

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立分支機構。前項分支機構組織簡則由理事會擬訂，報請主管機關核准後行之。會址及分支機構之地址於設置及變更時應報請主管機關核備。
- 第四條 本會之任務如左：
- 一、 提倡比較病理學之研究與發展。
 - 二、 舉辦學術演講會、研討會及相關訓練課程。
 - 三、 建立國內比較醫學相關資料庫。
 - 四、 發行比較病理學相關刊物。
 - 五、 促進國內、外比較醫學之交流。
 - 六、 其他有關比較病理學術發展之事項。
- 第五條 本會之主管機關為內政部。目的事業主管機關依章程所訂之宗旨與任務，主要為行政院衛生署及農業委員會，其目的事業應受各該事業主管機關之指導與監督。

第二章 會 員

- 第六條 本會會員申請資格如下：
- 一、 一般會員：贊同本會宗旨，年滿二十歲，具有國內外大專院校(或同等學歷)生命科學及其它相關科系畢業資格或高職畢業從事生命科學相關工作滿兩年者。
 - 二、 學生會員：贊同本會宗旨，在國內、外大專院校生命科學或其它相關科系肄業者 (檢附學生身份證明)。
 - 三、 贊助會員：贊助本會工作之團體或個人。
 - 四、 榮譽會員：凡對比較病理學術或會務之推展有特殊貢獻，經理事會提名並經會員大會通過者。

前項一、二、三項會員申請時應填具入會申請書，經一般會員二人之推薦，經理事會通過，並繳納會費。學生會員身份改變成一般會員時，得再補繳一般會員之常年會費之差額後，即成為一般會員，榮譽會員免繳入會費與常年會費 (86 修訂)。

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求，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，以出席人數過半數之同意行之。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。但本會員如果辦理法人登記後，章程之變更應以出席人數四分之三以上之同意或全體會員三分之二以上書面之同意行之。

第二十七條 理事會及監事會至少每六個月各舉行會議一次，必要時得召開聯席會議或臨時會議。

前項會議召集時除臨時會議外。應於七日以前以書面通知，會議之決議各以理事、監事過半數之出席，出席人較多數之同意行之。

第二十八條 理事應出席理事會議，監事應出席監事會議，不得委託出席；理事、監事連續二次無故缺席理事會、監事會者，視同辭職。

第五章 經費及會計

第二十九條 本會經費來源如下：

- 一、入會費：一般會員新台幣壹仟元，學生會員壹佰元，贊助會員伍仟元，於入會時繳納。
- 二、常年會費：一般會員新台幣伍佰元，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。

第六章 附 則

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一屆理監事名單簡歷冊									
職別	姓 名	性別	出 生 年月日	學 歷	經 歷	現 任 本 職	戶 籍 住 址	電 話	傳 真
理事長	黃文哲	男	25/12/12	華盛頓大學 病理博士	華盛頓大學 病理系教授	台北病理中心執行長 兼解剖病理部主任	103 台北市重慶北路三段 146 號 6 樓	02-3257566	02-85962075
常務 理事	何逸僊	男	39/10/25	國防醫學院 病理學碩士	國防醫學院、 三軍總醫院主 治醫師	長庚醫學院、醫院主 治醫師、副教授	333 桃園龜山長庚醫護社 區 211 號 2F	03-3284277	03-3280147
常務 理事	祝志平	男	46/2/25	台大病理研 究所碩士	台北榮民總 醫院住院醫 師	羅東聖母醫院	265 宜蘭縣羅東鎮中正南 路 160 號羅東聖母醫 院病理科	039-572916	039-572916
常務 理事	陳三多	男	40/8/11	比利時魯汶 大學博士	中興大學獸醫 學系副教授	中興大學獸醫 學系教授	402 台中市國光路 250 號	04-2853552	04-2853552
常務 理事	洪信雄	男	31/11/27	中興大學獸醫 研究所碩士	屏東縣家畜疾 病防治所技正	屏東縣家畜疾病 防治所所長	900 屏東市水源街 100-1 號	08-7224109	08-7224432
理事	蔡信雄	男	37/3/20	北海道大學 獸醫學博士	屏東技術學院 動物醫院院長	屏東技術學院 獸醫系教授	912 屏東縣內埔鄉學府路 1 號	08-7740297	08-7740295
理事	方中民	男	17/10/10	日本大阪醫科 大學醫學博士	中國醫藥學院 院長	台灣高等法院檢 查署法醫中心召集人	103 台北市迪化街 175 巷 16 號	02-7370570	02-7359413
理事	朱瑞民	男	34/7/14	美國愛荷華 大學博士	台灣養豬科學 研究所所長	台灣大學獸醫 學系教授	350 竹南鎮中華路 19 巷 4 弄 6 號	037-661042	
理事	陳 安	男	45/10/11	國防醫學院 博士	三軍總醫院 主治醫師	三軍總醫院實驗 病理科主任	100 台北市汀州路 3 段 18 號 3 樓	02-3651003	02-3672941
理事	陳東榮	男	38/12/16	台大病理學 碩士	新光吳火師紀 念醫院病理檢 驗科主任	新光吳火師紀念 醫院病理檢驗科 主任	111 台北市士林區文昌路 95 號	02-8389307	02-8389360
理事	鄭益謙	男	45/5/14	美國佛羅里達 州立大學博士	台灣養豬科學 研究所副研究 員	台灣養豬科學研 究所副研究員兼主任	350 竹南郵政第 23 號信箱	037-672352-526	037-692820
理事	梁善居	男	42/11/12	美國阿拉巴馬 大學比較醫系 博士	國防醫學院副 教授、動物中 心主任	國防醫學院副教 授、動物中心 主任	100 台北市汀州路三段 24 巷五弄 22 號 4F	02-3675843	02-3652108
理事	施洽雯	男	46/8/30	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	265 羅東鎮南昌街 83 號	039-543131- 2632	039-574993
理事	周 冠	男	40/8/30	國防醫學院 醫學系	台中榮民總醫 院病理部專科 醫師	台中榮民總醫院 病理部一般病 理科主任	407 台中市台中港路三 段 160 號病理部	04-3592525	04-3596532
理事	呂福江	男	37/11/21	美國漢尼門 大學病理學博 士	國防醫學院病 理學研究所所 長	耕莘醫院病理科 主任	231 台北市新店市中正路 362 號病理科	02-2193391- 5236	02-2193506
常務 監事	龐 飛	男	42/8/18	美國伊利諾 大學獸醫病理 學博士	台灣大學獸醫 學系副教授	台灣大學獸醫學 系教授	106 台北市舟山路 142 號 獸醫系	02-3963932	02-23661475
監事	鄭謙仁	男	48/7/21	美國北卡羅 萊納大學哲 學博士	台灣大學獸醫 學系副教授	台灣大學獸醫學 系教授	106 台北市舟山路 142 號 獸醫系	02-23630231- 285	02-23661475
監事	林永和	男	46/2/24	台大病理研 究所	台北醫學院病 理科講師	台北醫學院病 理科講師	110 台北市吳興街 250 號	02-7361661-641	02-3770054
監事	李進成	男	49/6/06	英國倫敦大學 神經病理博士	長庚醫院內科 醫師	新光吳火獅紀念 醫院病理檢驗科 醫師	112 台北市北投區行義路 154 巷 31 號 7F	02-8389306	02-8389306
監事	羅登源	男	49/1/13	中興大學 獸醫碩士	嘉義農專獸醫 科講師	嘉義農專獸醫科 講師	600 嘉義市鹿寮里紅毛埤 84 號	05-2766141-620	05-2784871

中華民國比較病理學會第二屆理監事名單簡歷冊									
職別	姓名	性別	出生年月日	學歷	經歷	現任本職	戶籍住址	電話	傳真
理事長	黃文哲	男	25/12/12	華盛頓大學病理博士	華盛頓大學病理系教授	台北病理中心解剖病理部主任	103 台北市重慶北路三段 146 號 6 樓	02-23257566	02-285962075
常務理事	江宏	男	32/11/7	國防醫學院	台北榮總病理部	台北榮總病理檢驗部主任	105 台北市復興北路 313 巷 17 號 6 樓	02-28757022	02-28740920
常務理事	朱瑞民	男	34/7/14	美國愛荷華大學博士	台灣養豬科學研究所所長	台灣大學獸醫學系教授	106 台北市舟山路 142 號	02-23630231-1206-7	
常務理事	陳三多	男	40/8/11	比利時魯汶大學博士	中興大學獸醫學系副教授	中興大學獸醫學院教授	402 台中市國光路 250 號	04-2853552	04-2853552
常務理事	洪信雄	男	31/11/27	中興大學獸醫研究所碩士	屏東縣家畜疾病防治所技正	屏東縣家畜疾病防治所所長	900 屏東市水源街 100-1 號	08-7224109	08-7224432
理事	鄭謙仁	男	48/7/31	美國北卡羅萊納州立大學哲學博士	台灣大學獸醫學系副教授	台灣大學獸醫學系副教授	111 台北市中山北路 622 段 419 巷 29 號 3 樓	02-23630231-285	02-23661475
理事	祝志平	男	46/2/25	台大病理研究所碩士	台北榮民總醫院住院醫師	羅東聖母醫院病理科主任	265 宜蘭縣羅東鎮中正南路 160 號羅東聖母醫院病理科	039-544106-6113	039-572916
理事	陳東榮	男	38/12/16	國立台灣大學病理學研究所	長庚紀念醫院林口醫學中心病理科系主治醫師	新光吳火獅紀念醫院病理檢驗科主任	111 台北市士林區文昌路 95 號	08-28389307	02-8389360
理事	許永祥	男	48/10/30	國立台大醫學院病理學研究所碩士	台大醫學院助教	慈濟醫院病理科主任	970 花蓮慈濟醫院病理科	038-561825 轉 2124	038-560794
理事	劉錫光	男	14/12/1	美國加州大學研究院比較病理學哲學博士	紐約 Bronx 動物園紐約野生動物保護學會	紐約動物醫學中心高級研究員	The Animal Medical Center 510 East 62 nd Street New York, New York 10021	212-838-8100	212-8329288 212-9329630
理事	賴銘淙	男	47/10/14	台大醫學院病理學研究所碩士	頭份為恭醫院	嘉義華濟醫院	403 台中市太原路一段 34 號	05-2378111-2560-1	05-2373703
理事	張聰洲	男	41/11/29	國立中興大學獸研所碩士班	國立屏東技術學院助教	國立屏東科技大學講師	710 台南縣永康市中山南路 231 巷 35 號	06-2333529	08-7740295
理事	施洽雯	男	46/8/30	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	265 羅東鎮南昌街 83 號	039-543131-2632	039-574993
理事	周冠	男	40/8/30	國防醫學院醫學系	台中榮民總醫院病理部專科醫師	台中榮民總醫院病理部一般病理科主任	407 台中市中港路三段 160 號病理部	04-3592525-5720	04-3596532
理事	呂福江	男	37/11/21	美國漢尼門大學病理學博士	國防醫學院病理學研究所所長	耕莘醫院病理科主任	231 台北市新店市三民路 68 號 7 樓	02-2193391-5236	02-2193506
常務監事	龐飛	男	42/8/18	美國伊利諾大學獸醫病理學博士	台灣大學獸醫學系副教授	台灣大學獸醫學系教授	100 台北市南昌路二段 18 巷 7 號	02-23963932	02-23661475
監事	葉祥森	男	50/9/5	國立陽明大學醫學系	台北榮民總醫院病理部代主治醫師	行政院衛生署新竹醫院病理科主任	300 新竹市經國路一段 442 巷 25 號	035-326151-3801	035-333376
監事	林永和	男	46/02/24	台大病理研究所	台北醫學院病理科講師	台北醫學院病理科講師	110 台北市吳興街 250 號	02-7361661-641	02-3770054
監事	李進成	男	49/06/06	英國倫敦大學神經病理博士	長庚醫院內科醫師	新光吳火獅紀念醫院病理檢驗科主治醫師	112 台北市北投區行義路 154 巷 31 號 7F	02-28389306	02-28389360
監事	簡基憲	男	43/5/23	台灣大學解剖學研究所博士班	中美獸醫院院長	成功大學醫學院解剖學科講師	701 台南市東區崇善路 205 巷 24 號 4 樓	06-2905679	06-2905680

中華民國比較病理學會
第二屆第四次理監事聯席會議會議記錄

一、時間：89 年 4 月 30 日 中午 12:10~下午 1:30

二、地點：國立台灣大學農學院附設動物醫院 (六樓會議室)

三、主席：黃文哲 理事長

四、出席理事：黃文哲，朱瑞民，陳三多，許永祥，賴銘淙，鄭謙仁，呂福江，張聰洲，周冠，李進成，祝志平，劉錫光

出席監事：龐飛，葉祥森，林永和

五、請假理事：江宏，陳東榮，施洽雯，洪信雄

請假監事：簡基憲

六、列席人員：劉振軒

七、記錄：吳憲青、潘毅豪

八、主席報告：(略)

九、討論與決議：

1. 請討論八十九年第十九次比較病理研討會主題、時間、地點與負責理事。

決議：八十九年第十九次比較病理研討會主題為潛在威脅國內之人畜共通傳染病 (Potentially threatening zoonoses of our nation)。研討會將於八十九年九月中下旬於台大動物醫院(地下一樓國際會議廳)或台北市立動物園舉辦，負責理事為台大理監事。

2. 討論是否核發歷屆理監事證書

決議：同意核發。

3. 如何增加本會財源。

決議：

(1)本會財源將以增加廣告收入為主，辦法由理監事鼓勵所認識及來往之企業廠商贊助。

(2)向政府機關如防檢局、衛生署提計劃，設法得到每年固定由政府機關提撥預算。

(3)由本會主動出擊，將過去十八次的病例及各種典型肉眼及組織病變編成冊作為醫學系及獸醫系學生之教課書，以此方法每年可有固定收入。

十、散會

中華民國比較病理學會
第二屆第五次理監事聯席會議會議記錄

- 一、時間：中華民國 89 年 9 月 3 日中午 12:30~下午 1:30 (星期日)
- 二、地點：台北市立動物園 (教育中心演講廳)
- 三、主席：黃文哲 理事長
- 四、出席理事：黃文哲、陳三多、賴銘淙、鄭謙仁、許永祥、施洽雯、呂福江
出席監事：葉祥森、林永和
- 五、請假理事：江 宏、張聰洲、洪信雄、劉錫光、朱瑞民、陳東榮、祝志平、
周 冠
請假監事：李進成、龐飛、簡基憲
- 六、列席人員：劉振軒
- 七、記錄：吳憲青、潘毅豪
- 八、主席報告：(略)
- 九、討論與決議：

- 1. 請討論八十九年度第二十至二十二次比較病理研討會主題、時間、地點與負責理事

(附件:第一到第十九次比較病理學研討會病例)

決議：

第二十次會議於台南成大舉辦，主題為心臟血管疾病專題，負責理事為 Dr.簡基憲。

第二十一次會議於台北三總舉辦，主題為腎臟疾病專題，負責理事為 Dr.陳安。

第二十二次會議於台北三總舉辦，主題為人畜共通傳染病專題 II，開會時間為 2001 年暑假，屆時將會邀請 Dr.謝文儒演講。

- 2. 報告與謝文儒醫師連絡之內容

(附件: E-mail 內容)

- 十、臨時動議 (討論如何增加本會收入)

決議：

- (一) 編輯製作教育性幻燈片，由專門負責的人編輯及整理。有需要的會員統一向學會登記及購買。同時為了保障作者的著作權，學會將與提供病歷的單位聯繫並取得該病歷提供者的同意之後，方開放給會員個人使用。
- (二) 為了吸引更多有興趣的會員，鄭謙仁理事提議學會設立網站。而該網站可以依附在國科會或是衛生署之下，維持經費由中央提供，另外可以將 CP 過去 19 次會議所有的資料電腦化，所有切片可以透過高解析度數位相機數位化處理。資料的整合可以由碩士班的學生負責，資料及圖片檔經整合後可以存在光碟中。光碟的製作可以由學會添購光碟燒錄機。

- 十一、散會

中華民國比較病理學會
第二屆第六次理監事聯席會議會議記錄

- 一、時間：中華民國 89 年 11 月 19 日中午 11:50~下午 13:20 (星期日)
- 二、地點：國立成功大學醫學院(解剖學科會議廳)
- 三、主席：陳三多 理事
- 四、出席理事：許永祥、鄭謙仁、周冠、劉錫光、張聰洲、陳三多、賴銘淙、祝志平
- 五、出席監事：林永和、簡基憲、龐飛
- 十一、請假理事：黃文哲、施洽雯、呂福江、江宏、洪信雄、朱瑞民、陳東榮
- 六、請假監事：葉永祥、李進成
- 七、列席人員：劉振軒
- 八、記錄：游忠霖、劉貞怡
- 九、主席報告：(略)
- 十、討論與決議：
 - (一) 確認九十年第二十一一次比較病理研討會主題、時間、地點與負責理事
決議：第二十一一次會議於國防醫學中心舉辦，主題為腎臟疾病專題。負責理事為陳安醫師。時間定於 3 月底到 4 月初。
 - (二) 臨時動議
決議：
 - 1. 發給各單位貼出的小海報應附病例診斷，可吸引更多參加。並應寫明提供者名字。
 - 2. 每年三次開會改為二次，但病例數不變是否可行？決議開會次數仍維持每年三次。
 - 3. 下次會議開始，可酌量增加 special lecture、gross show 及 Q&A，約 10 個病例。
 - 4. 明年七、八月邀請謝文儒醫師參加人畜共通傳染病專題的會議。
 - 5. 病例討論的幻燈片燒錄成光碟，提供給會員並酌收費用，以開拓本會財源。需要者請先預定。由病例提供者志願提供，以避免智慧財產權問題。

十一、散會

中華民國比較病理學會九十年度會員大會暨第二十一比較病理學研討會 (腎臟泌尿系統專題)

議程表

時間：中華民國九十年四月二十二日（星期日）上午 08:30~下午 04:00

地點：三軍總醫院內湖院區第一講堂 地址：台北市成功路二段 325 號

主辦單位：中華民國比較病理學會 電話：(02) 23633289

協辦單位：三軍總醫院病理部

時 間	議	程
08:30- 09:00		報到
09:00- 10:00	會員大會	主持人：黃文哲 理事長
10:00- 10:40		Coffee Break
	Section 【1】	主持人：陳安 教授
10:40- 11:00	Case 165	三軍總醫院病理部及腎臟科
11:00- 11:20	Case 166	紐約動物醫學中心
11:20- 11:40	Case 167	慈濟醫院病理科
11:40- 12:00	Case 168	台灣動物科技研究所
12:00- 13:30	午餐 (中華民國比較病理學會理監事聯席會議)	
	Section 【2】	主持人：劉錫光 教授
13:30- 13:50	Case 169	高雄醫學大學病理學科
13:50- 14:10	Case 170	國立中興大學獸醫學院
14:10- 14:30	Case 171	彰化基督教醫院
	Section 【3】	主持人：陳三多 教授
14:30- 14:50	Case 172	羅東聖母醫院
14:50- 15:10	Case 173	中國化學製藥公司
15:10- 15:30	Case 174	新光醫院病理檢驗科
15:30- 16:00	討論	主持人：黃文哲 理事長

註：

1. 台灣病理學會會員參加本次研討會可獲 4 個教育積分。
2. 報名表請洽公佈單位。
3. 有意參加者請於 90 年 4 月 17 日前將報名表寄回或傳真中華民國比較病理學會秘書處游忠霖先生收。電話：02-23630231 轉 2751 再轉 1402 傳真：02-23633289 地址：台北市舟山路 142 號 國立台灣大學獸醫學系。
4. 會場供應研討會講義、茶點與午餐。歡迎加入中華民國比較病理學會會員，申請入

會請洽中華民國比較病理學會秘書處游忠霖先生。電話：02-23630231 轉 2751 再轉 1402 傳真：02-23633289 地址：台北市舟山路 142 號 國立台灣大學獸醫學系。

Comparative Pathology Case 165

Contributors: Giien-Shuen Chen (陳金順), MD; Sung-Sen Yang (楊松昇), MD; Yeh-Feng Lin (林裕峰), MD; Ann Chen(陳安), MD. Division of Nephrology, Department of Medicine, Tri-Service General Hospital. Department of Pathology, Tri-Service General Hospital. (三軍總醫院病理科及腎臟科)

Clinical History: A 60 years old male patient was brought to our emergency room with mild weakness of lower extremities for two days. Patient was well until five months prior to this admission, legs edema was noted and he started to take the mixture Chinese herb (powder). At that time, his serum blood urea nitrogen was 10 mg/dl and creatinine was 0.7 mg/dl. Urine analysis also showed negative findings. No other systemic diseases were traced. After hospitalization, he received a series of examinations. Urine showed proteinuria (+++) and glucosuria (++). Blood urea nitrogen was 7.0mg/dl, but creatinine was 1.7mg/dl. Unexplained rapidly renal failure was impressed, therefore renal needle biopsy was performed.

Diagnosis: Chinese Herb Nephropathy

Histopathological findings: Two tiny pieces of renal tissue were obtained via sono-guiding renal biopsy, and H&E stain and immunofluorescence stain both were checked up. In light microscopy revealed intact glomeruli, but had diffuse interstitial fibrosis and tubular atrophy. Immunofluorescence stain was negative for immunoglobulin deposition.

Discussion: Chinese herb nephropathy is first identified since 1992 in Belgium. They reported that these patients showed rapidly progressive renal failure in clinical presentation, pathological findings were very unusual, acellular, extensive interstitial fibrosis without glomerular disease. These patients all had received sliming pills that contained powdered Chinese herbs. The aristolochic acid contained in these Chinese herbal preparations is suspected of causing nephrotoxicity. Since then, many reports related with Chinese herb nephropathy and aristolochic acid were published.

In Taiwan, many people take Chinese herbal medicine as a health promotion, and others believe them are alternative strategy for disease therapy. As the risk of Chinese herb were found out in nephropathy, the incidence of Chinese herb nephropathy should be more common than previously perceived. We believed that Chinese herb nephropathy might be also a leading cause of uremia in Taiwan. Yang et al. observed 12 Chinese people from different areas of Taiwan, who underwent renal biopsy for unexplained renal failure. Their renal biopsy showed similar histological findings with typical pattern of Chinese herb nephropathy. In this report, they didn't identify the precise etiological agent and serum level of herbal drug also didn't examine. In our hospital, we also found a similar case. This patient was diagnosed as Chinese herb nephropathy by pathological findings and clinical history. He received a series of renal function test at one and four months after discharged. In addition, serum level of aristolochic acid also was analyzed by HPLC. Despite discontinuation of these drugs, renal disease progresses rapidly to end-stage in this case.

In summary, we demonstrated a typical case of Chinese herb nephropathy with pathological findings, series of renal function test and serum level of aristolochic acid. We concluded that the association of nephropathy with consumption of Chinese herb drug should be pay greater attention. Herbal drugs have to be ruled out in cases of chronic interstitial nephritis of unknown origin.

Diagnosis criteria:

1. Clinical history:

Rapidly progressive renal failure with obvious Chinese herb drug exposure ruled out other systemic diseases.

2. Pathological findings: H&E stain: Glomeruli: intact. Tubulointerstitial: diffuse interstitial fibrosis and tubular atrophy. IF stain: negative.

References:

1. Vanherweghem TL. Depierreux M. Tielemans C. et al Rapidly progressive interstitial renal fibrosis in young women; association with slimming regimen including Chinese herbs Lancet 341:387-391, 1993.
2. Vanhaelen M. Vanhaelen-Fastrue R. But P. Vanberweghem TL. Identification of aristolochic acid in Chinese herbs Lancet 343:174, 1994
3. Tanaka A. Nishida R. Maeda K. Sugawara A. Kuwahara T. Chinese herb nephropathy in Japan presents adult-onset Fanconi syndrome: could different components of aristolochic acids cause a different type of Chinese herb nephropathy. Clinical Nephrology 53(4): 301-6, 2000.
4. Norden AG. Scheinman SJ. Deschodt-Lanckman MM. et al. Renal carcinoma associated with the use of a Chinese herb (Aristolochia fangchi). New Engl J of Med 342(23): 1686-92, 2000.
5. Lord GM. Tagore R. Cook T. Gower P. Pusey CD. Nephropathy caused by Chinese herbs in the UK. Lancet 354(9177): 481-2, 1999.
6. Yang CS. Lin CH. Chang SH. Hsu HC Rapidly progressive fibrosing interstitial nephritis associated with Chinese herbal drugs. Am. J Kidney Dis. 35(2): 313-8, 2000.

Comparative Pathology Case 166

Contributor: Si-kwang Liu (劉錫光), DVM, PhD; Pig Research Institute, Taiwan, ROC; The Animal Medical Center, Cornell University College of Medicine, Wildlife Conservation Society, New York, New York, USA. (美國紐約動物醫學中心；康乃爾大學醫學院；野生動物保育學會；臺灣養豬科學研究所)

Clinical History: A 4-year-old female rabbit had a history of a huge mass in the left mid-abdomen. The mass measures 7.5 x 7.2 x 4.5 cm and was removed on 3/23/1999. The rabbit began exhibiting right hind-leg lameness on 9/30/1999. The radiographs revealed a pathological fracture and osteolytic lesion of the right distal femur. The right hind-leg was amputated on October 7, 1999.

Diagnosis: Nephroblastoma of the left kidney with metastasis to the right distal femur

Histopathological Findings: Multiple lobules of tightly packed solid cellular clusters, tortuous cords and acini destroying bony trabeculae, fibrous connective tissue and adjacent skeletal muscle. Neoplastic cells are of intermediate size, with a high N/C ratio, mostly coarsely granular chromatin and scant cytoplasm with indistinct borders. Mitotic figures average less than 1/HPF. Juxtarenal mass removed from the left mid-abdomen consists of an encapsulated densely cellular mass composed of tightly aggregated tortuous cellular cords, tubules and sheets. Renal tubular and glomerular-like structures were seen occasionally in the abdominal mass.

Discussion: Nephroblastoma, embryonal nephroma is rare in all domestic animals except in pigs and chicken where they are common. The tumor also has been reported in sheep, rabbits, cattle, horses, dogs, and cats (1). Nephroblastoma is the most common tumor of swine in the United States where the estimated incidence is 20 per 100,000 swine (2). The incidence is 0.35 per 100,000 swine slaughtered in Britain (3). In chicken, embryonal nephromas have been experimentally produced by an oncornavirus as etiologic agent (4). The incidence rate of Wilms' tumor, Nephroblastoma is 8.3 cases per million in white children younger than 15 years of age in the United States (5). Nephroblastoma arises from the metanephric blastema or its primordium and it is composed of multipotent, and undifferentiated vestigial renal tissue. The tumor consists of both epithelial and non-epithelial components composed of indigenous renal tissue, and their seemingly exotic components –skeletal tissue and striated muscle are the products of aberrant differentiation in the same primitive embryonic renal blastoma (6). Seventy-seven percent of porcine nephroblastomas are in animal under 1 year of age, 15% in animals between 1 and 2 years of age, and the remainder in animals over 2 years old. Metastasis was found in nine (7.1%) of 125 porcine cases. Histologically nephroblastomas are composed of epithelial and mesenchymal components, both of which have an embryonic appearance. The epithelial component is predominant in the porcine tumors; the mesenchymal element predominates in both the bovine and ovine tumors (1). Canine nephroblastomas are composed histologically of both epithelial and mesenchymal components. Metastatic cases in older dogs are predominantly of mesenchymal element as found in the Animal Medical Center Tumor Pathology Achieve. Histologic features of primary and metastatic this rabbit were mainly epithelial element.

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Comparative Pathology Case 167

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Clinical history: This 31-year-old pregnant female suffered from sudden onset of nausea, vomiting and abdominal pain on May 5, 1997. According to the referral statement, she had had alcohol drinking for about 10 years, but no episode of acute abdominal pain had been noted. Emergent vaginal delivery was performed successfully at a local obstetric clinics at 11:00 am on May 6, 1997. The patient then developed hypotension, dyspnea, and progressive abdominal distension in several hours after delivery, and was transferred finally to our ICU on the same day. Her body temperature on arrival was 39°C. Chest radiography was unremarkable. Abdominal sonography revealed massive ascites with septa formation. The ascites appeared turbid on paracentesis. CT scan showed blurring of the fat plane around the pancreatic head. Biochemistry studies showed elevated serum lipase and amylase, marked hypoalbuminemia and hypocalcemia. She was treated under the impression of acute pancreatitis with septic shock. Culture of blood and ascites got negative results. Despite vigorous treatment, her condition continued to deteriorate and progressive oliguria, uncontrollable bradycardia and ventricular tachycardia commenced. The patient finally expired on May 8, 1997.

Diagnosis: Acute pancreatitis with rhabdomyolysis

Gross finding: At autopsy, the abdomen was markedly distended. On opening the abdominal cavity, 3000 ml of slightly turbid ascites was obtained. No hollow organ perforation was found. The pancreas appeared grayish and slightly firm, but no hemorrhage was seen. Fat necrosis was found in the lesser omentum and peri-pancreatic area. Careful examination of the biliary tract revealed no stone or stricture. Other significant findings included hepatomegaly with fatty change, a distended gallbladder, mild congestion of the lung, an enlarged pituitary gland, and a subcutaneous hematoma measuring 5.0 x 5.0 cm in dimension in the left frontal-parietal area.

Histopathological findings: Microscopically, the pancreas showed acute pancreatitis characterized by perilobular inflammation with acinic cell necrosis. The lesser omentum and pancreatic tissues showed moderate necrosis with a little acute inflammation. The diaphragm revealed moderate rhabdomyolysis resulting from enzymatic digestion. Bilateral kidneys showed marked myoglobin casts formation in the renal tubules associated with acute renal failure clinically. The liver showed mild fatty metamorphosis and congestion of the central veins. The bone marrow showed mild erythroid hyperplasia with megaloblastic change.

Discussion: Acute pancreatitis is a common surgical emergency, which when accompanied by serious complications leads to a mortality of 10% in most prospective series. Patients with acute pancreatitis and rhabdomyolysis had severe disease and this was confirmed by the mortality of 79%. Multiple organ failure developed in 93% of the cases. Rhabdomyolysis may be a marker of severe pancreatitis. Skeletal muscle is vulnerable to a range of insults; cell viability demands a healthy muscle cell membrane (sarcolemma) and normal ion transport. A large number of “toxic” causes of rhabdomyolysis have been reported; these include venoms, amphetamines, barbiturates, epsilon aminocaproic acid, isopropyl alcohol, and ethylene

glycol. Pancreatitis presents the body with a noxious combination of digestive enzymes, inflammatory mediators and cellular debris. Release of toxic substance(s) is probably responsible for the rhabdomyolysis and multiple organ failure occurring after the onset of severe pancreatitis. Hypocalcaemia is recognized as a poor prognostic feature in acute pancreatitis, attributed to fatty acid soap deposition, increased glucagons and calcitonin, or decreased magnesium and parathyroid hormone. Early hypocalcaemia in rhabdomyolysis is postulated to result from calcium salt deposition in damaged skeletal muscle. Clearly when both pancreatitis and rhabdomyolysis coexist, then hypocalcaemia is common (93%), severe and prolonged. Rhabdomyolysis is associated with severe acute pancreatitis, occurring later after disease onset and is accompanied by prolonged severe hypocalcaemia, multiple organ failure and a poor prognosis.

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Comparative Pathology Case 168

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Clinical history: Six month-old finisher pig, no remarkable clinical signs. A swelling kidney was collected from the swine abattoir and submitted for pathological diagnosis.

Diagnosis: Nephroblastoma, benign, kidney, swine

Gross findings: These two kidneys were pale, swollen, and firm and was separated by white connective septa to form some rough, nodular or lobular external or dissected surfaces. These white fibrous connective cords were surrounded or infiltrated into the parenchyma apparatus and resulted with lobular or nodular appearances. The dissected surfaces presented the white fibrous-like neoplastic tissues expanded inward into the medulla and renal pelvis which replaced the renal medullar and cortex border.

Histopathological findings: Histopathological, under the low power, there were two characteristic lesions that were neoplastic mass with fibrous connective tissues proliferation. The neoplastic masses were dark stain with hyperchromatic basophilic characteristics. The fibrous connective cords infiltrated into the neoplastic mass to form the lobular lesions. The tumor cells were scattered in the proliferated fibrous tissues. The tumor cells constructed in tubule or cyst and even aggregated to form the glomerula-like apparatus. In the glomerula-like apparatus there was no capillary presented. The neoplastic tubules were connected incompletely. By high power, the cysts and tubules were constructed with a single cuboid or columnar epithelium. The morphology of tumor cells was pleomorphic. There were four to five mitotic figures of tumor cells could be noticed in one high power field.

Comment: Nephroblastoma is considered about the inherent disorder of the kidney in domestic animals that the renal cells can not develop to the functional stage and remained in its embryonal stage. Because of its high morphology variation, therefore it was also called renal adenocarcinoma, embryonal nephroma and Wilm's tumor. Nephroblastomas are rare in all domestic animals except swine and chicken. Nephroblastoma has been also presented in calf, sheep, dogs and cats. The incidence of nephroblastoma varied considerably geographically. In the United States, the incidence of nephroblastoma in swine was 20 per 100,000 in 1963, in other areas there may have higher incidence.¹ In the United Kingdom, the incidence of nephroblastoma was 0.35 per 100,000 in slaughtered pigs in abattoir in 1969.¹

The affected age group of nephroblastoma was younger in swine than the other tumor in animals. In swine, there was 70% cases recognized under 1 year of age, and 92% were lesser than 2 years of age. However the tumor in pigs are usually not recognized until the market age which is about 1 to 2 years. In other animals the affected age groups are younger than 1 years old. The study in 1959 of nephroblastoma presented that the occurrence ratio in male and female in swine was 2:1, with no markedly breed predilection.¹

It usually has no remarkable clinical signs because the normal renal tissues undergo hypertrophy and take over the impaired. The abdomen distention caused by the large palpable sublumbar mass is the most common clinical sign. The other clinical signs include hematuria, abdominal pain, appetite reduced and progressive weight loss. It also had been reported that

the tumor mass was ruptured by trauma which induce severe hemoperitoneum and death. Finally, the tumors are usually unilateral, but it can also be bilateral.

The nephroblastoma may be large or multiple within a kidney, it may be accompanied with rapid growth. The metastasis of nephroblastomas is infrequently seen. If the cellular mitosis is active, the tumor had the intendancy with metastatic properties. The metastatic cells may be found in the sublumbar, renal, mesenteric and bronchial lymph nodes, even the lung, liver, peritoneum or opposite kidney can also be noticed.

Treatments of nephroblastoma include surgical removal by nephrectomy, radiation and chemotherapy by vincristine or dactinomycin. If the tumor has no metastasis, the prognosis for the treated patient was fine.

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Comparative Pathology Case 169

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Clinical history: This 3 years old girl admitted on 89-3-6 due to abdominal pain for a month and a palpable abdominal mass. Abdominal echo shows a large right retroperitoneal heterogenous mass measuring about 9.7 x 6.8 x 8.5 cm with areas of calcification spots. Biopsy was performed on 89-3-10. After several chemotherapy courses (since 89-3-13 to 89-5-12), right nephrectomy was performed on 89-6-1. After operation, both radiotherapy and several courses of chemotherapy are done. This patient is now irregularly followed up at our OPD.

Diagnosis: Nephroblastoma with rhabdomyoblastic differentiation.

Gross findings: The right kidney is 9 x 5.5 x 5 cm, weighing 160.3 gm. The capsule is adherent to renal cortex focally. On cut, grayish white tumor mass occupying whole renal parenchyma. Areas of hemorrhage, necrosis and cystic degeneration are seen.

Histopathological finding: Biopsy on 89-3-10 shows nodular proliferation of small hyperchromatic cells with mild organic formation and myxomatous stroma. No anaplastic area is identified. Nephrectomy on 89-6-1 shows extensive necrosis with calcification and large areas of rhabdomyoblastic differentiation. Scattered nests of residual, blastemal cells accompanied by tubular and glomerular differentiation are present. No anaplastic features are found.

Discussion: Nephroblastoma (Wilm's tumor) is an embryonal neoplasm derived from nephrogenic blastemal cells. It is usually diagnosed in young children and is uncommon in neonate and infants. Over 90 percent of cases have appeared in-patient under 6 years of age (most common in children age 1 to 3 years) and occasionally occurred in adults.

Several lines of differentiation, including blastemal, epithelial, and stroma are usually expressed. The most widely accepted staging system for nephroblastoma is that of the National Wilm's Tumor Study (NWTs). Stage I tumor are limited to kidney and completely resected. Renal capsule is intact. Stage II tumor infiltrates beyond kidney but completely resected. Stage III nonhematogenous tumor confined to abdomen. Stage IV hematogenous metastases. Stage V bilateral renal involvement at diagnosis.

Modern chemotherapy has been extremely effective in the management of most Wilm's tumor cases. Chemotherapy usually result in massive necrosis of immature and actively proliferating cells whereas slowly replicating and differentiated cells are commonly unaffected. Recently, the presence of anaplastic nuclear changes is considered prognostically significant. Anaplastic nuclear changes are an indicator of increased resistance to adjuvant therapy.

Differential Diagnosis:

1. Mesoblastic nephroma
2. Clear cell sarcoma
3. Rhabdoid tumor

4. Miscellaneous:
- a) Neurogenic tumor
 - b) Renal carcinoma, oncocytic tumors
 - c) Angiomyolipoma
 - d) Lymphoma
 - e) Other rare neoplasms

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Comparative Pathology Case 170

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Clinical history: Adult pigs were in slaughtered house, kidneys were condemned during routine meat inspection. No any clinical sign was recorded.

Diagnosis: Chronic renal disease, Chronic tubulointerstitial nephritis, Renal fibrosis
Leptospira interrogans serovar *pomona* infection.

Gross findings: The kidneys are pale, shrunken, and firm, with excessive adhesion of the capsule to the underlie cortex. The cut surfaces show diffuse pale striation from cortex to medulla. Some gray infiltrates of varying size obscure the normally radically striated cortical architecture. The infiltrates are manifested as coalescing gray foci particularly obvious in the inner cortex. In some cases, the renal parenchyma is completely replaced by hard connective tissue, even contains fat tissue.

Histopathologic findings: Aggregates of lymphocytes, plasma cells, and monocytes and a few neutrophils are randomly scattered or intensively localized throughout the interstitial. The epithelium of tubules within inflamed areas had alterations of degeneration and necrosis. In some severe cases, all the parenchyma tissue is replaced by collagen fibers and fat cells.

Discussion: Interstitial nephritis lesion is very common in dog, cat, and pig. It is always caused by bacterial or viral septicemia, whereby these infectious agents infect the kidney tubules and incite an inflammatory response in the interstitial. The best understood causes in domestic animals are serovars of *Leptospira interrogans*. Serovars *canicola* and *icterohemorrhagiae* are the most common cause of canine leptospirosis, whereas serovar *pomona* is the most common cause of the lesion in pigs. Other serovars such as *grippityphosa* and *bratislava* have also been associated with renal leptospirosis in several species. However, the causes in cattle are *E. coli*, malignant catarrhal fever virus and *Theileria parva*, and the sheep is caused by sheeppox. In fact, the actual pathogenesis of these lesions is often unknown, except leptospirosis. In leptospirosis, following exposure to the bacterium, leptospiremia occurs and organisms localize in the renal interstitial capillaries, migrate through vascular endothelium, persist in the interstitial spaces, and immigrate via the lateral intercellular junctions to reach tubular lumina. Within tubules, leptospires are associated with epithelial microvilli and within phagosomes of the epithelium of the proximal and distal convoluted tubules. Tubular epithelial cells undergo degeneration and necrosis due either to direct toxic effects of leptospires or to the accompanying interstitial inflammatory reaction. Although neutrophils may be present in tubular lumina, the prominent lesion is in the interstitial, which becomes infiltrated with monocytes, macrophages, lymphocytes, and plasma cells. Another well-documented mechanism for the production of interstitial nephritis is exemplified by the immune response to infectious canine hepatitis virus infection in dogs. During the viremic phase of the disease, virus initially localizes in the glomeruli, producing a transient immune complex glomerulonephritis. As the dog recovers from the acute phase of the disease and with onset of the systemic immune response, virus disappears from the glomeruli only to reappear in tubular epithelial cells where it may persist for weeks and

months and causes tubular epithelial necrosis by a viral-induced cytolysis. Tubular necrosis is followed by a lymphocytic and plasmacytic interstitial nephritis. Deposition of immune complexes in or interactions between anti-basement membrane antibodies and tubular basement membranes can initiate immune-mediated tubulointerstitial disease in human beings and laboratory animals. Depositions of IgG and complement have rarely been identified in renal tubular basement membranes in domestic animals. However, at present, immune-mediated mechanisms are questionable as causes of interstitial nephritis in domestic animals.

About the renal fibrosis, it always occurs as a chronic manifestation of the healing phase of a preexisting renal lesion. It occurs following primary inflammation of glomeruli, tubules or interstitial tissue or following severe degeneration or necrosis of renal tubules. The severity of renal fibrosis usually parallels the intensity of the antecedent renal disease. Renal fibrosis and chronic renal disease are the most frequently recognized renal pathologic processes in mature or aging domestic animals. Theoretically, when renal fibrosis and accompanying loss of nephrons are severe, they can be manifested in the live animal as renal failure and uremia. However, no obviously clinical sign can be observed in the suffered pigs.

Diagnostic criteria:

1. Lymphocytes and plasma cells infiltrated in the interstitial of kidney.
2. Degeneration or necrosis in renal tubular epithelium.
3. Fibrous connective tissue proliferated in the interstitial.

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Comparative Pathology Case 171

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Clinical History: This 63y/o female with poorly controlled diabetes mellitus (HbA1c:11.2%, fasting blood glucose>216mg/dl) suffered from left lower abdominal pain, fever, and chill with lower blood pressure (from 160/90 to 90/60) suddenly. Image study demonstrates multiple lobule of pus and gas formation in retroperitoneum and left kidney. Under the impression of left emphysematous pyelonephritis and septic shock, the patient received emergent nephrectomy. After operation and medical treatment, the patient had an uneventful course.

Diagnosis: Malakoplakia

Gross Finding: The kidney weights 410gms and measures 9.5 x 5 x 5 cm in size. Grossly, it is tumefactive. On cut, there are several cavities with pus within the cavities measuring up to 2 cm in dimensions with involvement to the cortex, medulla, capsule and perirenal fat.

Histopathological finding: The kidney shows granulomatous proliferation of histiocytes with abundant granular eosinophilic cytoplasm and a bland nucleus. Numerous Michaelis-Gutmann bodies, which reveals intracytoplasmic inclusion and extracellular basophilic structures, are present. PAS stain demonstrates strongly positive substance in the cytoplasm of histiocytes.

Discussion: Malakoplakia, described by Michaelis and Gutmann in 1902 and von Hanseman in 1903, meaning soft plaque coming from the Greek, is an infectious process most common in the genitourinary tract. It is generally accepted that this entity is common causing by *E. coli*, with approximately female preponderance of 4:1, occurred in diabetes patients due to impaired immune status. However, due to more cases reported, more extensive understandings about this entities are revealed. First of all is the diversity of the pathogens. As literature reviewed till 2000, there are more pathogens found including Gram(+) bacteria, Gram(-) bacteria, fungus, and mycobacteria etc, depending on infection sites and local flora in usual condition. It revealed that different pathogens would cause the same clinical picture. Second, as known that the disease is associated with impaired immune response, more evidences confirmed this concept. HIV infection, transplantation, autoimmune disease, hematologic malignancy are found associated with the lesion. The above indicate that impaired immune status will be the most important causing factor of the disease and the pathogen may be coming from usual infection route the same as other infection disease. As our case, the female patient with poor diabetes control is a good predisposing factor. Furthermore, by recurrent urine culture of growth of *Klebsiella pneumoniae*, the ascending infection to renal parenchyma to develop malakoplakia in kidney is the most possible way. It is said that decreased ratio of cGMP and cAMP in monocytes or CD4/CD8 T cells resulted in defects of phagocytic systems in macrophages and formation of the M-G bodies. Some reports revealed bacteria in M-G bodies but others did not. Exact pathogenesis is still necessary to survey.

The definite diagnosis depends on M-G bodies in histiocytes or extracellular areas and pus

culture to decide the pathogens. However, of small lesions of unusual locations in early stages, differential diagnosis about infectious granulomas, histiocytosis and granular cell tumor should be considered. And of solid organs, pre-operational needle biopsy should be done to distinguish the entity between malignant tumors. About treatment, pus culture should be done to decide pathogens and sensitivity tests of antibiotics would offer a lists of antibiotics to use. Then, good penetrating for intracellular bacteria is of first choice. But surgical treatment, especially for complicated cases are also necessary to offer high cure rate.

Diagnostic criteria: 1.Granulomatous histiocytic proliferation. 2.Michaelis-Gutmann bodies demonstrated by PAS stain or von Hansemann stain.

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Comparative Pathology Case 172

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Clinical History: This 72-year-old male suffered from sudden onset right lower quadrant pain with tenderness. Echogram revealed a heterogenous mass in the lower pole of R't kidney with hydronephrosis & hydroureter & Abdominal CT confirmed it. The intravenous pyelogram(IVP) showed non-functional R't kidney with renomegaly & with fine mottled calcified shadow. Cystoscopy revealed papillary neogrowth & biopsy revealed inflammatory polyp. Radical nephrectomy was performed and the surgical wound healed.

Diagnosis:

I. 990715:

1. Kidney, R't, radical nephrectomy, showing renal cell carcinoma, sarcomatoid type; with involvement of renal cortex, medulla, calyx & perirenal capsule.
2. Ureter, R't, segmental resection, showing RCC, invasive.
3. Lymph node, regional, Biopsy, showing RCC, invasive.

II. 99-0679:

Urinary bladder, neck, TUR-B, showing inflammatory polyp.

Gross findings:

1. The R't kidney, 730gm & 16.5 x 12 x 9.5cm. The renal capsule is thickened, irregular & replaced by friable, necrotic tissues. After removal of the capsule, there are a few well-defined solid masses in lower pole of kidney & involved focal areas of the renal calyx. Necrosis, calcification & hemorrhage are marked. The renal pelvis is filled up with blood clots.
2. The ureter & renal pelvis measured 2.2 cm & 4.4 cm in length & 0.4 cm & 1.6 cm in diameter, respectively. On opening the inner surfaces are smooth. Serial sectioning are performed.
3. The renal artery & vein are entrapped by tumor & the lymph nodes are effaced by tumor lesion.

Histopathologic findings: Microscopically, the solid renal mass revealed a picture of RCC with whorl-arrayed bundles mimicking smooth muscle fibers. The tumor cell contains pleomorphic, hyperchromatic nuclei with mitosis to be found. Components resembling liposarcoma is also noted but no lipoblast was found. Extensive necrosis, fibrosis, hyalinization & calcification are also noted. The tumor involved the renal capsule, cortex, calyxx, ureter & regional lymph node.(urine cytology showed no cancer cell).

Immunohistochemistry stains:

1. Cytokeratin stain: negative result, 2. Vimentin stain: positive result

Discussion: Renal cell carcinoma (RCC) is a tumor of adults (55 to 60 years). The male to female ratio is about 2:1. A rare familial form of RCC has been reported and bilaterality is 1%. RCC usually presents with hematuria (59%), flank pain (41%) or abdominal mass (45%). However the diagnostic triad occurs in only 9% of the patients. In general, the investigation of a suspected renal mass begins with IVP and is followed by ultrasonography, CT scan or MRI.

Grossly, most RCC are well demarcate and centered in the cortex. On occasion, only a small portion is connected with the cortex. The bulk of the tumor appearing as an extrarenal mass. Extension to the renal pelvis occurs only in late stage. In about 5% of the cases, multiple tumor nodules are seen scattered throughout the kidney. In a typical case the cut surface shows a solid golden yellow tumor sharply separated from the surrounding tissues by a fibrous pseudocapsule. Hemorrhage, necrosis, calcification & cystic changes are common & result in characteristic variegated appearance of RCC. Microscopically, the tumor cell are large. The nuclei are centrally located. The appearance of cytoplasm ranging from optically clear, with sharply outlined boundaries to deeply granular, with many transitional forms. The clear cell appearance results from the accumulation of glycogen & also of fat. Most RCCs show evidence of glandular (tubular) differentiation. IHC in RCC show reactivity for CK(8,18) EMA & CEA. Co-expression of keratins (8,18) & vimentin is the rule, a feature not present in normal tubular cells. Ultrastructurally, the clear cells contain abundant glycogen, variable amounts of fat and scanty organelles. In granular cells, organelles are more numerous & glycogen & fat are scantier. Cytologic examination of voided urine or bladder washing is an inefficient method for diagnosis of RCC. The detection rate is no more than 25%. Percutaneous fine-needle aspiration is a safe & accurate technique for D/D a renal cyst, an avascular or hypovascular renal tumor & in confirmation of tumor recurrence in renal fossa after nephrectomy. Sarcomatoid RCC(Spindle-cell carcinoma, carcinosarcoma) makes up 10% of all renal tumors(1.5% in RCC) in adult & is largely composed of spindle & /or pleomorphic tumor giant cells. The sarcomatoid component contains interlacing & whorled bundles of atypical spindle cells & usually resembles malignant fibrous histiocytoma, or fibrosarcoma & carcinosarcoma. The behavior of sarcomatoid RCC is aggressive (most anaplastic form). Extra renal invasion is usually present at operation. Multiple metastasis in skeletal system have been known. Before a diagnosis of primary sarcoma of the kidney is made, the more common possibilities of sarcomatoid RCC & primary retroperitoneal soft tissue sarcoma with secondary renal invasion should be considered.

Differential Diagnosis:

1. Spindle cell sarcoma
2. Malignant fibrous histiocytoma
3. Retroperitoneal soft tissue liposarcoma with renal invasion

Diagnostic criteria:

1. Large cancer cells with centrally located nuclei.
2. Cytoplasm ranging from optically clear with sharply outlined boundaries to deeply granular, pleomorphic sarcoma-like appearance.
3. Interlacing & whorled bundles of atypical spindle cells.

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Comparative Pathology Case 173

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History: The sow was three years old. The clinical signs revealed depression, mild cyanosis and abnormal urination during the post-gestation period, the sow stood in one place before the void urine in small quantities. Valvular discharge which was mucohemorrhagic or purulent appeared around the vulva or on the underside of tail. The result of antibiotic treatment was not good.

Diagnosis: Pyelitis (pyelonephritis), ureteritis and cystitis, fibrinopurulent, subacute, diffuse, severe, kidney, ureter, and bladder.

Gross finding: From the pelvis to the ureter and bladder contain a large amount of fibrinopurulent exudates. The pelvis is markedly dilated and congested. The bladder and ureteral mucosa is reddened, roughened or granular and adhered with a thicken layer of fibrinous membrane, the wall is very thicken.

Histopathological finding: The transitional epithelium of renal papilla is diffusely necrotic and desquamated, and infiltrated by lymphocyte, bacterial colony with fibrin, necrotic debris. Mild and focal lymphocytic infiltration is noticed in the interstitial tissue of renal papilla. The papillary duct is markedly dilated. The lesions of bladder and ureteral mucosa are similar as pelvis, but the lamina propria was infiltrated by many lymphocytes.

Bacteriological isolation: Pelvis, ureter, bladder --- *E. coli*

Discussion: Pyelitis refers to inflammation of the renal pelvis, pyelonephritis is inflammation of both the renal pelvis and renal parenchyma. Each usually result from an extension of bacterial infection of lower urinary tract that ascends ureter to the renal pelvis. Therefore, it is usually accompanied by ureteritis and cystitis. Organisms involved in urinary tract infection are usually endogenous bacteria of the bowel and skin, such as *E. coli*, *Streptococcus* sp., *Staphylococcus epidermidis*, *Actinobaculum suis*, *Klebsiella* sp., *Pseudomonas* sp., *Aeromonas* sp., and *Bacteroides* sp. in pigs. The pathogenesis of ascending pyelonephritis depends on the abnormal bacterial-contaminated urine from lower urinary tract to the renal pelvis and inner medulla that call vesicoureteral reflux. Vesicoureteral reflux occur more readily when there is increased pressure within urinary bladder, as with urinary obstruction or narrowing that may be caused by pregnancy, ureteral anomalies, urolithiasis, and prostates hypertrophy. In this case, the sow was pregnancy in post period.

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Comparative Pathology Case 174

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Clinical history: A 44 year-old male patient suffered from hypertension for 9 years with 2 episodes of stroke. Laboratory examination showed hypokalemia, hyper-reninism, and secondary hyperaldosteronism. CT scan showed a small tumor over lower pole of right kidney. Partial nephrectomy was done and a small grayish whitish tumor measuring 0.6 x 0.5 x 0.5 cm. in size is noted.

Diagnosis: Juxtaglomerular cell tumor (Reninoma)

Pathological finding: The specimen received consists of a partial nephrectomy. On serial cuttings, a small whitish-grayish solid tumor measuring 0.6 x 0.5 x 0.5 cm. in size is noted in renal cortex. Microscopically, the tumor is composed of a uniform population of round to polyhedral cells with granular cytoplasm. The tumor cells are arranged in irregular trabeculae or in organized pattern. The nuclei are generally round to oval and very few mitotic figures can be found. Ultrastructurally, the tumor cells contain rhomboid, renin-specific crystals. Immunohistochemical study shows that the tumor cells are reactive against S-100, Smooth muscle actin, and Vimentin and NSE antibodies and are not reactive against EMA, Myoglobin and Desmin antibodies.

Discussion: Juxtaglomerular cell tumor is a rare renal tumor which secretes renin and causes secondary aldosteronism and decrease of potassium level and secondary hypertension. The first reported case of Juxtaglomerular cell tumor is reported in 1967. Patients range in age from 6 years to 61 years with 80 % of patients younger than 30 years. There is 2.75:1 female predominance. All the patients presented with severe hypertension known to be present for months to 15 years, with an average duration of approximately 4 years prior to the diagnosis of the renal tumor. The neoplasms have ranged in size from 3 mm to 8 cm. with 77 % measuring 1 cm. to 5 cm. in diameter. All cases have proved to be clinically benign. The surgical treatment of has proved to be curative for the pre-operative hypertensive state in most recorded cases.

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<p style="text-align: center;">中華民國比較病理學會 第一次至第二十一比較病理學研討會病例一覽表</p>
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第一次比較病理學研討會病例（83 年 10 月 30 日於台灣養豬科學研究所舉行）

動物別	診斷	提供單位
1. Dog	Myxoma	美國紐約動物醫學中心
2. Ferret	Chordoma	美國紐約動物醫學中心
3. Human	Ependymoblastoma	長庚紀念醫院
4. Goat	Cryptosporidiosis	台灣養豬科學研究所
5. <i>Lemur fulvus</i>	Amoebiasis	台灣養豬科學研究所
6. Monkey	Tuberculosis	台灣大學獸醫學系
7. Human	Tuberculosis	省立新竹醫院

第二次比較病理學研討會病例（84 年 4 月 9 日於台北病理中心舉行）

8. Pigeon	Synovial sarcoma	美國紐約動物醫學中心
9. Cat	Perinephric pseudocyst	台灣大學獸醫學系
10. Human	Choledochocyst	長庚紀念醫院
11. Rat	Bile duct ligation	中興大學獸醫學系
12. Human	<i>H. pylori</i> -induced gastritis	台北病理中心
13. Human	Pseudomembraneous colitis	省立新竹醫院
14. Dog	Dirofilariasis	台灣省家畜衛生試驗所
15. Human	Pulmonary dirofilariasis	台北榮民總醫院
16. Squirrel	Toxoplasmosis	台灣養豬科學研究所
17. Pig	Toxoplasmosis	屏東技術學院獸醫學系

第三次比較病理學研討會病例（84 年 8 月 27 日於國立台灣大學舉行）

18. Human	Malignant lymphoma	長庚紀念醫院
19. Wistar rat	Malignant lymphoma	國家實驗動物繁殖及研究中心
20. Human	Sparganosis	台北榮民總醫院
21. Chickens	Newcastle disease	國立台灣大學獸醫學系
22. Goldfish	Herpesvirus infection	國立台灣大學獸醫學系
23. Human	Chromomycosis	台北病理中心
24. Human	Metastatic thyroid carcinoma	省立新竹醫院
25. Human	Chordoma	新光吳火獅紀念醫院
26. Pig	Swine salmonellosis	國立中興大學獸醫學系
27. Pig	Vegetative valvular endocarditis	台灣養豬科學研究所

第四次比較病理學研討會病例（84 年 11 月 19 日於新光吳火獅紀念醫院舉行）

28. Human	Nocardiosis	台灣省立新竹醫院
29. Largemouth bass	Nocardiosis	屏東縣家畜疾病防治所

30. Dog	Demyelinating encephalitis	canine	台灣養豬科學研究所
31. Malayan sun bears	Adenovirus infection		國立台灣大學獸醫學系
32. Human	Actinomycosis		台灣省立豐原醫院
33. Human	Tuberculosis		苗栗頭份為恭紀念醫院
34. Dog	Interstitial cell tumor		國立中興大學獸醫學系
35. Human	Carcinoid tumor		長庚紀念醫院
36. Siamese cat	Hepatic carcinoid		美國紐約動物醫學中心
37. Human	Myositis ossificans		台北醫學院

第五次比較病理學研討會（85年2月4日於台北市立仁愛醫院舉行）：

中華民國比較病理學會成立大會暨專題演講

第六次比較病理學研討會（85年6月9日於台中榮民總醫院舉行）

38. Ferret	Pheochromocytoma		美國紐約動物醫學中心
39. Human	Extra adrenal pheochromocytoma		新光吳火獅紀念醫院
40. Rat	Mammary gland fibroadenoma		國家實驗動物繁殖及研究中心
41. Human	Fibroadenoma		省立豐原醫院
42. Pointer bitch	Canine benign mixed type mammary gland tumor		國立中興大學獸醫學系
43. Human	Phyllodes tumor		台中榮民總醫院
44. Dog	Canine oral papilloma		國立台灣大學獸醫學系
45. Human	Squamous cell papilloma		中國醫藥學院

第七次比較病理學研討會（85年11月10日於國立屏東技術學院獸醫系舉行）

46. Cat	Feline dirofilariasis		美國紐約動物醫學中心
47. Human	Lung: metastatic carcinoma associated with cryptococcal infection. Liver: metastatic carcinoma. Adrenal gland, right: carcinoma (primary)		三軍總醫院
48. Wild rodents	Adiaspiromycosis		國立台灣大學獸醫學系
49. Human	Echinococcosis		台北榮民總醫院
50. Piglet	Porcine cytomegalovirus infection		台灣省家畜衛生試驗所
51. Human	Pneumocystis carinii pneumonia		台北病理中心
52. Goslings	Aspergillosis		屏東縣家畜疾病防治所
53. Human	Intracavitary aspergilloma and cavitary tuberculosis, lung.		羅東聖母醫院
54. Human	Fibrocalcified pulmonary TB mixed actinomycosis and aspergillosis lung infection with abscess DM, NIDDM.		林口長庚紀念醫院
55. Broilers	Infectious laryngo-tracheitis (Herpesvirus infection)		國立屏東技術學院獸醫學系

第八次比較病理學研討會（86年3月2日於台中榮民總醫院第一會議廳舉行）

56. Human	Gastrointestinal stromal tumor		台中榮民總醫院
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57. Chicken	Cecal coccidiosis	國立中興大學獸醫學系
58. Human	Tuberculous enteritis with perforation	佛教慈濟綜合醫院
59. Dog	Colonic adenocarcinoma	美國紐約動物醫學中心
60. Human	Intestinal capillariasis	台北馬偕醫院
61. Goose	Spirochetosis	國立嘉義農專獸醫科
62. Human	Submucosal leiomyoma of stomach	頭份為恭紀念醫院
63. Porcine	Proliferative enteritis (<i>Lawsonia intracellularis</i> infection)	屏東縣家畜疾病防治所
64. Human	1. Adenocarcinoma of sigmoid colon 2. Old schistosomiasis of rectum	省立新竹醫院
65. Caprine	Cryptosporidiosis	台灣養豬科學研究所
第九次比較病理學研討會（86年7月20日於新光吳火獅紀念醫院 B1 大會議室舉行）		
66. Chapman's zebra	Echinococcosis	國立台灣大學獸醫學系
67. Human	Hepatic ascariasis and cholelithiasis	彰化基督教醫院
68. Human	Liver abscess (<i>Klebsiella pneumoniae</i>)	台北醫學院
69. Pig	Pseudorabies (Herpesvirus infection)	台灣養豬科學研究所
70. Human	Acute Q fever hepatitis	佛教慈濟綜合醫院
71. Human	Myelolipoma	台北耕莘醫院
72. Mouse	Reticulum cell sarcoma	國家實驗動物繁殖及研究中心
73. Human	Hepatocellular carcinoma	新光吳火獅紀念醫院
74. Wistar strain rats	Hepatocellular carcinoma induced by aflatoxin B1	台灣省農業藥物毒物試驗所
75. Rabbits	Acute yellow phosphorus intoxication	國立中興大學獸醫學系
第十次比較病理學研討會（86年11月2日於三軍總醫院研究大樓一樓視聽教室舉行）		
76. Cat	Polycystic kidney bilateral and renal failure	美國紐約動物醫學中心
77. Human	1. Xanthogranulomatous inflammation with nephrolithiasis, kidney, right. 2. Ureteral stone, right.	羅東聖母醫院
78. Chicken	Marek's disease in native chicken	屏東縣家畜疾病防治所
79. Human	Emphysematous pyelonephritis	彰化基督教醫院
80. SHR rat	1. Glomerular sclerosis and hyalinosis, segmental, focal, chronic, moderate 2. Benign hypertension	國防醫學院 & 國家實驗動物繁殖及研究中心
81. Human	Angiomyolipoma	羅東博愛醫院
82. Human	Inverted papilloma of prostatic urethra	省立新竹醫院
83. SD rats	Phagolysosome-overload nephropathy	國家實驗動物繁殖及研究中心
84. Human	Nephrogenic adenoma	國泰醫院
85. Dog	Renal amyloidosis	台灣養豬科學研究所
86. Human	Multiple myeloma with systemic amyloidosis	佛教慈濟綜合醫院

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| 87. Human | Squamous cell carcinoma of renal pelvis and calyces with extension to the ureter | 台北病理中心 |
| 88. Human | Fibroepithelial polyp of the ureter | 台北耕莘醫院 |
| 89. Goose | 1. Severe visceral gout due to kidney damaged
2. Infectious serositis | 國立中興大學獸醫學系 |
| 90. Human | Clear cell sarcoma of kidney | 台北醫學院 |
| 91. Orange-rumped agoutis | Hypervitaminosis D | 國立台灣大學獸醫學系 |

第十一次比較病理學研討會（87年3月1日於佛教慈濟綜合醫院舉行）

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| 92. Pig | Foot-and-mouth disease (FMD) | 屏東縣家畜疾病防治所 |
| 93. Dog | Mammary gland adenocarcinoma, complex type, with chondromucinous differentiation | 國立台灣大學獸醫學系 |
| 94. Human | 1. Breast, left, modified radical mastectomy, showing papillary carcinoma, invasive
2. Nipple, left, modified radical mastectomy, papillary carcinoma, invasive
3. Lymph node, axillary, left, lymphadenectomy, papillary carcinoma, metastatic | 羅東聖母醫院 |
| 95. Dog | Transmissible venereal tumor | 國立中興大學獸醫學系 |
| 96. Human | Malignant lymphoma, large cell type, diffuse, B-cell phenotype | 彰化基督教醫院 |
| 97. Tiger | Carcinosarcomas | 台灣養豬科學研究所 |
| 98. Human | Mucinous carcinoma with intraductal carcinoma | 省立豐原醫院 |
| 99. Mouse | Mammary gland adenocarcinoma, type B, with pulmonary metastasis, BALB/cBYJ mouse | 國家實驗動物繁殖及研究中心 |
| 100. Human | Malignant fibrous histiocytoma and paraffinoma | 中國醫藥學院 |
| 101. Pig | Swine pox | 國立屏東科技大學獸醫學系 |
| 102. Human | Pleomorphic adenoma (benign mixed tumor) | 佛教慈濟綜合醫院 |

第十二次比較病理學研討會（87年4月19日於臺灣養豬科學研究所舉行）：

心臟血管專題演講

第十三次比較病理學研討會（87年6月14日於台北市立動物園舉行）

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| 103. Human | Atypical central neurocytoma | 新光吳火獅紀念醫院 |
| 104. SD rat | Cardiac schwannoma | 國家實驗動物繁殖及研究中心 |
| 105. Human | 1. Mucormycosis
2. Diabetes mellitus | 花蓮佛教慈濟綜合醫院 |
| 106. Dog | Parasitic meningoencephalitis, caused | 臺灣養豬科學研究所 |

- by *Toxocara canis* larvae migration
107. Human 1. Primary cerebral malignant lymphoma 台北市立仁愛醫院
2. Acquired immune deficiency syndrome
108. Lamb Listeric encephalitis 屏東縣家畜疾病防治所
109. Human Desmoplastic infantile ganglioglioma 高雄醫學院
110. Piglet Pseudorabies 國立屏東科技大學
111. Human Schwannoma 三軍總醫院
112. Chicken Avian encephalomyelitis 國立中興大學
113. Human Tuberculous meningitis 羅東聖母醫院
114. Dog Osteosarcoma 美國紐約動物醫學中心

第十四次比較病理學研討會（87年11月15日於國立中興大學舉行）

115. Dog Mixed germ-cell stromal tumor, mixed Sertoli cell and seminoma-like cell tumor 美國紐約動物醫學中心
116. Human Krukenberg's Tumor 台北病理中心
117. Human Primary insular carcinoid tumor arising from cystic teratoma of ovary. 花蓮慈濟綜合醫院
118. Dog Cystic endometrial hyperplasia 臺灣養豬科學研究所
119. Human Polypoid adenomyoma 大甲李綜合醫院
120. Human Gonadal stromal tumor 耕莘醫院
121. Dog Cystic subsurface epithelial structure (SES) 國科會實驗動物中心
122. Human Gestational choriocarcinoma 彰化基督教醫院
123. Horse Ovarian granulosa cell tumor 國立中興大學

第十五次比較病理學研討會（88年4月11日於國立臺灣大學農學院附設動物醫院舉行）

124. Dog Superficial necrolytic dermatitis 美國紐約動物醫學中心
125. Human Solitary congenital self-healing histiocytosis 羅東博愛醫院
126. Mouse Alopecia areata 國家實驗動物繁殖及研究中心
127. Human Eumycotic mycetoma 花蓮佛教慈濟綜合醫院
128. Goat Contagious pustular dermatitis 屏東縣&台東縣家畜疾病防治所
129. Human Kaposi's sarcoma 華濟醫院
130. Chicken Fowl pox and Marek's disease 國立中興大學獸醫學系
131. Human Basal cell carcinoma (BCC) 羅東聖母醫院
132. Dog Transmissible venereal tumor 國立臺灣大學獸醫學系

第十六次比較病理學研討會（88年6月6日於新光吳火獅紀念醫院舉行）

133. Human Japanese encephalitis 花蓮佛教慈濟綜合醫院
134. Swine Swine salmonellosis with meningitis 國立中興大學獸醫學系
135. Swine Meningoencephalitis, fibrinopurulent and lymphocytic, diffuse, subacute, moderate, cerebrum, cerebellum and brain stem, caused by *Streptococcus* spp. infection 國家實驗動物繁殖及研究中心

第十七次比較病理學研討會（88年10月31日於台北榮民總醫院舉行）

136. Lorry Viral encephalitis, polymavirus infection 美國紐約動物醫學中心
- 137 Dog Canine Glioblastoma Multiforme in 國立中興大學獸醫學院病理研究所
Cerebellopontine Angle
- 138 Dog 1. *Aspergillus* spp. encephalitis and 國立臺灣大學獸醫學系
myocarditis
2. Demyelinating canine distemper encephalitis
- 139 Human Disseminated strongyloidiasis 花蓮佛教慈濟綜合醫院
- 140 Calf Coliform septicemia of newborn calf 屏東縣家畜疾病防治所
- 141 Human Eosinophilic meningitis caused by 台北榮民總醫院病理檢驗部
Angiostrongylus cantonensis
- 142 Chicken Avian encephalomalacia (Vitamin E 國立屏東科技大學獸醫學系
deficiency)

第十八次比較病理學研討會（89 年 4 月 30 日於國立臺灣大學農學院附設動物醫院會議廳舉行）

- 143 Dog Osteosarcoma associated with metallic 紐約動物醫學中心
implants
- 144 Human Radiation-induced osteogenic sarcoma 花蓮慈濟綜合醫院
- 145 Dog Osteosarcoma, osteogenic 國立臺灣大學獸醫學系
- 146 Human Pleomorphic rhabdomyosarcoma 行政院衛生署新竹醫院
- 147 Leopard Papillary Mesothelioma of pericardium 國立屏東科技大學獸醫學系
- 148 Human Cystic ameloblastoma 台北醫學院
- 149 Canine Giant cell tumor of bone 國立中興大學獸醫學院
- 150 Human Desmoplastic small round cell tumor 華濟醫院
(DSRCT)
- 151 Goat Osteodystrophia fibrosa 台灣養豬科學研究所&台東縣
家畜疾病防治所
- 152 Human Hepatocellular carcinoma 羅東聖母醫院

第十九次比較病理學研討會（89 年 9 月 3 日於台北市立動物園教育中心演講廳舉行）

- 153 Human Enterovirus 71 infection 彰化基督教醫院
- 154 African Ebola virus infection 行政院國家科學委員會實驗動物中心
Green monkey
- 155 Longhorn Rabies 國立臺灣大學獸醫學系
steer
- 156 Formosan *Parastrongylus cantonensis* infection 國立中興大學獸醫學院
civet
- 157 Norway *Capillaria hepatica*, 行政院農委會農業藥物毒物
Rat *Angiostrongylus cantonensis* 試驗所

第二十次比較病理學研討會（89 年 11 月 19 日於國立成功大學醫學院第二演講堂舉行）

- 158 Human Hemangiopericytoma 羅東聖母醫院
- 159 Pig Hypertrophic cardiomyopathy 國立臺灣大學獸醫學系

160	Human	Cardiac fibroma	高雄醫學大學病理學科
161	Pig	Porcine polyserositis and arthritis (Glasser's disease)	國立中興大學獸醫學院
162	Human	Mycotic aneurysm of jejunal artery secondary to infective endocarditis	花蓮慈濟綜合醫院
163	Goose	Parvoviral myocarditis	國立屏東科大學獸醫學系
164	Human	Myxoma of heart	華濟醫院病理學科
第二十一比較病理學研討會 (90 年 4 月 22 日於三軍總醫院內湖院區第一演講廳舉行)			
165	Human	Chinese herb nephropathy	三軍總醫院病理部及腎臟科
166	Rabbit	Nephroblastoma	紐約動物醫學中心
167	Human	Acute pancreatitis with rhabdomyolysis	慈濟醫院病理科
168	Pig	Nephroblastoma	台灣動物科技研究所
169	Human	Nephroblastoma with rhabdomyoblastic differentiation	高雄醫學大學病理學科
170	Pig	Chronic nephritis caused by <i>Leptospira</i> spp	國立中興大學獸醫學院
171	Human	Malakoplakia	彰化基督教醫院
172	Human	Spindle cell sarcoma	羅東聖母醫院
173	Pig	Ureteropyelitis and cystitis	中國化學製藥公司
174	Human	Juxtaglomerular cell tumor	新光醫院病理檢驗科

中華民國比較病理學會
第一次至第二十一一次比較病理學研討會病例分類一覽表

分 類	病 例 編 號	診 斷	動 物 別	提 供 單 位
腫 瘤	1.	Myxoma	Dog	美國紐約動物醫學中心
	2.	Chordoma	Ferret	美國紐約動物醫學中心
	3.	Ependyoblastoma	Human	長庚紀念醫院
	8.	Synovial sarcoma	Pigeon	美國紐約動物醫學中心
	18.	Malignant lymphoma	Human	長庚紀念醫院
	19.	Malignant lymphoma	Wistar rat	國家實驗動物繁殖及研究中心
	24.	Metastatic thyroid carcinoma	Human	省立新竹醫院
	25.	Chordoma	Human	新光吳火獅紀念醫院
	34.	Interstitial cell tumor	Dog	國立中興大學獸醫學系
	35.	Carcinoid tumor	Human	長庚紀念醫院
	36.	Hepatic carcinoid	Siamese cat	美國紐約動物醫學中心
	38.	Pheochromocytoma	Ferret	美國紐約動物醫學中心
	39.	Extra adrenal pheochromocytoma	Human	新光吳火獅紀念醫院
	40.	Mammary gland fibroadenoma	Rat	國家實驗動物繁殖及研究中心
	41.	Fibroadenoma	Human	省立豐原醫院
	42.	Canine benign mixed type mammary gland tumor	Pointer bitch	國立中興大學獸醫學系
	43.	Phyllodes tumor	Human	台中榮民總醫院
	44.	Canine oral papilloma	Dog	國立台灣大學獸醫學系
	45.	Squamous cell papilloma	Human	中國醫藥學院
	47.	Lung: metastatic carcinoma associated with cryptococcal infection. Liver: metastatic carcinoma. Adrenal gland, right: carcinoma (primary)	Human	三軍總醫院
	56.	Gastrointestinal stromal tumor	Human	台中榮民總醫院
	59.	Colonic adenocarcinoma	Dog	美國紐約動物醫學中心
	62.	Submucosal leiomyoma of stomach	Human	頭份為恭紀念醫院
	64.	1. Adenocarcinoma of sigmoid colon 2. Old schistosomiasis of rectum	Human	省立新竹醫院
	71.	Myelolipoma	Human	台北耕莘醫院
	72.	Reticulum cell sarcoma	Mouse	國家實驗動物繁殖及研究中心
	73.	Hepatocellular carcinoma	Human	新光吳火獅紀念醫院

74.	Hepatocellular carcinoma induced by aflatoxin B1	Wistar strain rats	台灣省農業藥物毒物試驗所
81.	Angiomyolipoma	Human	羅東博愛醫院
82.	Inverted papilloma of prostatic urethra	Human	省立新竹醫院
84.	Nephrogenic adenoma	Human	國泰醫院
86.	Multiple myeloma with systemic amyloidosis	Human	佛教慈濟綜合醫院
87.	Squamous cell carcinoma of renal pelvis and calyces with extension to the ureter	Human	台北病理中心
88.	Fibroepithelial polyp of the ureter	Human	台北耕莘醫院
90.	Clear cell sarcoma of kidney	Human	台北醫學院
93.	Mammary gland adenocarcinoma, complex type , with chondromucinous differentiation	Dog	國立台灣大學獸醫學系
94.	1.Breast, left, modified radical mastectomy, showing papillary carcinoma, invasive 2.Nipple, left, modified radical mastectomy, papillary carcinoma, invasive 3.Lymph node, axillary, left, lymphadenectomy, papillary carcinoma, metastatic	Human	羅東聖母醫院
95.	Transmissible venereal tumor	Dog	國立中興大學獸醫學系
96.	Malignant lymphoma, large cell type, diffuse, B-cell phenotype	Human	彰化基督教醫院
97.	Carcinosarcomas	Tiger	台灣養豬科學研究所
98.	Mucinous carcinoma with intraductal carcinoma	Human	省立豐原醫院
99.	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.	Malignant fibrous histiocyte sarcoma	Human	中國醫藥學院
102.	Pleomorphic adenoma (benign mixed tumor)	Human	佛教慈濟綜合醫院
103.	Atypical central neurocytoma	Human	新光吳火獅紀念醫院
104.	Cardiac schwannoma	SD rat	國家實驗動物繁殖及研究中心
109.	Desmoplastic infantile ganglioglioma	Human	高雄醫學院
107.	1.Primary cerebral malignant lymphoma 2.Acquired immune deficiency syndrome	Human	台北市立仁愛醫院
111.	Schwannoma	Human	三軍總醫院
114.	Osteosarcoma	Dog	美國紐約動物醫學中心
115.	Mixed germ-cell stromal tumor, mixed	Dog	美國紐約動物醫學中心

	sertoli cell and seminoma-like cell tumor			
116.	Krukenberg's Tumor	Human	台北病理中心	
117.	Primary insular carcinoid tumor arising from cystic teratoma of ovary.	Human	花蓮慈濟綜合醫院	
119.	Polypoid adenomyoma	Human	大甲李綜合醫院	
120.	Gonadal stromal tumor	Human	耕莘醫院	
122.	Gestational choriocarcinoma	Human	彰化基督教醫院	
123.	Ovarian granulosa cell tumor	Horse	國立中興大學	
129.	Kaposi's sarcoma	Human	華濟醫院	
131.	Basal cell carcinoma (BCC)	Human	羅東聖母醫院	
132.	Transmissible venereal tumor	Dog	國立臺灣大學獸醫學系	
137	Canine Glioblastoma Multifo Cerebellopontine Angle	Dog	國立中興大學獸醫學院病理研究所	
143	Osteosarcoma associated with metallic implants	Dog	紐約動物醫學中心	
144	Radiation-induced osteogenic sarcoma	Human	花蓮慈濟綜合醫院	
145	Osteosarcoma, osteogenic	Dog	國立臺灣大學獸醫學系	
146	Pleomorphic rhabdomyosarcoma	Human	行政院衛生署新竹醫院	
147	Papillary Mesothelioma of pericardium	Leopard	國立屏東科大學獸醫學系	
148	Cystic ameloblastoma	Human	台北醫學院	
149	Giant cell tumor of bone	Canine	國立中興大學獸醫學院	
150	Desmoplastic small round cell tumor (DS	Human	華濟醫院	
152	Hepatocellular carcinoma	Human	羅東聖母醫院	
158	Hemangiopericytoma	Human	羅東聖母醫院	
160	Cardiac fibroma	Human	高雄醫學大學病理學科	
166	Nephroblastoma	Rabbit	紐約動物醫學中心	
168	Nephroblastoma	Pig	台灣動物科技研究所	
169	Nephroblastoma with rhabdomyoblastic differentiation	Human	高雄醫學大學病理科	
172	Spindle cell sarcoma	Human	羅東聖母醫院	
174	Juxtaglomerular cell tumor	Human	新光醫院病理檢驗科	
細菌	6.	Tuberculosis	Monkey	國立臺灣大學獸醫學系
	7.	Tuberculosis	Human	省立新竹醫院
	12.	<i>H. pylori</i> -induced gastritis	Human	台北病理中心
	13.	Pseudomembranous colitis	Human	省立新竹醫院
	26.	Swine salmonellosis	Pig	國立中興大學獸醫學系
	27.	Vegetative valvular endocarditis	Pig	台灣養豬科學研究所
	28.	Nocardiosis	Human	台灣省立新竹醫院
	29.	Nocardiosis	Largemouth bass	屏東縣家畜疾病防治所
	32.	Actinomycosis	Human	台灣省立豐原醫院
	33.	Tuberculosis	Human	苗栗頭份為恭紀念醫院

	53.	Intracavitary aspergilloma and cavitary tuberculosis, lung.	Human	羅東聖母醫院
	54.	Fibrocalcified pulmonary TB, left Apex. Mixed actinomycosis and aspergillosis lung infection with abscess DM, NIDDM.	Human	林口長庚紀念醫院
	58.	Tuberculous enteritis with perforation	Human	佛教慈濟綜合醫院
	61.	Spirochetosis	Goose	國立嘉義農專獸醫科
	63.	Proliferative enteritis (<i>Lawsonia intracellularis</i> infection)	Porcine	屏東縣家畜疾病防治所
	68.	Liver abscess (<i>Klebsillae pneumoniae</i>)	Human	台北醫學院
	77.	1.Xanthogranulomatous inflammation with nephrolithiasis, kidney, right. 2.Ureteral stone, right.	Human	羅東聖母醫院
	79.	Emphysematous pyelonephritis	Human	彰化基督教醫院
	89.	1.Severe visceral gout due to kidney damaged 2.Infectious serositis	Goose	國立中興大學獸醫學系
	108.	Listeric encephalitis	Lamb	屏東縣家畜疾病防治所
	113.	Tuberculous meningitis	Human	羅東聖母醫院
	134.	Swine salmonellosis with meningitis	Swine	國立中興大學獸醫學系
	135.	Meningoencephalitis, fibrinopurulent and lymphocytic, diffuse, subacute, moderate, cerebrum, cerebellum and brain stem, caused by <i>Streptococcus</i> spp. infection	Swine	國家實驗動物繁殖及研究中心
	140.	Coliform septicemia of newborn calf	Calf	屏東縣家畜疾病防治所
	161.	Porcine polyserositis and arthritis (Glasser's disease)	Pig	國立中興大學獸醫學院
	162.	Mycotic aneurysm of jejunal artery secondary to infective endocarditis	Human	慈濟醫院病理科
	170.	Chronic nephritis caused by <i>Leptospira</i> spp	Pig	國立中興大學獸醫學院
	173.	Ureteropyelitis and cystitis	Pig	中國化學製藥公司
病毒	21.	Newcastle disease	Chickens	國立台灣大學獸醫學系
	22.	Herpesvirus infection	Goldfish	國立台灣大學獸醫學系
	30.	Demyelinating canine distemper encephalitis	Dog	台灣養豬科學研究所
	31.	Adenovirus infection	Malayan sun bears	國立台灣大學獸醫學系
	50.	Porcine cytomegalovirus infection	Piglet	台灣省家畜衛生試驗所
	55.	Infectious laryngo-tracheitis (Herpesvirus infection)	Broilers	國立屏東技術學院獸醫學系
	69.	Pseudorabies (Herpesvirus infection)	Pig	台灣養豬科學研究所
	78.	Marek's disease in native chicken	Chicken	屏東縣家畜疾病防治所
	92.	Foot- and- mouth disease (FMD)	Pig	屏東縣家畜疾病防治所

	101.	Swine pox	Pig	屏東科技大學獸醫學系
	110.	Pseudorabies	Piglet	國立屏東科技大學
	112.	Avian encephalomyelitis	Chicken	國立中興大學
	128.	Contagious pustular dermatitis	Goat	屏東縣&台東縣家畜疾病防治所
	130.	Fowl pox and Marek's disease	Chicken	國立中興大學獸醫學系
	133.	Japanese encephalitis	Human	花蓮佛教慈濟綜合醫院
	136	Viral encephalitis, polymavirus infection	Lory	美國紐約動物醫學中心
	138	1. <i>Aspergillus</i> spp. encephalitis and myocarditis 2.Demyelinating canine distemper enceph	Dog	國立臺灣大學獸醫學系
	153	Enterovirus 71 infection	Human	彰化基督教醫院
	154	Ebola virus infection	African Green monkey	行政院國家科學委員會實驗動物中心
	155	Rabies	Longhorn Steer	國立臺灣大學獸醫學系
	163	Parvoviral myocarditis	Goose	屏東科技大學獸醫學系
黴菌	23.	Chromomycosis	Human	台北病理中心
	47.	Lung: metastatic carcinoma associated with cryptococcal infection. Liver: metastatic carcinoma. Adrenal gland, right: carcinoma (primary)	Human	三軍總醫院
	48.	Adiaspiromycosis	Wild rodents	國立台灣大學獸醫學系
	52.	Aspergillosis	Goslings	屏東縣家畜疾病防治所
	53.	Intracavitary aspergilloma and cavitary tuberculosis, lung.	Human	羅東聖母醫院
	54.	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.	Mucormycosis Diabetes mellitus	Human	花蓮佛教慈濟綜合醫院
	127.	Eumycotic mycetoma	Human	花蓮佛教慈濟綜合醫院
	138	1. <i>Aspergillus</i> spp. encephalitis and myocarditis 2.Demyelinating canine distemper enceph	Dog	國立臺灣大學獸醫學系
寄生蟲	14.	Dirofilariasis	Dog	台灣省家畜衛生試驗所
	15.	Pulmonary dirofilariasis	Human	台北榮民總醫院
	20.	Sparganosis	Human	台北榮民總醫院
	46.	Feline dirofilariasis	Cat	美國紐約動物醫學中心
	49.	Echinococcosis	Human	台北榮民總醫院
	60.	Intestinal capillariasis	Human	台北馬偕醫院
	64.	1.Adenocarcinoma of sigmoid colon 2.Old schistosomiasis of rectum	Human	省立新竹醫院

	66.	Echinococcosis	Chapman's zebra	國立台灣大學獸醫學系
	67.	Hepatic ascariasis and cholelithiasis	Human	彰化基督教醫院
	106.	Parasitic meningoencephalitis, caused by <i>Toxocara canis</i> larvae migration	Dog	臺灣養豬科學研究所
	139	Disseminated strongyloidiasis	Human	花蓮佛教慈濟綜合醫院
	141	Eosinophilic meningitis caused by <i>Angiostrongylus cantonensis</i>	Human	台北榮民總醫院病理檢驗部
	156	<i>Parastrongylus cantonensis</i> infection	Formosan gem-faced civet	國立中興大學獸醫學院
	157	<i>Capillaria hepatica</i> , <i>Angiostrongylus cantonensis</i>	Norway Rat	行政院農業委員會農業藥物毒物試驗所
原蟲	4.	Cryptosporidiosis	Goat	台灣養豬科學研究所
	15.	Amoebiasis	<i>Lemur fulvus</i>	台灣養豬科學研究所
	16.	Toxoplasmosis	Squirrel	台灣養豬科學研究所
	17.	Toxoplasmosis	Pig	屏東技術學院獸醫學系
	51.	<i>Pneumocystis carinii</i> pneumonia	Human	台北病理中心
	57.	Cecal coccidiosis	Chicken	國立中興大學獸醫學系
	65.	Cryptosporidiosis	Caprine	台灣養豬科學研究所
立克次體	70.	Acute Q fever hepatitis	Human	佛教慈濟綜合醫院
其它	9.	Perinephric pseudocyst	Cat	台灣大學獸醫學系
	10.	Choledochocyst	Human	長庚紀念醫院
	11.	Bile duct ligation	Rat	中興大學獸醫學系
	37.	Myositis ossificans	Human	台北醫學院
	75.	Acute yellow phosphorus intoxication	Rabbits	國立中興大學獸醫學系
	76.	Polycystic kidney bilateral and renal failure	Cat	美國紐約動物醫學中心
	151	Osteodystrophia fibrosa	Goat	台灣養豬科學研究所&台東縣家畜疾病防治所
	80.	1.Glomerular sclerosis and hyalinosis, segmental, focal, chronic, moderate 2.Benign hypertension	SHR rat	國防醫學院 & 國家實驗動物繁殖及研究中心
	83.	Phagolysosome-overload nephropathy	SD rats	實驗動物繁殖及研究
	85.	Renal amyloidosis	Dog	台灣養豬科學研究所
	89.	1.Severe visceral gout due to kidney damaged 2.Infectious serositis	Goose	國立中興大學獸醫學系
	91.	Hypervitaminosis D	Orange-rumped agoutis	國立台灣大學獸醫學系
	118.	Cystic endometrical hyperplasia	Dog	臺灣養豬科學研究所

121.	Cystic subsurface epithelial structure (SES)	Dog	國科會實驗動物中心
124.	Superficial necrolytic dermatitis	Dog	美國紐約動物醫學中心
125.	Solitary congenital self-healing histiocytosis	Human	羅東博愛醫院
126.	Alopecia areata	Mouse	實驗動物繁殖及研究中心
142	Avian encephalomalacia (Vitamin E defi	Chicken	國立屏東科技大學獸醫學系
159	Hypertrophic cardiomyopathy	Pig	國立台灣大學獸醫學系
165	Chinese herb nephropathy	Human	三軍總醫院病理部及腎臟科
167	Acute pancreatitis with rhabdomyolysis	Human	慈濟醫院病理科
171	Malakoplakia	Human	彰化基督教醫院

會員資料更新服務

各位會員：

您好！如果您的會員資料有更新或誤刊情形，

麻煩您填妥表格後寄回學會秘書處或電話連絡：

中華民國比較病理學會秘書處

106 台北市大安區舟山路 142 號

國立台灣大學獸醫學系 游忠霖 先生

Tel: (02) 23630231 轉 2548 轉 1401-2(附電話答錄機)

Fax: (02) 23633289

e-mail address: kan@ms32.url.com.tw

-----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：一般會員新台幣一仟元，學生會員一百元，贊助會員伍仟元，於入會時繳納。
- (二) 常年會費：一般會員新台幣伍佰元，學生會員一百元。

【註：學生會員身份變更為一般會員時，只需繳交一般會員之常年會費】

三、請填妥入會申請表，並連同入會費及常年會費（一般會員合計新台幣壹仟伍佰元，學生會員合計貳佰元，贊助會員伍仟元）以郵政匯票或支票（抬頭請開：中華民國比較病理學會）寄 106 台北市大安區舟山路 142 號國立臺灣大學獸醫學系，中華民國比較病理學會秘書處游忠霖先生收，電話：02-23630231 轉 2548 轉 1401 或 1402(附電話答錄)，傳真 02-23633289。

郵政劃撥帳號：22214428，戶名：中華民國比較病理學會。