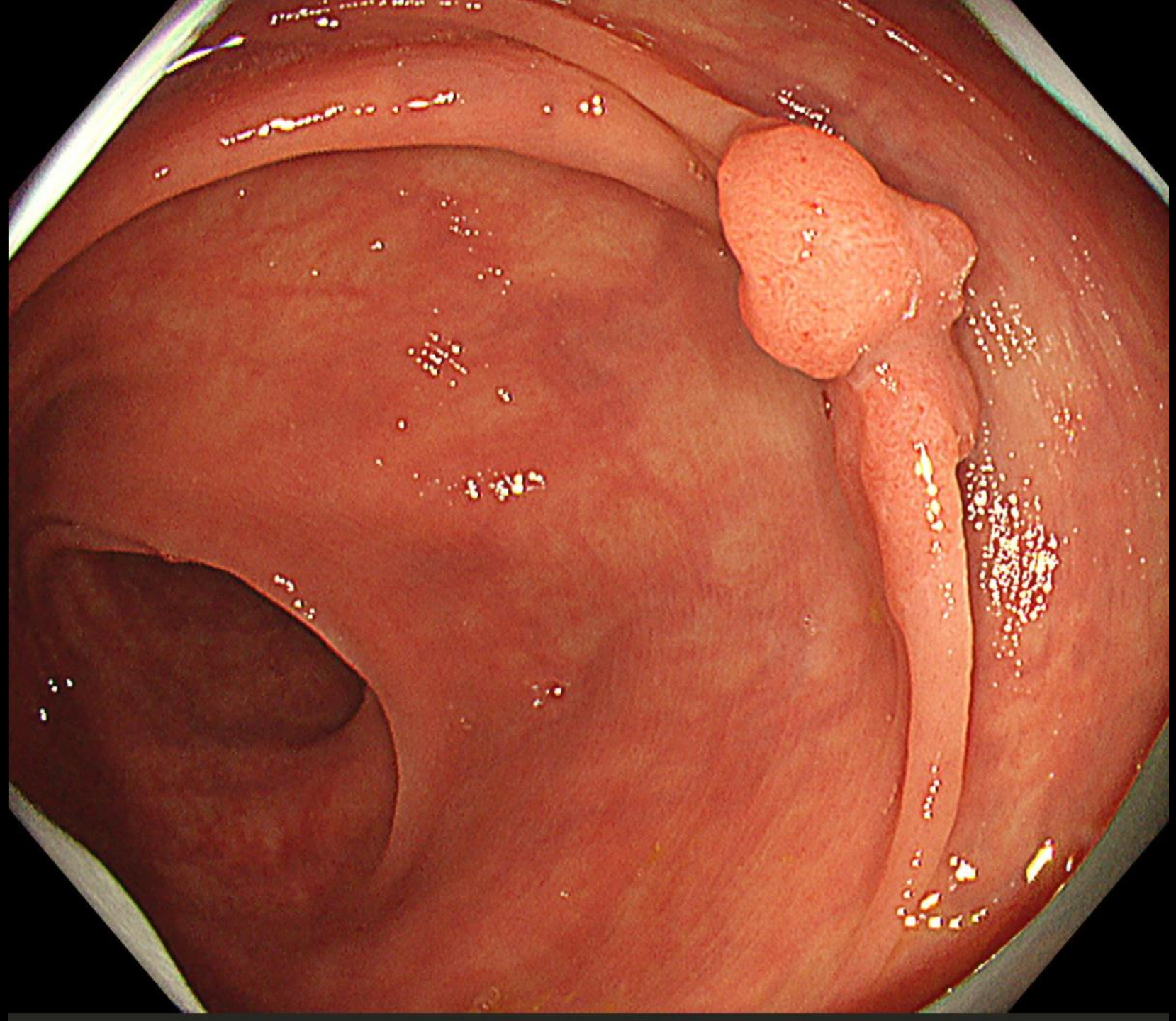
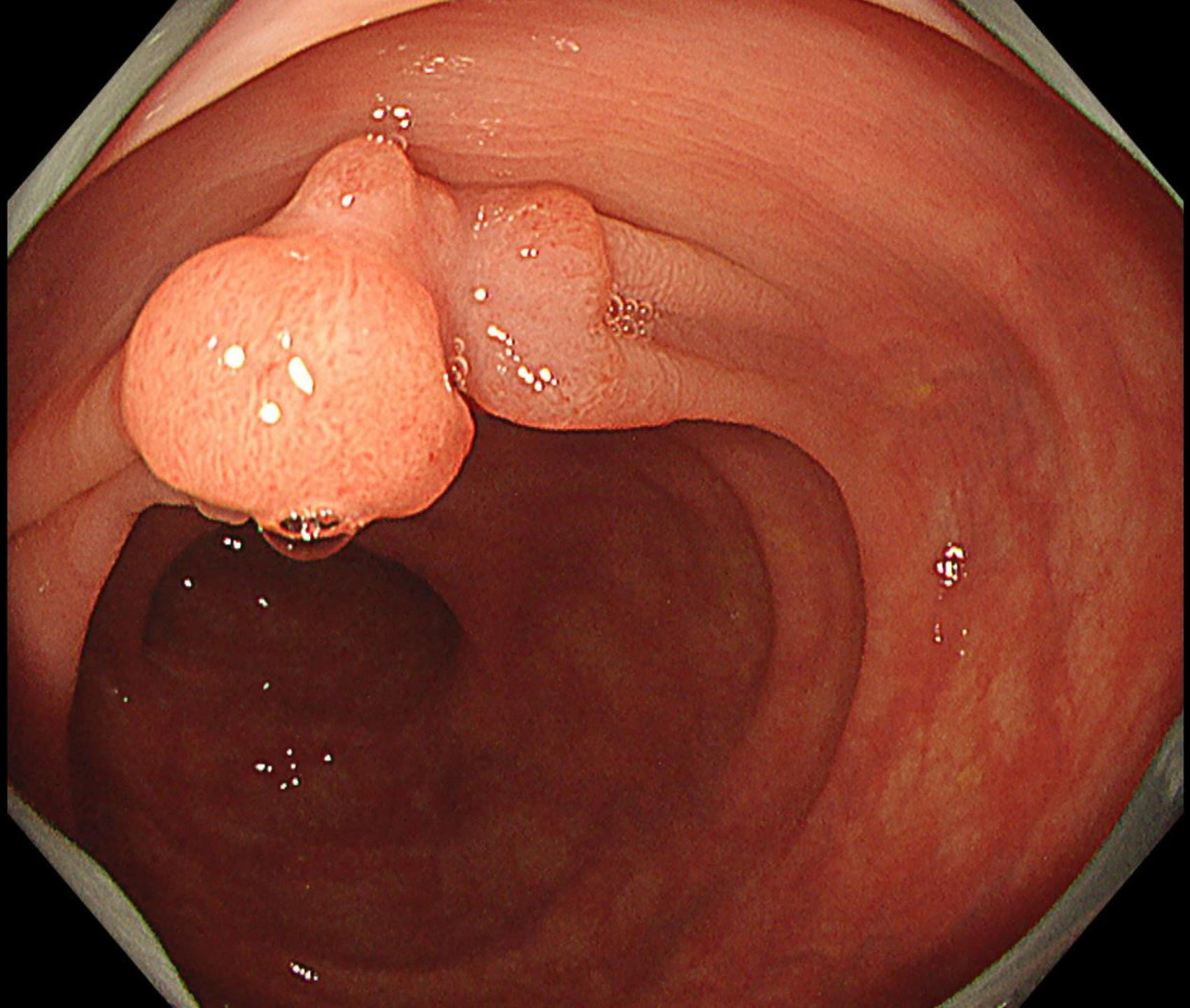
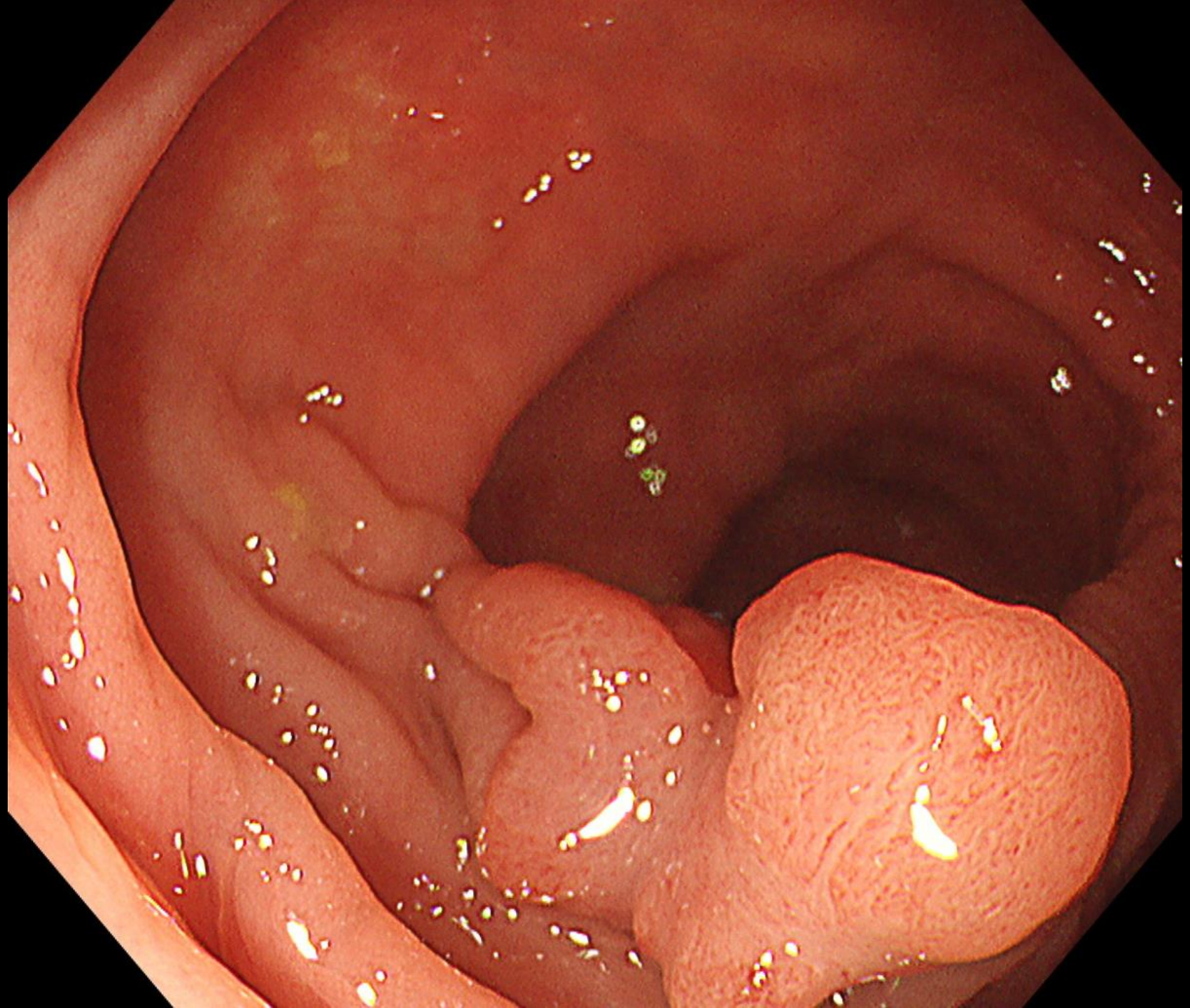
消化管 mapping
大腸

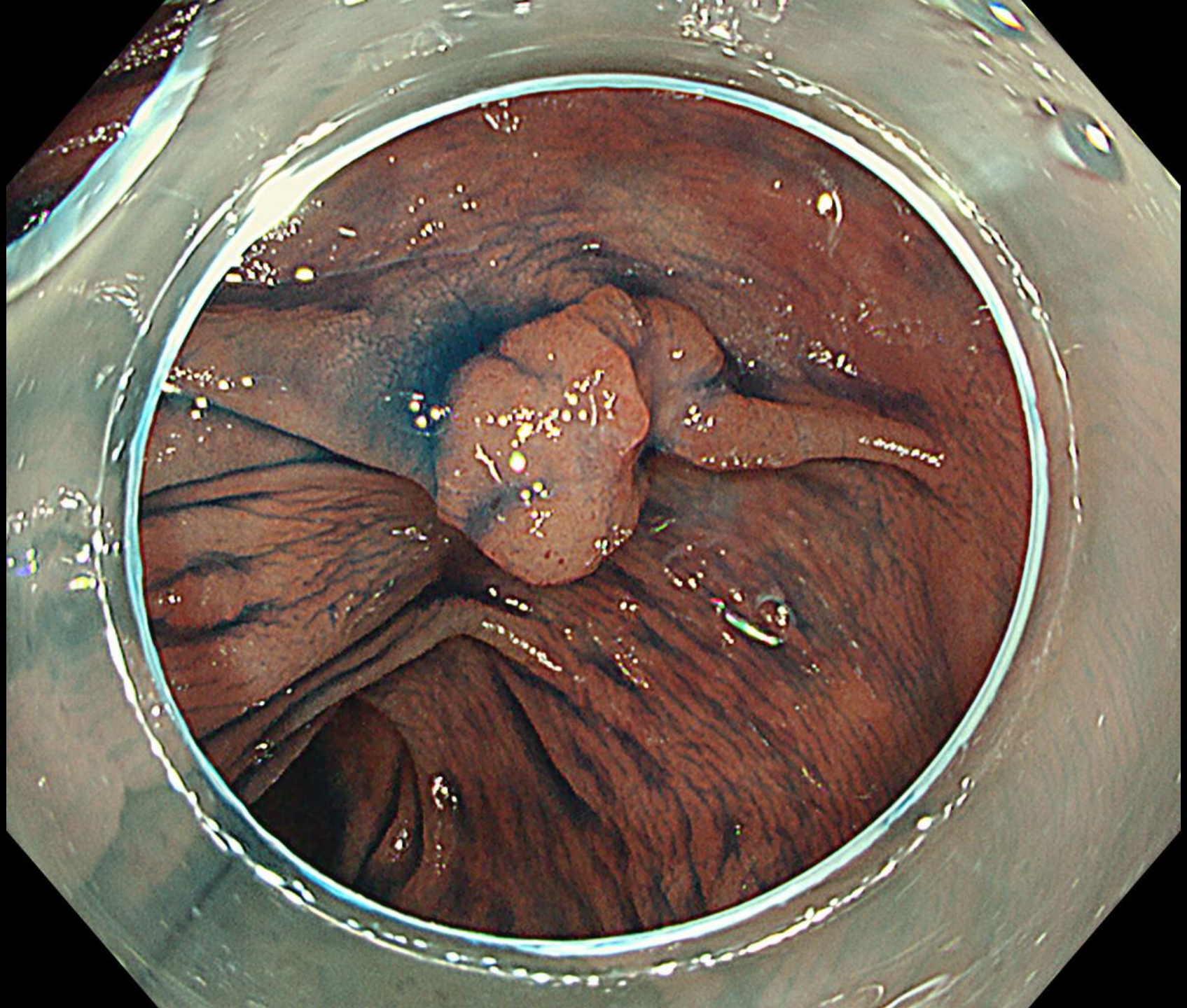
担当: 三宅　雄也

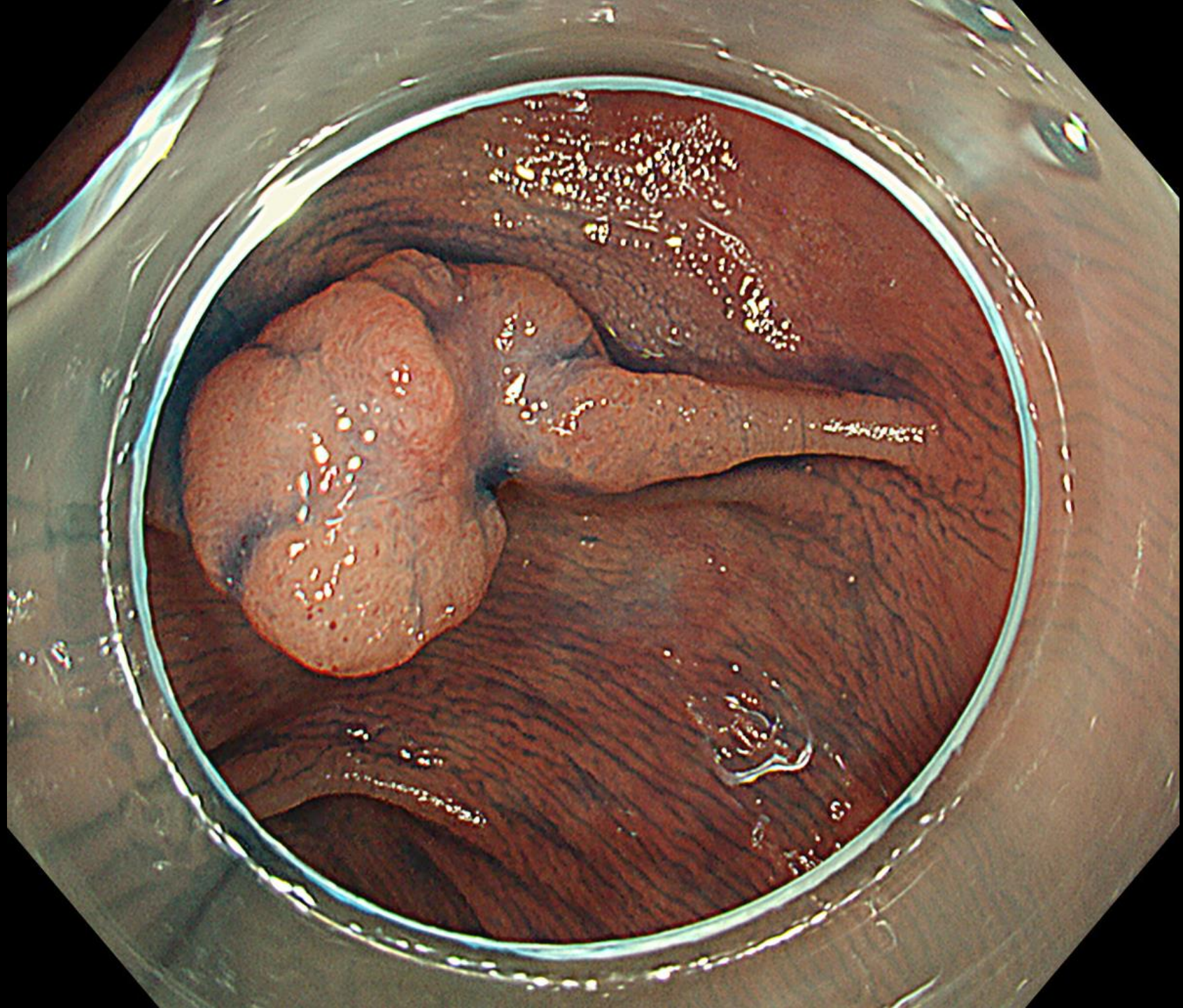
通常光
（5枚）



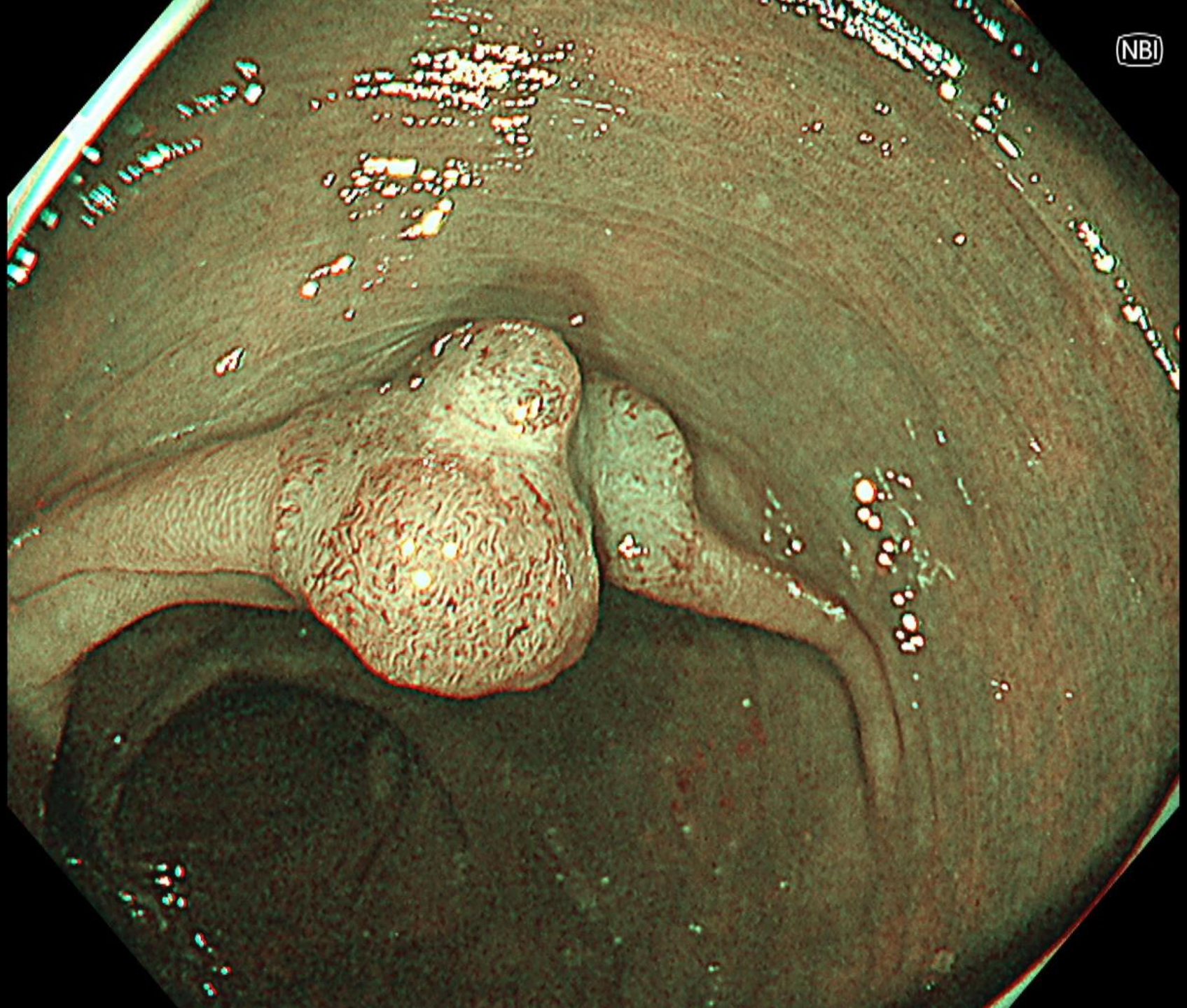


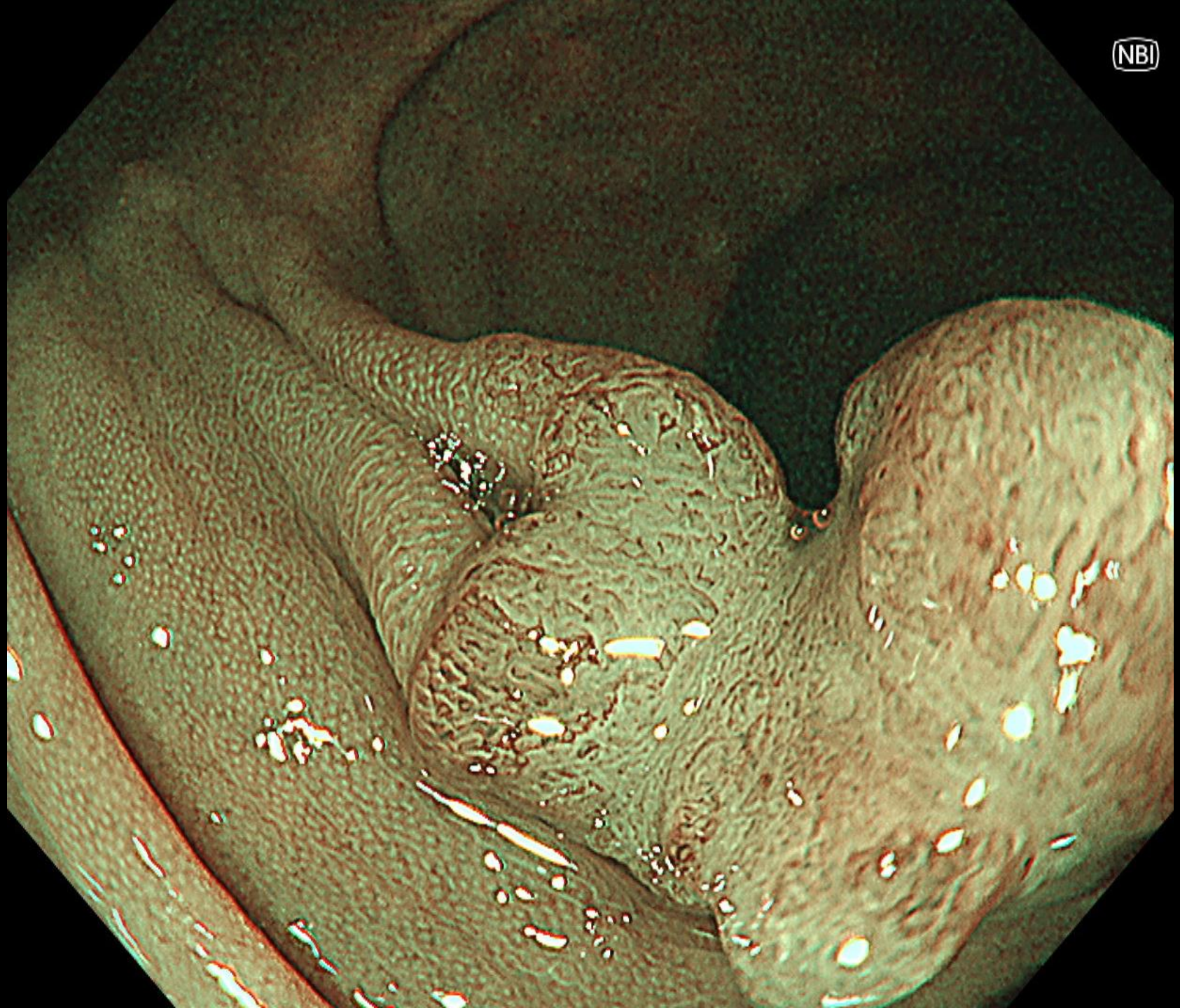


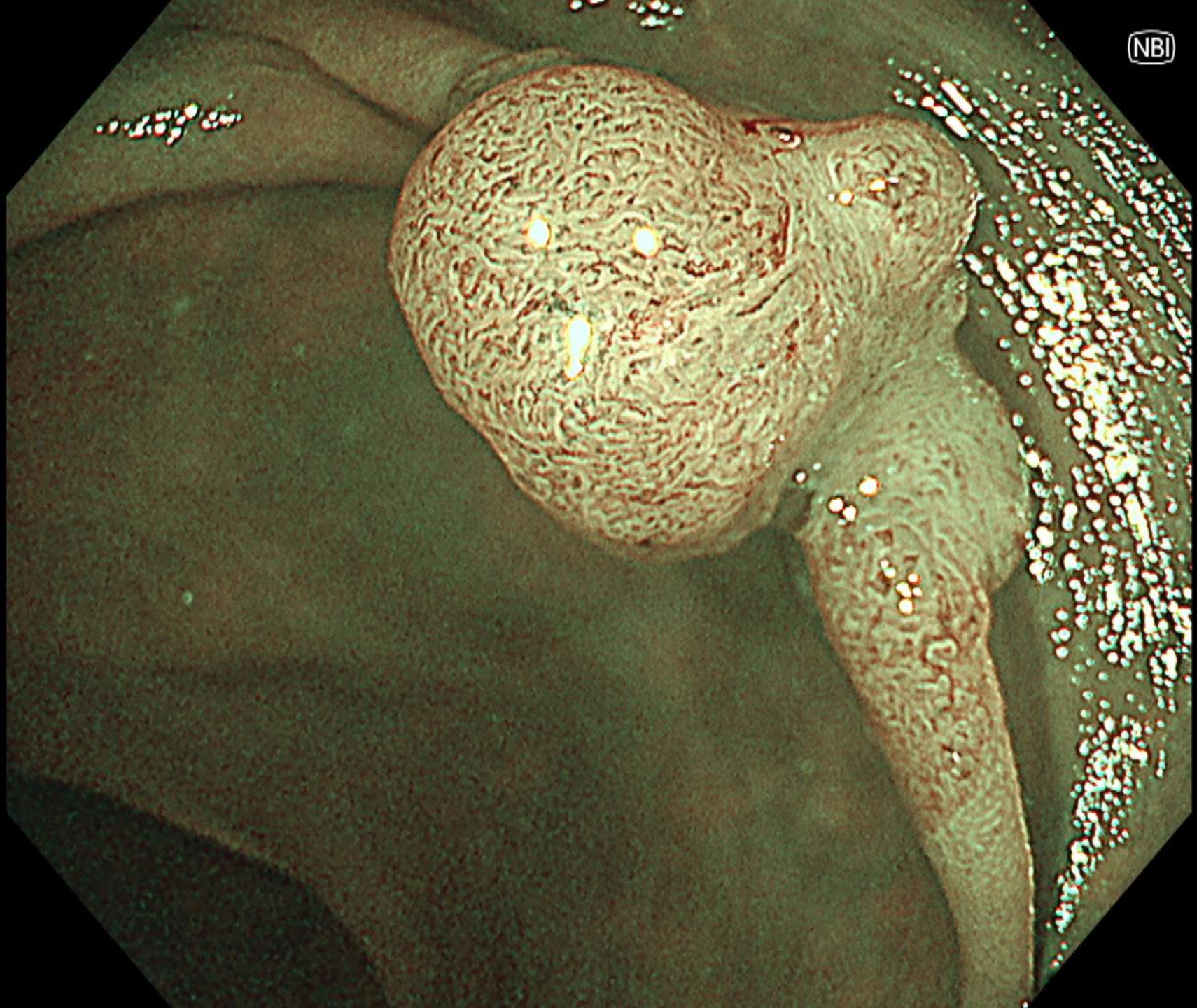


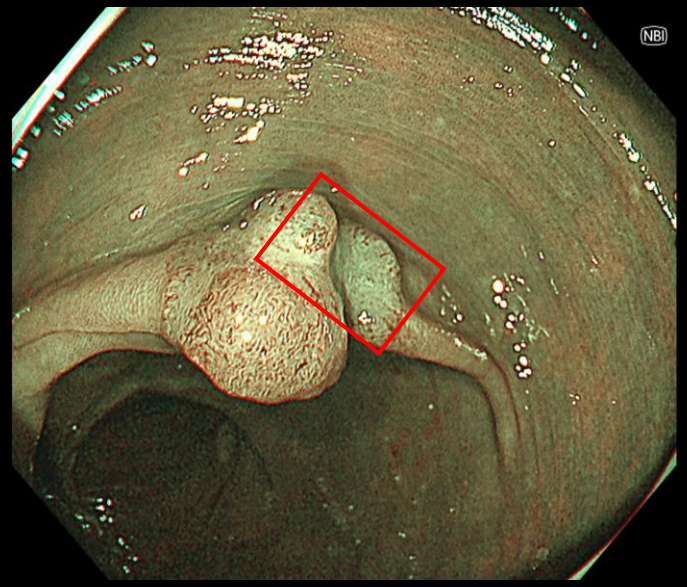


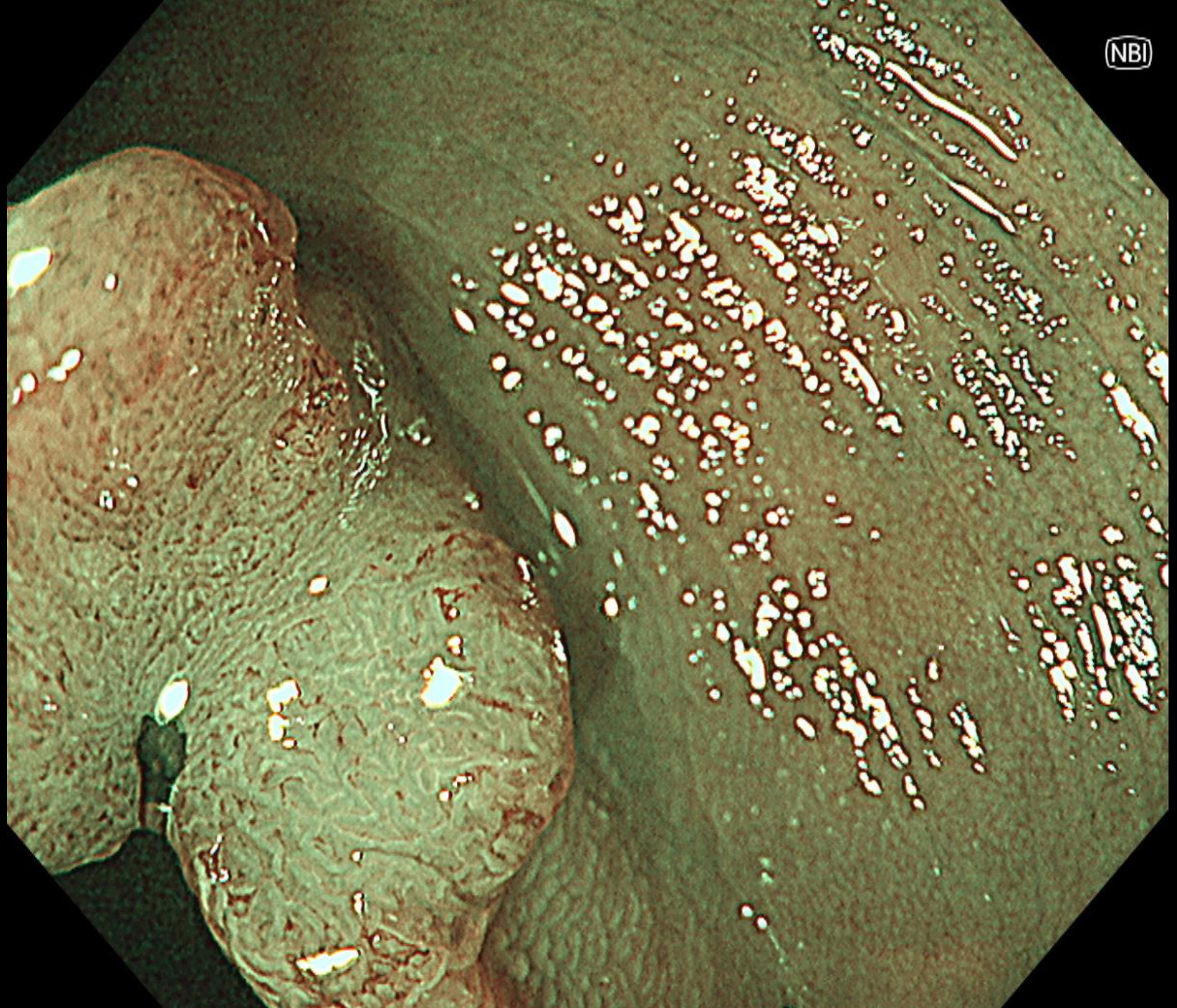
NBI
（4枚）


NBI

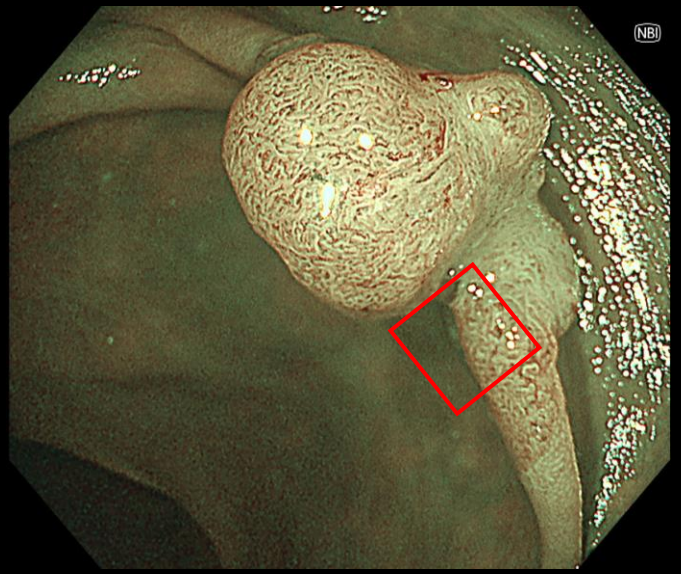

NBI

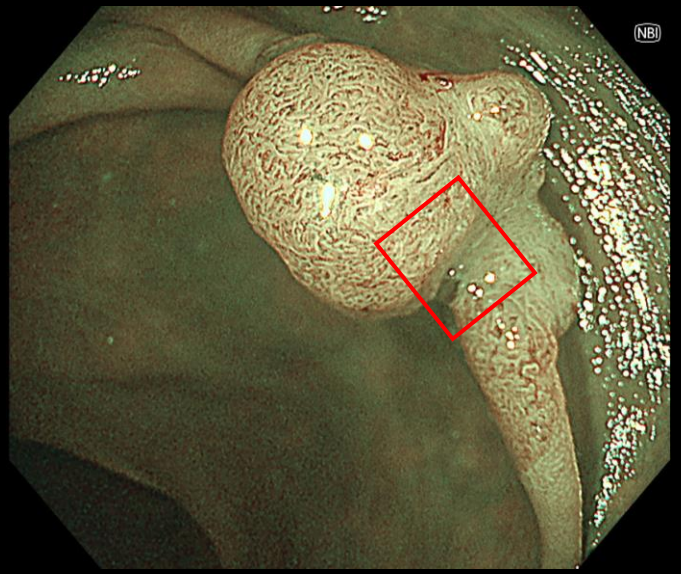

NBI

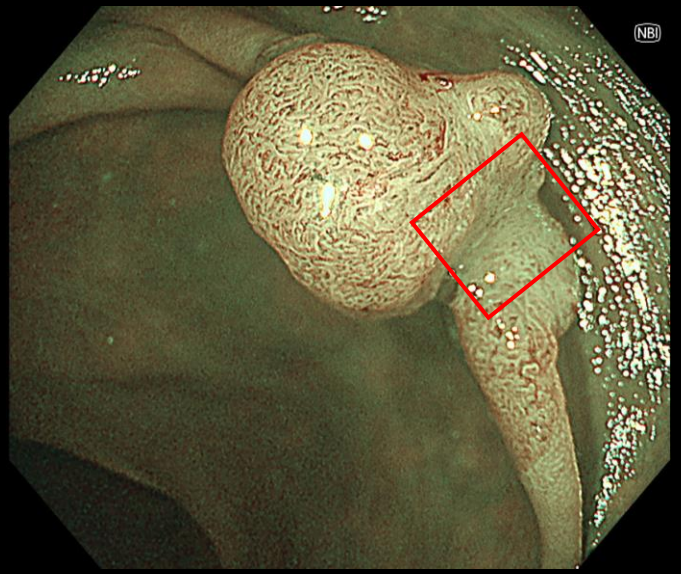

NBI

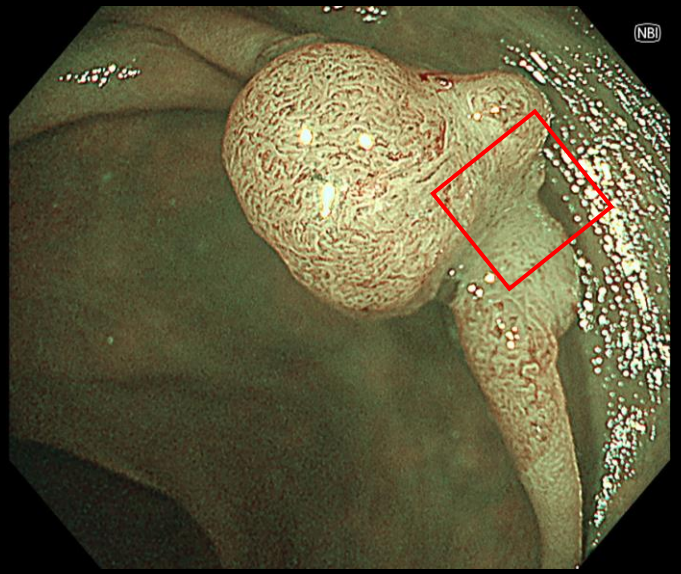

NBI

ピオクタニン染色
（4枚）


NBI


NBI

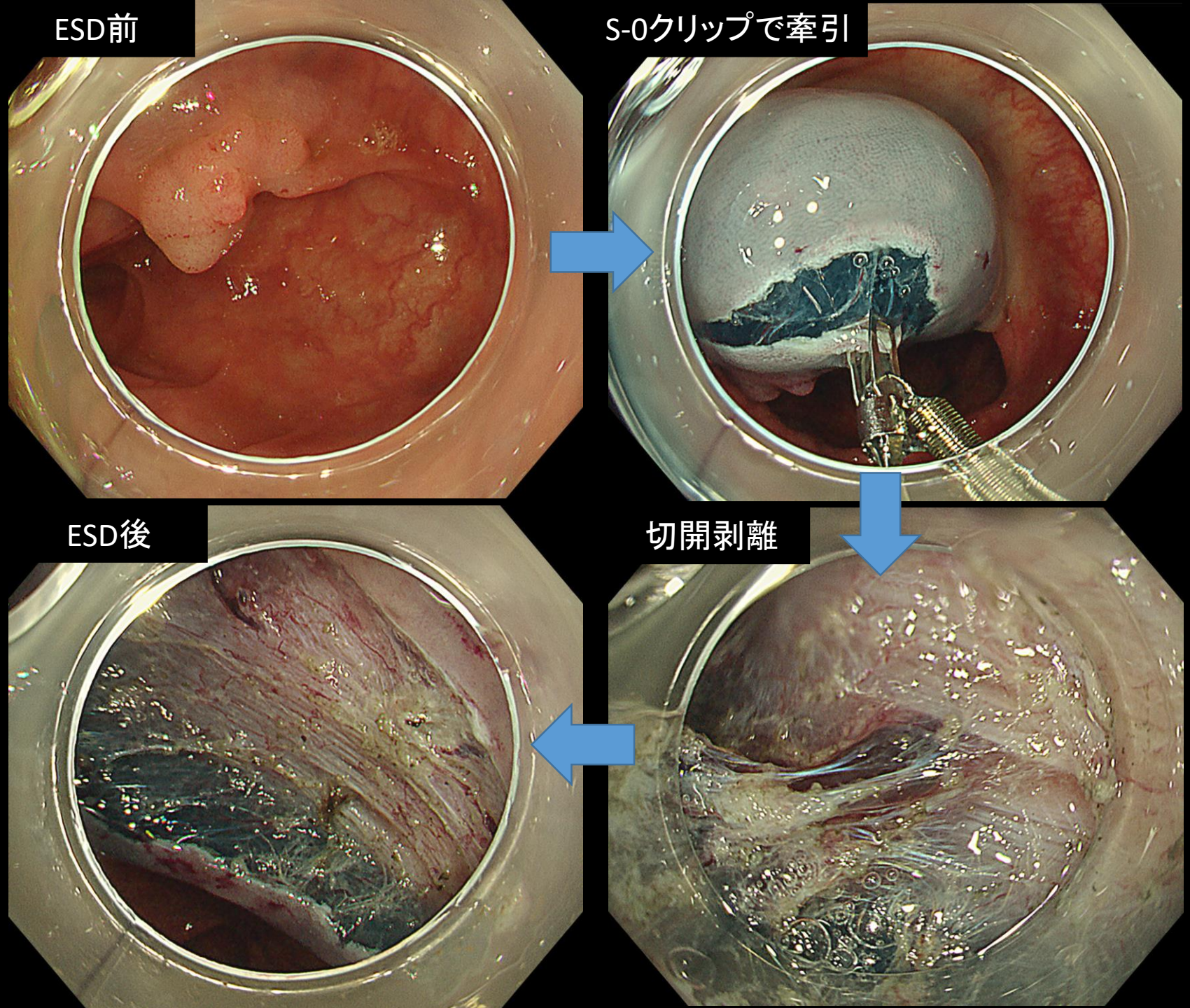

NBI

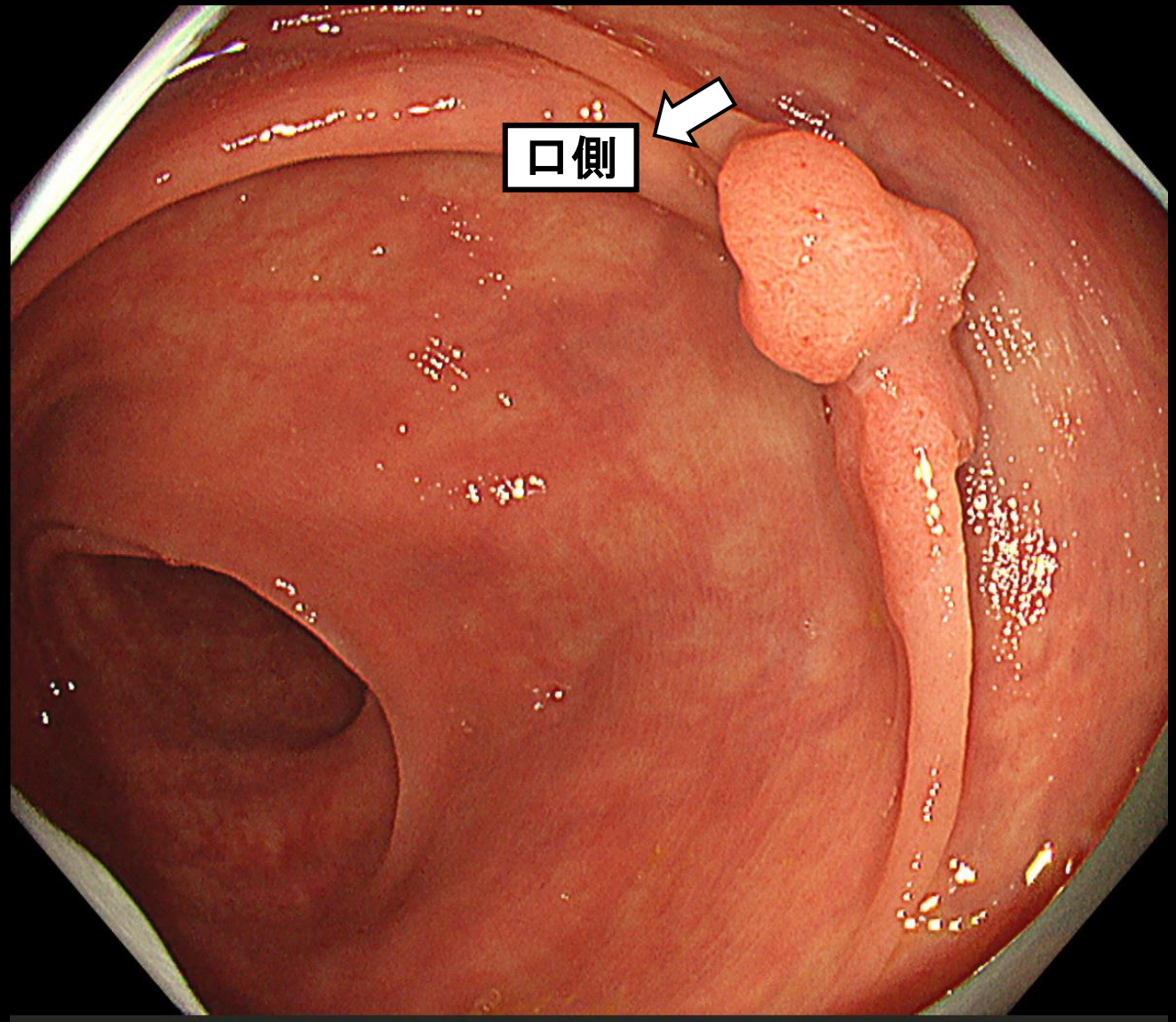

NBI

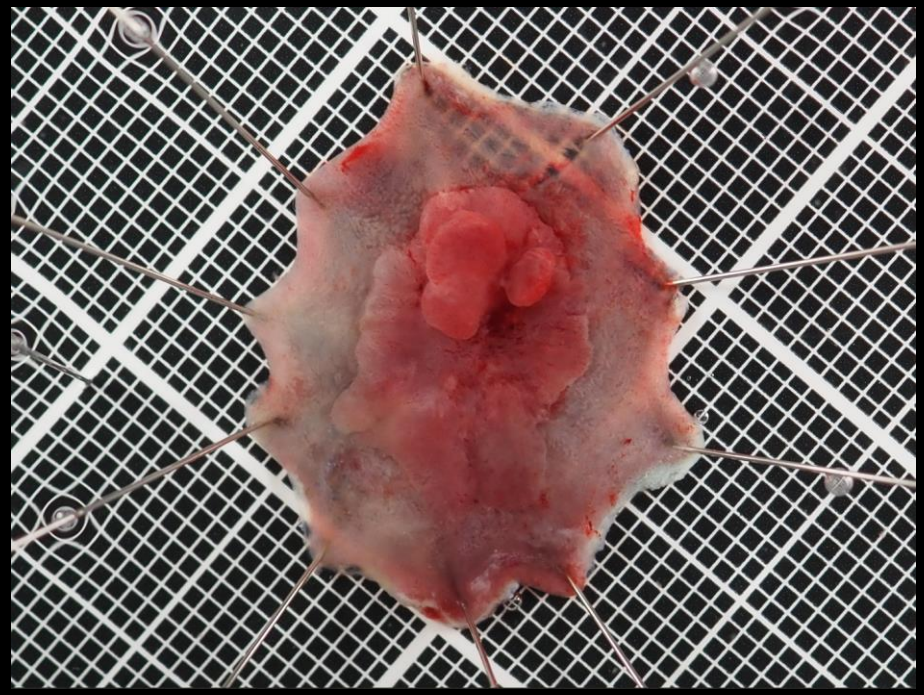
内視鏡診断

- 早期大腸癌
- 部位：横行結腸(左側)
- 大きさ：20mm　肉眼型：0-Is+0-IIc
- 拡大観察：JNET Type 2A+2B/Pit pattern IIIL+VI軽度不整
- 深達度：SM浸潤疑い

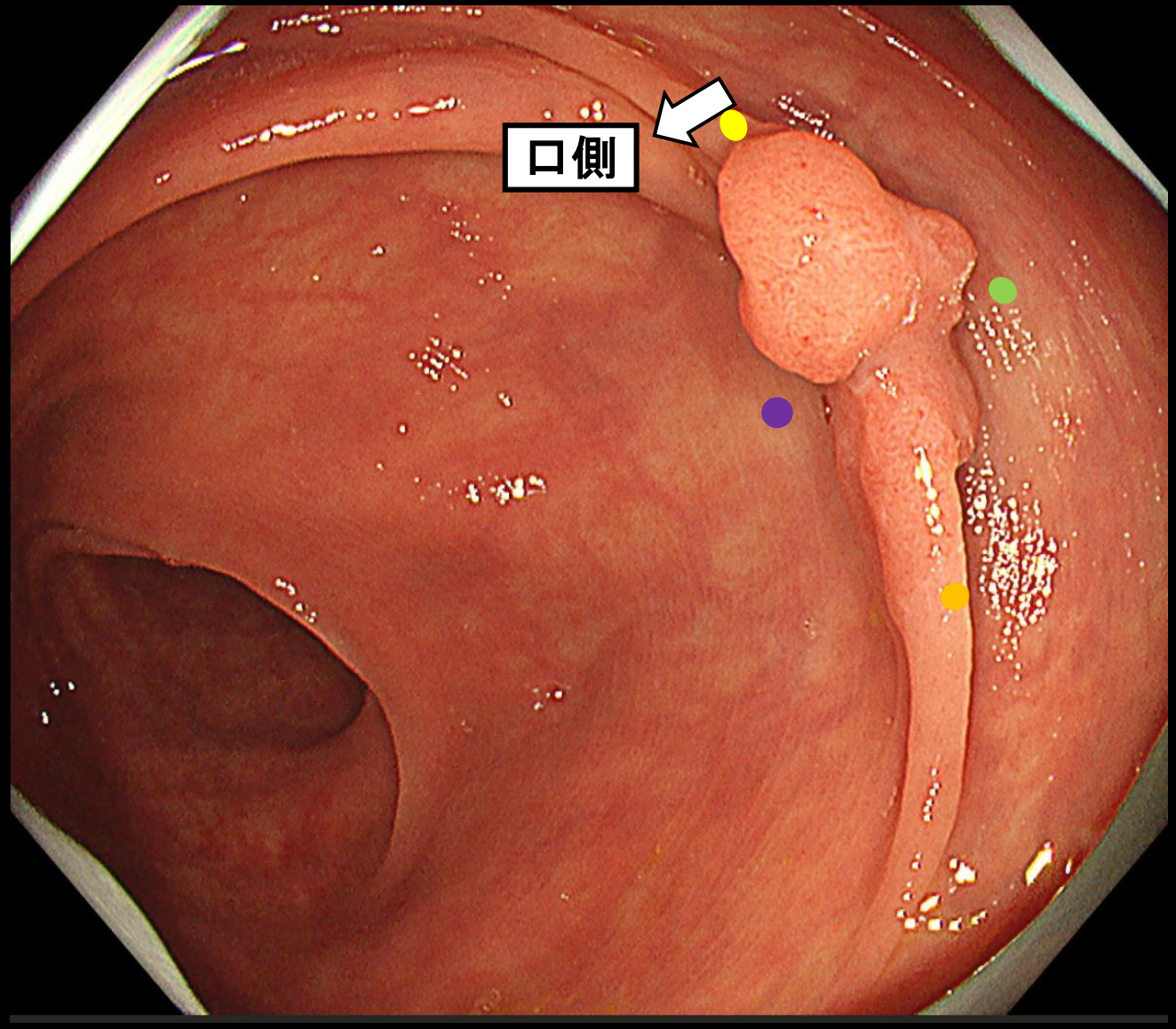
ESD画像

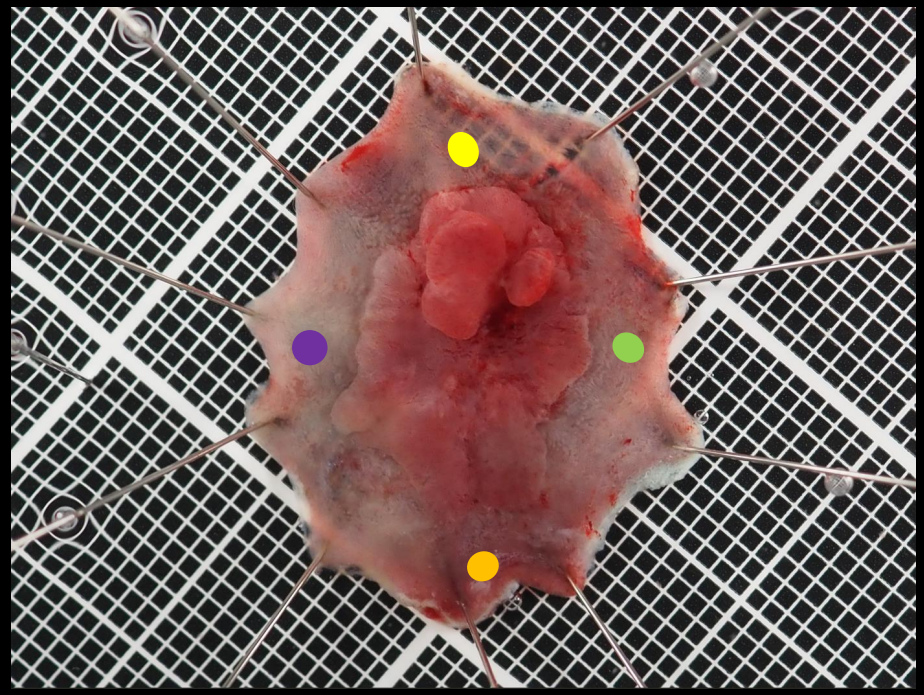

ESD前
S-0クリップで牽引
切開剥離
ESD後





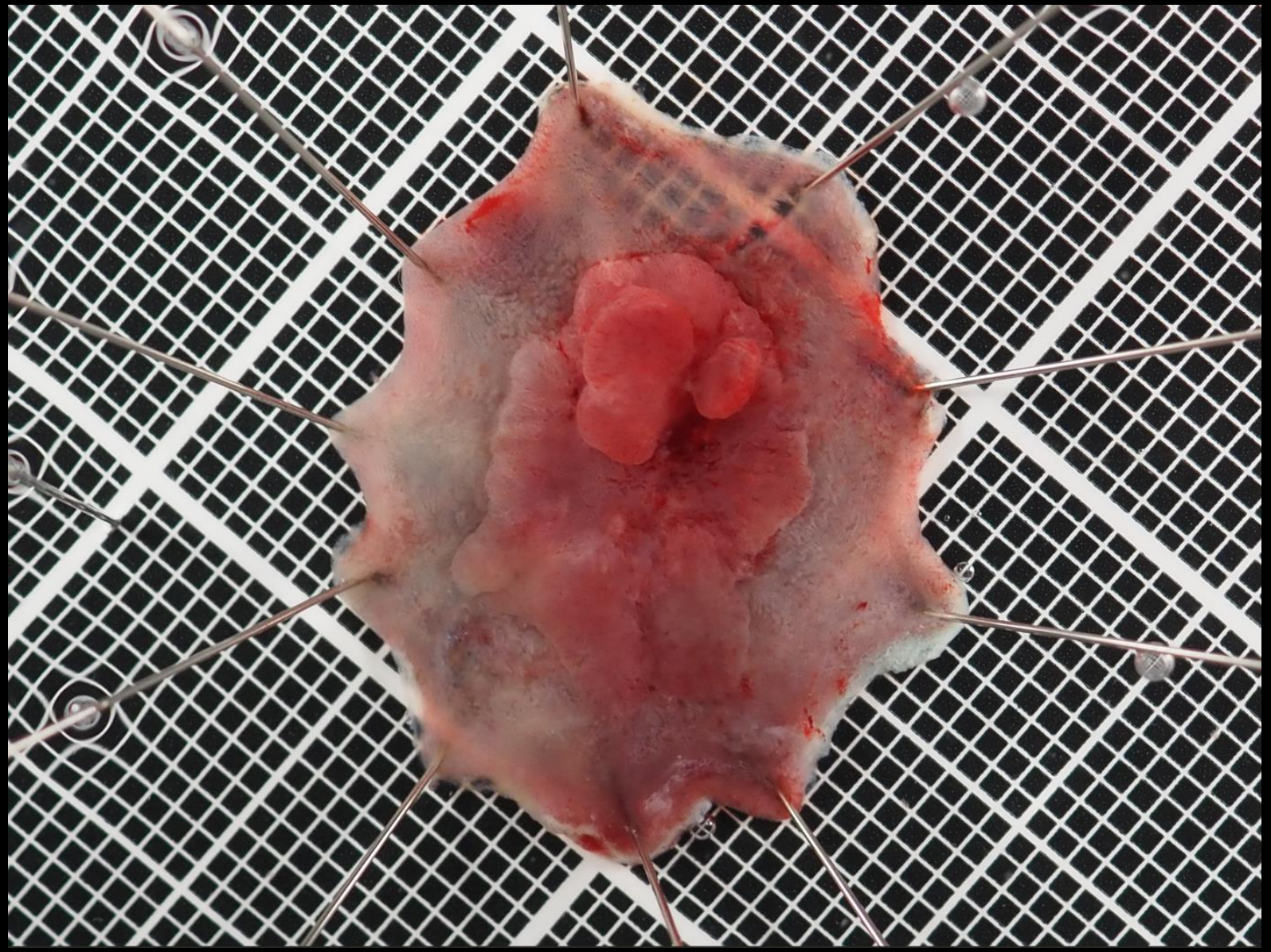
口側





口側

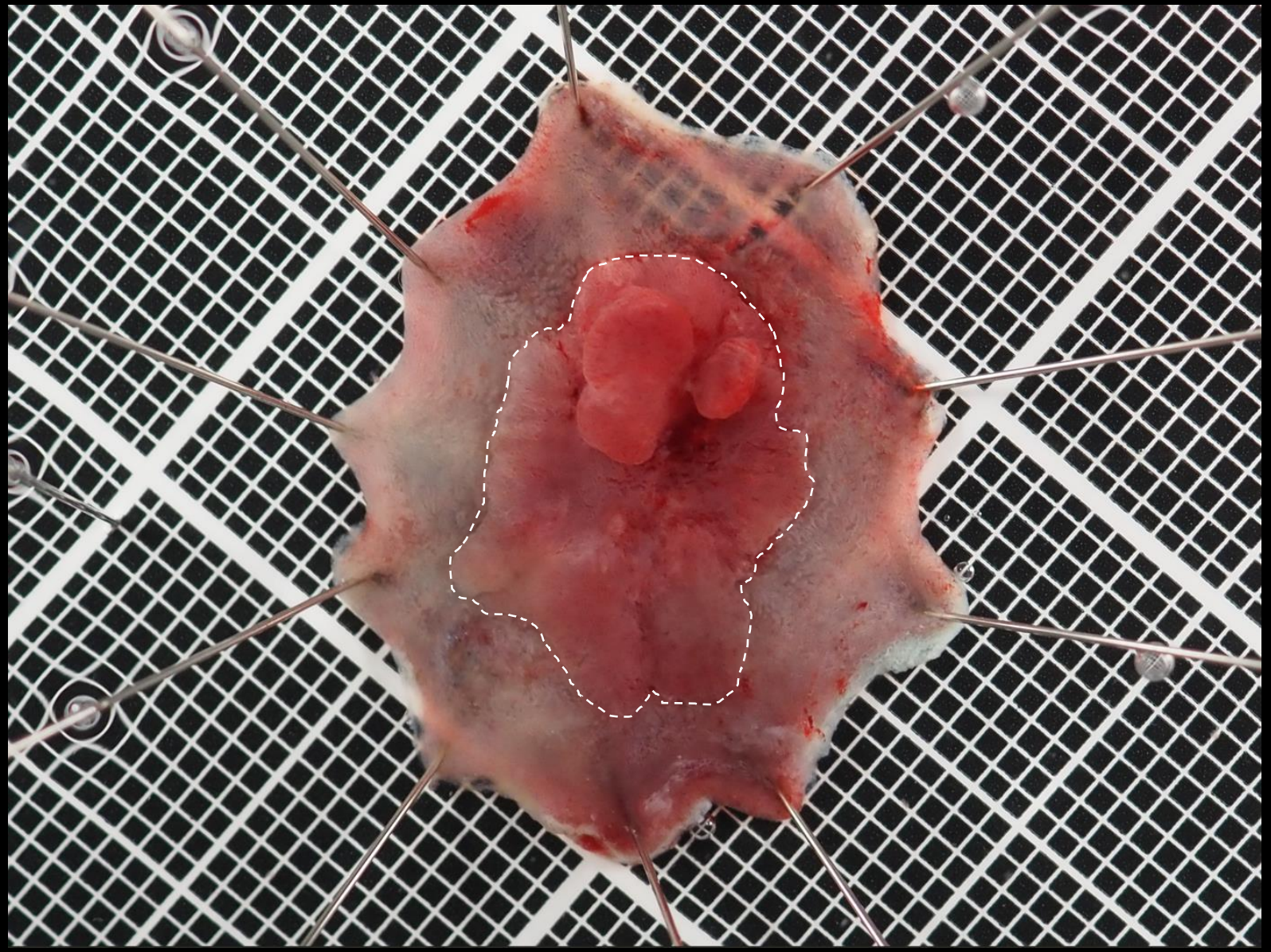
口側



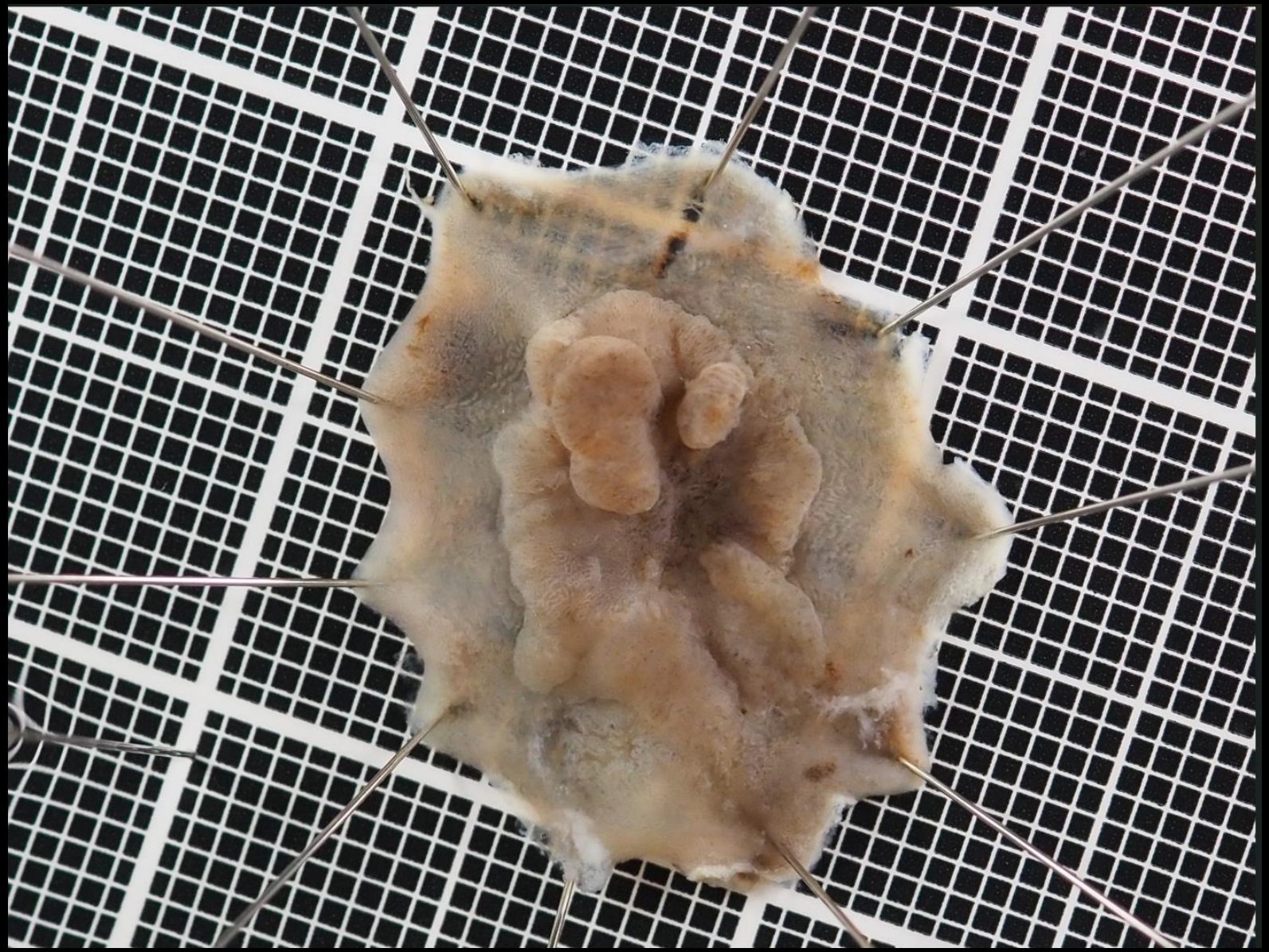
肛門側

口側

肛門側

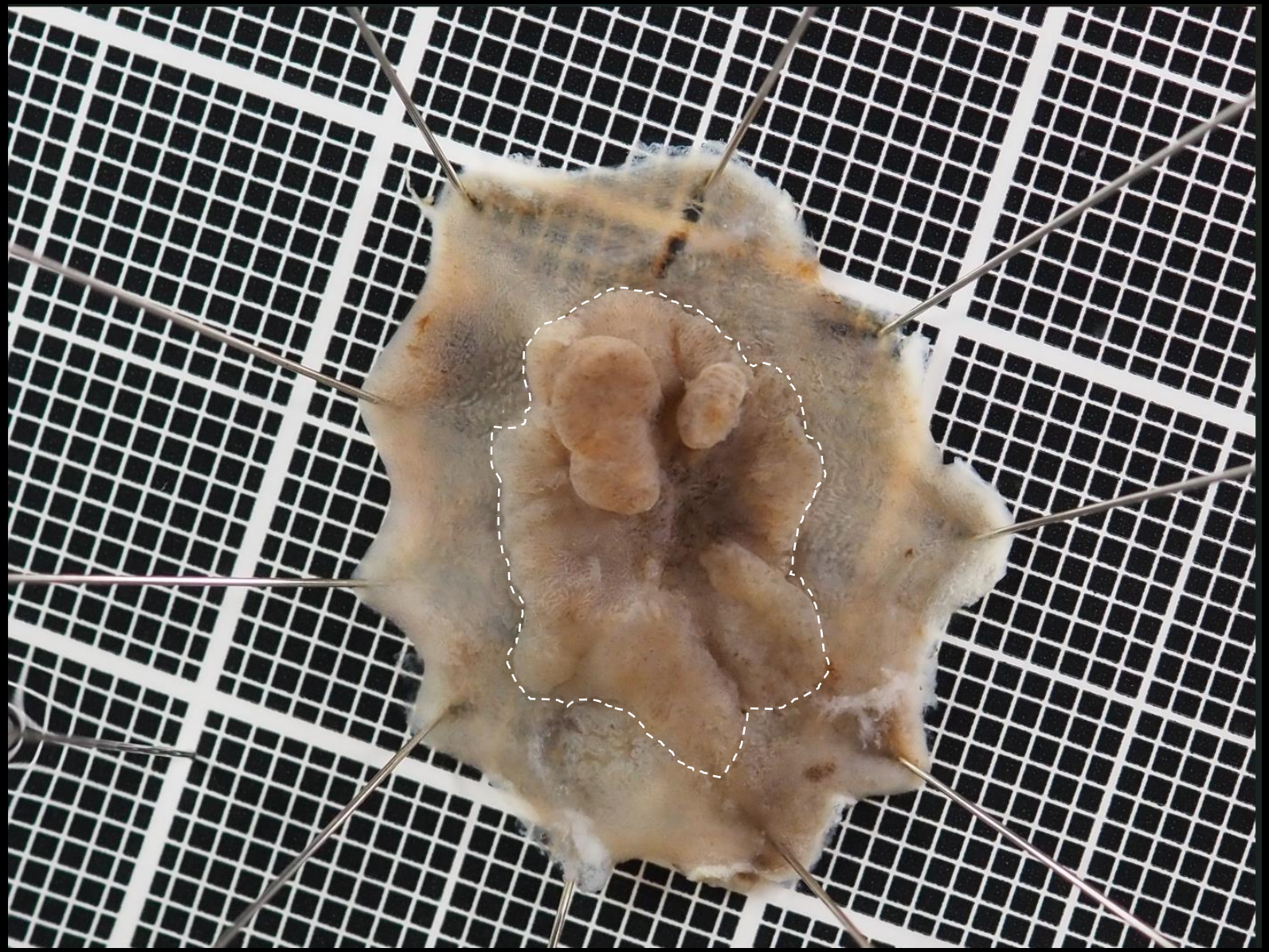


口側



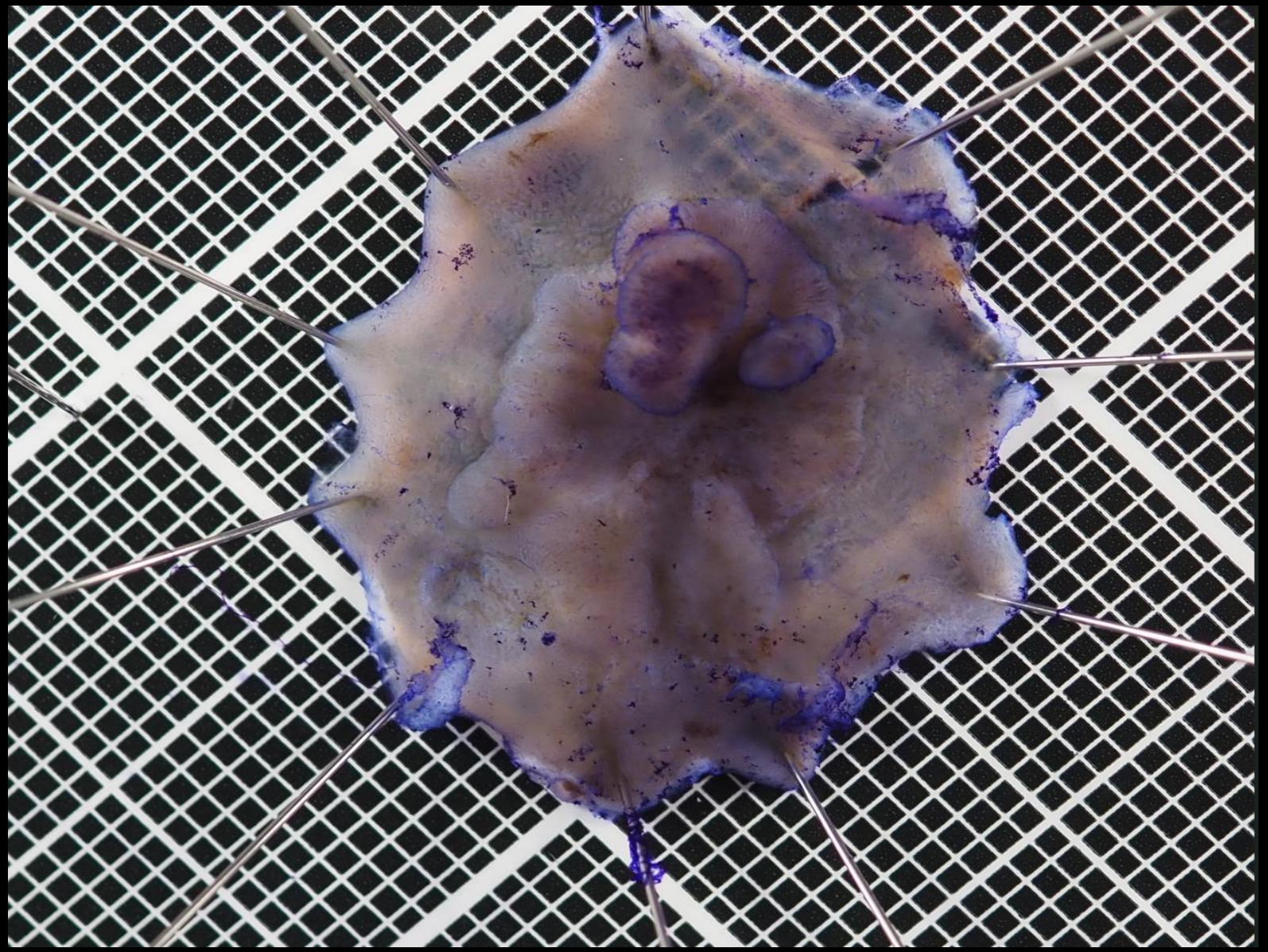
肛門側

口側



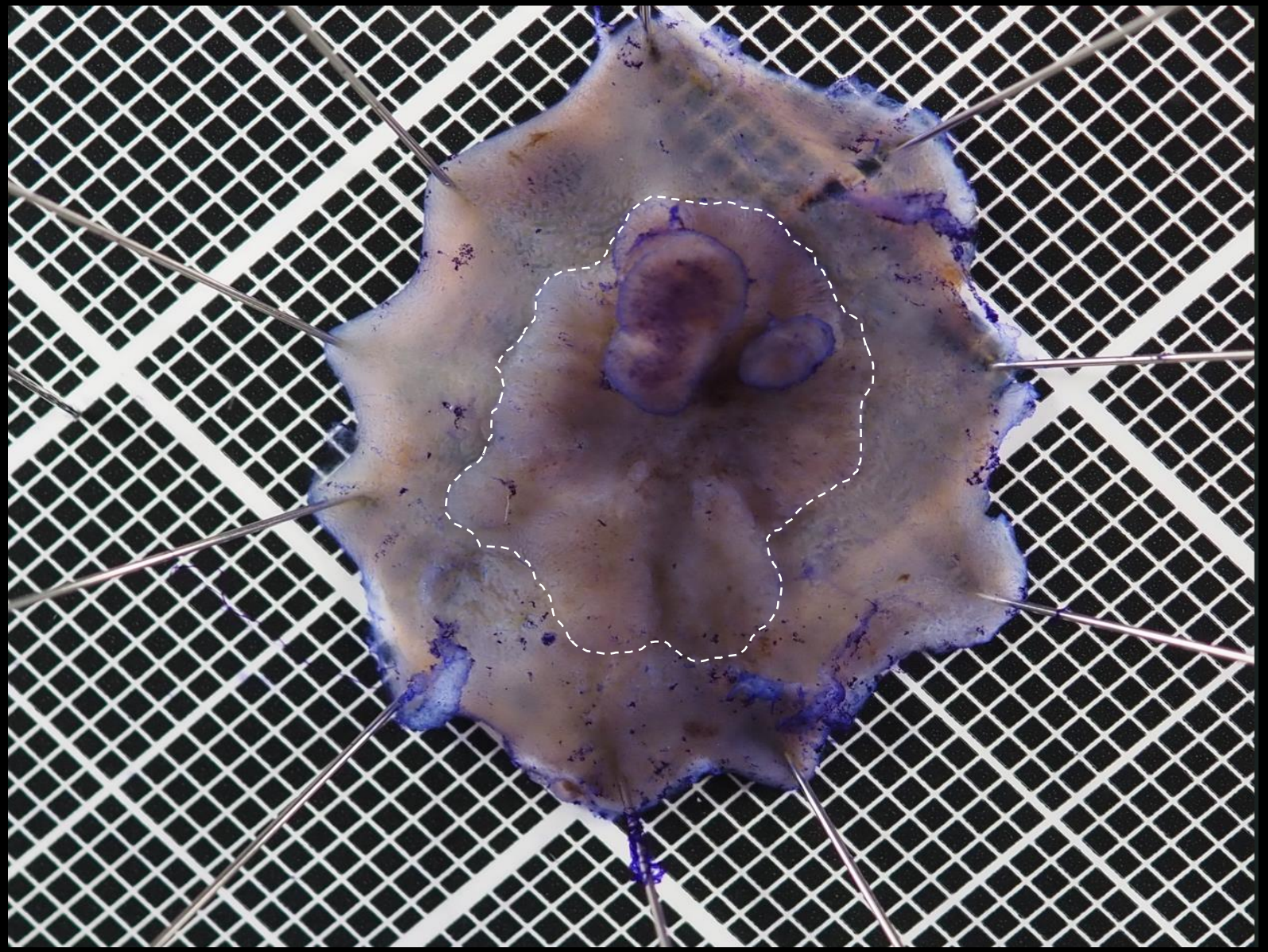
肛門側

口側



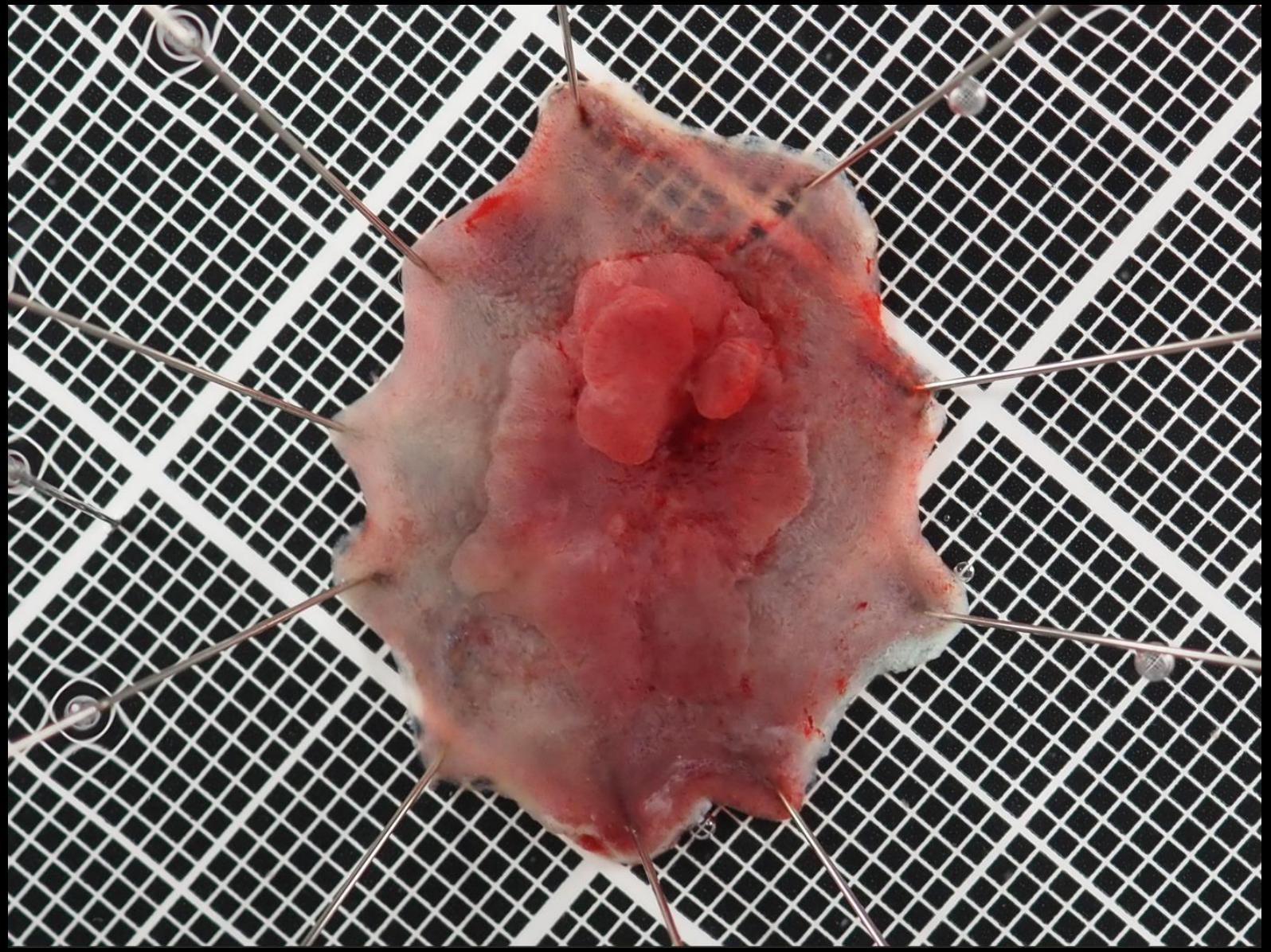
肛門側

口側



肛門側

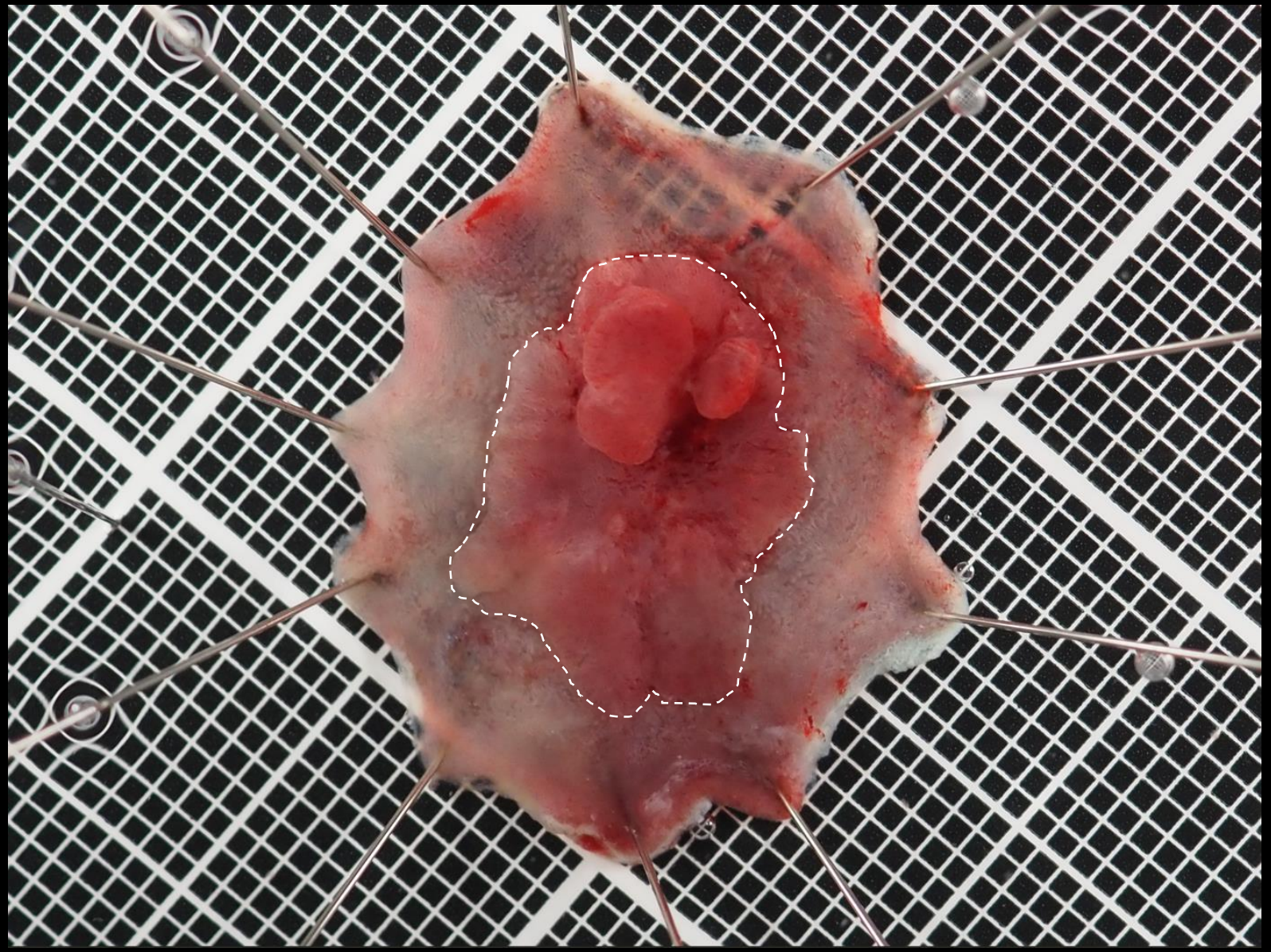
口側



肛門側

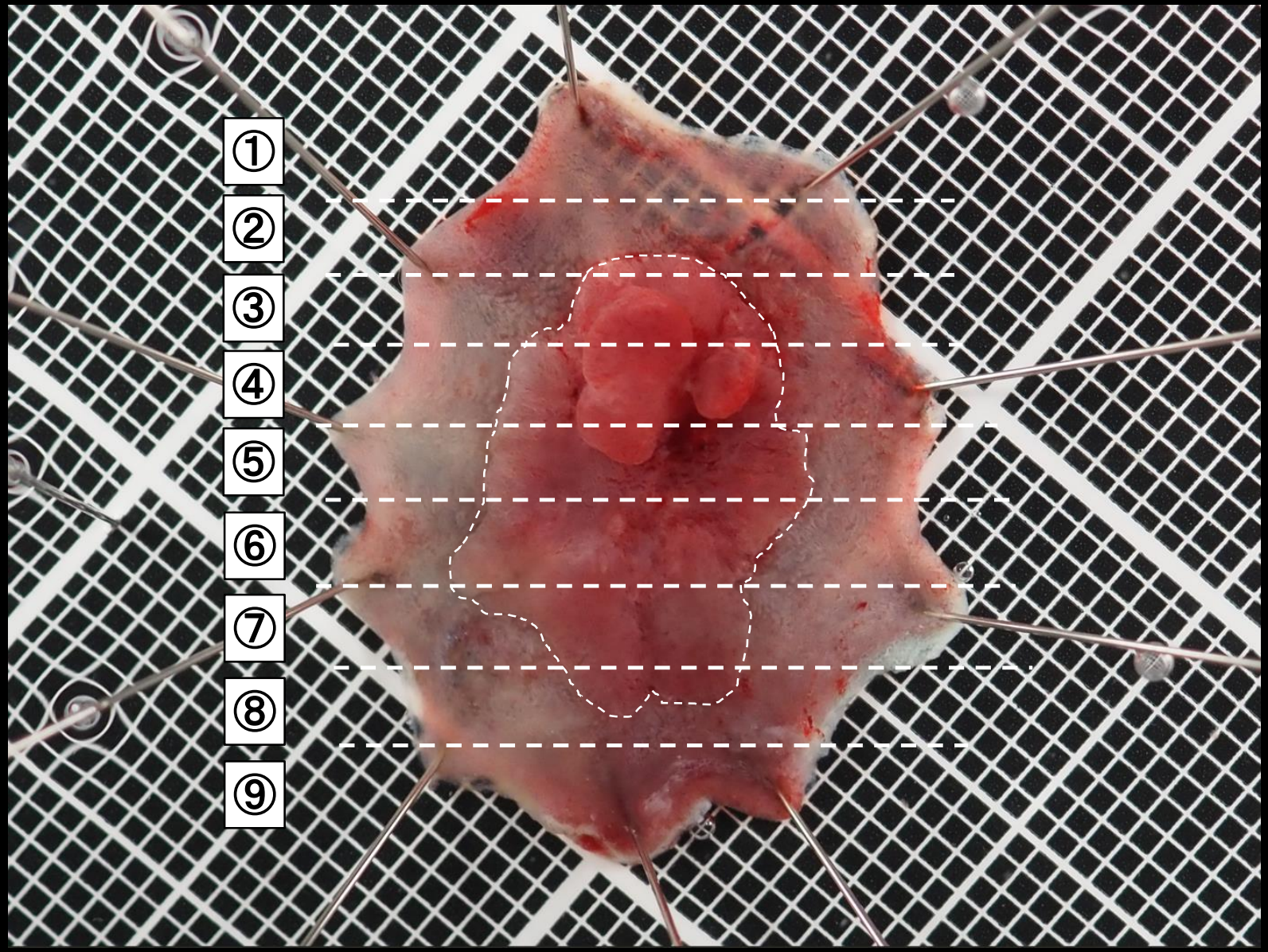
口側

肛門側

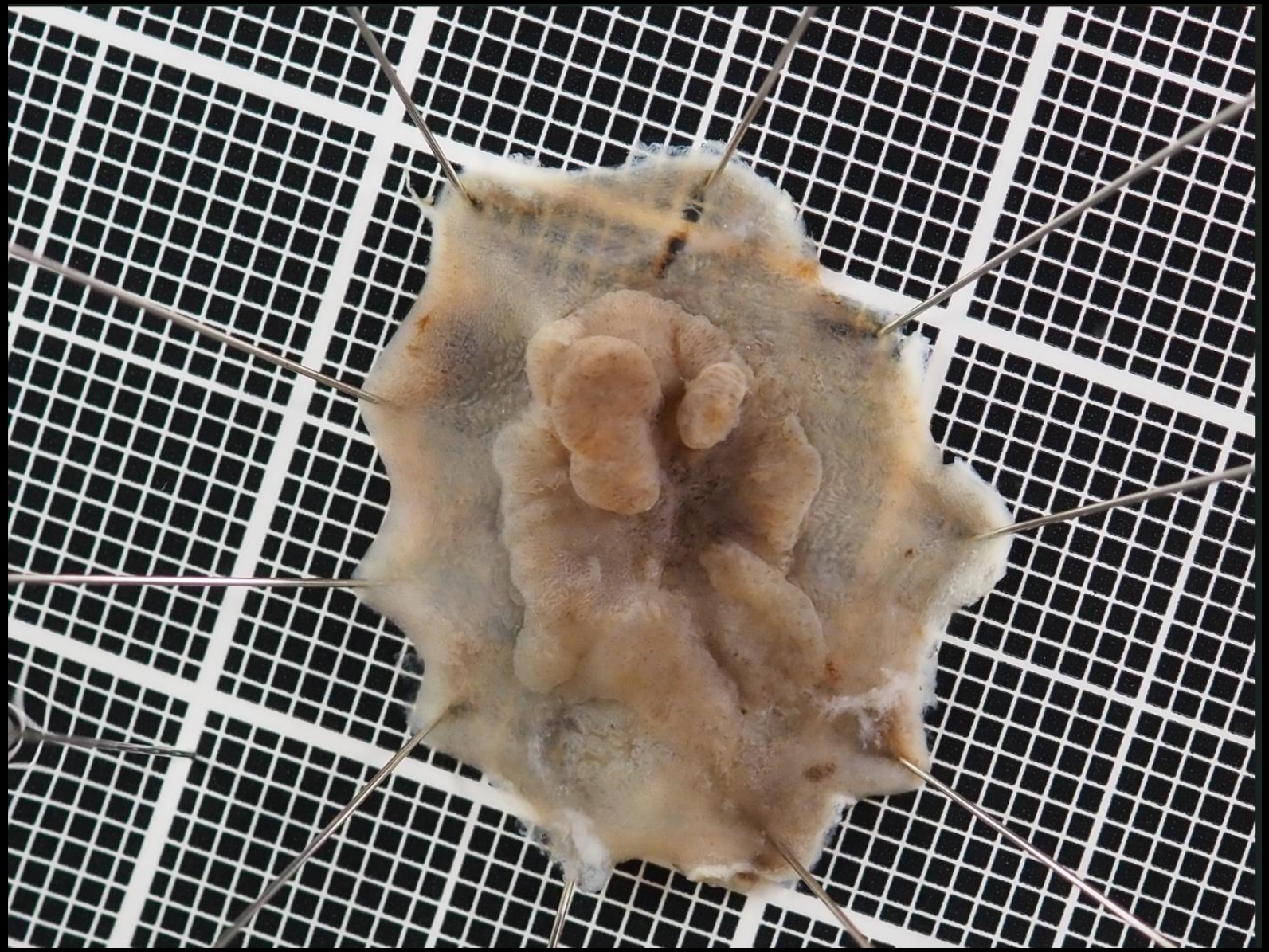


口側

肛門側

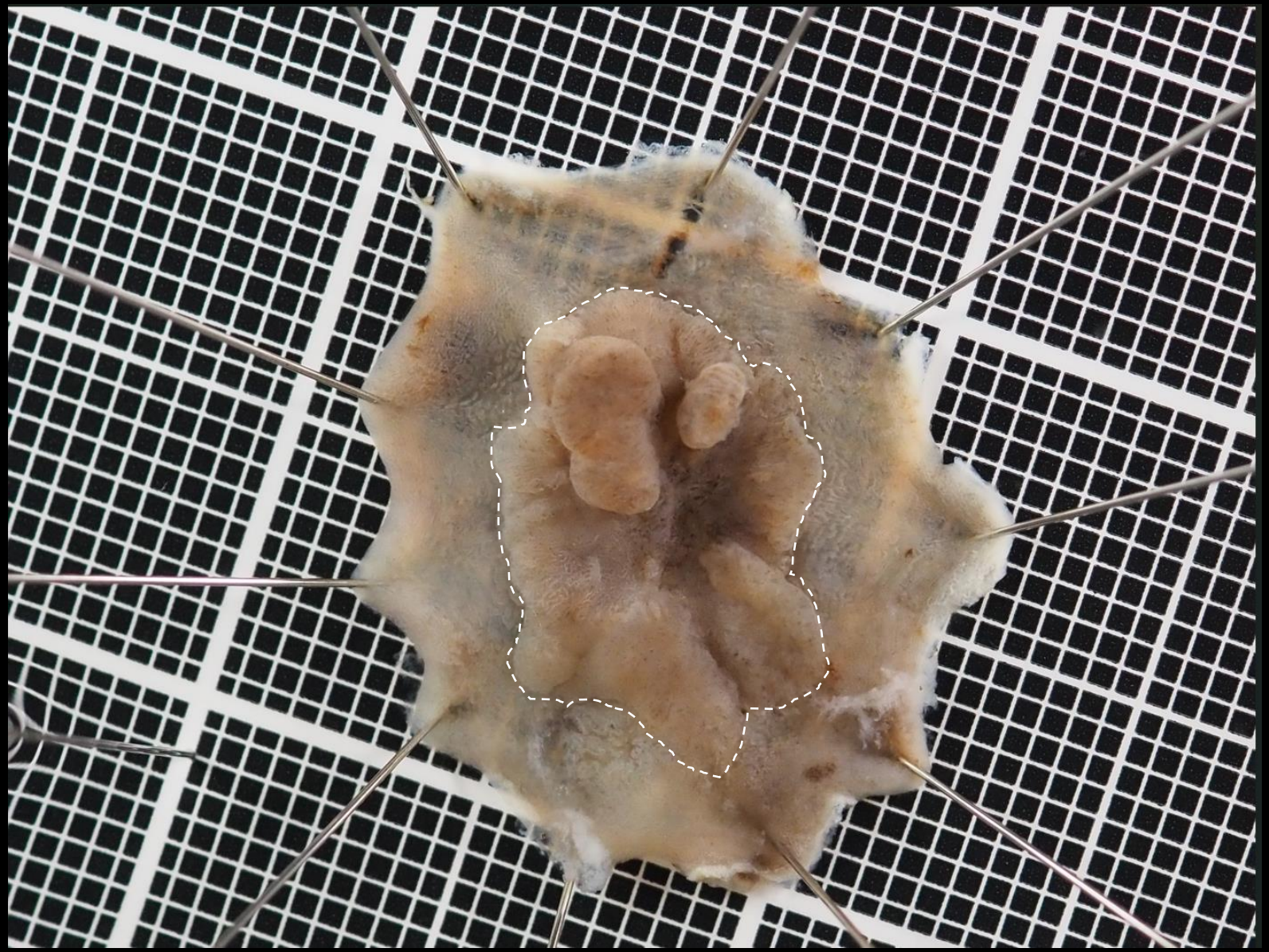


口側



肛門側

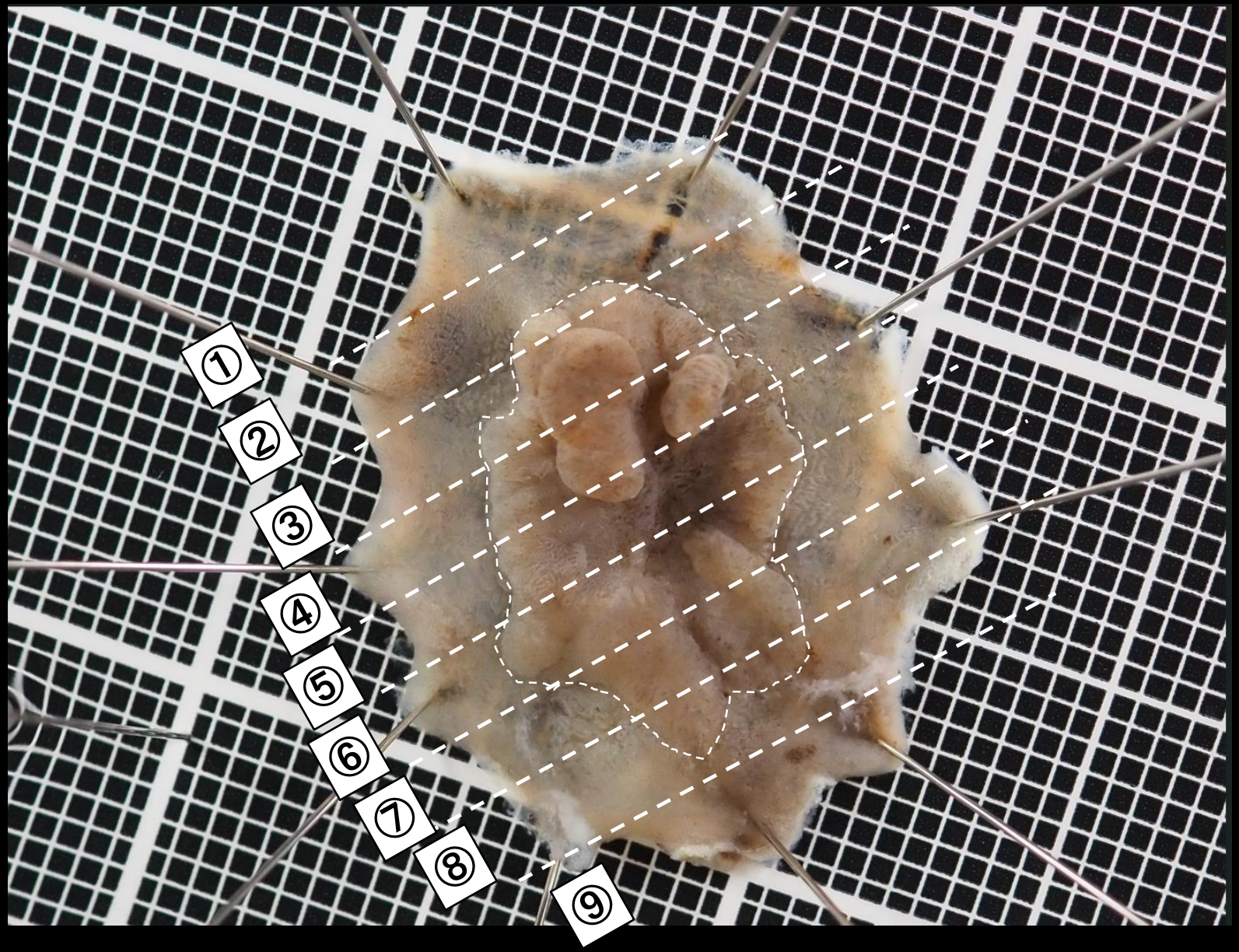
口側



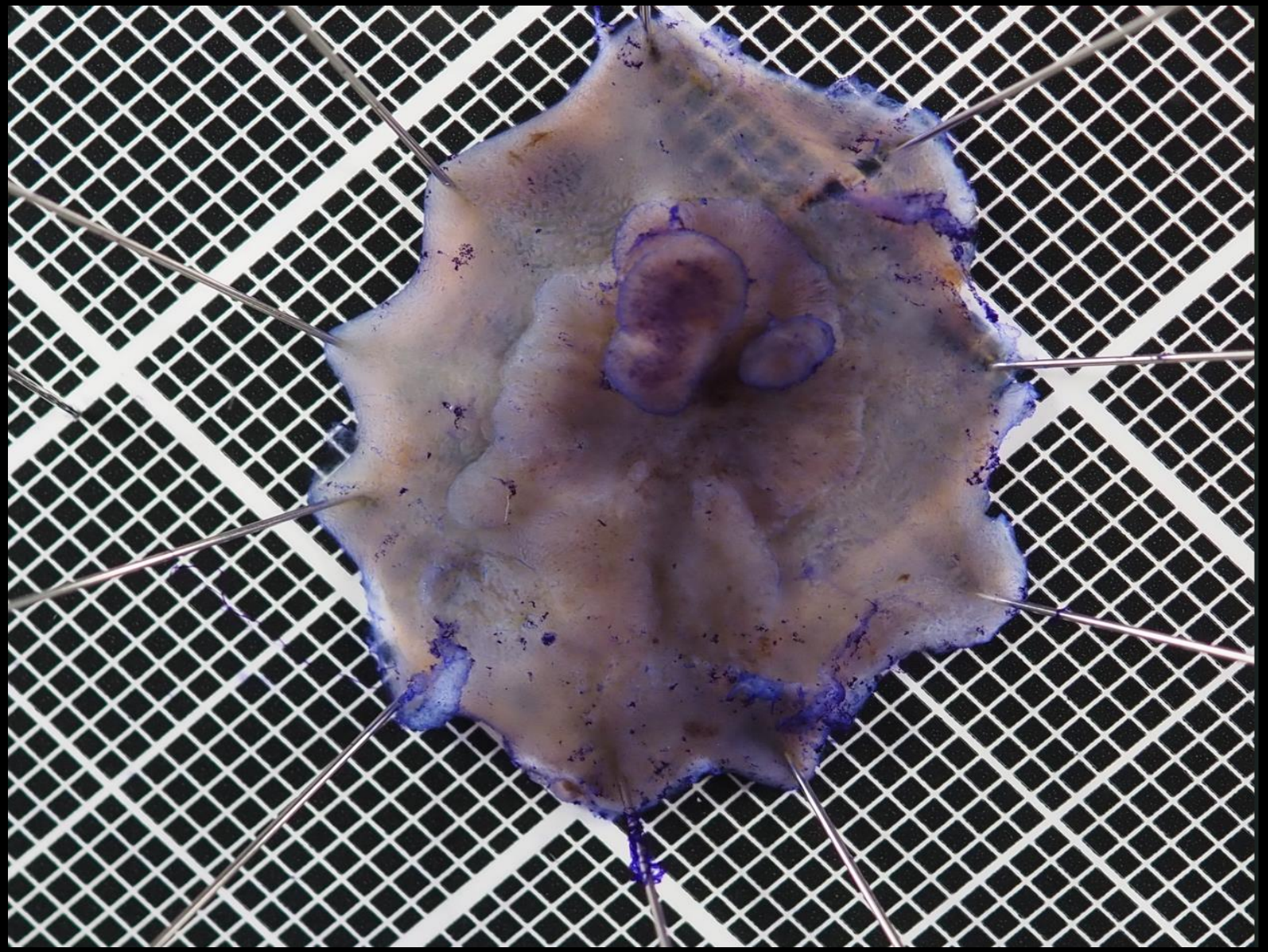
肛門側

口側

肛門側

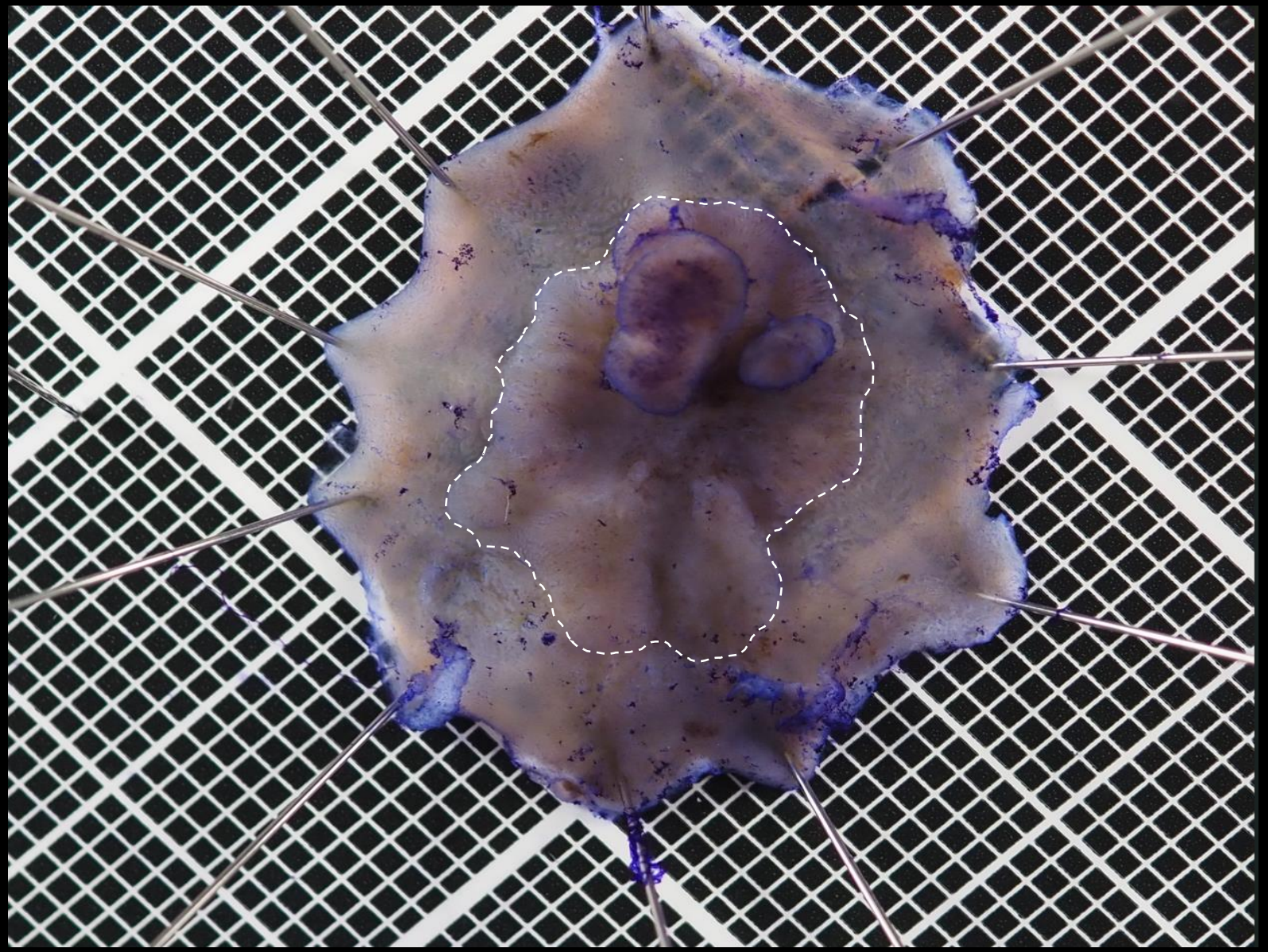


口側



肛門側

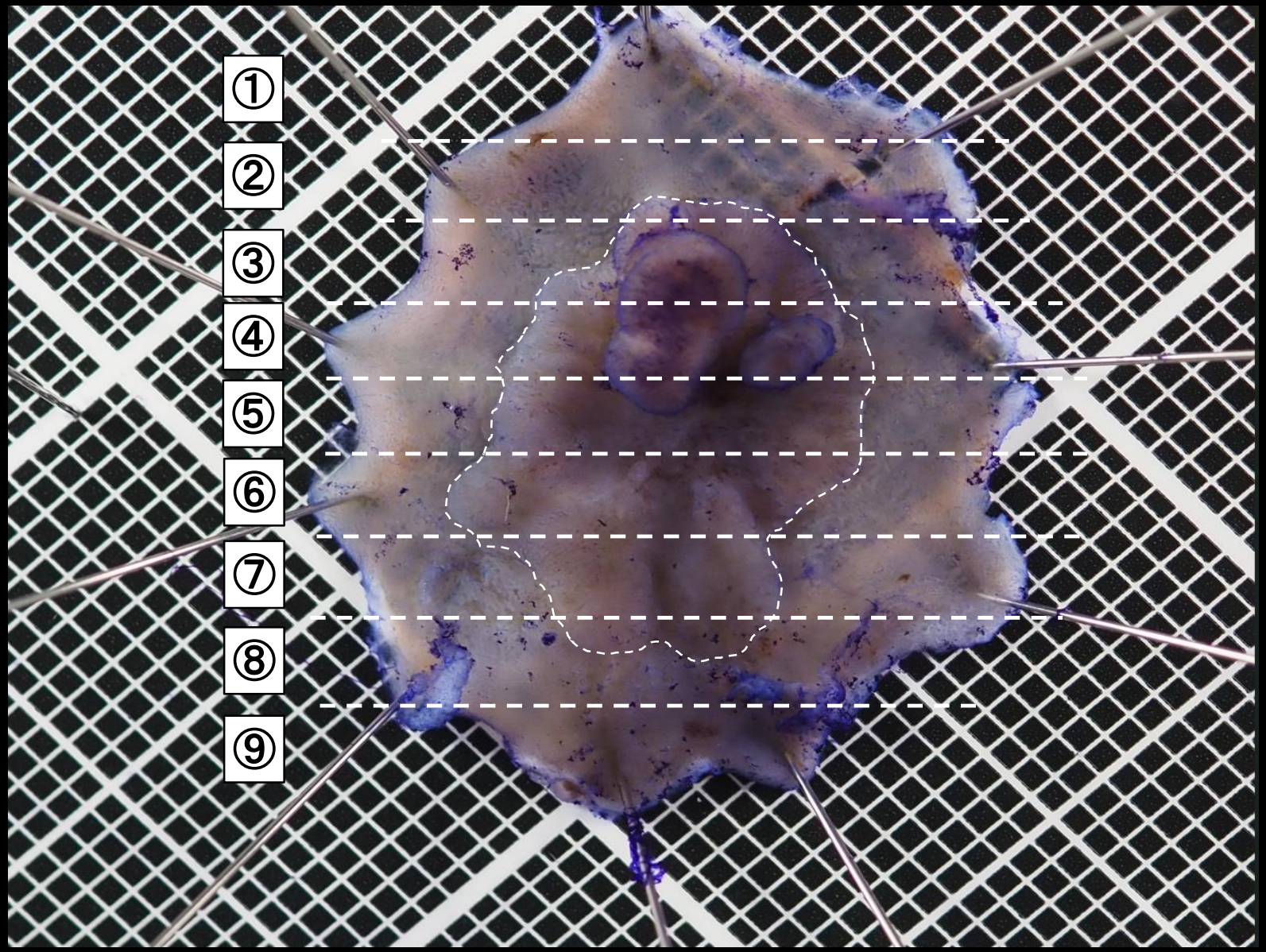
口側



肛門側

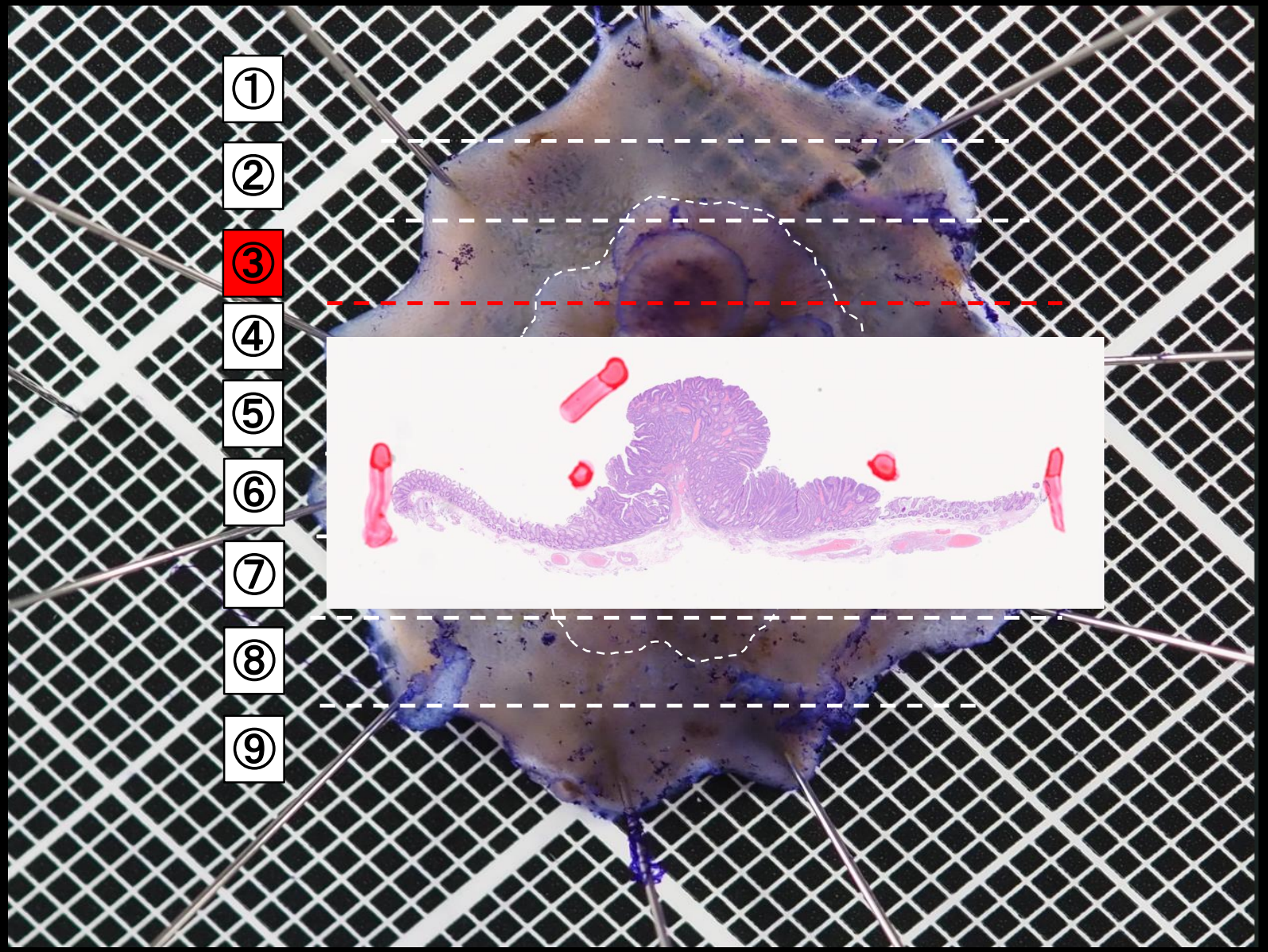
口側

肛門側



口側

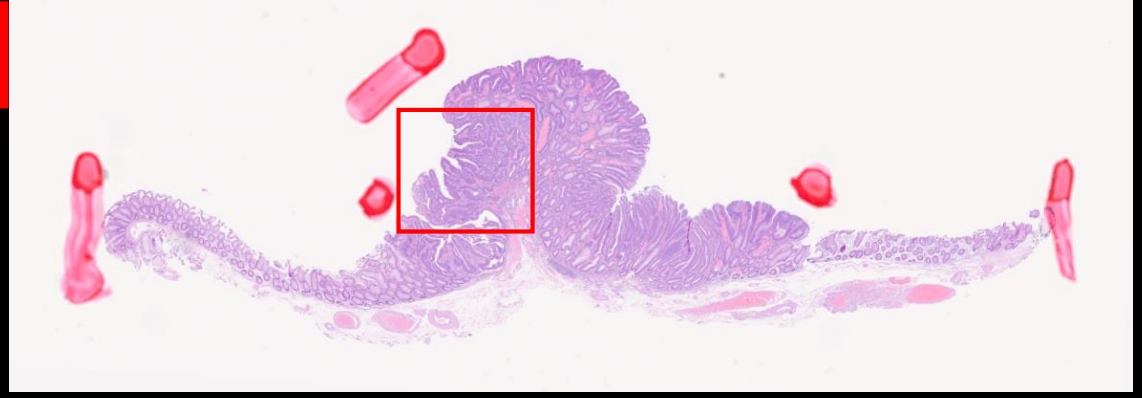
肛門側

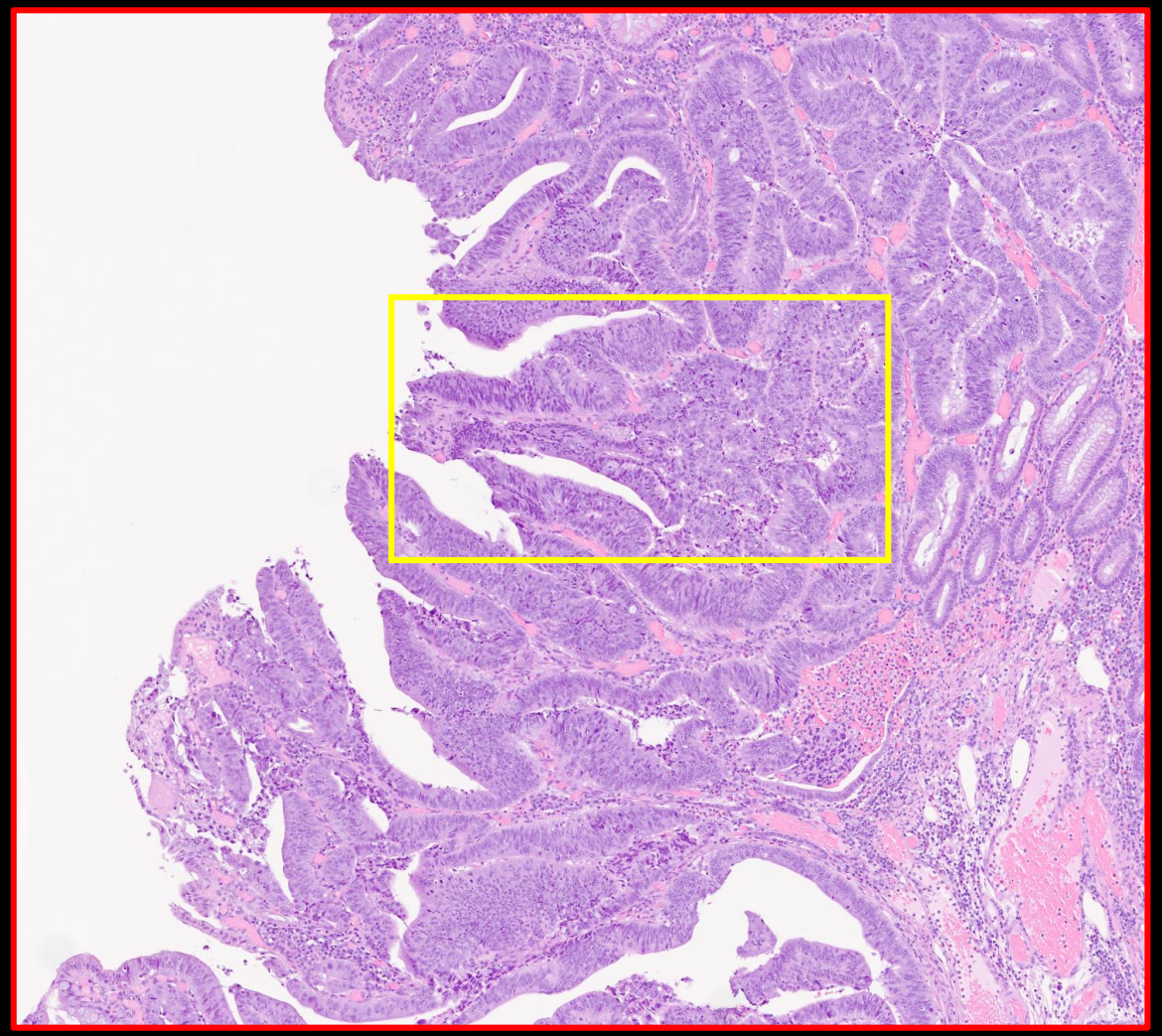


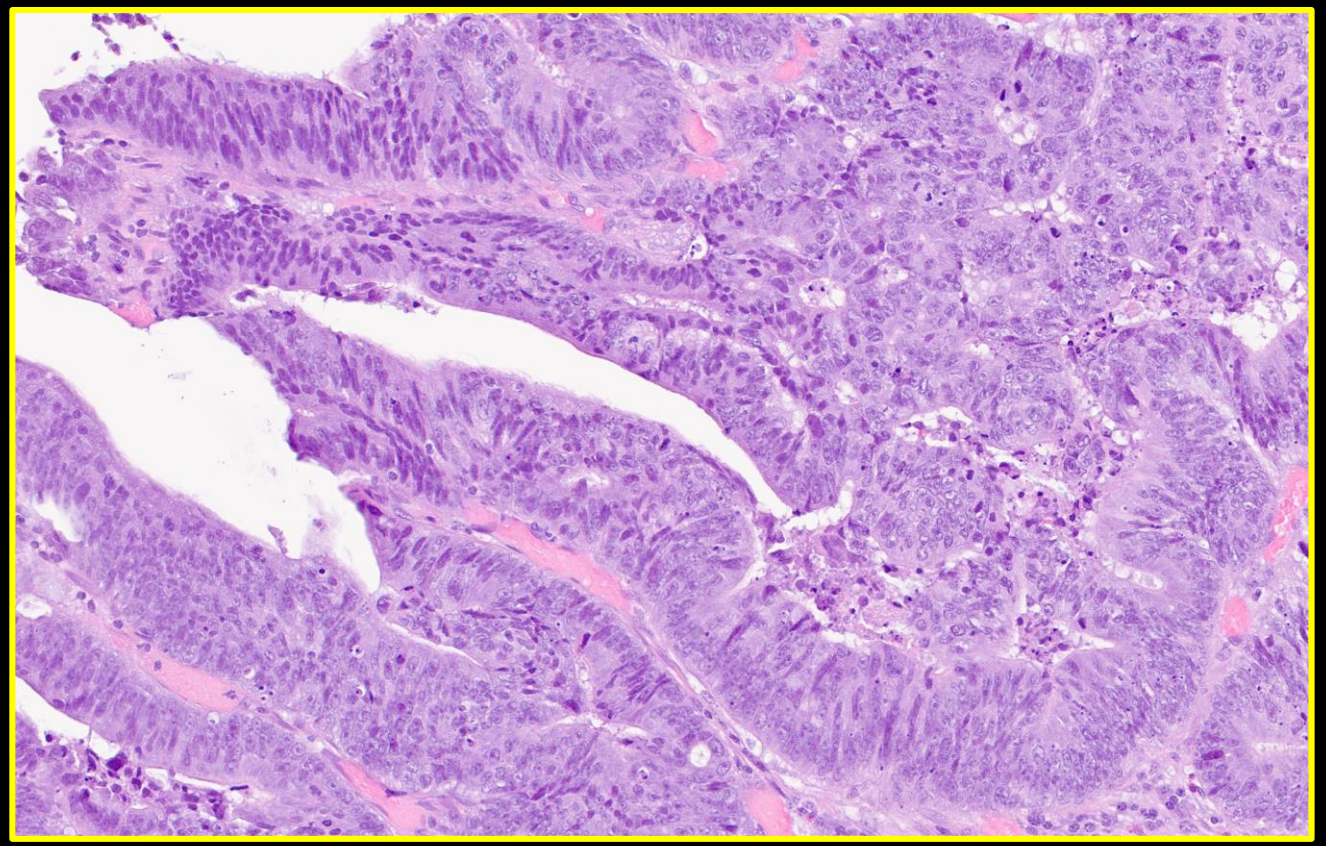
③

HE染色

tub1



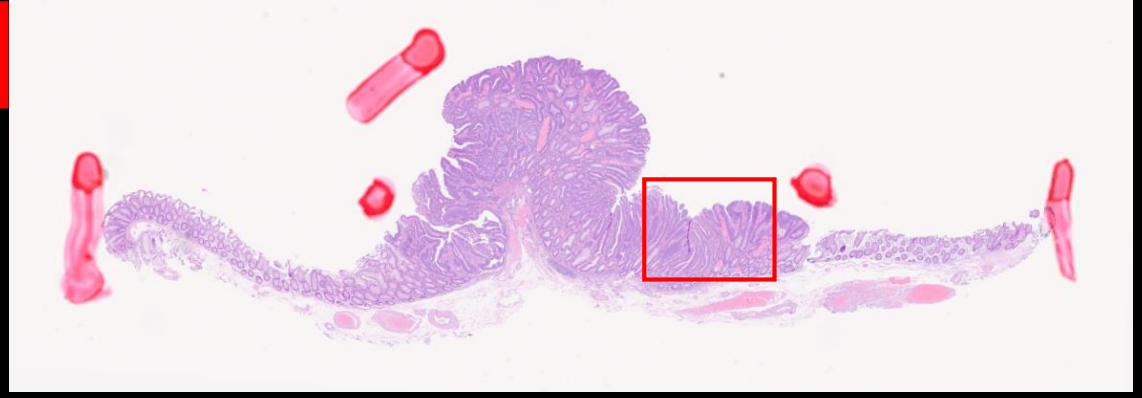


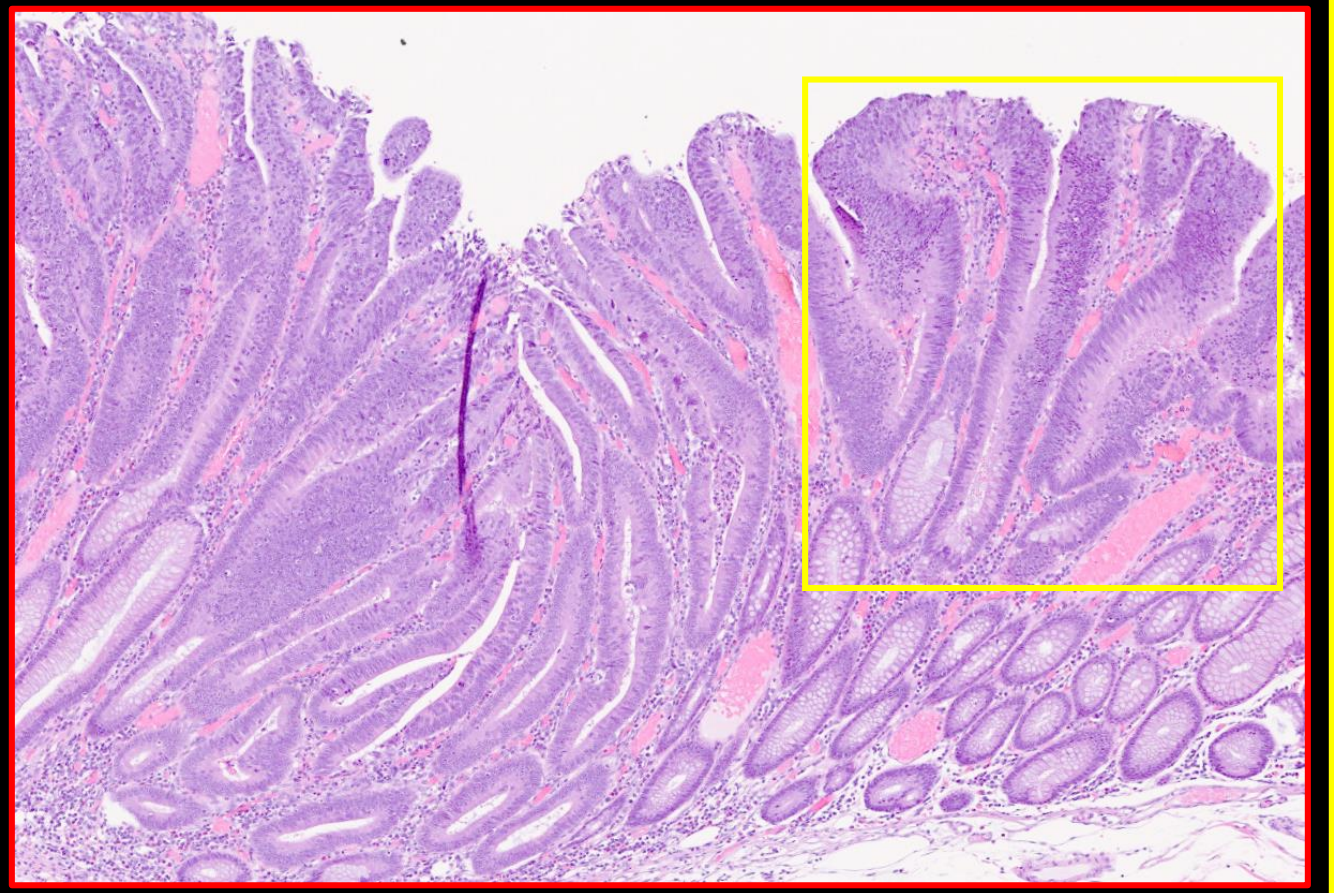


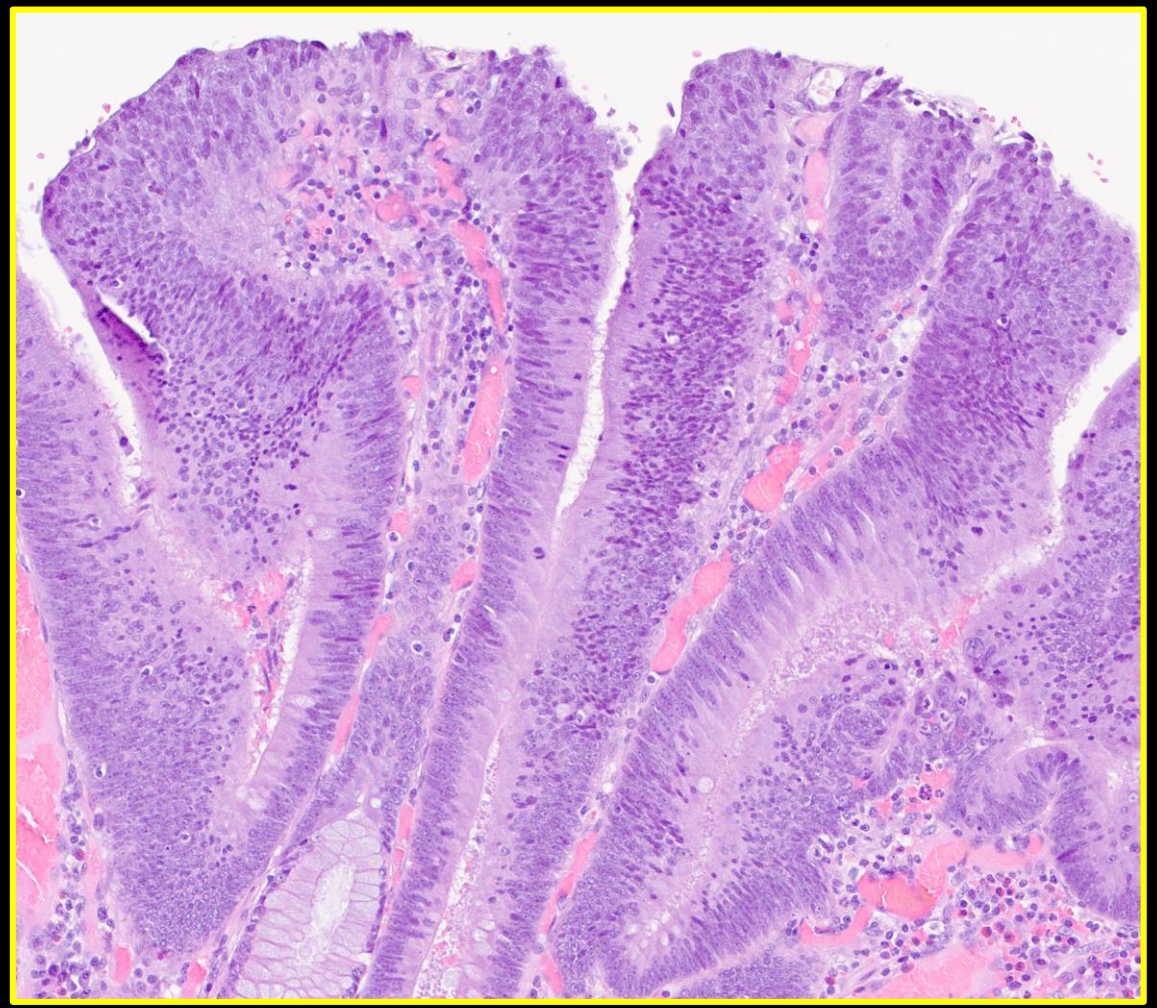
③

HE染色

adenoma



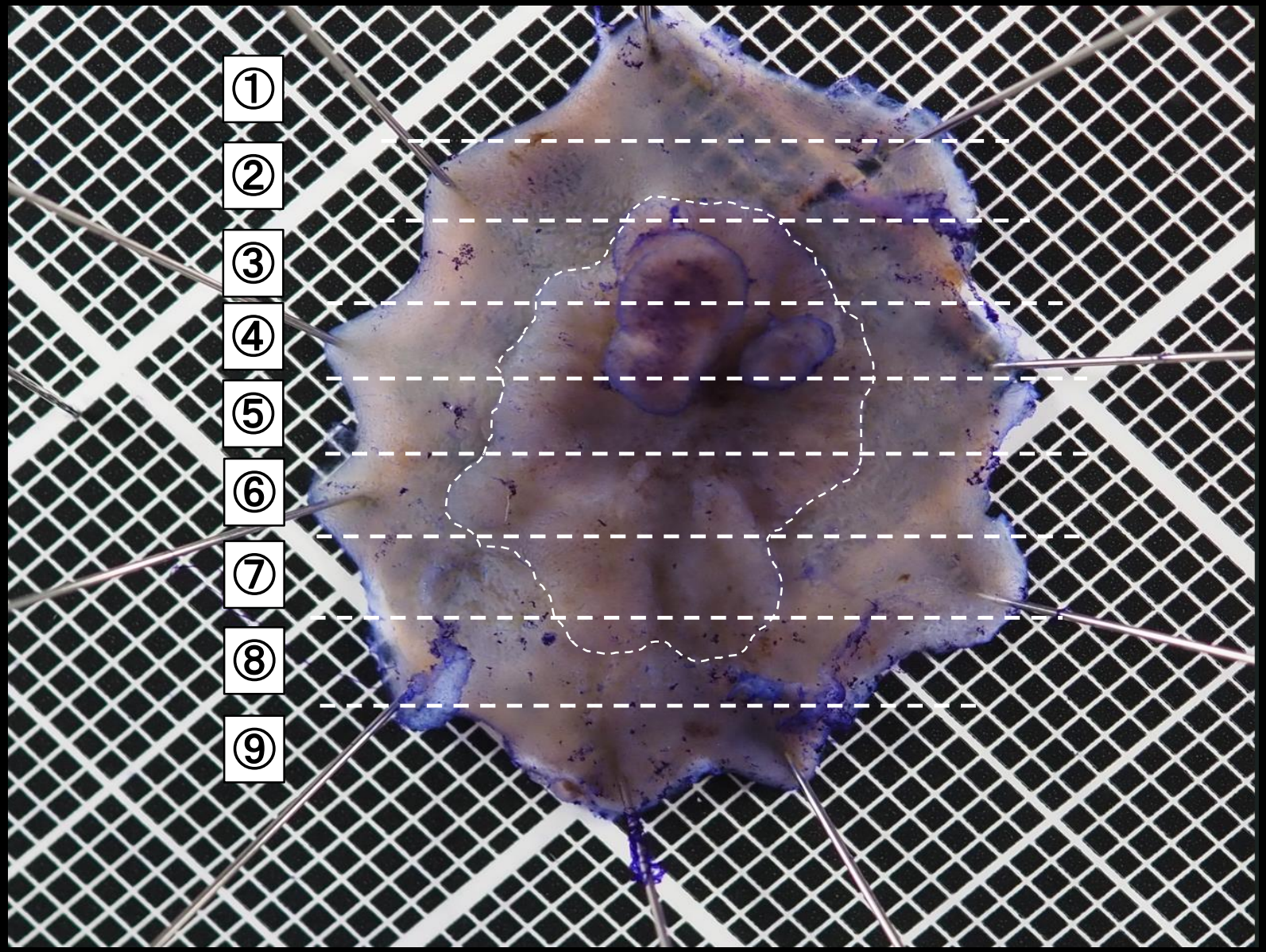




Key slide

口側

肛門側



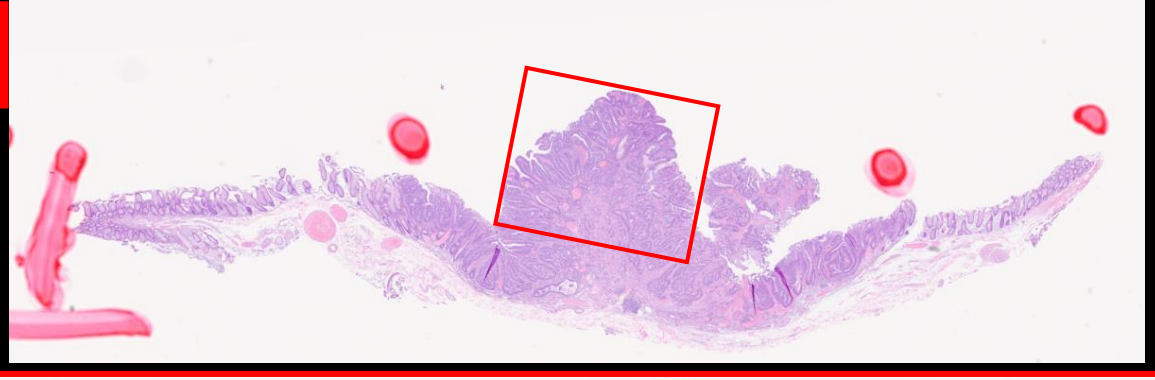

口側
肛門側
①
②
③
④
⑤
⑥
⑦
⑧
⑨

口側

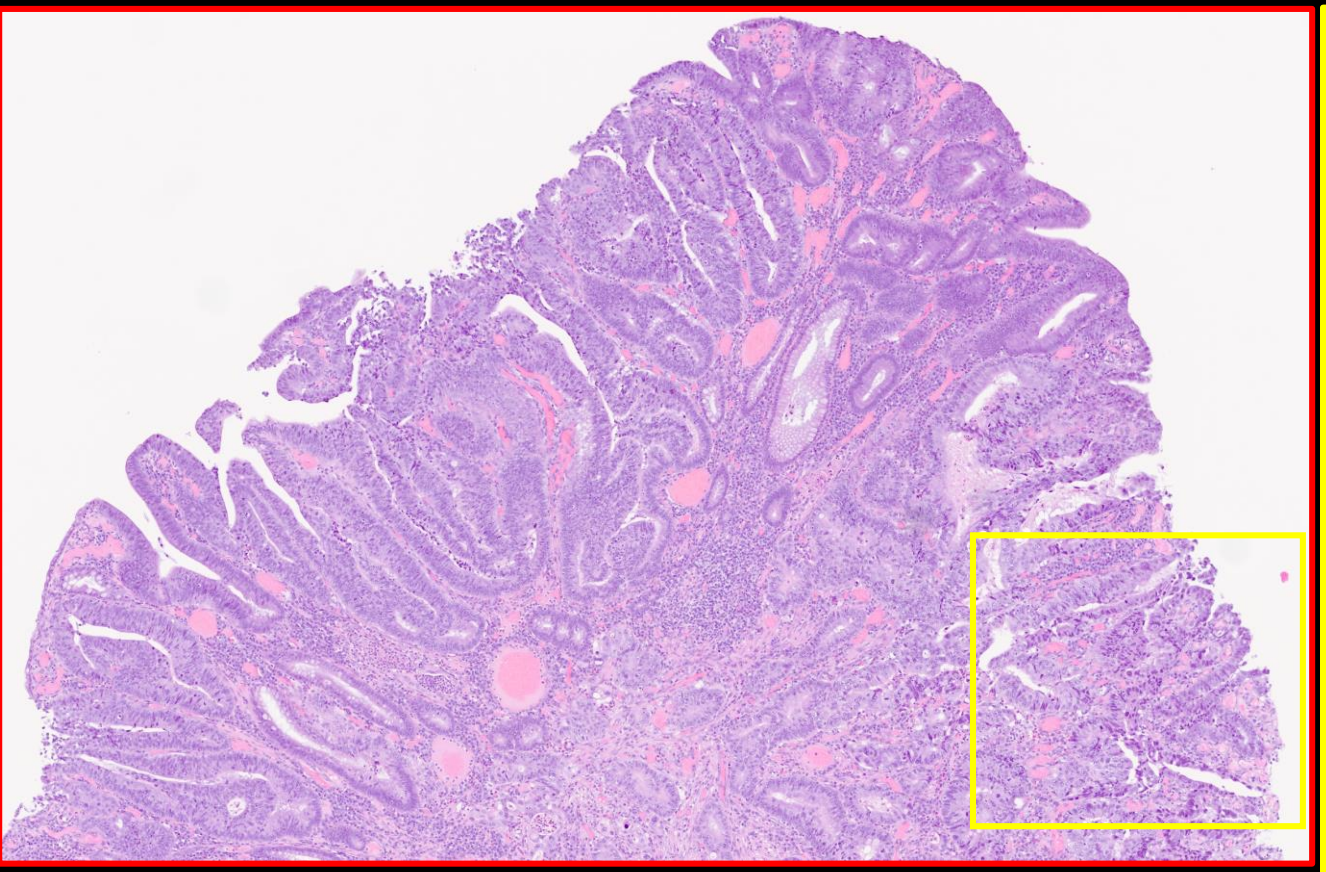
肛門側

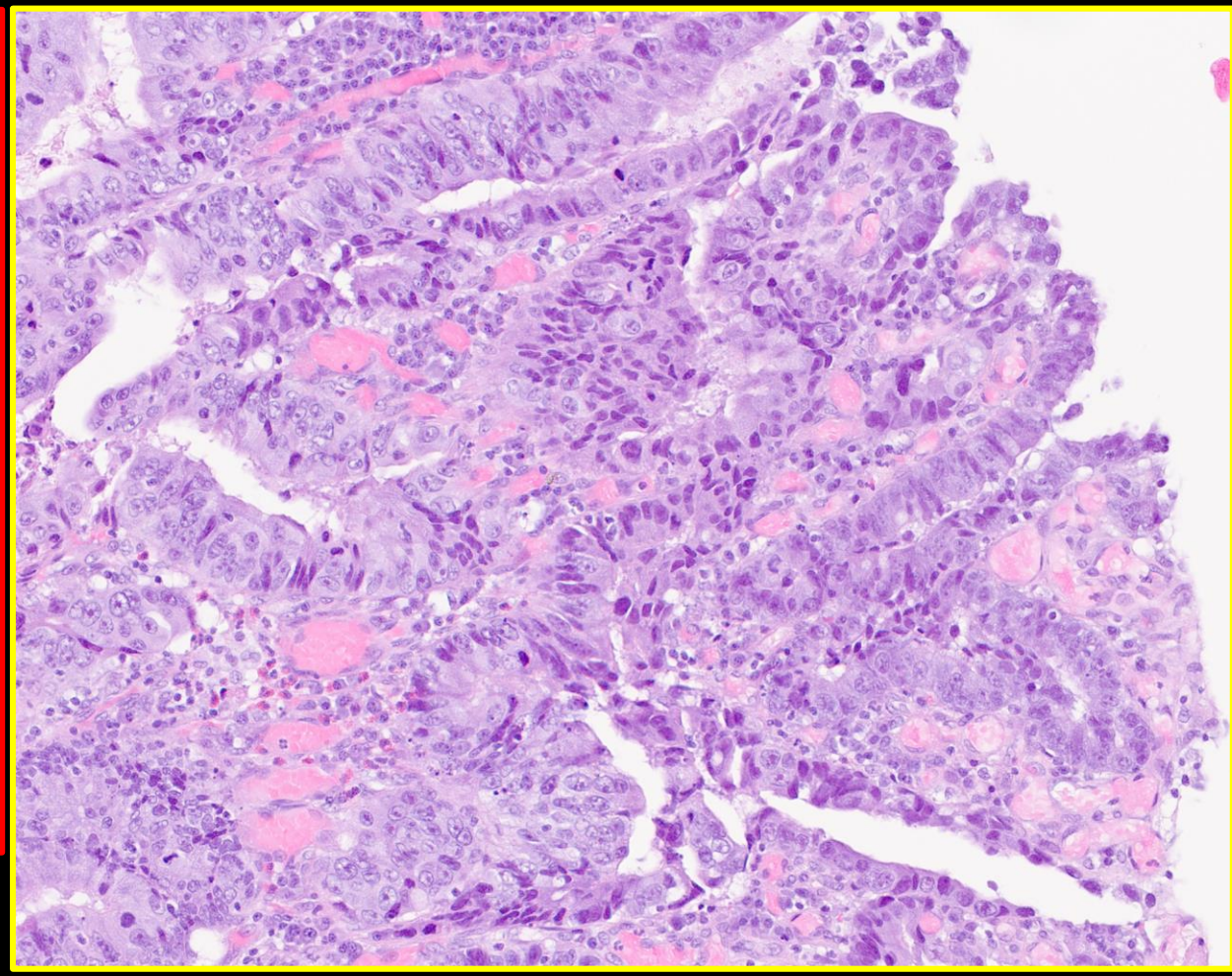
④

HE染色



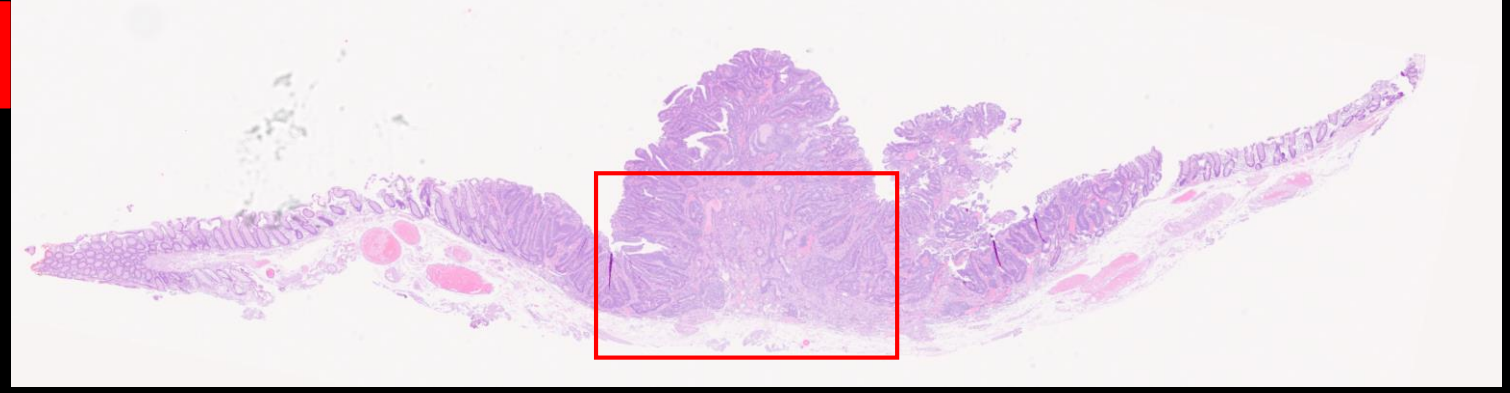
tub2

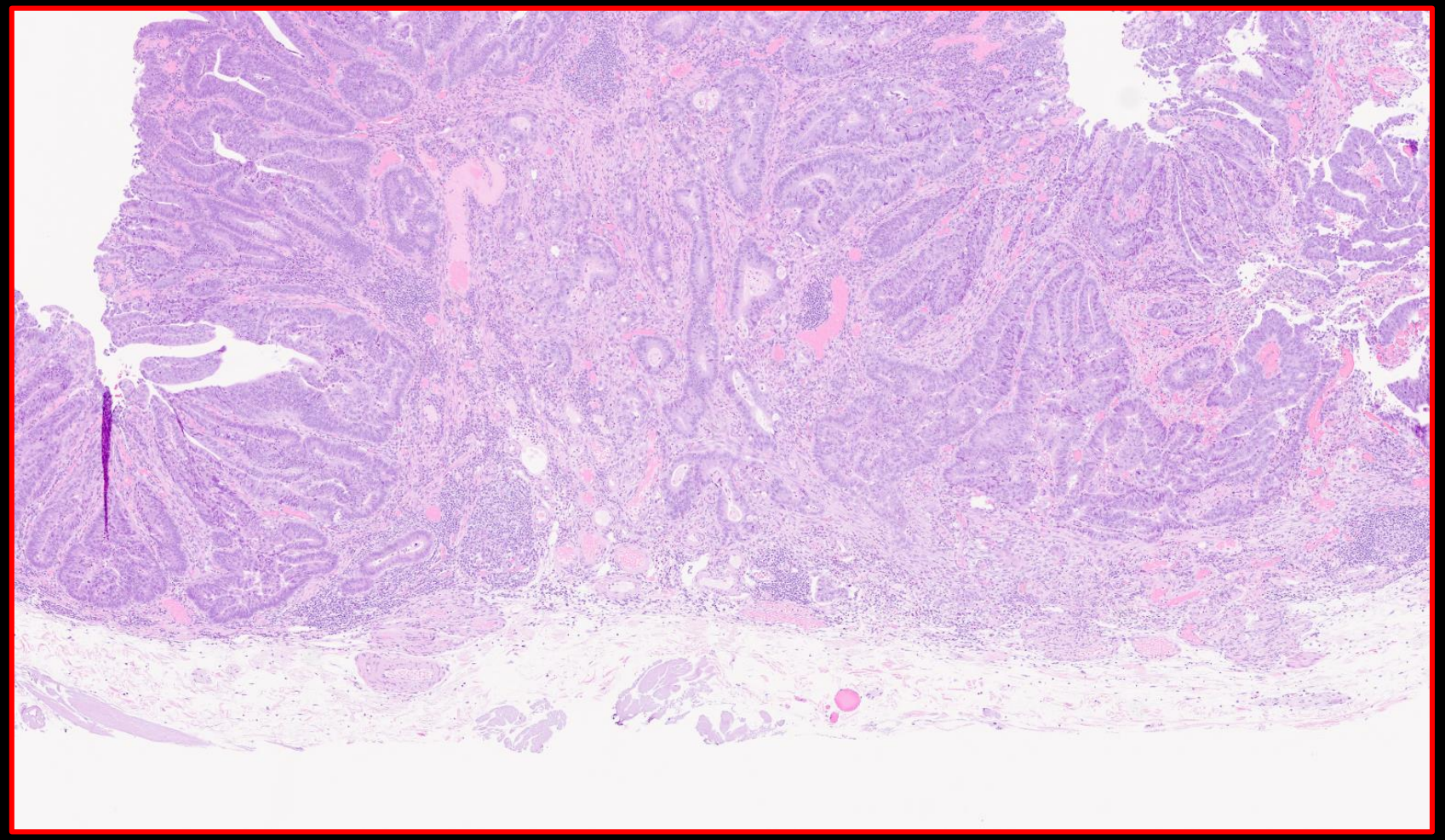




④

HE特染

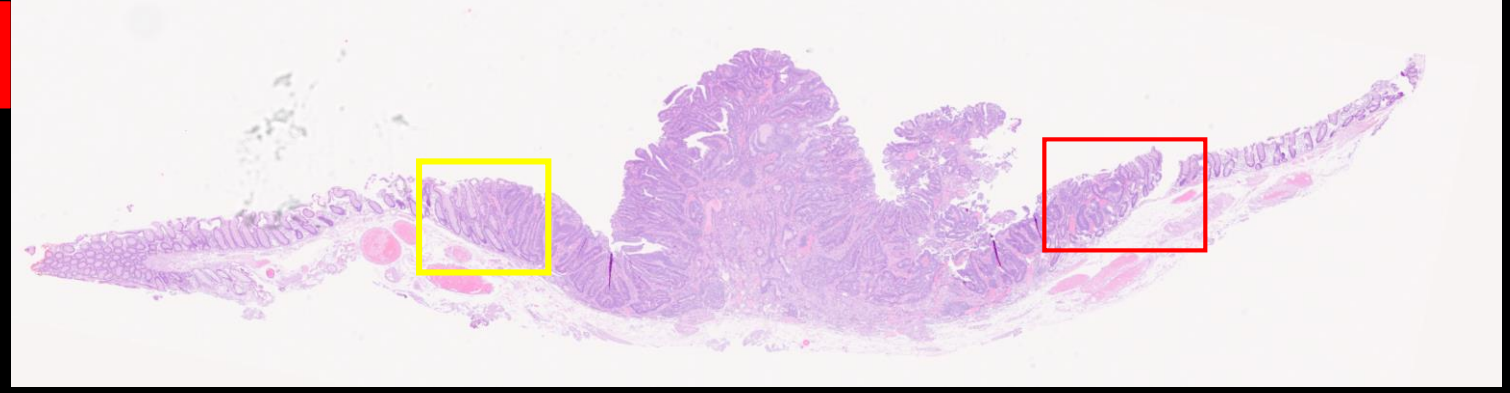


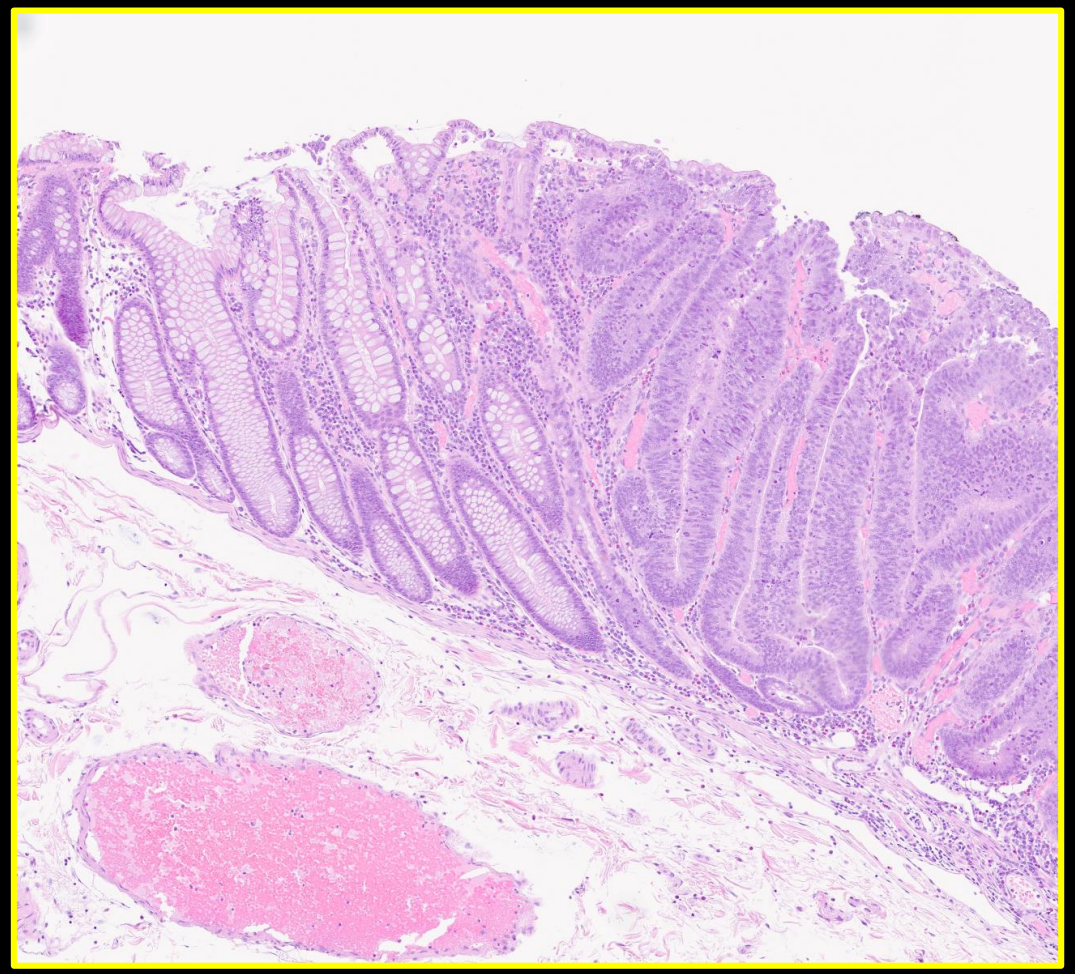


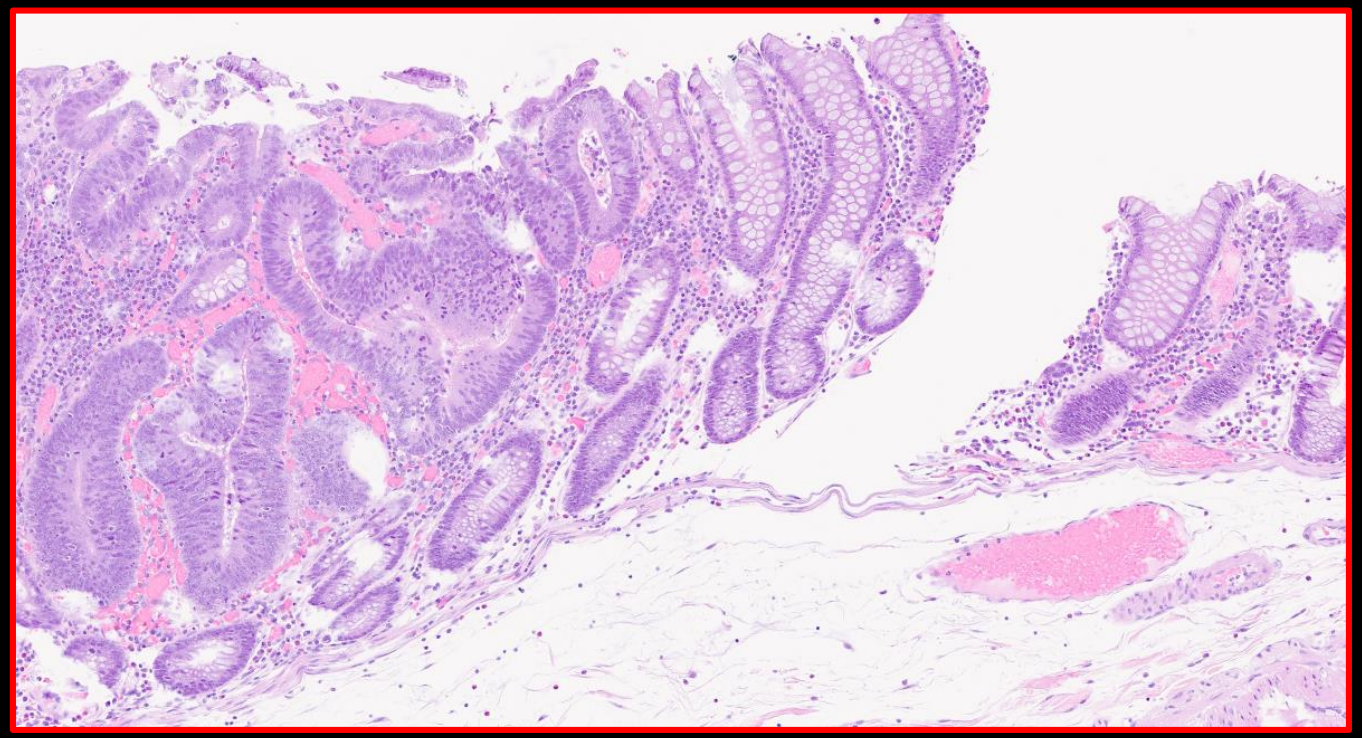
垂直断端陰性
（pVM0)

④

HE特染



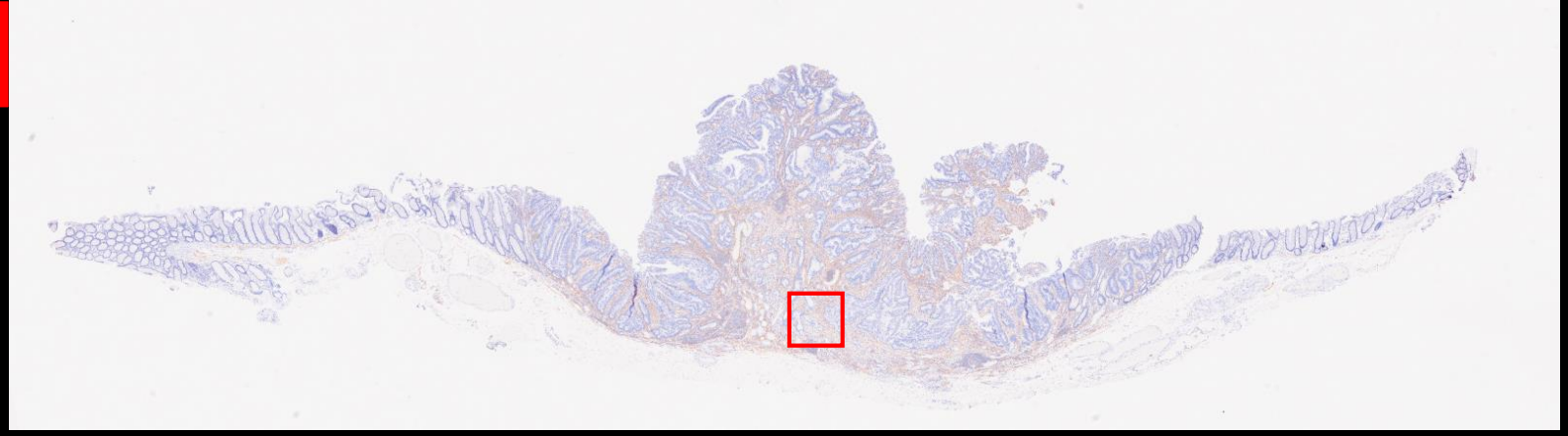


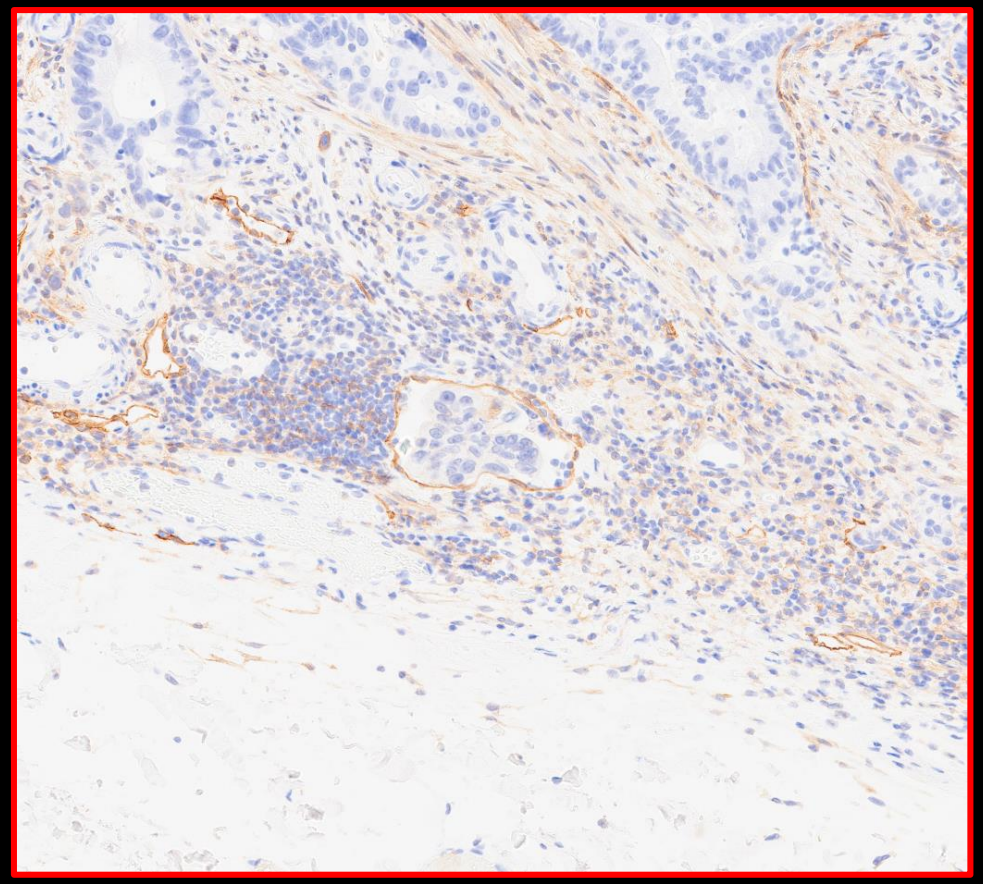


側方断端陰性（pHM0)

④

D2-40

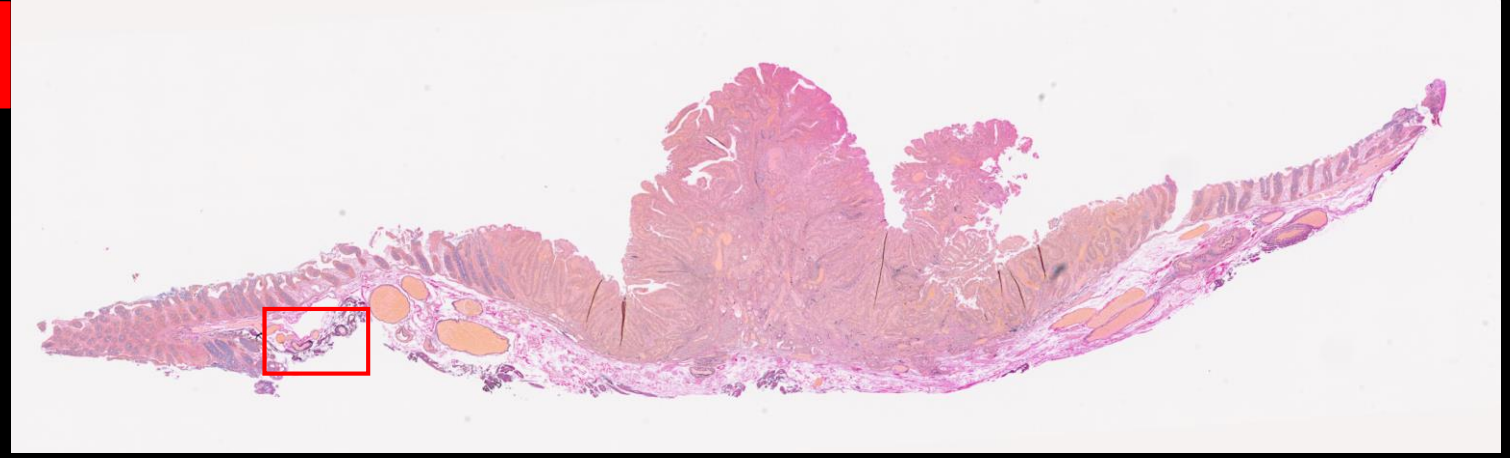


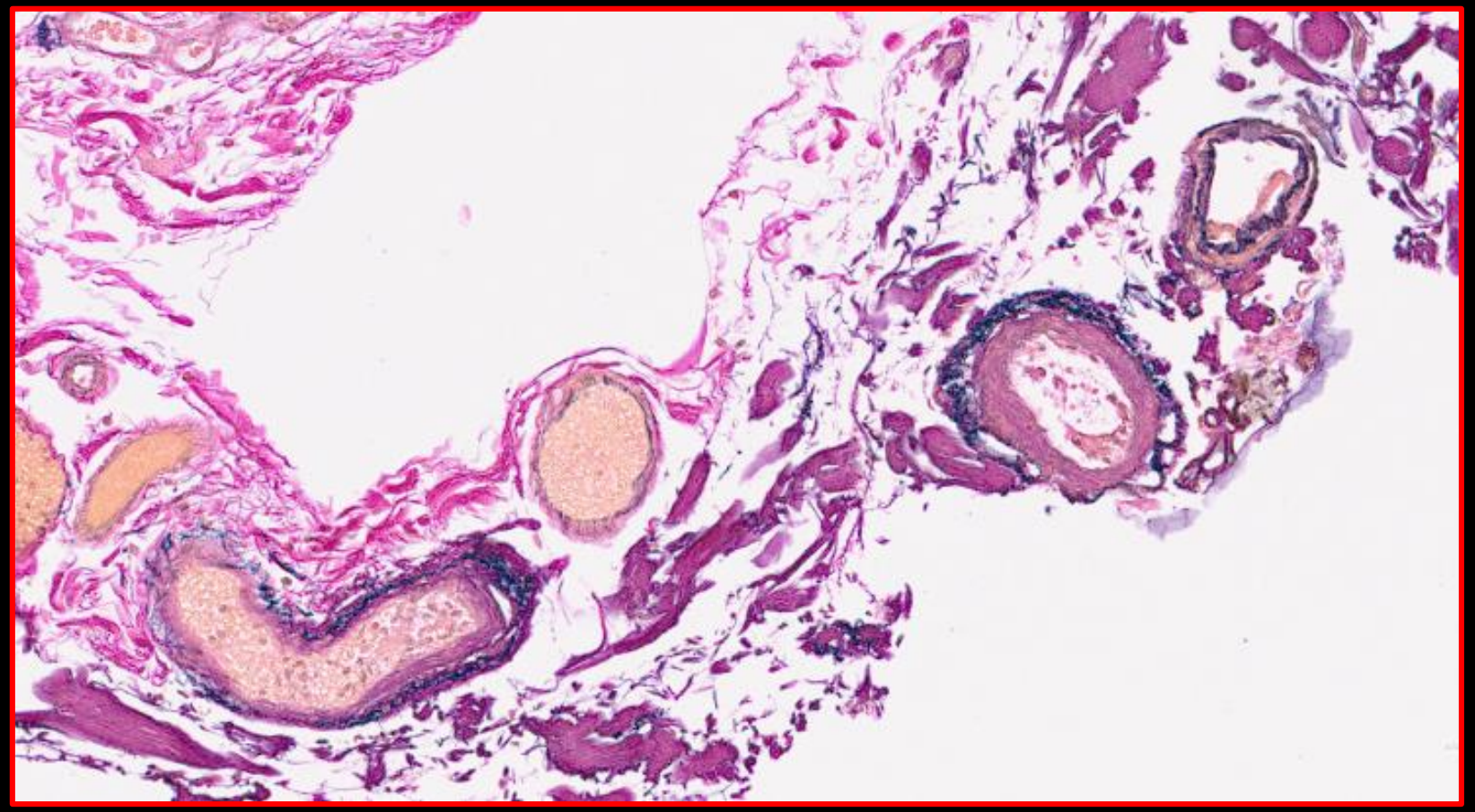


リンパ管侵襲陽性
（Ly1a)

④

EVG

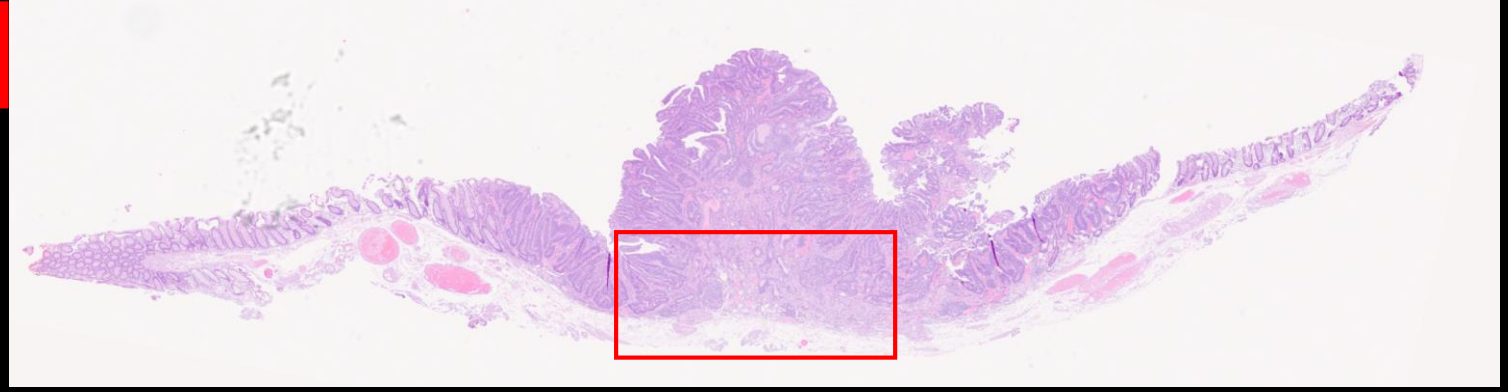


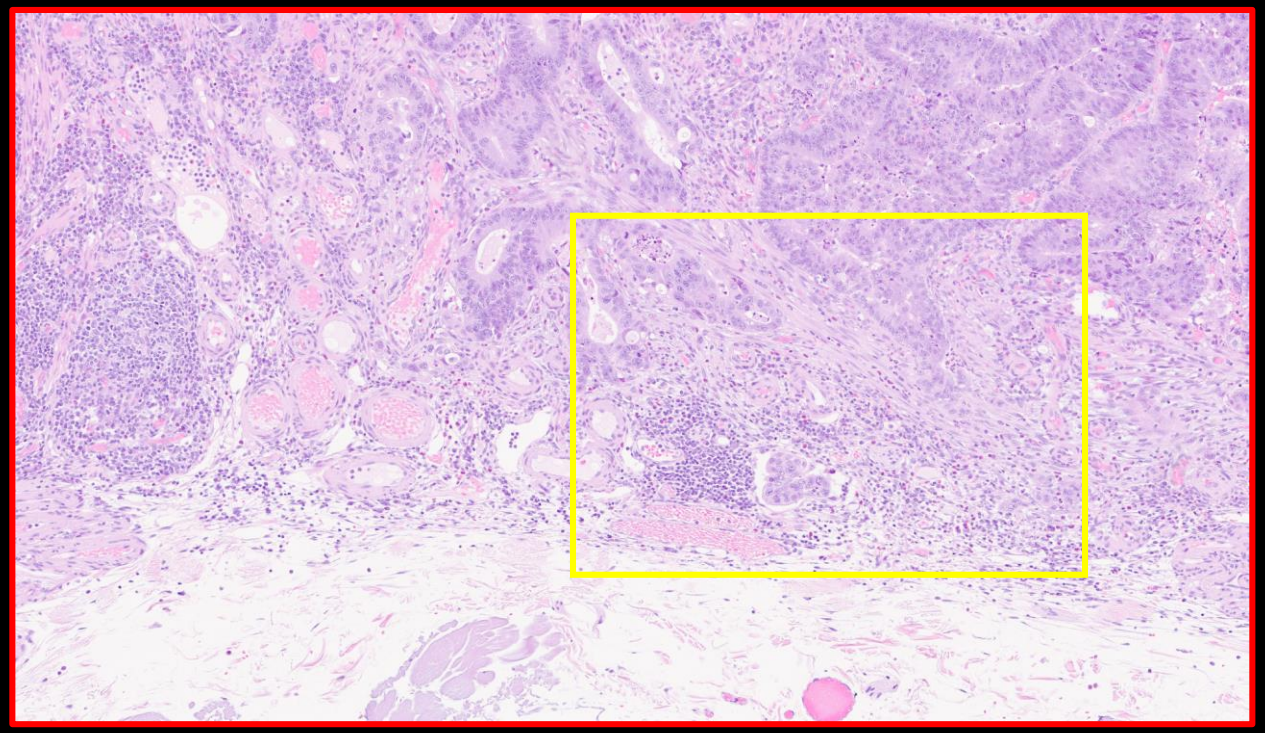


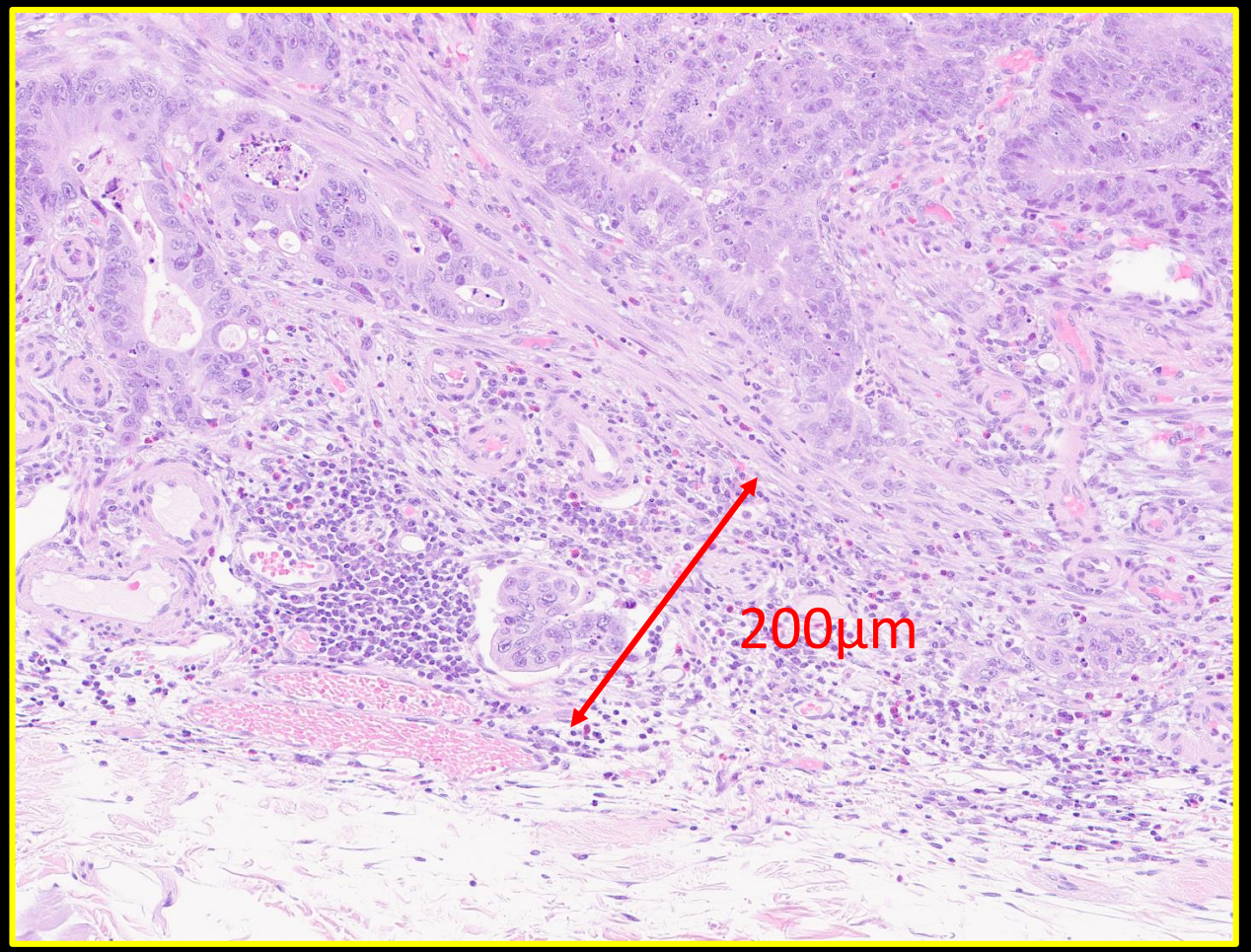
静脈侵襲陰性（V0)

④

HE特染

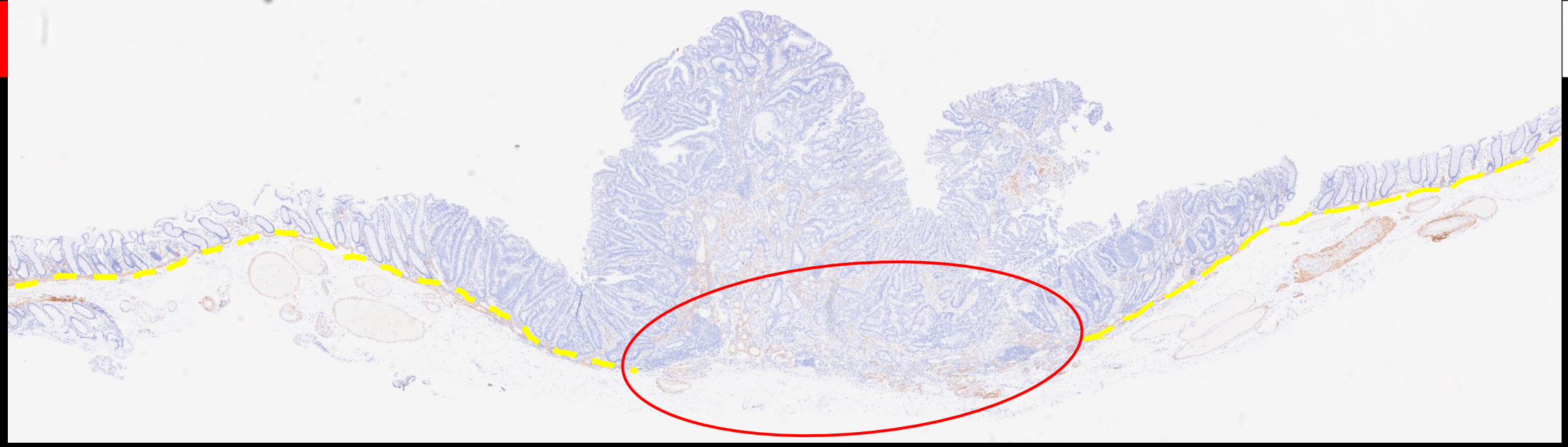






④

desmin



筋板の断裂

・粘膜筋板の走行が一部同定・推定できない

・筋板下端から浸潤最深部までの距離は200μm程度

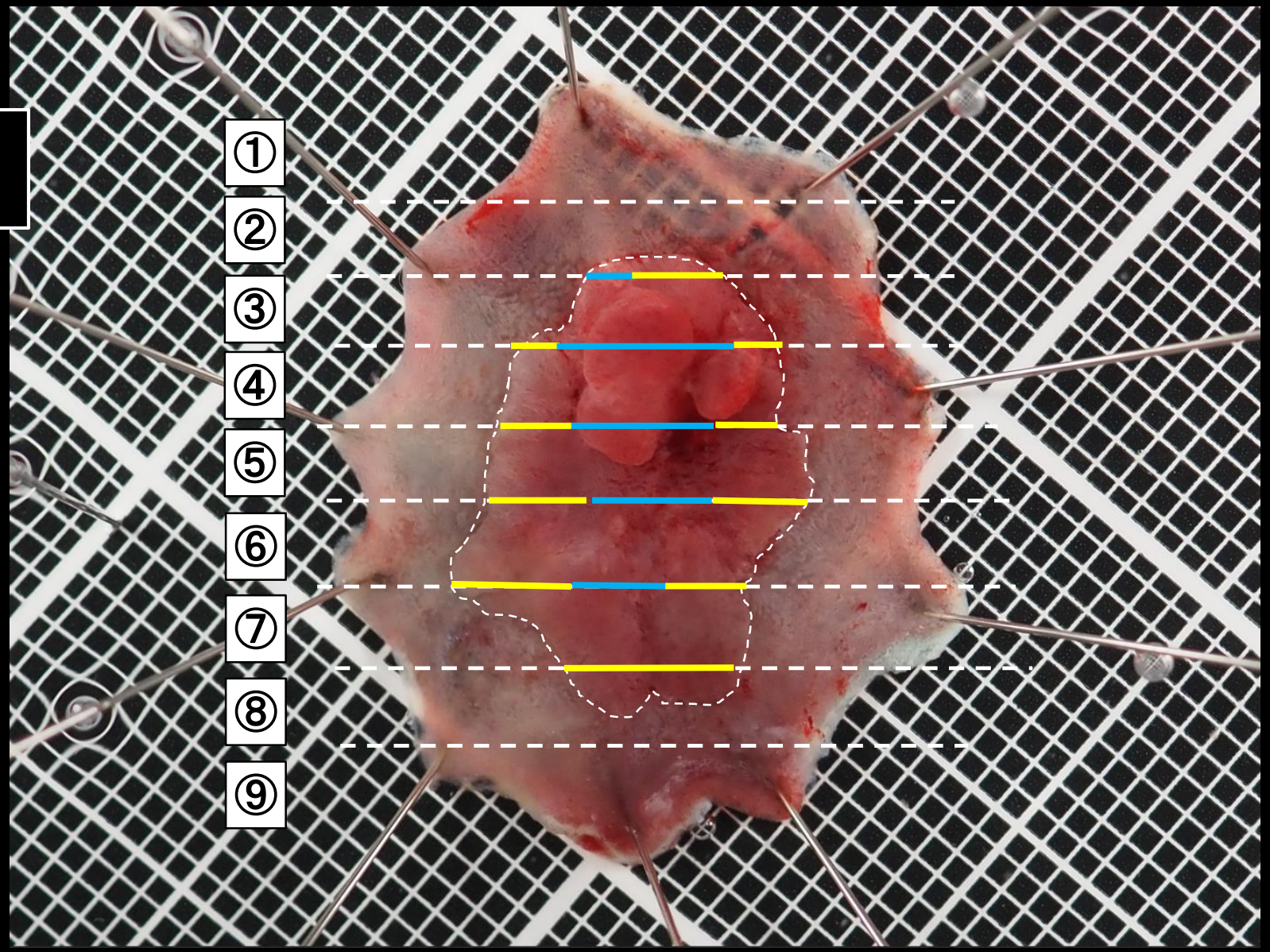
壁深達度：T1a

Mapping

口側

肛門側

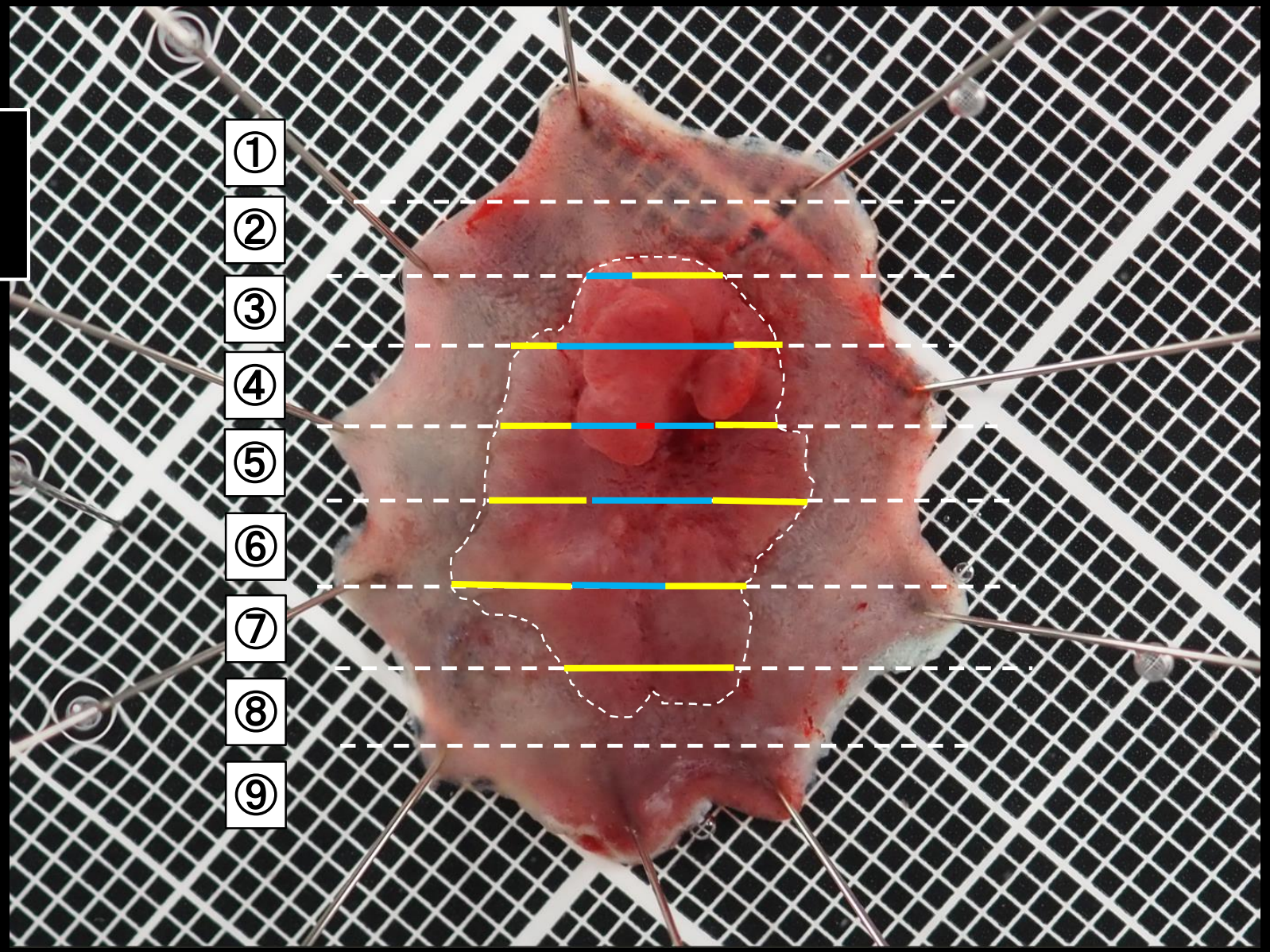
adenoma
adenocarcinoma

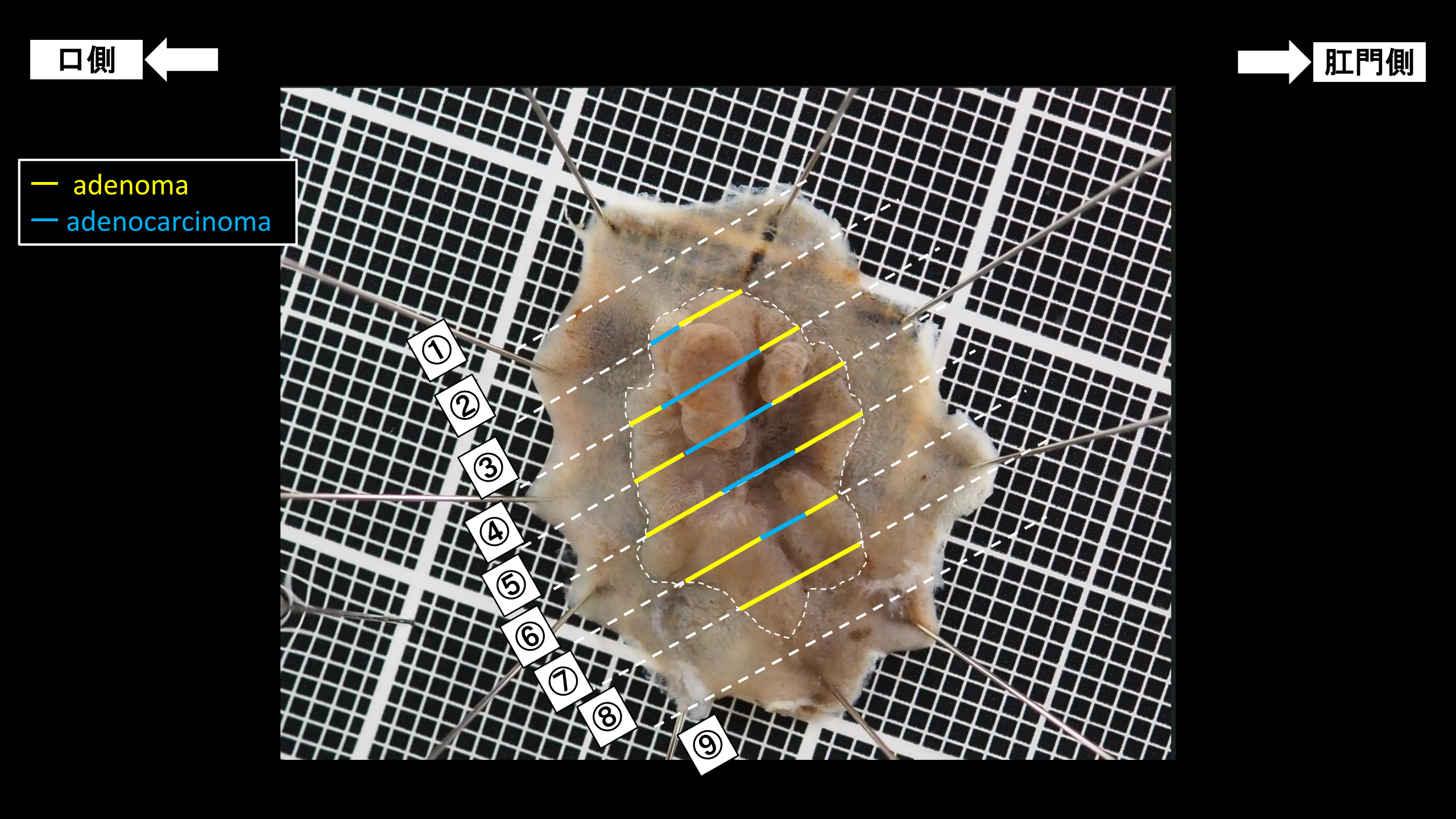


口側

肛門側

adenoma
M
SM

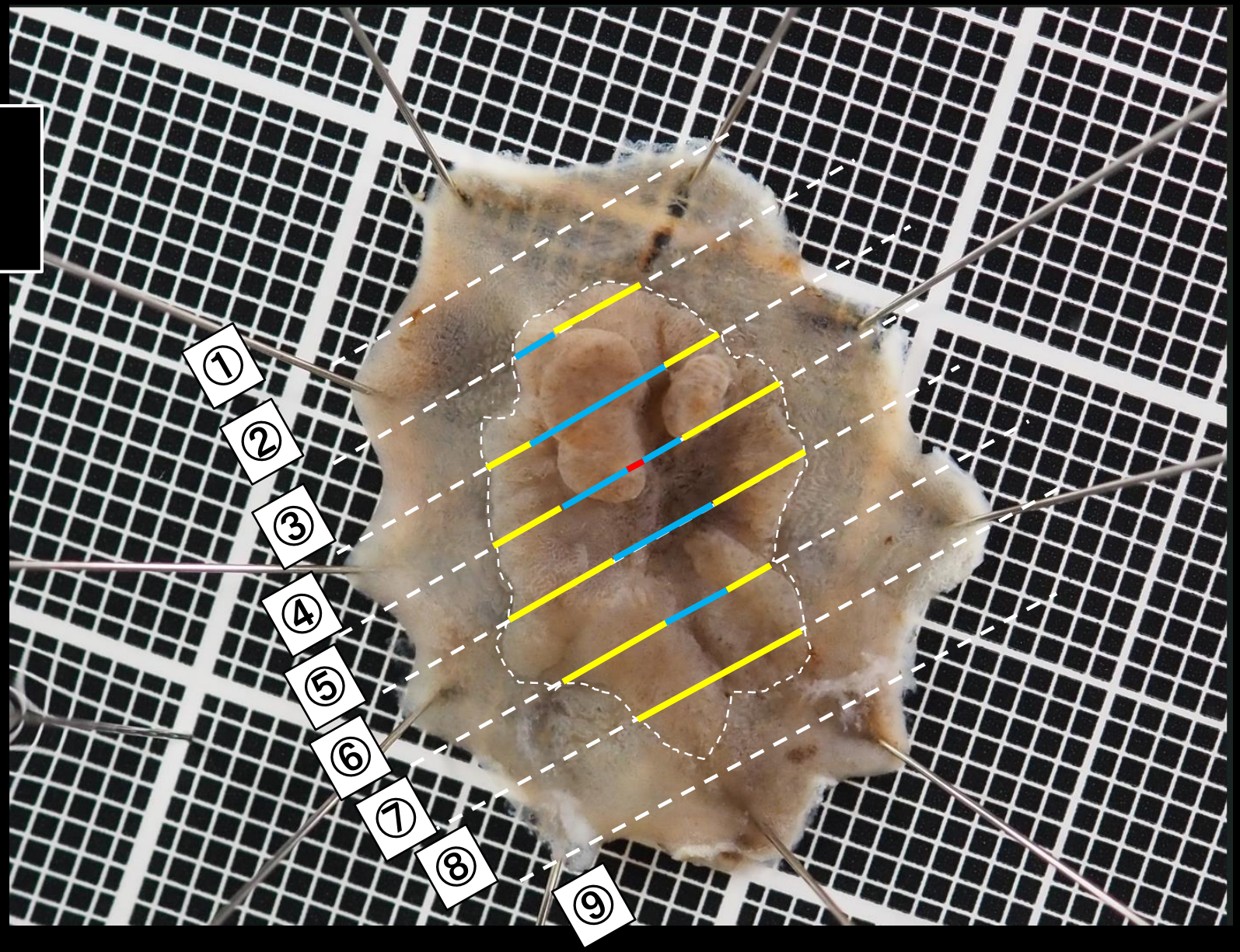



口側
肛門側
adenoma
adenocarcinoma
①
②
③
④
⑤
⑥
⑦
⑧
⑨

口側

肛門側

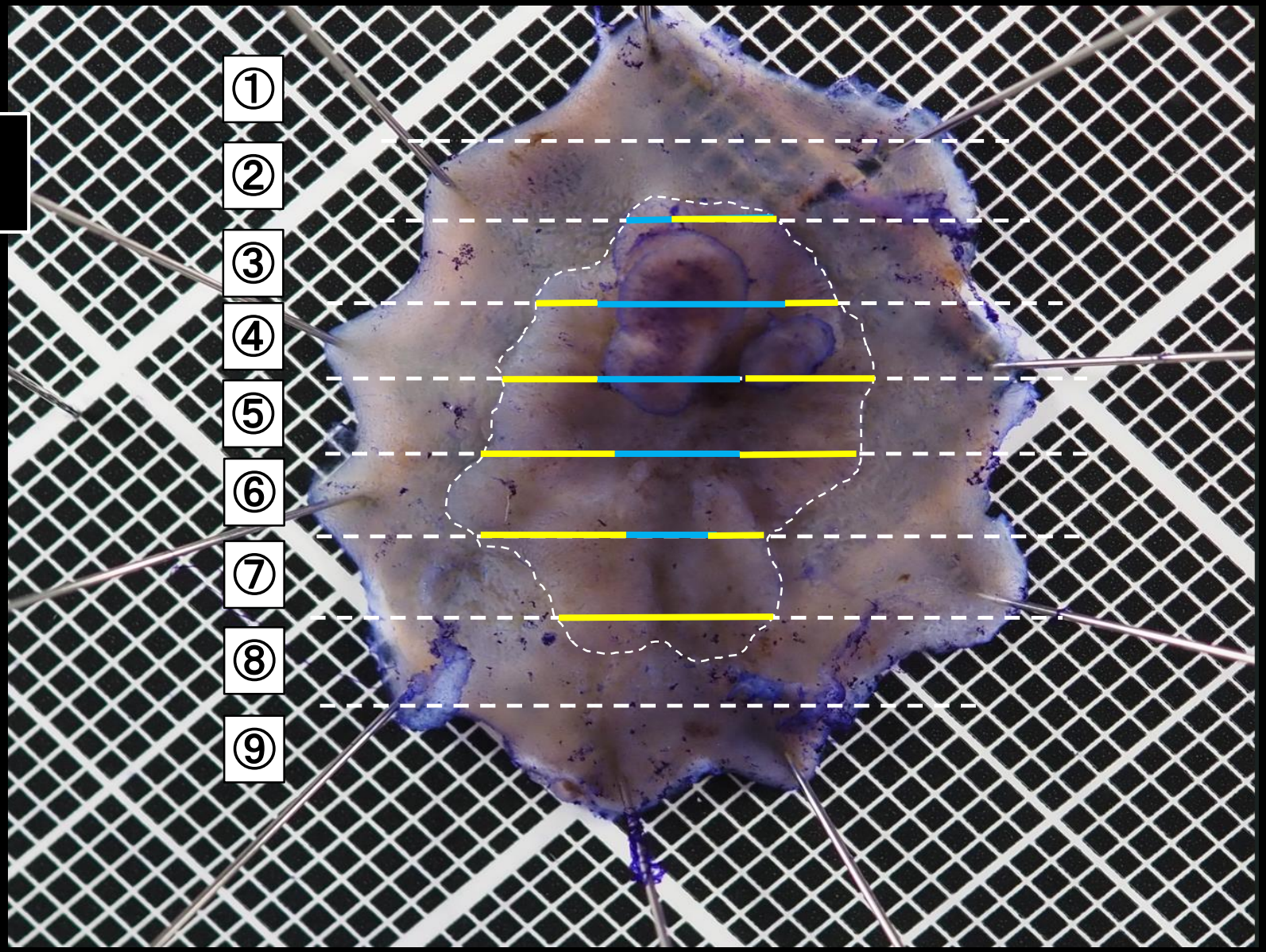
adenoma
M
SM



口側

肛門側

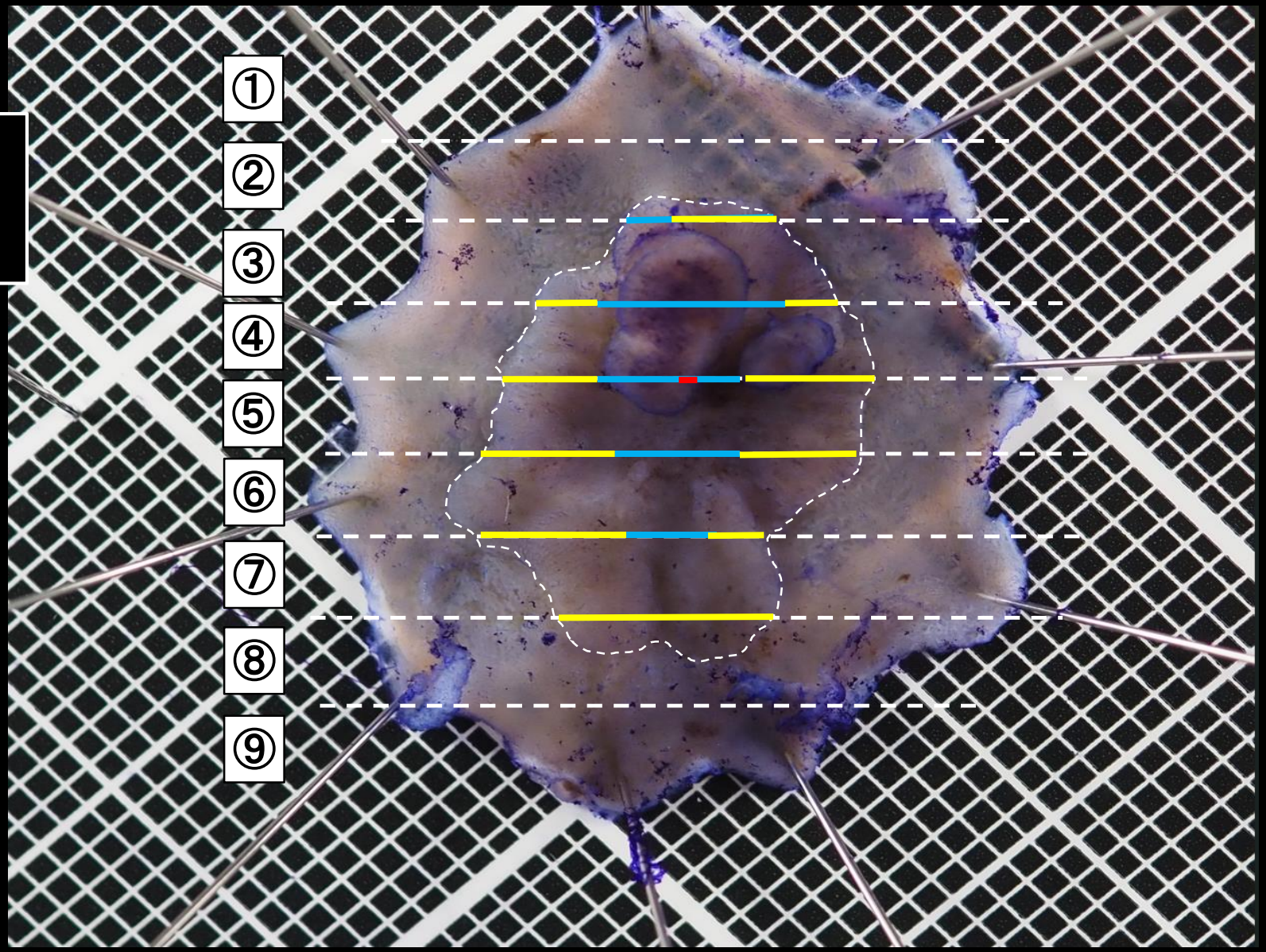
adenoma
adenocarcinoma

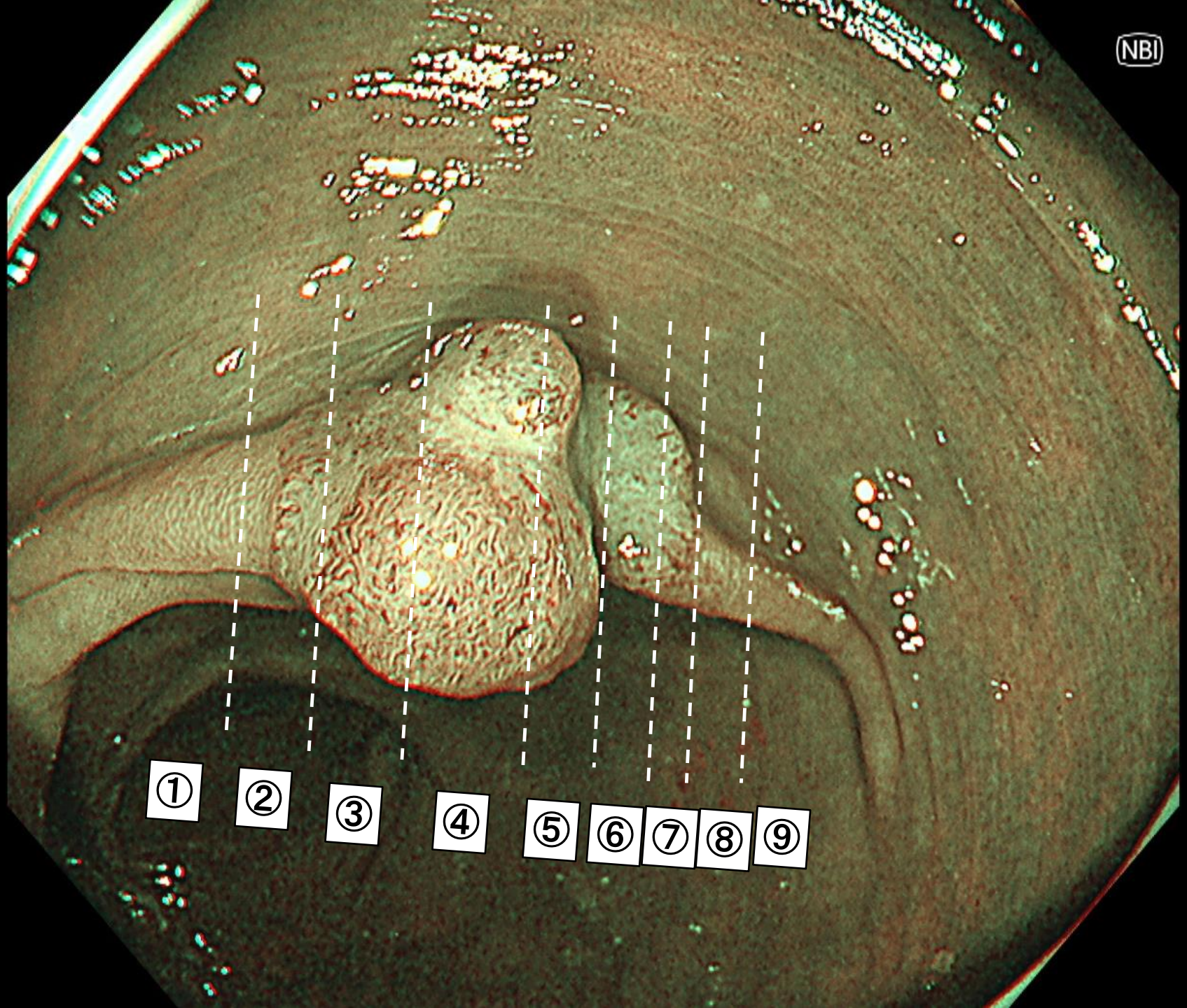


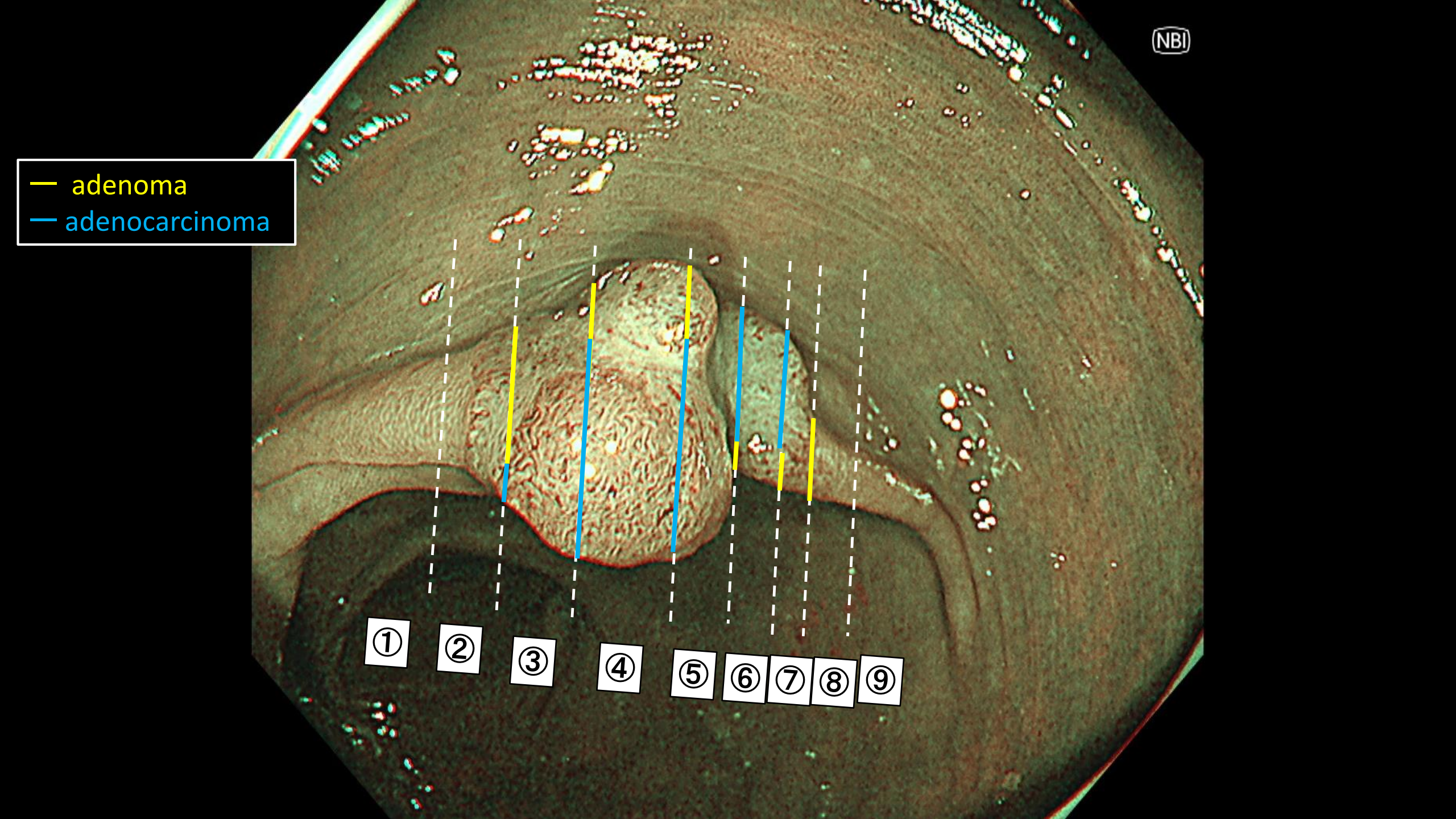
口側

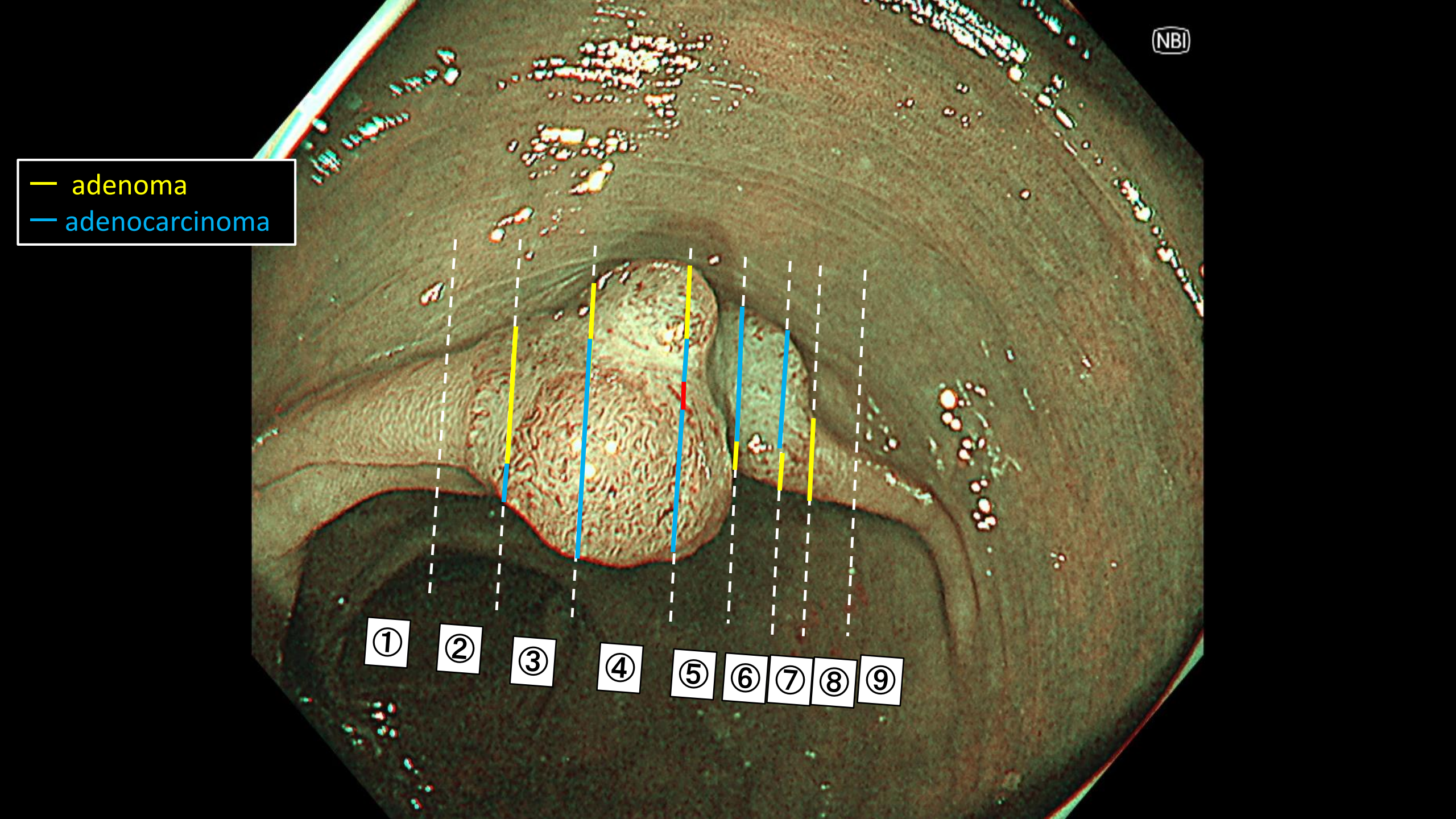
肛門側

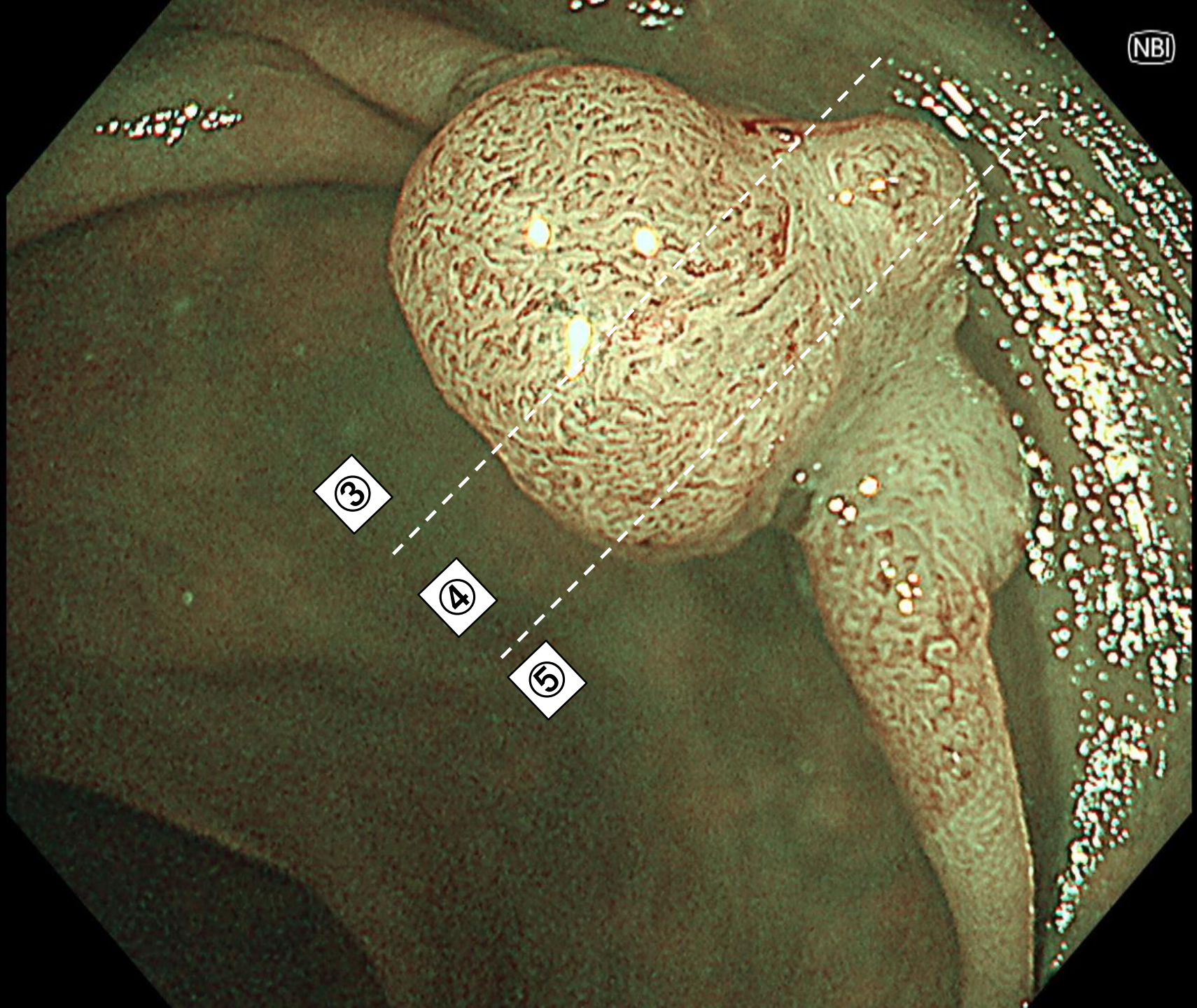
adenoma
M
SM

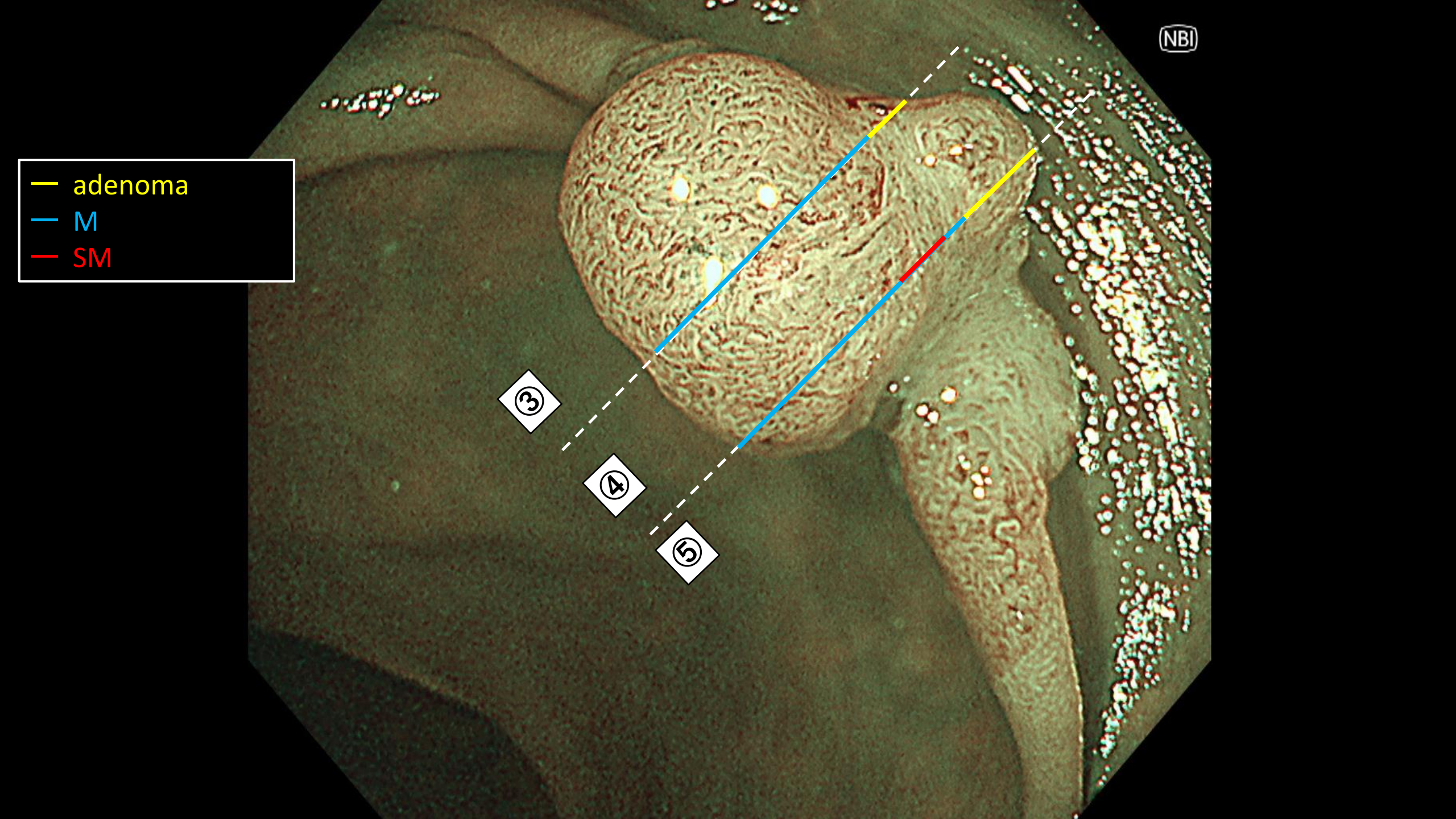



NBI
①
②
③
④
⑤
⑥
⑦
⑧
⑨


adenoma
adenocarcinoma
NBI
①
②
③
④
⑤
⑥
⑦
⑧
⑨


adenoma
adenocarcinoma
NBI
①
②
③
④
⑤
⑥
⑦
⑧
⑨


NBI
③
④
⑤


adenoma
M
SM
NBI
③
④
⑤

最終診断

carcinoma with adenoma, tubular adenocarcinoma, well differentiated type(tub1>tub2)
pT1a (SM, 0.2mm), INFb, Ly1 (D2-40), V0 (EVG), BD1, HM0 (3mm), VM0 (0.4mm).

予備知識

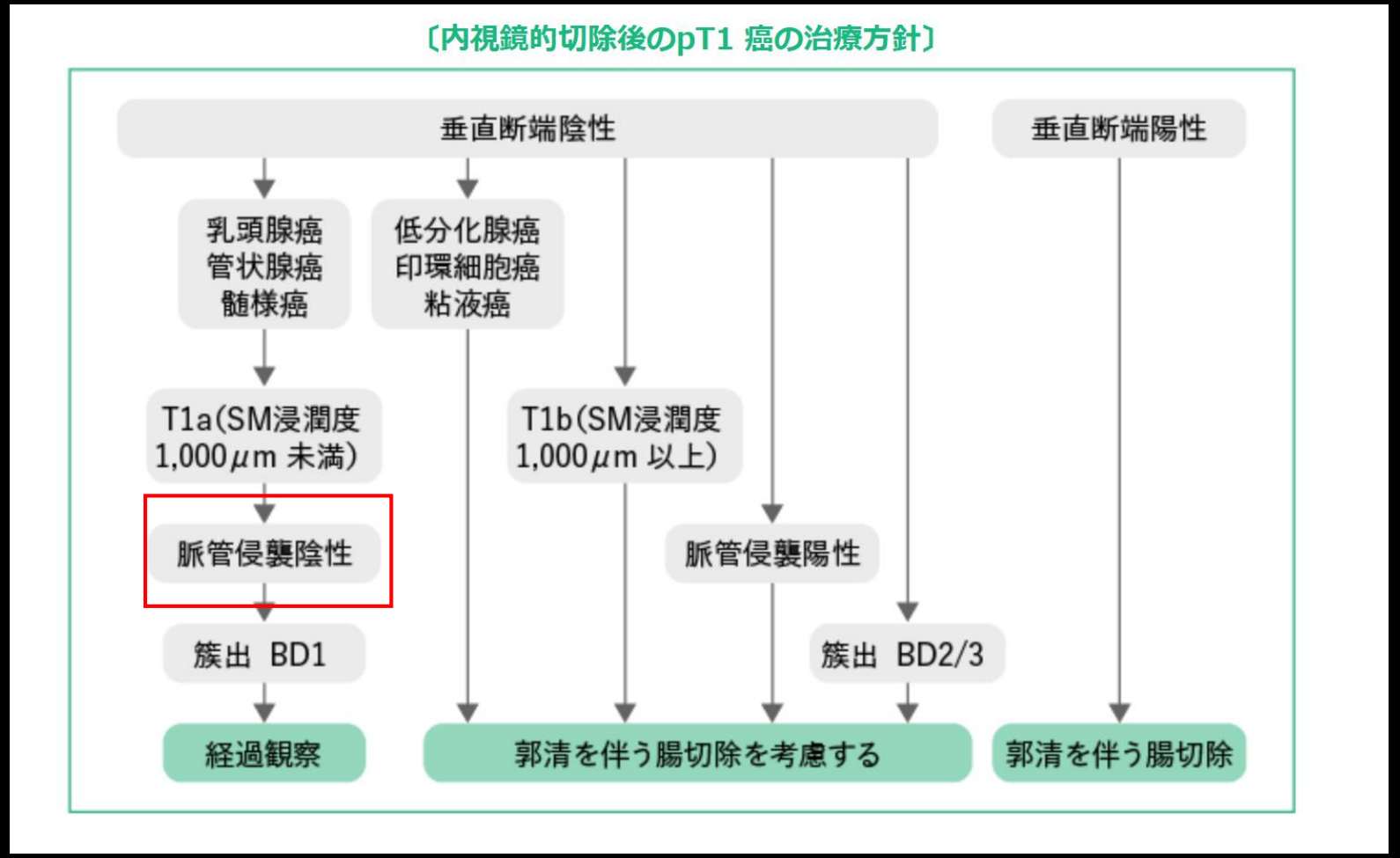
pT1大腸癌の追加治療の適応基準

エビデンスの強さ	
B	②切除標本の組織学的検索で以下の一因子でも認めれば，追加治療としてリンパ節郭清を伴う腸切除を弱く推奨する。**（推奨度2）** （1）T1b（SM 浸潤度1,000μm 以上） （2）脈管侵襲陽性 （3）低分化腺癌，印環細胞癌，粘液癌319) （4）浸潤先進部の簇出（budding）BD2/3319) 注） ・脈管侵襲とは，リンパ管侵襲と静脈侵襲をいう。

大腸癌治療ガイドライン2019年度版より抜粋

・リンパ管侵襲あるが、追加切除は行わず経過観察の方針

pT1大腸癌の追加治療の適応基準



大腸癌治療ガイドライン2019年度版より抜粋

・リンパ管侵襲あるが、追加切除は行わず経過観察の方針

内視鏡切除後サーベイランスについて

エビデンスの強さ	
B	①内視鏡切除の結果が一括切除かつ断端陰性の場合には異時性大腸腫瘍の検索を目的として1 年前後の内視鏡検査によるサーベイランスを行うことを弱く推奨する。（推奨度2）

エビデンスの強さ	
B	③pT1 癌で追加腸切除を行わなかった場合には，リンパ節転移や遠隔転移による再発の検索を目的として，内視鏡検査に加えてCT 検査などの画像診断や腫瘍マーカーなどを用いたサーベイランスを行うことを強く推奨する。（推奨度1）

大腸癌治療ガイドライン2019年度版より抜粋

・CSサーベイランスは1年後を予定

・CT,腫瘍マーカーでのフォローは3ヶ月毎を予定