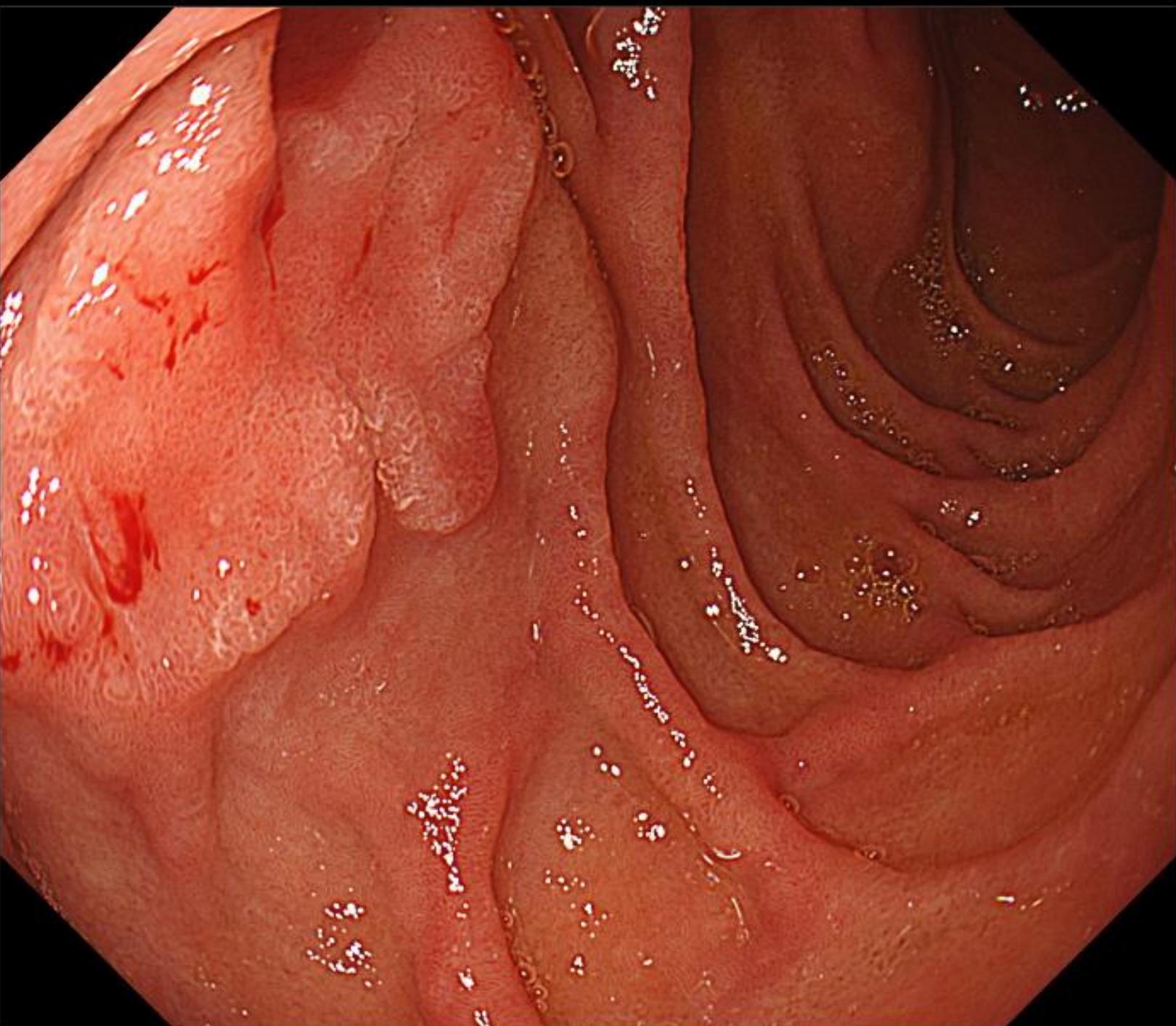
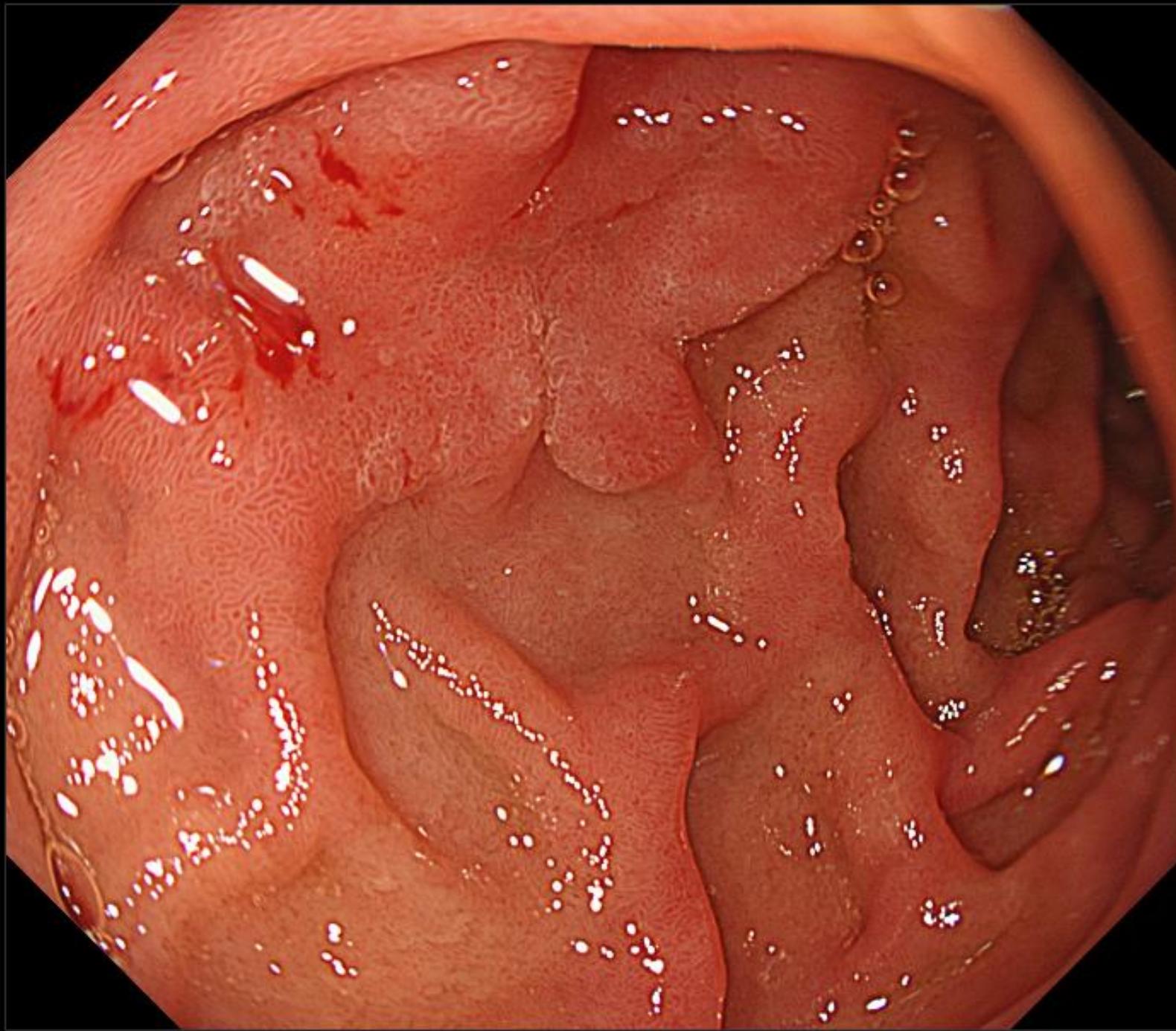


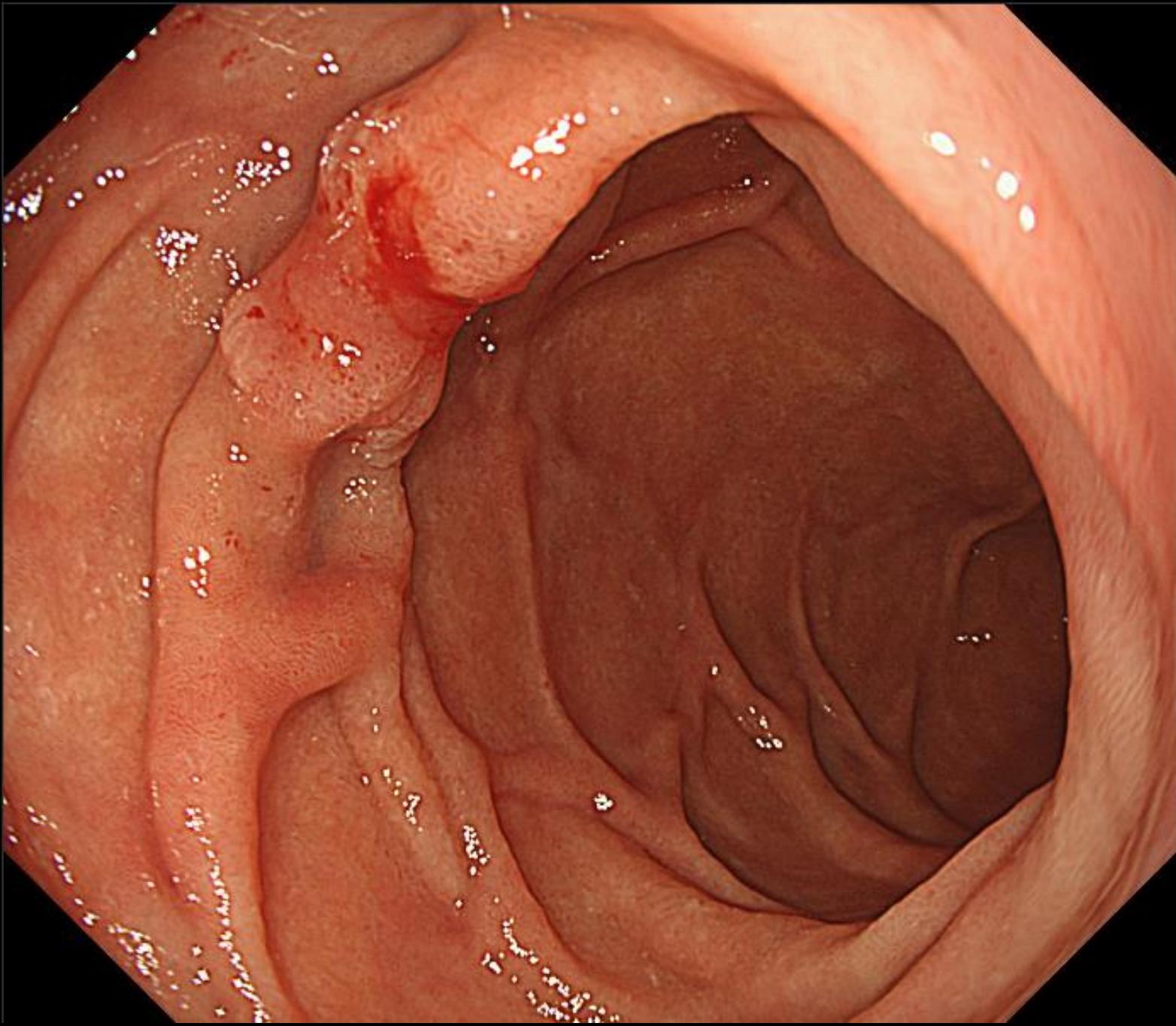
# 消化管 mapping 十二指腸

豊原 圭一郎

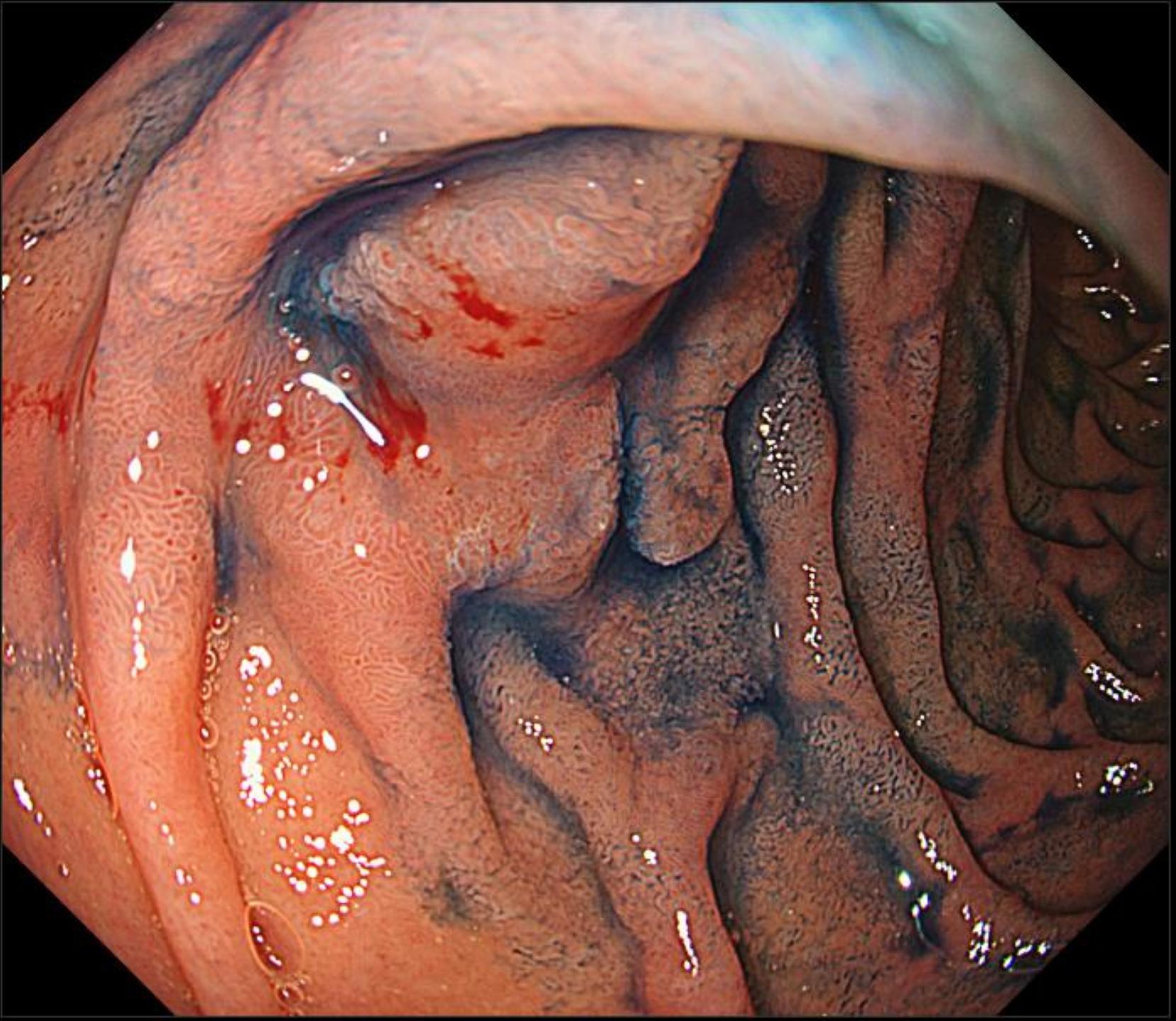
通常観察 3枚

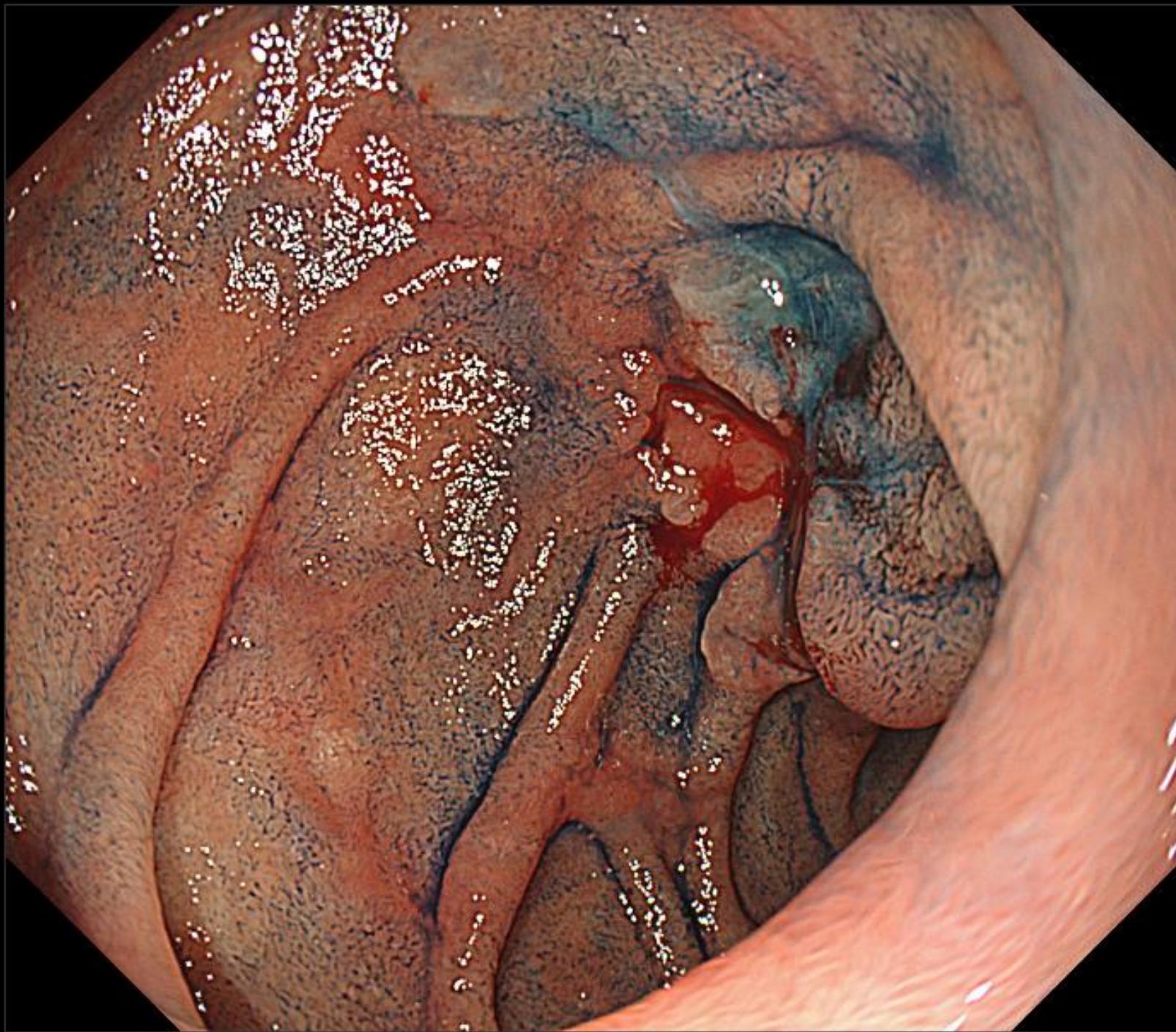




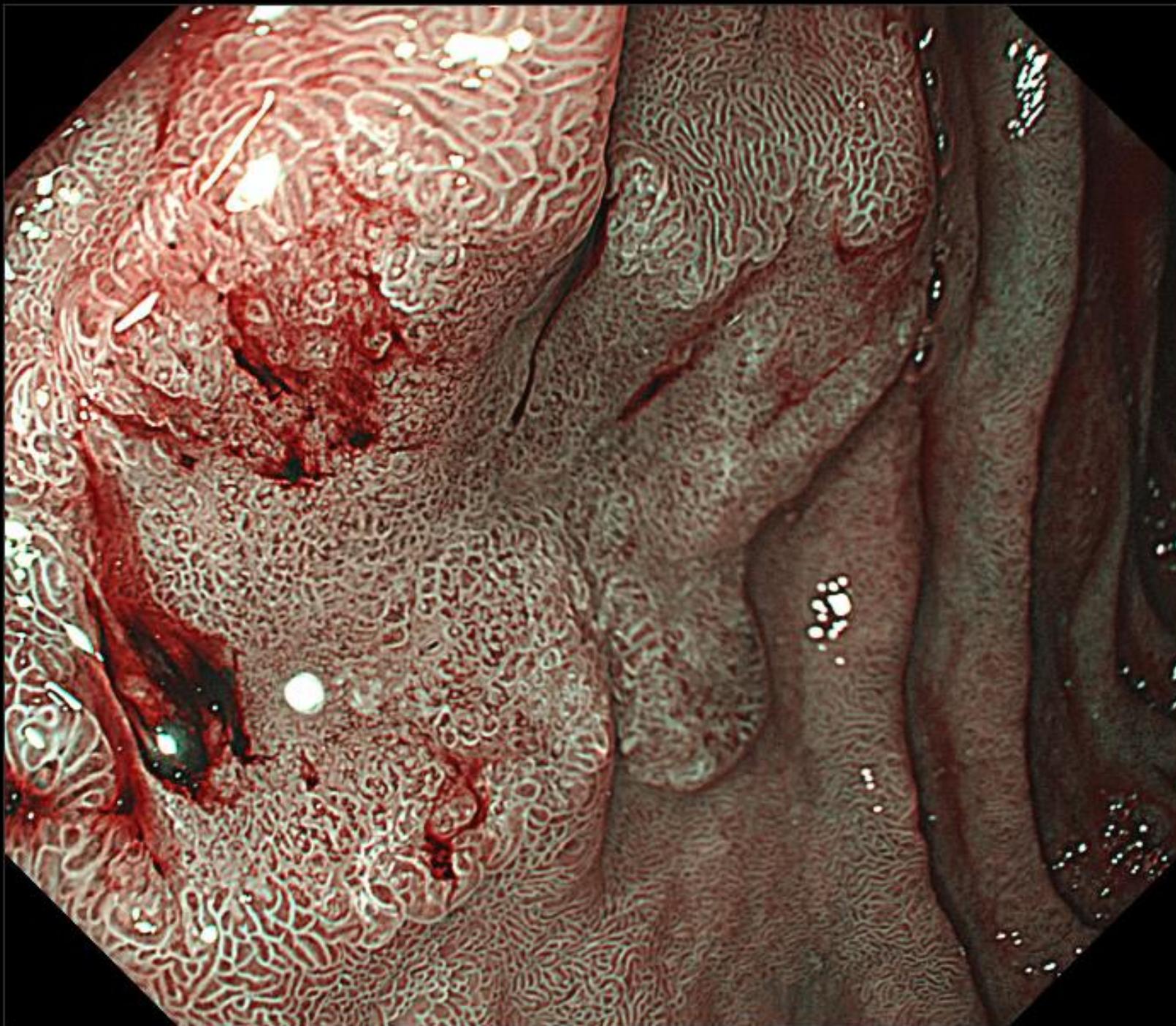


インジゴカルミン散布  
(2枚)





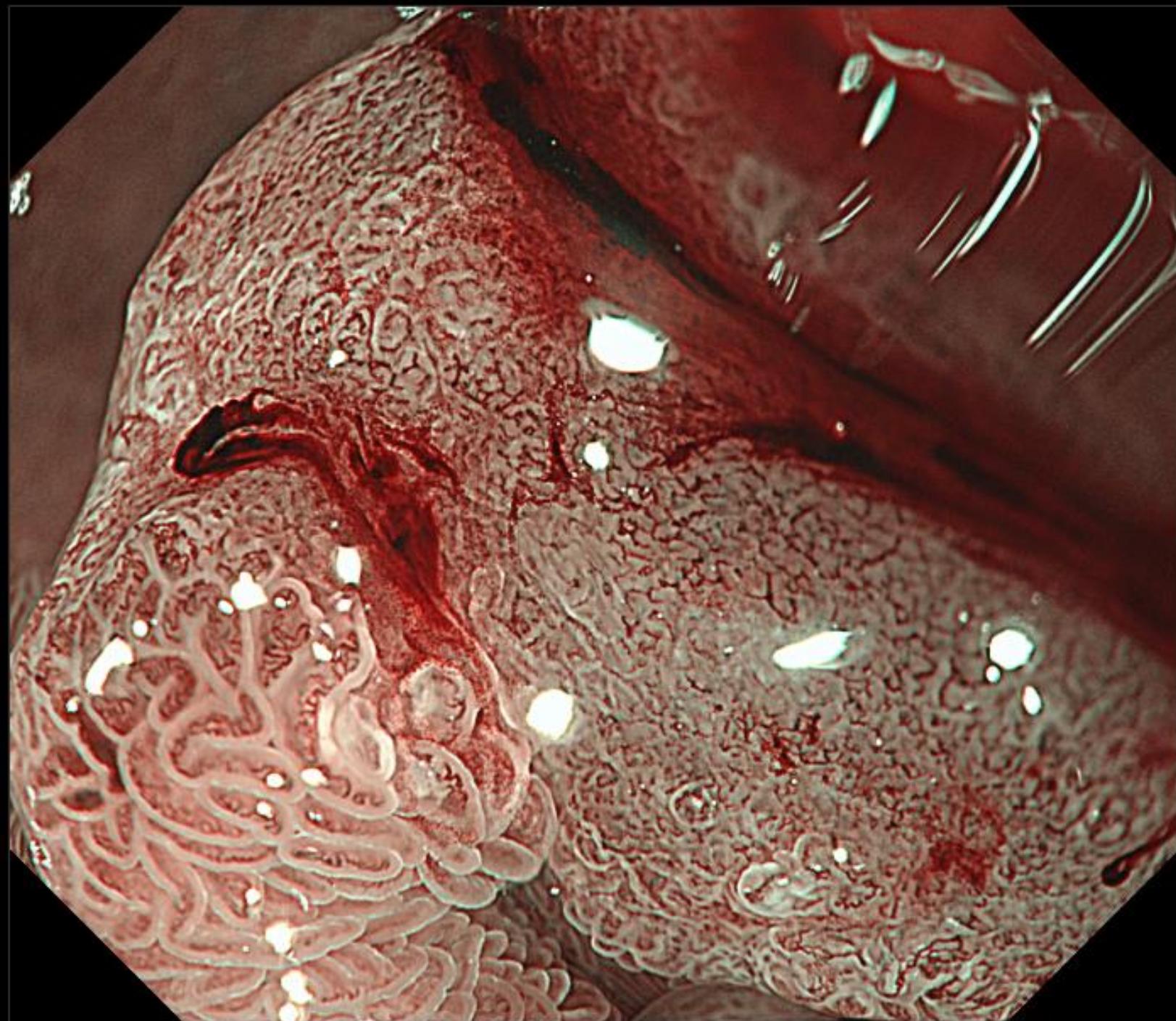
NBI  
(3枚)

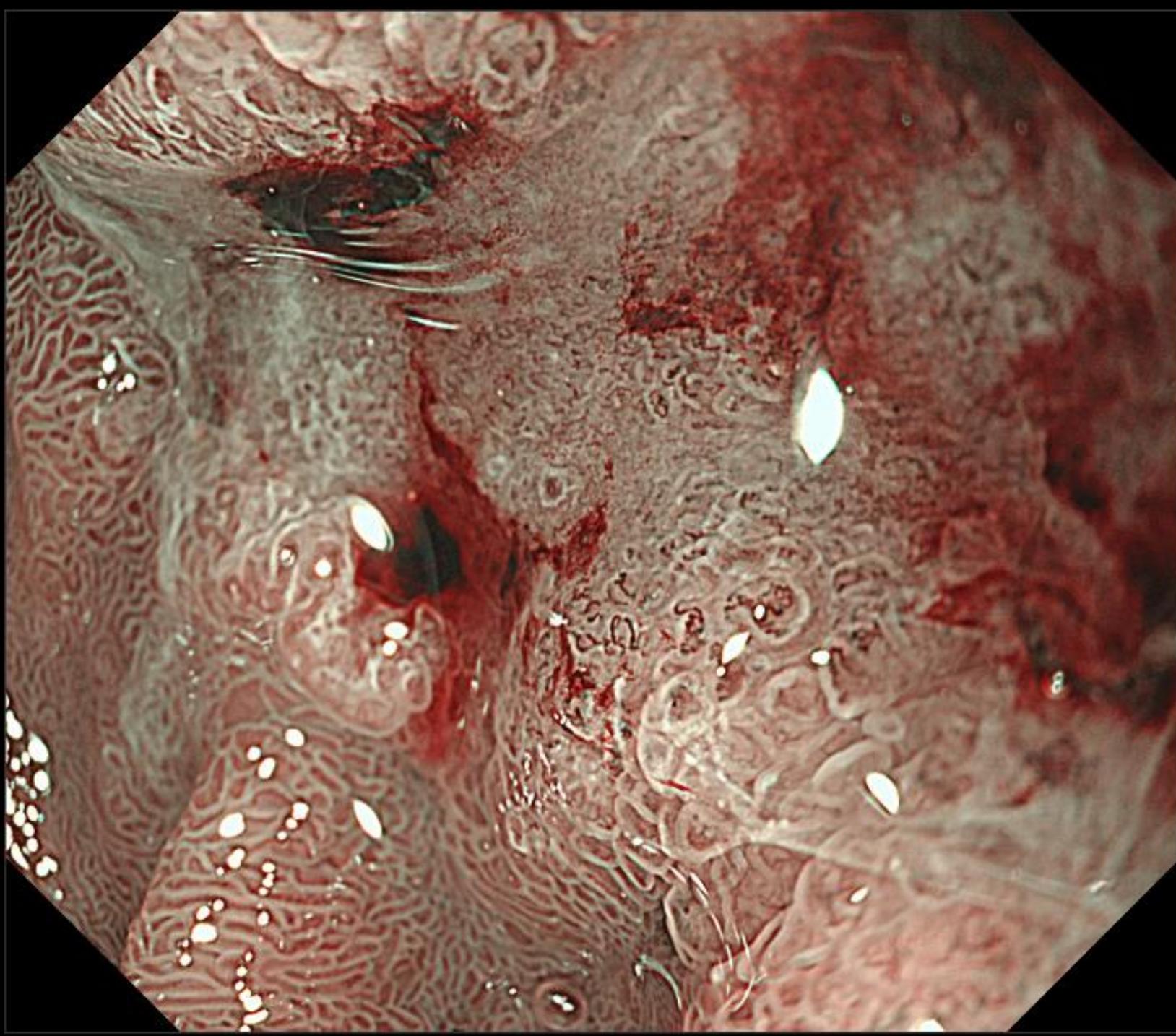


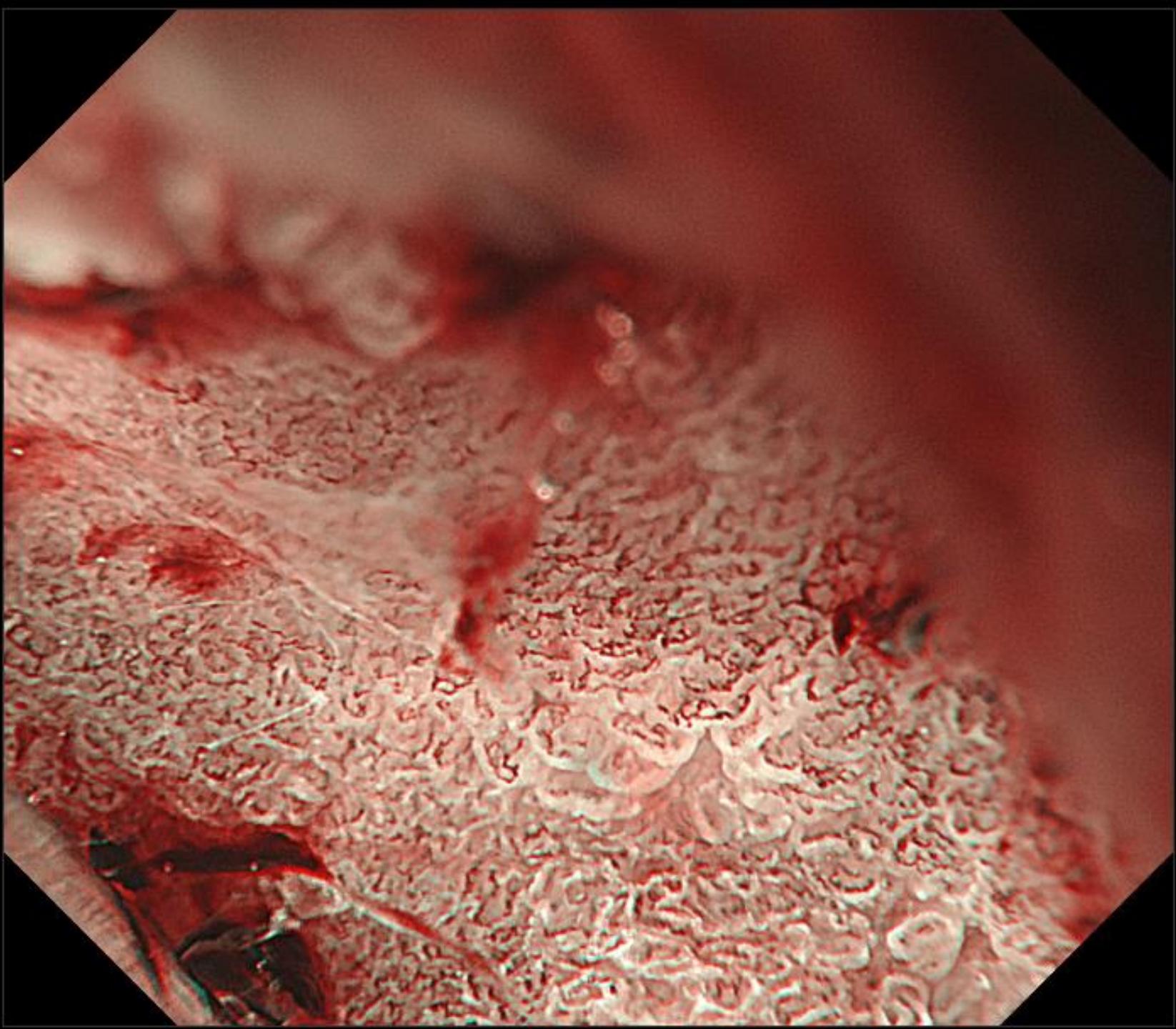




NBI強拡大  
(3枚)







# 内視鏡診断

大きさ：20mm 肉眼型：0-IIa + IIc

深達度：SM以深

NBI観察：DL+,

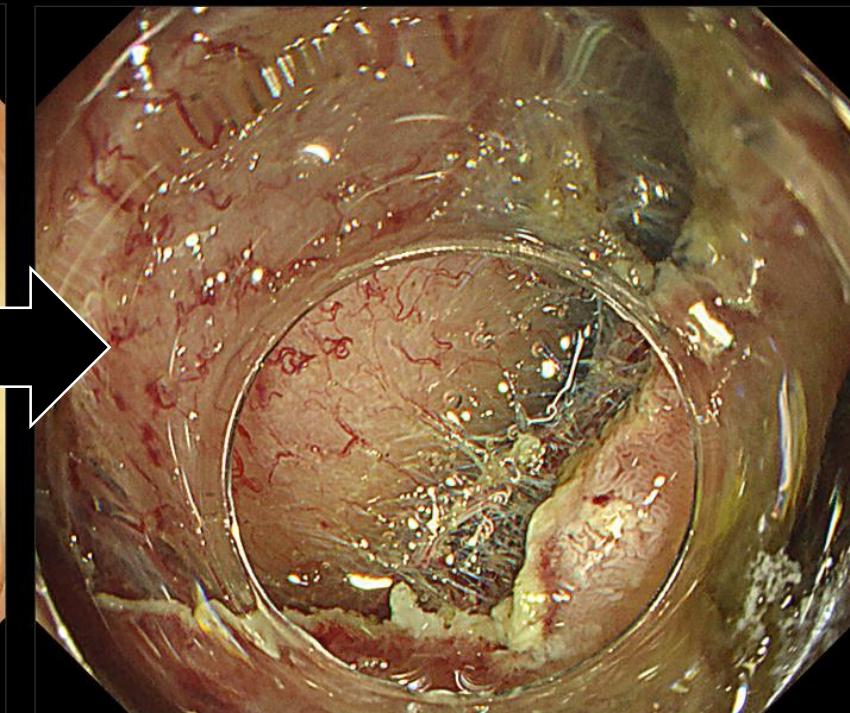
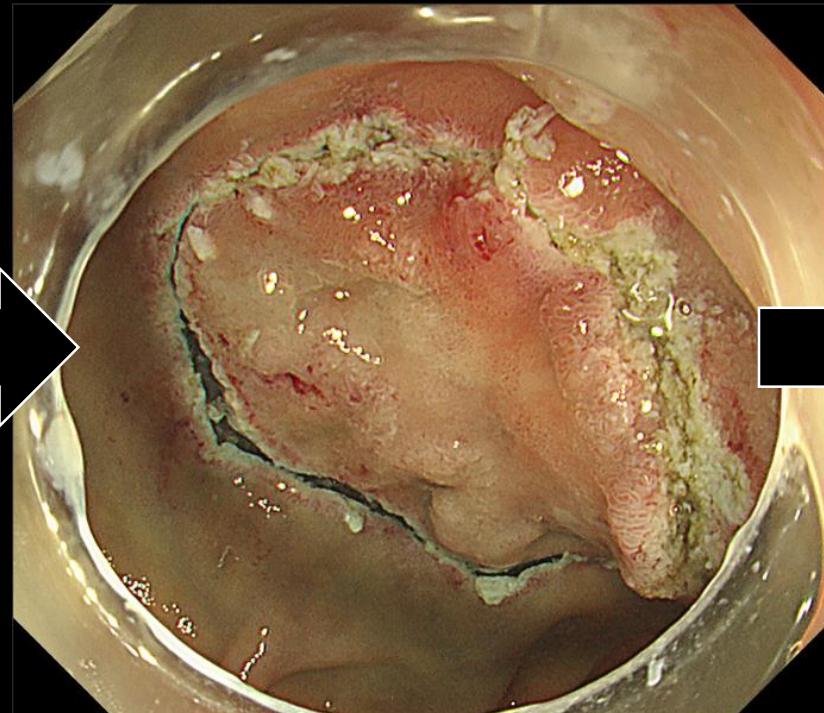
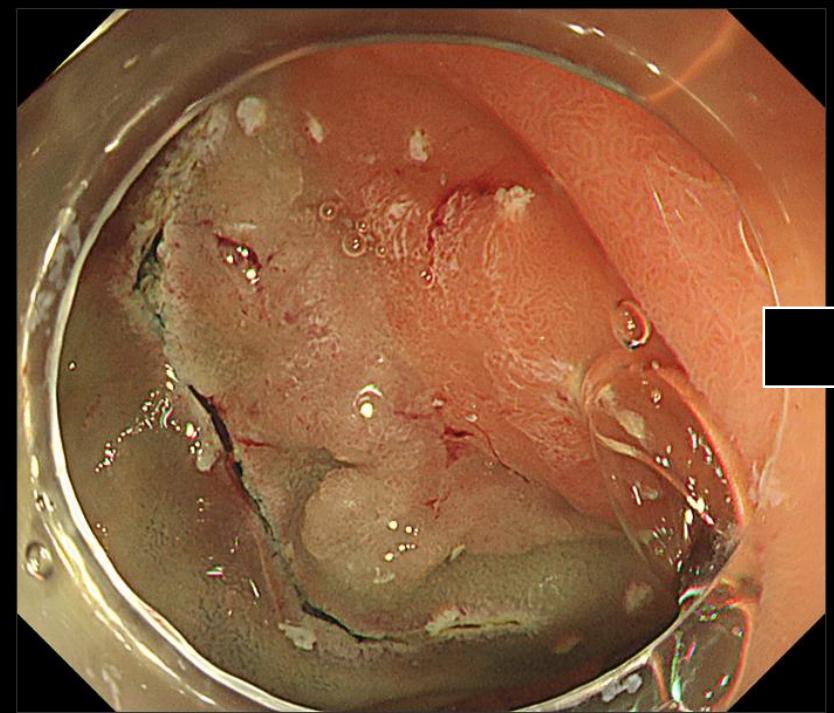
微小血管構造：irregular

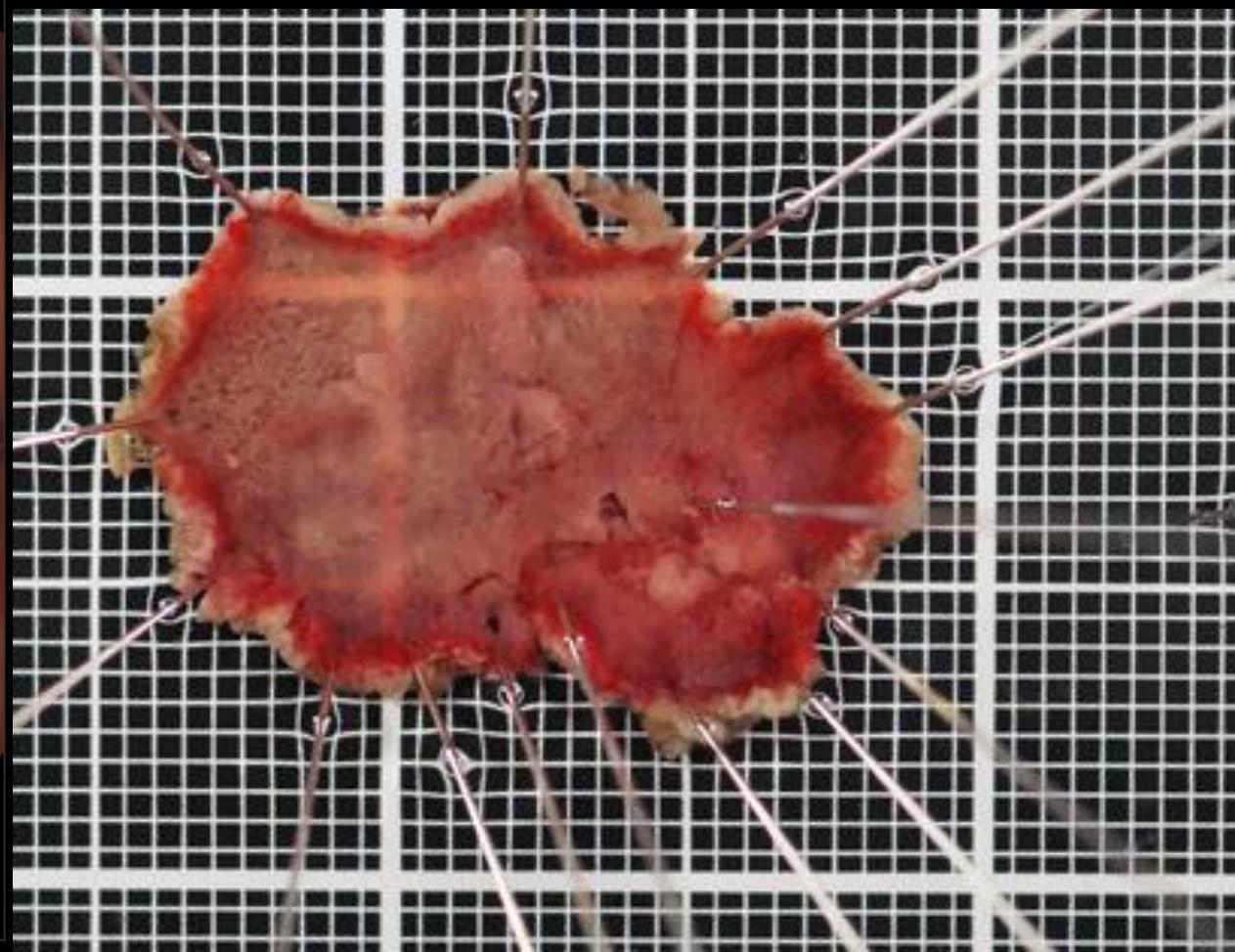
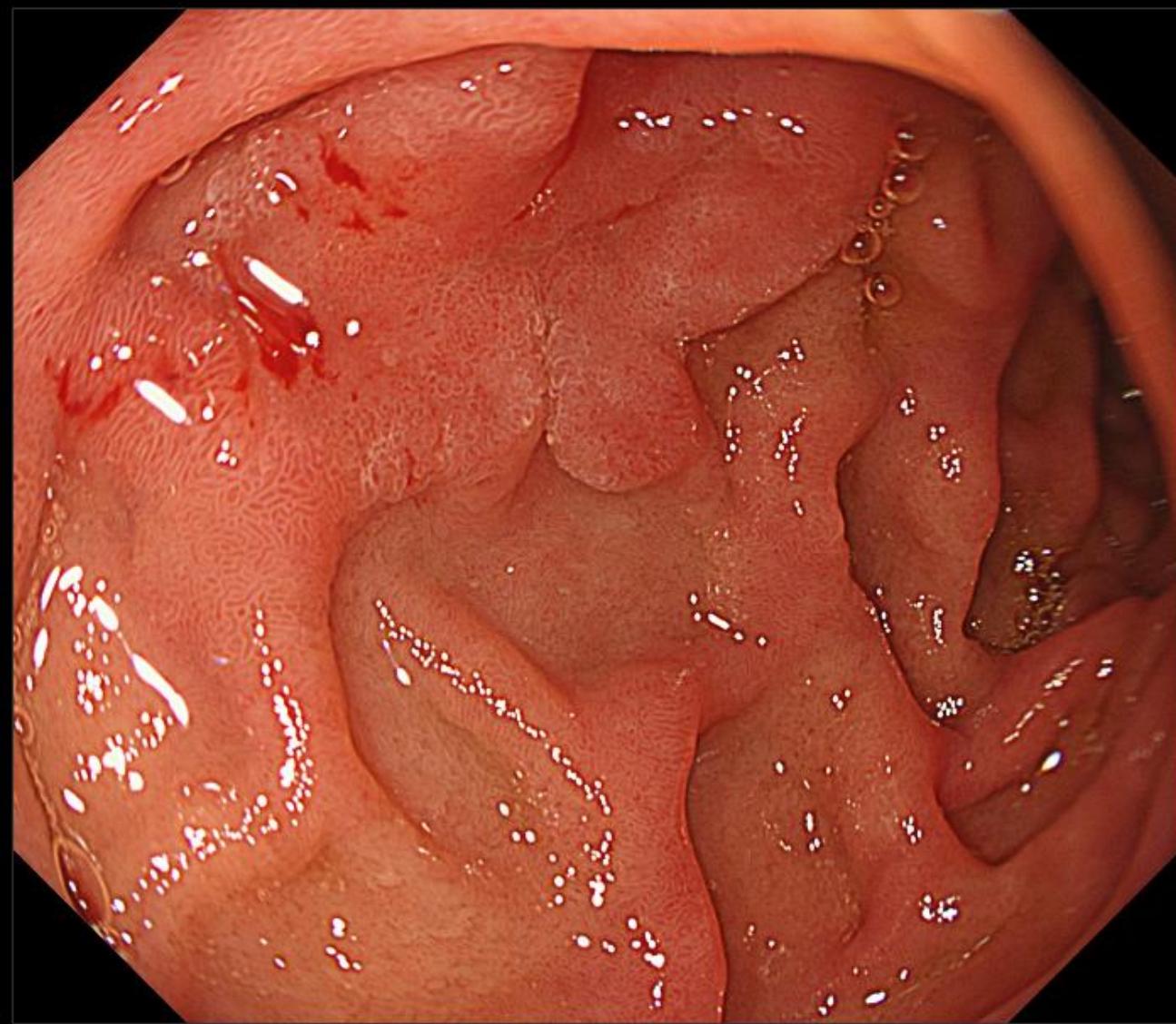
表面微細構造：irregular

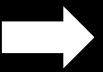
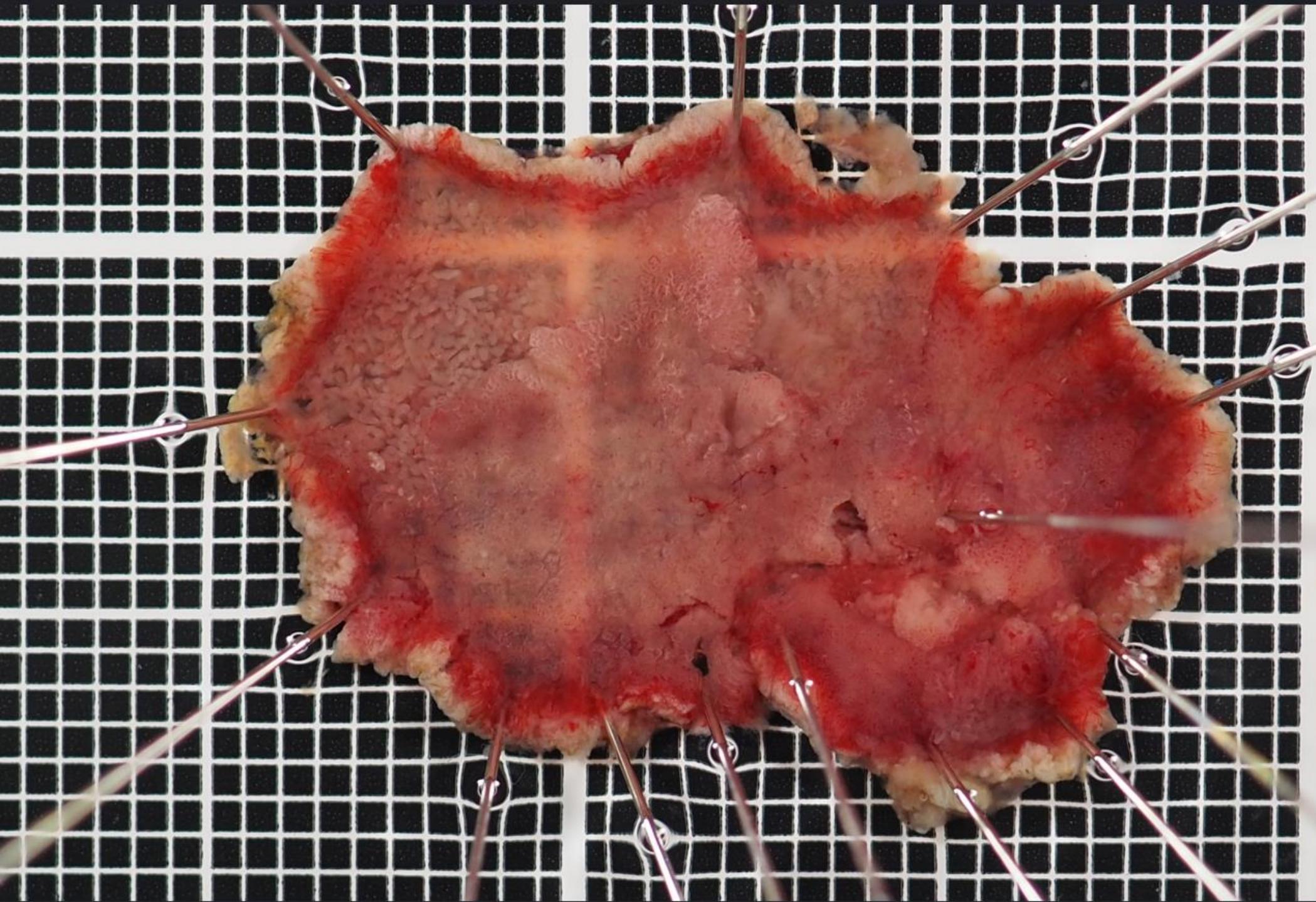
→生検では腸型線種の診断

内視鏡上は十二指腸癌のSM以深浸潤疑い

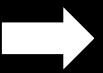
ESD



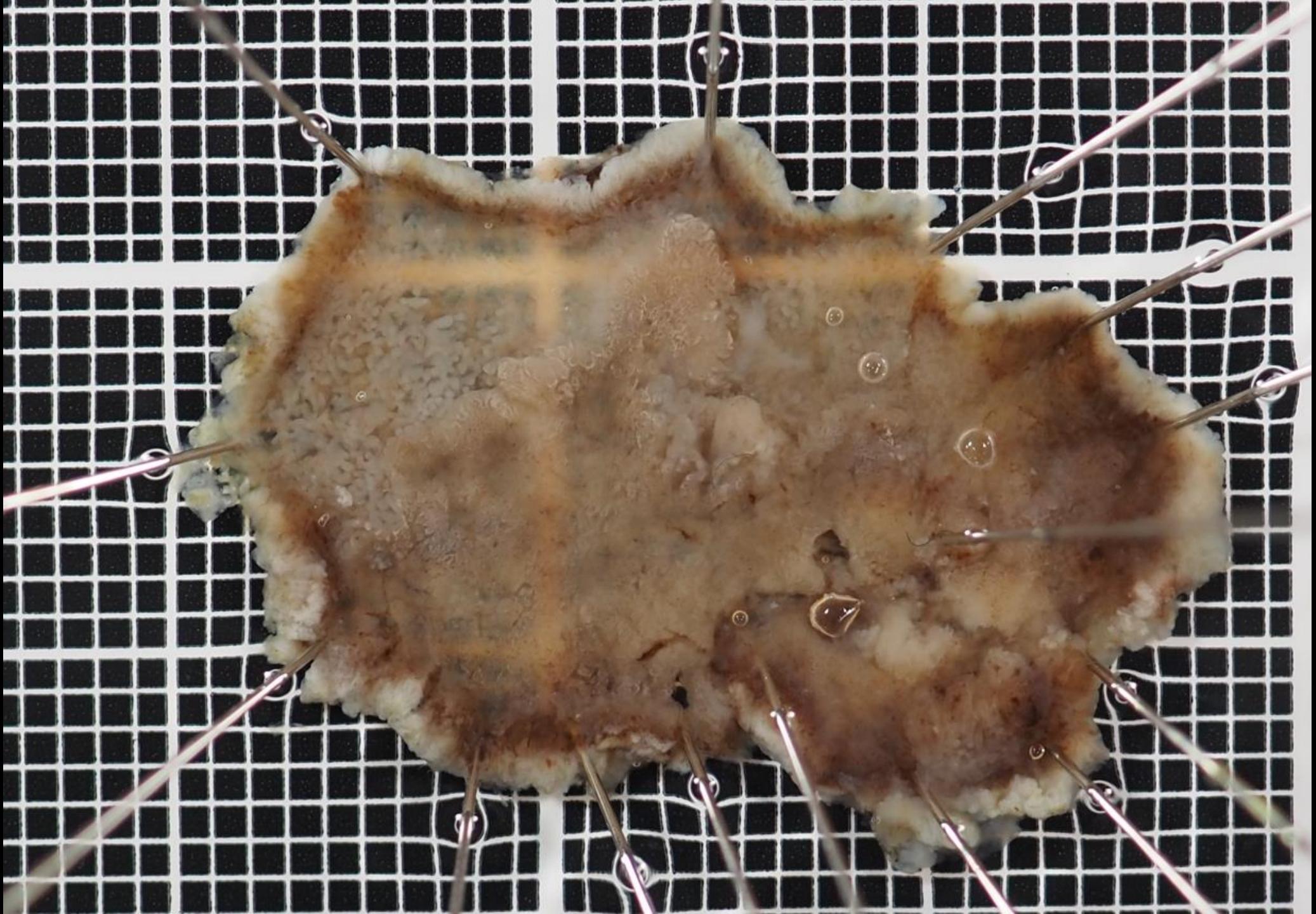


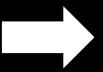


口側

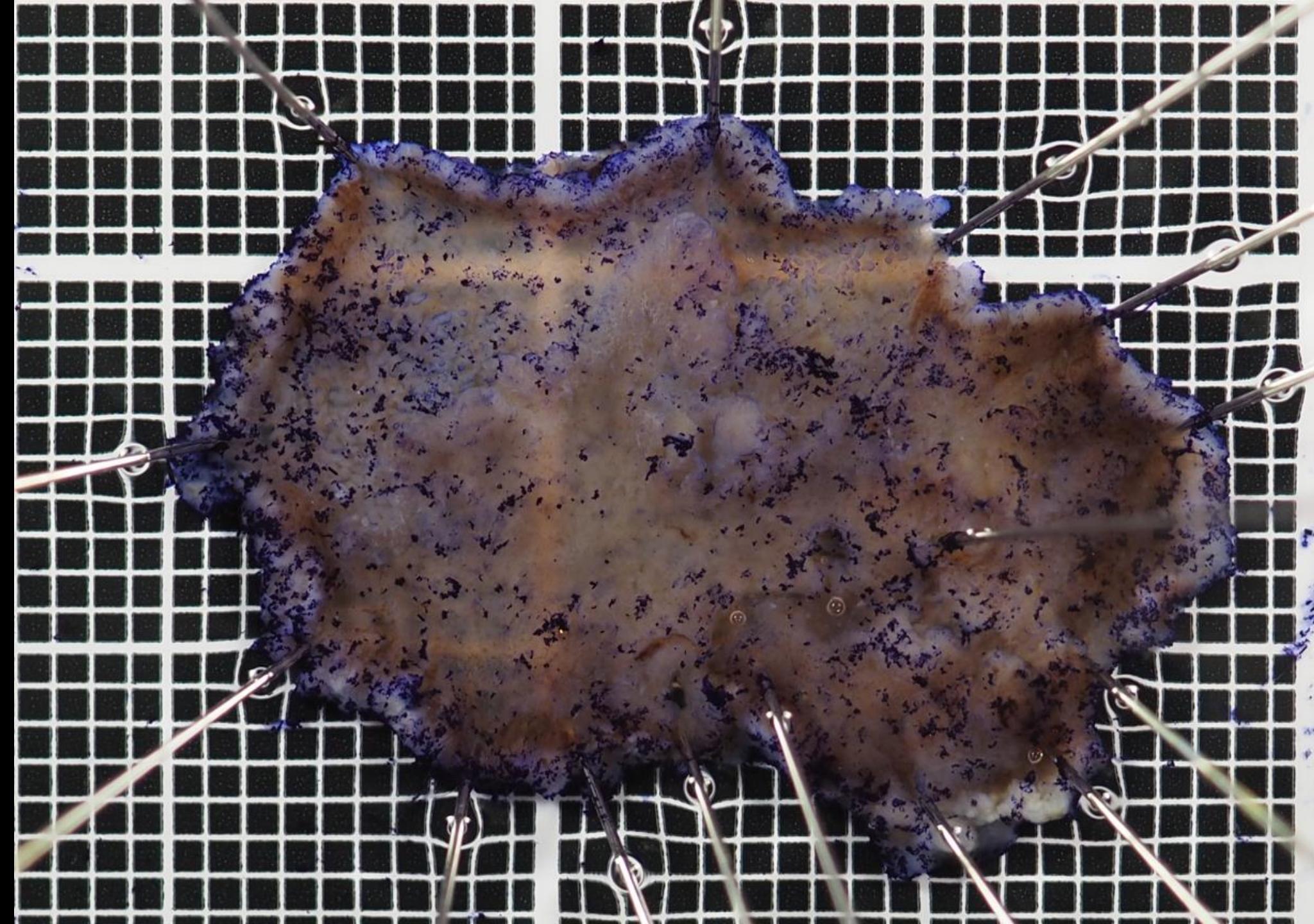


口側





口側





口側



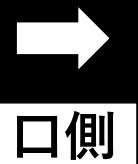
口側



口側

# Key Slice

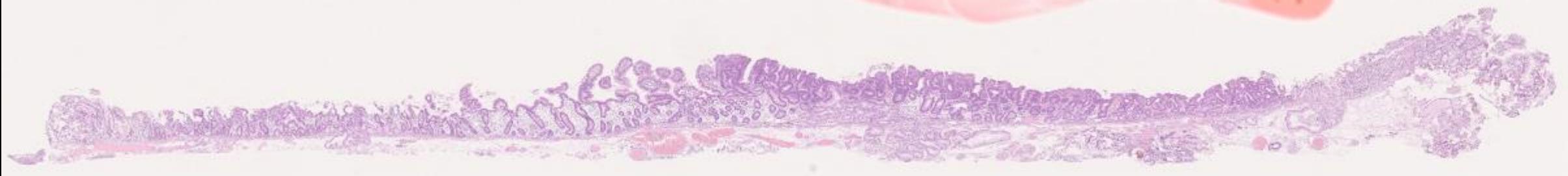
⑧

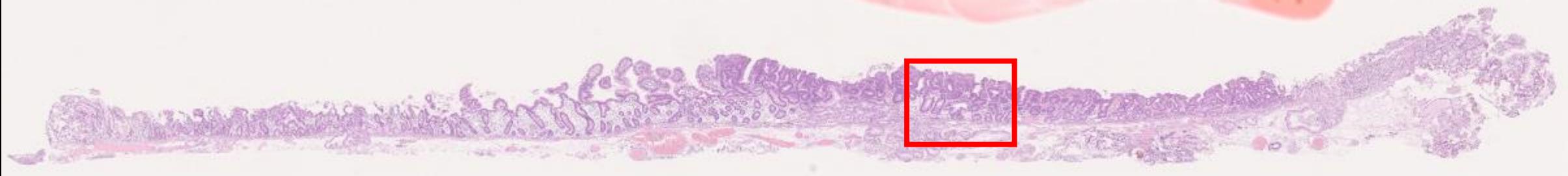


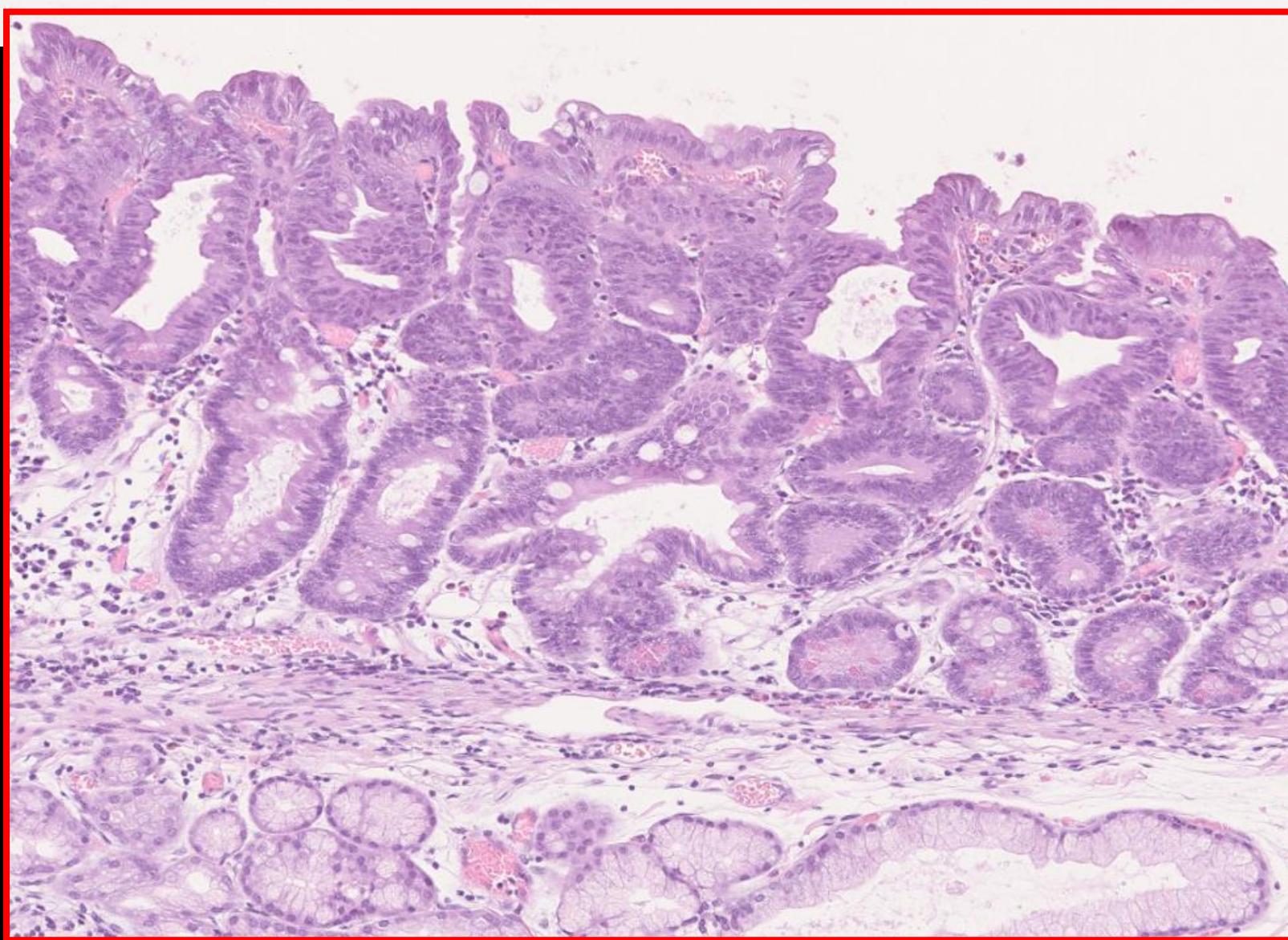
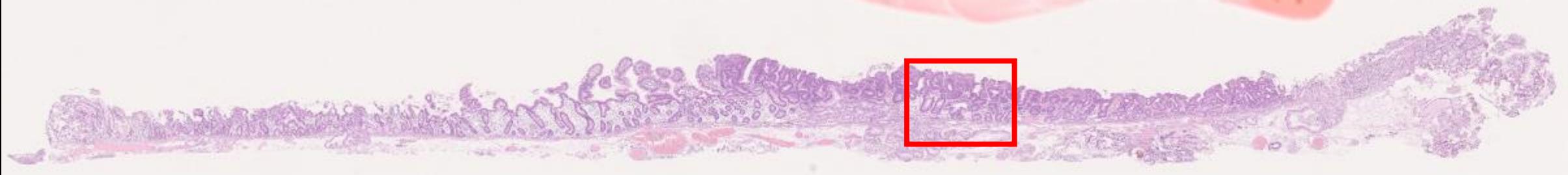
⑧

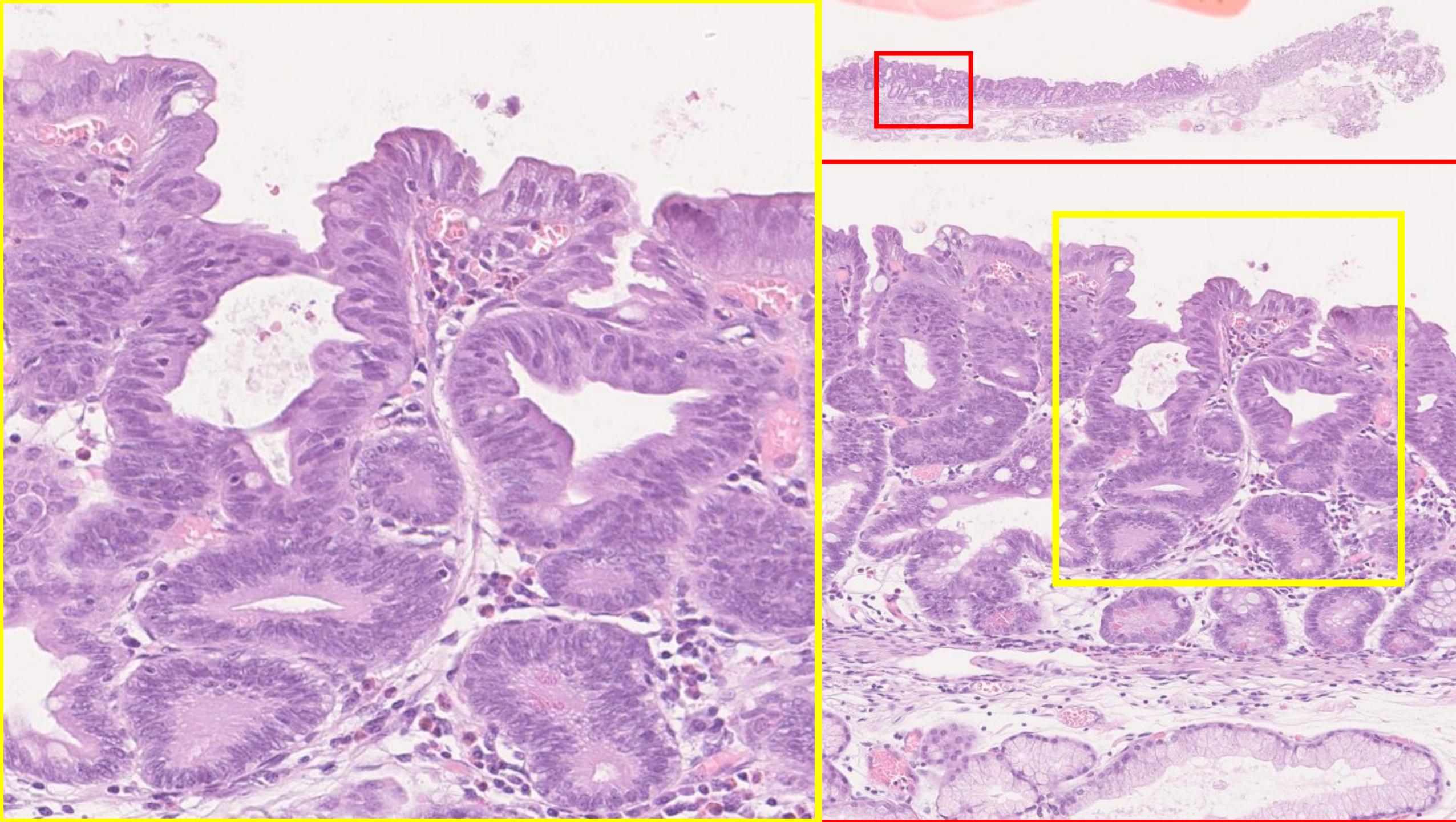


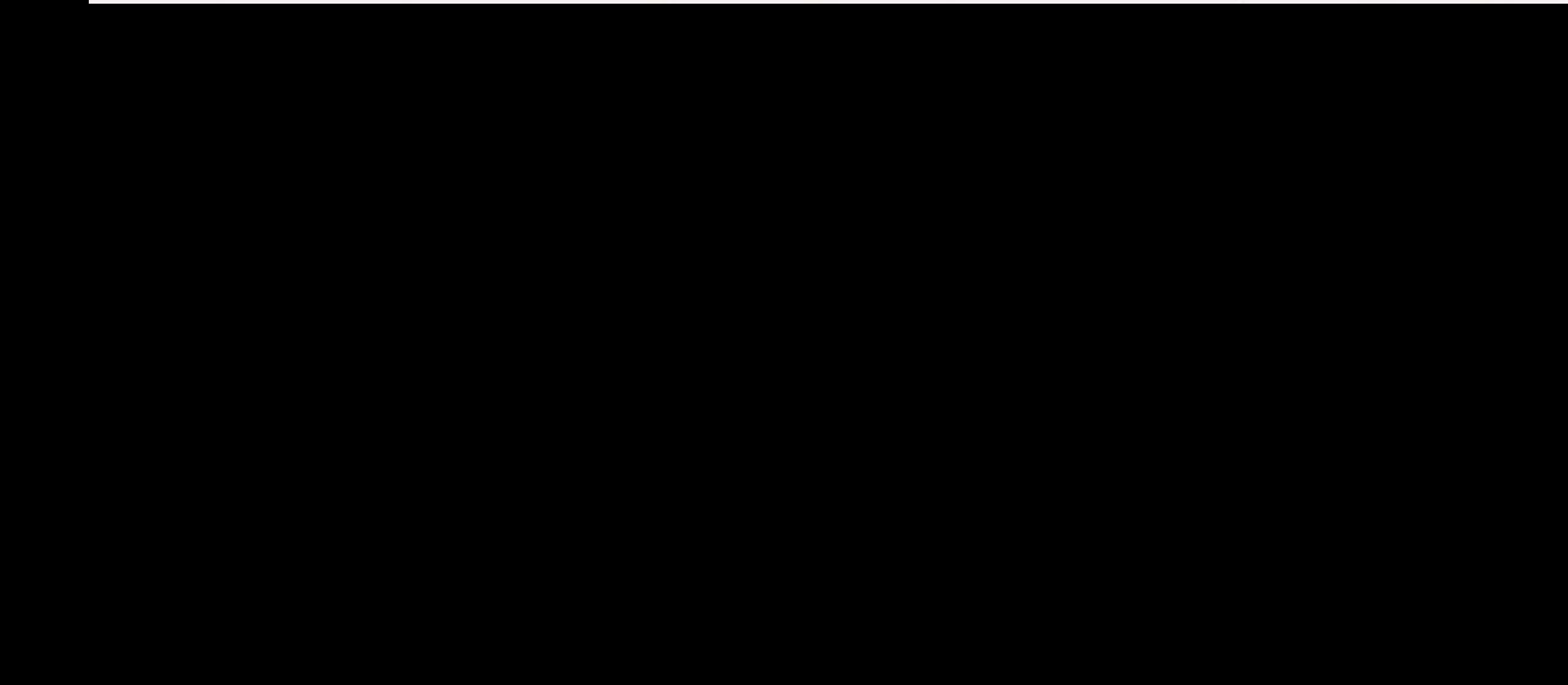
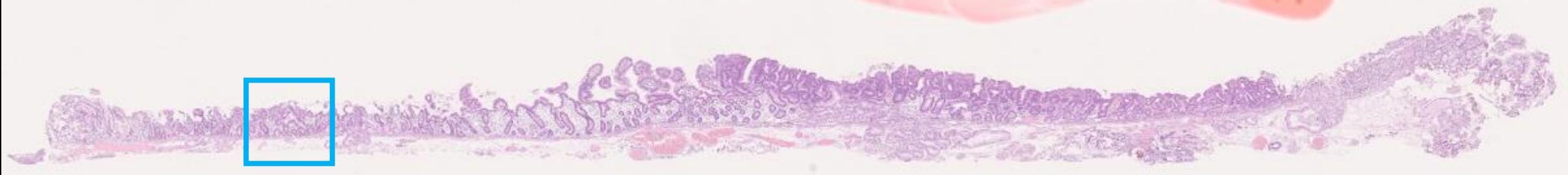
口側

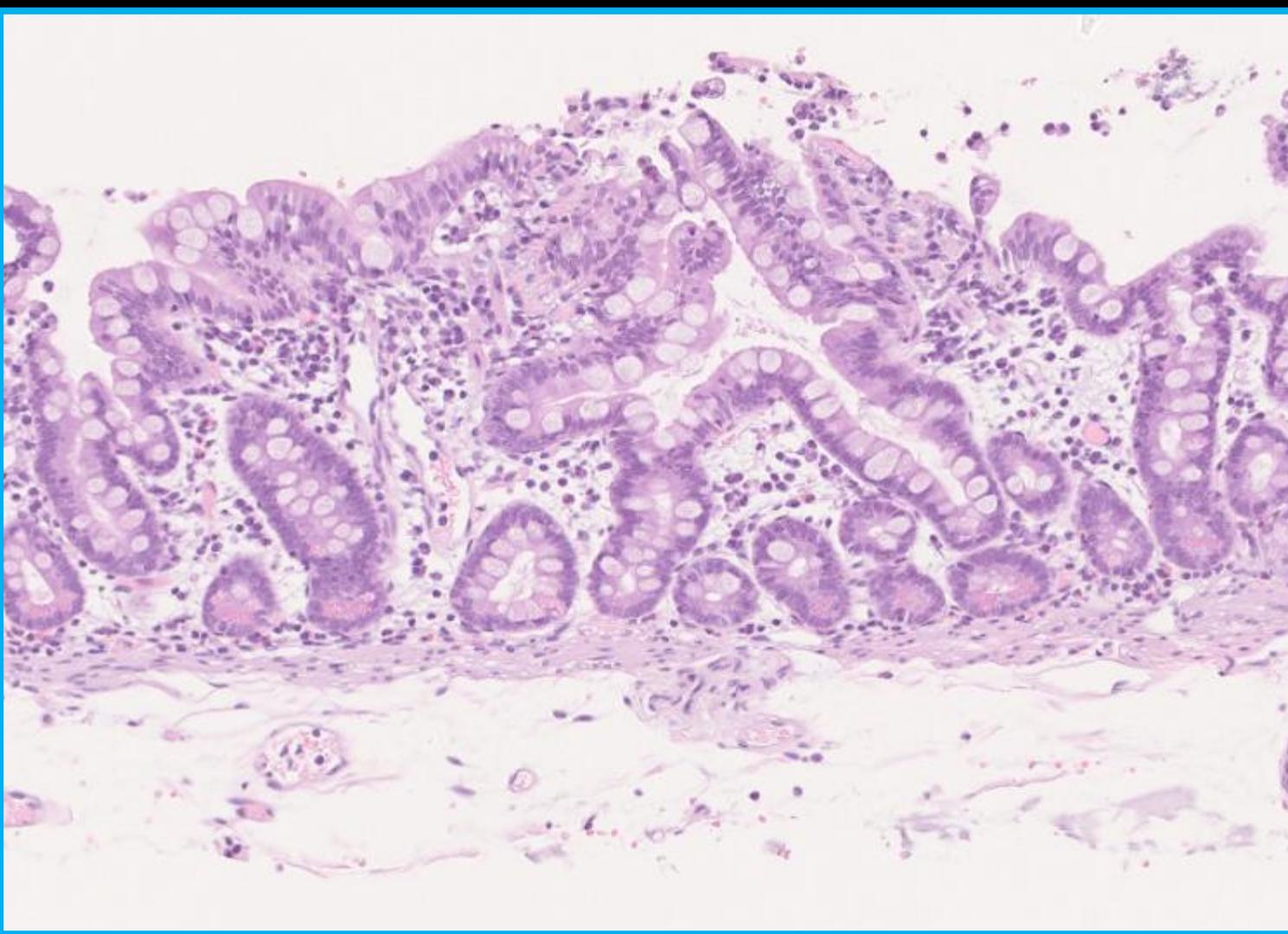
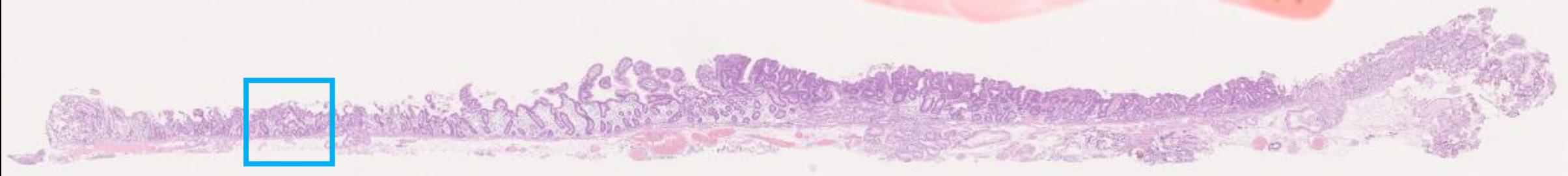












# 病理組織診斷

Duodenum, descending, ESD:

tubular adenoma, low-grade, intestinal type.

Horizontal margin: Close

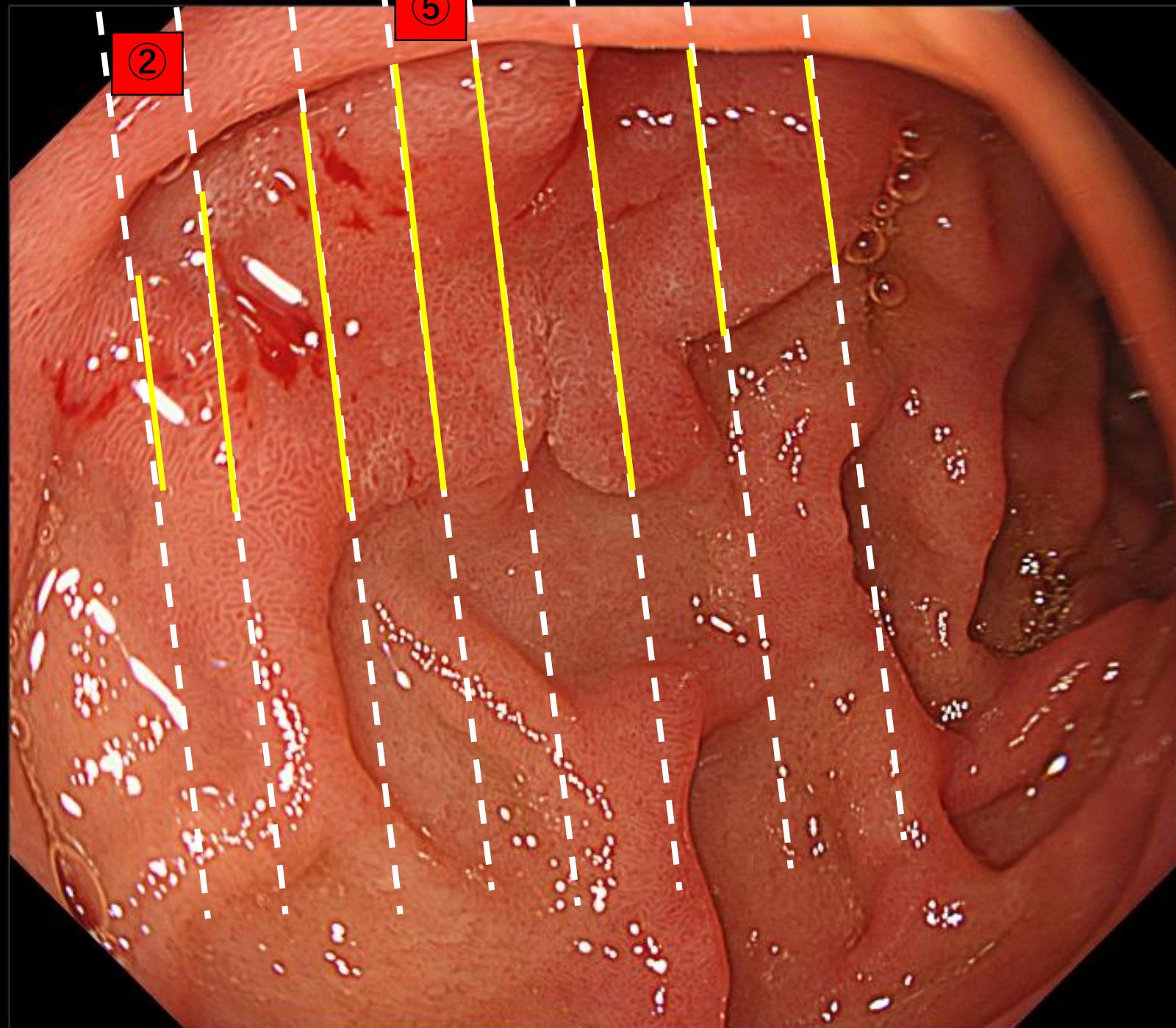
Vertical margin: Negative

# Mapping



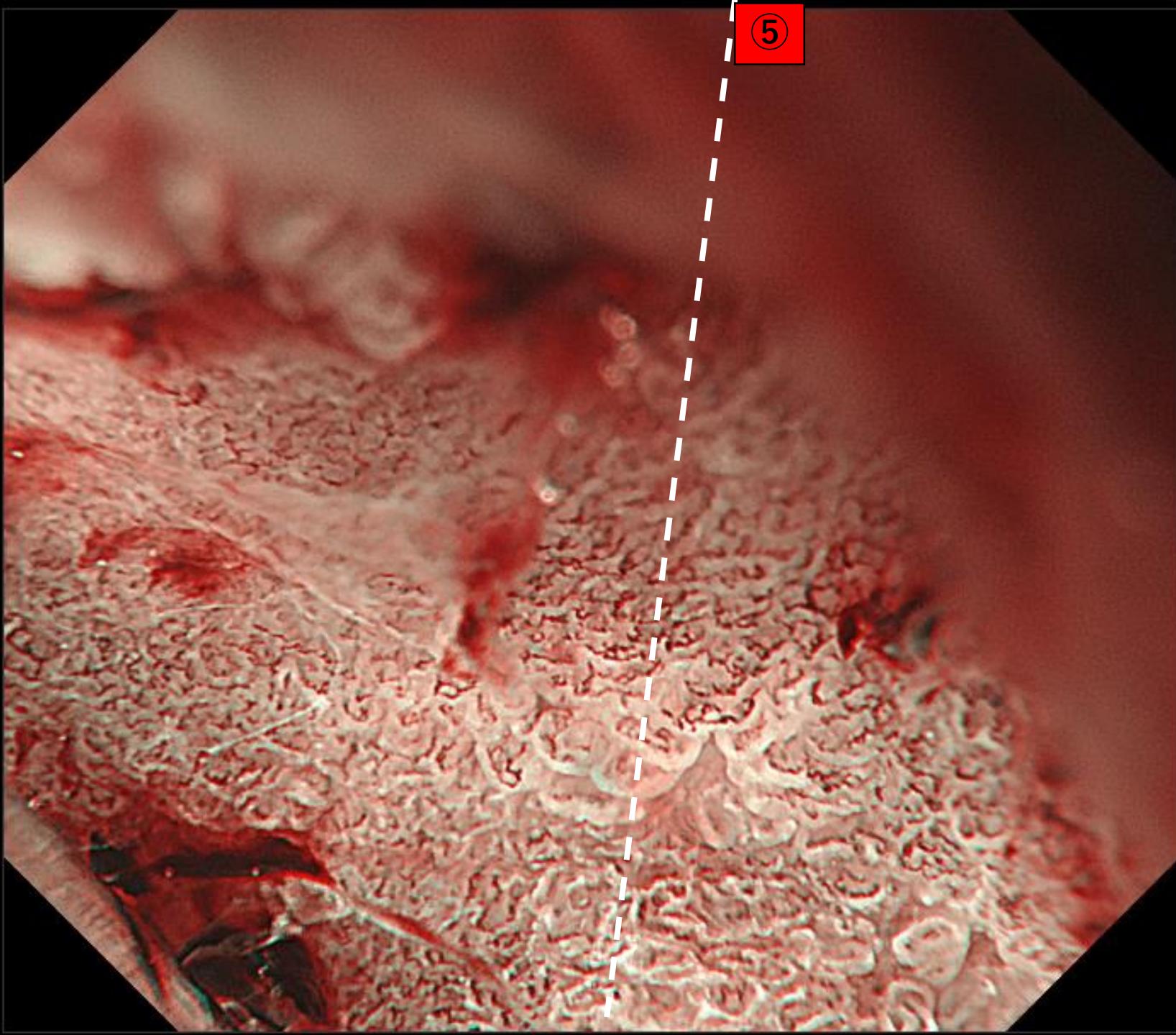
口側

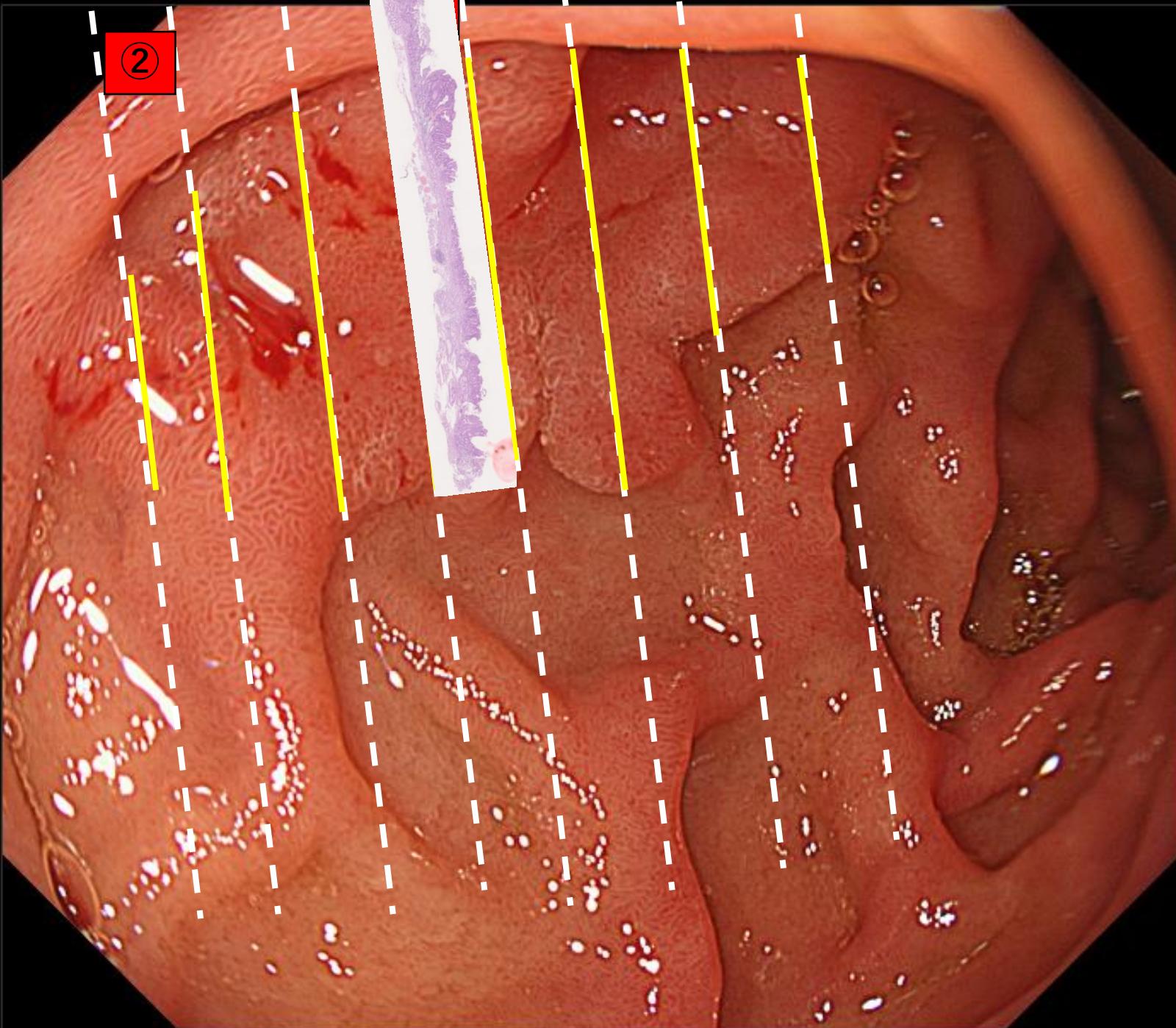
Adenoma



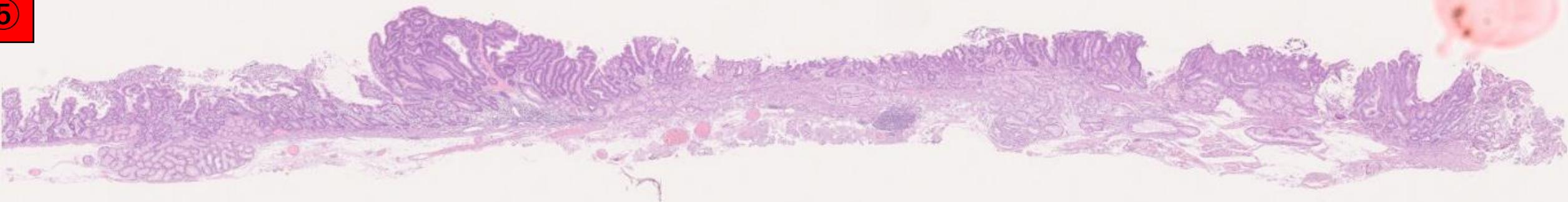


⑤

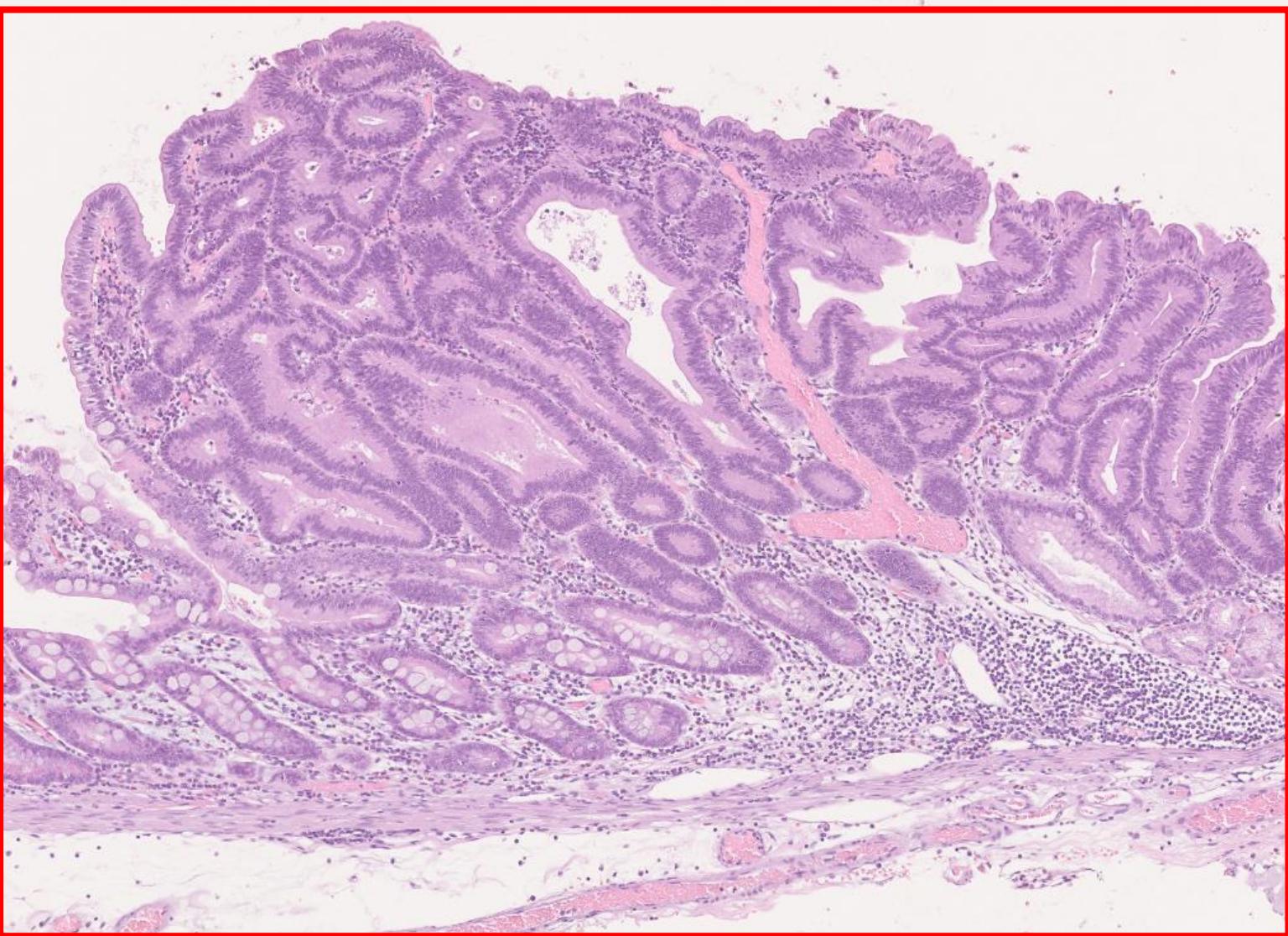




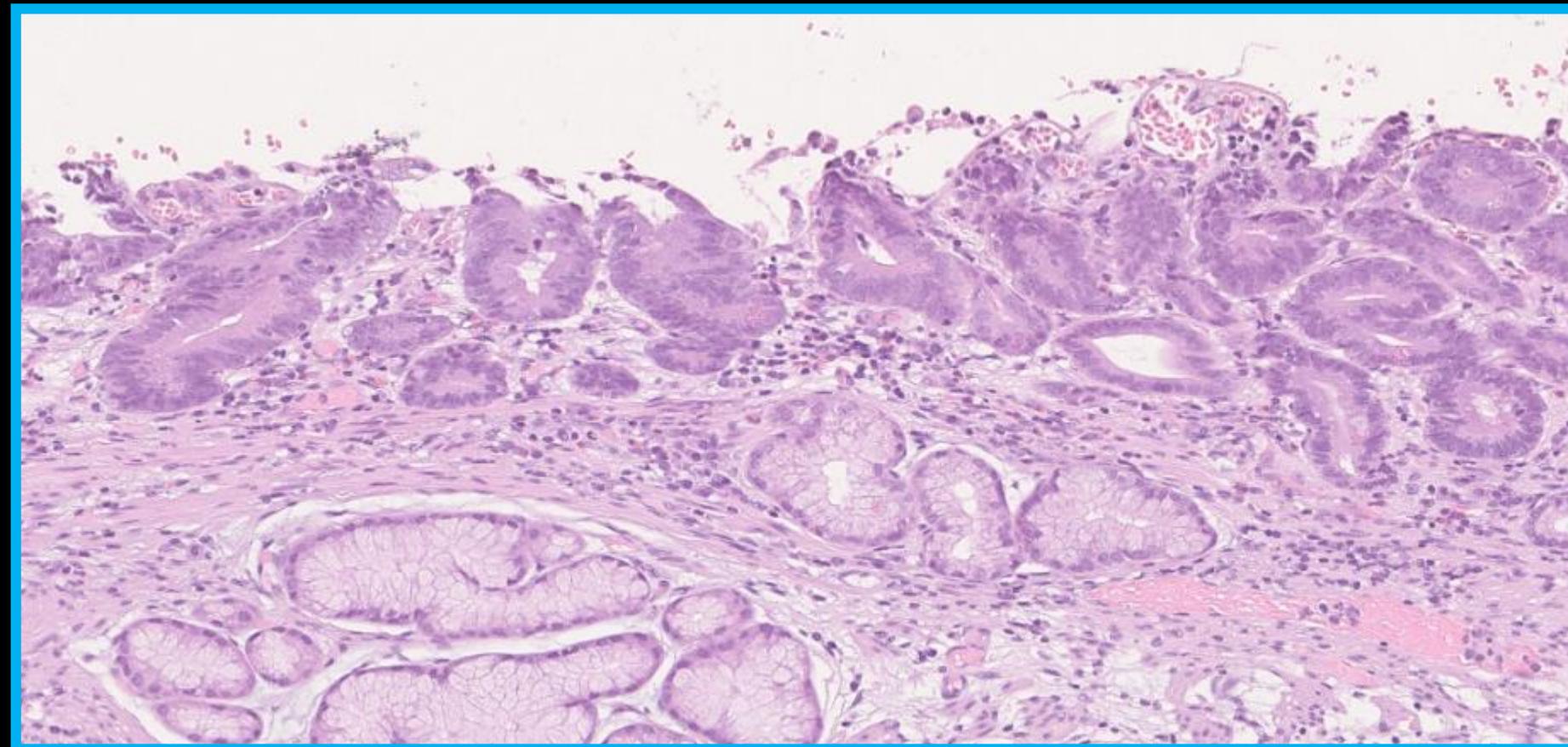
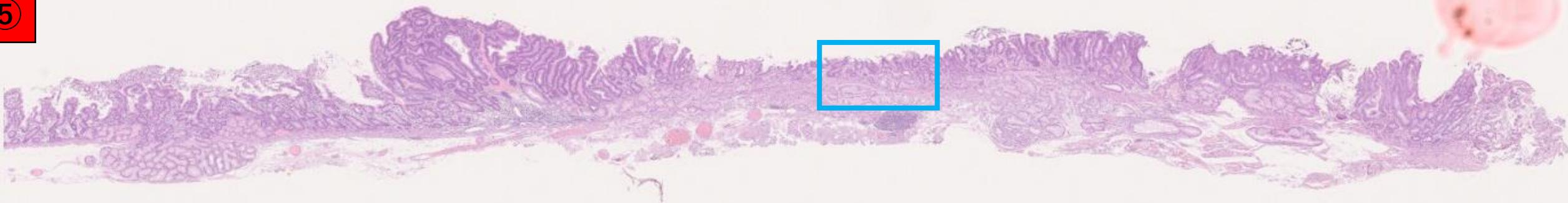
⑤



5



5



# 表在性非乳頭部十二指腸上皮性腫瘍 (SNADET)

胃癌

DL、MVP/MSP  
MESDA-G

SNADET

DL→ほぼ全例で明瞭  
MVP→観察困難  
**MSP**

胃癌

DL、MVP/MSP  
MESDA-G

SNADET

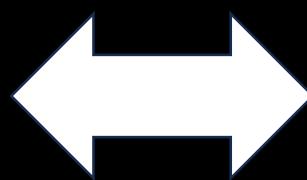
DL→ほぼ全例で明瞭  
MVP→観察困難  
MSP

Preserved  
Micrified  
Absent

低異型度線種

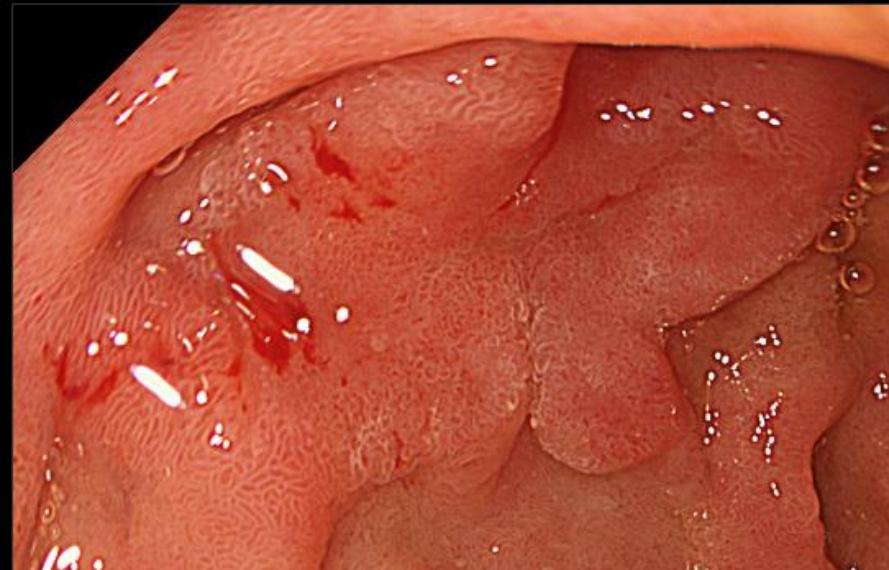
10mm未満  
白色調  
絨毛の白色化が均一  
NBI拡大観察で均一なMSP  
病変形状が均一

高異型度線種～腺癌



20mm以上  
発赤調  
絨毛の白色化が辺縁のみ～部分的  
NBI拡大観察で不均一なMSP  
結節状の隆起・陥凹

低



MSPはほぼ均一

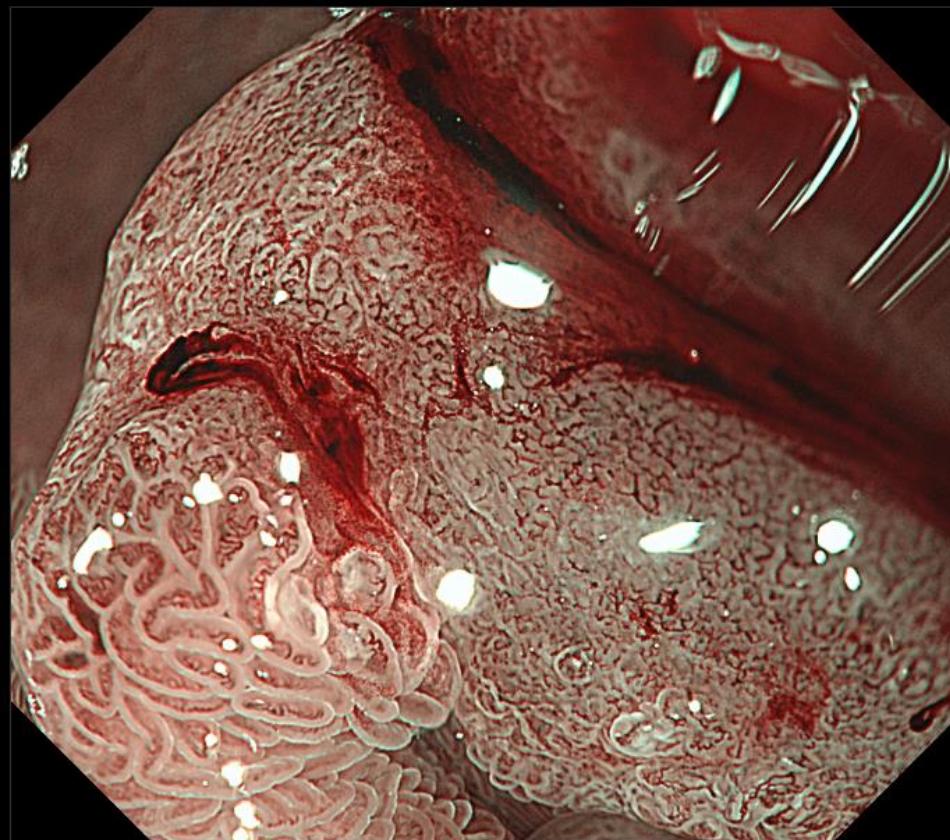
病変形状ほぼ均一

高

20mm大

軽度発赤調

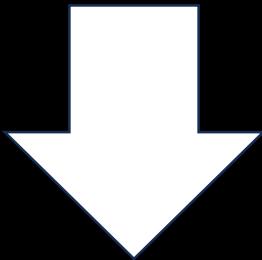
絨毛の白色化 辺縁のみ



內視鏡的正診率約 7 5 % vs 生検正診率約 7 0 %<sup>(1)</sup>

(1)Kinoshita S et al: Gastrointest Endosc 86: 329-332, 2017

内視鏡的正診率約 75% vs 生検正診率約 70%<sup>(1)</sup>



手術の侵襲度を勘案して内視鏡的治療を検討

(1)Kinoshita S et al: Gastrointest Endosc 86: 329-332, 2017