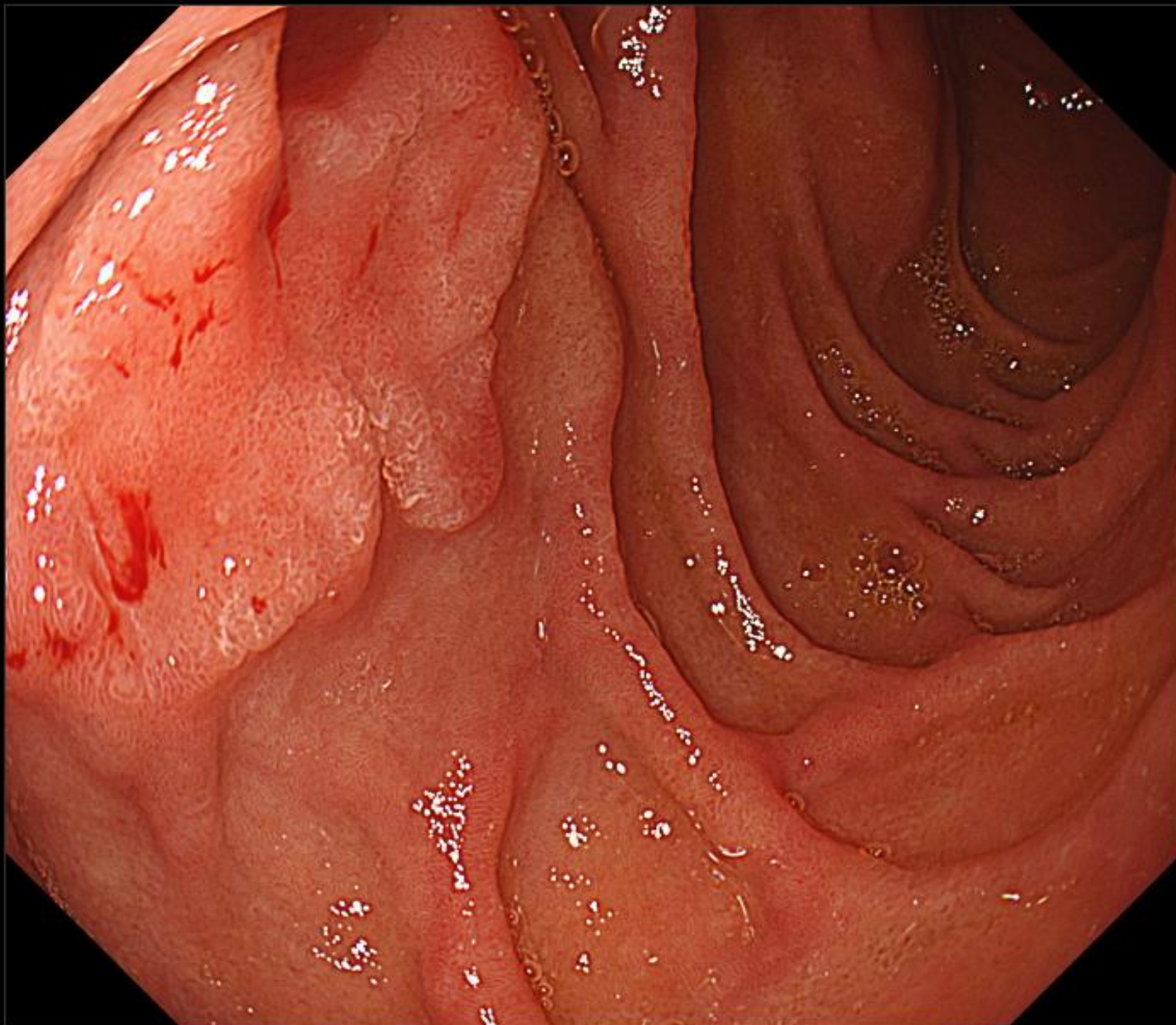
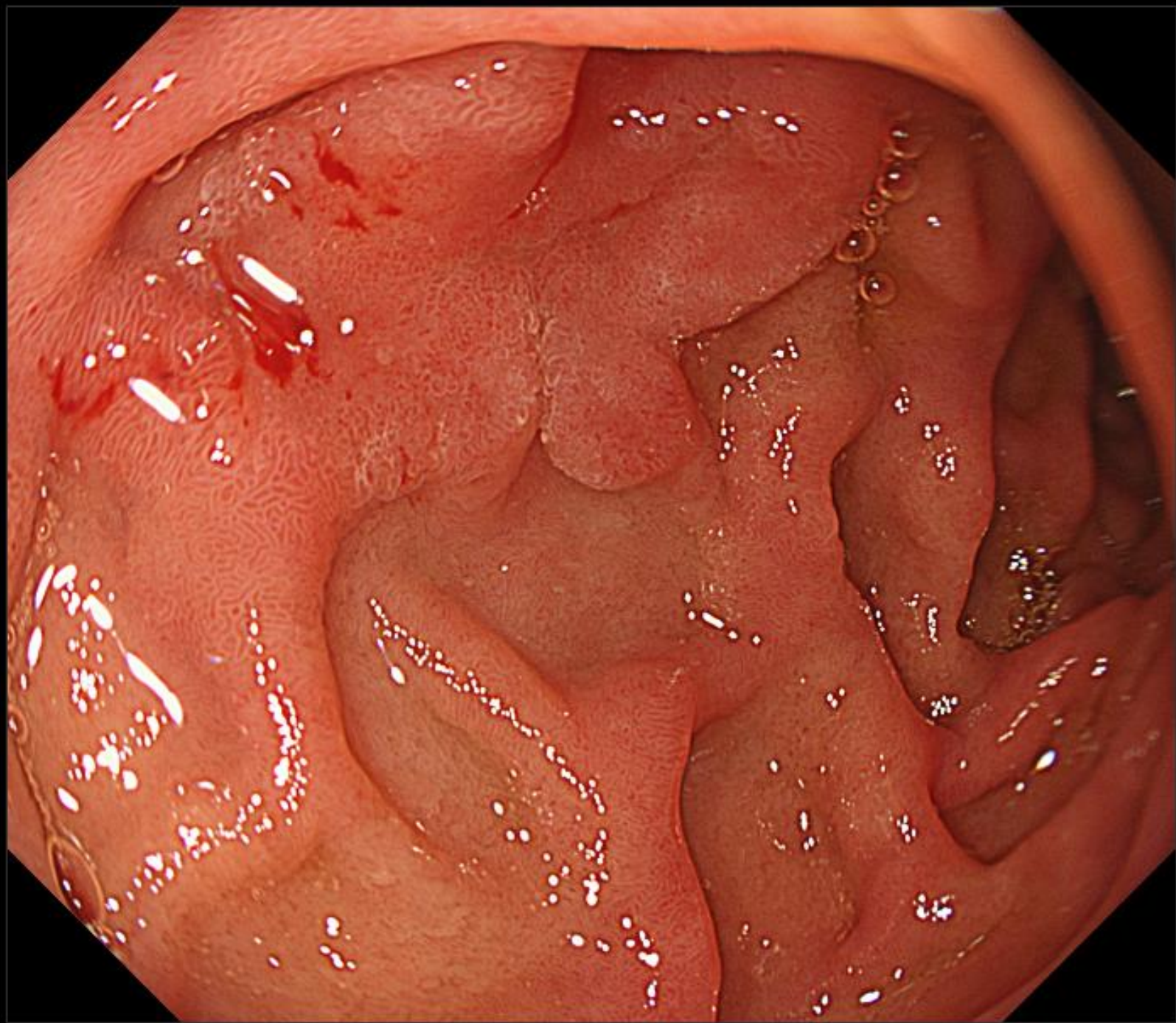


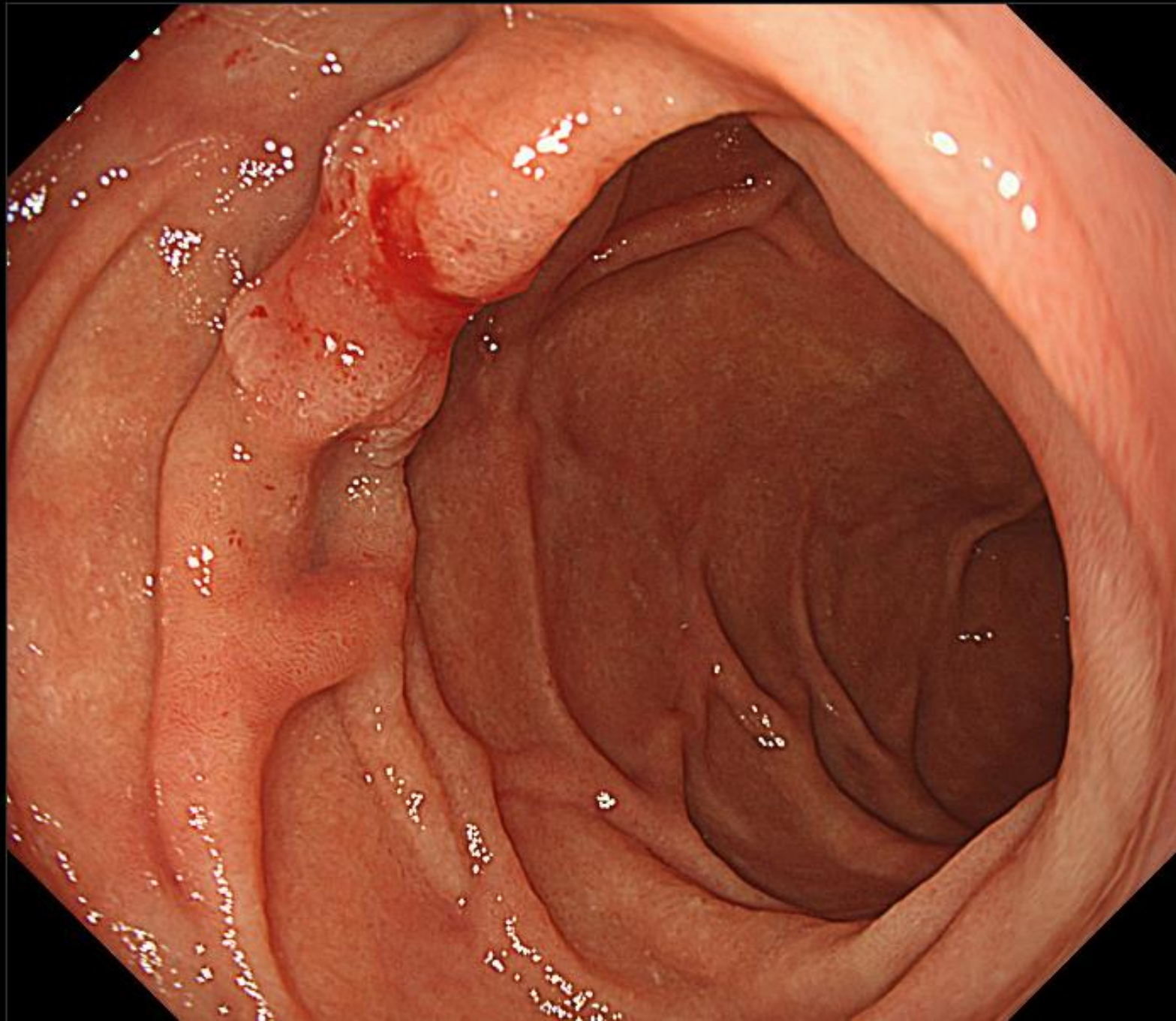
消化管 mapping 十二指腸

豊原 圭一郎

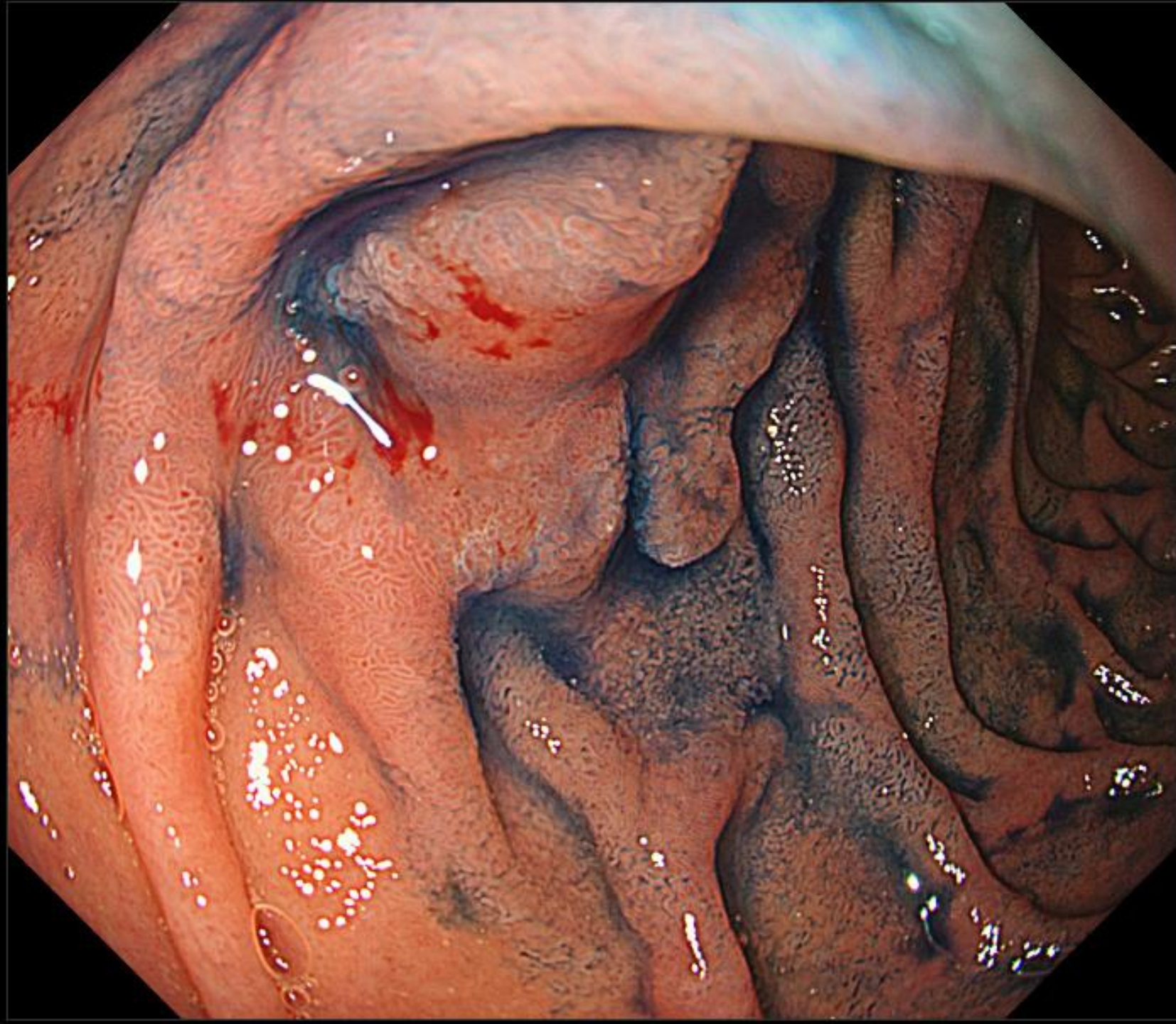
通常觀察 3枚

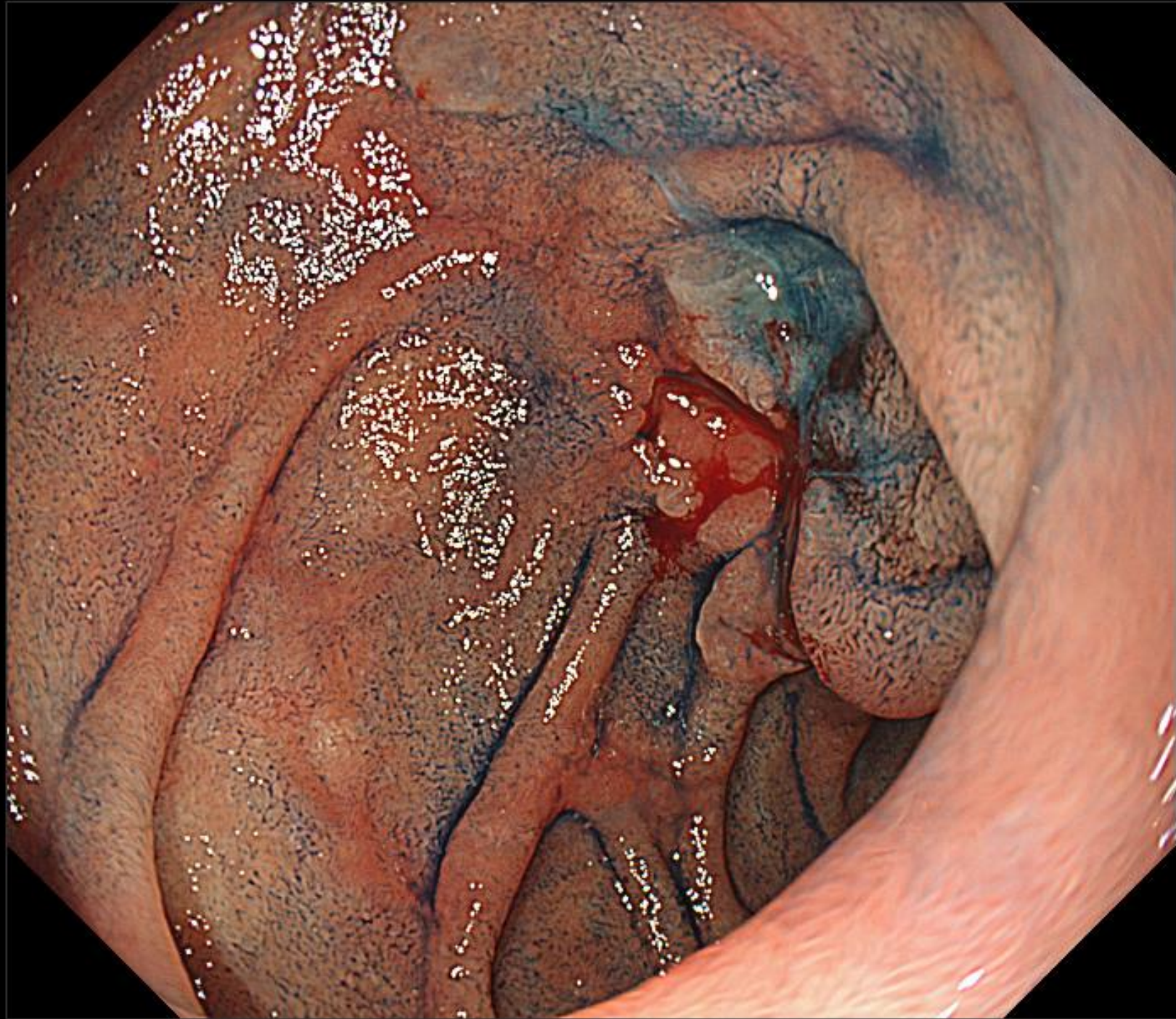




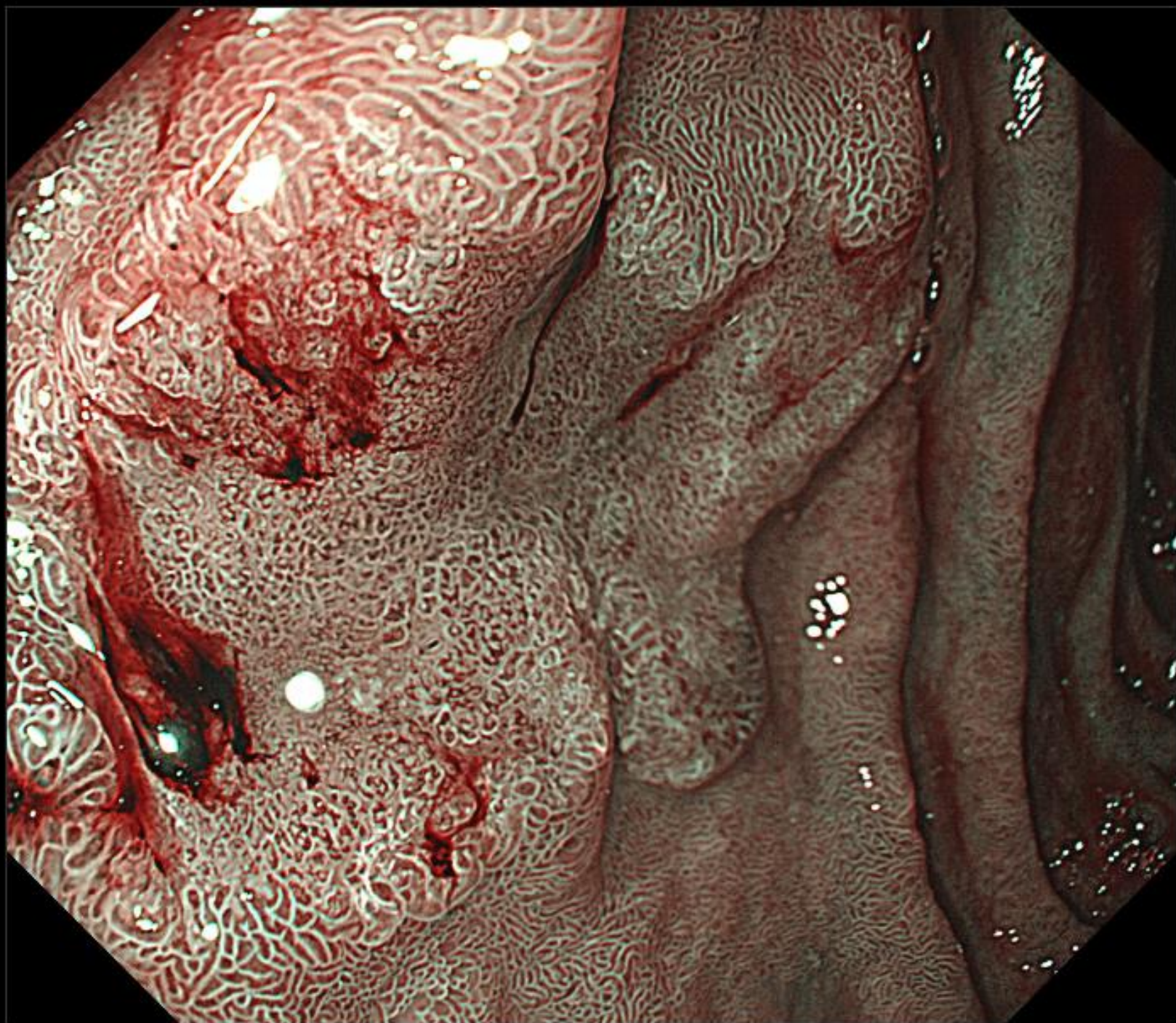


インジゴカルミン散布
(2枚)





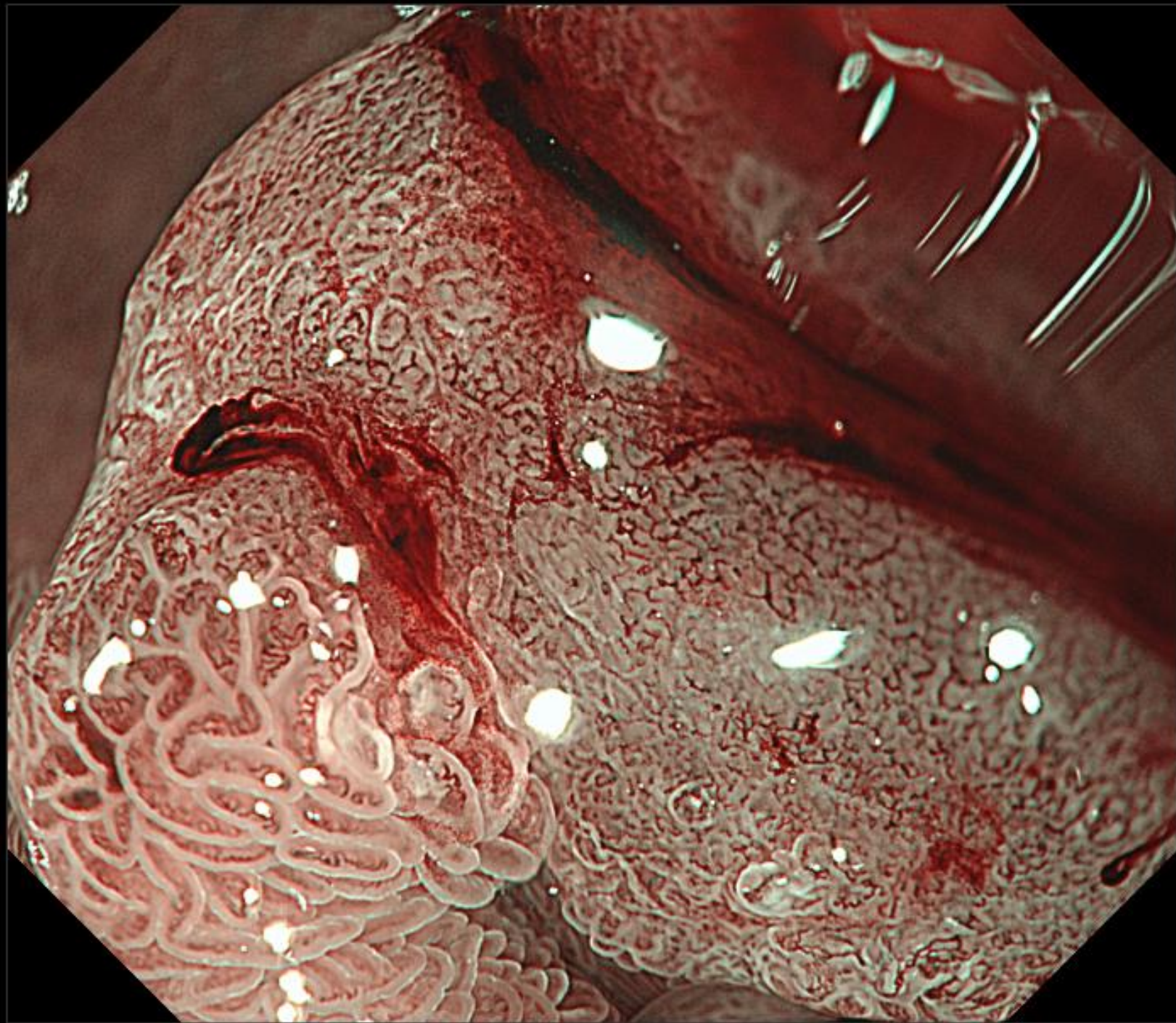
NBI
(3枚)

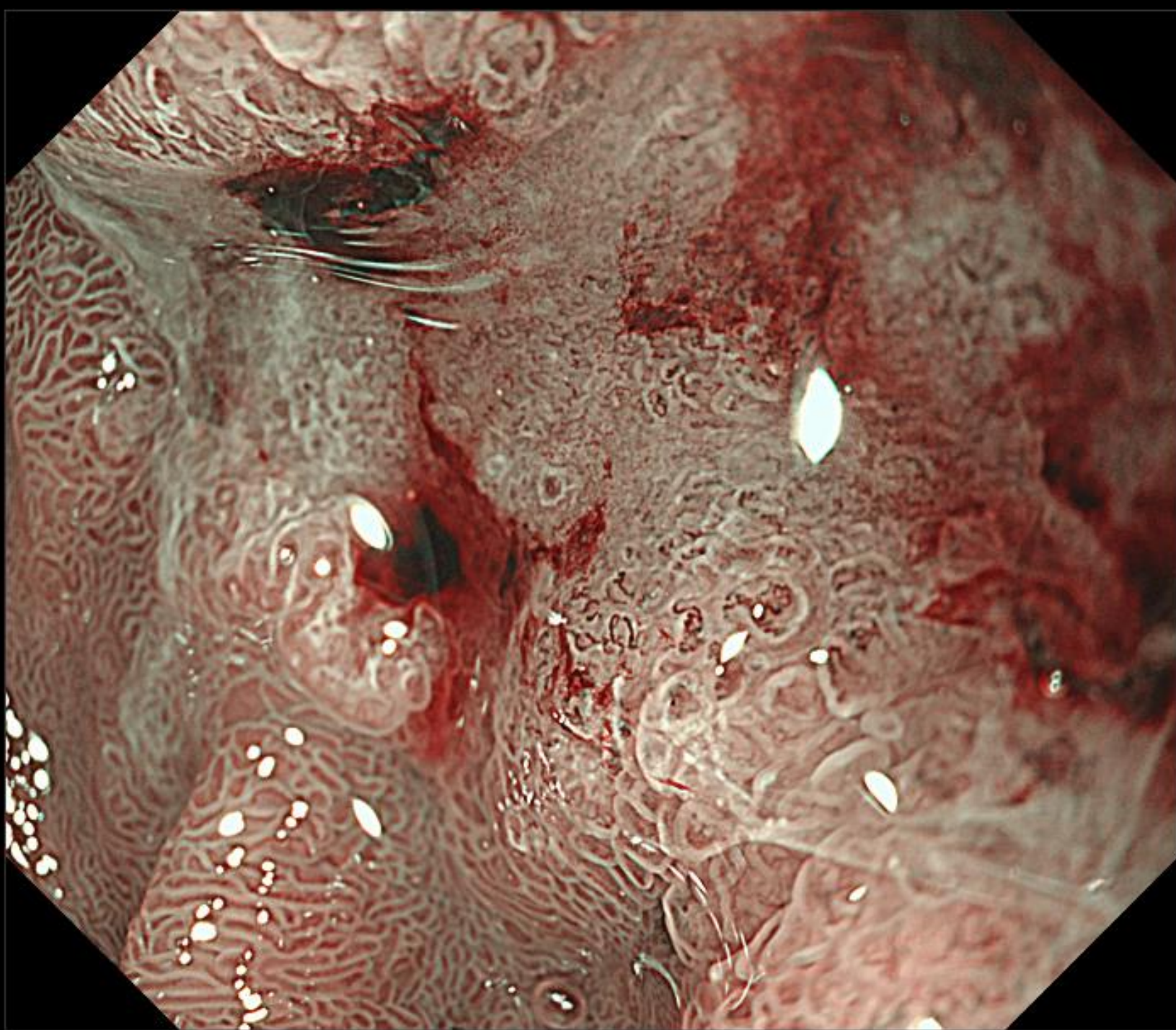


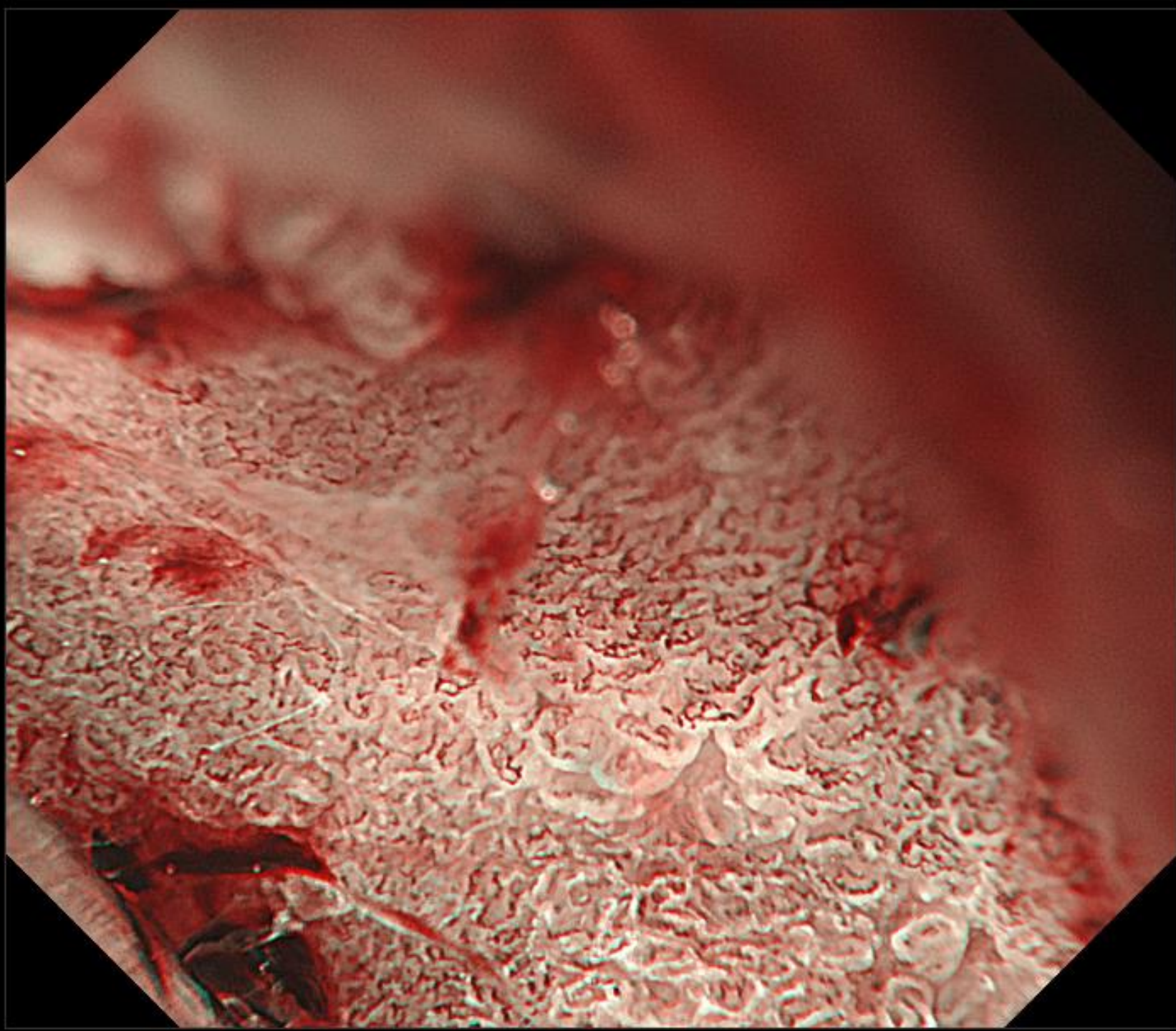




NBI強拡大
(3枚)







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+,

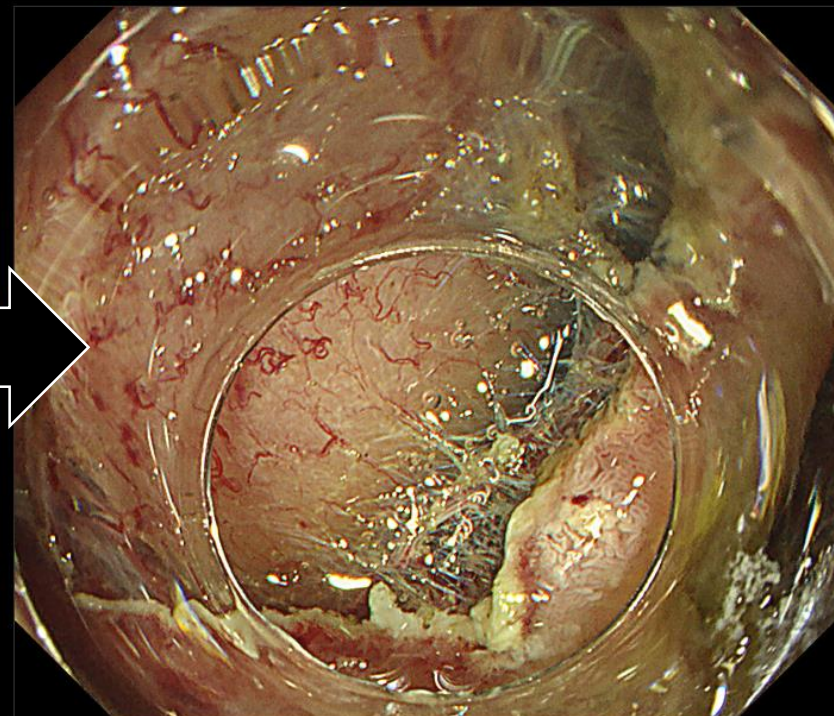
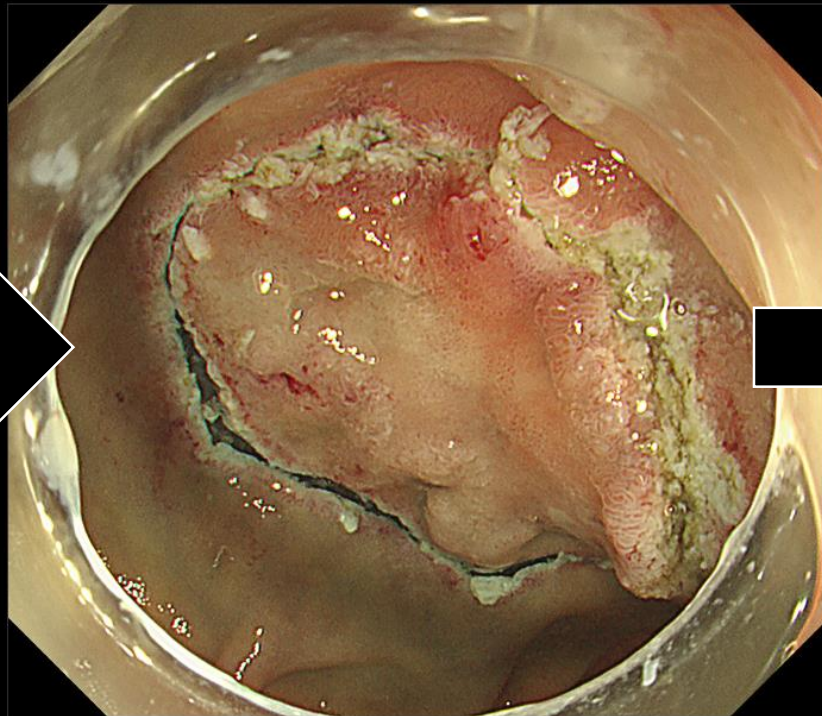
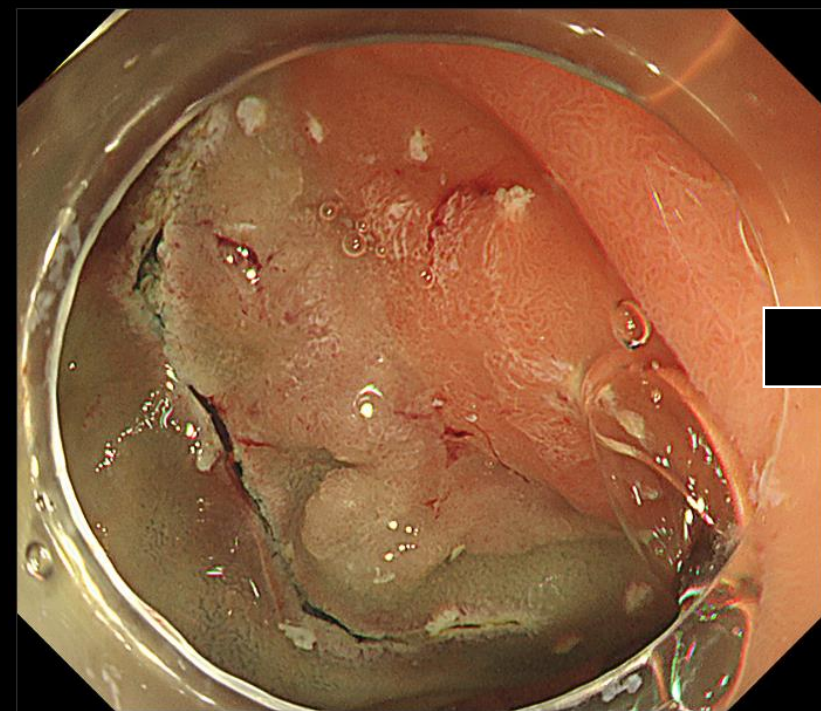
微小血管構造：irregular

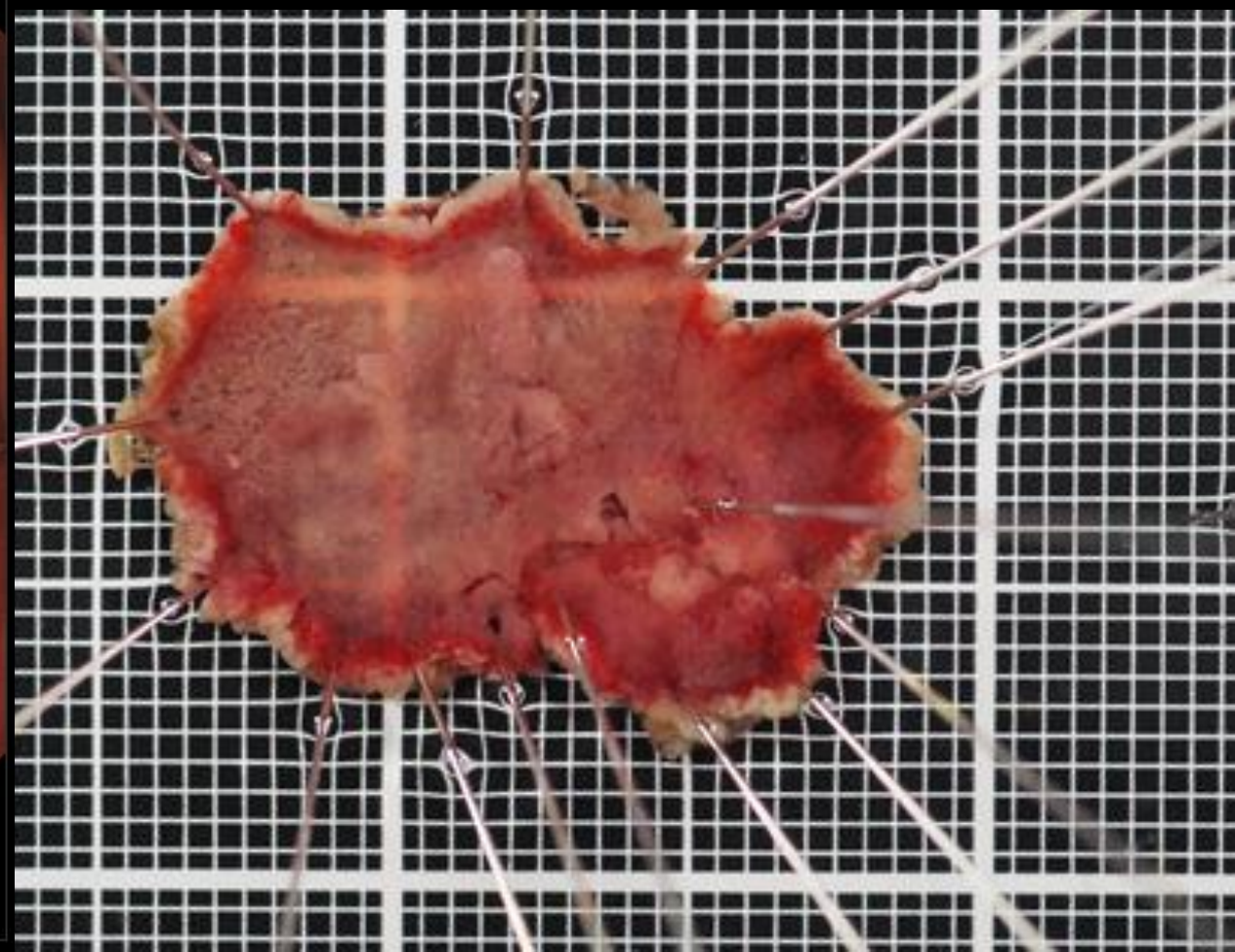
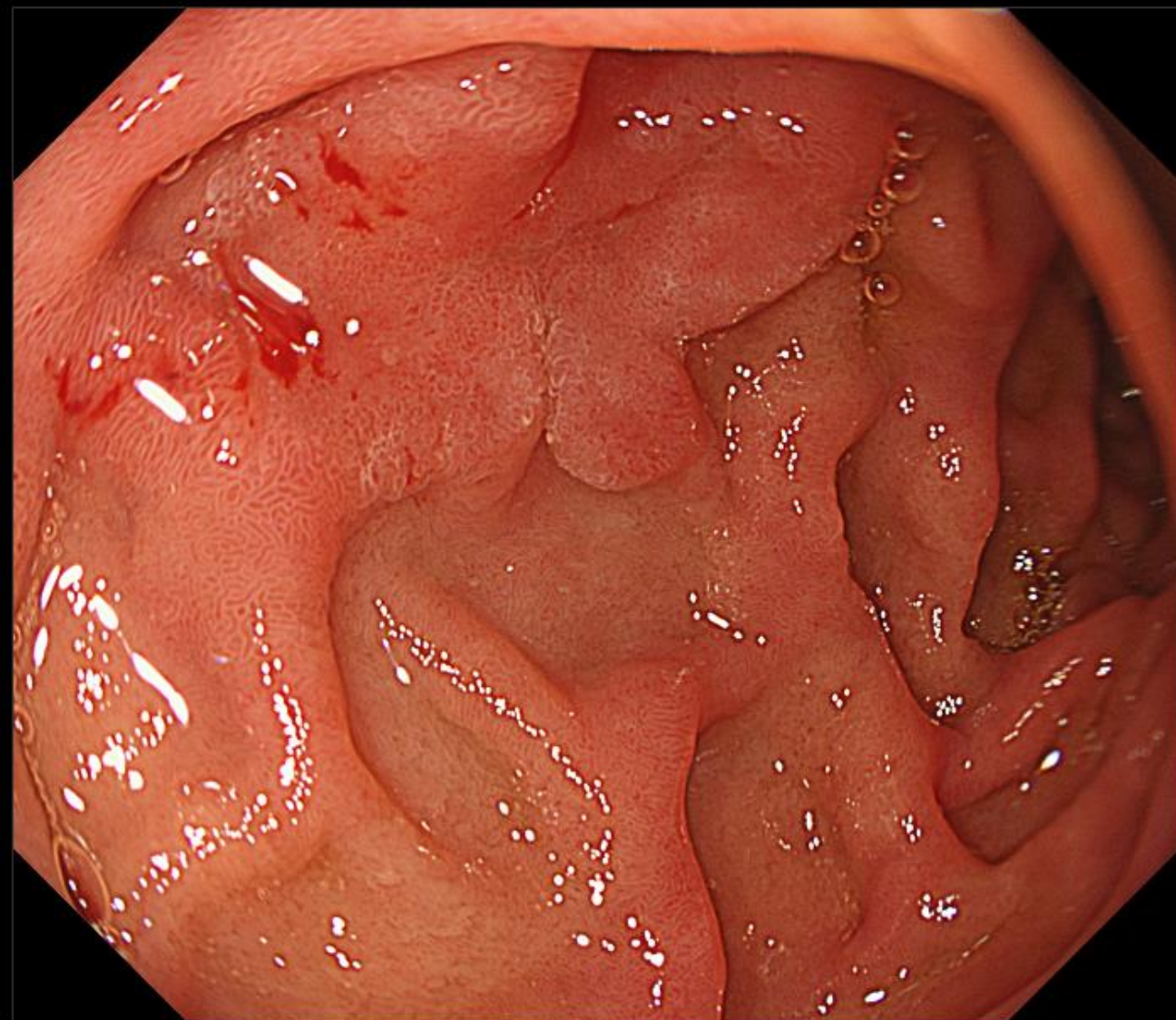
表面微細構造：irregular

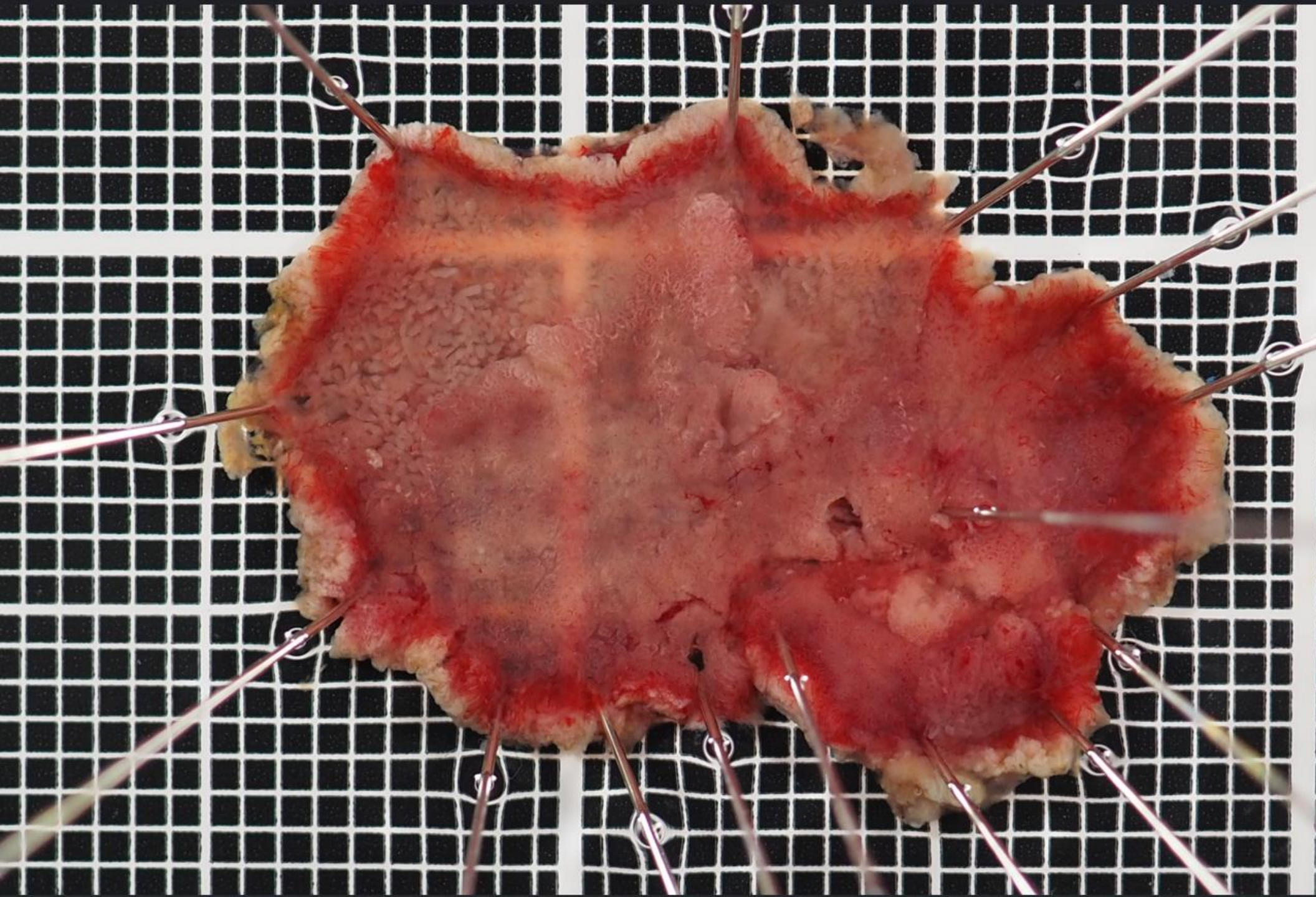
→生検では腸型線種の診断

内視鏡上は十二指腸癌のSM以深浸潤疑い

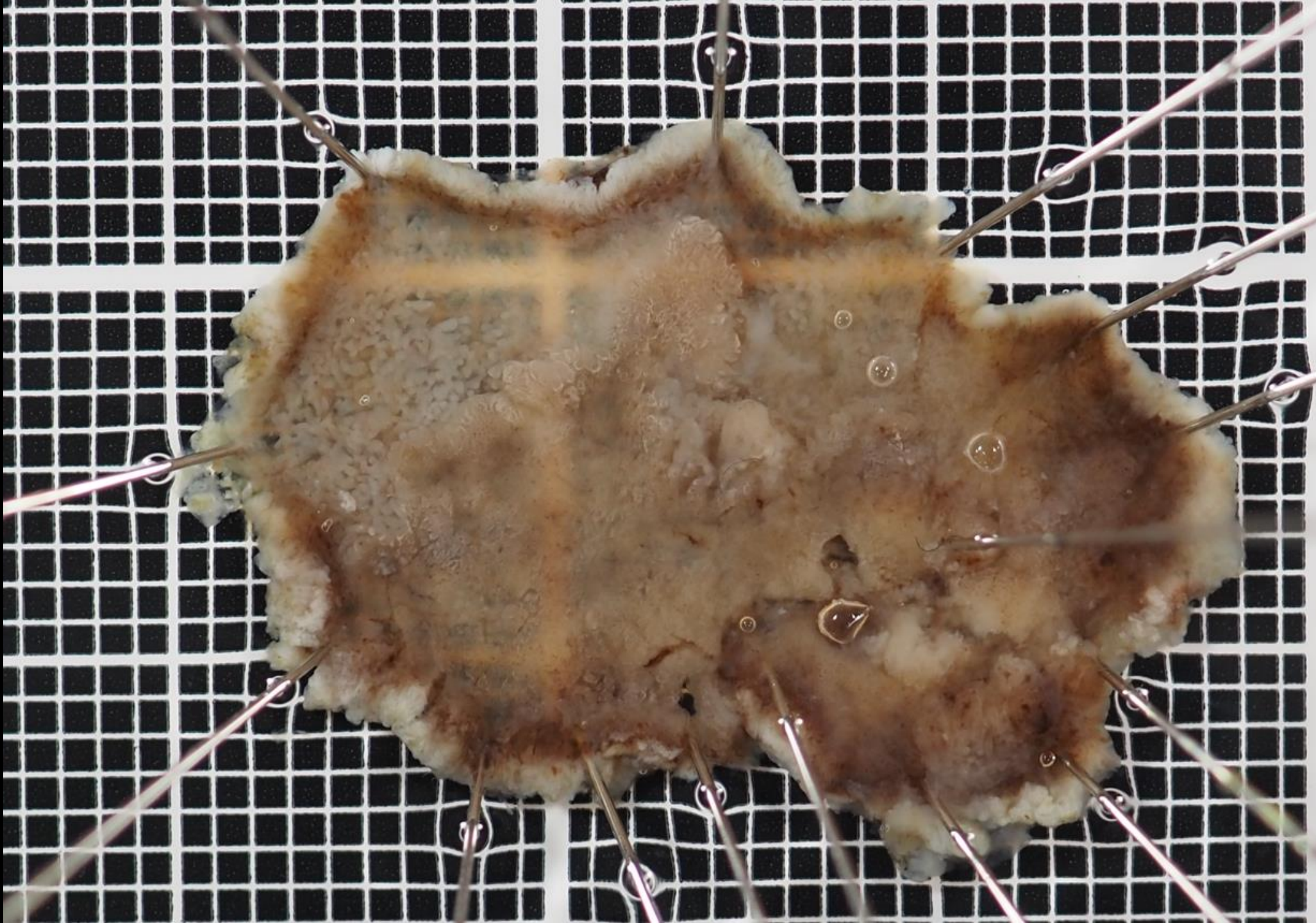
ESD



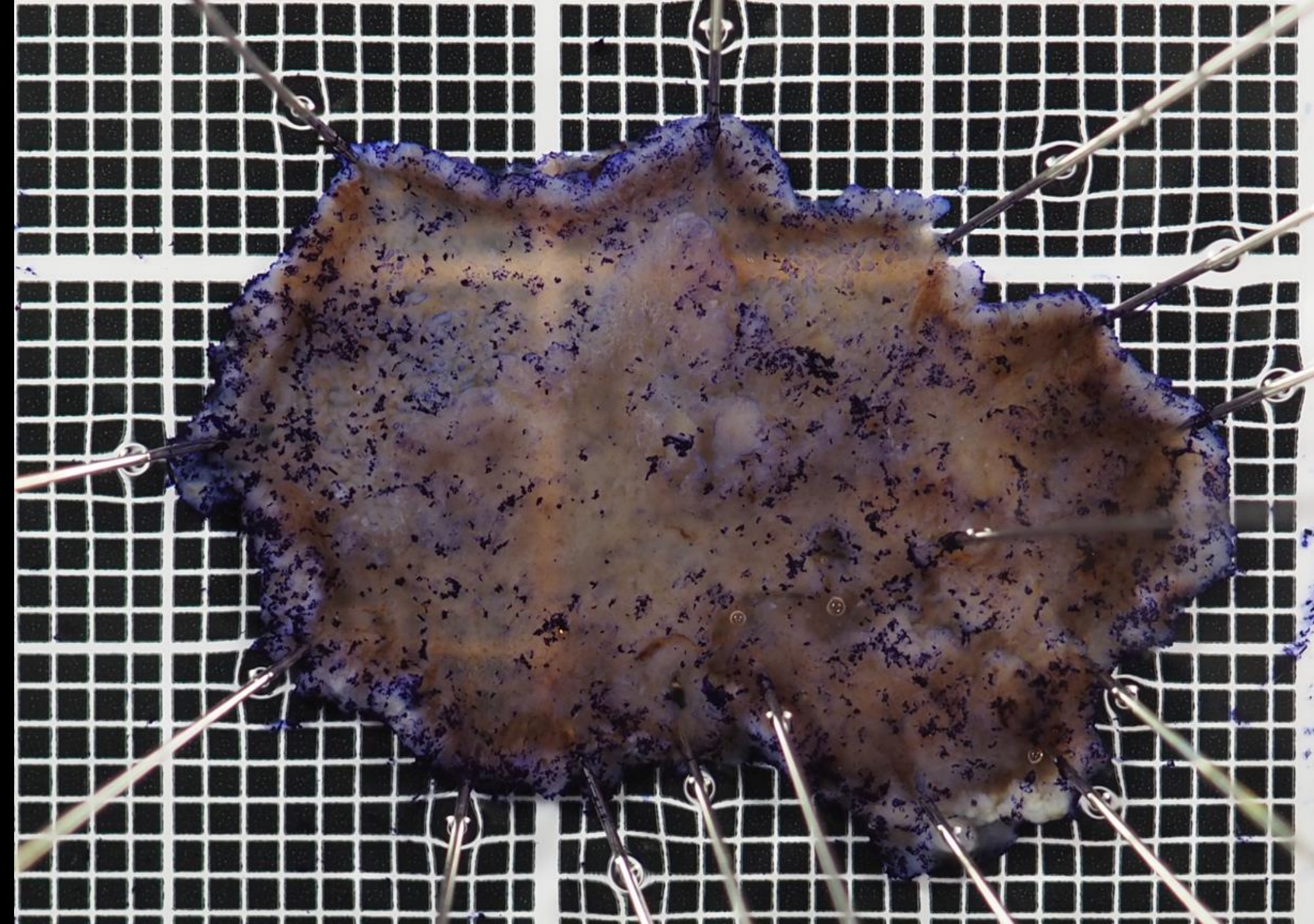




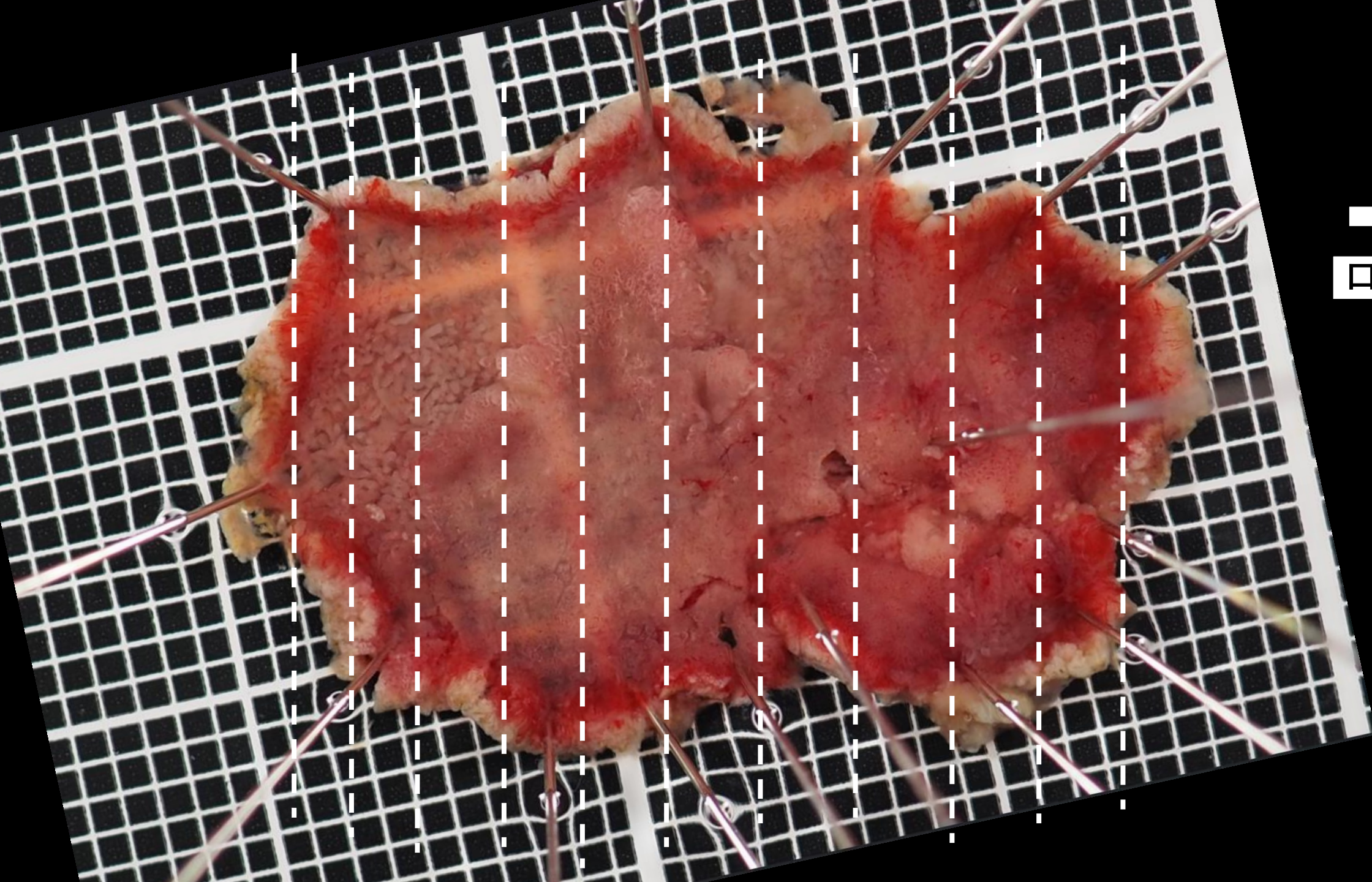
口側



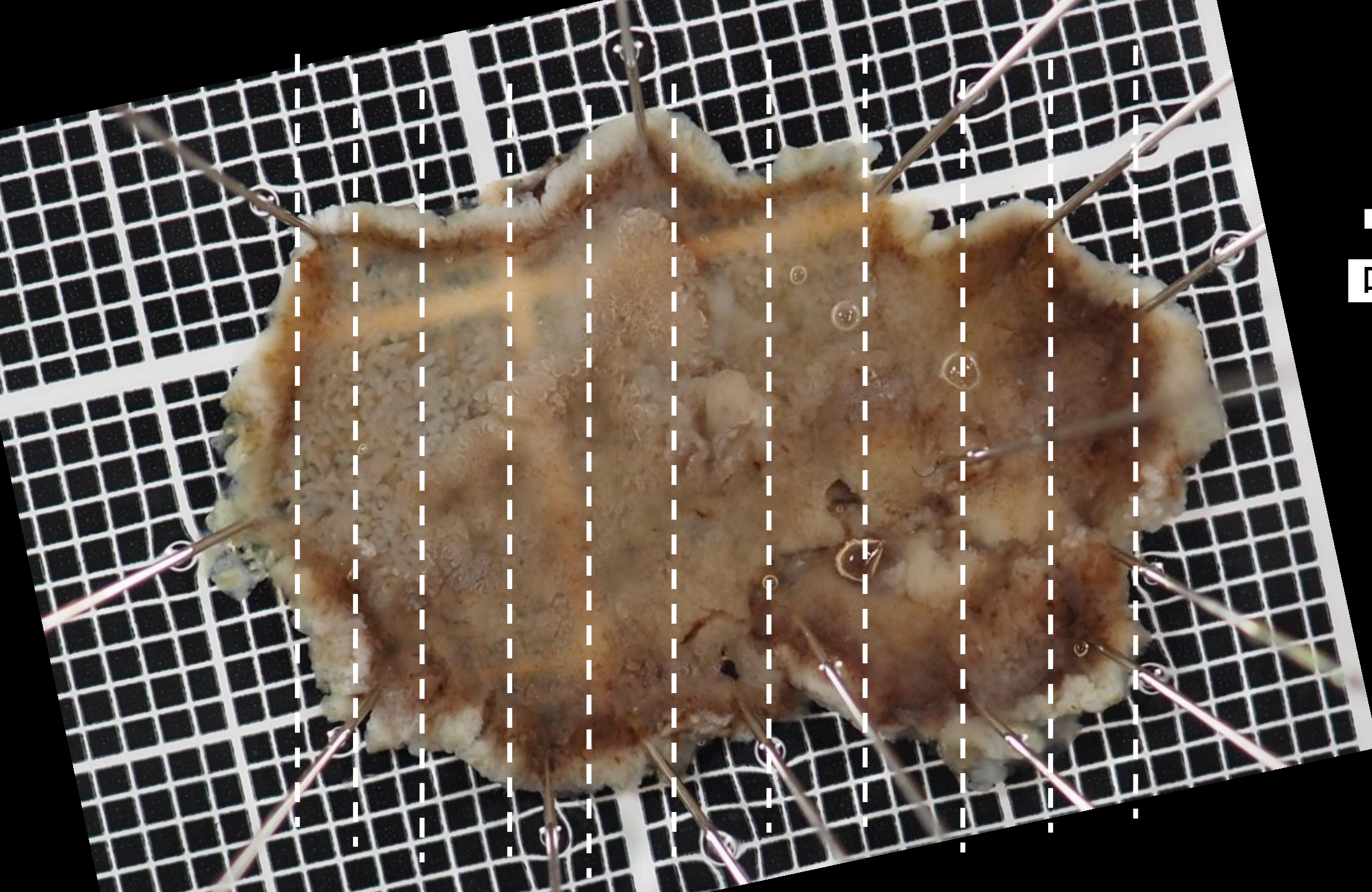
口側



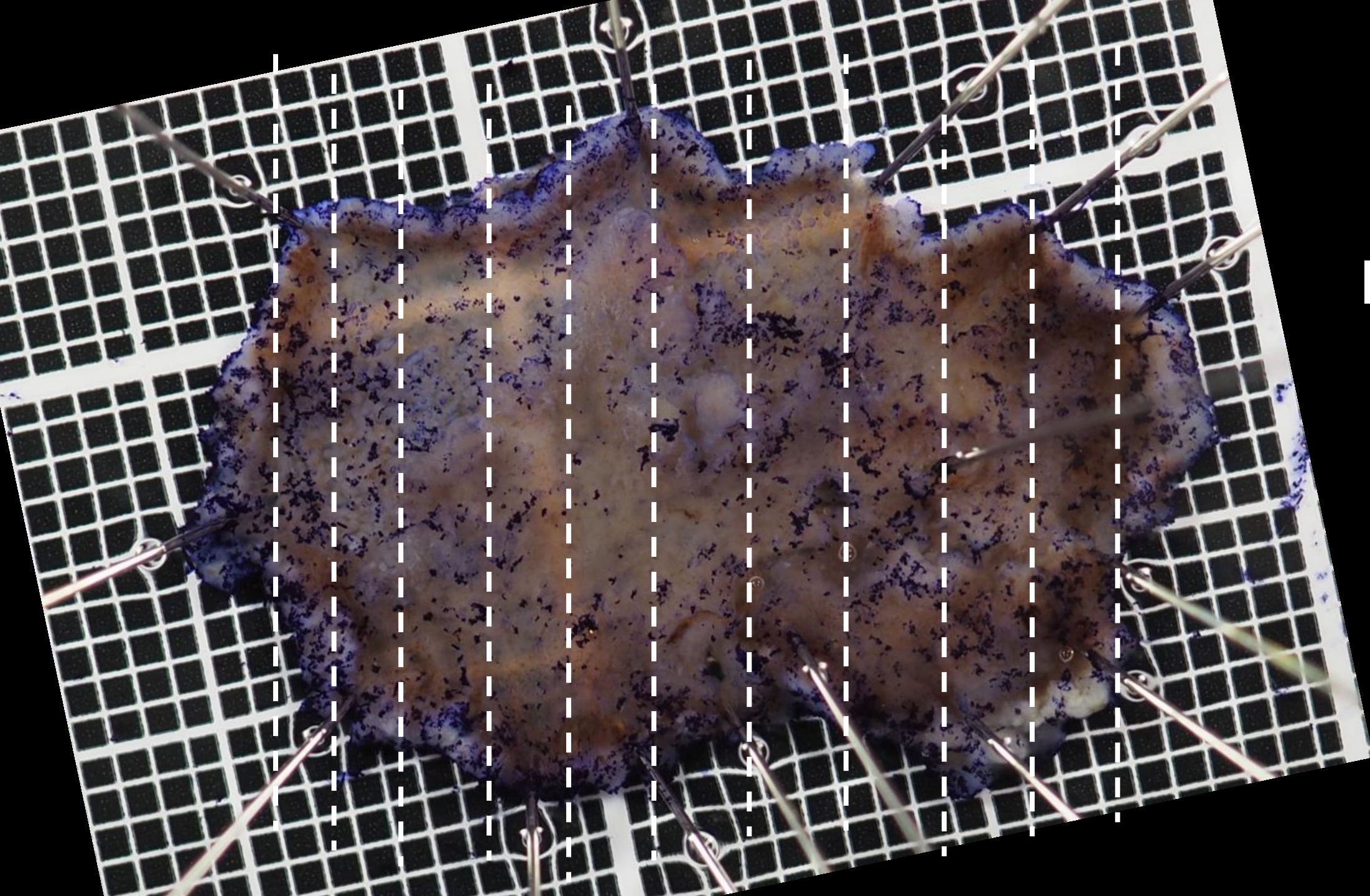
口側



口側



口側



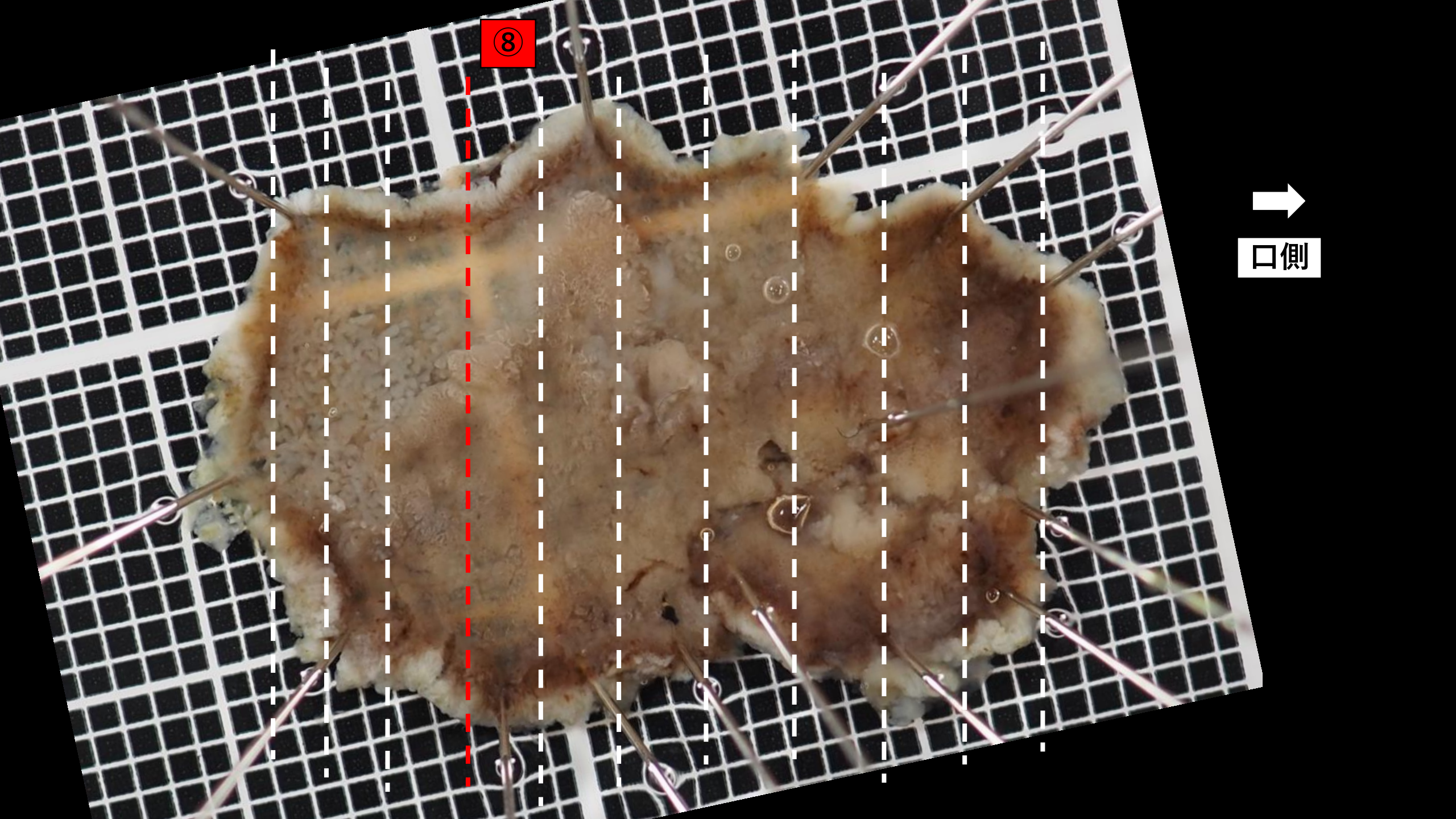
→
口側

Key Slice

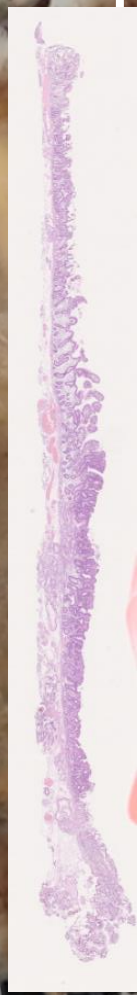
⑧



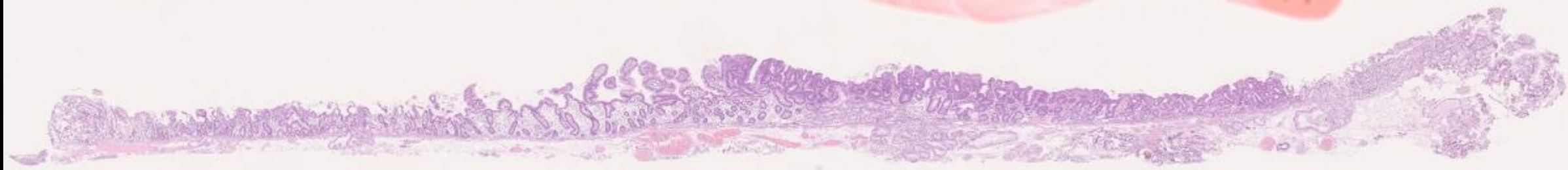
口側

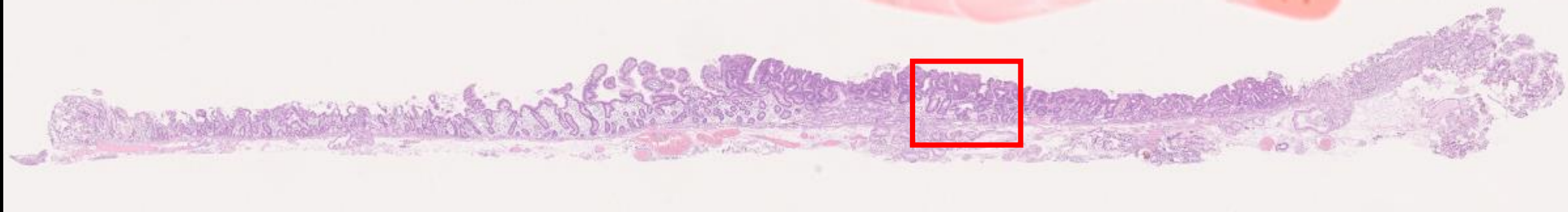


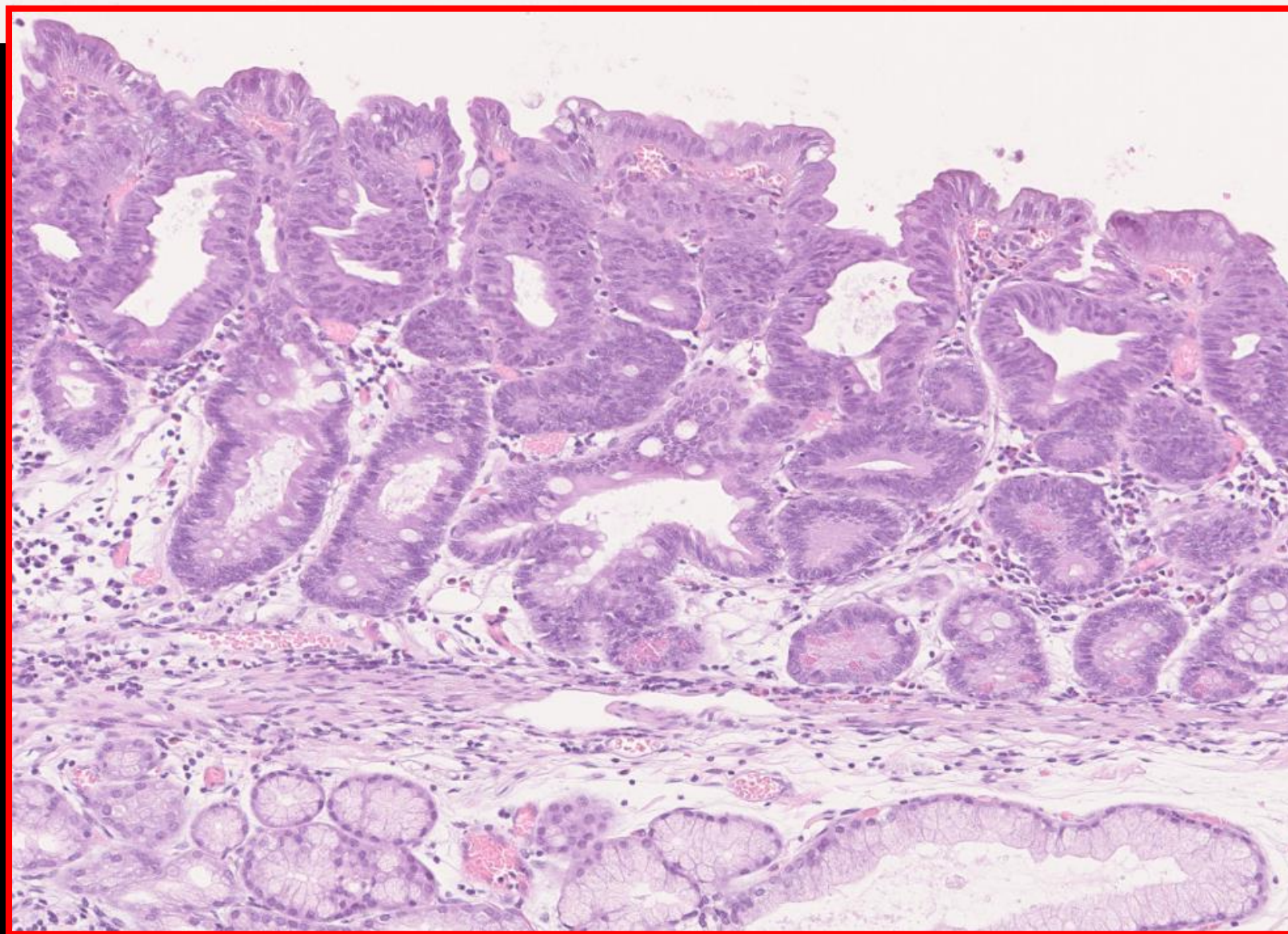
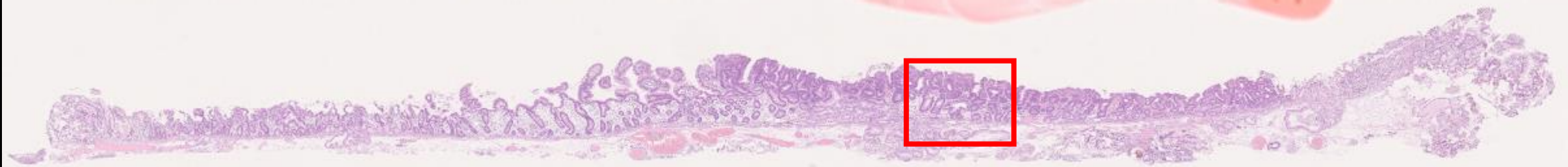
⑧

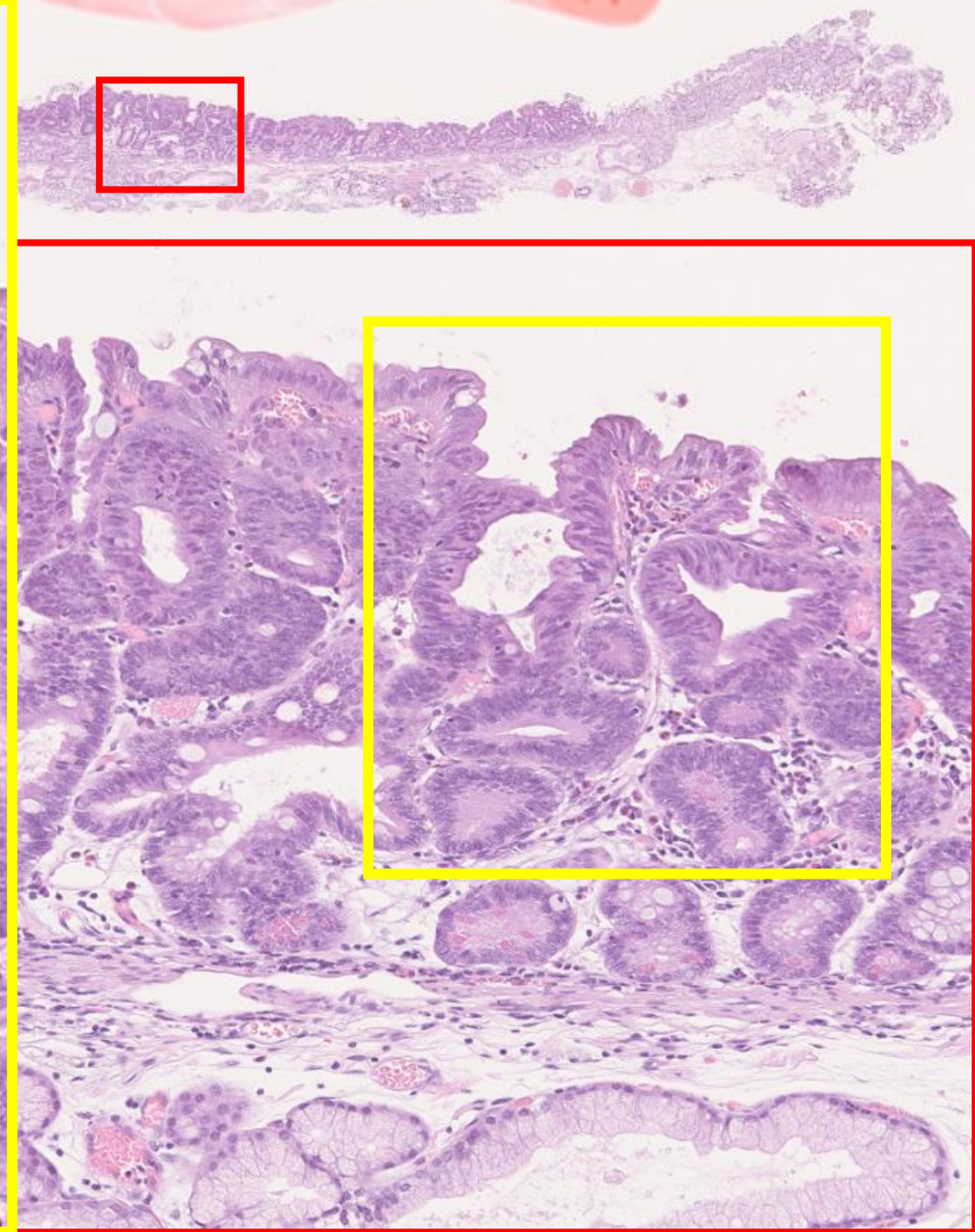
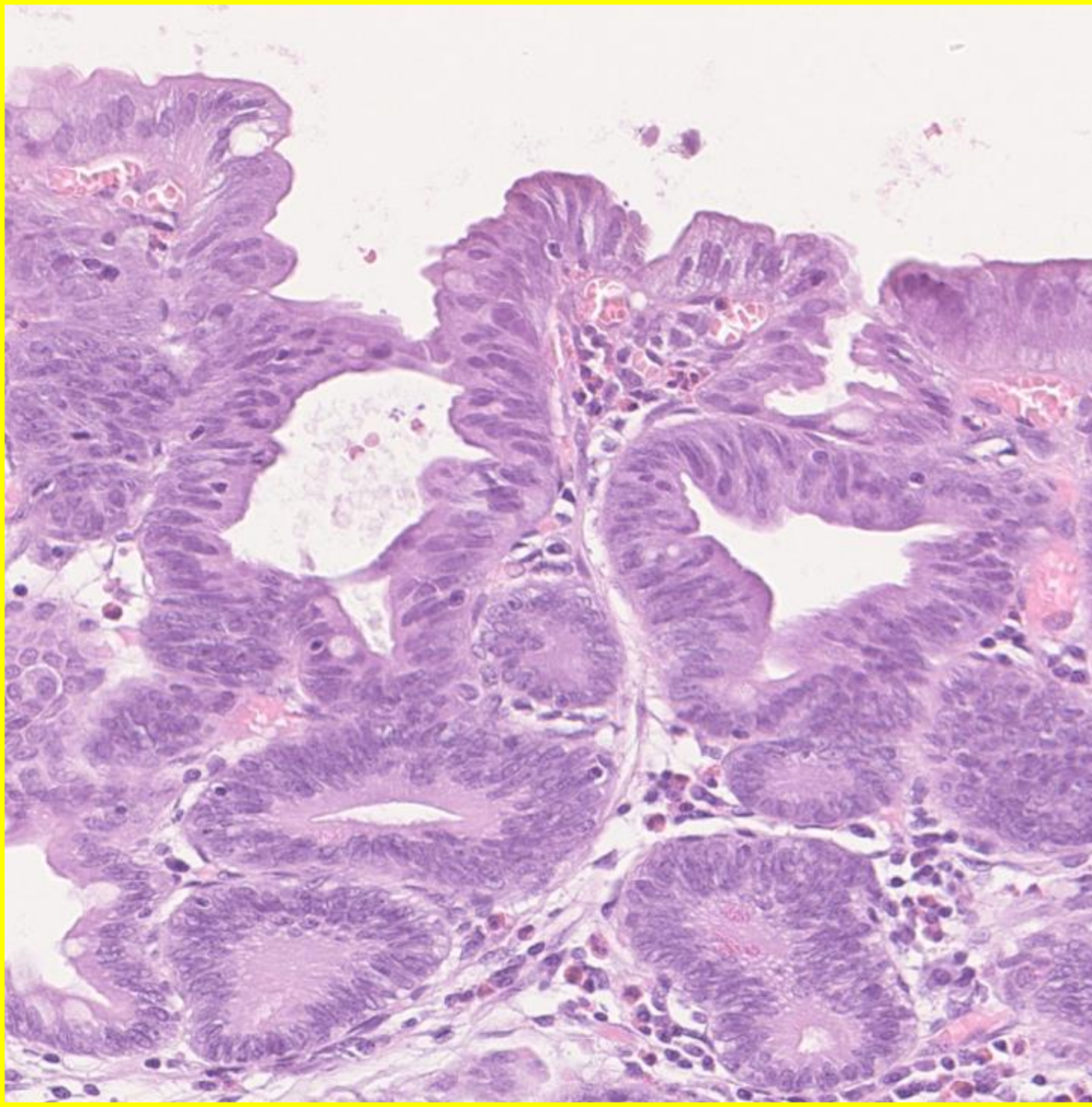


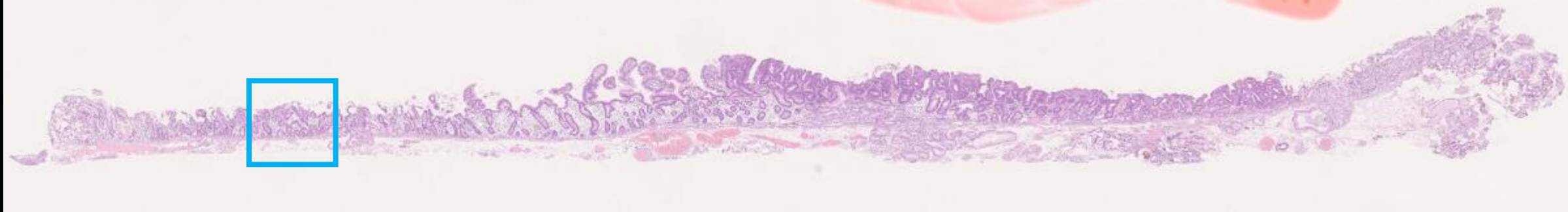
口側

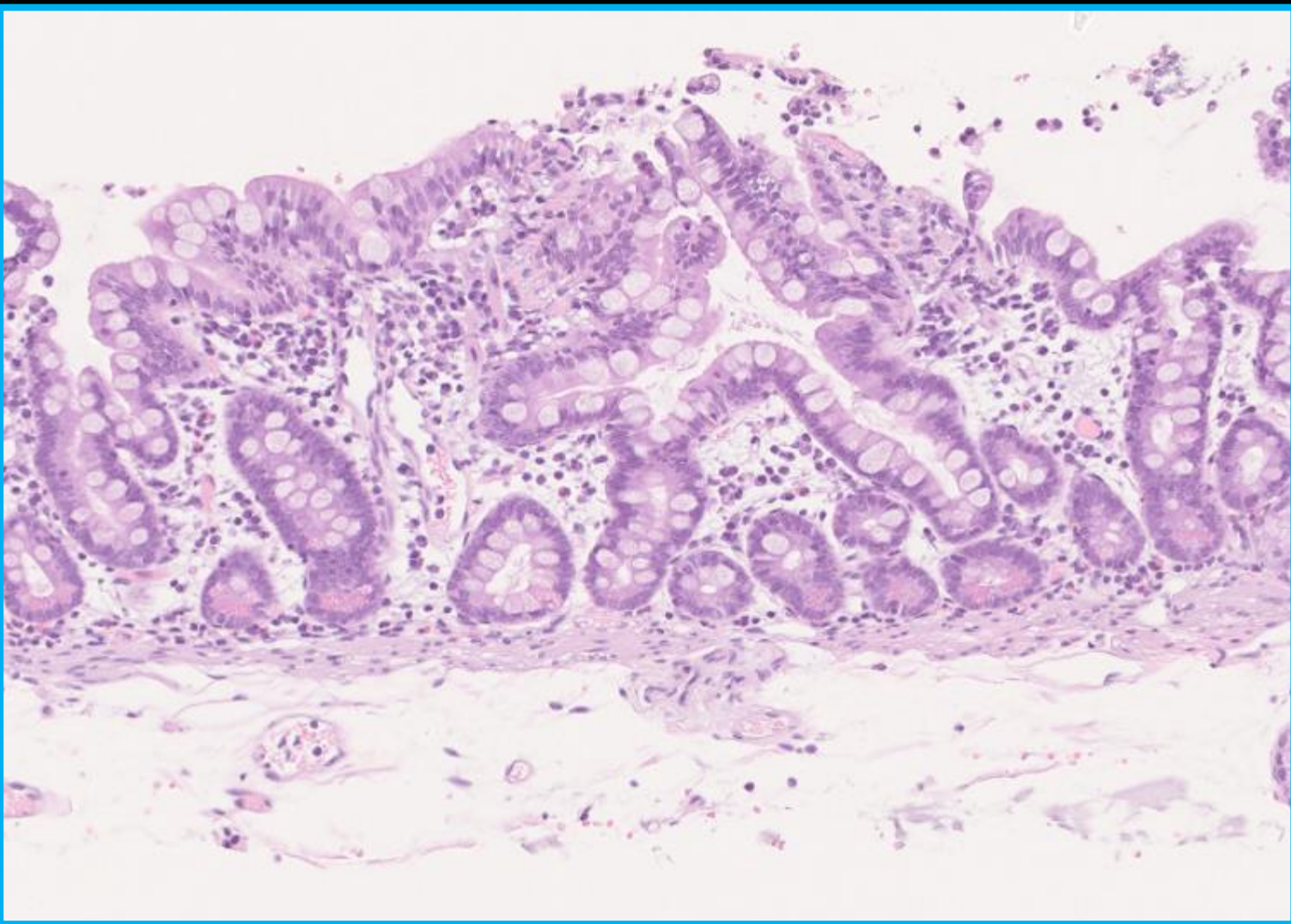
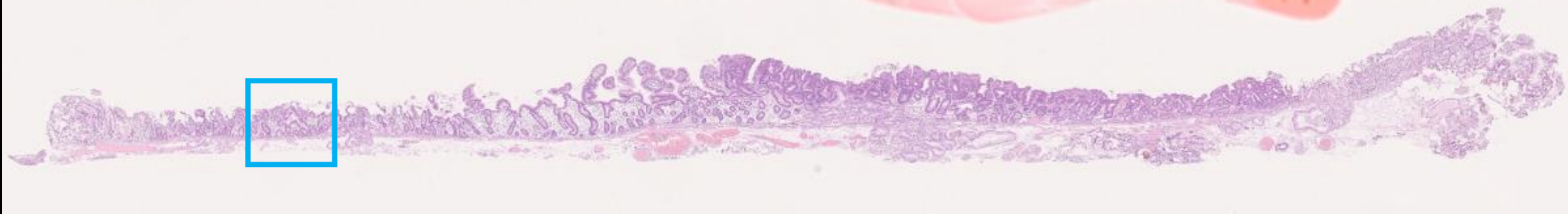












病理組織診断

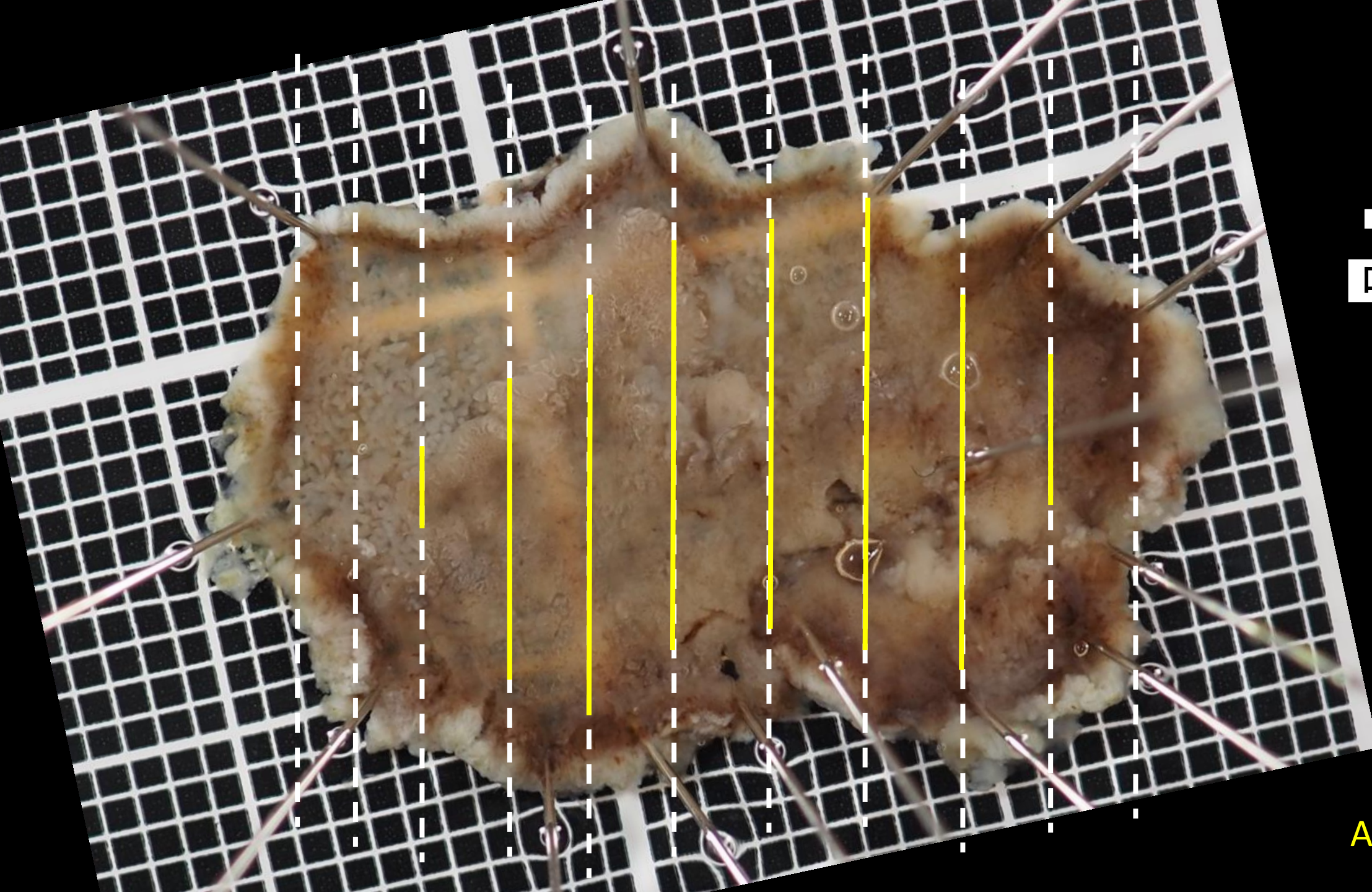
Duodenum, descending, ESD:

tubular adenoma, low-grade, intestinal type.

Horizontal margin: Close

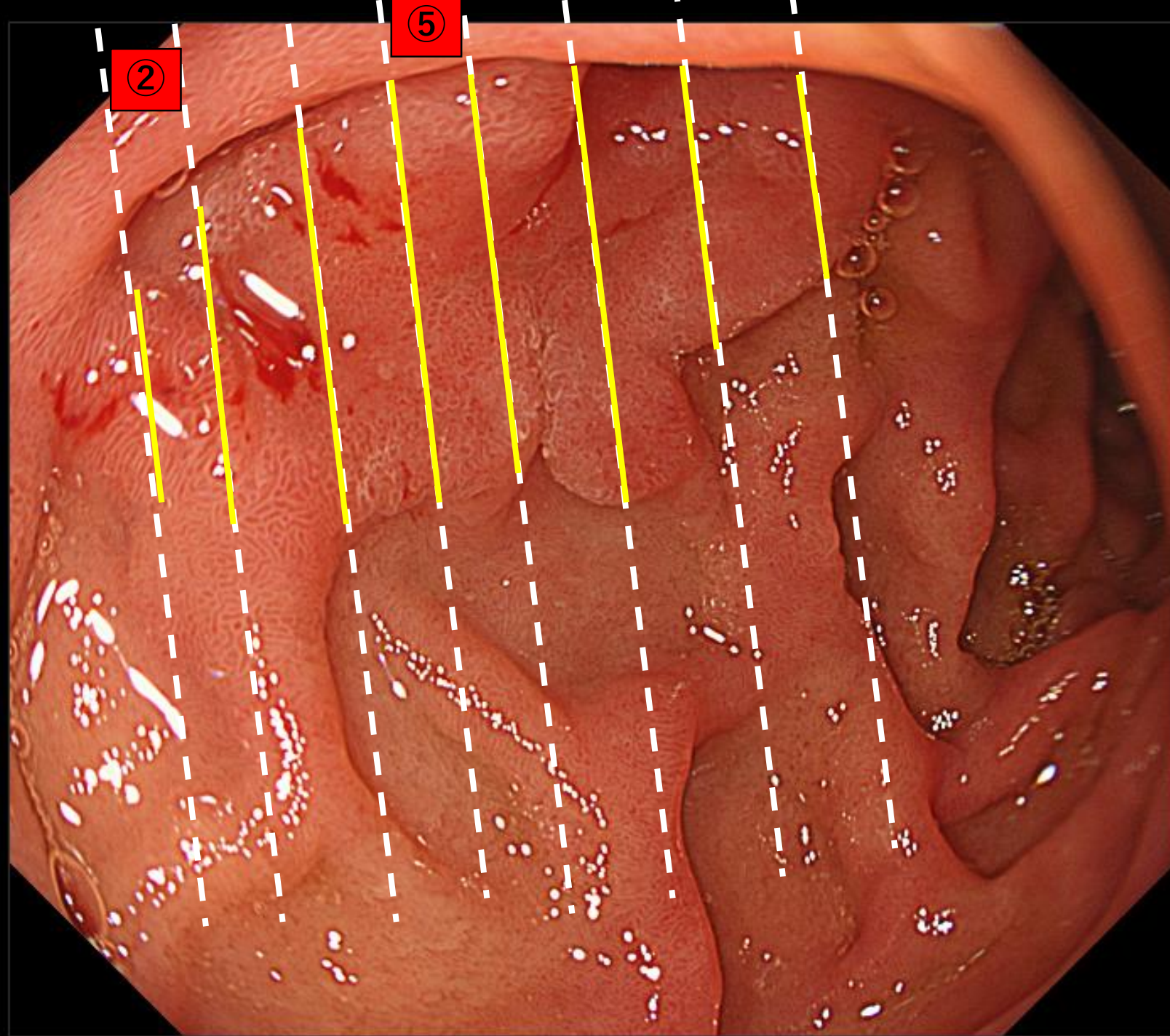
Vertical margin: Negative

Mapping

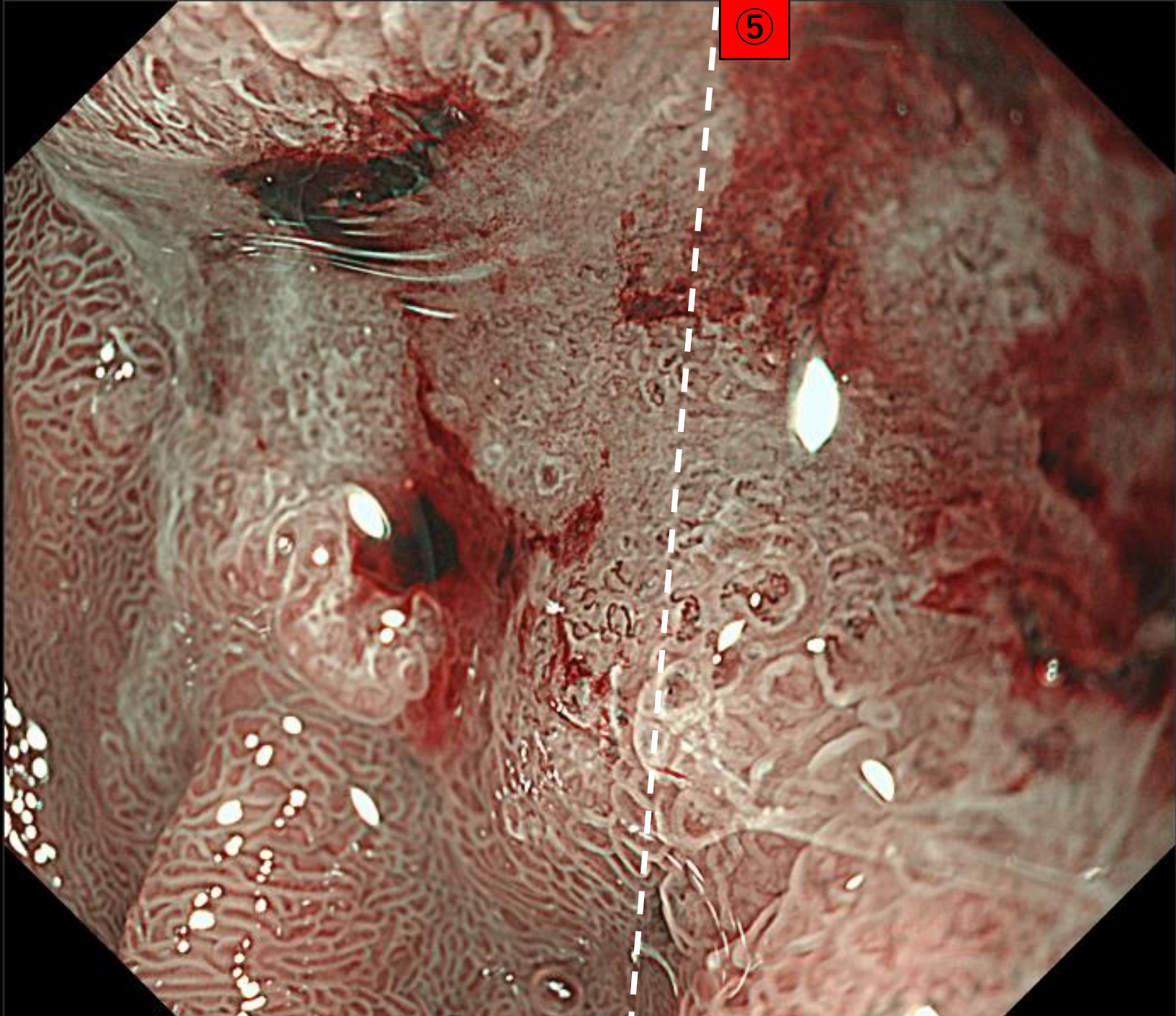


口側

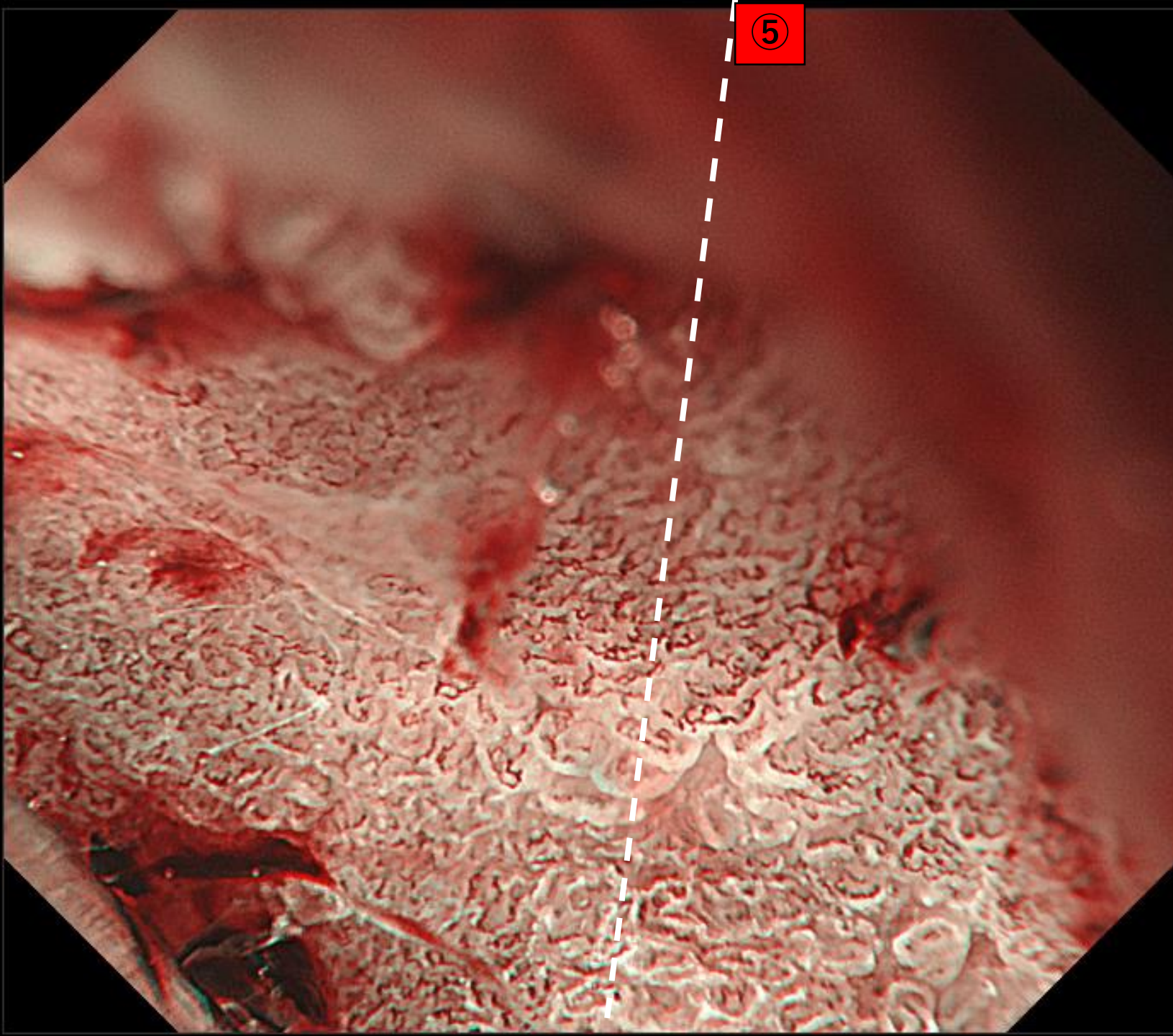
Adenoma

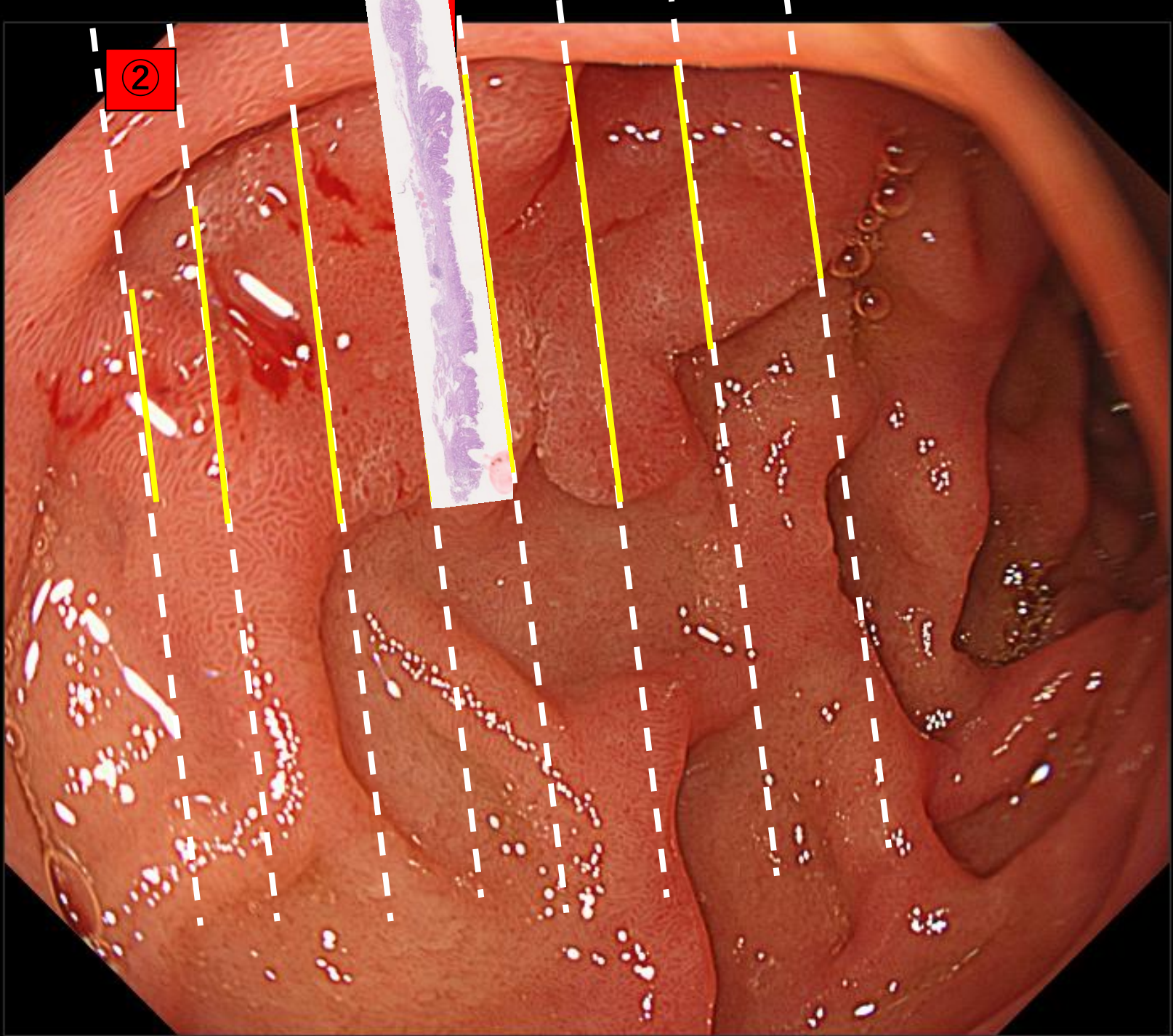


⑤



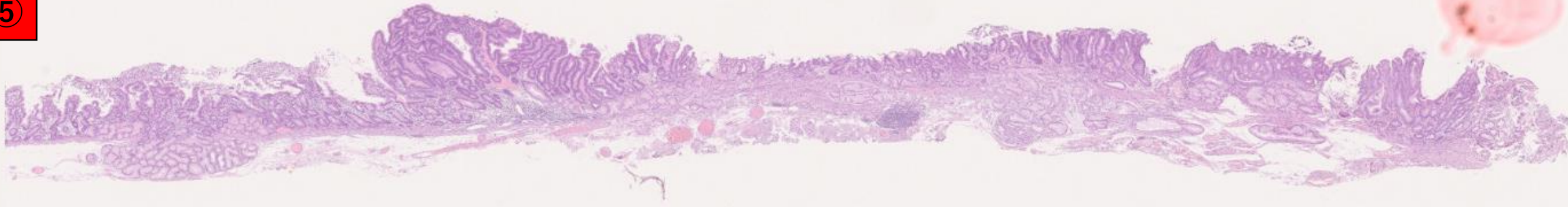
⑤



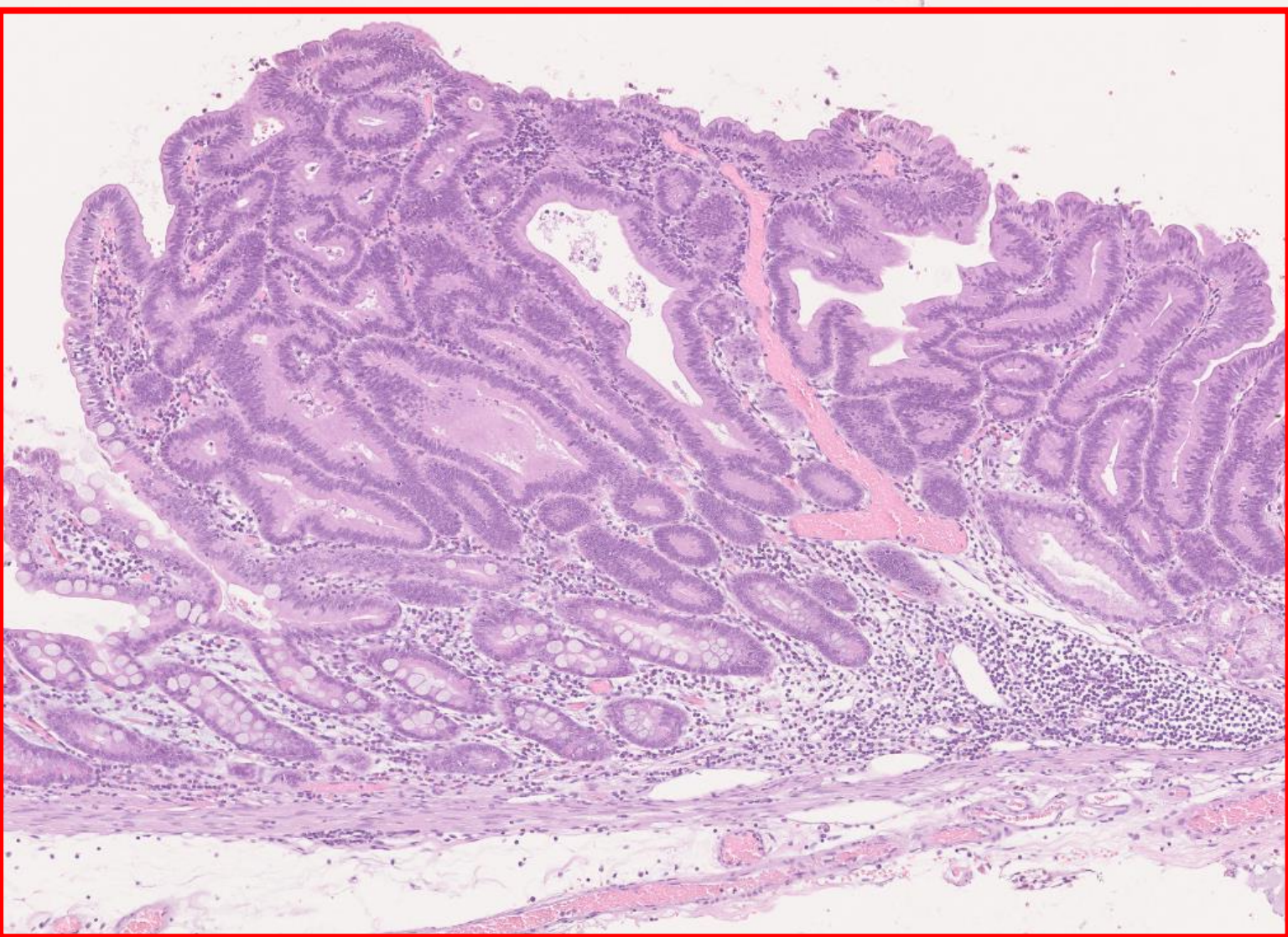
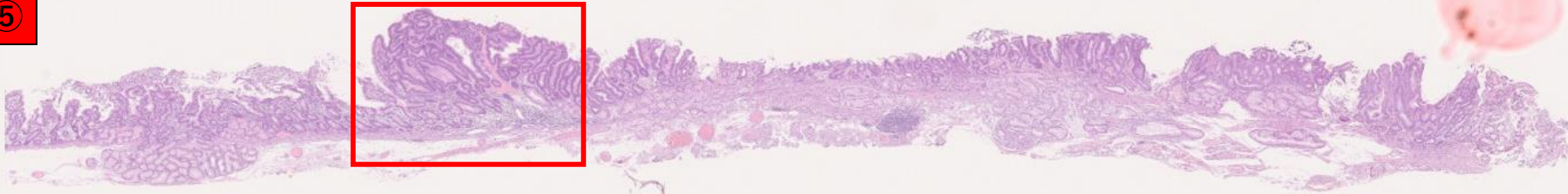


②

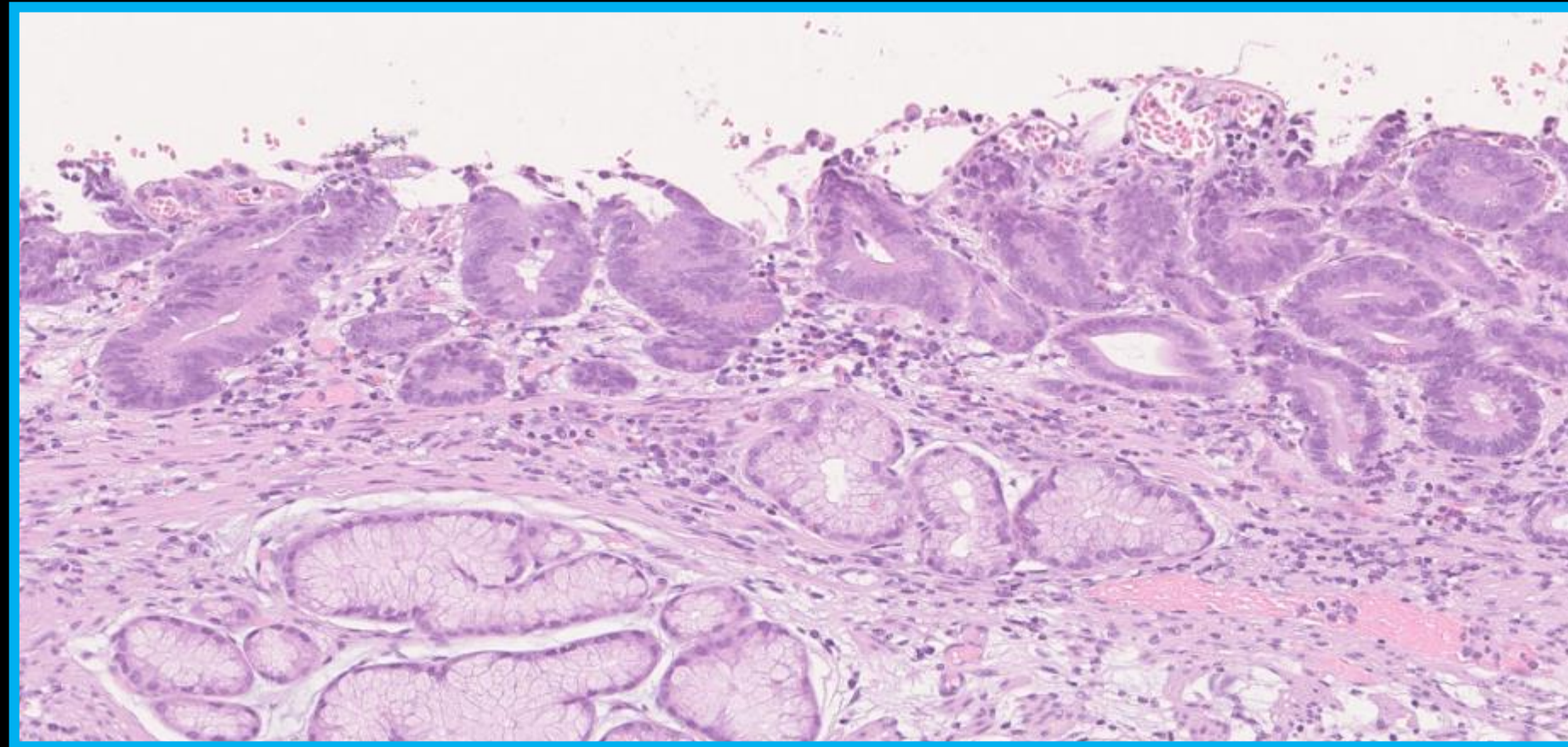
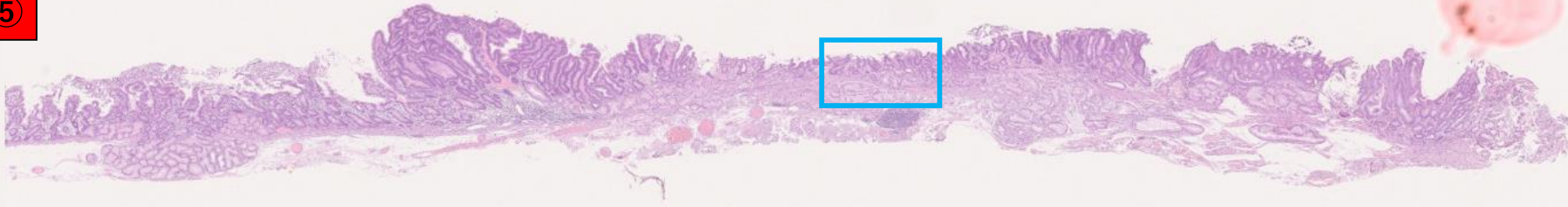
5



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

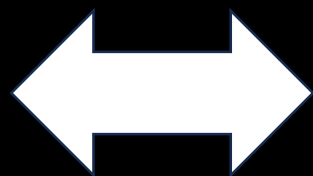
10mm未満

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

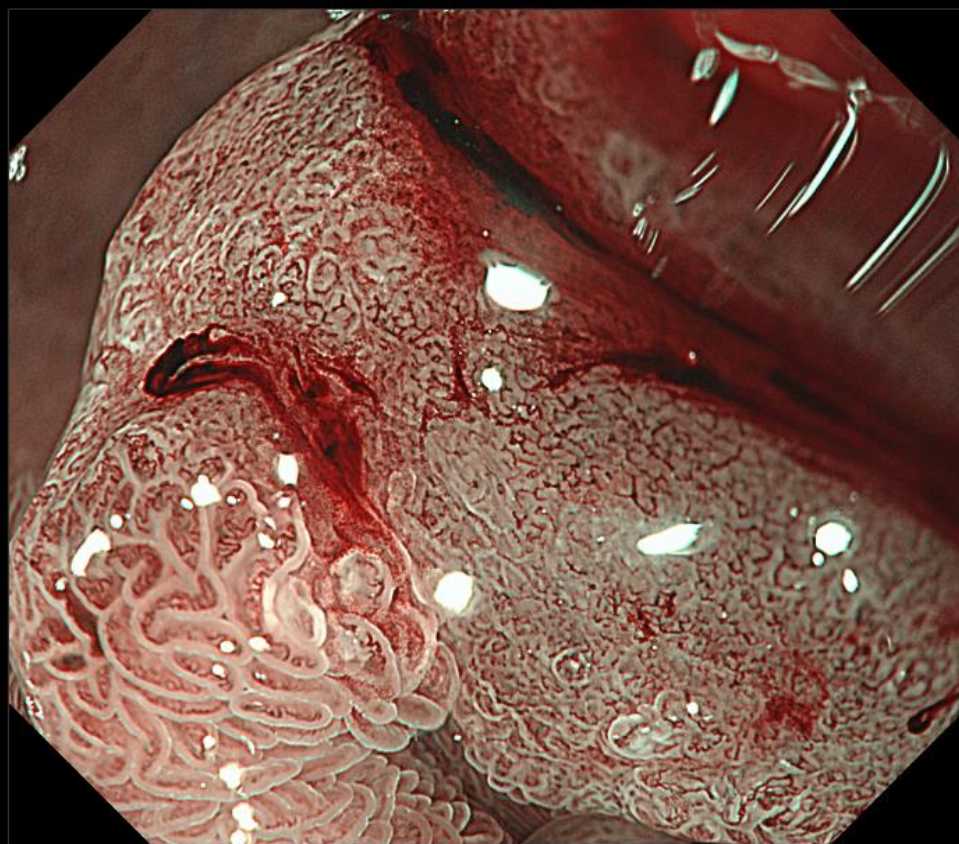
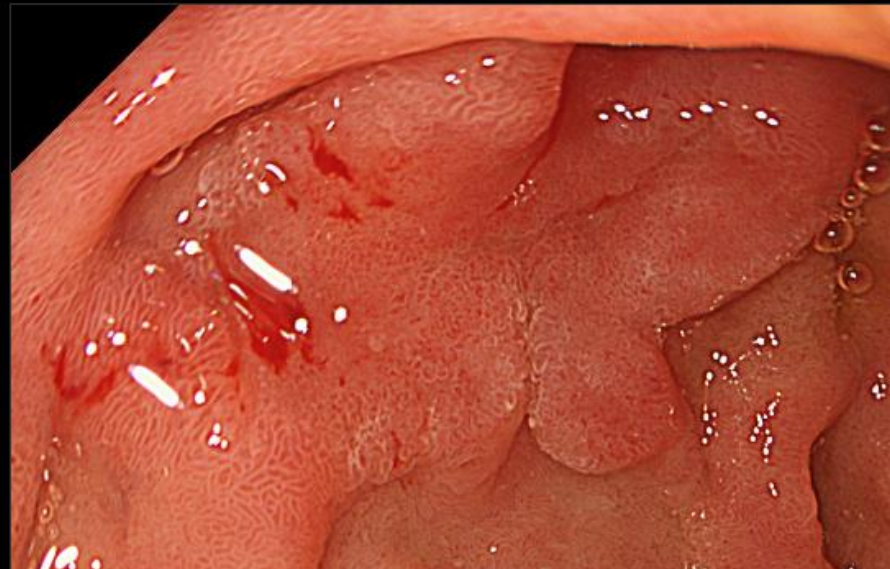
低

高

20mm大

軽度発赤調

絨毛の白色化 辺縁のみ

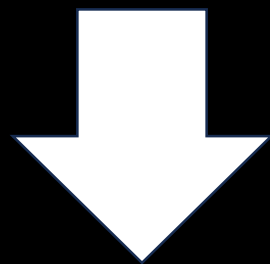


MSPはほぼ均一
病変形状ほぼ均一

內視鏡的正診率約 7 5 % vs 生檢正診率約 7 0 %⁽¹⁾

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

内視鏡的正診率約 7 5 % vs 生検正診率約 7 0 %⁽¹⁾



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