



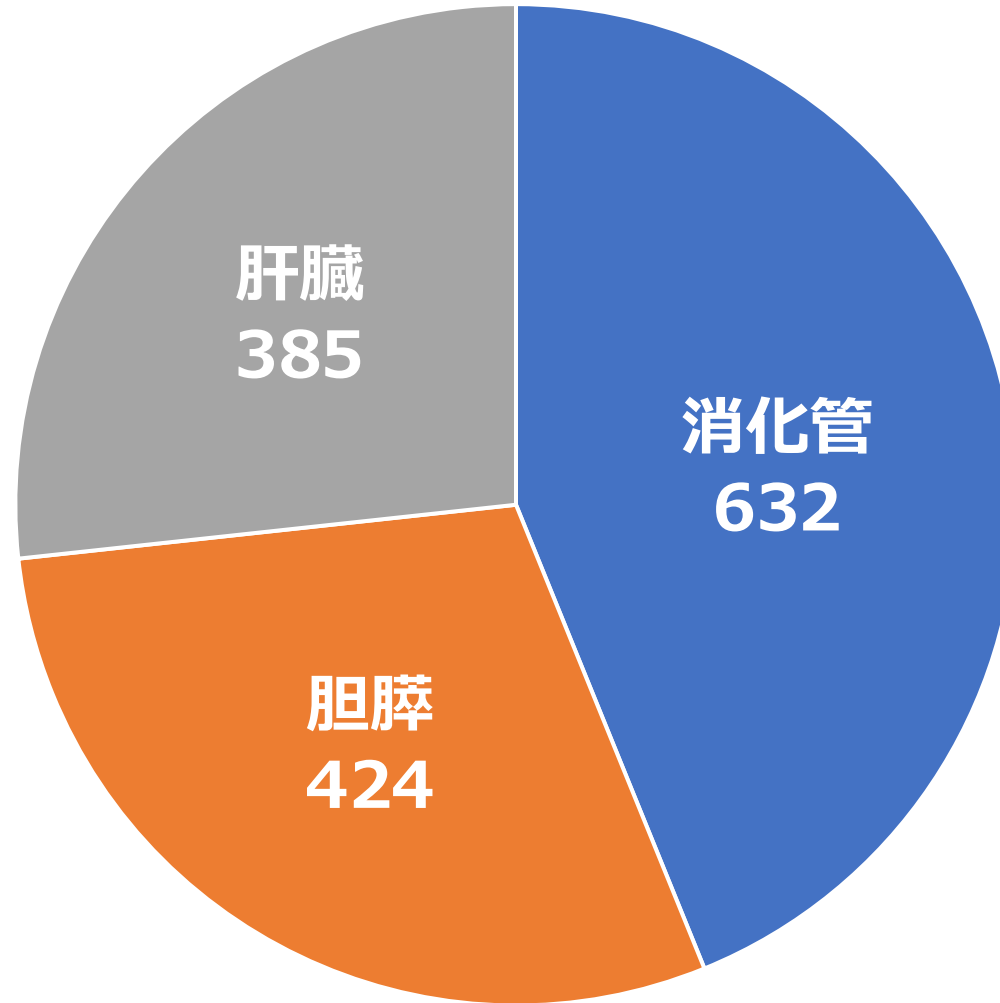
広島大学第一内科同門会賞 専修医奨励賞

NHO 呉医療センター 内視鏡内科
加藤 尚宏

担当した入院患者 ～3年間を通して～

- ・ 肝細胞癌
- ・ 肝炎
- ・ 肝硬変
- ・ 食道静脈瘤

- ・ 急性胆管炎
- ・ 急性胆嚢炎
- ・ 膵炎
- ・ 膵癌
- ・ 胆管癌
- ・ 胆嚢癌



- ・ 上部消化管出血
- ・ 下部消化管出血
- ・ 食道癌
- ・ 胃癌
- ・ 大腸癌
- ・ イレウス
- ・ 大腸憩室症
- ・ 炎症性腸疾患

総計 1441人

経験した手技 ～3年間を通して～

主検査者として経験	件数
上部消化管内視鏡検査	2107
大腸内視鏡検査	1189
食道ESD	1
胃ESD/EMR	35/3
十二指腸EMR	3
大腸ESD/EMR	1/39
イレウス管留置	68
PEG造設	93
EVL/EIS	12/17
肝生検	28
ERCP	184

論文業績

Original article

Kato N, Yamaguchi A, Sugata S, Hamada T, Furuya N, Mizumoto T, Tamaru Y, Kusunoki R, Kuwai T, Kouno H, Tazuma S, Sudo T, Kido M, Ito T, Kuraoka K, Kohno H. Clinical features and images of malignant lymphoma localized in the pancreatic head to differentiate from pancreatic ductal adenocarcinoma: a case series study. BMC Gastroenterol. 2023 May 1;23(1):138. DOI: 10.1186/s12876-023-02779-3.

Case report

Kato N, Yamaguchi A, Kamada H, Semba S, Teraoka Y, Mizumoto T, Tamaru Y, Hatakeyama T, Kouno H, Shibata Y, Tazuma S, Sudo T, Kuraoka K, Yoshida S. High grade biliary intraepithelial neoplasia localized in the distal bile duct diagnosed via peroral cholangioscopy: A rare case report. Medicine 103(51):p e40993, December 20, 2024. DOI: 10.1097/MD.00000000000040993Medicine.

Image article

Naohiro Kato, Yuzuru Tamaru, Takeshi Mizumoto, Tsuyoshi Hatakeyama, Shigeto Yoshida. A Rare Case of Gastrointestinal Stromal Tumor Exposed to the Gastric Lumen Exhibiting Structural Changes Over a Short Time Period. Submitted on Oct 12, 2024.

口演業績（筆頭演者 3年間を通して）

1. **Naohiro Kato**, Atsushi Yamaguchi, Shuhei Sugata, Takuro Hamada, Riho Moriuchi, Kaoru Wada, Yuzuru Tamaru, Ryusaku Kusunoki, Toshio Kuwai, Hirotaka Kouno, Hiroshi Kohno. Clinical features and images of malignant lymphoma localized in the pancreatic head.
26th International pancreas conference. 2022/7/9, Kyoto
2. **加藤 尚宏**, 山口 厚. 急性膵炎を契機に発症した膵腫瘍の一例. 第1回呉膵胆道内科カンファレンス, 2022/12/16, 呉
3. **加藤 尚宏**, 水本 健, 桑井 寿雄, 菅田 修平, 濱田 拓郎, 古谷 奈緒, 田丸 弓弦, 楠 龍策, 山口 厚, 河野 博孝, 高野 弘嗣.
MM/SM1食道扁平上皮癌に対するハサミ型ナイフを用いたESDの短期及び長期成績.
第105回日本消化器内視鏡学会総会. 2023/5/27, 品川
4. **加藤 尚宏**, 田丸 弓弦, 桑井 寿雄, 菅田 修平, 濱田 拓郎, 古谷 奈緒, 水本 健, 楠 龍策, 山口 厚, 河野 博孝, 高野 弘嗣.
胃仮性動脈瘤を伴う出血性胃潰瘍に対して経カテーテル的動脈塞栓術を施行し止血が得られた1例.
第130回日本消化器内視鏡学会中国支部例会. 2023/7/9, 広島
5. **Naohiro Kato**, Toshio Kuwai, Shigeaki Semba, Shuhei Sugata, Yasuhiro Okuda, Yuji Teraoka, Takeshi Mizumoto, Yuzuru Tamaru, Ryusaku Kusunoki, Atsushi Yamaguchi, Hirotaka Kouno. LONG-TERM OUTCOMES OF ENDOSCOPIC SUBMUCOSAL DISSECTION USING A SCISSOR-TYPE KNIFE FOR MUSCULARIS MUCOSA/SUBMUCOSA ESOPHAGEAL SQUAMOUS CELL CARCINOMA.
UEGW2023. 2023/10/15, Copenhagen
6. **加藤 尚宏**, 河野 博孝, 仙波 重亮, 菅田 修平, 奥田 康博, 寺岡 雄吏, 水本 健, 田丸 弓弦, 楠 龍策, 山口 厚, 桑井 寿雄.
C型慢性肝疾患に対するDAA療法SVR後の肝発癌の臨床的検討. JDDW2023. 2023/11/3, 神戸

口演業績（筆頭演者 3年間を通して）

7. **加藤 尚宏**, 河野 博孝, 仙波 重亮, 菅田 修平, 奥田 康博, 寺岡 雄吏, 水本 健, 田丸 弓弦, 楠 龍策, 山口 厚, 桑井 寿雄.
門脈圧亢進症をきたした臍動静脈奇形の1例. 第120回日本消化器病学会中国支部例会. 2023/11/18, 松江
8. **加藤 尚宏**, 鎌田 大輝, 仙波 重亮, 寺岡 雄吏, 水本 健, 田丸 弓弦, 畠山 剛, 山口 厚, 河野 博孝, 吉田 成人.
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十二指腸非乳頭部上皮性腫瘍に対するUEMRの当院における治療成績.
第107回日本消化器内視鏡学会総会. 2024/6/1, 東京
10. **加藤 尚宏**, 山口 厚, 鎌田 大輝, 仙波 重亮, 寺岡 雄吏, 水本 健, 田丸 弓弦, 畠山 剛, 河野 博孝, 吉田 成人. 経口胆道鏡が診断に有用であったHigh grade biliary intraepithelial neoplasiaの1例.
第132回日本消化器内視鏡学会中国支部例会. 2024/7/14, 広島
11. **加藤 尚宏**, 山口 厚. 胆道腫瘍の1例. 第4回呉臍胆道内科カンファレンス. 2024/9/6, 呉
12. **加藤 尚宏**, 鎌田 大輝, 仙波 重亮, 寺岡 雄吏, 水本 健, 田丸 弓弦, 畠山 剛, 山口 厚, 河野 博孝, 吉田 成人.
症例提示 広島胃と腸. 2024/10/15, 広島
13. **加藤 尚宏**, 水本 健, 桑井 寿雄, 鎌田 大輝, 仙波 重亮, 菅田 修平, 奥田 康博, 寺岡 雄吏, 田丸 弓弦, 楠 龍策, 畠山 剛, 山口 厚, 河野 博孝, 吉田 成人. 当院における65歳以上の早期胃癌に対するESD後eCuraC-2症例の経過と予後に関する検討. JDDW2024. 2024/10/31, 神戸

RESEARCH

Open Access



Clinical features and images of malignant lymphoma localized in the pancreatic head to differentiate from pancreatic ductal adenocarcinoma: a case series study

Naohiro Kato^{1*}, Atsushi Yamaguchi¹, Syuhei Sugata¹, Takuro Hamada¹, Nao Furuya¹, Takeshi Mizumoto¹, Yuzuru Tamaru¹, Ryusaku Kusunoki¹, Toshio Kuwai¹, Hirotaka Kouno¹, Sho Tazuma², Takeshi Sudo², Miki Kido³, Takuo Ito³, Kazuya Kuraoka⁴ and Hiroshi Kohno¹

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Abstract

Background Pathological examination by endoscopic ultrasonography–guided fine-needle aspiration (EUS-FNA) has been reported to be useful in diagnosing pancreatic malignant lymphoma (ML), but some ML cases are difficult to be differentiated from pancreatic ductal adenocarcinoma (PDAC).

Methods This retrospective study included 8 patients diagnosed with ML that had a pancreatic-head lesion at initial diagnosis and 46 patients with resected PDAC in the pancreatic head between April 2006 and October 2021 at our institute. ML and PDAC were compared in terms of patients' clinical features and imaging examinations.

Results The median tumor size was larger in ML than in PDAC (45.8 [24–64] vs. 23.9 [8–44] mm), but the median diameter of the caudal main pancreatic duct (MPD) was larger in PDAC (2.5 [1.0–3.5] vs. 7.1 [2.5–11.8] mm), both showing significant differences between these malignancies (both, $P < 0.001$). In the analysis of covariance, MLs showed a smaller caudal MPD per tumor size than PDACs, with a statistical difference ($P = 0.042$). Sensitivity and specificity using sIL-2R ≥ 658 U/mL plus CA19-9 < 37 U/mL for the differentiation of ML from PDAC were 80.0% and 95.6%, respectively.

Conclusions Diagnosing pancreatic ML using cytohistological examination through EUS-FNA can be difficult in some cases. Thus, ML should be suspected if a patient with a pancreatic tumor has a small MPD diameter per tumor size, high serum sIL-2R level, normal CA19-9 level. If the abovementioned features are present and still cannot be confirmed as PDAC, re-examination should be considered.

Keywords Malignant lymphoma, Pancreatic lymphoma, Pancreatic ductal adenocarcinoma, Pancreatic head, Adenocarcinoma

PP0143

LONG-TERM OUTCOMES OF ENDOSCOPIC SUBMUCOSAL DISSECTION USING A SCISSOR-TYPE KNIFE FOR MUSCULARIS MUCOSA/SUBMUCOSA ESOPHAGEAL SQUAMOUS CELL CARCINOMA



Naohiro Kato, Takeshi Mizumoto, Syuhei Sugata, Shigeaki Semba, Shigetoshi Kawai, Yuzuru Tamaru, Takuro Hamada, Ryusaku Kusunoki, Atsushi Yamaguchi, Hirotaka Kouno.
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ESCC HAS CONFLICT OF INTERESTS
 The authors have no conflict of interest directly related to the content of this study.

INTRODUCTION

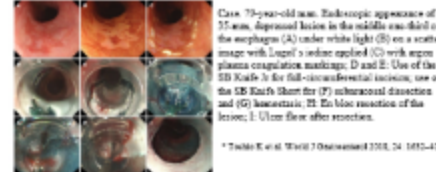
- According to the 2022 edition of the Japanese guideline for esophageal cancer, the necessity of additional treatment for muscularis mucosa/submucosa (M0/S0T1) esophageal squamous cell carcinoma (ESCC) is conservatively decided after endoscopic treatment.
- At our hospital, esophageal endoscopic submucosal dissection (ESD) is performed using a scissor-type knife, which is considered highly safe; however, few studies have reported its long-term outcomes.
- The aim of this study is to evaluate the short- and long-term outcomes of ESD using a scissor-type knife for M0/S0T1 compared to sphincter-preserving mucosal resection (EP-LPM) ESCC.

The characteristics of the SB Knife

- The scissor-type (SB) knife (Sanooko Electric Co., Ltd., Akita, Japan), with its ability to grasp, assess, and then cut tapered tissue, allows endoscopists to maximize adequate dissection planes, preventing mechanical injury to the muscular layer and preserving safe ESD.
- Circumferential excision was carried out with the SB Knife II. For submucosal dissection, with the SB Knife short, and caudally and attached transparent by hand.



Case (SB knife used for esophageal ESD)*



* Tsuboi K et al. World J Gastroenterol 2018; 24: 1015-13

The study protocol was approved by the ethics committee of Kure Medical Center and Chugoku Cancer Center. All patients gave their informed consent before all procedures.

PATIENTS AND METHODS

- This single-center, retrospective cohort study was conducted at our hospital.
- We analyzed clinicopathological characteristics, short- and long-term outcomes.

Classification of study participants

ESCC 112 lesions, December 2009 - November 2019, ESD using SB-knife, follow-up over 3 years



RESULTS

Clinicopathological characteristics

	EP-LPM (n=61)	M0/S0T1 (n=22)	P-value
Age, mean ± SD, years	69 ± 5.9	70 ± 8.8	0.70
Gender, male, n (%)	78 (85.7)	26 (86.4)	0.92
Tumor size, mean ± SD, mm	16.8 ± 11.3	26.8 ± 18.1	<0.01
Location, n (%)			0.68

	ESCC (n=112)	P-value
Ca	0 (0)	0 (0)
Cr	3 (2.7)	3 (15.6)
Md	47 (41.9)	12 (54.6)
Lc	27 (24.1)	7 (31.8)
Ac	3 (2.7)	0 (0)
Macroscopic type, n (%)		0.74
0-I	1 (1.1)	0 (0)
0-IIa	3 (2.7)	0 (0)
0-IIb	6 (5.4)	0 (0)
0-III	80 (71.3)	21 (95.5)
0-IIIa	1 (1.1)	1 (4.5)

Short-term outcomes

	EP-LPM (n=61)	M0/S0T1 (n=22)	P-value
ESD resection, n (%)	91 (100)	22 (100)	—
Resection time, median (IQR), min	67 (46-83)	92 (62-127)	<0.01
Ly/V invasion ^a , n (%)	0 (0)	3 (13.6)	<0.01
Prevention of recurrence after esophageal ESD, n (%)			—
- general recurrence (RR)	1 (1.1)	2 (9.1)	—
- oral site of administration (PSL)	7 (7.7)	7 (31.8)	—
- combination of TA injection with oral PSL	0 (0)	1 (4.5)	—
Adverse events, n (%)			—
- postoperative bleeding	0 (0)	0 (0)	—
- intraoperative perforation	0 (0)	0 (0)	—
- delayed perforation	0 (0)	0 (0)	—
- postoperative stricture	4 (6.4)	3 (13.6)	0.18
- postoperative pneumonia	2 (2.7)	1 (4.5)	0.54

* TA, transarterial acetate; PSL, prednisolone

Additional treatment

	None	Operation	Chemotherapy	CRT
ML (n=8)				
ML Ly/V invasion ^a , n=16	15	0	0	1
ML Ly/V invasion ^b , n=2	1	0	1*	0
ESCC (n=4)				
ESCC Ly/V invasion ^a , n=1	1	0	1*	1
ESCC Ly/V invasion ^b , n=1	0	0	0	1

* Lymph node recurrence case after additional treatment.

Long-term outcomes

	EP-LPM (n=61)	M0/S0T1 (n=22)	P-value
Local recurrence, n (%)	0 (0)	0 (0)	—
Lymph node recurrence, n (%)	0 (0)	2 (9.1)	<0.01
Distant metastatic recurrence, n (%)	0 (0)	0 (0)	—
Deaths from other diseases, n (%)	25 (27.5)	9 (40.9)	0.03
Deaths from ESCC, n (%)	0 (0)	1 (4.5)	0.04
3-year OS, %	80.2	77.3	0.83
3-year DSS, %	100	95.2	0.21

SUMMARY

- ESD resection rates are 100% in both EP-LPM and M0/S0T1.
- Ly/V invasion positive rates are significantly higher in M0/S0T1 (13.6%) ($P < 0.01$).
- There is no local recurrence in M0/S0T1.
- M0/S0T1 with no Ly/V invasion that received no additional treatment have survived without recurrence.
- 3-year OS rates are 80.2% and 77.3% ($P = 0.83$) in the EP-LPM and M0/S0T1 group.
- 3-year DSS rates are 100% and 95.2% ($P = 0.21$) in the EP-LPM and M0/S0T1 group.

CONCLUSION

- The short-term outcomes of ESD for M0/S0T1 cancer using a scissor-type knife were as good as those for EP-LPM cancer, and no local recurrence occurred even in the long-term outcomes. In addition, pT0-M0 tumors without lymphovascular invasion have progressed without recurrence and were considered appropriate as ESD-adaptive lesions.

CONTACT INFORMATION

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 National Hospital Organization Kure Medical Center and Chugoku Cancer Center
 United European Gastroenterology Week
 October 14-17, 2023, Berlin, Germany, Copenhagen and others

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内視鏡内科・消化器内科



〈現在の診療スタッフ〉
内視鏡内科: 4名

消化器内科: 3名
レジデント: 3名



今後ともよろしくお願い致します。

