Chinese Society of Comparative Pathology

中華民國比較病理學會

第 80 次比較病理學研討會

皮膚系統疾病病例討論專題

(Skin diseases)

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 110 年 4 月 17 日(April 17, 2021)

SCHEDULE

80th MEETING OF COMPARATIVE PATHOLOGY

中華民國比較病理學會 第 80 次比較病理學研討會

皮膚系統疾病病例討論專題

時間：110 年 4 月 17 日（星期六）

地點：國立臺灣大學獸醫專業學院

地址：10617 臺北市大安區羅斯福路四段一號 獸醫三館 B01 室

電話：02-33663760

Time (時間)	Schedule (議程)		Moderator (主持)
09:10~9:30	Registration (報到)		
9:30~9:40	Opening Ceremony (致詞) 鄭謙仁 理事長		
9:40~10:40	專題演講	專題演講：蕭正祥 醫師 題目：動物和人類皮膚汗腺腫瘤的異與同	鄭謙仁 理事長
10:40-11:10	Coffee Break (拍團體照)		
11:10-11:40	Case 554	**Hsiou, Chia-Lin (修嘉琳), DVM; Chen, Yen-Han (陳彥涵), DVM; Chang, Yen-Chen (張晏禎), DVM, PhD; Jeng, Chian-Ren (鄭謙仁), DVM, PhD; Huang, Wei-Hsiang (黃威翔), DVM, PhD; Chang, Hui-Wen (張惠雯), DVM, PhD** 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)	黃威翔 秘書長
11:40~12:10	Case 555	**Shih, Chia-Wen (施洽雯), M.D., M.S. [1]; Chang, Ching-Hao (張景皓), M.D. [2]** 1. Department of Pathology, Lotung Poh-Ai Hospital (羅東博愛醫院病理科) 2. Department of Dermatology, Lotung Poh-Ai Hospital (羅東博愛醫院皮膚科)	黃威翔 秘書長
12:10~13:00	Lunch B09 Board Meeting R201 第九屆第三次理監事會議		
13:00~13:30	Case 556	**Chen, Shu-Wen (陳舒雯), DVM[1]; Chang, Yen-Chi (張言齊), DVM, MS[1,2]; Chen, Ter-Hsin (陳德勛), DVM, Ph.D.[1,2]; Liao, Jiunn-Wang (廖俊旺), DVM, Ph.D.[1,2]; Chiou, Hue-Ying (邱慧英), DVM, Ph.D.[1,2]** [1] Graduate institute of Veterinary Pathobiology, National Chung Hsing University (國立中興大學獸醫病理生物學研究所)	黃威翔 秘書長

		[2] Animal Disease Diagnostic Center, National Chung Hsing University (國立中興大學動物疾病診斷中心)	
13:30~14:00	Case 557	**Lin, Chia-Shuen (林佳萱)[1] ; Hsu, Yung-Hsiang (許永祥)[2]** [1] Skin Institute, Department of Dermatology, Buddhist Tzu-Chi General Hospital, Hualien, Taiwan, (花蓮慈濟醫院 皮膚科) [2] Department of Pathology, Buddhist Tzu Chi General Hospital and Tzu Chi University, Hualien, Taiwan (花蓮慈濟醫院暨慈濟大學病理科)	黃威翔 秘書長
14:00~14:30	Coffee Break		
14:30~15:00	Case 558	**Tsao, Wen-Tien (曹文恬), DVM, MS[1]; Jiang, Jia-Wei (江家瑋), DVM, MS[1]; Luo, I-Chi (羅怡琪), DVM, MS[1]** [1]HOPE Veterinary Pathology Diagnostic Center (霍普獸醫病理診斷中心)	黃威翔 秘書長
15:00~15:30	Case 559	**Liu, Meng-Hsuan (劉孟璿)[1]; Chen, Yen-Lin (陳燕麟)[1]** [1]Department of pathololgy, Cardinal Tien Hospital, School of Medicine, Fu-Jen Catholic University, New Taipei, Taiwan	黃威翔 秘書長
15:30~	**General Discussion (綜合討論) 鄭謙仁 理事長**		

目　　錄

Special Lecture (專題演講)

動物和人類皮膚汗腺腫瘤的異與同

振興醫院 解剖病理科 蕭正祥 醫師

皮膚是人體最大的器官;毛囊，皮脂腺，與汗腺是皮膚的三個附屬構造。汗腺一般可以分為 apocrine (epitrichial) gland 和 eccrine (atrichial) glands. Apocrine gland 是從毛囊的原始細胞分化出來的，eccrine gland 則是從表皮的原始細胞演化出來的。 Eccrine gland 佔人體汗腺的絕大部分，尤其是以頭頸部，手掌，腳掌最多。 Apocrine gland 則侷限在腋下，乳暈與肛門附近。而在動物身上則相反，大部分的汗腺是屬於 apocrine glands，只有在狗，貓的足墊，和豬鼻子有 eccrine gland 分布，在馬的身上甚至沒有 eccrine gland 的分化。

除了皮膚的汗腺，身體其他部位也會有類似汗腺發育的構造。如耳道的 ceruminous gland，人類眼皮的 Moll's 腺體，和乳腺也都是特化的 apocrine gland. 在動物的肛門附近的 anal sac 也有特化的 apocrine glands. 因此這些部位也都會出現類似皮膚汗腺的腫瘤。人類的肛門沒有類似 anal sac 的構造。但是在女性外陰部和肛門附近則有類似乳腺的構造 (Anogenital mammary-like glands AGMLG)。因此在女性的外陰部偶爾也會出現類似乳房腫瘤的構造，其中最常見的就是 hidradenoma papilliferum.

不論是 apocrine gland 或是 eccrine gland 都是由兩個區段所組成，底部的 secretory glands 和上段的 ductal component. Secretory gland 的管腔是由單層的立方上皮細胞 (cuboidal cell) 所圍繞，在外面還有一層 myoepithelial cells. 汗管 (Duct) 則是由兩層 basaloid cell 所組成，duct 的外層並沒有 myoepithelial cells，ductal lumen 還有一層紅色的 cuticle. Apocrine duct 上端開口於毛囊，eccrine duct 上端則直接開口於表皮。

動物的汗腺腫瘤主要是 apocrine gland tumor. 動物汗腺腫瘤的分類和命名主要是分為兩大類，(一) 從 secretory gland 分化出來的腫瘤，這類腫瘤又可分為只有單層上皮細胞腺體增生的 simple apocrine adenoma / adenocarcinoma；和同時有 epithelial cells 和 myoepithelial cell 增生的 complex / mixed apocrine adenoma / adenocarcinoma。 (二) 從汗管分化出來的腫瘤 apocrine duct adenoma /adenocarcinoma，這類腫瘤就與汗管類似是由兩層 basaloid cells 增生所形成的腫瘤。

人體汗腺腫瘤的分類主要是根據腫瘤本身的型態學的來分類。常見人類良性的汗腺腫瘤有: hidradenoma, mixed tumor, poroma, spiradenocylindroma, syringoma, syringocystadenoma papilliferum 和 tubular adenoma. 我們仔細分析可以發現一部分的人體汗腺腫瘤或許可以和動物的汗腺腫瘤相對照。譬如: 人類汗腺的 tubular adenoma 就可能相當於一部分動物的

simple apocrine adenoma。人體的 apocrine mixed tumor 就和動物的 mixed apocrine adenoma 幾乎完全相同。人體的 poroma, nodular hidradenoma 和 spiradenoma 就可能和部分動物的 apocrine duct adenoma 相當。

部分人類的汗腺腫瘤已經發現有特定的基因突變，藉由比較人體和動物汗腺腫瘤的異同，或許可以提供做為將來研究動物汗腺腫瘤的分子病理的基礎。

Case Diagnosis

SCHEDULE
80th MEETING OF COMPARATIVE PATHOLOGY
中華民國比較病理學會 第 80 次比較病理學研討會
80th CP slide website
民國 110 年 4 月 17 日

Case No.	Presenter	Slide No.	Diagnosis
Case 554	修嘉琳	NTU-201727, NTU2020-3938G	Carcinoma, sweat gland, with metastases to the lung and cerebrum, the left forelimb 3rd and 4th digits, skin, North American cougar (*Puma concolor couguar*) http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=1881 http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=1884
Case 555	施洽雯	LP-6483	Angiosarcoma, scalp, human http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=1882
Case 556	陳舒雯	CO21-02030A	Cutaneous pigeonpox, pigeon http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=1876
Case 557	林佳萱	S20210600	Systemic lupus erythematosus with erythema multiforme-like lesions, human http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=1875
Case 558	曹文恬	hope	Pododermatitis, left forelimb and right hindlimb foot pad, cat http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=1880
Case 559	劉孟璿	440514	Sebaceous adenoma, human http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=1883

Case Number: 554

Slide Number: NTU-201727, NTU2020-3938G
Slide View:
http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=1881
http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=1884

Hsiou, Chia-Lin (修嘉琳), DVM; Chen, Yen-Han (陳彥涵), DVM; Chang, Yen-Chen (張晏禎), DVM, PhD; Jeng, Chian-Ren (鄭謙仁), DVM, PhD; Huang, Wei-Hsiang (黃威翔), DVM, PhD; Chang, Hui-Wen (張惠雯), DVM, PhD

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CASE HISTORY:

Signalment: 16-year-old, intact male, North American cougar (*Puma concolor couguar*)

The cougar had an ulcerative and non-healing mass on the 4th digit of the left forelimb for several weeks. Excisional biopsy of the mass was performed and submitted for histopathological examination. One month later, multifocal pulmonary masses were detected on computed tomography scans. Six month later, the animal showed lethargy, loss of appetite, and neurological signs, such as circling, ataxia, and disorientation. Euthanasia was performed due to concerns of poor quality of life.

CASE RESULT:

Histopathological findings of the biopsy: mass of the 4th digit of the left forelimb

Effacing the normal architecture of dermis and compressing the lateral adnexal structures are sheets of highly infiltrative neoplastic cells. The neoplastic cells are arranged in tubulo-papillary or densely packed solid pattern. Some areas of the neoplasm are composed of neoplastic cells forming extremely dilated cystic-like ducts and papillary structures that lined by one to multiple layers of cuboidal to columnar neoplastic epithelial cells and supported by fibrovascular stroma. Mitotic count is about 101 per 10 HPFs. Massive central necrosis accompanied with abundant necrotic cell debris and numerous inflammatory cells are noted.

Necropsy: gross findings

During necropsy, two lobulated, protruded, and ulcerative masses were observed on the 3rd and 4th digits of the left forelimb (Lt. FL.). The masses mainly affected the digital pads. Multifocal firm, protruded, and white nodular masses were noted in the lung. Cross sections of the brain revealed three demarcated masses in the left parietal, left and right occipital lobes of the cerebrum. The mass in the left parietal lobe caused midline shift.

Necropsy: histopathology findings of masses on the 3rd and 4th digits of the left forelimb

Expanding in the dermis and elevating the ulcerative epidermis of the digital pad is a non-encapsulated, poorly-demarcated, and highly infiltrative neoplastic growth. The neoplasm is composed of highly expensile nests and anastomosing islands which are supported by desmoplastic fibrous stroma. Marked squamous differentiation with individual cell keratinization is observed in the center of the neoplastic nests and islands. The neoplastic cells are large and polygonal and have abundant eosinophilic cytoplasm. The nuclei are round to oval, vacuolated, which contain one to two large and prominent nucleoli. Moderate anisocytosis and anisokaryosis are observed. The mitotic activity is extremely high.

Necropsy: histopathology findings of masses in cerebrum and lung

The masses consist of anastomosing islands of neoplastic cells and extensive central necrosis. Marked squamous differentiation and individual cell keratinization are also observed.

Pathological Diagnosis:

1. Biopsy: Adenocarcinoma, cystic-papillary, with central necrosis and ulcerative dermatitis, mass of the left forelimb 4th digit
2. Necropsy: Carcinoma, with metastases to the lung and cerebrum, masses of the left forelimb 3rd and 4th digits

Differential diagnosis:

1. Eccrine sweat gland adenocarcinoma/porocarcinoma
2. Apocrine sweat gland adenocarcinoma
3. Squamous cell carcinoma
4. Adenosquamous carcinoma
5. Lung-digit syndrome (metastatic pulmonary carcinoma in feline)

Immunohistochemistry:

Immunohistochemistry (IHC) for CAM5.2, p63, and TTF-1 were performed and listed in Table 1.

Biopsy: mass of the 4th digit of the left forelimb

The cystic-papillary part in the biopsied neoplasm is diffusely positive for CAM5.2 but negative for p63. The solid part only shows patchy and weak positive for both CAM5.2 and p63 while internal controls of p63 are positively demonstrated in basal cells and myoepithelial cells of the apocrine sweat glands. TTF-1 is diffusely negative in neoplastic cells.

Necropsy: masses of the 3rd and 4th digits of the left forelimb, cerebrum, and lung

The result of p63 staining is diffusely strong positive in the neoplastic cells located in the Lt. FL 3rd and 4th digits, cerebrum, and lung. Similar to the finding in the biopsy tissues, the result of TTF-1 staining is also diffusely negative in neoplastic cells. Internal controls of TTF-1 are present in the type II pneumocytes.

Table 1. The comparison of immunohistochemistry results of neoplastic cells from biopsy tissues and necropsy tissues

	TTF-1	CAM5.2	p63
2020.6 Biopsy	−	＋	− (papillary) Weak＋ (solid)
2020.12 Necropsy	−	Not examined	＋

Discussion:

In the present study, apocrine and eccrine sweat glands are two highly suspected tumor origins. Unlike eccrine sweat glands widely distributed in the human body, eccrine sweat glands only present in the non-haired skin, such as footpads, in dogs and cats. On the contrary, apocrine sweat glands distribute all over the haired skin (Jennings and Premanandan, 2017). Eccrine sweat glands were observed in the paw pad of a clouded leopard (Hubbard, et al., 2009) and an Anatolian Bobcat (Hasan Hüseyin, et al., 2018) suggesting that wild felids might share similar distribution of eccrine sweat glands with domestic cats.

To differentiate eccrine sweat gland adenocarcinoma from apocrine sweat gland adenocarcinoma in the present case, information of the original neoplastic site is required to make a definitive diagnosis (Goldschmidt, et al., 2018). The primary site of the neoplasm in the present case is most likely to be the footpad of Lt. FL. 4th digit. Hence, eccrine-origin neoplasm was our top

differential diagnosis. However, due to the severe ulceration in the primary lesion involving the interdigital haired skin and apocrine sweat glands, the exact origin remains unclear.

The present case shows a notable change in the expression of IHC marker-p63 and histological pattern. First, the primary biopsy sample came as a classical adenocarcinoma which is characterized by neoplastic cells arranged in cystic-papillary and solid patterns. Eccrine sweat gland adenocarcinoma and apocrine sweat gland adenocarcinoma were the differential diagnoses. Six months later, the necropsy samples of the recurrent and metastatic neoplasm have features of nests and anastomosing islands with marked squamous differentiation. The immunoreactivity for p63 also dramatically changes. The biopsy sample is negative for p63 in the cystic-papillary part and only weakly positive in solid part, while the recurrent and metastatic lesions in necropsy are strongly positive for p63.

Considering the histopathological pattern and immunoreactivity for p63 in the necropsy samples, squamous cell carcinoma (SCC) and porocarcinoma, are possible differential diagnoses. However, no porocarcinoma has been reported in veterinary medicine. In human, porocarcinoma is described as a rare neoplasm arises from the intra-epidermal and dermal portions of eccrine sweat gland ducts (Goto, et al., 2015), which shares some similar histopathological features and immunoreactivities with SCC, but has a ductal differentiation (Wyatt and Busam, 2010). Both SCC and porocarcinoma can express p63, while CD117 (KIT) is reported to be more useful for the differentiation between these two neoplasms (Goto, et al., 2015). In the present case, no ductal differentiation is observed in the sample that shows SCC-like features, further IHC for CD117 might be needed to differentiate the two neoplasms.

Owing to the neoplastic cells change from adenocarcinoma pattern into the squamous pattern at the same sampling site within 6 months, another differential diagnosis is adenosquamous carcinoma, which is a neoplasm with biphasic histological features of both glandular and squamous components. The squamous and glandular components in adenosquamous carcinoma is reported to have different IHC expression (Schick et al., 2013). This might explain the different immunoreactivity of p63 between the two samples in the present case.

In conclusion, according to the histopathological findings of the neoplastic cells and the expression of IHC marker-p63 in the present case, an adenosqumaous carcinoma derived from sweat glands or an adenocarcinoma of sweat glands with a transition into p63-positive squamous cell carcinoma or porocarcinoma should be taken into account. The glandular components might have been surgically removed during the first biopsy surgery, then the remaining part developed into a squamous predominant pattern in the recurrent tumor. Further investigations by detecting the expression of other IHC markers are needed to give a definitive diagnosis.

References:

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2. Goldschmidt, M. H., Kiupel, M., Munday, J. S., Scruggs, J. L., & Klopfleisch, R. (2018). *Surgical pathology of tumors of domestic animals* (Vol. 1: Epithelial Tumors of the Skin). Gurnee, IL: Davis-Thompson Foundation.
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4. Hubbard, C., Naples, V., Ross, E., & Carlon, B. (2009). Comparative analysis of paw pad structure in the clouded leopard (Neofelis nebulosa) and domestic cat (Felis catus). *The Anatomical Record: Advances in Integrative Anatomy and Evolutionary Biology: Advances in Integrative Anatomy and Evolutionary Biology*, *292*(8), 1213-1228.
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6. Schick, U., Pusztaszeri, M., Betz, M., Ghadjar, P., Demiroz, C., Kaanders, J. H., & Ozsahin, M. (2013). Adenosquamous carcinoma of the head and neck: report of 20 cases and review of the literature. *Oral surgery, oral medicine, oral pathology and oral radiology*, *116*(3), 313-320.
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Case Number: 555

Slide No.: LP-6483

Slide View: http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=1882

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2. Department of Dermatology, Lotung Poh-Ai Hospital (羅東博愛醫院皮膚科)

CASE HISTORY:

Signalment: 70-year-old female.

Clinical History:

A 70-year-old female who presented to the Out Patient Department of Dermatology with the chief complaint of one indurated lesion on the scalp with occasional mild oozing for one year. Initially, under the impression of eczema she was treated at LMD with oral medication and topical medication, but in vain. For the scalp nodule had increased in size recently with mild oozing, she was referred to our hospital for further management. She had no history of diabetes mellitus, hypertensive disease or coronary artery disease.

On examination, a 1.0 cm x 0.3 cm lesion was seen over the parietal region of the scalp. It was brownish-black in color, elastic firm in consistency. The rest of the parietal scalp was normal. There was no palpable lymph node in the neck. Skin biopsy of the scalp nodule was performed under local anesthesia. The specimen was sent to the Department of Pathology for pathologic diagnosis. The specimen submitted consisted of a small tissue measuring 0.5 x 0.4 x 0.4 cm, grayish-brown in color and elastic firm in consistency.

Clinical Pathology:

BUN: 17 mg/dL (6-20 mg/dL), Creatinine: 0.6 mg/dL (0.6-1.1 mg/dL), Glucose: 144 mg/dL (70-100 mg/dL), Na: 134mmol/L (135-145 mmol/L), K: 3.6 mmol/L (3.5-5.1 mmol/L), AST (GOT): 30 U/L (5-40 U/L), ALT (GPT): 26 U/L (5-40 U/L), RBC: 4.53x10^6/uL (4.2-5.4x10^6/uL), Hb: 13.9 gm/dL (12.0-16.0 gm/dL), Hct: 41.6 % (37-47%), Plt: 27.4 x10^4/dL (15-40 x10^4/dL), WBC: 7.6 x10^3/uL (4.5-11 x10^3/uL).

CASE RESULT:

Histopathologic Findings:

Histopathological examination revealed skin tissue covered by benign squamous epithelium. The dermis contained proliferated neoplastic cells with spindle, round or ovoid nuclei, indistinct nucleoli, moderate amount of cytoplasm with cytoplasmic vacuole. Occasional mitosis and focal

tumor necrosis were also noted. No significant vascular structure or glandular differentiation or squamous differentiation was noted.

Immunohistochemistry:

Sections of tissue specimen were subjected for immunohistochemical evaluation. On immunohistochemical analysis, the tumor cells were diffuse positive for vimentin, CD31, and ERG, and focal positive for S-100 and cytokeratin, and negative for CD34, CD117, Dog1, actin, HMB45, and HHV-8.

Differential diagnosis:

1. Kaposi's sarcoma.
2. Melanoma.
3. Epithelioid sarcoma
4. Angiosarcoma.

Diagnosis: Angiosarcoma, scalp.

Discussion:

Angiosarcoma (AS) is a rare and highly aggressive malignant tumor originating from vascular endothelial cell. It makes up less than 2% of all soft tissue sarcomas in humans and principally affects adult and elderly patients. AS can occur in any location of body. The most common sites of ASs are cutaneous lesions (about 60% of cases), particularly the head and neck, and can also present within the soft tissues, visceral organs, bone and retroperitoneum. Of the cutaneous sarcomas, AS is the fourth most frequent (with an approximate incidence of 0.2 cases per million inhabitants), behind Kaposi's sarcoma, dermatofibrosarcoma, and leiomyosarcoma.

In most cases of AS, the etiology are unknown. However, some factors have been associated with an increased risk for AS, including prior radiation exposure, chronic lymphedema (Stewart-Treves syndrome), and exposure to chemicals such as polyvinyl chloride, thorium dioxide, arsenic, and radium.

There are 3 main variants of cutaneous ASs: idiopathic lesions on the face and scalp of elderly patients (Wilson-Jones AS), a variant which accounts for approximately 50% of cutaneous ASs, and 2 forms of secondary AS, one localized in areas of chronic lymphedema, particularly in the arms of women who undergo radical mastectomy (Stewart-Treves syndrome) and another that develops over areas of irradiated skin, particularly in the pectoral area of women who undergo radiotherapy after breast cancer

According to epidemiology researches, AS has a similar distribution between gender, and can occur in any ages. However, cutaneous AS has been found notably predilection for older male individuals, with a reported median age between 60 and 80 years.

Clinically, diagnosing AS remains a challenge due to the non-specificity of presentations. It usually presents insidiously as single or multifocal bruise-like patches and plaques with subsequent

development of nodules or tumors with ulceration and oozing or bleeding, that may be mistaken for a benign lesion such as hemangioma

Histologically, the appearance of AS varies widely and ranges from well differentiated variants to poorly differentiated variants. In well differentiated AS, numerous irregular vascular channels lined by endothelial cells are demonstrated. Additionally, Spindle-shaped, polygonal, epithelioid and primitive round cells, with increased mitotic activity and poorly formed vascular spaces, can be found in tissues of poorly differentiated AS. Because of the heterogeneous pathologic features in poorly differentiated tumors, the histological identification of AS is challenging. In the worst differentiated cases, tumor cells are epithelioid or fusiform, with marked atypia and abundant mitosis and a more solid growth pattern with few vascular lumina, such that they can be confused with carcinoma or even melanomas or fibrosarcomas. The presence of intracytoplasmic vacuoles as expression of primitive vascular differentiation can be very useful for suspicion of correct diagnosis in these cases. Different degrees of differentiation may often be found in the same AS.

Immunohistochemical examination are often useful in the diagnosis of less differentiated types of ASs. ASs typically express endothelial markers including Factor-VIII-related antigen (Factor-VIIIRA), CD31, CD34 and vascular endothelial growth factor (VEGF). Among these markers, CD31 is the most common one found in more than half of the cases. With high sensitivity and specificity, CD31 is considered the gold standard of diagnosis in previous reports. The expression of cytokeratin has been defined in epithelioid ASs, leading to confusion with poorly differentiated or undifferentiated carcinomas, however, positivity for vascular markers such as CD31, CD34, or erythroblast transformation specific related gene (ERG), can rule out poorly differentiated or undifferentiated carcinoma. Although CD31 and CD34 are considered markers of vascular differentiation, CD31 is not perfectly sensitive, while CD34 is not specific, and can also stain fibroblasts, epithelioid sarcomas, dermatofibrosarcomas, meningiomas and solitary fibrous tumors among other entities. ERG, a proto-oncogene member of the erythroblast transformation specific transcription factor family, is a sensitive marker of endothelial differentiation and is expressed in vascular tumors, including ASs. Although exceptional, cases have been reported of cutaneous ASs that express S-100 protein or neuroendocrine markers.

Due to the rarity of these tumors and the lack of prospective evidence, the optimal management strategy is still argued. Up to now, radical surgery remains the cornerstone of all treatments for AS. Due to the extensive nature and the rapid progression of the disease, positive surgical margins are common in resection. In common, only very early and radical surgery with negative margins can offer the best prognosis to AS. The most accepted is surgery with 3 cm free margin with respect to the clinically appreciable limits. Due to the difficulty achieving negative surgical margin, even after extensive surgery, the rate of local recurrence and distant metastasis are reported to be as high as 30-100% in these cases . To control the risk of local recurrence, adjuvant radiotherapy following surgery is often used in patients with negative microscopic margins or unresectable cases. Adjuvant radiotherapy had also been recommended to improve local recurrence rate. Though evidence was still limited, chemotherapy was routinely use in metastatic disease. Recently radical surgery with

adjuvant radiotherapy has been shown improved outcome and survival rates. In addition, targeted medicines and immunotherapy such as the programmed death 1 (PD-1) and its receptors including ligand-1 (PD-L1) and ligand-2 (PD-L2) are thought to another effective therapeutic target for AS. The outcomes of treatment vary widely and are impacted by site, size, grade, respectability, stage, and tumor type.

For cutaneous AS, the most frequent site of metastasis is the lung followed by the lymph nodes, thoracoabdominal computed tomography is usually recommended after pathological diagnosis. This imaging study should include the cervical region in the case of an angiosarcoma of the head and neck. For the high metastatic rate (20%) and the tendency of multifocal involvement (60%) at diagnosis, the prognosis of cutaneous AS is poor with 5-year survival rates ranging from 10% to 30%. The 5-year survival rate for patients with cutaneous AS of the head and neck region ranges from 10% to 54% . Albores-Saavedra et al reported on a SEER (Surveillance, Epidemiology, and End Results) analysis of cutaneous AS t including 135 cases of the scalp and neck, showing a 5-year and 10-year OS of 33.6% and 13.8%, respectively. AS of scalp tend to metastasize to lung, especially to subpleural or pleura area, causing more frequent pulmonary complications like pneumonia, pneumothorax or atelectasis than in non-scalp cases.

There are no standard guidelines for follow up of cutaneous ASs, however, closely follow up is recommended with check up every 3-6 months for the first few years, and then yearly check up for 10 years. It is necessary to examine the entire skin and palpate the corresponding territorial lymph nodes. At least once a year, a laboratory analysis and thoracoabdominopelvic computed tomography study are recommended. .

In summary, cutaneous AS is a highly malignant tumor of endothelial cell origin with high metastatic rate (20%) and high tendency of multifocal involvement (60%) at diagnosis. Physicians should have a high index of suspicion of the possibility of cutaneous AS in the clinical setting of bruise-like, red to violaceous patches or plaques arising on the head and neck region in elderly patients or on the area associated with irradiation or chronic lymphedema. Due to its pathological diversity, histological examination is the only reliable method for definite diagnosis of AS.

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Case Number: 556

Slide Number: CO21-02030A

Slide View: http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=1876

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CASE HISTORY:

Signalment: A subadult, female, weighting 296.1g pigeon (*Columba livia*)

The pigeon was submitted from the pigeon colony of National Chung Hsing University campus, and showed clinical signs of depression, lying prone with multiple yellowish nodules around the eyes during mid-February. The animal passed away few days later.

Gross Findings:

Besides the eyes, multiple yellowish nodules were found on the skin of chest as well. Impression smears of the nodules revealed intra-cytoplasm inclusion bodies in the epithelial cells.

CASE RESULT:

Histopathological Findings:

Skin: Microscopically, multiple crusted layers of degenerative and necrotic epithelial cells, eosinophilic exudate and numerous bacterial colonies are observed on the skin. The feather follicles are filled with clusters of degenerative and necrotic epithelial cells and keratin. Multiple hyperplasia, ballooning degeneration with eosinophilic intracytoplasmic inclusion bodies are presented in the epidermal and follicular epithelial cells. The dermis is infiltrated with large amounts of lymphocytes and plasma cells.

Skull and Mandible bone: For the skull and mandible bone tissue near the cutaneous lesions, the bone marrow is infiltrated with large amount of heterophils. Irregular shapes of trabecular bone with osteoclasts around was noted, and eosinophilic exudate and fibrous connective tissue presented within the lesion.

Morphological diagnosis:

1. Epidermatitis and dermatitis, lymphoplasmacytic, multifocal to coalescing, chronic, severe, with hyperplasia, ballooning degeneration and eosinophilic intracytoplasmic inclusion bodies, skin
2. Osteomyelitis, purulent, locally-extensive, chronic-active, severe, with micro fracture and fibrous connective tissue proliferation, bone

Differential diagnosis:

Skin

1. Pigeonpox virus infection
2. Pantothenic acid or biotin deficiency
3. T-2 toxin

Laboratory examination:

1. PCR: Pigeonpox virus (+)

Final diagnosis:

Cutaneous pigeonpox in a pigeon

Discussion:

Pigeonpox virus is recognized within the Avipoxvirus genus in the family Poxviridae, being very pathogenic for pigeons but producing mild infection in chickens and turkeys, which is not of public health significant.[5,6,7] Pigeonpox virus is transmitted mechanically, mostly through blood-sucking arthropods such as mosquitos and mites, or direct contact including contaminated environment and aerosolization of viral particles. This disease occurs in one of the two forms, cutaneous and diphtheritic, or both.[1,6] Cutaneous form, as we observed in this case, shows significant multiple nodular lesions mostly on the non-feathered areas including the eyelids, around the beak and foot; while diphtheritic form shows cankers or diphtheritic yellowish lesions on the mucosa of mouth, esophagus and trachea, leading to loss of appetite and respiratory signs. Fowls affected with cutaneous are more likely to recover than those with the diphtheritic form, which is less common but more severe.[6] Replication, synthesis and packaging of the pox virus DNA take place in the cytoplasm of epithelial cells, and the tissue responses by a characterized epithelial hyperplasia in the first 72 hours post-infection, due to a viral gene encoding a protein similar to epidermal growth factor, influencing virulence of the virus.[2,6] Characteristic intracytoplasmic inclusion bodies called Bollinger bodies that compress the nucleus to a side are meaningful and widely used for rapid diagnosis of pigeonpox.[8] Mortality of pigeon pox may be high is the presence of secondary infection, especially in young or immunocompromised birds.[2,3,4] Eye lesions affecting the patients' ability to find water and foods lead to higher mortality as well.[6]

Commercial pigeon pox modified live vaccines are used to prevent outbreak. Wing-web method or feather follicle method are employed. Within the first 2 weeks after vaccination, local lesions of

the vaccination site including swelling and follicular distension indicates the positive response of vaccination, and the lesions recovered within 1 month. Invasive lesion removal and supportive therapy were documented as treatments for pigeonpox, but in aviaries where the health of the colony is more concerned than that of the individuals, euthanasia is suggested. For laboratory pigeons undergoing experiments for data collection, symptomatic therapies and quarantine procedures are critical for recovery. However, treatments for pigeonpox may elevate the risk of disseminating virus. Pigeonpox virus is persistent in the environment, leading to the pressure of potential outbreaks, therefore, decontamination practices are necessary for controlling pigeonpox. Quaternary ammonia disinfectant is effective against pigeonpox virus.[3,6]

In this case, the most significant lesions are the yellowish nodules around the eyes, supported by microscopic lesions and laboratory examination aided the diagnosis of pigeonpox. Secondary bacterial infection is suspected due to the presence of bacterial colonies within the epidermal lesions and heterophils in the bone marrow, but bacterial isolation was not conducted during necropsy. Furthermore, we detected microscopic lesions resembling circovirus infection including atrophy and lymphocyte depletion in the bursa of Fabricius, leading to the possibility of immune-suppression and needs to be confirmed by further molecular biological methods.

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Case Number: 557

Slide Number: S20210600

Slide View: http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=1875

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CASE HISTORY:

Signalment: a 24-year-old woman

The patient was presented with skin lesions over face, neck, trunk and four limbs for 5-6 days.

The skin lesions initially appeared on face and progressed to trunk and four limbs. The skin lesions were painful erythematous patches and nodules. The patient also had fever and arthralgia over right wrist. She had no oral ulcer, hair loss, cough, rhinorrhea, headache, abdominal pain, diarrhea, or vomiting. She visited the emergency department for help and dermatologist was consulted. Skin biopsy was done and oral Prednisolone 45 mg/day was prescribed for 3 days and then tapered to 20 mg/day. Augmentin was also added. Rheumatologist was also consulted and oral Hydroxychloroquine 200 mg/day was added. The skin lesions subsided at first but new target lesions on palms and soles appeared later. Second skin biopsy of the target lesion was therefore performed.

Blood test showed normal white blood cell (WBC) count: 6180/uL and hemoglobin: 11.4 g/dL. Antinuclear antibody (ANA) revealed speckled pattern 1:5120, anti-cardiolipin IgM: 22.7 MPL U/mL, decreased C4: 17.8 mg/dL and normal C3: 102.8 mg/dL, positive anti-SSA (> 240 EliAU/mL) and anti-SSB (> 320 EliAU/mL), positive anti-RNP (30.5 EliAU/mL), negative anti-cardiolipin IgG and ß2GP1-IgM/IgG, normal rheumatoid factor (13.2 IU/mL), negative anti-dsDNA, anti-Smith antibody, anti-CCP and anti-CENPB. Her urinalysis showed no remarkable abnormality. The survey of possible infective source revealed positive cold HA (1:64), non-reactive RPR, TPPA < 1:80, mycoplasma pneumonia antibody (-), ASLO < 100 IU/mL.

CASE RESULTS:

Histopathological findings:

First biopsy of the erythematous patch and nodule showed perivascular dermatitis with superficial and deep perivascular lymphocyte-predominant inflammatory infiltrate. Thickened basement membrane was also noted. There was no significant epidermal change and only mild interface change. Several apoptotic keratinocytes were also noted. DIF revealed granular IgM and weaker C3 deposition along dermo-epidermal junction and dust-like particles of IgG deposition in the epidermis, the subepidermal region and the dermal cellular infiltrates. IgA, and C1q were negative. Second biopsy of the target lesion on the sole revealed perivascular dermatitis with superficial and deep perivascular lymphocyte-predominant inflammatory infiltrate. There was no significant epidermal change and only mild interface change was seen. DIF revealed granular IgM and weaker IgA deposition along dermo-epidermal junction and dust-like particles of IgG deposition in the epidermis, the subepidermal region and the dermal cellular infiltrates. C1q and C3 were negative. The microscopic findings of the skin biopsies were compatible with subacute cutaneous lupus erythematosus.

Pathological diagnosis: subacute cutaneous lupus erythematosus

Differential diagnosis:

1. Rowell's syndrome
2. Erythema multiforme

Following clinical course:

After reviewing the diagnostic criteria of SLE, we found that the patient had ANA speckled 1:5120, fever, acute cutaneous lupus, anti-cardiolipin IgM (+), C4 deficiency (17.8 mg/dL) (13 points in total).

Steroid was prescribed as follows: oral Prednisolone 45mg/day (1/6-8)→20mg/day (1/8-11); intravenous Rinderon 8mg/day (1/11-14)→6mg/day (1/15-19); oral Prednisolone 30mg/day (1/20-). Oral Plaquenil 400mg/day was also kept using.

On 1/21, pain of bilateral knee joints was noted. Joint sonography revealed synovial effusion over bilateral knee joints (left > right).

With SLE-related erosive arthritis, Methotrexate (MTX) 10 mg/week (1/21-) was prescribed and the dose of oral Prednisolone was increased to 40 mg/day. However, during follow-up at the out-

patient department, the patient still had severe pain of bilateral knee joints. Therefore, the dose of oral Prednisolone was increased to 60 mg/day and MTX was increased to 15 mg/week.

Final diagnosis: systemic lupus erythematosus with erythema multiforme-like lesions

Discussion:

Subacute cutaneous lupus erythematosus (SCLE) is a subset of lupus erythematosus (LE). It is characterized by non-scarring erythematosquamous or annular lesions on sun-exposed areas. Histopathological features include epidermal atrophy with dyskeratotic cells and mildly superficial perivascular lymphocytic infiltrates in the dermis with interface dermatitis. Hyperkeratosis, pigmentary incontinence, and basement membrane thickening are faint.[1] The diagnosis of SCLE relies on the typical eruption and histopathological changes. However, the histologic features show considerable overlap between SCLE and acute cutaneous lupus erythematosus (ACLE). Because in the early stage of lupus erythematosus, histologic findings are often nonspecific, which includes damage to few keratinocytes, edema of the upper dermis, a mild superficial perivascular lymphohistiocytic infiltrate, nuclear dust and dilated vessels with extravasation of erythrocytes.[1]

A unique pattern of immunofluorescence has been reported in SCLE patients. That is, 'dust-like particles' (DLP) of IgG deposition in the epidermis, the subepidermal region and the dermal cellular infiltrates, which was first raised in 1992 by Kathleen et al. They enrolled eleven patients with discoid LE (DLE) lesions, seven patients with SCLE lesions, and nine SLE patients. For IgG, deposition was at the dermal-epidermal junction (DEJ) for DLE and SLE while SCLE patients had IgG deposition throughout the epidermis. For IgM and C3b, the pattern of deposition was all at the DEJ except that the band in SCLE patients is broader.[2] DLP was also observed specifically in SCLE patients by Nieboer et al. in 1988, but the diagnostic sensitivity is only 30%.[3] Nevertheless, the specificity of DLP to SCLE is still controversial. A retrospective review of more than 4000 specimens submitted for DIF over a 7-year period was conducted by Lipsker et al. in 1998. They cellular infiltrates, is not specific for SCLE. Nevertheless, it is highly suggestive of connective tissue disease. They considered that this DLP is not specific for SCLE, as only 53% of the patients with DLP had SCLE. Moreover, DLP was also found in other connective tissue diseases, including SLE and mixed connective tissue disease.[4] So far, only few studies have addressed the diagnostic significance of DLP. Further studies are needed to confirm the relationship of this staining pattern with SCLE.

The total score of our patient according to the 2019 EULAR/ACR classification criteria for SLE increased to 19 points, including fever (2 points), acute cutaneous lupus (6 points), joint involvement (6 points), positive anti-cardiolipin IgM (2 points), and C4 deficiency (17.8 mg/dL) (3 points). The

diagnosis of SLE was confirmed. However, erythema multiforme (EM)-like lesions on palms and soles were also noted. Due to the combination of LE and EM-like lesions, Rowell syndrome (RS) should be considered. To identify the nature of the EM-like lesions, we have to differentiate LE, RS and EM.

RS was first described by Rowell et al. in 1963. The diagnostic criteria include presence of LE and EM-like lesions without any known precipitating factors, speckled ANA, positive anti-La/SS-B, and positive rheumatoid factor. However, the diagnostic criteria were kept modifying in the following years.[5] In 2011, Torchia et al. proposed new diagnostic criteria, composed of major and minor criteria. The major criteria include presence of chronic cutaneous LE (discoid LE and/or chilblain), presence of EM-like lesions, at least one positivity among speckled ANA, anti-Ro/ SSA, and antiLa/SSB antibodies, and negative DIF on lesional EM-like lesions. The minor criteria include absence of infectious or pharmacologic triggers, absence of typical EM location (acral and mucosal), presence of at least one additional American rheumatism association criterion for diagnosis of SLE besides discoid rash and ANA and excluding photosensitivity, malar rash, and oral ulcers. The diagnosis of RS could be made with the presence of all four major criteria and at least one minor criterion.[6] Our patient did not meet the diagnosis of RS due to absence of chronic cutaneous LE and positive DIF on lesional EM-like lesions.

To identify the classification of Rowell syndrome, CD123 was used to label the pathogenic plasmacytoid dendritic cells in LE. The unifying histologic features of RS and SCLE include periadnexal lymphocytic infiltrates and CD123 positivity of the inflammatory infiltrate. In contrast, the distinction of RS from EM can be supported by periadnexal lymphocytic infiltrates and periadnexal CD123+ plasmacytoid dendritic cells. These clinicopathologic findings support inclusion of Rowell syndrome in the spectrum of cutaneous LE.[7]

In conclusion, we present a case of SLE with EM-like lesions whose histopathological feature showed SCLE with DLP of IgG deposition in the epidermis, the subepidermal region and the dermal cellular infiltrates. Besides, with negative CD123 staining and unfulfillment of the diagnostic criteria, the diagnosis of RS could not be established. Immunohistochemical staining plays the critical role in making the definite diagnosis.

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Case Number: 558

Slide No.: Hope

Slide view: http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=1880

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CASE HISTORY:

Signalment: A 5-year-old, male castrated, mix cat

The cat found pawpad ulceration, hemorrhage and plump for 10 months, and the clinical signs became better after given oral steroid. The pawpad lesions returned after stop the steroid.

Gross Findings:

The submitted specimens were small biopsies from left forelimb foot pad and right hindlimb foot pad.

CASE RESULT:

Histopathological Findings:

Both biopsies demonstrate the same pathologic feature. Histologically, the specimen has high cellular density, the epidermis is severely ulceration and cannot identified, the dermis layer is infiltrate with large numbers of inflammatory cells. The cells in dermis are mainly plasma cell and neutrophil, many lymphocytes are also noted. Lymphoid cell aggregate at bottom is observed in focal region. Besides, there are some Mott cells with intracytoplasmic bright pink granules distribute in the lesion.

Pathological Diagnosis:

Pododermatitis, severe, chronic active, plasmalymphocytic, with severe ulceration, biopsies from left forelimb and right hindlimb foot pad.

Differential diagnosis:

1. Eosinophilic granuloma
2. Immune-mediated diseases such as pemphigus foliaceous or lupus erythematosus

Discussion:

Plasma cell pododermatitis is a disease exclusively affecting the pawpads. It is rare in cats, and very rare in dogs. The etiology of plasma cell pododermatitis is unknown, but the marked plasma cell infiltrate, consistent hypergammaglobulinemia, and response to immunomodulating therapy suggest an immune-mediated basis. Recurrence in warm weather may support an allergic origin. The status of feline retrovirus infection is controversial. While most reports indicate that affected cats are feline leukemia virus (FeLV) negative and feline immunodeficiency virus (FIV) negative, others report an incidence of FIV positivity as high as 50%.

The highly characteristic clinical feature is soft, spongy swelling affecting multiple pawpads. The swelling is uniform such that normal pad symmetry usually is not disturbed. The central larger metacarpal and metatarsal pads are most consistently involved. An increased prominence of normal surface architecture, probably due to stretching, results in a white, scaly, silvery, crosshatched appearance with striate. Although multiple pads usually are affected, the syndrome may affect a single pad. Somewhat surprisingly, lesions usually are asymptomatic. If ulceration of more severely affected pawpads occurs, hemorrhage may follow and lameness may be noted. Highly characteristic 'deflated', spongy pawpads that resemble partially empty balloons may develop with chronicity. These end-stage lesions retain the peculiar surface silvery crosshatched appearance. A minority of cats have coexistent plasma cell stomatitis, immunemediated glomerulonephritis, or renal amyloidosis. Few cases also have plasma cell dermatitis on nasal planum with a uniform swelling and alopecia.

Breed, age, or sex predilections have not been noted in cats with feline plasma cell pododermatitis. But some researches revealed the lesions were more commonly seen in male cats, and have tendency in young to middle-aged cats.

Though many cats with plasma cell pododermatitis do not have FIV, it is feasible that a disease resulting in altered immune function could also produce errant B-lymphocyte and plasma cell behavior. In a paper describing 6 experimentally infected cats, 4 had evidence of plasma cell pododermatitis, and in 1 case they performed immunohistochemical staining on the pad tissues and found FIV-immunoreactive cells *in situ*. In humans infected with human immunodeficiency virus (HIV), B-lymphocytes show signs of phenotypic and functional alterations, such as polyclonal B-cell activation, loss of B-cell memory and hypergammaglobulinemia; it is interesting to speculate whether FIV produces similar effects in feline B-lymphocytes, leading to accumulation of functionally abnormal plasma cells within tissues such as the pads, as well as the hypergammaglobulinemia.

The prognosis of feline plasma cell pododermatitis varies, as in some patients clinical signs may resolve spontaneously, whereas others may require immunomodulating agents and life-long therapy. The initial therapy of choice is doxycycline, an inexpensive antibiotic with immunomodulating properties. In patients with a poor response to doxycycline treatment and active severe clinical symptoms, a short course of systemic glucocorticoid therapy in conjunction with oral cyclosporin may be indicated. Surgical excision of the fatty footpad has also been described as beneficial and is an option for cases not responding to medical therapy.

Since doxycycline is both an antibiotic and an immunomodulatory drug, the response of cases to doxycycline therapy could indicate there is some bacterial involvement, and/or this is an abnormal

immune response involving primarily plasma cells and localized to the foot pad. The infectious agent could present within the pad or pads, or elsewhere - such as the gastrointestinal tract.

The plasma cells within these affected pads are not neoplastic, by the use of immunohistochemical stains examination. The reference demonstrate both types of light chain are present (kappa and lambda chains), indicating a non-neoplastic cell population proliferating within the pad.

In conclusion, plasma cell pododermatitis is rare skin disease and majority in cats, the skin lesion is characteristic and exclusive affecting on pawpad. The pathogenesis is unknown and possibly immune-mediated due to patients present hypergammaglobulinemia, plasma cell infiltration, response well to glucocorticoid and immunomodulatory treatment. In current case, the patient received doxycycline and prednisolone and response well especially hindlimb pawpads, but forelimb pawpads were still slightly swollen.

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Case Number: 559

Slide No.: 440514

Slide view: http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=1883

Liu, Meng-Hsuan（劉孟璿）[1]; Chen, Yen-Lin（陳燕麟）[1]

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CASE HISTORY:

A 57-year-old woman complained of firm nodule about 2 cm on left abdominal wall fixed to skin for less than 10 years. She went to our clinic for help and excision was performed.

CASE RESULT:

Gross findings:

A small piece of skin tissue measuring 2.3 x 2 x 1.8cm in size.

Histopathological findings:

This well-circumscribed neoplasm is composed of small lobular aggregates of mature sebocytes, with rims of basaloid cells, recapitulating normal sebaceous glands. The vacuolated sebocytes predominate over the basaloid cells. Mitoses are found in the periphery of tumor lobules. The cytologic atypia is very mild. Necrosis is not found.

Immunohistochemical (IHC) staining results:

- PMS2: positive
- MSH6: positive

Pathological diagnosis:

Sebaceous adenoma

Differential diagnosis:

- Sebaceous hyperplasia
- Sebaceoma
- Clear Cell Basal Cell Carcinoma
- Tricholemmoma

Discussion:

Sebaceous skin tumors are classified into sebaceous adenoma, sebaceoma, and sebaceous carcinoma. An additional group of cystic sebaceous tumors indicate the MuirTorre syndrome (MTS). Cystic sebaceous tumors are considered as morphologic variants of the 3 main categories. Multilineage adnexal tumors with partly sebaceous differentiation may pose a challenge to categorize. Sebaceous hyperplasia and nevus sebaceus are not considered as true sebaceous tumor entities. Recently, attention has been drawn to morphologic clues of sebaceous differentiation. True sebaceous neoplasms (sebaceous adenoma, sebaceoma, and sebaceous carcinoma) are rare skin tumors, in contrast with sebaceous gland hyperplasia, which is encountered frequently in the general population, especially in sun-exposed skin. Sebaceous tumors may occur at any age during adulthood, but usually they affect elderly people. Clinically, sebaceous tumors are often mistaken for more common skin tumors, such as basal cell carcinoma and squamous cell carcinoma, and consequently the diagnosis is made by histopathologists. Predilection sites of sebaceous tumors are the head and neck area, but they may occur on any region of the body. The clinical presentation is heterogeneous and ranges from small, flesh-colored, umbilicated papules, to ulcerated or crusted lesions, to subcutaneous nodules or tumors with exophytic growth. In most cases, sebaceous tumors are solitary, except in patients with MuirTorre syndrome (MTS). Patients with MTS may present with numerous sebaceous tumors and/or keratoacanthomas that may be located at atypical body sites (outside the head and neck area). Patients with MTS may manifest sebaceous skin tumors at a younger age. The peak onset of sebaceous tumors in patients with MTS is 53 years of age (range, 21–88 years of age). Immunohistochemistry using the mismatch repair proteins and/or genetic microsatellite instability testing should be performed on sebaceous neoplasms to diagnose MTS as early as possible.

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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、　其他有關比較病埋學術發展之事項。

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 第九屆理監事簡歷冊

序號	職別	姓名	性別	學歷	經歷	現任本職
1	理事長	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所長	台灣大學獸醫學系教授
2	常務理事	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
3	常務理事	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
4	常務理事	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	國防醫學院兼任助理教授
5	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助理教授
6	理事	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
7	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教授
8	理事	阮正雄	男	日本國立岡山大學大學院 醫齒藥總合研究科博士	台北醫學大學副教授兼細胞學中心主任	輔英科技大學附設醫院
9	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
10	理事	祝志平	男	台大病理研究所	台北醫學院講師	彰化秀傳紀念醫院病理部
11	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	國立臺灣大學獸醫專業學院副教授
12	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 助理教授
13	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	耕莘醫院組織病理科主治醫師
14	理事	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	國家實驗動物中心病理獸醫師
15	理事	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	國立臺灣大學獸醫專業學院助理教授
16	常務監事	許永祥	男	國立台大醫學院病理研究所碩士	台大醫院病理科住院醫師	慈濟醫院病理科主任教授

17	監事	蔡慧玲	女			
18	監事	楊俊宏	男	長庚大學生物醫學研究所博士		農委會農業藥物毒物試驗所
19	監事	簡耀君	男	國立臺灣大學獸醫學研究所獸醫學碩士	長青動物醫院病理部主任	長青動物醫院病理部主任
20	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
21	秘書長	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 助理教授

中華民國比較病理學會 109 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. 中華民國比較病理學會第九屆第一次會員大會於 109 年 7 月 11 日於國立臺灣大學獸醫專業學院召開。

2. 第八屆理監事會議

(1) 第八屆第十次理監事會議於 109 年 7 月 11 日於國立臺灣大學獸醫專業學院召開。

3. 第九屆理監事會議

(1) 第九屆第一次理監事會議於 109 年 7 月 11 日於國立臺灣大學獸醫專業學院召開。

(2) 第九屆第二次理監事會議於 109 年 11 月 28 日於國立臺灣大學獸醫專業學院召開。

4. 舉辦學術研討會

(1) 第 78 次比較病理研討會於 109 年 7 月 11 日國立臺灣大學獸醫專業學院召開。

(2) 第 79 次比較病理研討會於 109 年 11 月 28 日國立臺灣大學獸醫專業學院召開。

二、 舉辦學術演講

(一) 第 78 次比較病理研討會邀請專題演講：振興醫院解剖病理科蕭正祥主任，演講題目：SARS 與新冠肺炎的組織病理學的分析與比較

(二) 第 79 次比較病理研討會邀請專題演講：臺灣大學醫學院鄭永銘教授，演講題目：神經內分泌腫瘤（Neuroendocrine neoplasms）

三、 舉辦學術病理切片病例討論

(一) 於第 78 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。

(二) 於第 79 次比較病理研討會共有 7 個單位提供 7 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 78 次比較病理研討會活動花絮照片

(二) 提供第 79 屆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) 完成第 78 次比較病理研討會與會獸醫師再教育學分認證。

(二) 完成第 79 次比較病理研討會與會獸醫師再教育學分認證。

中華民國比較病理學會 110 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召募，擴大會員陣容，

(一) 整理會藉與清查會費

1. 更新整理會藉資料，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 109 年度工作報告與經費收支狀況，研議 110 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及協助會員學分認證

中華民國比較病理學會 109 年度財務報告表

中華民國比較病理學會

現　金　出　納　表

中華民國 109 年 1 月 1 日至 109 年 12 月 31 日止　　單位：新臺幣（元）

收入		支出	
科目名稱	金額	科目名稱	金額
上期結存	209,857	本期支出	37,711
本期收入	56,266	本期結存	228,412
合計	266,123	合計	266,123

理事長：　　常務監事：　　秘書長：　　會計：陳紫潔

說明：

1. 本會暫無基金專戶，於年底時依照盈餘情形提列為不可動支的準備基金，於活期存簿中（合作金庫），故扣除提撥基金後，本年度實際支出為 37,711 元。
2. 本表為一團體在會計年度內現金（包括銀行存款）收支之表報。
3. 本表須經製表、出納、會計及機構負責人蓋章。

中華民國比較病理學會

收支預算表

中華民國 109 年 1 月 1 日至中華民國 109 年 12 月 31 日

單位：新臺幣（元）

科目				預算數	上年度預算數	本年度與上年度預算比較數		說明
款	項	目	名稱			增加	減少	
1			本會經費收入	**75,080**	**75,080**			
	1		入會費	6,000	6,000			學生入會費 100 元，一般會員 1000 元
	2		常年會費	35,000	35,000			學生會員年費 100 元，一般會員 1000 元
	3		贊助會費	30,000	30,000			廠商贊助 5000 元
	4		利息收入	80	80			
	5		其他收入	4,000	4,000			
2			本會經費支出	**55,500**	**55,500**			
	1		人事費	**8,000**	**8,000**			講座費 2000 元
		1	兼職人員車馬費	0	0			
		2	其他人事費	8,000	8,000			
	2		辦公費	**11,000**	**11,000**			
		1	印刷費	8,000	8,000			會議手冊印製
		2	旅運費	2,000	2,000			
		3	郵電費	1,000	1,000			研理功告郵寄
		4	公共關係費	0	0			
	3		業務費	**30,000**	**30,000**			
		1	會議會	30,000	30,000			
	4		雜費支出	**4,500**	**4,500**			
	5		提撥基金	**2,000**	**2,000**			如有盈餘，得依規定提列 5%以上
3			本期餘絀					

理事長：　　常務監事：　　秘書長：　　會計：陳紫潔

中華民國比較病理學會 收支決算表

中華民國 109 年 1 月 1 日至中華民國 109 年 12 月 31 日　　單位：新臺幣（元）

科目				決算數	預算數	決算與預算比較數		說明
款	項	目	名稱			增加	減少	
1			本會經費收入	**56,266**	**75,080**		**18,814**	
	1		入會費	2,100	6,000		3,900	學生入會費 100 元，一般會員 1000 元
	2		常年會費	21,000	35,000		14,000	學生會員年費 100 元，一般會員 1000 元
	3		贊助會費	30,000	30,000			廠商贊助 5000 元
	4		利息收入	166	80	86		
	5		其他收入	3,000	4,000		1,000	
2			本會經費支出	**38,711**	**55,500**		**16,789**	
	1		人事費	**2,000**	**8,000**		**6,000**	講師費 2000 元
		1	兼職人員車馬費	0	0			
		2	其他人事費	2,000	8,000		6,000	
	2		辦公費	**7,583**	**11,000**		**3,417**	
		1	印刷費	7,279	8,000		721	會議手冊印製
		2	旅運費	232	2,000		1,768	
		3	郵電費	72	1,000		928	病理切片郵寄
		4	公共關係費	0	0			
	3		業務費	**25,128**	**30,000**		**4,872**	
		1	會議會	25,128	30,000		4,872	
	4		雜費支出	**3,000**	**4,500**		**1,500**	
	5		提撥基金	1,000	2,000		1,000	如有盈餘，得依規定提列 5%以上。 說明：本會暫無基金專戶，於年底時依盈餘情形提列為不可動支的準備基金，於次期存滿中（合作金庫）。
3			本期餘絀	17,555				

理事長：　常務監事：　秘書長：　會計：陳紫潔

中華民國比較病理學會

資產負債表

中華民國 109 年 12 月 31 日

單位：新臺幣（元）

資產		負債 基金 暨 餘絀	
合作金庫活存	**195,414**	歷年歲末累計結餘	**209,857**
現金	**32,998**	提撥準備基金	**1,000**
		109 年度餘絀	**17,555**
合　計	**228,412**	合　計	**228,412**

理事長：　常務監事：　秘書長：　會計：陳紫潔

中華民國比較病理學會

基金收支表

中華民國 109 年 1 月 1 日至 109 年 12 月 31 日

單位：新臺幣（元）

收入		支出	
科目名稱	金額	科目名稱	金額
準備基金	0	準備基金	0
歷年累存	15,900		
本年度提撥	1,000		
		結餘	16,900

理事長：　常務監事：　秘書長：　會計：

說明：本會暫無基金專戶，於年底時依照盈餘情形提列為不可動支的準備基金，於活期存簿中（合作金庫）。目前歷年累計壹萬陸仟玖佰元。

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

第一次至第八十次比較病理學研討會病例分類一覽表

(線上資料庫請參閱：https://docs.google.com/spreadsheets/d/1SpTKItmLXfAQe5mhIZGTWITPBAWAy7vZhmsdnOryPc4/edit?usp=sharing**)**

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, palillary carcinoma, metaststic	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)-postitive 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 (AIDS)with disseminated Kaposi's sarcoma	Human	慈濟醫院病理科
	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	Faline	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	Goose	國立中興大學獸醫病理生物學研究所

		4. cyst and atherosclerosis, chronic, testis		
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 (Astrochelys radiata)	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 (*Suricata suricatta*)	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 3rd and 4th digits, skin	North American cougar (*Puma concolor couguar*)	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

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.	Human	林口長庚紀念醫院

		Mixed actinomycosis and aspergillosis lung infection with abscess DM, NIDDM.		
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 (Klebsillae pneumoniae)	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 Streptococcus 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 Leptospira 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	Staphylococcus 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	Cryptococcus and Tuberculosis	Human	彰濱秀傳紀念醫院
319	46	Placentitis, Coxiella burnetii	Goat	台灣動物科技研究所
321	46	Pneumonia, Buirkholderia pseudomallei	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	Chromobacterium violaceum Septicemia	Gibbon	Bogor Agricultural University, Indonesia
353	50	Salmonellosis	Pig	國立中興大學獸醫學院
367	52	Melioidosis (Burkholderia pseudomallei), lung	Human	花蓮慈濟醫院
370	52	Suppurative bronchopneumonia (Bordetellae trematum) with Trichosomoides crassicauda infestation	Rat	國立中興大學獸醫學院
374	53	Pulmonary coccidiodomycosis	Human	彰化基督教醫院
375	53	Paratuberculosis in Macaca cyclopis	Macaca cyclopis	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, Mycobacterium abscessus	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	Neisseria Infected Pneumonitis	Cat	中興大學獸醫學系
385	54	Mycobacteria avian complex dacryocyctitis	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 Streptococcus 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	Mycobacterium avium 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 *Austwickia chelonae (basonym Dermatophilus chelonae*) in a free-ranging wild Taiwanese japalure	Taiwanese japalure	台灣大學獸醫學系

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	Pseduorabies	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 ll 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 epidermal pustules, ballooning degeneration, acanthosis, hyperkeratosis, and eosinophilic intracytoplasmic inclusion bodies.	Goat	台灣動物科技研究所
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

黴菌

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.	Human	三軍總醫院

		Adrenal gland, right: carcinoma (primary)		
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

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, Angiostongylus 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

立克次體

病例編號	會議場次	診　　斷	動物別	提　供　單　位
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 endometrical 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 lymphandenitis)	Lymphandenitis	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	Parastrongyliaisis (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 myocardial ischemia and acute kidney injury	Human	佛教慈濟綜合醫院暨慈濟大學病理科
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

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

張惠雯 助理教授

cscptaiwan@gmail.com

02-33661296

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，入會費僅需 800 元】

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 張惠雯老師收。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：02-33661296

中華民國比較病理學會入會申請及會員卡

會電腦編號

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<tr><td rowspan="2">姓名</td><td>中文</td><td></td><td rowspan="2">姓別</td><td rowspan="2">□ 男
□ 女</td><td>出生</td><td>民國　年　月　日</td><td rowspan="2">出生地</td><td rowspan="2"></td></tr>
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<tr><td rowspan="4">學歷</td><td colspan="3">(1)</td><td colspan="4">稱謂(圈選) 先生 小姐 醫師 獸醫師 教授 博士
研究員 主任 其他:</td></tr>
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申請人　　簽章
介紹人　　簽章
介紹人　　簽章</td><td>審核結果</td><td></td></tr>
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中華民國　　年　　月　　日	