

Chinese Society of Comparative Pathology

中華民國比較病理學會

第 94 次比較病理學研討會

肌肉骨骼系統疾病和軟組織腫瘤病理專題



主辦單位

Chinese Society of Comparative Pathology

中華民國比較病理學會

國立臺灣大學獸醫專業學院

中華民國 114 年 12 月 13 日 (Dec. 13, 2025)

SCHEDULE

94th MEETING OF COMPARATIVE PATHOLOGY

中華民國比較病理學會 第 94 次比較病理學研討會

肌肉骨骼系統疾病和軟組織腫瘤病理 病理討論會

時間：114 年 12 月 13 日（星期六）

地點：國立台灣大學獸醫三館地下一樓演講廳 B01

電話：02-33663873

Time (時間)	Schedule (議程)		Moderator (主持)
8:50~9:20	Registration (報到)		
9:20~9:30	Opening Ceremony (致詞)		
9:30~10:30	專題演講	主講：小王子動物醫院復健分院 林錫佑主治獸醫師 題目：犬貓物理治療與疼痛管理	張俊梁 理事長
10:30~11:00	Coffee Break (合照)		
11:00~12:00	專題演講	主講：臺北榮民總醫院病理檢驗部 張心怡主治醫師 題目：Molecular characterization of translocation associated soft tissue tumors	張晏禎 秘書長
12:00~13:00	午餐 及 第十屆第九次理監事會議		
13:00~13:30	Case 624	Jiang, Jia-Wei (江家瑋), DVM, MS¹; Tsao, Wen-Tien (曹文恬), DVM, MS¹; Luo, I-Chi (羅怡琪), DVM, MS¹ ¹ HOPE Veterinary Pathology Diagnostic Center (霍普獸醫病理診斷中心) 題目：Extraskkeletal osteosarcoma	賴銘淙 理事
13:30~14:00	Case 625	Chang, Junn-Liang (張俊梁), MD, PhD^{1,2}; Liu, Kuang-Ting (劉光庭), MT, MS¹; Chang, Yueh-Ching (張月清) MT, MS¹ ¹ Department of Pathology and Laboratory Medicine, Taoyuan Armed Forces General Hospital, Taoyuan City, Taiwan (國軍桃園總醫院 病理檢驗部) ² Taipei Veterans General Hospital Taoyuan Branch (臺北榮民總醫院桃園分院) 題目：Synovial sarcoma	劉振軒 常務理事
14:00~14:30	Case 626	Tseng, Liang Yu (曾亮瑜), DVM¹; Chang, Hui-Wen (張惠雯), DVM, PhD¹ ¹ Graduate Institute of Molecular and Comparative Pathobiology, School of Veterinary Medicine, National Taiwan University (國立台灣大學獸醫專業學院分子暨比較病理生物學研究所) 題目：Chondroblastic osteosarcoma	張俊梁 理事長
14:30~15:00	Coffee Break		

15:00~15:30	Case 627	Chen, Chi-Sheng (陳奇聖)¹; Su, Ruei-Yu (蘇睿昱)¹; Peng, Yi-Jen (彭奕仁)¹ ¹ Department of Pathology, Tri-Service General Hospital, National Defense Medical University (三軍總醫院) 題目: Ochronotic arthropathy	廖俊旺 監事
15:30~16:00	Case 628	Lai, Ming-Tsung (賴銘淙)¹, MD, MS, PhD; Yang, Wei-Hung (楊維宏), MD, PhD² ¹ Department of Pathology, Taichung Hospital, Ministry of Health and Welfare Taiwan (衛生福利部臺中醫院病理科) ² Department of Orthopedics, Taichung Hospital, Ministry of Health and Welfare Taiwan (衛生福利部臺中醫院骨科) 題目: Unclassified pleomorphic sarcoma with myxoid stroma Myxosarcoma	張晏禎 秘書長
16:00~16:30	General Discussion (綜合討論)		張俊梁 理事長

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Special Lecture I (專題演講 I)

犬貓物理治療與疼痛管理

林錫佑 主治獸醫師

小王子動物醫院 復健分院

犬運動治療是一種透過特定運動和活動，改善犬隻身體功能和提升生活品質的方法。此治療方式常用於康復受傷或手術後的犬隻，亦適用於年長犬的預防保健。運動治療可以增強肌肉力量、改善關節靈活度，並促進血液循環與新陳代謝。治療計畫通常由專業的獸醫或動物理療師制定，根據個別犬隻的健康狀況設計適合的運動內容，從而安全且有效地促進康復與健康維持。除了傳統的散步或伸展運動，還包含如滾動、平衡訓練、游泳等多樣化活動，能有效降低疼痛、改善行動能力。



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Special Lecture II (專題演講 II)

Molecular characterization of translocation associated soft tissue tumors

張心怡 主治醫師

台北榮民總醫院病理檢驗部

Soft tissue sarcomas comprise a heterogeneous group of mesenchymal neoplasms with various histogenesis and clinical outcome. Despite this pathologic and clinical diversity, sarcomas can be divided broadly in genomically complex sarcomas, often characterized by copy number alterations and loss of function mutations in tumor suppressor genes, and sarcomas driven by a single oncogenic event, such as recurrent translocations. Translocation associated sarcoma (TAS) typically show a stable genome with a low tumor mutational burden (TMB). Secondary mutation events have been previously reported as infrequent but associated with poor prognosis in previous literature. The pathogenetic role of these alterations in individual sarcoma phenotypes remains poorly understood. Therefore, we investigate the genomic landscape of 632 TAS, spanning the most common histotypes. Oncogenic secondary genomic alteration (SGA) were detected in over half of cases, with the highest incidence in myxoid liposarcoma (MLS). Cases with oncogenic SGA had a higher TMB and were associated with distant metastasis and/or progression-free survival (PFS) in Ewing sarcoma (ES), solitary fibrous tumor (SFT), synovial sarcoma (SS) and MLS in the localized group. TP53 mutations were the most common oncogenic pathogenic SGA across histotypes, with SFT and ES showing the highest rate and associated with worse PFS and disease specific survival (DSS). TP53 mutations in ES and SFT, TERT promoter mutation in SFT and MLS correlated with metastasis. Overall, oncogenic SGA correlated with an aggressive clinical behavior in certain TAS types.



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美國 Memorial Sloan Kettering Cancer Center 研究員

論文選錄：

1. **Chang HY**, Saoud C, Torrence D, Tap W, Chi P, Antonescu CR. Alternative driver pathways in peripheral nerve sheath tumors - including DICER1 and/or KRAS alterations. J Pathol. 2025;265:372-384.
2. Hirose T, **Chang HY**, Lefkowitz RA, Healey J, Antonescu CR. Clinicopathologic and Molecular Analysis of Primary Angiosarcoma of Bone-A Single Institution Experience. Genes Chromosomes Cancer. 2025;64:e70056.
3. Hirose T, **Chang HY**, Saoud C, Lefkowitz RA, Athanasian E, Antonescu CR. A Clinicopathologic and Molecular Reappraisal of Myxoinflammatory Fibroblastic Sarcoma-A Controversial and Pathologically Challenging Low-Grade Sarcoma. Genes Chromosomes Cancer. 2025;64:e70018.
4. Suemitsu Y, **Chang HY**, Saoud C, et al. Secondary Genetic Alterations in Extraskeletal Myxoid Chondrosarcoma. Genes Chromosomes Cancer. 2025;64:e70076.
5. **Chang HY**, Tap W, Slotkin E, et al. Spectrum and Clinical Impact of Secondary Genetic Alterations in Translocation-Associated Sarcomas. JCO Precis Oncol. 2025;9:e2500603.
6. Chang HY, Dermawan J, Sharma A, et al. Sarcomas With RAD51B Fusions Are Associated With a Heterogeneous Phenotype. Mod Pathol. 2024;37:100402.

Case Diagnosis

94th MEETING OF COMPARATIVE PATHOLOGY

中華民國比較病理學會 第 94 次比較病理學研討會暨會員大會

肌肉骨骼系統疾病和軟組織腫瘤病理 病理討論會

民國 114 年 12 月 13 日

(閱片網址: <http://140.120.114.107/slidecenter.php?id=574>)

Case No.	Presenter	Slide No.	Diagnosis
Case 624	江家瑋	25-4708A	Extraskelatal osteosarcoma http://140.120.114.107/ivp_slide_view.php?id=2655
Case 625	張俊梁	S1-252036	Synovial sarcoma http://140.120.114.107/ivp_slide_view.php?id=2652
Case 626	曾亮瑜	NTU2024-2119	Chondroblastic osteosarcoma http://140.120.114.107/ivp_slide_view.php?id=2647
Case 627	彭奕仁	11422A, 11422D	Ochronotic arthropathy http://140.120.114.107/ivp_slide_view.php?id=2653 http://140.120.114.107/ivp_slide_view.php?id=2654
Case 628	賴銘淙	SE225-1766A SE225-1766D SE225-1766E	Unclassified pleomorphic sarcoma with myxoid stroma Myxosarcoma http://140.120.114.107/ivp_slide_view.php?id=2649 http://140.120.114.107/ivp_slide_view.php?id=2650 http://140.120.114.107/ivp_slide_view.php?id=2651

Case Number: 624

Slide Number: 25-4708A

Slide View: http://140.120.114.107/ivp_slide_view.php?id=2655



江家瑋

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霍普獸醫病理專科醫院 病理獸醫師 2020.5~迄今

論文選錄:

1. 江家瑋、林辰柔、吳弘毅、林正忠。神經型貓傳染性腹膜炎 Neurological Feline Infectious Peritonitis in a Cat。101 年度組織病理研討會專輯。p.138-140。2012。
2. 江家瑋、曹文恬、羅怡琪、張益福。貓之肝類癌(神經內分泌腺癌)Hepatic Carcinoid (Neuroendocrine Carcinoma) in a Cat。109 年度組織病理研討會專輯。P.56-58。2020。
3. 江家瑋。睪丸腫瘤(Tumors of Testis)。小動物腫瘤學。p.168-171。2015。
4. 江家瑋。攝護腺腫瘤(Tumors of Prostate)。小動物腫瘤學。p.172-174。2015。
5. 江家瑋。葡萄球菌及鏈球菌感染症(Staphylococcal and Streptococcal Infections)。貓常見疾病臨床指引。p.69-74。2013。
6. 江家瑋。炎症性腸病(Inflammatory Bowel Disease)。貓常見疾病臨床指引。p.231-233。2013。
7. 江家瑋。黑色素瘤(Melanoma)。貓常見疾病臨床指引。p.329-332。2013。

Jiang, Jia-Wei (江家瑋), DVM, MS¹; Tsao, Wen-Tien (曹文恬), DVM, MS¹; Luo, I-Chi (羅怡琪), DVM, MS¹

¹HOPE Veterinary Pathology Diagnostic Center (霍普獸醫病理診斷中心)

CASE HISTORY:

Signalment: A 9-year-old, castrated male, Cat (mixed-breed)

Diagnostic Timeline & Key Findings:

-FIV and FCoV positive at 5 years of age.

-Since June (about 3 months prior to surgery), the cat exhibited progressive abdominal distension and weight gain.

-7/17: US: Large volume ascites. Blood chemistry: Crea slightly elevated (2.5 mg/dL).

-7/21: Cardiac exam: Rule out heart failure. US: Liver masses (multiple, heterogeneous, cystic structures). Ascites Fluid: Modified transudate (Total Protein 3.5 g/dL, Nucleated cells 0.37 K/ μ L, Yellowish clear fluid).

-7/27: Aspiration: 1300 mL ascites removed. US: Diffuse liver masses/cysts, spleen showing honeycomb pattern, thickened gallbladder/bladder walls. Blood chemistry: Crea slightly elevated (2.6 mg/dL).

Liver Tru-cut Biopsy: Hepatopathy, fibrosing, severe, with fibroblast-like spindle cell proliferation.

-8/10: Aspiration: 850 mL ascites removed. CT Scan: Giant mass in the left lateral liver lobe (LLL); features include encapsulation, compartmentalization, non-homogeneous enhancement, and partial calcification. Gallbladder wall thickened (0.13–0.18 cm) with indeterminate internal deposits. Spleen: Enlarged (thickness 1.2 cm), heterogeneous and honeycomb pattern.

-9/8 (Surgery): Gross Observation: LLL mass appeared gelatinous and multicystic, containing mucous serous fluid and white nodules.

Gross Findings:

The received specimen consisted of a large, lobulated, and firm hepatic mass and a spleen biopsy sample. The liver mass was elastic palpation. On the cross-section, the tumor was highly heterogeneous, primarily white to yellowish-white, and replaced the normal parenchyma. It exhibited a prominent multicystic and gelatinous architecture. The mass showed firm, gritty, white nodules (mineralized/osseous components).

CASE RESULT:

Histopathological Findings:

Microscopically, the hepatic parenchyma is extensively replaced or infiltrated by a population of spindle to polygonal neoplastic cells. The tumor exhibits heterogeneous differentiation, with several distinct morphologic patterns. In the predominant areas, the neoplastic cells form interlacing bundles and fascicles composed of spindle cells embedded within abundant osteoid and variably mineralized matrix. The cells possess scant to moderate cytoplasm, occasionally containing fine vacuoles. Nuclei

are round to oval, with coarsely stippled chromatin and a single prominent nucleolus. Marked anisocytosis and anisokaryosis are present. Mitotic count are >20 per 2.37 mm². Foci of chondromucinous (chondroid) matrix differentiation are also observed, characterized by pale basophilic extracellular material. Additional regions show alternative growth patterns, including densely packed fascicles of elongated spindle cells and loosely arranged neoplastic cells infiltrating between hepatocytes, imparting a vacuolated appearance.

Pathological Diagnosis:

Extraskeletal osteosarcoma, liver mass

Differential diagnosis:

1. Primary hepatic extraskeletal osteosarcoma
2. Metastatic (extraskeletal / skeletal) osteosarcoma

Discussion:

Primary hepatic tumors in cats are rare, with carcinomas and adenomas of epithelial origin being most common [3, 8]. Sarcomas, especially those of mesenchymal origin, are exceedingly uncommon. Extraskeletal Osteosarcoma (ESOS) itself is defined by the production of malignant osteoid/bone matrix in a non-skeletal site. ESOS accounts for less than 1% of all soft-tissue sarcomas in humans and is also rare in companion animals. Cases arising with the thyroid, kidney, gallbladder, breast, mesentery, uterus, brain, lung, bladder, heart, and colon have been reported in human[12]. ESOS accounts for 35–40% of all osteosarcomas in cats, commonly occurring in the subcutaneous tissues at vaccination sites, and can also be found in microchip implantation sites, chronic inflammation or trauma-associated regions, including the eye, periorbital tissues, subcutaneous tissues, and mammary glands, with occasional reports in the intestine or liver [7, 10]. Primary Extraskeletal Hepatic Osteosarcoma (PEHOS) is considered an ultrarare entity in veterinary medicine, with only a few documented cases in cats [2, 4].

The definitive pathological diagnosis rests on the identification of malignant mesenchymal cells directly producing osteoid or bone, which was clearly established in this case through the observation of osteoid, calcification, and chondromucin substance [2]. Distinguishing PEHOS from metastatic disease is crucial. Upon histopathological confirmation of an Osteosarcoma phenotype within the liver, the differential diagnosis narrows to three possibilities: (1) Primary Hepatic ESOS (PEHOS); (2) Metastatic ESOS from an occult soft-tissue site (e.g., injection sites); and (3) Metastatic Skeletal Osteosarcoma from an occult primary bone lesion [7]. The absence of any primary skeletal lesion (confirmed by skeletal survey, or assumed to be negative X-ray and CT scan) and the lack of other clear metastatic foci (the spleen only showed hyperplasia/inflammation) support the primary hepatic origin.

A noteworthy aspect of this case is the coexistence of severe fibrosing hepatopathy, documented on the initial Tru-cut biopsy. Although the etiological relationship cannot be established, the presence

of a chronically injured, fibrotic hepatic microenvironment parallels the background frequently reported in human Primary Hepatic Osteosarcoma (PHOS). In human medicine, PHOS is strongly associated with pre-existing cirrhosis or chronic hepatitis (e.g., Hepatitis C), and several authors have proposed that long-standing hepatic injury may promote aberrant osteogenic metaplasia of resident mesenchymal progenitor cells, eventually leading to sarcomatous transformation [6, 12]. In one case report, findings supportive of inflammation as a cause of neoplastic transformation include a long period of latency between historical trauma or an inflammatory event (eg, infection or vaccination) and the appearance of the tumor as well as the presence of an inflammatory response within or adjacent to the neoplasm [2]. In our case may represent a similar phenomenon in feline patients, suggesting that chronic hepatic remodeling could form a permissive environment for extraskelatal osteosarcoma development.

In human medicine, the pre-operative diagnosis of PHOS is extremely challenging due to its non-specific imaging features and the difficulty in obtaining definitive tissue samples via needle biopsy to exclude other malignant mesenchymal tumors or hepatoblastomas [5]. In published feline and human PHOS cases, imaging characteristics, specifically the presence of partial calcification on CT and the gritty white nodules observed grossly, are highly suggestive of an osseous component. PHOS typically presents as a large, heterogeneous, solid-cystic hepatic mass in both species [11]. This contrasts with the typical presentation of other common feline liver tumors (e.g., hepatocellular carcinoma), which rarely exhibit conspicuous mineralization.

Due to the highly aggressive nature and frequent delay in diagnosis, the prognosis for PHOS in humans is historically grim. Lee (1995) reported that the 5-year survival rate of a group of patients diagnosed with ESOS was only 37% and that most of them died within 2 to 3 years after the initial diagnosis. While it was 16% in a brief review of ESOS between 1975 and 2009 in Norway as reported by Kjetil Berner et al. [1]. Although modern multi-modality therapy (radical surgical resection + adjuvant multiagent chemotherapy) has demonstrated potential for long-term disease-free survival in some reported cases [5, 9]. The prognosis for cats diagnosed with ESOS is generally poor, with a mean survival time of under 13 months. Complete surgical resection of the liver mass, as performed in this case, remains the gold standard for local control [2, 4]. Adjuvant chemotherapy, typically using agents effective against sarcomas like Carboplatin, is often recommended. Notably, one prior feline PEHOS case report utilizing surgical resection followed by Carboplatin achieved a complete remission (42 months after surgical treatment), suggesting that chemotherapy may offer significant survival benefits and prolong the disease-free interval in some PEHOS patients [4]. At present, the treatment methods for hepatic osteosarcoma are similar to those used for other soft tissue sarcomas. Because this disease is rare, no evidence-based treatment plan has been established to date. Surgical resection combined with adjuvant chemoradiotherapy seems to be the best treatment option [5].

References:

1. Berner, K., Bjerkehagen, B., Bruland, Ø. S., & Berner, A. (2015). Extraskelatal osteosarcoma in Norway, between 1975 and 2009, and a brief review of the literature. *Anticancer Research*, 35(4),

2129–2140.

2. Caserto, B. G., & Almes, K. A. (2012). Pathology in practice. Primary hepatic chondroblastic osteosarcoma. *Journal of the American Veterinary Medical Association*, 240(9), 1067–1069.
3. Cullen, J. M. (2016). Tumors of the liver and gall bladder. In D. J. Meuten (Ed.), *Tumors in Domestic Animals* (5th ed.).
4. Dhaliwal, R. S., Johnson, T. O., & Kitchell, B. E. (2003). Primary extraskeletal hepatic osteosarcoma in a cat. *Journal of the American Veterinary Medical Association*, 222(3), 340–342.
5. Di QY, Long XD, Ning J, Chen ZH, Mao ZQ. (2023). Relapsed primary extraskeletal osteosarcoma of liver: A case report and review of literature. *World J Clin Cases* 2023; 11(3): 662-668.
6. Govender, D., & Rughubar, K. N. (1998). Primary hepatic osteosarcoma: case report and literature review. *Pathology*, 30(3), 323–325.
7. Hayes, A. M., K. C. Liptak, et al. (2017). Extraskeletal osteosarcoma in the cat: A retrospective study of 23 cases. *Vet Comp Oncol*, 15(2), 522-531.
8. Moore, A. S., C. L. Liptak, et al. (2020). *Feline Oncology: A Guide to Managing Tumors in Cats*. 2nd ed. CRC Press.
9. Nawabi, A., Rath, S., Nissen, N., et al. (2009). Primary hepatic osteosarcoma. *J Gastrointest Surg*, 13(8), 1550-1553.
10. Osorio, C. et al. (2025). Primary extraskeletal duodenal osteosarcoma with peritoneal sarcomatosis in a cat. *J Comp Pathol*, 219, 1-5.
11. Suto, K., T. Tanaka, et al. (2021). Imaging characteristics of primary hepatic osteosarcoma in a dog. *Vet Radiol Ultrasound*, 62(6), 844-848.
12. Tamang TG, Shuster M, Chandra AB. (2016). Primary Hepatic Osteosarcoma: A Rare Cause of Primary Liver Tumor. *Clin Med Insights Case Rep*. 2016 Apr 10;9:31-3.

Case Number: 625

Slide Number: S1-252036

Slide View: http://140.120.114.107/ivp_slide_view.php?id=2652



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經歷：

三軍總醫院 病理部 主治醫師、國軍桃園總醫院解剖病理專科醫師、臨床病理專科醫師、國軍桃園總醫院 病理檢驗部主任、主治醫師、國軍桃園總醫院 社區醫學部 部主任(兼代病理檢驗部主任)、國軍桃園總醫院 醫療部 部主任兼代病理檢驗部主任、台北榮民總醫院 桃園分院 病理檢驗科顧問醫師暨支援醫師、中華民國比較病理學會第四-九屆理事、國防醫學院、銘傳大學、中原大學兼任助理教授、副教授、中華民國比較病理學會會員理事、常務理事、臺灣臨床病理暨檢驗醫學會第十一屆品管委員會委員、國軍桃園總醫院 病理檢驗部 (TAF 醫學實驗室-Med Lab 1554) 部主任醫師、國軍桃園總醫院共同醫學研究實驗室主任

論文選錄：

1. Liu KT, Chang YC, Lin YC, Chang JL. Primary signet ring cell carcinoma of the appendix presenting as gangrenous appendicitis with peritonitis: a case report. *Ann Med Surg (Lond)*. 2025 Aug 29;87(9):6033-6040. doi: 10.1097/MS9.0000000000002656. PMID: 40901147; PMCID: PMC12401438.
2. Chu CH, Chang YC, Liu KT, Liu YC, Chou MC, Liu CK, Chen CH, Chang JL, Chen SL. Intermittent Hypoxia Damages Tyrosine Hydroxylase-Containing Neurons in the Substantia Nigra and Locus Coeruleus but Not Hippocampal Neurons in Male Mouse Models of Early-Stage Sleep Apnea. *J Neurosci Res*. 2025 Jun;103(6):e70050. doi: 10.1002/jnr.70050. PMID: 40444532.

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CASE HISTORY:

An 47-year-old man.

Clinical history:

A 47-year-old man presented with a painless swelling on the volar aspect of his right wrist. The lesion was initially suspected to be a recurrent ganglion cyst. He attended our orthopedic outpatient clinic for further evaluation. On admission, his vital signs were within normal limits (temperature 36.6 °C, pulse 67/min, respiratory rate 18/min, blood pressure 148/98 mmHg). He was alert but appeared generally unwell. Three years earlier, the patient had undergone two surgical procedures for excision of a right volar wrist mass that was clinically suspected to be a synovial cyst; however, the final pathological diagnoses from those operations were not documented. He now presented to the orthopedic outpatient department of our hospital with a recurrent mass for further evaluation and management. His medical history was notable for right ureteral and renal stones with hydronephrosis treated four years earlier via ureteroscopy and double-J stent placement; otherwise, his history was unremarkable.

Magnetic resonance imaging (MRI) displayed a subdermal partial solid cyst-like lesion about 0.8cm in size over volar aspect of the wrist, suspicious of a ganglion cyst adjacent to the flexor tendons without evidence of bone invasion.. Suggest further evaluation with contrast enhanced MR. Clinical examination showed a firm, non-mobile mass without neurovascular deficits.

He underwent surgical removal of the right volar wrist mass, and histopathological analysis confirmed synovial sarcoma with incomplete resection margins. Owing to poor wound healing, he was subsequently transferred to a Medical center in June 2025 for advanced management. A PET-CT scan demonstrated post-operative changes without metabolic evidence of residual malignancy or metastasis; however, malignancy less than 0.4 cm or with low FDG uptake could not be entirely excluded. He underwent further excision of the tumor margin with dermal allograft reconstruction (Megaderm 3 × 3 cm). The wound stabilized postoperatively, and he completed three additional cycles of adriamycin and holoxan. He continues regular follow-up in the hematology-oncology outpatient clinic with no current signs of recurrence.

Clinical laboratory studies:

Laboratory investigations, including complete blood count and routine biochemistry, were all within normal limits (hemoglobin 15.8 g/dL, WBC 6,350/μL). Tumor markers (CEA, AFP, PSA) were also unremarkable.

Gross findings:

The excised tissue submitted measured $1.0 \times 0.8 \times 0.5$ cm and was gray-brown in appearance on macroscopic inspection.

Histopathology:

Microscopically, the lesion was a densely cellular spindle-cell neoplasm composed of uniform, hyperchromatic cells arranged in fascicles and herringbone patterns. There was minimal intervening stroma, and the tumor had infiltrative borders. Focal staghorn-like vascular structures were present. The tumor cells had sparse, eosinophilic cytoplasm, round hyperchromatic nuclei, and conspicuous nucleoli, consistent with a poorly differentiated spindle-cell variant of synovial sarcoma.

Differential Diagnosis:

1. Ganglion cyst
2. Tenosynovitis
3. Peripheral nerve sheath tumor
4. Fibrosarcoma
5. Malignant peripheral nerve sheath tumor (MPNST) — SOX10, keratin, TLE1, H3K27me3 expression used in distinction
6. Synovial sarcoma
7. Spindle cell rhabdomyosarcoma (desmin+, MyoD1+, myogenin+)
8. Leiomyosarcoma (desmin+, SMA+, calponin+, h-caldesmon+)
9. Solitary fibrous tumor (CD34+, STAT6+, sometimes TLE1+)

Immunohistochemistry (IHC):

The tumor was diffusely positive for vimentin, TLE1, and SS18-SSX. H3K27me3, and Calponin was retained. The proliferative Ki-67 labeling index was ~19%. Negative markers included pan-CK, desmin, actin, S-100 protein, CD34, and STAT-6, supporting a poorly differentiated synovial sarcoma.

Final anatomic diagnosis:

1. Soft tissue, right volar wrist — Synovial sarcoma, spindle-cell type, monophasic, FNCLCC Grade 1; status post wide excision and adjuvant chemotherapy.
2. Resection margins remained positive for tumor involvement.

According to the AJCC (American Joint Commission on Cancer) 8th edition and FNCLCC grading (differentiation = 1, mitotic rate = 1, necrosis = 1), the tumor is Grade 1. The clinical stage is pT1N0M0 (no nodal or distant metastasis identified). The tumor was classified as AJCC Stage IA.

Follow-up:

After surgery and chemotherapy, the patient recovered uneventfully. At six months post-operation, he remains under oncology outpatient follow-up with no evidence of local recurrence or distant metastasis.

Discussion:

Synovial sarcoma (SS) is a rare malignant soft-tissue tumor, accounting for approximately 5–10% of all soft-tissue sarcomas. While it predominantly affects adolescents and young adults, it can present at any age and anatomical site. This tumor is most common in adolescents and young adults; with the majority of cases occurring between 10 and 40 years of age. It is rarely encountered in those over 50 years old. There is a slight male preponderance.

Anatomical and clinical features, although the lower extremity (especially around large joints) is the most common site, SS can also occur in the upper extremity, including the wrist. The hand was the most commonly involved location. Nearly all cases involved the soft tissue with the palmar surface of the hand reported. Because of its slow growth and nonspecific symptoms, SS is frequently misdiagnosed; in the hand/wrist region, it may initially be mistaken for benign entities like ganglion cysts. Typically, it has a slow growth pattern and benign radiologic appearance. Clinically, synovial sarcomas can be associated with pain depending on their location in relation to nerves. Some authors have observed that long-lasting pain at the tumor site before the development of swelling is more common with synovial sarcomas than with other sarcomas. Most cases, however, are diagnosed only when their size is larger than 5 cm. Similar to other soft tissue sarcomas, synovial sarcomas in the hand-wrist area are infrequent.

Histologically, there are three variants of synovial sarcoma: monophasic, biphasic, and poorly differentiated. The monophasic variant is characterized by fascicles of atypical spindled cells with scant cytoplasm and monotonous vesicular nuclei, often overlapping. There is a variable mitotic rate. Collagenous stroma can be more or less abundant, and thickened bundles of “wiry collagen” can be seen. Vasculature can be prominent, and hyalinization or myxoid changes are rarely seen. Mast cells are frequently observed, and necrosis is uncommon.

Histopathology and diagnosis was diagnostic confirmation typically requires histology combined with immunohistochemistry and molecular testing. The hallmark is the SS18-SSX gene fusion, commonly detected by FISH, RT-PCR, or NGS. In poorly differentiated tumors, epithelial markers may be negative, and TLE1 positivity is common. A characteristic cytogenetic translocation t(X;18) (p11.2;q11.2) is present in almost all synovial sarcomas; helping provide diagnostic confirmation. This translocation fuses SS18 (SYT) in chromosome 18 and SSX1, SSX2, or SSX4 in chromosome X. Immunohistochemistry shows that synovial sarcomas are strongly positive for TLE1, although other sarcomas and carcinomas can rarely express TLE-1. Keratins and EMA are diffusely positive in the epithelial components, and focally positive in the spindled cells. Focal S100 protein or SOX10 positivity can also be seen in a percentage of cases. CD56 and CD99 are usually positive, while CD34, SMA, desmin, myogenin, PAX3, synaptophysin, TTF-1, and NKX2 are negative.

Prognostic and therapeutic considerations included the margin status is critical: incomplete resection is associated with recurrence. The rate of recurrence and metastasis was not significantly different ($p > 0.05$) when comparing tumor size (less than or equal to 5 cm versus those greater than 5 cm), histology subtype (biphasic versus monophasic), and age (those less than or equal to 40 versus those older than 40). The overall five-year survival rate for synovial sarcomas of any location is 27–85% in the literature. Various factors seem to have a poor survival prognostic value in subjects affected by SS: advanced age at diagnosis, tumors larger than 4 or 5 cm, central location, poorly differentiated histology. Recent data suggest that fusion type does not have survival prognostic value.

Multimodal therapy (surgery, radiotherapy, chemotherapy) is often required. A large database analysis found that perioperative radiotherapy was significantly associated with improved overall survival. The role of chemotherapy remains somewhat controversial. However, in some settings, neoadjuvant chemotherapy may reduce limb loss (e.g., in lower extremity SS). Even with radical treatment, SS has a risk for late recurrence and metastasis. Long-term surveillance is essential.

Previous literature review confirms that synovial sarcomas of hand-wrist are more frequent among males and subjects 10 to 40 years old. A recent case report described SS in the dorsal hand/wrist of a 32-year-old man, initially misdiagnosed as a ganglion cyst, highlighting diagnostic difficulty.

A review of hand-wrist SS from 1983–2020 found that many cases were small (< 5 cm) and often misdiagnosed; survival appears to have improved in recent decades. Unique aspects of this case illustrated the patient's age of 47 is older than the typical demographic. Tumor arose in an anatomically challenging location (volar wrist), making margin-negative resection difficult. Poor wound healing required dermal allograft reconstruction, but allowed continuation of chemotherapy. The case underscores the importance of early recognition, referral to a specialized sarcoma center, and a coordinated multidisciplinary approach.

Conclusion:

Synovial sarcoma of the wrist poses particular challenges due to its rarity, the potential for misdiagnosis, and anatomical constraints limiting surgical margins. Optimal outcomes require prompt diagnosis, multimodal therapy, and long-term follow-up in a specialized sarcoma center.

References:

1. Siegel HJ, Sessions W, Casillas MA Jr, Said-Al-Naief N, Lander PH, Lopez-Ben R. Synovial sarcoma: clinicopathologic features, treatment, and prognosis. *Orthopedics*. 2007;30(12):1020–7.
2. Requena L. Cutaneous tumors of soft tissues. Madrid: Aula Médica; 2012.
3. Rosa ACF, Machado MM, Grasso Filho LG, Albertotti F, Sato E, Figueiredo MAJ, et al. Fibrous synovial sarcoma of the foot - case report. *Radiol Bras*. 2002;35:51-4.
4. Buzaid, AC, Maluf, FC, Lima, CMR, editors. MOC - Manual of Clinical Oncology of Brazil. 9th ed. São Paulo: Dendrix Edição e Design Ltda; 2011.
5. Serinelli, S., Gitto, L. & Zaccarini, D.J. Synovial sarcoma of the hand-wrist: a case report and

review of the literature. *J Med Case Reports* 15, 12 (2021).

6. Heidari, A., Hosseini, A., Nasri, S., & Siavashi, B. (2024). Synovial sarcoma of the dorsal aspect of the hand: a case report. *Journal of Medical Case Reports*, 18, 156.
7. Clark MA, Fisher C, Judson I, Thomas JM. Soft-tissue sarcomas in adults. *N Engl J Med*. 2005;353:701–711.
8. Thway K, Fisher C. Synovial sarcoma: defining features and diagnostic evolution. *Ann Diagn Pathol*. 2014;18:369–380.
9. Spillane AJ, A'Hern R, Judson IR, Fisher C, Thomas JM. Synovial sarcoma: A clinicopathologic, staging, and prognostic assessment. *J Clin Oncol*. 2000;18:3794–3803.
10. Eilber FC, Dry SM. Diagnosis and management of synovial sarcoma. *J Surg Oncol*. 2008;97:314–320.
11. Lewis JJ, Antonescu CR, Leung DHY, Blumberg D, Healey JH, Brennan MF. Synovial sarcoma: A multivariate analysis of prognostic factors. *J Clin Oncol*. 2000;18:2087–2094.
12. Sultan I, Rodriguez-Galindo C, Saab R, Yasir S, Casanova M, Ferrari A. Comparing children and adults with synovial sarcoma in the Surveillance, Epidemiology, and End Results program. *Cancer*. 2009;115:3537–3547.
13. Stacchiotti S, et al. Chemotherapy in synovial sarcoma: Review of the literature and future perspectives. *Expert Rev Anticancer Ther*. 2014;14:439–446.
14. Krieg AH, et al. Synovial sarcomas usually metastasize after 5 years: An argument for long-term surveillance. *Clin Orthop Relat Res*. 2011;469:3315–3321.
15. Maia DC, Menezes CK, Bastos TC, Ferreira LC, Francesconi F. Poorly differentiated synovial sarcoma in the wrist--case report. *An Bras Dermatol*. 2014 Sep-Oct;89(5):816-8. doi: 10.1590/abd1806-4841.20143015. PMID: 25184926; PMCID: PMC4155965.
16. Shemesh SS, et al. PET-CT in soft tissue sarcoma evaluation: Limitations and clinical insights. *Skeletal Radiol*. 2015;44:1575–1584.
17. Ferrari A, et al. Synovial sarcoma: Current treatment options and future perspectives. *Eur J Cancer*. 2017;83:140–152.

Case Number: 626

Slide Number: NTU2024-2119

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CASE HISTORY

Signalment:

11-year-old castrated male mixed feline

Clinical History:

In 2022, a progressively enlarging, firm swelling mass was noted at the right hock region and had been present for approximately two months. An incisional biopsy and bacterial culture were performed, and based on the histological features, radiographic findings, and clinical history, the lesion was diagnosed as feline synovial osteochondromatosis. Despite the initial diagnosis, the right hock mass continued to grow over the following two years. Due to progressive enlargement and impaired limb function, amputation of the mid-femur of right hindlimb was performed in 2024.

CASE RESULT

Gross Findings:

1. **First surgery (NTU2022-2440):** An irregular and firm specimen taken from the right hock region was received. On sectioning, it was heterogeneously beige with mottled brown. The whole tissue was submitted for histopathological examination.
2. **Second surgery (NTU2024-2119):** The received specimen was an amputated right hindlimb from the femur with a huge mass at the hock. On the cut surface, the mass was gritty to hard, heterogeneously beige and pale yellow, and effacing the structure of the hock joint.

Histopathologic Findings:

1. First surgery (NTU2022-2440):

The submitted tissue sections display multifocal calcification with fibrous tissue and biphasic growth composed of well differentiated chondrocytes and cancellous bone. In some areas, densely to loosely distributed plumped cells that form the cavernous structure, suspected of synovial cells (evidenced by immunohistochemical staining, see below), are observed. Occasionally, multinucleated cells, suggestive of osteoclasts, disperse beside the bone and fibrous tissue. No malignancy or mitotic figures are noticed.

2. Second surgery (NTU2024-2119):

Invading and effacing the hock synovium, femur, tibia, and fibula, and expanding into the overlying dermis is a partially demarcated growth composed of neoplastic cells arranged in variable patterns, from loosely packed sheets of polygonal cells to interlacing bundles spindloid cells. The neoplastic

cells have pale eosinophilic cytoplasm, an oval nucleus and 1-2 conspicuous nucleoli, and frequently differentiate and reside into a circular space (lacunae) with abundant pale basophilic extracellular matrix (chondroid or cartilage). Occasionally, there is also deposition of basophilic and lamellar mineral within the neoplastic cells or chondroid (calcification). Occasionally, there is also differentiation of bone trabeculae surrounded by osteoblasts and osteoclasts, or deposition of osteoid. Anisocytosis and anisokaryosis are moderate to marked, and the mitotic count is 16 per 10 HPFs (2.37 mm²). Within the neoplasm, the original architectures of the joint, synovium and bone are completely obliterated by the neoplastic cells. The surgical margins (including the femur and the soft tissue) are free of the neoplastic cells.

Morphological diagnosis:

1. First surgery (NTU2022-2440):

Feline synovial osteochondromatosis, mass of right hock region

2. Second surgery (NTU2024-2119):

Chondroblastic osteosarcoma, the right hock mass

Differential Diagnosis:

1. Chondroblastic osteosarcoma
2. Chondrosarcoma
3. Multilobular osteochondrosarcoma

Final Diagnosis:

- 1. Feline synovial osteochondromatosis, mass of right hock region**
- 2. Chondroblastic osteosarcoma, the left hock mass**

Discussion:

Osteosarcoma is the most common primary bone tumor in dogs, particularly in large and giant breeds as well as in cats [1]. It is likewise the most common primary malignant bone tumor in humans, predominantly affecting children, adolescents, and young adults, with a peak incidence during the adolescent growth spurt. A second, smaller incidence peak occurs in older adults and is often associated with underlying bone disorders such as Paget's disease [2]. The tumor most frequently arises in the metaphyseal regions of long bones, especially around the knee (distal femur and proximal tibia) and the proximal humerus [2-3]. Osteosarcomas are broadly classified into central and peripheral types. Central osteosarcomas originate from the medullary cavity and are further subclassified based on the predominant matrix produced by neoplastic cells, including osteoblastic, chondroblastic, fibroblastic, and telangiectatic variants. In contrast, peripheral osteosarcomas arise from the periosteal layers of bone and are divided into periosteal and parosteal forms [4].

In humans, histologic grading of osteosarcoma is based on the degree of cellular atypia, mitotic activity, and the extent and nature of tumor matrix production. The most widely used grading systems

include the Musculoskeletal Tumor Society (MSTS) and the AJCC–UICC classification, which stratify tumors into low-grade and high-grade categories. Additional criteria such as tumor necrosis, osteoid production, and the presence of multinucleated giant cells are also considered [5-6]. In general, most central (medullary) osteosarcomas are high grade, whereas surface osteosarcomas tend to be low grade. Similar principles can be applied to dogs and cats; however, attempts to establish objective grading systems for canine osteosarcoma have not gained widespread adoption in veterinary pathology. This is largely due to the marked heterogeneity that can exist within different regions of a single tumor and the limited representativeness of small core biopsy samples. Therefore, histologic grading is most meaningful in amputated limb specimens, where the lesion can be thoroughly sampled and a more accurate assessment of prognosis and expected response to chemotherapy can be achieved [4].

In the current case, the patient previously underwent a biopsy of a right hock mass in 2022. Based on the histological characteristics, radiographic findings, and clinical history, the lesion was diagnosed as feline synovial osteochondromatosis, a condition characterized by the formation of osteochondral nodules within the synovial lining of joints. Although most cases are reported in dogs, the disease has also been recognized albeit infrequently in cats, horses, and pigs [8]. Osteochondromatosis, also referred to as multiple cartilaginous exostoses, polyostotic osteochondroma, or multiple osteochondromas, accounts for approximately 20% of all primary bone tumors in cats. Importantly, malignant transformation to osteosarcoma or chondrosarcoma has been documented [8]. Compared with malignant transformation into osteosarcoma, progression to chondrosarcoma appears to be somewhat more frequently reported, although still uncommon [9]. To date, there are very few veterinary reports describing malignant transformation of osteochondromatosis into osteosarcoma. However, one published study documented a cat presenting simultaneously with both osteochondromatosis and osteosarcoma [10]. In humans, the risk of malignant transformation of osteochondromatosis (hereditary multiple exostoses) into chondrosarcoma is estimated to be 2-5%, with the vast majority of cases resulting in secondary peripheral chondrosarcoma rather than osteosarcoma [11].

References

1. Bryan J. N. (2024). Updates in Osteosarcoma. *The Veterinary clinics of North America. Small animal practice*, 54(3), 523–539.
2. Beird, H. C., Bielack, S. S., Flanagan, A. M., Gill, J., Heymann, D., Janeway, K. A., Livingston, J. A., Roberts, R. D., Strauss, S. J., & Gorlick, R. (2022). Osteosarcoma. *Nature reviews. Disease primers*, 8(1), 77.
3. Picci P. (2007). Osteosarcoma (osteogenic sarcoma). *Orphanet journal of rare diseases*, 2, 6.
4. Meuten, D. J. (2017). *Tumors in domestic animals*. (5th ed.). John Wiley & Sons Inc.
5. Meltzer, P. S., & Helman, L. J. (2021). New Horizons in the Treatment of Osteosarcoma. *The New England journal of medicine*, 385(22), 2066–2076.
6. Heck, R. K., Jr, Peabody, T. D., & Simon, M. A. (2006). Staging of primary malignancies of bone.

CA: a cancer journal for clinicians, 56(6), 366–375.

7. Aeffner F, Weeren R, Morrison S, Grundmann INM, Weisbrode SE. Synovial Osteochondromatosis With Malignant Transformation to Chondrosarcoma in a Dog. *Veterinary Pathology*. 2012;49(6):1036-1039.
8. Zachary, James F., ed. *Pathologic Basis of Veterinary Disease*, 7th ed. Elsevier, 2022.
9. Aeffner F, Weeren R, Morrison S, Grundmann INM, Weisbrode SE. Synovial Osteochondromatosis With Malignant Transformation to Chondrosarcoma in a Dog. *Veterinary Pathology*. 2012;49(6):1036-1039.
10. Tas, O., De Cock, H., Lemmens, P., & Pool, R. R. (2013). Synovial osteochondromatosis and sclerosing osteosarcoma in a cat. *Veterinary and comparative orthopaedics and traumatology : V.C.O.T*, 26(2), 160–164.
11. Gnoli, M., Gambarotti, M., Righi, A., Staals, E. L., Evangelista, A., Tremosini, M., Brizola, E., Mordenti, M., Boarini, M., Locatelli, M., Pedrini, E., & Sangiorgi, L. (2024). Secondary peripheral chondrosarcoma in multiple osteochondromas: a retrospective single-institution case series. *Orphanet journal of rare diseases*, 19(1), 63.

Case Number: 627

Slide Number: 11422A, 11422D

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論文選錄:

1. Lin HH, Peng YJ, Chang CF, Chang PY, Peng PC, Chang WC, Chen TW, Hsieh TY. Heterogenous liver parenchymal enhancement in CT is a favorable prognosis of HCC after hepatic resection. Am J Cancer Res. 2024 Jun 15;14(6):2984-2993.
2. Wang YH, Peng YJ, Liu FC, Lin GJ, Huang SH, Sytwu HK, Cheng CP. Interleukin 26 Induces Macrophage IL-9 Expression in Rheumatoid Arthritis. Int J Mol Sci. 2023 Apr 19;24(8):7526.
3. Peng YJ, Chen CM, Li YF, Guo YT, Chen YT, Chao KH, Yang JJ. Patent blue versus methylene blue and indigo carmine as a better dye for chromodiscography: in vitro staining efficacy and cytotoxicity study using bovine coccygeal intervertebral discs. Spine J. 2023 Feb 18:S1529-9430(23)00076-1.
4. Tzeng YS, Peng YJ, Tang SE, Huang KL, Chu SJ, Wu SY, Cheng CP. Intermittent Exposure of Hypercapnia Suppresses Allograft Rejection via Induction of Treg Differentiation and Inhibition of Neutrophil Accumulation. Biomedicines. 2022 Apr 1;10(4):836.

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Clinical history:

The 62-year-old male who denied any medical history before, suffered from persisting pain and swelling of his left knee after falling injury since one month ago. In addition, the patient also complained persisting low back pain for years. Left knee MRI was arranged and the image shown noted osteoarthritis with lateral femorotibial joint space narrowing and focal subchondral defect in the lateral femoral condyle with subchondral sclerosis and cystic change is noted, suggestive of spontaneous osteonecrosis. Under the impression of osteoarthritis with osteonecrosis of left knee, total knee replacement of left knee was arranged.

Gross findings

Multifocal black pigmentation of bone is noted with brittle and fragmented cartilage. No proliferated soft tissue component is seen.

Microscopic findings

The sections show pictures of degenerative dark-colored bony fragments and regeneration of bony tissue with few inflammatory cells and histiocyte. Some amorphous brownish fine granular deposition within the pigmented cortical bone is noted. No polarized material is identified under polarizer.

Differential diagnosis

- Osteoarthritis
- Ochronotic arthropathy
- Tenosynovial giant cell tumor, diffuse type (pigmented villonodular synovitis)
- Metastatic melanoma

Molecular studies

Whole-exon DNA sequencing revealed compound heterozygous variants in the HGD genes.

Final diagnosis

Ochronotic arthropathy, consistent with Alkaptonouria.

Discussion

Alkaptonuria (AKU) is a rare autosomal recessive disorder caused by missense mutations in the *HGD* gene, leading to deficient activity of homogentisate 1,2-dioxygenase (HGD). This enzyme deficiency results in the accumulation of homogentisic acid (HGA) in connective tissues. Although

the condition is named after the darkening of urine, this sign is inconsistent. Many individuals with AKU may not exhibit dark urine.

Clinically, the most common manifestations of AKU are arthritic symptoms, primarily affecting the spine, hips, and knees. Nearly all patients eventually develop some form of arthritis. Lumbar and thoracic back pain often begins around the age of 30. As the disease progresses, complications such as kyphoscoliosis, reduced intervertebral disc space, spinal stenosis, and compressive myelopathy may occur.

Excess HGA is converted into benzoquinone acetic acid, which polymerizes into pigments resembling melanin. These ochronotic pigments deposit in connective tissues of various organs, contributing to progressive tissue degeneration. Affected areas include joints, heart valves, and vascular intima. This results in arthritis, increased incidence of renal, prostatic, and gallbladder stones, as well as spontaneous ruptures of muscles, tendons, and ligaments.

Microscopically, ochronotic joints show diffuse pigmentation of the extracellular matrix within cartilage. Granular pigment deposition is often observed on the cartilage surface or at the edges of fibrocartilage. Notably, there is no significant inflammatory response. However, necrotic chondrocytes are present, suggesting that HGA and its oxidative products are cytotoxic.

To date, over 200 disease-associated variants in the *HGD* gene have been reported, most of which are missense mutations that reduce enzyme activity to varying degrees. However, genotype–phenotype correlations remain unclear. In our case, compound heterozygous variants were identified in the *HGD* gene. While these specific variants have not been previously reported, other single nucleotide changes at similar locations are documented in the ClinVar database. This suggests that mutations within certain critical regions of the gene are sufficient to cause disease. It may also account for the variability in residual HGD enzyme activity among patients, although further studies are needed to establish a definitive correlation between specific mutations and enzyme function.

Reference

1. Sharabi AF, Goudar RB. Alkaptonuria. [Updated 2023 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK560571/>
2. Helliwell TR, Gallagher JA, Ranganath L. Alkaptonuria--a review of surgical and autopsy pathology. *Histopathology*. 2008 Nov;53(5):503-12. doi: 10.1111/j.1365-2559.2008.03000.x. Epub 2008 Mar 8. PMID: 18336562.
3. Milella, M.S.; Geminiani, M.; Trezza, A.; Visibelli, A.; Braconi, D.; Santucci, A. Alkaptonuria: From Molecular Insights to a Dedicated Digital Platform. *Cells* 2024, 13, 1072. <https://doi.org/10.3390/cells13121072>

Case Number: 628

Slide Number: SE225-1766A, SE225-1766D, SE225-1766E

Slide View: http://140.120.114.107/ivp_slide_view.php?id=2649

http://140.120.114.107/ivp_slide_view.php?id=2650

http://140.120.114.107/ivp_slide_view.php?id=2651



賴銘淙

Ming-Tsung Lai

現職：

衛福部臺中醫院病理科主任

學歷：

1. 清華大學生命科學院博士 (1996-2005)
2. 臺大醫學院病理學研究所碩士 (1984-1987)
3. 中國醫藥學院醫學士 (1978-1983)

經歷：

中山醫學大學病理學科主任暨附設醫院病理科主治醫師、彰濱秀傳紀念醫院病理科主任暨醫研部主任、中國醫藥大學醫學系專任講師、中山醫學大學醫學系副教授、中台科技大學兼任副教授、弘光科技大學兼任副教授、台中科技大學兼任副教授、彰化基督教醫院病理科主治醫師、臺大醫院病理部住院醫師

論文選錄：

1. Sheu JJC, Lin YJ, Chang CY, Chen SY, Liao WL, Yang JS, Lai MT, Chen CM, Tseng CC, Hwang T, Chen PH, Tsai FJ (2018) Genetic variants of ALOXs genes in polyunsaturated fatty acid/arachidonic acid metabolism associated with type-2 diabetes development. Int J Clin Exp Med 11:13797-13805.
2. Tsai FJ, Lai MT, Cheng J, Chao SCC, Korla PK, Chen HJ, Lin CM, Tsai MH, Hua CH, Jan CI, Jinawath N, Wu CC, Chen CM, Kuo BY, Chen LW, Yang J, Hwang T, Sheu JJC (2019) Novel K6-K14 keratin fusion enhances cancer stemness and aggressiveness in oral squamous cell carcinoma. Oncogene. In Press, doi: 10.1038/s41388-019-0781-y (co-first author)

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CASE HISTORY:

Signalment: 46-year-old male

Clinical History:

A 46-year-old male who had history of right hip and thigh-knee soreness and pain for 2 weeks. The MRI and bone scan shows a bone cystic tumor (6.2cm) in right proximal femur and fibrous dysplasia is suspected. He was performed bone tumor curettage and DHS plate fixation on 114/04/02

After 2 months ago, because the unplanned intralesional curettage, then re-excision residual tumor and reconstruction with tumor prosthesis was performed on 114/09/19 at CMUH

Clinical Pathology:

Blood: WBC: 7800(3500-9600), RBC: 4160(4200-6230); RDW: 16.8%(12.1-15.2%); Hb: 11.9(13-18g/dl); Hct: 35.6(38.8-53.1%); MCV: 85.5(76.9-94.7fl)
MCH: 28.7(25.8-33pg); MCHC: 33.5(31.8-34.2g/dl); platelet count: 315(169-413x10³/ul); WBC DC: N-Seg: 61.2(41.7-73.7%); Lymph: 20.0(18.4-45%)
MONO: 9.2(4.6-12.3%); Eosin: 8.7(0.7-8.1%); Baso: 0.9(0.2-1.4%); ESR: 28(0-10mm/hr); Serum C.R.P: 4.06(0-0.9mg/dl); PT(sec): 12.7(11-14.5sec); APTT: 35.4(26-40sec);

CASE RESULT:

Histopathologic Finding:

On microscopic examination, sections show tumorous lesion composed of spindle cells with marked nuclear pleomorphism, large areas of necrosis and focal myxoid stroma, hemorrhage, foamy cell aggregation and curvilinear blood vessels.

Immunohistochemistry:

The immunostains show S-100(-); CD34(-); MDM2(-); CDK (-); desmin (-); EMA(-); cytokeratin(-); CD99(-) in the tumor cells. Other immunostains (Kaohsiung Chang Gung Memorial Hospital) show negative staining for ERG, TFE3, HMB45, p40, SATB2, moegenin, MyoD1, AE1/AE3, TTF1, desmin, CD30, TrkABC, H3F3A G34w/R/V, H3F3B K36M, SOX10, GRM1, IDH1 and NUT, p53 shows mutant-type overexpression, while RB shows retained staining.

Differential diagnosis:

1. Unicameral bony cyst
2. Aneurysmal bone cyst
3. Fibrous dysplasia
4. Osteofibrous dysplasia
5. Osteosarcoma
6. Metastatic carcinoma
7. Ewing's sarcoma
8. Myxofibrosarcoma
9. Unclassified pleomorphic sarcoma

Diagnosis:

1. Unclassified pleomorphic sarcoma with myxoid stroma
2. Myxofibrosarcoma, grade 3

Discussion:

1. Unplanned intralesional curettage behaves as a “contaminated surgery” in high-grade sarcoma.
 - a. Intralesional curettage + fixation (DHS, screws) creates tumor cell spillage into bone, soft tissues, screw tracts, and surgical planes
 - b. Recurrence rates significantly higher when initial surgery is non-oncologic.
 - c. Requires systematic wide re-excision, including the entire previous operative field

“Unplanned excision is associated with a high likelihood of residual disease, reported in up to 40–70% of cases.

Subsequent systematic re-excision of the operative bed is recommended because microscopic tumor foci are commonly found in the scar, biopsy tract, and along surgical planes surrounding the original site.

The strategy of early re-excision provides superior local control compared to observation until imaging or clinical recurrence becomes evident.”

2. Evidence strongly supports early systematic re-excision vs waiting for symptomatic recurrence
 - Residual tumor after unplanned excision is common ($\approx 40\text{--}70\%$).
 - Early re-excision improves local control and reduces need for amputation.
 - Delayed salvage after overt recurrence leads to worse limb-salvage rates

Re-excision after a non-oncologic operation carries acceptable complication rates and results in meaningful improvements in local control.

Residual tumor was identified in more than half of patients undergoing re-excision, indicating that the initial unplanned procedure frequently leaves behind subclinical disease. These findings support the approach of prompt re-excision rather than delayed treatment at the time of recurrence.

3. Standard recommendation: “Compartmental re-excision” including scar, biopsy tract, hardware, and screw holes

- International guidelines: prior surgical tract must be excised en bloc with the tumor.
- Screw tracks, plate footprint, and grafted cavity should be considered potentially contaminated pathways.

“The biopsy tract must be included in the definitive en bloc resection. Incisions should be oriented along the limb axis to facilitate later wide resection.

When the initial surgery is not oncologic, the entire operative field is considered contaminated, and comprehensive re-excision is recommended.”

References:

1. Federico Sacchetti, et al (2021). Re-excision after unplanned excision of soft tissue sarcoma: A systematic review and metanalysis, Journal of orthopaedics 25,224-251
2. Raymond S Traweek, et al (2023). Re-excision after unplanned excision of soft tissue sarcoma is associated with high morbidity and limited pathologic identification of residual disease, Ann Surg Oncol. Jan; 30(1):480-489
3. A.deJuan Ferre, et al (2021). SEOM Clinical guideline of management of soft-tissue(2020). Clinical and Translational Oncology 23:922-930

中華民國比較病理學會章程

第一章 總則

- 第一條 本會定名為中華民國比較病理學會，英文名稱為 Chinese Society of Comparative Pathology (CSCP) (以下簡稱本會)。
- 第二條 本會依內政部人民團體法設立，為非營利目的之社會團體，以結合人類醫學與動物醫學資源，提倡比較病理學之研究與發展，交換研究教學心得，聯絡會員友誼及促進國際間比較醫學之交流為宗旨。
- 第三條 本會以全國行政區域為組織區域，會址設於主管機關所在地區，並得報經主管機關核准設主分支機構。前項分支機構組織簡則由理事會擬訂，報請主管機關核准後行之。會址及分支機構之地址於設置及變更時應報請主管機關核備。
- 第四條 本會之任務如左：
- 一、 提倡比較病理學之研究與發展。
 - 二、 舉辦學術演講會、研討會及相關訓練課程。
 - 三、 建立國內比較醫學相關資料庫。
 - 四、 發行比較病理學相關刊物。
 - 五、 促進國內、外比較醫學之交流。
 - 六、 其他有關比較病理學術發展之事項。
- 第五條 本會之主管機關為內政部。目的事業主管機關依章程所訂之宗旨與任務，主要為行政院衛生署及農業委員會，其目的事業應受各該事業主管機關之指導與監督。

第二章 會員

- 第六條 本會會員申請資格如下：
- 一、 一般會員：贊同本會宗旨，年滿二十歲，具有國內外大專院校(或同等學歷)生命科學及其它相關科系畢業資格或高職畢業從事生命科學相關工作滿兩年者。
 - 二、 學生會員：贊同本會宗旨，在國內、外大專院校生命科學或其它相關科系肄業者(檢附學生身份證明)。
 - 三、 贊助會員：贊助本會工作之團體或個人。

四、 榮譽會員：凡對比較病理學術或會務之推展有特殊貢獻，經理事會提名並經會員大會通過者。

前項一、二、三項會員申請時應填具入會申請書，經一般會員二人之推薦，經理事會通過，並繳納會費。學生會員身份改變成一般會員時，得再補繳一般會員入會費之差額後，即成為一般會員，榮譽會員免繳入會費與常年會費。

第七條 一般會員有表決權、選舉權、被選舉與罷免權，每一會員為一權。贊助會員、學生會員與榮譽會員無前項權利。

第八條 會員有遵守本會章程、決議及繳納會費之義務。

第九條 會員有違反法令、章程或不遵守會員大會決議時，得經理事會決議，予以警告或停權處分，其危害團體情節重大者，得經會員大會決議予以除名。

第十條 會員喪失會員資格或經會員大會決議除名者，即為出會。

第十一條 會員得以書面敘明理由向本會聲明退會。但入會費與當年所應繳納的常年會費不得申請退費。

第三章 組織及職員

第十二條 本會以會員大會為最高權力機構。

第十三條 會員大會之職權如下：

- 一、 訂定與變更章程。
- 二、 選舉及罷免理事、監事。
- 三、 議決入會費、常年會費、事業費及會員捐款之方式。
- 四、 議決年度工作計畫、報告、預算及決算。
- 五、 議決會員之除名處置。
- 六、 議決財產之處分。
- 七、 議決本會之解散。
- 八、 議決與會員權利義務有關之其他重大事項。

前項第八款重大事項之範圍由理事會訂定之。

第十四條 本會置理事十五人，監事五人，由會員選舉之，分別成立理事會、監事會。

選舉前項理事、監事時，依計票情形得同時選出候補理事五人，候補監事一人，遇理事或監事出缺時，分別依序遞補之。

本屆理事會得提出下屆理事及監事候選人參考名單。

第十五條 理事會之職權如下：

- 一、 審定會員之資格。
- 二、 選舉及罷免常務理事及理事長。

- 三、 議決理事、常務理事及理事長之辭職。
- 四、 聘免工作人員。
- 五、 擬訂年度工作計畫、報告、預算及決算。
- 六、 其他應執行事項。

第十六條 理監事置常務理事五人，由理事互選之，並由理事就常務理事中選舉一人為理事長。

理事長對內綜理監督會議，對外代表本會，並擔任會員大會、理事會主席。

理事長因事不能執行職務時，應指定常務理事一人代理之，未指定或不能指定時，由常務理事互推一人代理之。

理事長或常務理事出缺時，應於一個月內補選之。

第十七條 監事會之職權如左：

- 一、監察理事會工作之執行。
- 二、審核年度決算。
- 三、選舉及罷免常務監事。
- 四、議決監事及常務監事之辭職。
- 五、其他應監察事項。

第十八條 監事會置常務監事一人，由監事互選之，監察日常會務，並擔任監事會主席。

常務監事因事不能執行職務時，應指定監事一人代理之，未指定或不能指定時，由監事互推一人代理之。監事會主席（常務監事）出缺時，應於一個月內補選之。

第十九條 理事、監事均為無給職，任期三年，連選得連任。理事長之連任以一次為限。

第二十條 理事、監事有下列情事之一者，應即解任：

- 一、喪失會員資格。
- 二、因故辭職經理事會或監事會決議通過者。
- 三、被罷免或撤免者。
- 四、受停權處分期間逾任期二分之一者。

第二十一條 本會置祕書長一人，承理事長之命處理本會事務，令置其他工作人員若干人，由理事長提名經理事會通過後聘免之，並報主管機關備查。但祕書長之解聘應先報主管機關核備。

前項工作人員不得由選任之職員（理監事）擔任。
工作人員權責及分層負責事項由理事會令另定之。

- 第二十二條 本會得設各種委員會、小組或其它內部作業組織，其組織簡則由理事會擬定，報經主機關核備後施行，變更時亦同。
- 第二十三條 本會得由理事會聘請無給顧問若干人，其聘期與理事、監事之任期同。

第四章 會議

- 第二十四條 會員大會分定期會議與臨時會議兩種，由理事長召集，召集時除緊急事故之臨時會議外應於十五日前以書面通知之。定期會議每年召開一次，臨時會議於理事會過半數認為必要，或經會員五分之一以上之請，或監事會半數函請召集時召開之。
- 第二十五條 會員不能親自出席會員大會時，得以書面委託其他會員代理，每一會員以代理一人為限。
- 第二十六條 會員大會之決議，以出席人數過半之同意行之。但章程之訂定與變更、會員之除名、理事及監事之罷免、財產之處置、本會之解散及其他與會權利義務有關之重大事項應有出席人數三分之二以上同意。但本會如果辦理法人登後，章程之變更應以出席人數四分之三以上之同或全體會員三分之二以上書面之同意行之。
- 第二十七條 理事會及監事會至少每六個月各舉行會議一次，必要時得召開聯席會議或臨時會議。
- 前項會議召集時除臨時會議外。應於七日以前以書面通知，會議之決議各以理事、監事過半數之出席，出席人較多數之同意行之。
- 第二十八條 理事應出席理事會議，監事應出席監事會議，不得委託出席；理事、監事連續二次無故缺席理事會、監事會者，視同辭職。

第五章 經費及會計

- 第二十九條 本會經費來源如下：
- 一、入會費：一般會員新台幣壹仟元，學生會員壹佰元，贊助會員伍仟元，於入會時繳納。
 - 二、常年會費：一般會員新台幣壹仟元，學生會員壹佰元。
 - 三、事業費。
 - 四、會員捐款。
 - 五、委託收益。

六、基金及其孳息。

七、其他收入。

第三十條 本會會計年度以國曆年為準，自每年一月一日起至十二月三十一日止。

第三十一條 本會每年於會計年度開始前二個月由理事會編造年度工作計劃、收支預算表、員工待遇表，提會員大會通過（會員大會因故未能如期召開者，先提理監事聯席會議通過），於會計年度開始前報主管機關核備。並於會計年度終了後二個月內由理事會編造年度工作報告、收支決算表、現金出納表、資產負債表、財產目錄及基金收支表，送監事會審核後，造具審核意見書送還理事會，提會員大會通過，於三月底前報主管機關核備（會員大會未能如期召開者，需先報主管機關備查）。

第三十二條 本會解散後，剩餘財產歸屬所在地之地方自治團體或主管機關指定之機關團體所有。

第三十三條 本章程未規定事項，悉依有關法令規定辦理。

第三十四條 本章程經大會通過，報經主管機關核備後施行，變更時亦同。

第三十五條 本章程經本會民國八十五年二月四日第一屆第一次會員大會通過，並報經內政部 85 年 3 月 14 日台(85)內社字第 8507009 號函准予備查。

中華民國比較病理學會 第十屆理監事簡歷冊

序號	職別	姓名	性別	學歷	經歷	現任本職
1	理事長	張俊梁	男	國防醫學院醫學科學研究所博士	國防醫學院兼任助理教授	國軍桃園總醫院病理檢驗部兼任主治醫師/台北榮民總醫院桃園分院兼任主治醫師/銘傳大學、國防醫學院兼任教授
2	常務理事	邱慧英	女	國立台大獸醫專業學院博士	台灣養豬科學研究所	國立中興大學獸醫病理生物學研究所副教授
3	常務理事	張惠雯	女	國立臺灣大學獸醫專業學院博士	美國哈佛醫學院博士後	台灣大學分子暨比較病理生物學研究所副教授
4	常務理事	陳燕麟	男	輔仁大學化學研究所博士	日本國立神經精神中心研究員	三軍總醫院病理部主治醫師/國防醫學院助理教授
5	常務理事	劉振軒	男	美國加州大學戴維斯校區比較病理學博士	國立臺灣大學獸醫專業學院院長	台灣大學分子暨比較病理生物學研究所兼任教授
6	理事	江家瑋	男	國立臺灣大學獸醫專業學院碩士		霍普獸醫病理專科醫院病理獸醫師
7	理事	林永和	男	國立台大病理研究所碩士	台北醫學院病理科講師	台北醫學院病理科副教授
8	理事	張皓凱	男	國立中興大學獸醫病理學研究所碩士		立眾病理實驗室主任 病理獸醫
9	理事	彭奕仁	男	國防醫學院醫學科學研究所博士	美國西雅圖華盛頓大學病理研究員	三軍總醫院病理部主任/國防醫學院病理及寄生蟲研究所所長/副教授
10	理事	黃威翔	男	國立臺灣大學獸醫專業學院博士		台灣大學分子暨比較病理生物學研究所副教授
11	理事	賈敏原	男	國立臺灣大學獸醫專業學院博士	國衛院研究員	國立中興大學獸醫系副教授
12	理事	鄭明芳	男	國立陽明大學口腔生物研究所博士	三軍總醫院病理部主治醫師	國軍花蓮總醫院組織臨床病理科主任
13	理事	賴銘淙	男	清華大學生命科學院博士	彰濱秀傳紀念醫院病理科主任	衛生福利部臺中醫院病理學科主任/中山醫學大學病理科副教授
14	理事	簡耀君	男	國立臺灣大學獸醫專業學院碩士	長青動物醫院病理部主任	長青動物醫院病理部主任

15	常務監事	陳姿妤	女	國立中興大學獸醫病理學研究所碩士	生技中心研究員	財團法人國家實驗研究院國家實驗動物中心副技術師
16	監事	朱旆億	男	國立臺灣大學醫學系/國立臺灣大學獸醫專業學院博士	輔仁大學醫學系兼任助理教授	彰化秀傳紀念醫院病理科主任
17	監事	施洽雯	男	國立國防醫學院病理研究所	中山醫學院病理科副教授	羅東博愛醫院病理科主任
18	監事	廖俊旺	男	國立台灣大學獸醫學研究所博士	農業藥物毒物試驗所應用毒理組副研究員	國立中興大學獸醫病理生物學研究所教授
19	監事	鄭謙仁	男	美國北卡羅萊納州立大學博士	台灣大學獸醫學系教授兼院長	台灣大學分子暨比較病理生物學研究所教授
20	秘書長	張晏禎	女	國立臺灣大學獸醫專業學院博士	中央研究院博士後	台灣大學分子暨比較病理生物學研究所助理教授

中華民國比較病理學會 會員名單

排序	會員編號	姓名	類別	備註
1	A00002	劉振軒	常務理事	
2	A00015	廖俊旺	監事	
3	A00022	蔡睦宗	一般會員	停權
4	A00041	許永祥		歿
5	A00061	鄭謙仁	監事	
6	A00069	阮正雄	一般會員	
7	A00071	祝志平	一般會員	停權
8	A00074	李進成	一般會員	停權
9	A00076	施洽雯	監事	
10	A00087	林正忠	一般會員	停權
11	A00105	林永和	理事	
12	A00143	賴銘淙	理事	
13	A00262	楊俊宏	一般會員	停權
14	A00268	張俊梁	理事長	
15	A00286	江蓉華	一般會員	停權
16	A00288	蔡慧玲	一般會員	
17	A00294	魯懿萍	一般會員	停權
18	A00296	朱旆億	理事	停權
19	A00297	蔡懷德	一般會員	停權
20	A00299	林以樂	一般會員	停權
21	A00303	張文發		歿
22	A00305	黃心宏	一般會員	停權
23	A00310	邱慧英	常務理事	
24	A00311	白馨	一般會員	停權
25	A00313	江家瑋	理事	
26	A00314	張惠雯	常務理事	
27	A00315	陳佳其	一般會員	停權
28	A00316	施正心	一般會員	
29	A00317	楊伊平	一般會員	
30	A00319	蔣克新	一般會員	停權
31	A00320	蔡清龍	一般會員	停權
32	A00321	吳佳樺	一般會員	停權
33	A00322	簡耀君	理事	
34	A00323	陳彥伯	一般會員	停權
35	A00324	黃馨頤	一般會員	停權
36	A00325	陳姿妤	常務監事	
37	A00326	賈敏原	理事	停權
38	A00327	鄭明芳	理事	
39	A00328	彭奕仁	理事	
40	A00329	李育翰	一般會員	停權
41	A00330	陳燕麟	常務理事	停權

42	A00331	許志勤	一般會員	
43	A00332	于知仁	一般會員	停權
44	A00333	何佳霖	一般會員	
45	A00334	蔡雨倫	一般會員	停權
46	A00335	林宜信	一般會員	停權
47	A00336	陳縱宇	一般會員	停權
48	A00337	郭建均	一般會員	停權
49	A00338	周品君	一般會員	停權
50	A00339	陳威廷	一般會員	停權
51	A00340	高郁茜	一般會員	停權
52	A00341	趙曉梅	一般會員	停權
53	A00342	洪義文	一般會員	停權
54	A00343	羅雅文	一般會員	停權
55	A00344	黃威翔	理事	
56	A00345	郭軒	一般會員	停權
57	A00346	徐治平	一般會員	停權
58	A00347	何永傳	一般會員	
59	A00348	曹文恬	一般會員	
60	A00349	羅怡琪	一般會員	
61	A00350	張晏禎	秘書長	
62	A00351	陳謙豪	一般會員	停權
63	A00352	邱泓錫	一般會員	
64	A00353	黃泰堂	一般會員	停權
65	A00354	田永田	一般會員	停權
66	A00355	杭仁鈺	一般會員	停權
67	A00356	張皓凱	理事	
68	A00357	林東衛	一般會員	停權
69	A00358	吳保樹	一般會員	停權
70	A00359	徐治平	一般會員	
71	A00360	張權星	一般會員	停權
72	A00361	陳以瑛	一般會員	停權
73	A00362	楊馥華	一般會員	
74	A00363	林秉郁	一般會員	停權
75	A00364	彭曉婷	一般會員	停權
76	A00365	向家珍	一般會員	停權
77	A00366	李勻	一般會員	停權
78	A00367	廖淑惠	一般會員	停權
79	A00368	林鈺傑	一般會員	停權
80	A00369	蔡文銓	一般會員	停權
81	A00370	劉千惠	一般會員	
82	A00371	黃昱翔	一般會員	
83	A00372	鄭允涵	一般會員	停權
84		郭展佑	學生會員	
84	A00373	林家威	一般會員	

85		蔡卓諺	學生會員	
86		陳湘淳	學生會員	
87		楊詠勻	學生會員	
88	A00374	高啟霏	一般會員	
89	A00375	薛人華	一般會員	

中華民國比較病理學會 114 年度工作計劃

一、 會務

(一) 徵求會員

二、 持續進行學會推廣及會員招募，擴大會員陣容，

(一) 整理會籍與清查會費

1. 更新整理會籍資料，並製作會員通訊錄

2. 清查會員繳費狀況，進行催繳，缺繳三年以上徹底實行停權

(二) 召開會議：召開會員大會一次，審查 114 年度工作報告與經費收支狀況，研議 114 年度之工作計劃及預算

(三) 學術活動：持續辦理三次研討會，並邀請國內外專家學者做學術性的演講

三、 業務

(一) 繳納會費

(二) 文書處理

(三) 整理與更新會員信箱，刪除無效信箱

(四) 病例資料處理：掃描研討會議病例切片，供會員研究教學使用

(五) 研討會活動照片、會員狀態及網頁維護更新

(六) 進行獸醫再教育學分申請，協助會員學分認證

中華民國比較病理學會 114 年度工作報告

一、 召開會員大會、理監事會議、舉辦學術研討會

(一) 會員大會

1. 第十屆第二次會員大會於 114 年 4 月 12 日於台大獸醫專業學院召開。

(二) 理監事會議

1. 第十屆第七次理監事會議於 114 年 4 月 12 日於台大獸醫專業學院召開。
2. 第十屆第八次理監事會議於 114 年 8 月 9 日於集思台大會議中心召開。
3. 第十屆第九次理監事會議於 114 年 12 月 13 日於台大獸醫專業學院召開。

二、 舉辦學術演講

(一) 第 92 次比較病理研討會邀請專題演講：

1. 國立台灣大學獸醫專業學院 劉振軒教授：What's your diagnosis?
2. 國軍左營總醫院 林冠宏主治醫師：探索高壓氧療法在獸醫醫學中的角色：從基礎研究到臨床實踐

(二) 第 93 次比較病理研討會邀請專題演講：

1. 國立台灣大學獸醫專業學院 黃威翔教授：What's your diagnosis?
2. 台北榮民總醫院病理部 林士傑主任：Neuroendocrine Tumors : An Overview and Update

(三) 第 94 次比較病理研討會邀請專題演講：

1. 小王子動物醫院復健分院 林錫佑主治獸醫師：犬貓物理治療與疼痛管理
2. 台北榮民總醫院病理部 張心怡醫師：

三、 舉辦學術病理切片病例討論

- (一) 於第 92 次比較病理研討會共有 4 個單位提供 4 個病例供會員討論。
- (二) 於第 93 次比較病理研討會共有 5 個單位提供 5 個病例供會員討論。
- (三) 於第 94 次比較病理研討會共有 5 個單位提供 5 個病例供會員討論。

四、 架設學會網站（網址：<http://www.ivp.nchu.edu.tw/cscp/>）

- (一) 提供第 92 次比較病理研討會活動花絮照片
- (二) 提供第 93 次比較病理研討會活動花絮照片
- (三) 提供第 94 次比較病理研討會活動花絮照片

五、 獸醫師繼續教育學分認證

- (一) 第 92 次比較病理研討會提供獸醫師繼續教育認證
- (二) 第 93 次比較病理研討會提供獸醫師繼續教育認證
- (三) 第 94 次比較病理研討會提供獸醫師繼續教育認證

中華民國比較病理學會資料庫使用須知

How-To Access Comparative Pathology Virtual Slides

Hosted at the Web Library in NTU Vet Med Digital Pathology Lab

(中華民國比較病理學會數位式組織切片影像資料庫)

Comparative Pathology glass slides are now digitalized and accessible to all participants through the internet and a web browser (see below for detail instruction).

1. Please make sure that your web browser (e.g. Internet Explorer, Firefox or Safari) is equipped with "flash player." If not, it can be added from <http://www.adobe.com/products/flashplayer/> for free.
2. Please go to the Chinese Society of Comparative Pathology web site at <http://www.ivp.nchu.edu.tw/cscp/>
3. Choose the slide images (e.g. 63rd CSCP)
4. Pick any case you'd like to read (e.g. case 435-440)

比較病理研討會病例分類一覽表

中華民國比較病理學會 第一次至第九十四次比較病理學研討會病例分類一覽表
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腫瘤

病例編號	會議場次	診 斷	動物別	提 供 單 位
1.	1	Myxoma	Dog	美國紐約動物醫學中心
2.	1	Chordoma	Ferret	美國紐約動物醫學中心
3.	1	Ependymoblastoma	Human	長庚紀念醫院
8.	2	Synovial sarcoma	Pigeon	美國紐約動物醫學中心
18.	3	Malignant lymphoma	Human	長庚紀念醫院
19.	3	Malignant lymphoma	Wistar rat	國家實驗動物繁殖及研究中心
24.	3	Metastatic thyroid carcinoma	Human	省立新竹醫院
25.	3	Chordoma	Human	新光吳火獅紀念醫院
34.	4	Interstitial cell tumor	Dog	中興大學獸醫學系
35.	4	Carcinoid tumor	Human	長庚紀念醫院
36.	4	Hepatic carcinoid	Siamese cat	美國紐約動物醫學中心
38.	6	Pheochromocytoma	Ferret	美國紐約動物醫學中心
39.	6	Extra adrenal pheochromocytoma	Human	新光吳火獅紀念醫院
40.	6	Mammary gland fibroadenoma	Rat	國家實驗動物繁殖及研究中心
41.	6	Fibroadenoma	Human	省立豐原醫院
42.	6	Canine benign mixed type mammary gland tumor	Pointer bitch	中興大學獸醫學系
43.	6	Phyllodes tumor	Human	台中榮民總醫院
44.	6	Canine oral papilloma	Dog	台灣大學獸醫學系
45.	6	Squamous cell papilloma	Human	中國醫藥學院
47.	7	1. Lung: metastatic carcinoma associated with cryptococcal infection. 2. Liver: metastatic carcinoma. 3. Adrenal gland, right: carcinoma (primary)	Human	三軍總醫院
56.	8	Gastrointestinal stromal tumor	Human	台中榮民總醫院
59.	8	Colonic adenocarcinoma	Dog	美國紐約動物醫學中心

62.	8	Submucosal leiomyoma of stomach	Human	頭份為恭紀念醫院
64.	8	1. Adenocarcinoma of sigmoid colon 2. Old schistosomiasis of rectum	Human	省立新竹醫院
71.	9	Myelolipoma	Human	台北耕莘醫院
72.	9	Reticulum cell sarcoma	Mouse	國家實驗動物繁殖及研究中心
73.	9	Hepatocellular carcinoma	Human	新光吳火獅紀念醫院
74.	9	Hepatocellular carcinoma induced by aflatoxin B1	Wistar rats	台灣省農業藥物毒物試驗所
	10	Angiomyolipoma	Human	羅東博愛醫院
	10	Inverted papilloma of prostatic urethra	Human	省立新竹醫院
	10	Nephrogenic adenoma	Human	國泰醫院
	10	Multiple myeloma with systemic amyloidosis	Human	佛教慈濟綜合醫院
	10	Squamous cell carcinoma of renal pelvis and calyces with extension to the ureter	Human	台北病理中心
	10	Fibroepithelial polyp of the ureter	Human	台北耕莘醫院
90.	10	Clear cell sarcoma of kidney	Human	台北醫學院
93.	11	Mammary gland adenocarcinoma, complex type , with chondromucinous differentiation	Dog	台灣大學獸醫學系
94.	11	1. Breast, left, modified radical mastectomy, showing papillary carcinoma, invasive 2. Nipple, left, modified radical mastectomy, papillary carcinoma, invasive 3. Lymph node, axillary, left, lymphadenectomy, papillary carcinoma, metastatic	Human	羅東聖母醫院
95.	11	Transmissible venereal tumor	Dog	中興大學獸醫學系
96.	11	Malignant lymphoma, large cell type, diffuse, B-cell phenotype	Human	彰化基督教醫院
97.	11	Carcinosarcomas	Tiger	台灣養豬科學研究所
98.	11	Mucinous carcinoma with intraductal carcinoma	Human	省立豐原醫院

99.	11	Mammary gland adenocarcinoma, type B, with pulmonary metastasis, BALB/cBYJ mouse	Mouse	國家實驗動物繁殖及研究中心
100.	11	Malignant fibrous histiocytoma and paraffinoma	Human	中國醫藥學院
102.	11	Pleomorphic adenoma (benign mixed tumor)	Human	佛教慈濟綜合醫院
103.	13	Atypical central neurocytoma	Human	新光吳火獅紀念醫院
	13	Cardiac schwannoma	SD rat	國家實驗動物繁殖及研究中心
	13	Desmoplastic infantile ganglioglioma	Human	高雄醫學院
	13	1.Primary cerebral malignant lymphoma 2.Acquired immune deficiency syndrome	Human	台北市立仁愛醫院
	13	Schwannoma	Human	三軍總醫院
	13	Osteosarcoma	Dog	美國紐約動物醫學中心
	14	Mixed germ-cell stromal tumor, mixed sertoli cell and seminoma-like cell tumor	Dog	美國紐約動物醫學中心
	14	Krukenberg's Tumor	Human	台北病理中心
	14	Primary insular carcinoid tumor arising from cystic teratoma of ovary.	Human	花蓮慈濟綜合醫院
	14	Polypoid adenomyoma	Human	大甲李綜合醫院
	14	Gonadal stromal tumor	Human	耕莘醫院
	14	Gestational choriocarcinoma	Human	彰化基督教醫院
	14	Ovarian granulosa cell tumor	Horse	中興大學獸醫學系
	15	Kaposi's sarcoma	Human	華濟醫院
	15	Basal cell carcinoma (BCC)	Human	羅東聖母醫院
	15	Transmissible venereal tumor	Dog	臺灣大學獸醫學系
	17	Canine Glioblastoma Multiforme in Cerebellopontine Angle	Dog	中興大學獸醫病理研究所
143	18	Osteosarcoma associated with metallic implants	Dog	紐約動物醫學中心
144	18	Radiation-induced osteogenic sarcoma	Human	花蓮慈濟綜合醫院
145	18	Osteosarcoma, osteogenic	Dog	臺灣大學獸醫學系
146	18	Pleomorphic rhabdomyosarcoma	Human	行政院衛生署新竹醫院

147	18	Papillary Mesothelioma of pericardium	Leopard	屏東科大學獸醫學系
148	18	Cystic ameloblastoma	Human	台北醫學院
149	18	Giant cell tumor of bone	Canine	中興大學獸醫學院
150	18	Desmoplastic small round cell tumor (DSRCT)	Human	華濟醫院
152	18	Hepatocellular carcinoma	Human	羅東聖母醫院
158	20	Hemangiopericytoma	Human	羅東聖母醫院
160	20	Cardiac fibroma	Human	高雄醫學大學病理學科
166	21	Nephroblastoma	Rabbit	紐約動物醫學中心
168	21	Nephroblastoma	Pig	台灣動物科技研究所
169	21	Nephroblastoma with rhabdomyoblastic differentiation	Human	高雄醫學大學病理科
172	21	Spindle cell sarcoma	Human	羅東聖母醫院
174	21	Juxtaglomerular cell tumor	Human	新光醫院病理檢驗科
190	27	Angiosarcoma	Human	高雄醫學大學病理學科
192	27	Cardiac myxoma	Human	彰化基督教醫院病理科
194	27	Kasabach-Merrit syndrome	Human	慈濟醫院病理科
195	27	Metastatic hepatocellular carcinoma, right atrium	Human	新光醫院病理科
197	27	Papillary fibroelastoma of aortic valve	Human	新光醫院病理科
198	27	Extraplacental chorioangioma	Human	耕莘醫院病理科
208	30	Granulocytic sarcoma (Chloroma) of uterine cervix	Human	高雄醫學大學病理學科
210	30	Primary non-Hodgkin's lymphoma of bone, diffuse large B cell, right humerus	Human	彰化基督教醫院病理科
213	30	Lymphoma, multi-centric type	Dog	中興大學獸醫系
214	30	CD30 (Ki-1)-positive anaplastic large cell lymphoma (ALCL)	Human	新光醫院病理科
215	30	Lymphoma, mixed type	Koala	台灣大學獸醫學系
217	30	Mucosal associated lymphoid tissue (MALT) lymphoma, small intestine	Cat	臺灣大學獸醫學研究所
	31	Nasal type NK/T cell lymphoma	Human	高雄醫學大學病理科
	31	Acquired immunodeficiency syndrome	Human	慈濟醫院病理科

		(AIDS)with disseminated Kaposi's sarcoma		
	32	Epithelioid sarcoma	Human	彰化基督教醫院病理科
	32	Cutaneous B cell lymphoma, eyelid , bilateral	Human	羅東聖母醫院病理科
	32	Extramammary Paget's disease (EMPD) of the scrotum	Human	萬芳北醫皮膚科病理科
	32	Skin, back, excision, CD30+diffuse large B cell lymphoma, Soft tissue, leg , side not stated, excision, vascular leiomyoma	Human	高雄醫學大學附設醫院病理科
	34	Malignant melanoma, metastasis to intra-abdominal cavity	Human	財團法人天主教耕莘醫院病理科
	34	Vaccine-associated rhabdomyosarcoma	Cat	台灣大學獸醫學系
	34	1. Pleura: fibrous plaque 2. Lung: adenocarcinoma 3. Brain: metastatic adenocarcinoma	Human	高雄醫學大學附設中和醫院病理科
	34	1. Neurofibromatosis, type I 2. Malignant peripheral nerve sheath tumor (MPNST)	Human	花蓮慈濟醫院病理科
	35	Glioblastoma multiforme	Human	羅東聖母醫院
	35	Pineoblastoma	Wistar rat	綠色四季
	35	Chordoid meningioma	Human	高醫病理科
	35	Infiltrating lobular carcinoma of left breast with meningeal carcinomatosis and brain metastasis	Human	花蓮慈濟醫院病理科
	35	Microcystic Meningioma.	Human	耕莘醫院病理科
	36	Well-differentiated fetal adenocarcinoma without lymph node metastasis	Human	新光吳火獅紀念醫院
	36	Adenocarcinoma of lung.	Human	羅東聖母醫院
	36	Renal cell carcinoma	Canine	國立台灣大學獸醫學系獸醫學研究所
	36	Clear cell variant of squamous cell carcinoma, lung	Human	高雄醫學大學附設中和醫院病理科
	37	Metastatic adrenal cortical carcinoma	Human	耕莘醫院病理科

	37	Hashimoto's thyroiditis with diffuse large B cell lymphoma and papillary carcinoma	Human	高雄醫學大學附設中和醫院病理科
	38	Medullar thyroid carcinoma	Canine	臺灣大學獸醫學系
	39	Merkel cell carcinoma	Human	羅東博愛醫院
	39	Cholangiocarcinoma	Human	耕莘醫院病理科
	39	Sarcomatoid carcinoma of renal pelvis	Human	花蓮慈濟醫院病理科
	39	Mammary Carcinoma	Canine	中興大學獸醫學系
	39	Metastatic prostatic adenocarcinoma	Human	耕莘醫院病理科
	39	Malignant canine peripheral nerve sheath tumors	Canine	臺灣大學獸醫學系
	39	Sarcomatoid carcinoma, lung	Human	羅東聖母醫院
	40	Vertebra,T12,laminectomy, metastatic adenoid cystic carcinoma	Human	彰化基督教醫院
	40	rhabdomyosarcoma	Canine	臺灣大學獸醫學系
	40	Fetal rhabdomyosarcoma	SD Rat	中興大學獸醫學系
	40	Adenocarcinoma, metastatic, iris, eye	Human	高雄醫學大學
	40	Axillary lymph node metastasis from an occult breast cancer	Human	羅東博愛醫院
	40	Hepatocellular carcinoma	Human	國軍桃園總醫院
	40	Feline diffuse iris melanoma	Feline	中興大學獸醫學系
	40	Metastatic malignant melanoma in the brain and inguinal lymph node	Human	花蓮慈濟醫院病理科
	41	Tonsil Angiosarcoma	Human	羅東博愛醫院
	41	Malignant mixed mullerian tumor	Human	耕莘醫院病理科
	41	Renal cell tumor	Rat	中興大學獸醫學系
	41	Multiple Myeloma	Human	花蓮慈濟醫院病理科
	41	Myopericytoma	Human	新光吳火獅紀念醫院
	41	Extramedullary plasmacytoma with amyloidosis	Canine	臺灣大學獸醫學系
	42	Metastatic follicular carcinoma	Human	羅東聖母醫院病理科
	42	Primitive neuroectodermal tumor (PNET), T-spine.	Human	羅東博愛醫院病理科
	42	Hemangioendothelioma of bone	Human	花蓮慈濟醫院病理科
	42	Malignant tumor with perivascular epithelioid differentiation, favored malignant PEComa	Human	彰化基督教醫院

	43	Mucin-producing cholangiocarcinoma	Human	基隆長庚醫院
	43	Cutaneous epitheliotropic lymphoma	Canine	臺灣大學獸醫專業學院
	43	Cholangiocarcinoma	Felis Lynx	臺灣大學獸醫專業學院
	43	Lymphoma	Canine	臺灣大學獸醫專業學院
	43	Solitary fibrous tumor	Human	彰化基督教醫院
	43	Multiple sarcoma	Canine	臺灣大學獸醫專業學院
	44	Malignant solitary fibrous tumor of pleura	Human	佛教慈濟綜合醫院暨慈濟大學
	44	Ectopic thymic carcinoma	Human	彰濱秀傳紀念醫院病理科
	44	Medullary carcinoma of the right lobe of thyroid	Human	彰化基督教醫院病理科
	44	Thyroid carcinosarcoma with cartilage and osteoid formation	Canine	臺灣大學獸醫專業學院
	44	Lymphocytic leukemia/lymphoma	Koala	臺灣大學獸醫專業學院
	45	Neuroendocrine carcinoma of liver	Human	佛教慈濟綜合醫院暨慈濟大學
	45	Parachordoma	Human	羅東博愛醫院病理科
	45	Carcinoma expleomorphic adenoma, submandibular gland	Human	天主教耕莘醫院病理科
	45	Melanoma, tongue	Canine	國立臺灣大學獸醫專業學院
	45	Renal cell carcinoma, papillary type	Canine	國立臺灣大學獸醫專業學院
323	46	Metastatic papillary serous cystadenocarcinoma, abdomen	Human	國軍桃園總醫院
324	46	Malignant gastrointestinal stromal tumor	Human	天主教耕莘醫院
329	47	Sclerosing stromal tumor	Human	彰化基督教醫院
330	47	Pheochromocytoma	Human	天主教耕莘醫院
334	48	Metastatic infiltrating ductal carcinoma, liver	Human	佛教慈濟綜合醫院
335	48	Adenoid cystic carcinoma, grade II, Rt breast	Human	天主教耕莘醫院
336	48	Malignant lymphoma, diffuse, large B-cell, right neck	Human	林新醫院

337	48	Pulmonary carcinoma, multicentric	Dog	國立臺灣大學 獸醫專業學院
338	48	Malignant melanoma, multiple organs metastasis	Rabbit	國立中興大學獸醫學院
340	49	Mucinous-producing urothelial-type adenocarcinoma of prostate	Human	天主教耕莘醫院
342	49	Plexiform fibromyxoma	Human	彰化基督教醫院
343	49	Malignant epithelioid trophoblastic tumor	Human	佛教慈濟綜合醫院
344	49	Epithelioid sarcoma	Human	林新醫院
346	49	Transmissible venereal tumor	Dog	國立臺灣大學獸醫專業 學院
347	50	Ewing's sarcoma (PNET/ES tumor)	Human	天主教耕莘醫院病理科
348	50	Malignant peripheral nerve sheath tumor, epithelioid type	Human	林新醫院病理科
349	50	Low grade fibromyxoid sarcoma	Human	高雄醫學大學附設 中和紀念醫院病理科
351	50	Orbital embryonal rhabdomyosarcoma	Dog	Gifu University, Japan (岐 阜大学)
354	50	Granular cell tumor	Dog	國立臺灣大學 獸醫專業學院
356	50	Malignant neoplasm of unknown origin, cerebrum	Dog	國立臺灣大學 獸醫專業學院
357	51	Small cell Carcinoma, Urinary bladder	Human	天主教耕莘醫院
364	51	Perivascular epithelioid cell tumor, in favor of lymphangiomyomatosi	Human	高雄醫學大學附設中和 紀念醫院病理科
365	52	Angiosarcoma, skin (mastectomy)	Human	天主教耕莘醫院病理科
366	52	Rhabdomyoma (Purkinjeoma), heart	Swine	屏東縣家畜疾病防治所
368	52	Langerhans cell sarcoma, lung	Human	高雄醫學大學附設中和 紀念醫院病理科
369	52	Biliary cystadenocarcinoma, liver	Camel	國立屏東科技大學獸醫 教學醫院病理科
371	52	Malignant melanoma, nasal cavity	Human	羅東博愛醫院病理科
373	53	Malignant giant cell tumor of tendon sheath	Human	天主教耕莘醫院病理科

376	53	Malignant mesothelioma of tunica vaginalis	Golden hamster	中興大學獸醫病理生物學研究所
377	53	Perivascular Epithelioid Cell Tumor (PEComa) of the uterus	Human	彰化基督教醫院病理部
378	53	Medullary carcinoma	Human	高雄醫學大學病理部
389	55	Mantle cell lymphoma involving ascending colon, cecum, ileum, appendix and regional lymph nodes with hemorrhagic necrosis in the colon and leukemic change.	Human	奇美醫院病理部
390	55	Pulmonary Squamous Cells Carcinoma of a Canine	Dog	國立屏東科技大學獸醫教學醫院病理科
391	55	Squamous cell carcinoma, lymphoepithelioma-like type	Human	高醫附設醫院病理科
393	55	Malignant peripheral nerve sheath tumor (MPNST), subcutis, canine.	Dog	中興大學獸醫學系
394	55	Desmoplastic malignant melanoma (mimic malignant peripheral nerve sheath tumor)	Human	中山醫學大學醫學系病理學科暨附設醫院病理科
397	56	Atypical meningioma	Human	奇美醫院病理科
401	57	Lymph nodes, excision - Hodgkin's lymphoma, mixed cellularity	Human	天主教耕莘醫院
402	57	1. Leukemia, nonlymphoid, granulocytic, involving bone marrow, spleen, liver, heart, lungs, lymph nodes, kidney, hardian gland, duodenum and pancreas. 2. Pinworm infestation, moderate, large intestines. 3. Fibrosis, focal, myocardium.	Mouse	國家實驗動物中心
403	57	Non-secretory multiple myeloma with systemic amyloidosis	Human	佛教慈濟綜合醫院暨慈濟大學病理科
404	57	1. Hepatocellular adenocarcinoma, multifocal, severe, liver 2. Hemorrhage, moderate, acute, body cavity 3. Bumble foot, focal, mild, chronic, food pad 4. cyst and atherosclerosis, chronic, testis	Goose	國立中興大學獸醫病理生物學研究所
406	57	Castleman's disease	Human	羅東博愛醫院

407	58	Hepatoid adenocarcinoma of colon with multiple liver metastases	Human	羅東博愛醫院
408	58	Cardiac and pulmonary melanoma	Pig	國立中興大學獸醫病理生物學研究所
409	58	Double Tumors: (1) small cell carcinoma of lung (2) Hodgkin's lymphoma, mixed cellularity type. Acrokeratosis paraneoplastica	Human	佛教慈濟綜合醫院暨慈濟大學病理科
410	58	Von Hippel–Lindau disease	Human	奇美醫院病理部
411	58	Multiple neoplasia	Tiger	國立屏東科技大學獸醫教學醫院病理科
412	58	Hepatocellular carcinoma and multiple myeloma	Human	中山醫學大學醫學系病理學科暨附設醫院病理科
413	59	DEN plus AAF carcinogens induced hepatic tumor in male rats	Rat	中興大學獸醫病理生物學研究所
417	59	Alveolar soft part sarcoma	Human	高雄醫學大學附設中和紀念醫院病理科
418	60	Seminoma associated with supernumerary testicles	Human	羅東博愛醫院
422	61	Retinoblastoma in a baby girl	Human	彰化基督教醫院
423	61	Colloid goiter in a female Radiated tortoise (<i>Astrochelys radiata</i>)	Tortoise	台灣大學獸醫專業學院分子暨比較病理生物學研究所
424	61	Lymphoepithelial carcinoma in a women	Human	羅東博愛醫院
425	61	Histiocytic sarcoma in a SJL/J mouse	mouse	國家實驗動物中心
428	62	Maligant lymphoma, diffuse large B-cell (DLBCL) in a women	Human	國軍桃園總醫院病理檢驗部
429	62	Immune reconstitution inflammatory syndrome (IRIS)-associated Kaposi's sarcoma in a man	Human	花蓮慈濟醫院
430	62	Mammary adenocarcinoma, tubular form in a female feline	Cat	中興大學獸醫病理生物學研究所
433	62	Rhabdomyosarcoma, retroperitoneal cavity in a female mouse	Mouse	國家實驗動物中心

434	62	Malignant pheochromocytoma with pleural metastasis in a man	Human	天主教聖馬爾定醫院病理科
436	63	Primary non-Hodgkins lymphoma of terminal ileum	Human	國軍桃園總醫院病理檢驗部
438	63	Ectopic thyroid gland tumor	Beagle	台灣大學獸醫專業學院分子暨比較病理生物學研究所
440	63	Hepatocellular cell carcinoma Squamous cell carcinoma	Human	天主教聖馬爾定醫院口腔顎面外科
442	64	Large B cell lymphoma in a man	Human	羅東博愛醫院
444	64	Olfactory neuroblastoma in a female cat	Cat	台灣大學獸醫專業學院分子暨比較病理生物學研究所
445	64	Oligodendroglioma in a man	Human	國軍桃園總醫院病理檢驗部
447	64	Ameloblastoma of mandible in a man	Human	天主教聖馬爾定醫院口腔顎面外科
448	65	EBV associated extranodal NK / T-cell lymphoma, nasal type	Human	羅東博愛醫院
451	65	Mouse, subcutaneously mass – exocrine pancreatic adenocarcinoma, AsPC-1 cells, human origin, heterotopical model	Mouse	國家實驗動物中心
452	65	1. Extranodal NK/T-cell lymphoma, nasal type 2. 2. Regional lymph nodes and omentum are involved.	Human	台中醫院
457	66	Metastatic squamous cell carcinoma (SCC)	Horse	台灣大學獸醫專業學院分子暨比較病理生物學研究所
459	66	Squamous intraepithelial lesion (SIL)	Human	高雄醫學大學附設醫院病理部
460	66	Subcutaneous liposarcoma and uterine endometrial stromal sarcoma	African hedgehog	中興大學獸醫病理生物學研究所
463	67	Splenic undifferentiated pleomorphic sarcoma in a Djungarian hamster	Hamster	國立中興大學獸醫教學醫院鳥禽與野生動物科

465	67	Plasmacytoid urothelial carcinoma	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
467	67	1.Poorly differentiated hemangiosarcoma in face 2.Squamous cell carcinoma in ear	Civet	農委會特有生物研究保育中心
473	68	Simple mammary gland adenocarcinoma	Guinea pig	中興大學獸醫病理生物學研究所
476	69	Mediastinum dedifferentiated liposarcoma	Human	羅東博愛醫院
477	69	Uterus adenosarcoma	Hedgehog	中興大學獸醫病理生物學研究所
478	69	Primary pericardial mesothelioma in a woman	Human	佛教慈濟綜合醫院暨慈濟大學病理科
479	69	Pulmonary solid adenocarcinoma	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
481	70	Paraganglioma of liver	Human	佛教慈濟綜合醫院暨慈濟大學病理科
482	70	Adenocarcinoma, transmural, recurrent, with desmoplasia and metastasis to regional lymph node, jejunum and ileocecal junction Mast cell tumor, moderately-differentiated, multiple, jejunal and ileocecal masses	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
483	70	Solitary fibrous tumor of pelvis	Human	羅東博愛醫院病理科
484	70	Chronic lymphocytic leukemia, with systemic dissemination, bone marrow, intestine, generalized lymph node, spleen, liver, kidney and lung	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
485	70	Intestine, large, colon, ascending, -- - Carcinoma, poorly differentiated (pT4aN1b). (ADVANCED) 2. Stomach, distal, --- Adenocarcinoma, moderately differentiated (pT1bNO) (EARLY) (Synchronous cancer)	Human	秀傳醫療社團法人秀傳紀念醫院
487	70	Angiomyolipoma of the liver	Human	衛生福利部臺中醫院病理科

490	71	Xp11.2 translocation renal cell carcinoma	Human	羅東博愛醫院病理科
491	71	Anaplastic renal cell carcinoma	Djungarian hamster	國立中興大學獸醫病理生物學研究所
493	71	Mucin-producing urothelial-type adenocarcinoma of the prostate (MPUAP)	Human	天主教耕莘醫療財團法人耕莘醫院
494	71	Left paratesticular dedifferentiated liposarcoma with leiomyomatous differentiation.	Human	天主教耕莘醫療財團法人耕莘醫院
495	71	Renal nephroblastoma, blastema-predominant with metastasis to gingiva, renal mass	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
496	71	Testis, left: Malignant mixed germ cell–sex cord stromal tumor (spermatocytic germinoma and Sertoli cell tumor), with angiolymphatic invasion. Testis, right: Germ cell atrophy, multifocal, moderate.	Dog	長青動物醫院
499	72	Brain, frontal lobe, Lt., Malignant melanoma, consistent with metastatic cutaneous malignant melanoma.	Human	國軍桃園總醫院
501	72	Anaplastic carcinoma thyroid (spindle cell type)	Human	天主教耕莘醫院
502	72	Primitive neuroectodermal tumor (PNET), most likely originating from ureter, with metastasis to liver and involvements of urinary bladder, uterus and left adrenal gland	Formosan serow	臺灣大學獸醫學系
503	72	Metastatic follicular carcinoma	Human	衛生福利部台中醫院
506	73	Type B1 thymoma	Human	天主教耕莘醫院
508	73	Metastatic melanoma	Human	秀傳醫療社團法人秀傳紀念醫院
511	74	Crystal storing histiocytosis associated with multiple myeloma.	Human	羅東博愛醫院病理科
512	74	Myeloid sarcoma	Human	佛教慈濟綜合醫院暨慈濟大學病理科

513	74	Neurolymphomatosis (neurotropic lymphoma), B cell, right musculocutaneous nerve	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
514	74	Primary diffuse large B-cell lymphoma (activated B- cell type) of right testis, Stage IE at least	Human	國防醫學院三軍總醫院病理部
515	74	Thymoma, most likely, mediastinal mass	Dolphin	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
516	74	Extranodal marginal zone lymphoma of mucosa- associated lymphoid tissue (MALT lymphoma)	Human	秀傳醫療社團法人秀傳紀念醫院
517	74	Angioliposarcoma in a Cockatiel	Dog	國立中興大學獸醫病理生物學研究所
520	74	Intravascular diffuse large B cell lymphoma.	Human	國防醫學院三軍總醫院病理部
521	75	Primary anorectal malignant melanoma (PAMM)	Human	國軍桃園總醫院
523	75	Pancreatic panniculitis associated with acinar cell carcinoma	Human	羅東博愛醫院
524	75	Anaplastic large cell lymphoma (ALCL), ALK-negative	Human	秀傳醫療社團法人秀傳紀念醫院
525	75	Canine cutaneous epitheliotropic T-cell lymphoma with the involvement of left axillary lymph node	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
528	75	Basal cell carcinoma with sebaceous differentiation	Human	天主教耕莘醫院
529	76	Tongue, Schwannoma	Human	國軍桃園總醫院
530	76	Amyloid-producing odontogenic tumor	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
531	76	Embryonal rhabdomyosarcoma	Human	花蓮慈濟大學暨慈濟醫院病理科
532	76	Adenocarcinoma, suspected mammary gland tumor metastasis, mass from iris and partially ciliary bodies of right eye	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
533	76	Kaposi's sarcoma, parotid gland.	Human	羅東博愛醫院病理科

537	77	Primary appendiceal mantle cell lymphoma (MCL), B-cell type, caused acute suppurate appendicitis.	Human	國軍桃園總醫院
538	77	Follicular lymphoma in thyroid of nodular goiter.	Human	羅東博愛醫院
544	78	Ectopic parathyroid adenoma, anterior mediastinum.	Human	羅東博愛醫院
547	79	Glucagonoma, pancreas	Human	羅東博愛醫院
548	79	Neuroendocrine carcinoma, skin	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
549	79	Paraganglioma of urinary bladder	Human	花蓮慈濟大學暨慈濟醫院病理科
550	79	Hepatic carcinoid (Neuroendocrine carcinoma), liver	Cat	霍普獸醫病理診斷中心
551	79	Strumal carcinoid tumor of the ovary (SCTO) arising from mature cystic teratoma	Human	國軍桃園總醫院
552	79	Pheochromocytoma and Associated Cardiomyopathy	Meerkat (<i>Suricata suricatta</i>)	國立中興大學獸醫病理生物學研究所
553	79	Adrenal, left, laparoscopic adrenalectomy --- Pheochromocytoma, malignant. Staging (pT2)	Human	天主教耕莘醫院
554	80	Carcinoma, sweat gland, with metastases to the lung and cerebrum, the left forelimb 3 rd and 4 th digits, skin	North American cougar (<i>Puma concolor couguar</i>)	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
555	80	Angiosarcoma, scalp	Human	羅東博愛醫院
559	80	Sebaceous adenoma	Human	天主教耕莘醫院
560	81	Glioblastoma	Human	天主教耕莘醫院
561	81	Transmissible venereal tumor (TVT)	Dog	霍普獸醫病理診斷中心
562	81	Metastatic small cell carcinoma. Right axillary lymph node.	Human	羅東博愛醫院
563	81	Presumptive chronic myelomonocytic leukemia	Central bearded dragon (<i>Pogona vitticeps</i>)	國立中興大學獸醫病理生物學研究所

564	82	Epithelioid gastrointestinal stromal tumor (GIST)	Human	羅東博愛醫院
566	82	Intestine, small bowel, segmental resection,---Primitive neuroectodermal tumor(PNET) / Extraskelatal Ewing sarcoma Lung, needle biopsy,Small blue cell tumor, compatible with primitive neuroectodermal tumor (PNET) metastasis	Human	衛生福利部台中醫院病理科
567	82	Gastric carcinoma, whit lymphatic infiltration, stomach, dog Lymph node metastasis from gastric carcinoma, dog	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
568	82	Descending colon, adenocarcinoma, grade 2; C/W FAP syndrome associated advanced CRC.	Human	國軍桃園總醫院
569	83	Gastric Schwannoma	Human	羅東博愛醫院
571	83	Feline inductive odontogenic tumor (FIOT), cat	Cat	霍普獸醫病理診斷中心
573	83	Multiple primary malignant (MPM) (Synchronous / metachronous? or metastatic) non-Hodgkin lymphomas (DLBCLs) of the jejunum with JJ intussusception with mesenteric lymph nodal and pleural involvement.	Human	國軍桃園總醫院
574	84	Testicular carcinoid	Human	羅東博愛醫院
577	84	Testis, Lt., Primary diffuse large B-cell lymphoma (DLBCL) / Primary testicular (DLBCL)-PT-DLBCL	Human	國軍桃園總醫院
579	85	Mixed germ cell tumor (seminoma and mature teratoma)	Human	三軍總醫院
580	85	Renal cell carcinoma	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
581	85	Leiomyoma with ovarian sex cord-like elements	Human	羅東博愛醫院
582	85	Endometrial stromal sarcoma and endometrial polyp, uterus	Hedgehog	霍普獸醫病理診斷中心
583	85	Uterine papillary serous carcinoma, metastatic	Human	國軍桃園總醫院

585	86	T-cell rich large B-cell lymphoma (TCRLBCL)	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
586	86	Epithelioid sarcoma, right hand.	Human	羅東博愛醫院
587	86	Precursor T-cell lymphoblastic lymphoma (Pre-T LBL, thymic lymphoma)	Mouse	國立中興大學獸醫病理生物學研究所
588	86	Soft tissue, right hypochondriac (flank), excision: Hepatocellular cell carcinoma (HCC), metastatic.	Human	國軍桃園總醫院
590	87	Glandular cardiac myxoma, heart.	Human	羅東博愛醫院
594	88	Malignant pleural mesothelioma	Human	國軍桃園總醫院
597	88	Bronchial carcinoma	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
598	89	Warthin-like mucoepidermoid carcinom	Human	羅東博愛醫院
599	89	Gastric carcinoma	Dog	長青動物醫院
600	89	Primary appendiceal signet-ring cell carcinoma	Human	國軍桃園總醫院
609	91	Small cell carcinoma, urinary bladder	Human	羅東博愛醫院
610	91	squamous cell carcinoma and urothelial carcinoma in a dog	Dog	國立中興大學獸醫病理生物學研究所
611	91	Primary testicular dedifferentiated liposarcoma	Human	國軍桃園總醫院
612	91	Renal hemangiosarcoma	Dog	霍普獸醫病理診斷中心
613	91	Papillary renal neoplasm with reverse polarity	Human	三軍總醫院
614	91	Nephroblastoma	Feline	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
616	92	Choriocarcinoma	Human	國軍桃園總醫院
617	92	Uterine adenocarcinoma	Feline	霍普獸醫病理診斷中心
618	92	Adenoid basal carcinoma	Human	羅東博愛醫院
619	93	Hepatoid carcinoma of pancreas	Human	羅東博愛醫院
620	93	Metastatic islet cell carcinoma	Dog	霍普獸醫病理診斷中心
621	93	Thyroid carcinoma	Feline	長青動物醫院
622	93	Medullary thyroid cancer	Human	天主教耕莘醫療財團法人耕莘醫院

623	93	Anaplastic thyroid carcinoma with rhabdoid phenotype	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
624	94	Extraskelatal Osteosarcoma	Dog	霍普獸醫病理診斷中心
625	94	Synovial sarcoma	Human	臺北榮民總醫院桃園分院
626	94	Chondroblastic osteosarcoma	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
628	94	Unclassified pleomorphic sarcoma with myxoid stroma Myxofibrosarcoma	Human	衛生福利部臺中醫院

細菌

病例編號	會議場次	診 斷	動物別	提 供 單 位
	1	Tuberculosis	Monkey	臺灣大學獸醫學系
7.	1	Tuberculosis	Human	省立新竹醫院
12.	2	H. pylori-induced gastritis	Human	台北病理中心
13.	2	Pseudomembranous colitis	Human	省立新竹醫院
26.	3	Swine salmonellosis	Pig	中興大學獸醫學系
27.	3	Vegetative valvular endocarditis	Pig	台灣養豬科學研究所
28.	4	Nocardiosis	Human	台灣省立新竹醫院
29.	4	Nocardiosis	Largemouth bass	屏東縣家畜疾病防治所
32.	4	Actinomycosis	Human	台灣省立豐原醫院
33.	4	Tuberculosis	Human	苗栗頭份 為恭紀念醫院
53.	7	Intracavitary aspergilloma and cavitary tuberculosis, lung.	Human	羅東聖母醫院
54.	7	Fibrocalcified pulmonary TB, left Apex. Mixed actinomycosis and aspergillosis lung infection with abscess DM, NIDDM.	Human	林口長庚紀念醫院
58.	7	Tuberculous enteritis with perforation	Human	佛教慈濟綜合醫院
61.	8	Spirochetosis	Goose	國立嘉義農專獸醫科
63.	8	Proliferative enteritis (Lawsonia intracellularis infection)	Porcine	屏東縣家畜疾病防治所

68.	9	Liver abscess (<i>Klebsillae pneumoniae</i>)	Human	台北醫學院
	10	Xanthogranulomatous inflammation with nephrolithiasis, kidney, right. Ureteral stone, right.	Human	羅東聖母醫院
	10	Emphysematous pyelonephritis	Human	彰化基督教醫院
89.	10	Severe visceral gout due to kidney damaged Infectious serositis	Goose	中興大學獸醫學系
	13	Listeric encephalitis	Lamb	屏東縣家畜疾病防治所
	13	Tuberculous meningitis	Human	羅東聖母醫院
	16	Swine salmonellosis with meningitis	Swine	中興大學獸醫學系
	16	Meningoencephalitis, fibrinopurulent and lymphocytic, diffuse, subacute, moderate, cerebrum, cerebellum and brain stem, caused by <i>Streptococcus</i> spp. infection	Swine	國家實驗動物繁殖及研究中心
	17	Coliform septicemia of newborn calf	Calf	屏東縣家畜疾病防治所
	20	Porcine polyserositis and arthritis (Glasser's disease)	Pig	中興大學獸醫學院
	20	Mycotic aneurysm of jejunal artery secondary to infective endocarditis	Human	慈濟醫院病理科
	21	Chronic nephritis caused by <i>Leptospira</i> spp	Pig	中興大學獸醫學院
	21	Ureteropyelitis and cystitis	Pig	中國化學製藥公司
	36	Pulmonary actinomycosis.	Human	耕莘醫院病理科
	37	Tuberculous peritonitis	Human	彰化基督教醫院病理科
	38	Septicemic salmonellosis	Piglet	屏東科技大學獸醫系
	38	Leptospirosis	Human	慈濟醫院病理科
	39	Mycobacteriosis	Soft turtles	屏東科技大學獸醫系
	42	<i>Staphylococcus</i> spp. infection	Formosa Macaque	中興大學獸醫病理學研究所
	42	Leptospirosis	Dog	台灣大學獸醫學系
	43	Leptospirosis	Human	花蓮慈濟醫院
	43	<i>Cryptococcus</i> and Tuberculosis	Human	彰濱秀傳紀念醫院
319	46	Placentitis, <i>Coxiella burnetii</i>	Goat	台灣動物科技研究所

321	46	Pneumonia, <i>Buirkholderia pseudomallei</i>	Goat	屏東縣家畜疾病防治所
339	48	Mycoplasmosis	Rat	國家實驗動物中心
352	50	<i>Chromobacterium violaceum</i> Septicemia	Gibbon	Bogor Agricultural University, Indonesia
353	50	Salmonellosis	Pig	國立中興大學獸醫學院
367	52	Melioidosis (<i>Burkholderia pseudomallei</i>), lung	Human	花蓮慈濟醫院
370	52	Suppurative bronchopneumonia (<i>Bordetellae trematum</i>) with <i>Trichosomoides crassicauda</i> infestation	Rat	國立中興大學獸醫學院
374	53	Pulmonary coccidiomycosis	Human	彰化基督教醫院
375	53	Paratuberculosis in <i>Macaca cyclopis</i>	<i>Macaca cyclopis</i>	國立屏東科技大學獸醫學院
379	53	Bovine Johne's disease (BJD) or paratuberculosis of cattle	Dairy cow	屏東縣家畜疾病防治所
380	53	NTB, <i>Mycobacterium abscessus</i>	Human	佛教慈濟綜合醫院暨慈濟大學病理科
382	54	Leptospirosis	Pig	國立屏東科技大學獸醫學院
384	54	<i>Neisseria</i> Infected Pneumonitis	Cat	中興大學獸醫學系
385	54	<i>Mycobacteria</i> avian complex dacryocystitis	Human	花蓮佛教慈濟綜合醫院
387	54	Swine Erysipelas	Pig	屏東縣家畜疾病防治所
396	56	Suppurative meningitis caused by <i>Streptococcus</i> spp in pigs	Pig	國立中興大學獸醫病理生物學研究所
399	56	Listeric encephalitis in dairy goats	Goat	屏東縣家畜疾病防治所
435	63	Tuberculosis	Human	花蓮佛教慈濟綜合醫院
438	63	Porcine proliferative enteritis (PPE)	Pig	國立中興大學獸醫病理生物學研究所
446	64	Actinomycosis (lumpy jaw) in a dairy cattle	Cattle	國立中興大學獸醫病理生物學研究所
450	65	<i>Mycobacterium avium</i> infection	Human	花蓮佛教慈濟綜合醫院
464	67	Ulcerative actinomycotic squamous plaque with focal (basal) severe dysplasia, mucosa, gingivobuccal junction, right lower gingiva in a man	Human	嘉義聖馬爾定醫院

469	68	Scrub typhus	Human	佛教慈濟綜合醫院暨慈濟大學
489	71	Malakoplakia due to Escherichia coli infection, left testis	Human	佛教慈濟綜合醫院暨慈濟大學
492	71	Cystitis, bilateral ureteritis and pyelonephritis, hemorrhagic, necrotic, purulent, severe, diffuse, chronic progressive, urinary bladder, ureters and kidneys	Dog	國立中興大學獸醫病理生物學研究所
522	75	Secondary syphilis	Human	佛教慈濟綜合醫院暨慈濟大學
526	75	Dermatophilosis caused by <i>Austwickia chelonae</i> (basonym <i>Dermatophilus chelonae</i>) in a free-ranging wild Taiwanese japalure	Taiwanese japalure	台灣大學獸醫學系
584	85	<i>Salmonella</i> Enteritidis Infection in Chicks	Chicks	國立中興大學獸醫病理生物學研究所

病毒

病例編號	會議場次	診 斷	動物別	提 供 單 位
21.	3	Newcastle disease	Chicken	台灣大學獸醫學系
22.	3	Herpesvirus infection	Goldfish	台灣大學獸醫學系
30.	4	Demyelinating canine distemper encephalitis	Dog	台灣養豬科學研究所
31.	4	Adenovirus infection	Malayan sun bears	台灣大學獸醫學系
50.	7	Porcine cytomegalovirus infection	Piglet	台灣省家畜衛生試驗所
55.	7	Infectious laryngo-tracheitis (Herpesvirus infection)	Broilers	國立屏東技術學院獸醫學系
69.	9	Pseudorabies (Herpesvirus infection)	Pig	台灣養豬科學研究所
78.	10	Marek's disease in native chicken	Chicken	屏東縣家畜疾病防治所
92.	11	Foot- and- mouth disease (FMD)	Pig	屏東縣家畜疾病防治所
101.	11	Swine pox	Pig	屏東科技大學獸醫學系
	13	Pseudorabies	Piglet	國立屏東科技大學
	13	Avian encephalomyelitis	Chicken	國立中興大學
	15	Contagious pustular dermatitis	Goat	屏東縣&台東縣家畜疾病防治所
	15	Fowl pox and Marek's disease	Chicken	中興大學獸醫學系

	16	Japanese encephalitis	Human	花蓮佛教慈濟綜合醫院
	17	Viral encephalitis, polymavirus infection	Lory	美國紐約動物醫學中心
	17	1. Aspergillus spp. encephalitis and myocarditis 2. Demyelinating canine distemper encephalitis	Dog	台灣大學獸醫學系
	19	Enterovirus 71 infection	Human	彰化基督教醫院
	19	Ebola virus infection	African Green monkey	行政院國家科學委員會實驗動物中心
	19	Rabies	Longhorn Steer	台灣大學獸醫學系
	20	Parvoviral myocarditis	Goose	屏東科技大學獸醫學系
	28	SARS	Human	台大醫院病理科
	28	TGE virus	swine	臺灣動物科技研究所
	28	Feline infectious peritonitis(FIP)	Feline	台灣大學獸醫學系
	30	Chicken Infectious Anemia (CIA)	Layer	屏東防治所
219	31	1. Lymph node:Lymphdenitis, with lymphocytic depletion and intrahistiocytic basophilic cytoplasmic inclusion bodies. Etiology consistent with Porcine Circovirus (PCV)infection. 2. Lung: Bronchointerstitial pneumonia, moderate, lymphoplasmacytic, subacute.	Pig	臺灣動物科技研究所
220	31	Cytomegalovirus colitis	Human	彰化基督教醫院病理科
221	31	Canine distemper virus Canine adenovirus type II co-infection	Canine	國家實驗動物繁殖及研究中心
223	32	1. Skin, mucocutaneous junction (lip): Cheilitis, subacute, diffuse, sever, with epidermal pustules, ballooning degeneration, proliferation, and eosinophilic intracytoplasmic inclusion bodies, Saanen goat. 2. Haired skin: Dermatitis, proliferative, lymphoplasmacytic, subacute, diffuse, sever, with marked	Goat	台灣動物科技研究所

		epidermal pustules, ballooning degeneration, acanthosis, hyperkeratosis, and eosinophilic intracytoplasmic inclusion bodies.		
238	35	Hydranencephaly	Cattle	國立屏東科技大學獸醫學系
248	36	Porcine Cytomegalovirus (PCMV) infection	Swine	國立屏東科技大學獸醫學系
250	36	Porcine respiratory disease complex (PRDC) and polyserositis, caused by co-infection with pseudorabies (PR) virus, porcine circovirus type 2 (PCV 2), porcine reproductive and respiratory syndrome (PRRS) virus and Salmonella typhimurium.	Swine	屏東縣家畜疾病防所
255	37	Vaccine-induced canine distemper	gray foxes	國立台灣大學獸醫學系
265	39	Bronchointerstitial pneumonia (PCV II infection)	Swine	台灣大學獸醫學系
295	42	Feline infectious peritonitis (FIP)	Cat	中興大學獸醫病理所
362	51	Canine distemper virus infection combined pulmonary dirofilariasis	Dog	國家實驗研究院
381	54	Polyomavirus infection of urinary tract	Human	羅東博愛醫院
405	57	Porcine circovirus-associated lymphadenitis	Swine	國立屏東科技大學獸醫教學醫院病理科
414	59	Rabies virus infection	Human	佛教慈濟綜合醫院暨慈濟大學病理科
415	59	Canine distemper virus infection	Dog	台灣大學獸醫專業學院分子暨比較病理生物學研究所
420	60	Respiratory syncytial virus infection	Human	佛教慈濟綜合醫院暨慈濟大學病理科
421	60	Porcine epidemic diarrhea (PED)	Piglet	國立中興大學獸醫病理生物學研究所
455	66	Goose Haemorrhagic Polyomaviruses (GHPV)	Goose	農委會家畜衛生試驗所
456	66	HPV associated small cell neuroendocrine carcinoma of uterine cervix	Human	羅東博愛醫院病理科

458	66	Roventricular dilatation disease (PDD)	Cacatuini	國立中興大學獸醫病理生物學研究所
468	68	Avian poxvirus	Eagle	國立中興大學獸醫病理生物學研究所
472	68	Suspected viral infection with secondary aspergillosis	Parrot	國立中興大學獸醫病理生物學研究所
510	73	Porcine reproductive and respiratory syndrome (PRRS)	pig	國立中興大學獸醫病理生物學研究所
542	78	Feline infectious peritonitis (FIP)	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
543	78	Porcine epidemic diarrhea (PED)	Pig	國立中興大學獸醫系
556	80	Cutaneous pigeonpox	Pigeon	國立中興大學獸醫系
596	88	Porcine respiratory disease complex	Pig	國立中興大學獸醫系
602	89	Bovine viral diarrhea-mucosal disease	Cattle	國立中興大學獸醫系

黴菌（含藻類）

病例編號	會議場次	診 斷	動物別	提 供 單 位
23.	3	Chromomycosis	Human	台北病理中心
47.	7	Lung: metastatic carcinoma associated with cryptococcal infection. Liver: metastatic carcinoma. Adrenal gland, right: carcinoma (primary)	Human	三軍總醫院
48.	7	Adiaspiromycosis	Wild rodents	台灣大學獸醫學系
52.	7	Aspergillosis	Goslings	屏東縣家畜疾病防治所
53.	7	Intracavitary aspergilloma and cavitary tuberculosis, lung.	Human	羅東聖母醫院
54.	7	Fibrocalcified pulmonary TB, left Apex. Mixed actinomycosis and aspergillosis lung infection with abscess DM, NIDDM.	Human	林口長庚紀念醫院
105.	13	Mucormycosis Diabetes mellitus	Human	花蓮佛教慈濟綜合醫院
	15	Eumycotic mycetoma	Human	花蓮佛教慈濟綜合醫院

	17	1. Aspergillus spp. encephalitis and myocarditis 2. Demyelinating canine distemper encephalitis	Dog	台灣大學獸醫學系
	43	Systemic Candidiasis	Tortoise	中興大學獸醫學院
	45	Alfatoxicosis in dogs	Canine	國立臺灣大學 獸醫專業學院
322	46	Allergic fungal sinusitis	Human	羅東博愛醫院
326	46	Meningoencephalitis, Aspergillus flavus	Cat	國立臺灣大學 獸醫專業學院
331	47	Histoplasmosis	Human	花蓮慈濟醫院病理科
332	47	Pulmonary Blastomycosis	Rat	中興大學獸醫學院
355	50	Encephalitozoonosis	Rabbit	國立中興大學獸醫學院
356	50	Eosinophilic granuloma with fungal infection, Skin	Cat	國立臺灣大學獸醫專業 學院
386	54	Dermatophytic pseudomycetoma	Cat	台灣動物科技研究所
395	56	Systemic Cryptococcus neoformans infection in a Golden Retriever	Dog	國立台灣大學分子暨比 較病理生物學研究所
441	63	Protothecosis	Dog	國家實驗動物繁殖及研 究中心
449	65	Porcine epidemic diarrhea (PED)	Pig	國立台灣大學分子暨比 較病理生物學研究所
519	75	Chicken infectious anemia in chicken	Chicken	國立中興大學獸醫學院
536	77	Skin infection of Orf virus	Human	佛教慈濟醫療財團法人 花蓮慈濟醫院
545	78	Candida endocarditis	Human	佛教慈濟醫療財團法人 花蓮慈濟醫院
570	83	Protothecosis	Dog	立眾生技有限公司
595	88	Cryptococcosis	Cat	霍普獸醫病理診斷中心

寄生蟲（含原蟲）

病例編號	會議場次	診 斷	動物別	提 供 單 位
14.	2	Dirofilariasis	Dog	台灣省家畜衛生試驗所
15.	2	Pulmonary dirofilariasis	Human	台北榮民總醫院

20.	3	Sparganosis	Human	台北榮民總醫院
46.	7	Feline dirofilariasis	Cat	美國紐約動物醫學中心
49.	7	Echinococcosis	Human	台北榮民總醫院
60.	8	Intestinal capillariasis	Human	台北馬偕醫院
64.	8	Adenocarcinoma of sigmoid colon Old schistosomiasis of rectum	Human	省立新竹醫院
66.	8	Echinococcosis	Chapman's zebra	台灣大學獸醫學系
67.	9	Hepatic ascariasis and cholelithiasis	Human	彰化基督教醫院
	13	Parasitic meningoencephalitis, caused by Toxocara canis larvae migration	Dog	臺灣養豬科學研究所
	17	Disseminated strongyloidiasis	Human	花蓮佛教慈濟綜合醫院
	17	Eosinophilic meningitis caused by Angiostrongylus cantonensis	Human	台北榮民總醫院 病理檢驗部
156	19	Parastrongylus cantonensis infection	Formosan gem-faced civet	中興大學獸醫學院
	19	Capillaria hepatica, Angiostrongylus cantonensis	Norway Rat	行政院農業委員會 農業藥物毒物試驗所
	29	Colnorchiasis	Human	高雄醫學院附設醫院
	29	Trichuriasis	Human	彰化基督教醫院
	29	Psoroptes cuniculi infection (Ear mite)	Rabbit	農業藥物毒物試驗所
	29	Pulmonary dirofilariasis	Human	和信治癌中心醫院
	29	Capillaries philippinesis	Human	和信治癌中心醫院
	29	Adenocarcinoma with schistosomiasis	Human	花蓮佛教慈濟綜合醫院
	41	Etiology- consistent with Spironucleus (Hexamita) muris	Rat	國家實驗動物繁殖及研究中心
327	46	Dermatitis, mange infestation	Serow	中興大學獸醫學院
328	46	Trichosomoides crassicauda, urinary bladder	Rat	國家實驗動物中心
362	51	Canine distemper virus infection combined pulmonary dirofilariasis	Dog	國家實驗研究院
370	52	Suppurative bronchopneumonia (Bordetellae trematum) with Trichosomoides crassicauda infestation	Rat	國立中興大學獸醫學院

416	59	Toxoplasmosis in a finless porpoise	Finless porpoise	國立屏東科技大學獸醫教學醫院病理科
	63	Liver milk spots in pig	Pig	中興大學獸醫病理生物學研究所
453	66	Liver fluke infection	Buffalo	中興大學獸醫病理生物學研究所
471	68	Haemosporidian parasite infection	pigeon	國立台灣大學分子暨比較病理生物學研究所
540	77	Systemic toxoplasmosis	Ring-tailed lemur	國立台灣大學分子暨比較病理生物學研究所
4.	1	Cryptosporidiosis	Goat	台灣養豬科學研究所
15.	2	Amoebiasis	Lemur fulvus	台灣養豬科學研究所
16.	2	Toxoplasmosis	Squirrel	台灣養豬科學研究所
17.	2	Toxoplasmosis	Pig	屏東技術學院獸醫學系
51.	7	Pneumocystis carinii pneumonia	Human	台北病理中心
57.	8	Cecal coccidiosis	Chicken	中興大學獸醫學系
65.	8	Cryptosporidiosis	Carprine	台灣養豬科學研究所
211	30	Avian malaria, African black-footed penguin	Avian	臺灣動物科技研究所
242	35	Neosporosis	Cow	國立屏東科技大學獸醫學系
263	38	Intestinal amebiasis	Human	彰化基督教醫院病理科
320	46	Cutaneous leishmaniasis	Human	佛教慈濟綜合醫院
325	46	Myocarditis/encephalitis, Toxoplasma gondii	Wallaby	國立臺灣大學獸醫專業學院
443	65	Brain toxoplasmosis in a man	Human	佛教慈濟綜合醫院病理科
462	67	Toxoplasmosis	Human	佛教慈濟綜合醫院病理科
470	68	Leucocytozoonosis	chickens	中興大學獸醫病理生物學研究所
572	83	Systemic Coccidiosis	ducks	中興大學獸醫病理生物學研究所

立克次體

病例編號	會議場次	診 斷	動物別	提 供 單 位
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229	32	Necrotizing inflammation due to scrub typhus	Human	佛教慈濟醫院病理科
251	36	Scrub typhus with diffuse alveolar damage in bilateral lungs.	Human	佛教慈濟醫院病理科

其他

病例編號	會議場次	診 斷	動物別	提 供 單 位
216	30	Cytophagic histiocytic panniculitis with terminal hemophagocytic syndrome	Human	佛教慈濟綜合醫院病理科
359	51	Eosinophilic granuloma with fungal infection, Skin	Cat	國立臺灣大學獸醫專業學院
360	51	Septa panniculitis with lymphocytic vasculitis	Human	慈濟綜合醫院暨慈濟大學
9.	2	Perinephric pseudocyst	Cat	台灣大學獸醫學系
10.	2	Choledochocyst	Human	長庚紀念醫院
11.	2	Bile duct ligation	Rat	中興大學獸醫學系
37.	4	Myositis ossificans	Human	台北醫學院
75.	9	Acute yellow phosphorus intoxication	Rabbits	中興大學獸醫學系
76.	10	Polycystic kidney bilateral and renal failure	Cat	美國紐約動物醫學中心
80.	10	Glomerular sclerosis and hyalinosis, segmental, focal, chronic, moderate Benign hypertension	SHR rat	國防醫學院 & 國家實驗動物繁殖及研究中心
83.	10	Phagolysosome-overload nephropathy	SD rats	國家實驗動物繁殖及中心
85.	10	Renal amyloidosis	Dog	台灣養豬科學研究所
89.	10	Severe visceral gout due to kidney damaged infectious serositis	Goose	中興大學獸醫學系
91.	10	Hypervitaminosis D	Orange-rumped agoutis	台灣大學獸醫學系
	14	Cystic endometrial hyperplasia	Dog	臺灣養豬科學研究所
	14	Cystic subsurface epithelial structure (SES)	Dog	國科會實驗動物中心
	15	Superficial necrolytic dermatitis	Dog	美國紐約動物醫學中心

	15	Solitary congenital self-healing histiocytosis	Human	羅東博愛醫院
	15	Alopecia areata	Mouse	國家實驗動物繁殖及研究中心
	17	Avian encephalomalacia (Vitamin E deficiency)	Chicken	國立屏東科技大學獸醫學系
151	18	Osteodystrophia fibrosa	Goat	台灣養豬科學研究所&台東縣家畜疾病防治所
	20	Hypertrophic cardiomyopathy	Pig	台灣大學獸醫學系
	21	Chinese herb nephropathy	Human	三軍總醫院病理部及腎臟科
	21	Acute pancreatitis with rhabdomyolysis	Human	慈濟醫院病理科
	21	Malakoplakia	Human	彰化基督教醫院
	25	Darier's disease	Human	高雄醫學大學病理科
191	27	1. Polyarteritis nodosa 2. Hypertrophic Cardiomyopathy	Feline	台灣大學獸醫學系
193	27	Norepinephrin cardiotoxicity	Cat	台中榮總
196	27	Cardiomyopathy (Experimental)	Mice	綠色四季
212	30	Kikuchi disease (histiocytic necrotizing lymphadenitis)	Lymphadenitis	耕莘醫院病理科
225	32	Calcinosis circumscripta, soft tissue of the right thigh, dog	Dog	台灣大學獸醫所
230	34	Hemochromatosis, liver, bird	Bird	台灣大學獸醫學系
234	34	Congenital hyperplastic goiter	Holstein calves	屏東縣家畜疾病防治所
236	34	Hepatic lipidosis (fatty liver)	Rats	中興大學獸醫學病理學研究所
237	35	Arteriovenous malformation (AVM) of cerebrum	Human	耕莘醫院病理科
244	35	Organophosphate induced delayed neurotoxicity in hens	Hens	中興大學獸醫學病理學研究所
257	37	Severe lung fibrosis after chemotherapy in a child with Ataxia- Telangiectasia	Human	慈濟醫院病理科
294	42	Arteriovenous malformation of the left hindlimb	Dog	台灣大學獸醫學系
299	43	Polioencephalomalacia	Goat kid	屏東家畜疾病防治所
310	44	Hyperplastic goiter	Piglet	屏東家畜疾病防治所

311	44	Melamine and cyanuric acid contaminated pet food induced nephrotoxicity	Rat	中興大學獸醫學病理學研究所
318	45	Alfatoxicosis	Canine	國立臺灣大學獸醫專業學院
333	47	Lordosis, C6 to C11	Penguin	國立臺灣大學獸醫專業學院
341	49	Pulmonary placental transmogrification	Human	羅東博愛醫院
345	49	Acute carbofuran intoxication	Jacana	國立中興大學獸醫學院
350	50	Malakoplakia, liver	Human	慈濟綜合醫院暨慈濟大學
351	50	Eosionphilic granuloma, Right suboccipital epidural mass	Human	羅東博愛醫院病理科
359	51	Eosinophilic granuloma with fungal infection, Skin	Cat	國立臺灣大學獸醫專業學院
360	51	Septa panniculitis with lymphocytic vasculitis	Human	慈濟綜合醫院暨慈濟大學
361	51	Hepatotoxicity of SMA-AgNPs	Mouse	國立中興大學獸醫病理生物學研究所
363	51	Hypertrophy osteopathy	Cat	國立臺灣大學獸醫專業學院
372	52	Snake bite suspected, skin and spleen	Monkey (red guenon)	國立臺灣大學獸醫專業學院
383	54	Langerhans cell histiocytosis	Human	聖馬爾定醫院病理科
388	54	Canine protothecosis	Dog	國立臺灣大學獸醫專業學院
392	55	Lithium nephrotoxicity	Human	佛教慈濟綜合醫院暨慈濟大學病理科
398	56	Gamma-knife-radiosurgery-related demyelination	Human	佛教慈濟綜合醫院暨慈濟大學病理科
400	56	Canine Disseminated form Granulomatous Meningoencephalitis (GME)	Dog	國立屏東科技大學獸醫教學醫院病理科
419	60	Mucopolysaccharidosis	Cat	國立中興大學獸醫病理生物學研究所

426	61	Phleboliths in a man	Human	台北醫學大學附設醫院 口腔外科口腔病理科
427	61	Visceral gout in a Green iguana (Iguana iguana)	Iguana	中興大學獸醫病理生物 學研究所
431	62	pulmonary alveolar proteinosis in a man	Human	羅東博愛醫院病理科
432	62	Congenital pulmonary airways malformation, type 2 in a women	Human	高雄醫學大學附設醫院
437	63	Large solitary luteinized follicular cyst of pregnancy and puerperium	Human	羅東博愛醫院病理科
454	66	Eosinophilic granuloma	Human	佛教慈濟綜合醫院暨慈 濟大學病理科
461	67	Intestinal emphysema	Pig	中興大學獸醫病理生物 學研究所
466	67	Nodular goiter	Human	彰化秀傳醫院病理科
474	68	Parastrongyliasis (Previously called Angiostrongyliasis)	squirrel	中興大學獸醫病理生物 學研究所
475	69	Bronchogenic cyst	Dog	國立臺灣大學獸醫專業 學院
480	69	Toxic pneumonitis caused by inhalation of waterproofing spray	Dog	中興大學獸醫學病理學 研究所
486	70	IgG4-related sclerosing cholangitis (ISC)	Human	天主教耕莘醫療財團法 人耕莘醫院
488	70	Crohn's disease	Human	彰化基督教醫院病理部
Gross	64	Hydronephrosis	Pig	中興大學獸醫病理生物 學研究所
Gross	65	1. Traumatic pericarditis, severe, chronic progressive, diffuse, heart. 2. Hardware disease	Cattle	中興大學獸醫病理生物 學研究所
497	72	Combined central and peripheral demyelination (CCPD)	Dog	國立臺灣大學獸醫專業 學院
498	72	Inflammatory demyelinating pseudotumour	Human	佛教慈濟綜合醫院暨慈 濟大學病理科
500	72	Ischemic stroke in a dog	Dog	中興大學獸醫病理生物 學研究所
504	73	Autoimmune pancreatitis (IgG4 related pancreatitis)	Human	羅東博愛醫院病理科
505	73	Thrombotic microangiopathy with hemorrhagic infarct of brain, acute	Human	佛教慈濟綜合醫院暨慈 濟大學病理科

		myocardial ischemia and acute kidney injury		
507	73	The most likely diagnosis is erythema multiforme (EM).	Dog	國立臺灣大學獸醫專業學院
509	73	Doxorubicin-induced diseases	Chicken	中興大學獸醫病理生物學研究所
518	74	Idiopathic multicentric Castleman disease with abundant IgG4-positive cells	Human	佛教慈濟綜合醫院暨慈濟大學病理科
527	75	Coryneform hyperkeratosis in NOG mice	Mice	中興大學獸醫病理生物學研究所
534	76	Multiple Cartilaginous Exostoses Causing Spinal Cord Compression in a Dog	Dog	中興大學獸醫病理生物學研究所
535	76	Chondrodysplasia, diffuse, severe, chronic, growth plate, femur.	Rat	中興大學獸醫病理生物學研究所
539	77	Epitheliotropic mastocytic conjunctivitis	Cat	臺灣動藥國際股份有限公司
541	77	Protothecosis	Dog	國立臺灣大學獸醫專業學院
546	78	Ascites syndrome in broilers	Avian	國立中興大學動物疾病診斷中心
557	80	Systemic lupus erythematosus with erythema multiforme-like lesions, human	Human	佛教慈濟綜合醫院暨慈濟大學病理科
558	80	Pododermatitis, left forelimb and right hindlimb foot pad	Cat	霍普獸醫病理診斷中心
565	82	Intestinal intramural hemorrhage/hematoma, small intestine	Dog	霍普獸醫病理診斷中心
575	84	Ovotestes, epididymis, and uterus, reproductive organs	Cat	霍普獸醫病理診斷中心
576	84	Oxalate nephropathy	Asian yellow pond turtle (柴棺龜; Mauremys mutica)	國立中興大學獸醫病理生物學研究所
578	84	Yolk embolism	Savannah monitor	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所

589	87	Portosystemic shunt	feline	霍普獸醫病理診斷中心
591	87	Fabry disease	human	三軍總醫院病理科
592	87	Atherosclerosis	mouse	財團法人國家實驗研究院國家實驗動物中心
593	88	Minute pulmonary meningothelial-like nodules	human	羅東博愛醫院
601	89	Feline gastrointestinal eosinophilic sclerosing fibroplasia	Cat	立眾病理實驗室
615	92	Disorder of sexual development	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
627	94	Ochronotic arthropathy	human	三軍總醫院

會員資料更新服務

各位會員：

您好！如果您的會員資料有更新或誤刊情形，麻煩您填妥表格後寄回學會秘書處或電話連絡：

中華民國比較病理學會秘書處

張晏禎 副教授

cscptaiwan@gmail.com

02-33663873

106 台北市羅斯福路四段一號 國立台灣大學 獸醫專業學院

-----中華民國比較病理學會-----

會員資料更改卡

姓 名：_____ 會員類別：☐一般會員

☐學生會員

☐贊助會員

最高學歷：_____

服務單位：_____職 稱：_____

永久地址：_____

通訊地址：_____

電 話：_____傳 真：_____

E-Mail Address: _____

中華民國比較病理學會
誠摯邀請您加入

入會辦法

一、 本會會員申請資格為：

(一) 一般會員：贊同本會宗旨，年滿二十歲，具有國內外大專院校（或同等學歷）生命科學及其它相關科系畢業資格或高職畢業從事生命科學相關工作滿兩年者。

(二) 學生會員：贊同本會宗旨，在國內、外大專院校生命科學或其他相關科系肄業者（請檢附學生身份證明）。

(三) 贊助會員：贊助本會工作之團體或個人。

(四) 榮譽會員：凡對比較病理學術或會務之推廣有特殊貢獻，經理事會提名並經會員大會通過者。

二、 會員：

(一) 入會費：一般會員新台幣壹仟元，學生會員壹佰元，贊助會員伍仟元，於入會時繳納。

(二) 常年會費：一般會員新台幣壹仟元，學生會員壹佰元。

【註：學生會員身份變更為一般會員時，只需繳交一般會員之常年會費】

三、入會費及常年會費繳交方式：以銀行轉帳或匯款（006 合作金庫銀行、帳號：0190-717-052017、戶名：中華民國比較病理學會）；並請填妥入會申請表連同銀行轉帳交易明細表或匯款單以郵寄或傳真方式寄回中華民國比較病理學會秘書處 張晏禎 老師收。地址：106 台北市羅斯福路四段一號 國立台灣大學 獸醫專業學院
電話：02-33663873

中華民國比較病理學會入會申請及會員卡

會電腦編號

姓名	中文		姓 別	☐ 男 ☐ 女	出生 身份 証	民國 年 月 日	出生地	
	英文		會員身份： ☐ 一般 ☐ 學生 ☐ 贊助					
學歷	(1)				稱謂(圈選) 先生 小姐 醫師 獸醫師 教授 博士 研究員 主任 其他:			
	(2)				研究 興趣	(1)		
	(3)					(2)		
	(4)					(3)		
主要 經歷	機關名稱				職務	起	止	
						年 月	年 月	
						年 月	年 月	
						年 月	年 月	
現職						年 月	年 月	
通訊地址 現在： 電話： 傳真： 永久： 電話 傳真： 電子信箱(E-mail)：								
茲 贊 同 貴會宗旨擬加入為會員嗣後並願遵守一切章共圖發展 此 致 中華民國比較病理學會 申請人 簽章 介紹人 簽章 介紹人 簽章 中華民國 年 月 日							審核結果	