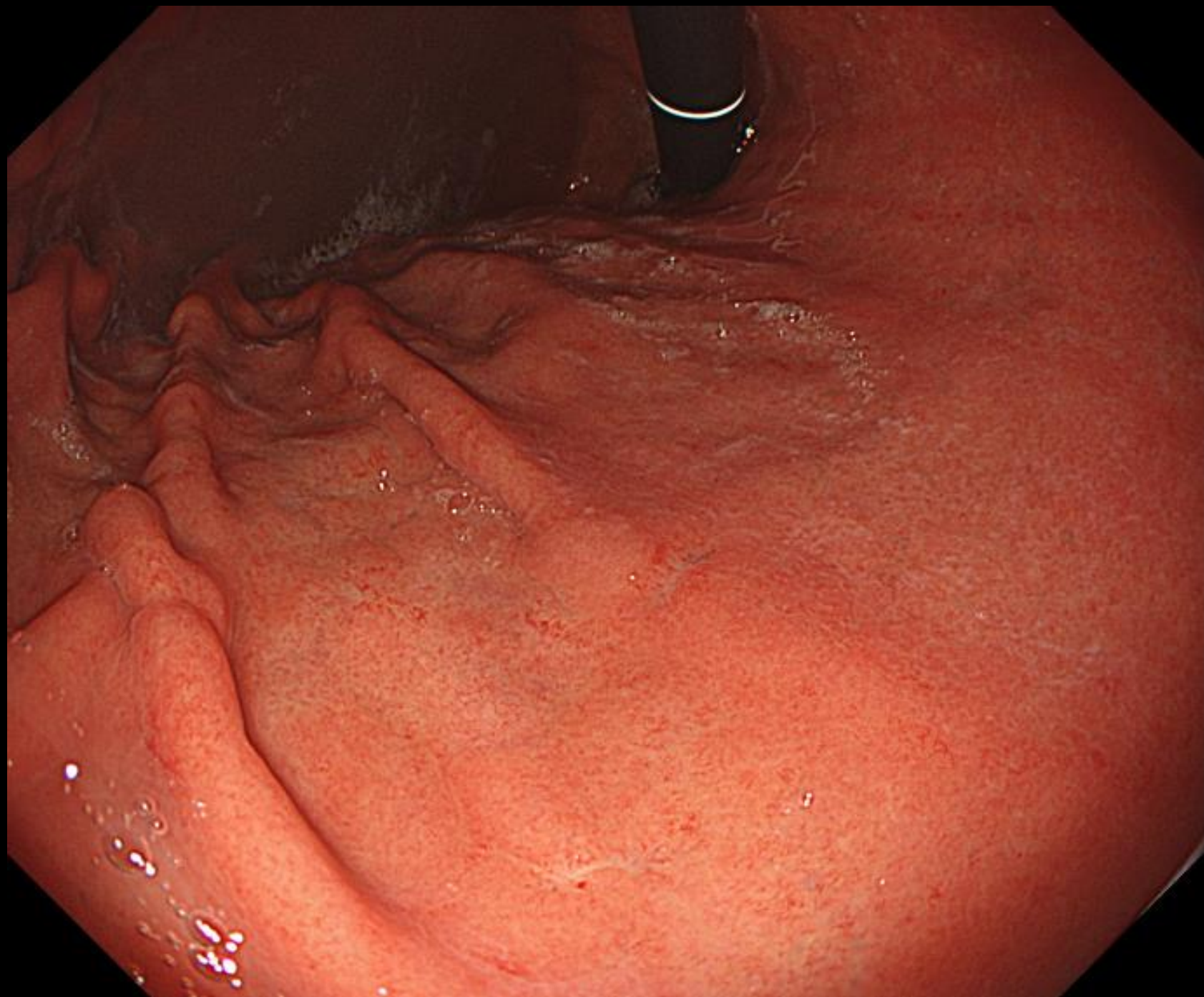


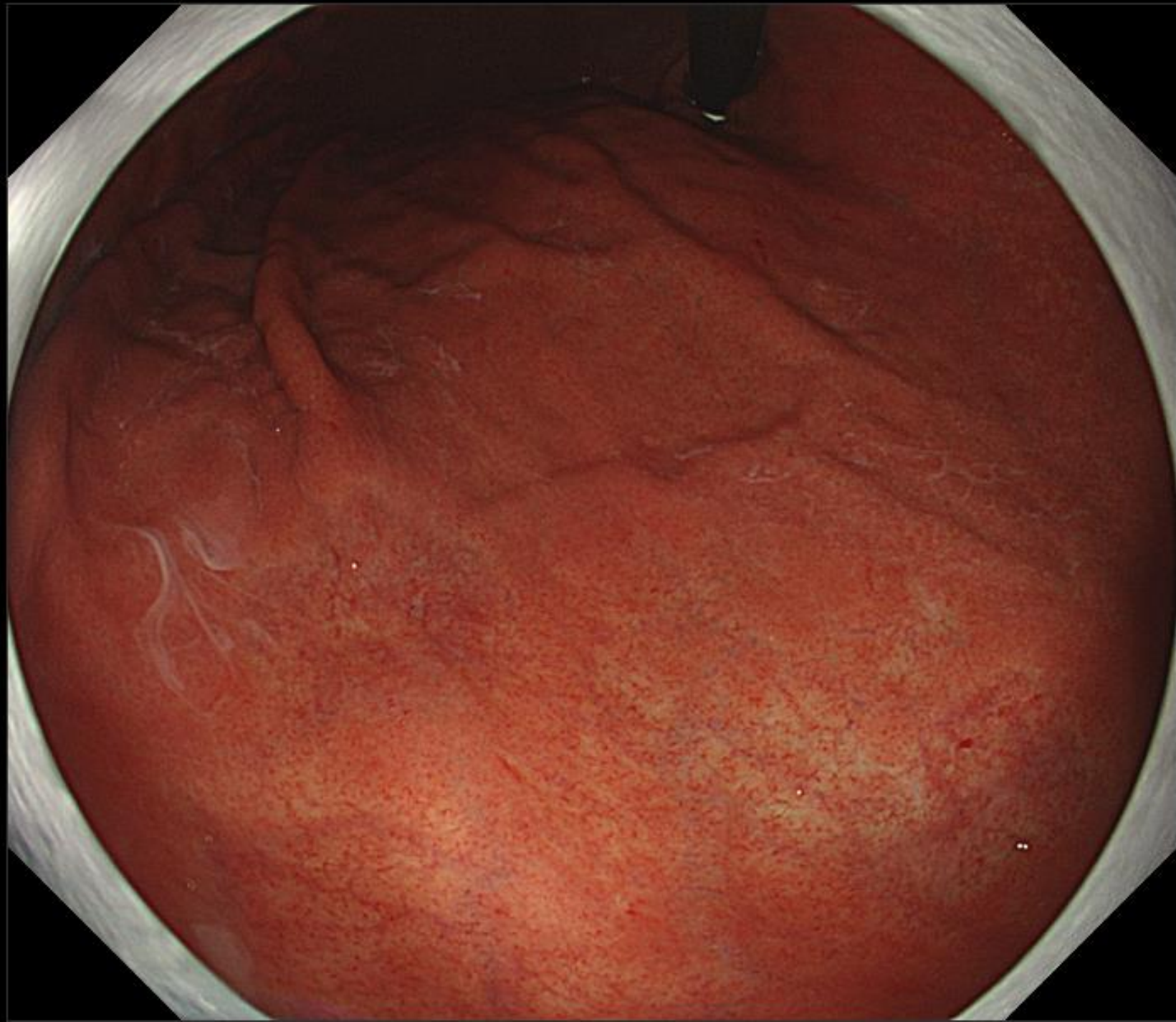
消化管 mapping

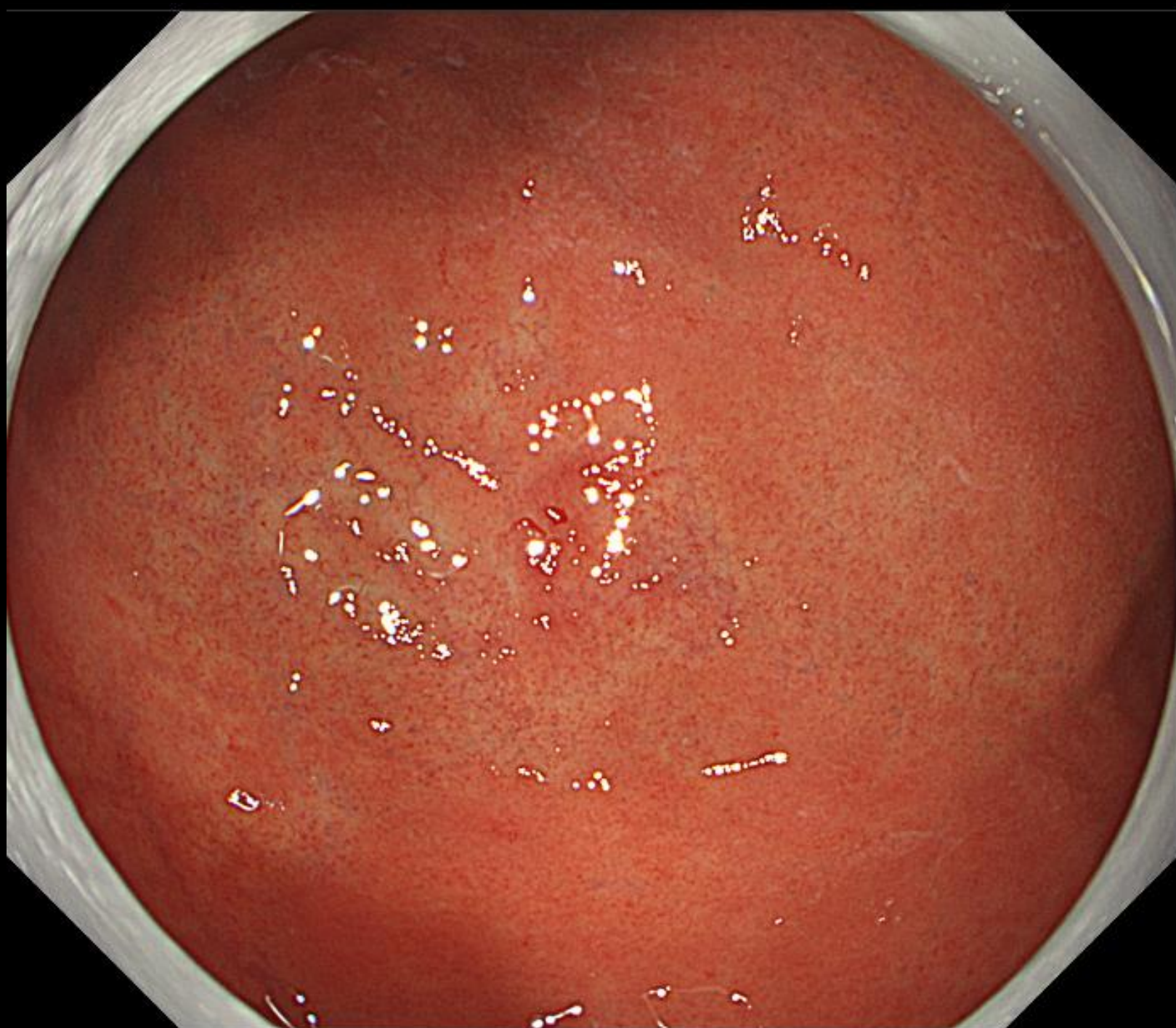
胃

発表：豊原 圭一郎

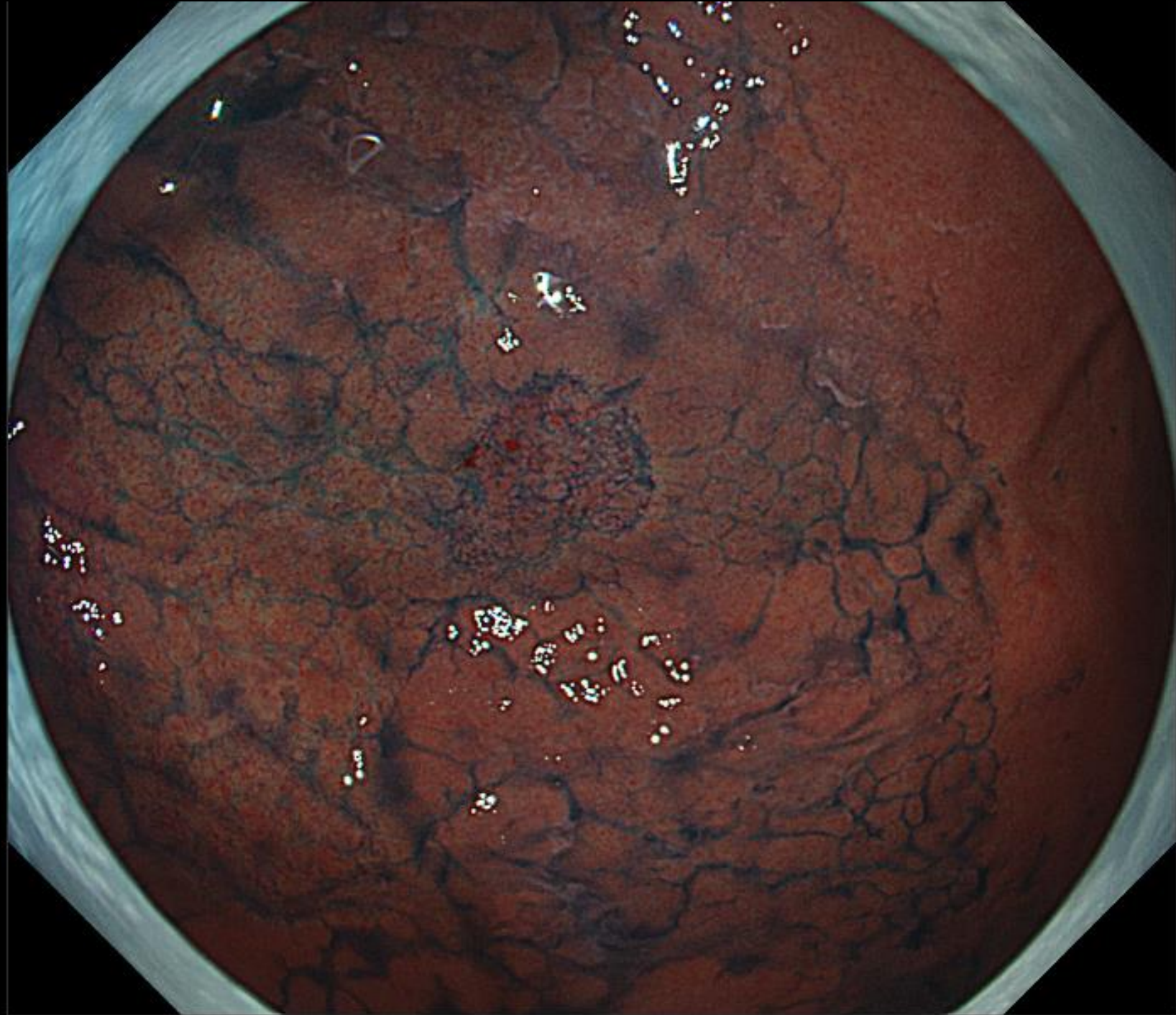
通常觀察 3枚

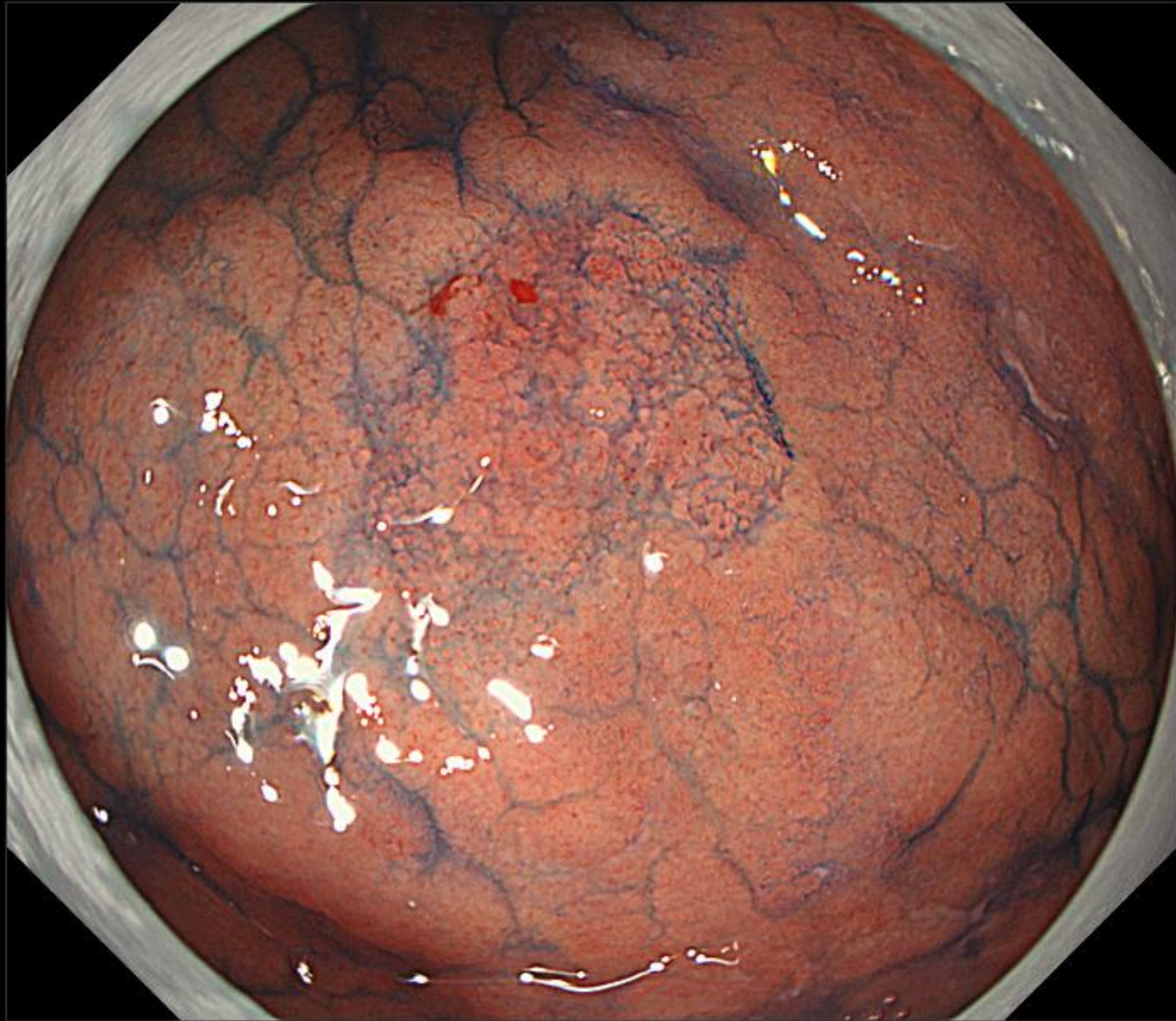




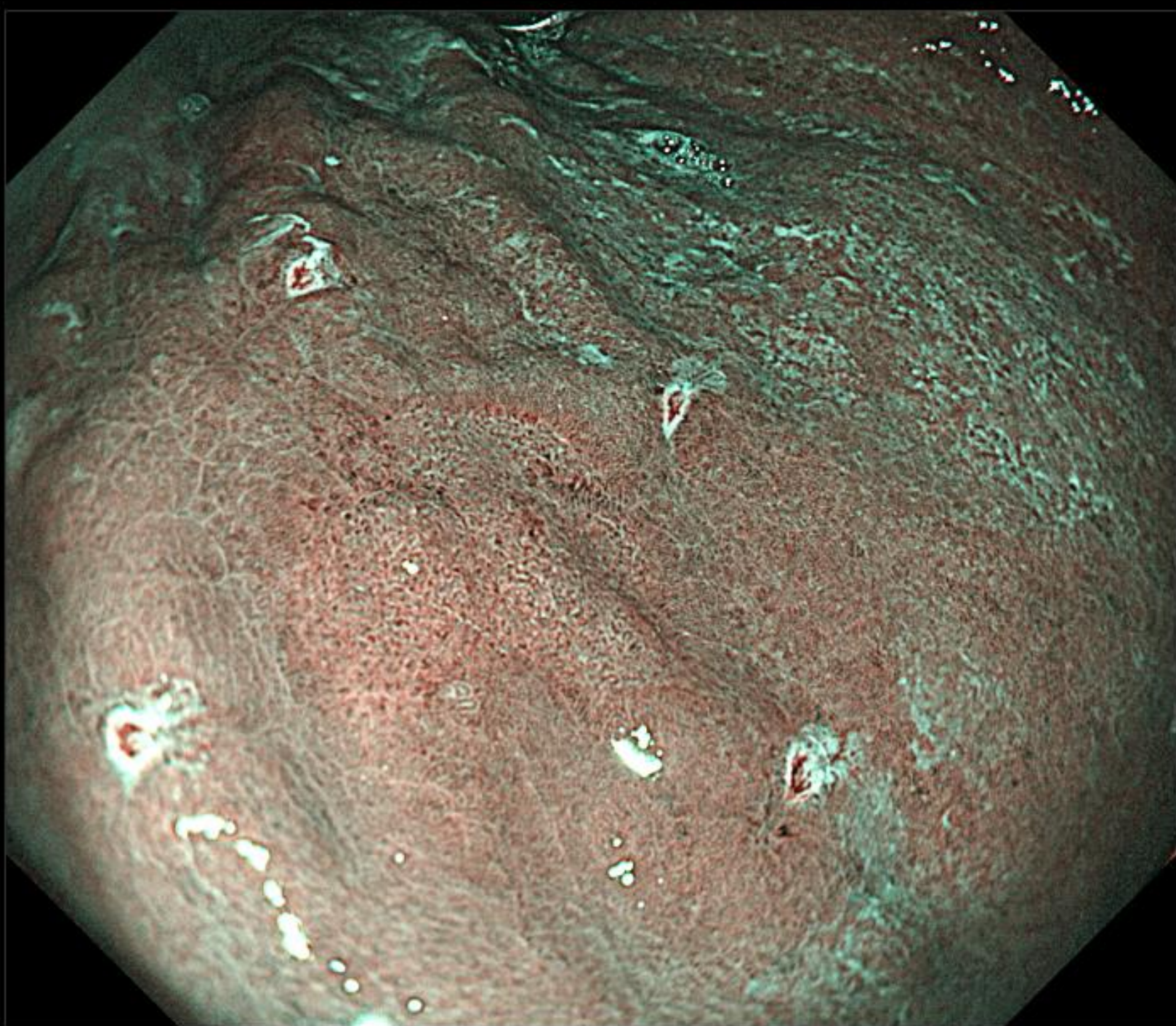


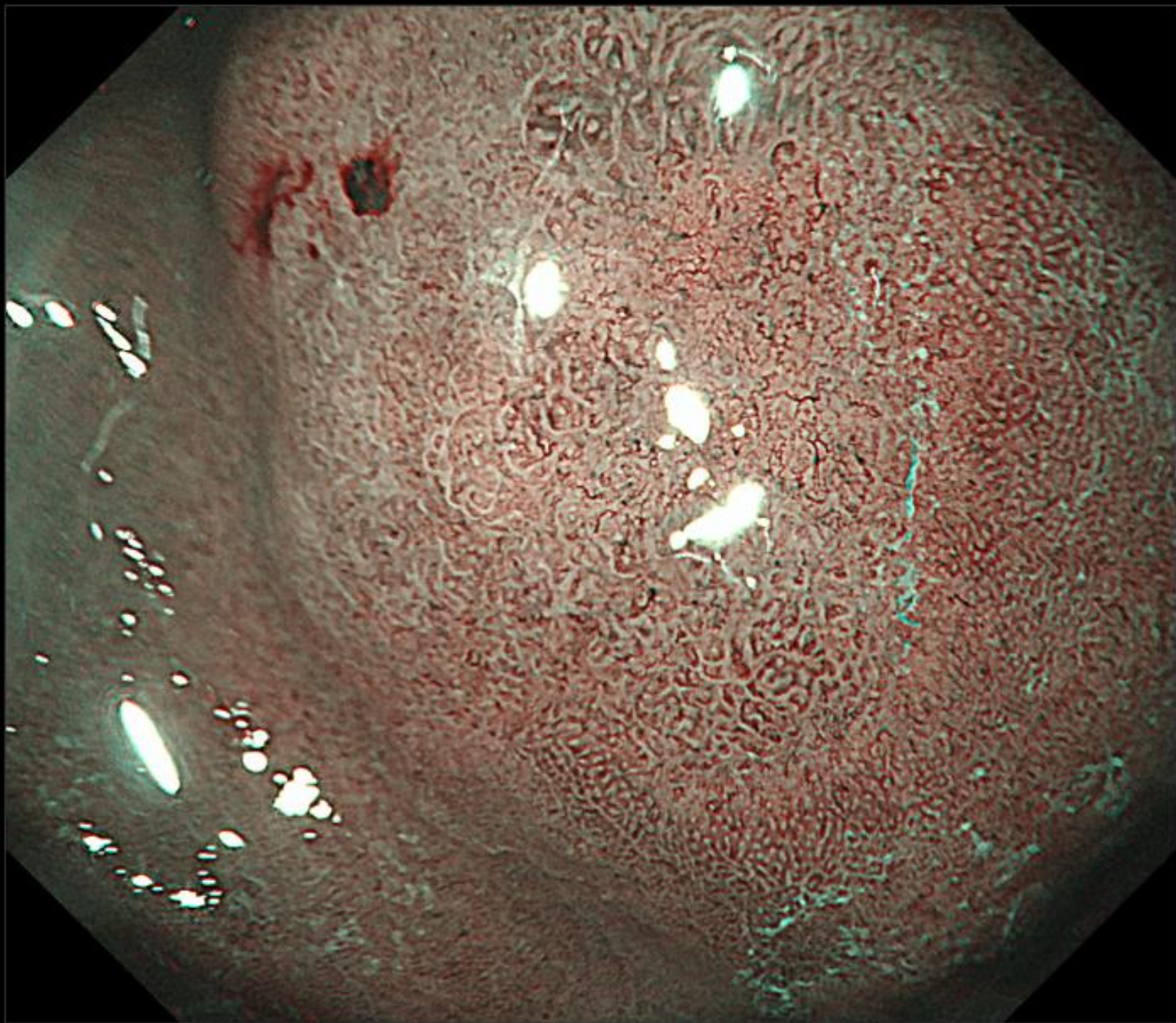
インジゴカルミン散布
(2枚)

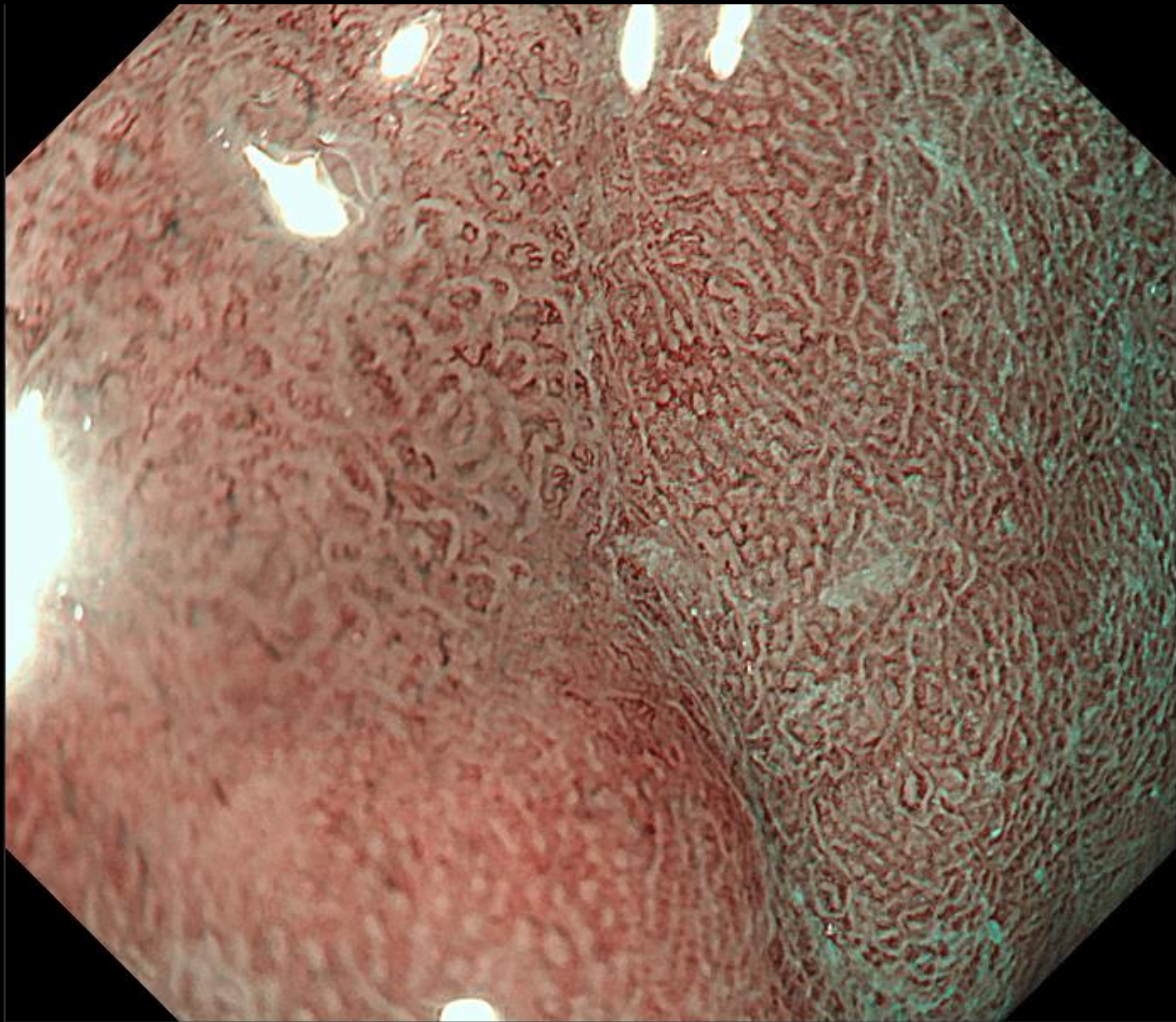


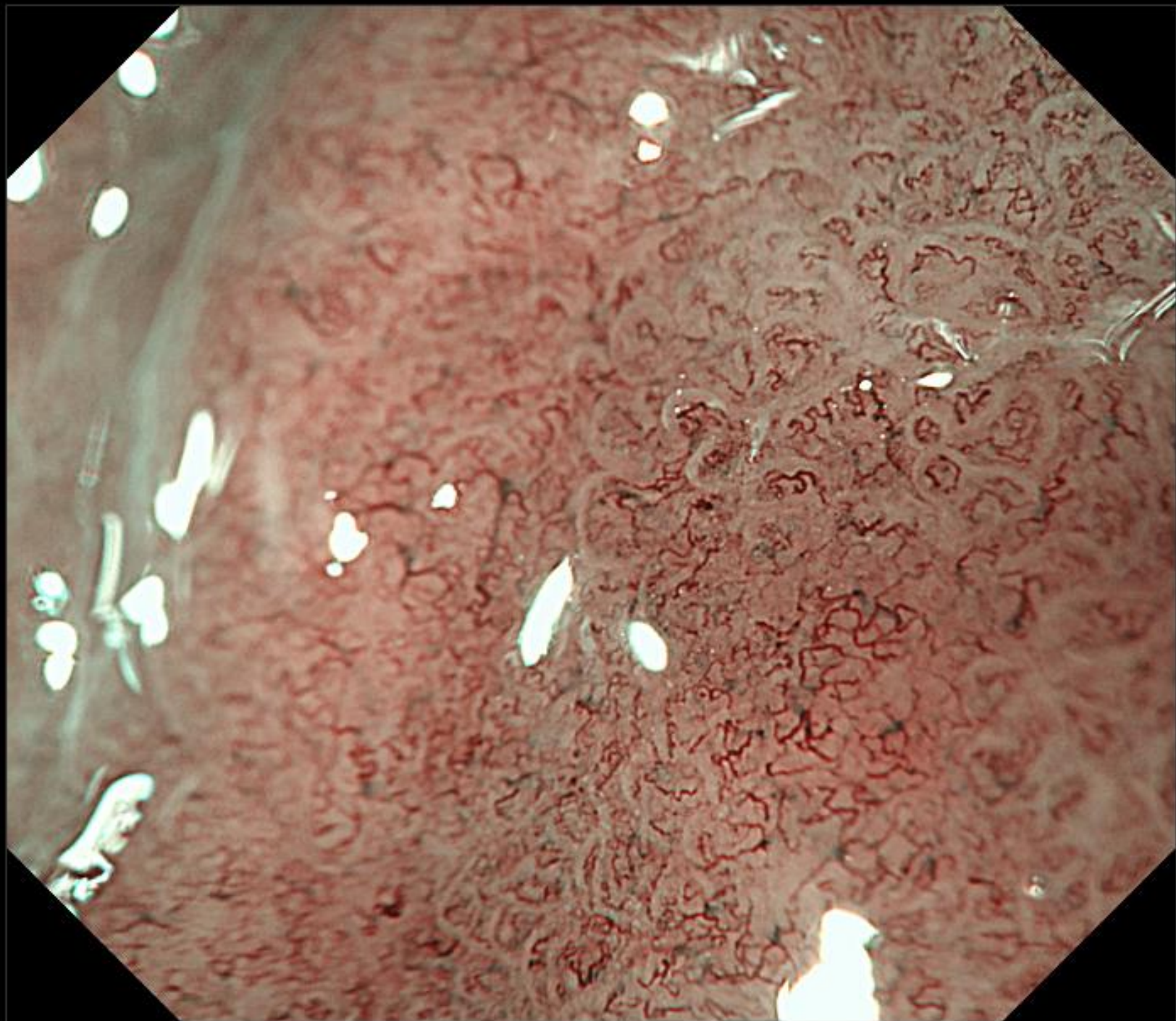


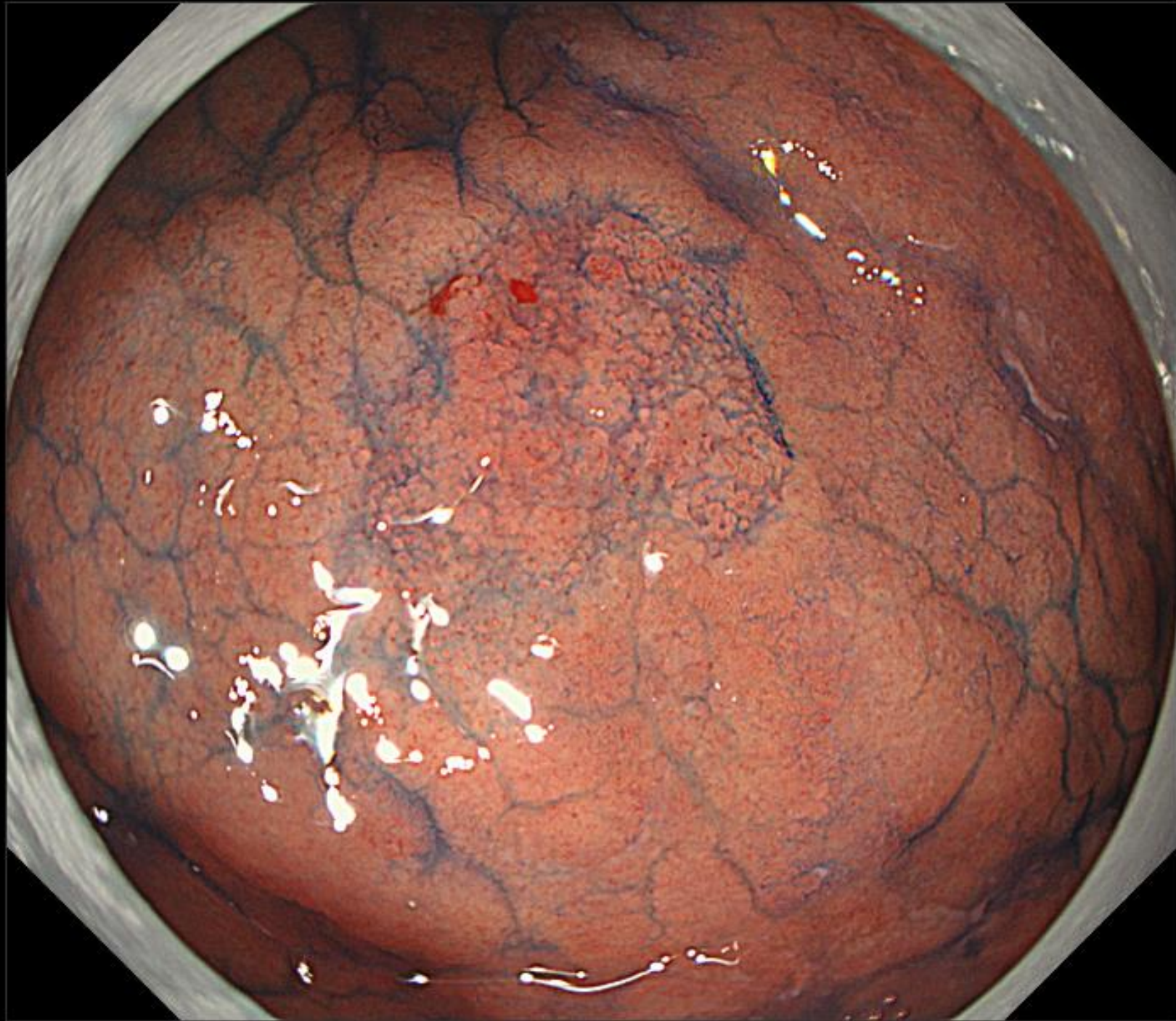
NBI
(4枚)

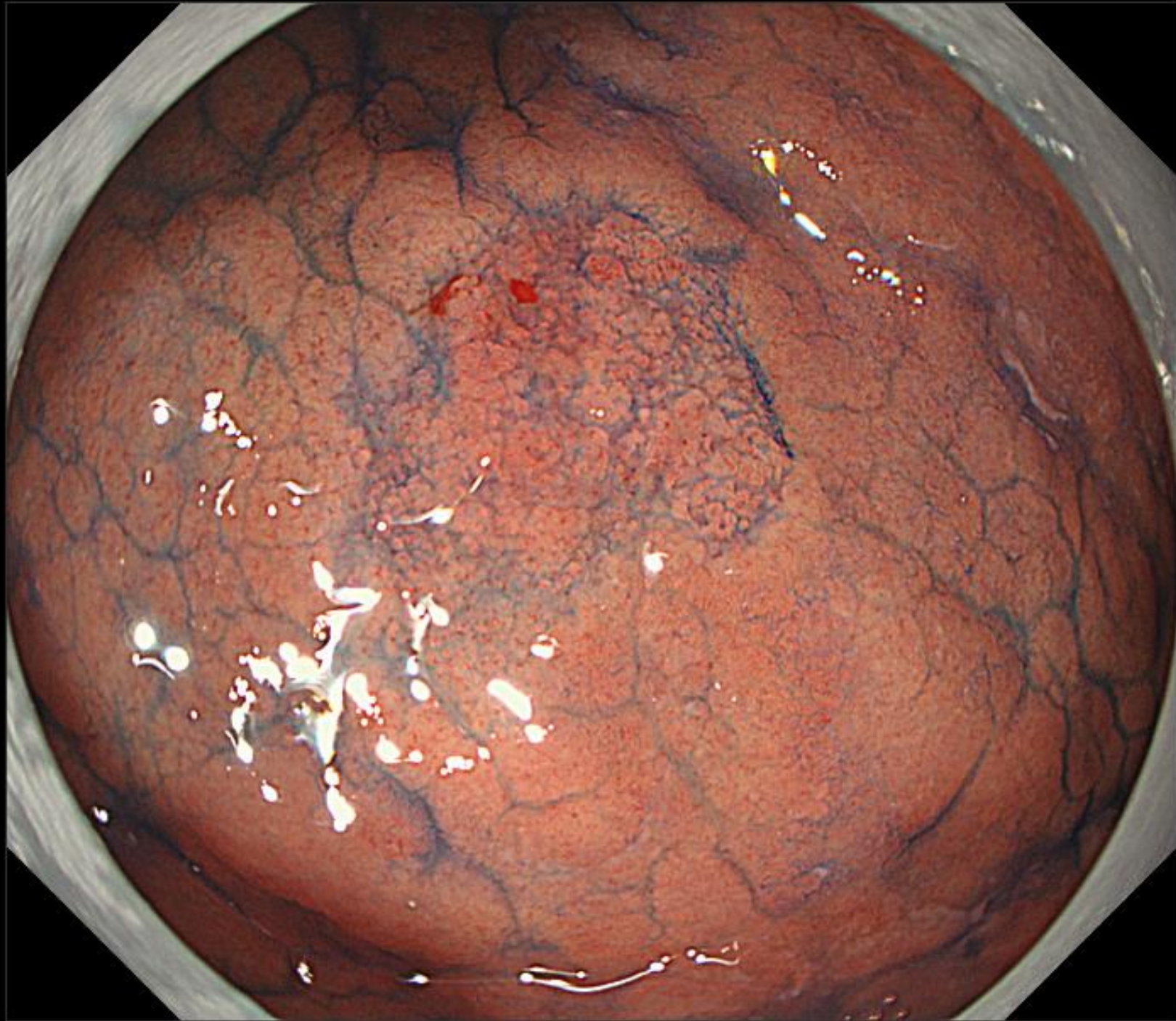


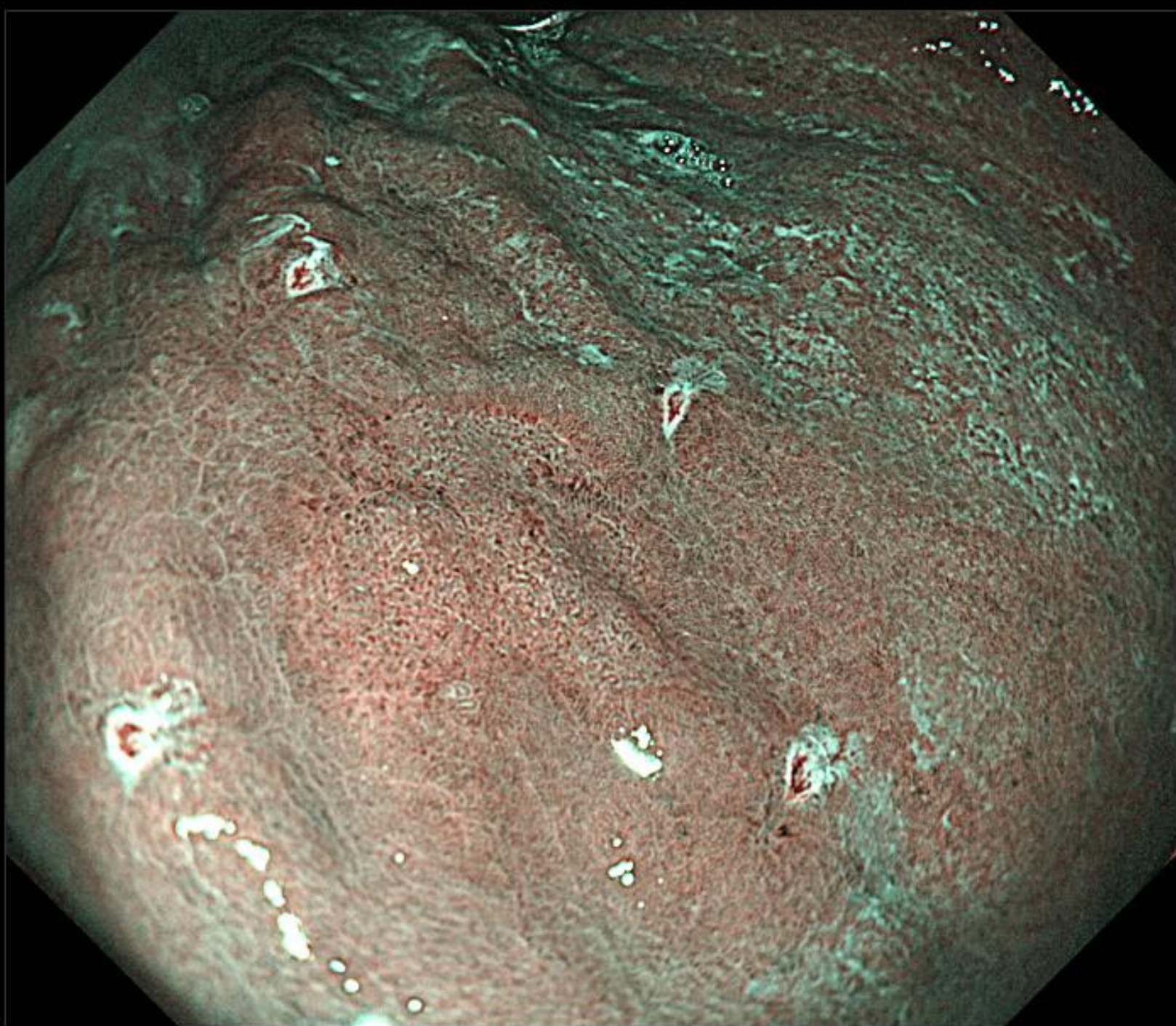


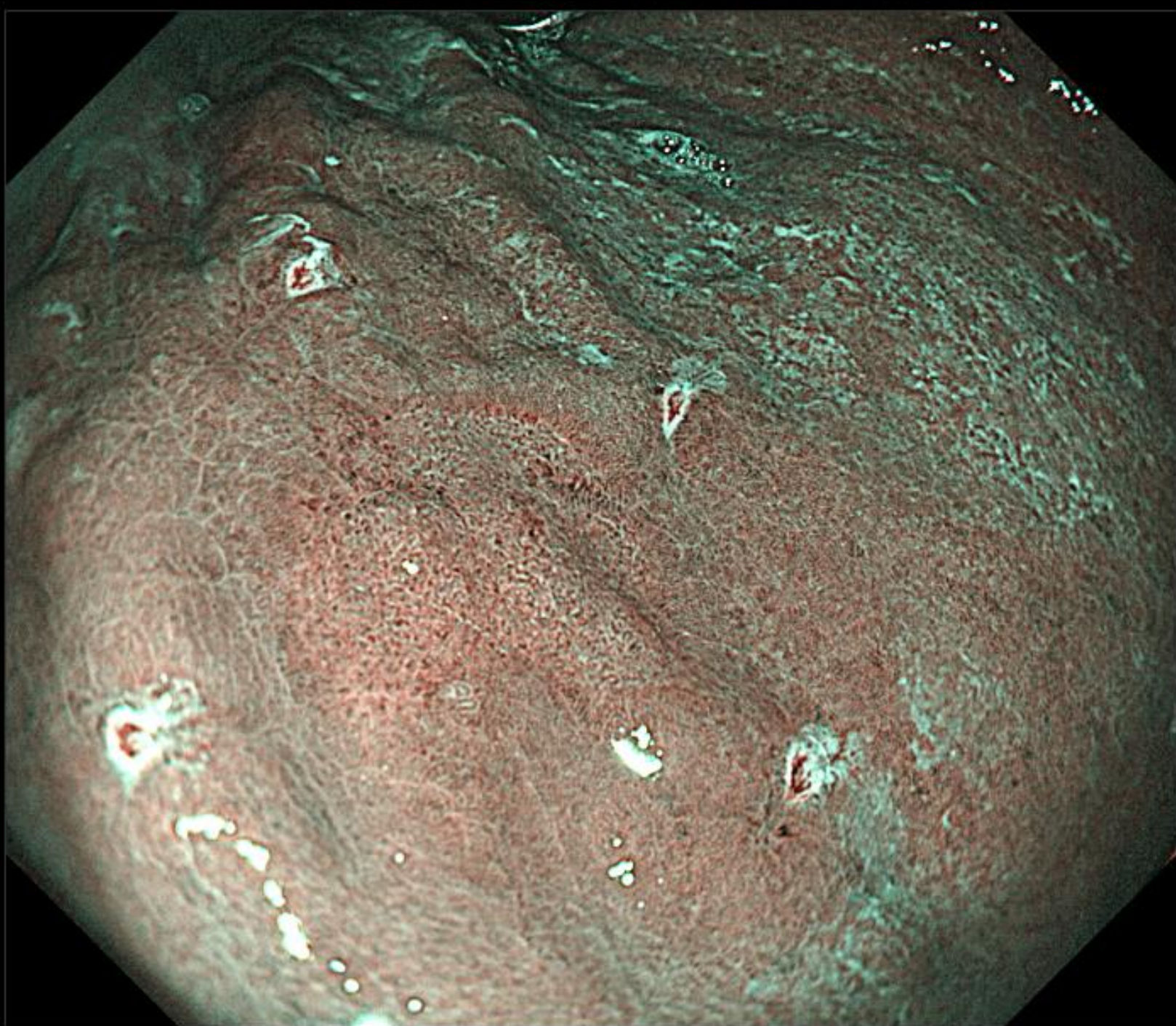












内視鏡診断

大きさ：15mm 肉眼型：0-II c, 未分化型

深達度：M, UL0,

NBI観察：DL present,

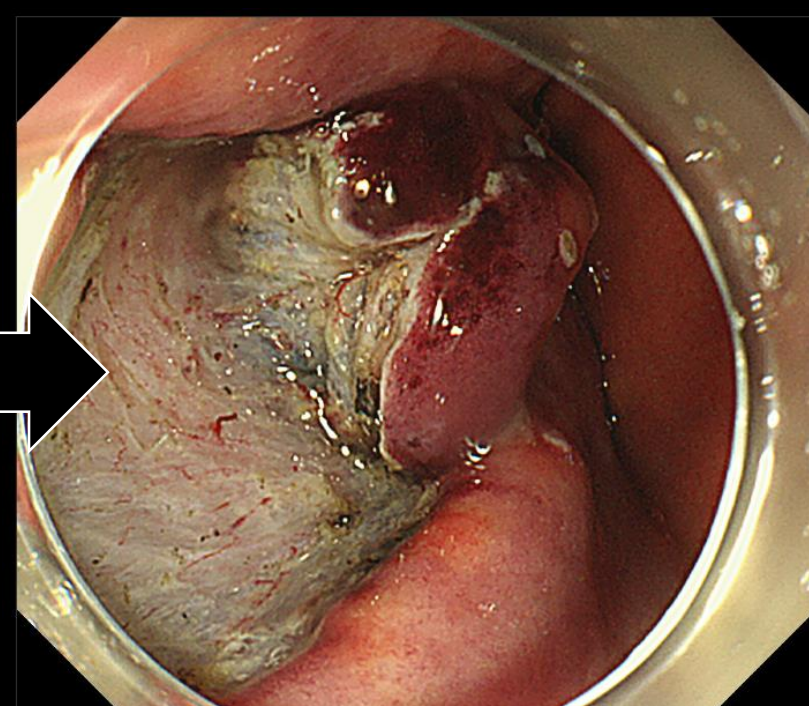
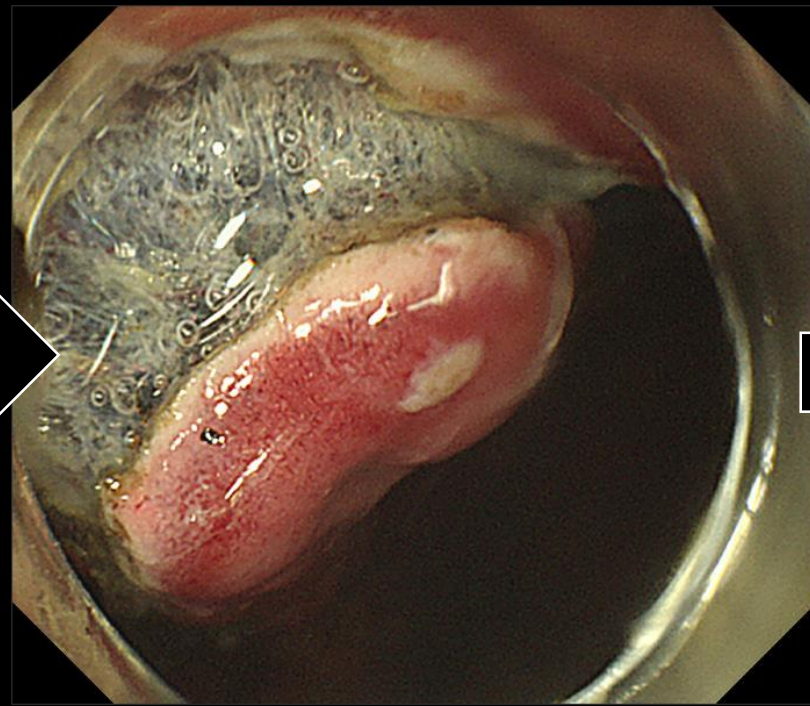
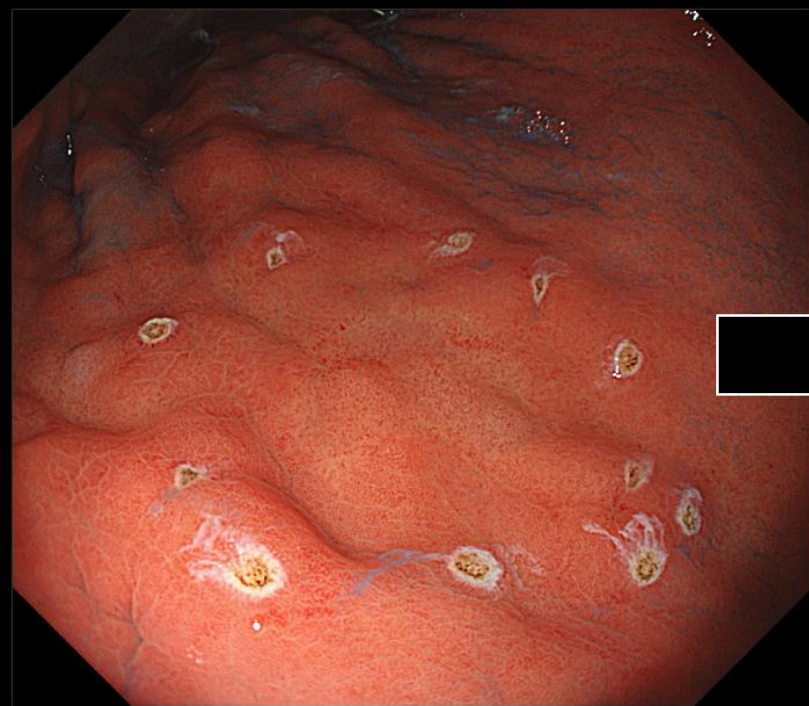
微小血管構造：irregular,

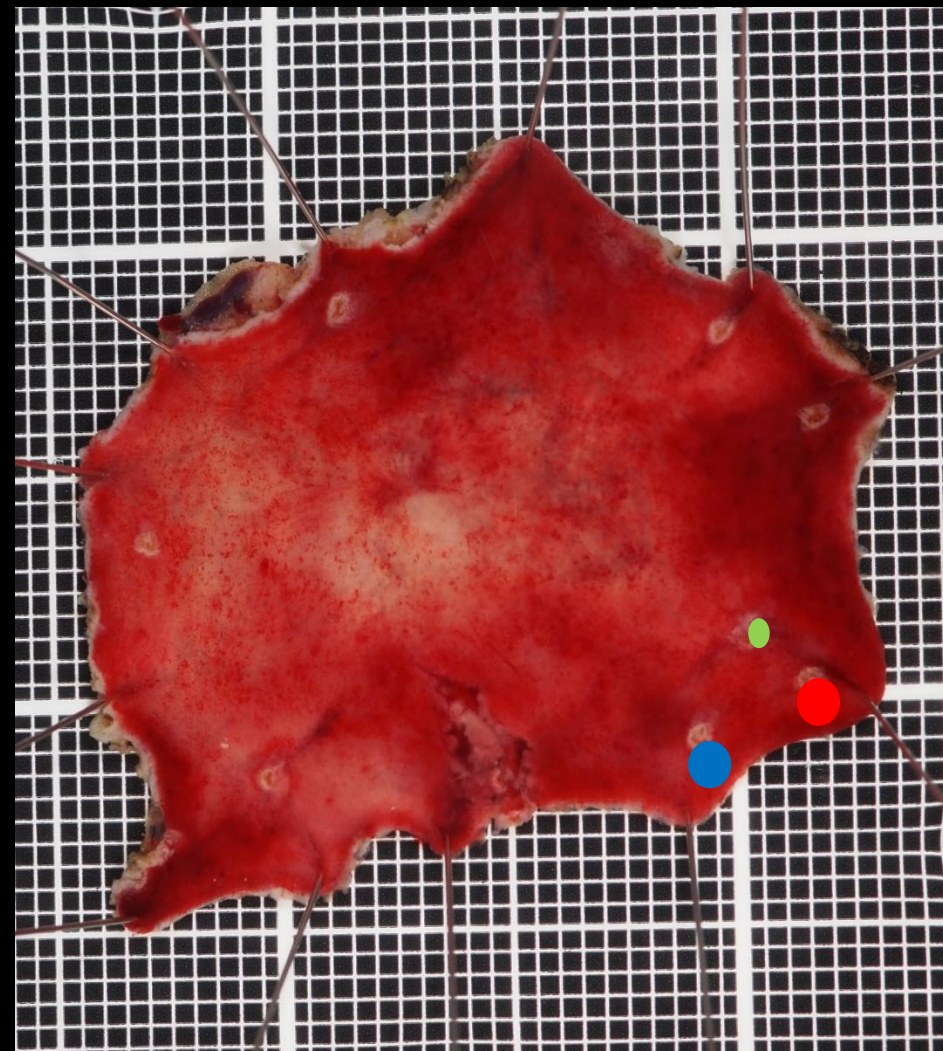
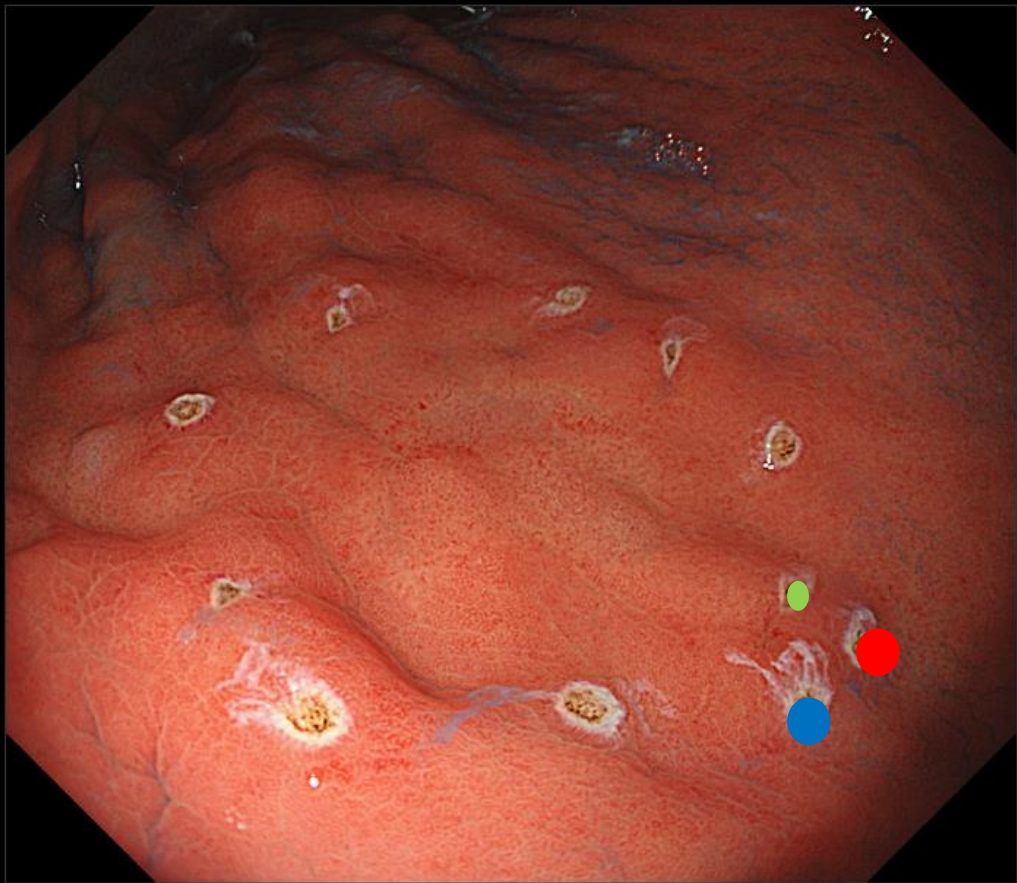
表面微細構造：irregular

→生検でtub2が検出、

絶対適応病変としてESDを実施する方針

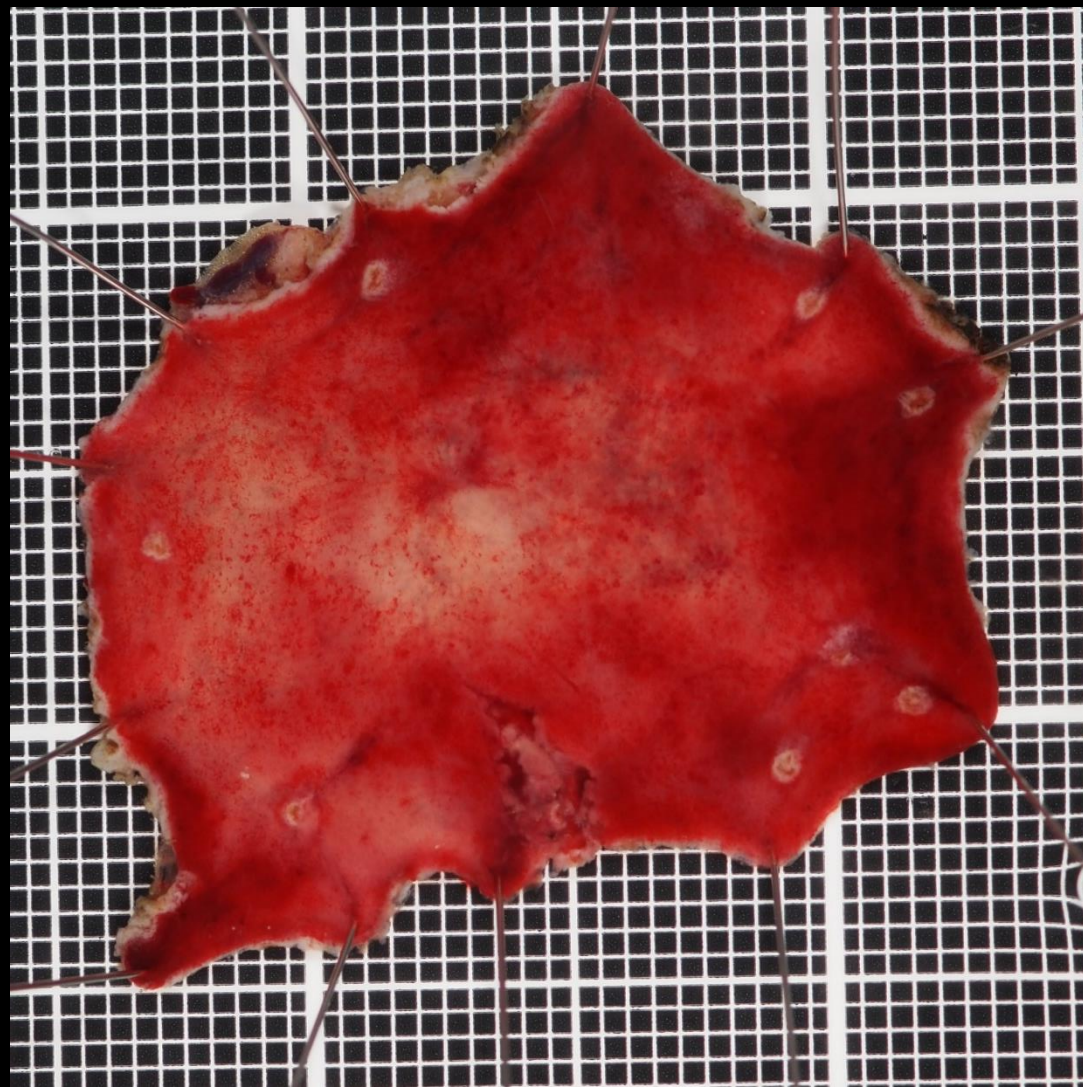
ESD







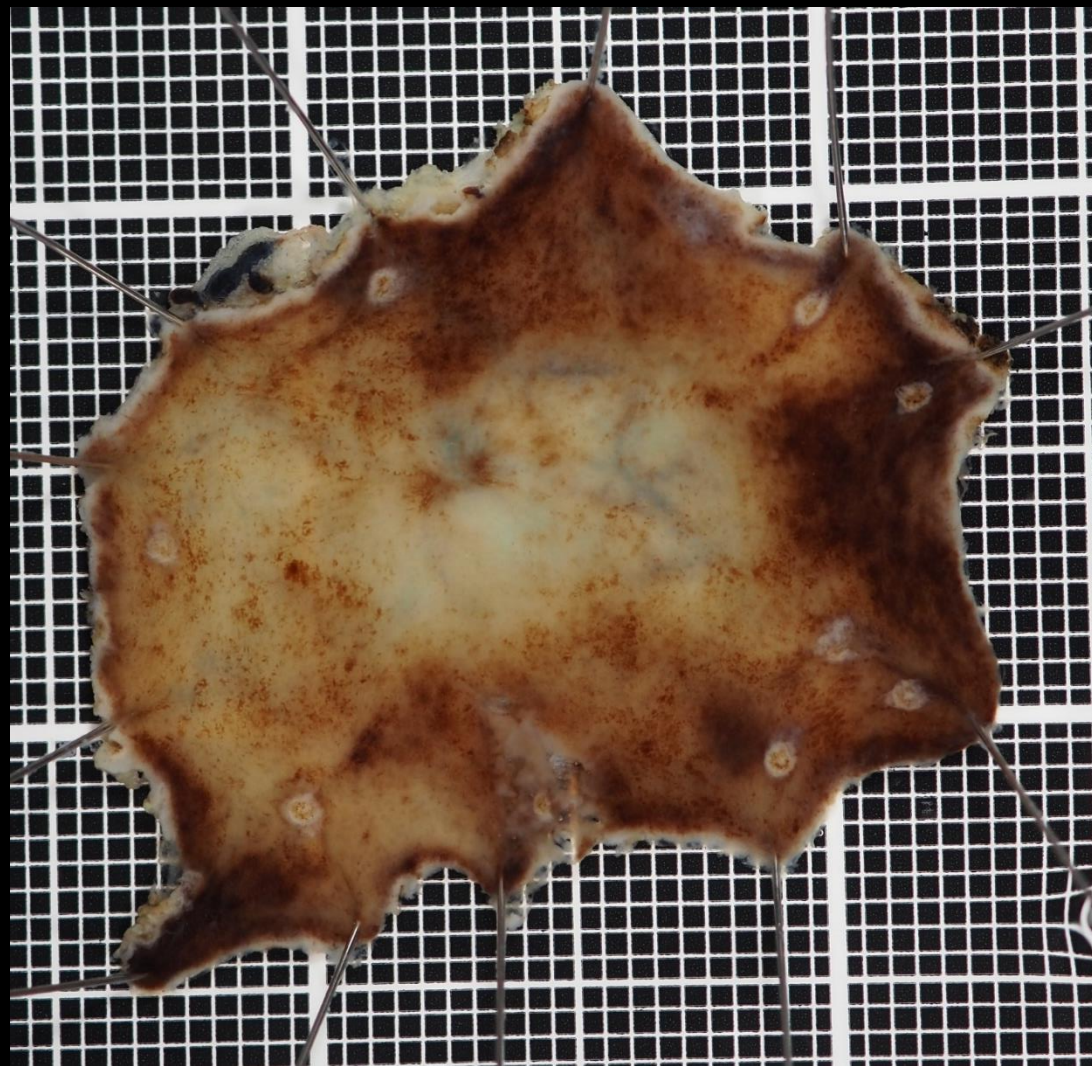
口側



肛門側



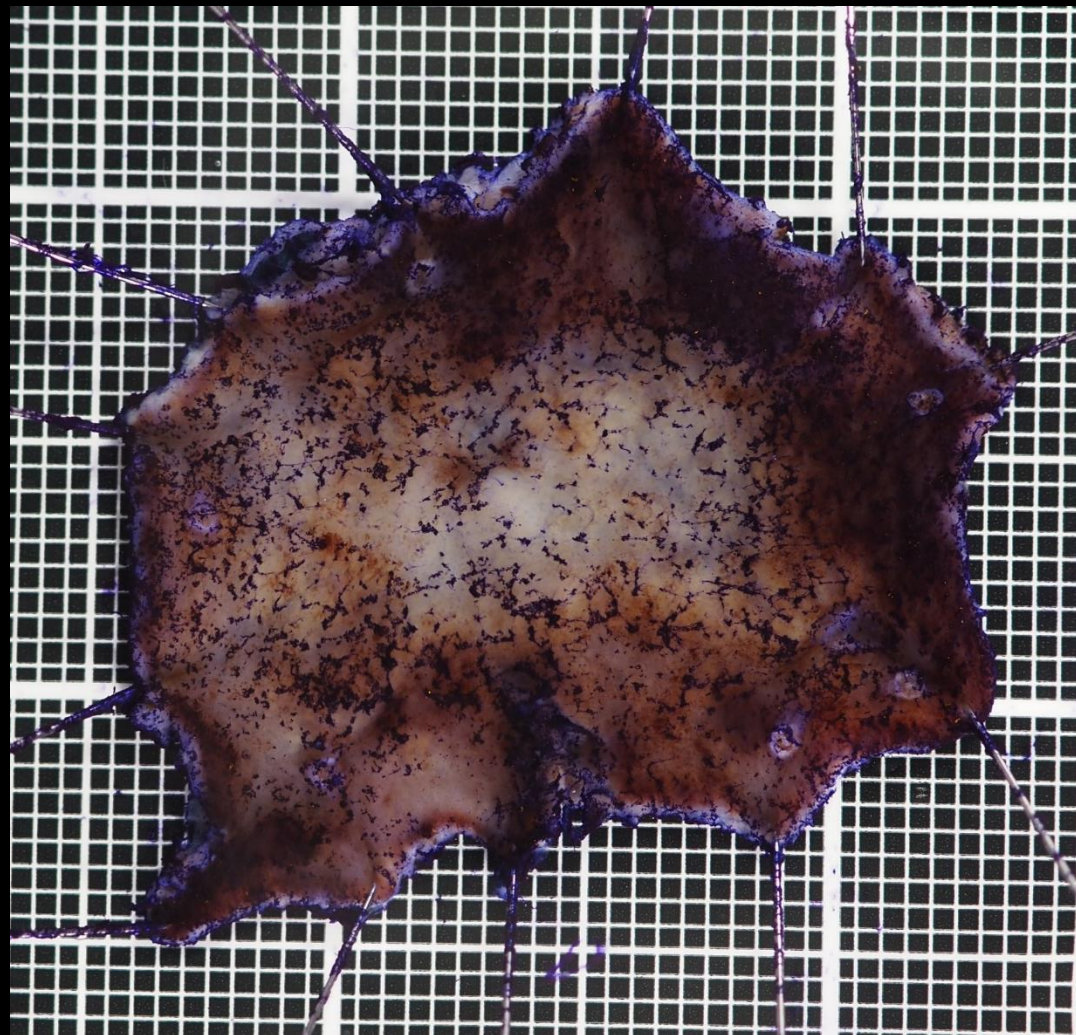
口側



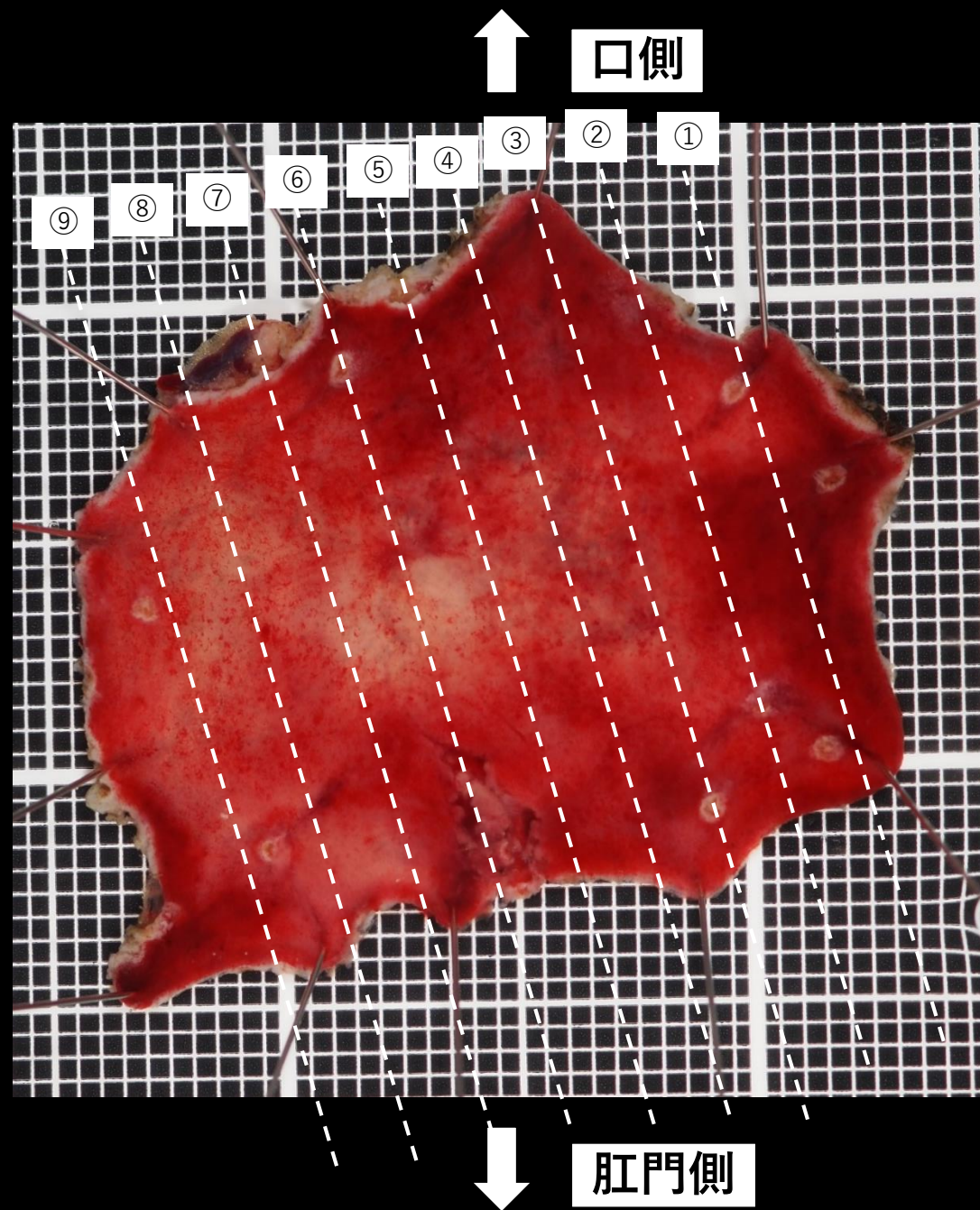
肛門側

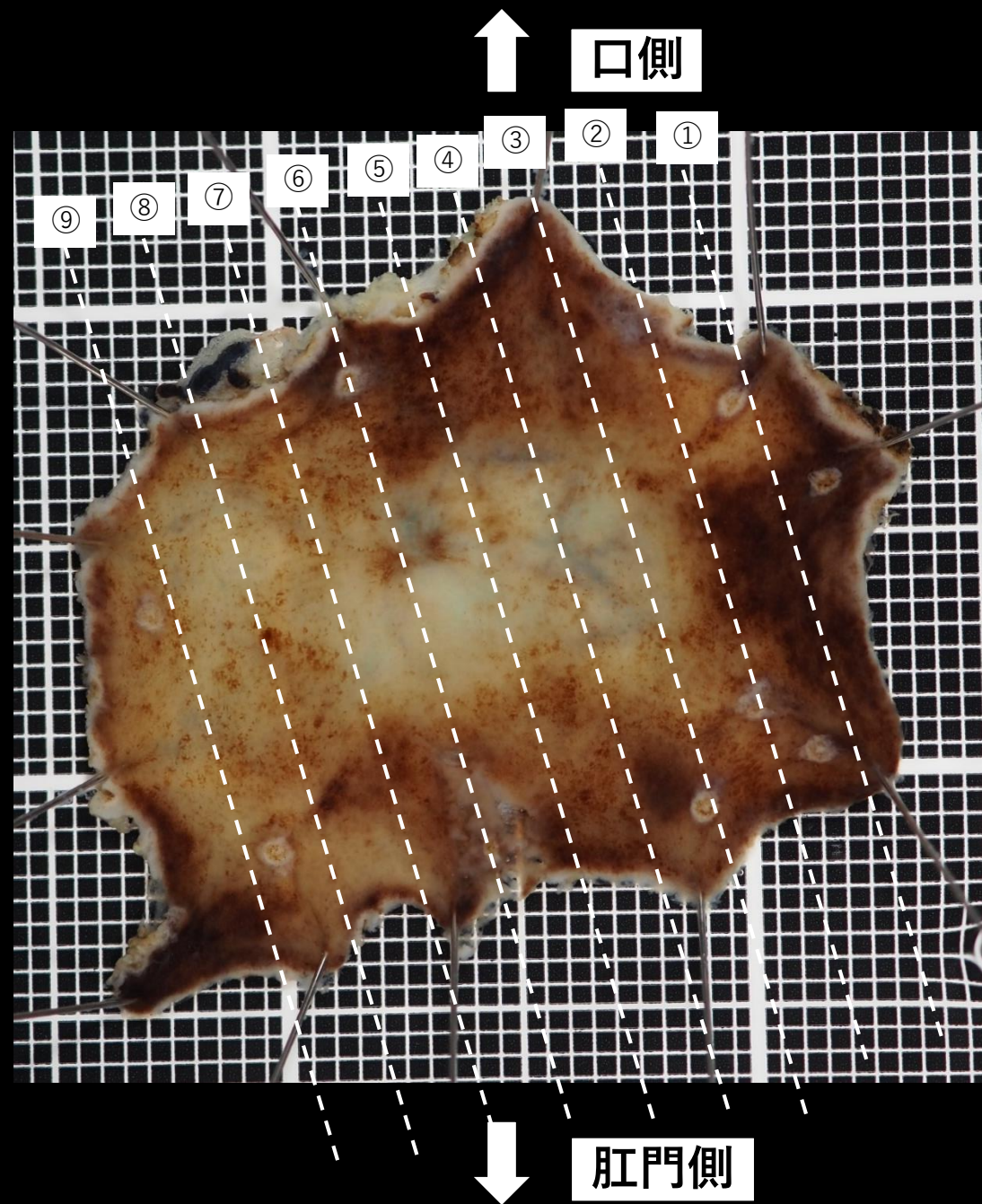


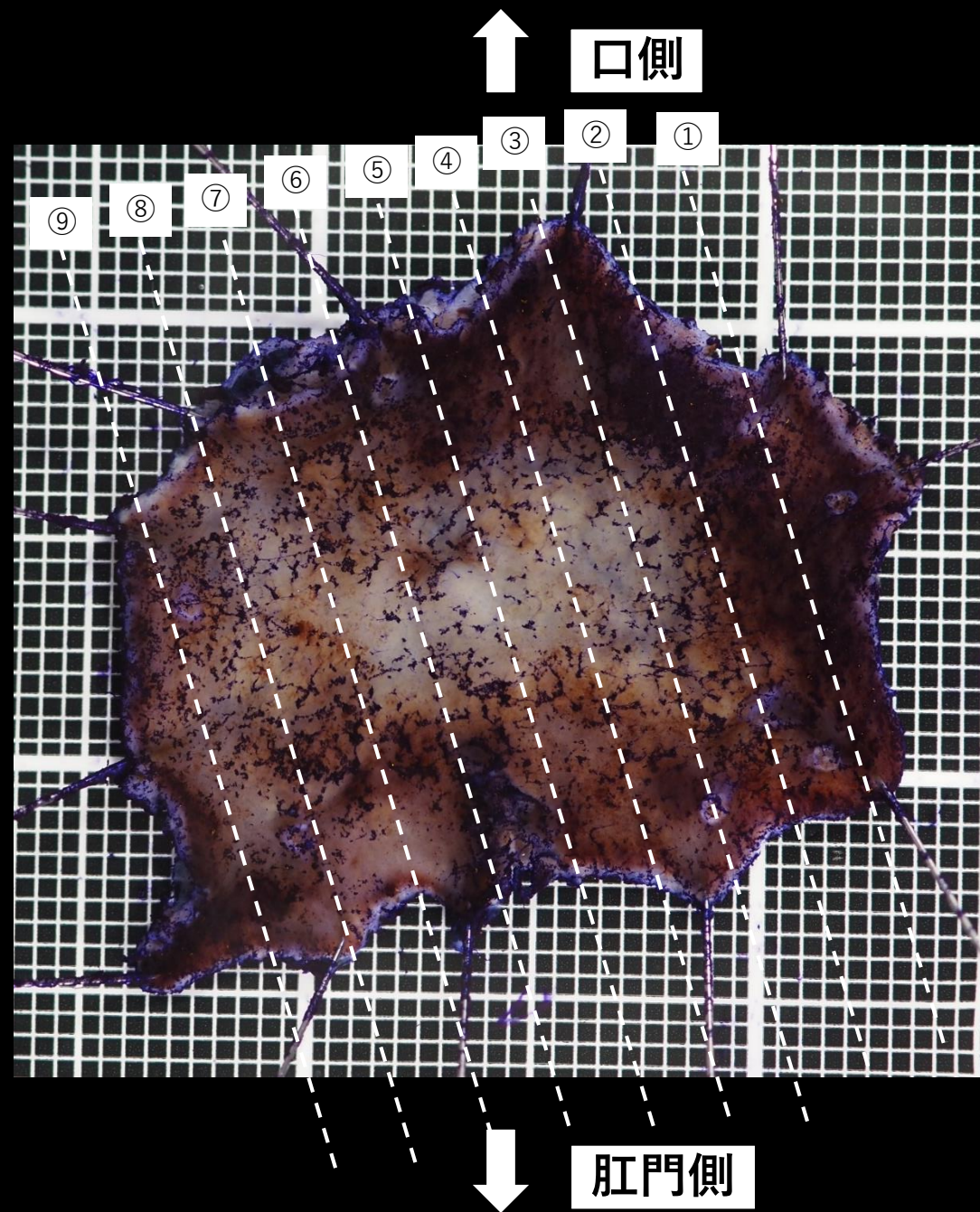
口側

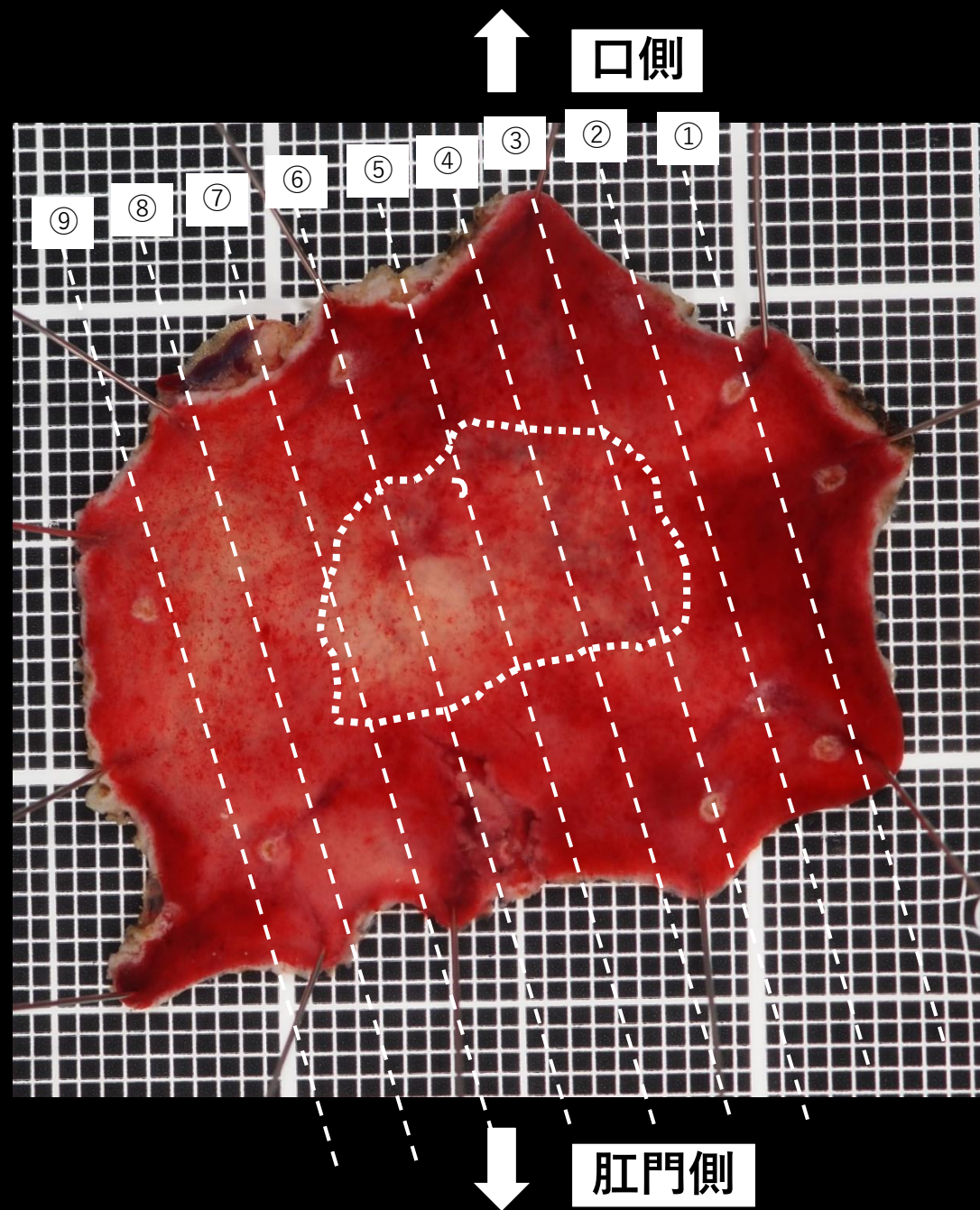


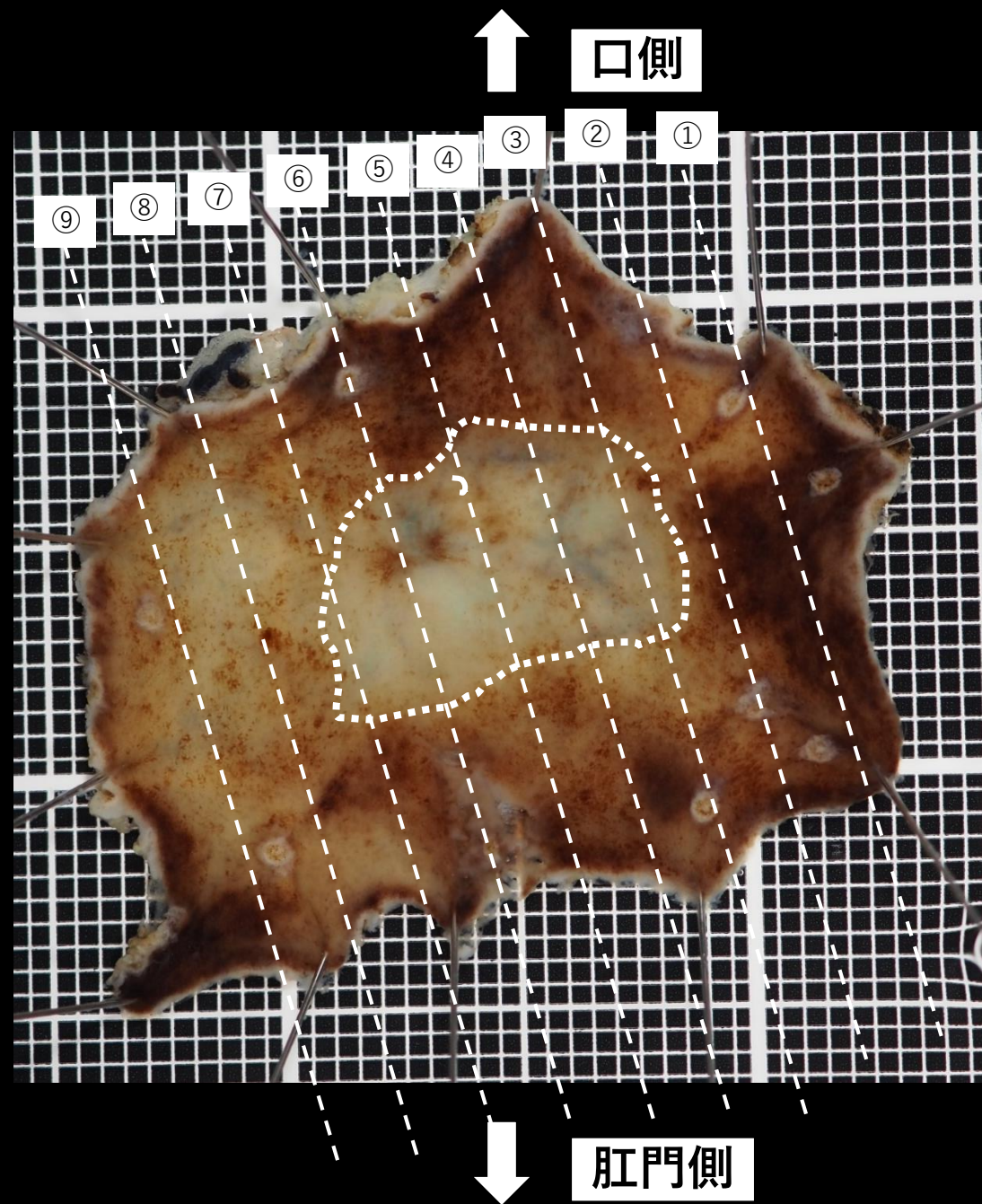
肛門側

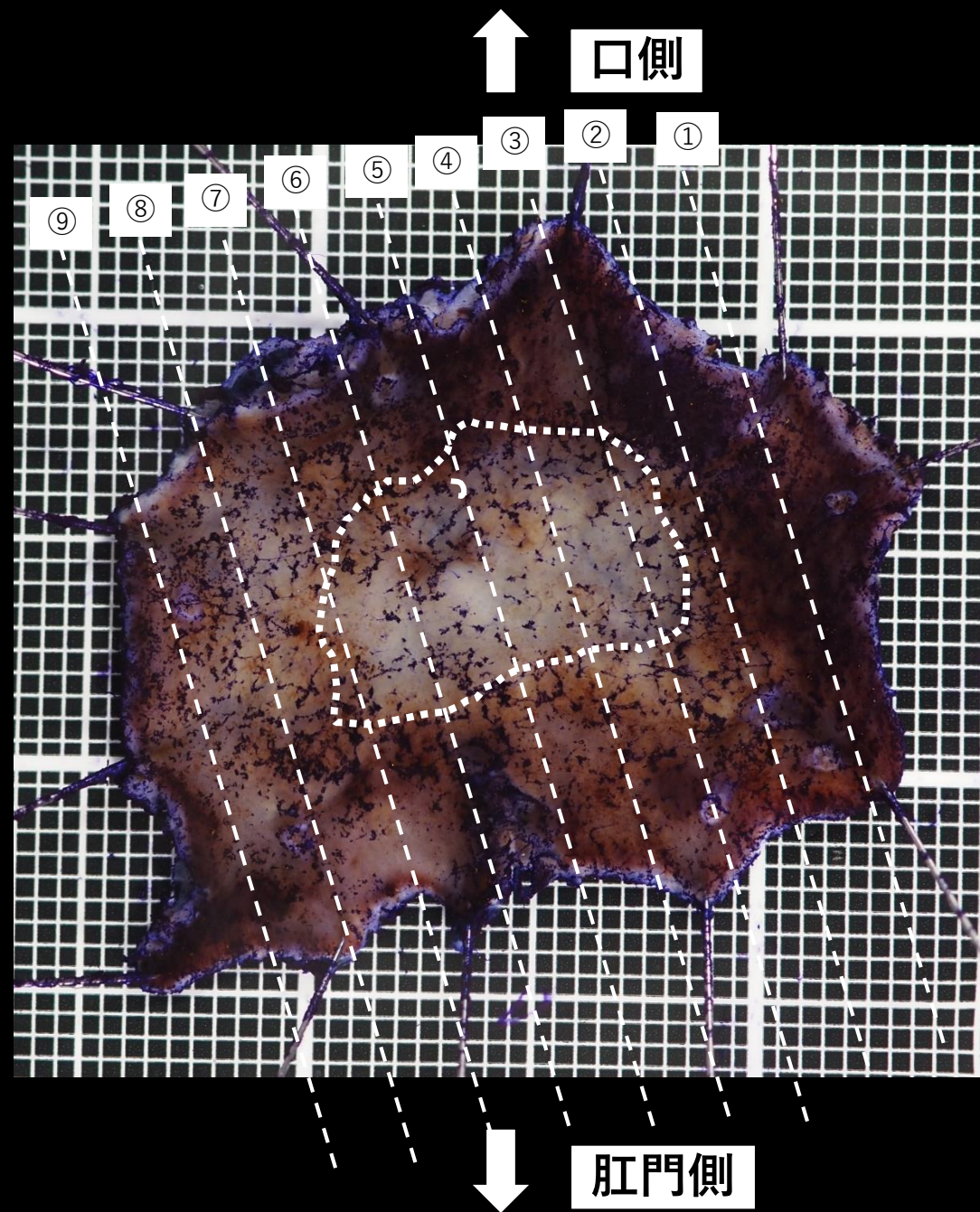




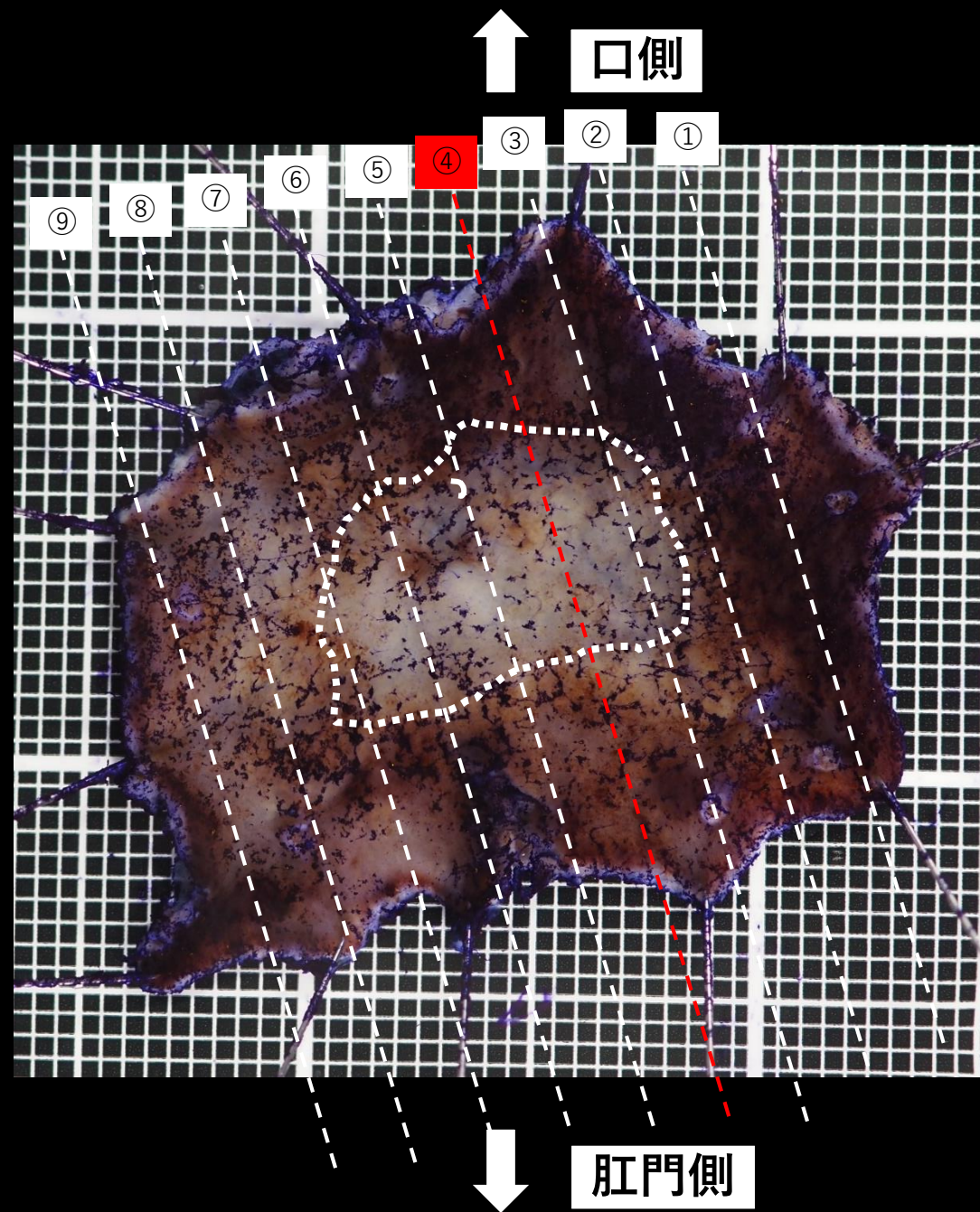


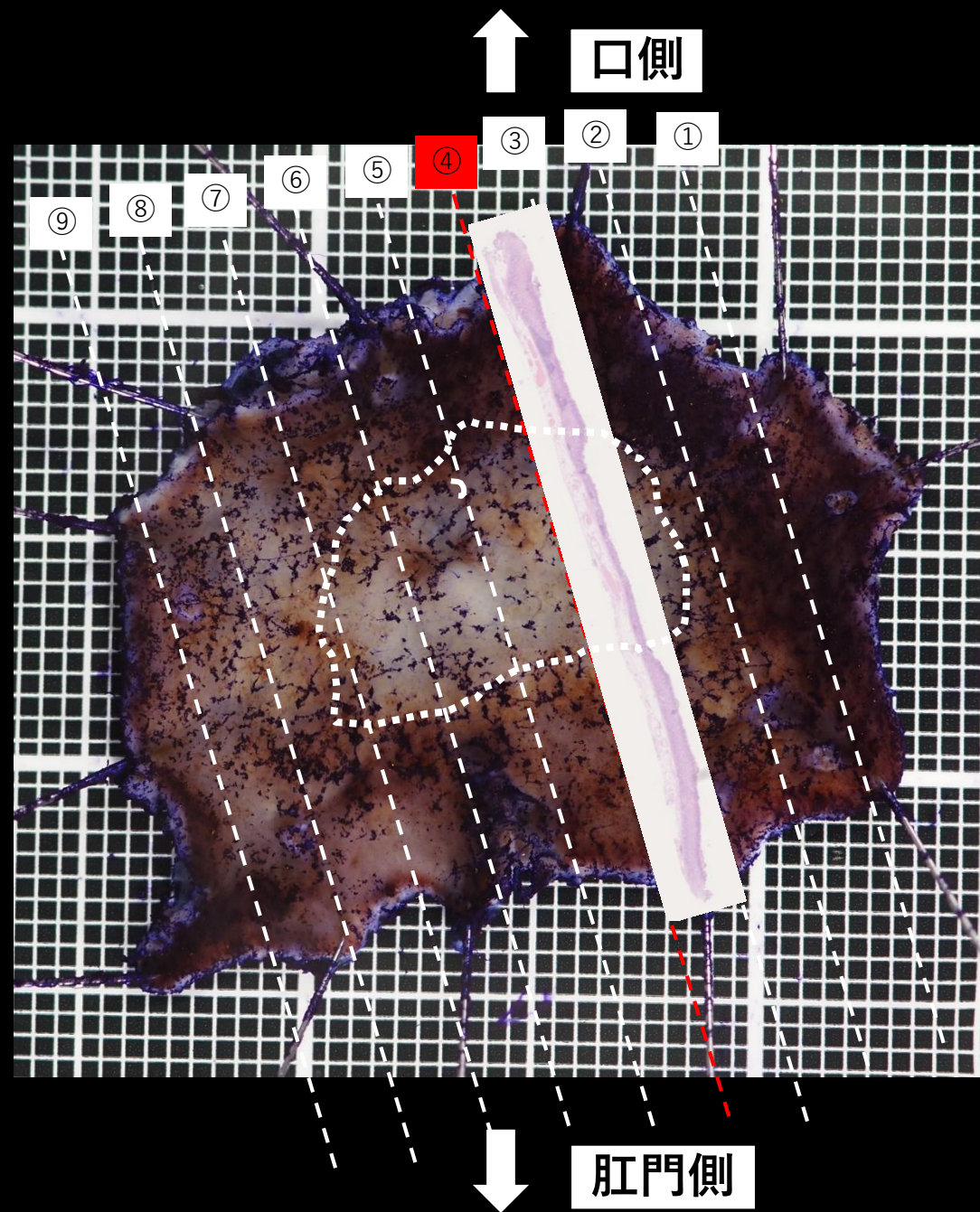




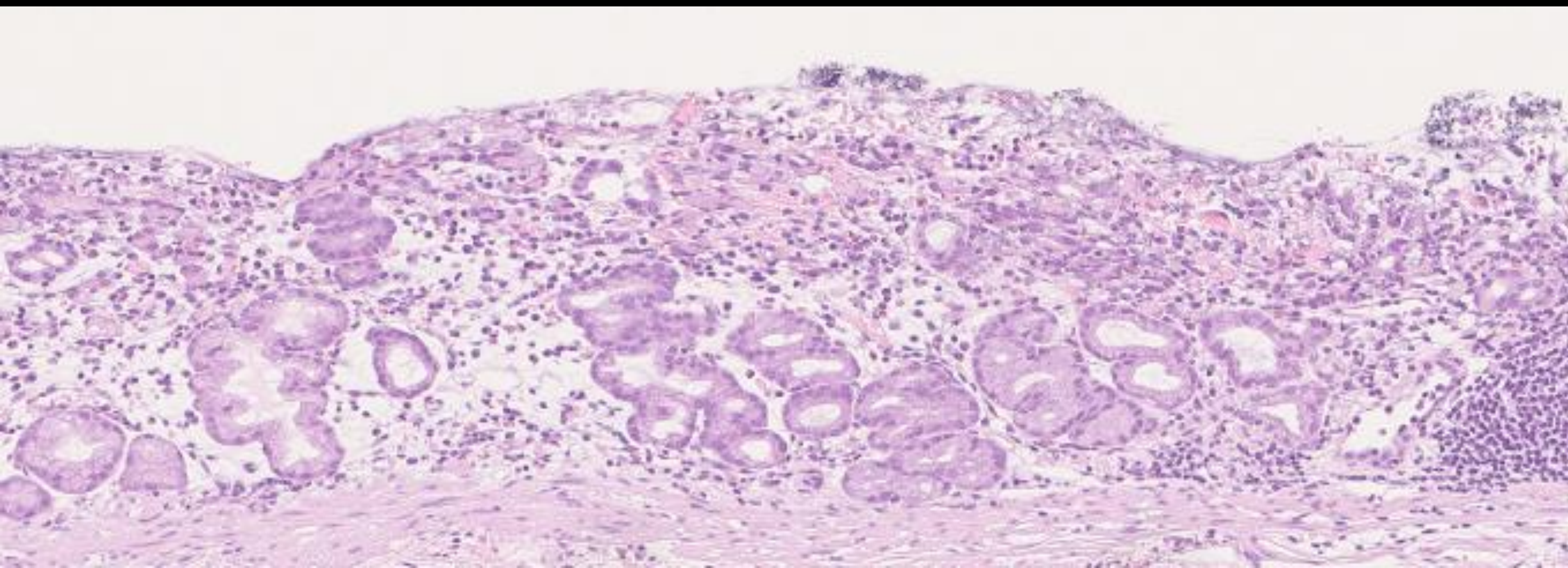
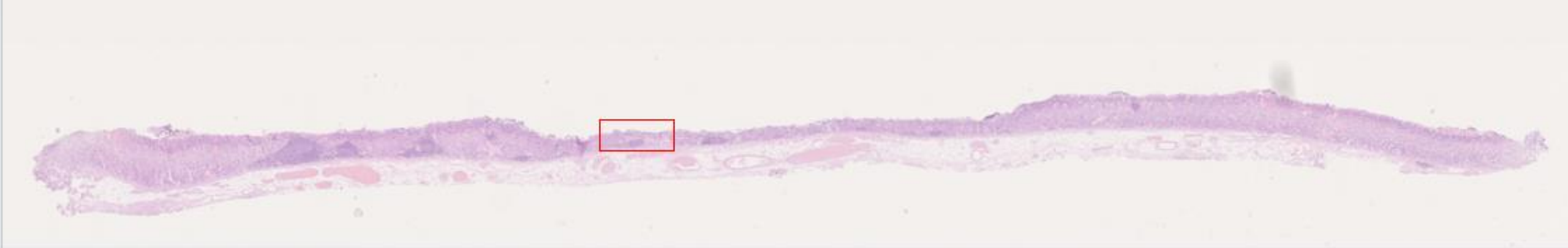


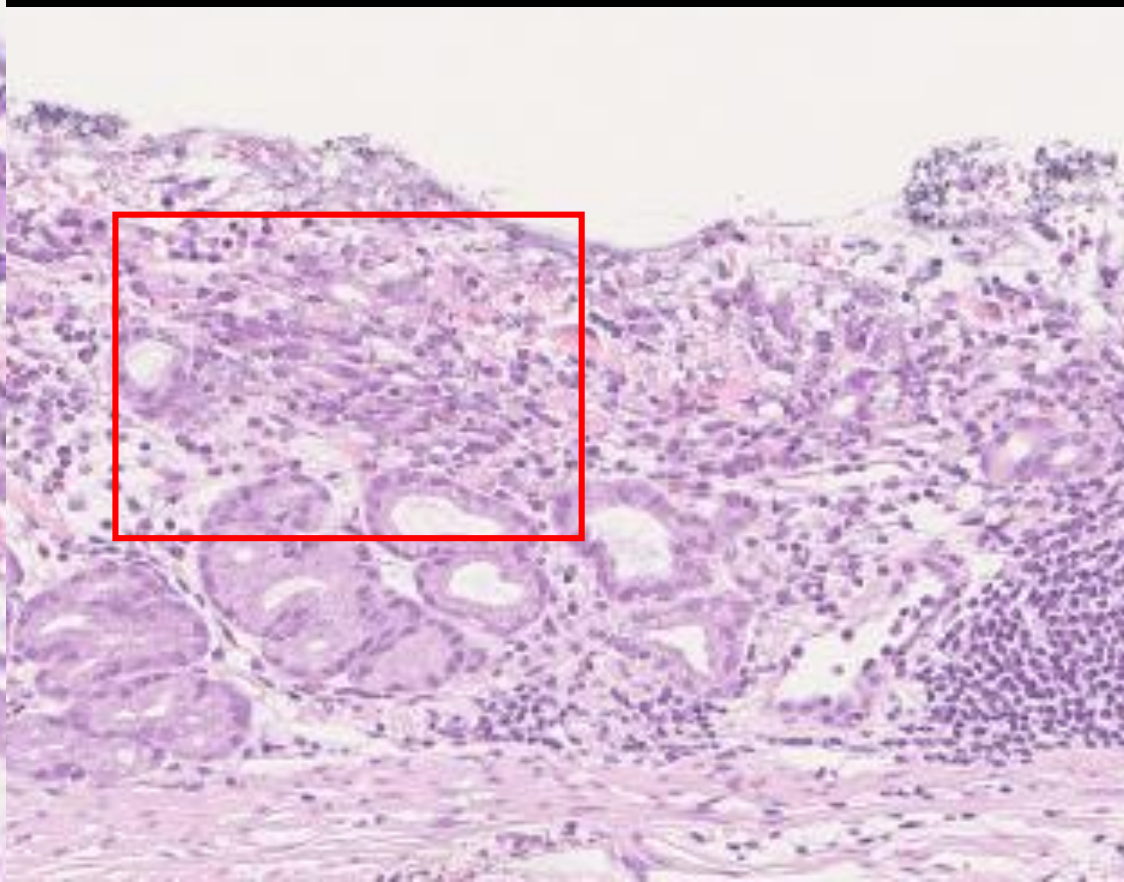
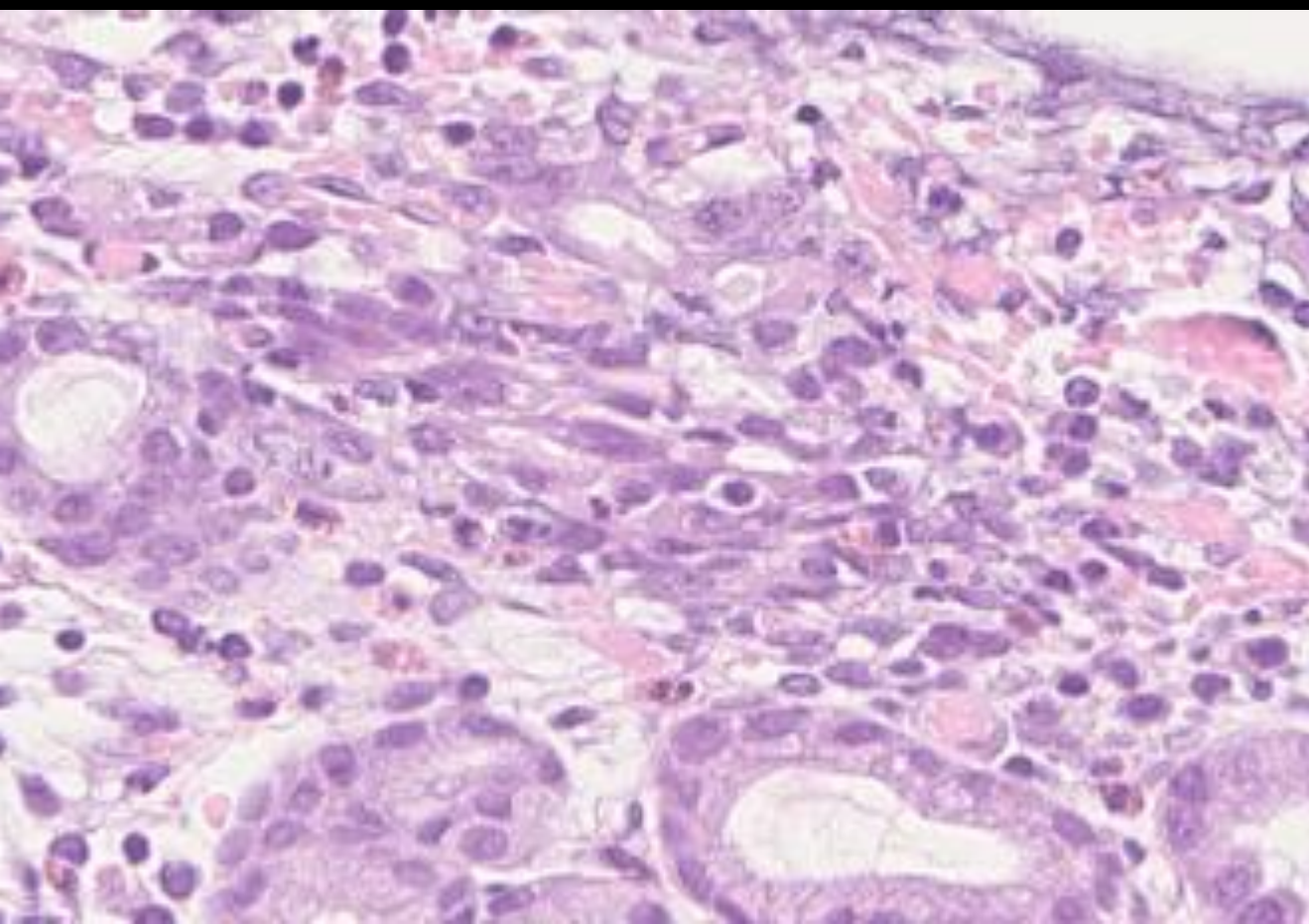
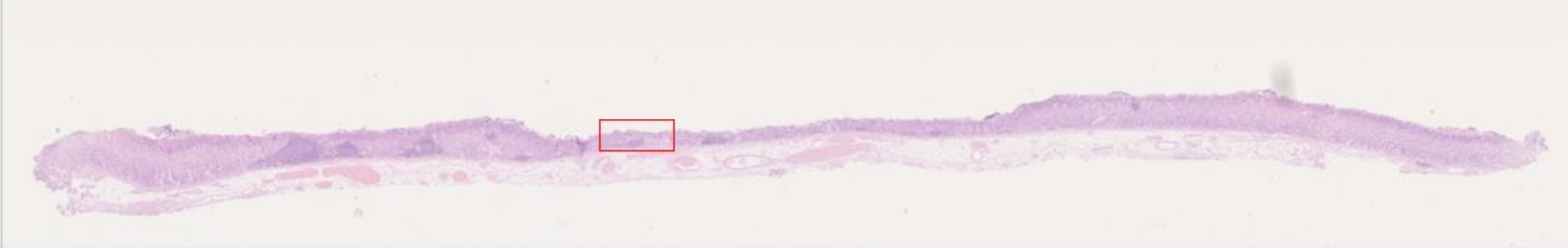
Key Slice

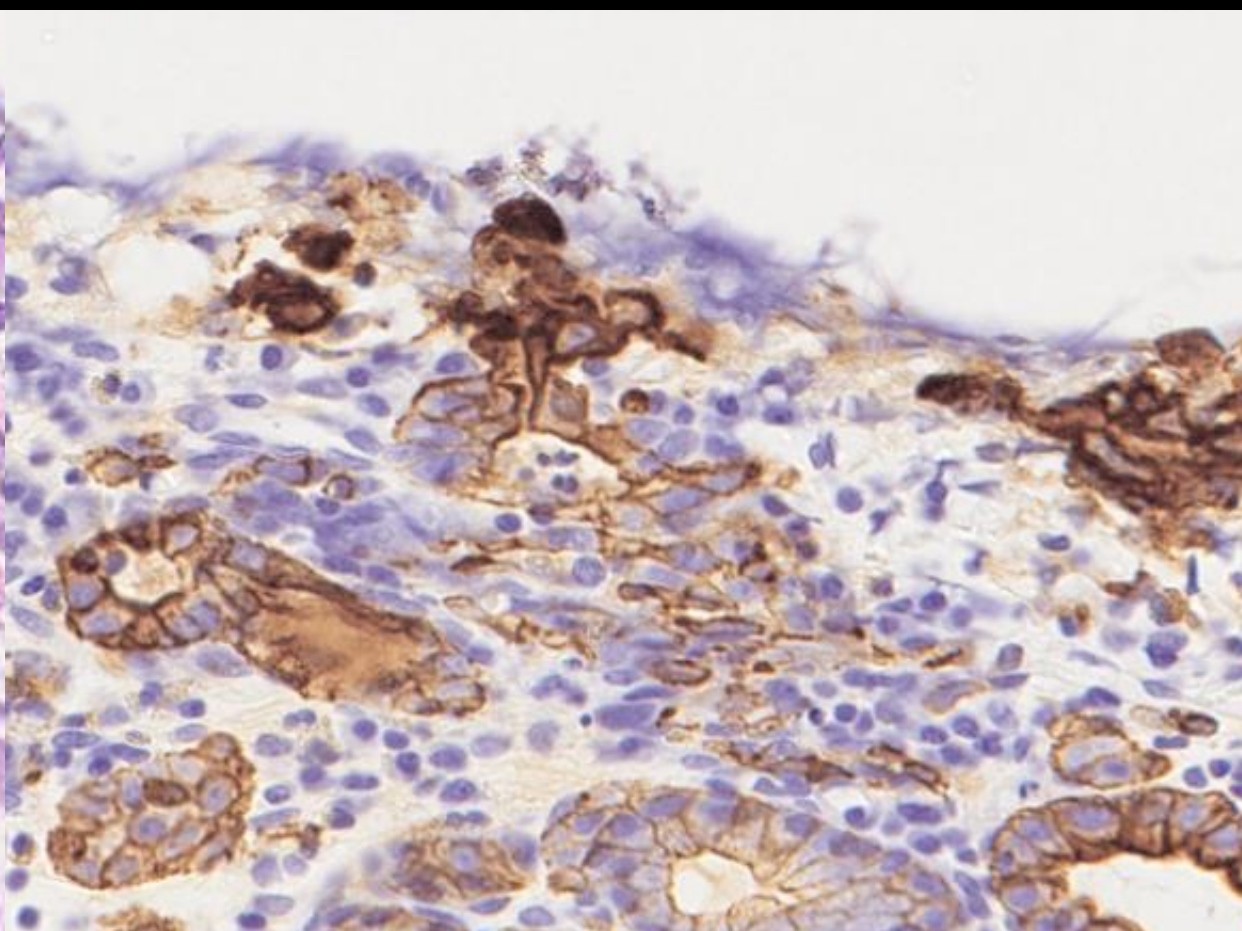
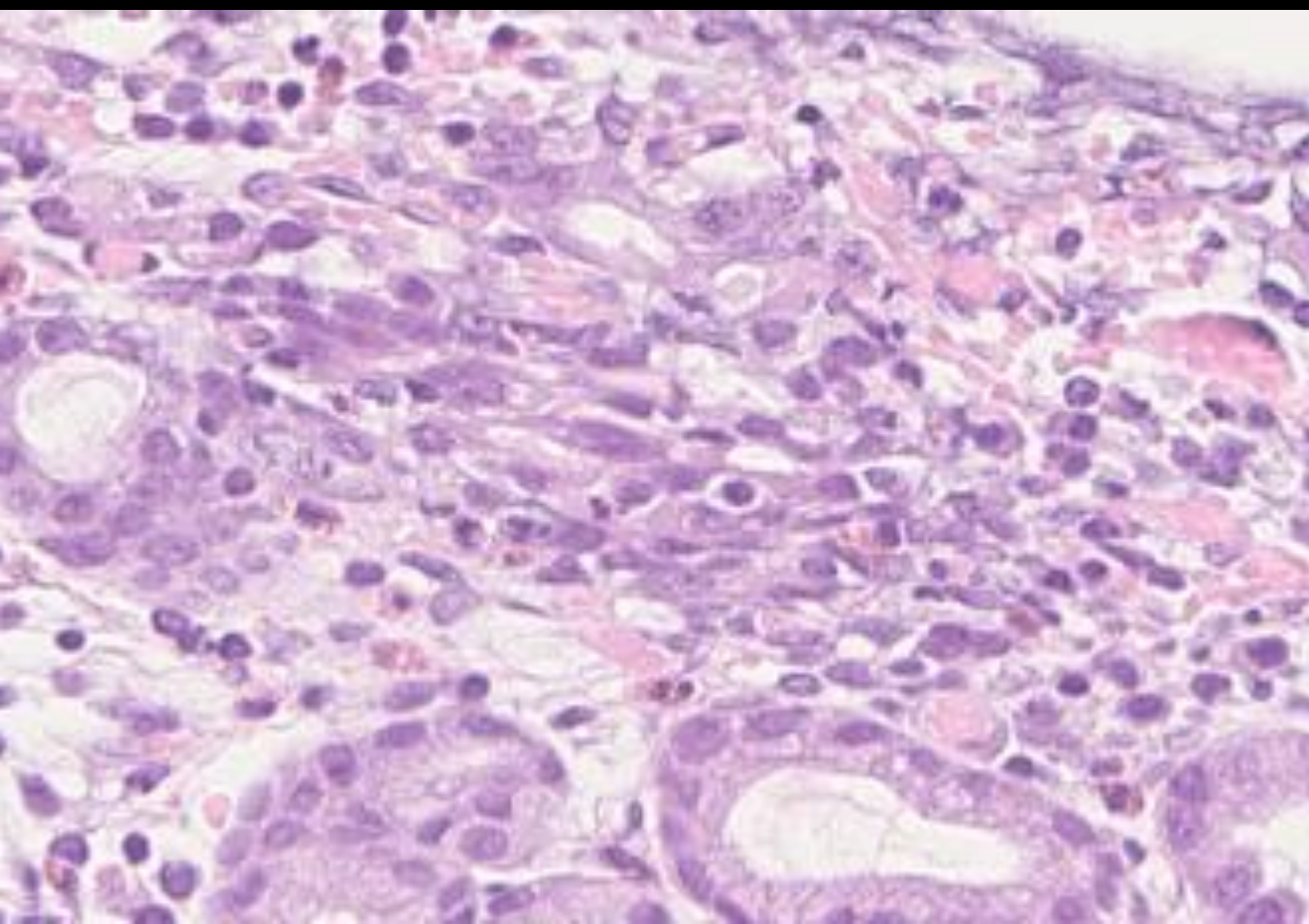
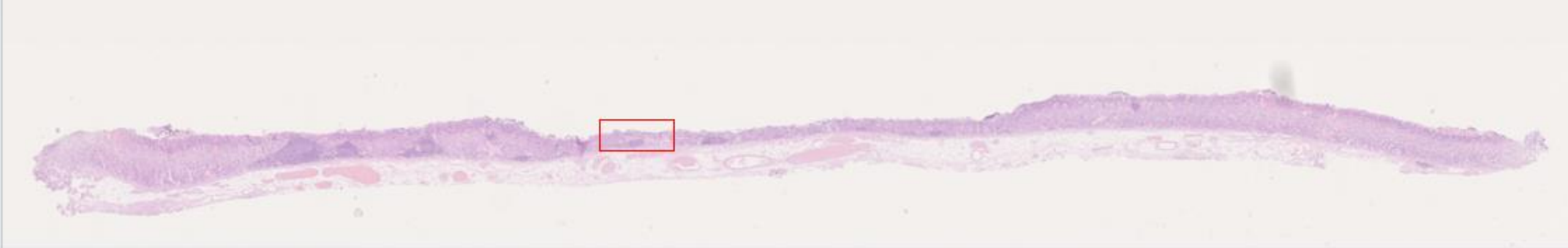


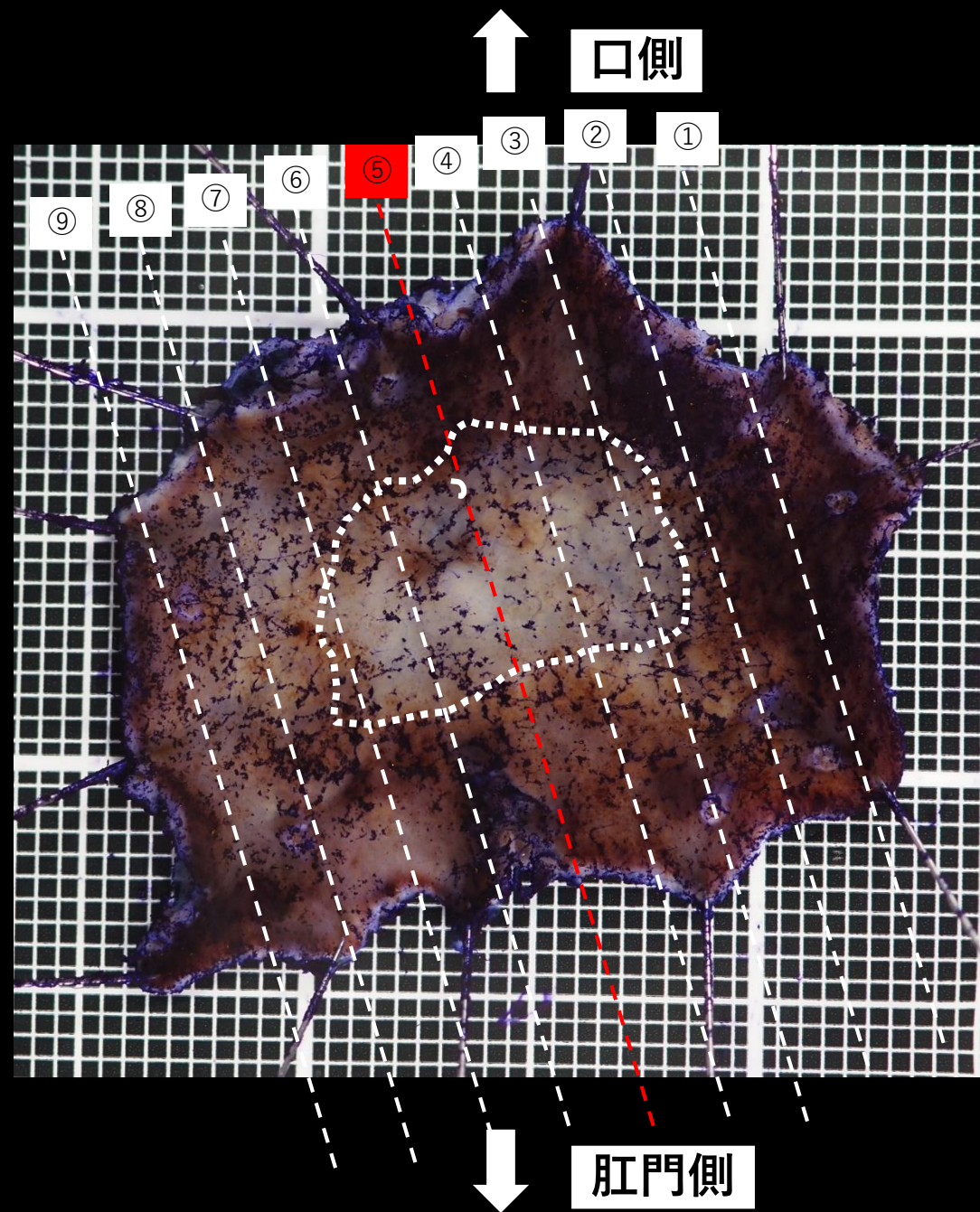


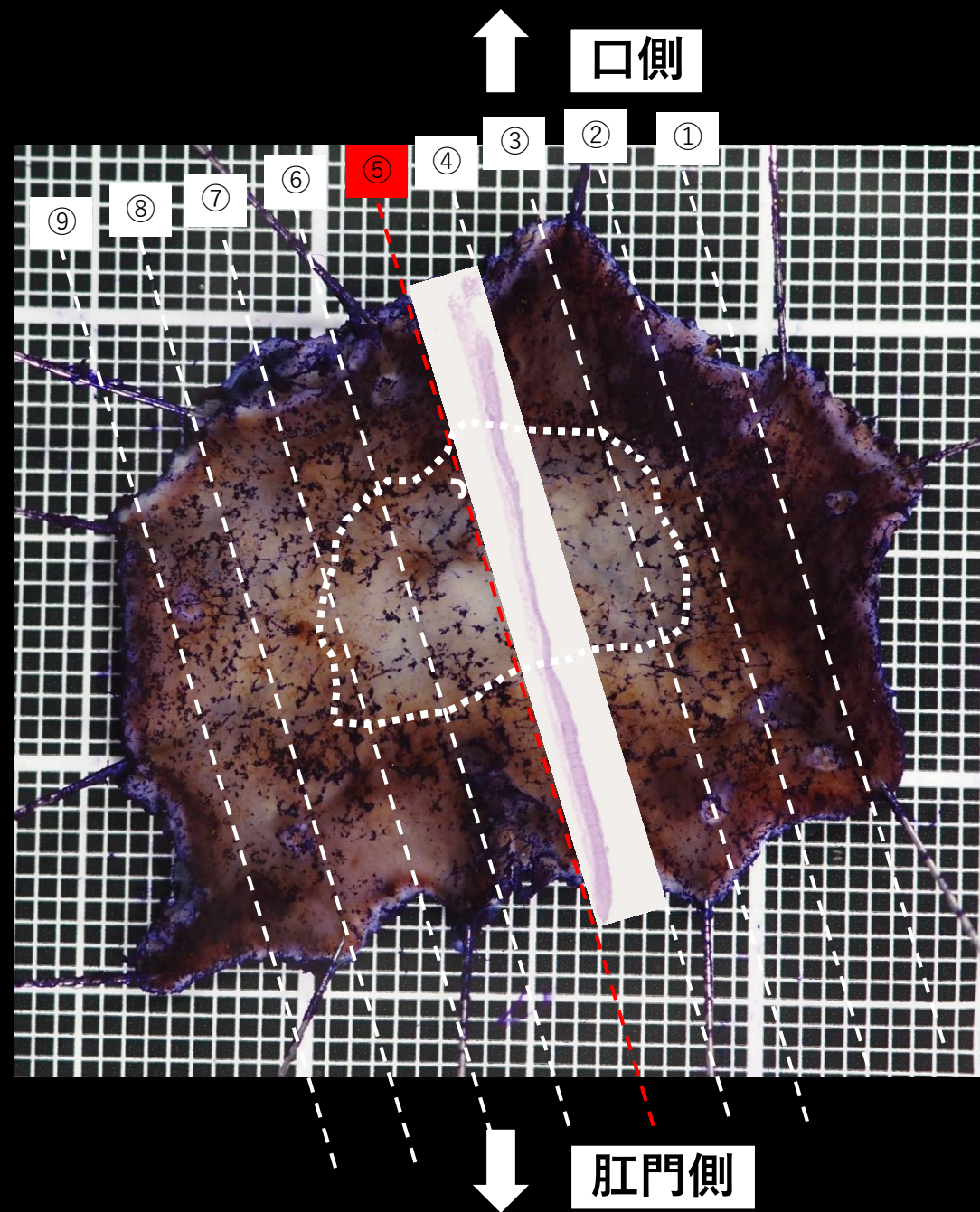




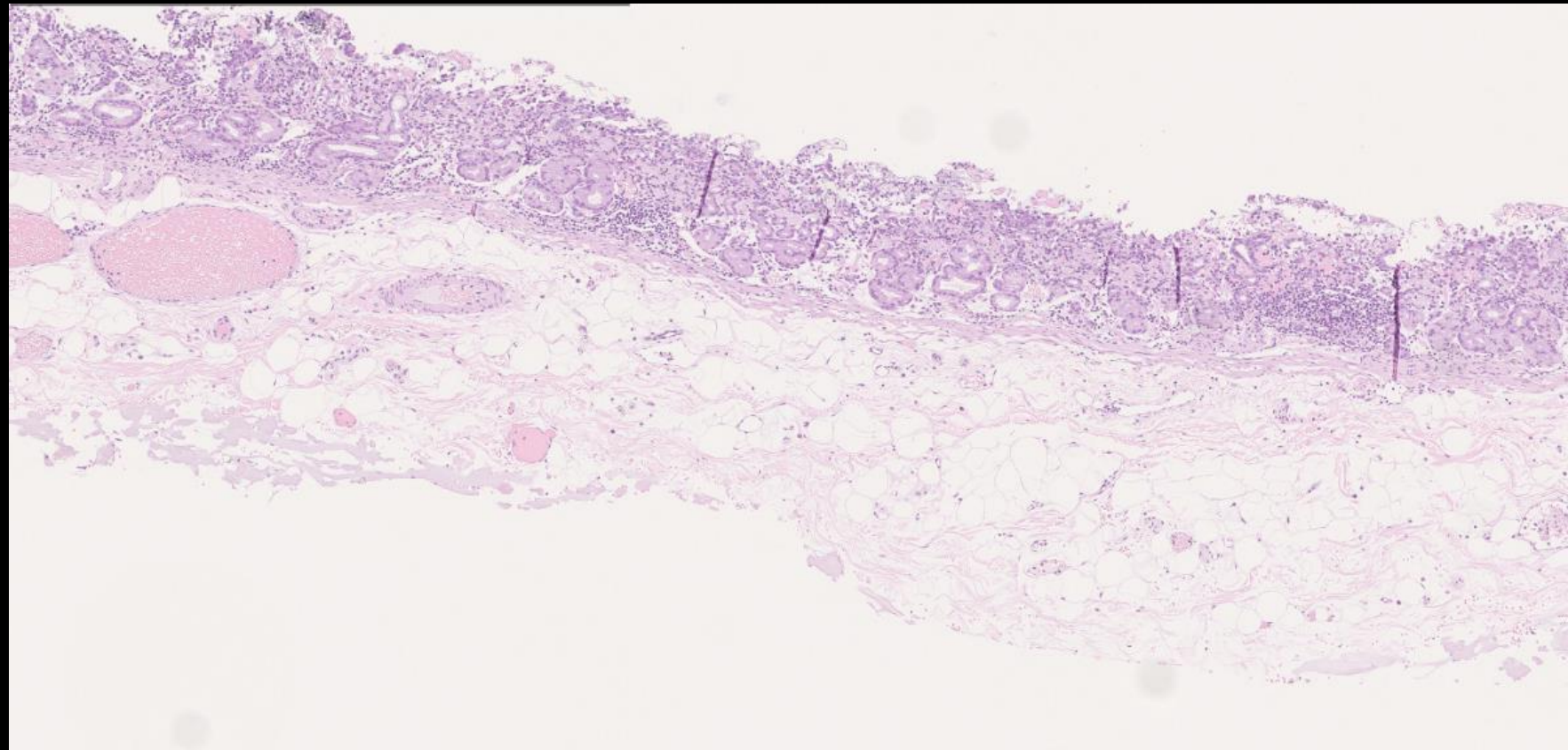


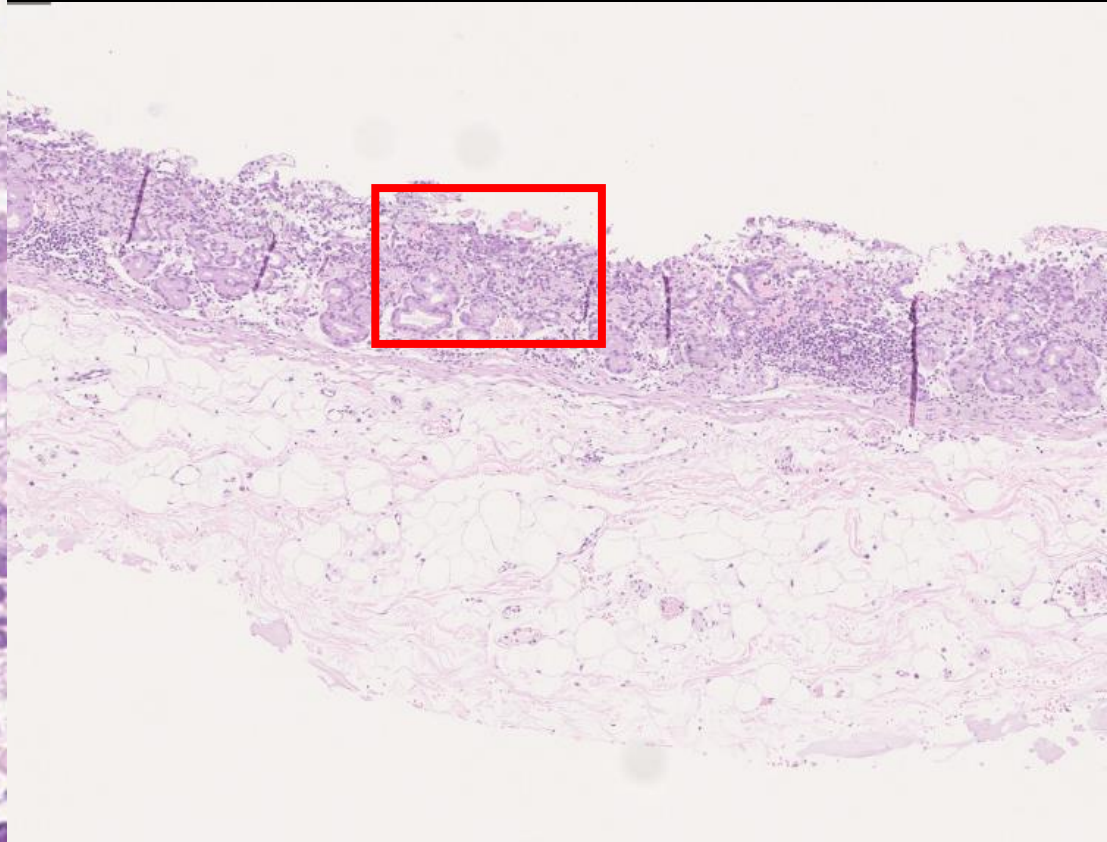
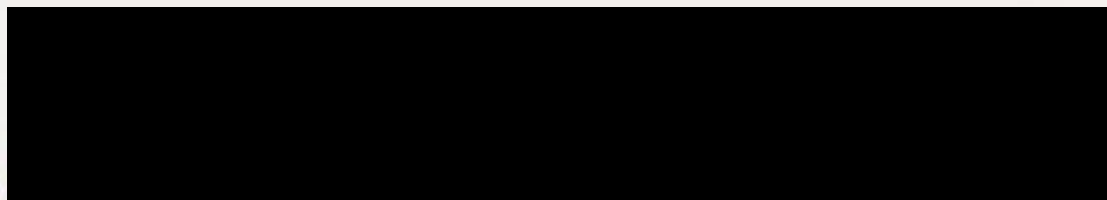
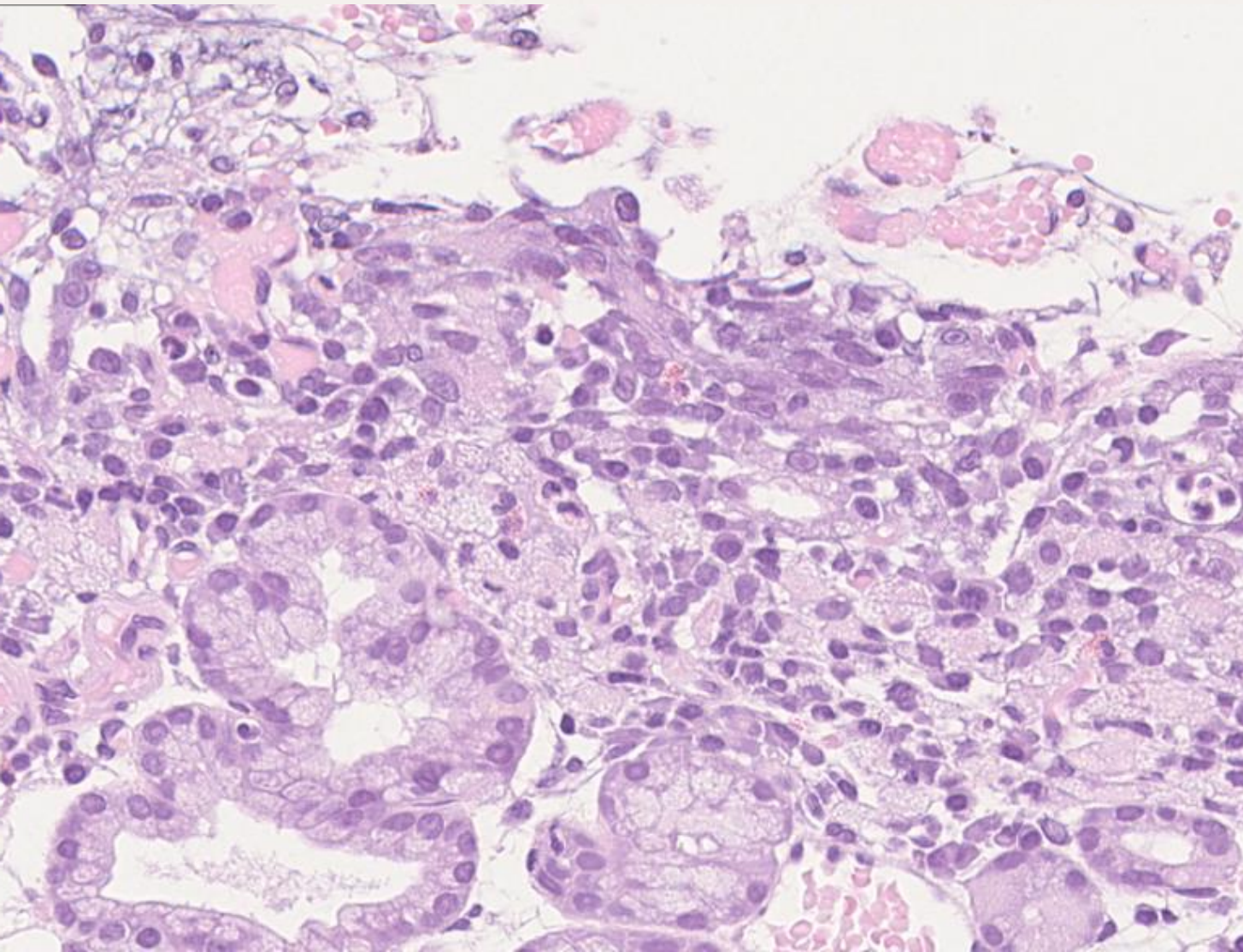


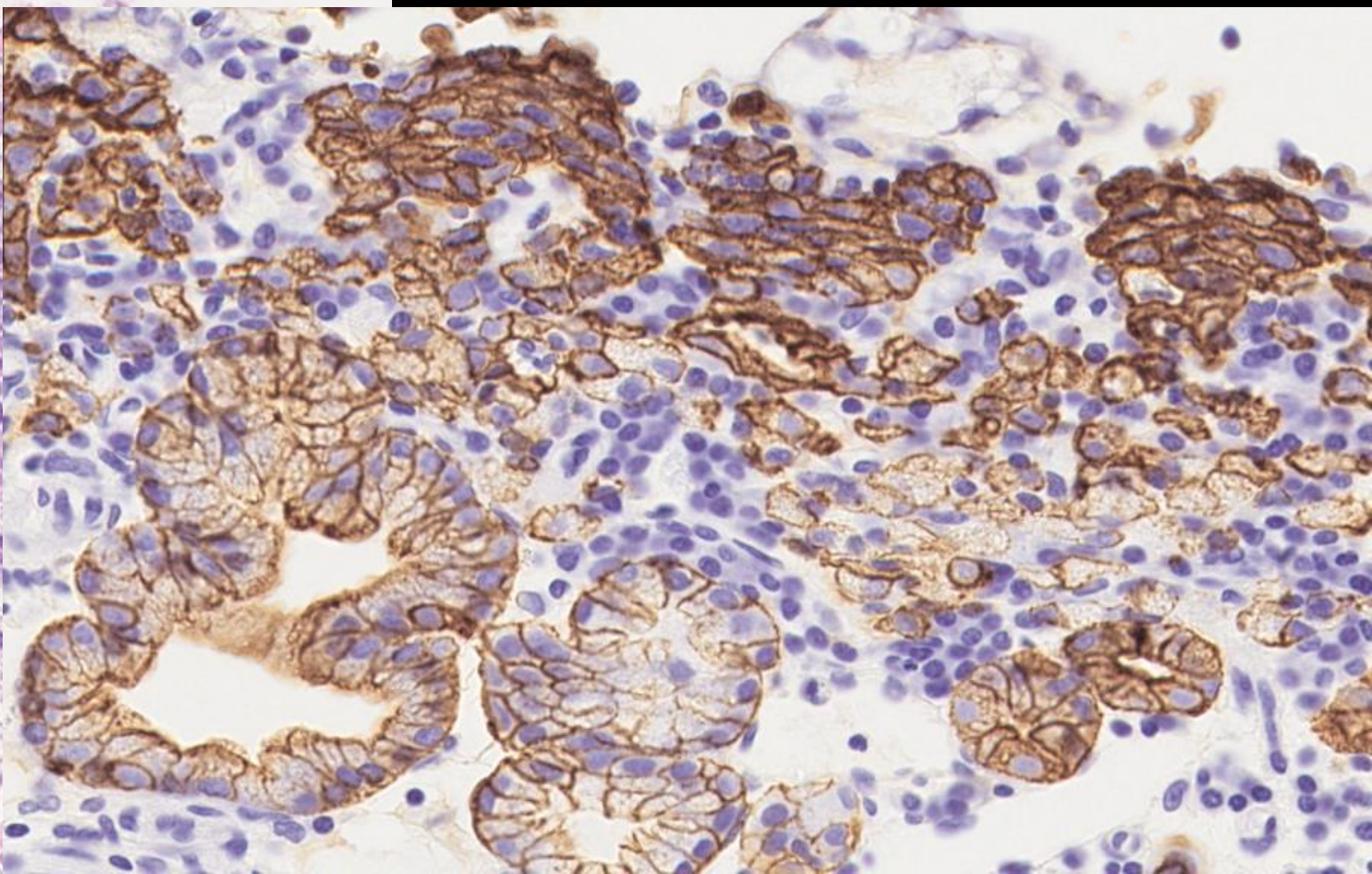
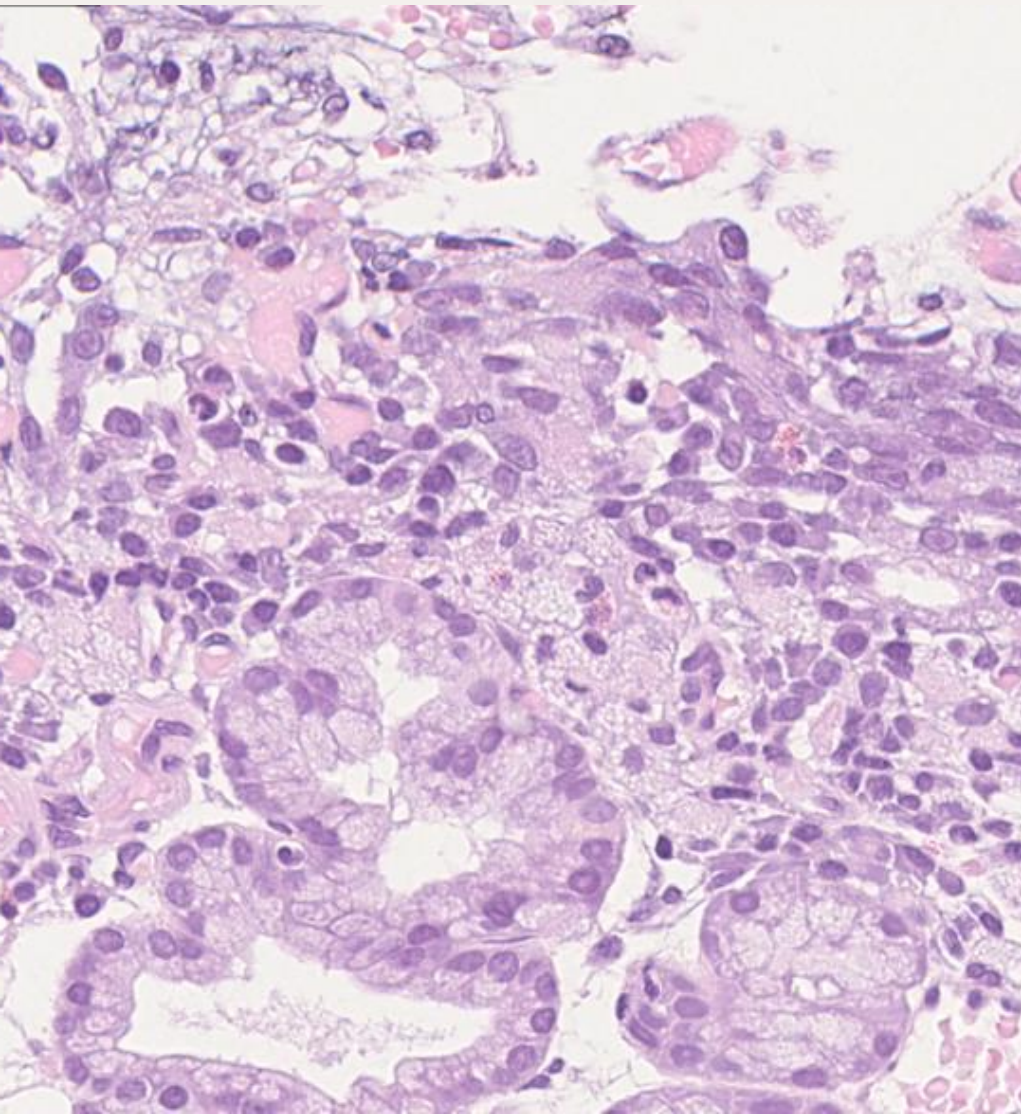












病理診断

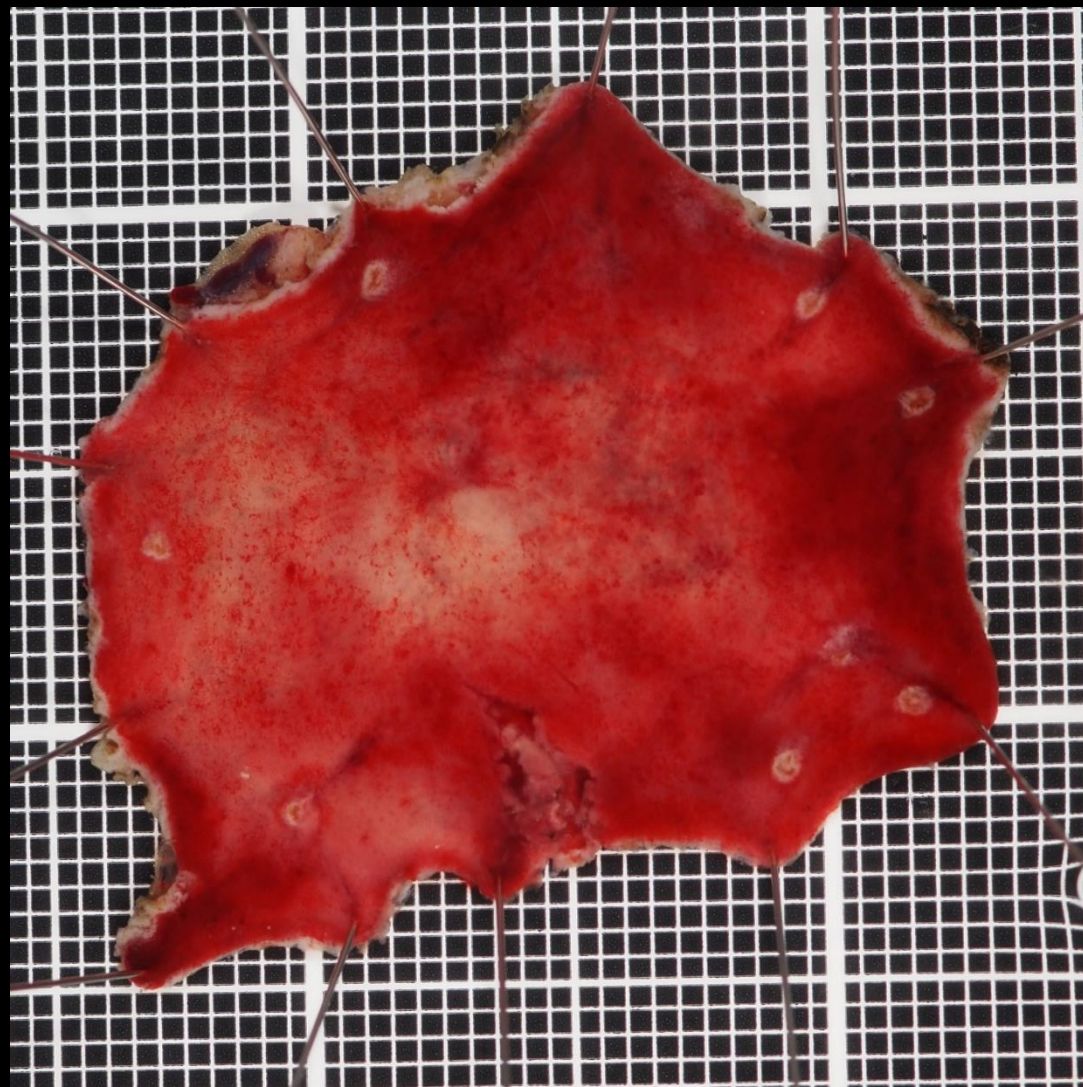
Adenocarcinoma(por2>tub2),
pT1a(M), Ly0, V0, pUL0, pHM0(7mm), pVM0

e-Cura A

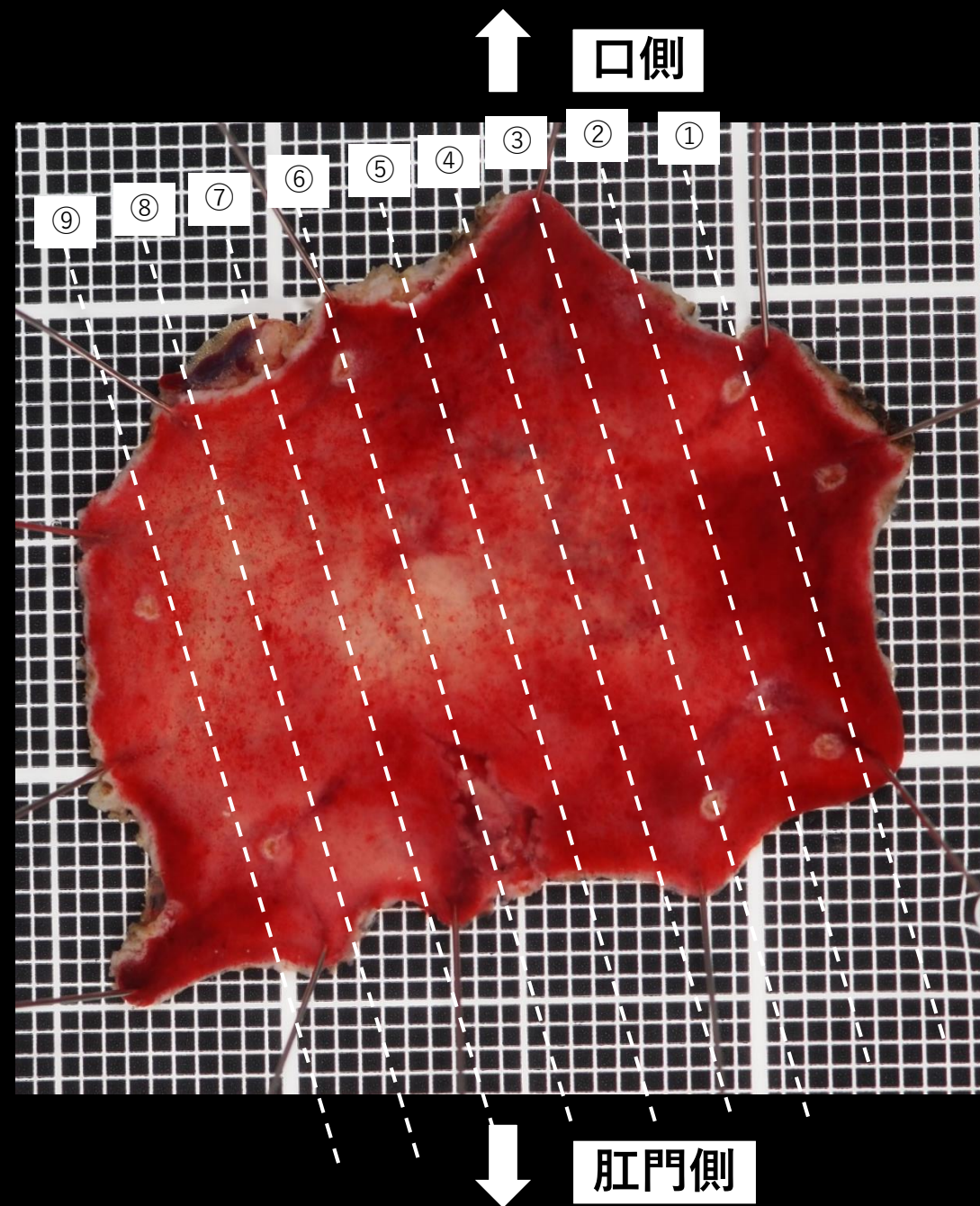
Mapping

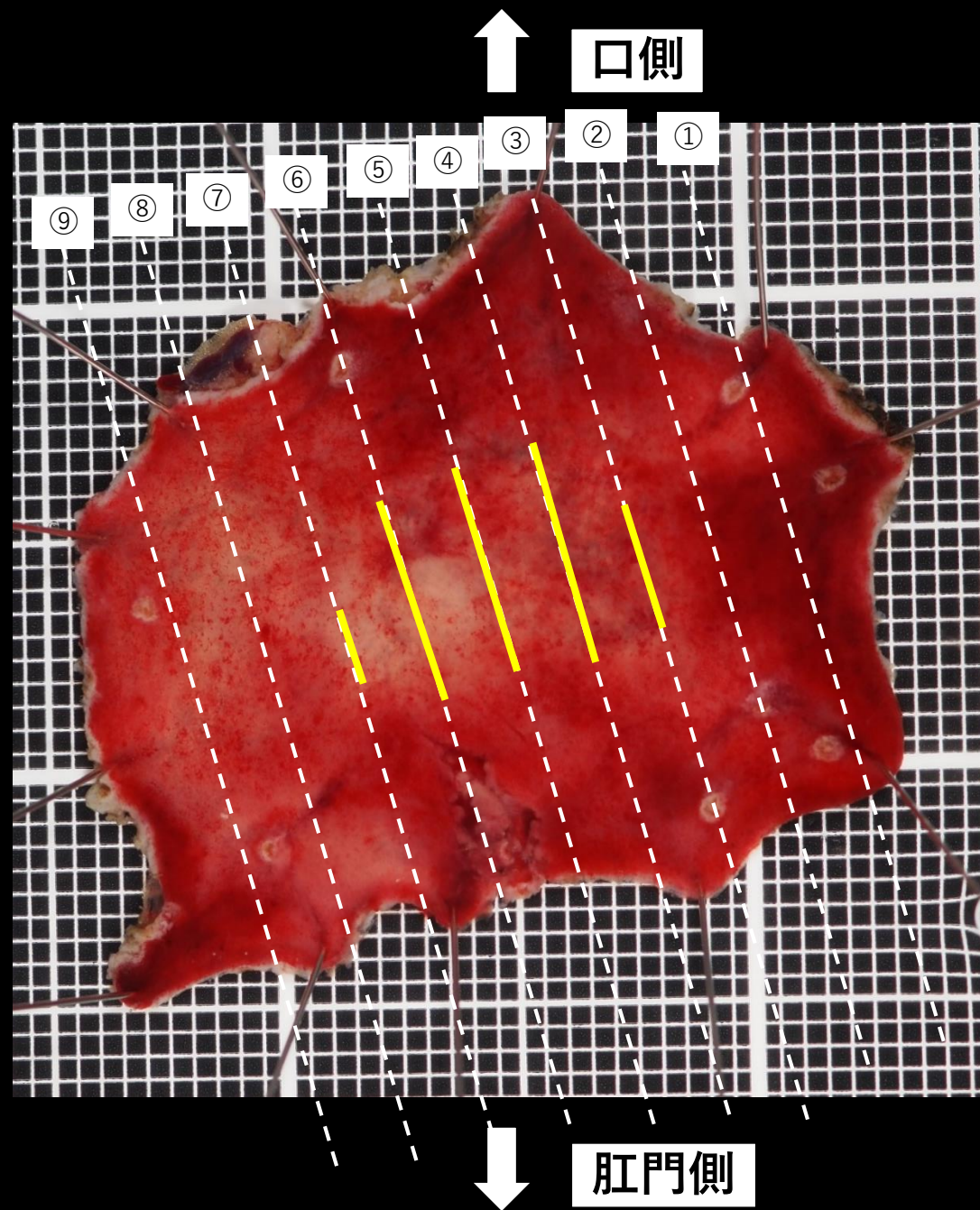


口側



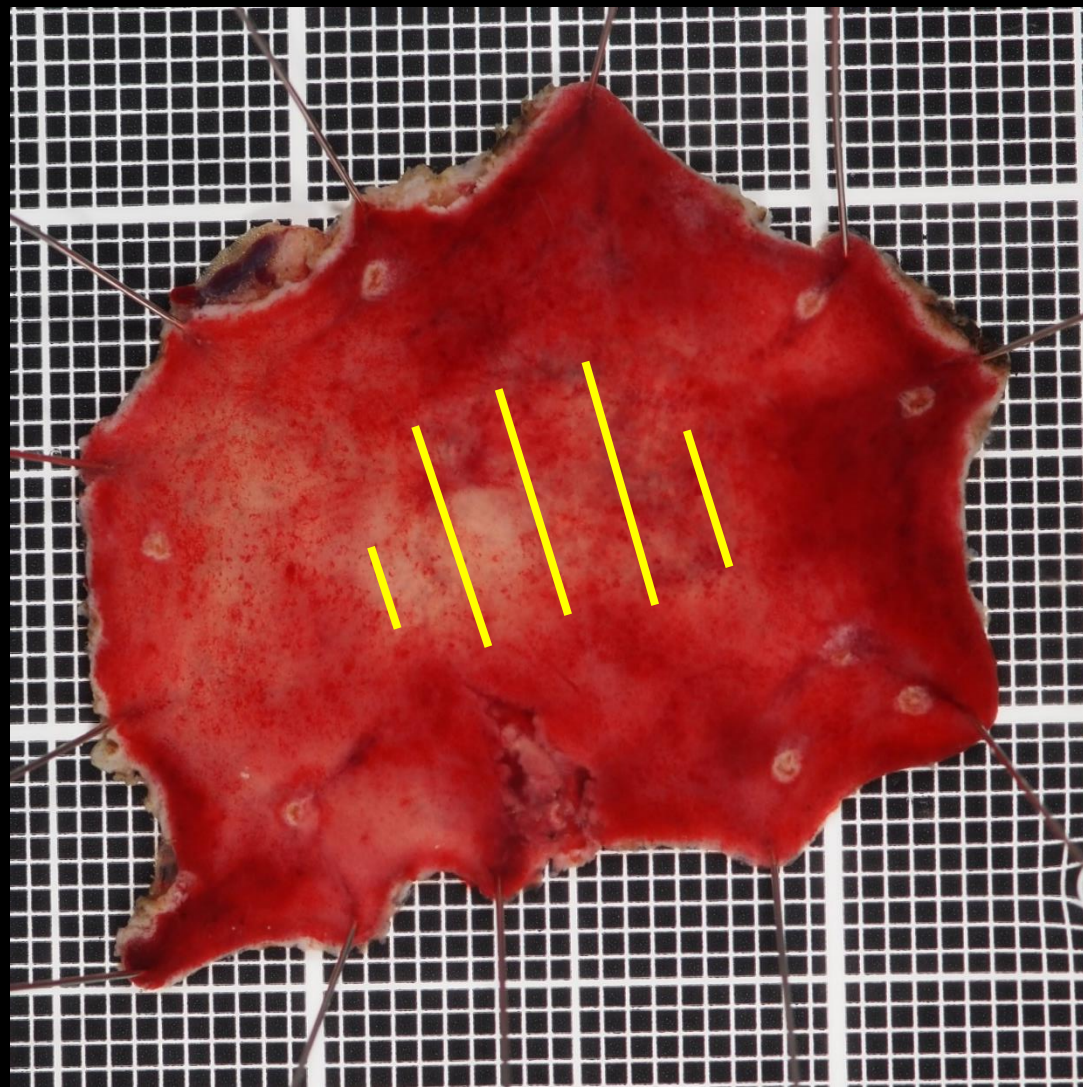
肛門側







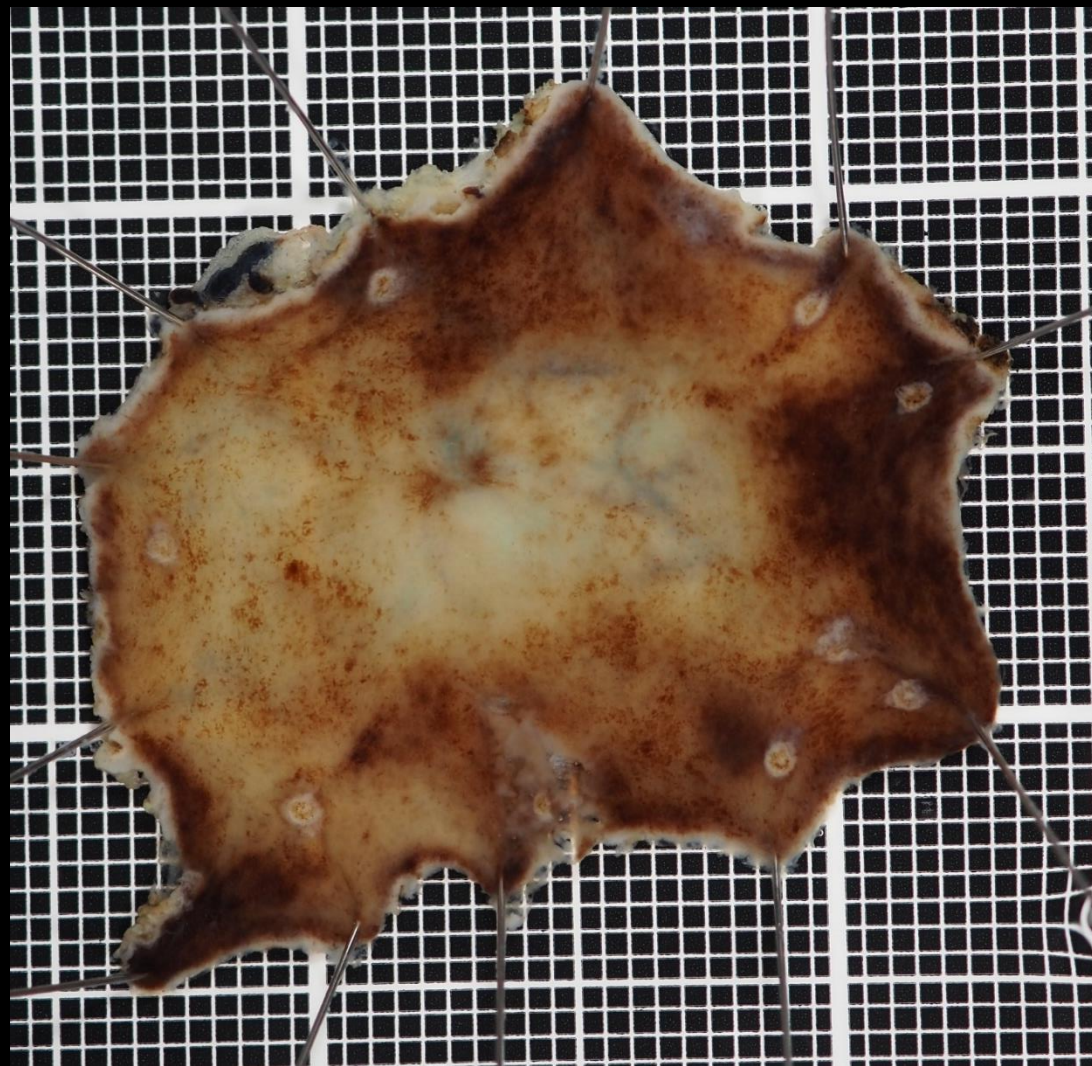
口側



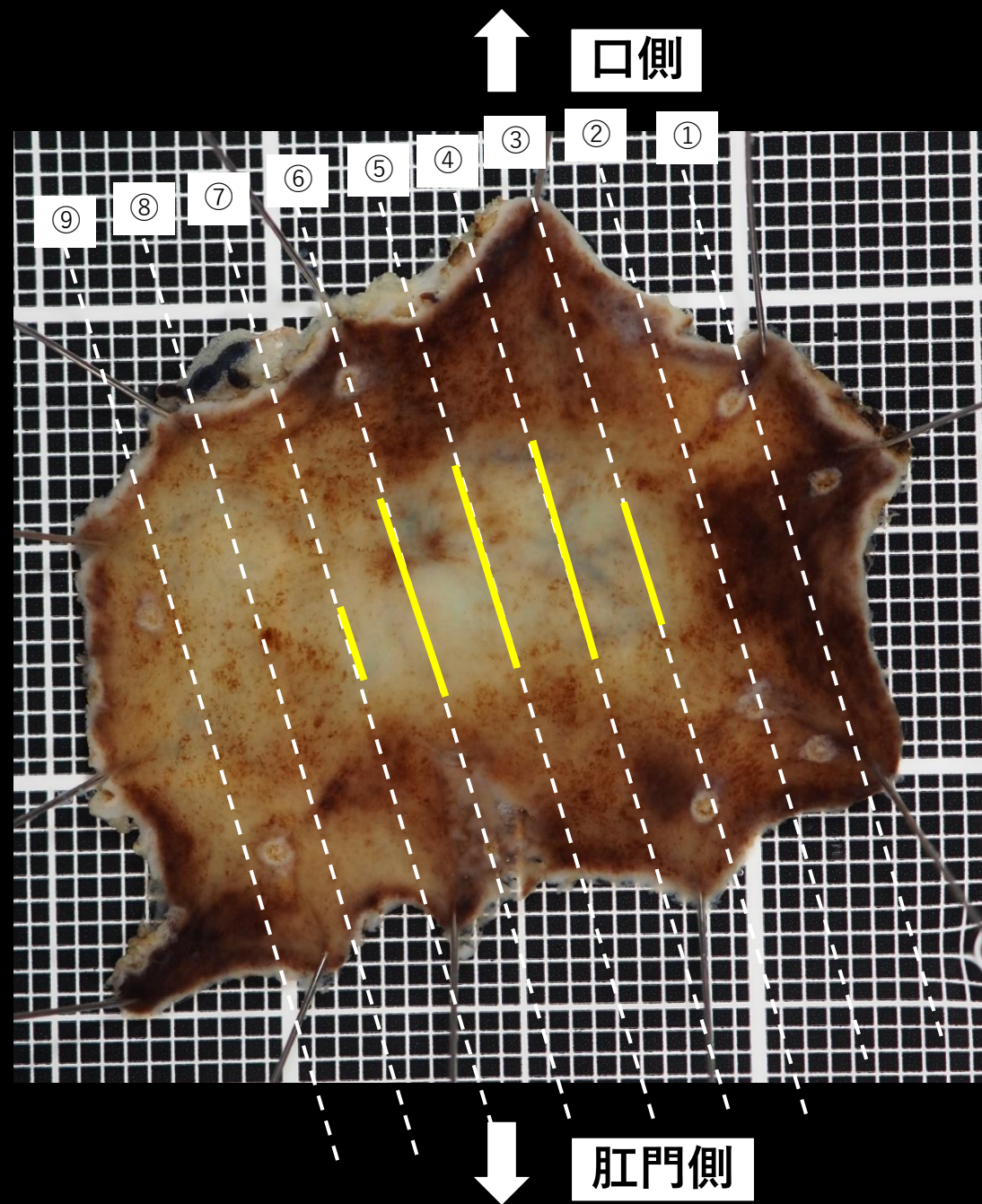
肛門側



口側

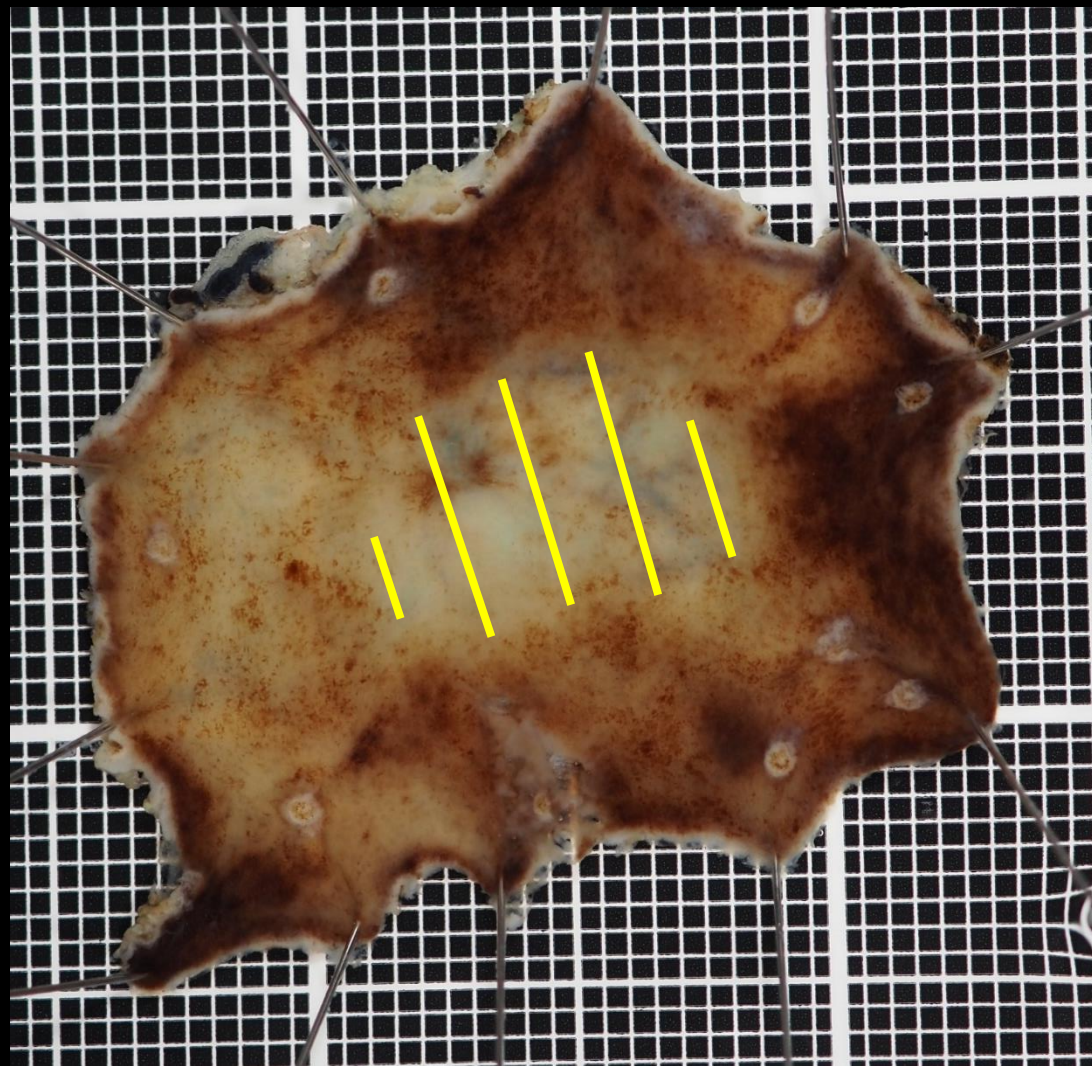


肛門側





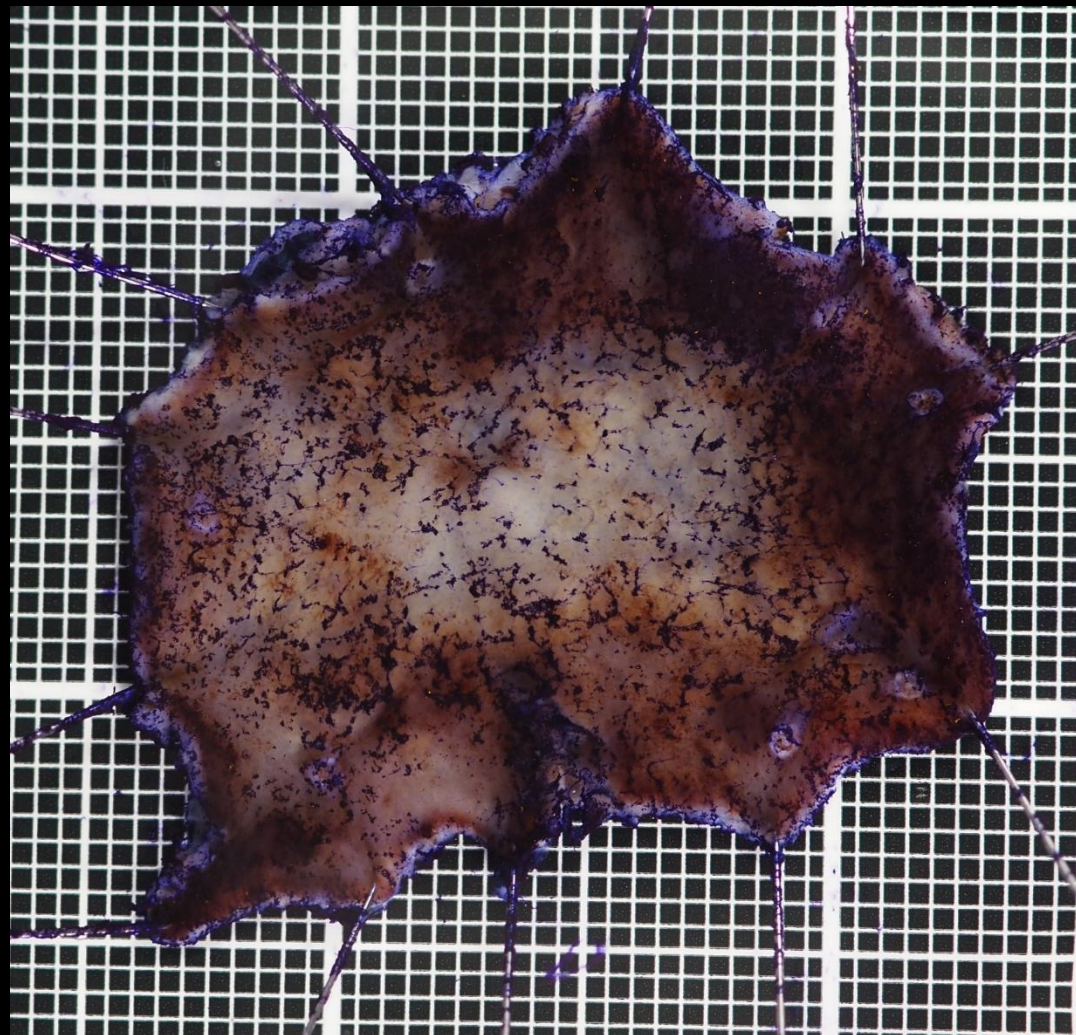
口側



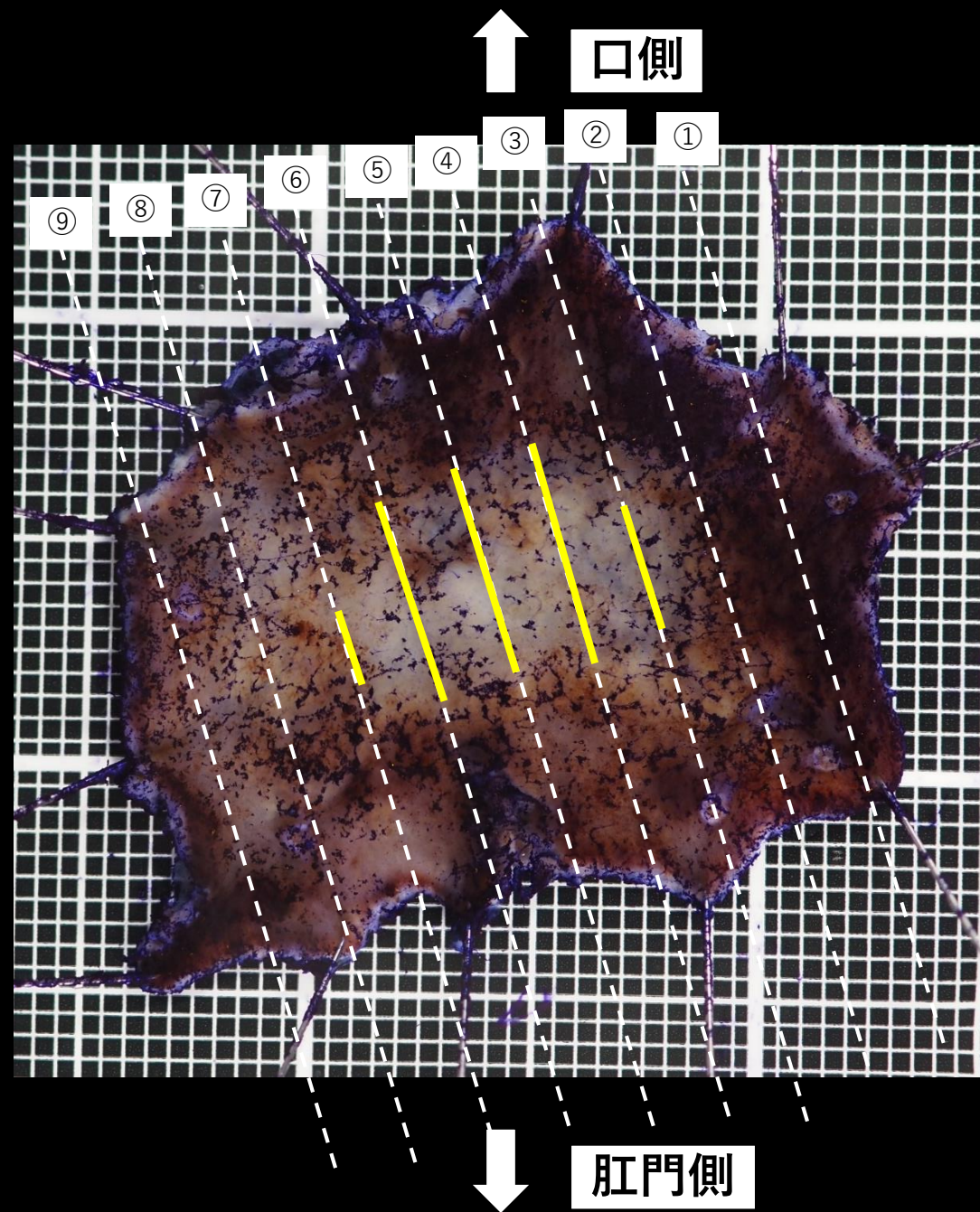
肛門側



口側

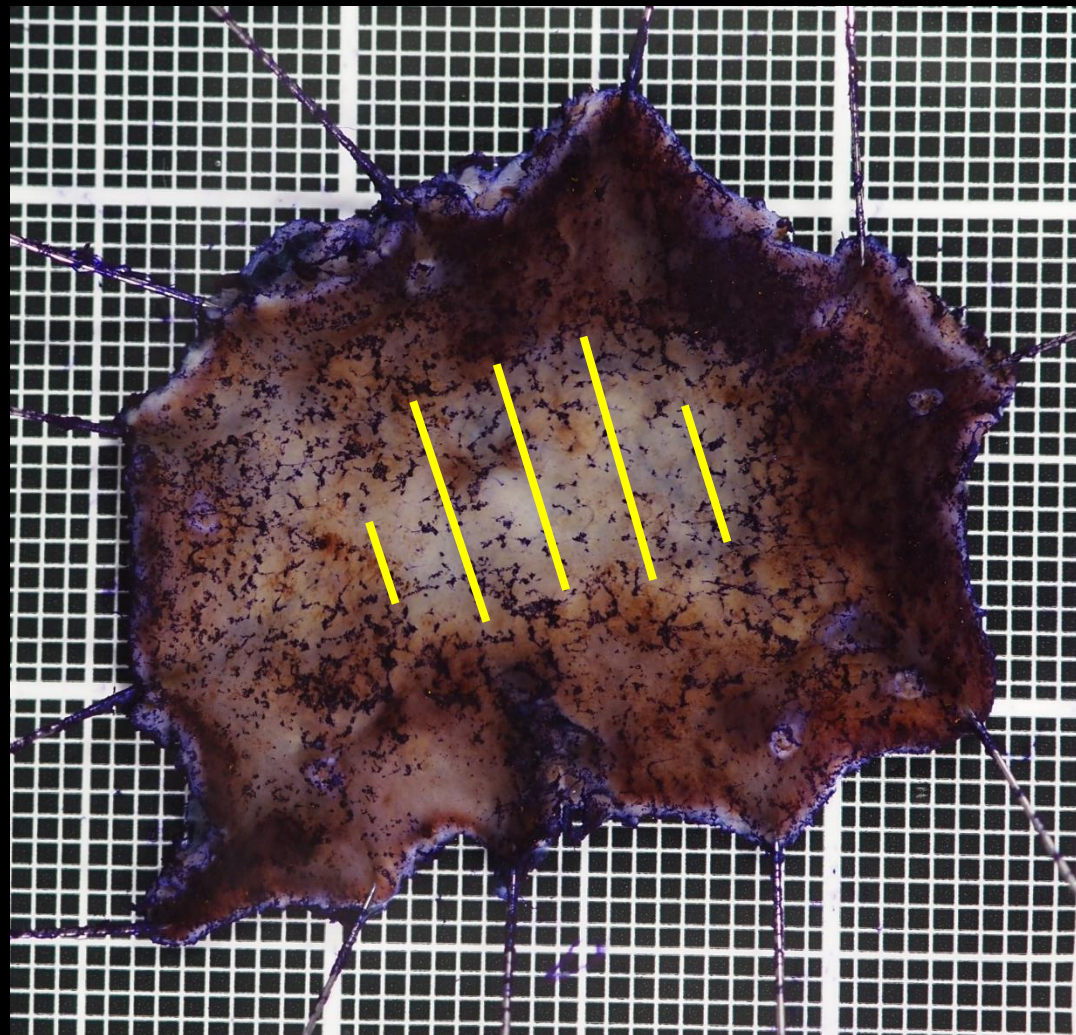


肛門側

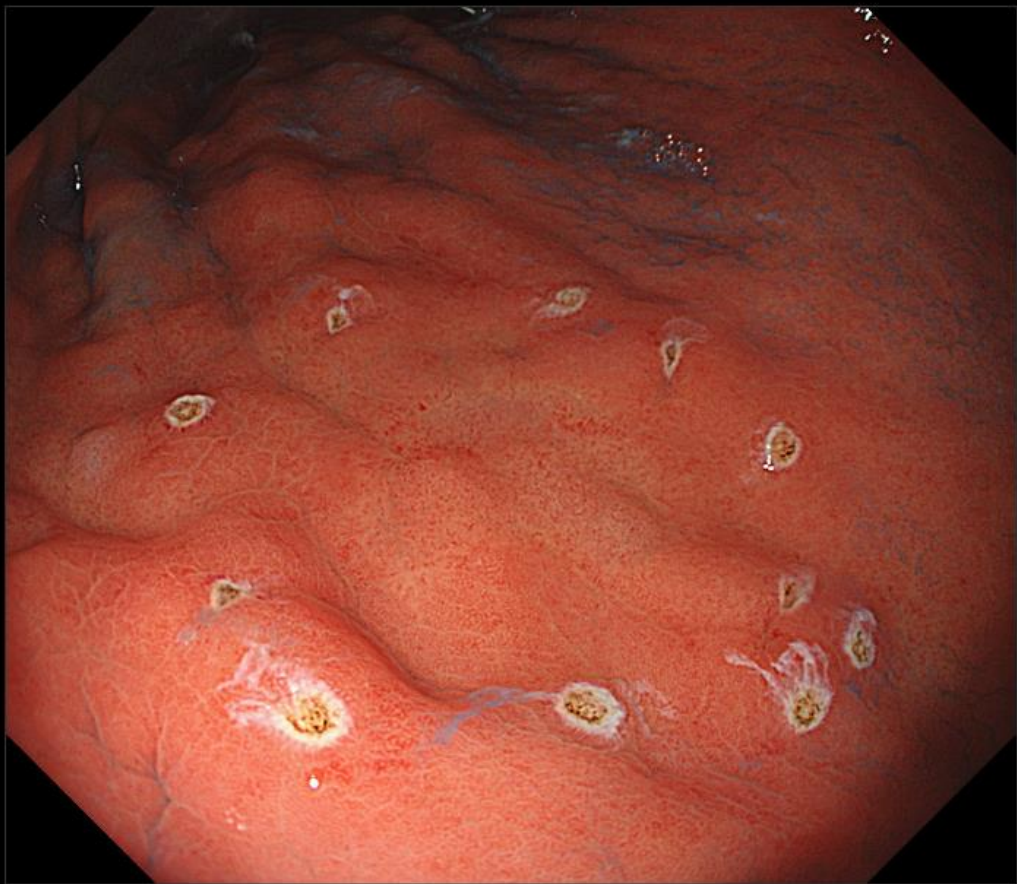


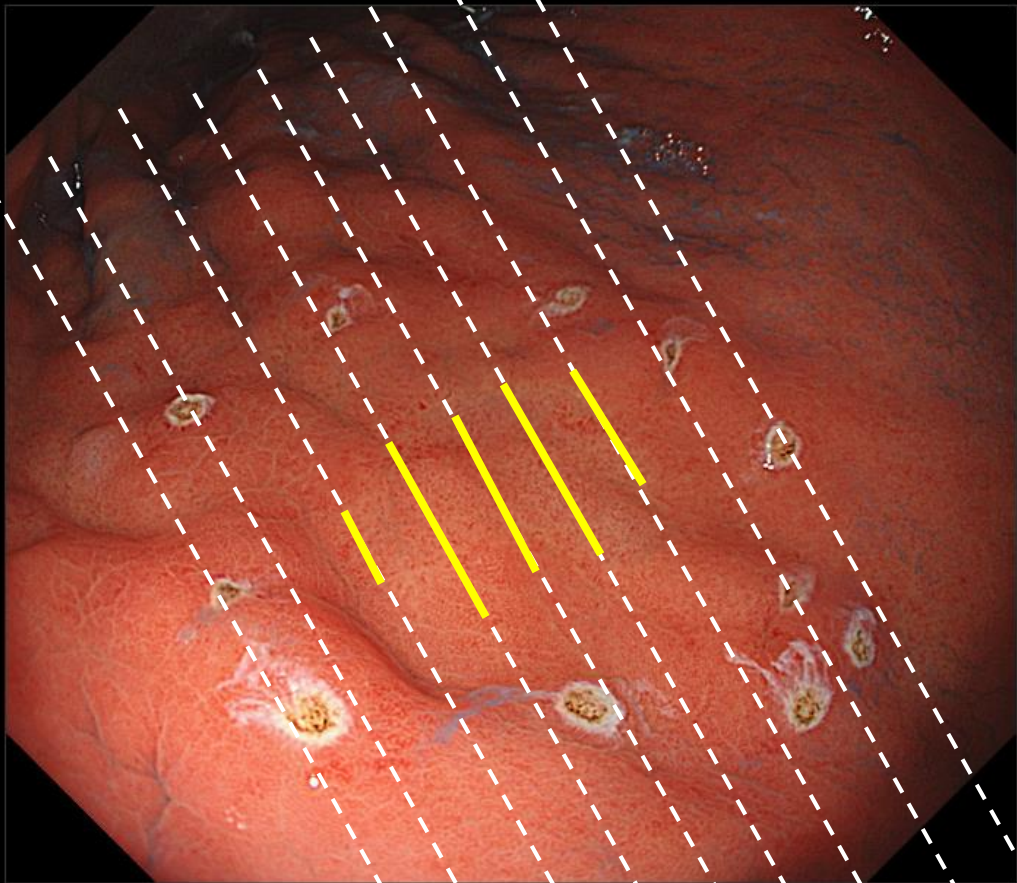


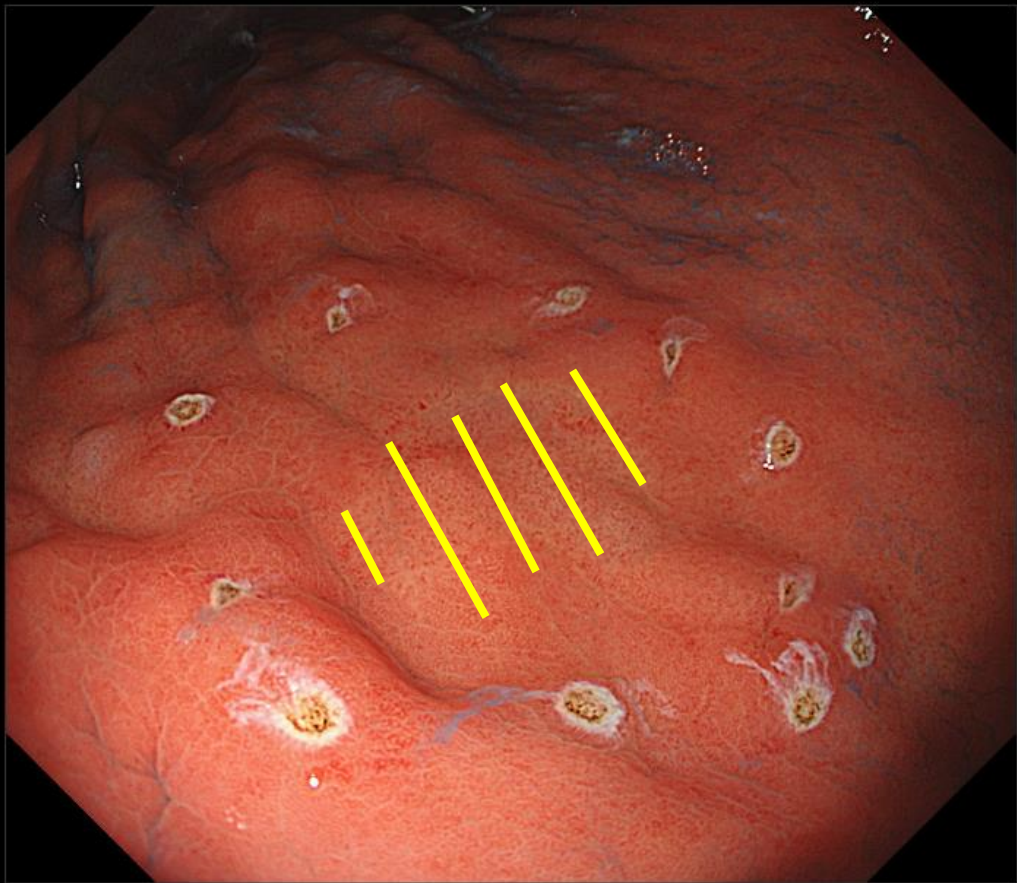
口側



肛門側







悪性上皮性腫瘍 一般型

組織型	頻度の目安
tub（管状腺癌）	約 50 ～ 60 %
pap（乳頭腺癌）	約 1 ～ 5 %
por（低分化型腺癌）	約 20 ～ 30 %
sig（印環細胞癌）	約 10 ～ 15 %
muc（粘液癌）	約 2 ～ 5 %

por(低分化型腺癌)

- ・ 腺管形成が乏しい、もしくはほとんど認められない腺癌
- ・ 腺管の形成や癌細胞の粘液産生で腺癌であることを判定

por(低分化型腺癌)

- ・ 腺管形成が乏しい、もしくはほとんど認められない腺癌
- ・ 腺管の形成や癌細胞の粘液産生で腺癌であることを判定

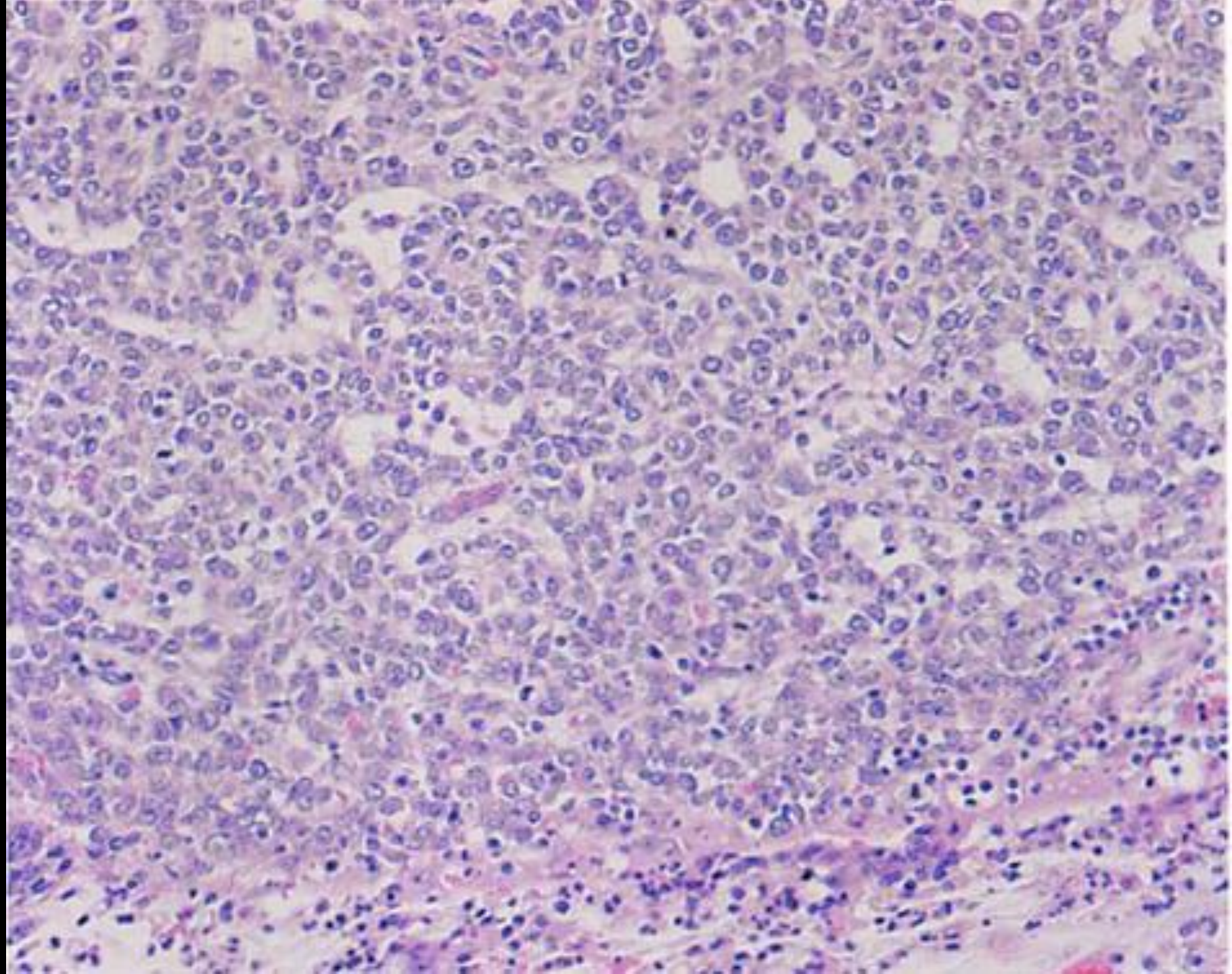
por1(充実型)

- ・ 病巣が充実性/敷石状
- ・ 腺房状や小胞巣状を呈することもある

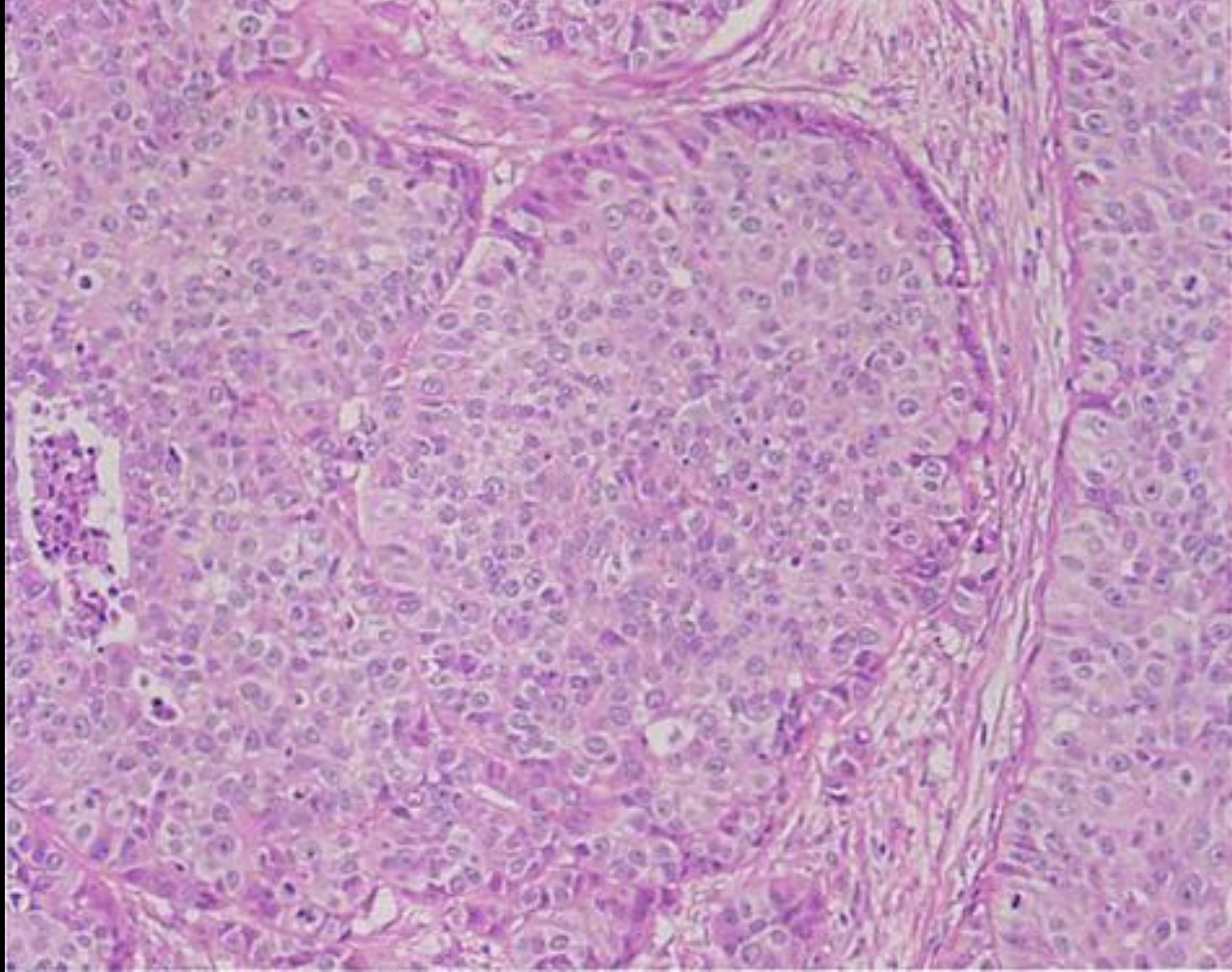
por2(非充実型)

- ・ 小胞巣状/索状/孤在性
- ・ びまん性に浸潤

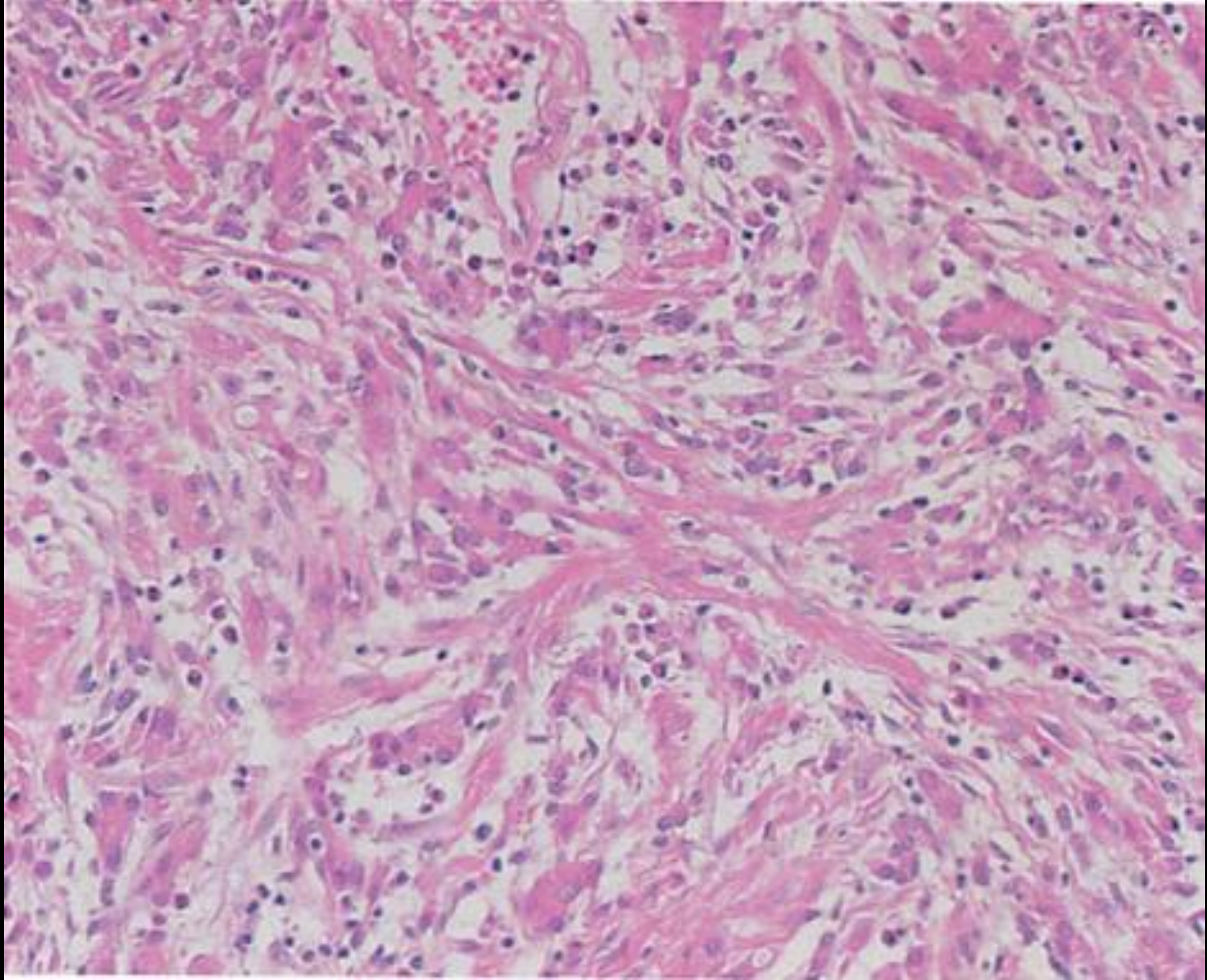
por1



por1



por2



por2

