腹腔鏡内視鏡
合同手術研究会
Laparoscopic Endoscopic Cooperative Surgery
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■ 6-EN　A case of Laparoscopy and Endoscopy Cooperative Surgery for circumferential Superficial Non-Ampullary Duodenal Epithelial Tumor.

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It has been reported that laparoscopy and endoscopy cooperative surgery (LECS) for superficial non-ampullary duodenal epithelial tumor (SNADET) was safety and feasible to resect the tumor using ESD technique following the suture of full-thickness at the ESD ulcer using laparoscopic approach. However, there were few reports about circumferential SNADET resected by LECS. We report a case of circumferential SNADET resected by LECS. An 84-year-old woman underwent esophagogastroduodenoscopy (EGD) for further examination of anemia. An entire circumferential SNADET was detected and diagnosed as a tubular adenocarcinoma by biopsy specimens. She was referred to our hospital for the treatment of the SNADET. The entire circumferential tumor with 10cm in size was located in duodenum from 2nd to 3rd portion. EUS showed that the tumor depth was intramucosa or slight submucosal invasion. In terms of advanced age and surgical stress of pancreatoduodenectomy, we performed LECS for the SNADET. Firstly, we performed ESD under general anesthesia. We incised mucosa and dissected submucosal layer by Pocket Creation Method using a Clutch Cutter. We created submucosal two tunnels from the oral side to the anal side at anterior and posterior wall side. After completion of circumferential mucosal incision at both oral and anal side, we performed mucosal dissection between two tunnels and completed the en bloc resection. The length of the ESD ulcer was approximately 15 cm in size, and it was easily identified from the serosal side. Laparoscopic full-thickness suture of the duodenal wall was carried out for reinforcement. Then, gastrojejunostomy was performed for preventing duodenal obstruction because the duodenal stenosis was revealed after the suturing. The patient had a good clinical course with no complication. Pathological diagnosis was an intramucosal adenocarcinoma with negative horizontal and vertical margin, and determined as a curative resection. She had uneventful post-operative courses with no obstruction and recurrence.

■ 6-JP　全周性表在性非乳頭部十二指腸腫瘍 (SNADET) に対して LECS を行った一例

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表在性非乳頭部十二指腸腫瘍 (SNADET) に対する ESD による切除に腹腔鏡下縫縮を加えた腹腔鏡内視鏡合同手術 (LECS) の有用性が報告がされているが、全周性病変に対する LECS の報告はほとんどない。症例は 84 歳女性。貧血の精査で行なった上部消化管内視鏡検査で十二指腸乳頭部より約 3cm 肛門側の下行脚から水平脚に約 10cm にわたって全周性に存在する 0-Ⅱa+Ⅰ型の腫瘍を認め生検で高分化型腺癌であり、当科紹介となった。EUS では深達度は粘膜内あるいは粘膜下層浅層と診断した。消化器外科と協議し、年齢や侵襲度を考慮して LECS を行うこととした。治療はまず全身麻酔下で ESD を行なった。把持型ハサミ鉗子を用いて粘膜切開を行い、Pocket Creation Method を用いて前壁側と後壁側に粘膜下層トンネルを形成した。肛門側と口側の全周切開をした後、前後壁のトンネルの間を剥離するようにして一括切除を行なった。ESD 後潰瘍は約 15cm の全周性の粘膜欠損部となり、欠損部を補強するように漿膜筋層縫合で縫縮した。縫縮後に内視鏡で通過困難な狭窄となったため、十二指腸閉塞を予防するために胃空腸バイパス術を施行した。手術時間はおよそ 9 時間で出血は少量で終了した。病理結果は粘膜内癌で水平・垂直断端は陰性であり、治癒切除と判断した。術後経過も問題なく再発や狭窄症状なく経過良好である。