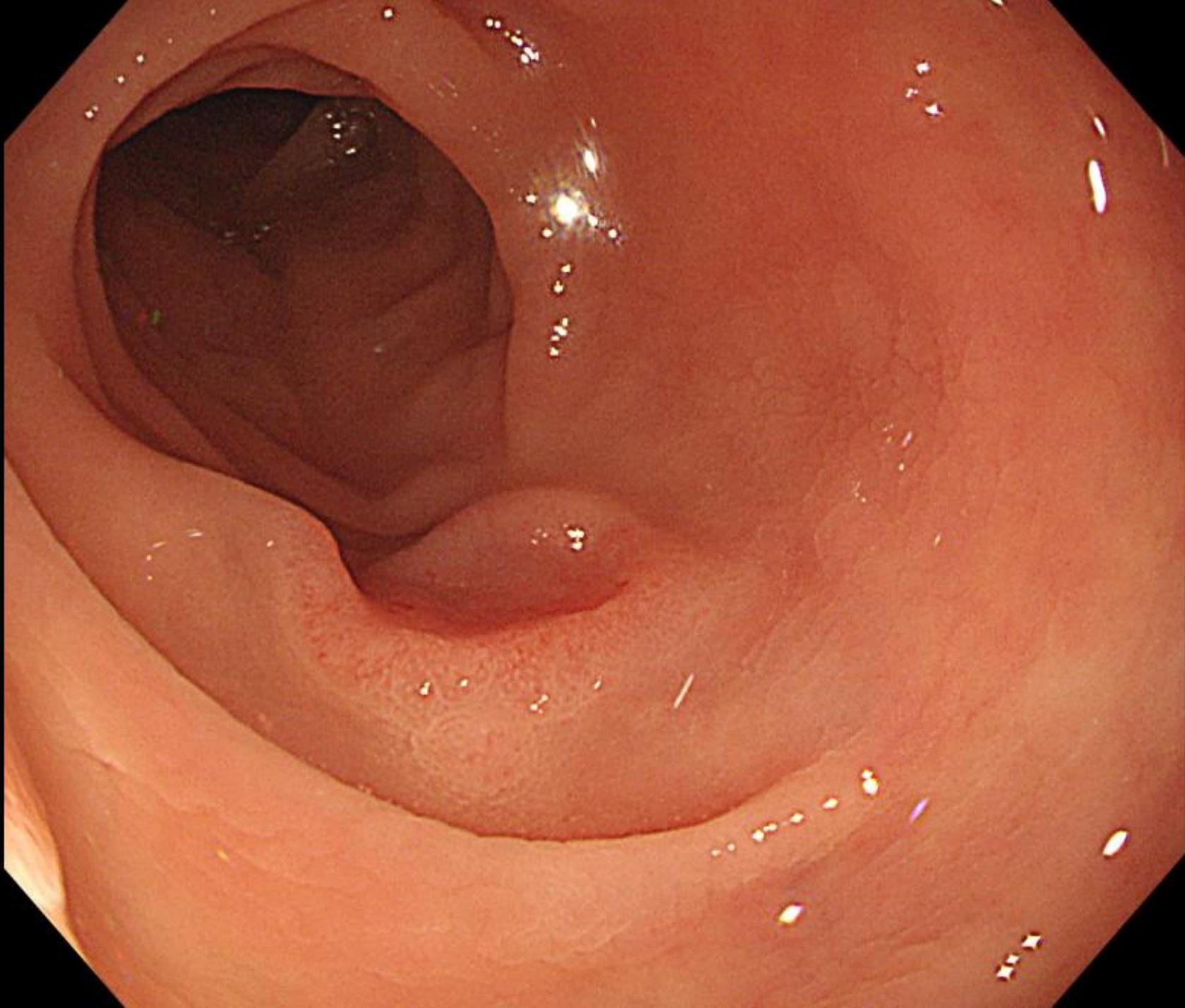
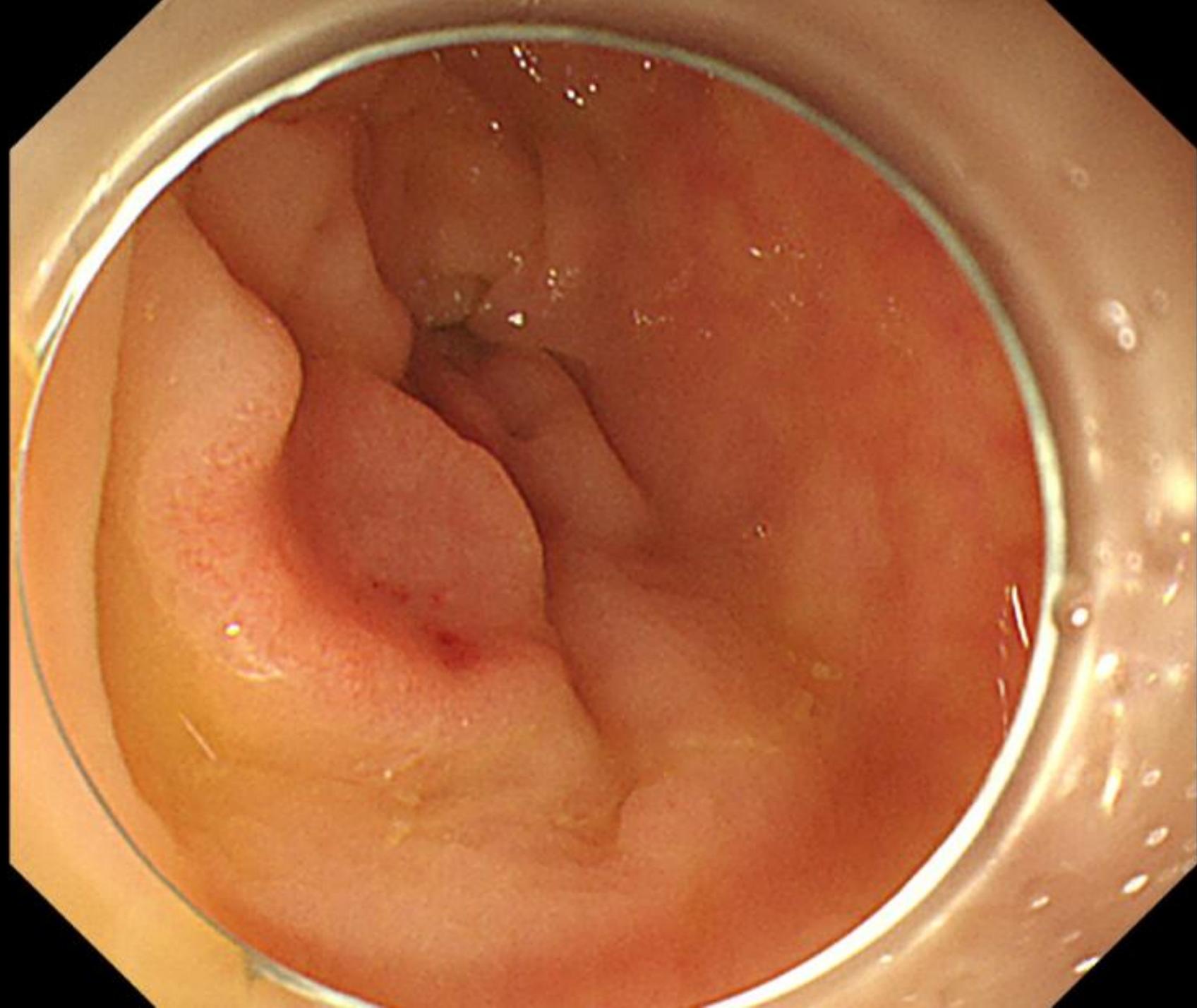


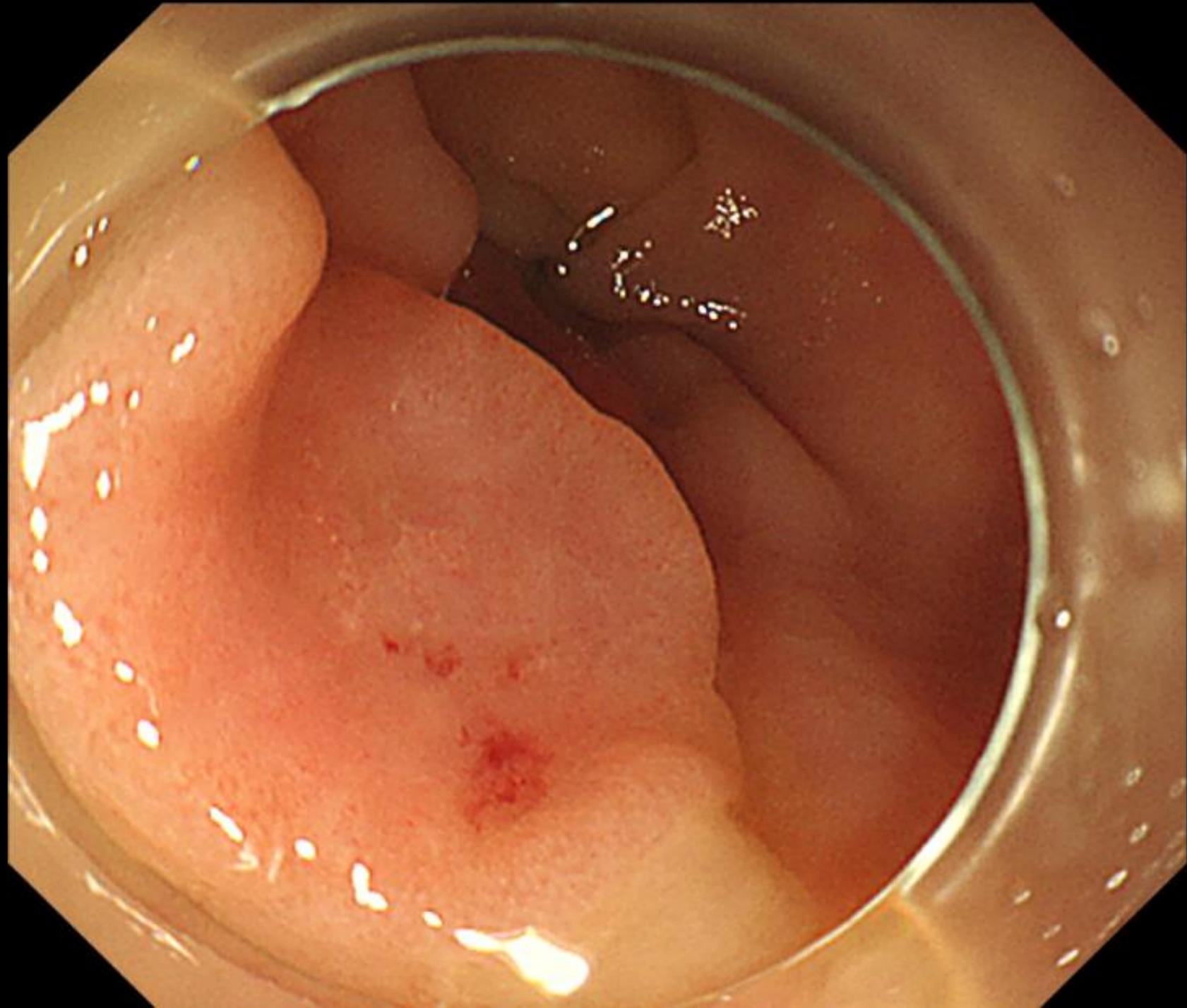
# 内視鏡マッピング 大腸 (S状結腸)

担当: 松山 和輝

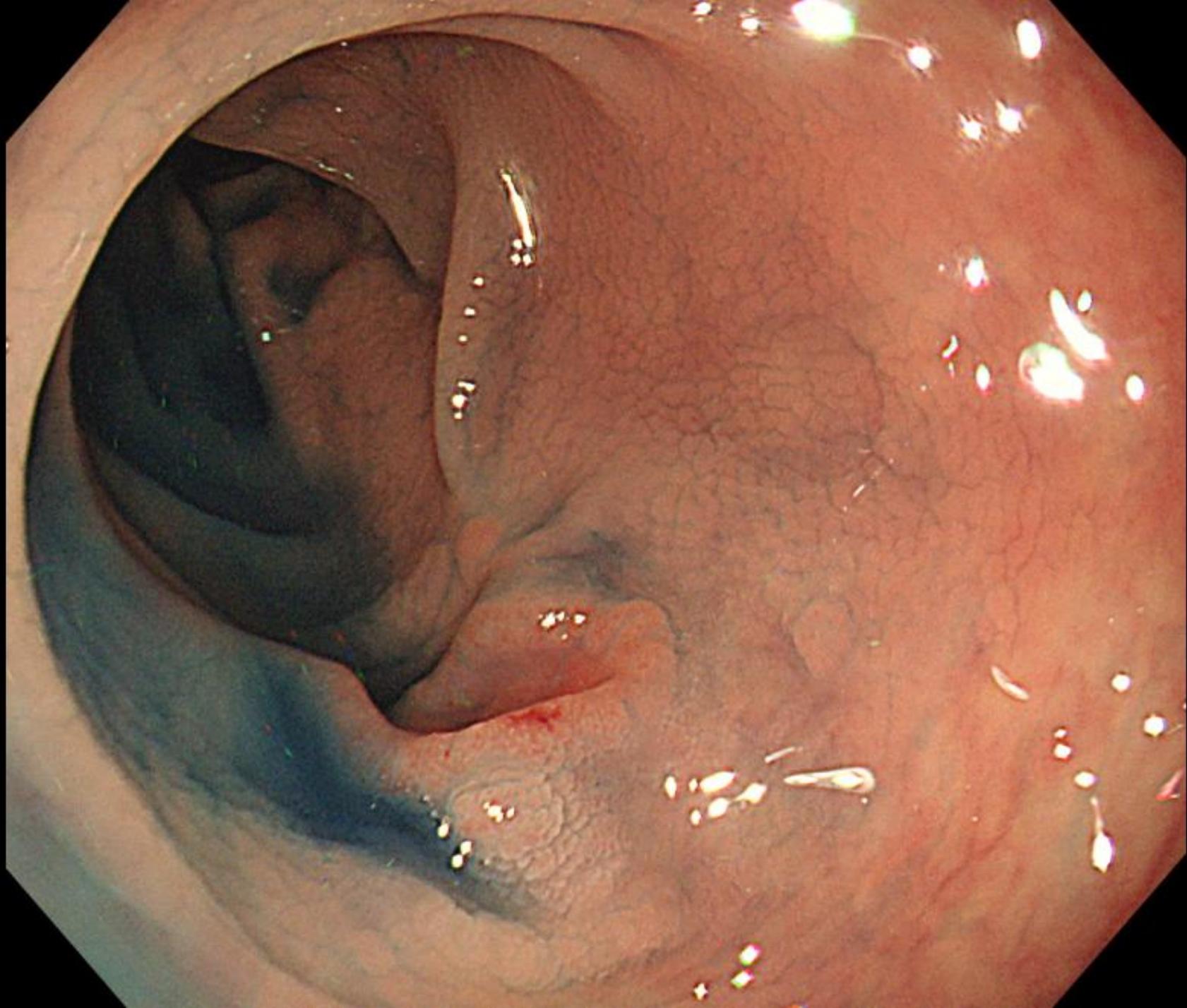
通常觀察  
3枚

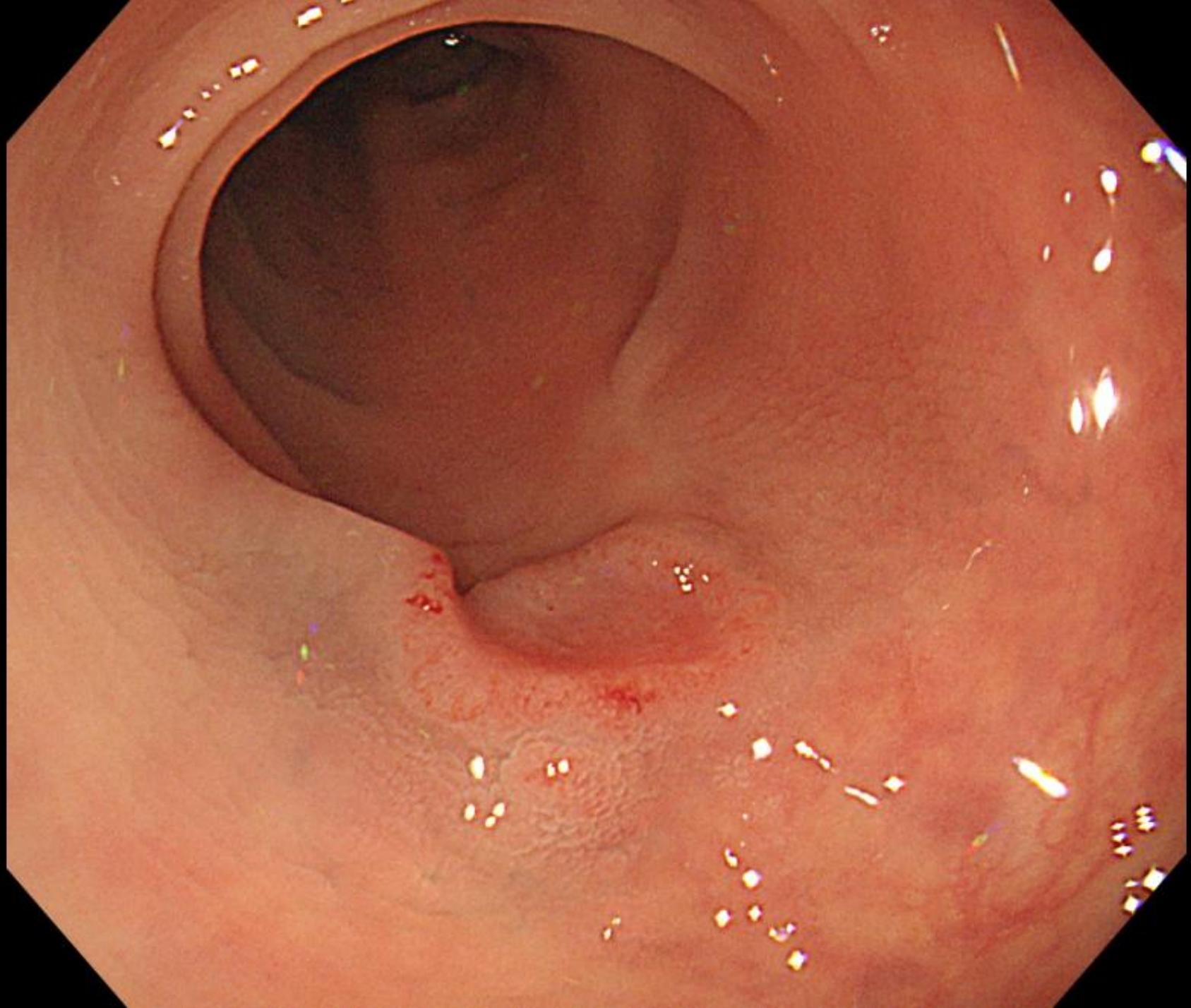




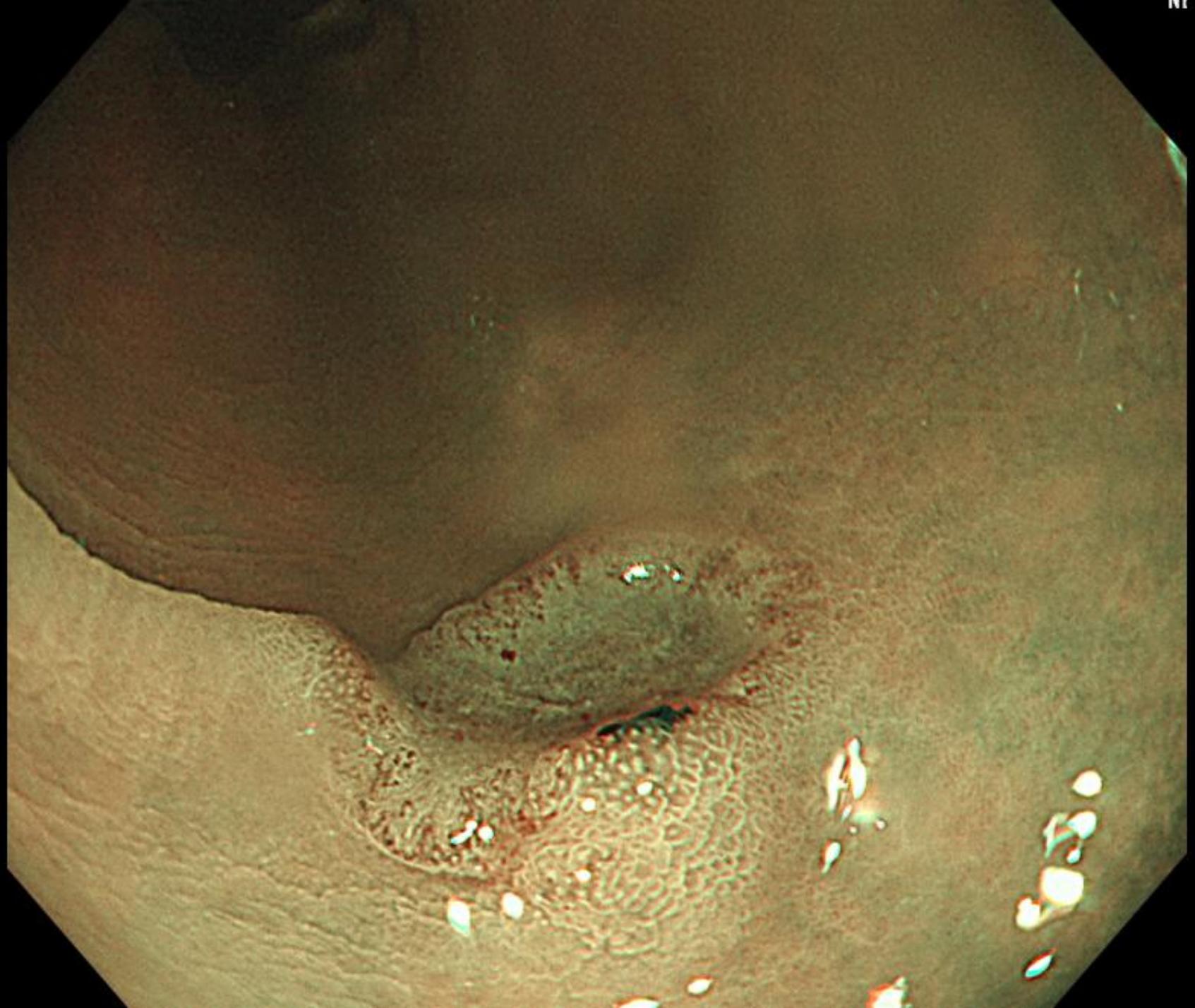


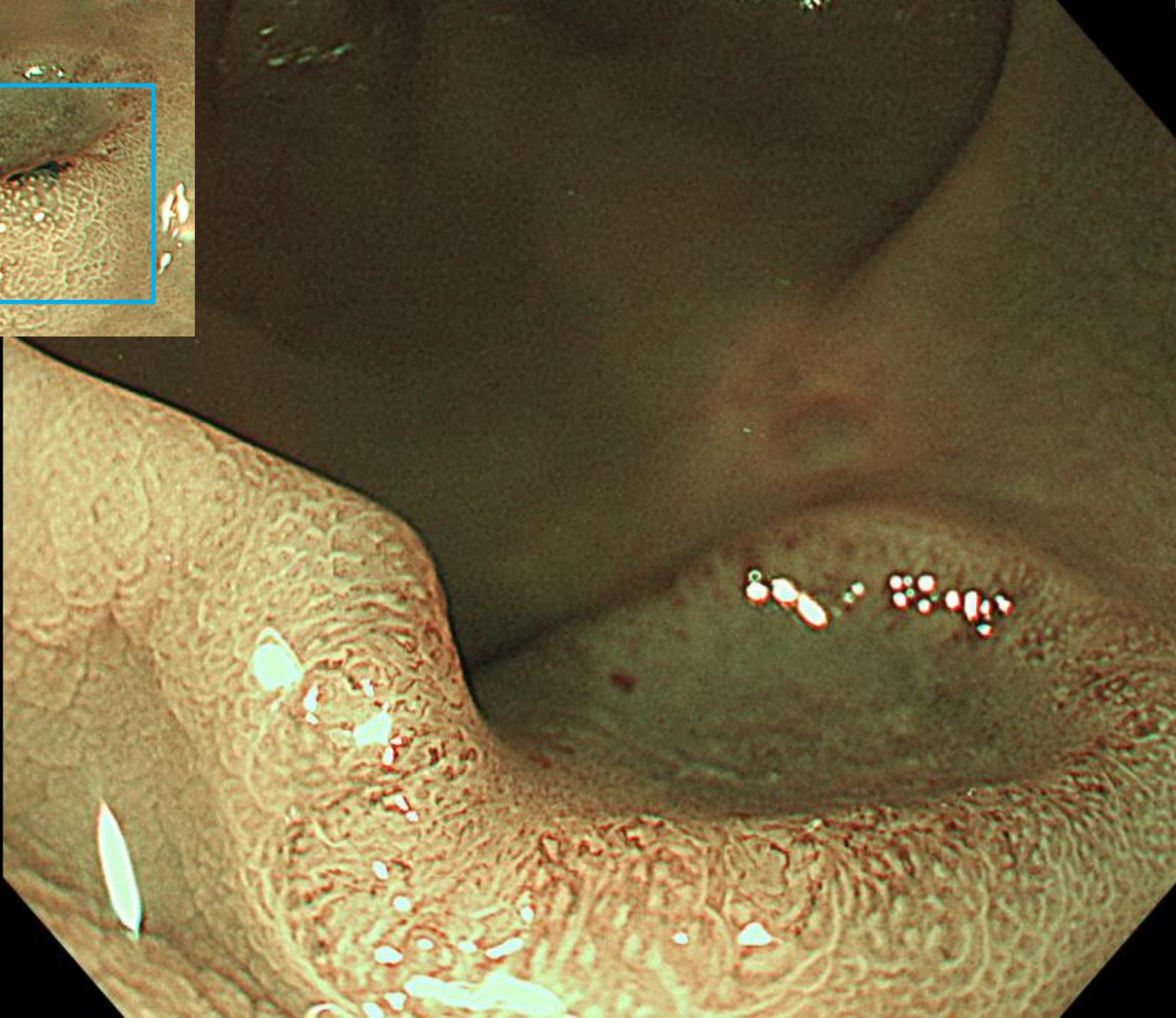
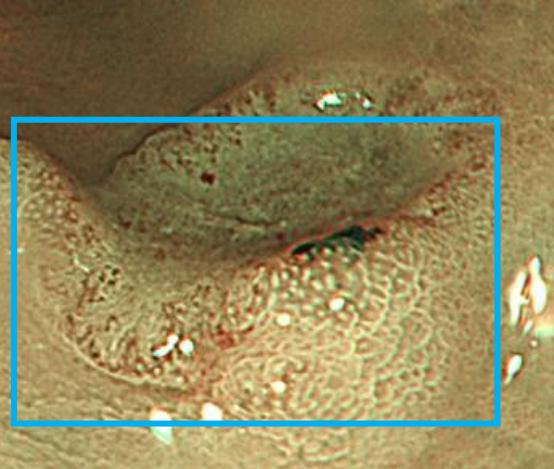
# インジゴ散布観察 2枚

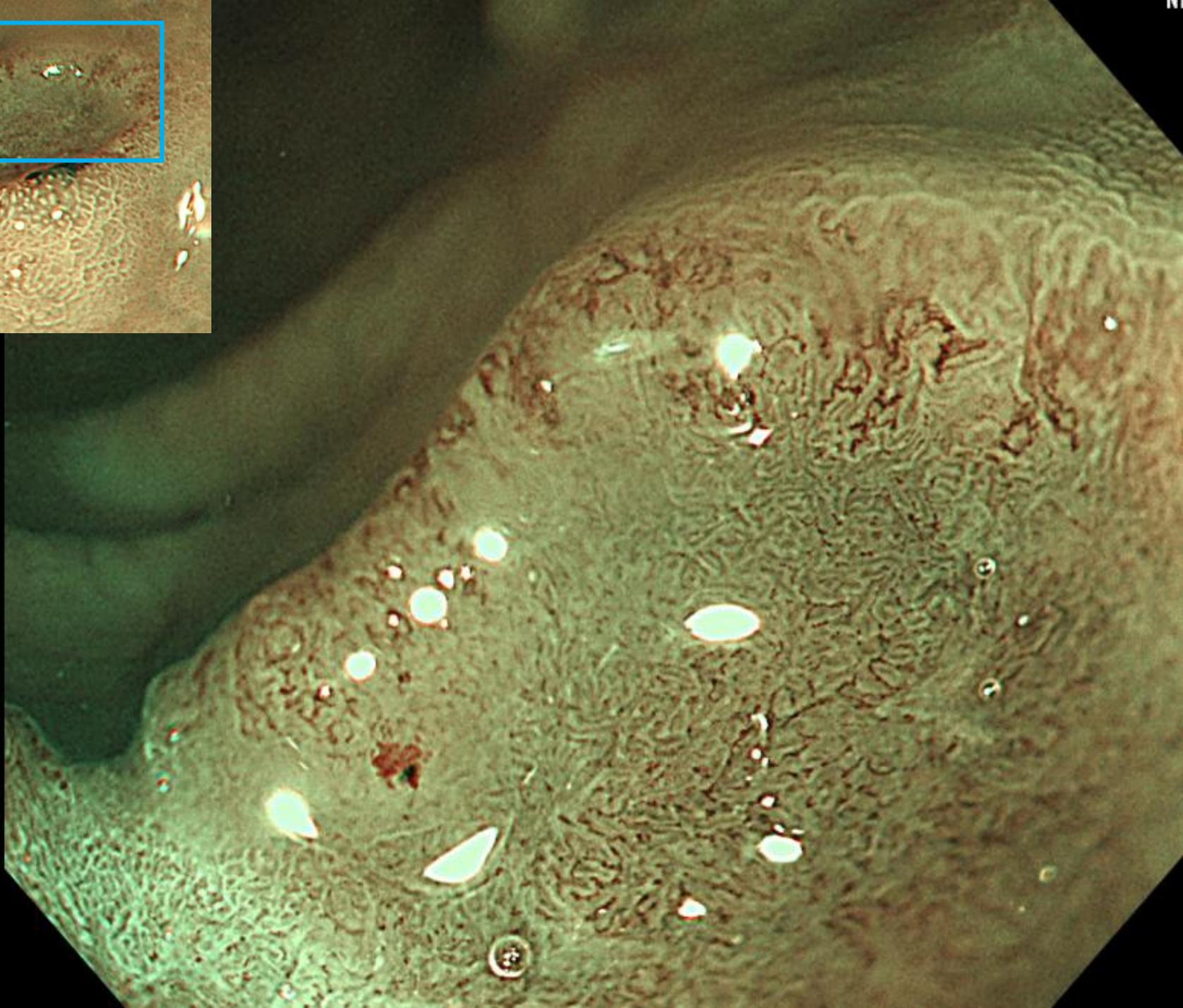
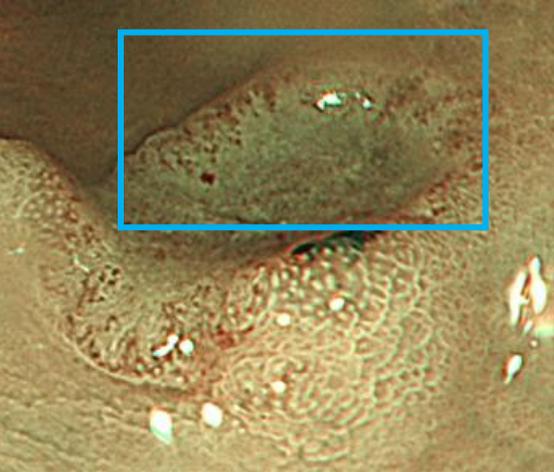


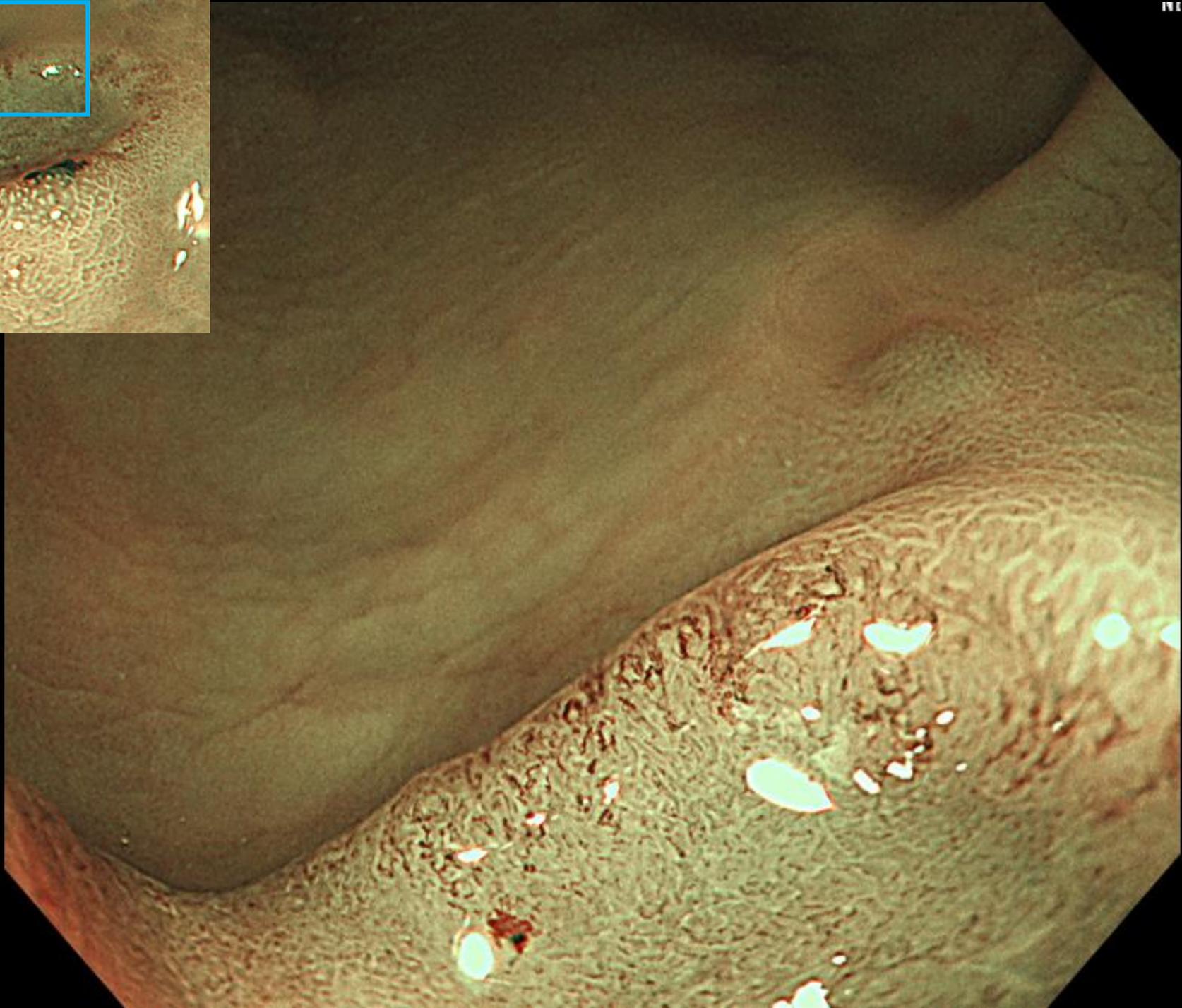


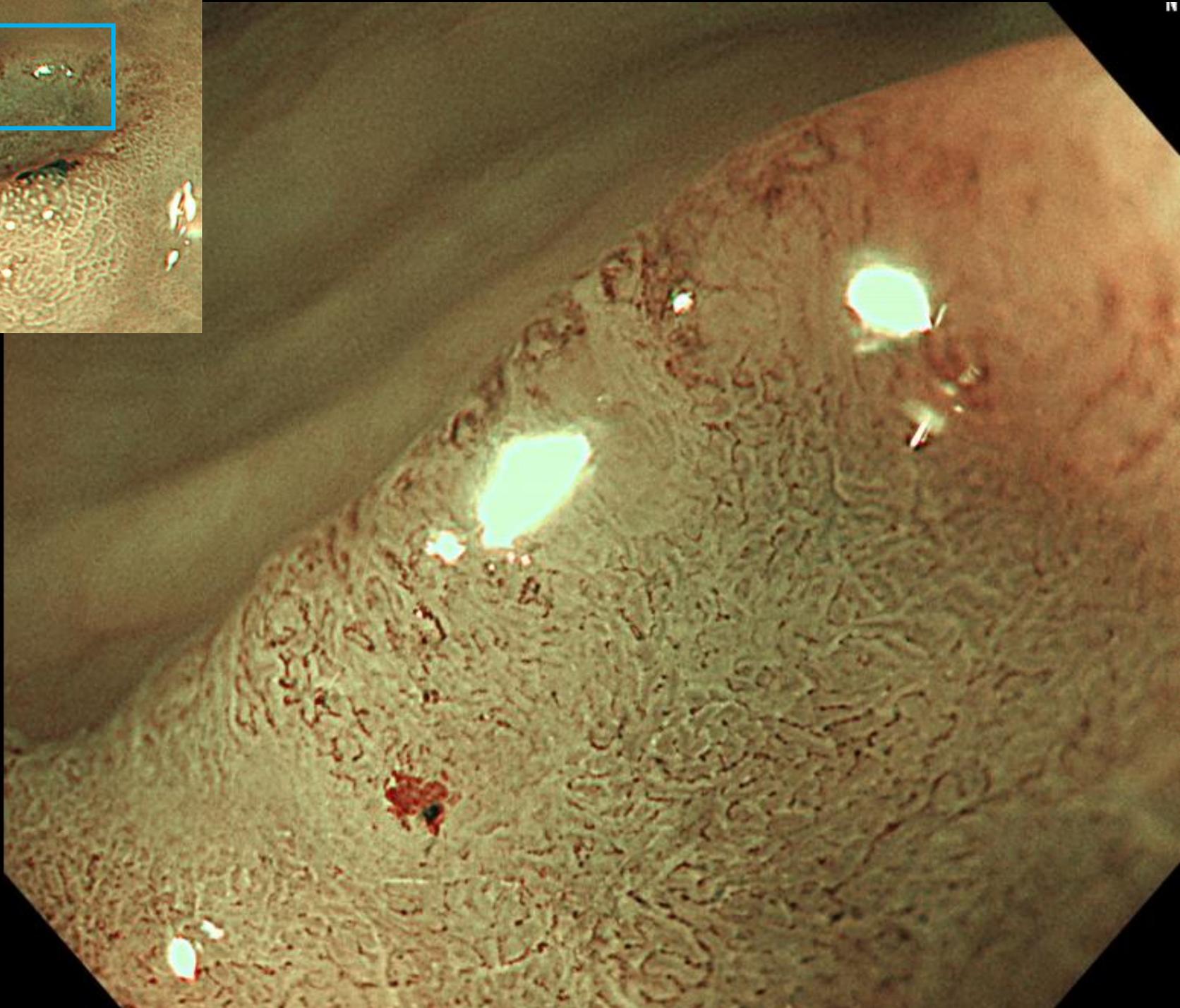
NBI観察(拡大含む)  
8枚

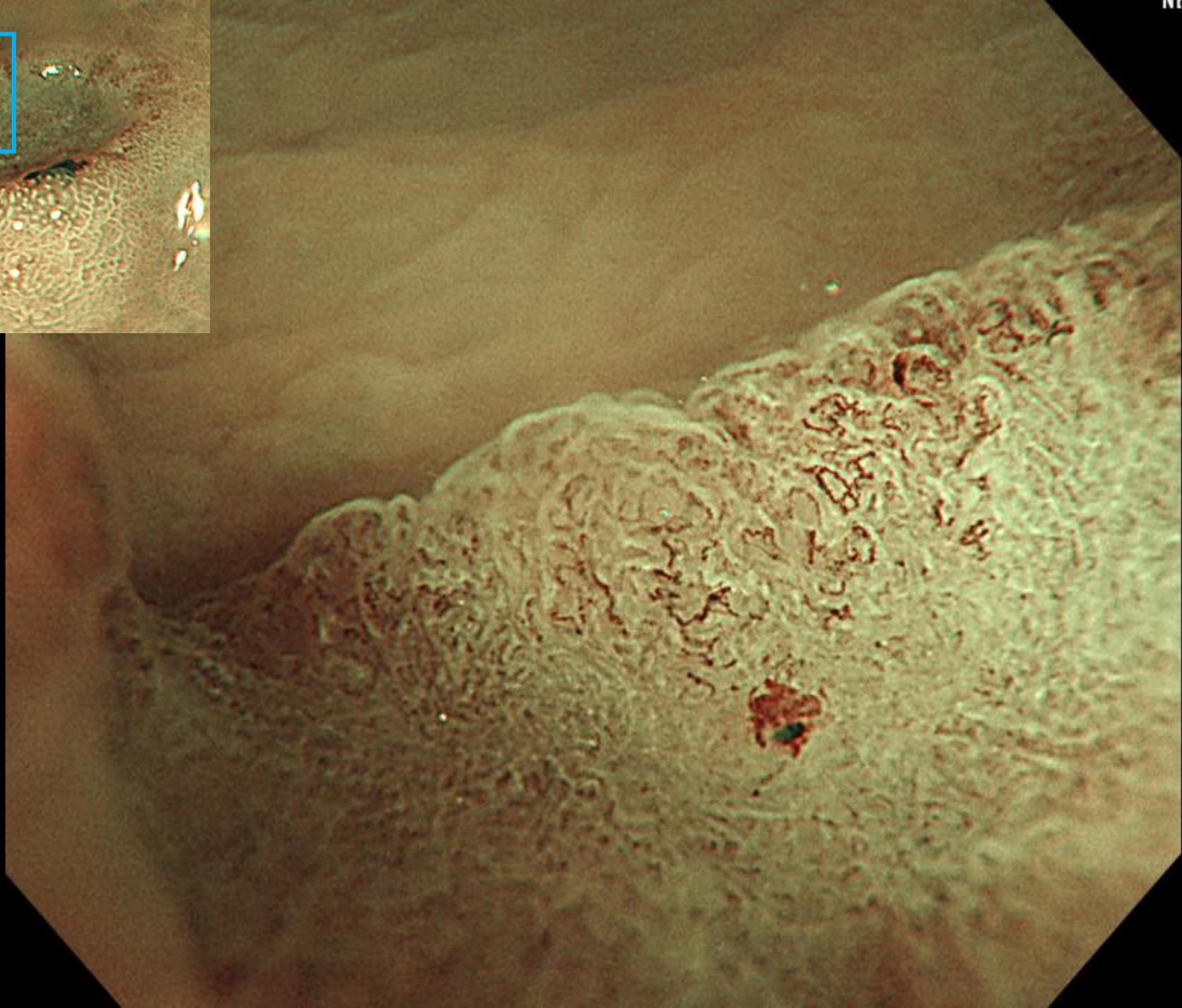


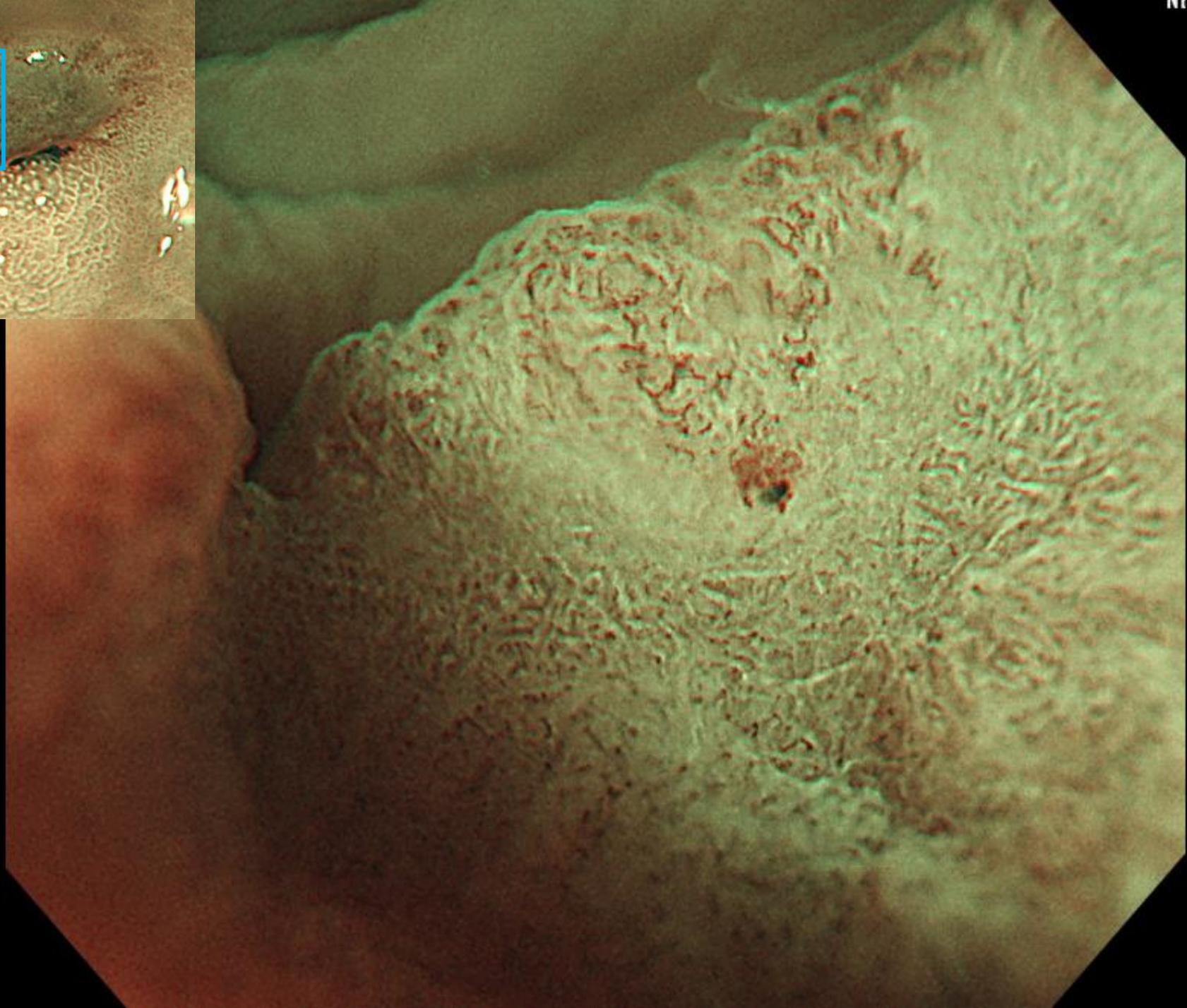


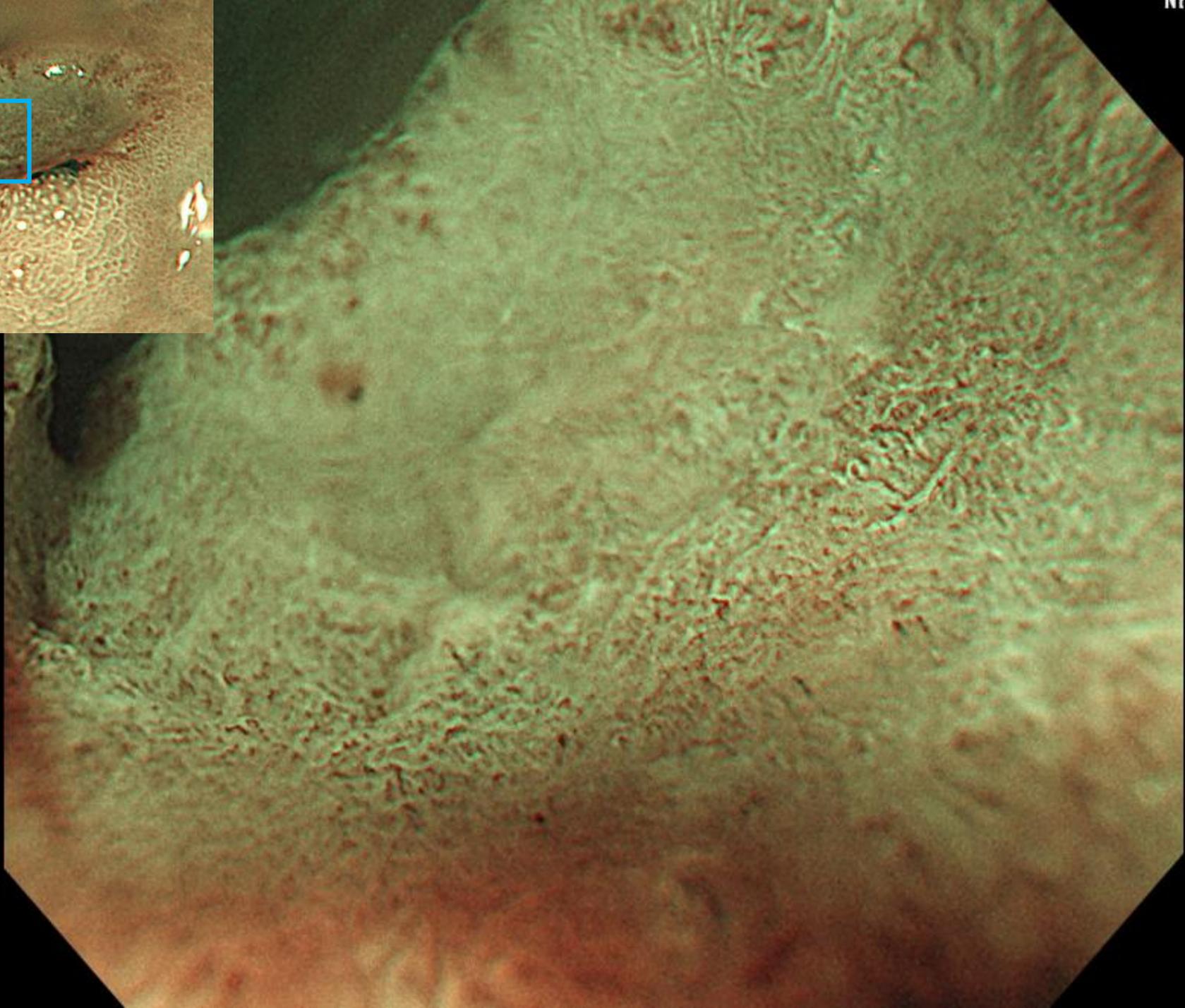




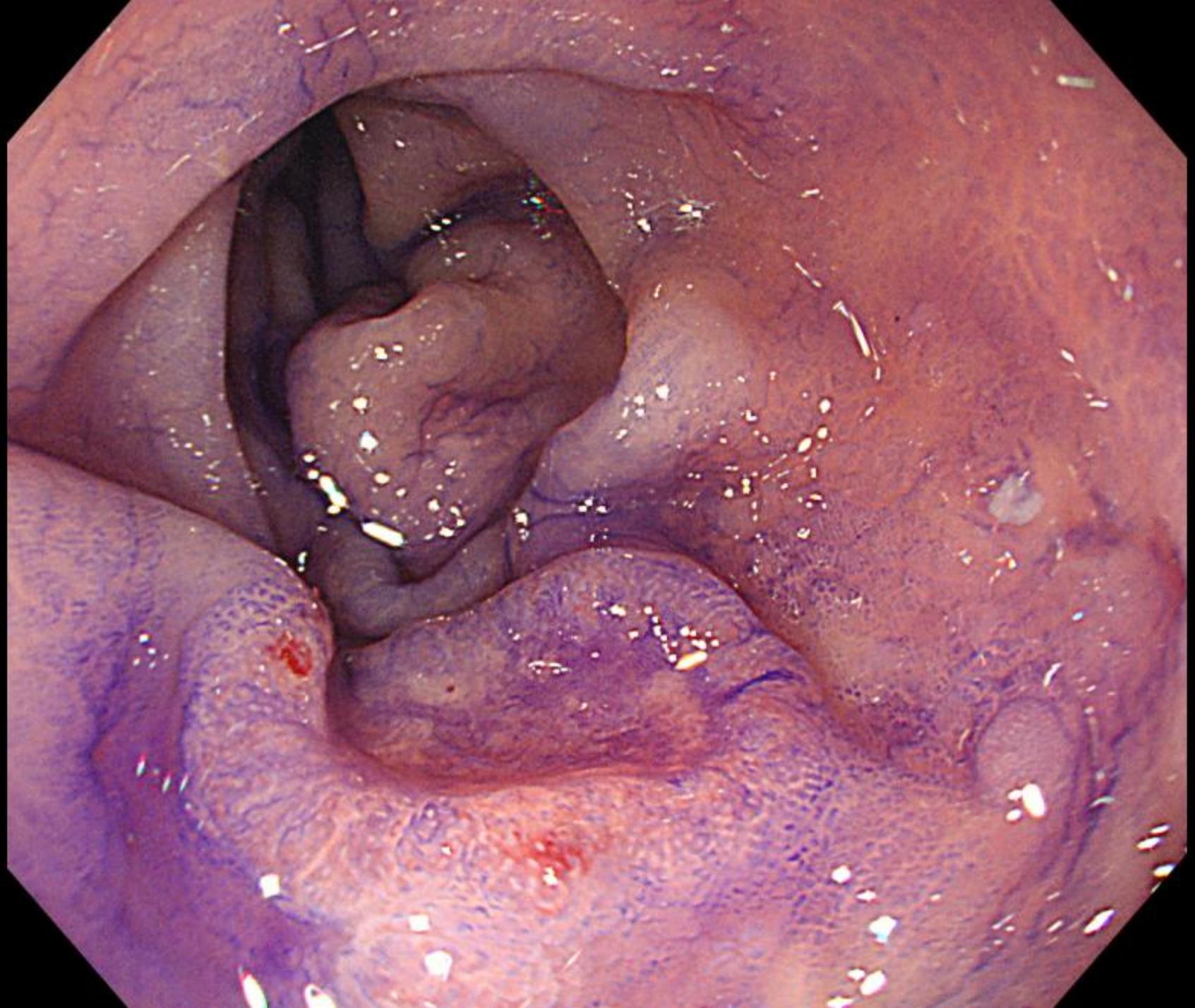


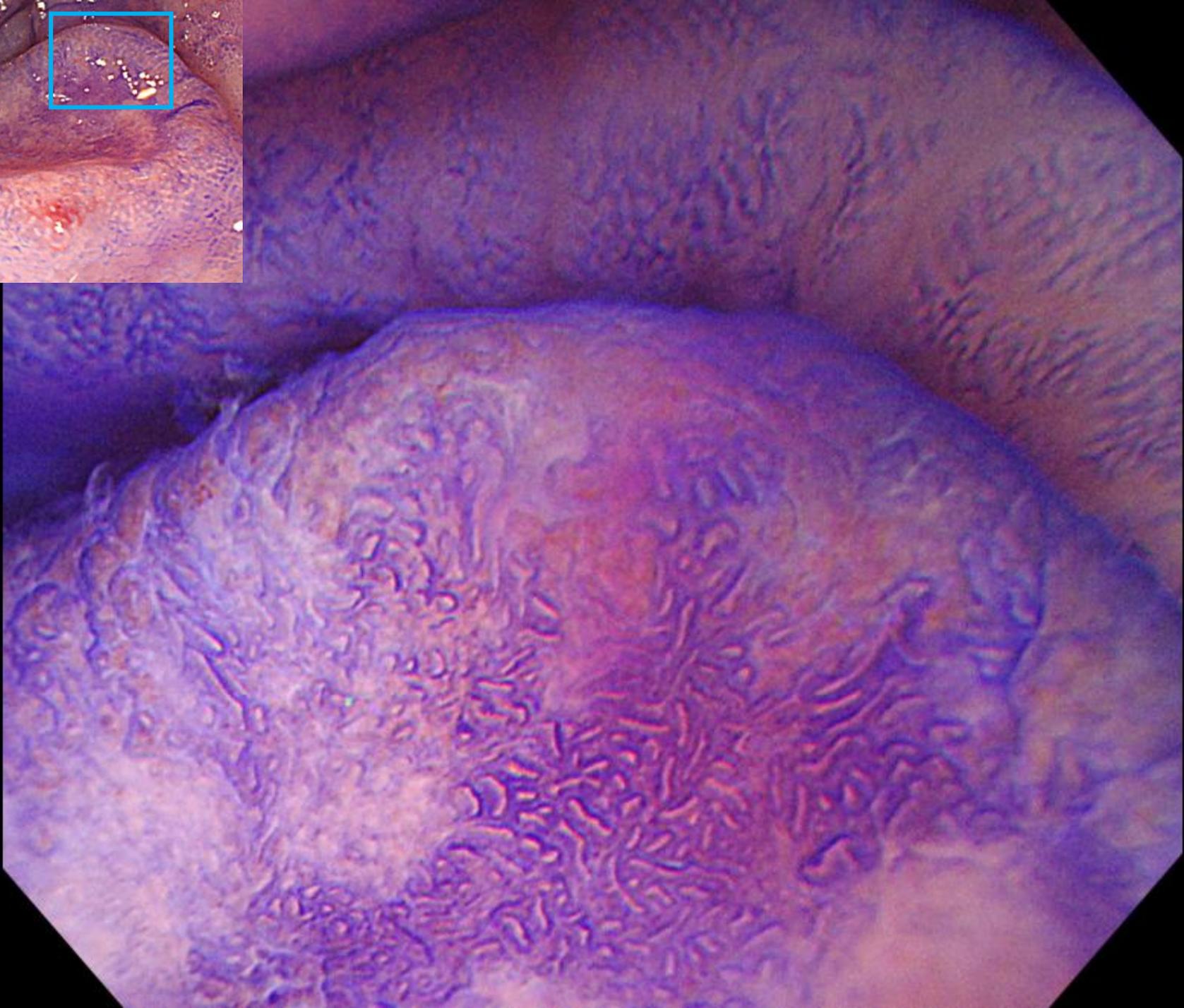
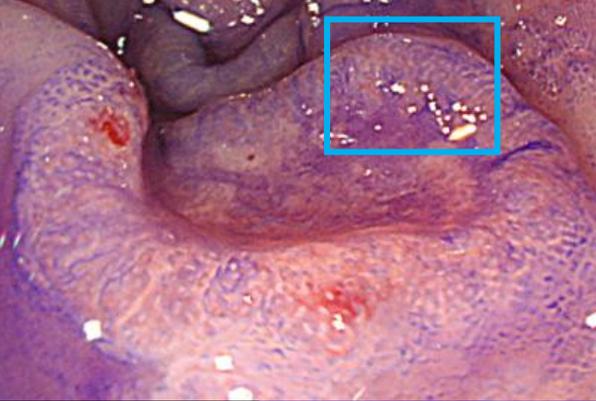


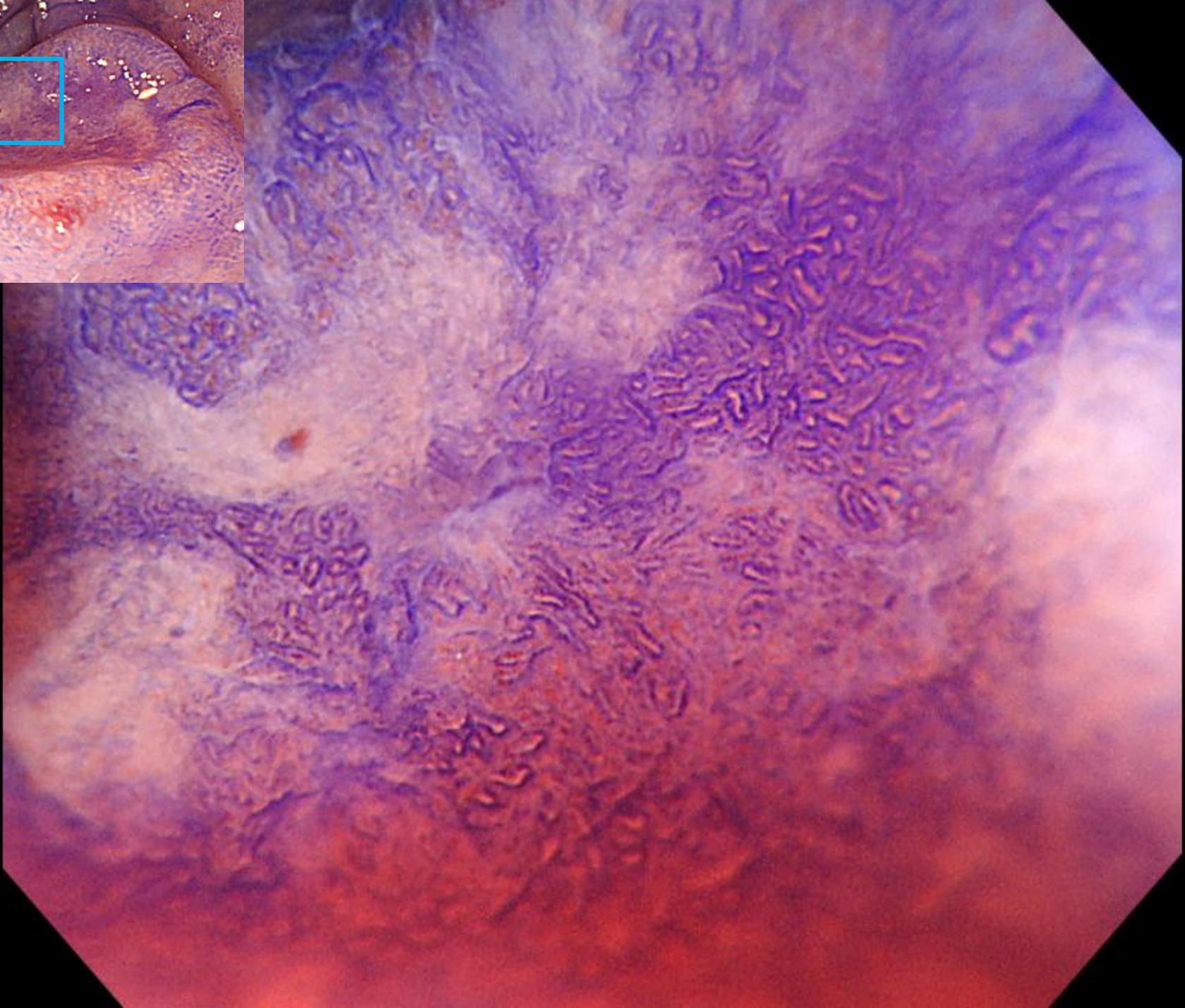
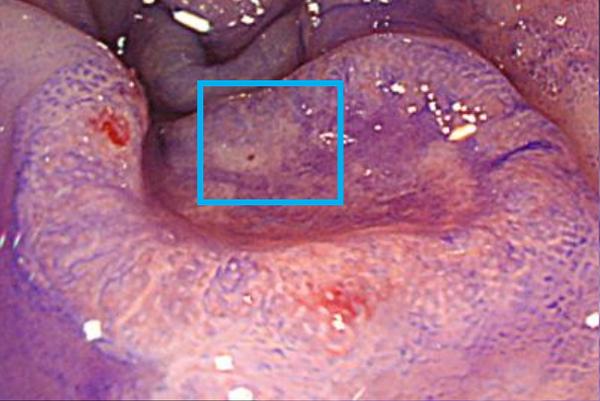




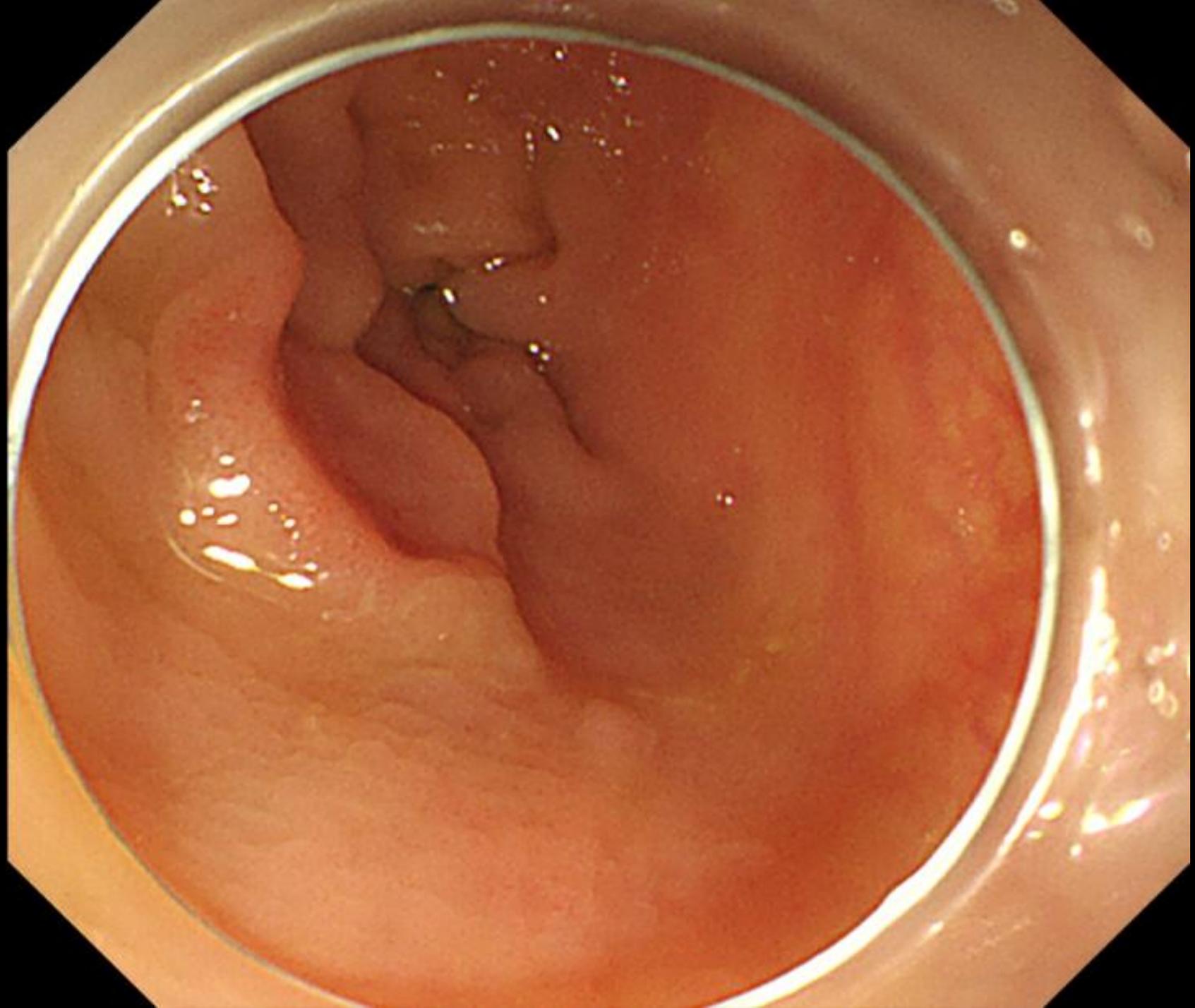
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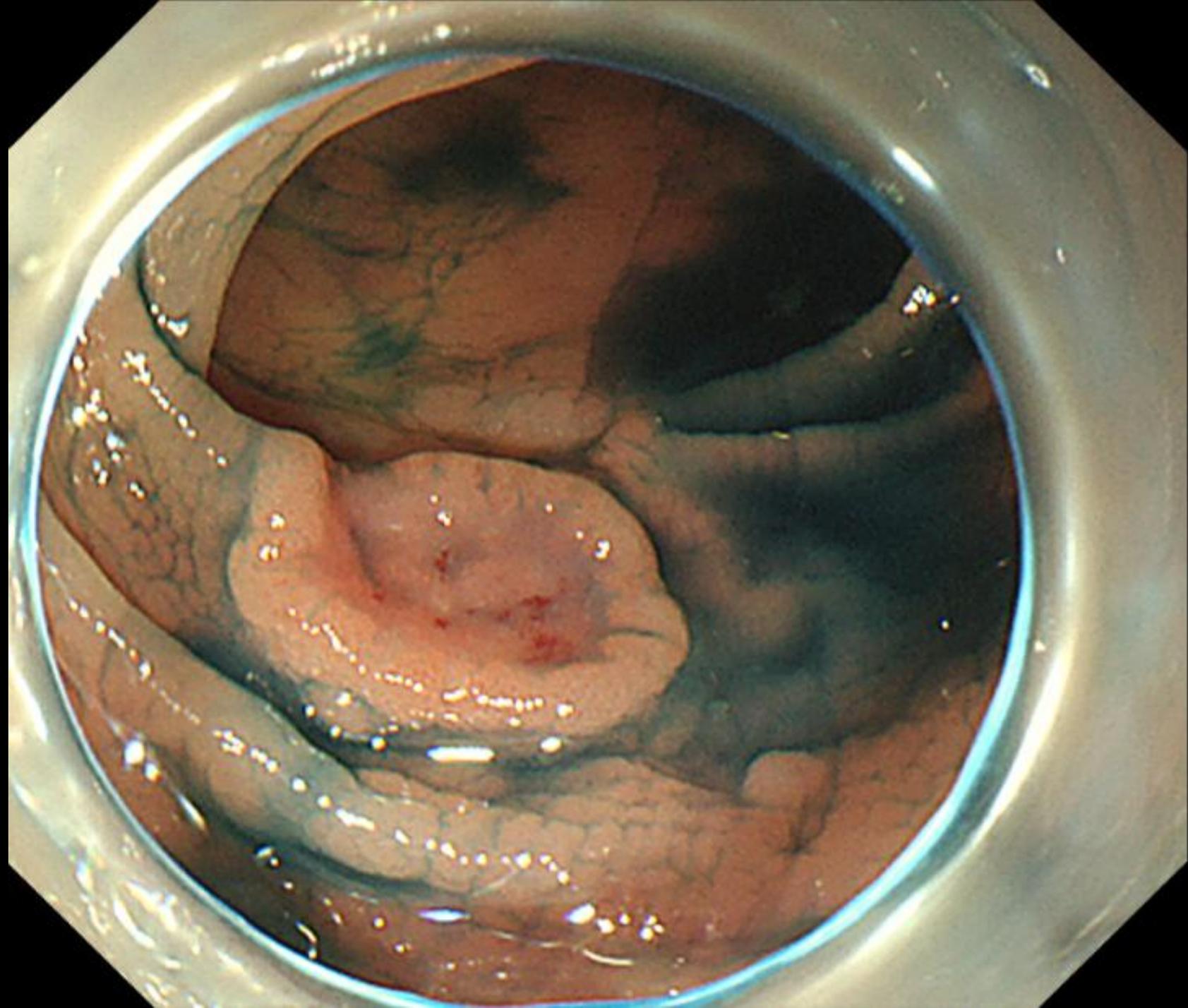


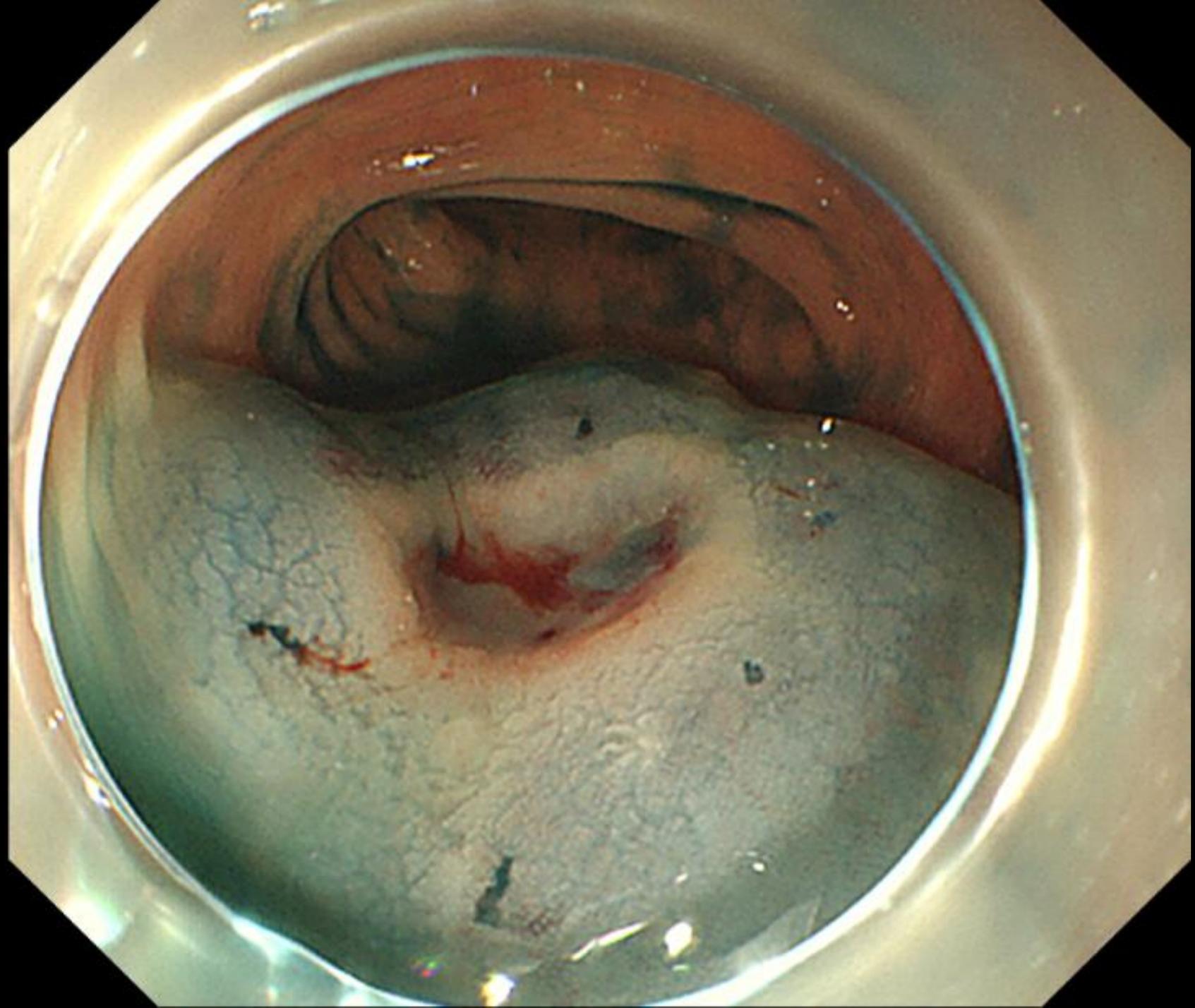


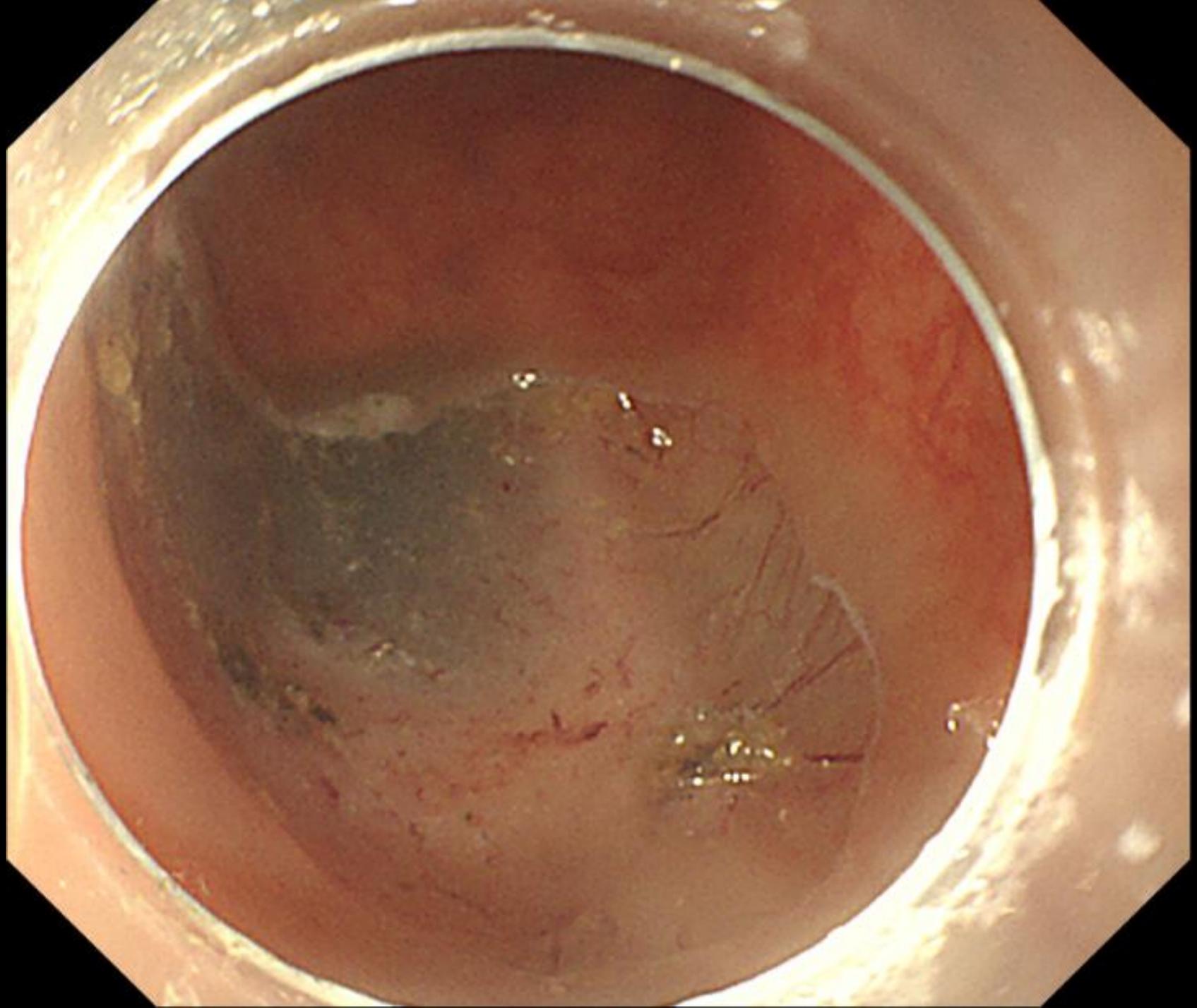


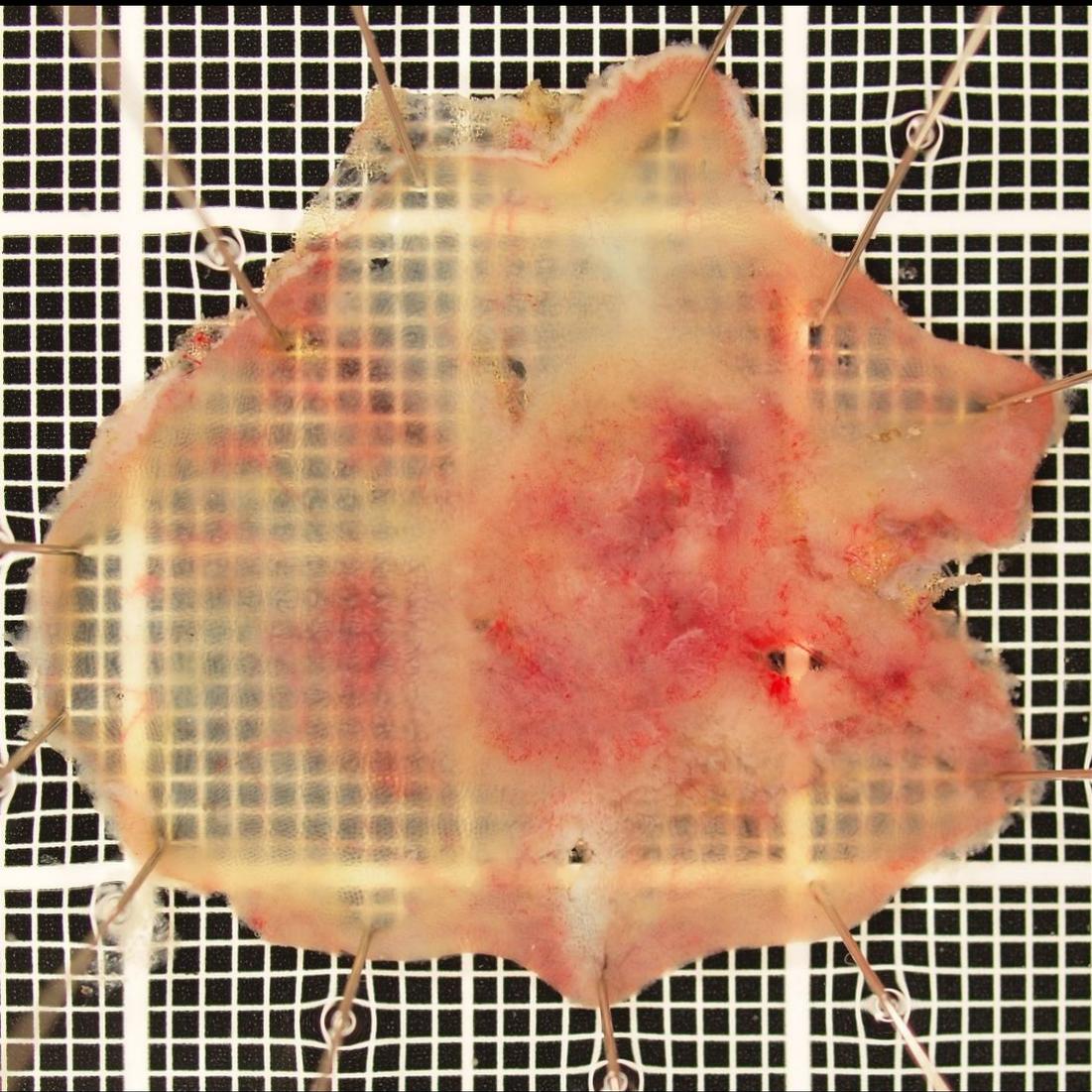
ESD当日  
4枚







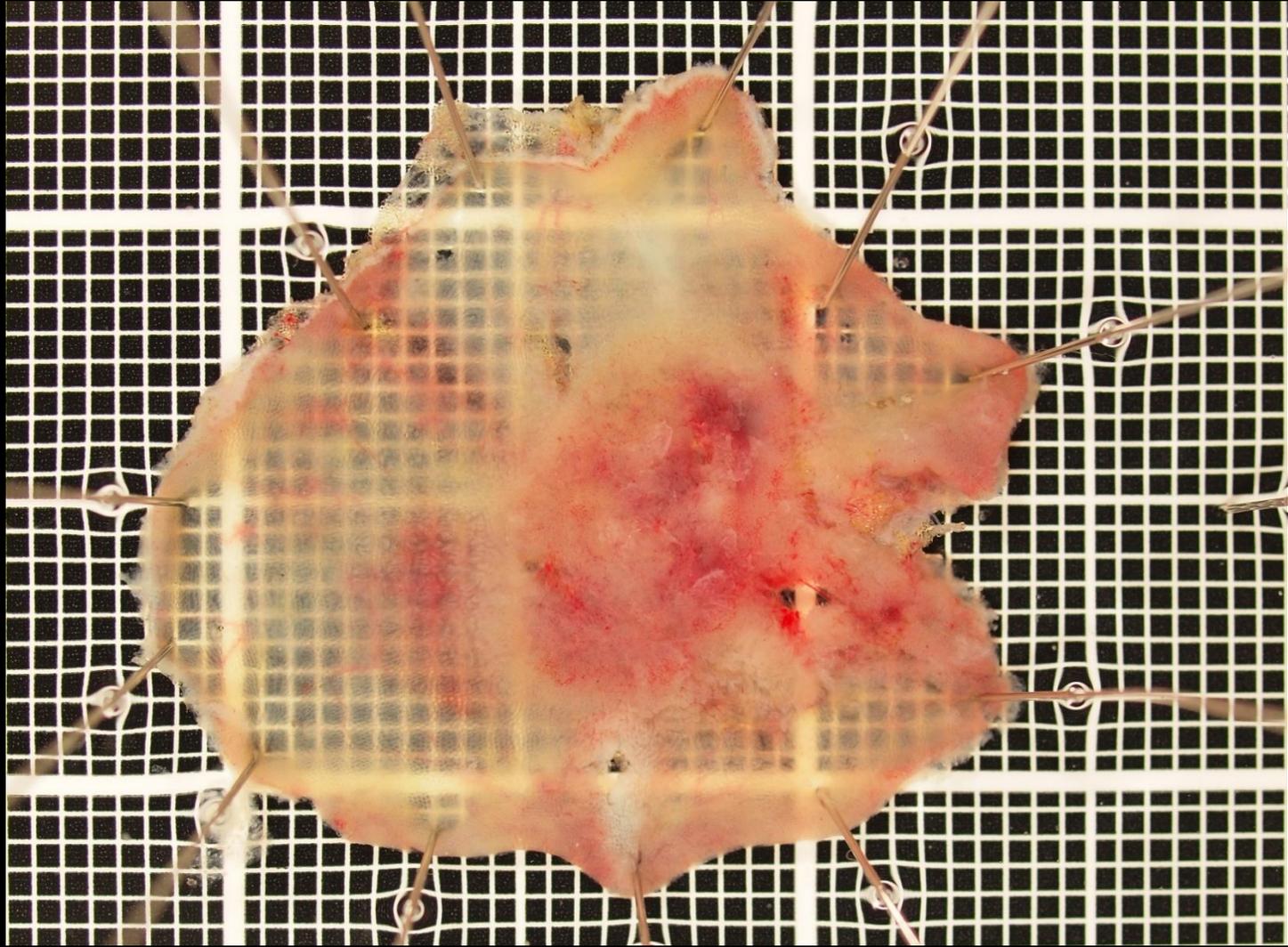




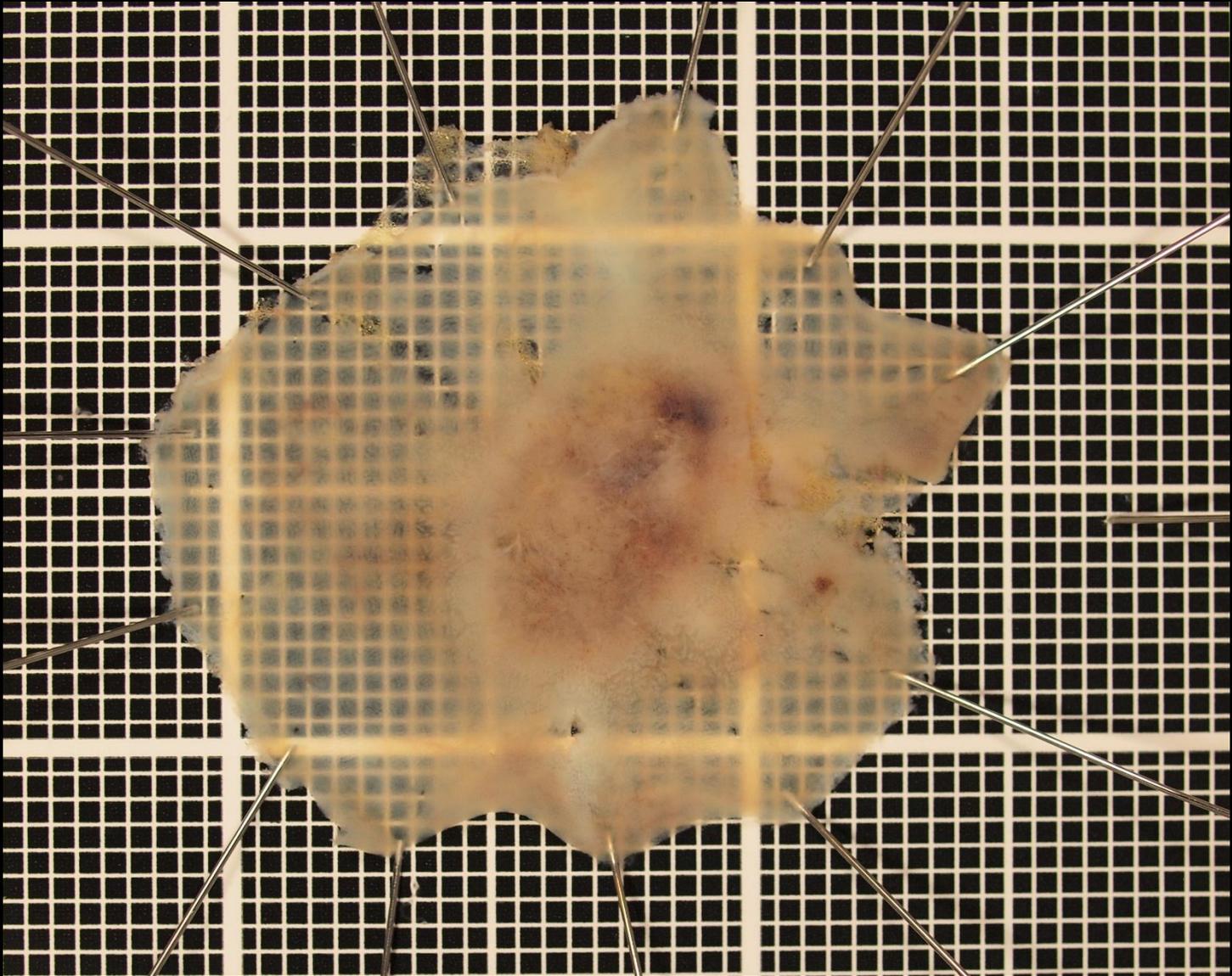
← oral



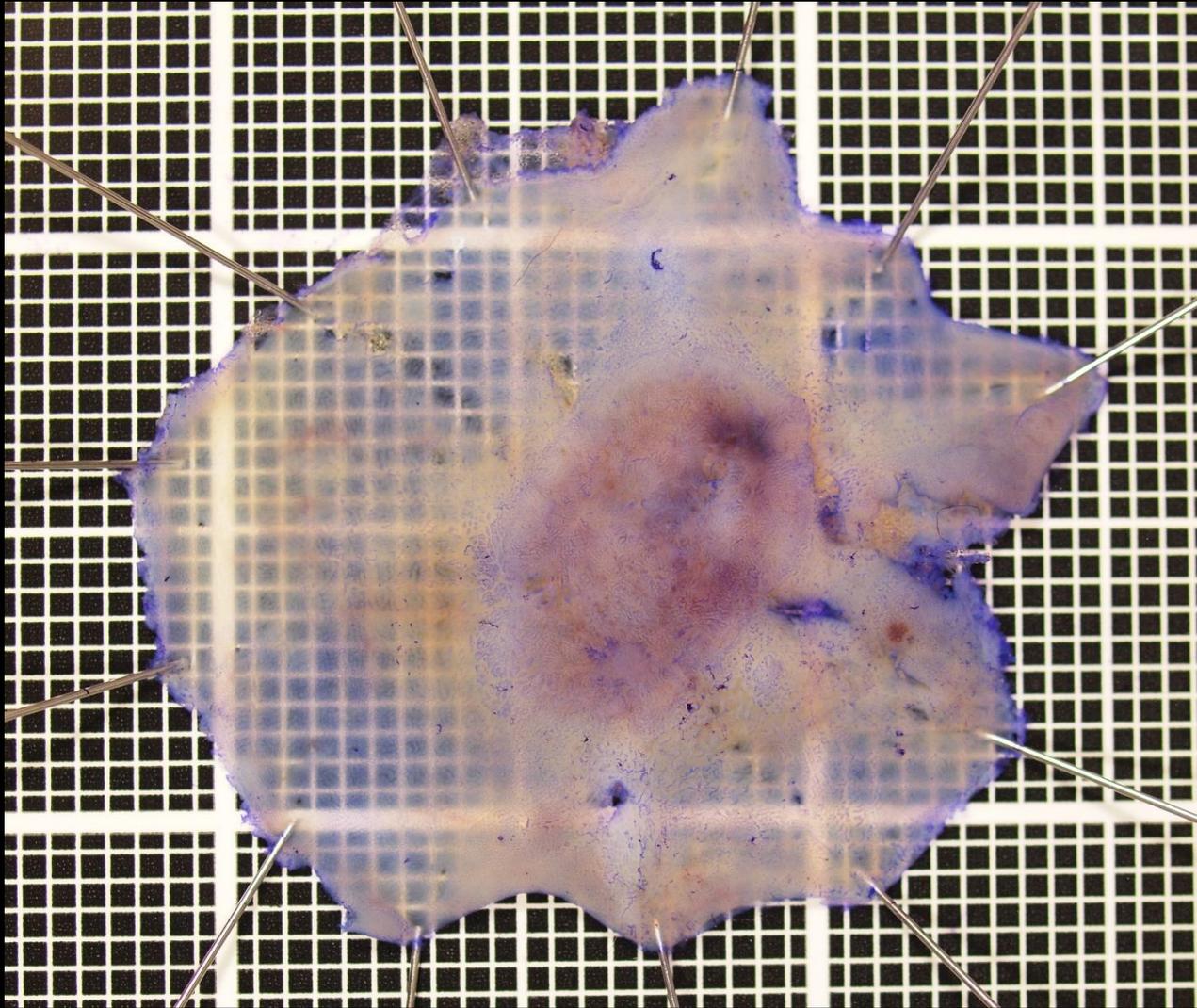
← oral



← oral

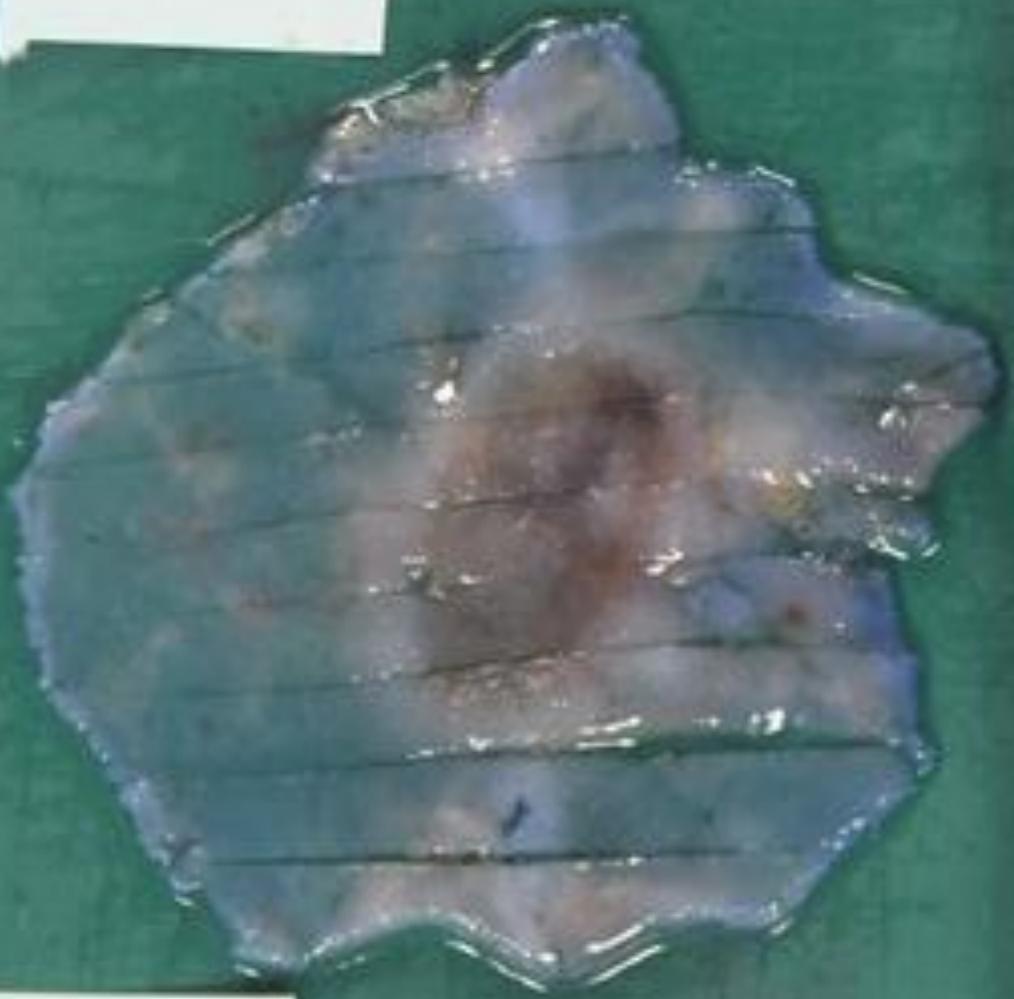


← oral

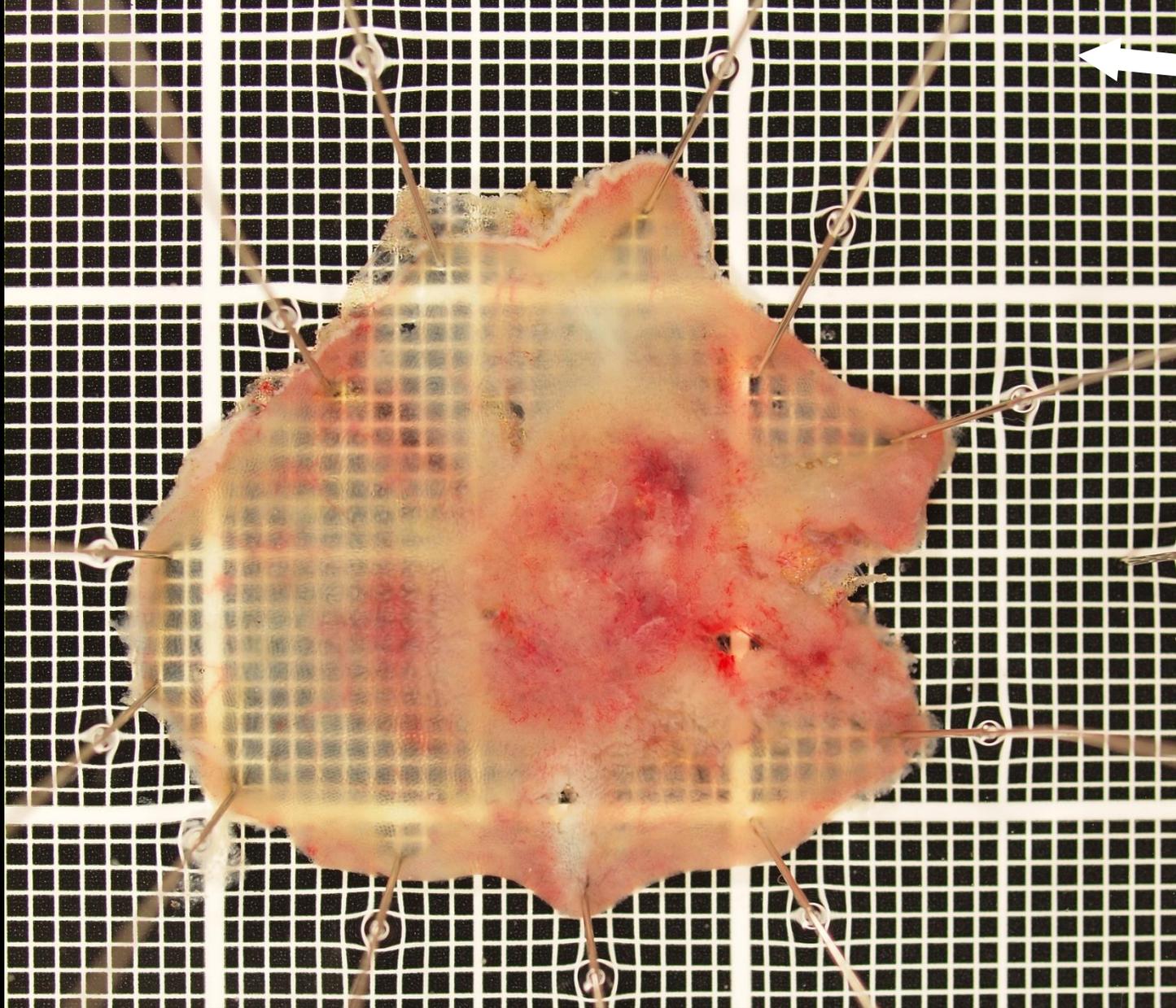


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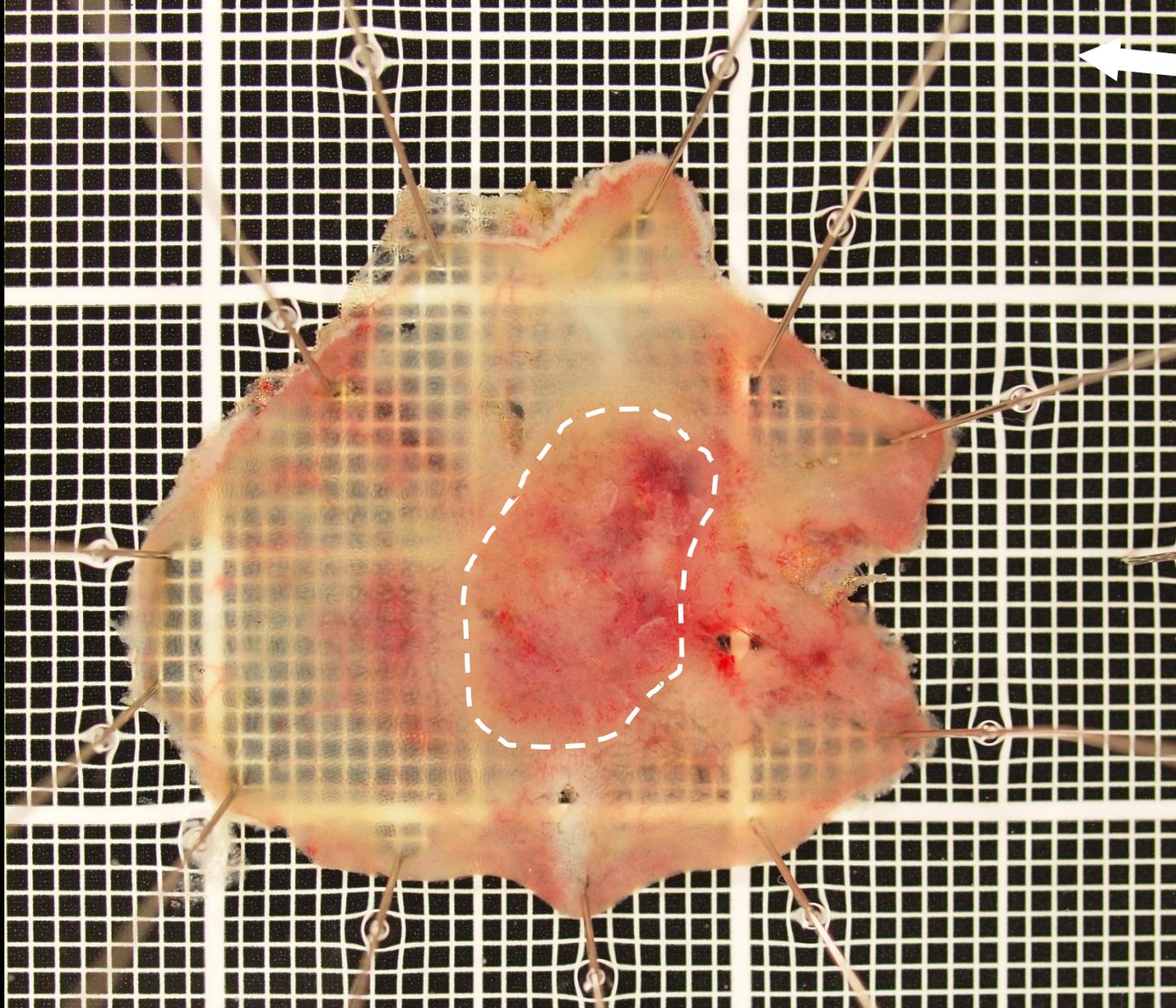
10



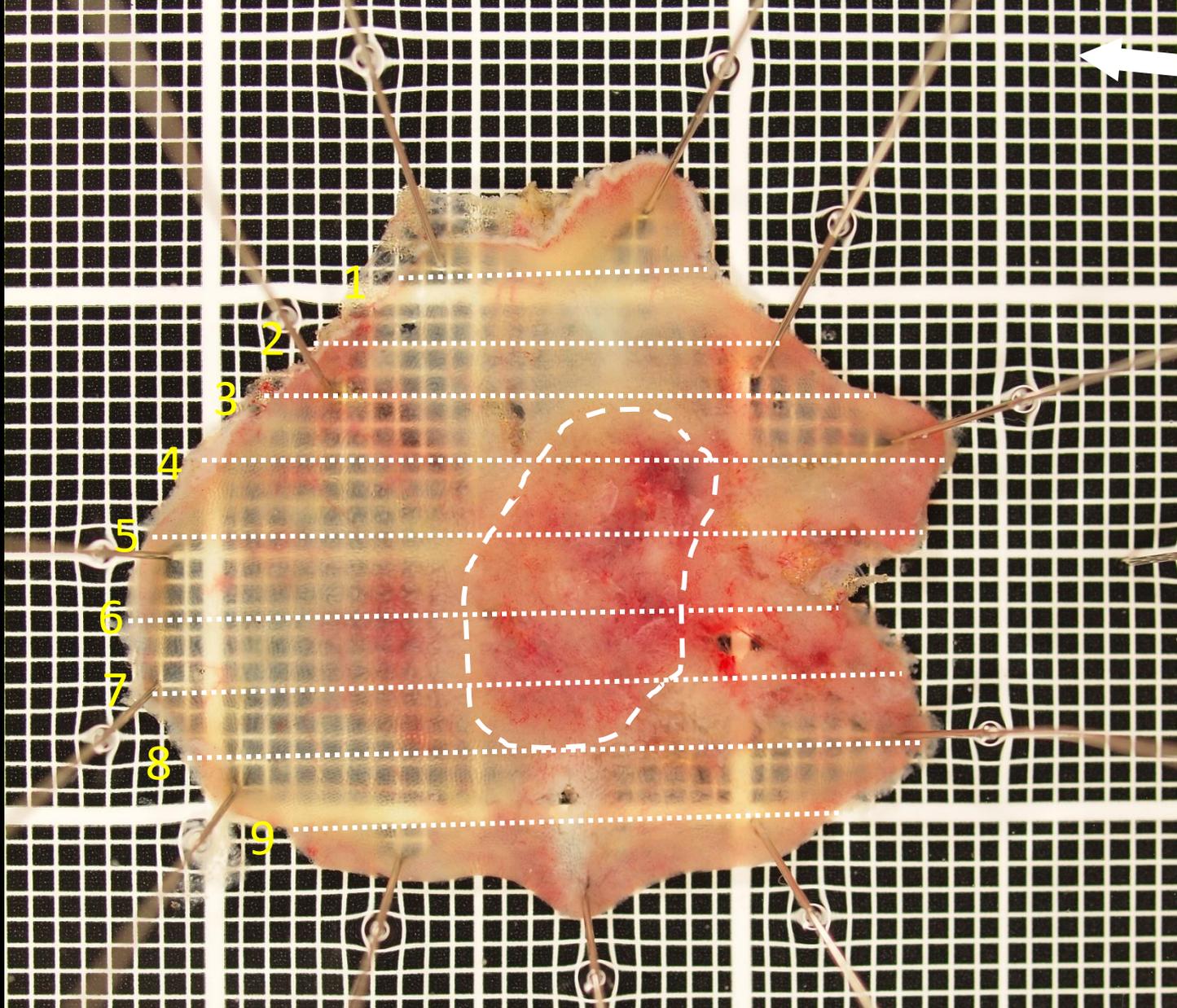
oral



oral



oral



← oral

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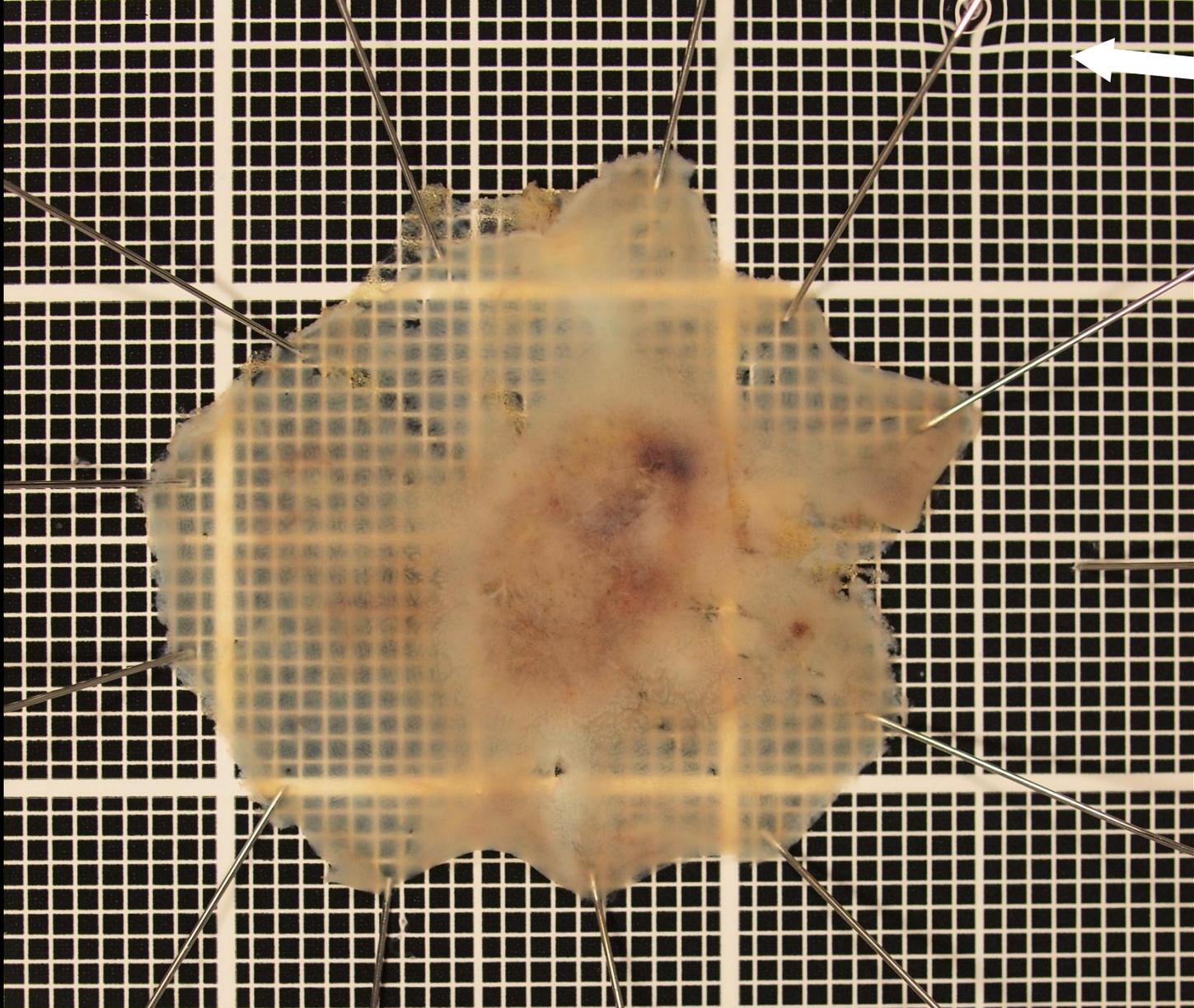
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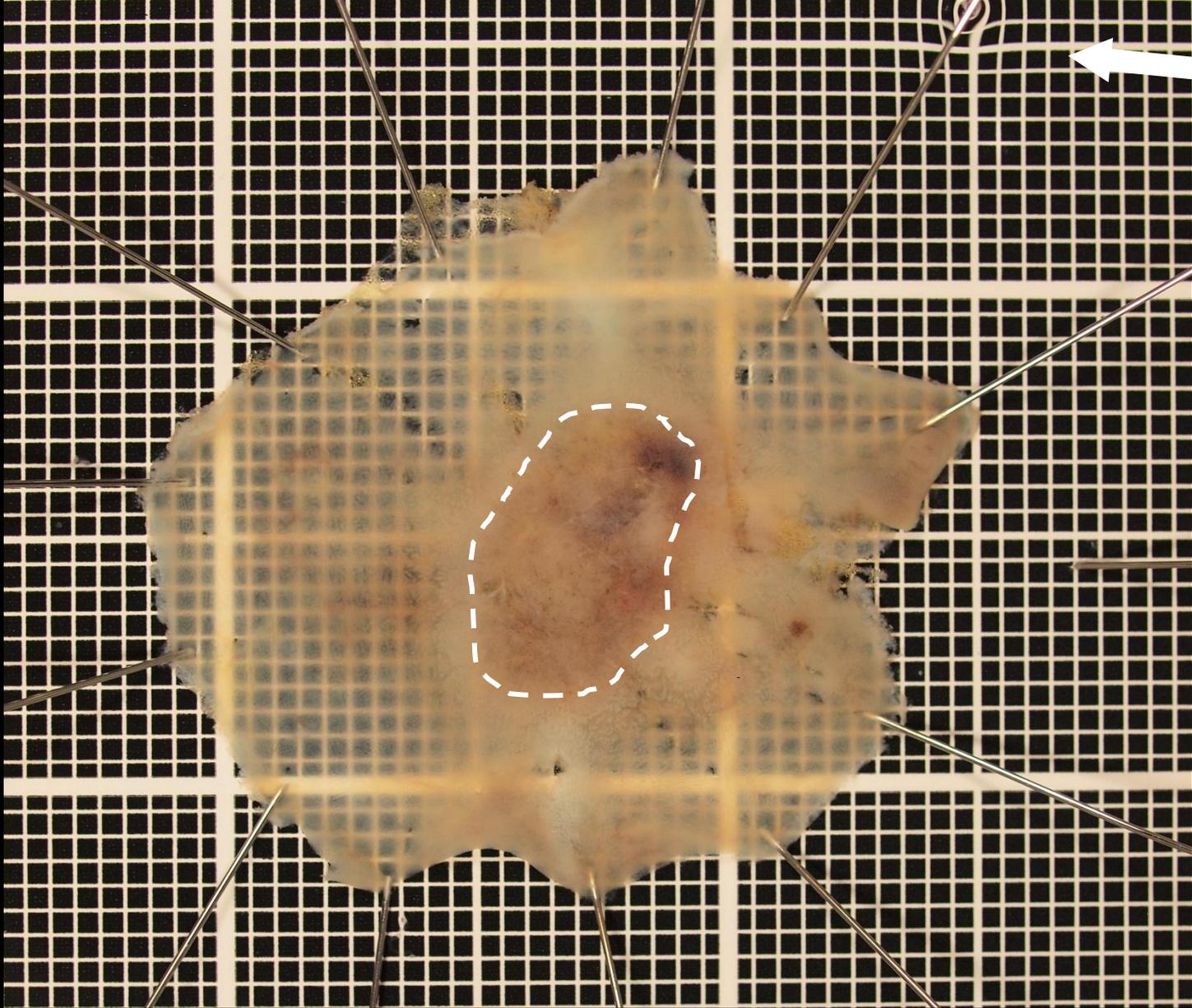
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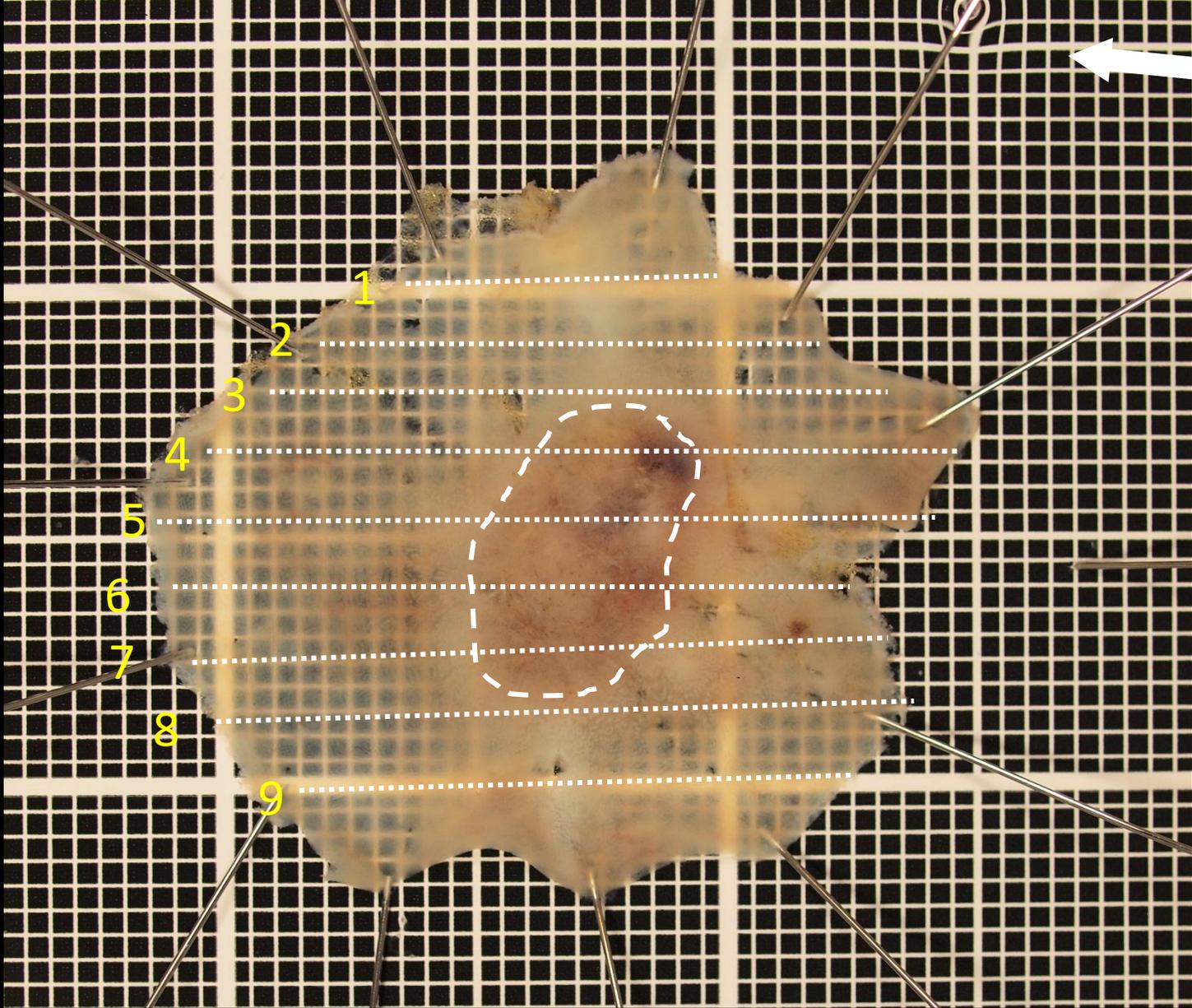
9



oral



oral



oral

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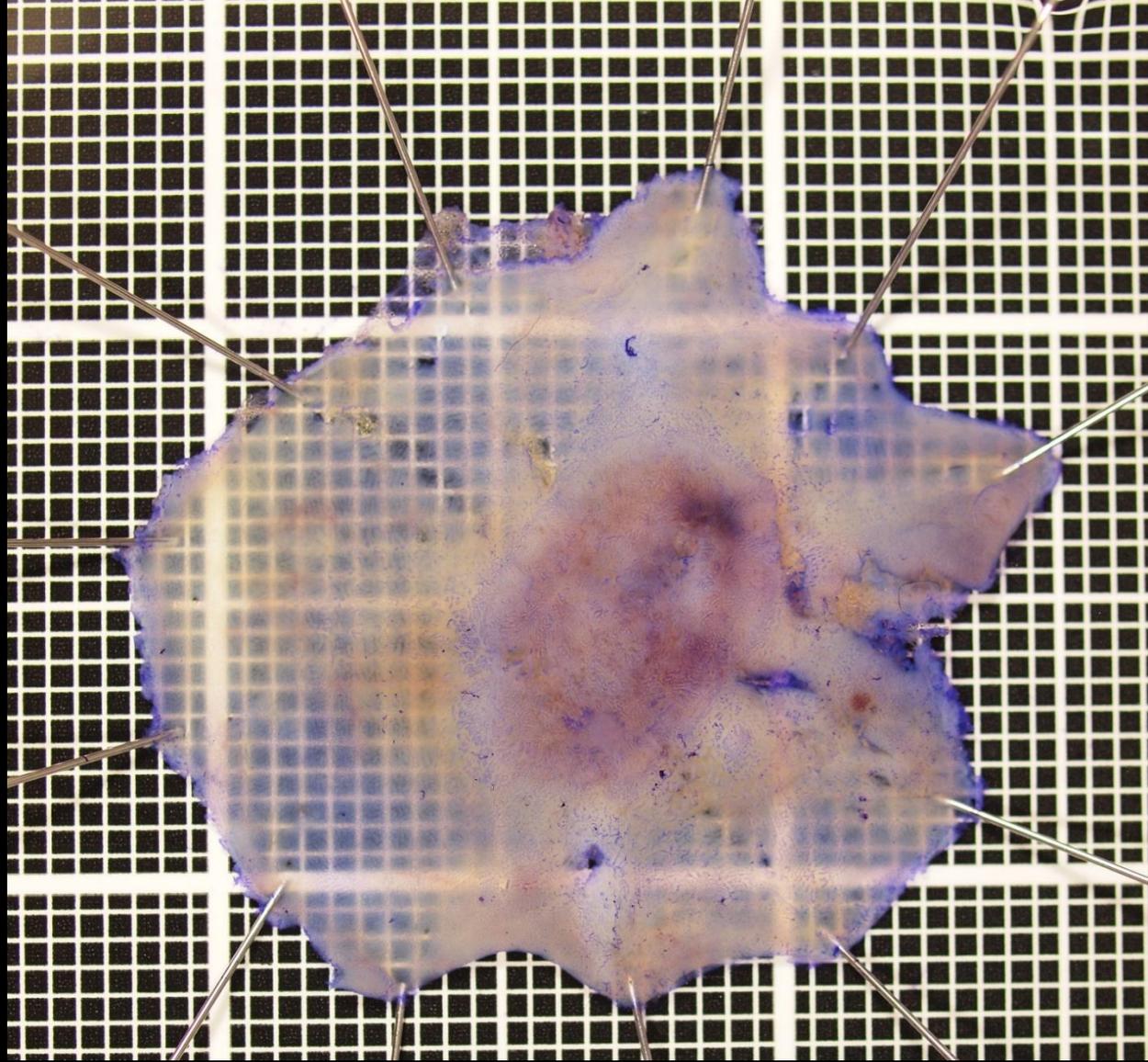
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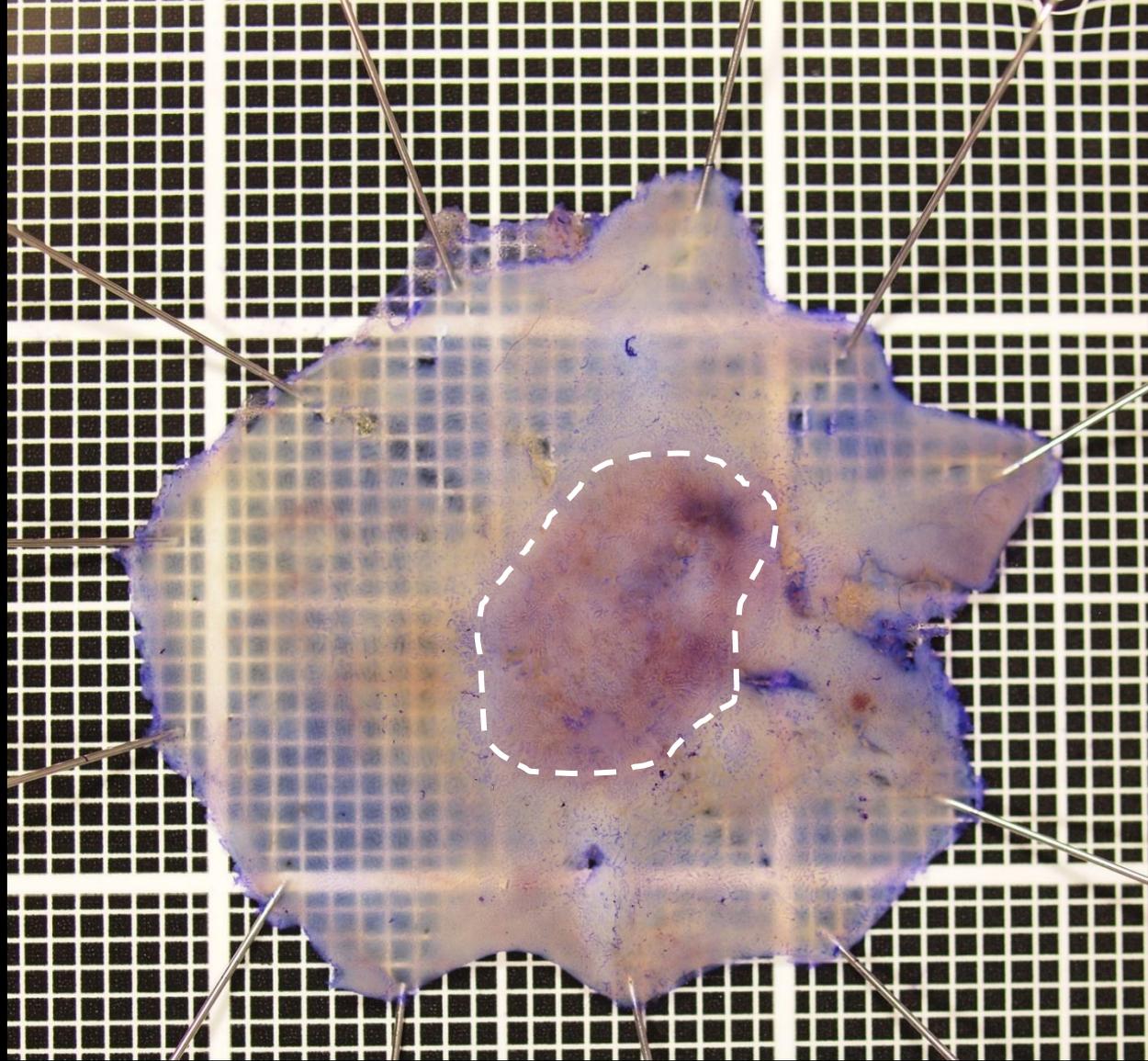
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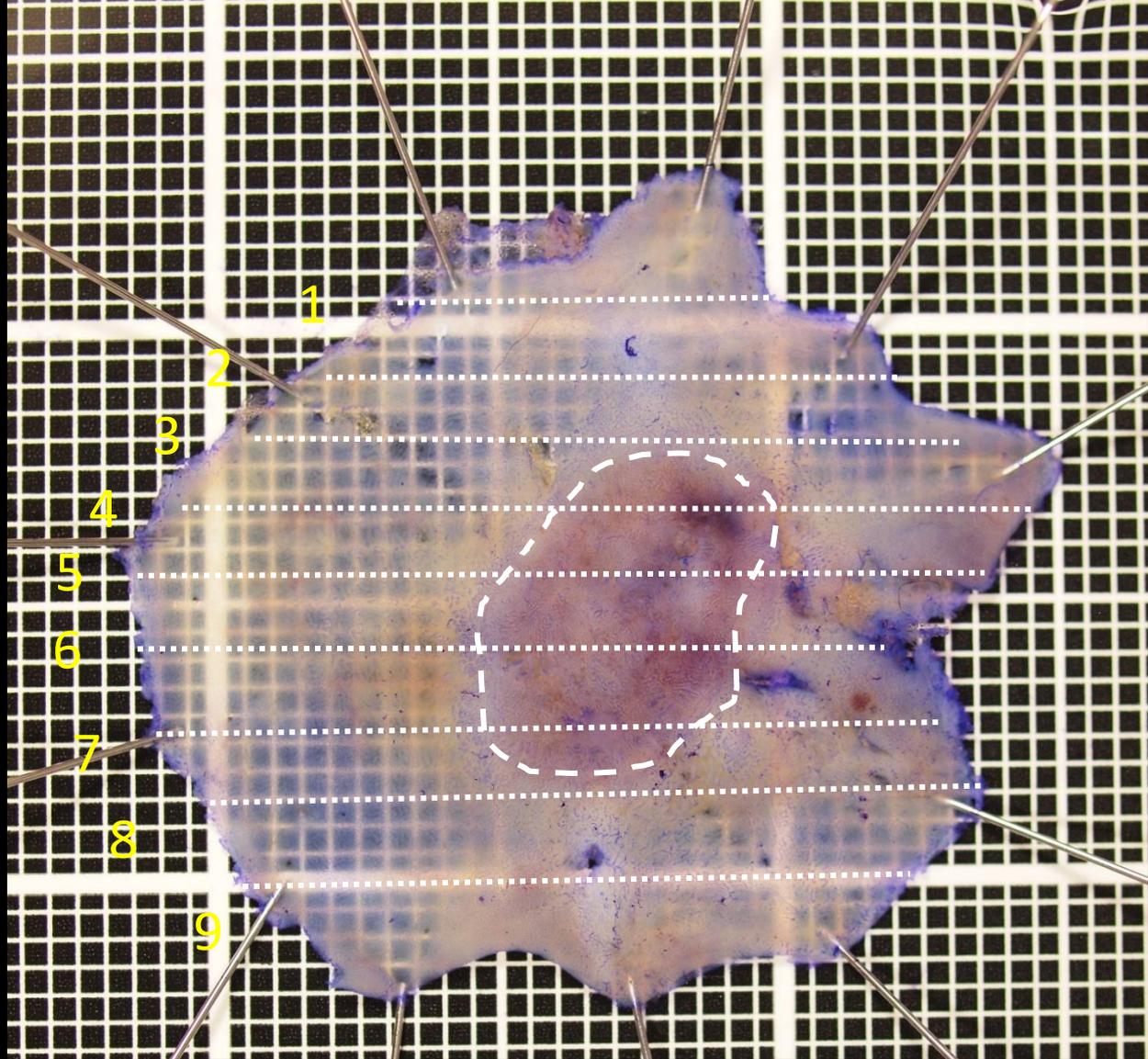
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← oral



← oral



← oral

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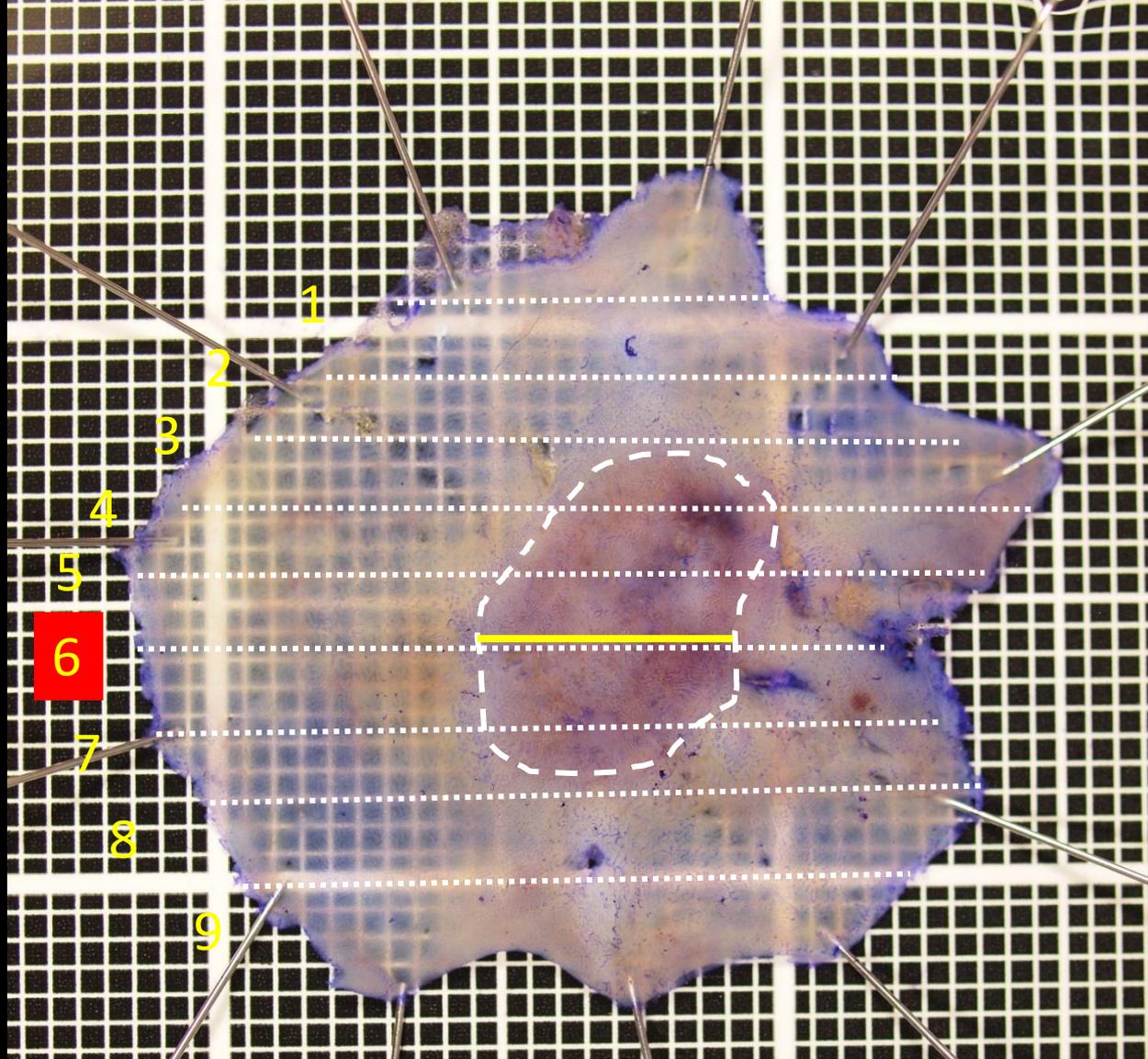
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代表切片：6, 5番



← oral

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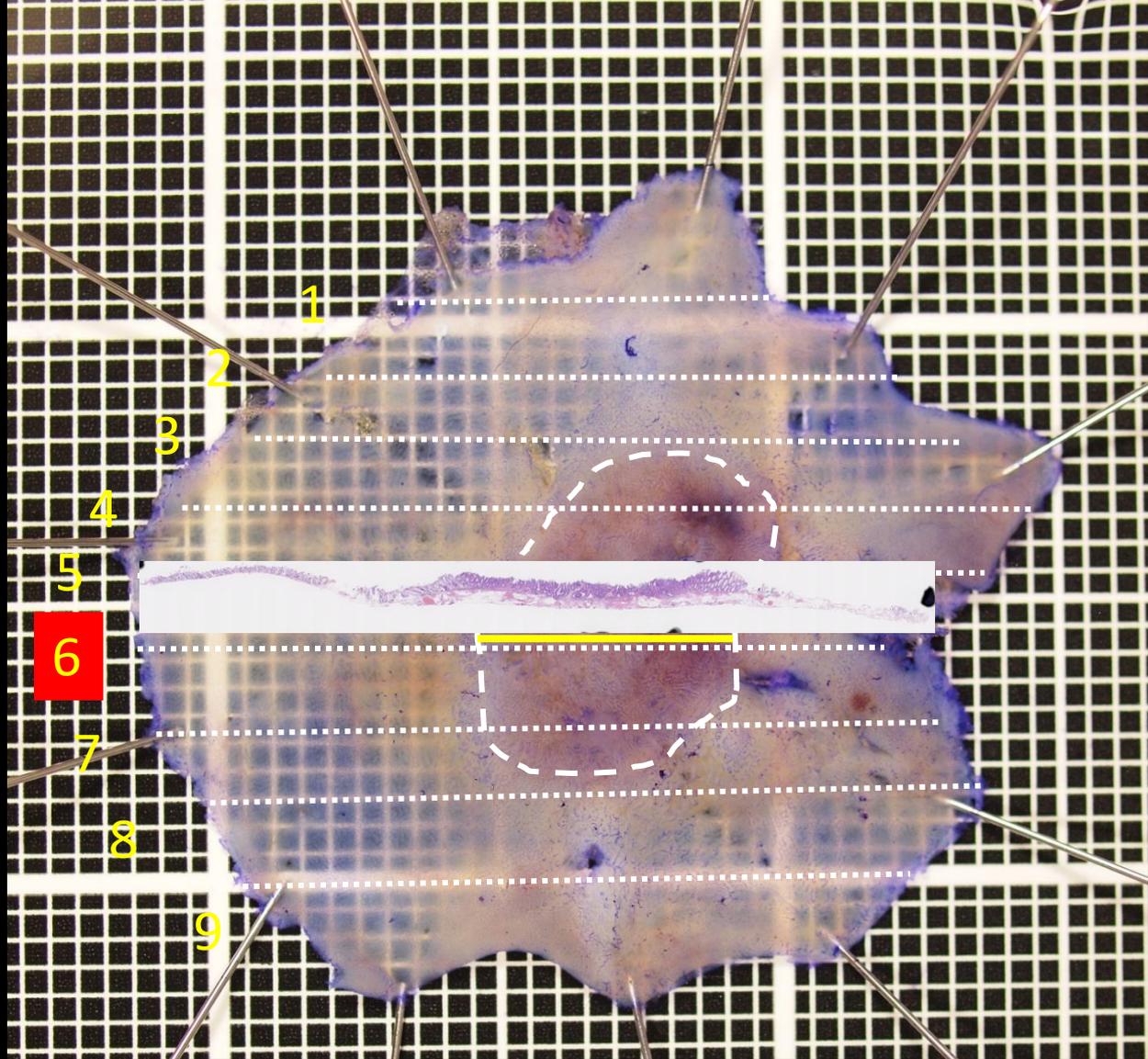
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6

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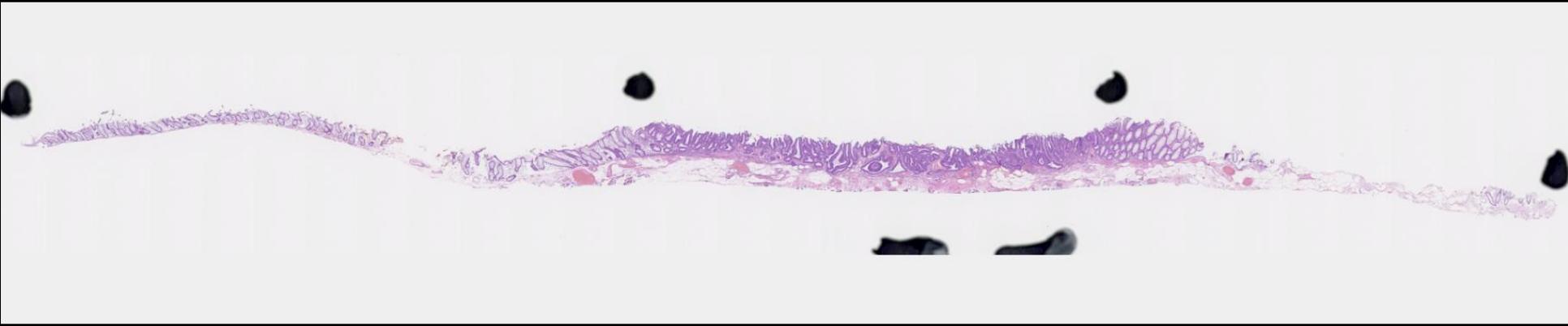
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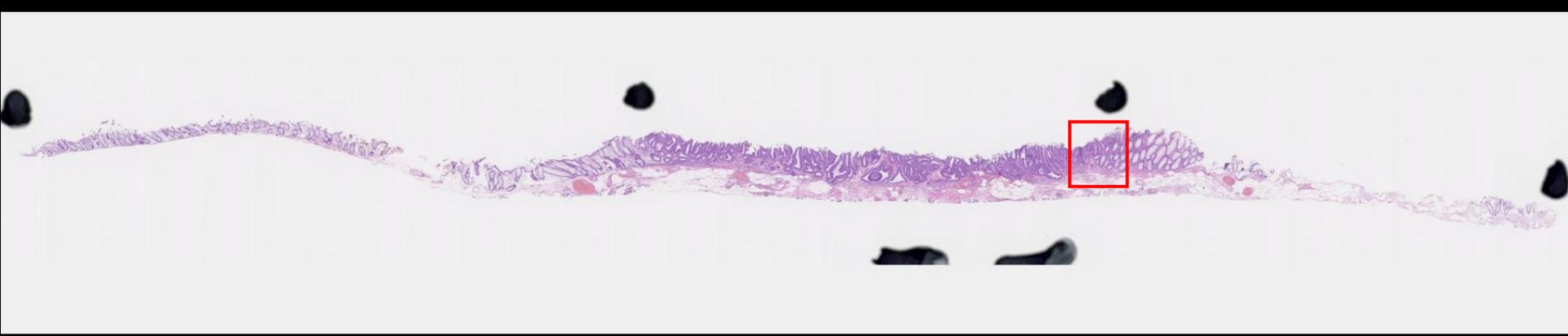


← oral

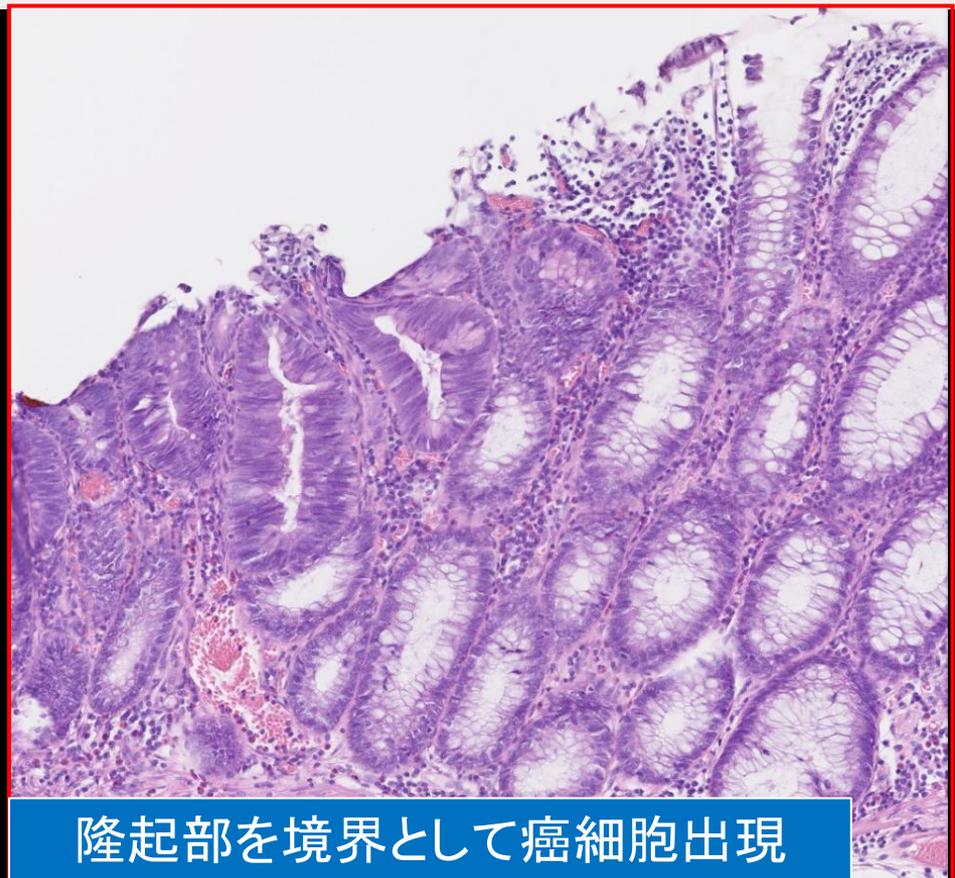
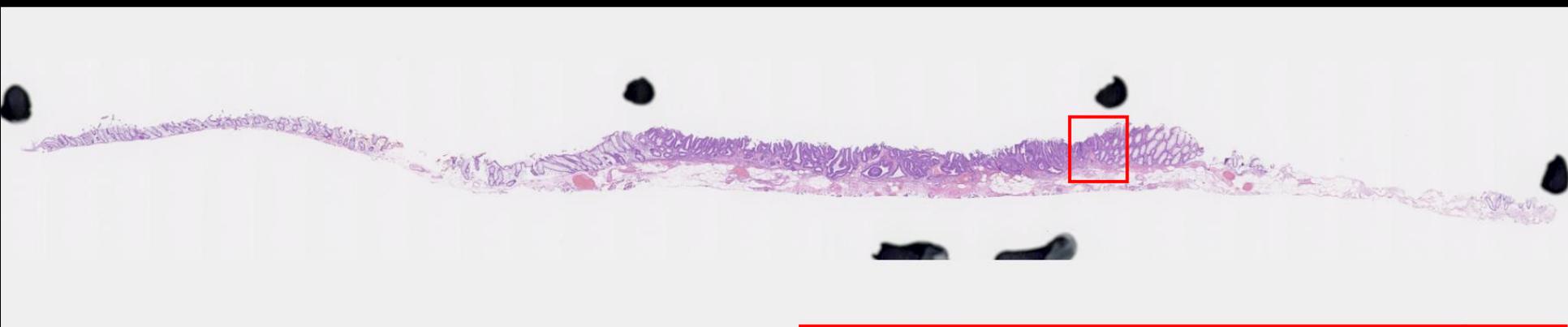
#6



#6

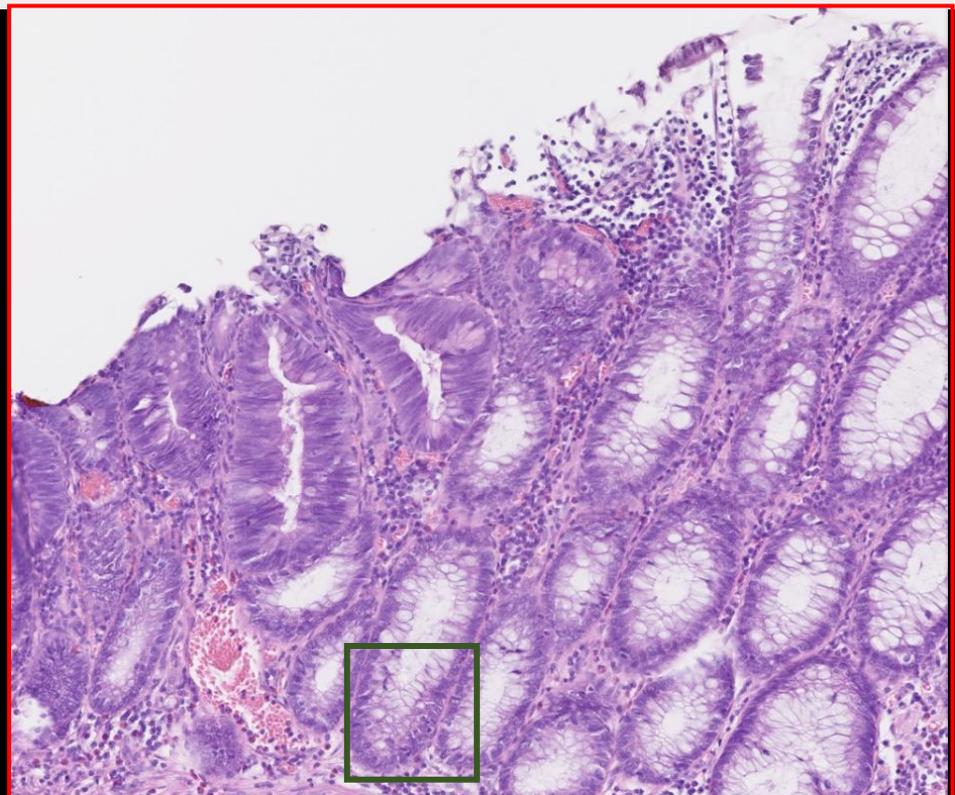
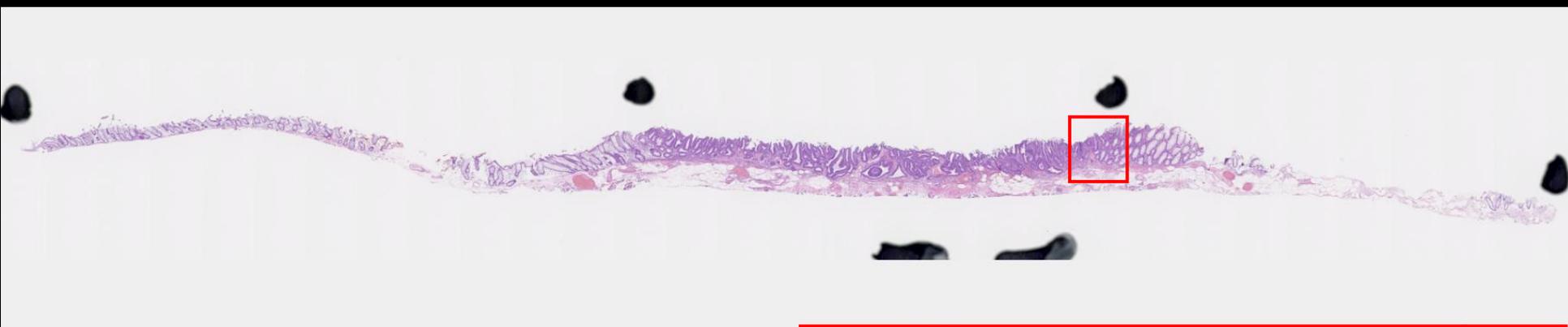


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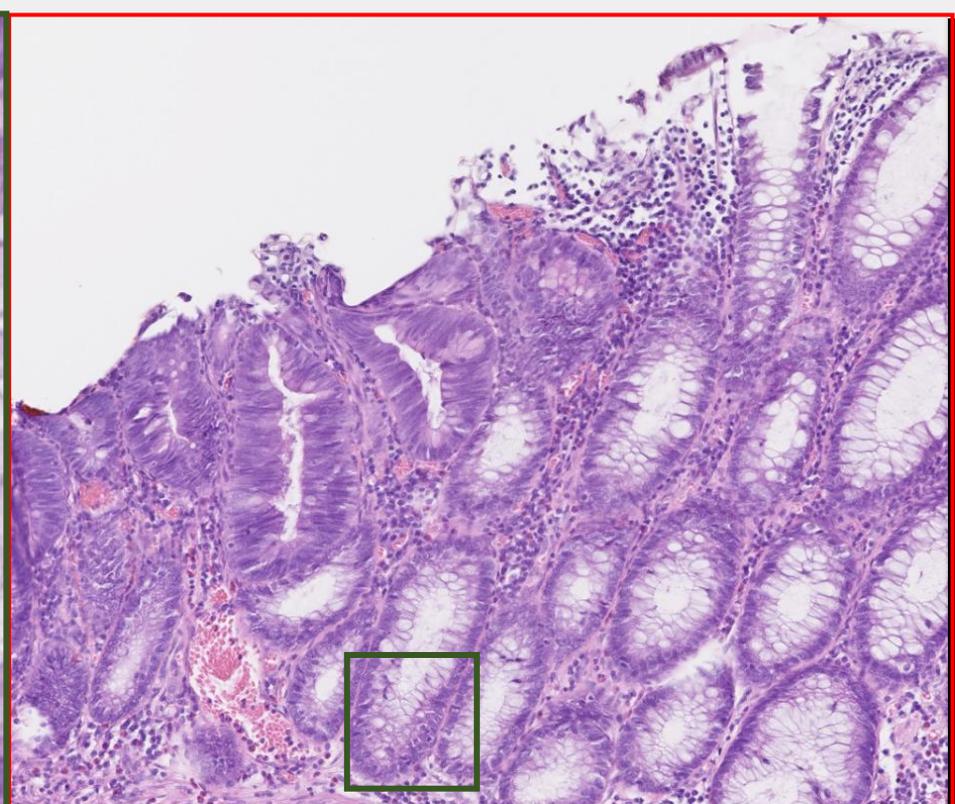
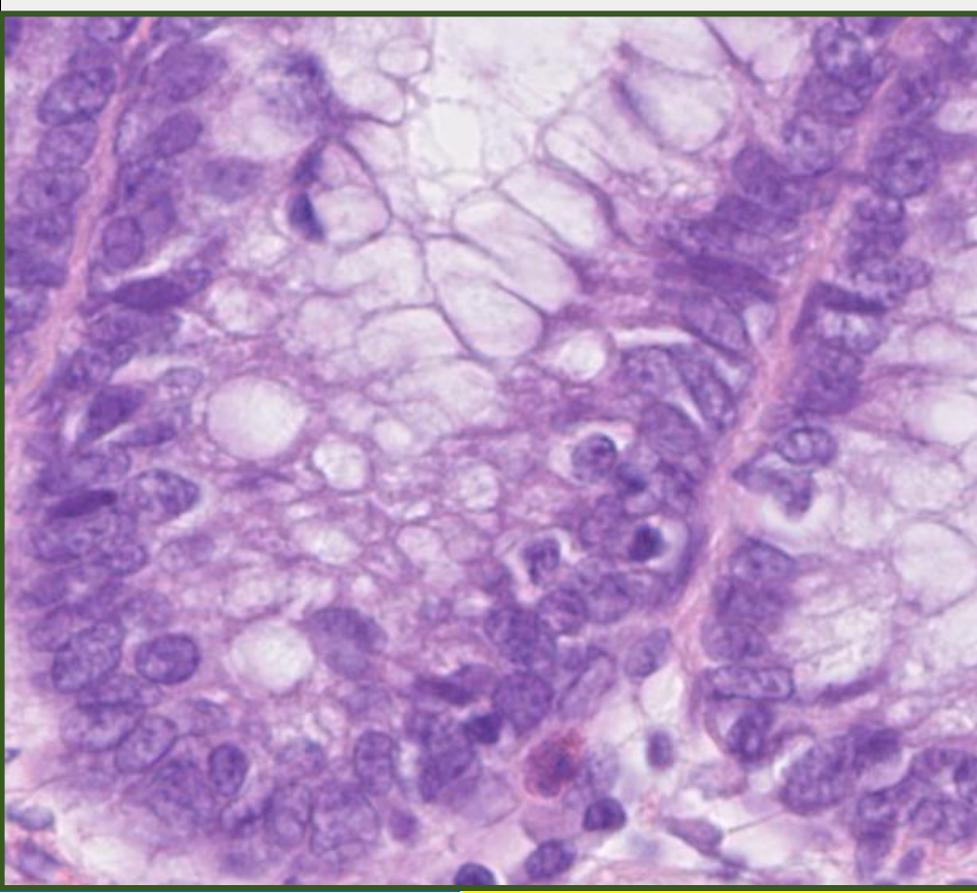
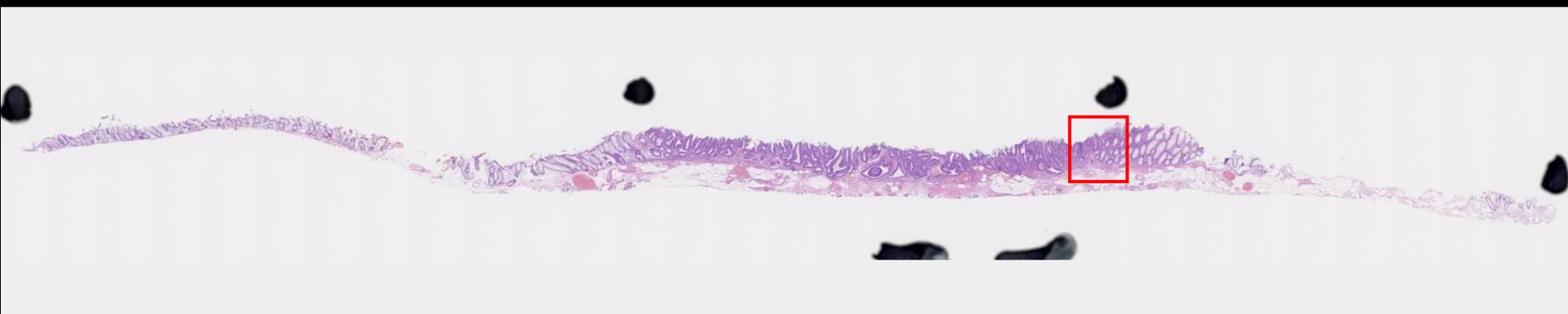
隆起部を境界として癌細胞出現

#6

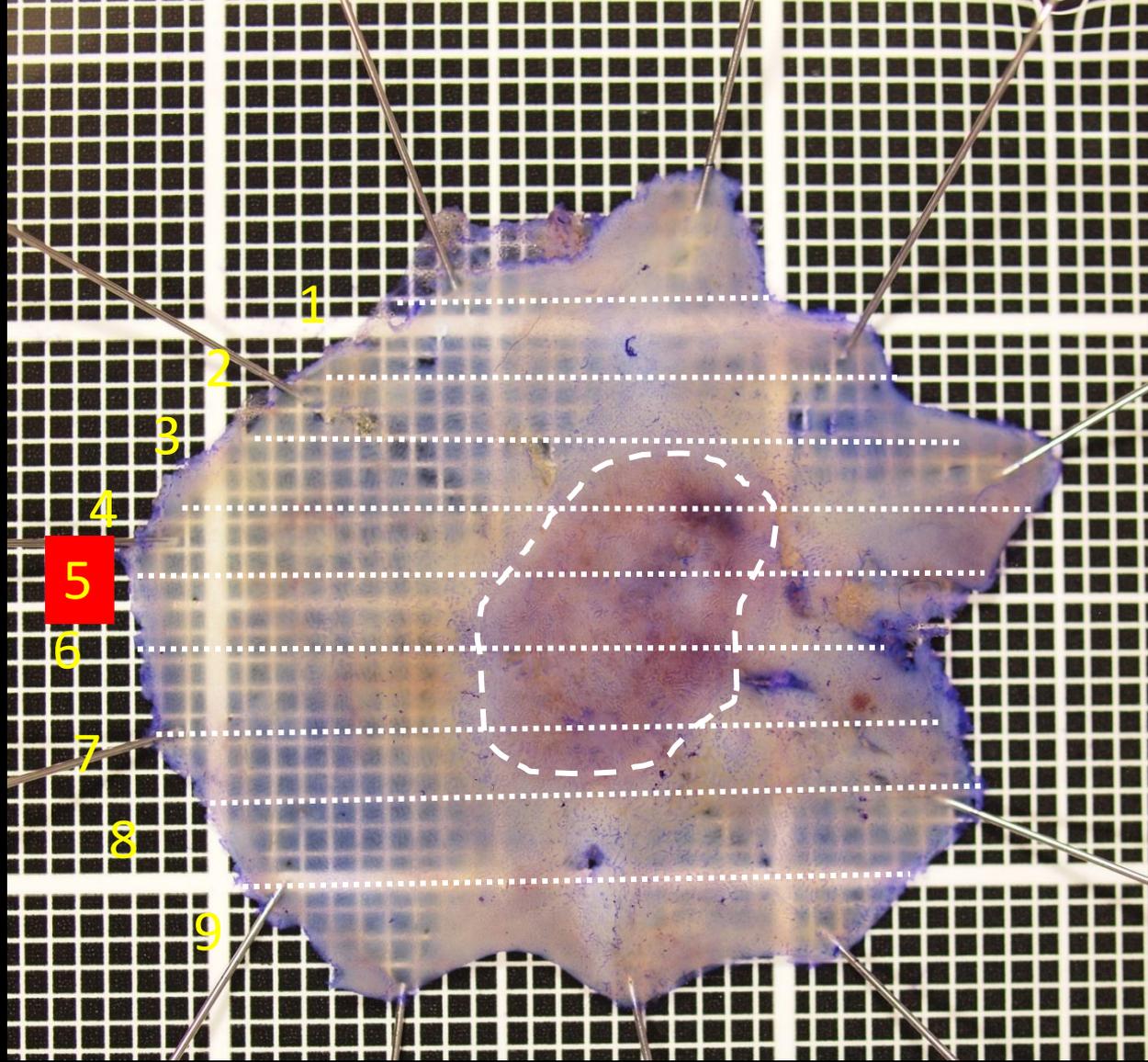


隆起部を境界として癌細胞出現

#6



隆起部を境界として癌細胞出現



← oral

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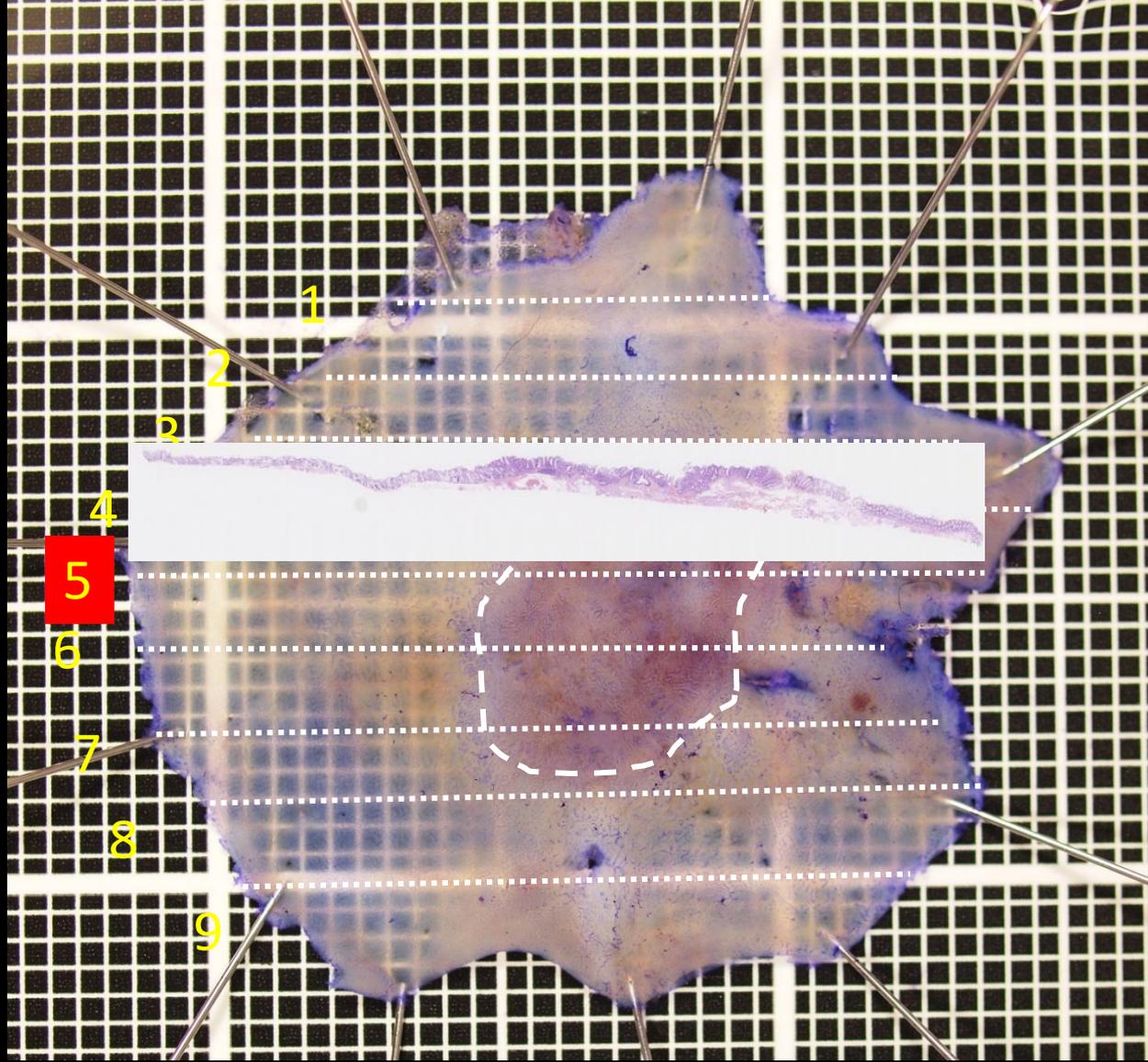
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← oral



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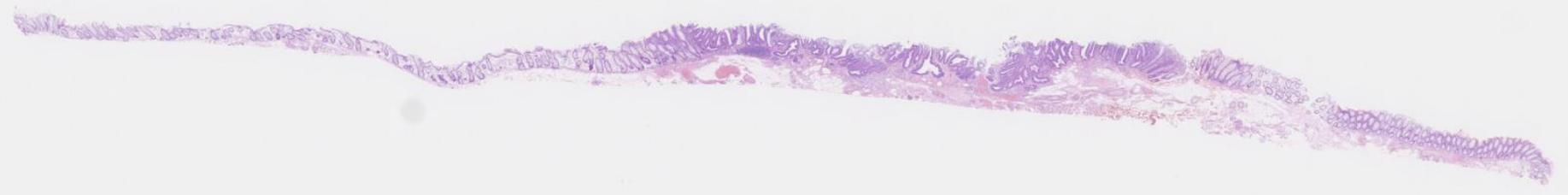
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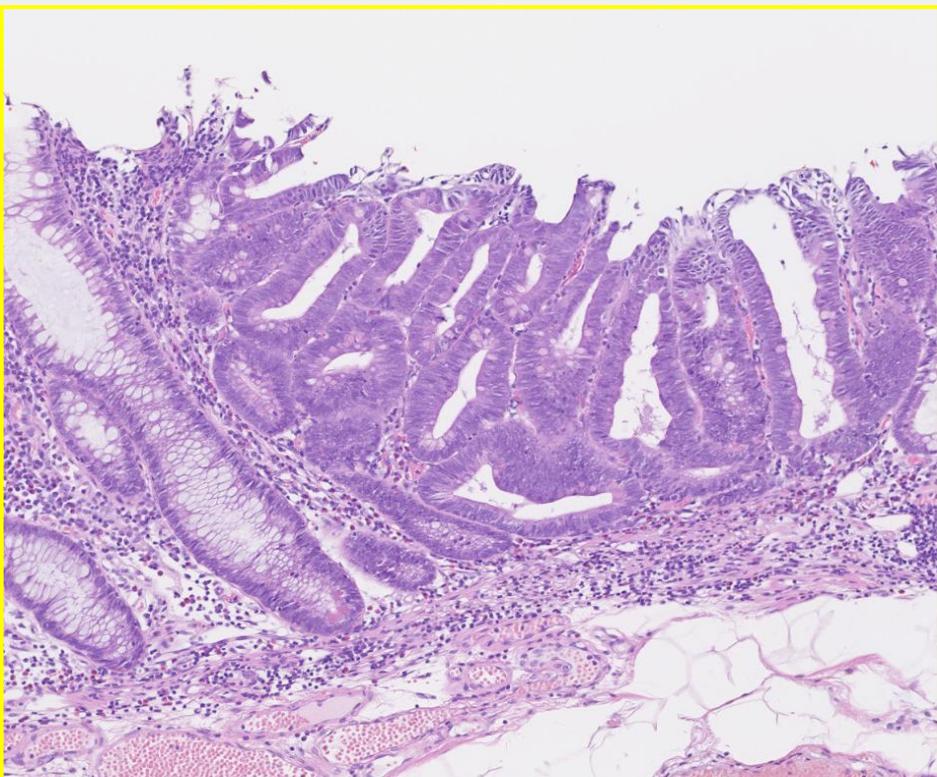
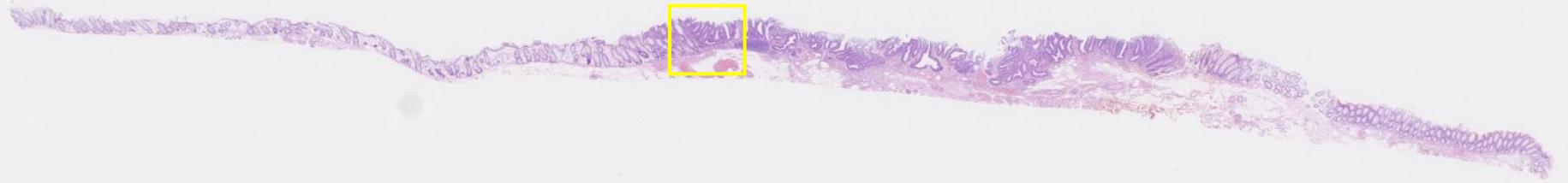
#5



#5



#5



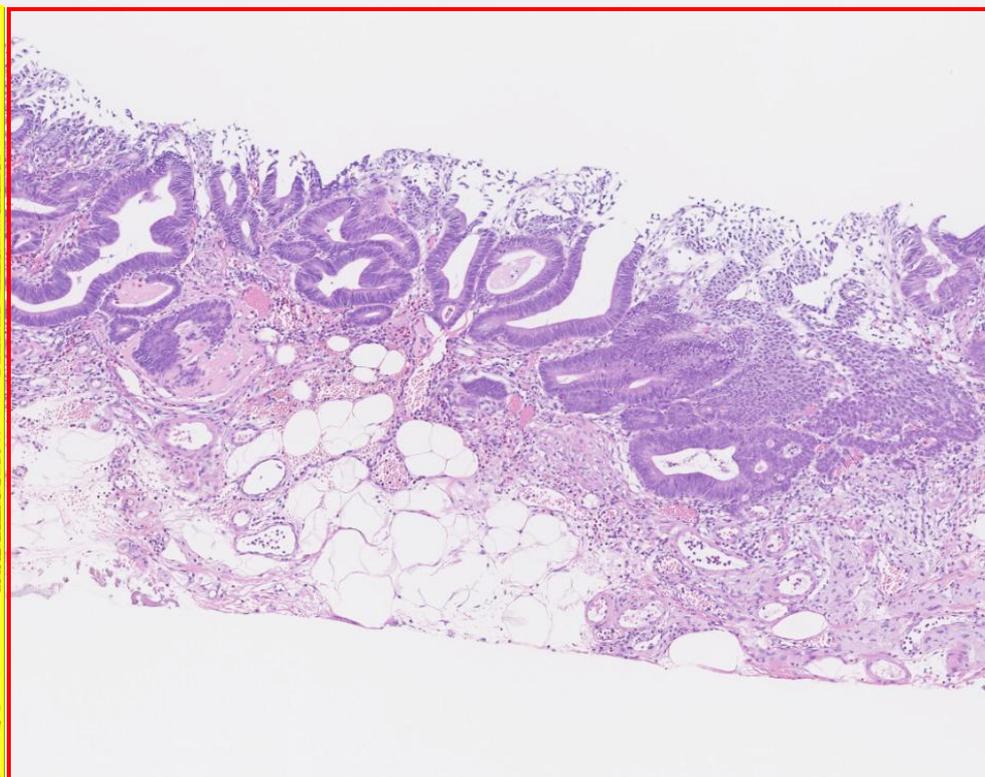
腫瘍辺縁の隆起部で異型腺管の増殖

#5



腫瘍辺縁の隆起部で異型腺管の増殖

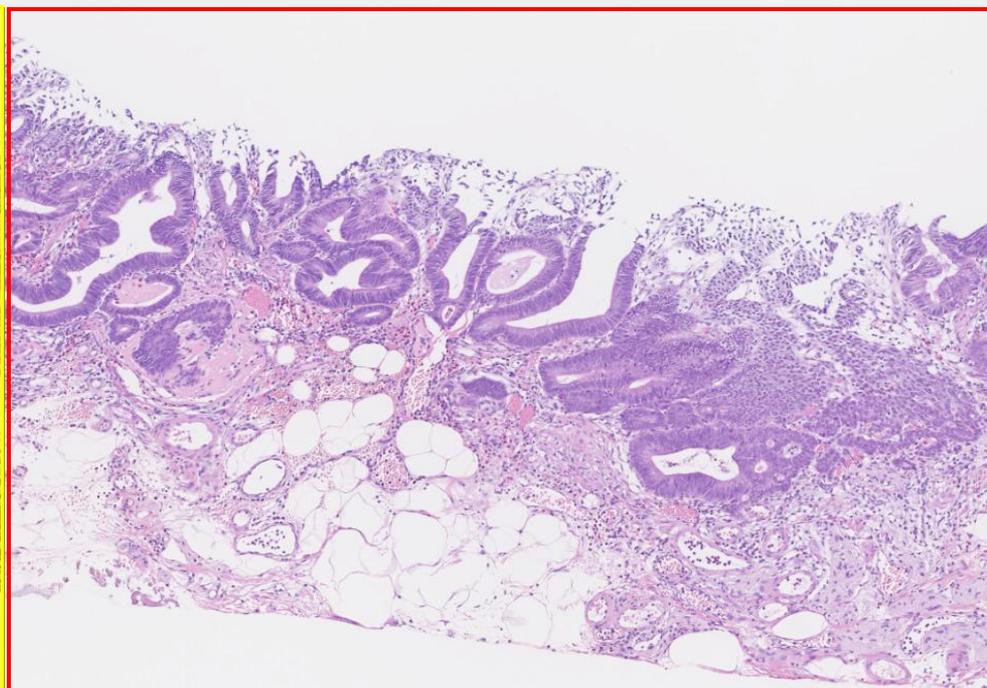
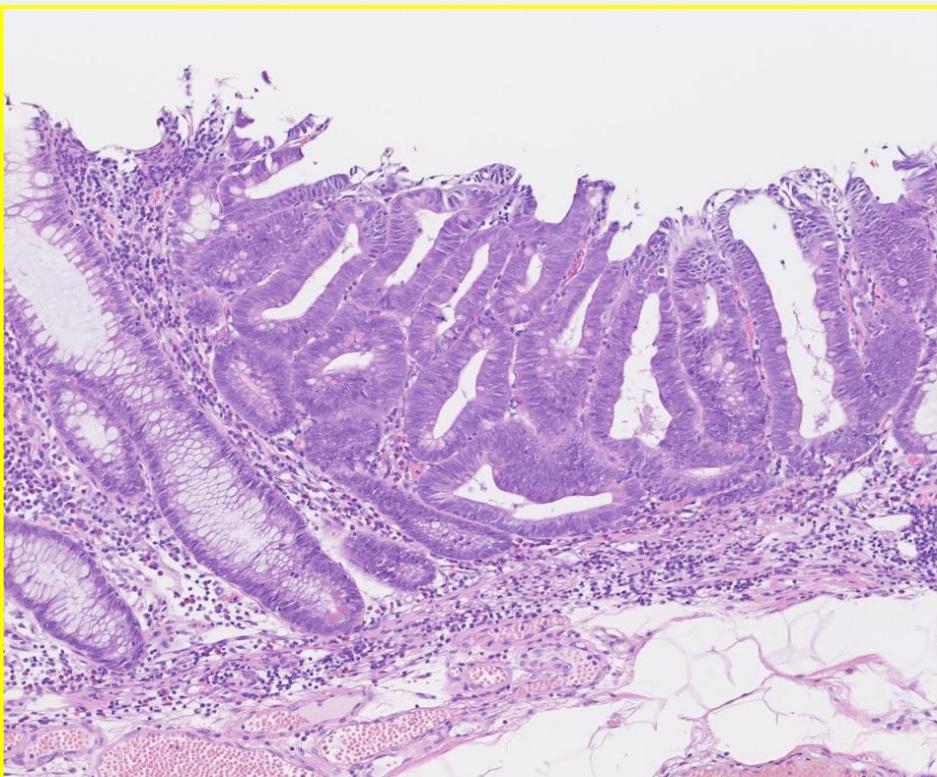
#5



腫瘍辺縁の隆起部で異型腺管の増殖

陥凹部でも粘膜内に癌細胞あり

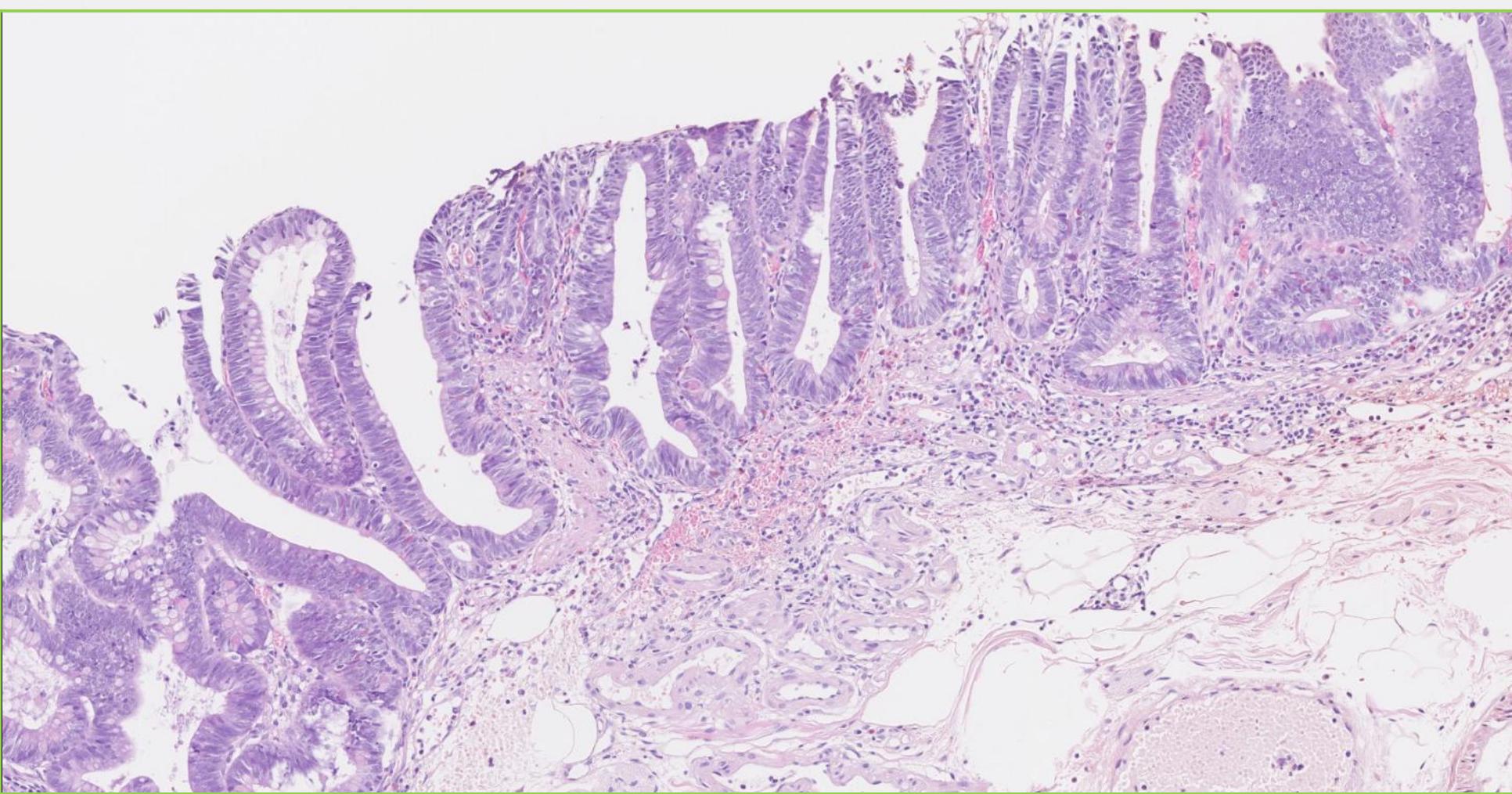
#5



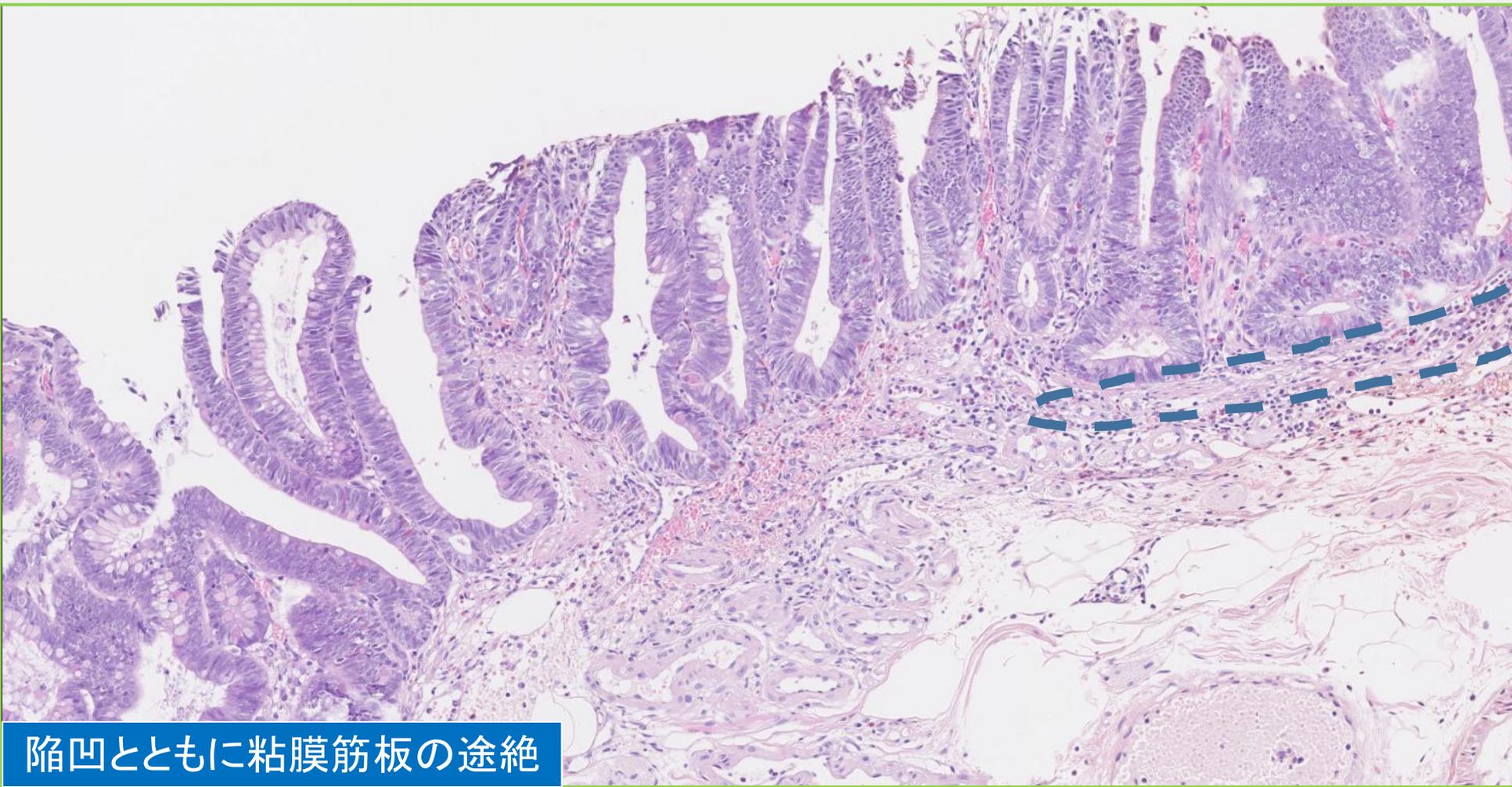
腫瘍辺縁の隆起部で異型腺管の増殖

陥凹部でも粘膜内に癌細胞あり

#5



#5

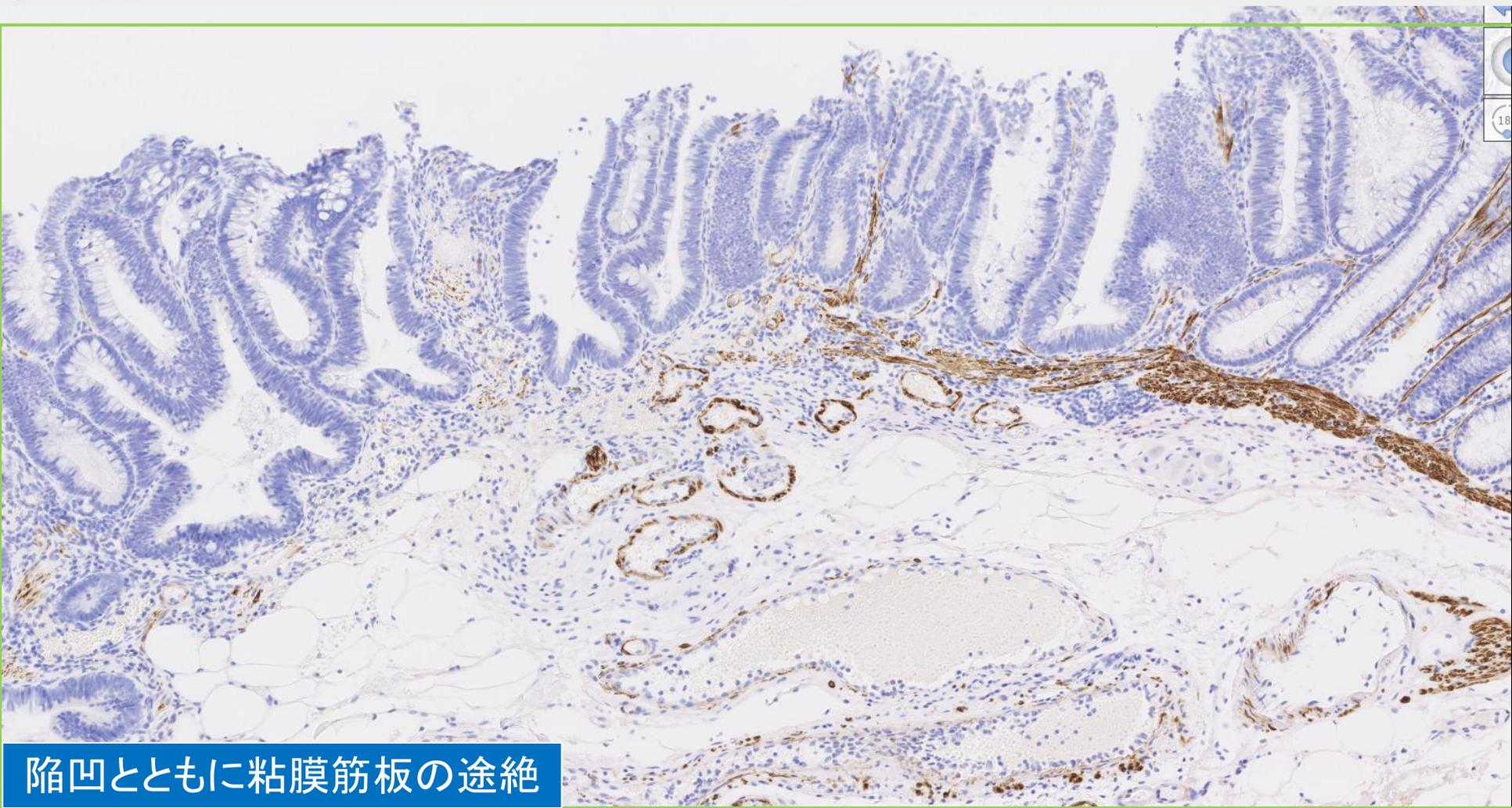
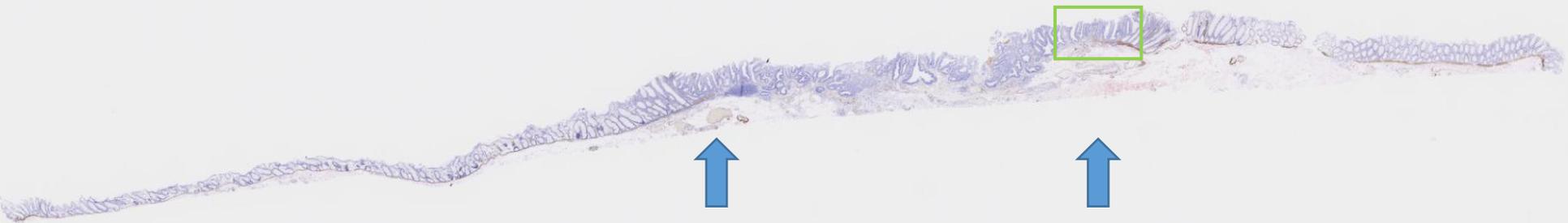


陥凹とともに粘膜筋板の途絶

#5 desmin

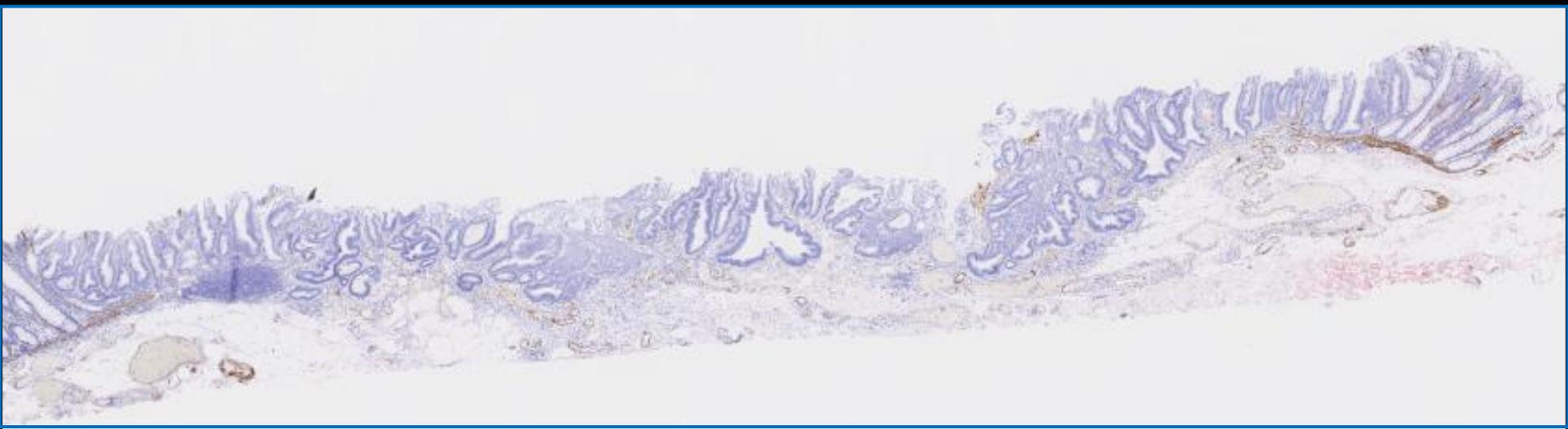


#5 desmin

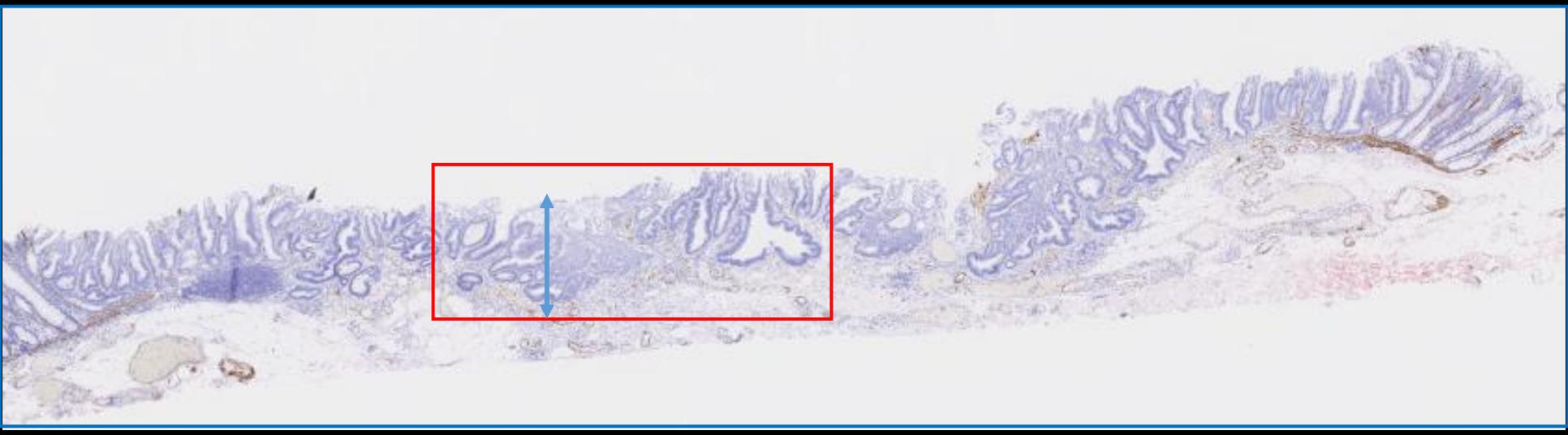


陥凹とともに粘膜筋板の途絶

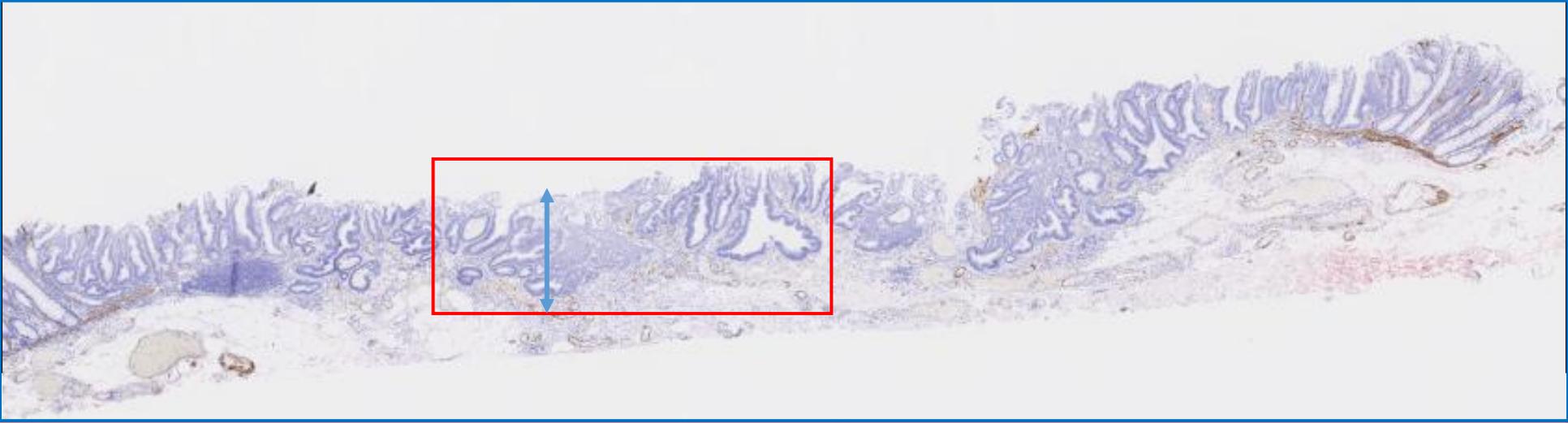
#5 desmin



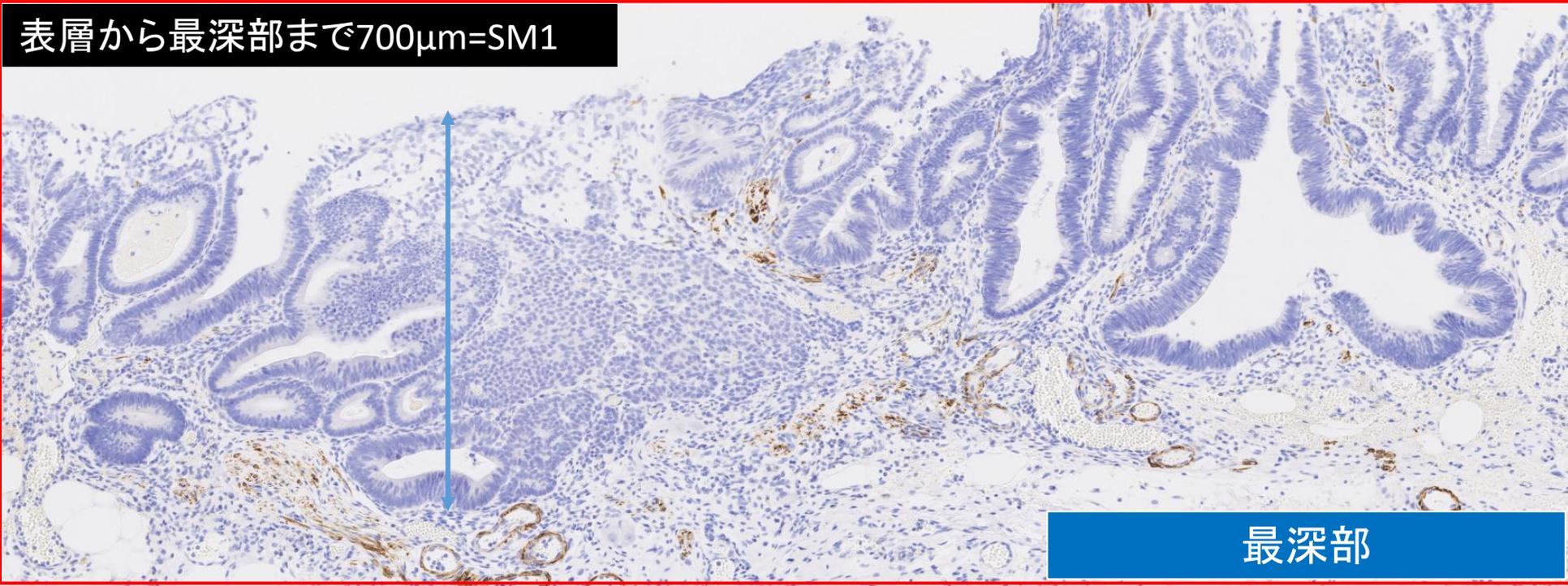
#5 desmin



#5 desmin



表層から最深部まで700 $\mu$ m=SM1



最深部

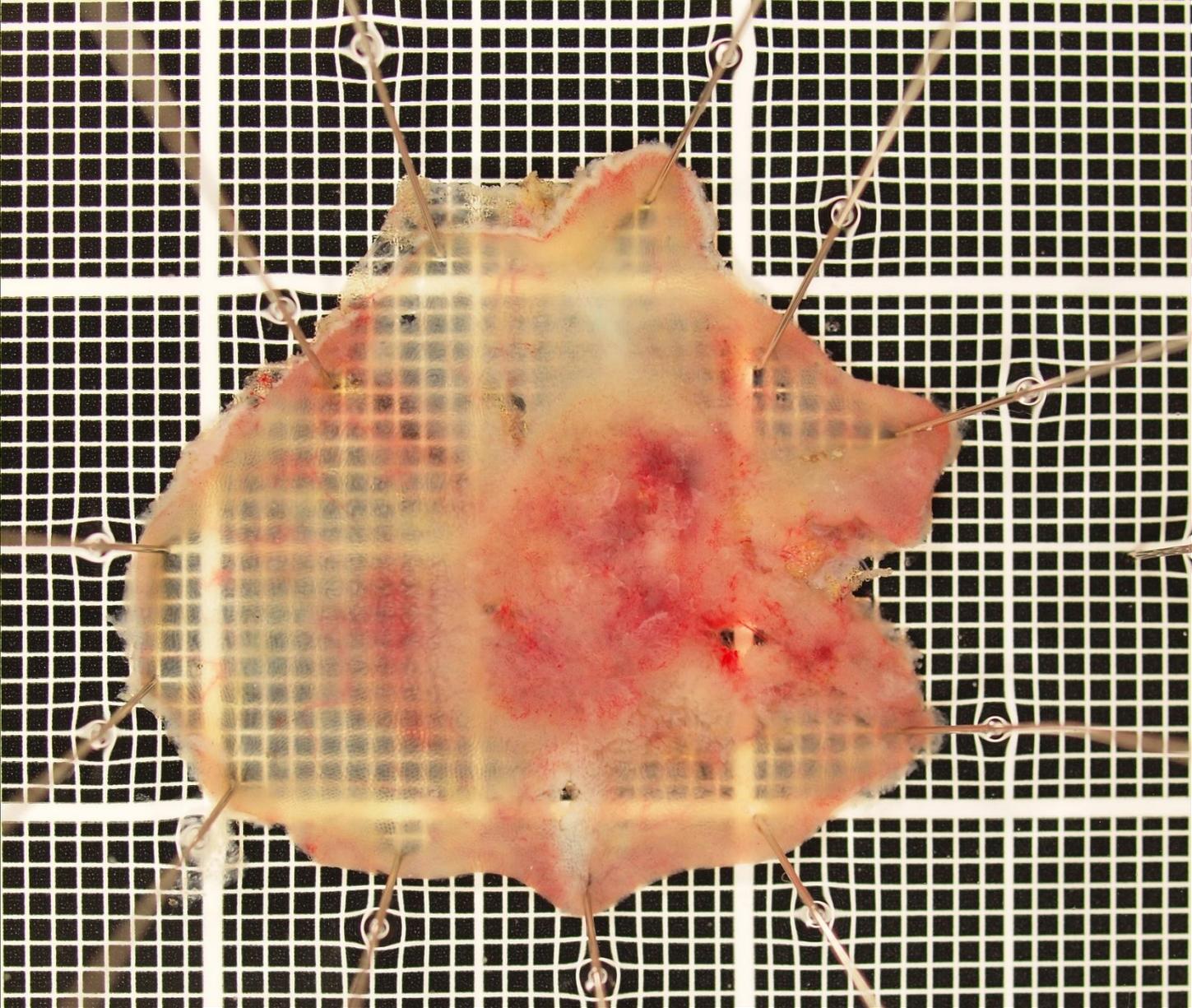
# 病理組織診断

Colon, descending, ESD: 14mm x 14mm,  
tubular adenocarcinoma, well differentiated,  
pT1a (SM, 0.7mm), Ly0 (D2-40), V0 (EVG), BD1,  
HM0 (6mm), VM0 (0.3mm), ER0.

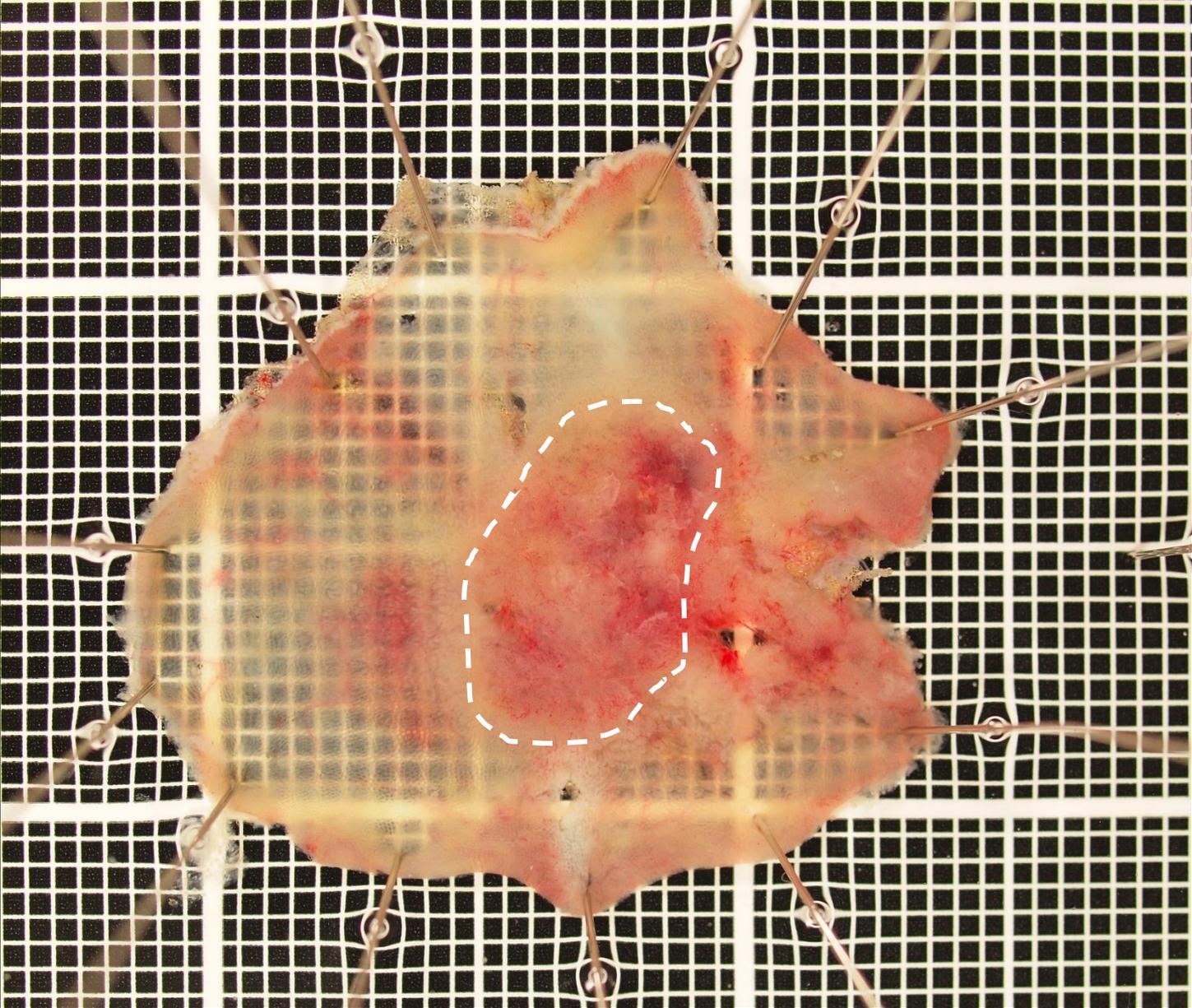
# 病理組織診断

Colon, descending, ESD: 14mm x 14mm,  
tubular adenocarcinoma, well differentiated,  
pT1a (SM, 0.7mm), Ly0 (D2-40), V0 (EVG), BD1,  
HM0 (6mm), VM0 (0.3mm), ER0.

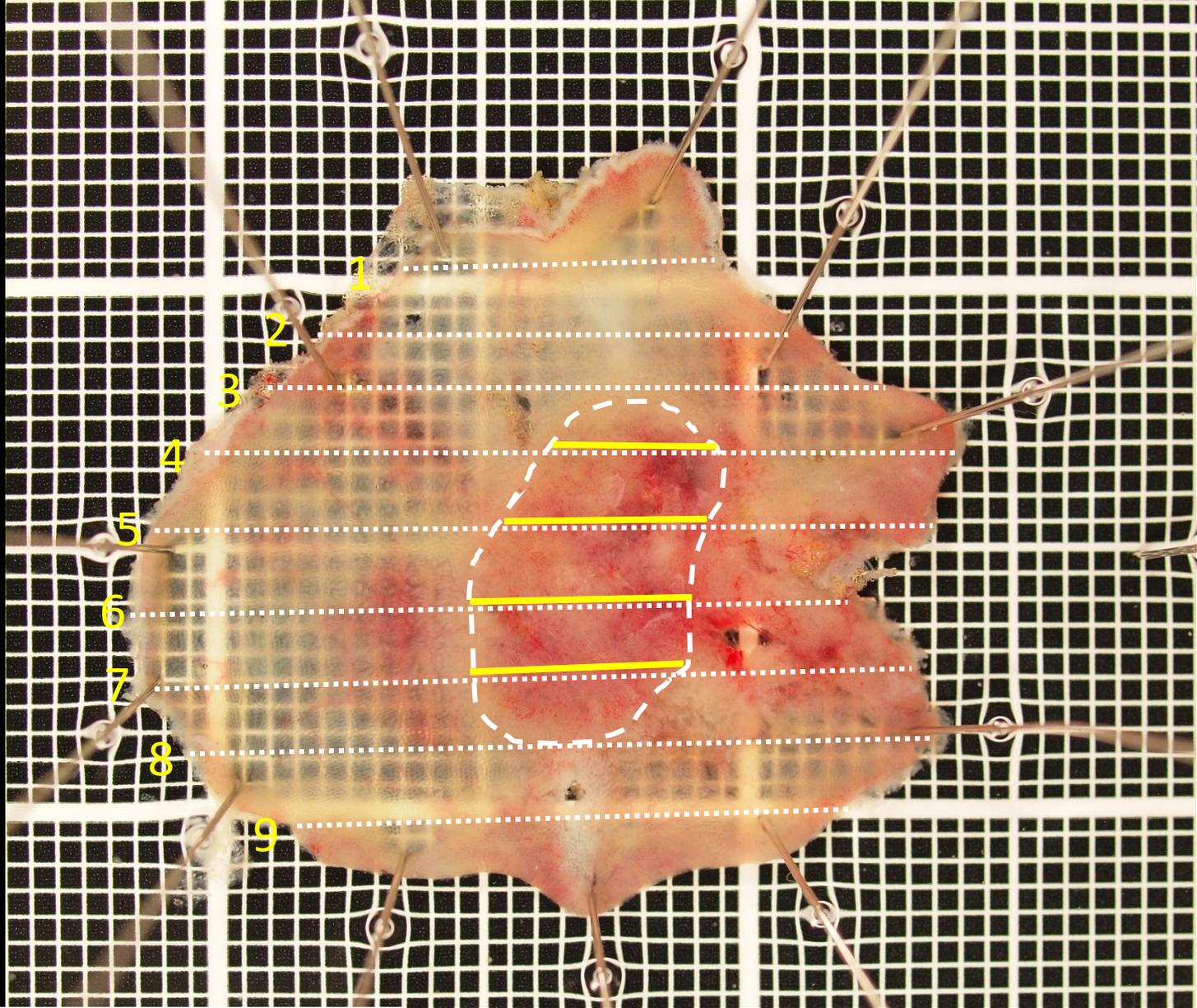
管状腺癌、深達度1000 $\mu$ m未滿、脈管侵襲陰性、  
BD1であり、経過観察の方針



←  
oral

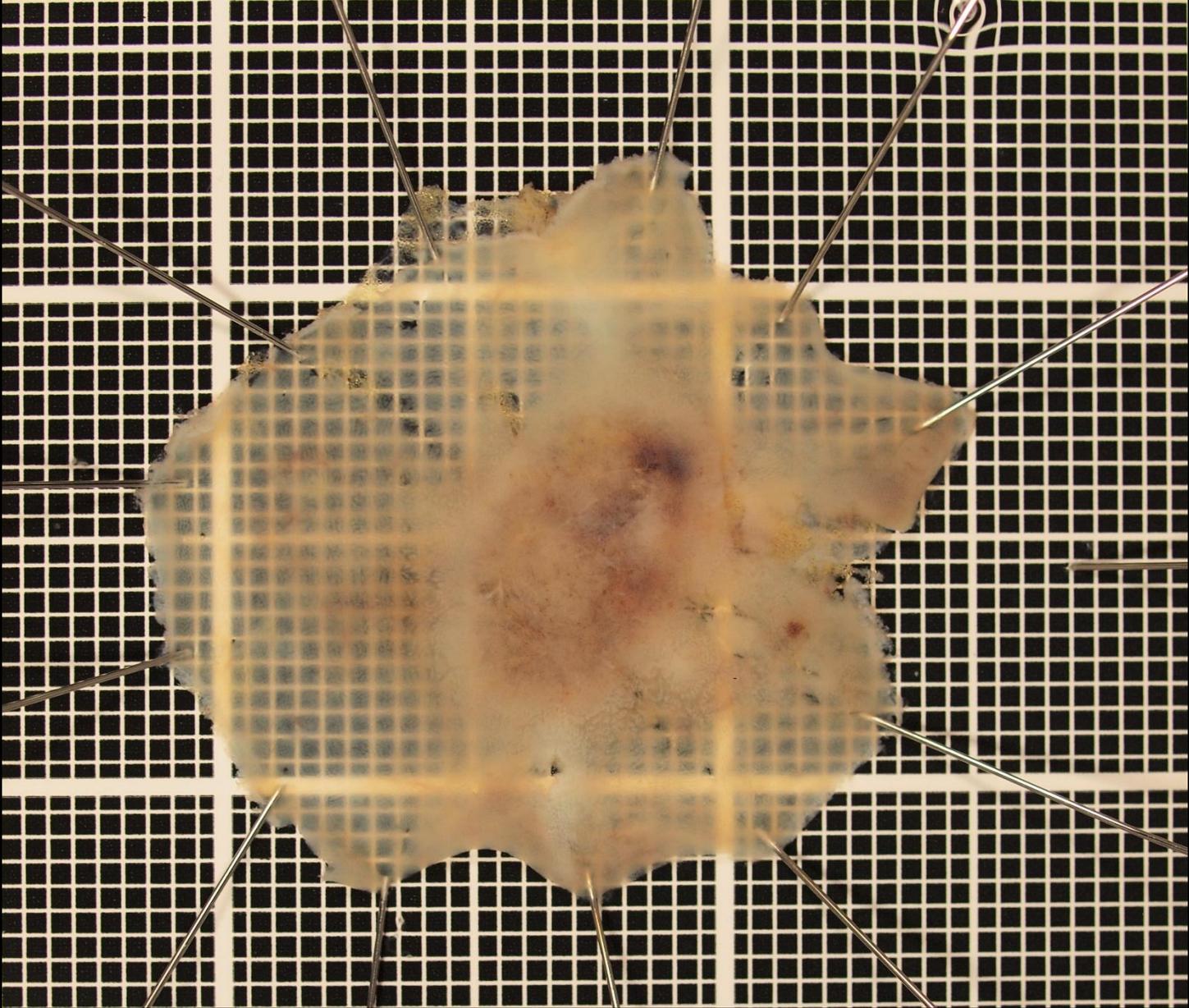


←  
oral

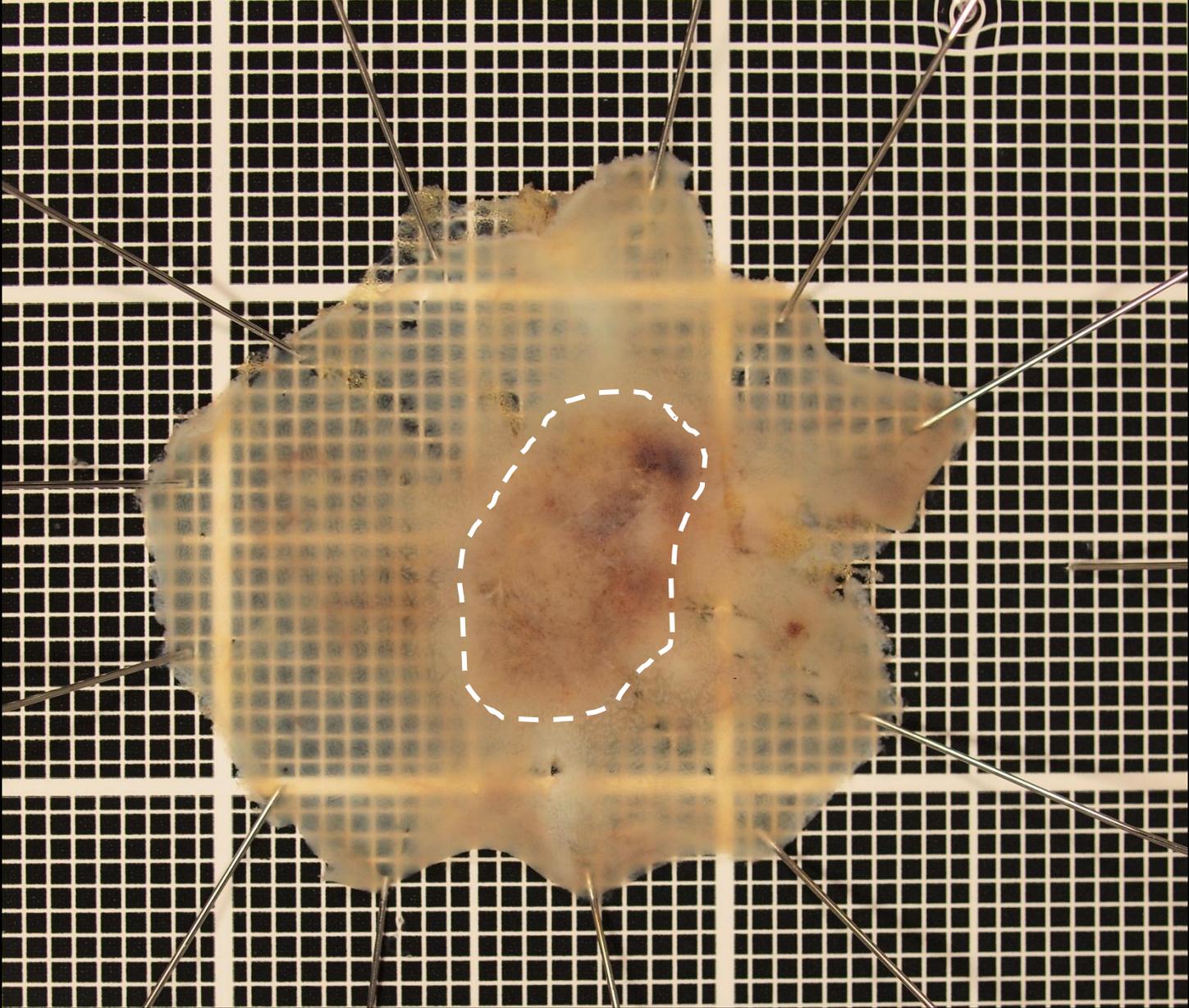


←  
oral

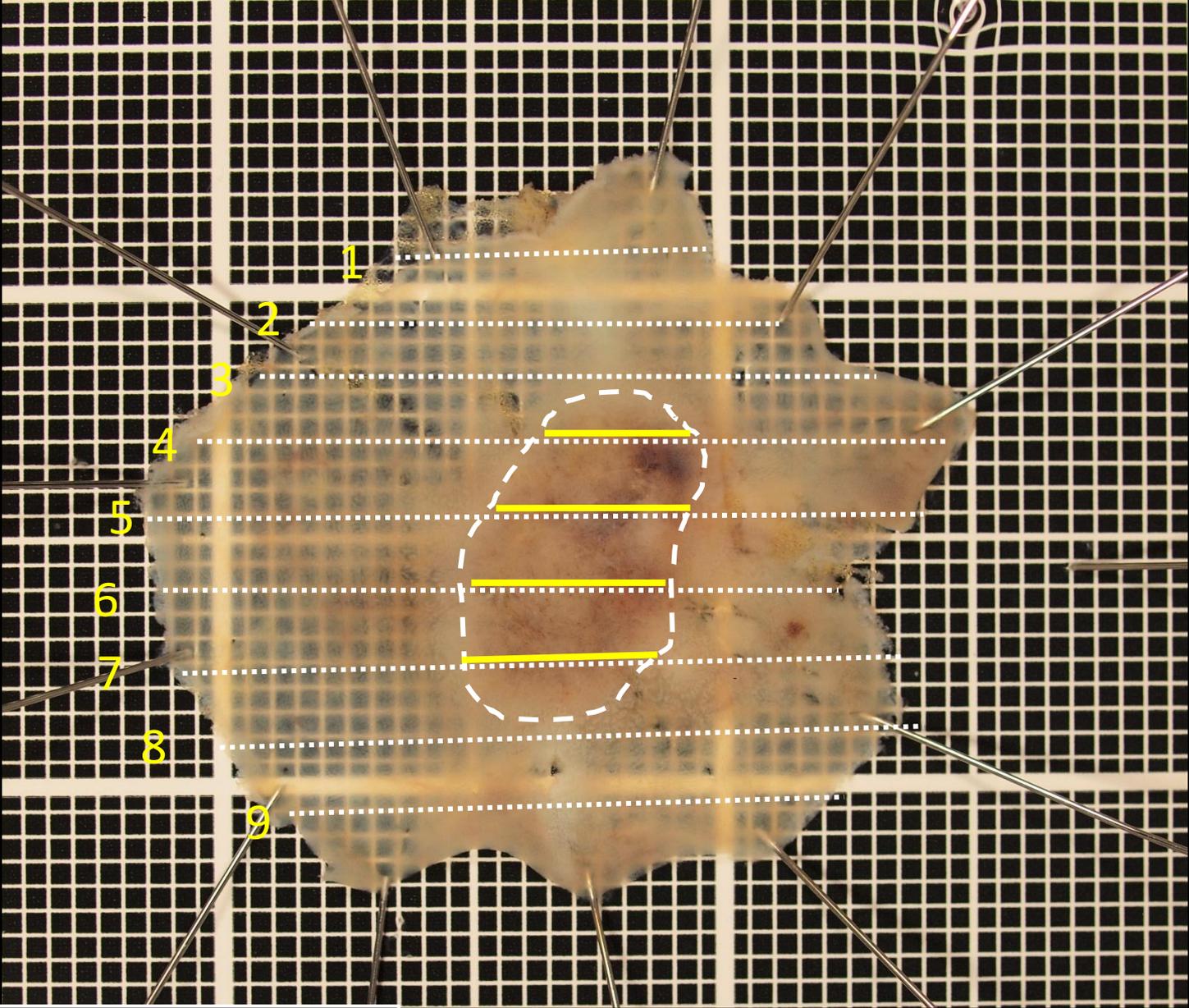
● adenocarcinoma



←  
oral

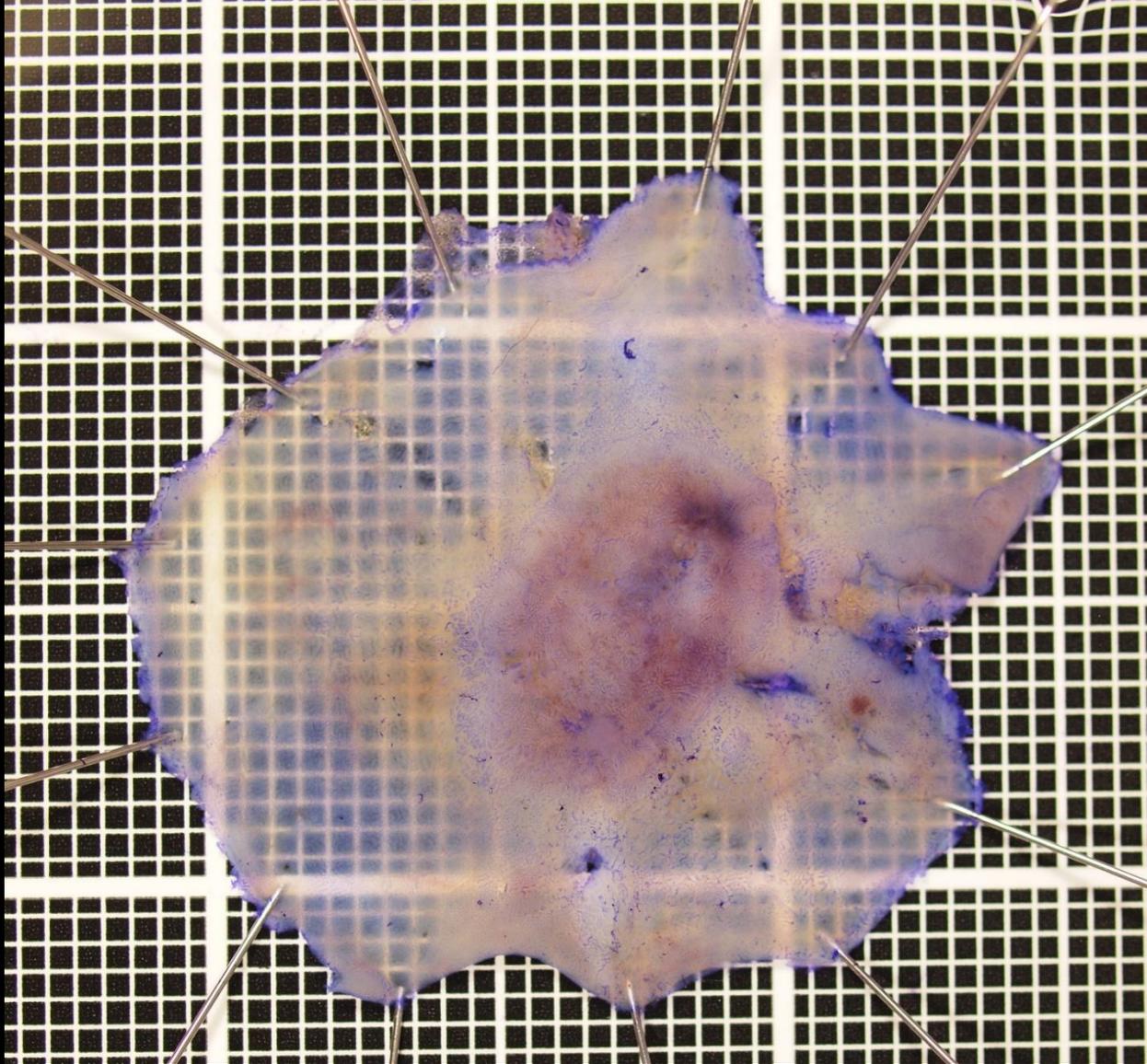


←  
oral

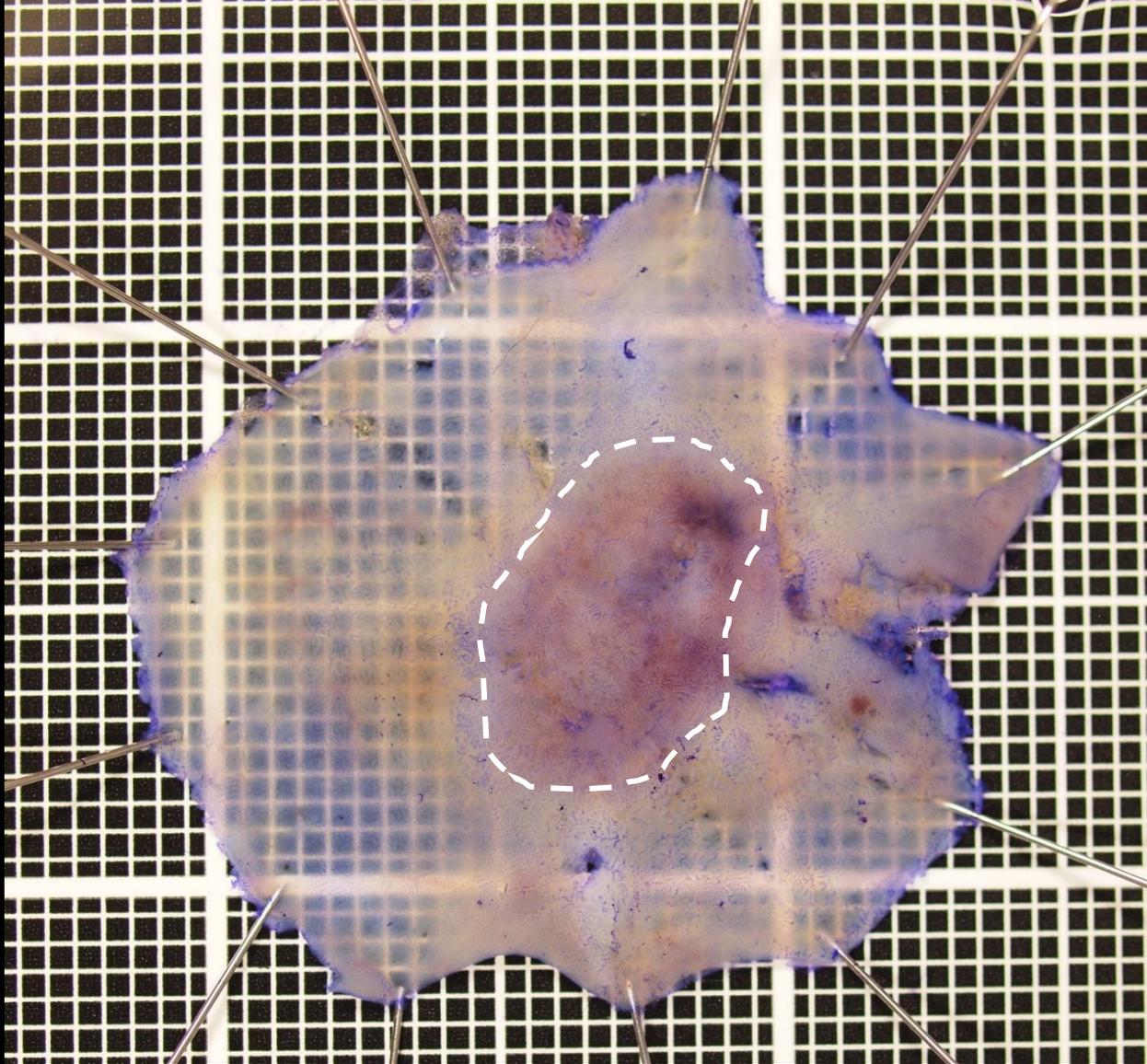


←  
oral

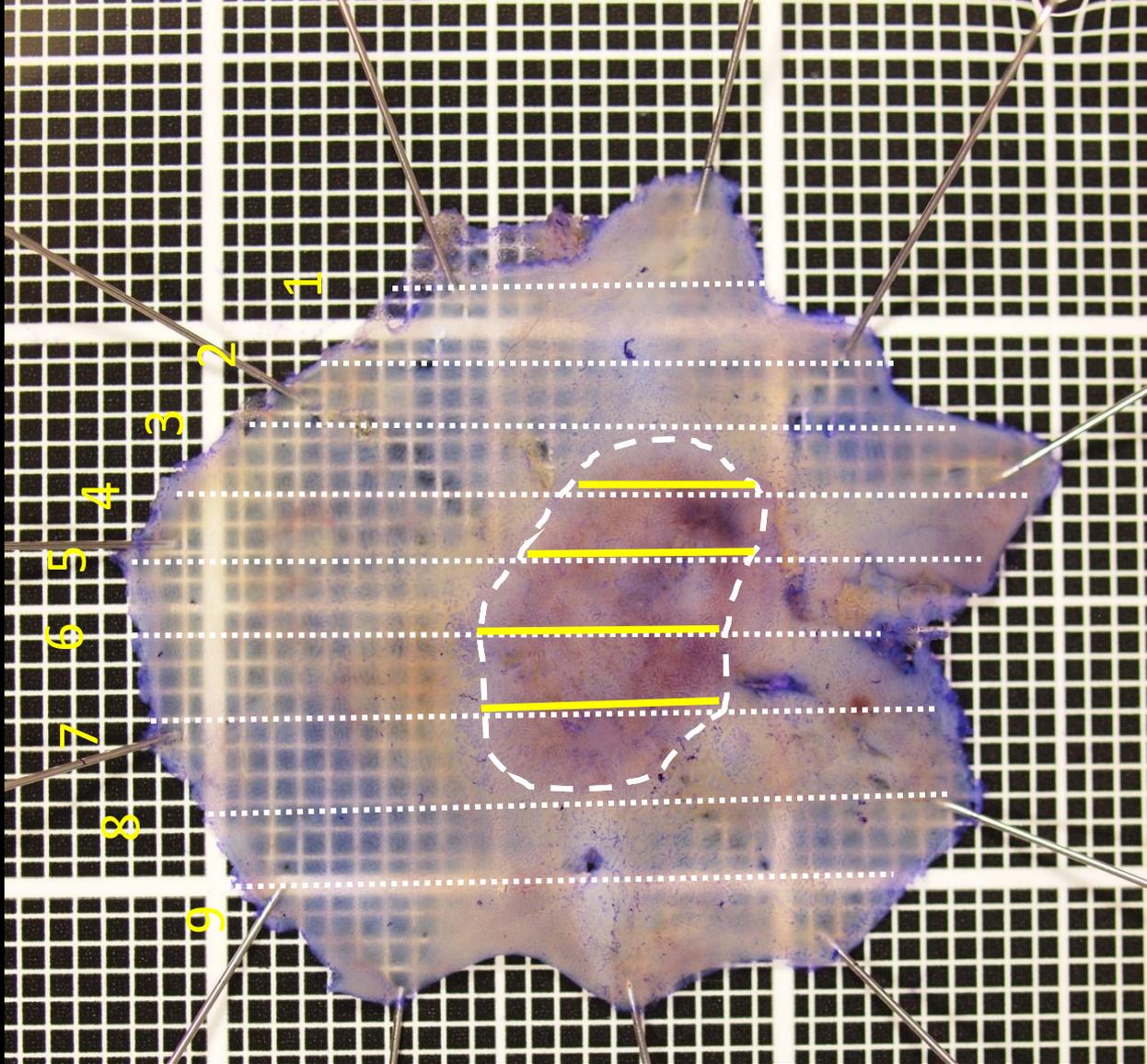
● adenocarcinoma



  
oral

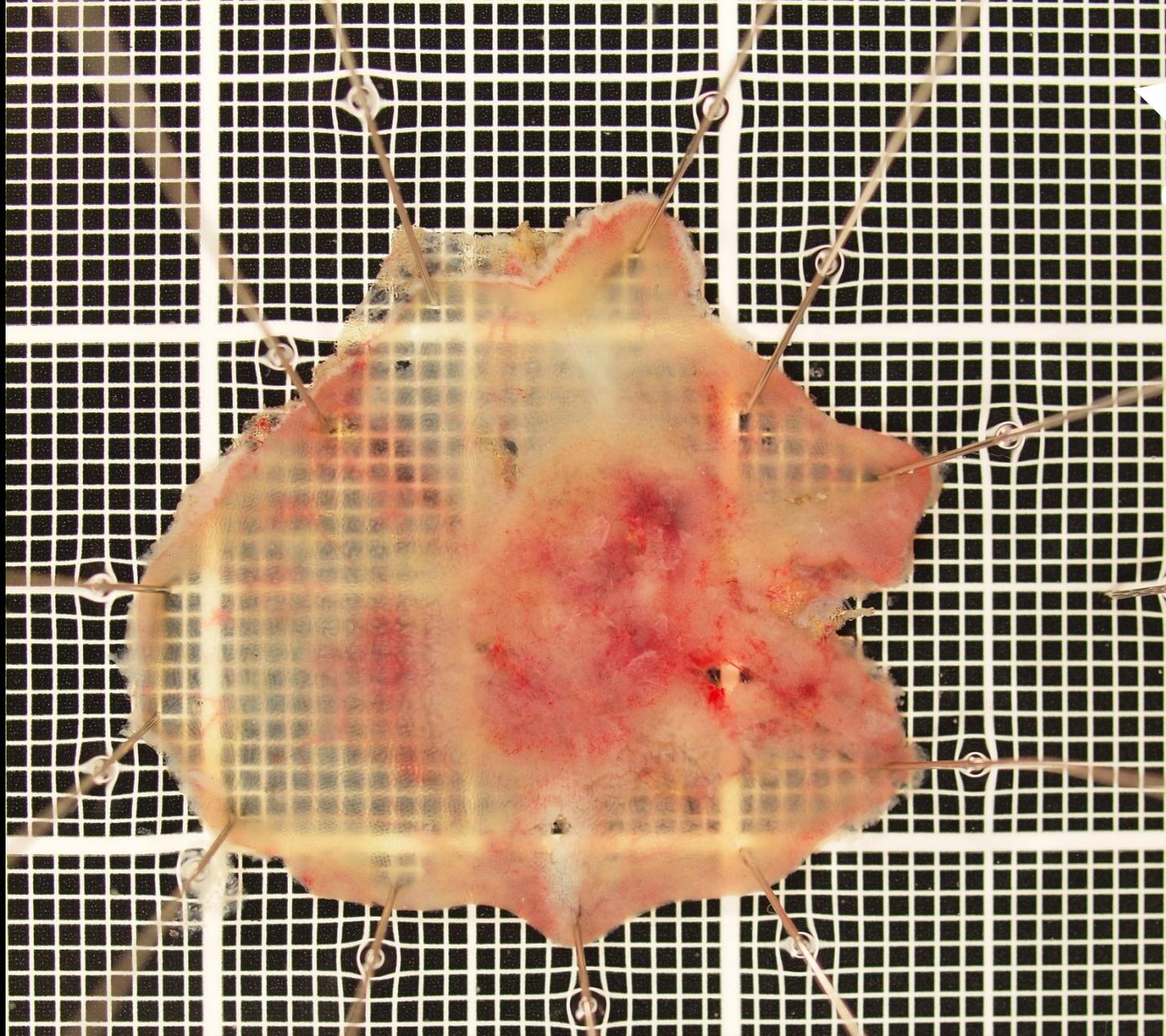


←  
oral

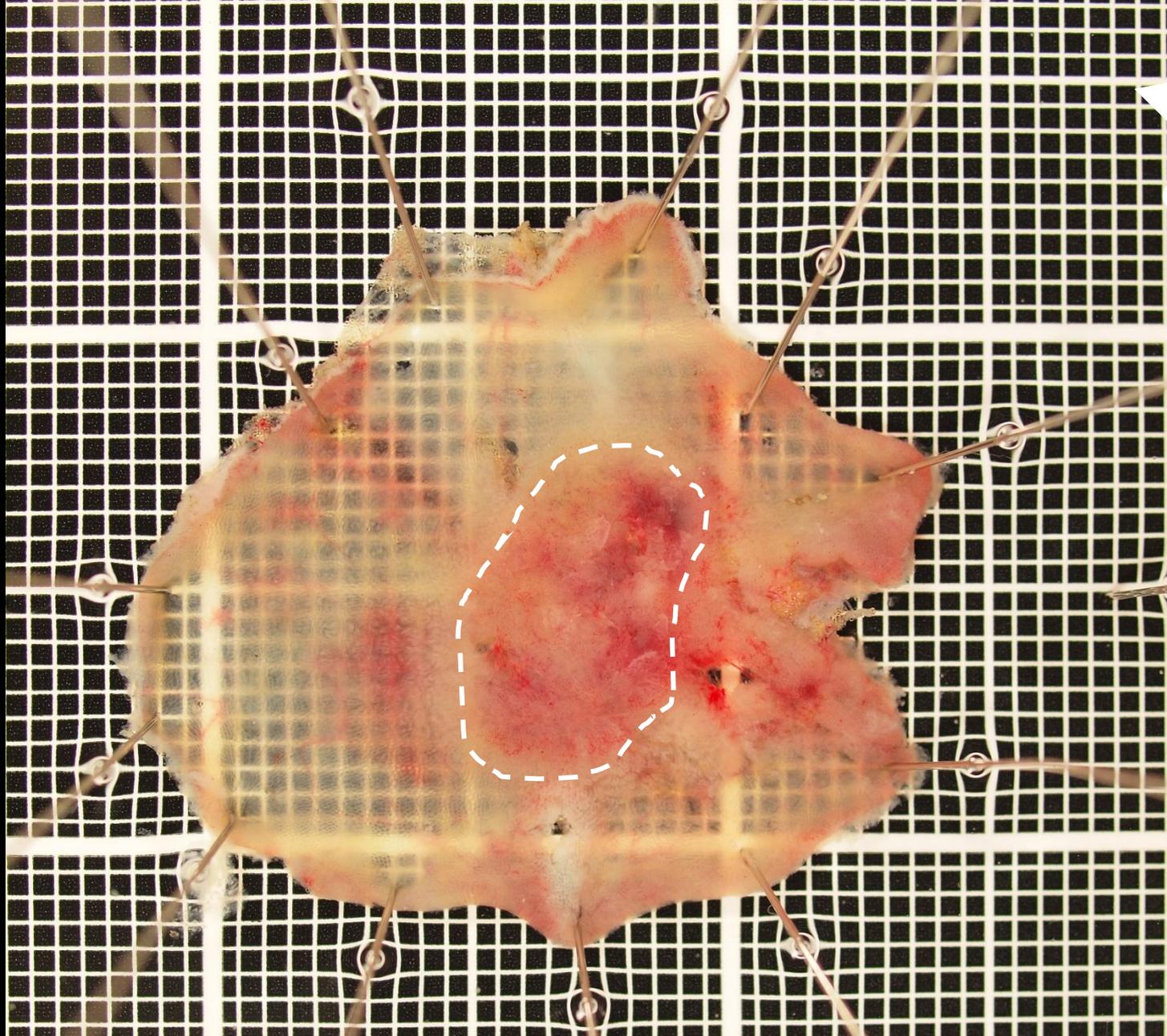


oral

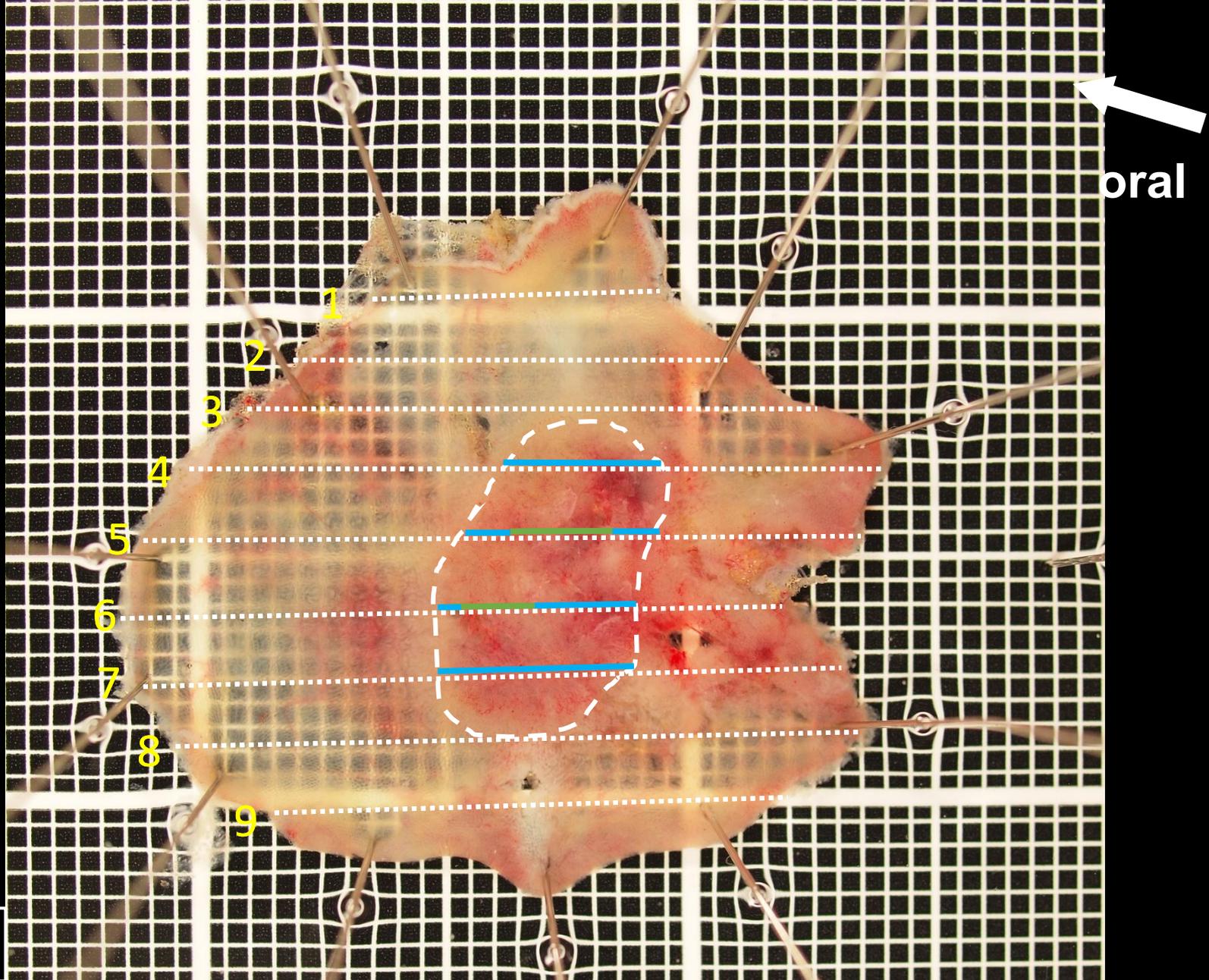
● adenocarcinoma



oral



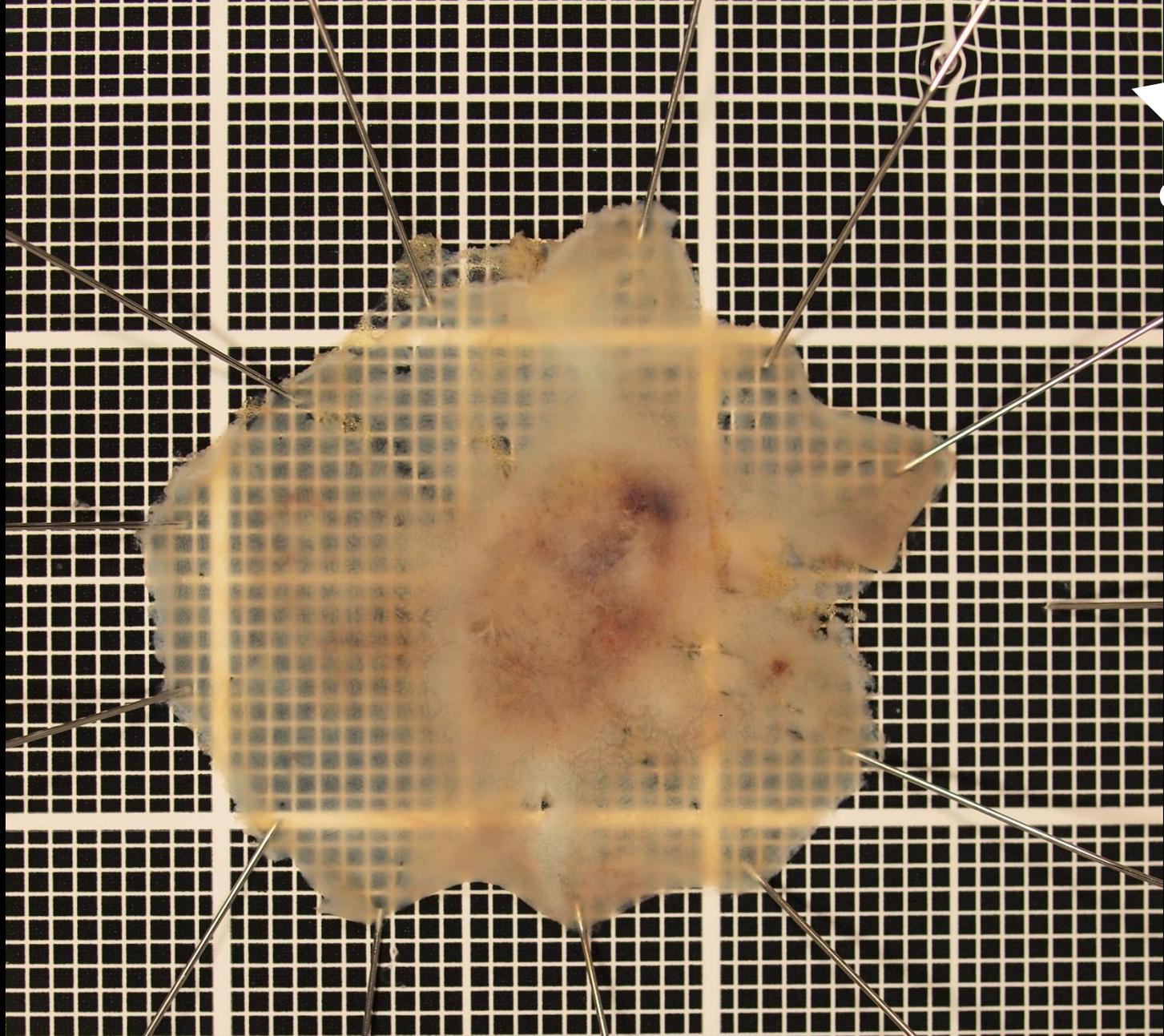
oral



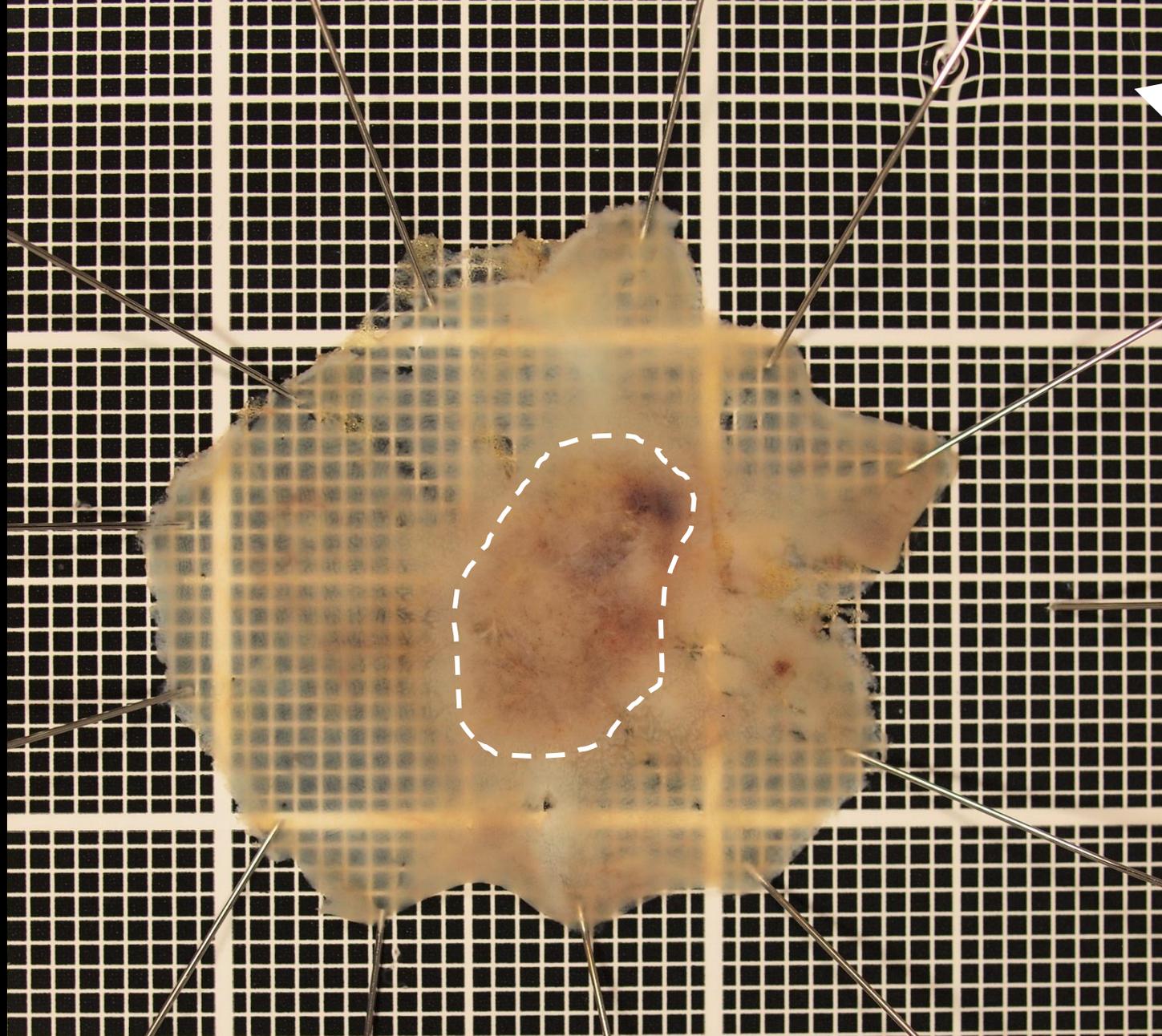
oral

● M

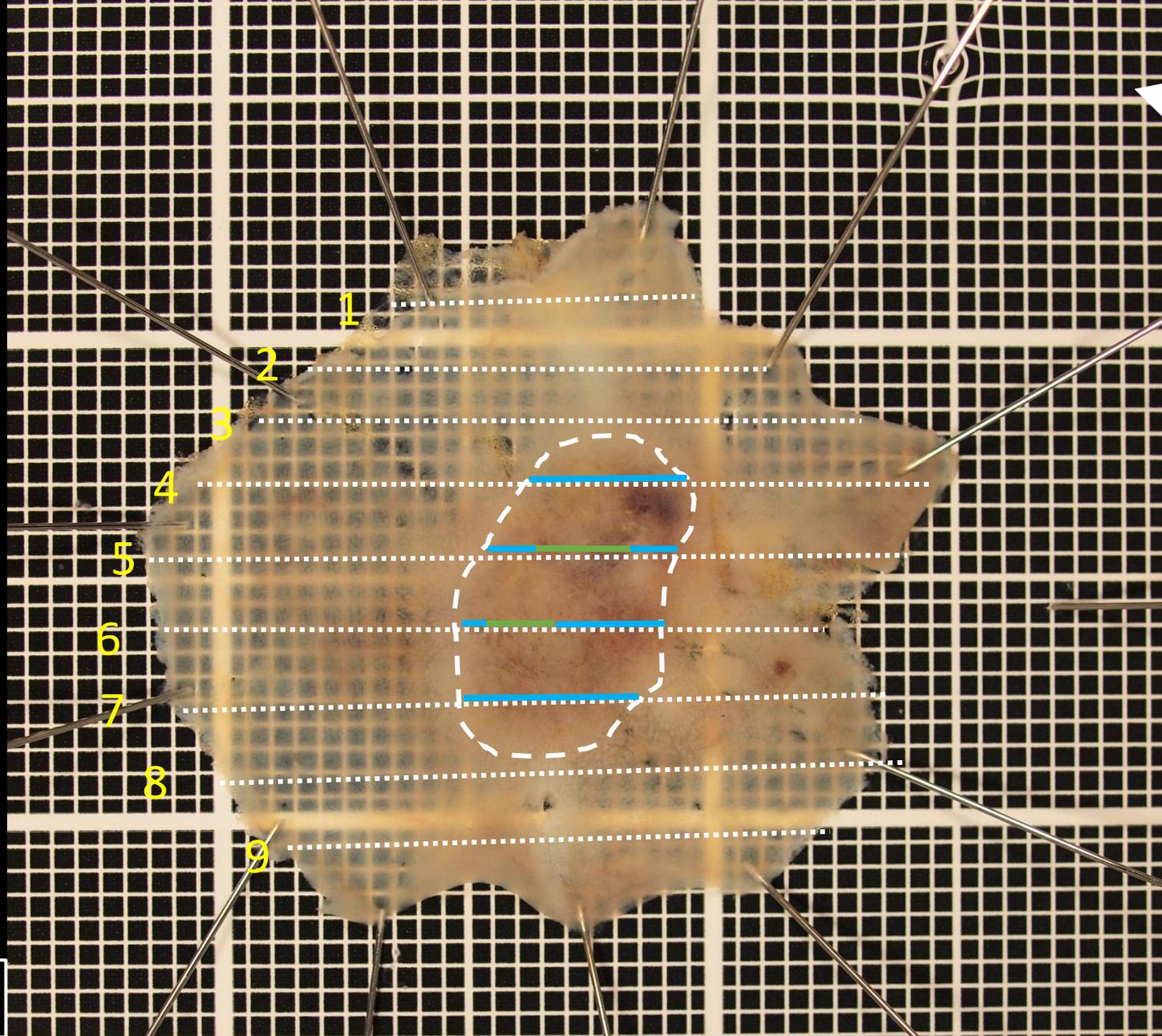
● SM1



oral



oral

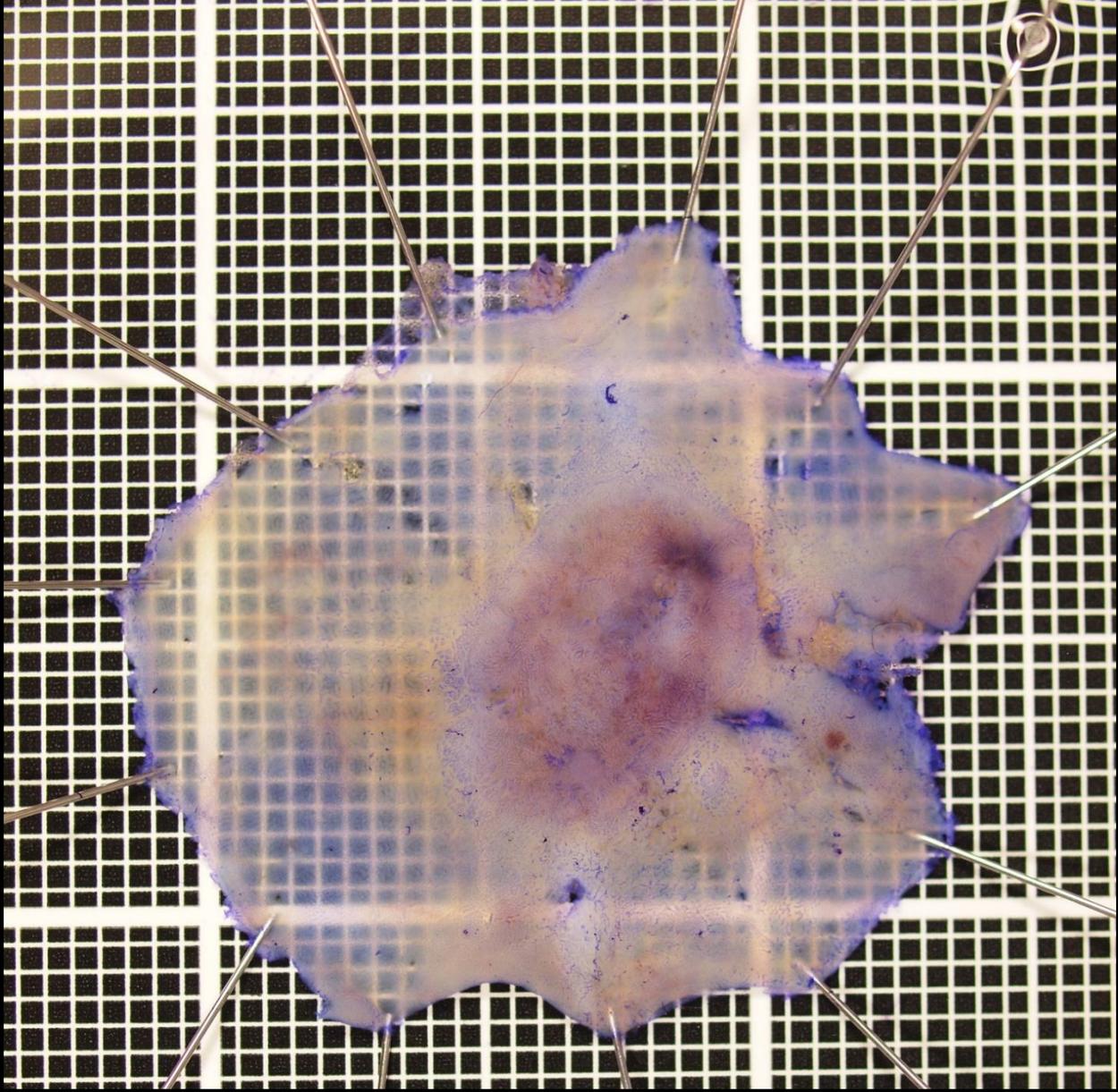


oral

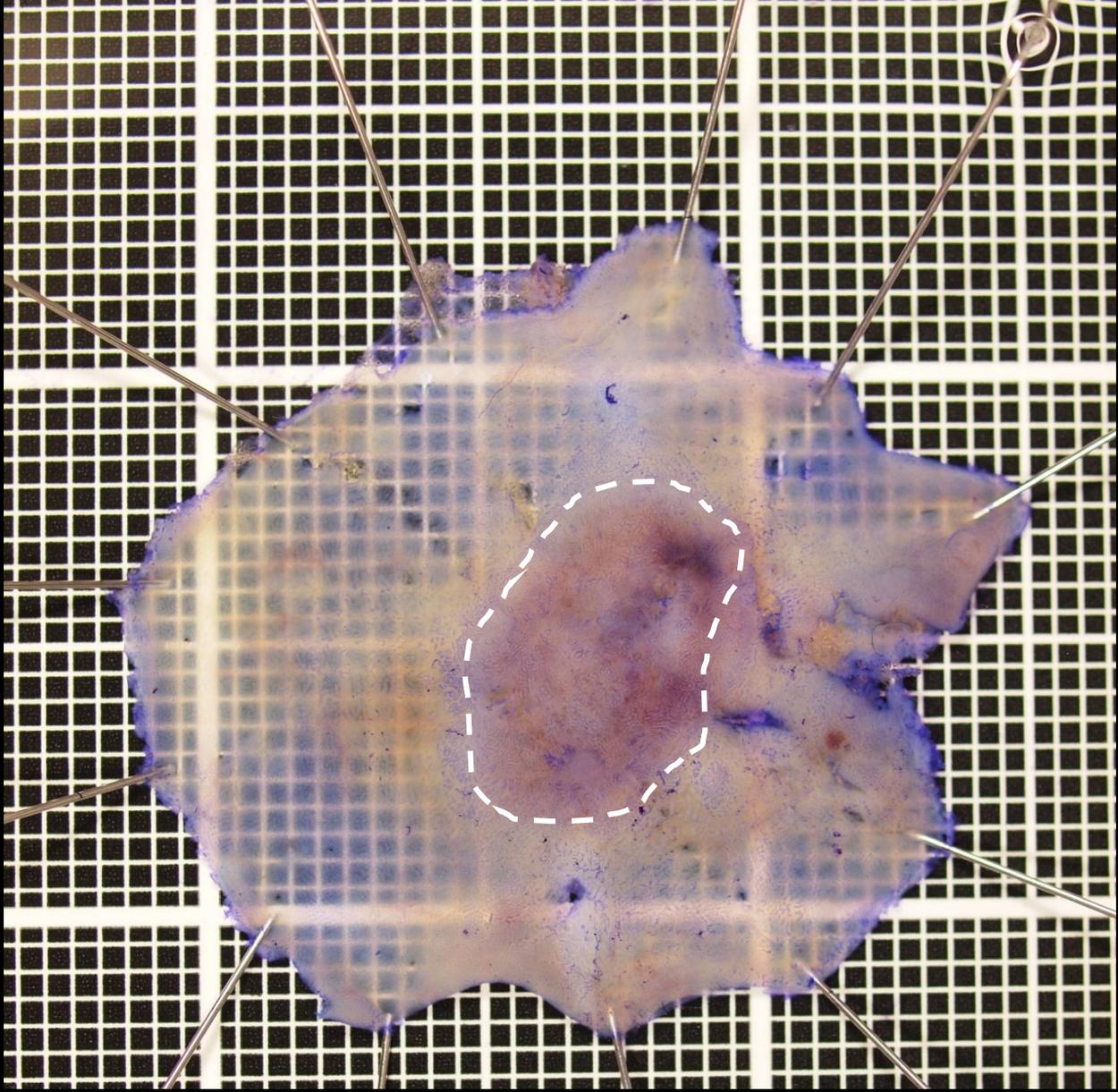
1  
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● M

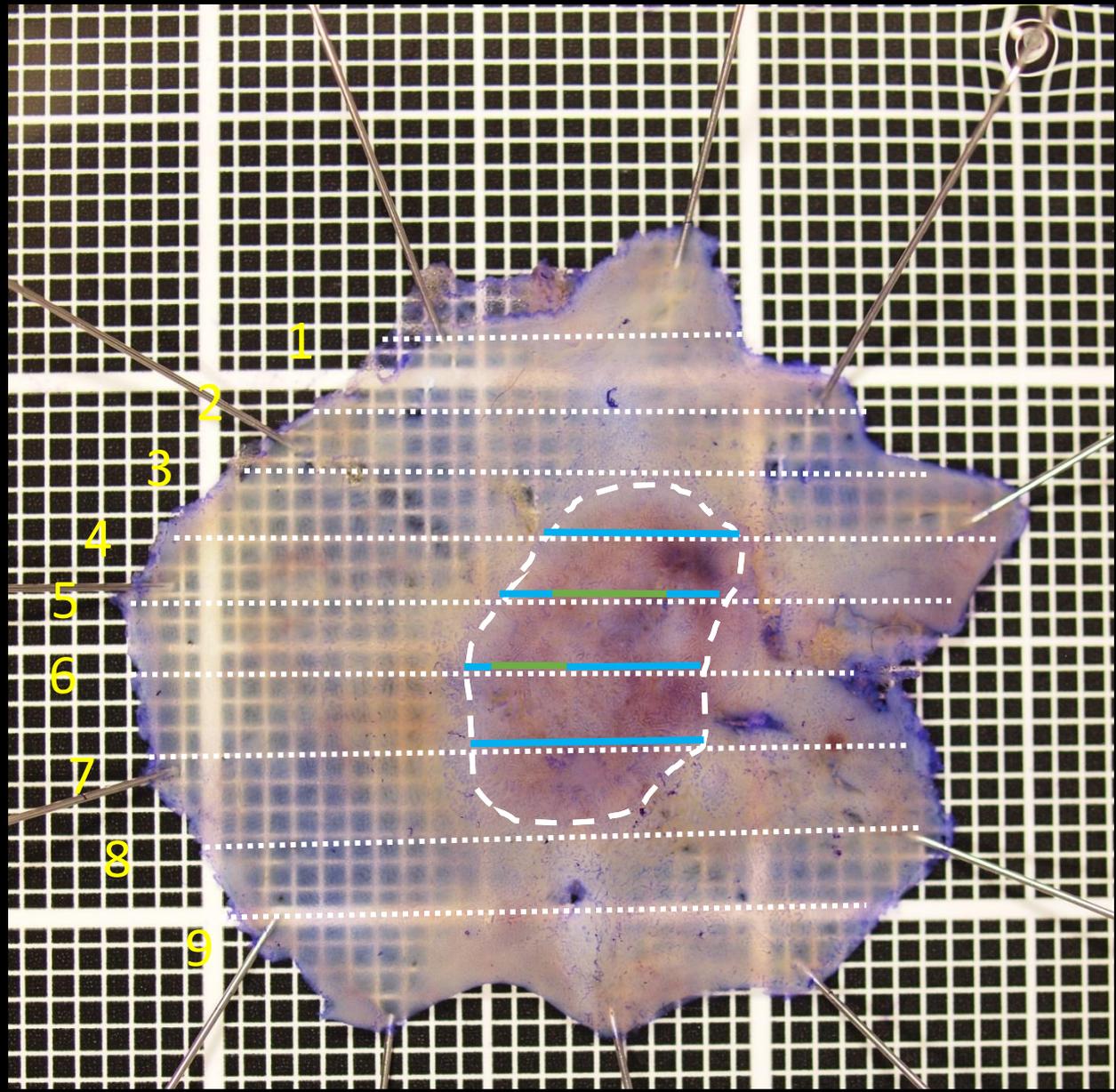
● SM1



←  
oral



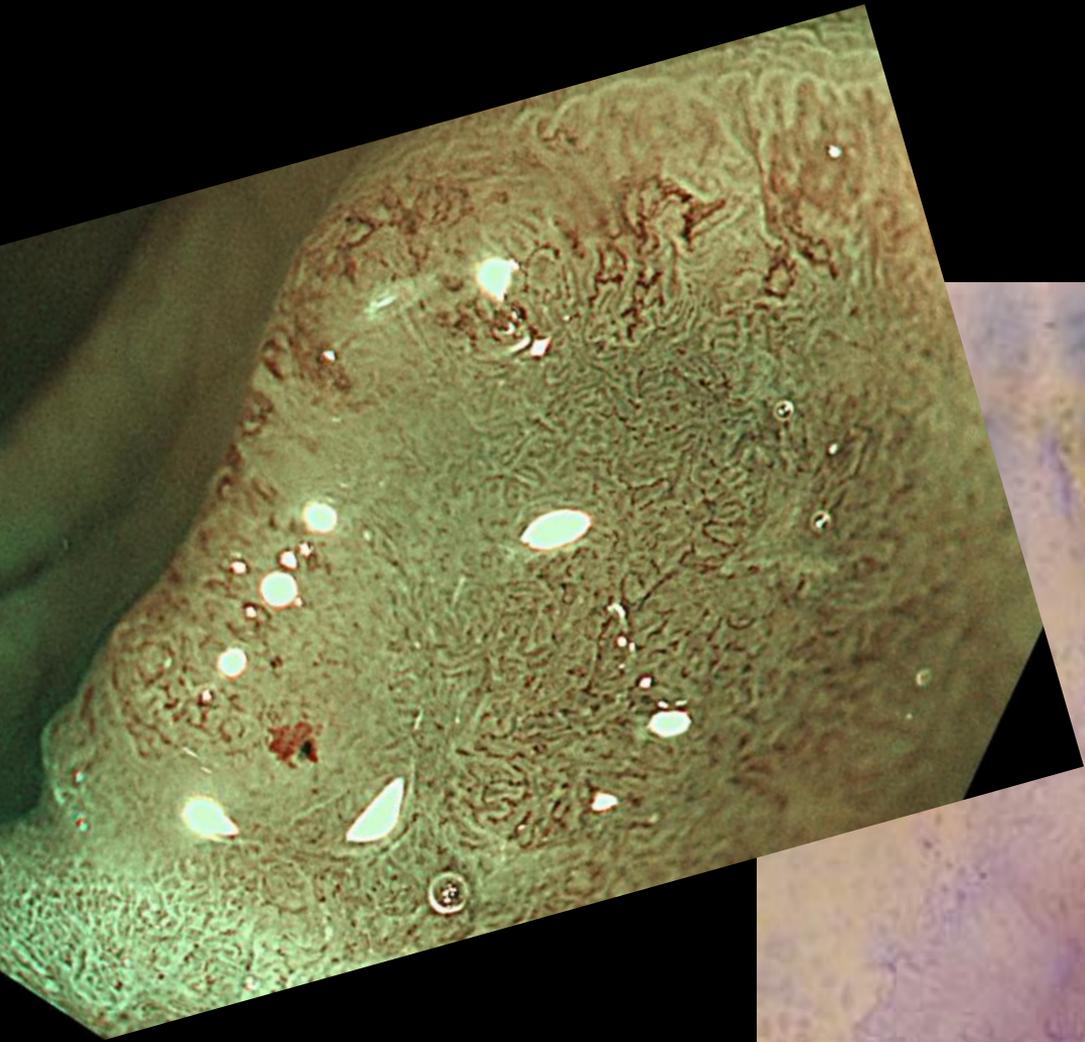
  
oral



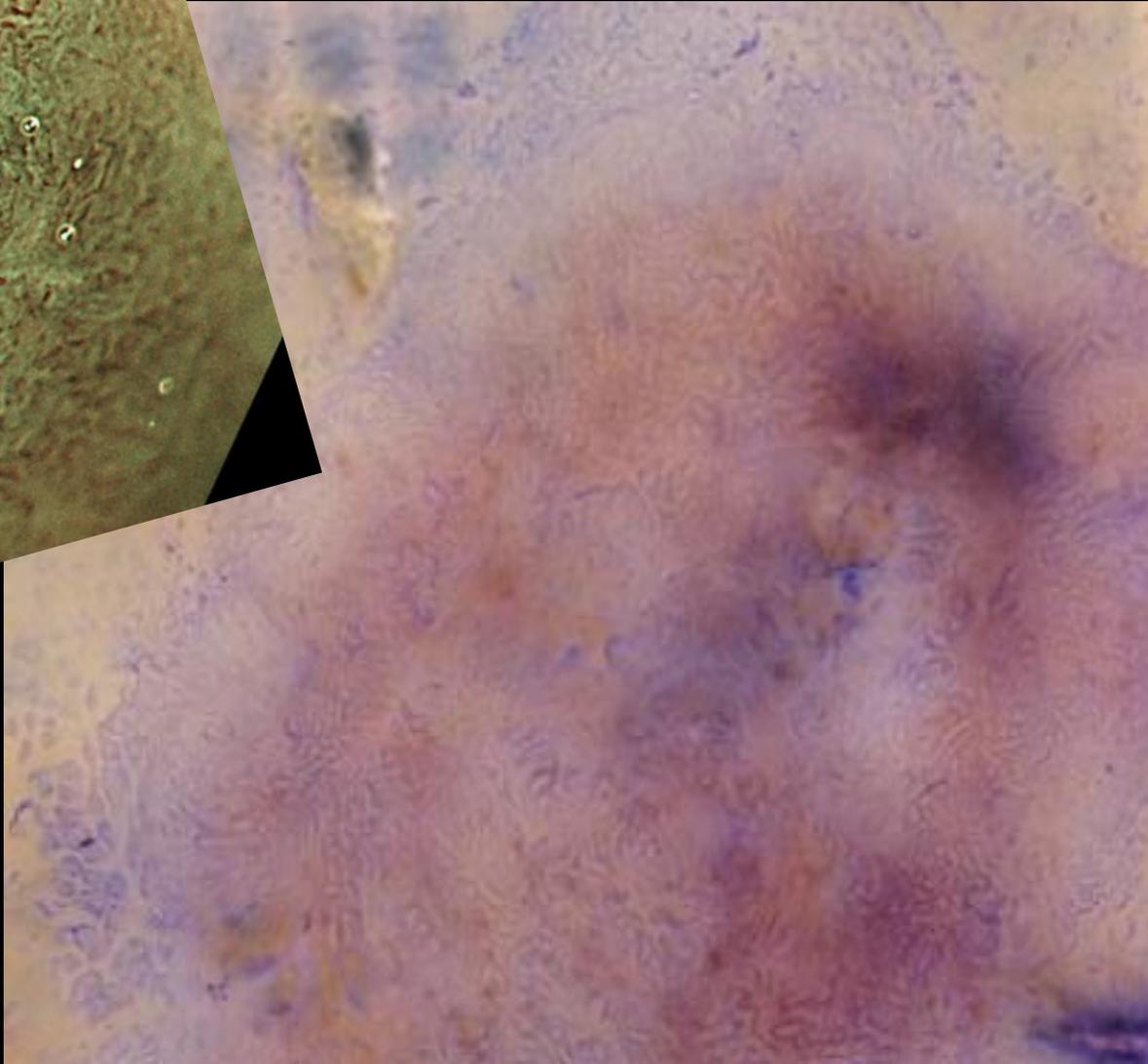
←  
oral

- M
- SM1

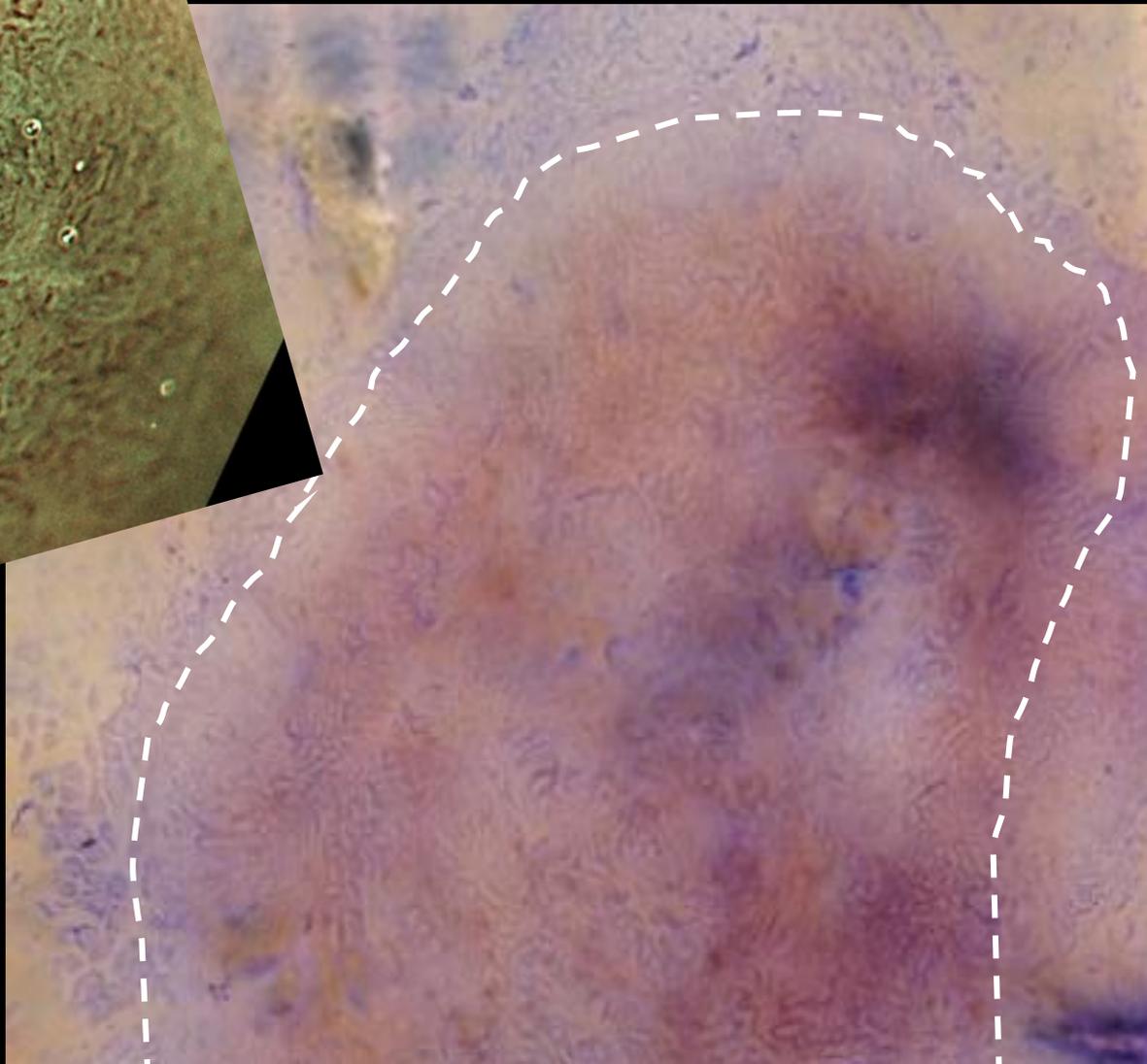
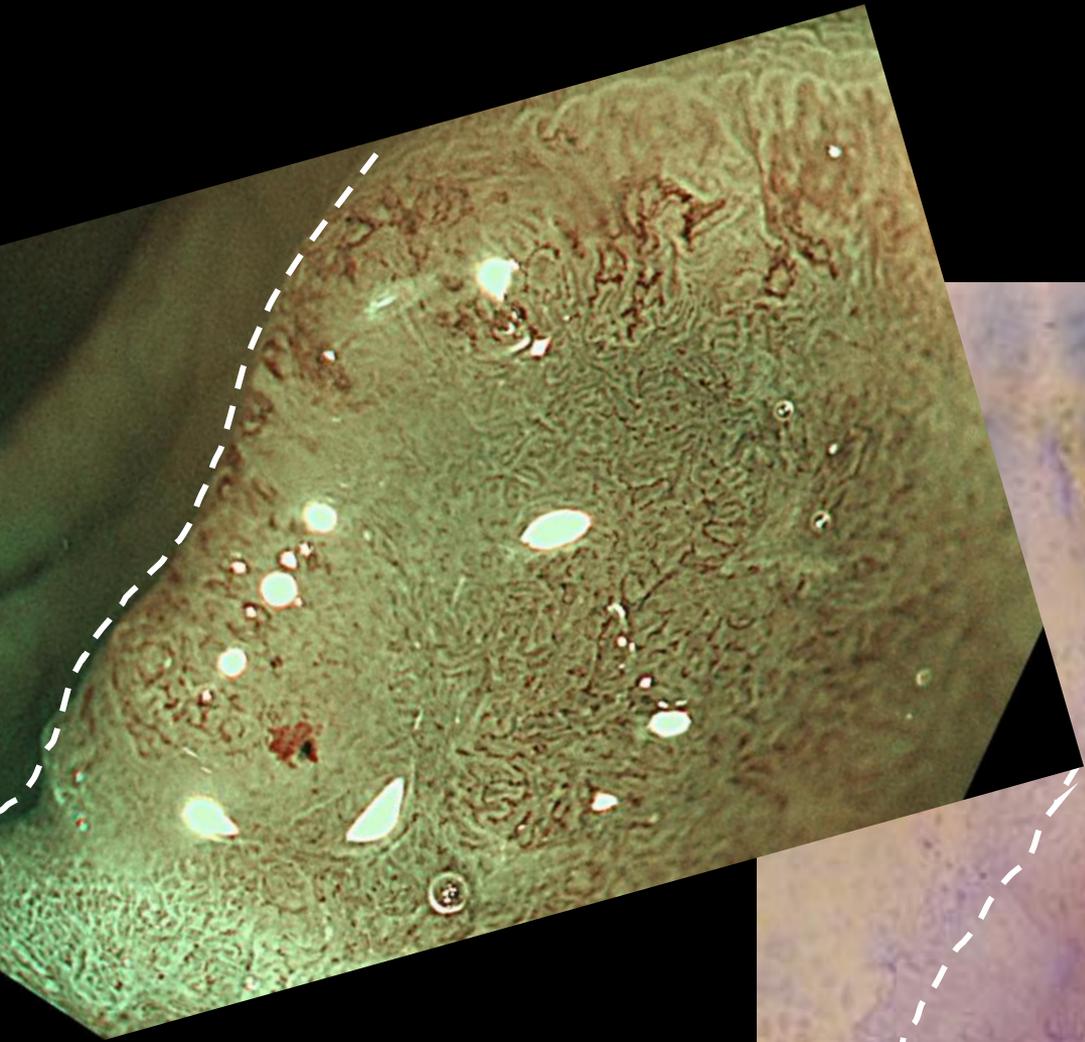
# Mapping



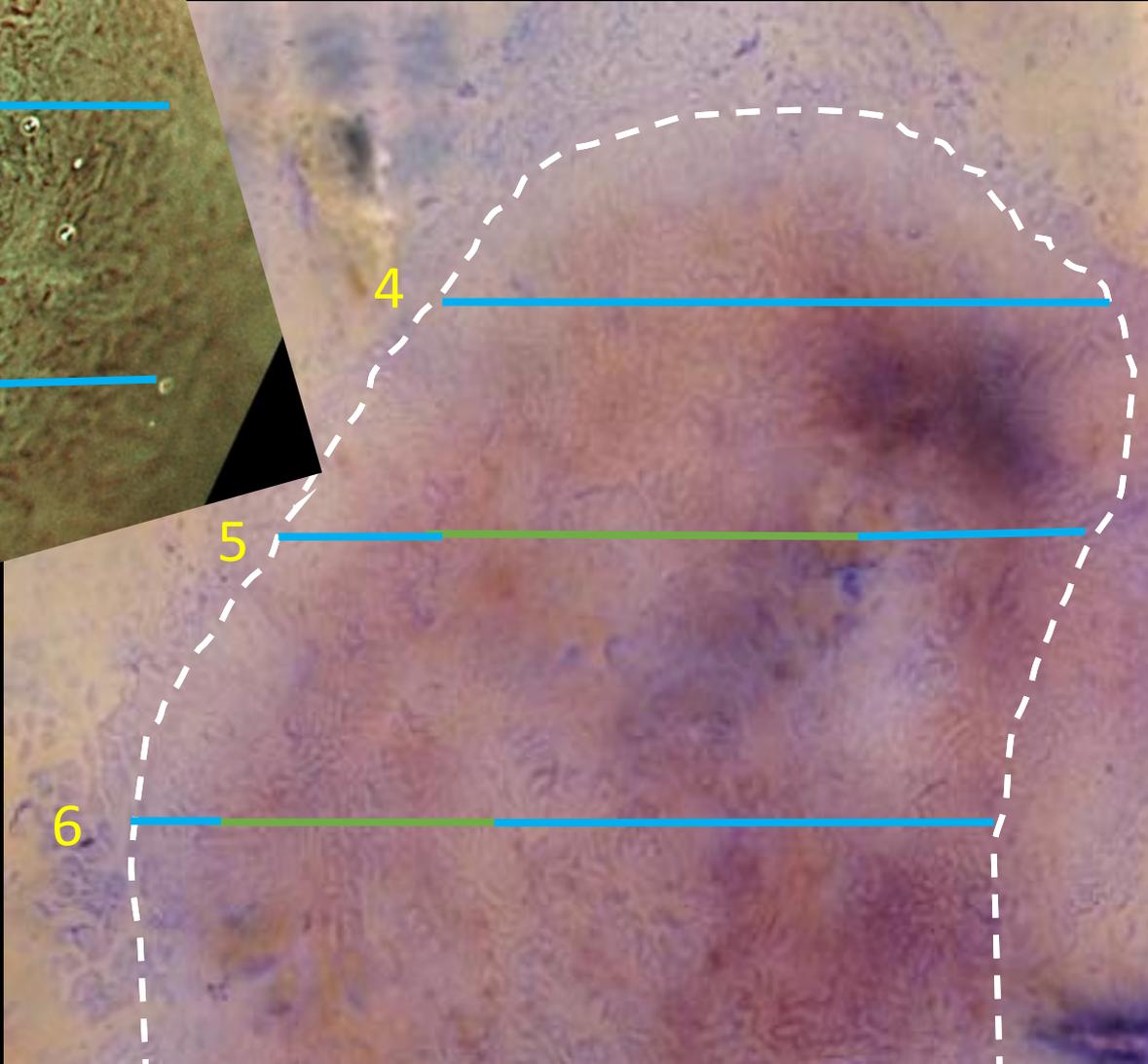
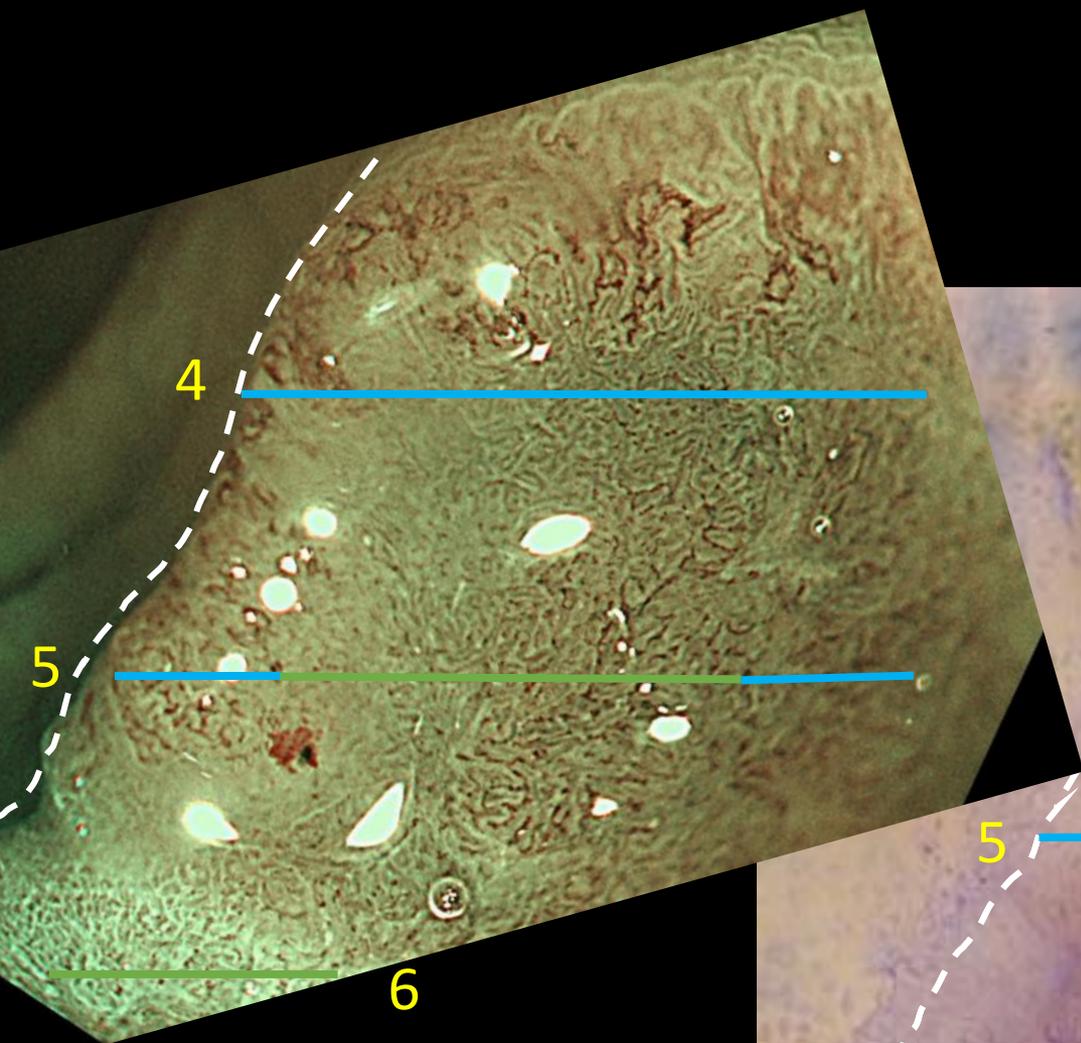
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oral



←  
oral



←  
oral



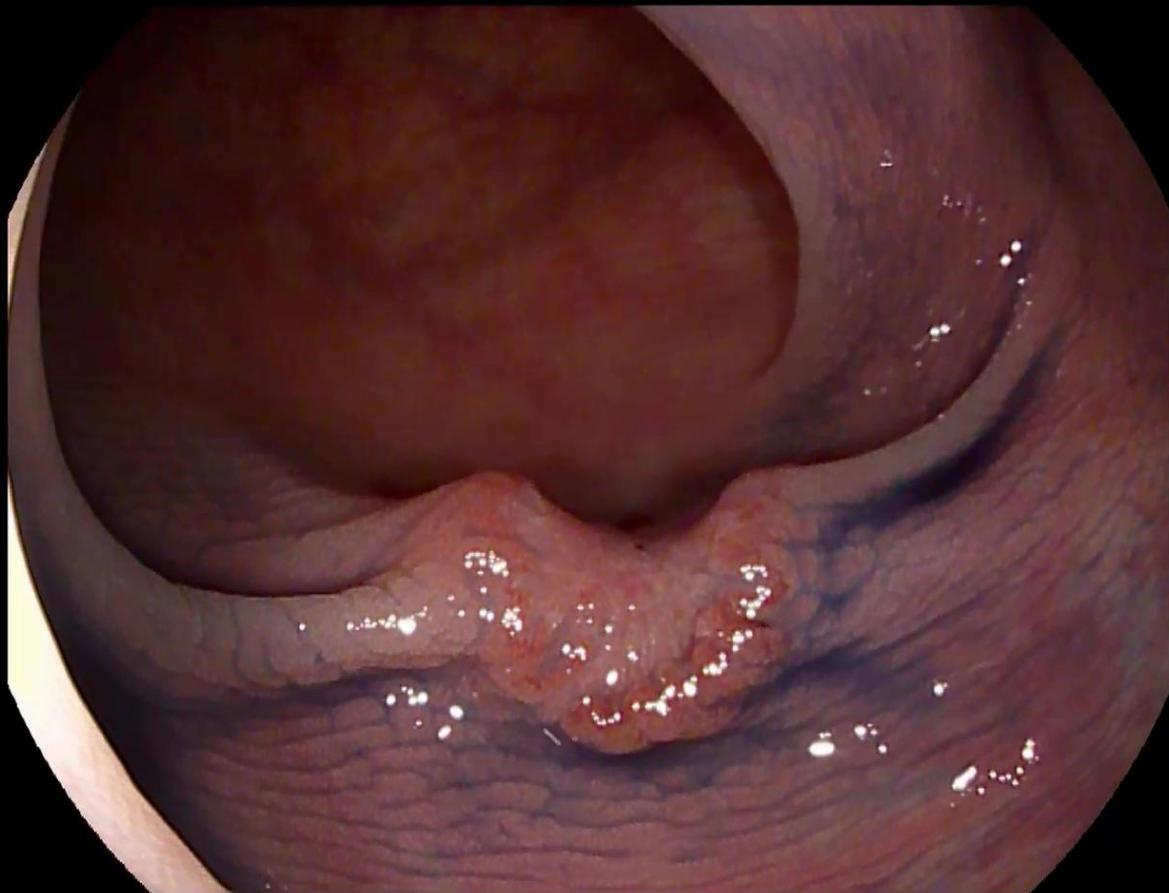
# 担癌率と病変径

	～5mm	6～10mm	11～19mm	20mm～	計
隆起型	116/6949 2%	457/3969 12%	488/1514 32%	348/826 53%	1499/13258 11%
平坦型	40/1301 3%	168/1179 14%	212/630 34%	173/415 42%	593/3525 17%
陥凹型	20/120 8.0%	60/95 63%	70/78 90%	47/54 87%	197/347 47%
計	20/120 2%	698/5305 13%	830/2392 35%	1049/2059 51%	464/996 15%

# 大腸SM癌における1000 $\mu$ m以深の浸潤を反映する内視鏡所見

	隆起型	陥凹型
腫瘍の全体像	緊満感 内視鏡的硬さ 凹凸不整	緊満感 内視鏡的硬さ 凹凸不整
腫瘍の表面性状	粗造	粗造 陥凹内隆起 陥凹内凹凸 強い発赤
周囲の性状	ヒダの集中 ひきつれ 弧の硬化	ヒダの集中 ひきつれ 弧の硬化 台状挙上
技術的側面		空気変形なし 易出血性

# 緊満感

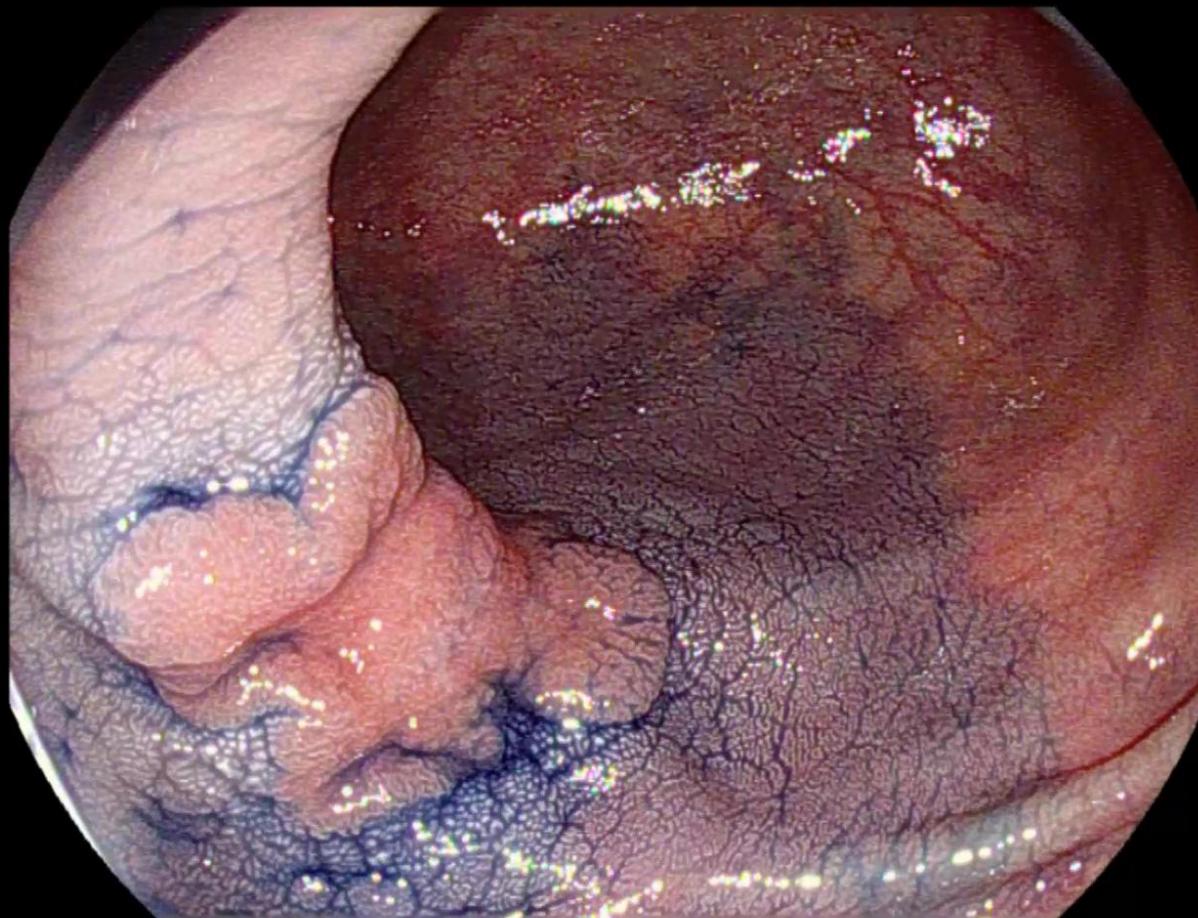


W T

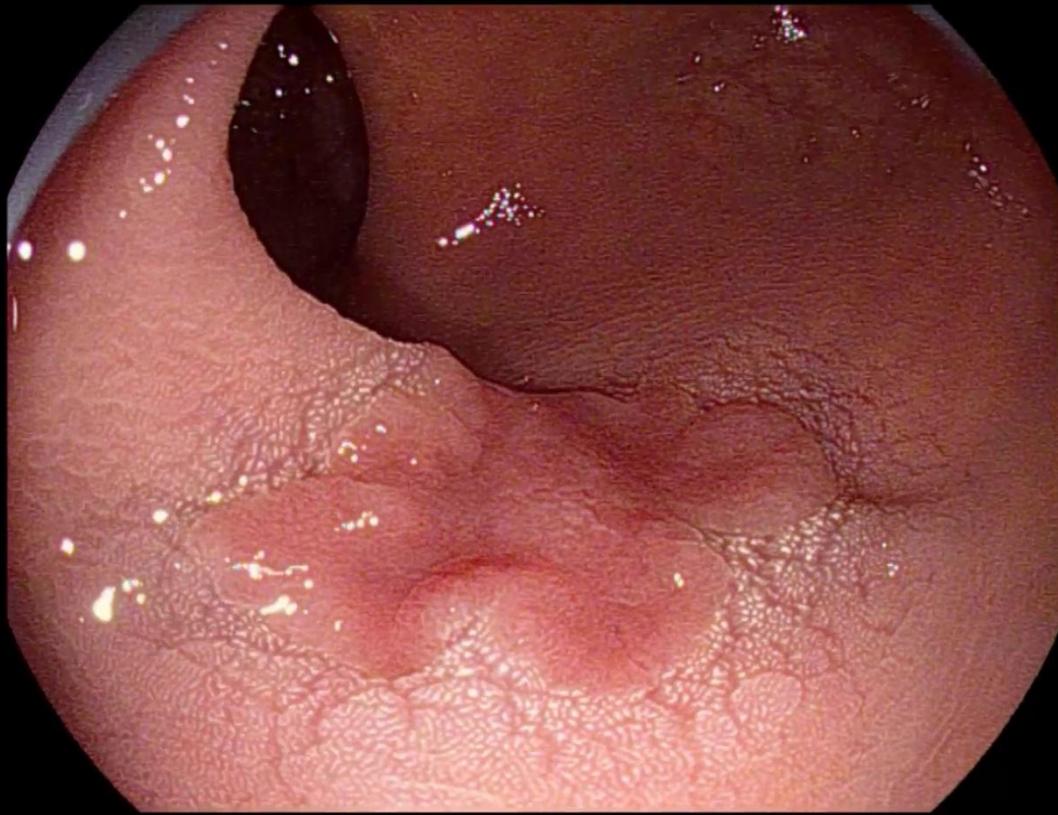
● Rec 04:10(30:00)



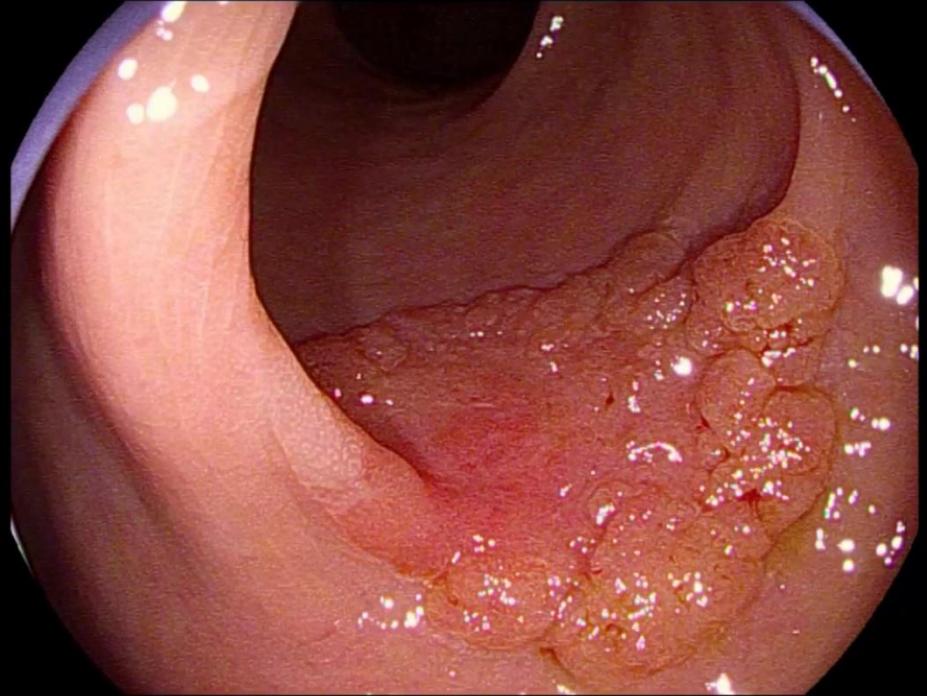
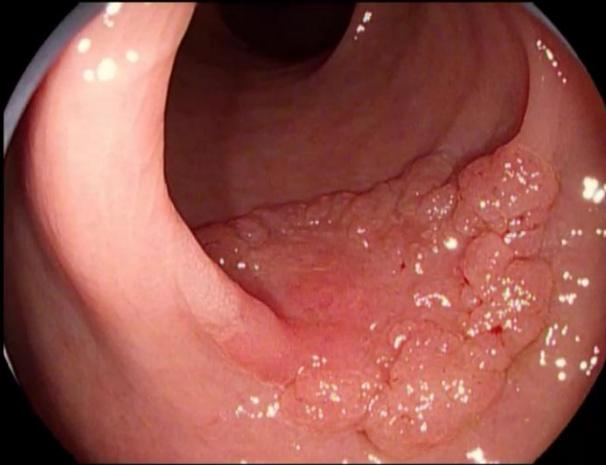
# 陷凹内隆起



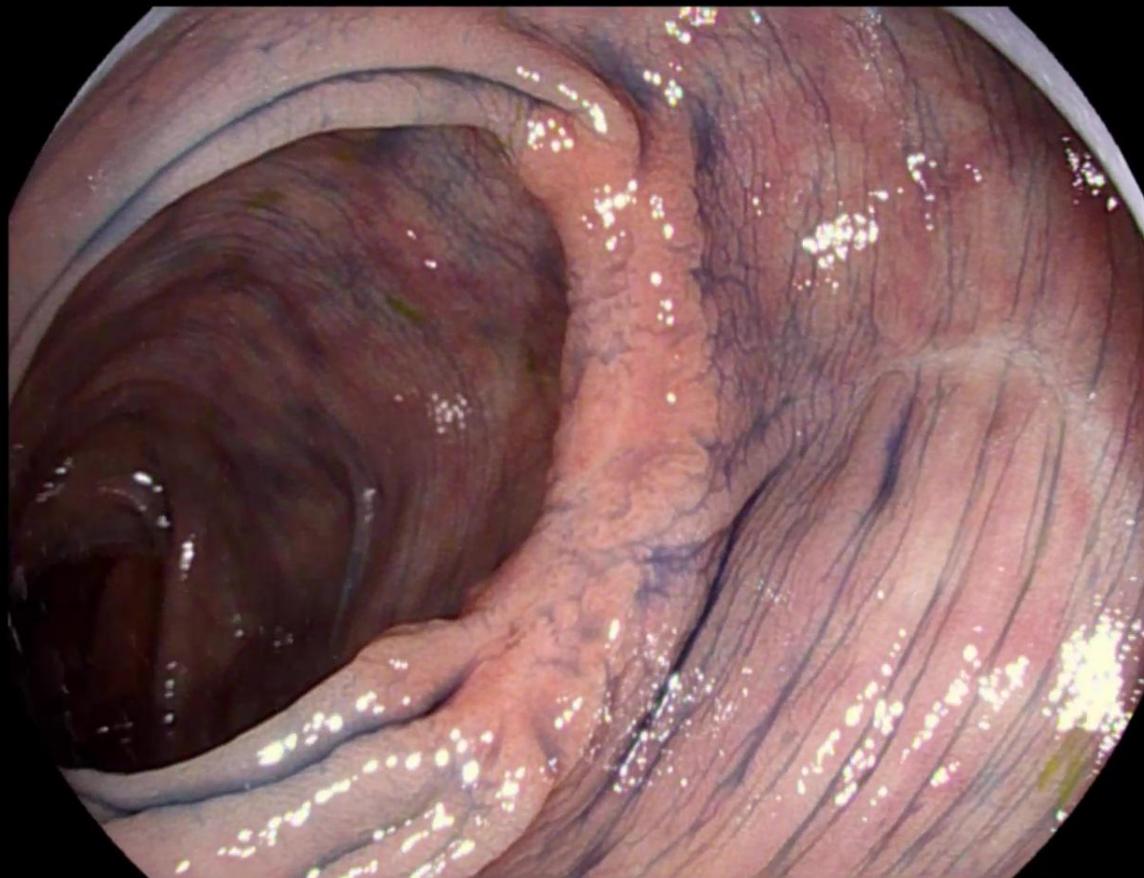
# 陷凹内隆起



# 陷凹内凹凸



# 伸展不良所見(弧の硬化・襞集中)



# まとめると

緊満感



硬さ



皺襞集中



陥凹内凹凸不整



強い発赤

