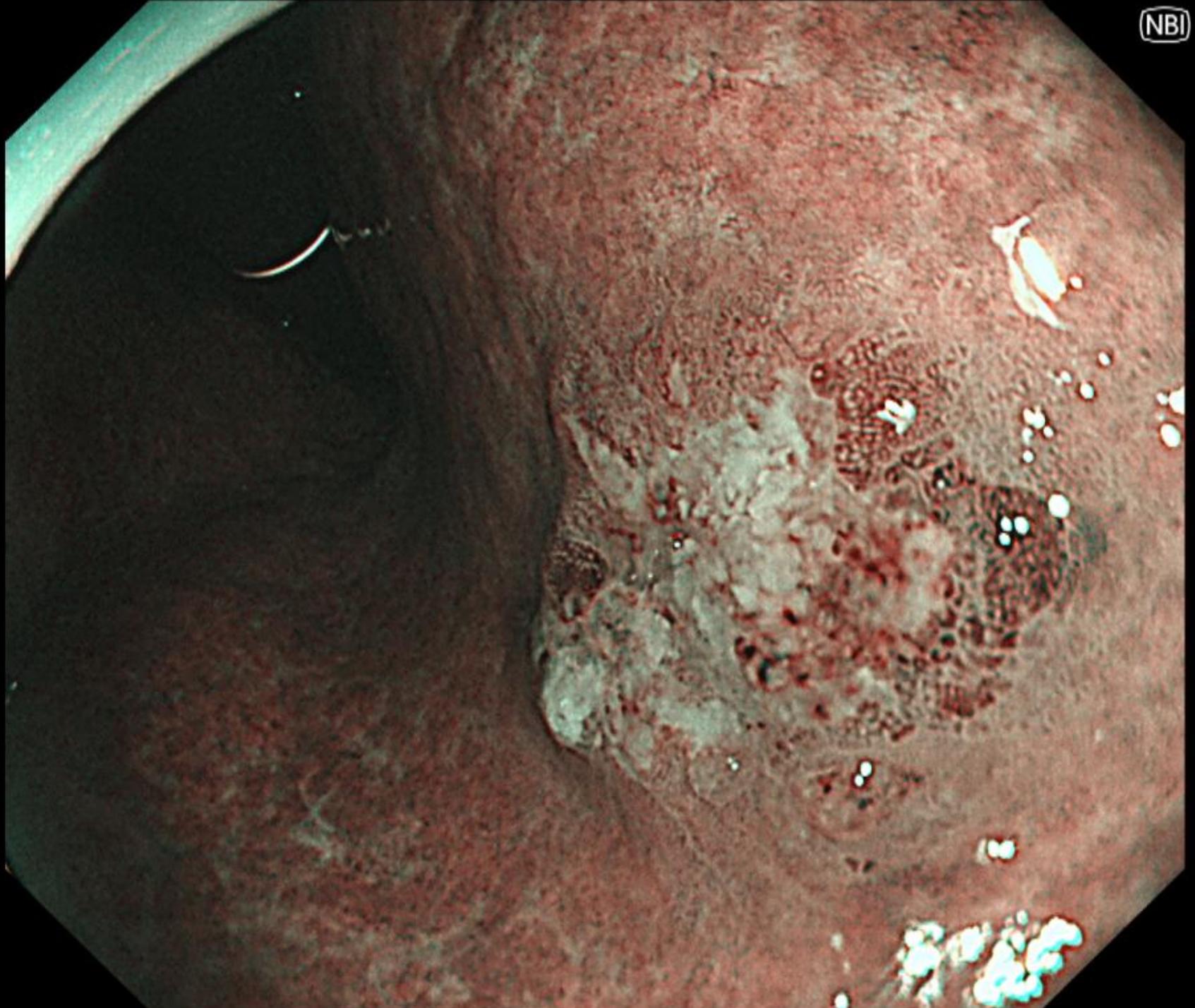


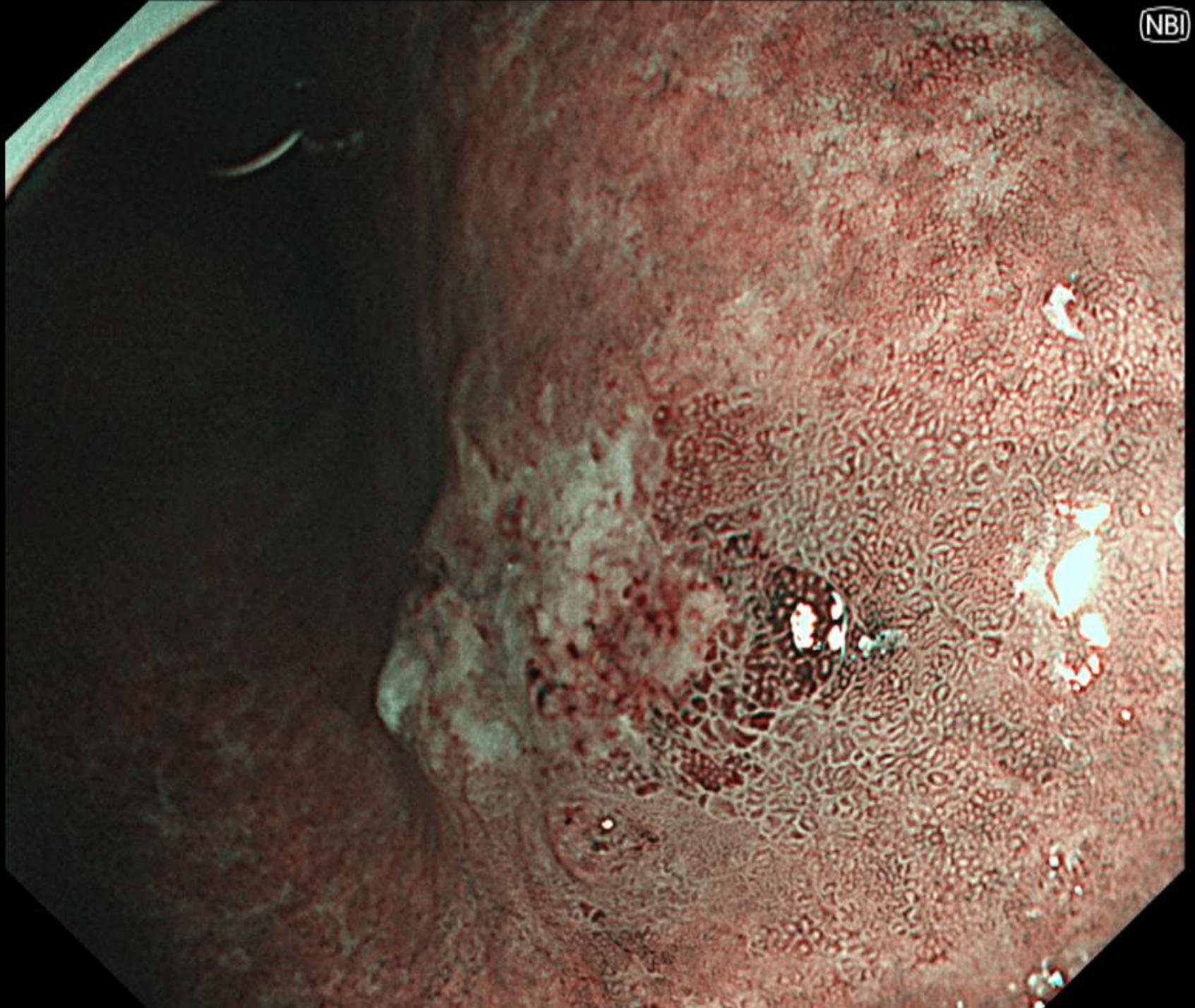


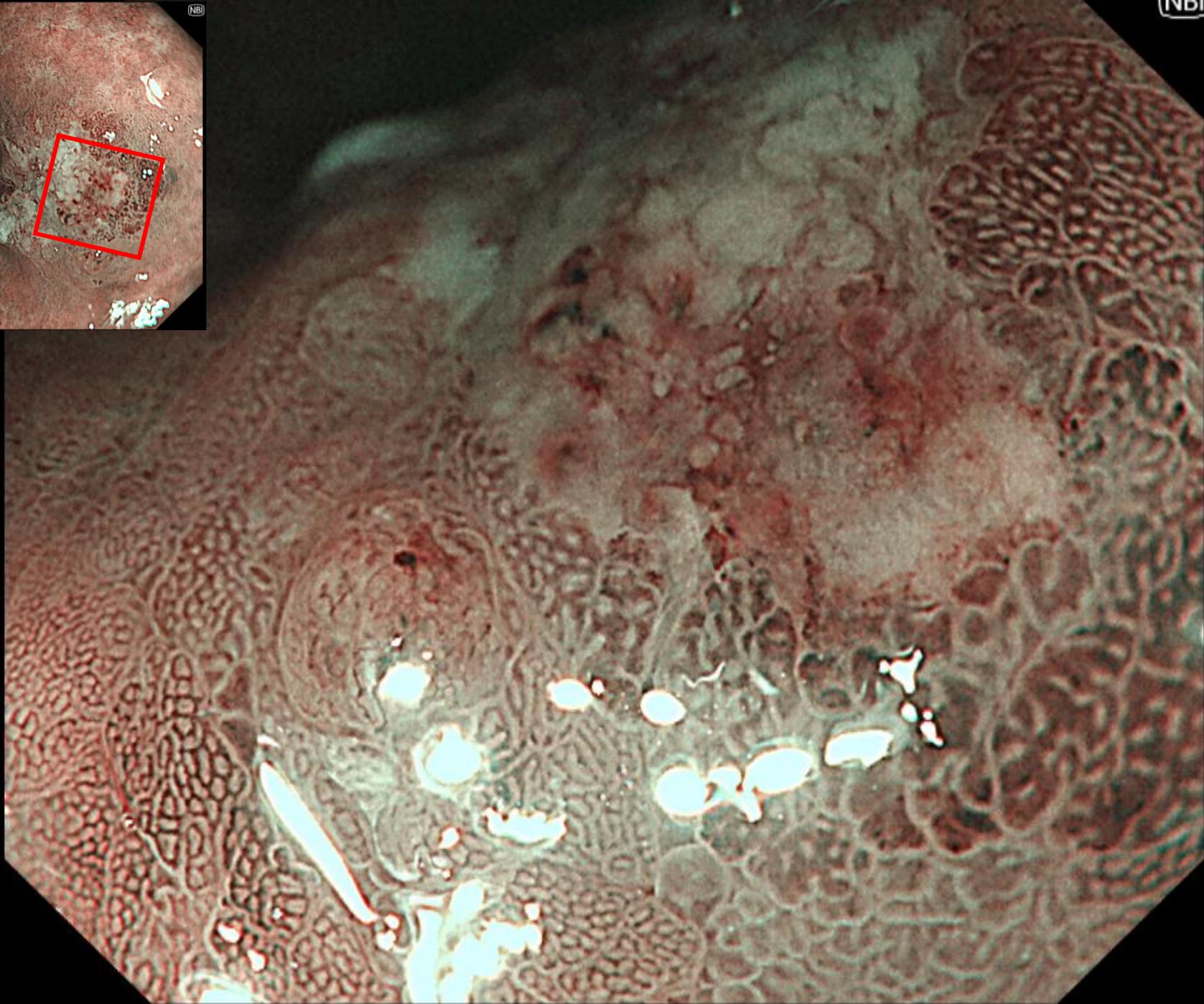
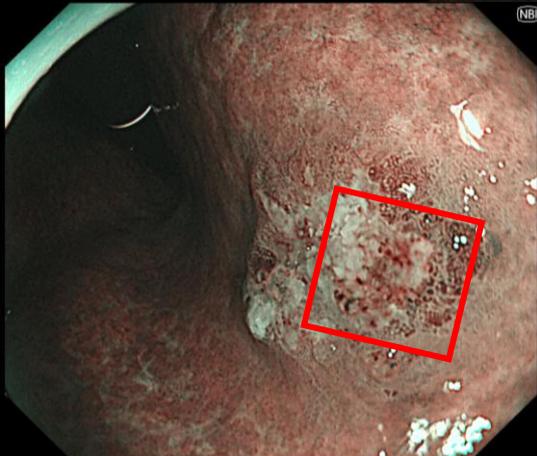


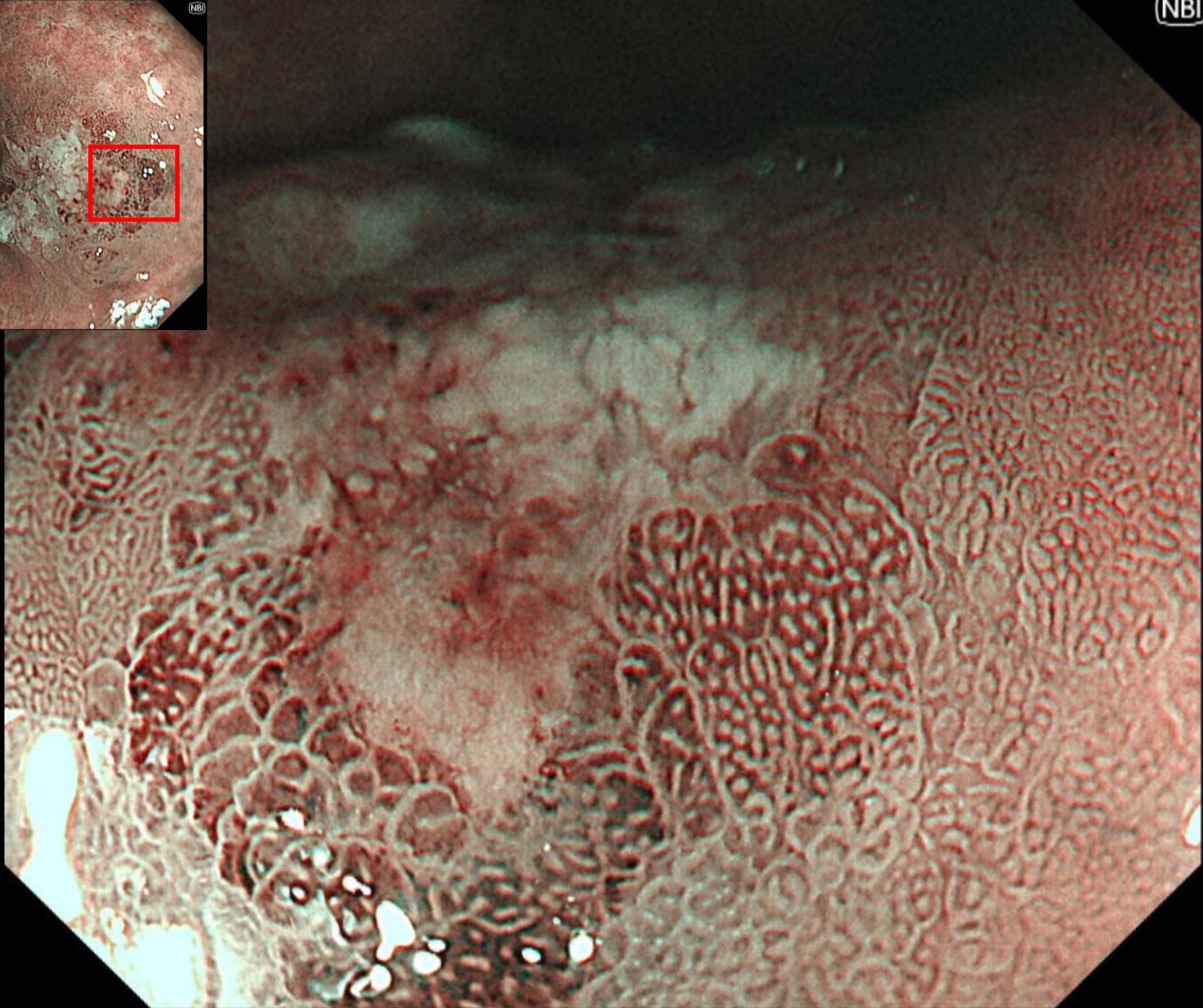
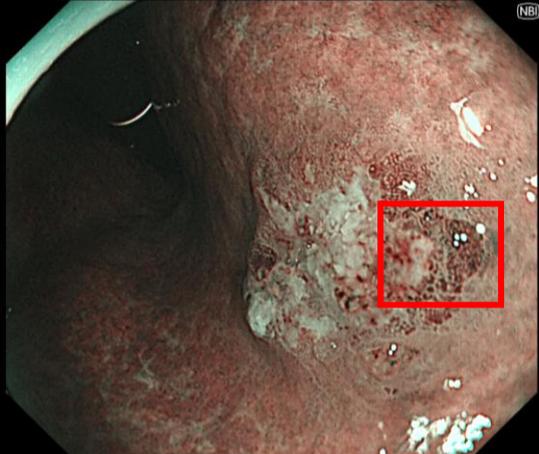
NBI
(8枚)

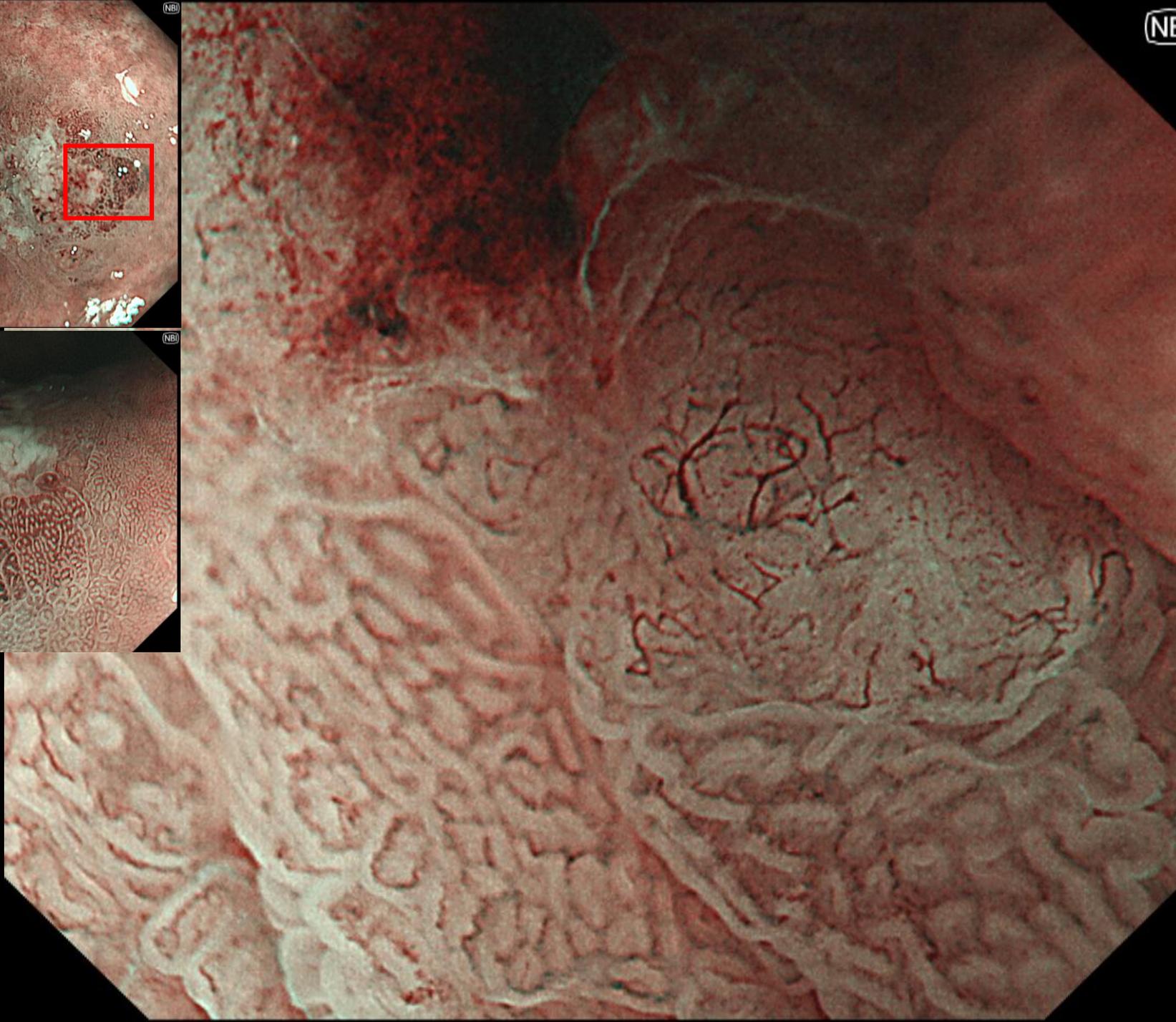
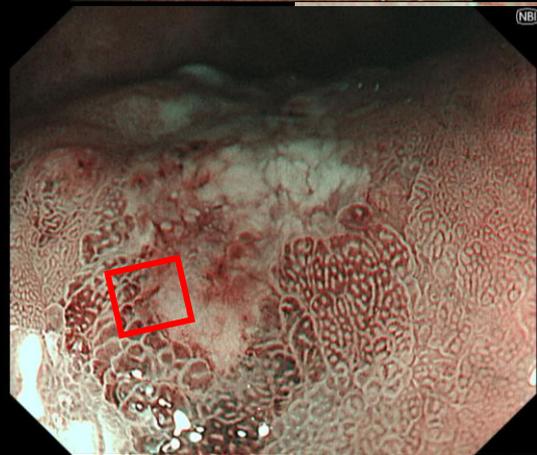
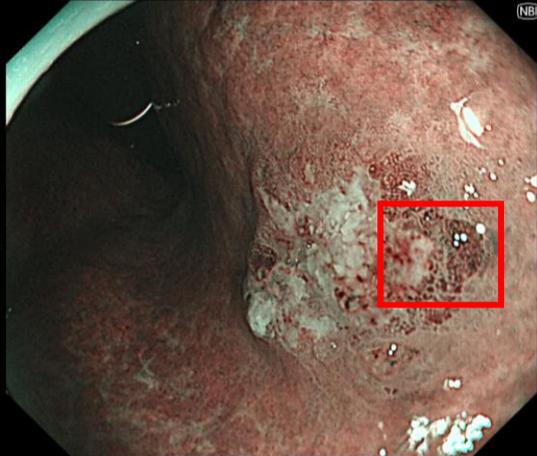


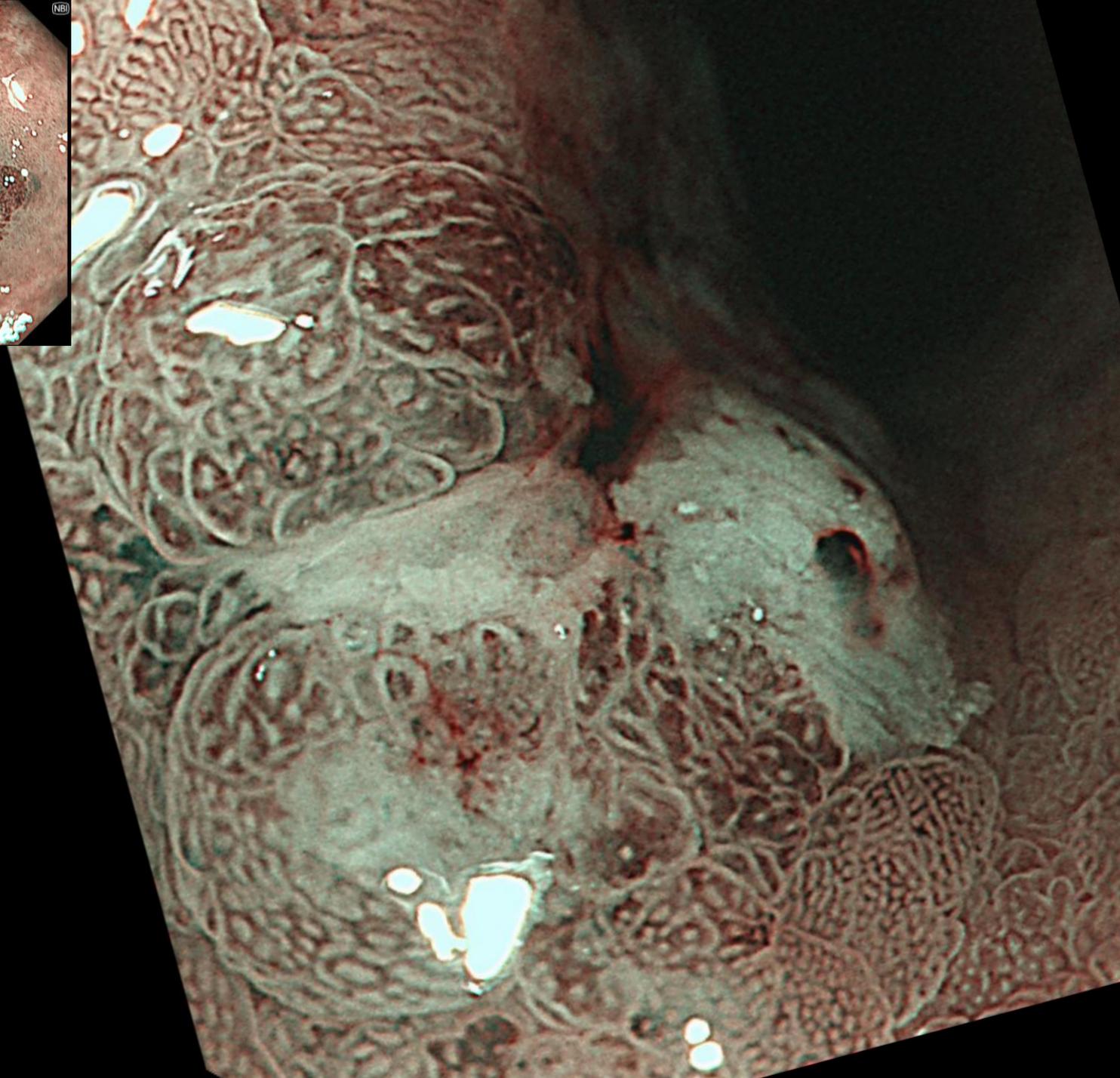
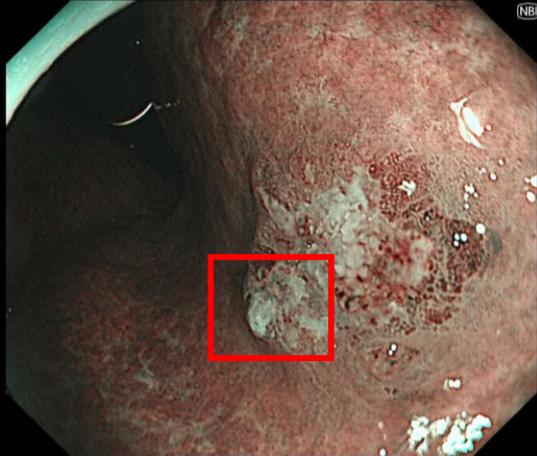


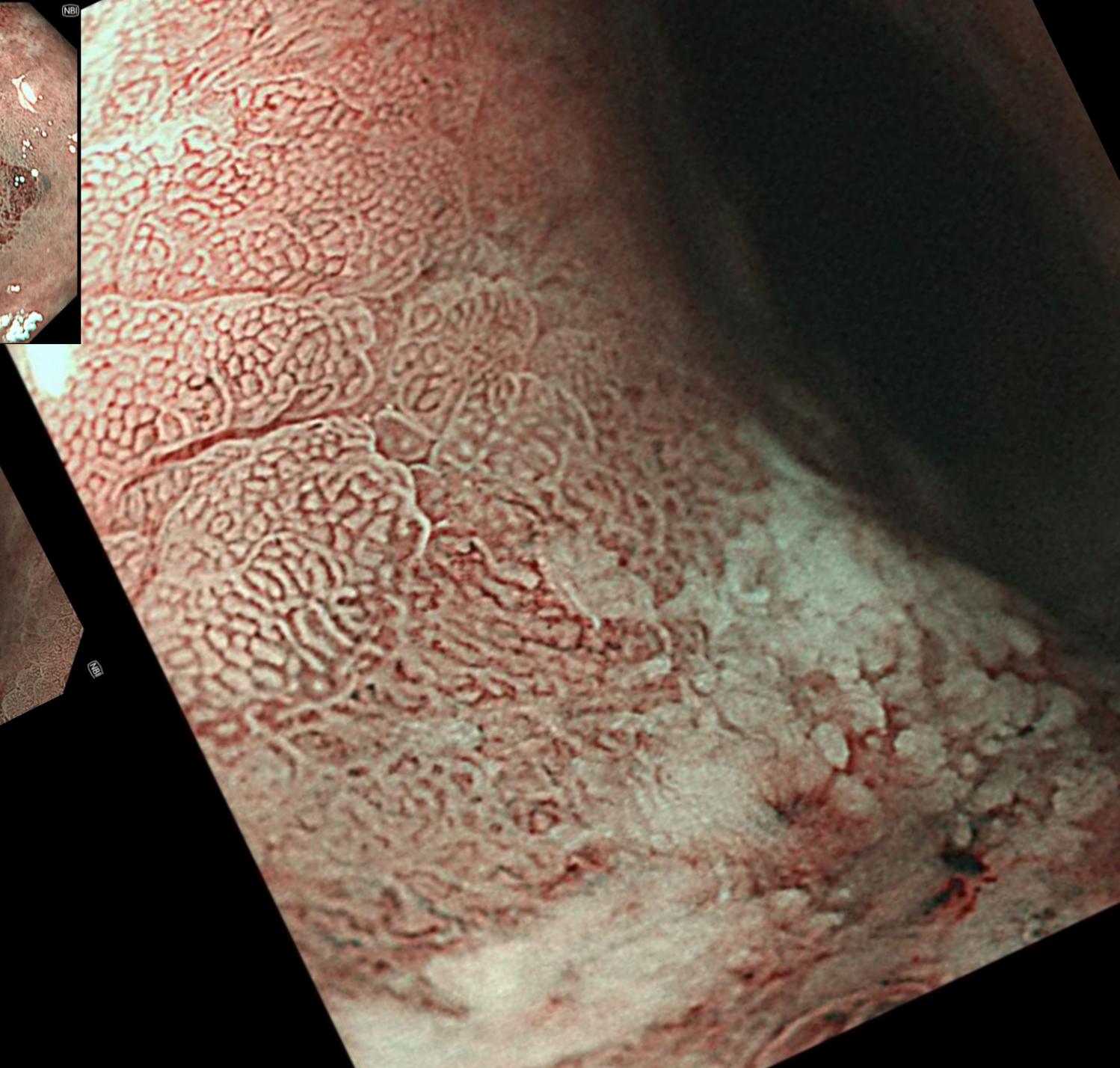
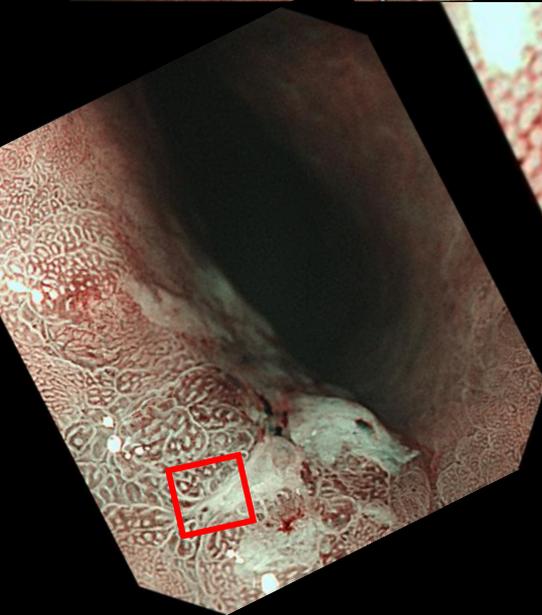
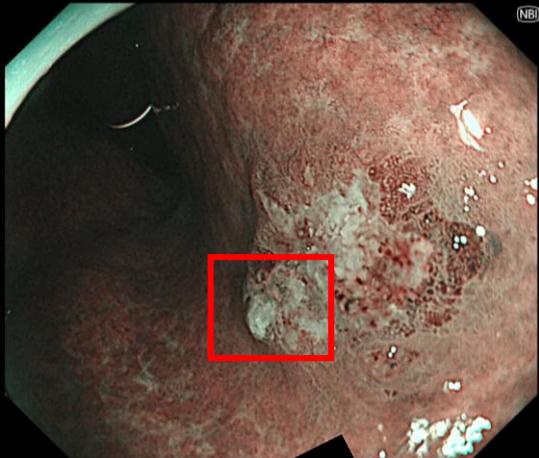












内視鏡診断

早期胃癌

大きさ: 12mm 肉眼型: 0-IIc, 分化型

深達度: SM1, UL: (-),

NBI観察: DL present,

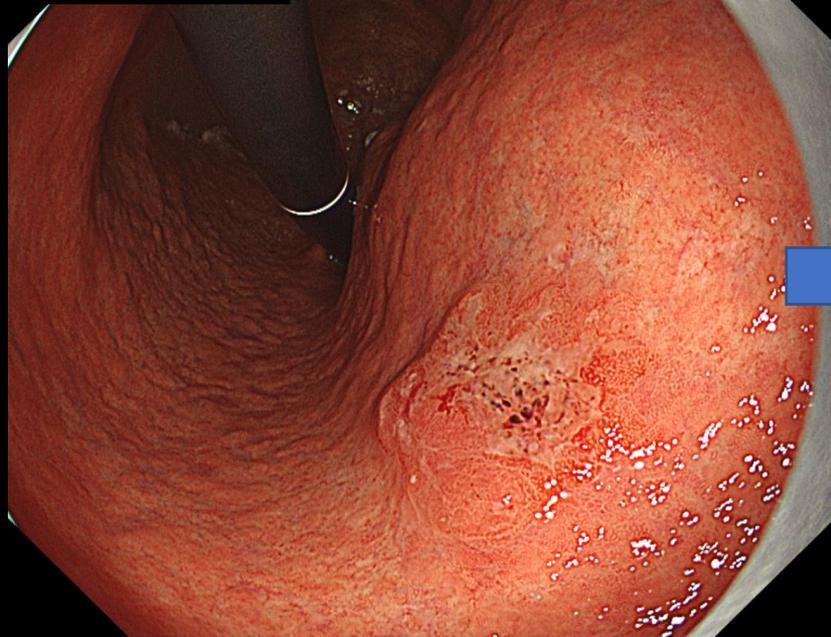
微小血管構造: irregular,

表面微細構造: irregular

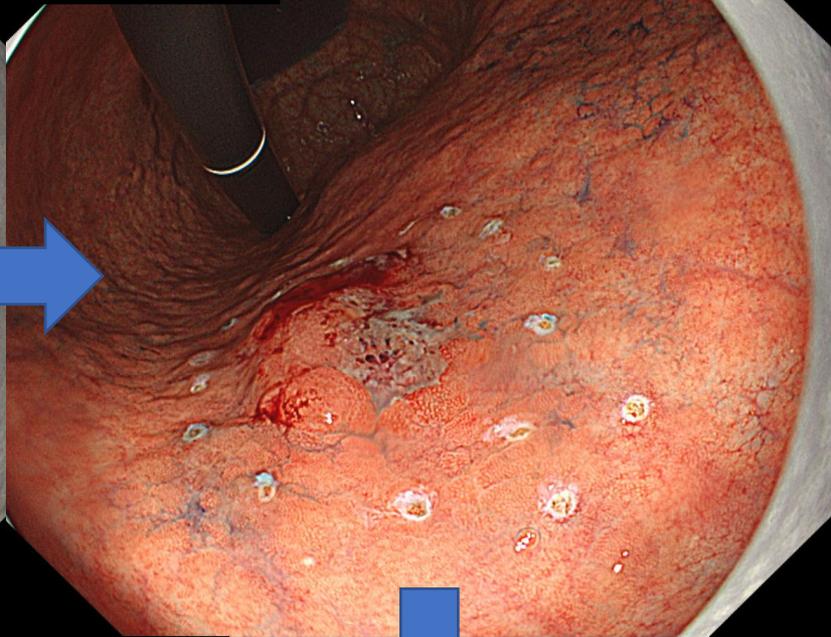
病変口側で厚みあり、 空気量で硬さを感じる

ESD

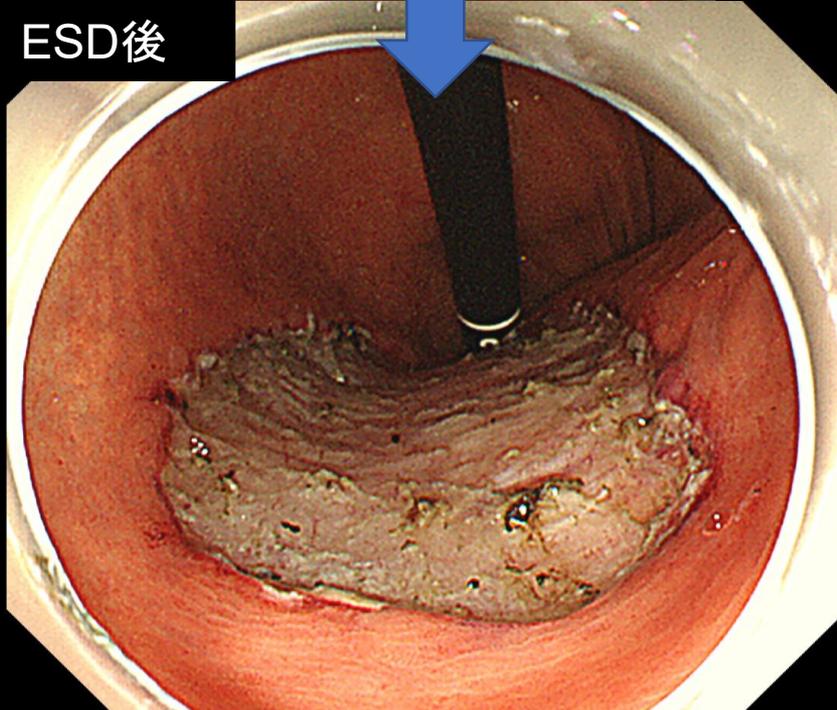
ESD前

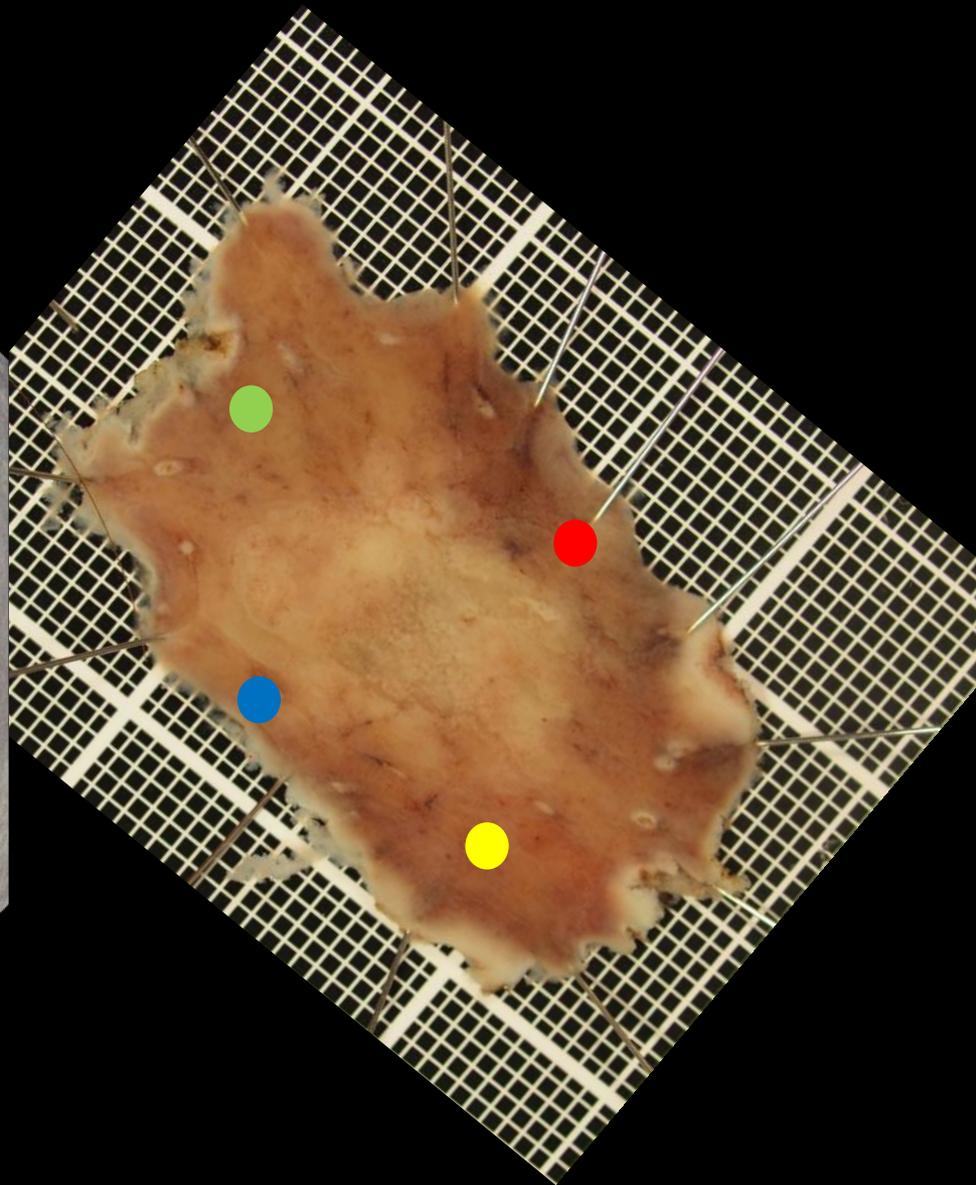
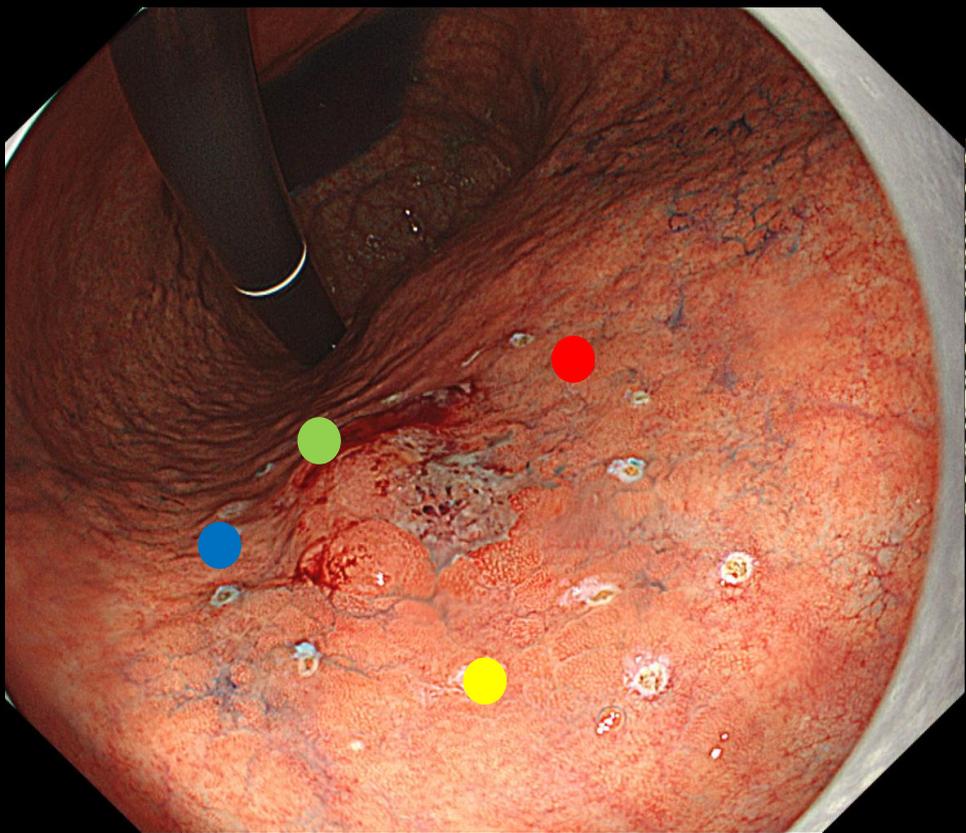


マーキング



ESD後

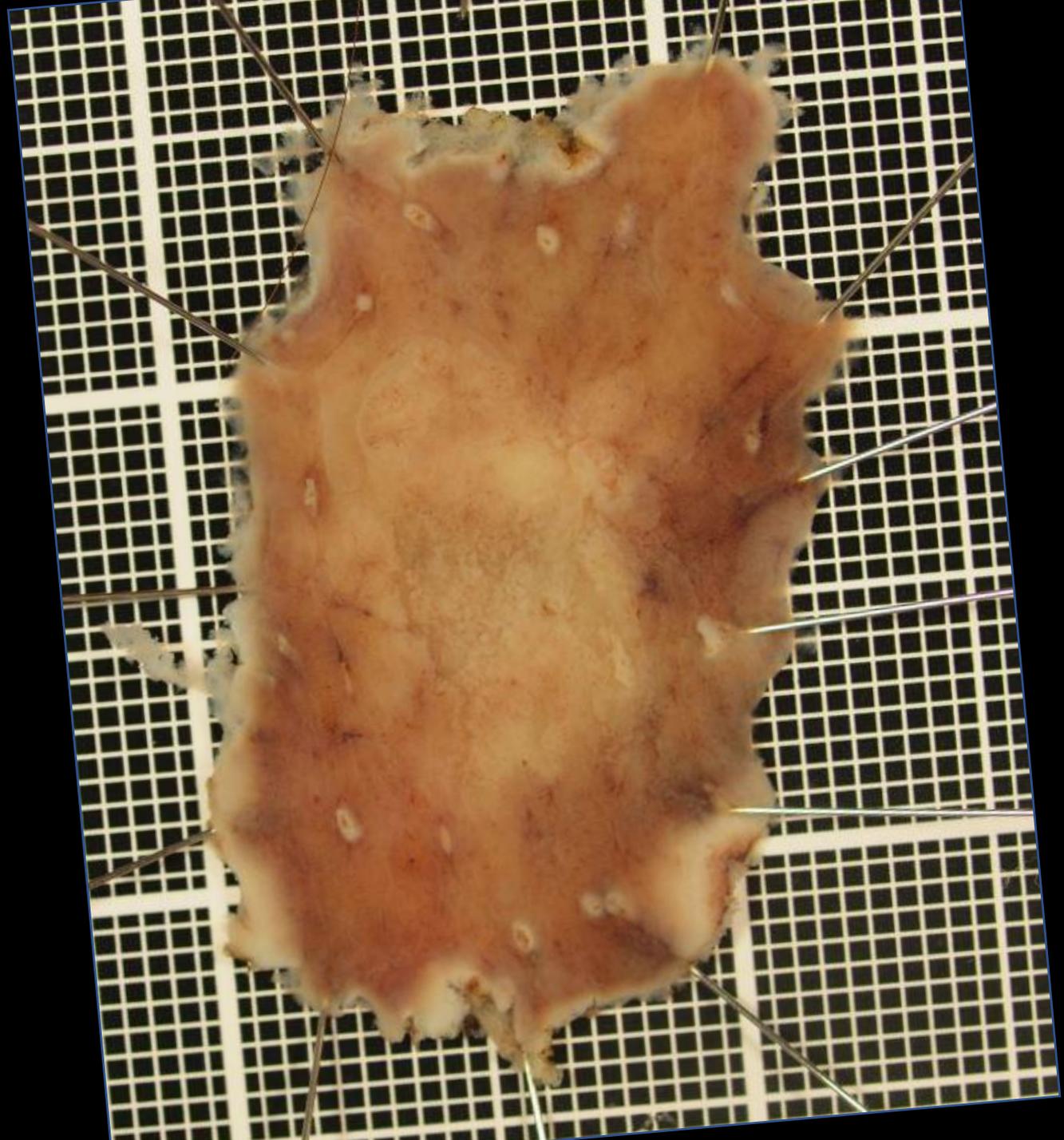




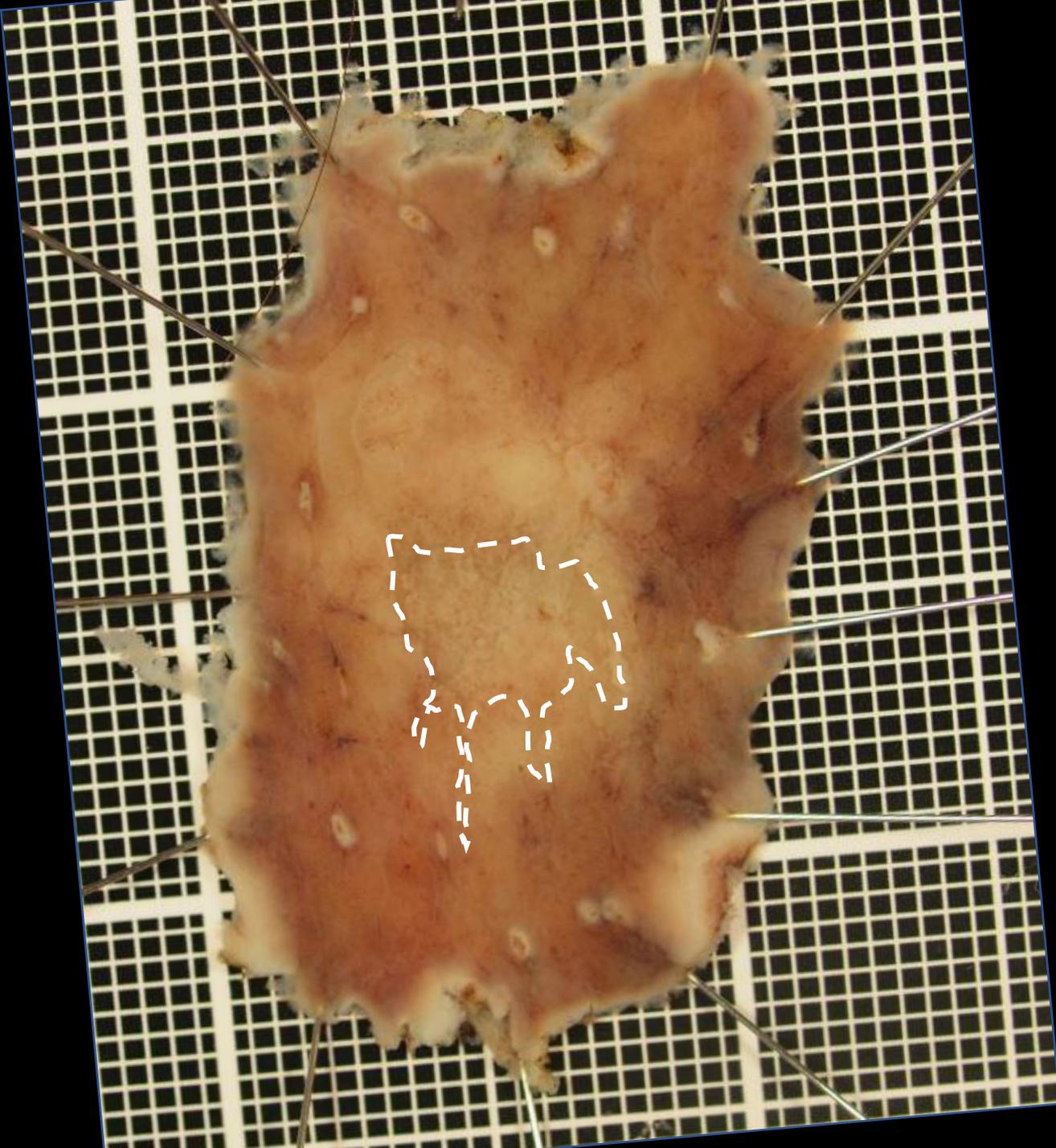
口側



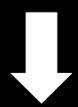
肛門側



口側



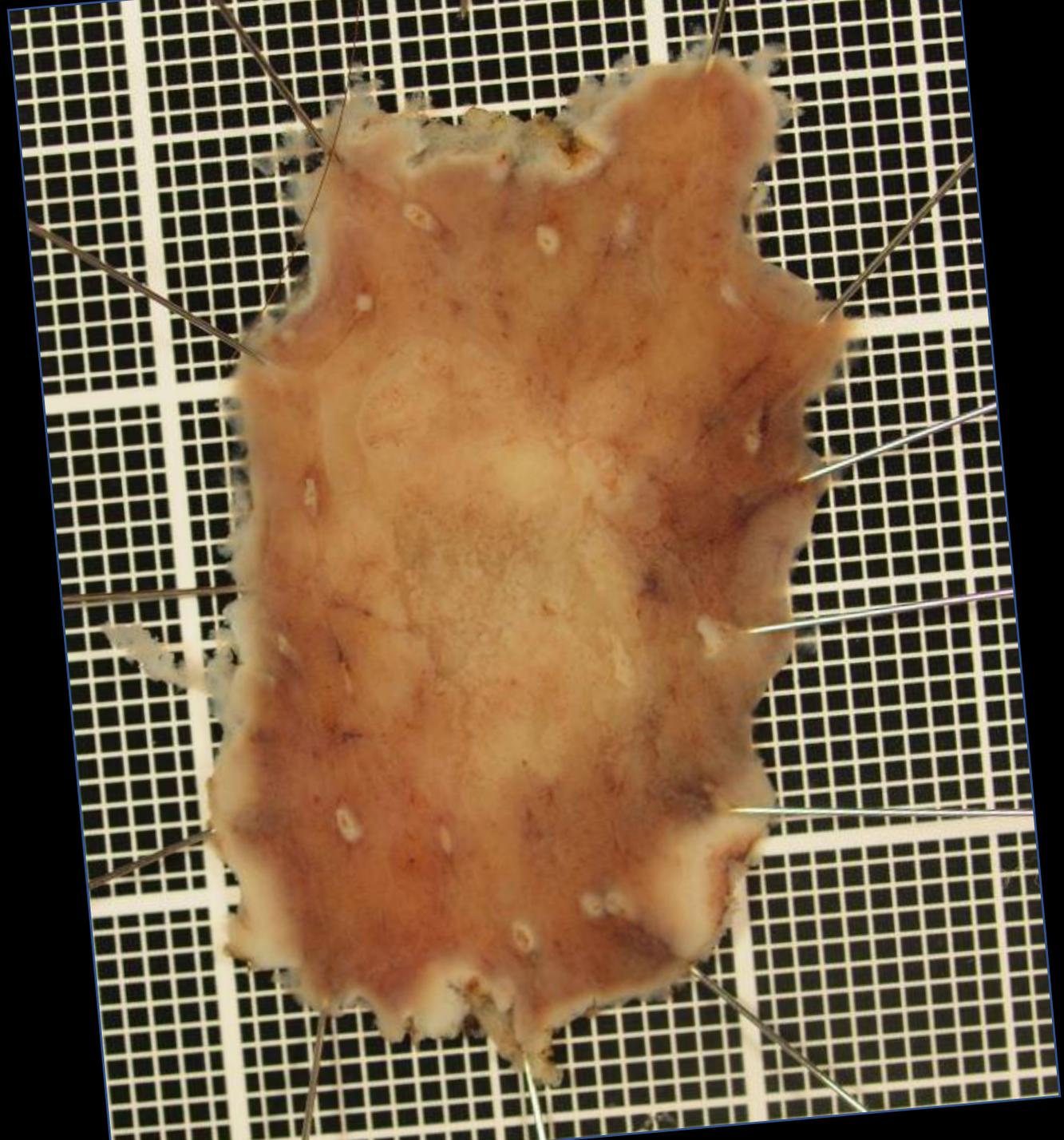
肛門側



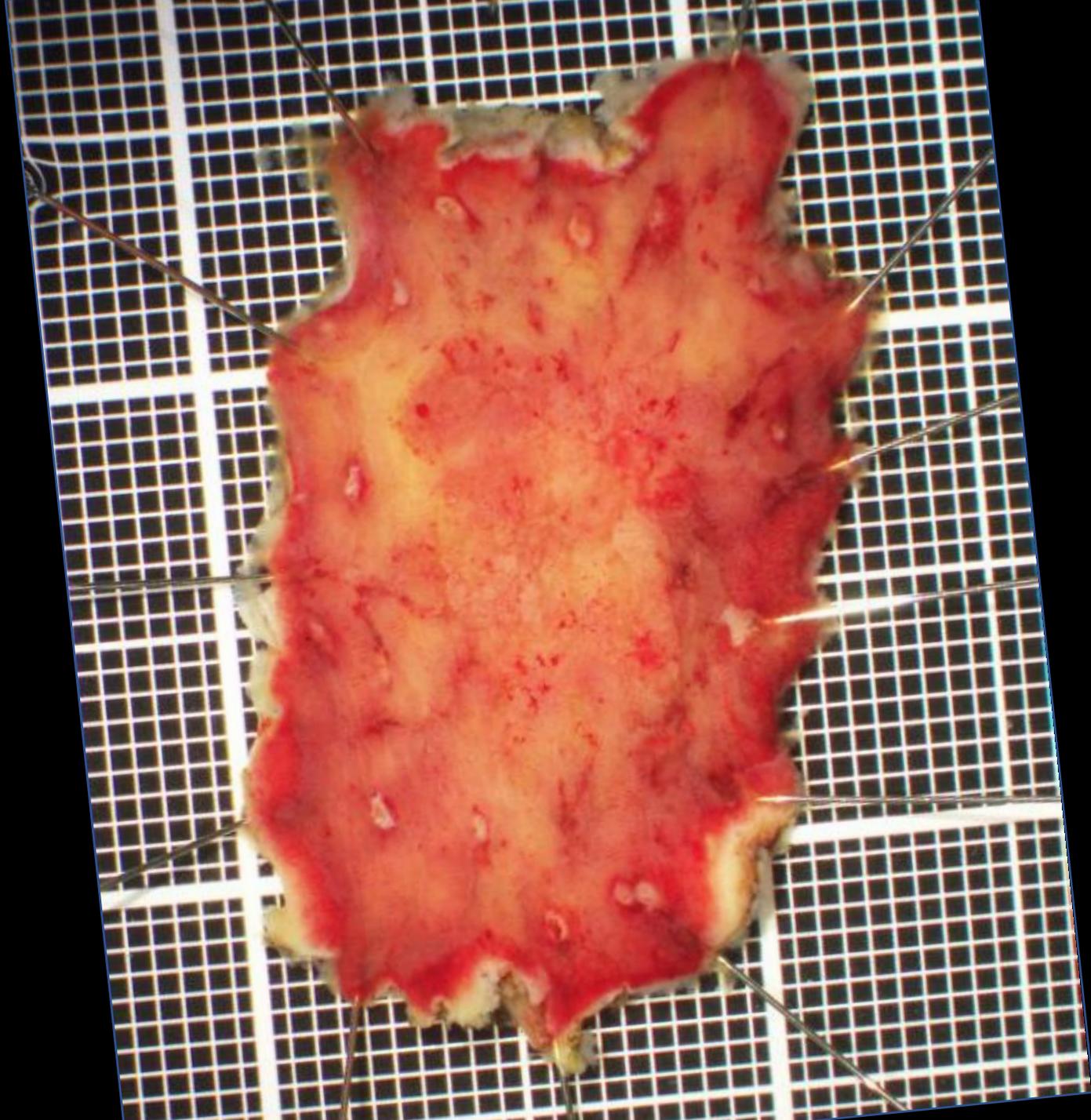
口側



肛門側

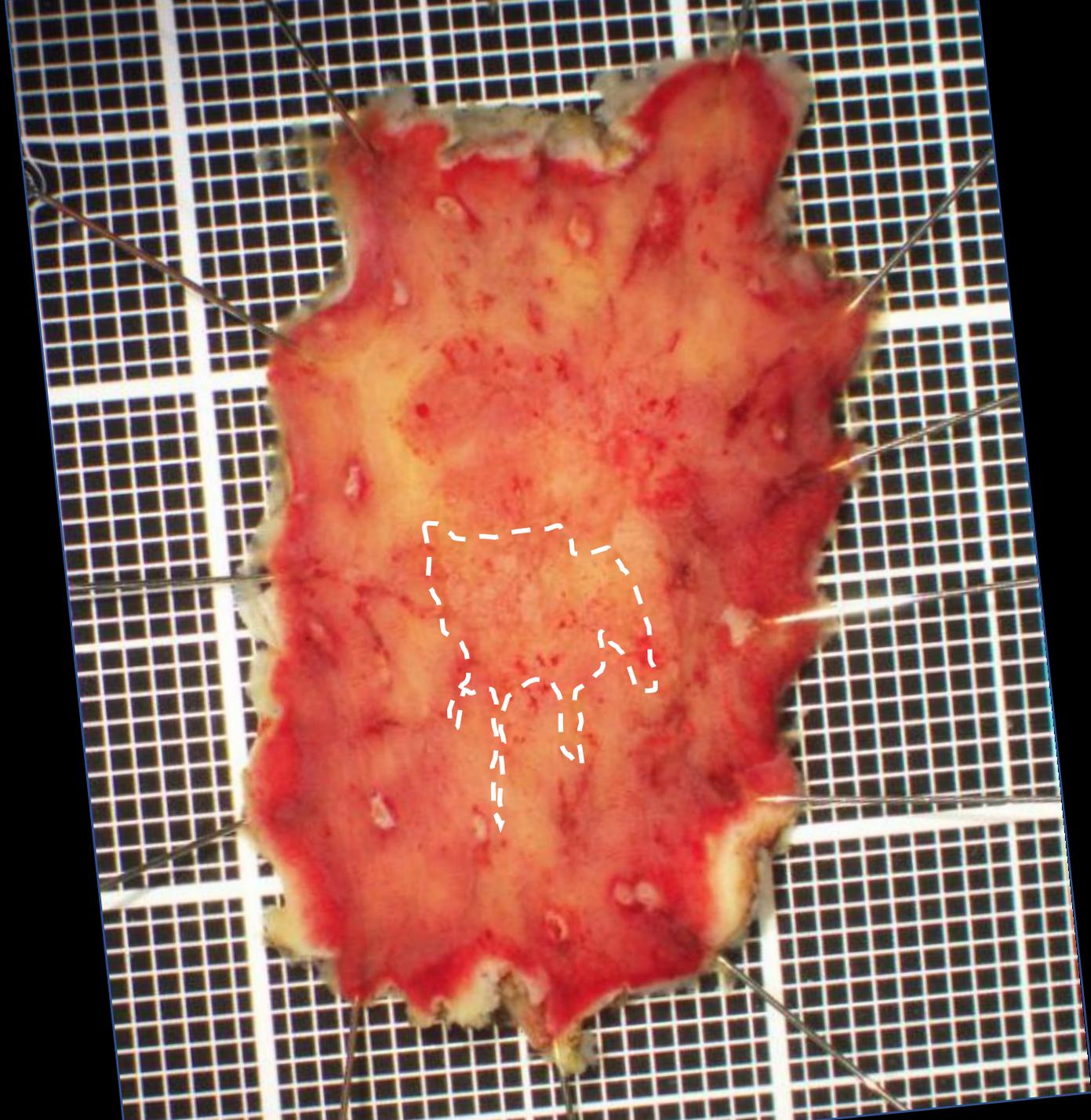


口側



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肛門側

口側

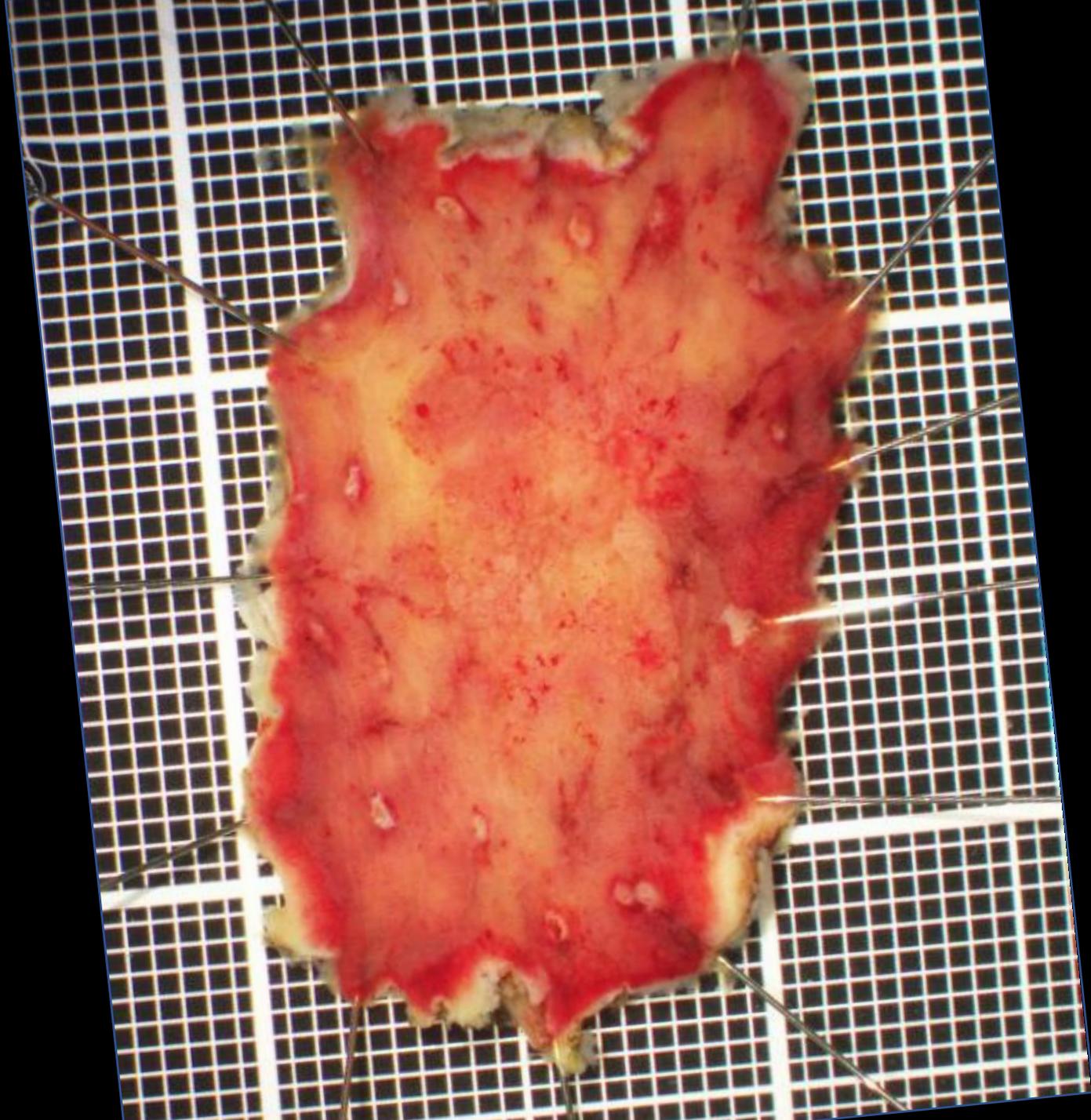


肛門側

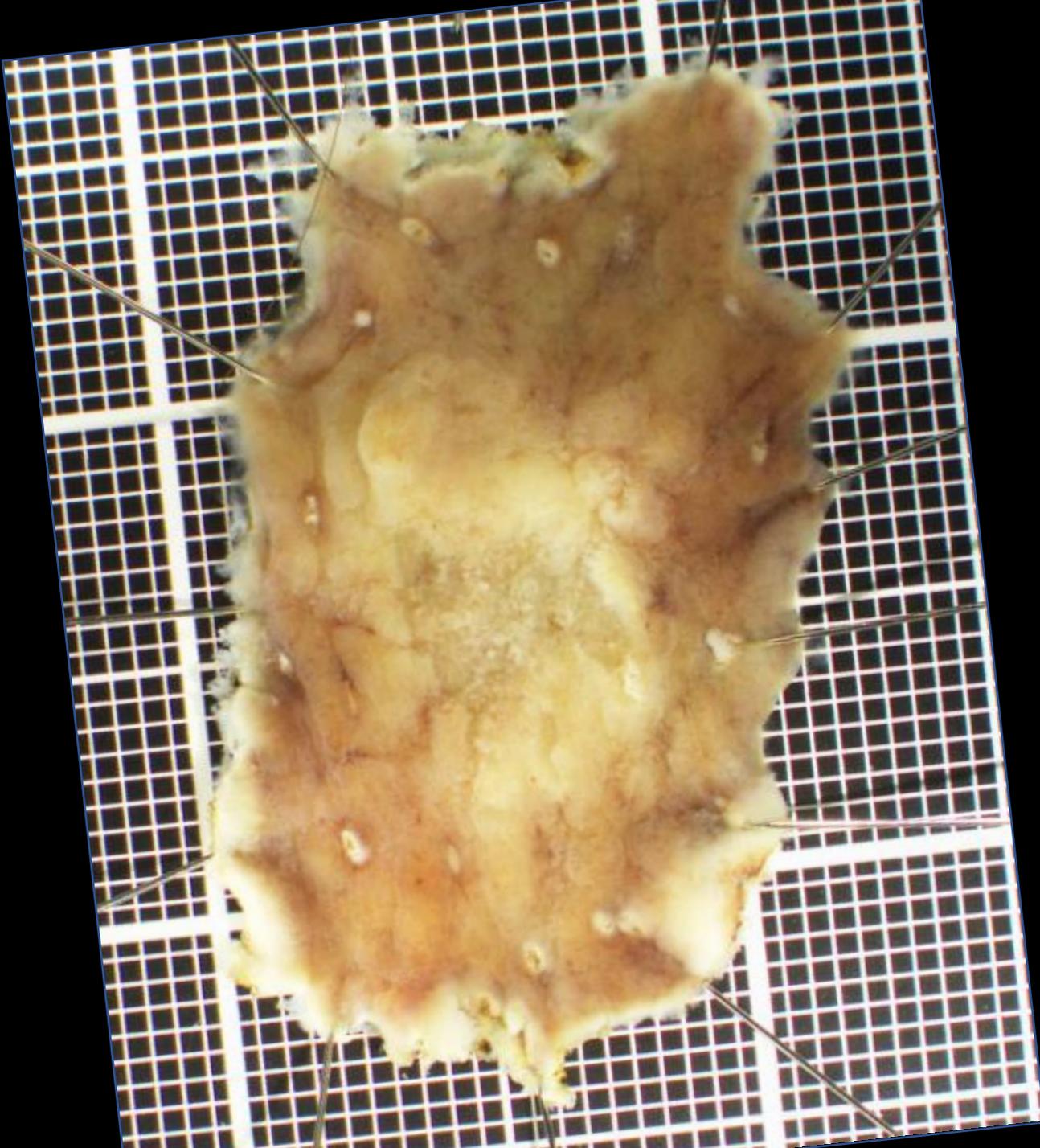
口側



肛門側

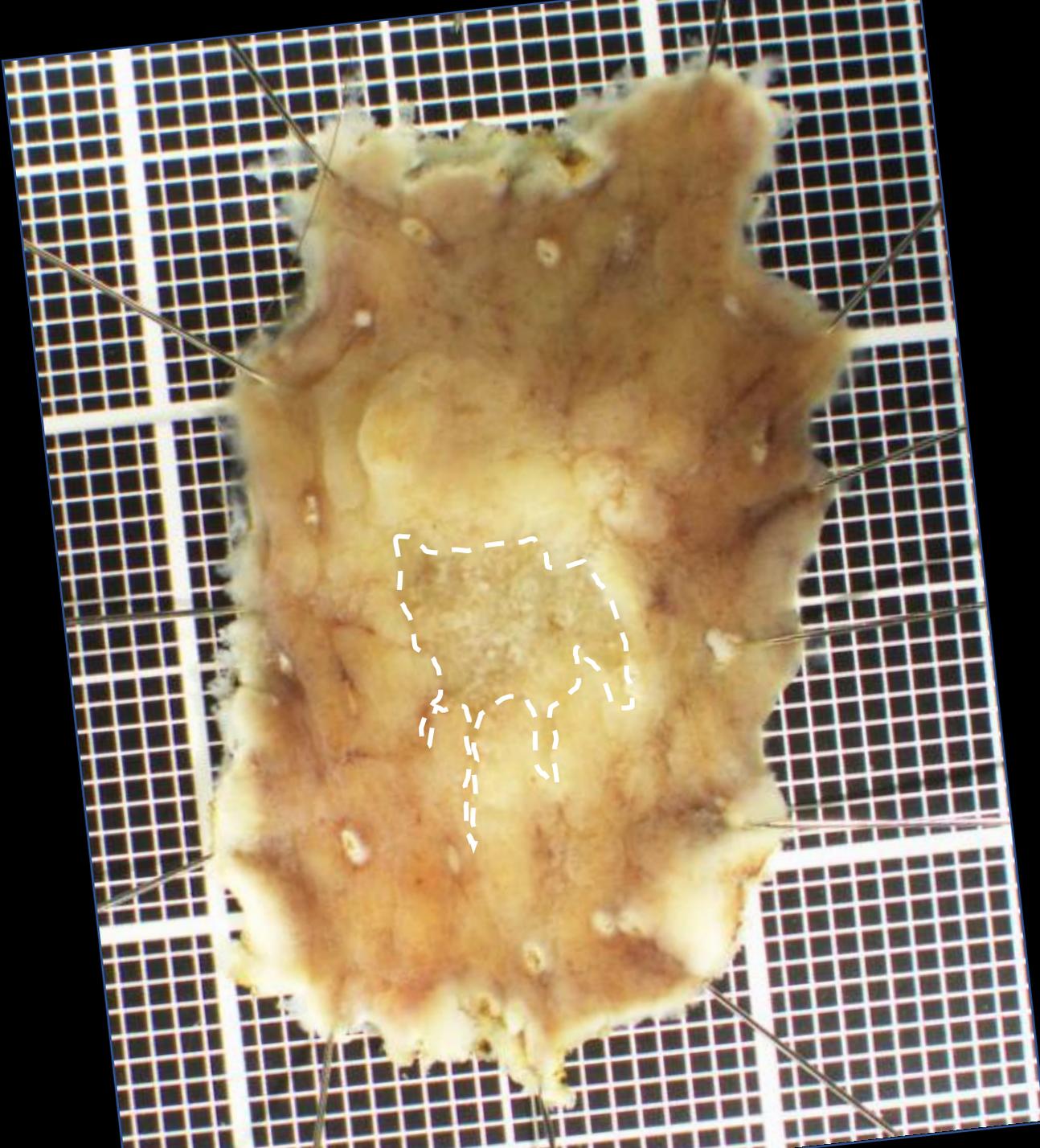


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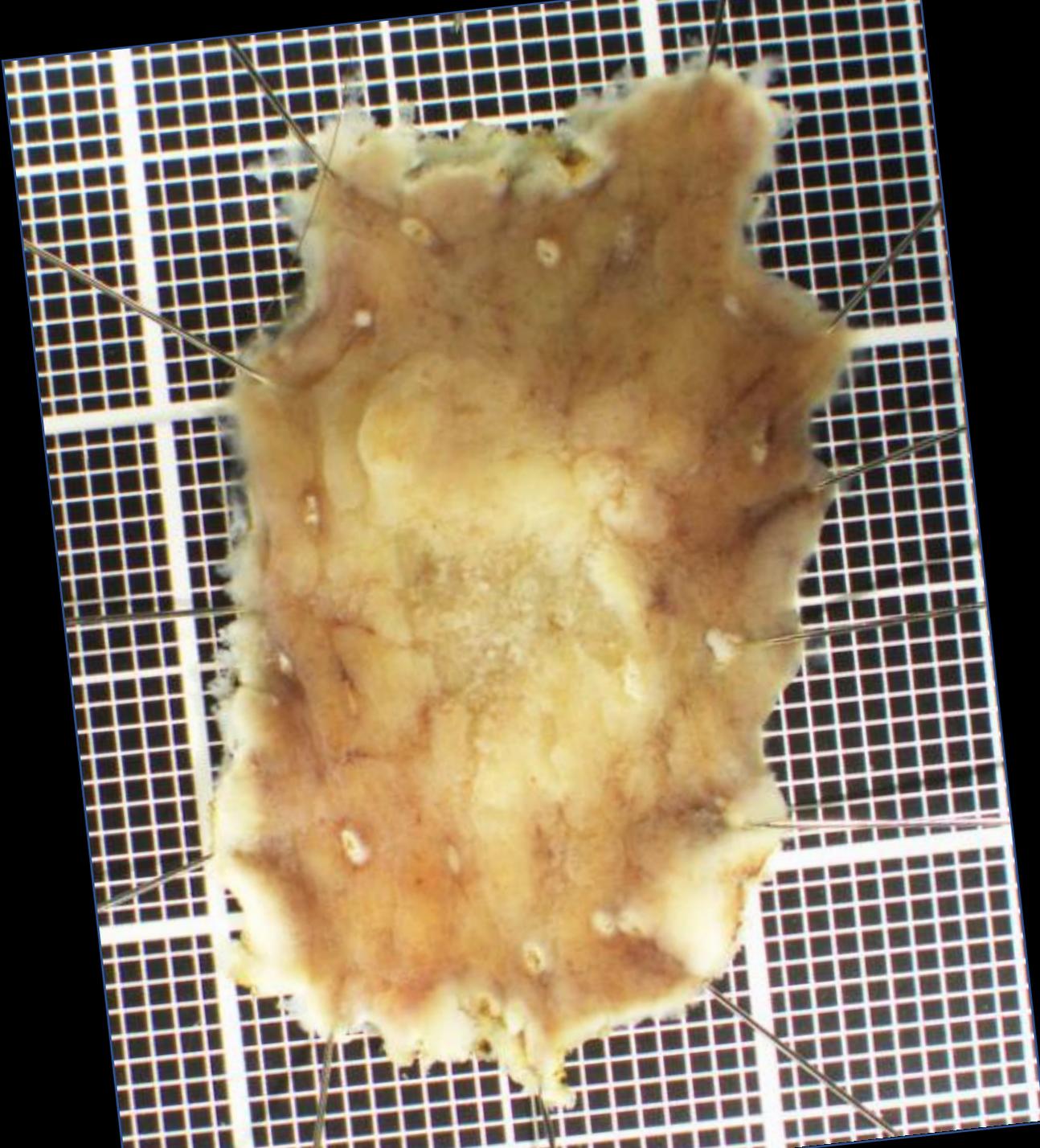
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肛門側

口側

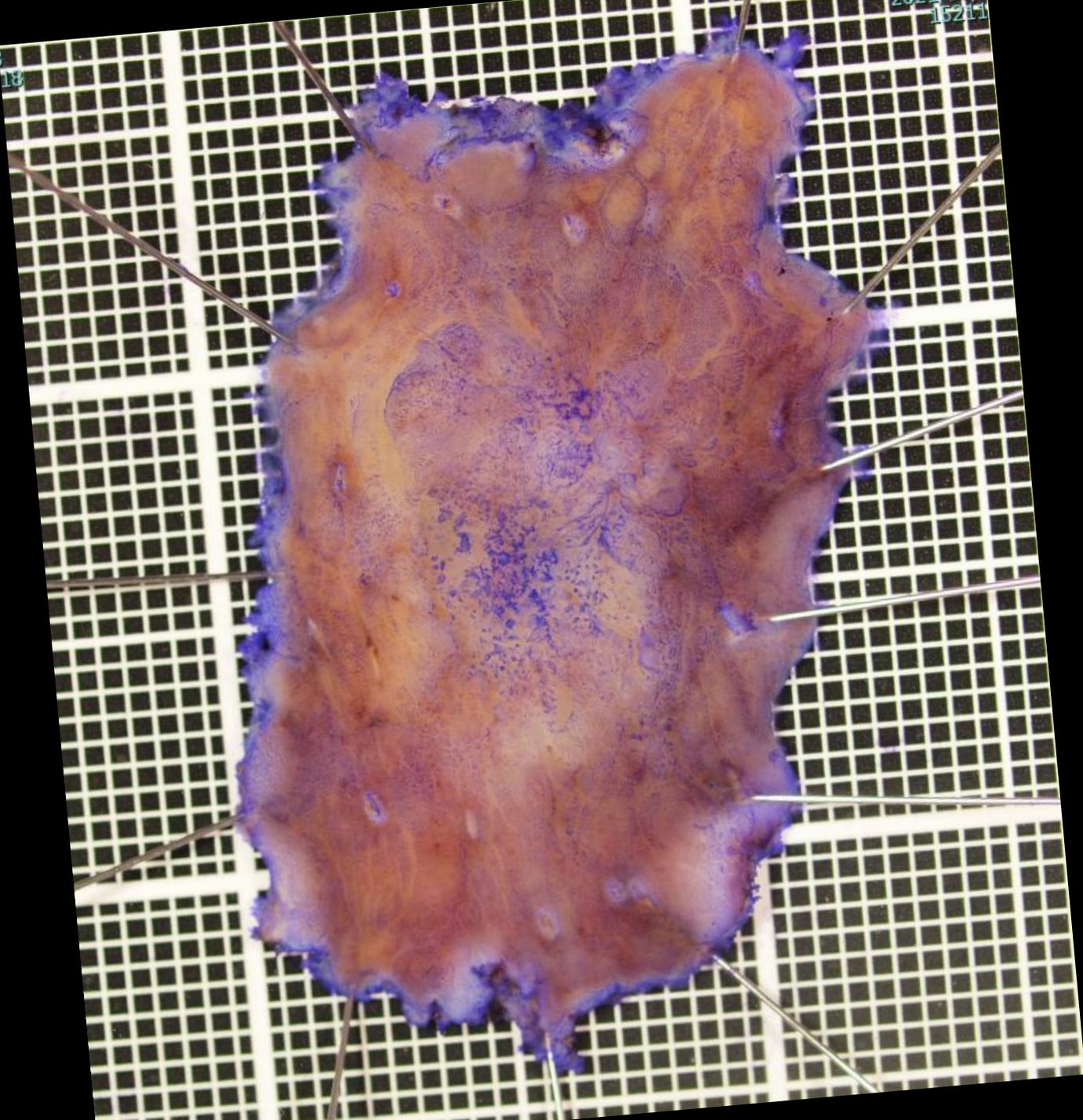


肛門側

口側



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肛門側

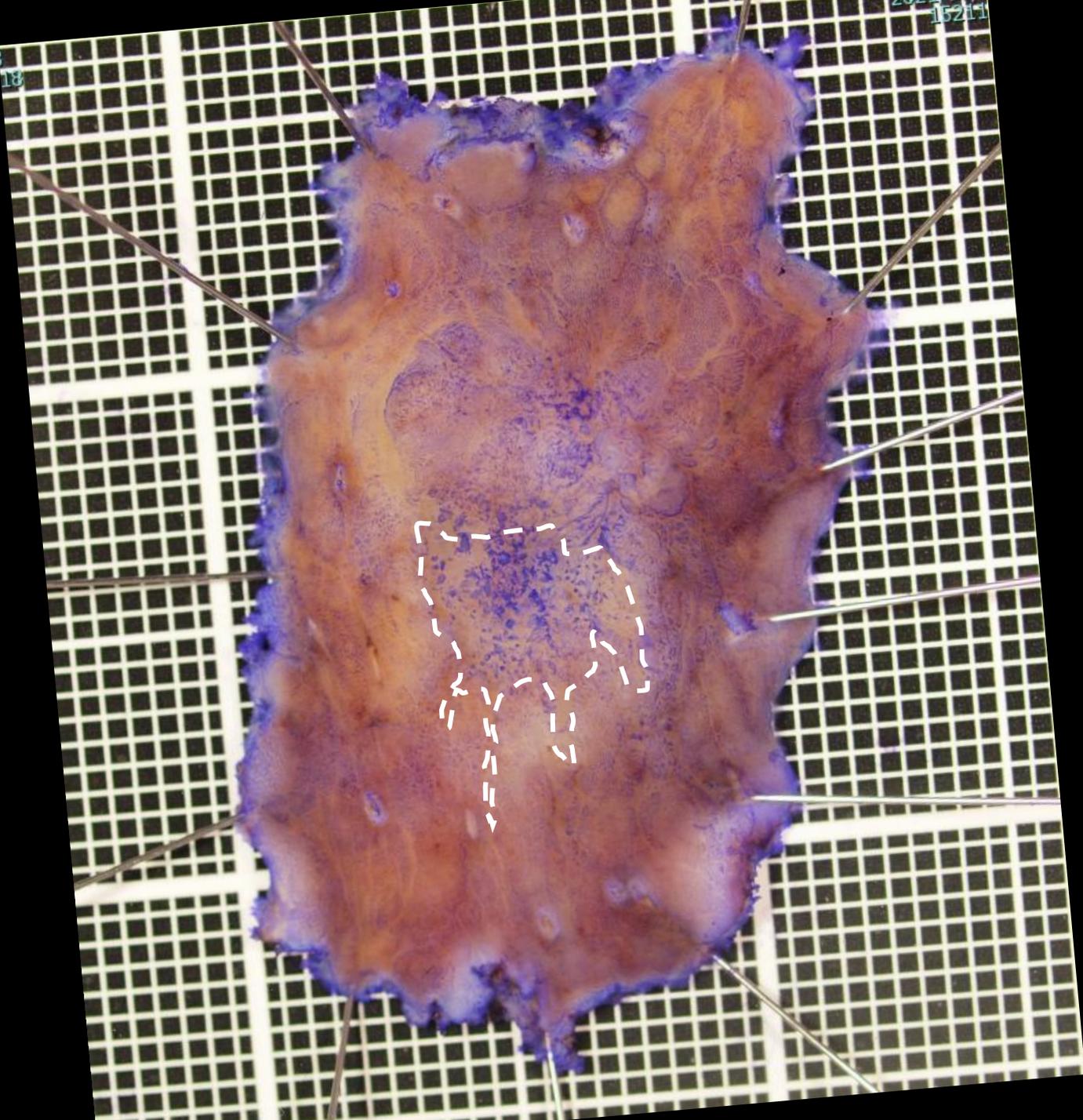


口側



肛門側

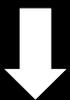


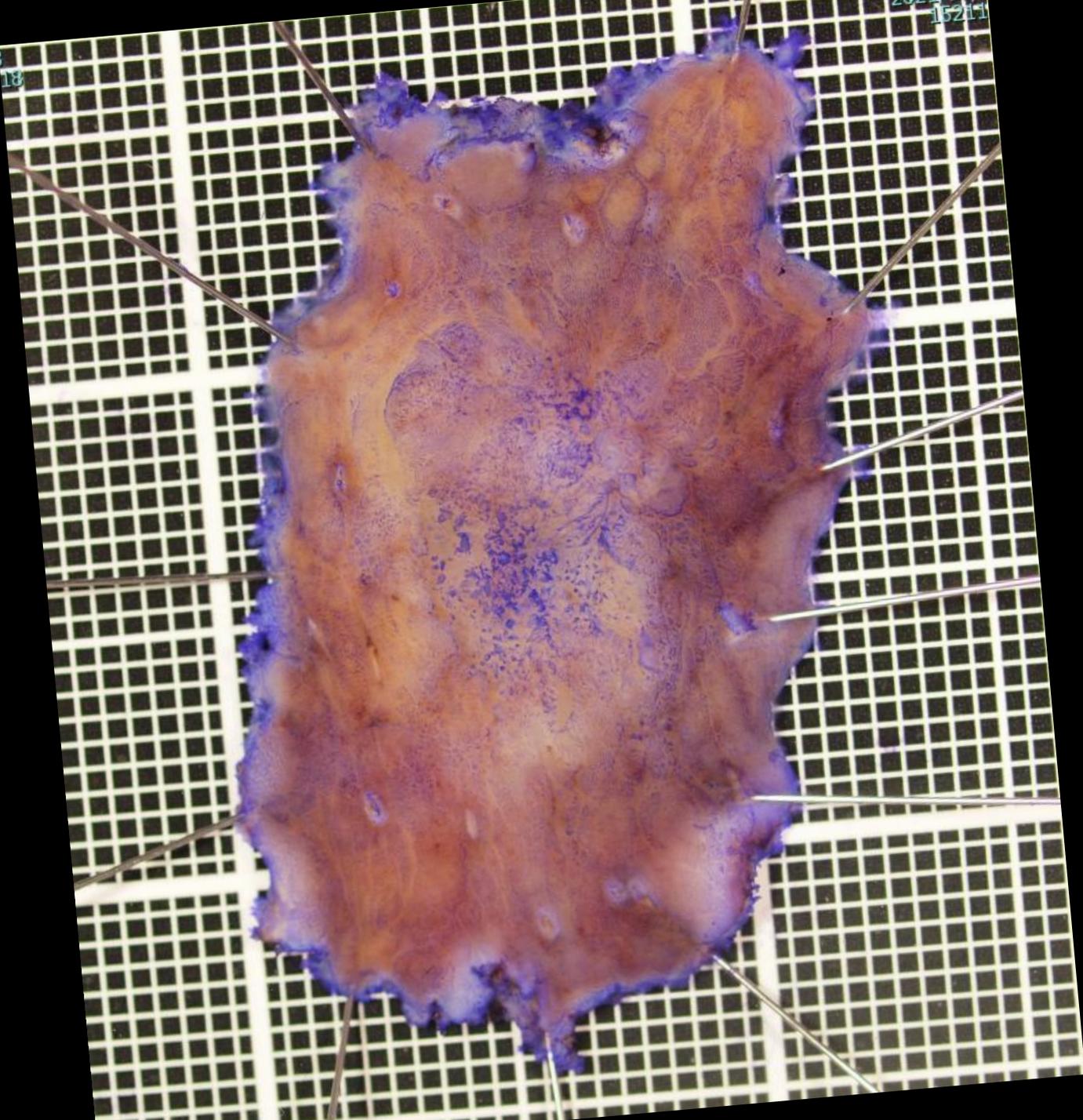


口側



肛門側

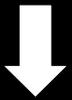




口側



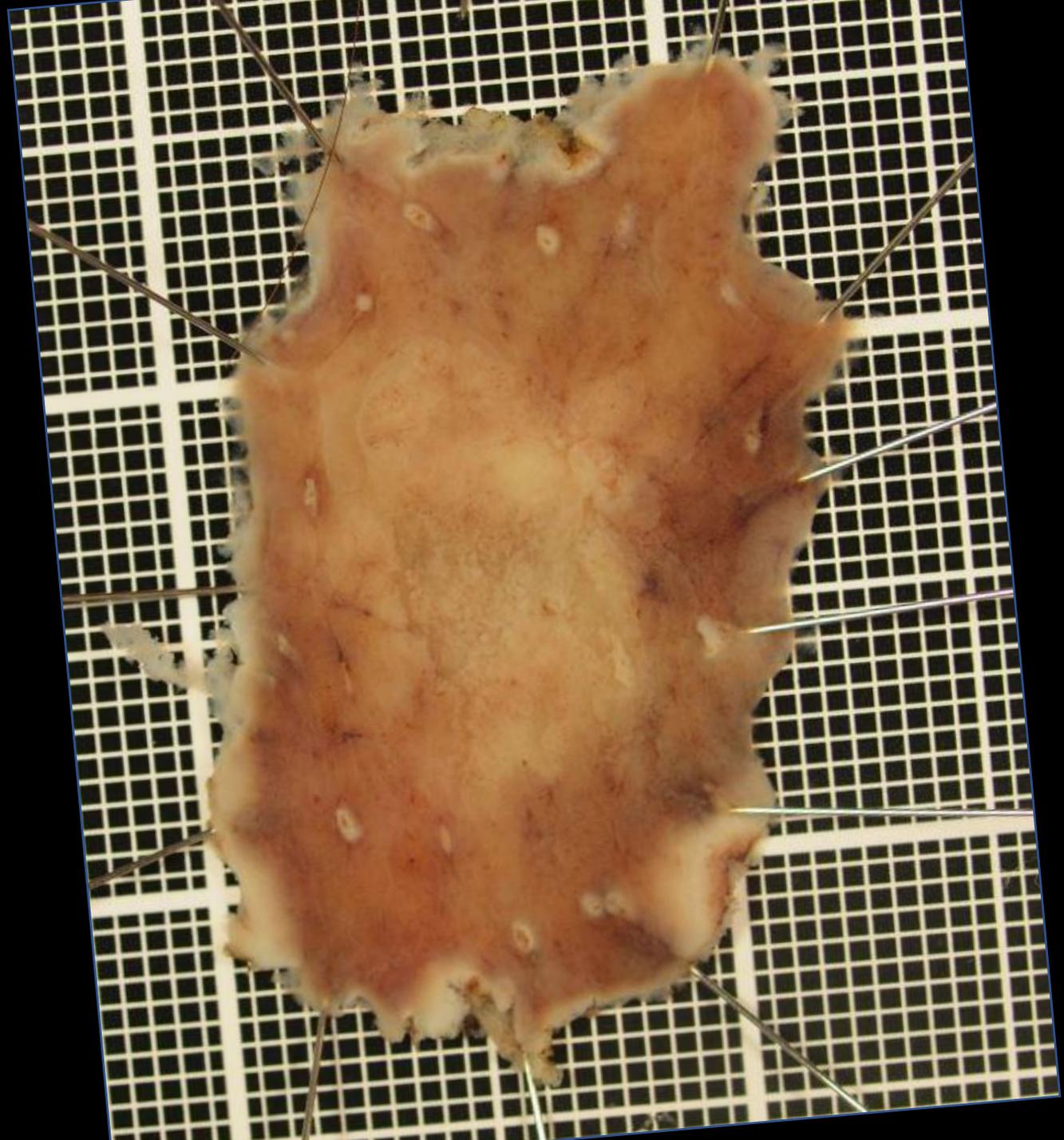
肛門側



口側



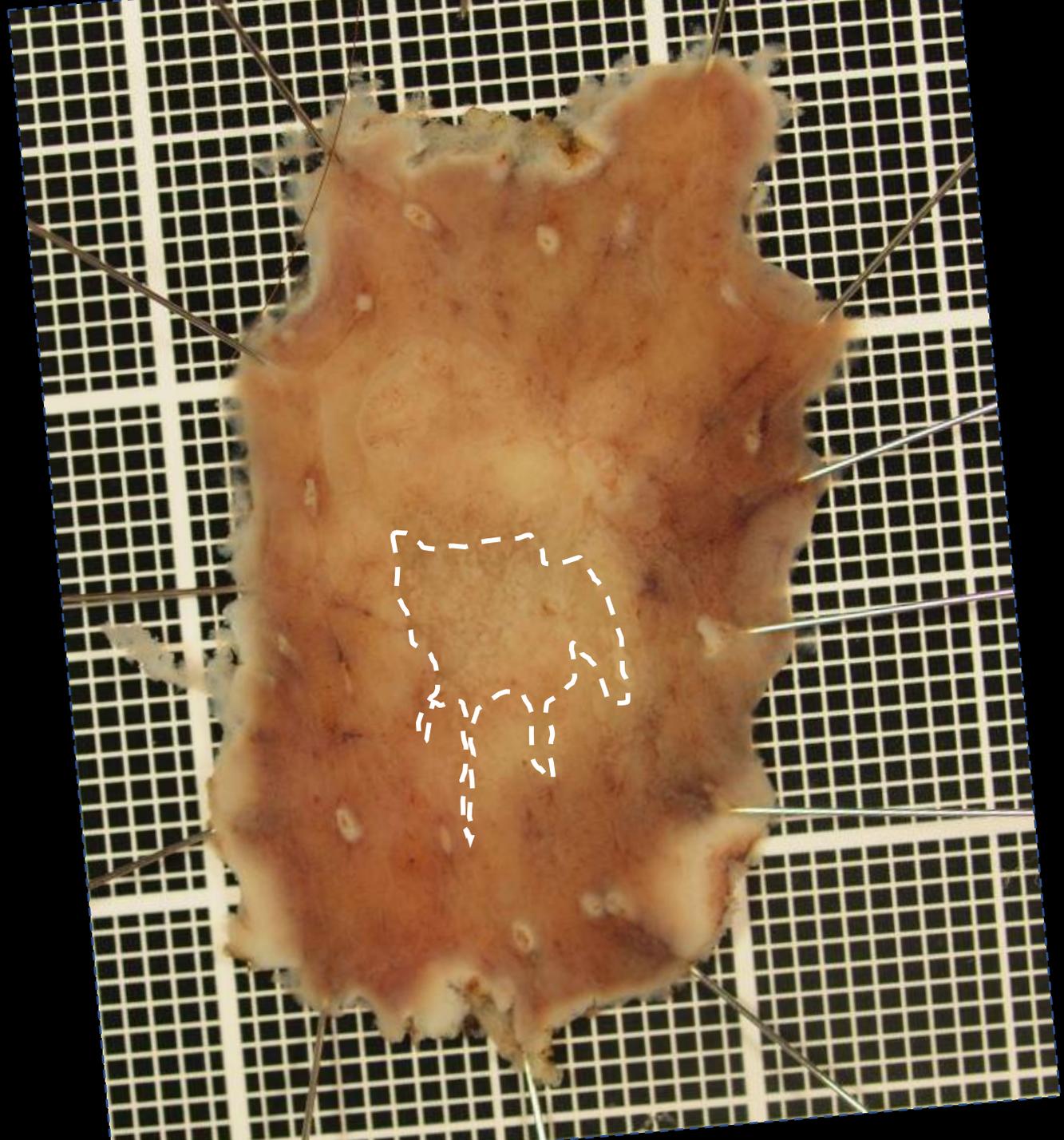
肛門側



口側



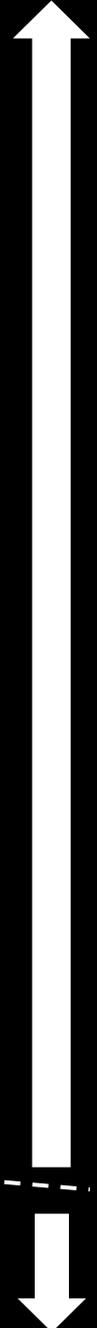
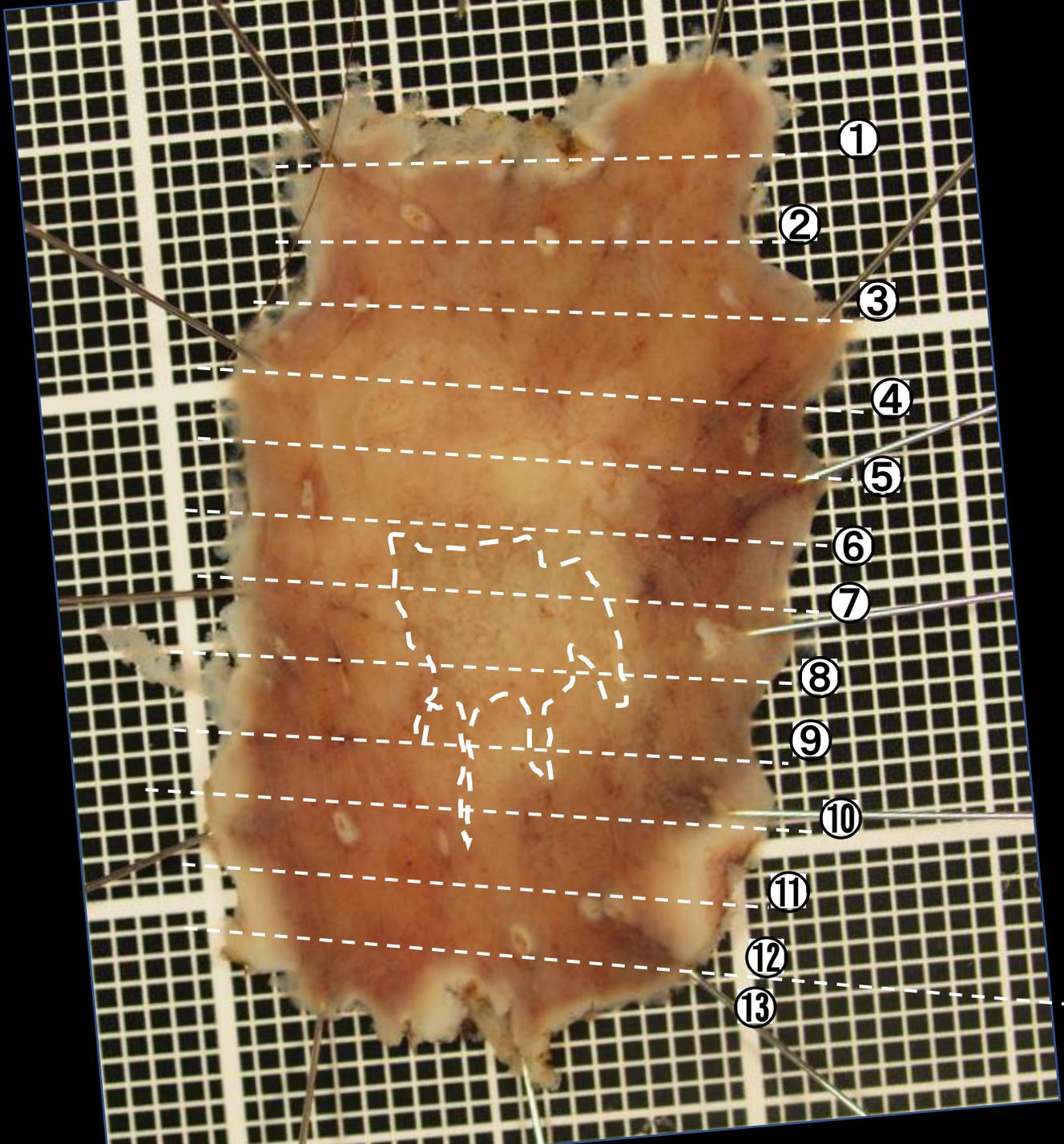
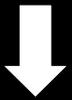
肛門側



口側



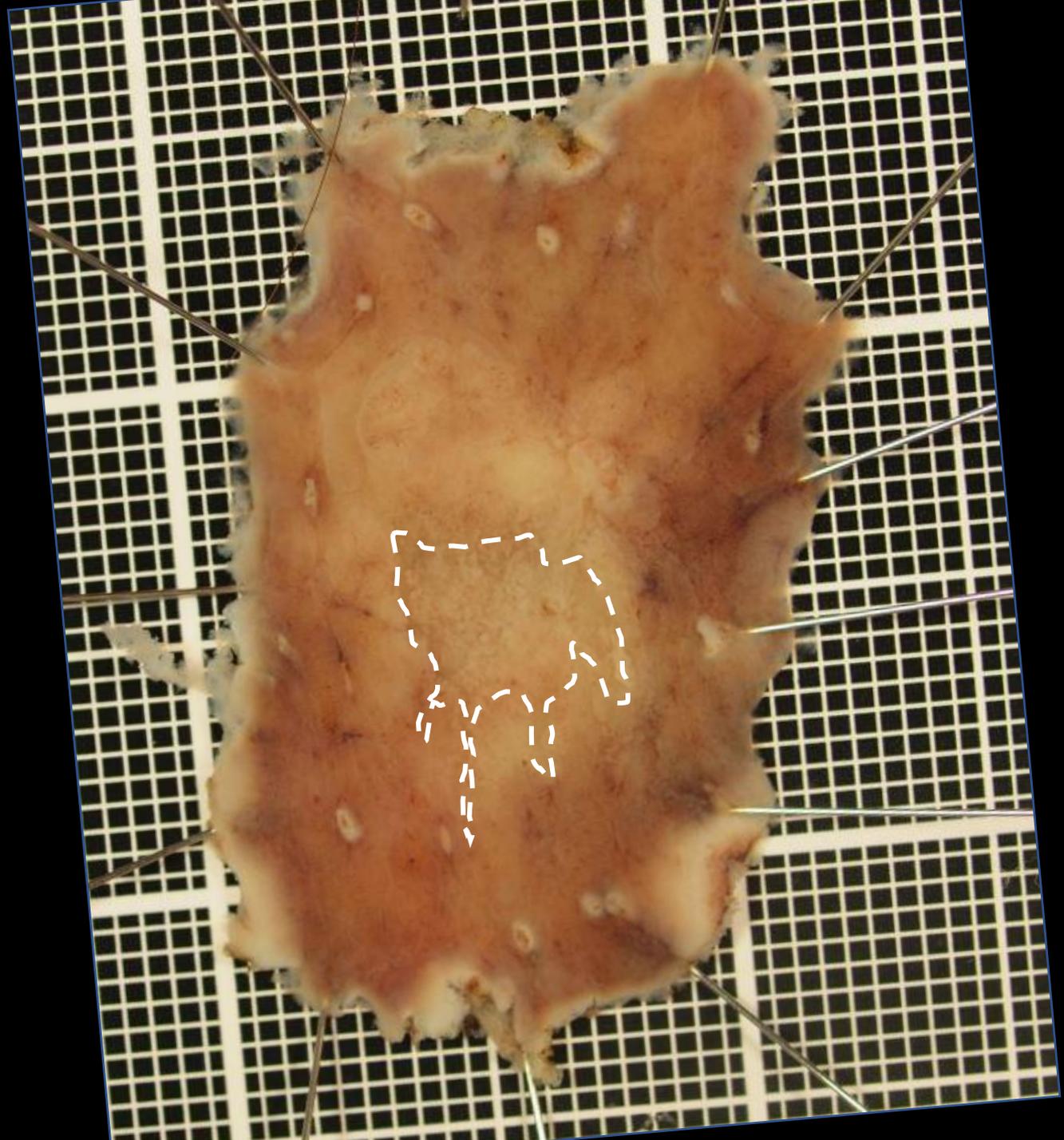
肛門側



口側



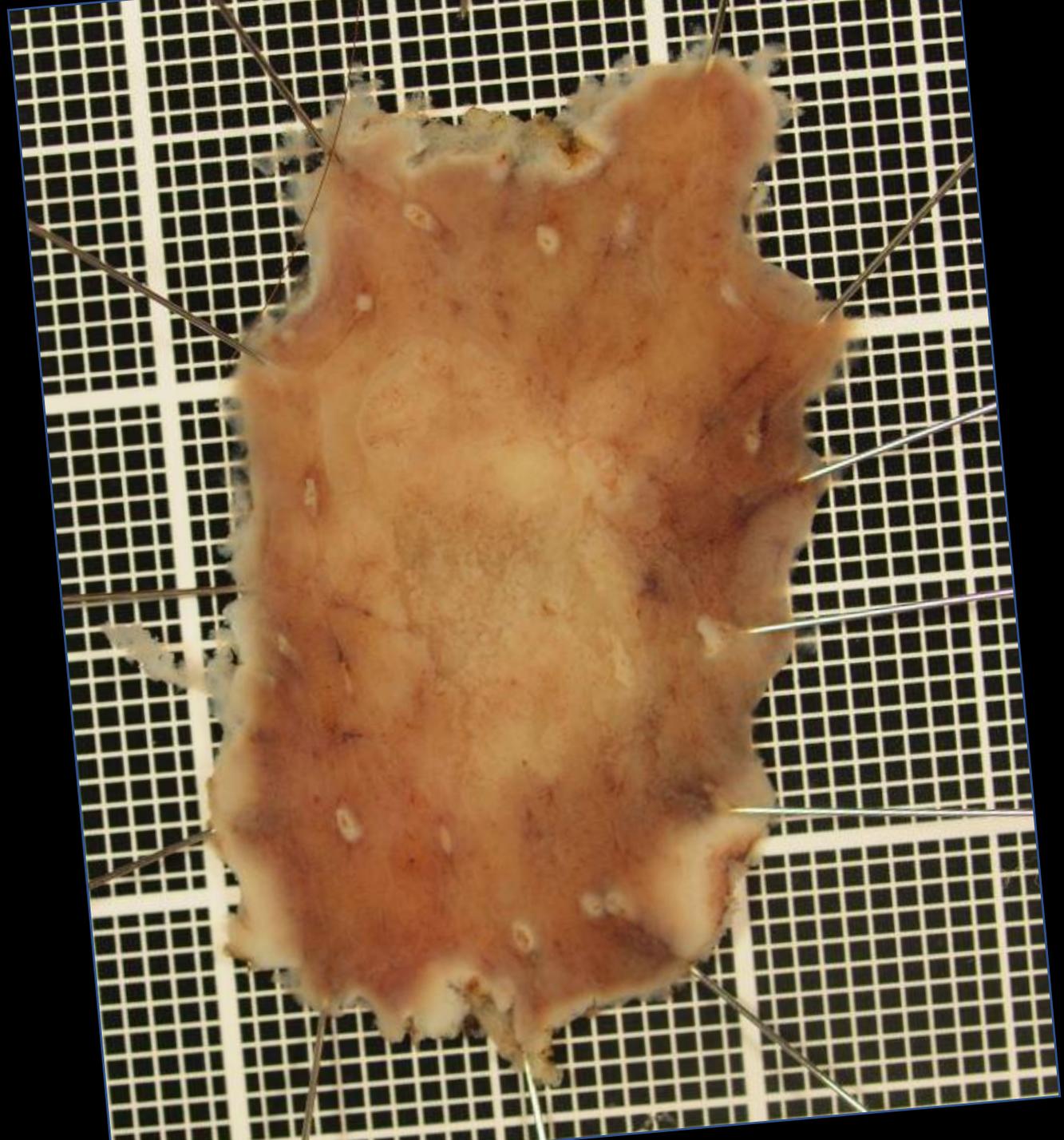
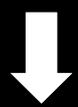
肛門側



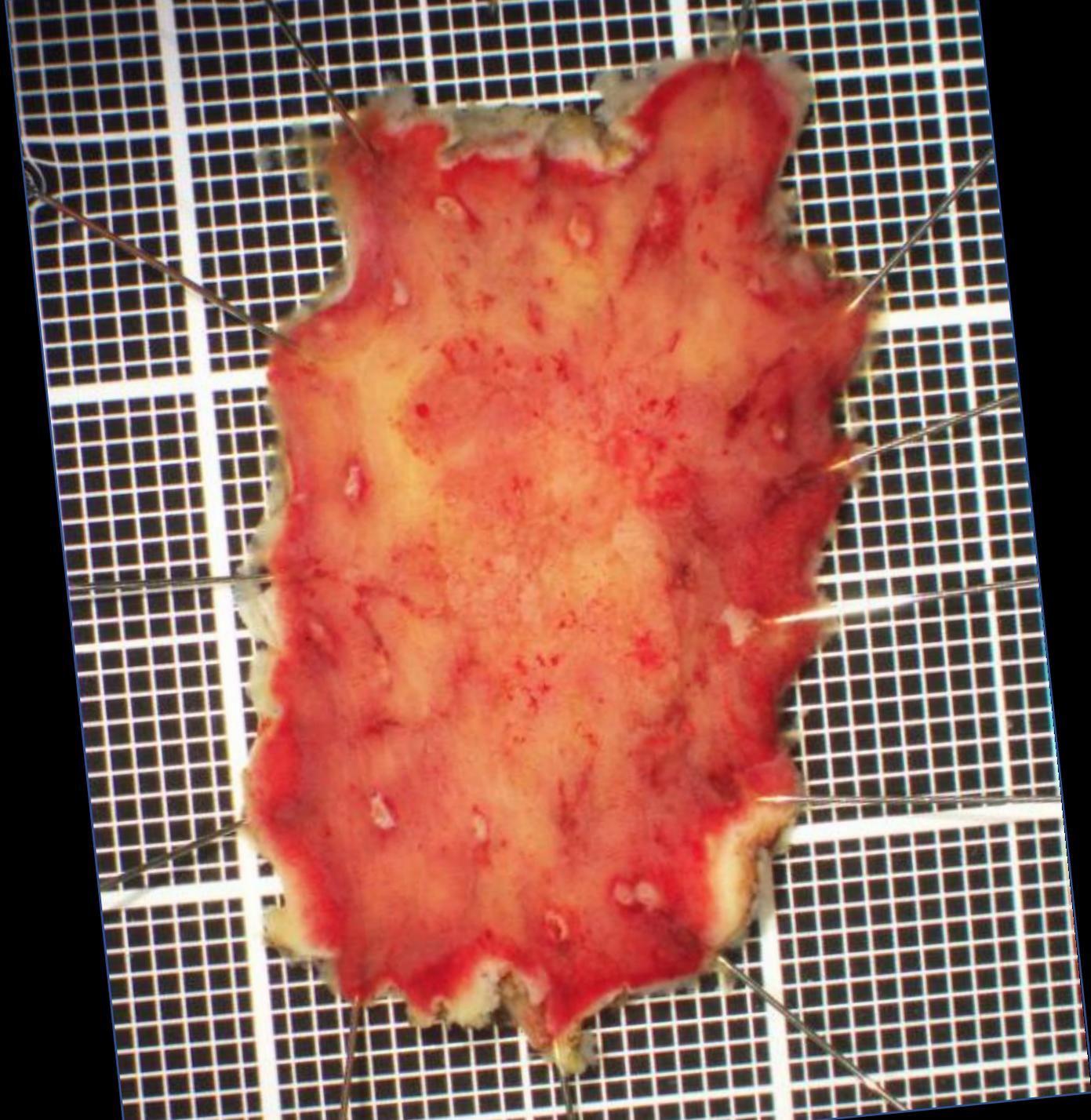
口側



肛門側

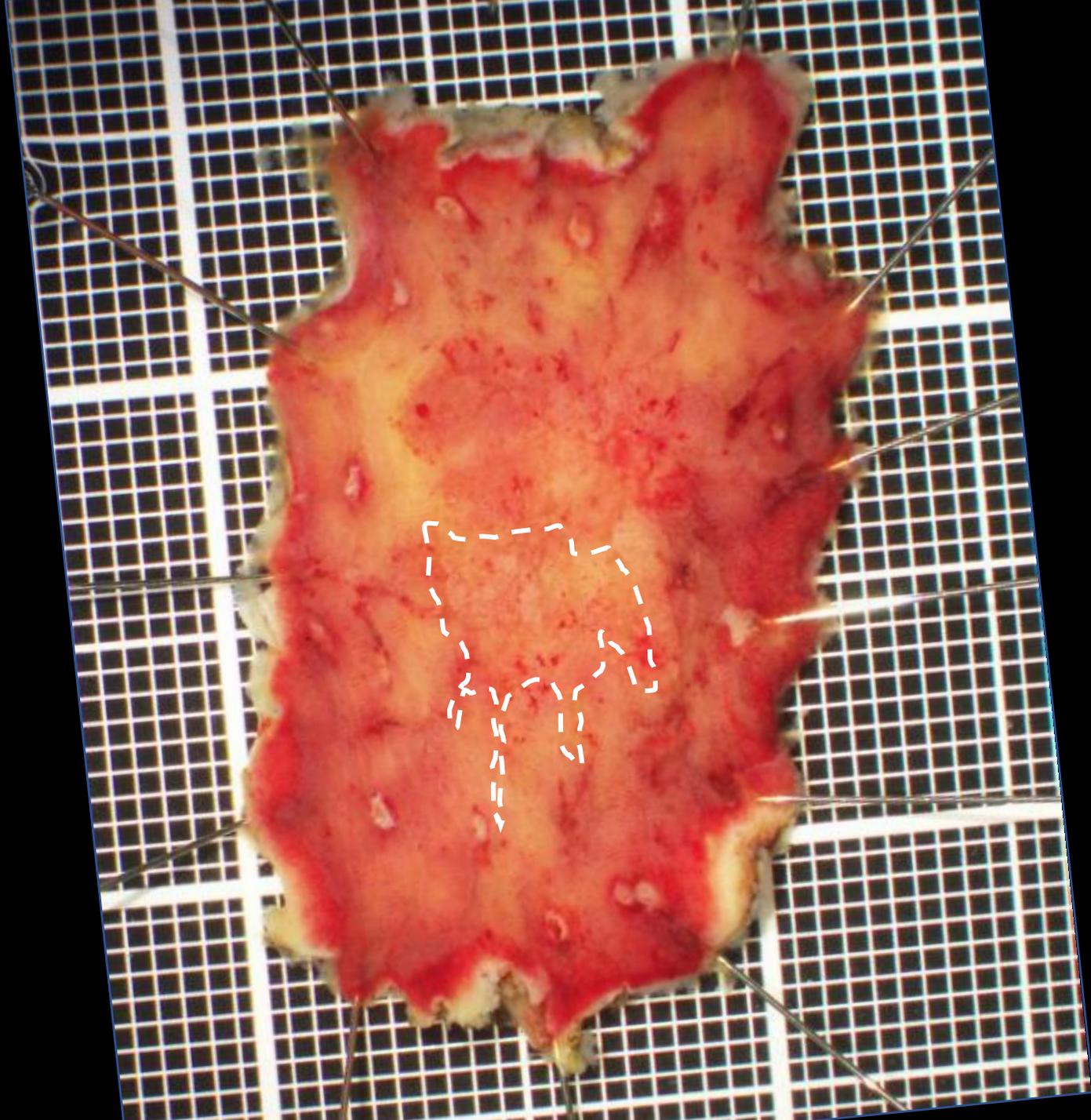


口側



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肛門側

口側



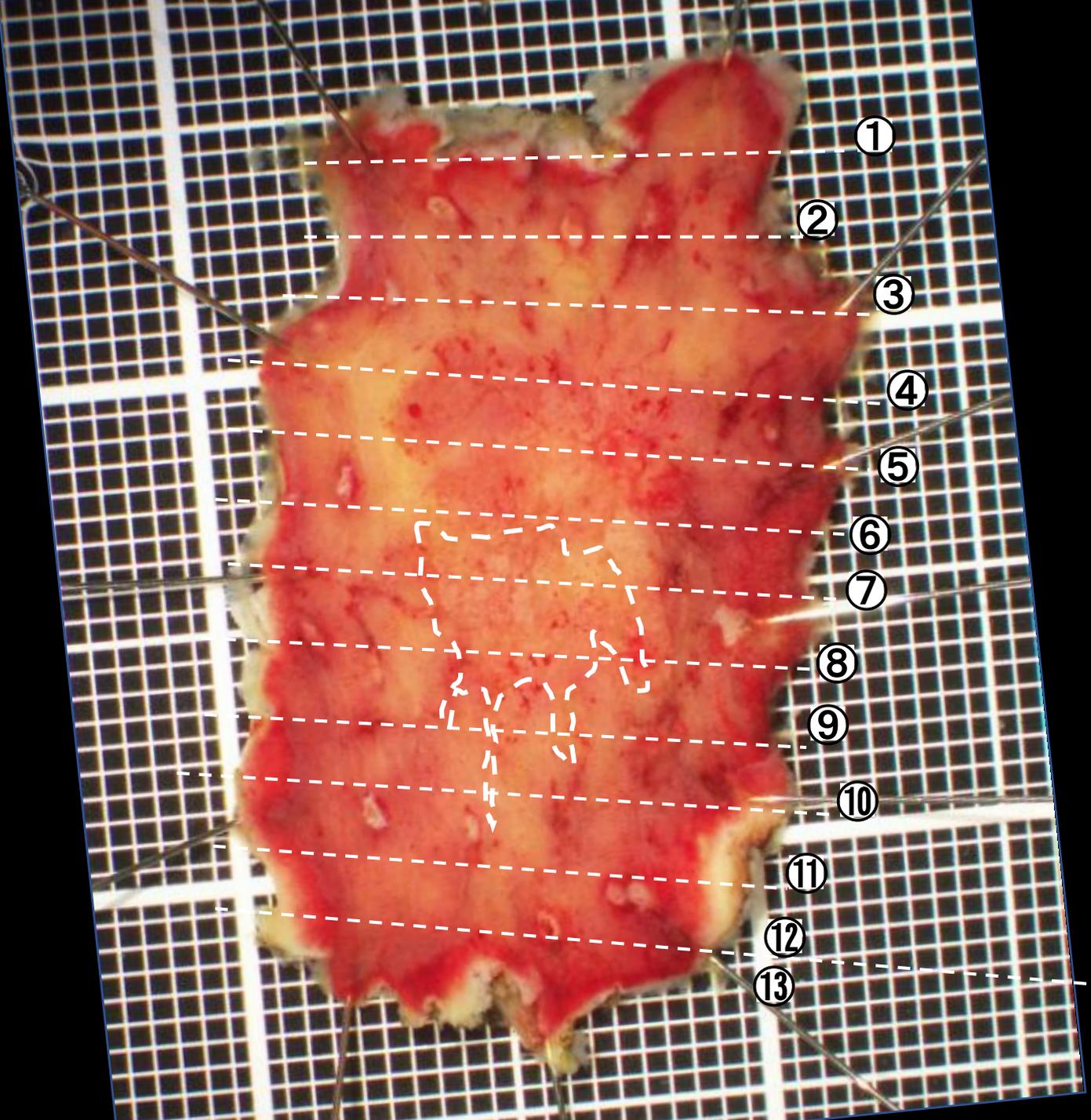
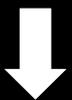
肛門側



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肛門側



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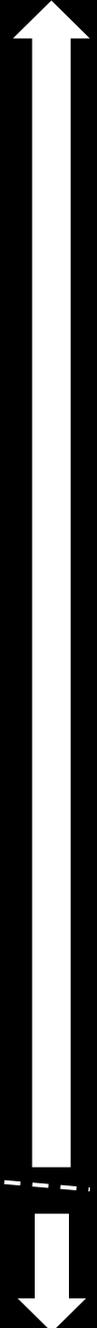
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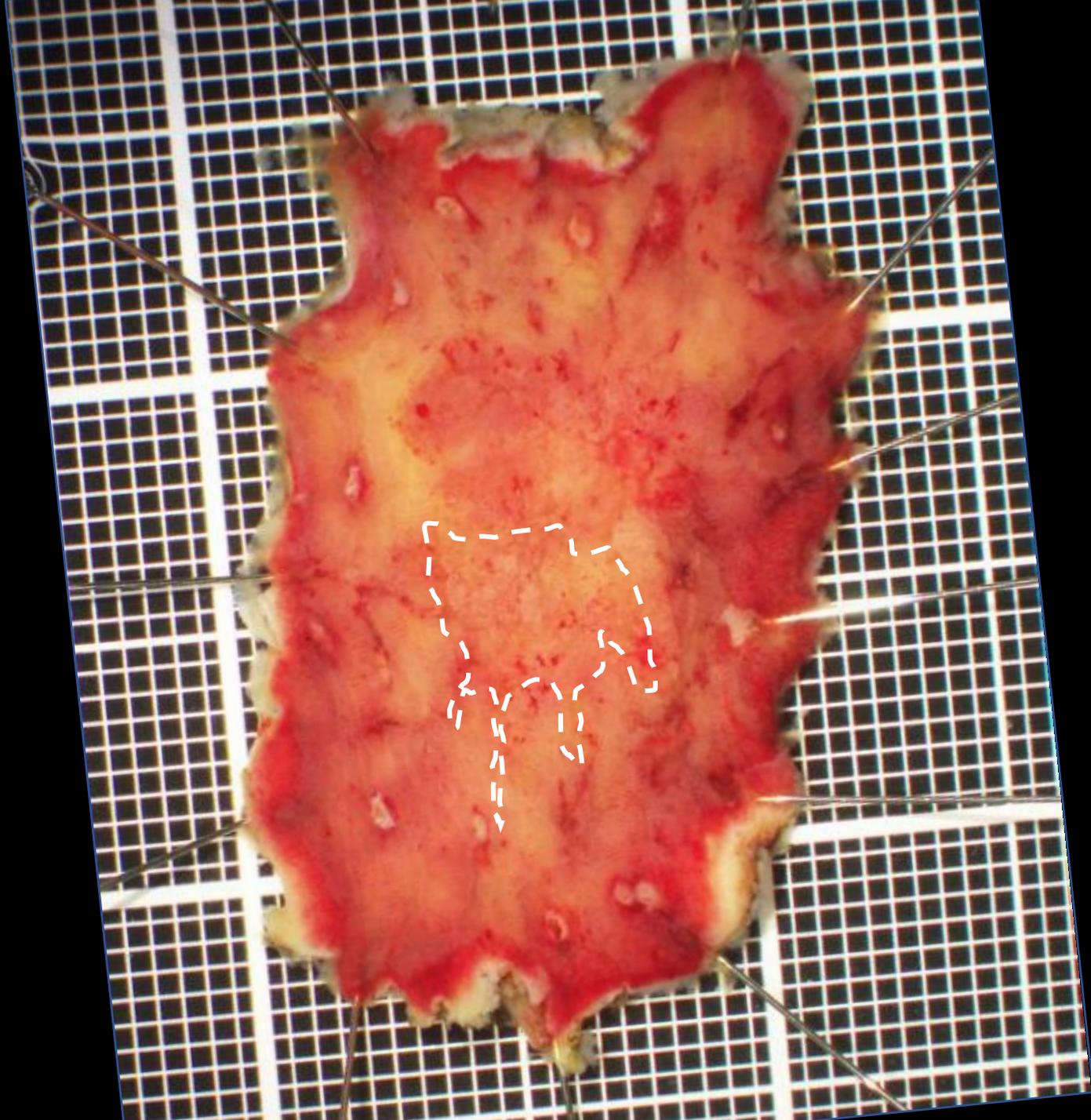
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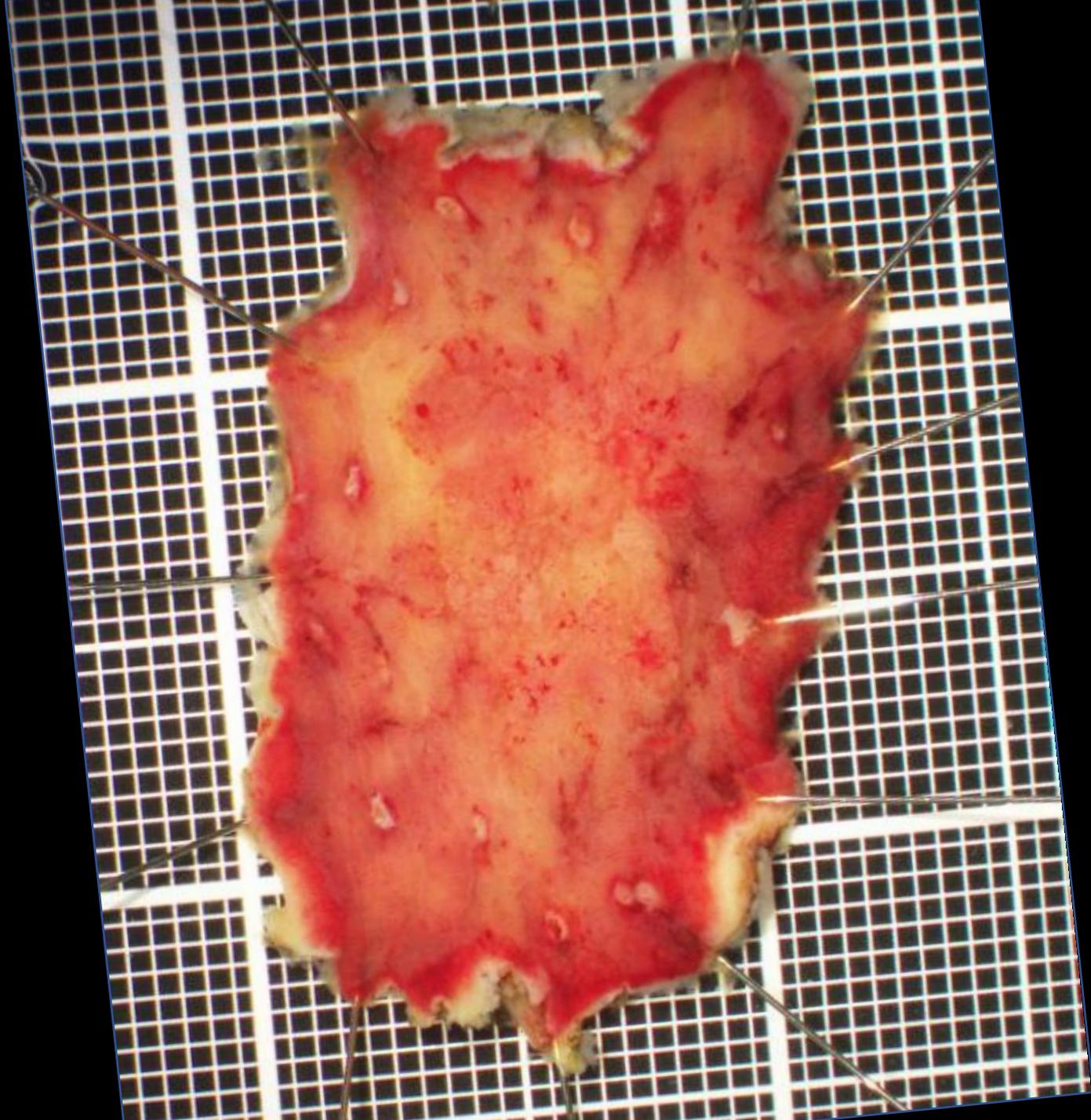
口側



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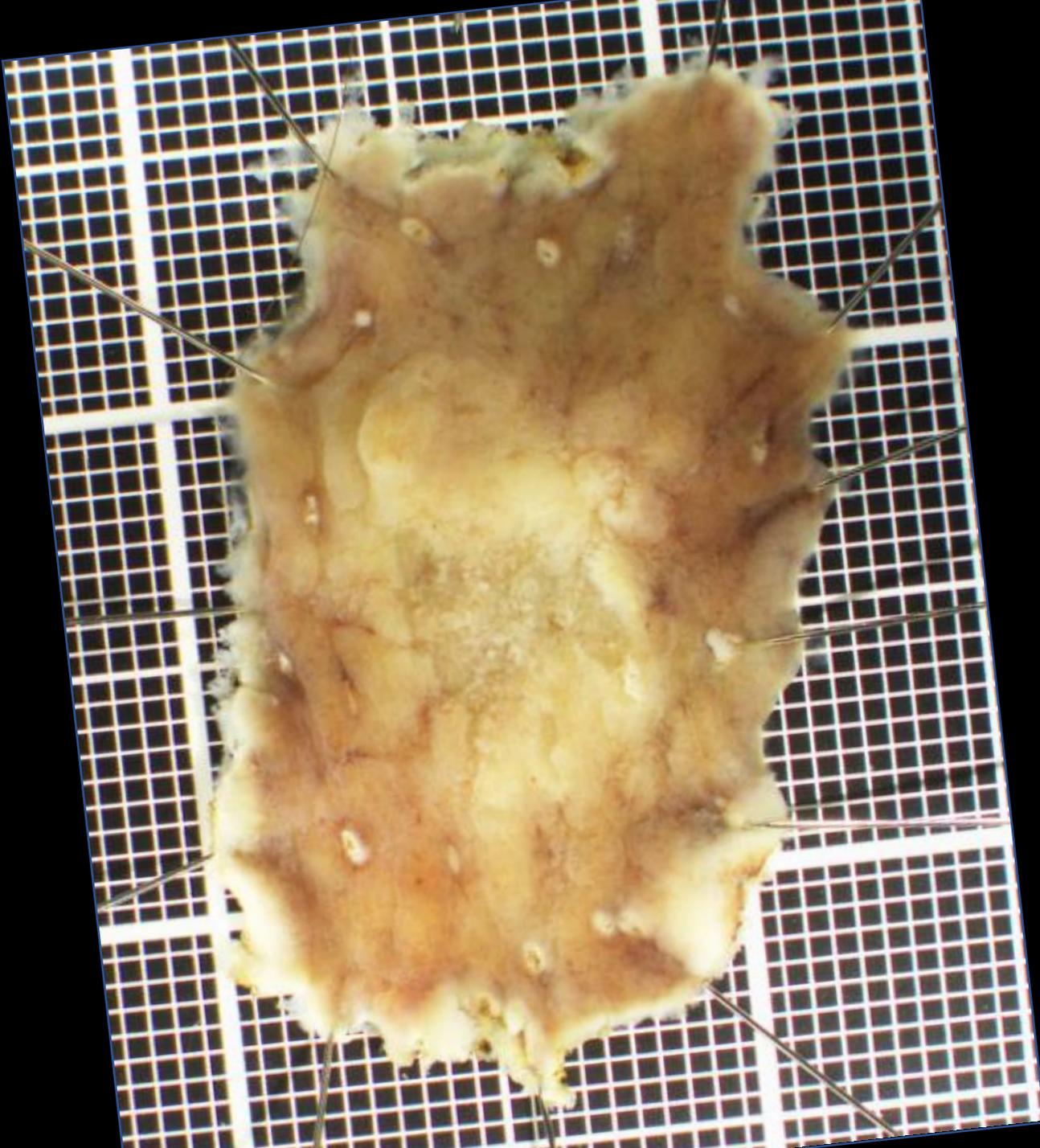


口側



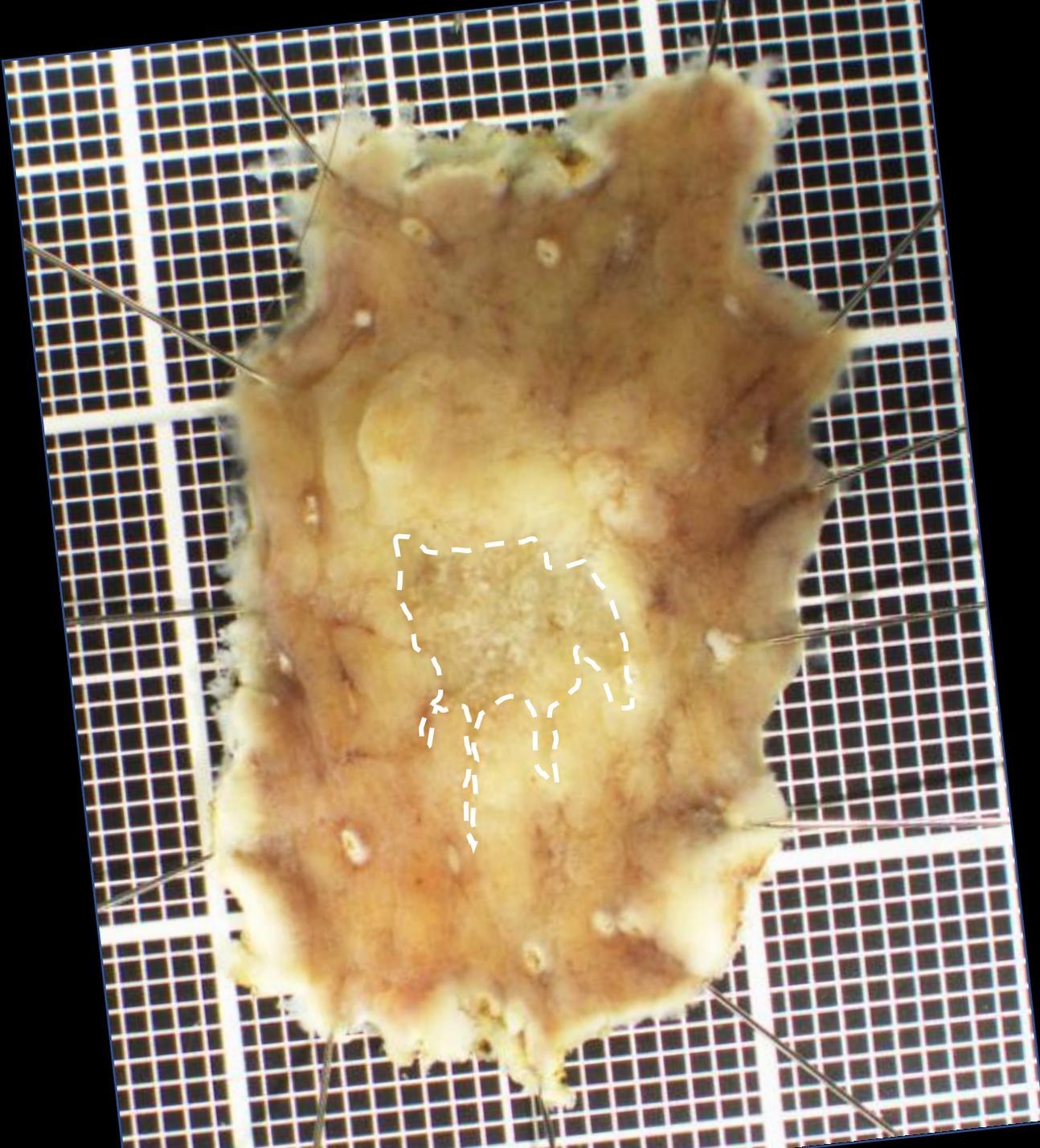
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肛門側

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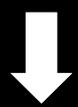


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肛門側

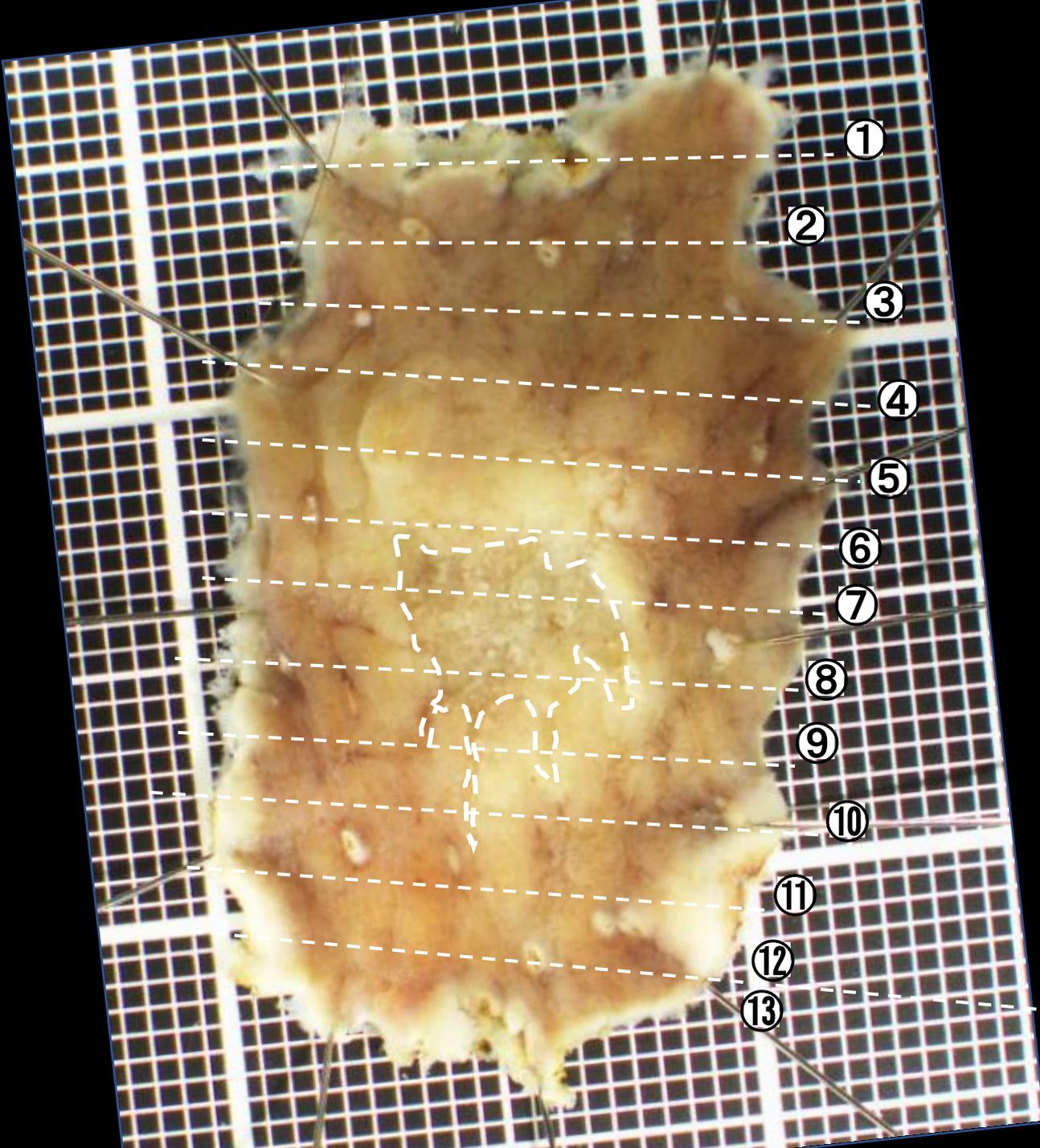
口側



肛門側



口側



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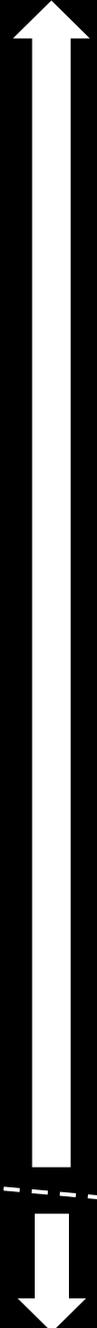
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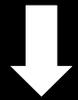
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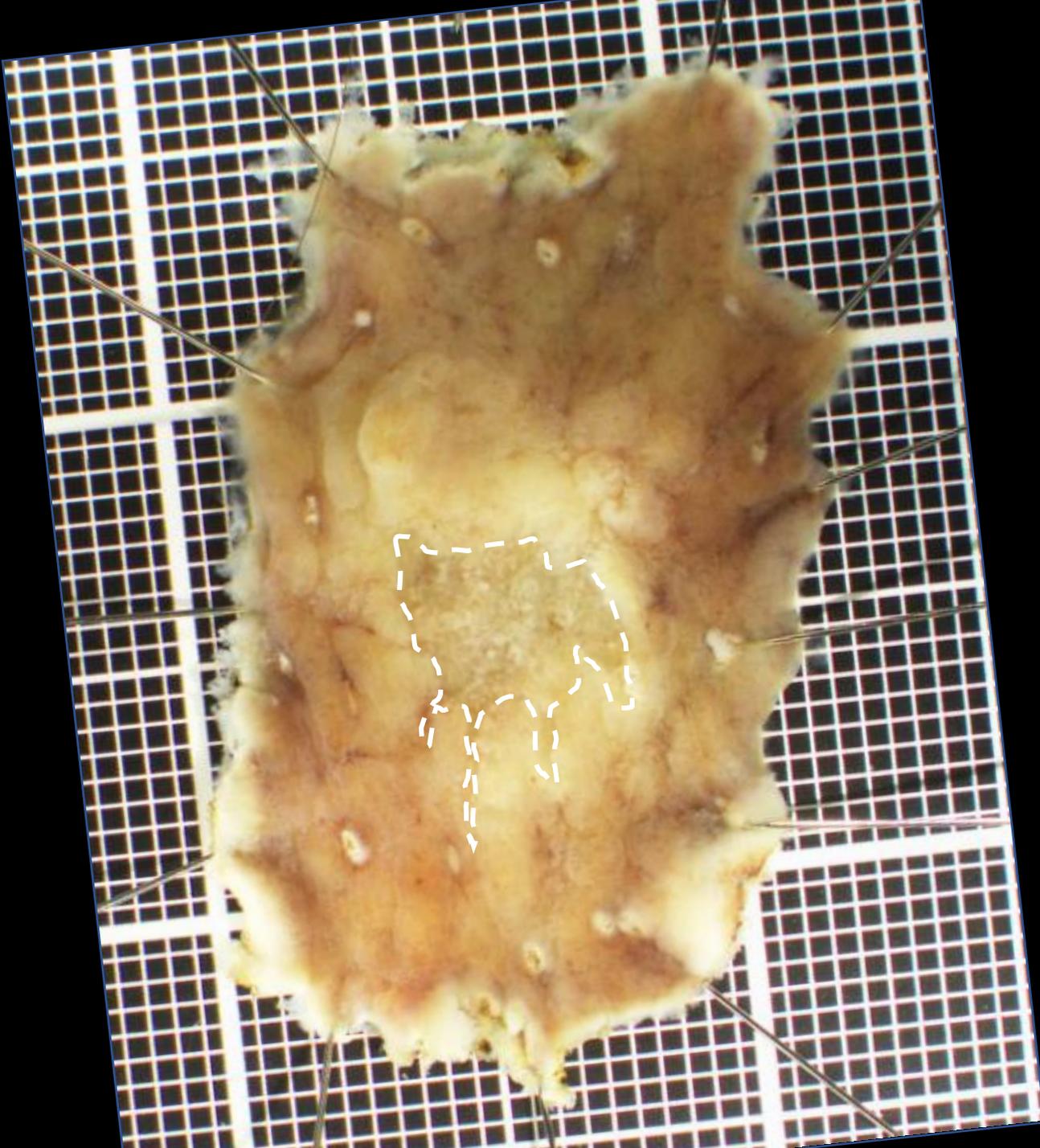
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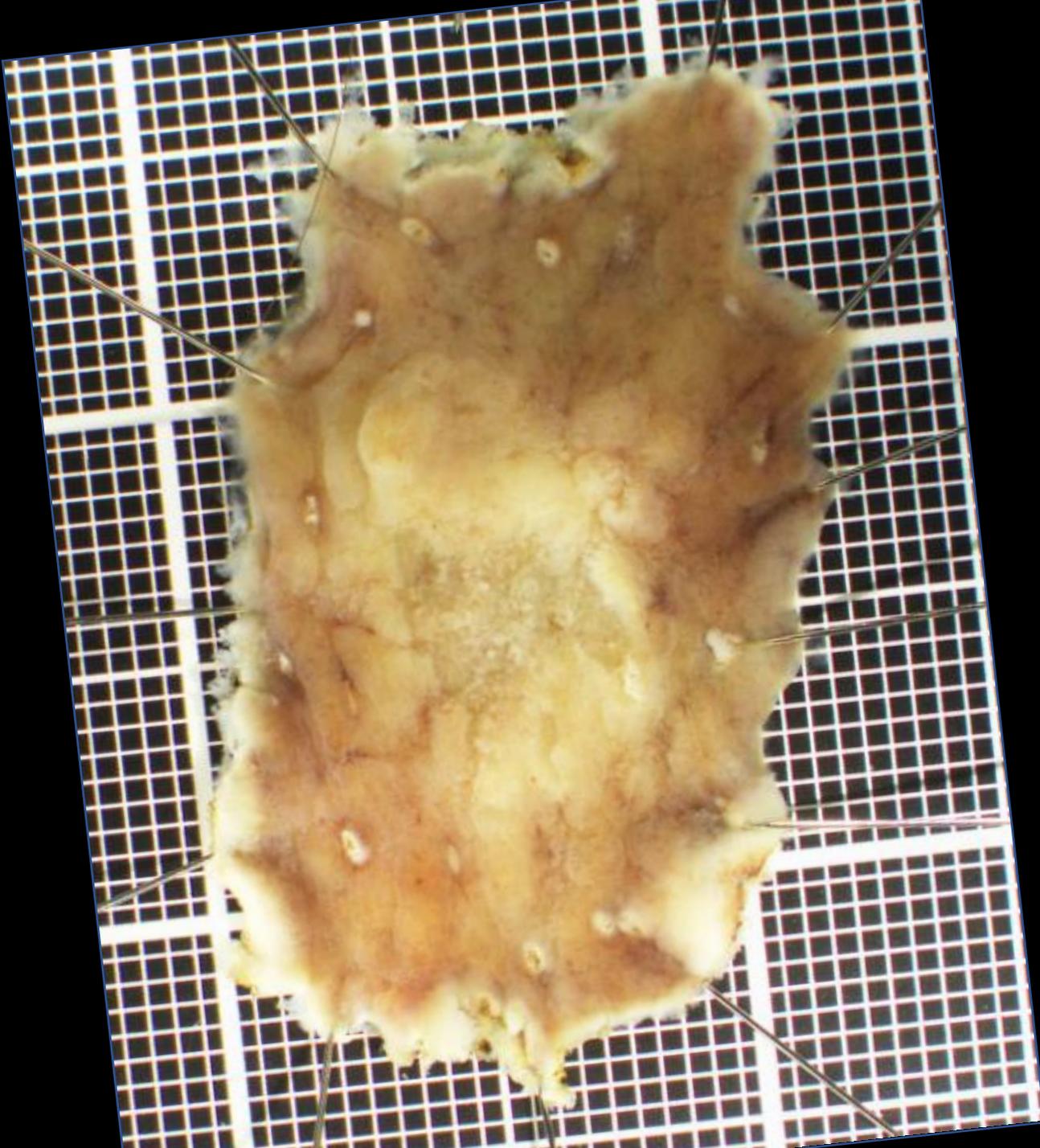
口側



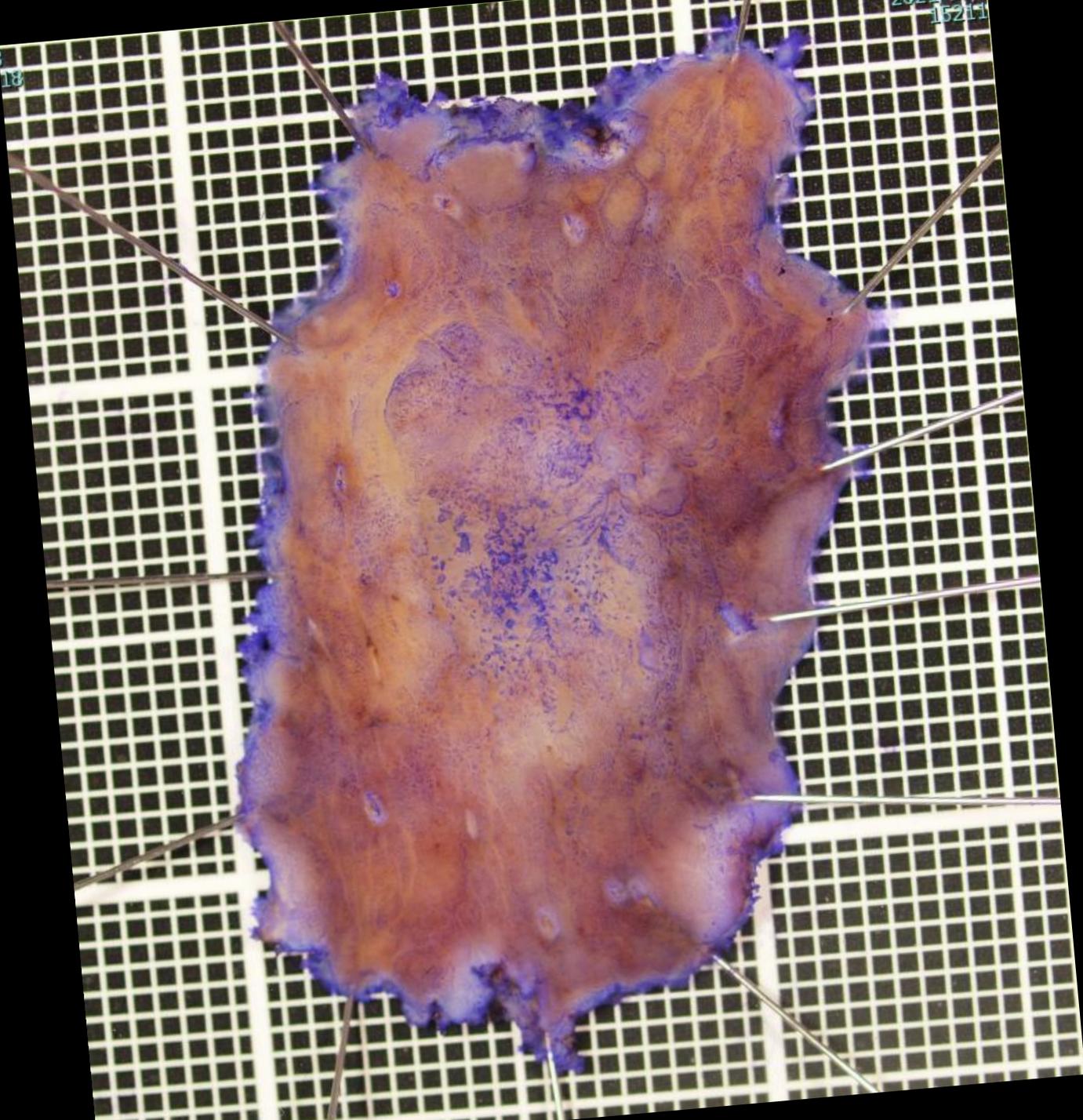
肛門側



口側



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肛門側

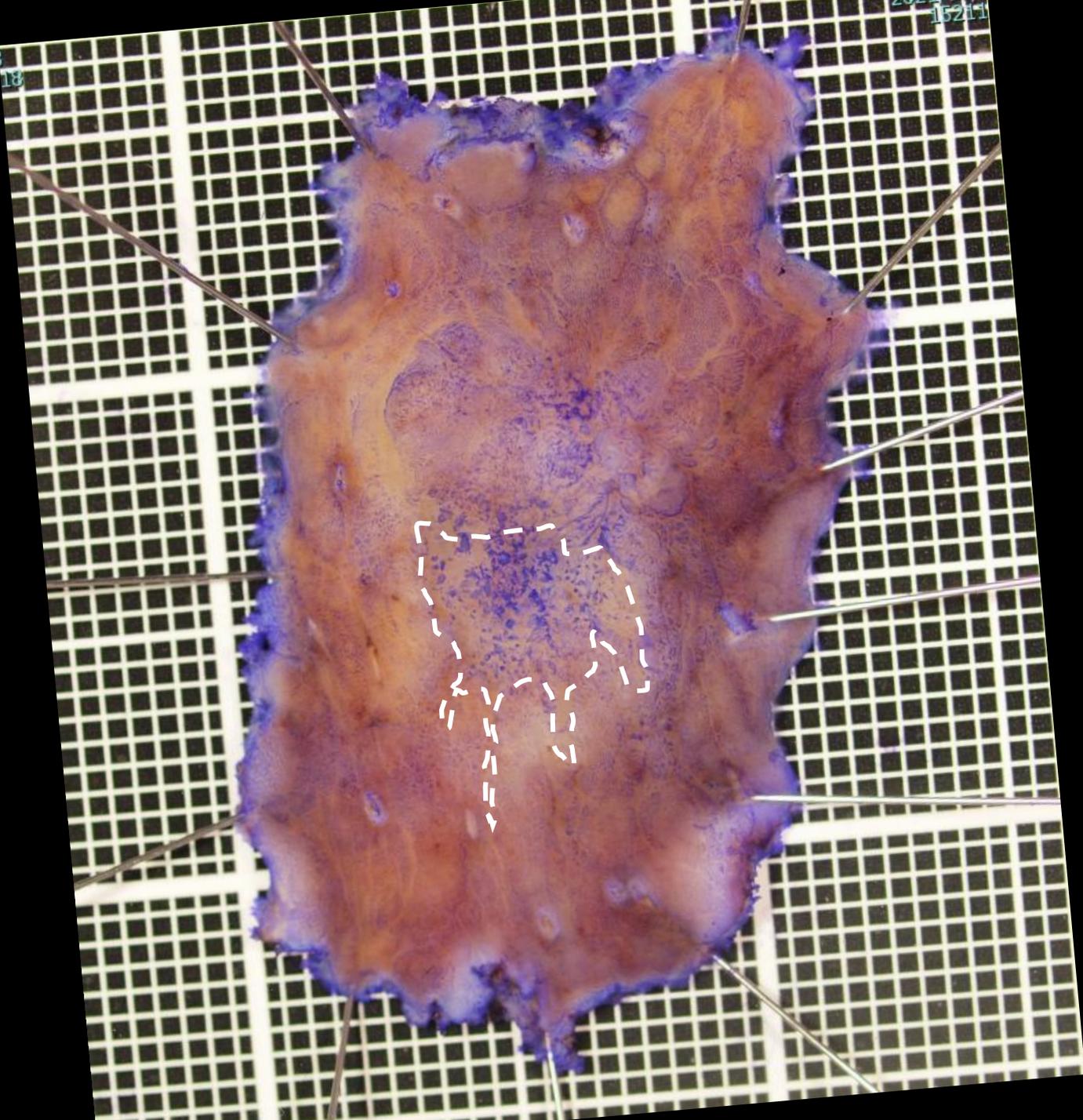


口側



肛門側





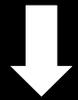
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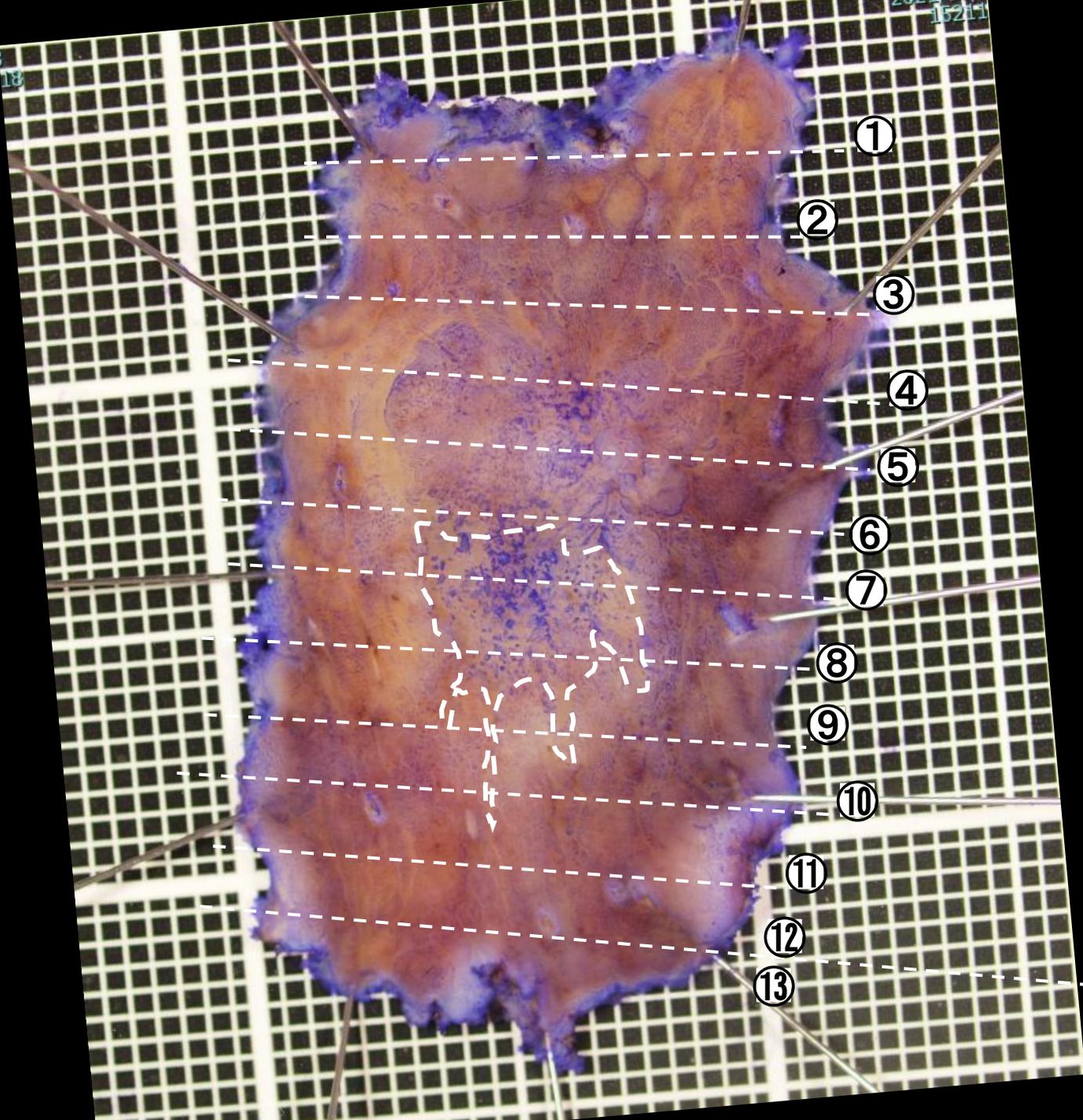
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口側



肛門側

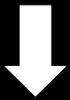




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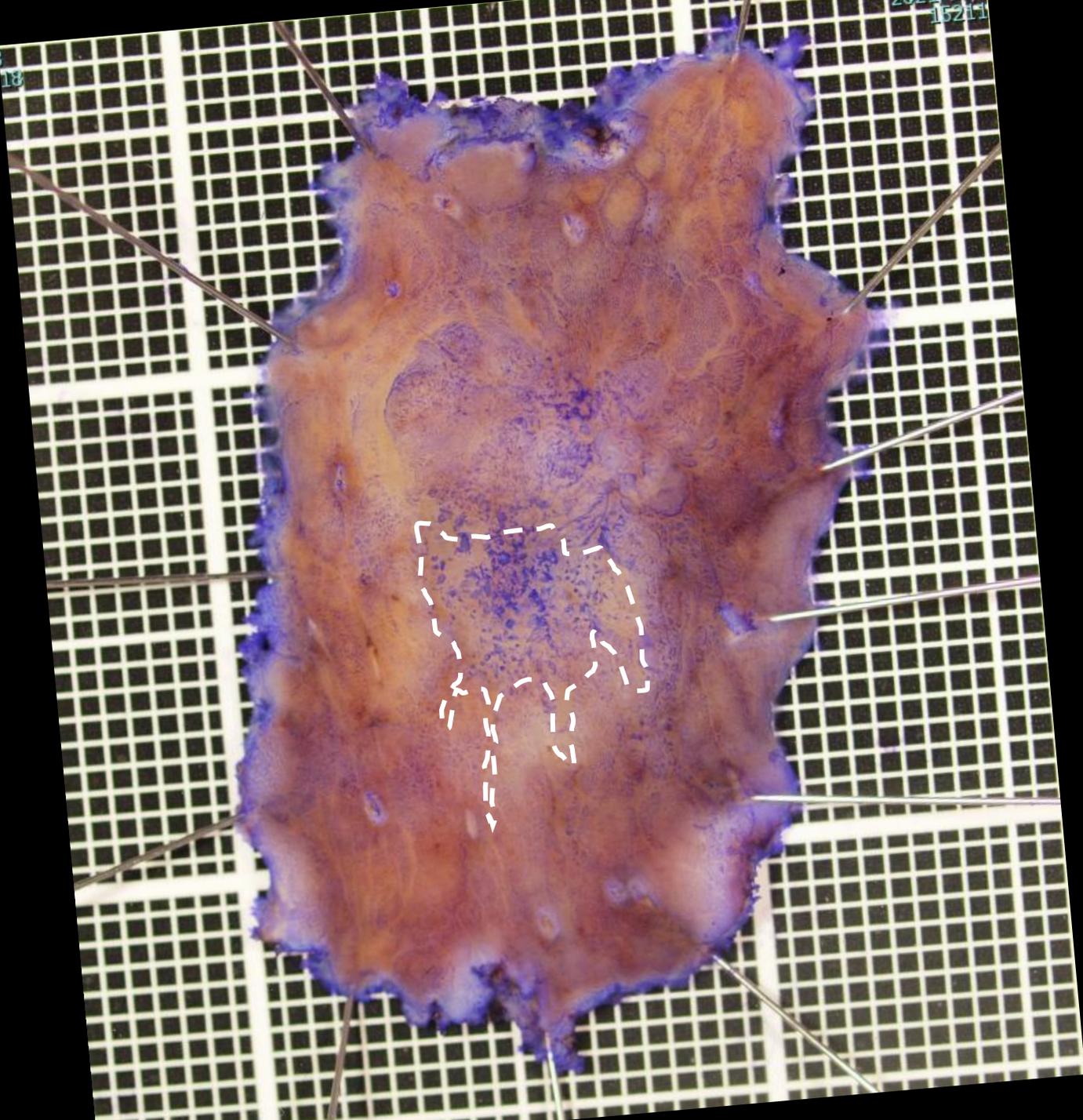
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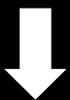


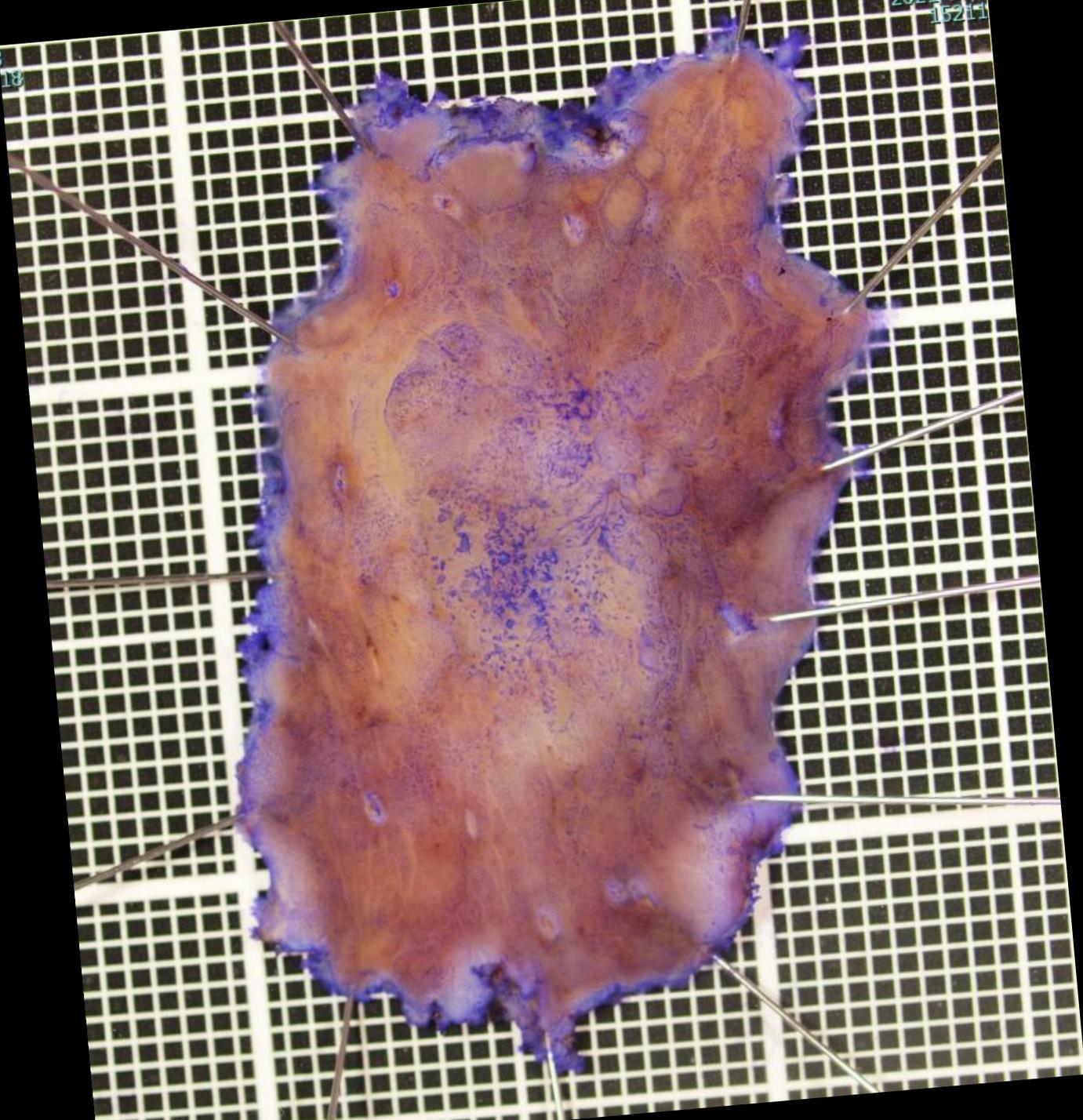


口側



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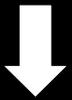


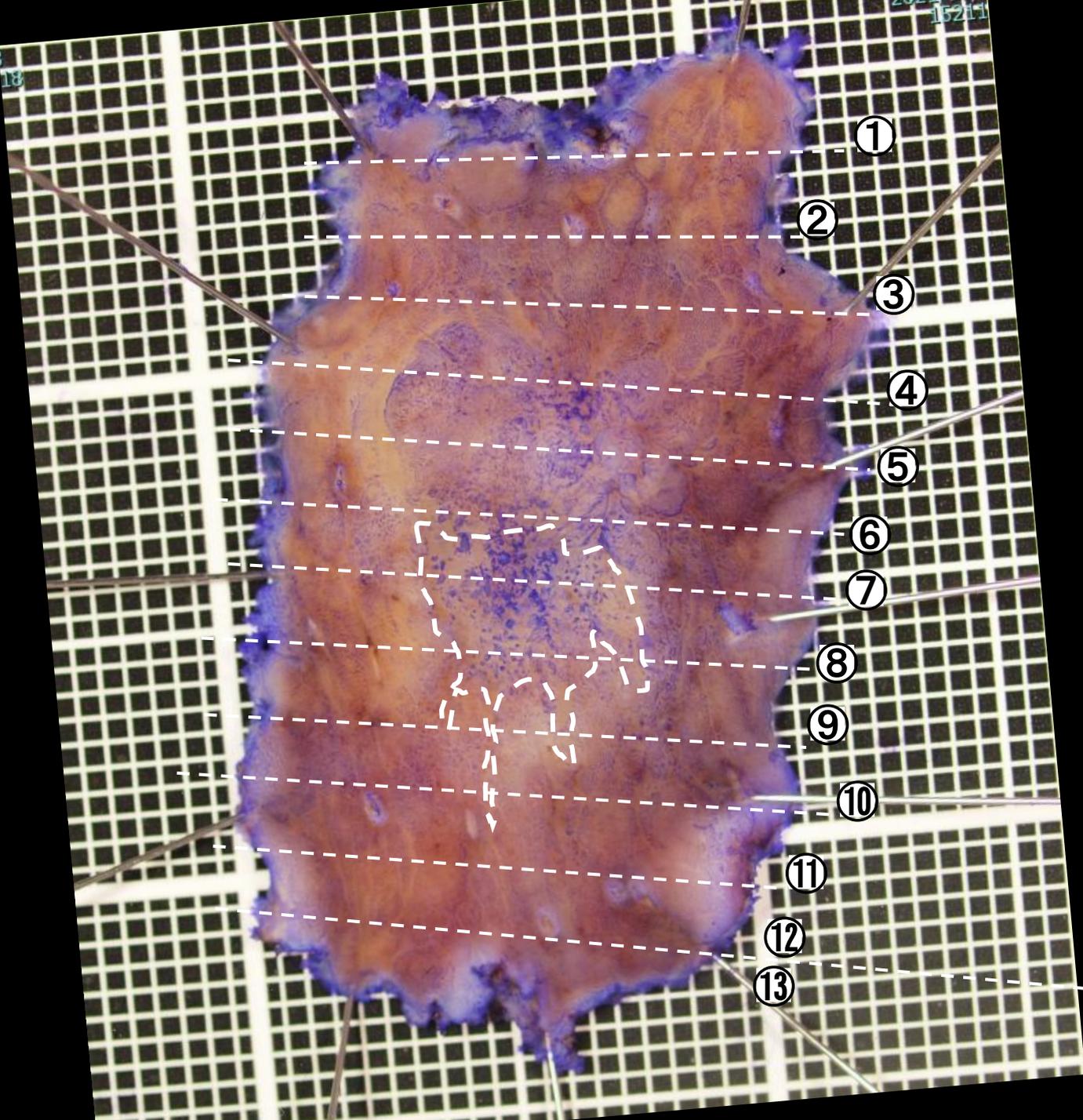


口側



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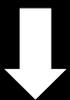




口側



肛門側



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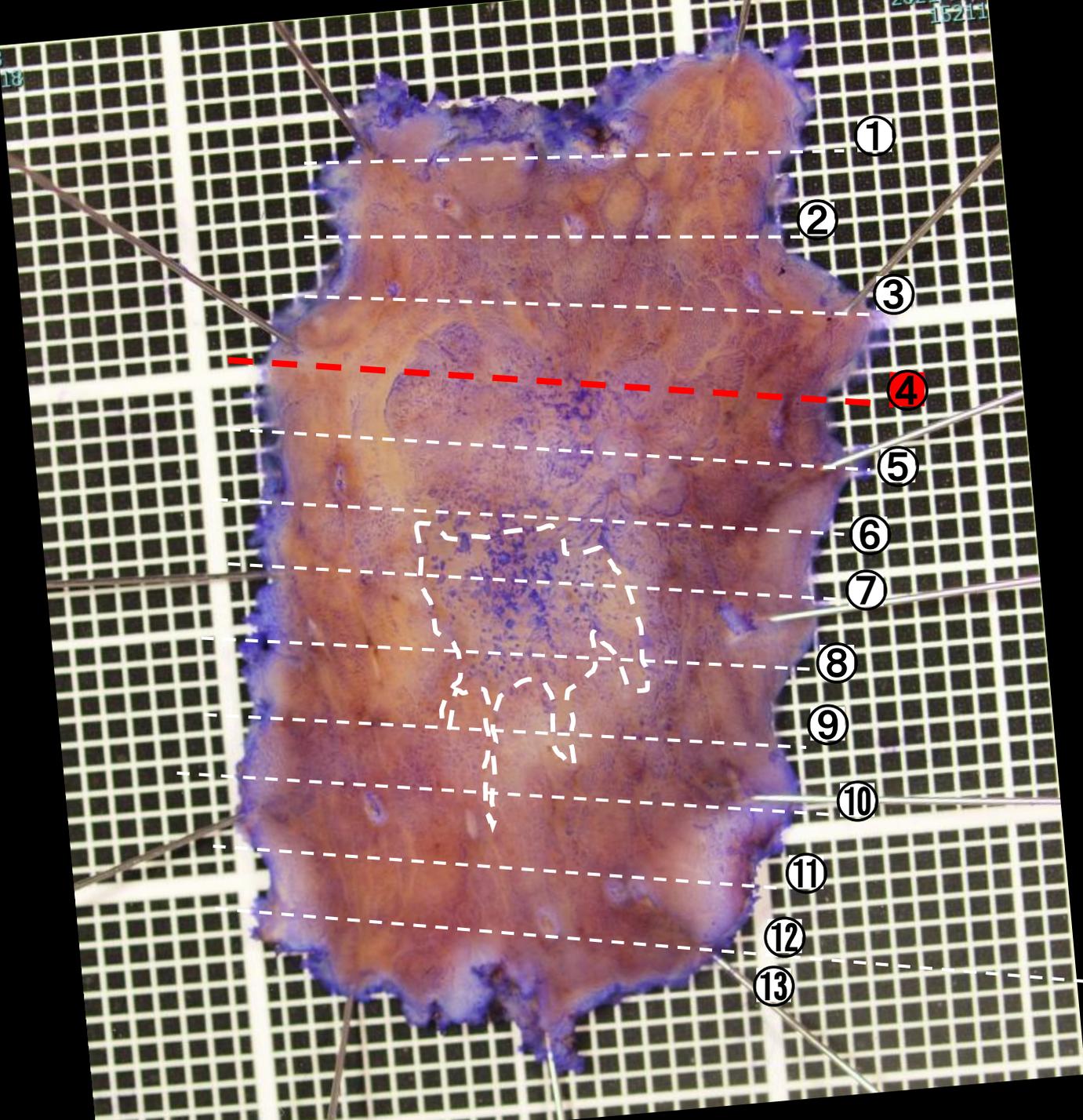
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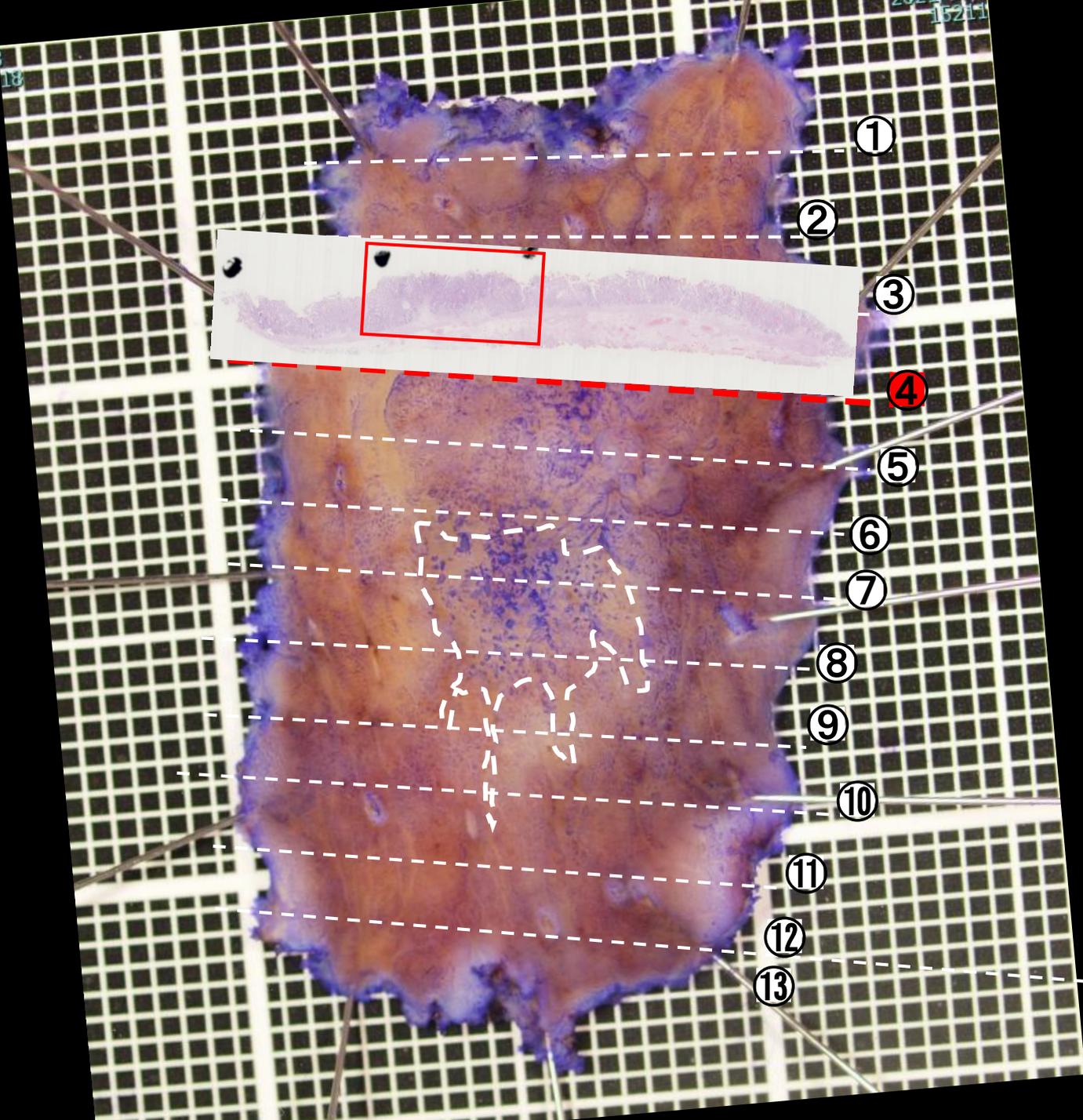
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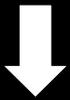




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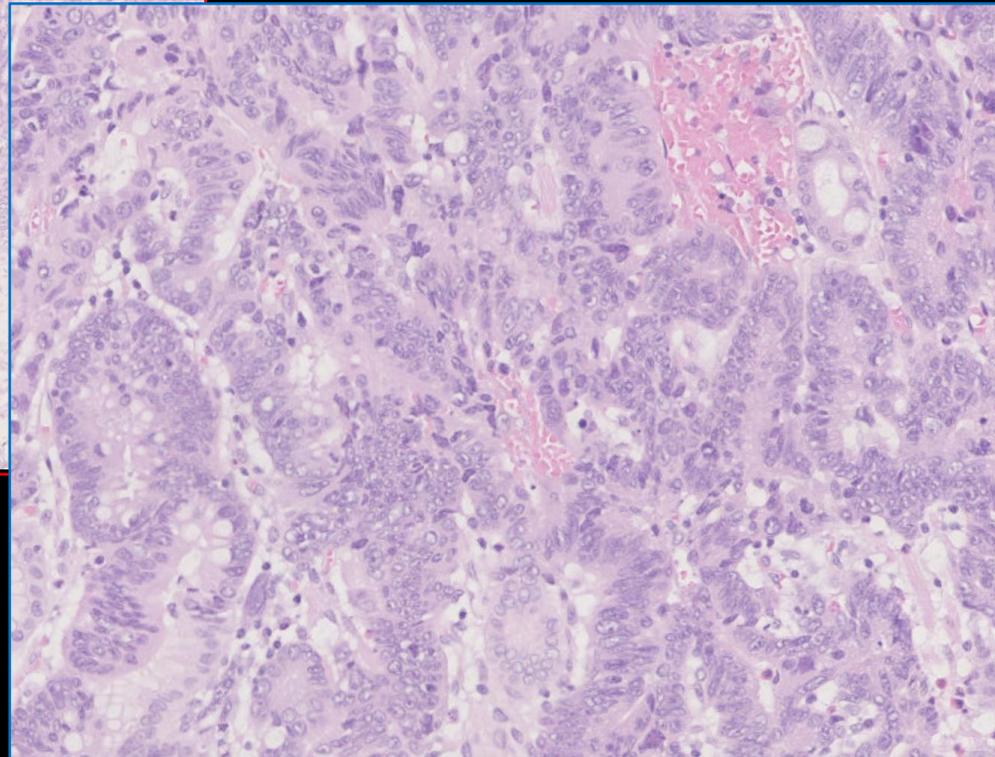
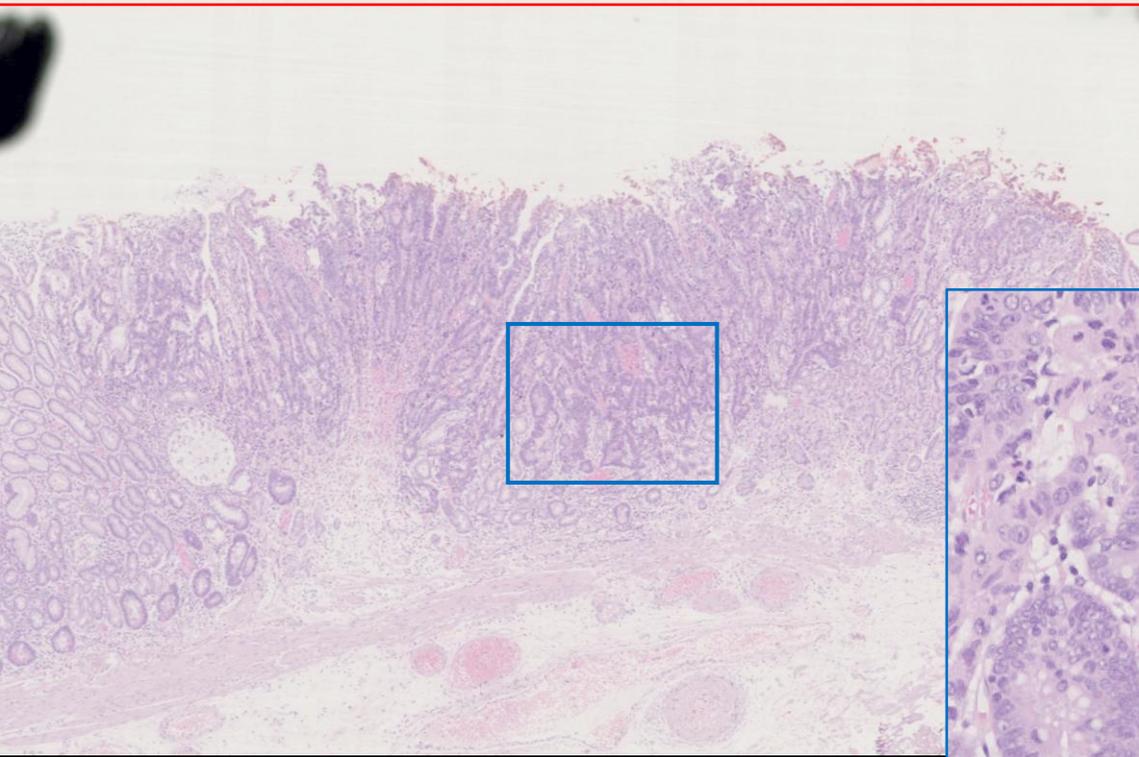
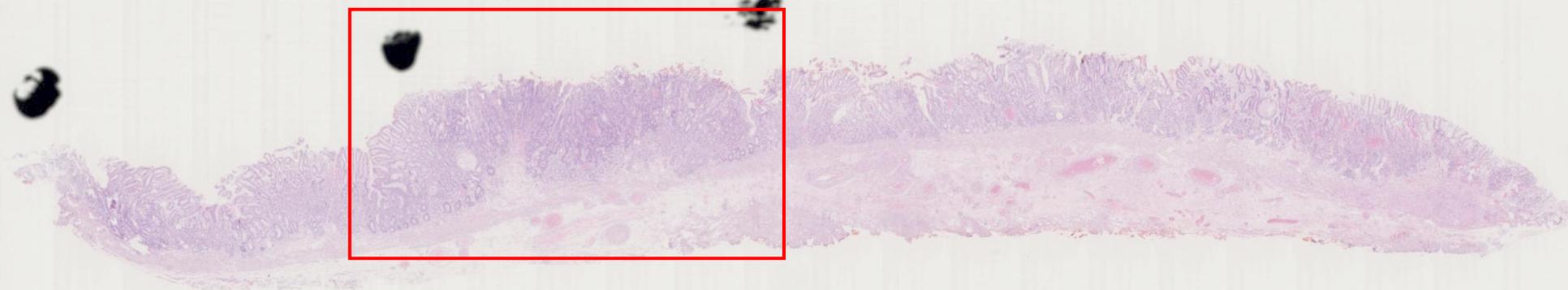
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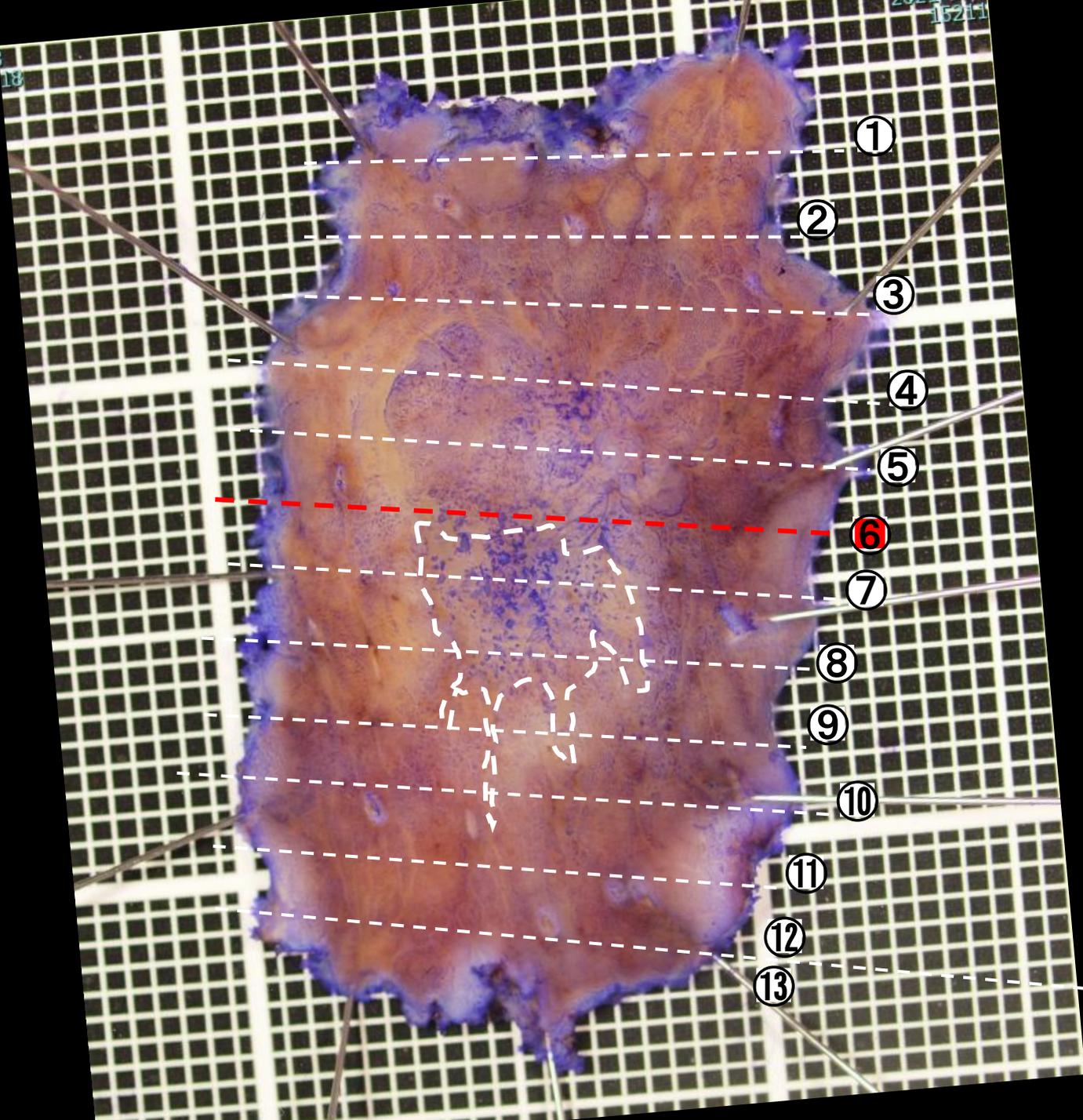
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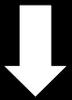
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口側



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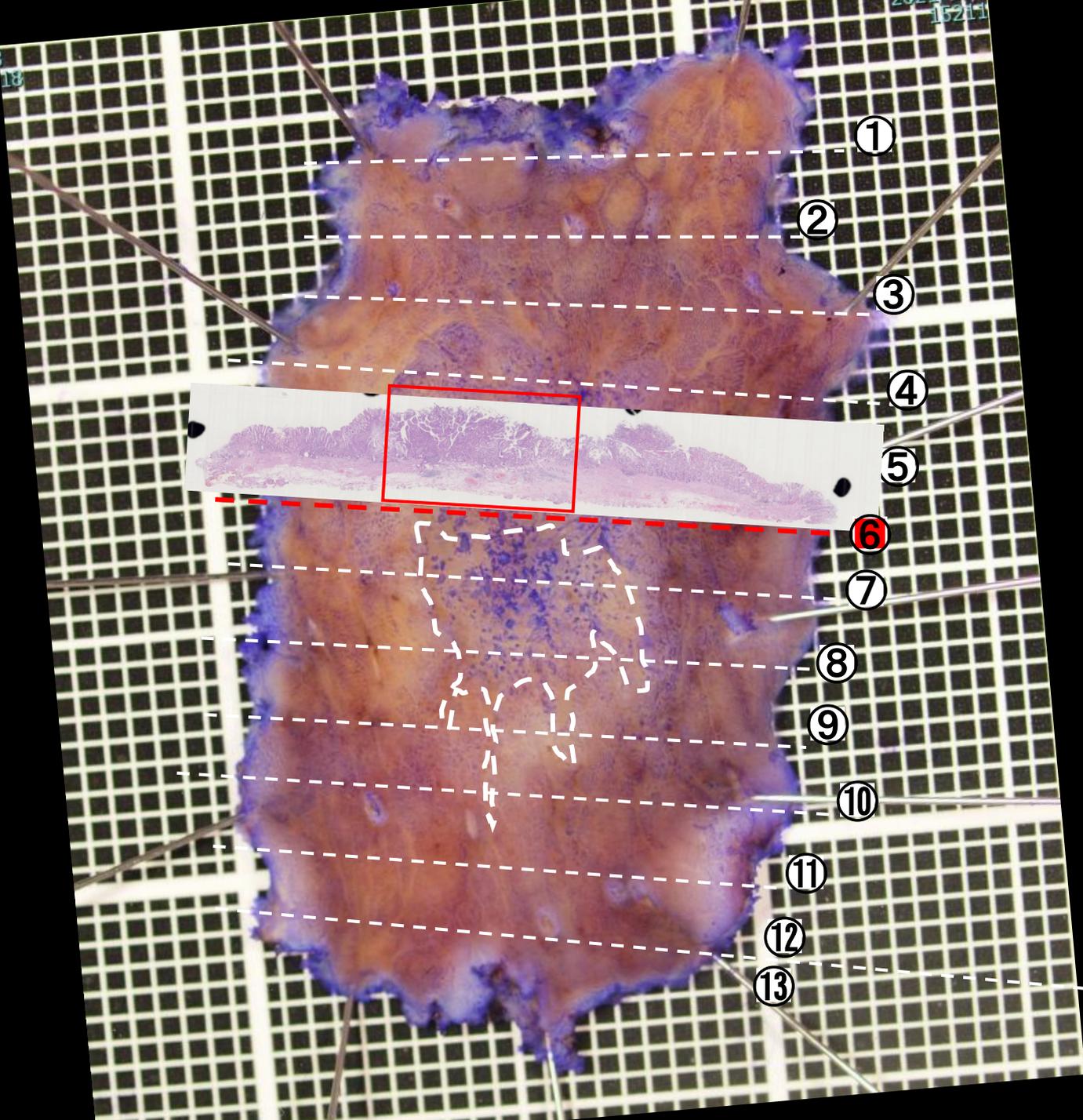
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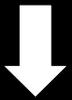




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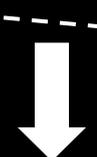
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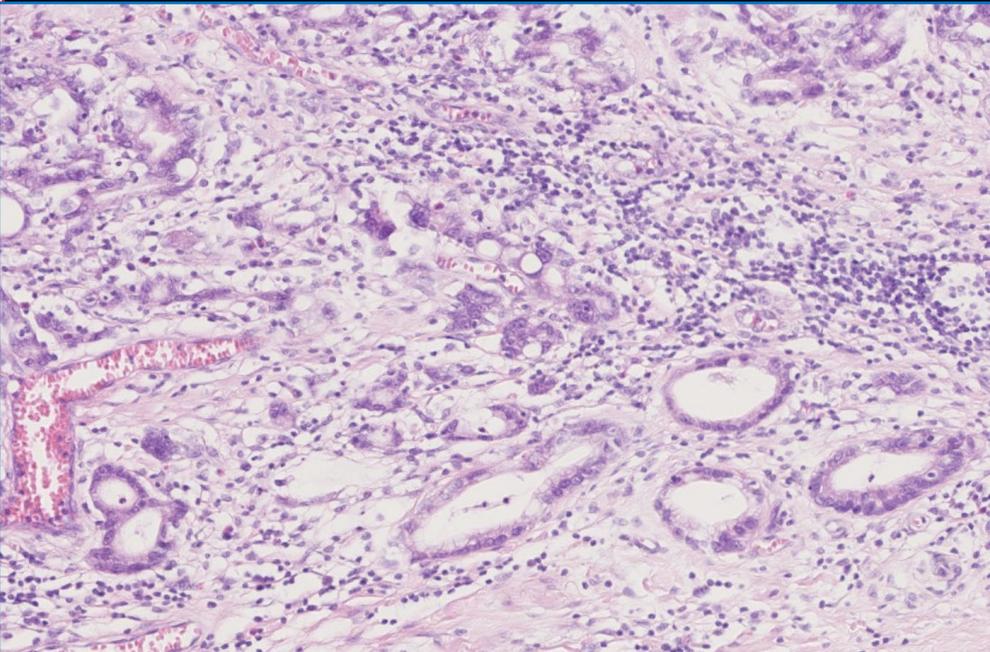
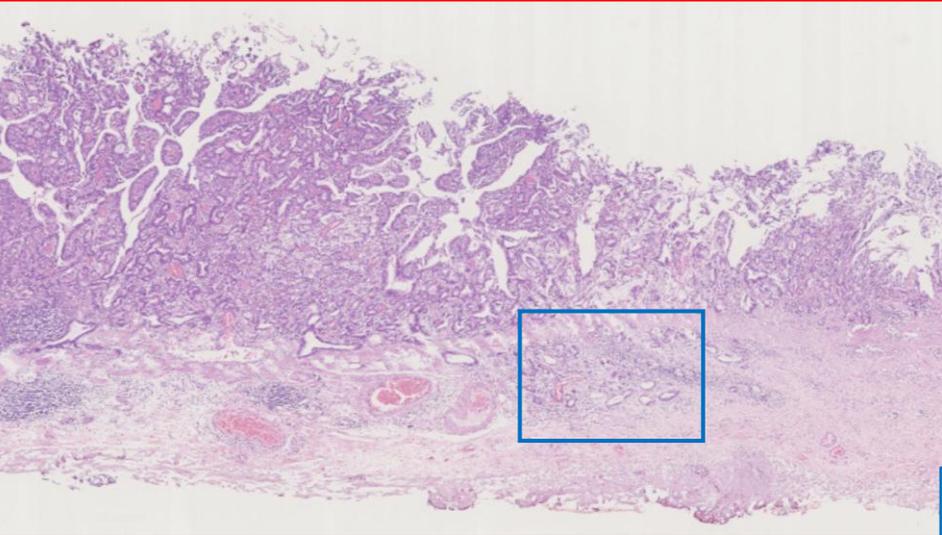
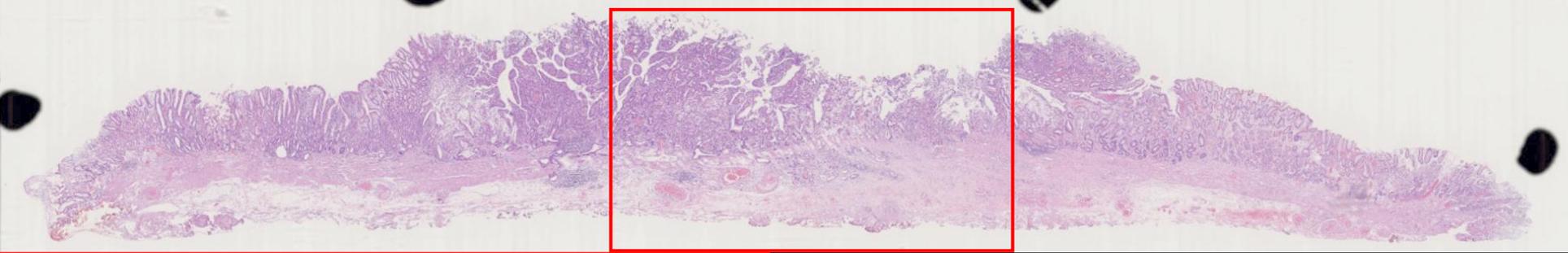
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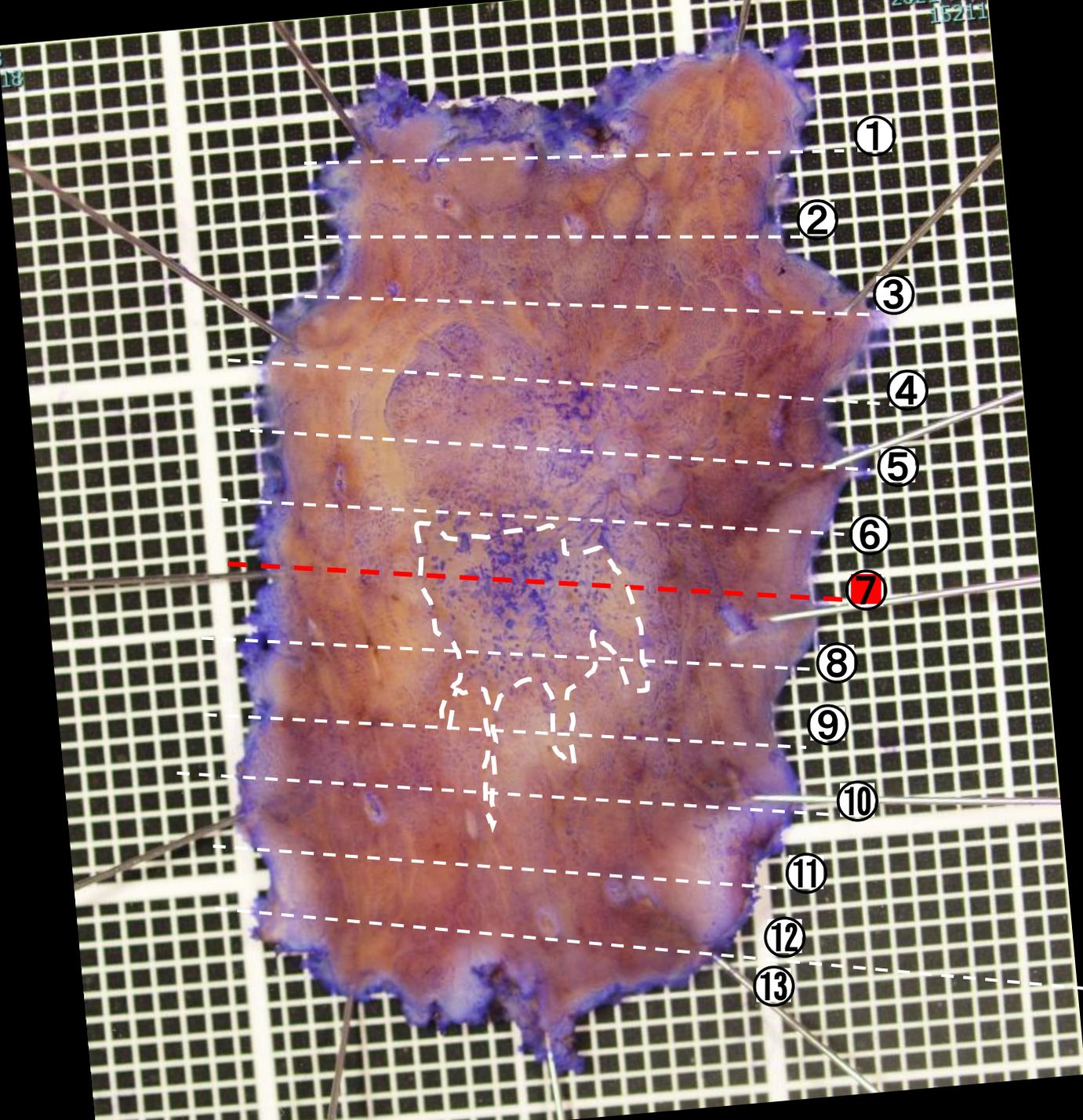
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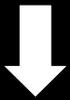
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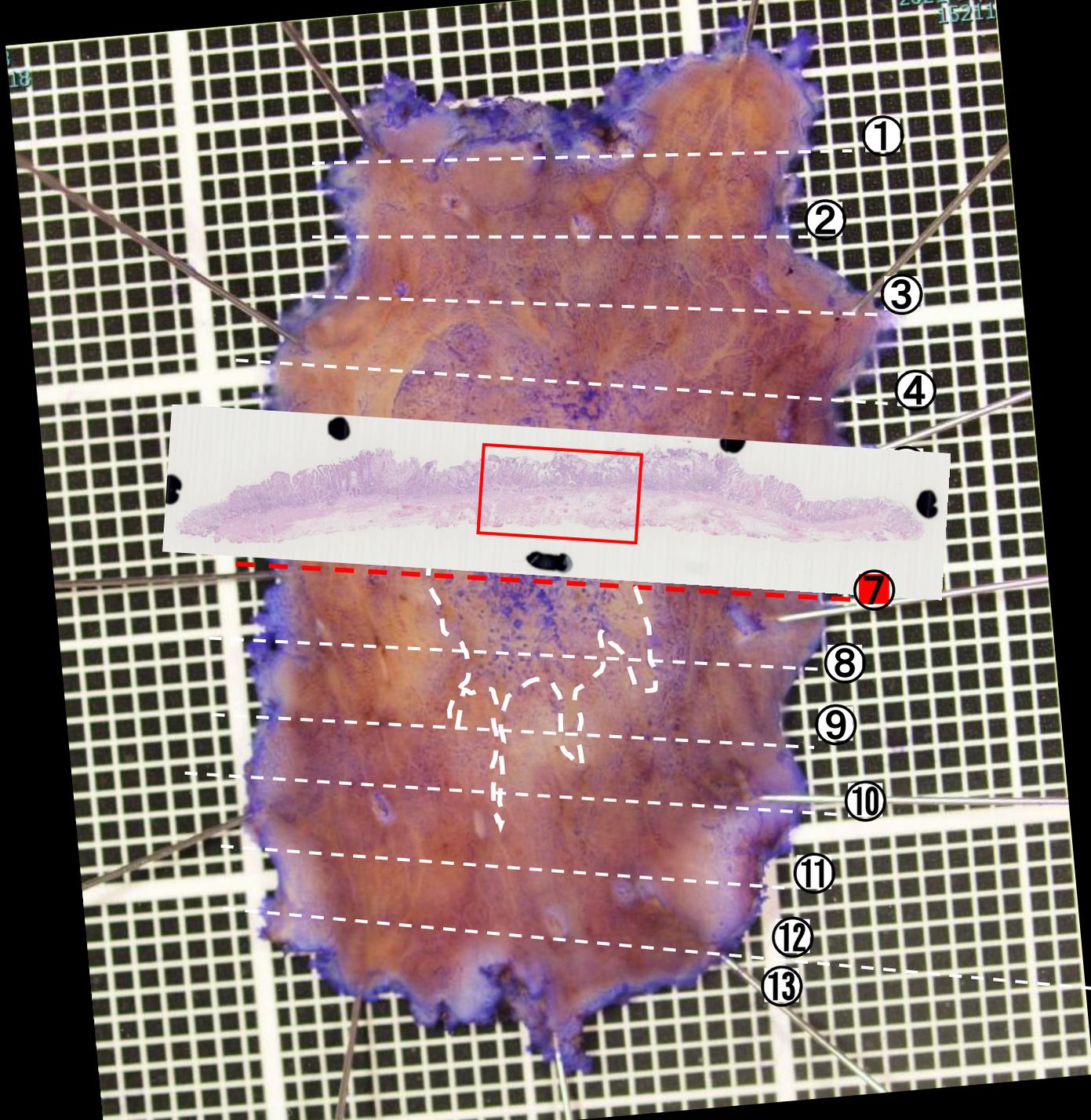
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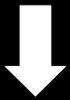




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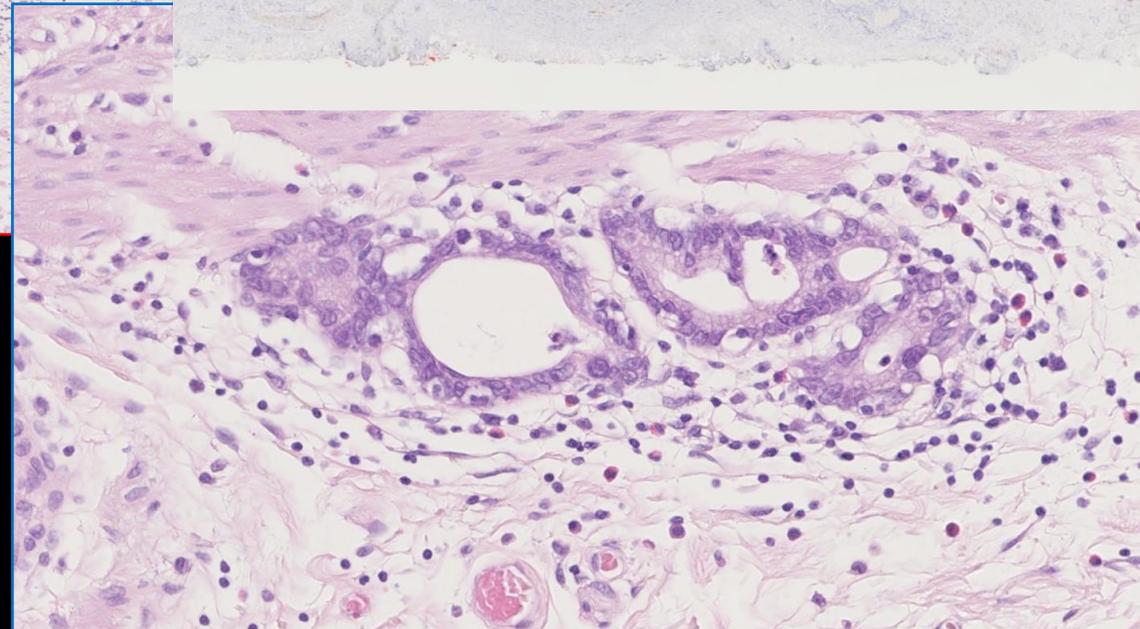
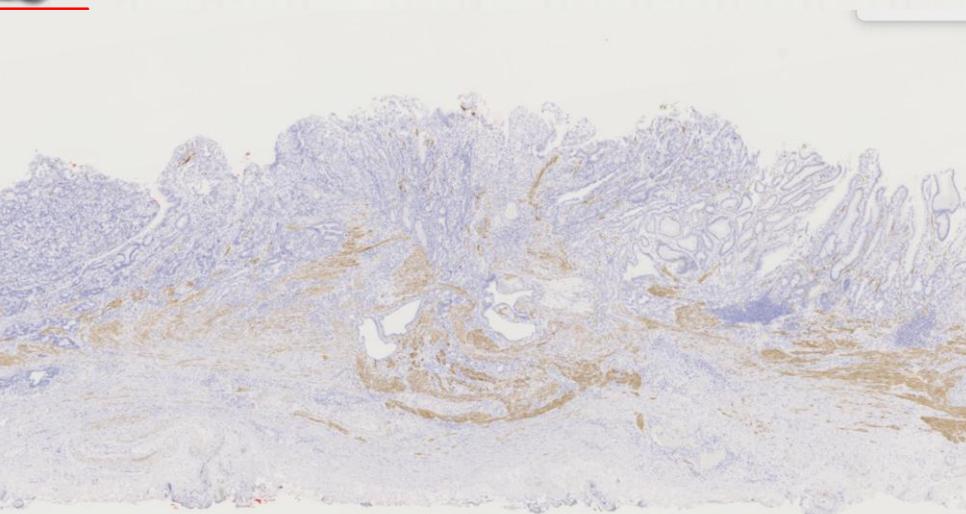
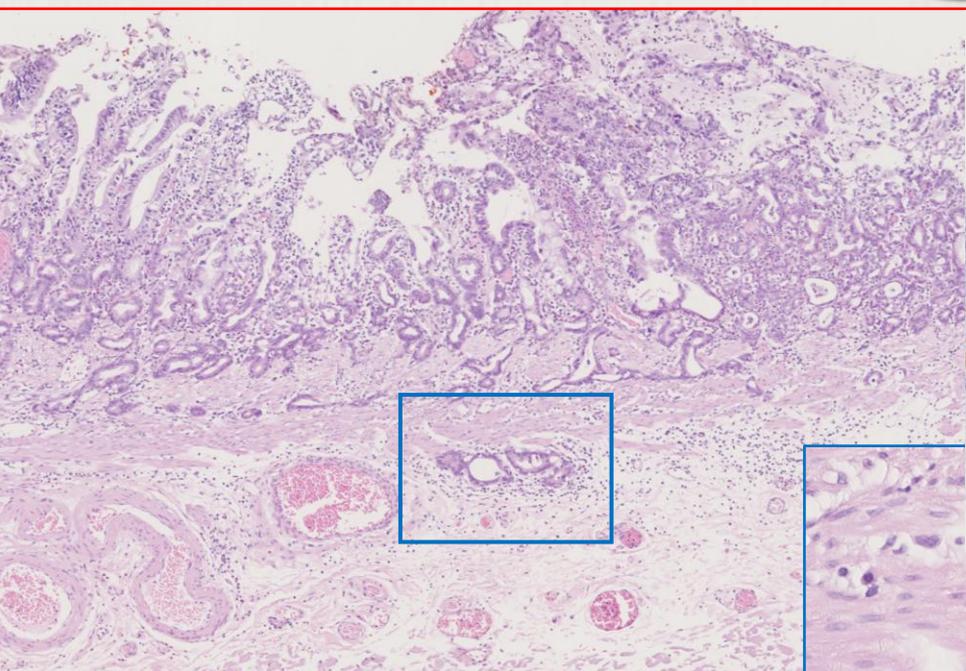
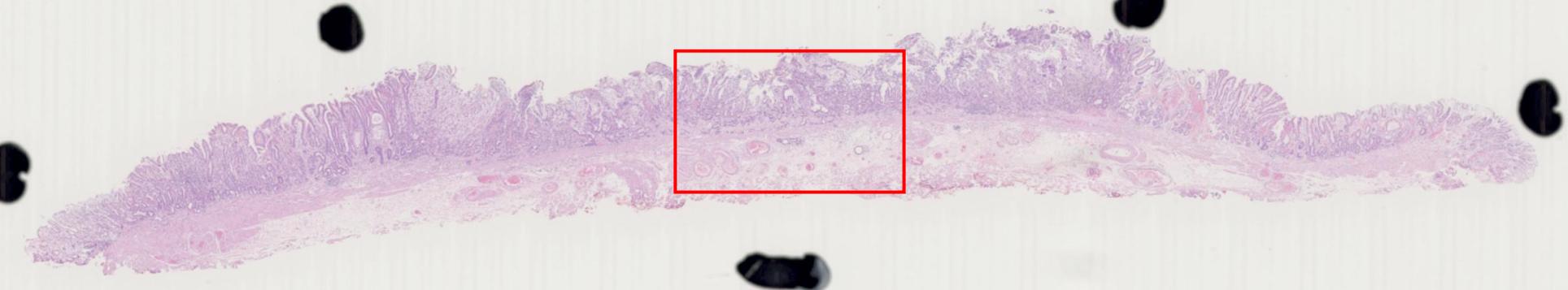
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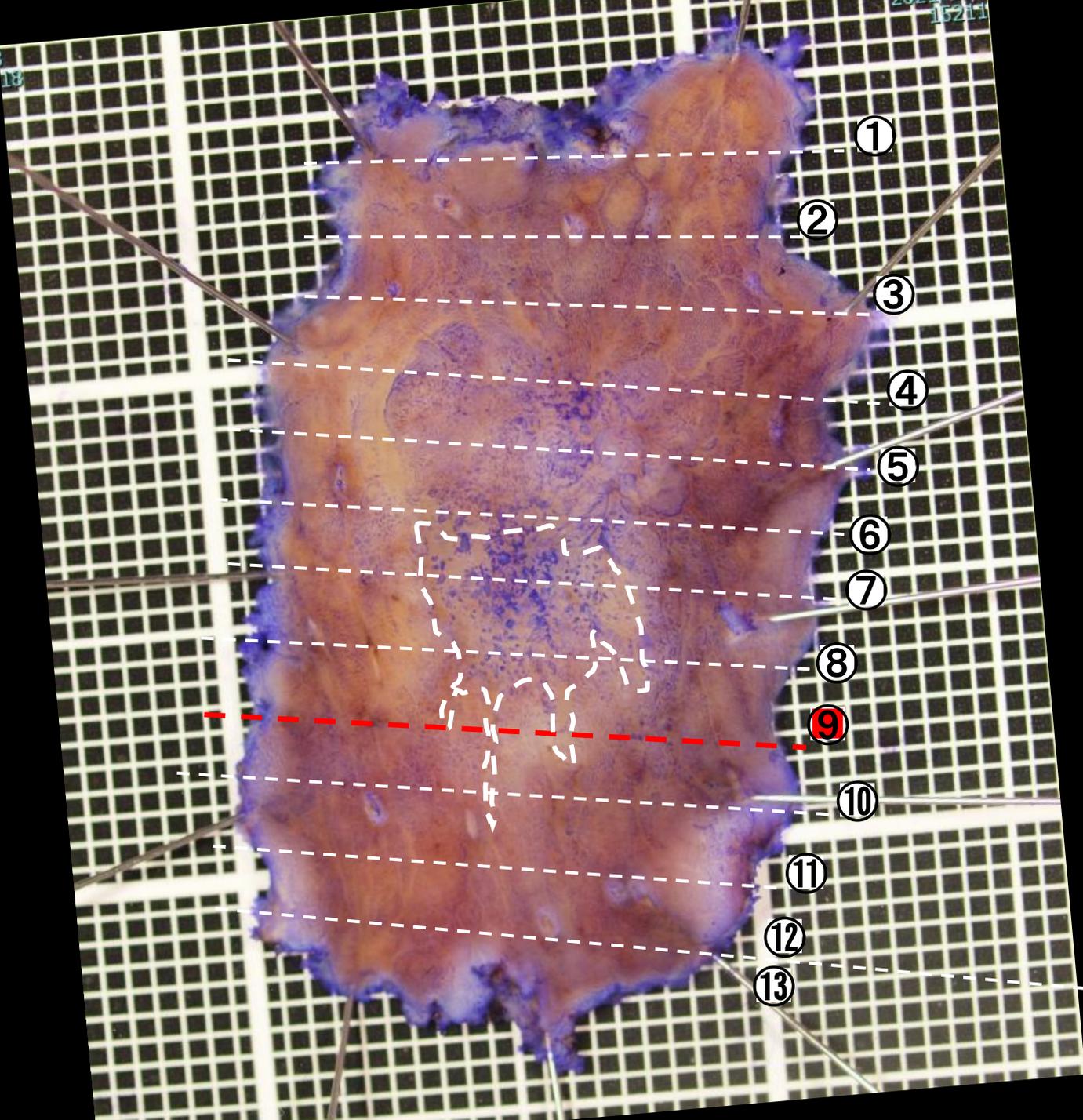
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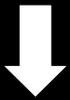




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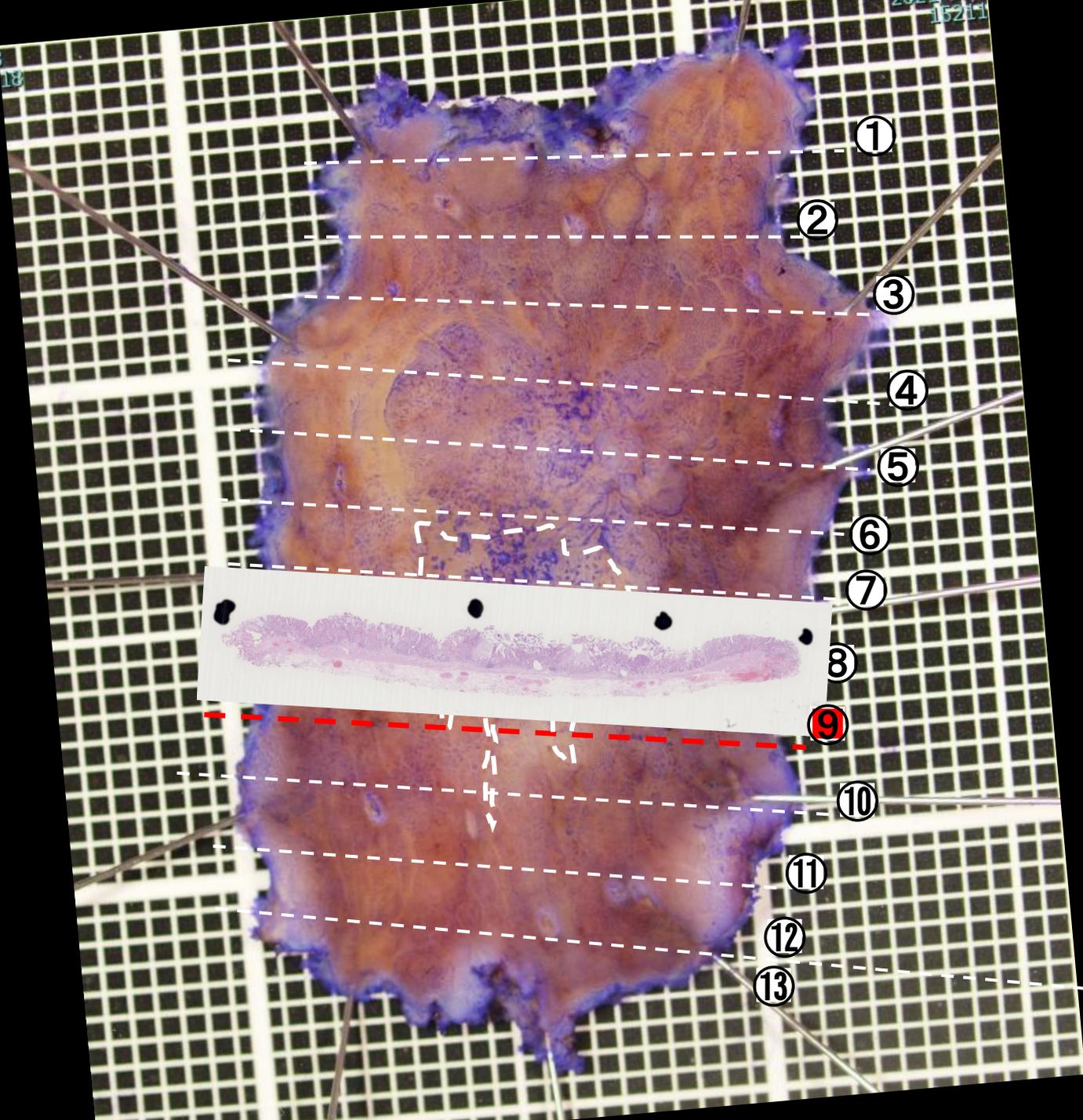
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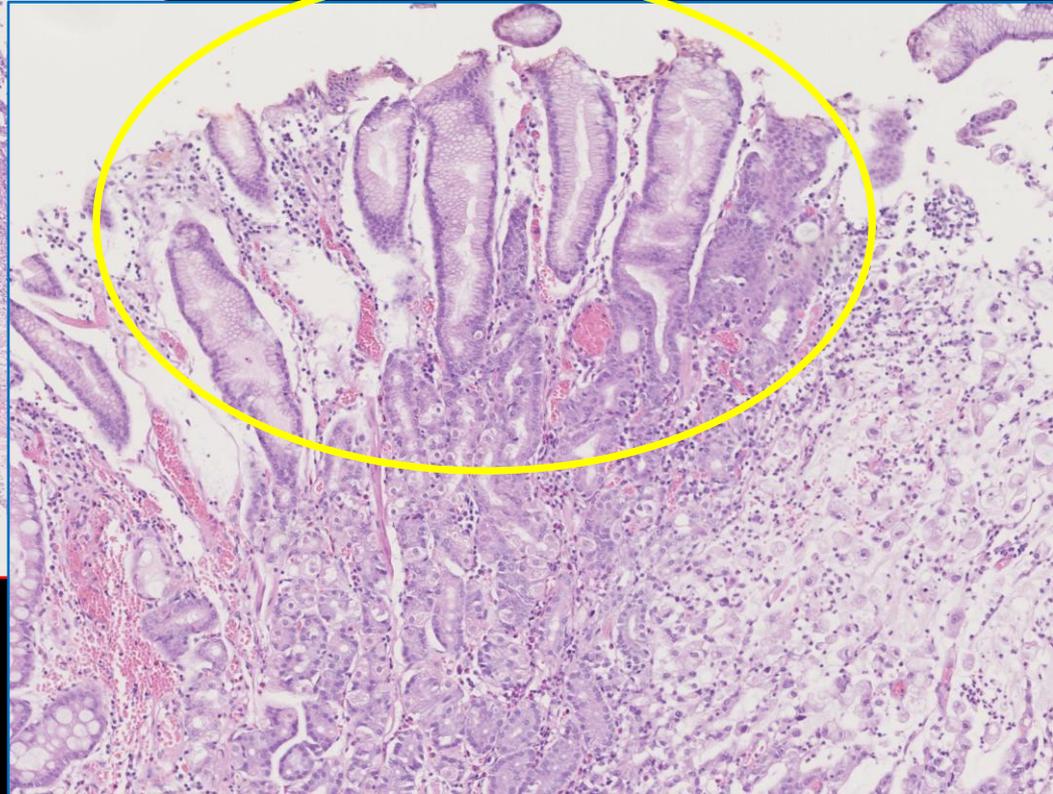
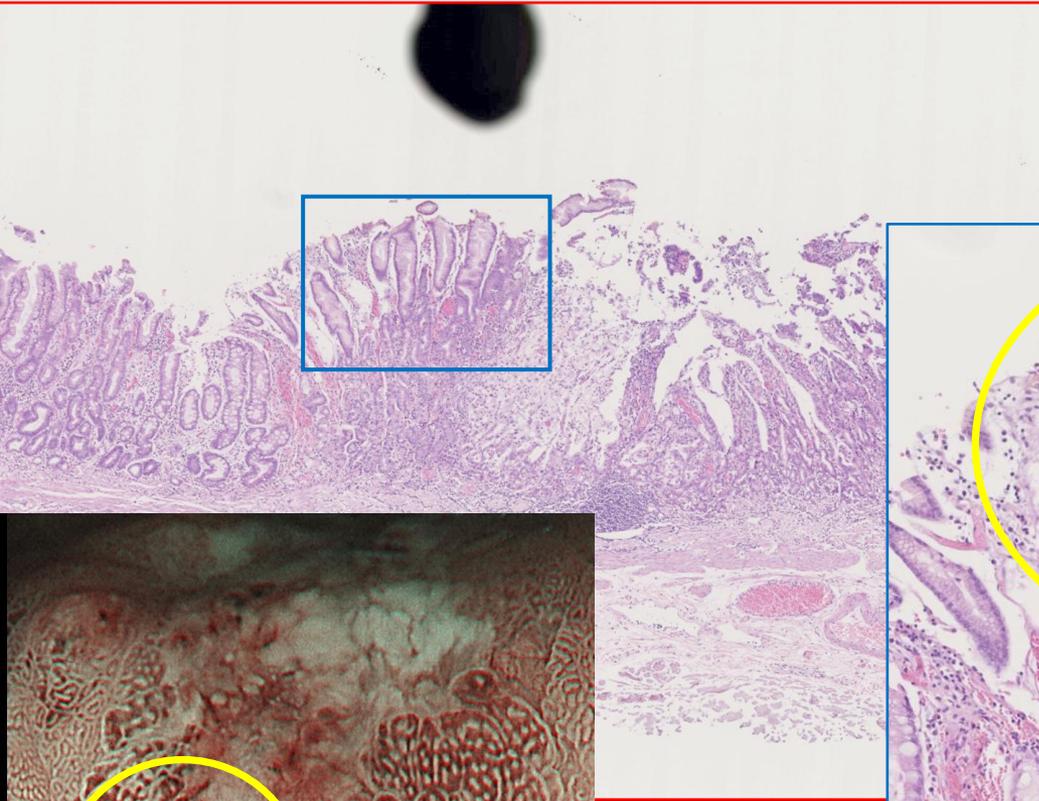
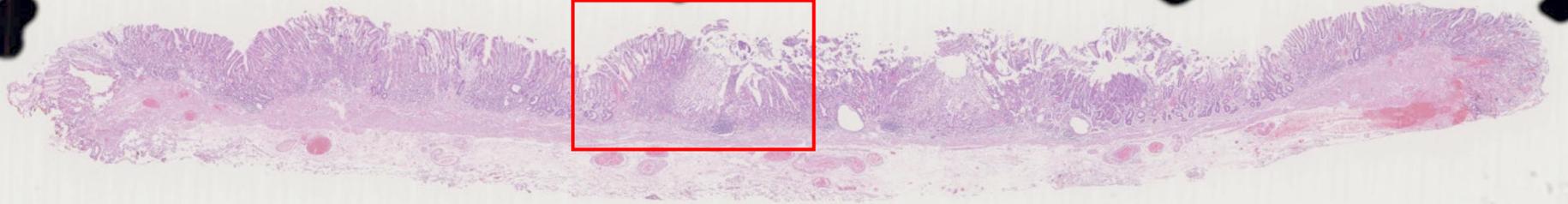
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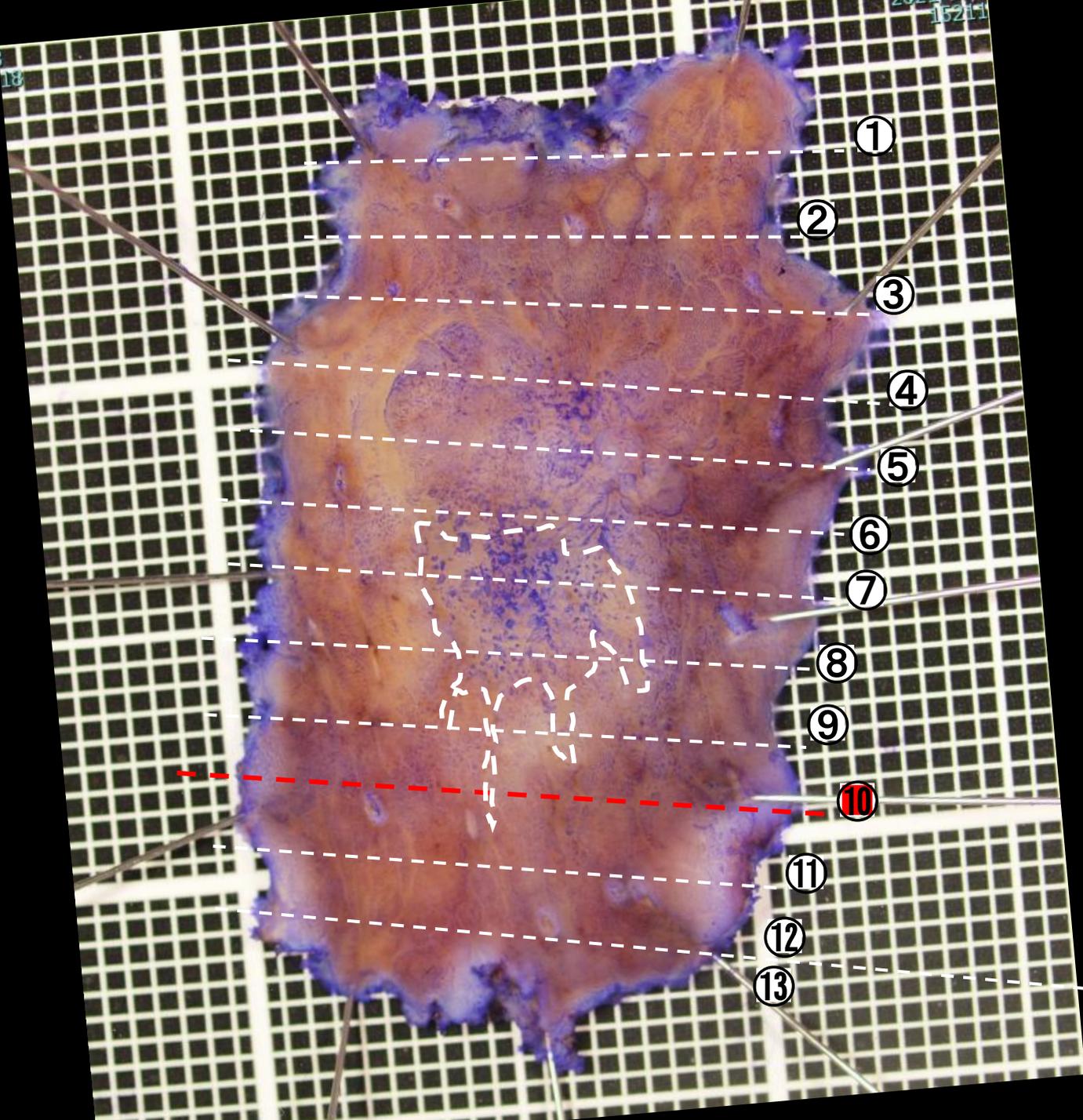
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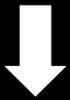




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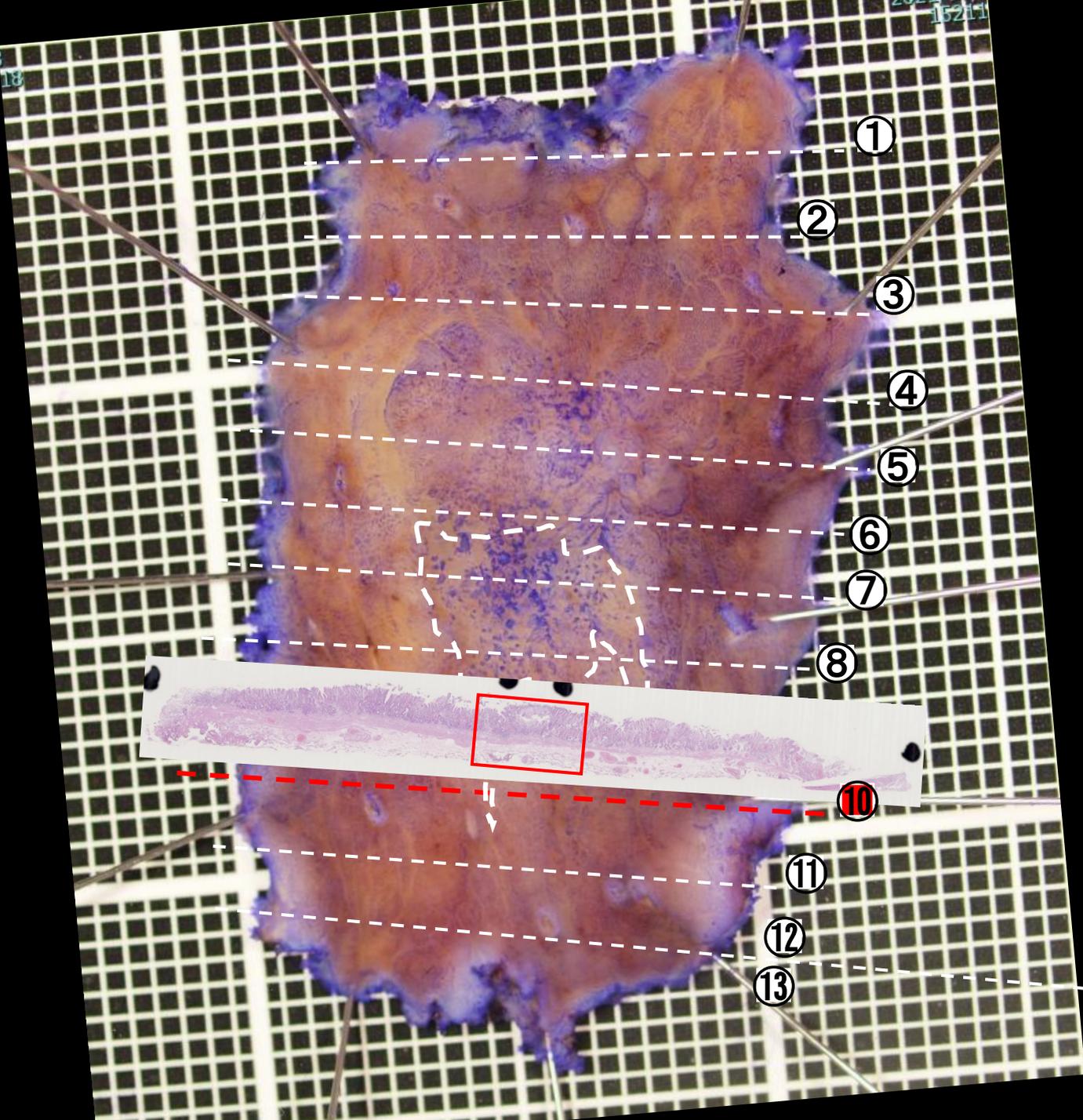
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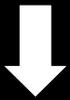




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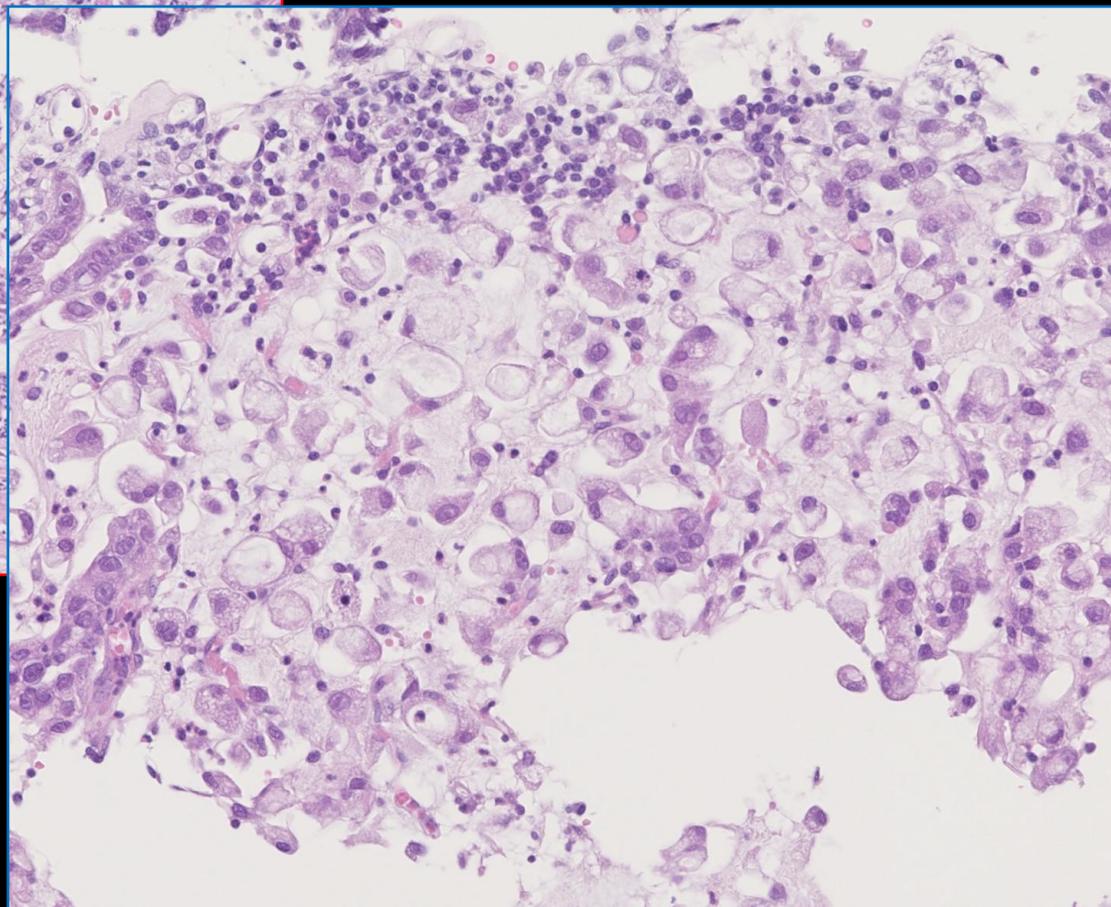
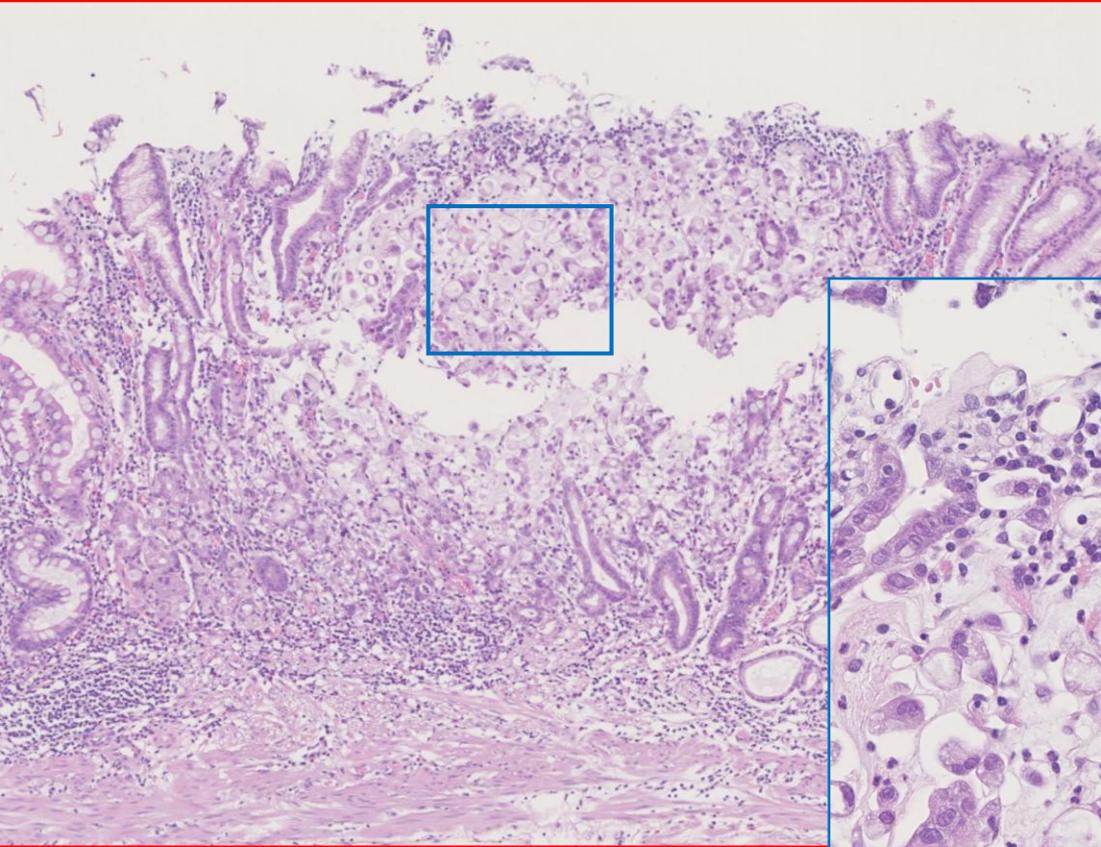
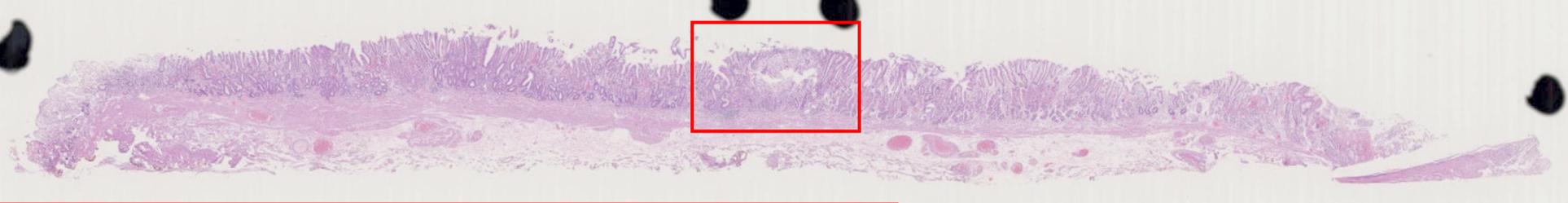
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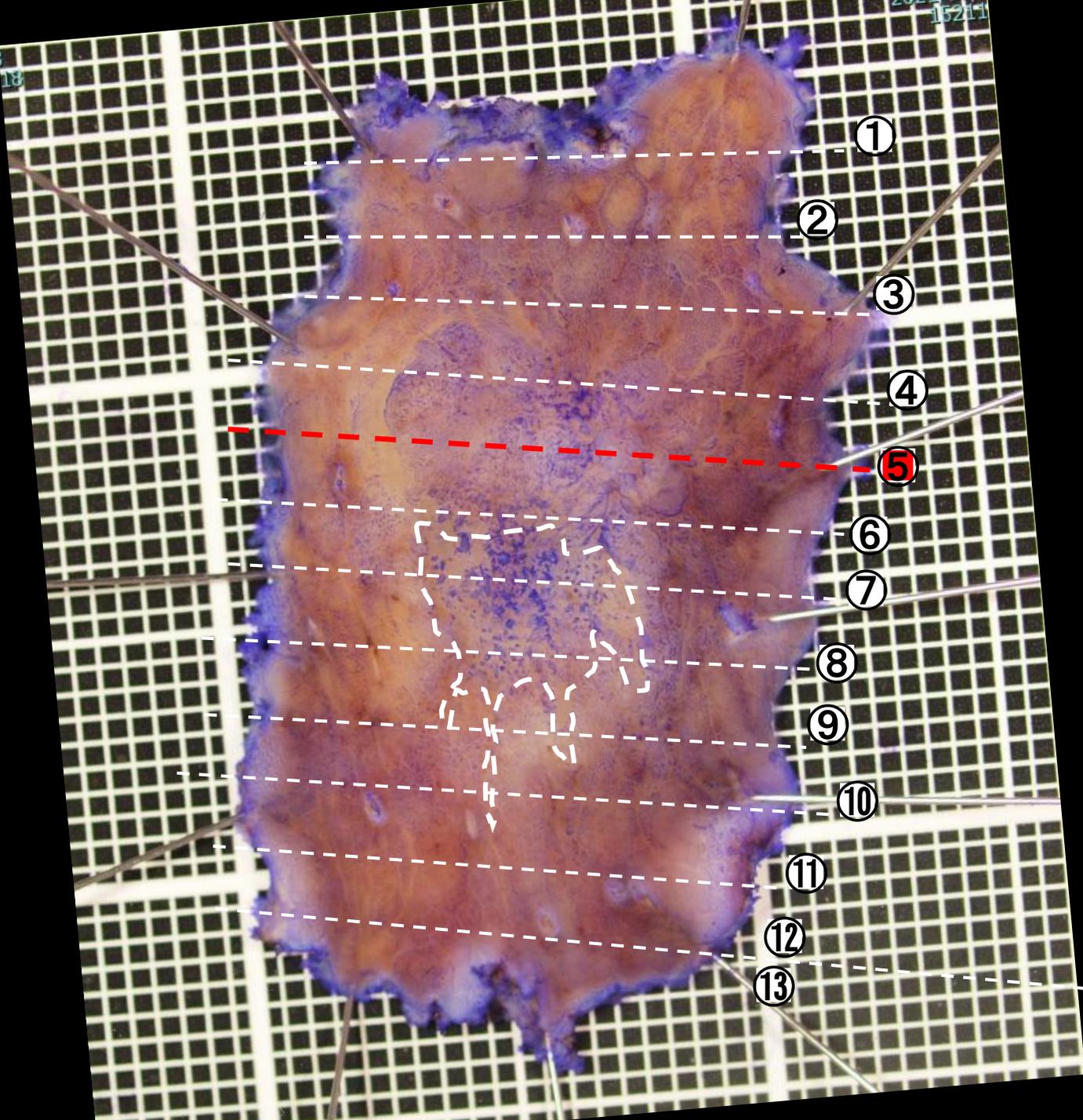
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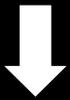




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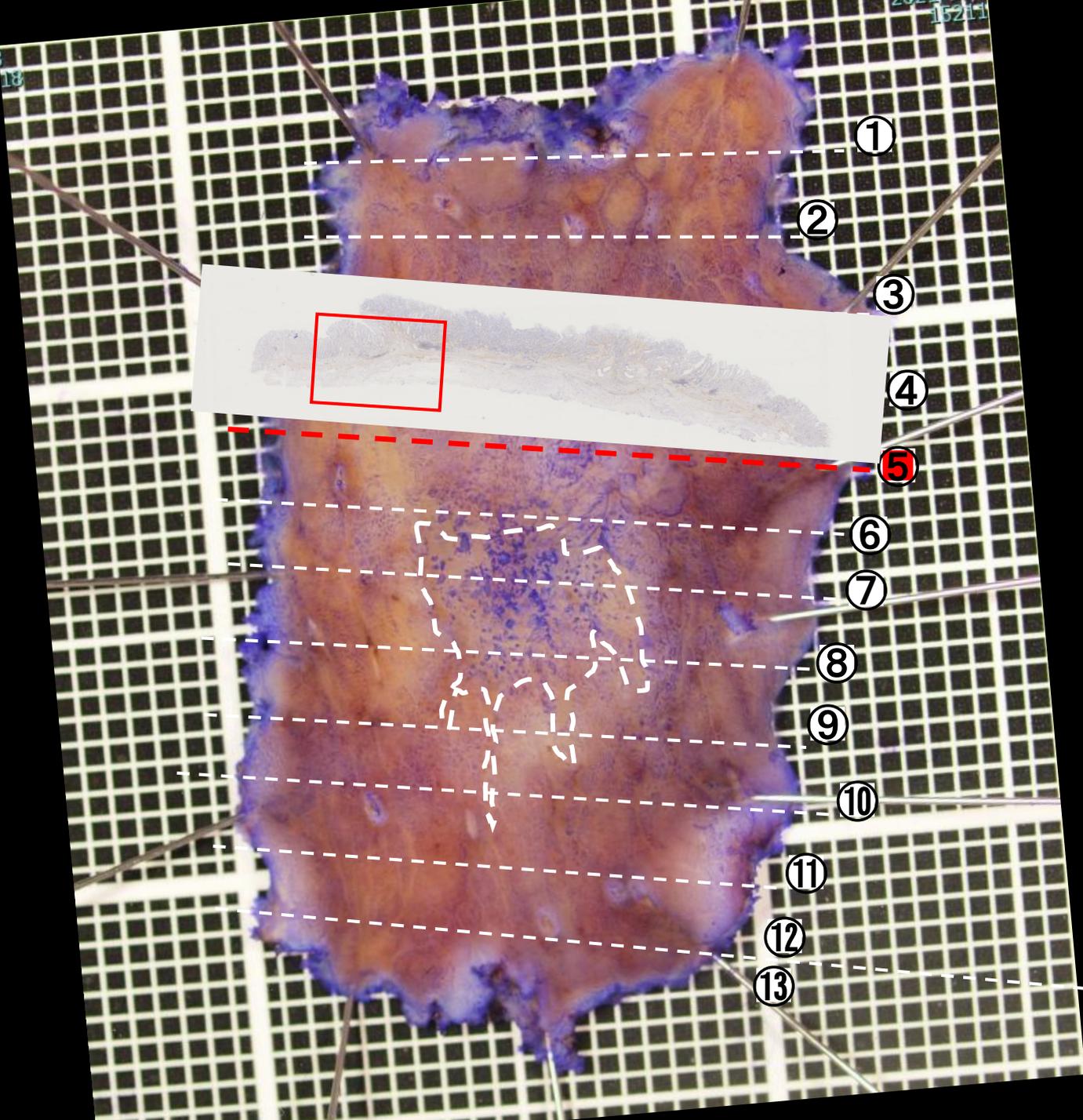
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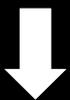


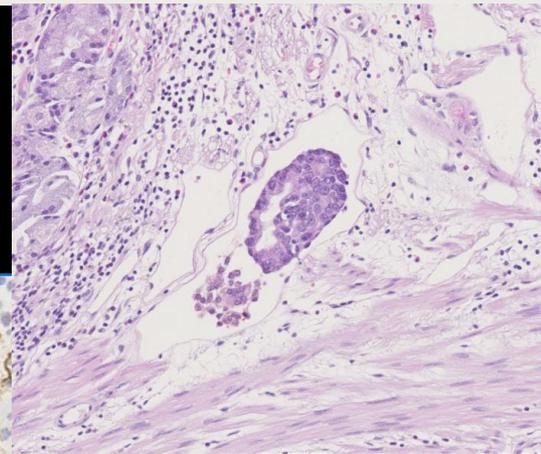
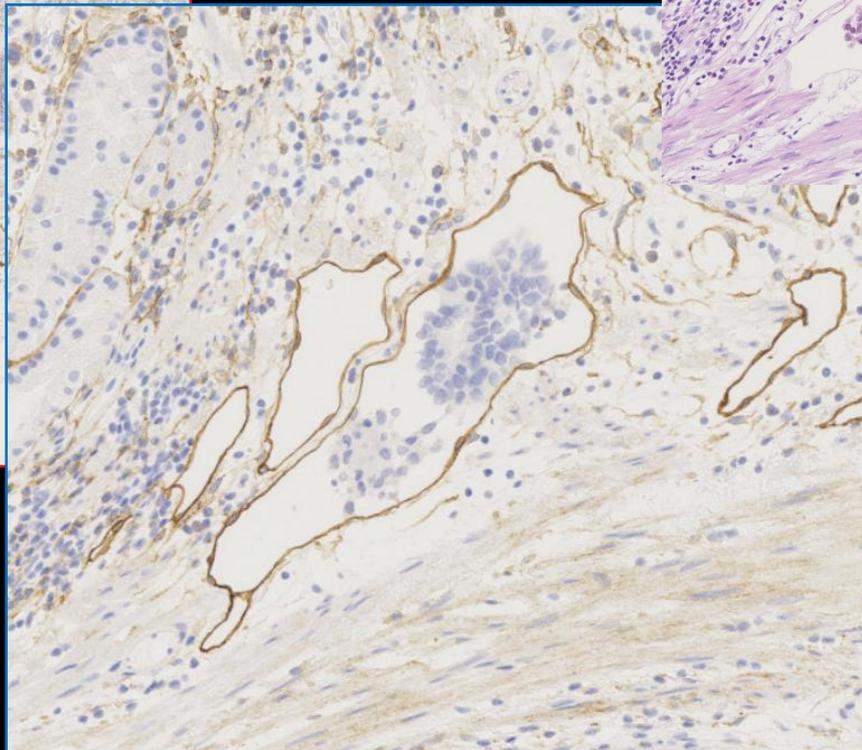
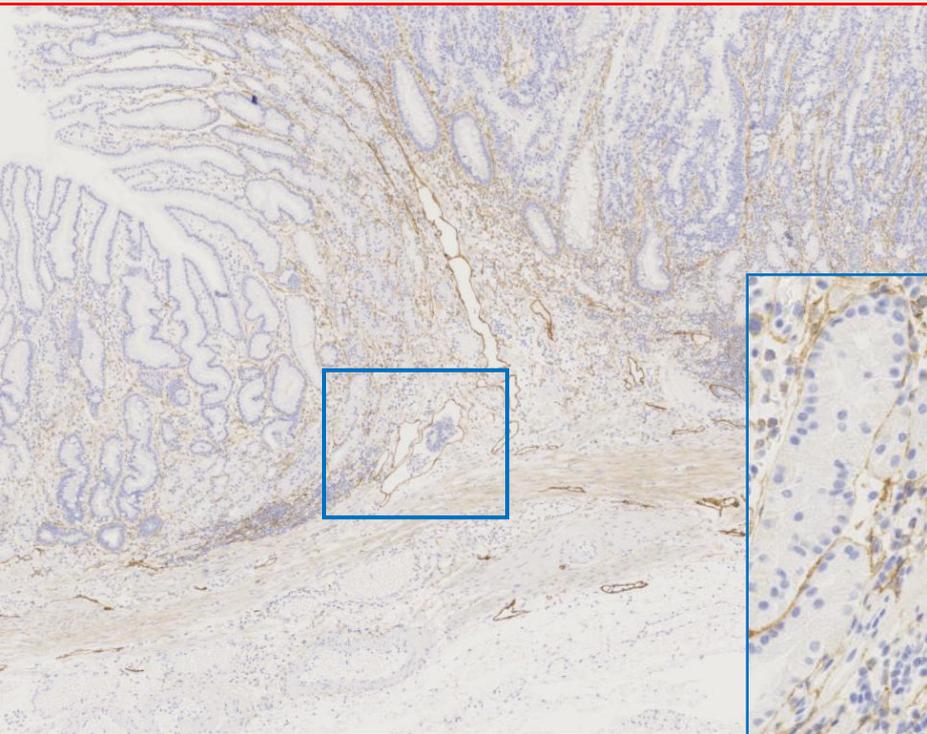
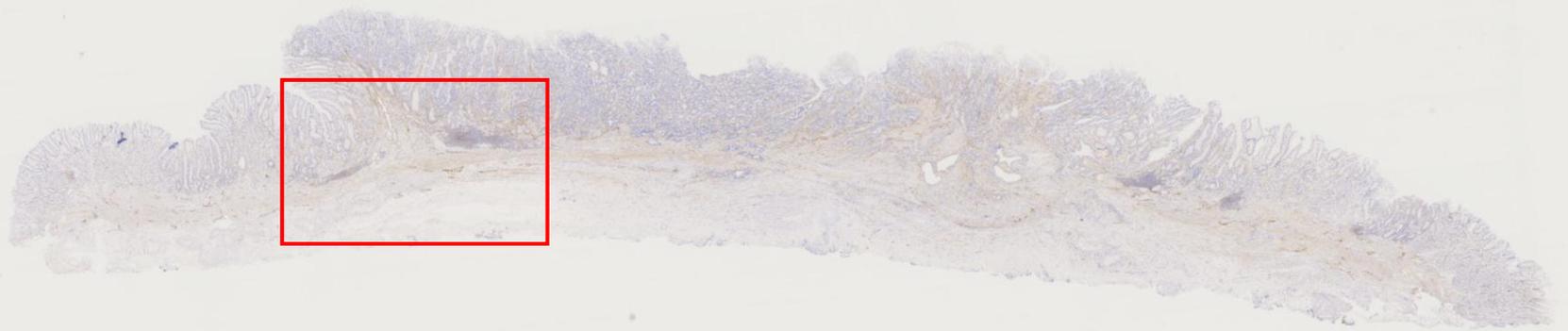


口側



肛門側





病理診断

tubular adenocarcinoma,
moderately differentiated(tub2>sig),
pT1b2(SM2, 0.55mm), INFb, Ly1(D2-40), V0(EVG),
pUL0, pHM0(4mm), pVM0(0.4mm)

e-Cure C2

→腹腔鏡下幽門側胃切除術

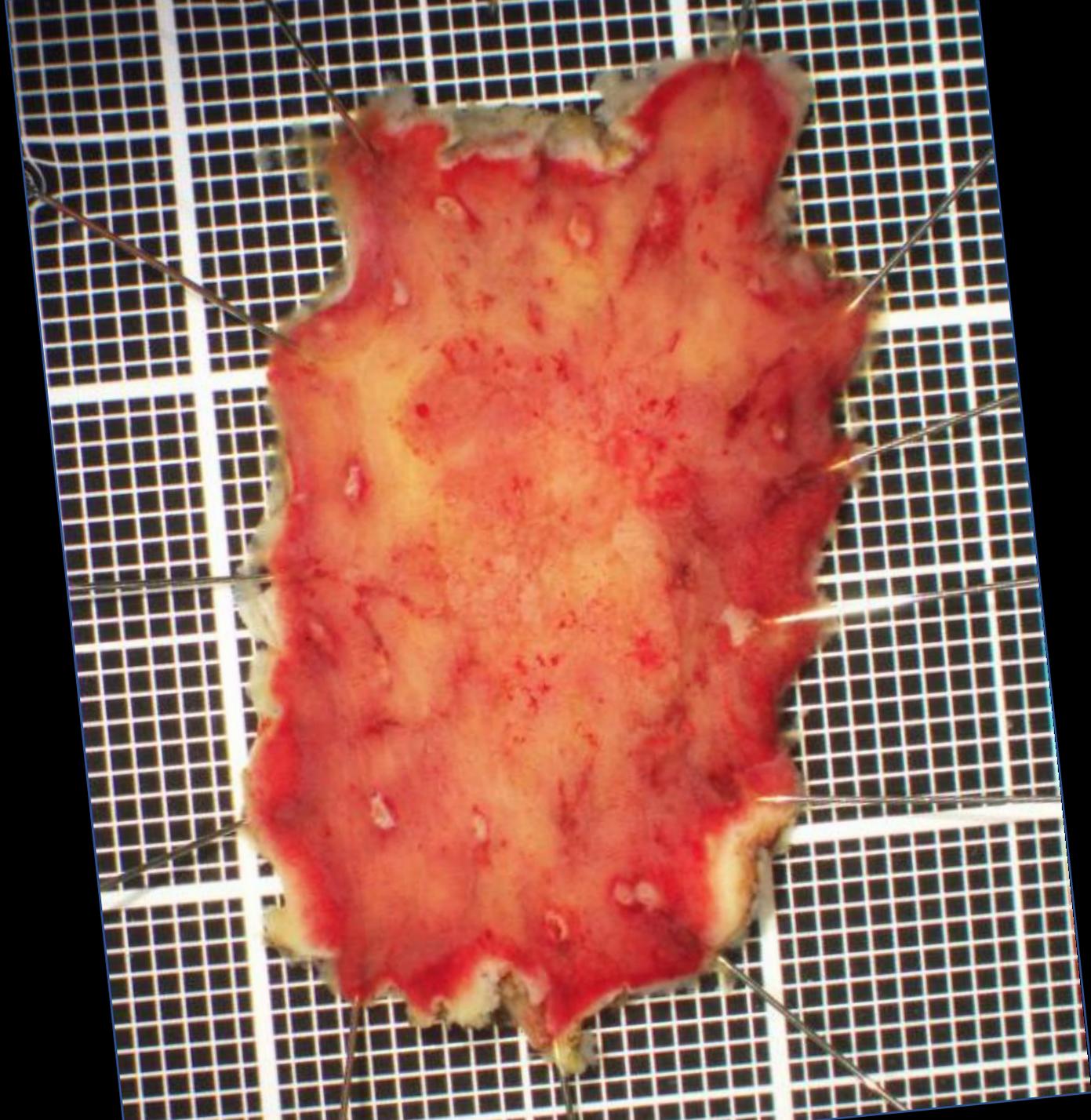
Stomach, distal gastrectomy:

no residual carcinoma (status post ESD).

Lymph node, excision: no evidence of malignancy.

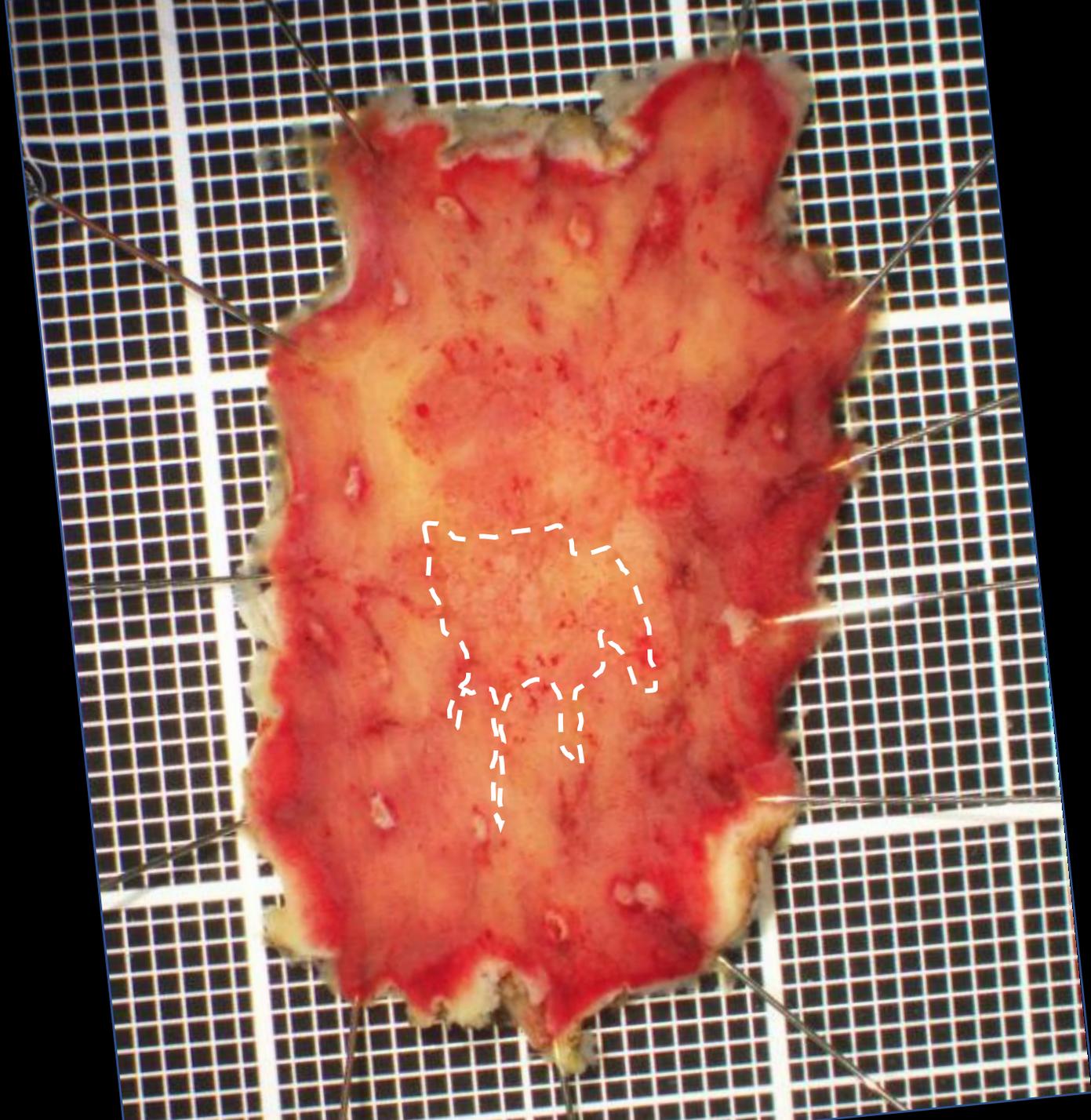
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口側



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肛門側

口側



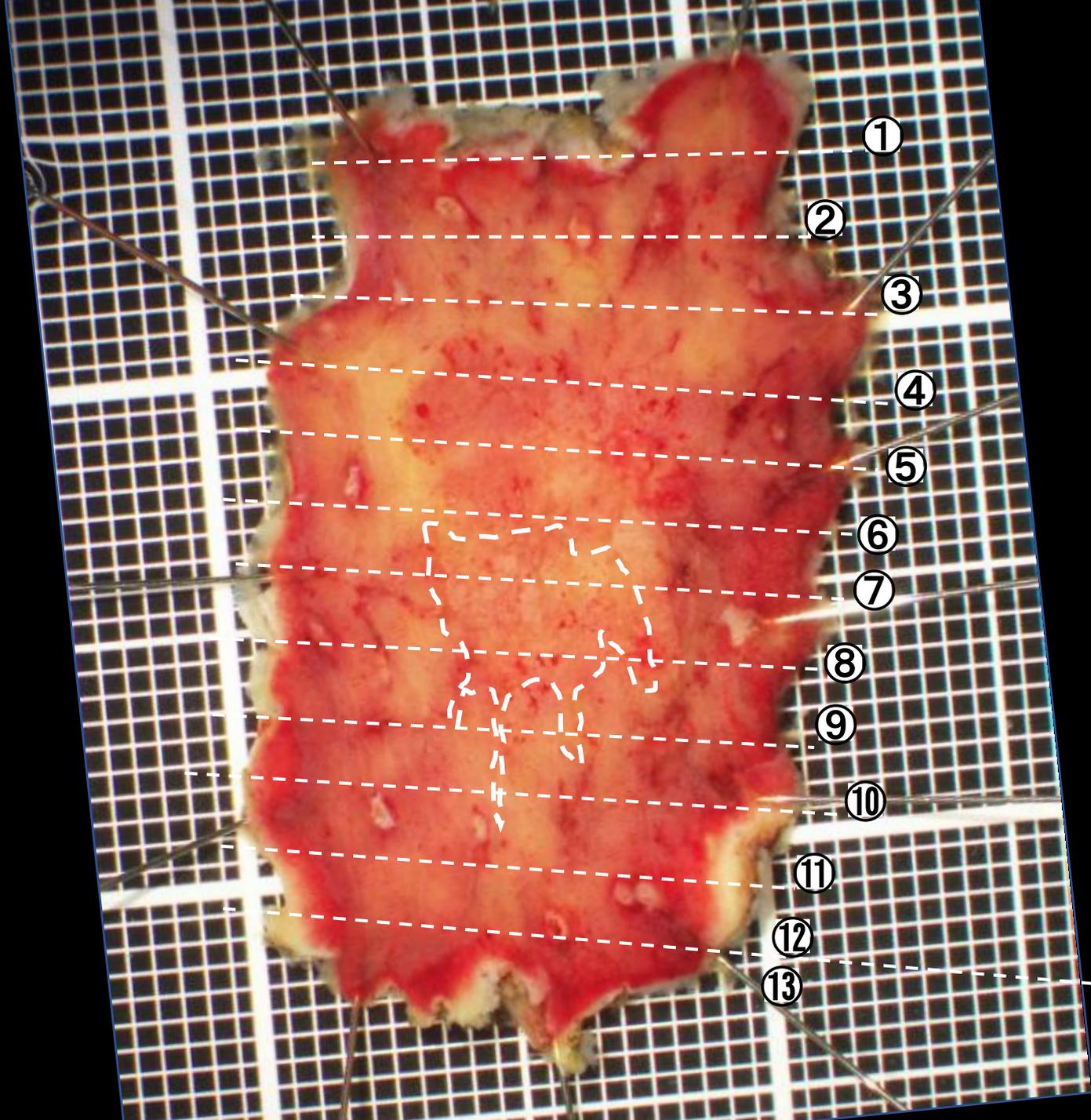
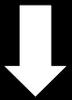
肛門側



口側



肛門側



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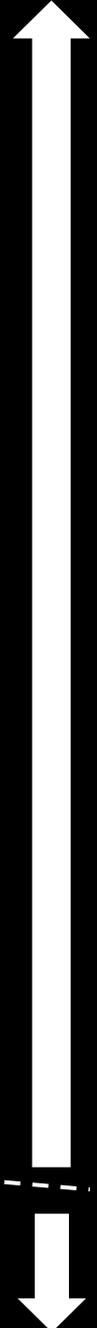
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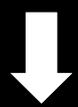
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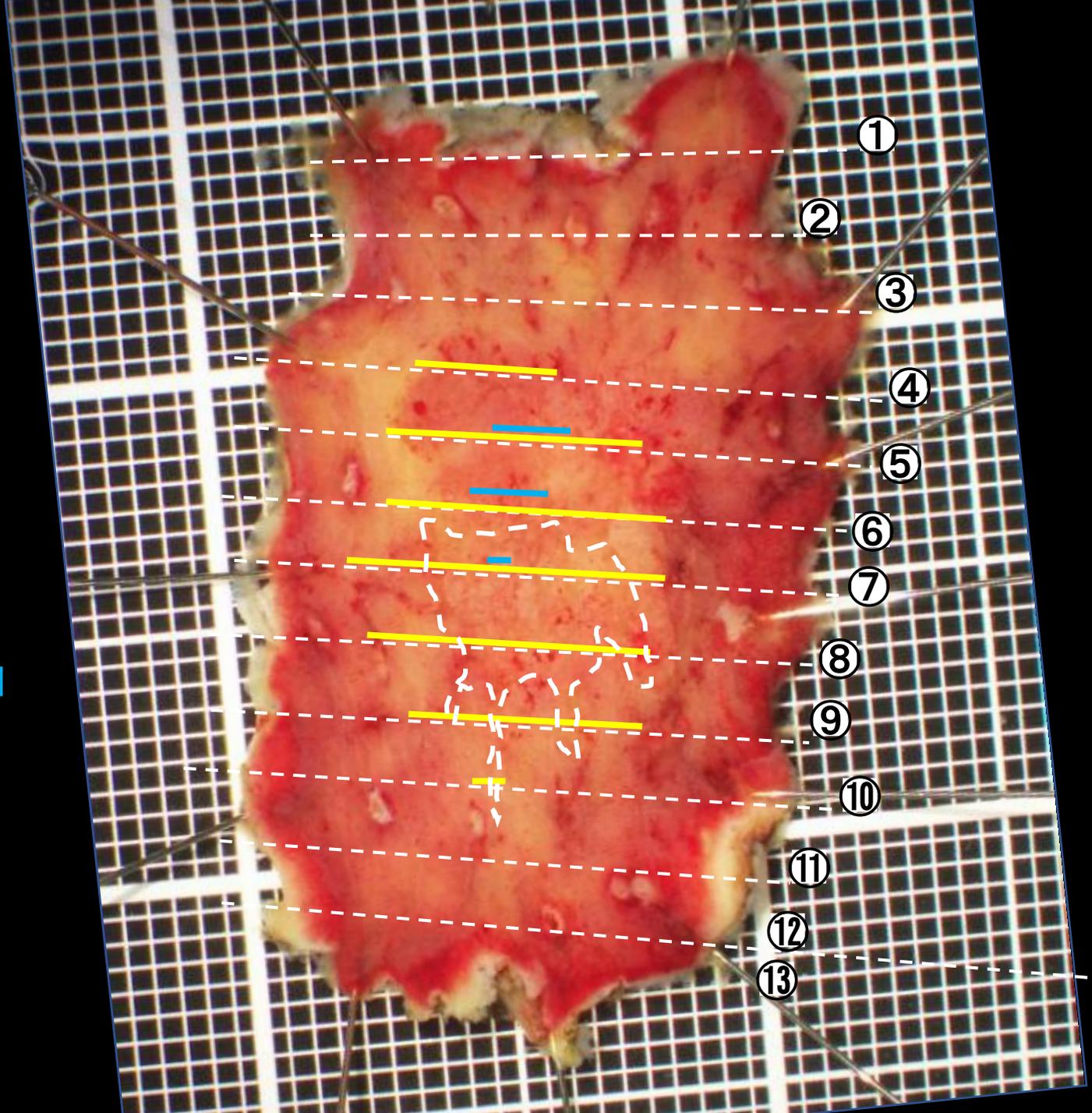
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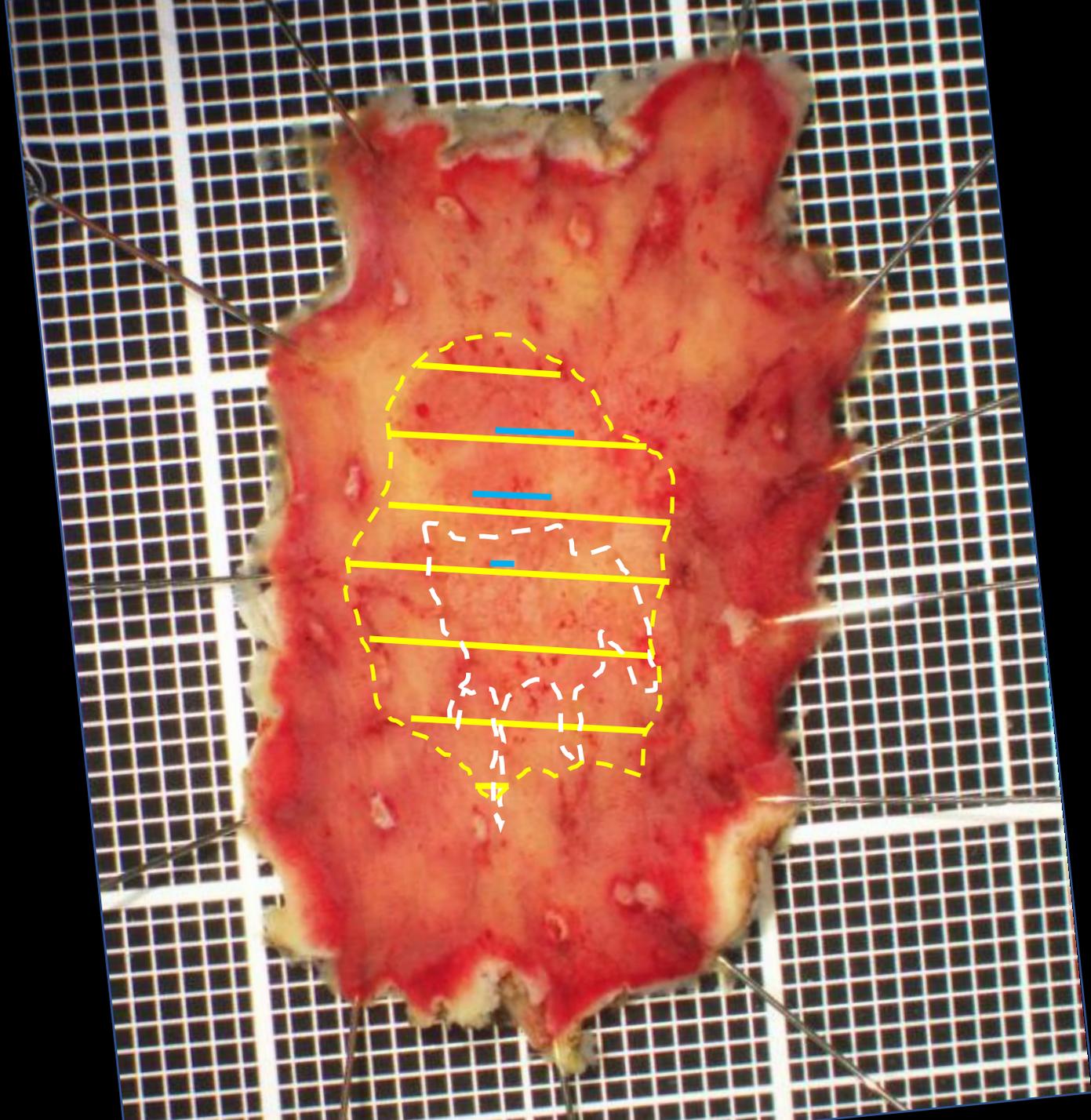
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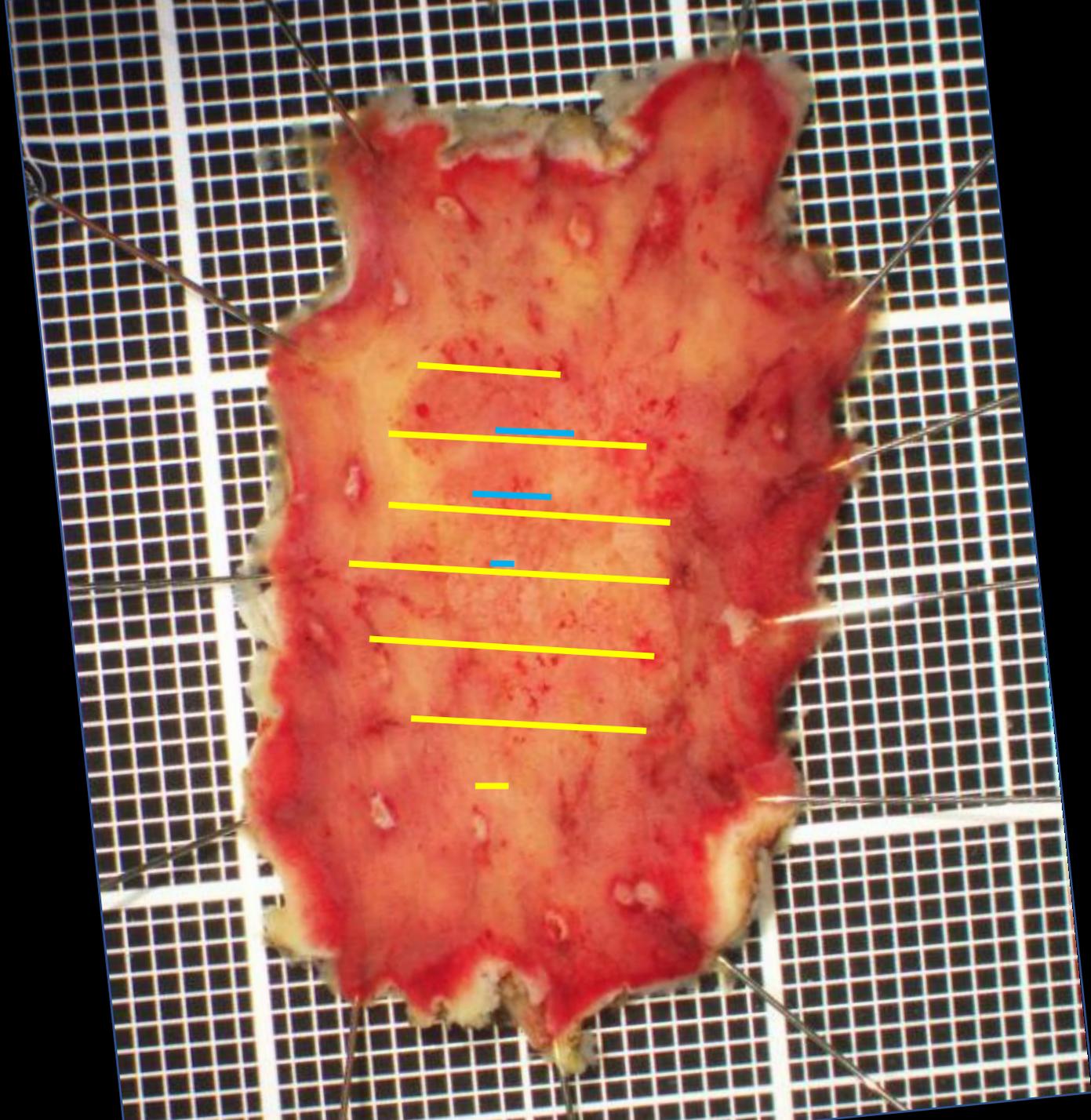
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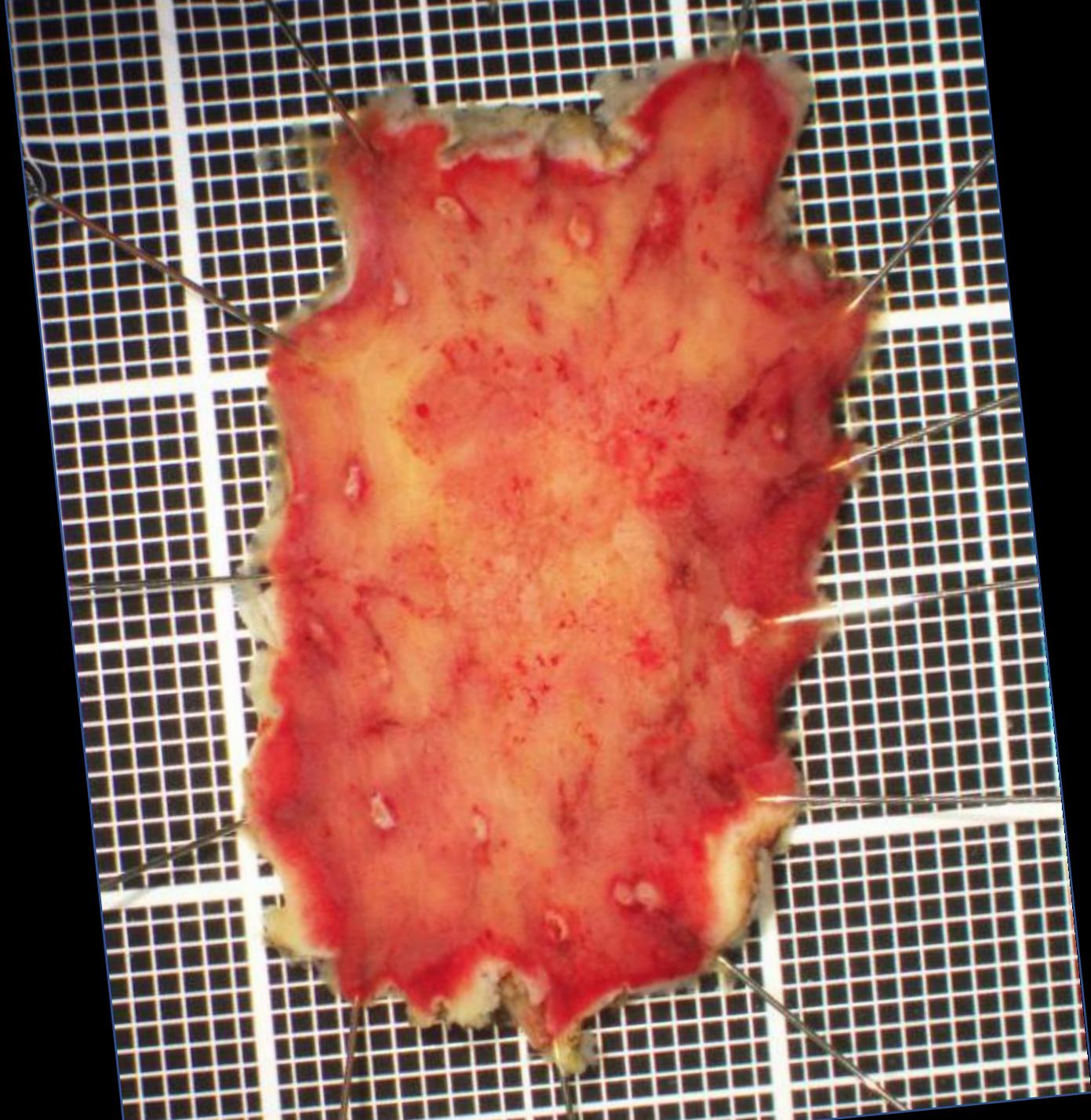


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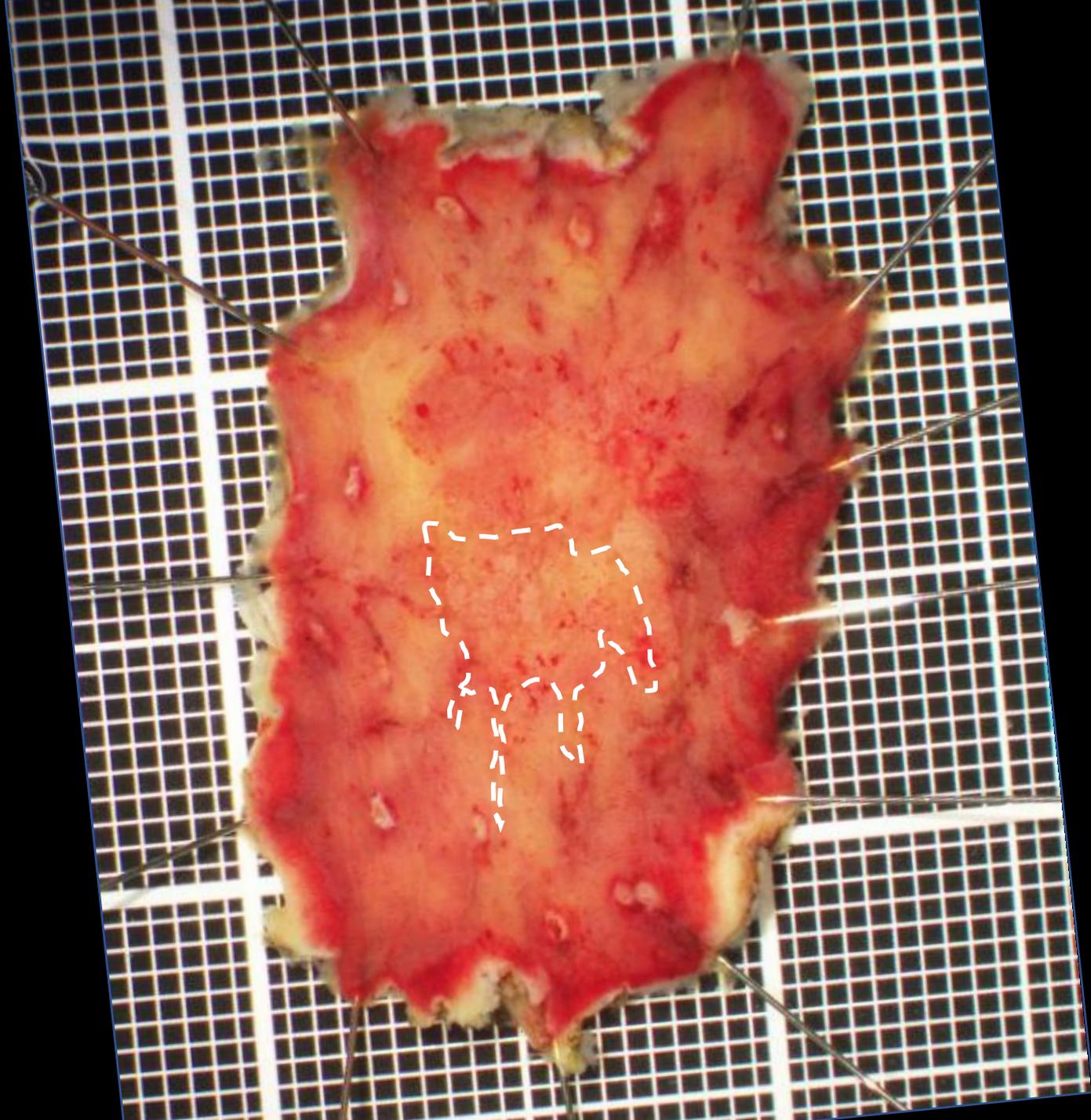
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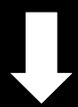


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口側



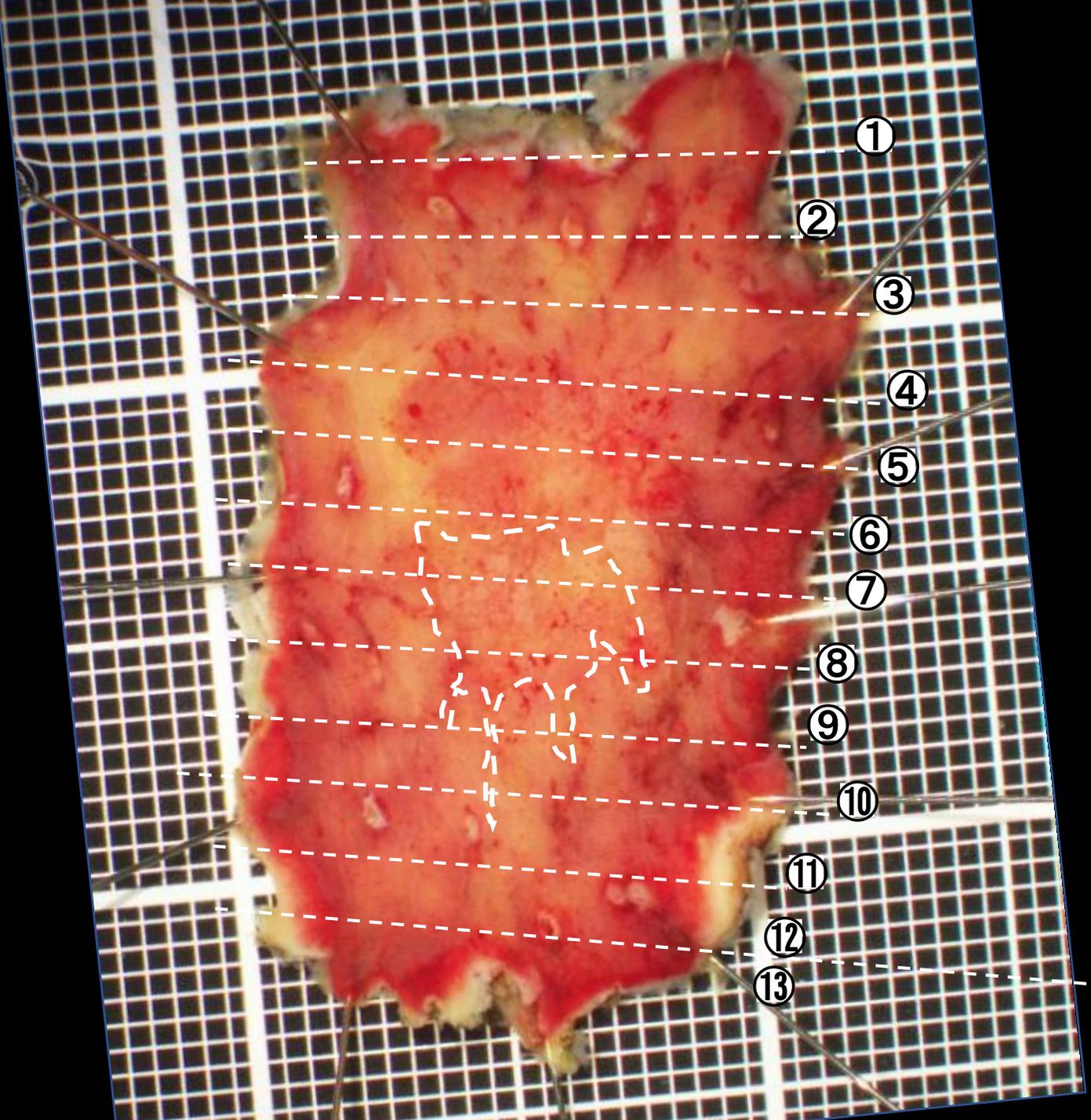
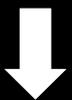
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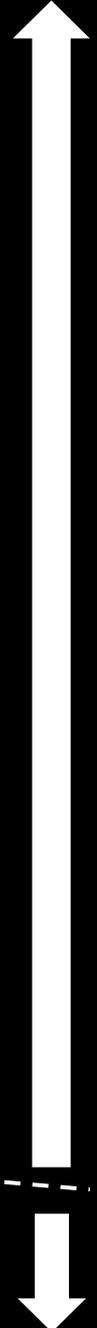
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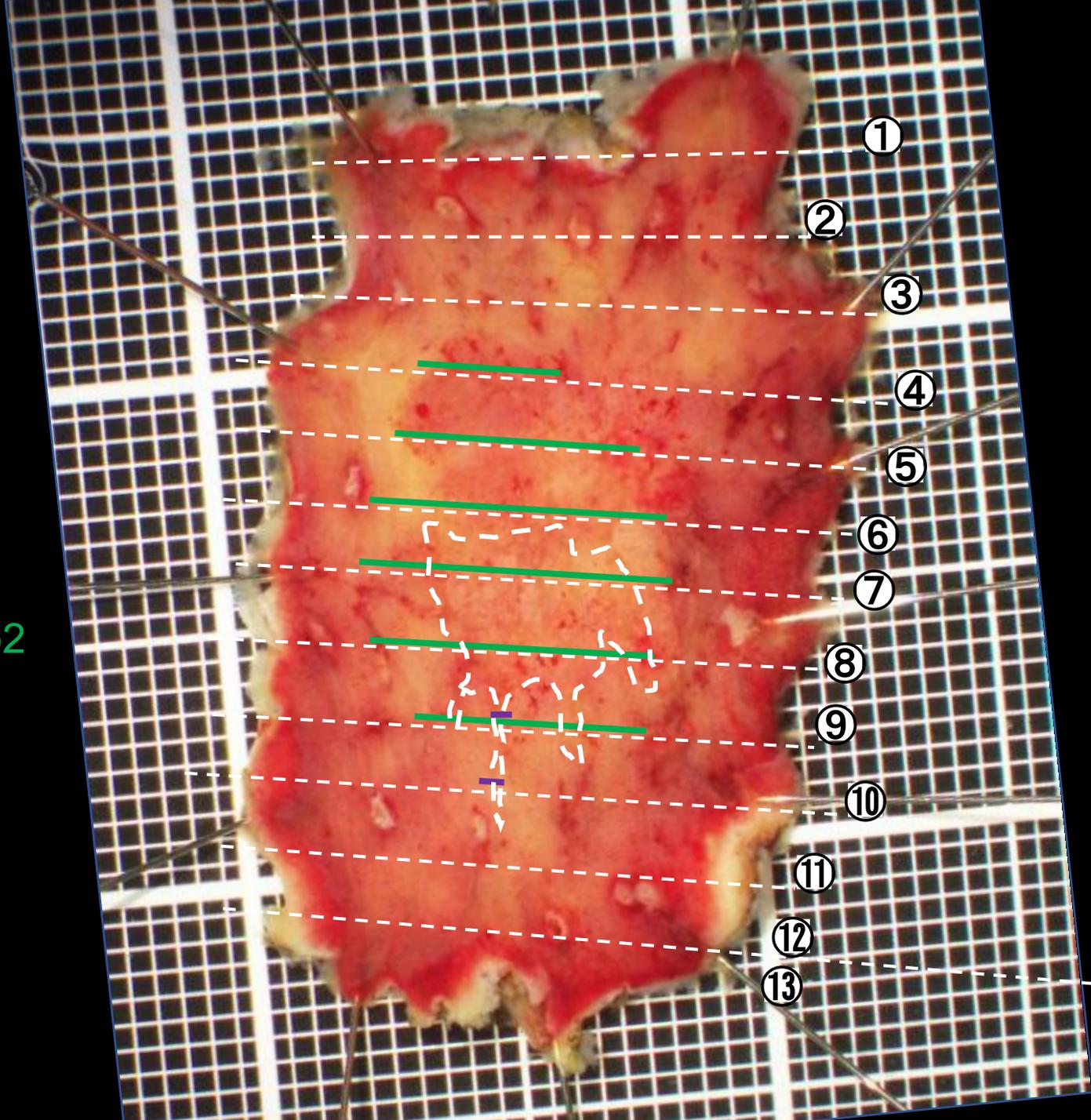


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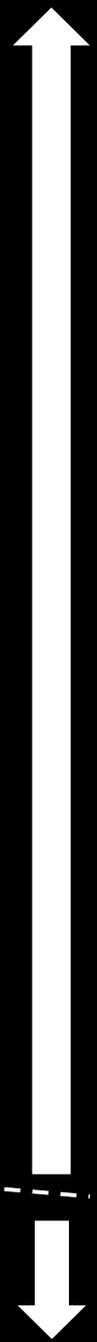
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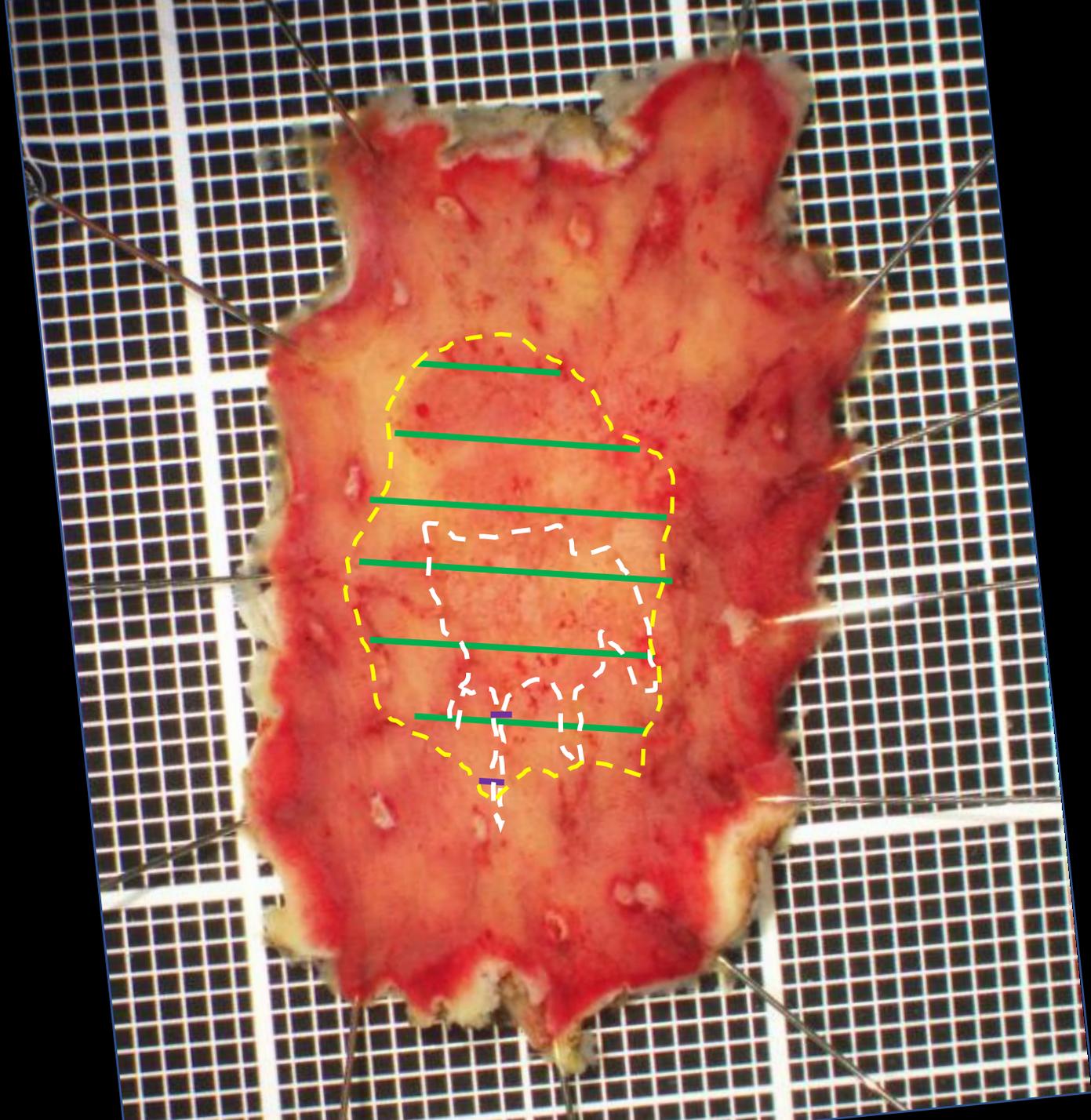
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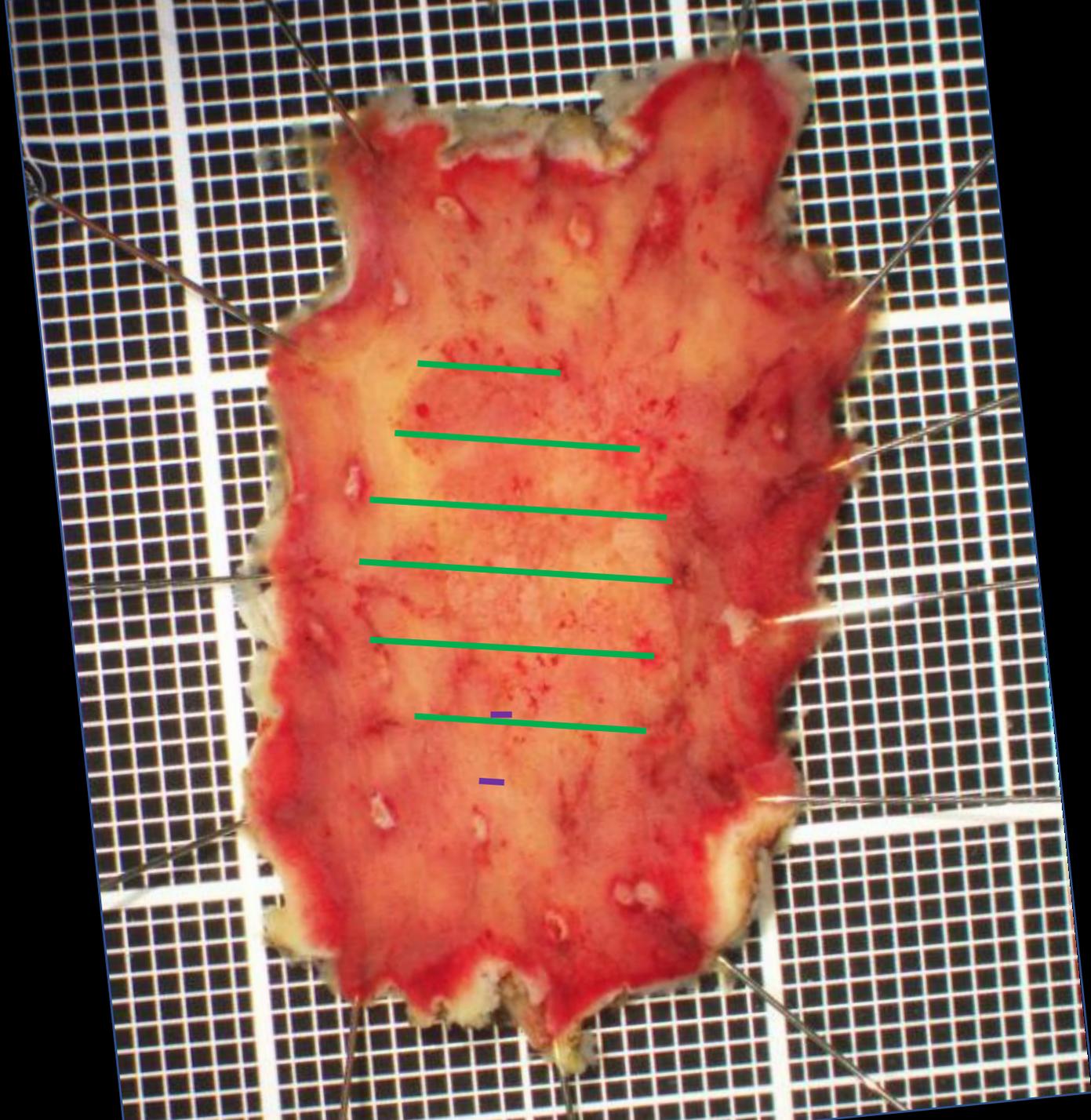
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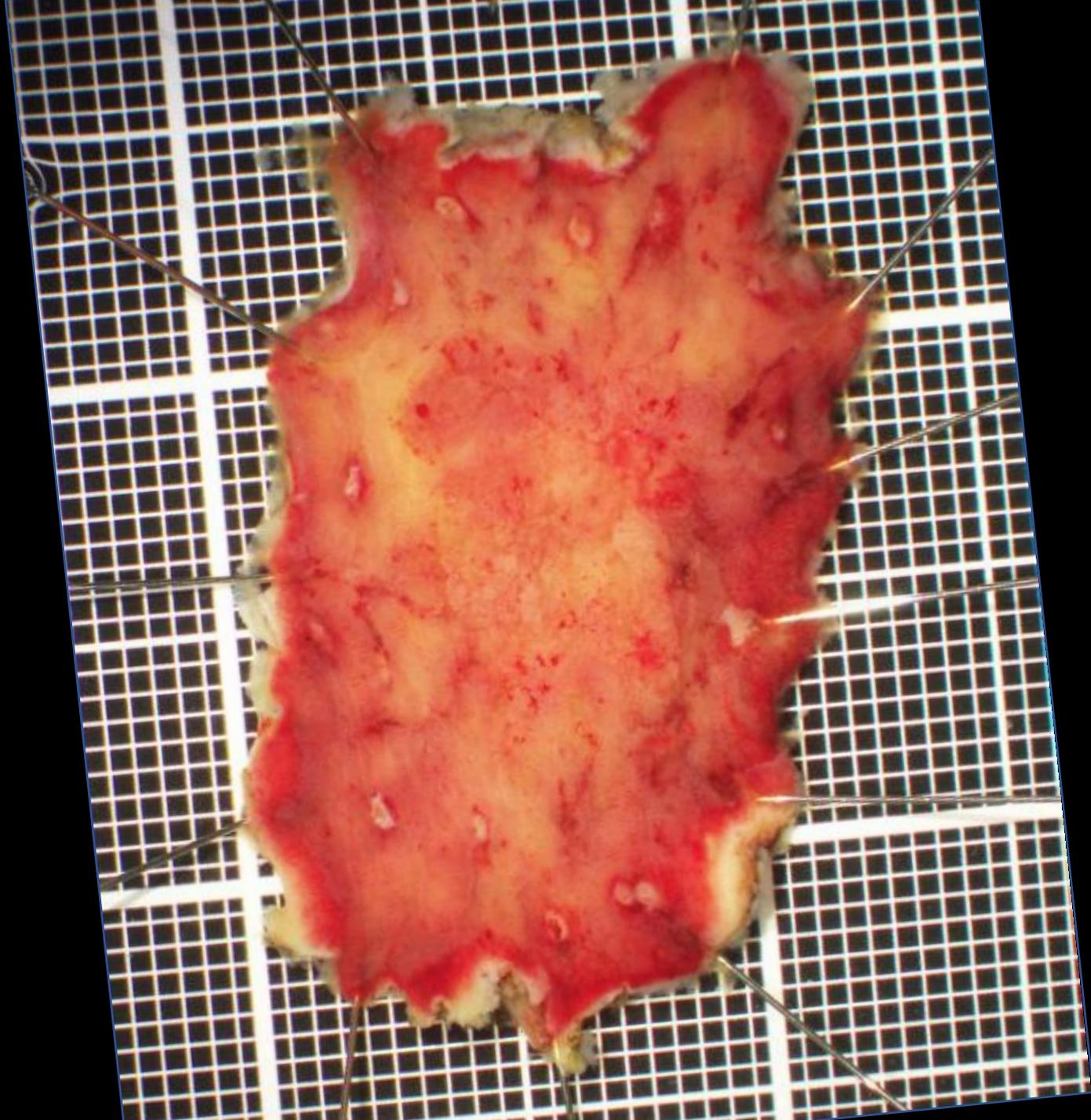
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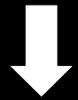
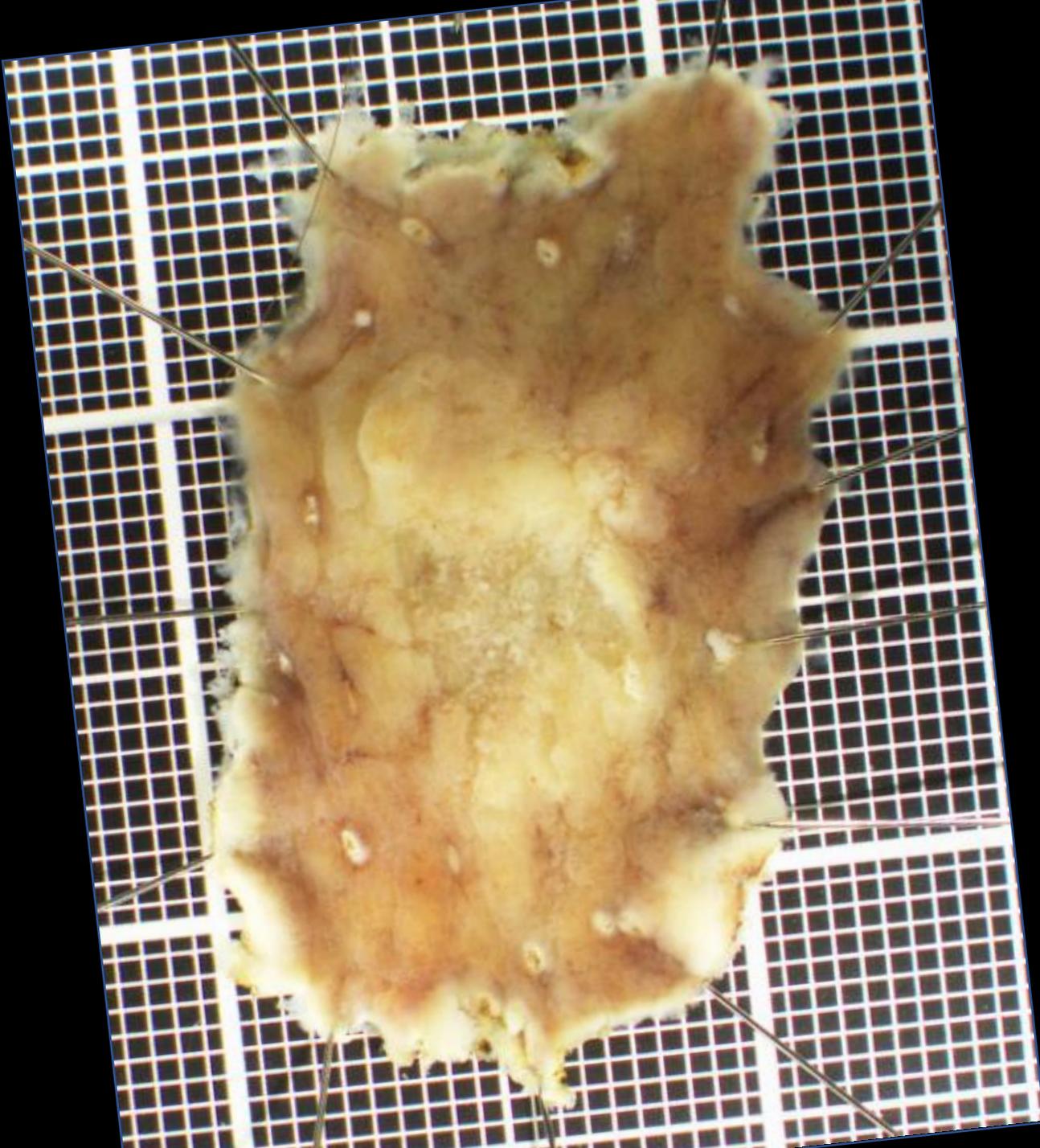


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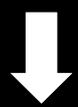
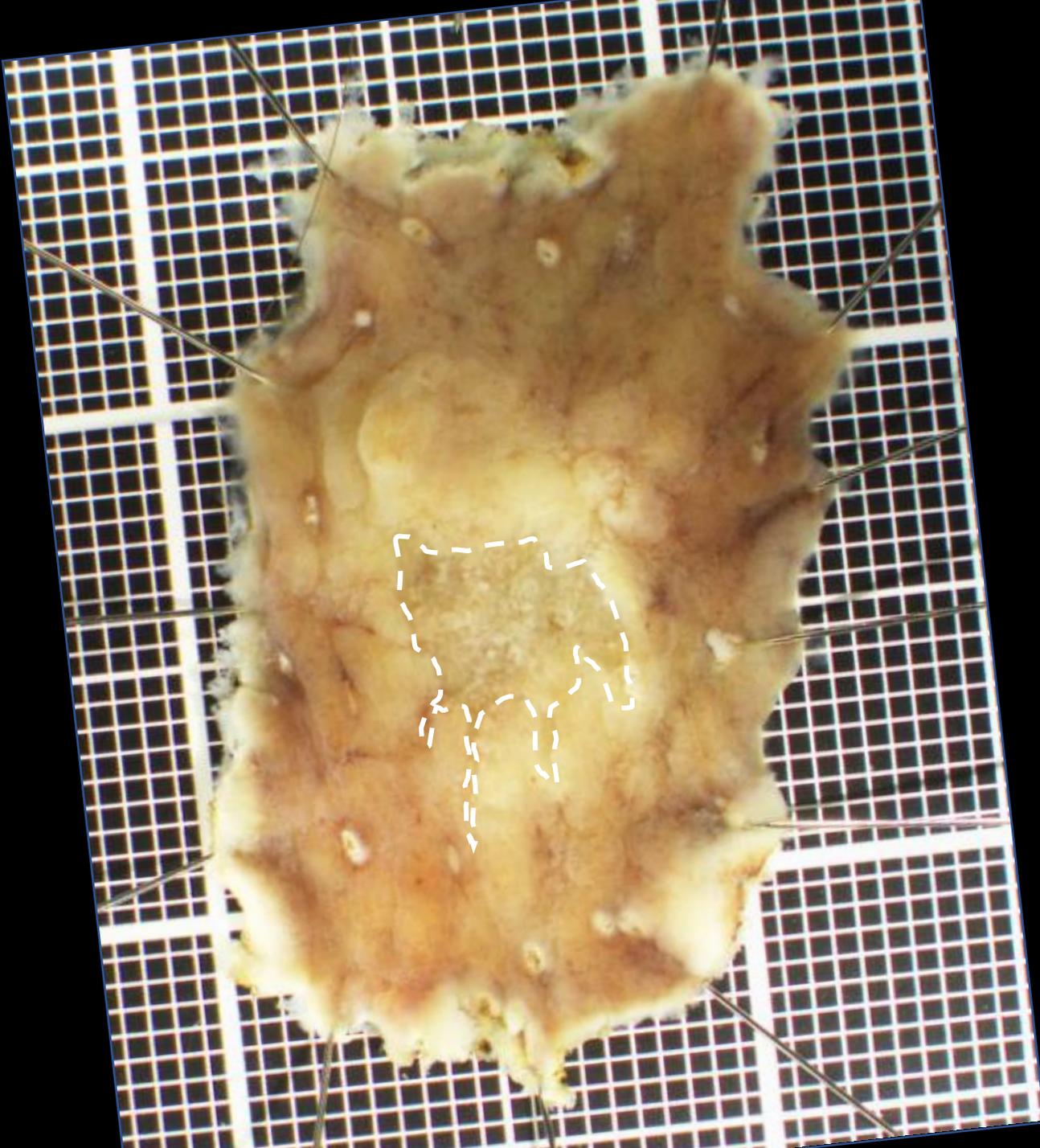
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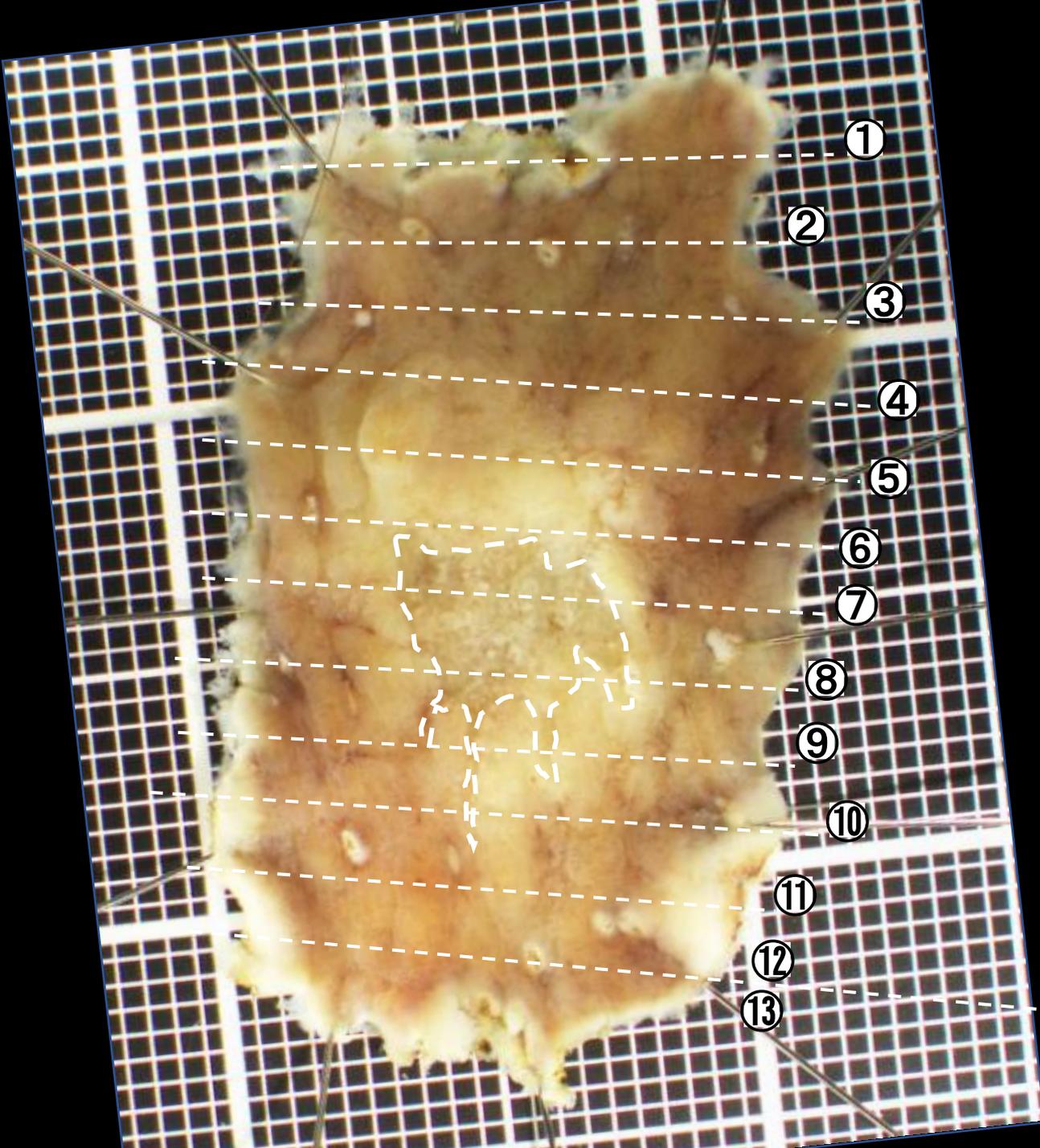
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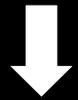
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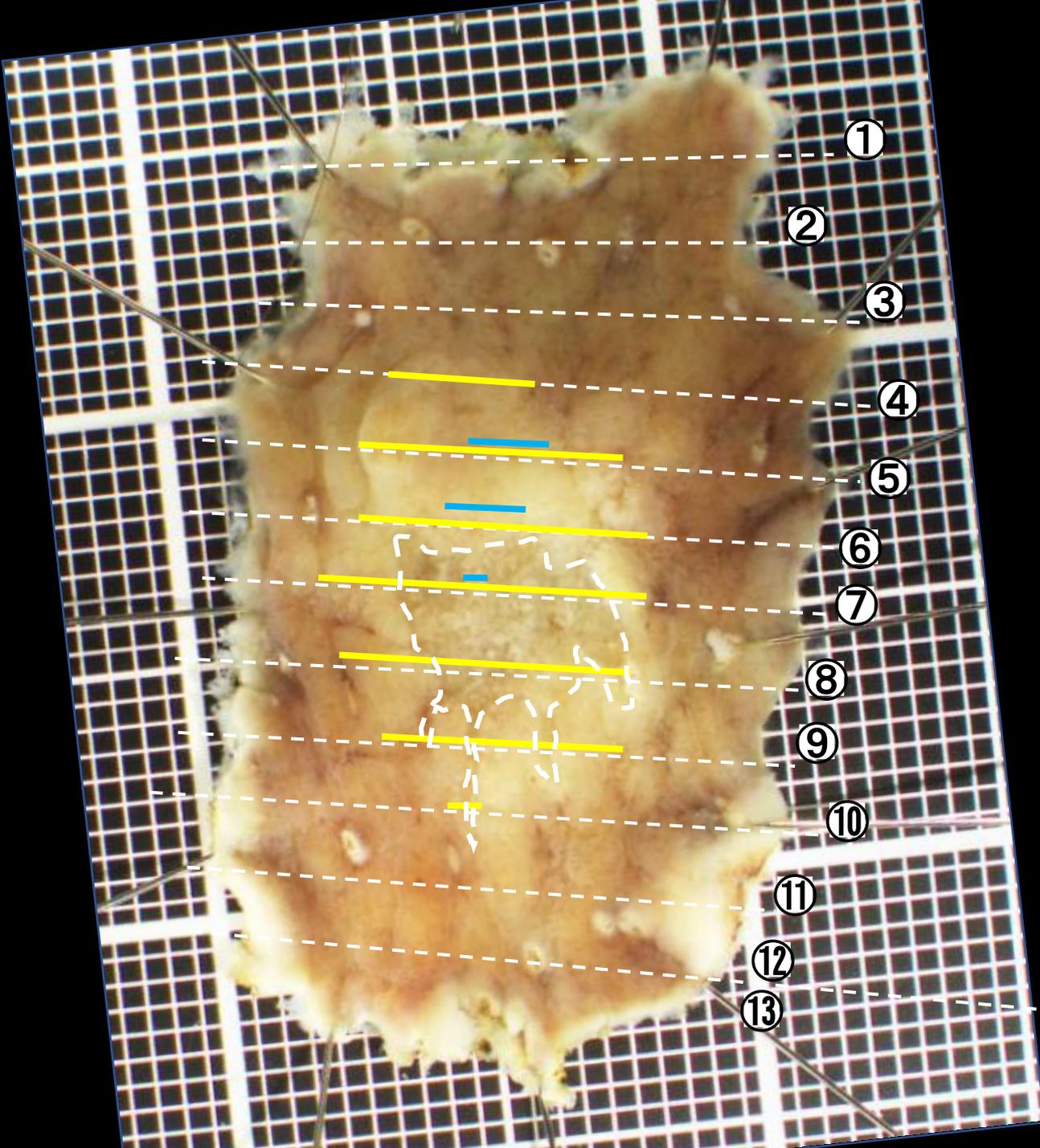
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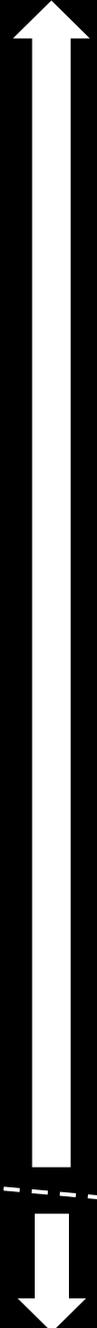
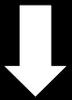
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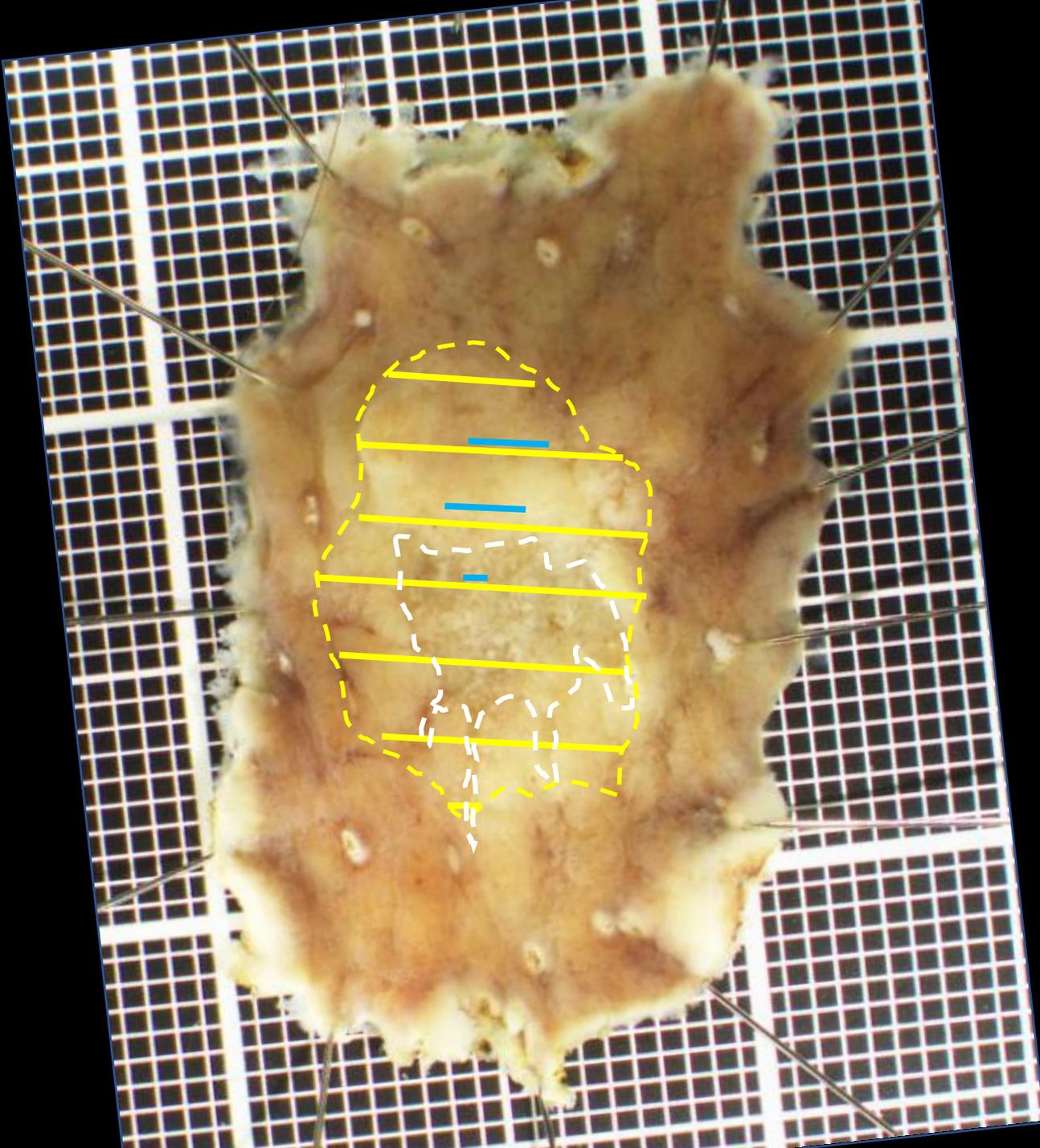
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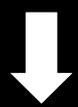
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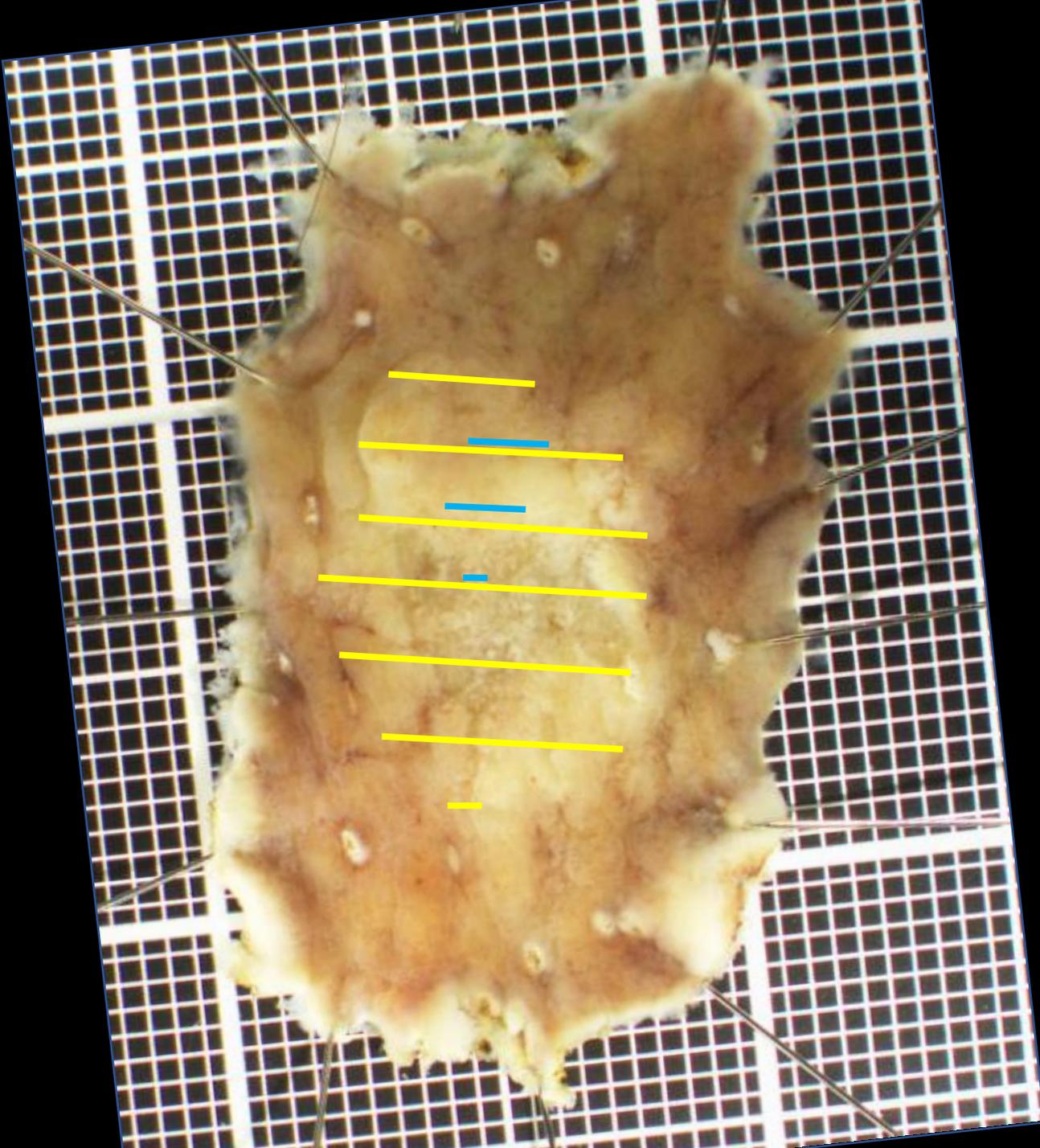
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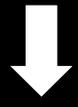
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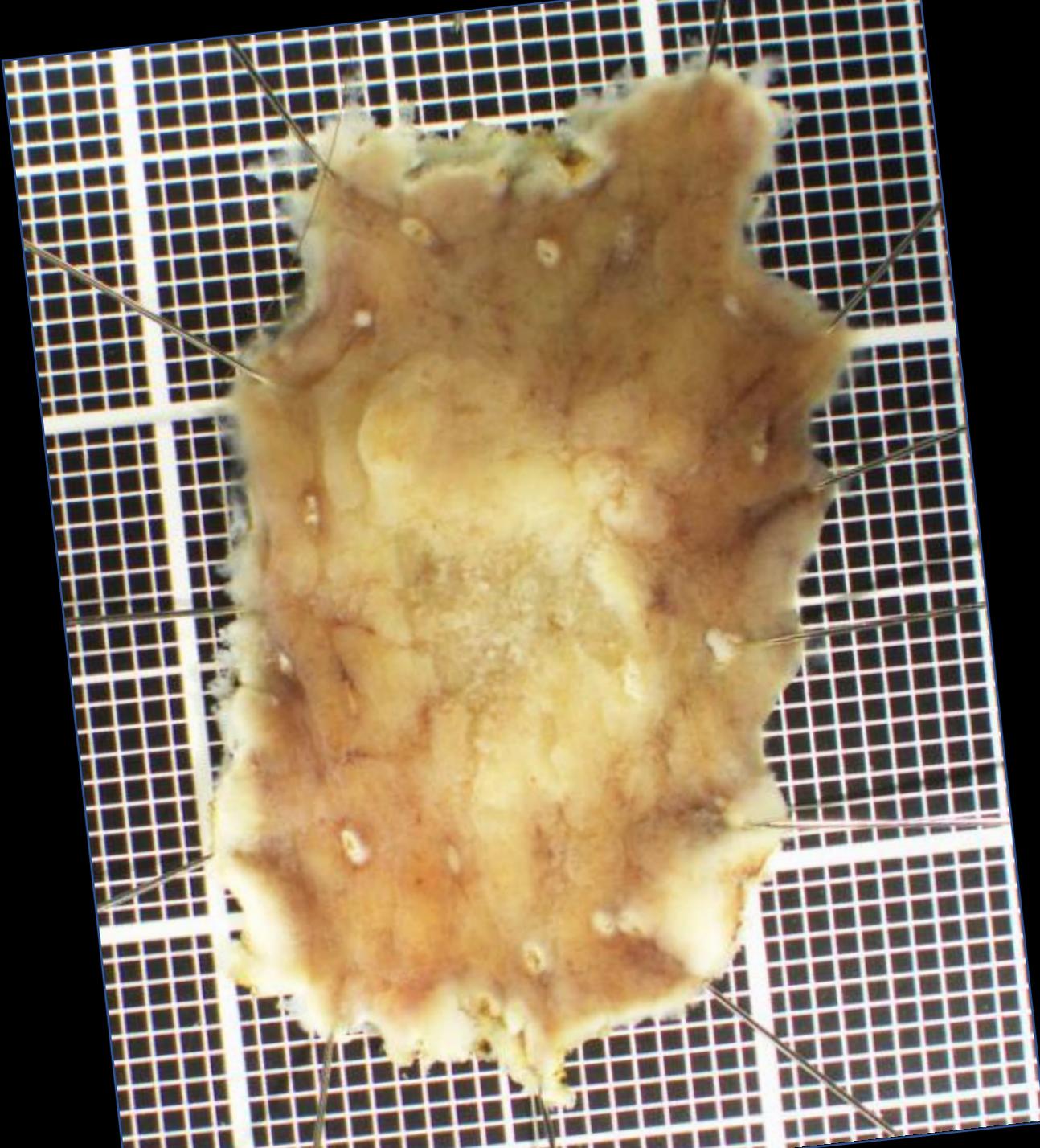
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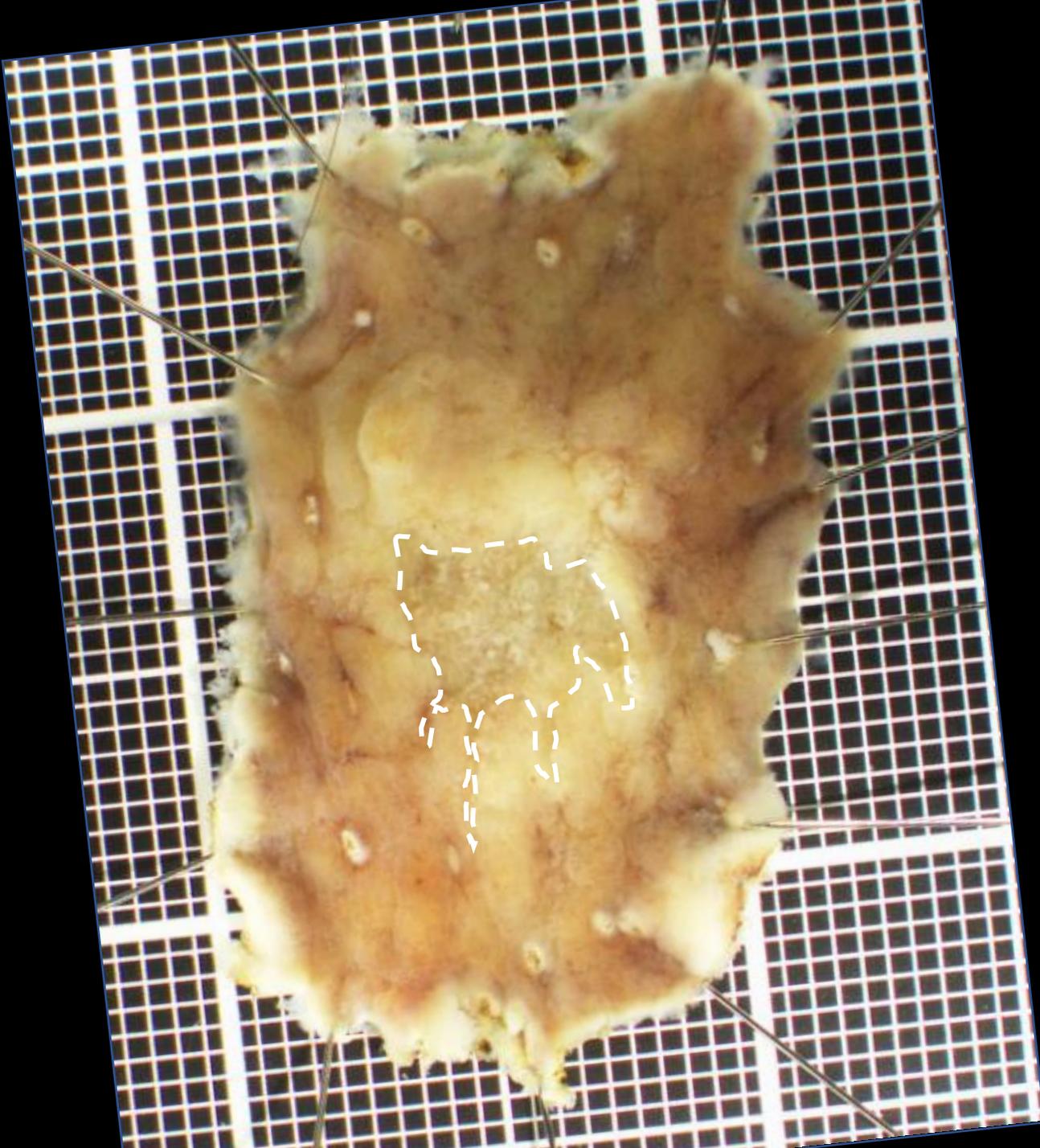


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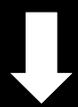


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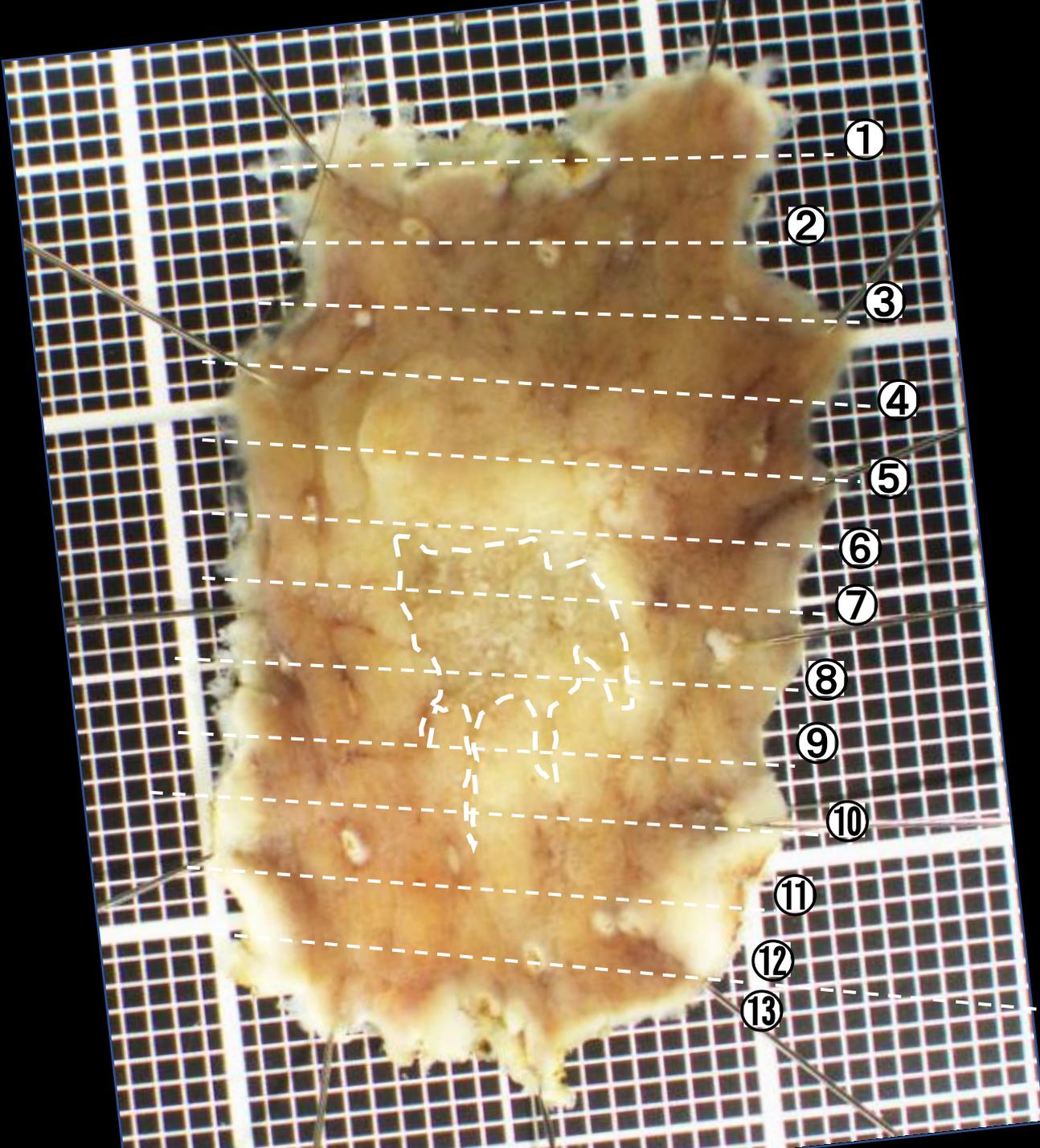
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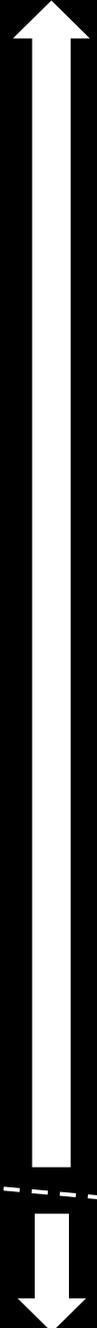
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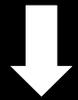
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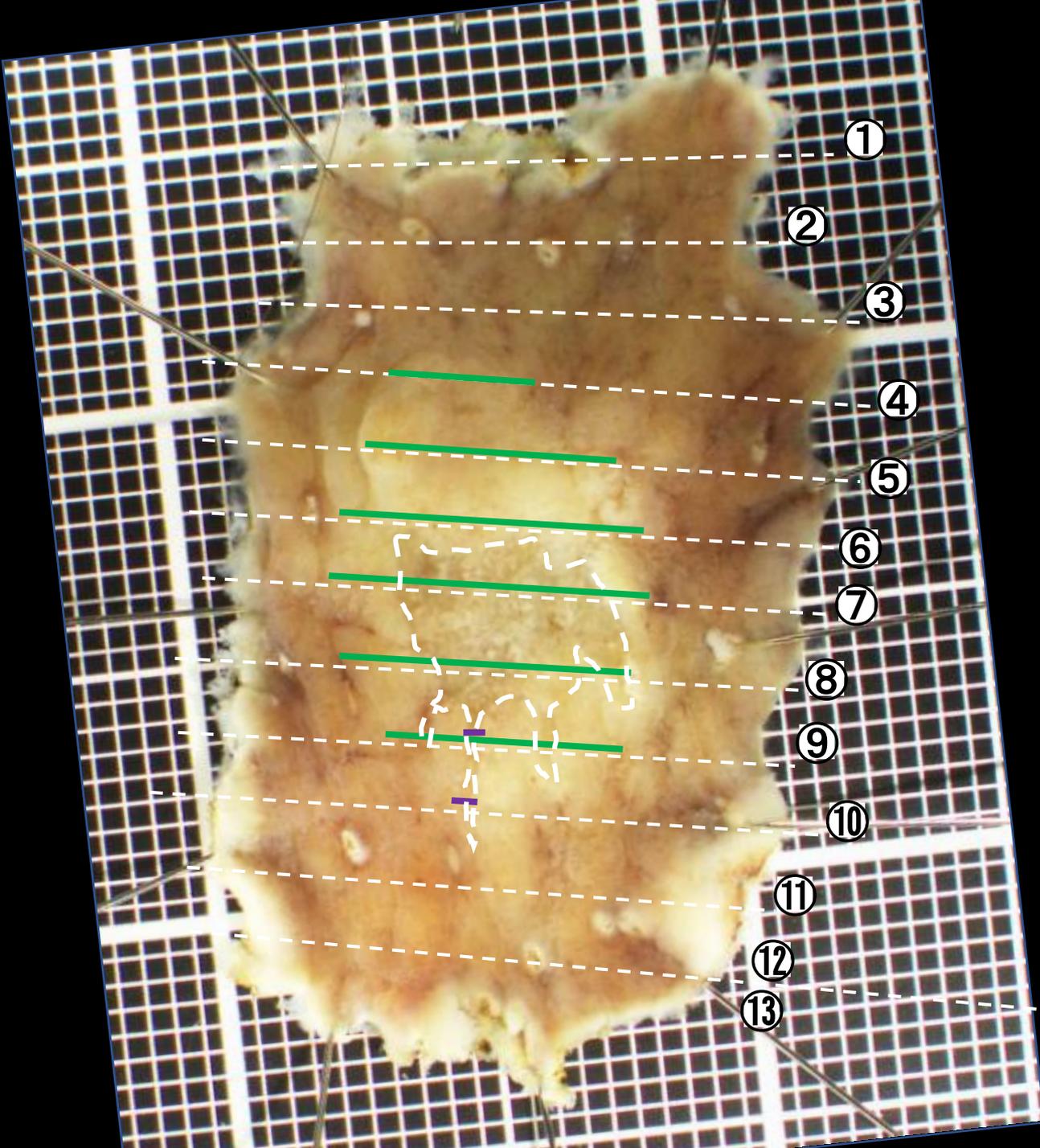
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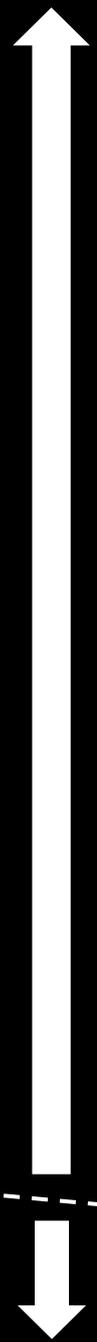
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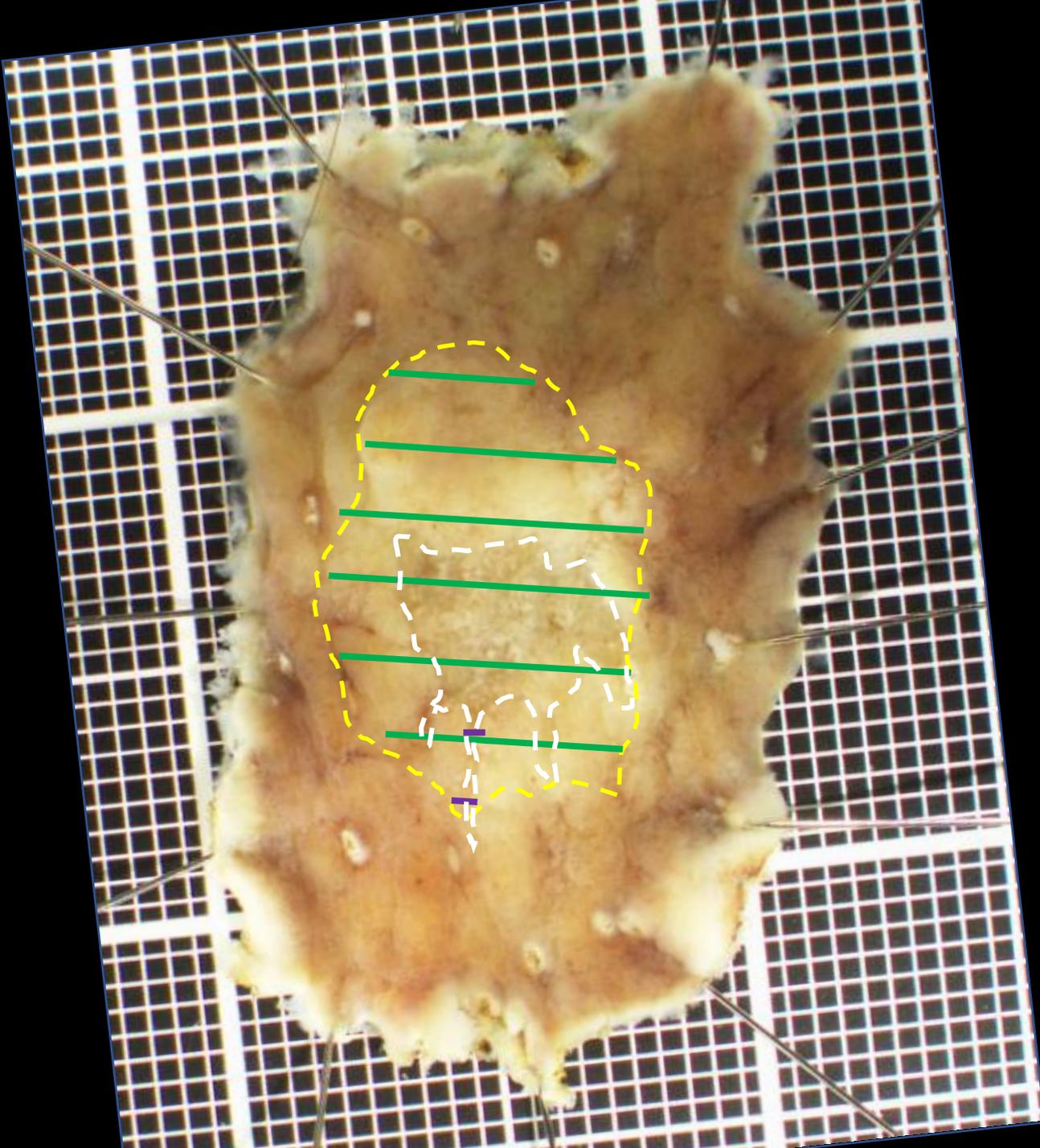
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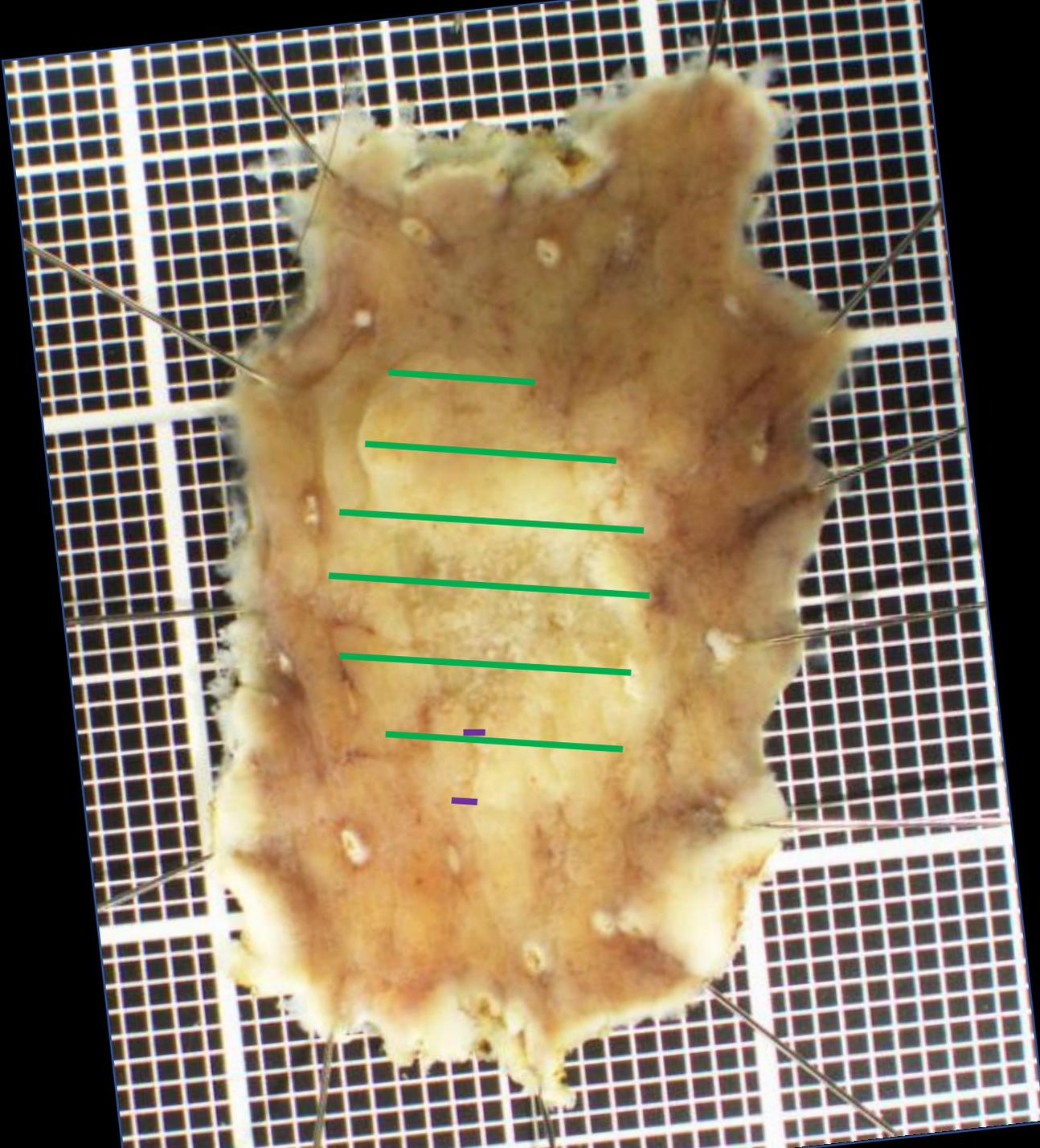
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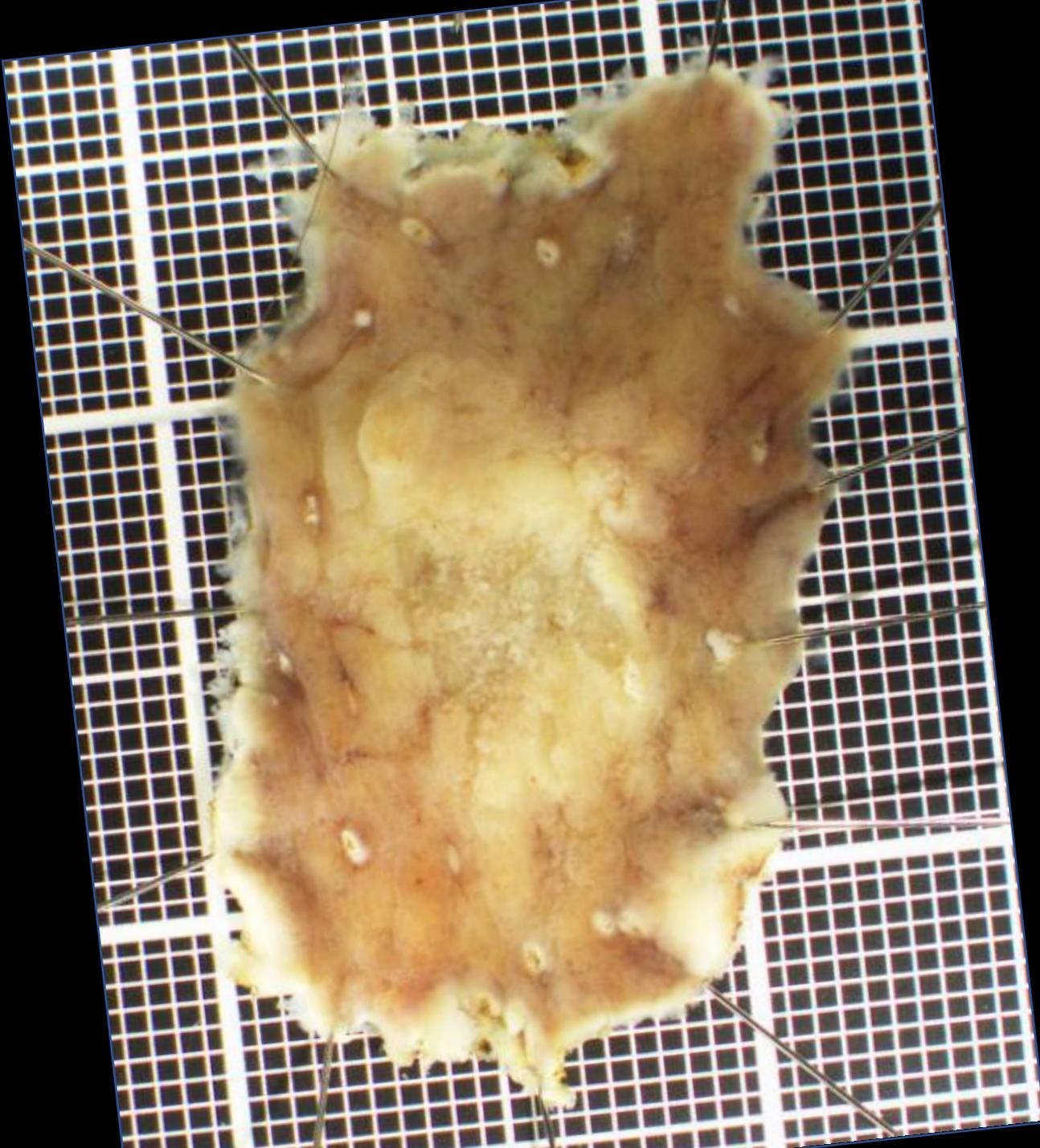


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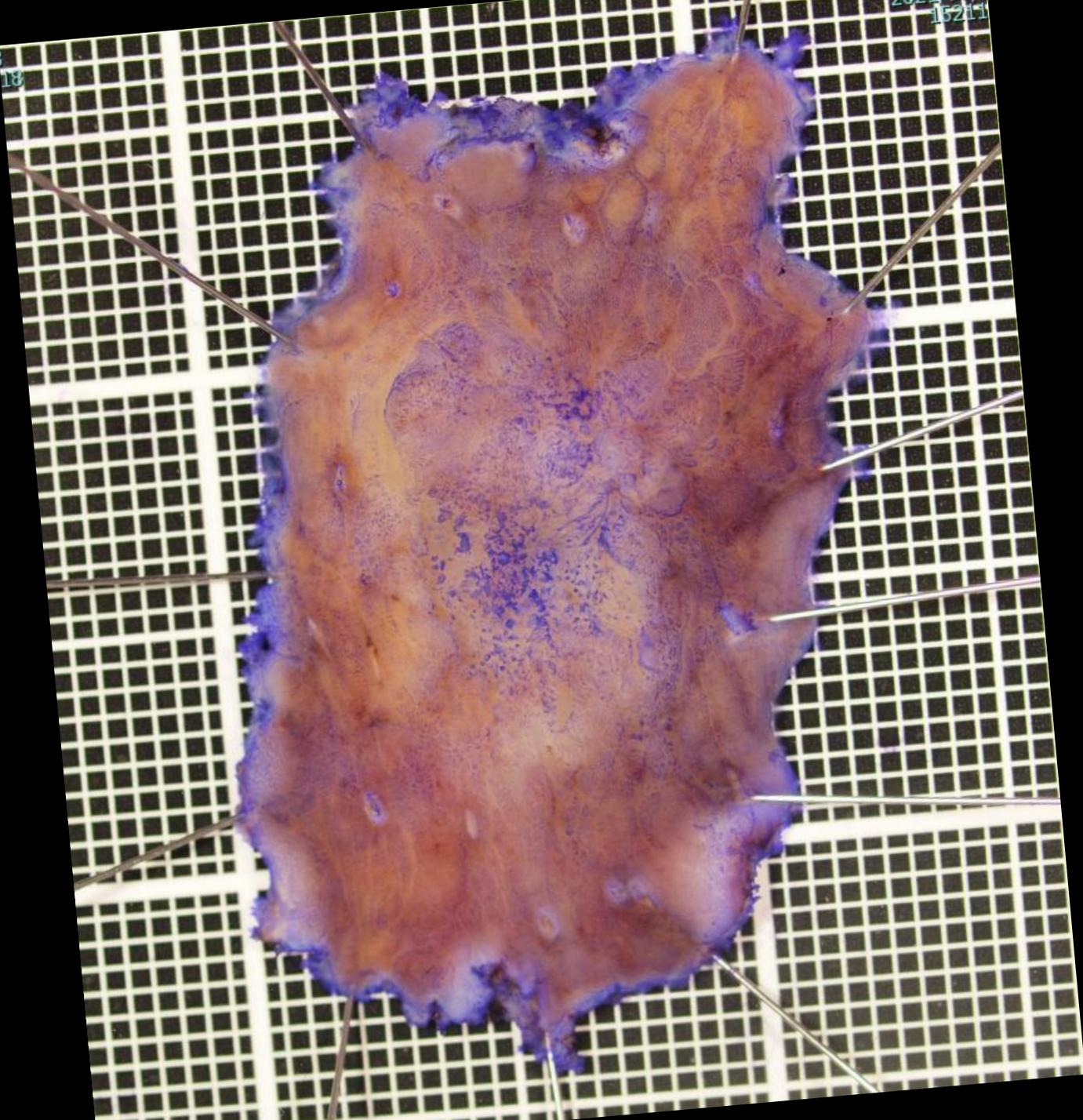


肛門側

口側



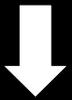
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肛門側

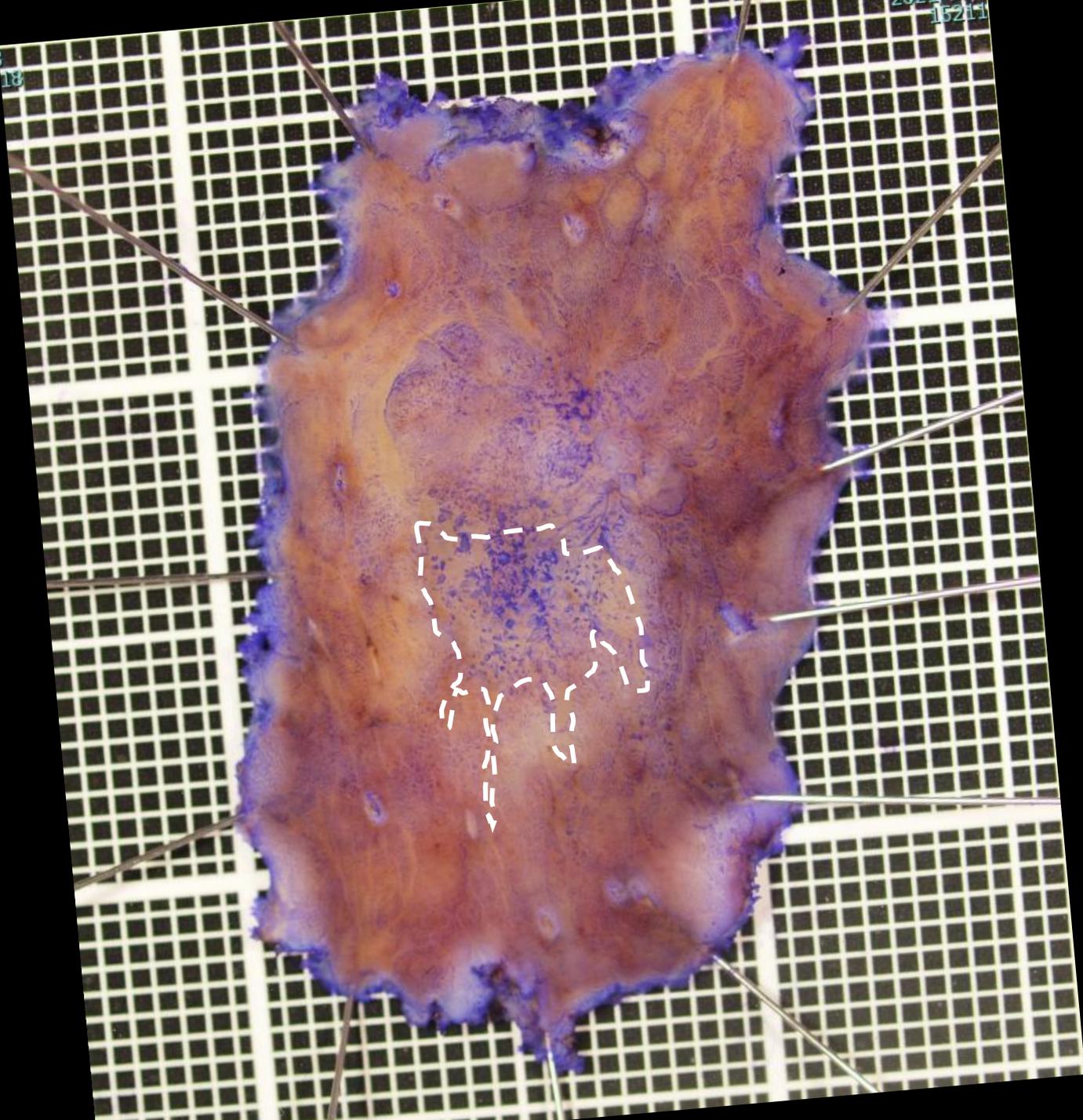


口側



肛門側



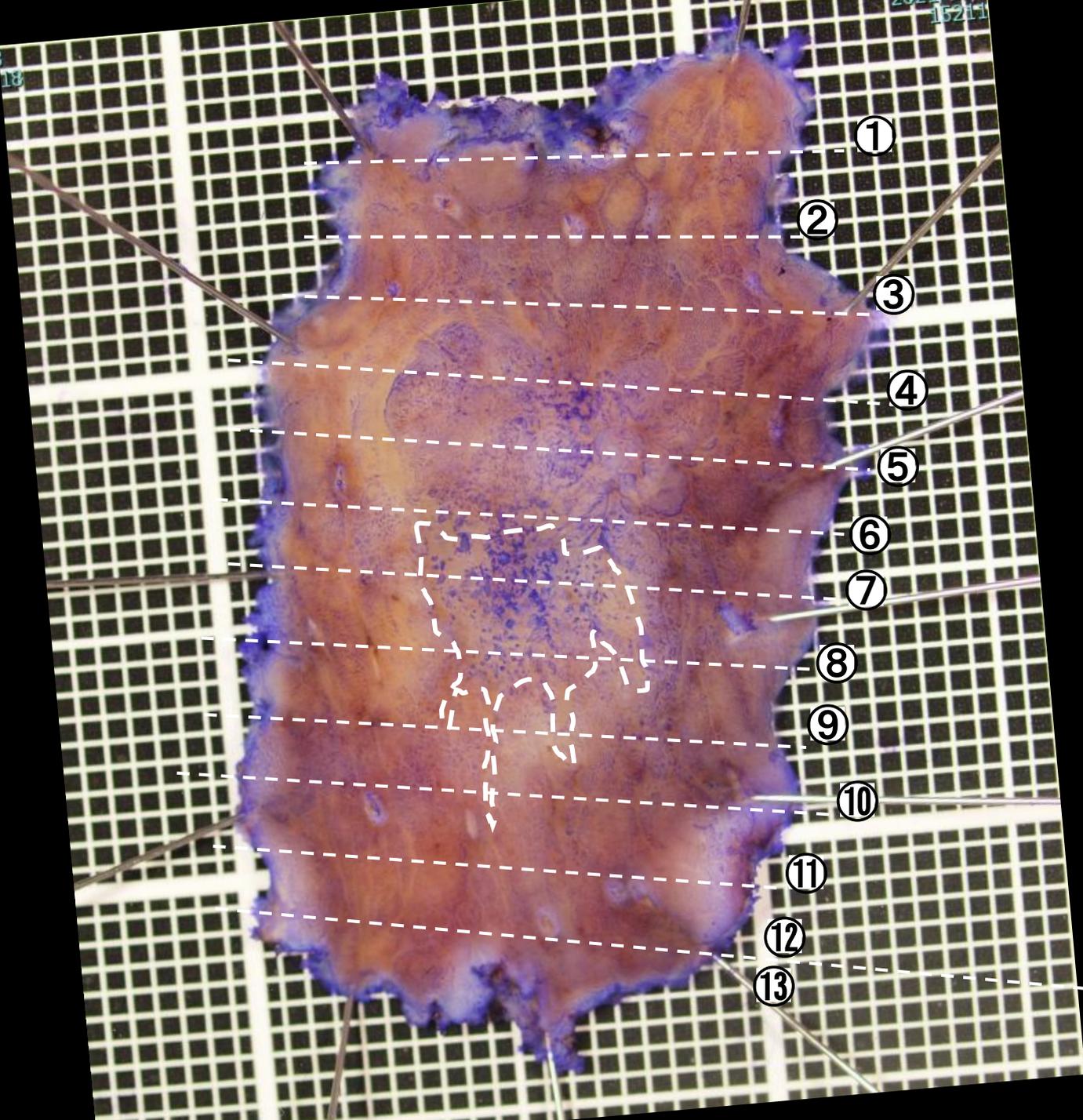


口側



肛門側

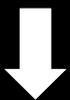




口側



肛門側



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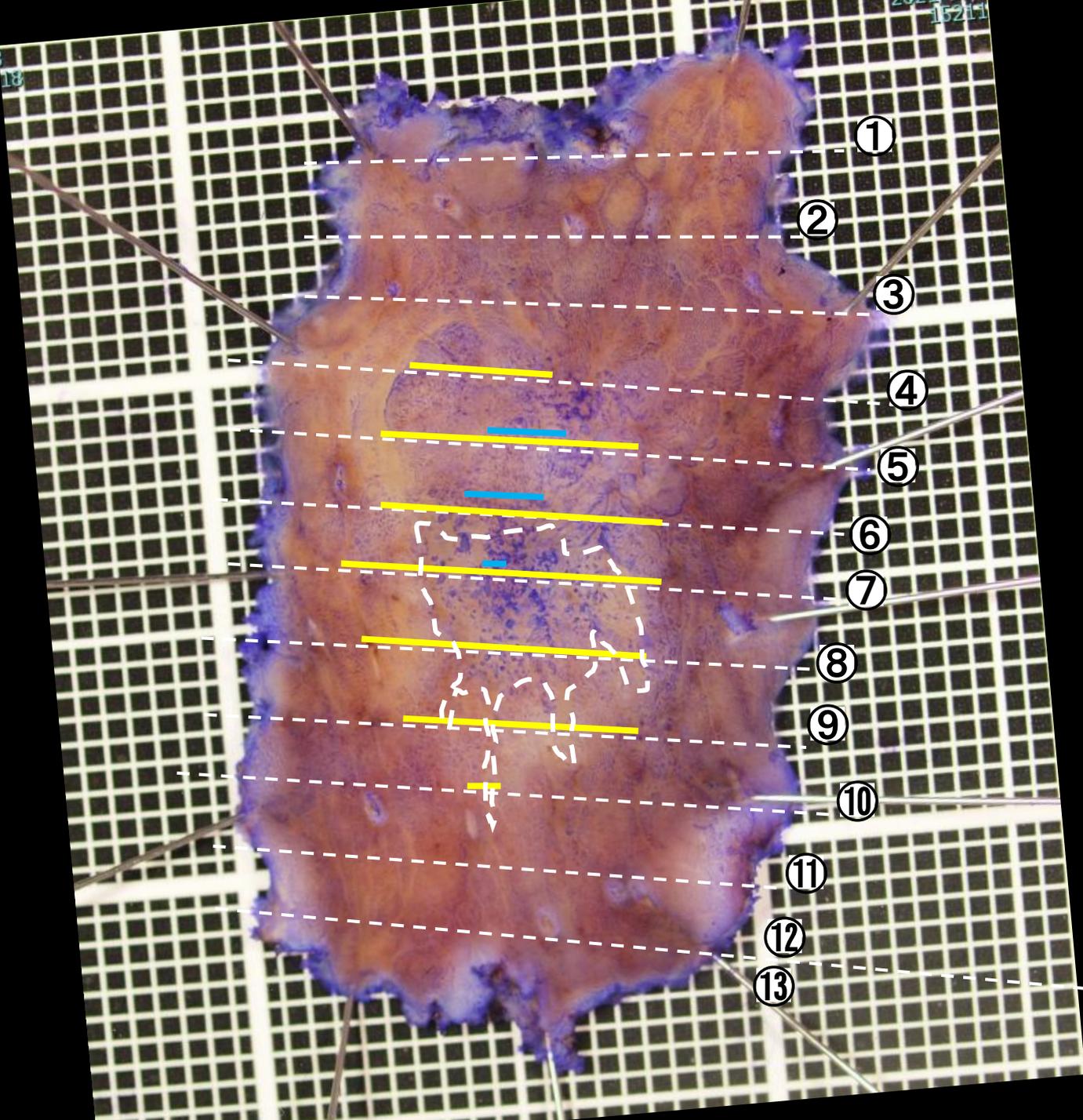
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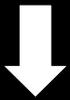


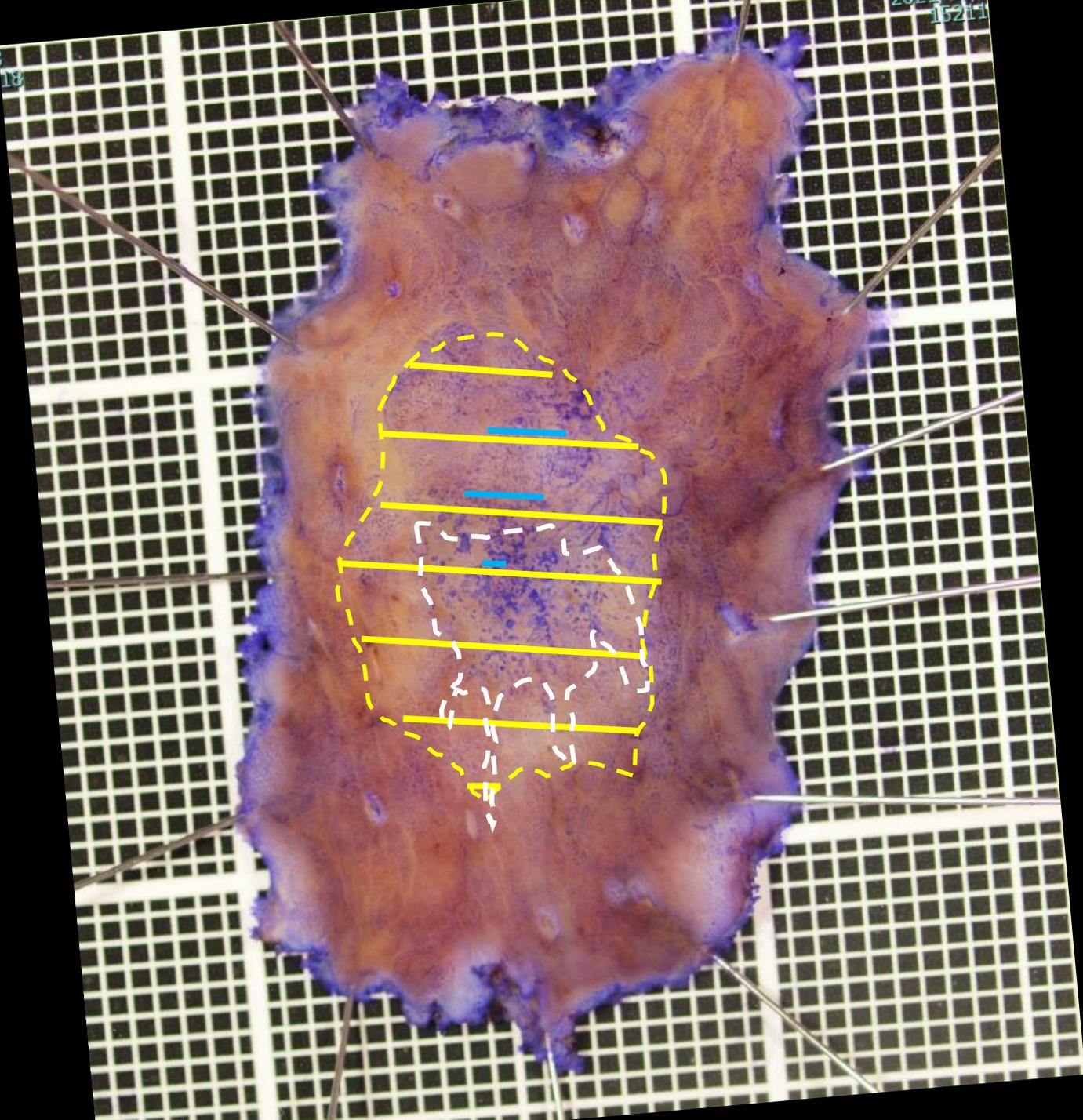


口側



肛門側





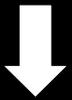
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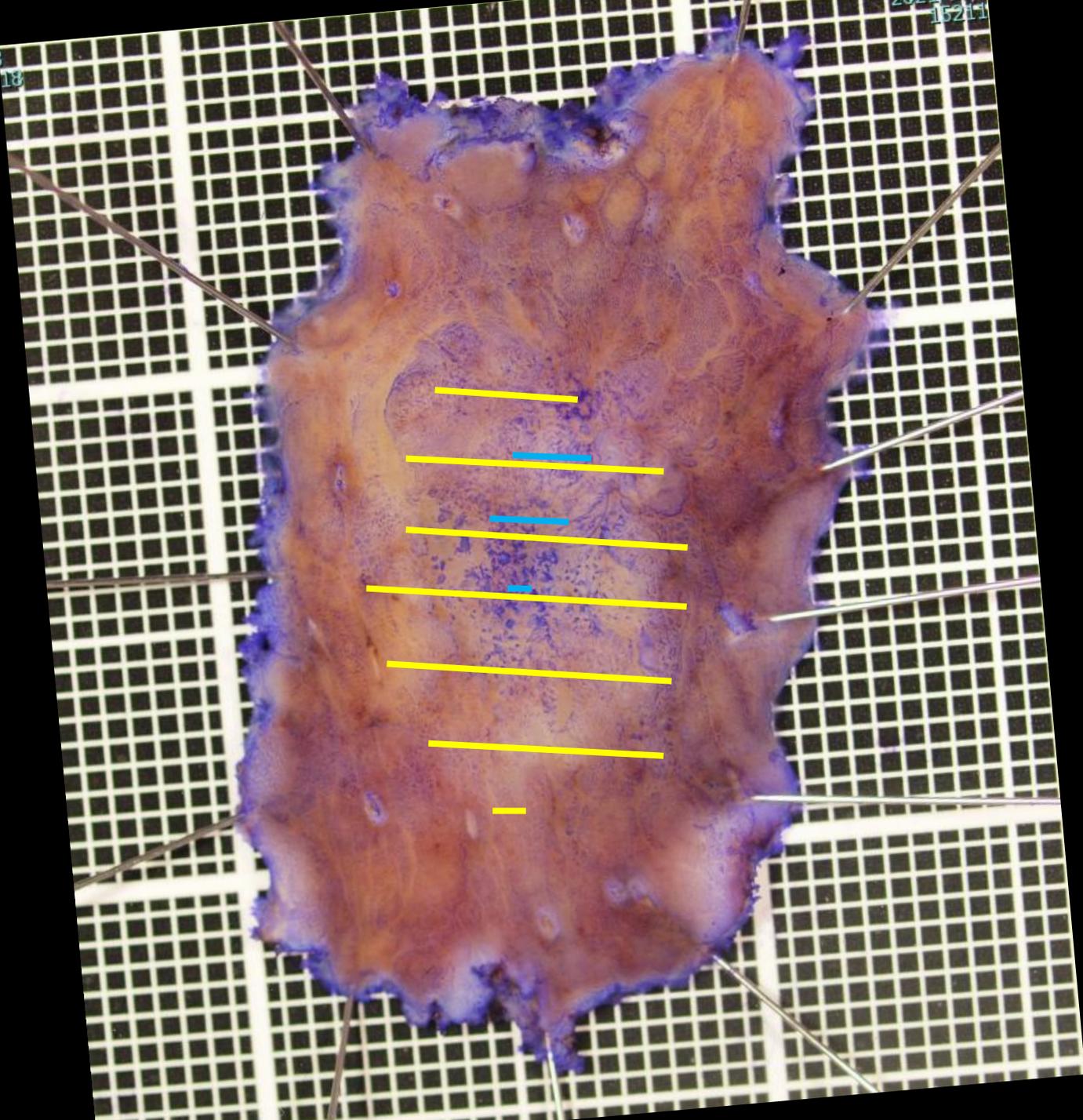
20-15211

口側



肛門側





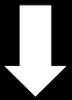
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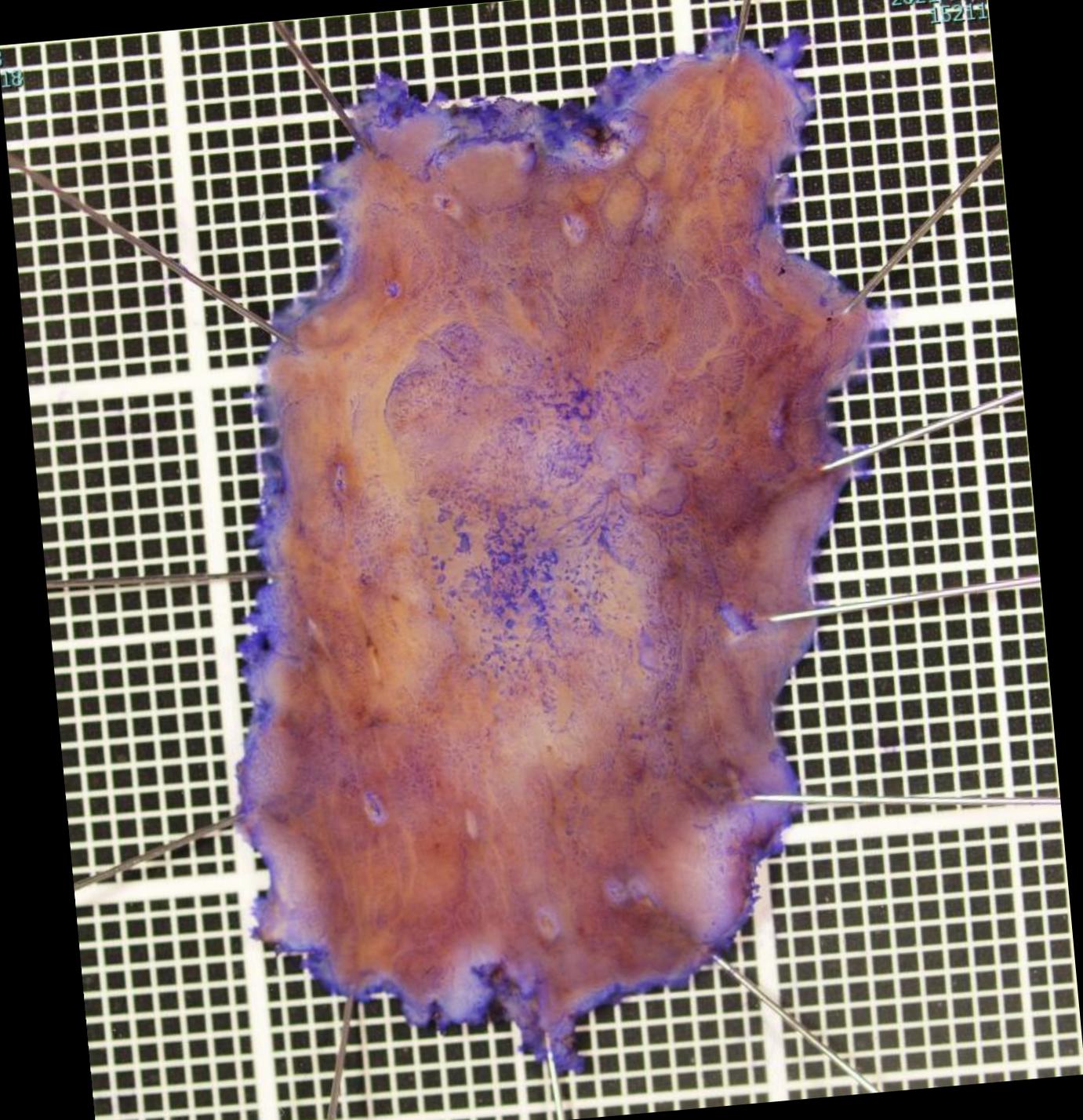
20-15211

口側



肛門側

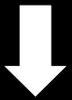


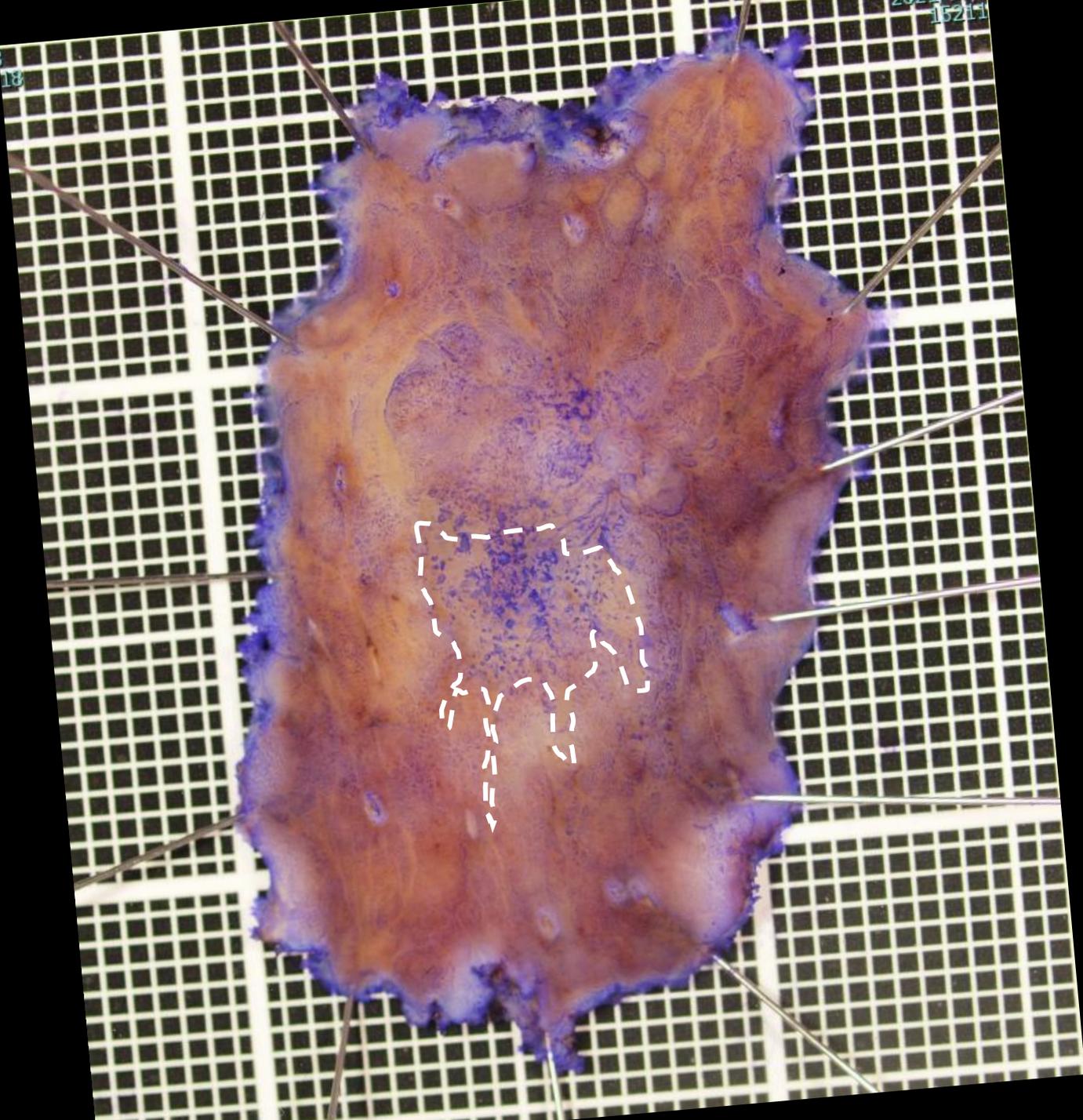


口側



肛門側





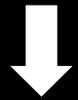
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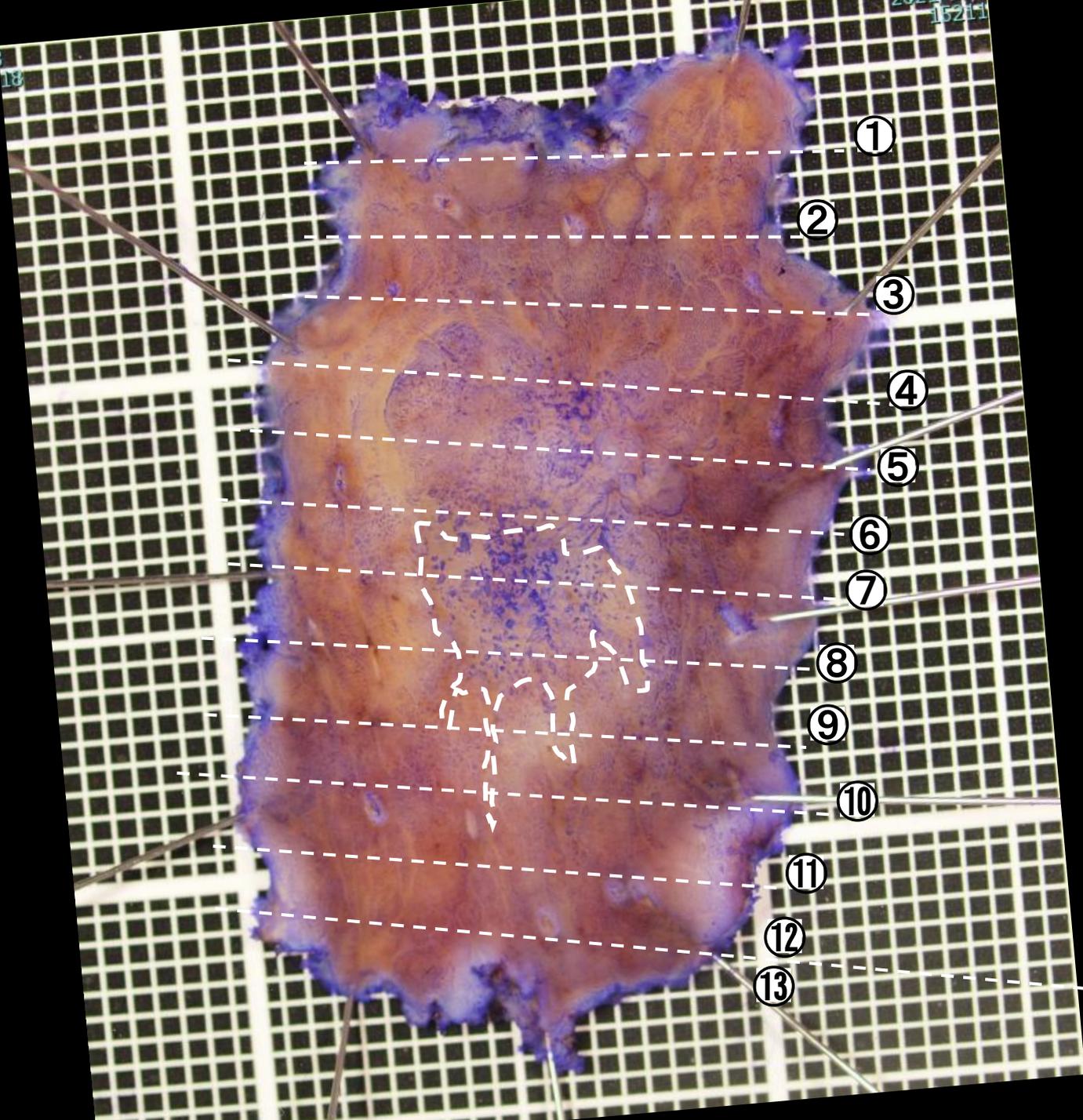
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口側



肛門側

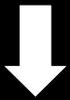




口側



肛門側



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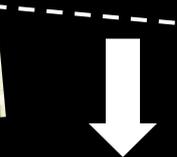
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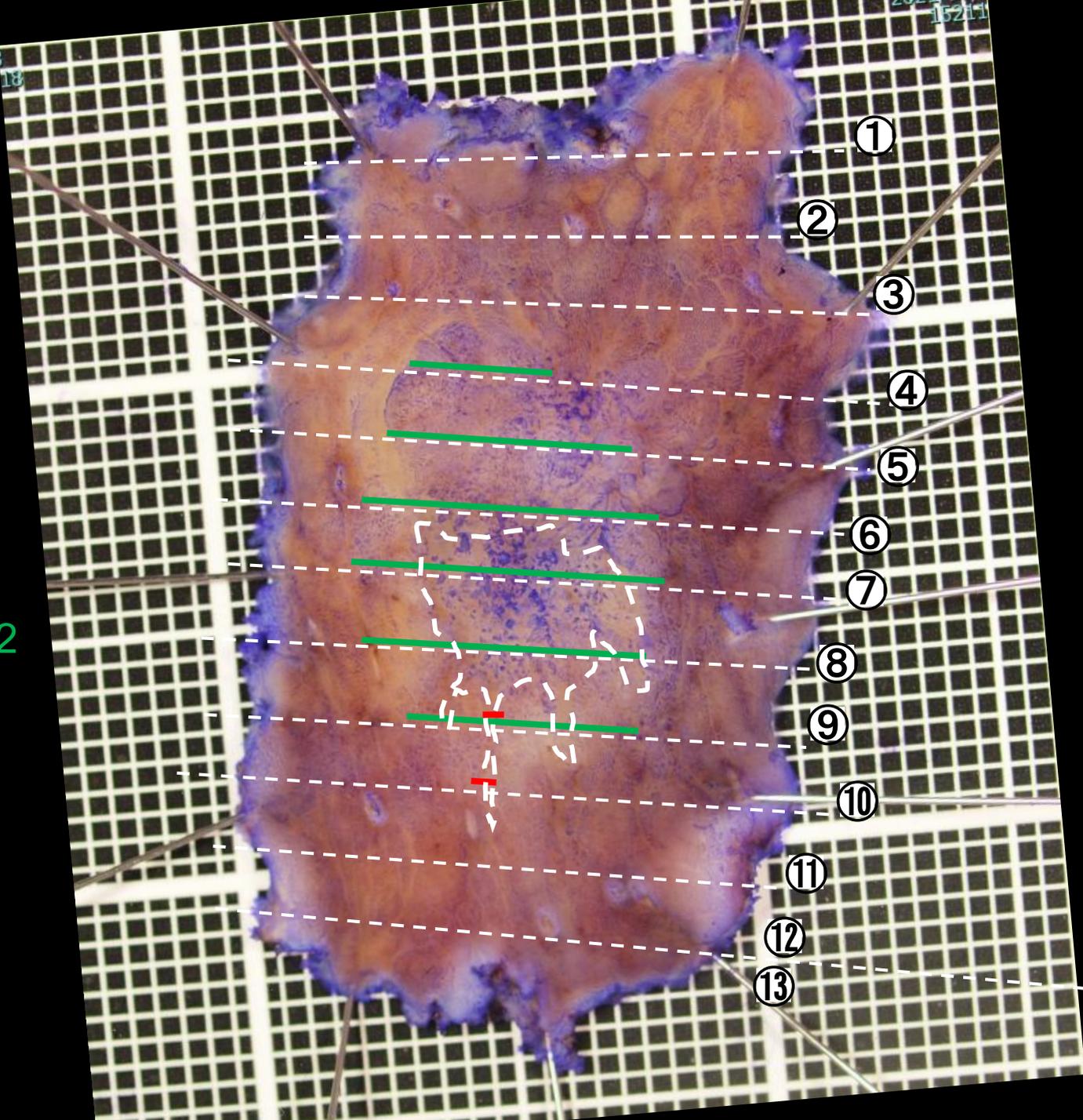
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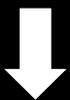




口側



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肛門側

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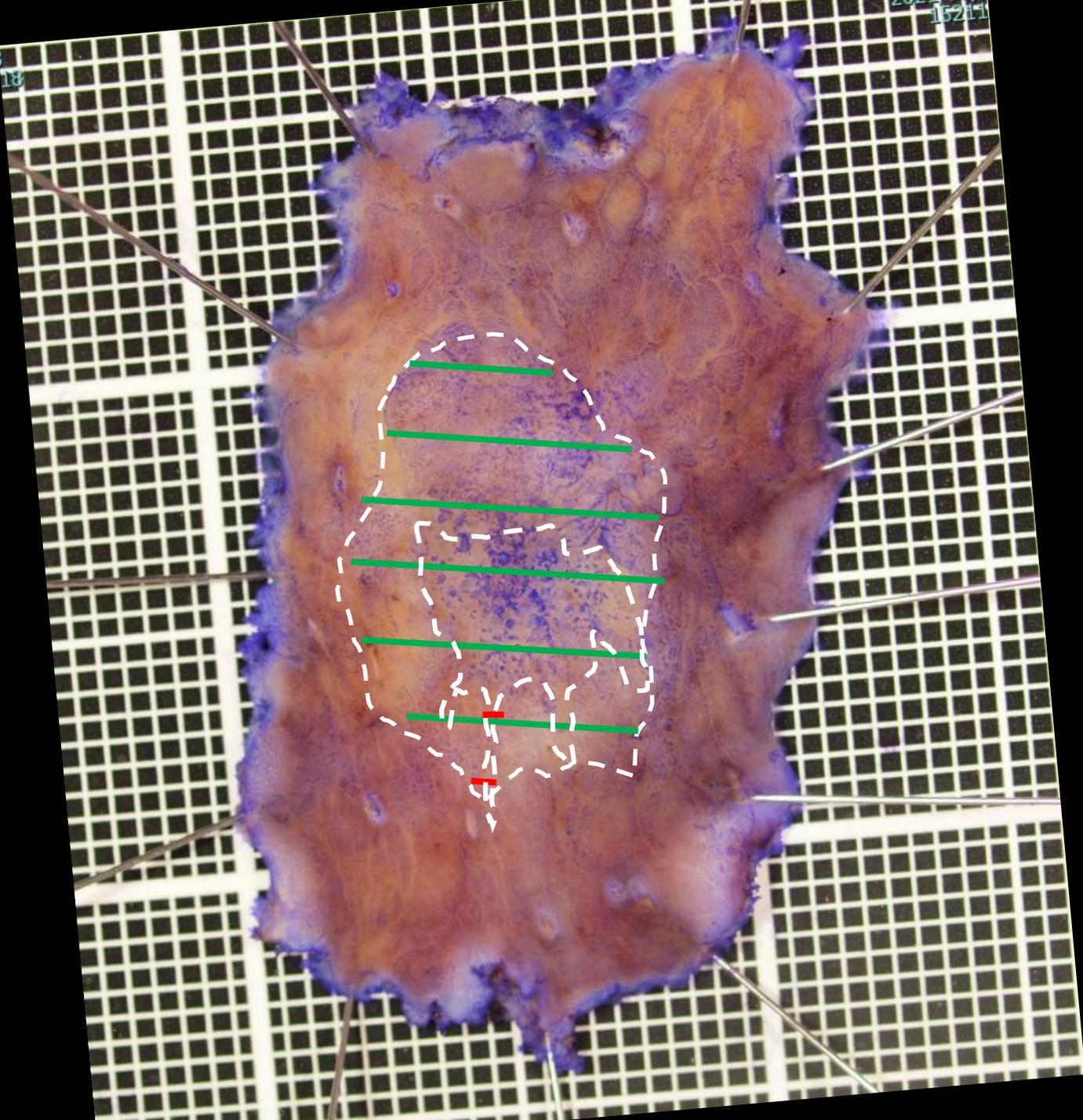
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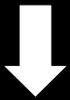


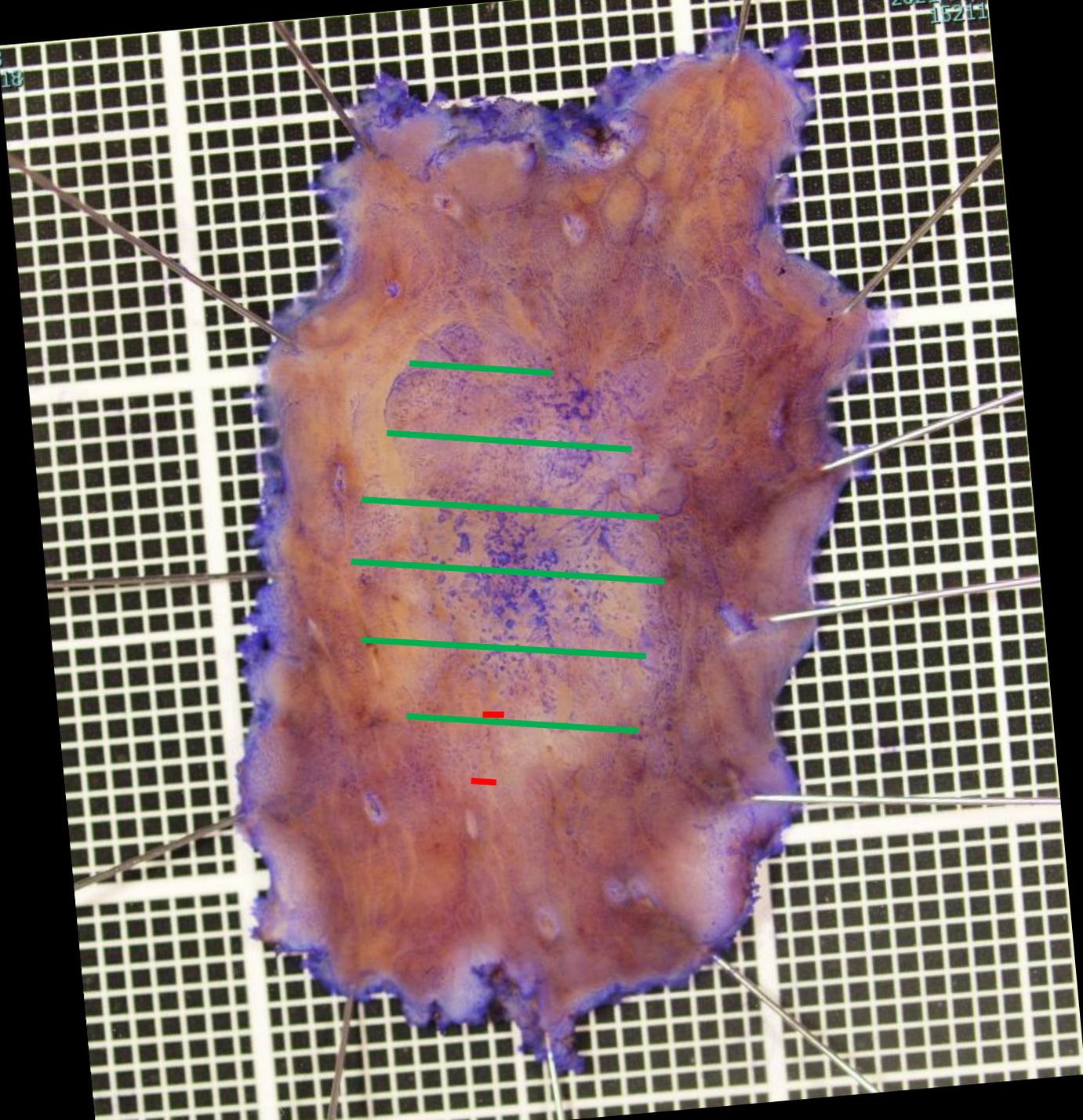


口側



肛門側

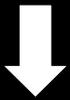


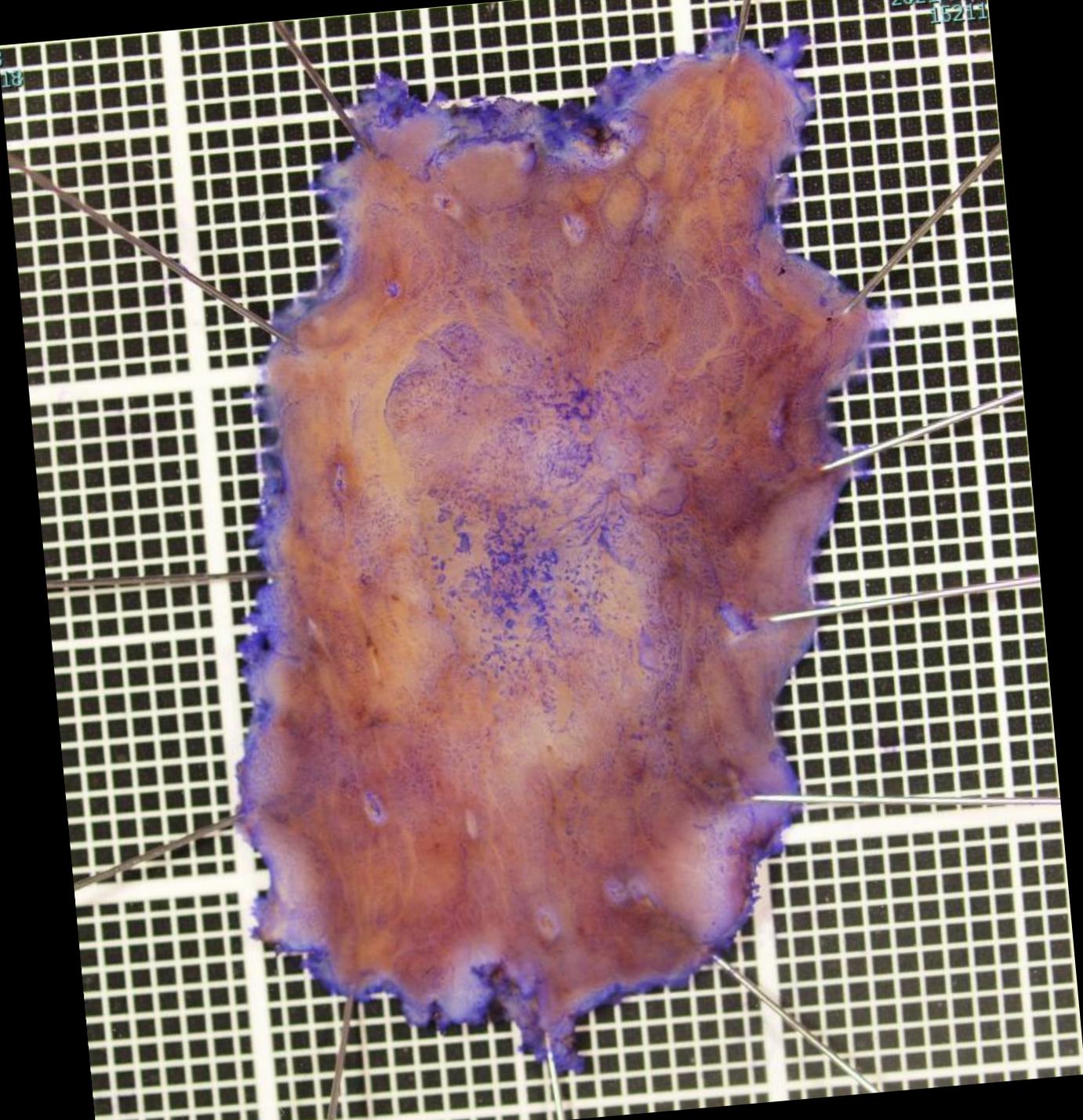


口側



肛門側

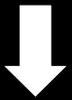


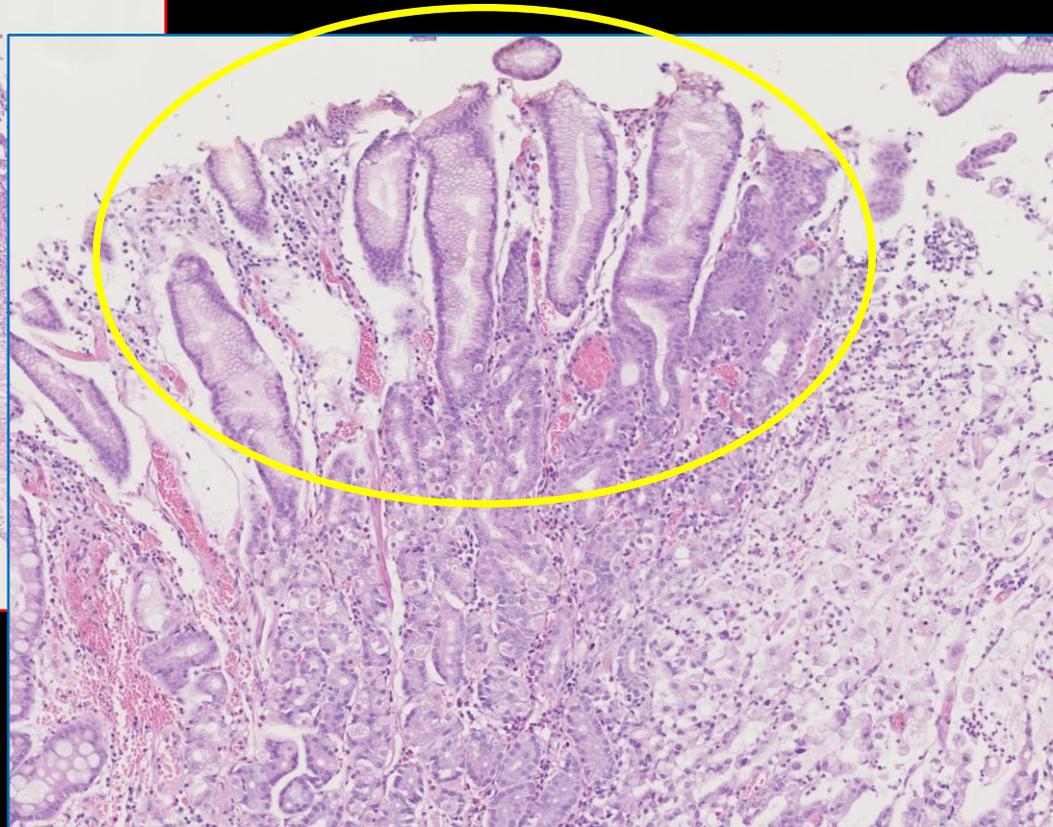
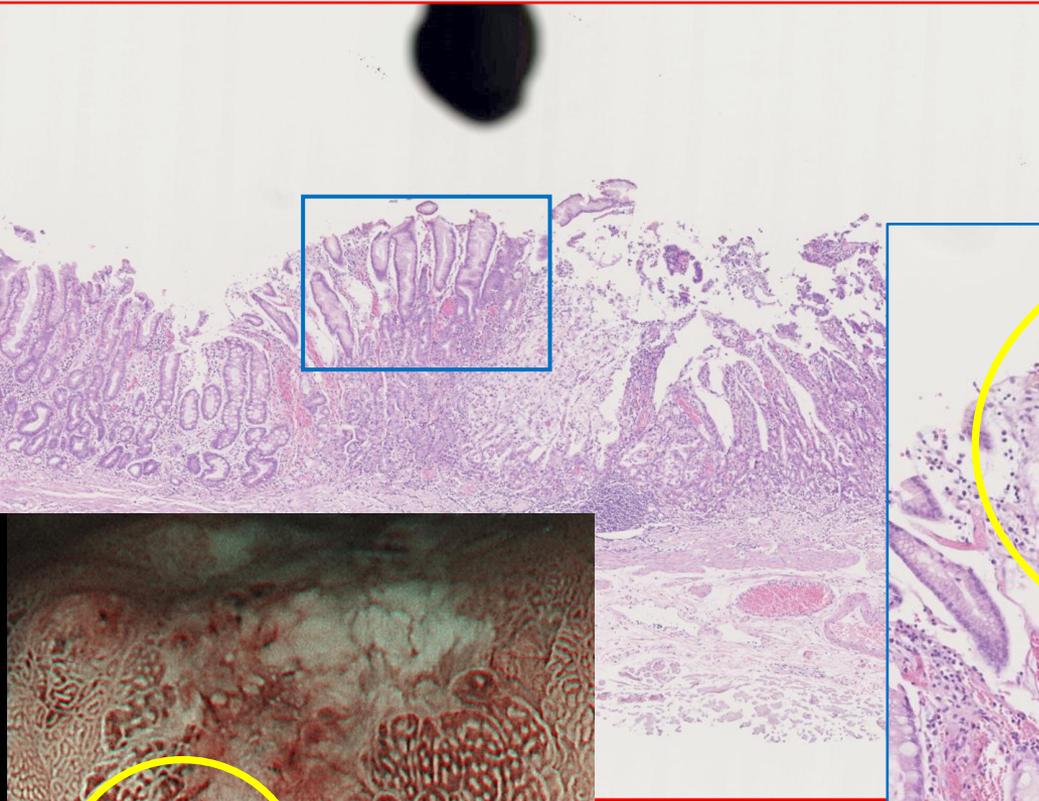
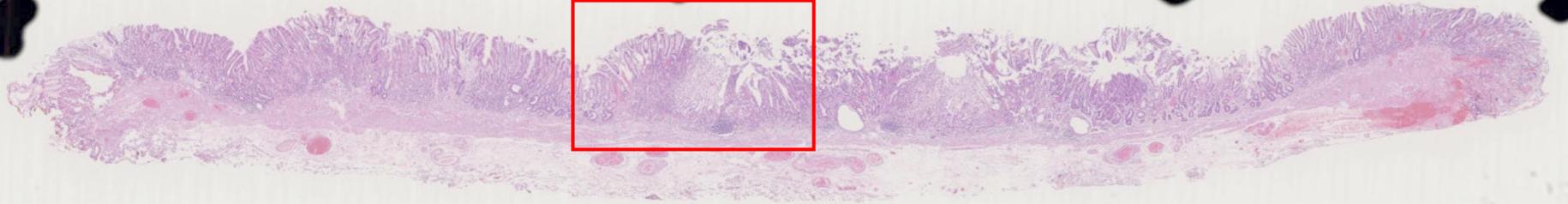


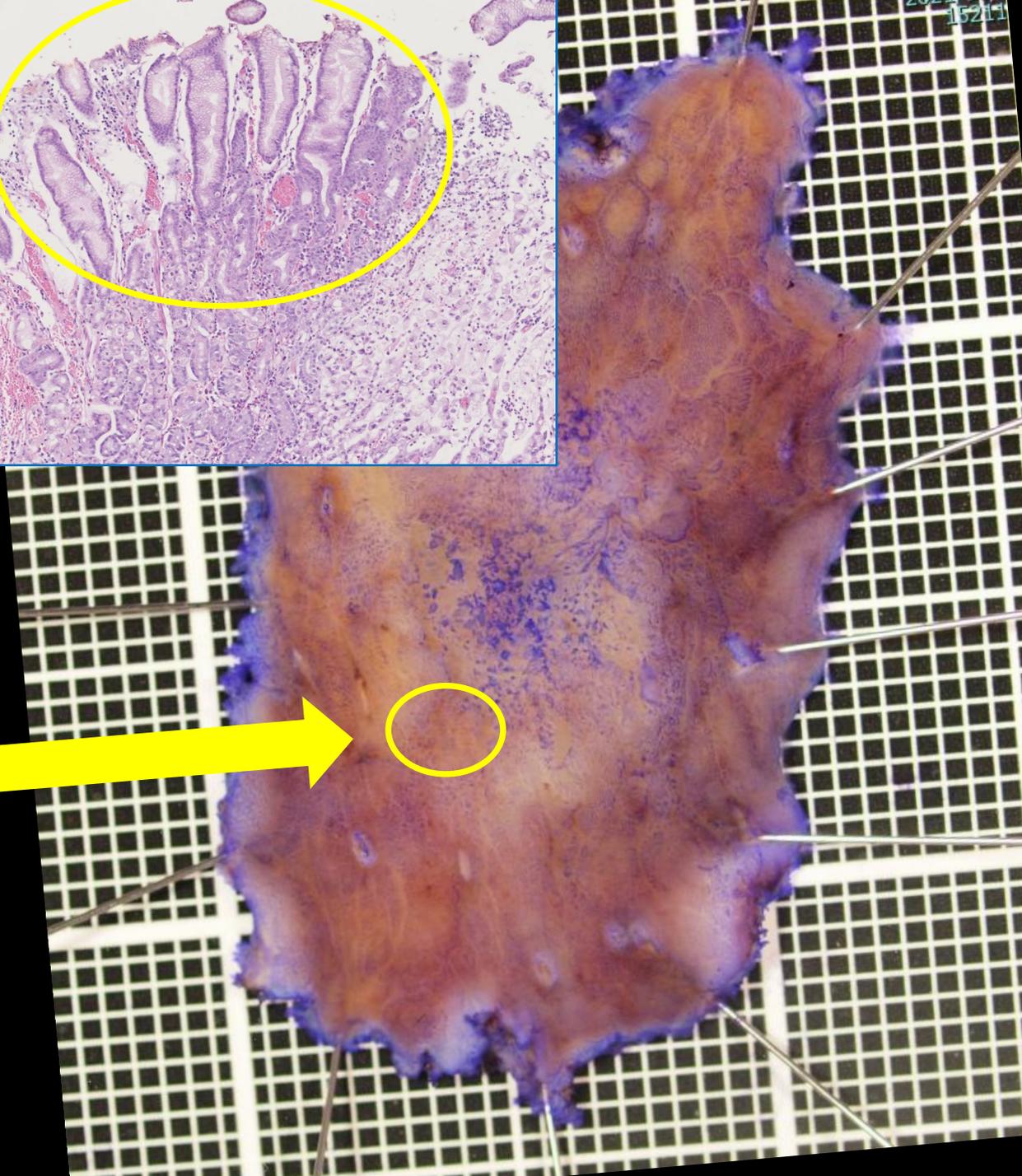
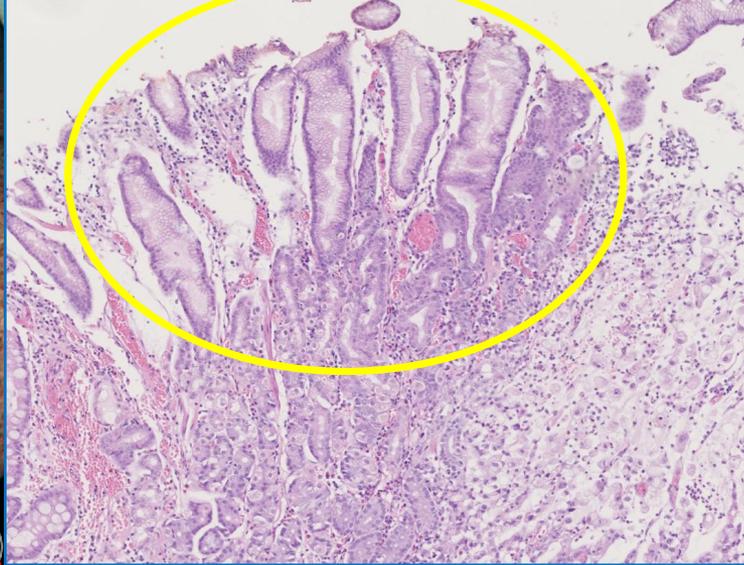
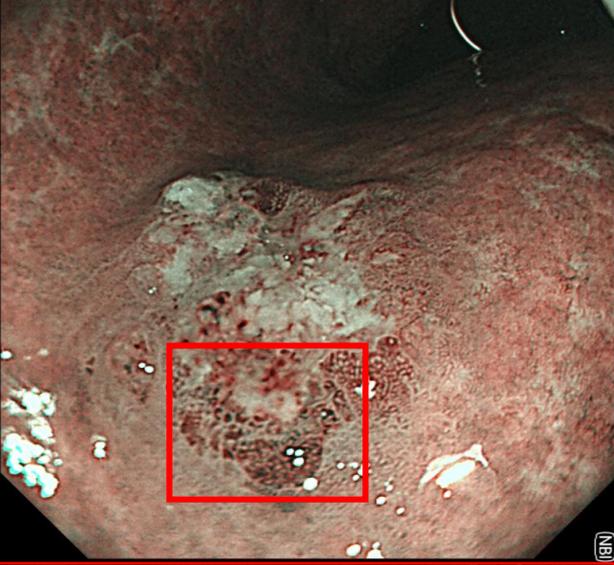
口側

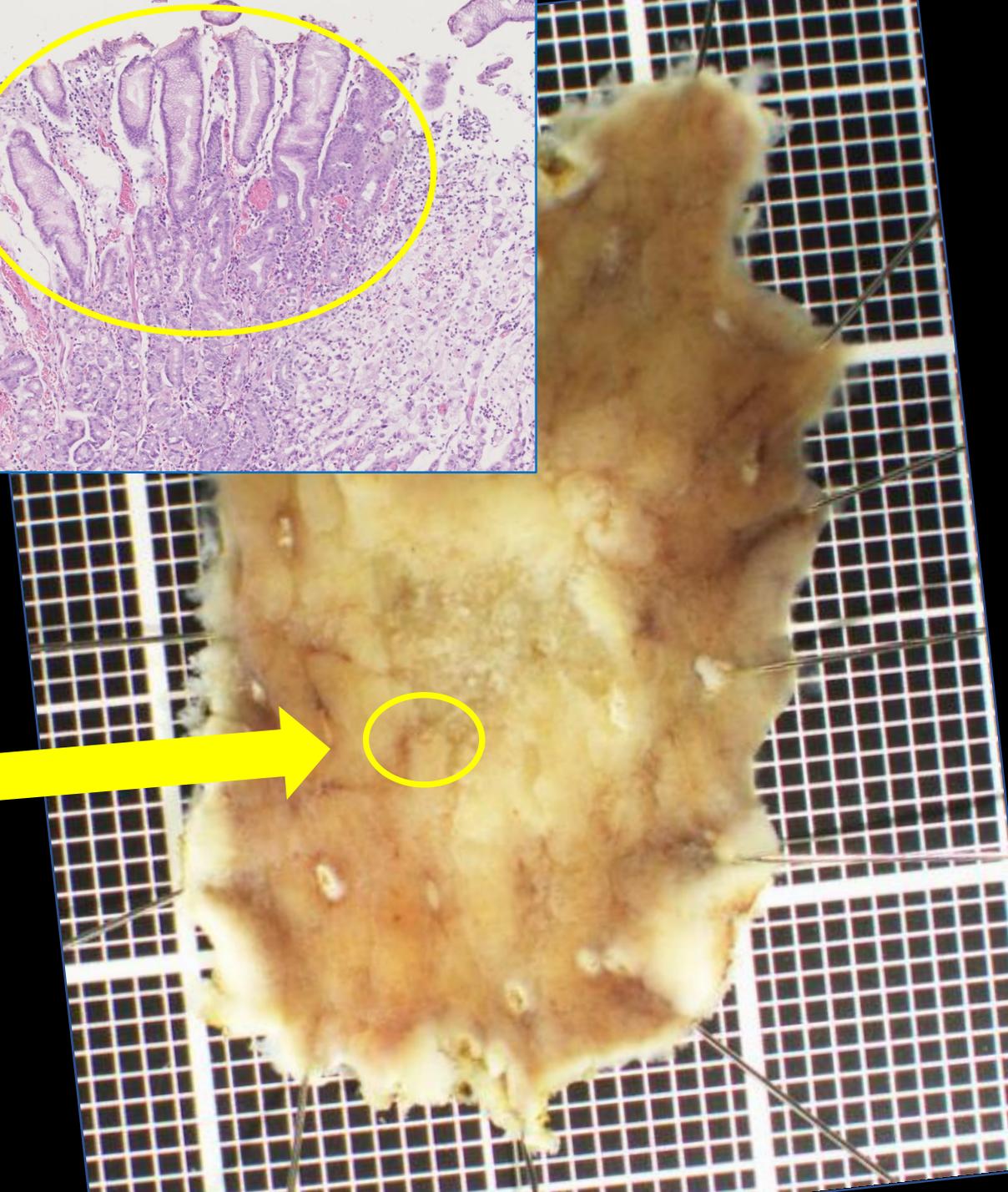
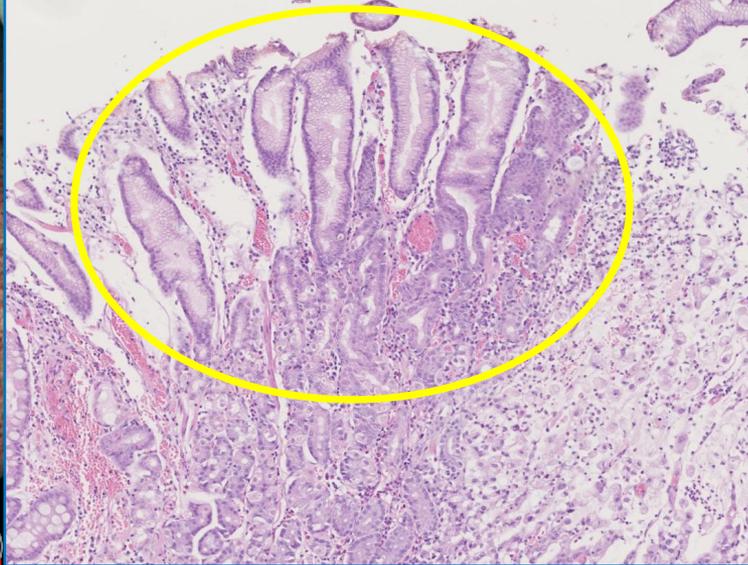
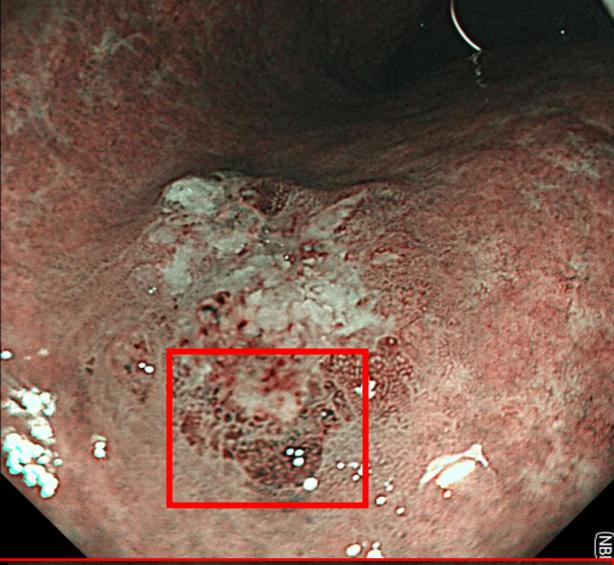


肛門側





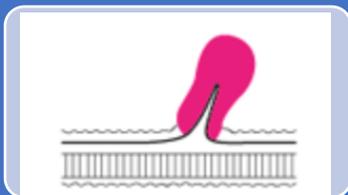




早期胃癌の内視鏡診断

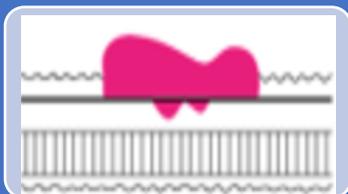
白色光による内視鏡診断

肉眼型と深達度



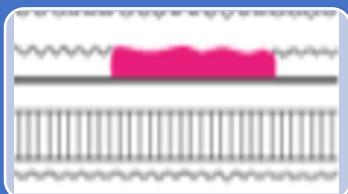
0-I型

- >40mmであればSM癌の可能性が高い



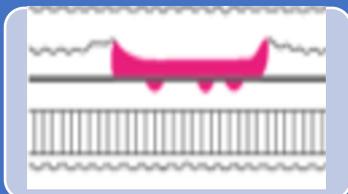
0-IIa型

- びらん・発赤で粘膜が粗造
- 中心陥凹がある



0-IIb型

- 褐色調

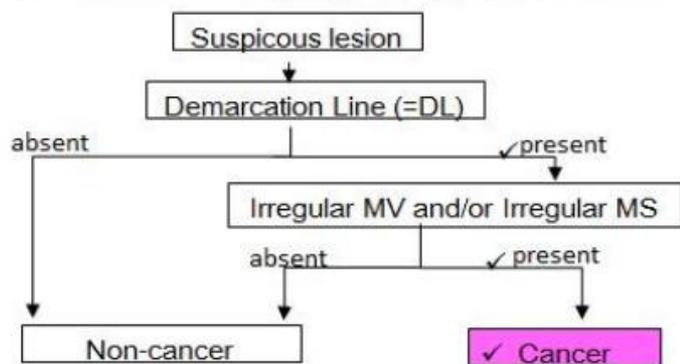


0-IIc型

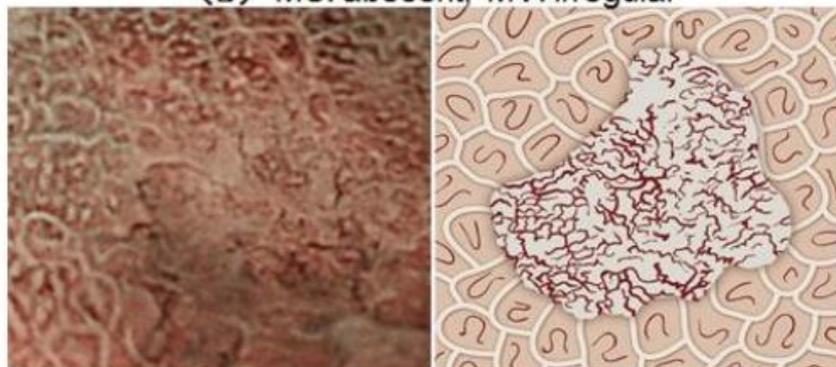
- UL(-): 陥凹内の所見(発赤や結節)、粘膜下膨隆、壁硬化像
- UL(+): 集中ひだの肥厚や癒合、台状挙上

拡大内視鏡診断 質的診断と範囲診断

(A) MESDA-G 早期胃癌拡大内視鏡診断アルゴリズム



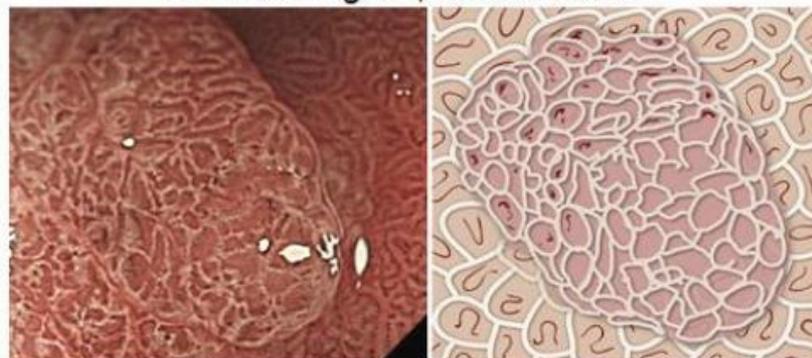
(B) MS: absent, MV: irregular



(C) MS: regular, MV: irregular



(D) MS: irregular, MV: absent



拡大内視鏡診断 質的診断

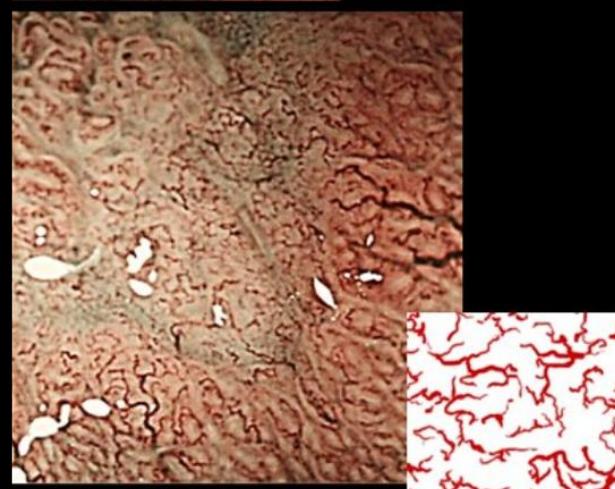
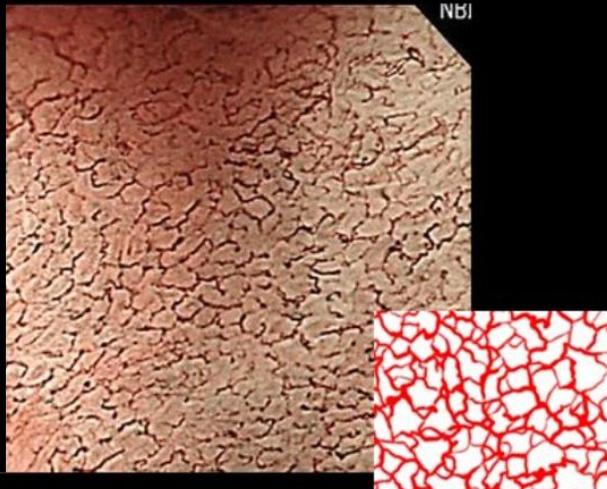
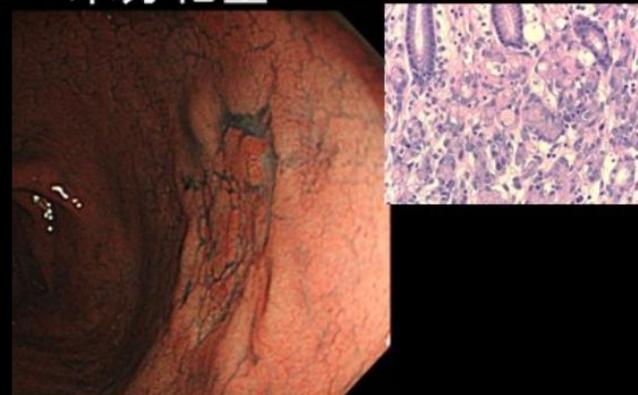
Fine network pattern

分化型



Corkscrew pattern

未分化型

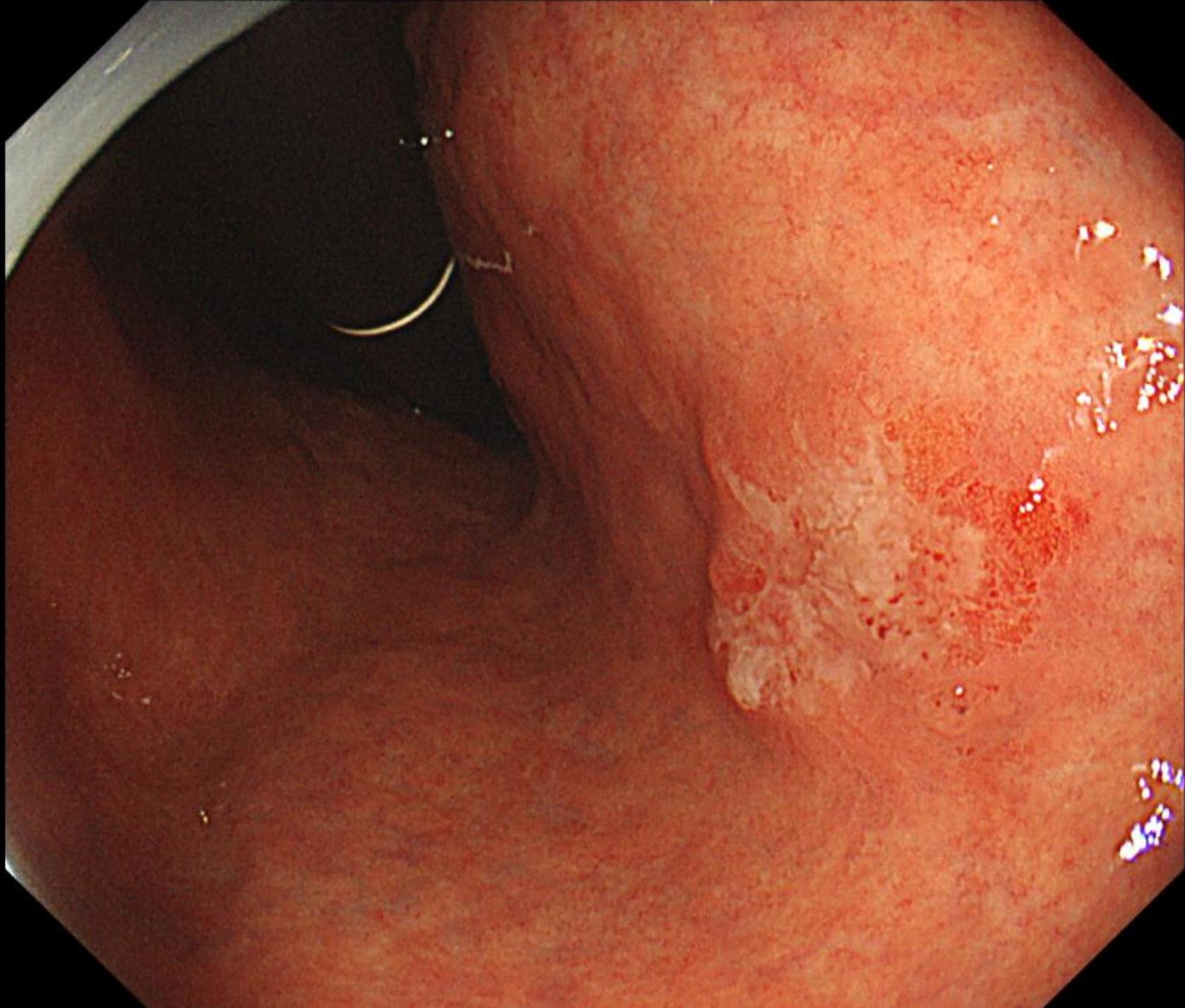


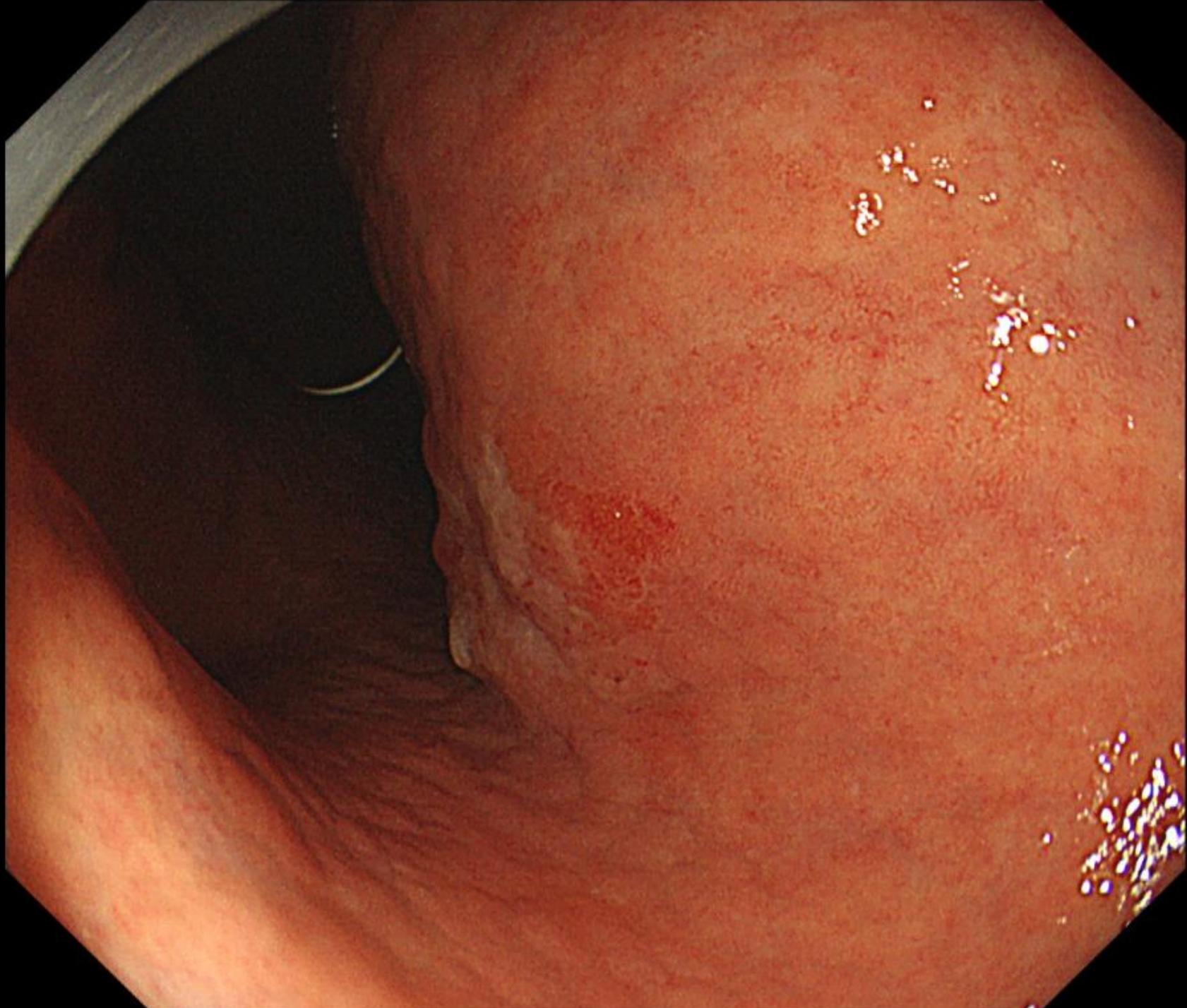
陥凹病変の深達度診断

SM深部浸潤癌

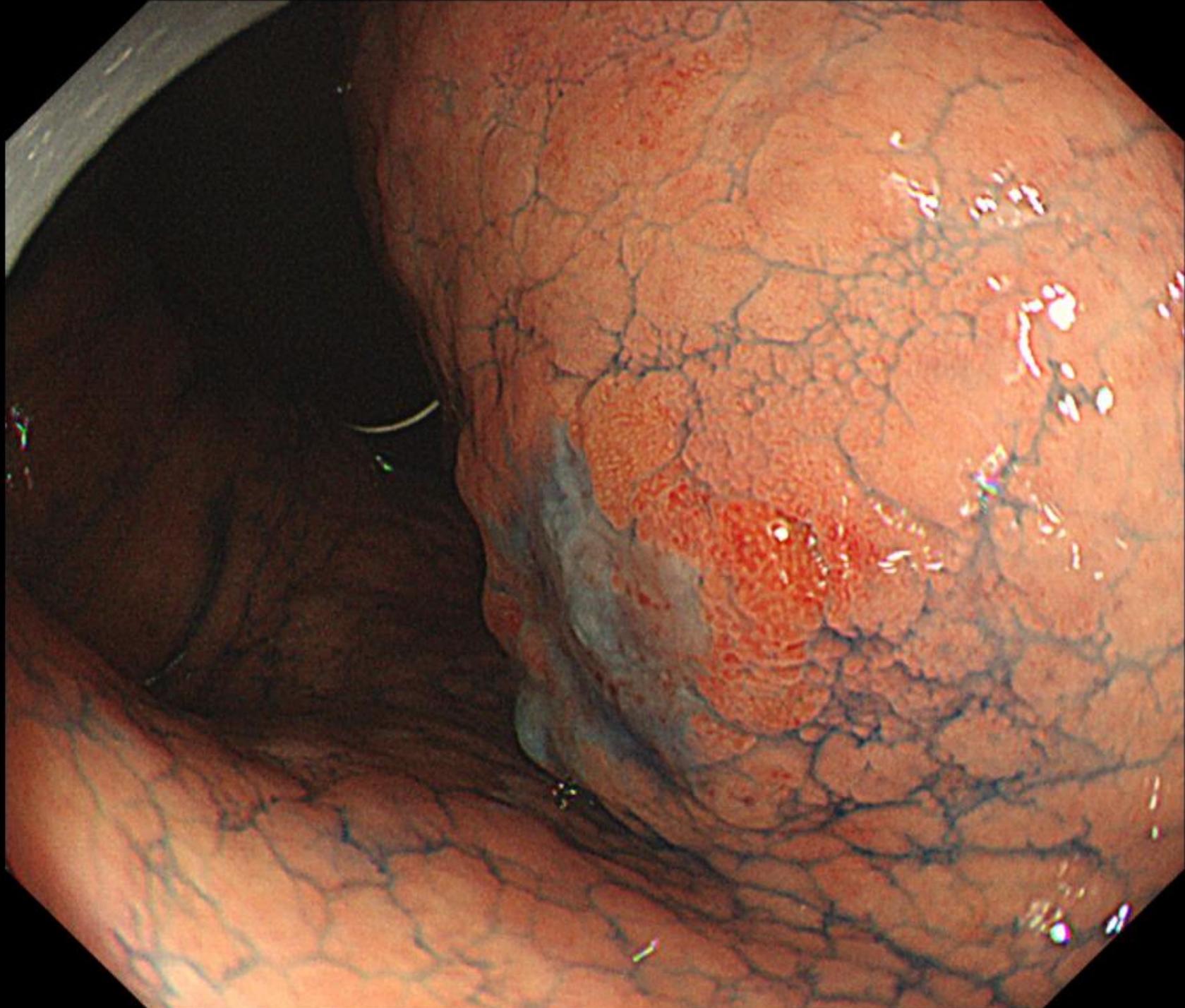
	分化型腺癌	未分化型腺癌
壁変形	あり(弧の変形、陥凹面の台状挙上)	
陥凹表面	胃小区模様の癒合・粗大化、消失 びらん・潰瘍形成	インゼルの消失 陥凹表面の無構造化 丘上隆起の出現
陥凹辺縁	蚕食像の消失 粘膜下腫瘍様辺縁隆起の形成	
集中ひだの所見	ひだ先端の混紡状腫大 ひだの癒合 ひだの環状癒合	

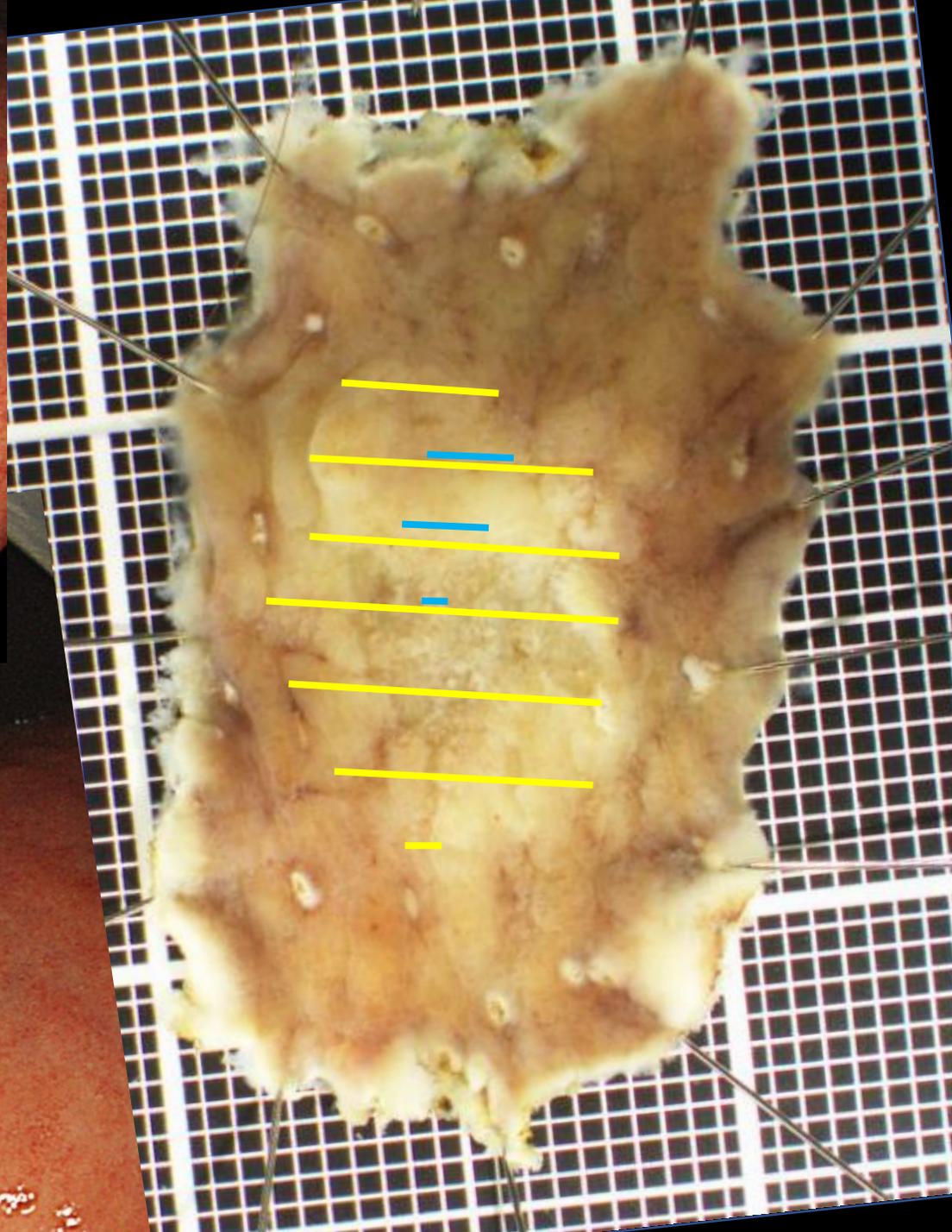
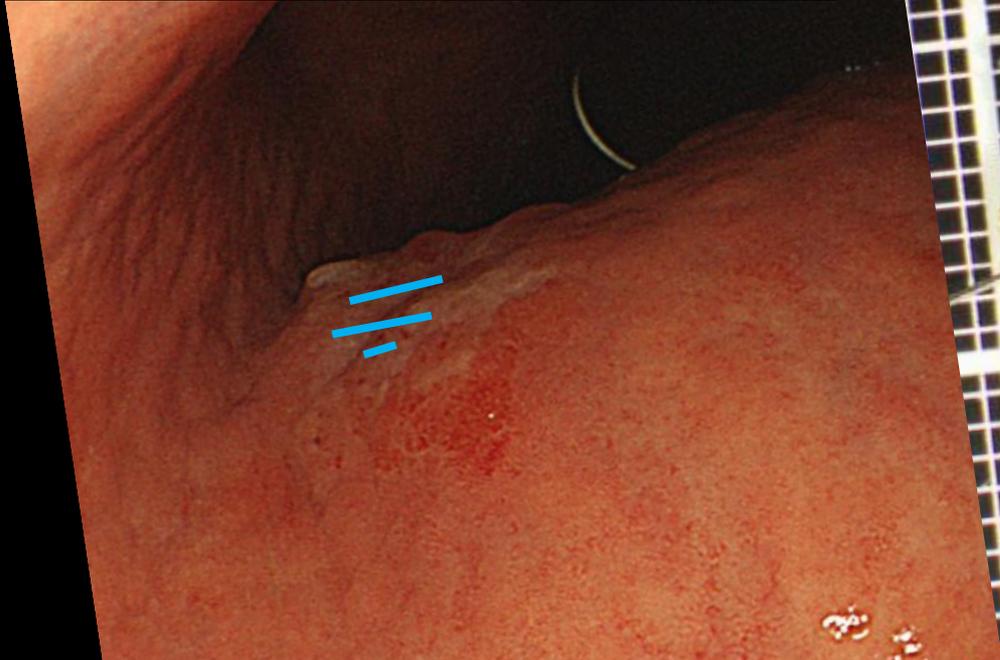
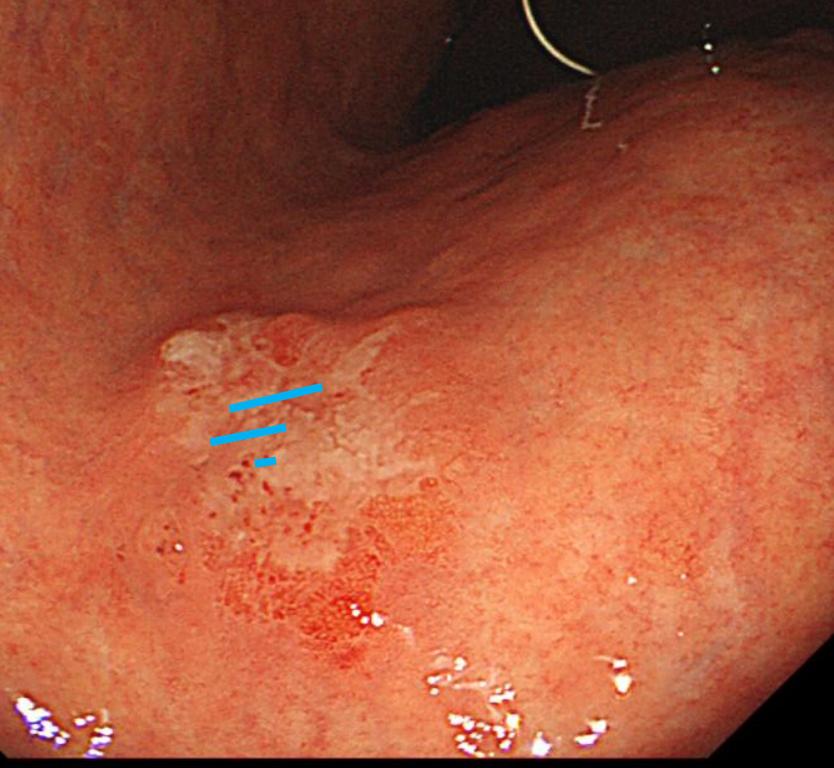
本症例

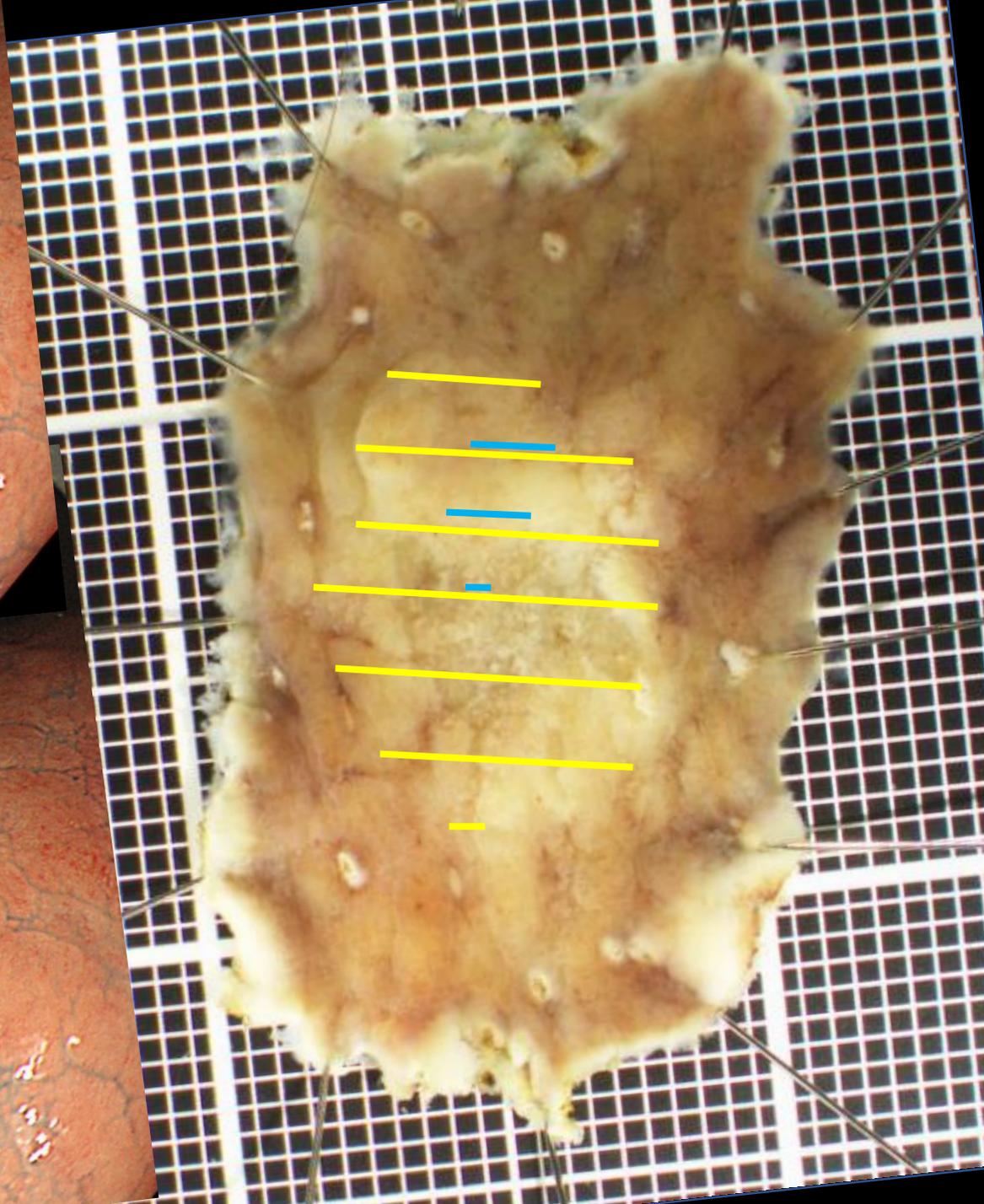
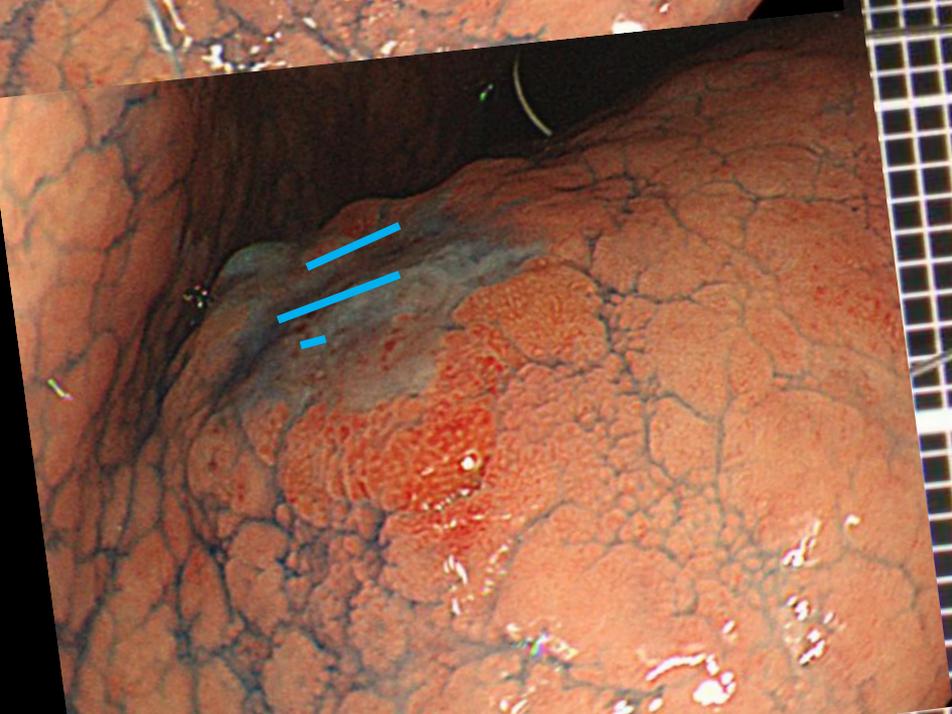












陥凹病変の深達度診断

SM深部浸潤癌

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

SM浸潤量が少ない場合診断が困難