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Descrizione fisica	1 online resource (393 pages)
Altri autori (Persone)	ChiuPhilip SinghRajvinder UedoNoriya GodaKenichi KatadaChikatoshi
Disciplina	616.33
Soggetti	Gastroenterology Gastrointestinal system Endoscopy Endoscopic surgery Gastrointestinal System Minimally Invasive Surgery
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Nota di contenuto	X-1 system -- RDI -- TXI -- AI -- Paris classification -- Esophagus: The Japan esophageal society classification -- Stomach: MESDA-G.- Colon: JNET classification -- How to take high-quality images (UGI) -- How to take high-quality images (LGI) -- Lymphoid follicle.-LGIN/HGIN (small size) -- LGIN/HGIN (large size) -- Superficial cancer (flat type) -- Superficial cancer (polypoid type) -- Reflex esophagitis -- Papilloma -- LGIN/HGIN (small size) -- LGIN/HGIN (large size) -- Multiple lugol-voiding lesions -- Superficial cancer (0-, M) -- Superficial cancer (0-, M) -- Superficial cancer (SM) -- Superficial cancer (SM) -- Superficial cancer (large, 2/3 circumference) -- SSBE and LSBE -- Barrett's dysplasia (small size) -- Barrett's dysplasia (large size) -- Barrett's adenocarcinoma (flat type) -- Barrett's adenocarcinoma (polypoid type) -- Ectopic gastric metaplasia -- denoma (Papillary resion) -- Adenoma

(Gastric type, non-papillary resion) -- Adenoma (Intestinal type, non-papillary resion) -- Duodenal early cancer (non-papillary resion) -- Gastric metaplasia -- Hyperplastic polyp -- fundic gland polyp -- Adenoma -- Early gastric cancer (0-, M, Differentiated type) -- Early gastric cancer (0-a, M, Differentiated type) -- Early gastric cancer (0-c, M, Differentiated type) -- Early gastric cancer (any, SM, Differentiated type) -- Early gastric cancer (0-c, M, Undifferentiated type) -- Early gastric cancer (any, SM, Undifferentiated type) -- Early gastric cancer (UL) -- Early gastric cancer after HP eradication (1) -- Early gastric cancer after HP eradication (2) -- Gastric adenocarcinoma of fundic-gland type -- Gastric MALT Lymphoma -- Hyperplastic polyp (HP) -- sessile serrated lesion (SSL) -- SSL with dysplasia or cancer -- Superficial serrated adenoma (SuSA) -- Traditional serrated adenoma -- Polypoid-type adenoma (0-) -- Flat-type adenoma -- Depressed-type adenoma (0-c) -- Early colorectal cancer (0-, Polypoid, M or SM) -- Early colorectal cancer (0-Pc, Head or Stalk invasion) -- Early colorectal cancer (0-a, LST-NG, M or SM) -- Early colorectal cancer (0-as, LST-G-Mix) -- Early colorectal cancer (0-ac, SM) -- Early colorectal cancer (0-sc, SM) -- Anal condyloma or cancer.

Sommario/riassunto

This comprehensive book features high-quality images, videos, and step-by-step instructions for capturing detailed views of the upper and lower gastrointestinal tract from the oral cavity to the anus. In addition to covering areas such as the tongue, head and neck, non-Barrett's esophagus, Barrett's esophagus, stomach, duodenum, colon, and rectum, the atlas is authored by leading GI experts from the Asian Novel Bio-Imaging and Intervention Group in the Asia-Pacific region, known for their unparalleled expertise and commitment to excellence. The book covers various aspects, including equipment reviews and diagnostic technologies using the latest unified global standard system. It explains techniques such as high-definition endoscopy, magnifying endoscopy, chromoendoscopy, NBI, TXI, RDI, and AI, while also providing insight into classifications such as the Japan Esophageal Society Classification, the VS Classification/MESDA-G, and the JNET Classification. Each case section provides expert analysis and notable endoscopic images, accompanied by histopathologic images depicting various benign lesions and early cancers. The Atlas of Advanced Endoscopy serves as an invaluable resource to enhance the reader's knowledge and understanding of the complexities of gastrointestinal endoscopy. It is designed to help practitioners, clinicians, gastroenterologists, and medical students learn diagnostic strategies, procedures, and clinically significant cases. We hope this atlas will always be at your side in the endoscopy room. .
