
Clinical Gastrointestinal Endoscopy

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Editors

Clinical Gastrointestinal Endoscopy

A Comprehensive Atlas

Second Edition

 Springer

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First and foremost, I would like to thank my wife, Yeoun-Jin Lee, and my two daughters, Na-Young and Ji-Young, for standing beside me throughout my career. I would also like to express my gratitude to Hoon Jai Chun, our lead author, for his excellent leadership and direction. I would also like to appreciate my good colleagues Ki-Nam Shim, Jae Myung Park, Jae Young Jang, Jeong-Sik Byeon, and In Kyung Yoo for coordinating our numerous team members.

Myung-Gyu Choi, M.D., Ph.D.

I dedicate this work to my wife, Ji-Hyun Shin, and my son, Stephen.

Suk-Kyun Yang

I dedicate this work to my talented wife and two children, who have given me an endless supply of love and support, and to Prof. Emeritus Jin Hai Hyun, my wise mentor and friend.

Hoon Jai Chun

Preface

It has been 5 years since the first edition of *Clinical Gastrointestinal Endoscopy* was published. The first edition was a beneficial product that was made possible by the endeavors of many gastrointestinal endoscopists. In the first edition, approximately 2000 endoscopic images of the upper, middle, and lower gastrointestinal tract were included. It covered most major gastrointestinal lesions and disease processes, including neoplastic, inflammatory, and others. Clear, high-resolution images of both typical and atypical lesions and carefully selected endoscopic images of advanced techniques (such as endoscopic ultrasound, capsule endoscopy, and balloon-assisted endoscopy) were unique characteristics of the first edition. Thanks to these features, the first edition of *Clinical Gastrointestinal Endoscopy* has become one of the most revered gastrointestinal endoscopy atlases in the world.

Technical advances in recent years have led to a rapid development in the field of gastrointestinal endoscopy. The resolution of images has markedly improved. Light sources are varied, and post-image processing technologies have been developed. In addition, new instruments, such as the confocal laser endomicroscope, have been introduced. This progress over the past 5 years has encouraged us to prepare the second edition of *Clinical Gastrointestinal Endoscopy* to provide endoscopists with a timely version of the gastrointestinal endoscopy atlas.

The second edition has several new features. First, the majority of the endoscopy images have been changed to high-resolution pictures. High resolution is a key factor for the detection of early lesions and accurate endoscopic diagnosis. Most endoscopy providers now supply high-resolution endoscopies. To satisfy this need of the times, the second edition provides excellent, clear, high-resolution images throughout all the chapters. Second, a new section on novel endoscopy technologies is included. Equipment-based image-enhanced endoscopies, such as narrow-band imaging and computed virtual chromoendoscopy systems, are now widely used in clinical practice. Basic knowledge regarding these image-enhanced endoscopies, as well as carefully selected images, is included in the second edition.

Confocal laser endomicroscopy is another novel endoscopic technique for real-time histological diagnosis. The fundamental principles of confocal laser endomicroscopy are included, and typical images are provided for the benefit of advanced endoscopists. High-quality images of other new endoscopy techniques, such as transnasal endoscopy, full-spectrum colonoscopy, and colon capsule endoscopy, are also displayed. The final feature of the second edition is the inclusion of topical quiz questions. Interesting quizzes are provided at the end of chapters. These quizzes summarize the complex knowledge and images within relevant chapters and provide a fun challenge to the reader, thereby enhancing the understanding of the chapters and internalizing practical tips.

Besides these features, the second edition systematically organizes the contents of the atlas. Based on the anatomy of the gastrointestinal tract, sections are classified into four divisions: esophagus, stomach, small intestine, and colorectum. In each section, normal endoscopy findings are initially introduced. Common diseases are explained in individual chapters. Finally, rare conditions, including “miscellaneous” lesions, are covered by independent chapters. The fifth section discusses novel endoscopy technologies, as previously described. This organizational structure of the second edition will help readers to systematically study gastrointestinal endoscopies.

The variety of improved features in the second edition of *Clinical Gastrointestinal Endoscopy* includes excellent high-resolution images, a section on novel endoscopy technologies, and an interesting quiz at the end of every chapter. These features provide endoscopists with a valuable resource for systematic knowledge and clear insight into the identification and interpretation of gastrointestinal endoscopy findings. This book will be the ultimate guide to gastrointestinal endoscopy for both novice and advanced endoscopists and will definitely assist clinicians who need to manage various issues in their daily endoscopy practices.

We thank all the authors who participated in publishing the second edition of *Clinical Gastrointestinal Endoscopy* and the contributors who collected endoscopic images. Through their kind contributions and endeavors, we have created a brilliant piece of work. We hope this atlas will become a primary reference for gastrointestinal endoscopists.

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Contents

1 Normal Upper GI Findings and Normal Variants	1
Kyoung Oh Kim	
2 Laryngopharyngeal Disease	13
Kyoung Oh Kim	
3 Infectious and Noninfectious Esophagitis	23
Kyung Sik Park	
4 Reflux Esophagitis and Barrett's Esophagusb	41
Jae Myung Park	
5 Benign Esophageal Tumors	57
Kyung Sik Park	
6 Esophageal Cancer	71
Hang Lak Lee	
7 Vascular Diseases, Motility Disorders, and Mechanical Laceration in the Esophagus	107
Jae Myung Park	
8 Gastritis and Gastric Ulcers	117
Sang Kil Lee	
9 GIST and Other Subepithelial Tumors	143
Young Sin Cho and Il Kwun Chung	
10 Gastric Polyps and Dysplasias	179
Jae Young Jang	
11 Early Gastric Cancers	211
Sang Gyun Kim	
12 Advanced Gastric Cancers	243
Gwang Ha Kim	
13 Gastric Lymphomas and Other Gastric Malignancies	269
Ho June Song	
14 Other Diseases of the Stomach	283
Jae Young Jang	
15 Duodenitis and Duodenal Ulcers	297
Woon Geon Shin	
16 Duodenal Tumors	321
Jun Haeng Lee and Woo Chul Chung	

17 Other Diseases of the Duodenum	339
Jun Haeng Lee and Woo Chul Chung	
18 Normal Colonoscopy Findings	349
Jae Myung Cha	
19 Idiopathic Inflammatory Bowel Diseases	379
Byong Duk Ye	
20 Inflammatory Diseases of the Colon Other than Idiopathic Inflammatory Bowel Disease	431
Eun Soo Kim	
21 Colorectal Polyps and Polyposis	459
Jeong-Sik Byeon	
22 Malignant Tumors in the Colon	513
Jong Pil Im and Sung Pil Hong	
23 Colonic Diverticula and Vascular Anomalies	535
Bora Keum and Eun-Sun Kim	
24 Anorectal Diseases	561
Sung Noh Hong	
25 Miscellaneous Colonic Lesions: Amyloidosis, Endometriosis, GVHD, and Others	599
Hyun Gun Kim	
26 Normal Small Bowel Findings and Normal Variants of the Small Bowel	615
Ki-Nam Shim	
27 Inflammatory Bowel Disease of the Small Bowel	637
Jin-Oh Kim	
28 Nonsteroidal Anti-inflammatory Drug-Induced Enteropathy and Other Inflammatory Lesions of the Small Bowel	659
Seong Ran Jeon	
29 Benign and Malignant Tumors of the Small Bowel	675
Hwang Choi	
30 Vascular and Miscellaneous Lesions of the Small Bowel: Lymphangiectasia, Diverticulum, Amyloidosis, Celiac Disease, and Others	693
Bo-In Lee	
31 Image-Enhanced Endoscopy	711
Jun-Hyung Cho	
32 Image Magnification Endoscopy	719
Chul-Hyun Lim and Jun Chul Park	
33 Innovative Endoscopies to Be Clinically Used in the Near Future	735
Jeong-Yeop Song and Han Hee Lee	
Index	749

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