

# 中華民國比較病理學會

## Chinese Society of Comparative Pathology



### 第 49 次比較病理學研討會

國立臺灣大學獸醫專業學院

臺北市・臺灣

中華民國 99 年 7 月 10 日

49th Meeting of Comparative Pathology

School of Veterinary Medicine, National Taiwan University

Taipei, Taiwan

July 10, 2010

# 中華民國比較病理學會第 49 次比較病理學研討會議程表

## Schedule

### 49th Meeting of the Chinese Society of Comparative Pathology

時間：99 年 7 月 10 日(星期六) 09:00~16:00

Date: July 10, 2010 (Sat) 09:00~16:00

地點：國立臺灣大學獸醫學系 B01 演講廳

Location: B01, School of Vet Med, NTU

地址：臺北市羅斯福路四段 1 號

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Time 時間	Schedule 議程		Moderator 主持
08:30~09:00	Registration 報到		
09:00~09:10	Opening Ceremony 致詞		
09:10~10:10	Keynote 專題演講	Blockade of AT1R modulates autoimmunity in the chronic graft-versus-host disease model of lupus nephritis  Dr. S.M. Ka 賈淑敏 博士 National Defence Medical Center 國防醫學院醫學系病理學科	Dr. C.H. Liu 劉振軒 理事長
10:10~10:30	Coffee Break		
10:30~11:00	Case 340 病例討論	Dr. Y.L. Chen 陳燕麟 醫師 Department of Pathology, Cardinal Tien Hospital 天主教耕莘醫院病理科	Dr. F.J. Leu 呂福江 主任
11:00~11:30	Case 341 病例討論	Dr. C.W Shih 施洽雯 醫師 Department of Pathology, Lotung Poh-Ai Hospital 羅東博愛醫院病理科	
11:30~12:00	Case 342 病例討論	Dr. P.R. Wu 吳佩儒 醫師 Dept. of Surgical Path., Changhua Christian Hospital 彰化基督教醫院病理科	
12:00~13:30	Lunch & Board Meeting 午餐暨「中華民國比較病理學會理監事會議」		
13:30~14:00	Case 343 病例討論	Y.R. Chen 陳盈妊 醫學生 Tzu Chi University & Tzu Chi General Hospital 佛教慈濟綜合醫院暨慈濟大學	Dr. Y.H. Hsu 許永祥 主任
14:00~14:30	Case 344 病例討論	Dr. J.P. Jhu 祝志平 醫師 Department of Pathology, Lin Shin Hospital 林新醫院病理科	
14:30~15:00	Case 345 病例討論	Dr. T.T. Huang 黃婷姿 獸醫師 College of Vet. Med., National Chung-Hsing University 國立中興大學獸醫學院	
15:00~15:30	Case 346 病例討論	Dr. T.Y. Chan 詹德裕 獸醫師 School of Veterinary Medicine, National Taiwan University 國立臺灣大學獸醫專業學院	
15:30~16:00	General Discussion 綜合討論		

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Case Signalment

49th Meeting of the Chinese Society of Comparative Pathology

July 10th, 2010

Case No.	Presenter	Institution	Slide No.	Signalment
Case 340	Dr. Y.L. Chen 陳燕麟 醫師	Department of Pathology, Cardinal Tien Hospital 天主教耕莘醫院病理科	CTH	59- year-old man
Case 341	Dr. C.W Shih 施洽雯 醫師	Department of Pathology, Lotung Poh-Ai Hospital 羅東博愛醫院病理科	LP-09-1023	53-year-old woman
Case 342	Dr. P.R. Wu 吳佩儒 醫師	Dept. of Surgical Path., Changhua Christian Hospital 彰化基督教醫院病理科	10-12454A	59-year-old woman
Case 343	Y.R. Chen 陳盈妊 醫學生	Tzu Chi University & Tzu Chi General Hospital 佛教慈濟綜合醫院暨慈濟大學	A2009-12	47-year-old man
Case 344	Dr. J.P. Jhu 祝志平 醫師	Department of Pathology, Lin Shin Hospital 林新醫院病理科	A10-1140 A1	40-year-old woman
Case 345	Dr. T.T. Huang 黃婷姿 獸醫師	College of Vet. Med., National Chung-Hsing University 國立中興大學獸醫學院	CW09-039	Pheasant-tailed jacana
Case 346	Dr. T.Y. Chan 詹德裕 獸醫師	School of Veterinary Medicine, National Taiwan University 國立臺灣大學獸醫專業學院	NTU2010-32A	3-to-4-year-old, mixed-breed dog

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## Case Diagnosis

49th Meeting of the Chinese Society of Comparative Pathology

July 10th, 2010

Case No.	Presenter	Institution	Slide No.	Diagnosis
Case 340	Dr. Y.L. Chen 陳燕麟 醫師	Department of Pathology, Cardinal Tien Hospital 天主教耕莘醫院病理科	CTH	Mucinous-producing urothelial-type adenocarcinoma of prostate
Case 341	Dr. C.W Shih 施洽雯 醫師	Department of Pathology, Lotung Poh-Ai Hospital 羅東博愛醫院病理科	LP-09-1023	Pulmonary placental transmogrification
Case 342	Dr. P.R. Wu 吳佩儒 醫師	Dept. of Surgical Path., Changhua Christian Hospital 彰化基督教醫院病理科	10-12454A	Plexiform fibromyxoma
Case 343	Y.R. Chen 陳盈妊 醫學生	Tzu Chi University & Tzu Chi General Hospital 佛教慈濟綜合醫院暨慈濟大學	A2009-12	Malignant epithelioid trophoblastic tumor
Case 344	Dr. J.P. Jhu 祝志平 醫師	Department of Pathology, Lin Shin Hospital 林新醫院病理科	A10-1140 A1	Epithelioid sarcoma
Case 345	Dr. T.T. Huang 黃婷姿 獸醫師	College of Vet. Med., National Chung-Hsing University 國立中興大學獸醫學院	CW09-039	Acute carbofuran intoxication
Case 346	Dr. T.Y. Chan 詹德裕 獸醫師	School of Veterinary Medicine, National Taiwan University 國立臺灣大學獸醫專業學院	NTU2010-32A	Transmissible venereal tumor

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### **Blockade of AT1R modulates autoimmunity in the chronic graft-versus-host disease model of lupus nephritis**

Although angiotensin (Ang) II mediates renal injuries via hemodynamic, inflammatory and/or fibrogenic events, there is little evidence for the beneficial effects of blocking of Ang on this type of disease due to restoring of systemic immune dysfunction. Autoimmune crescentic glomerulonephritis (ACGN) is a variant of crescentic glomerulonephritis. The outcome of treatment of crescentic glomerulonephritis is poor. We hypothesized that Ang II might be subject to immunoregulation and thus losartan (IBT), an Ang II type 1 receptor blocker, could prevent the development of ACGN. In the present study, using an established ACGN model in mice, we treated the mice with 500 µg/g body weight, of IBT twice weekly for 2 months, and showed: (1) suppression of T and B cell activation, (2) a reduction in serum levels of proinflammatory cytokines, (3) improvement of proteinuria and renal dysfunction, (4) prevention of glomerular crescent formation, renal interstitial inflammation, and glomerulosclerosis, (5) a reduction in serum levels of autoantibodies and glomerular immune deposits, (6) prevention of T cell and macrophage infiltration of the kidney, and (7) suppression of fibrosis-related gene and protein expression in the kidney compared to ACGN (disease control) mice. Furthermore, treatment of spleen cells from normal mice with IBT showed a significant inhibition of proliferation compared to those without treatment of the drug. Based on these findings, we propose that IBT exerts its preventive effects on ACGN through modulation of systemic T cell activation/proliferation, and B cell activation, as well as suppression of mononuclear leukocyte infiltration locally in the kidney.

**Key words:** Lupus nephritis ; crescentic glomerulonephritis; angiotensin-II receptor blocker; immunoregulating; T cell; B cell; autoantibodies; mononuclear leukocyte.



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### **CASE HISTORY:**

**Signalment:** 59-year-old man

**Clinical History:** A 59-year-old man presented with urinary obstructive symptoms and hematospermia on and off with serum PSA of 1.00 ng/ml. Past medical history included hypertension and peptic ulcer and benign prostate hypertrophy (BPH). The patient denied alcohol consumption and smoking. He underwent cystoscope and found a small white patchy in urethra near bladder neck and unremarkable finding in bladder. The pathology report showed cystitis glandularis. 7 months later, because the patient had persistent obstructive symptoms and gross hematuria, trans-rectal ultrasound of the prostate was done and showed prostate tumor of unknown origin. In the meanwhile, mucus-urine was also noted. His serum PSA and free PSA are of 1.67 ng/ml and 0.23 ng/ml with the trans-urethral resection biopsy report showed PSA-negative mucin-producing adenocarcinoma of unknown origin, favored colon metastasis. Colonoscopy was done and showed 2 non-neoplastic colonic polyps. Cystoscope showed prostatic urethral tumor and unremarkable bladder finding. Other tumor surveys included whole abdomen CT and MRI showed prostate tumor of unknown primary or metastasis with seminal vesicle obstruction, bone scan and positron emission tomography (PET) showed no other lesions except prostate. The patient received trans-urethral resection of prostate (TURP) to relieve his obstructive symptoms. The patient has no sign of recurrence with 6 months follow up.

### **Laboratory Results:**

CBC/DC: WNL

Biochemistry (sugar, Ca, BUN, Cr, Na, K, Cl, AST, ALT) : WNL

PSA: 1.67 ng/ml and 0.23 ng/ml

**Gross Findings:** The TURP specimen submitted consisted of multiple pieces of soft tissue fragment measuring 5 gm in weight. Grossly, they showed brown in color and firm in consistency.

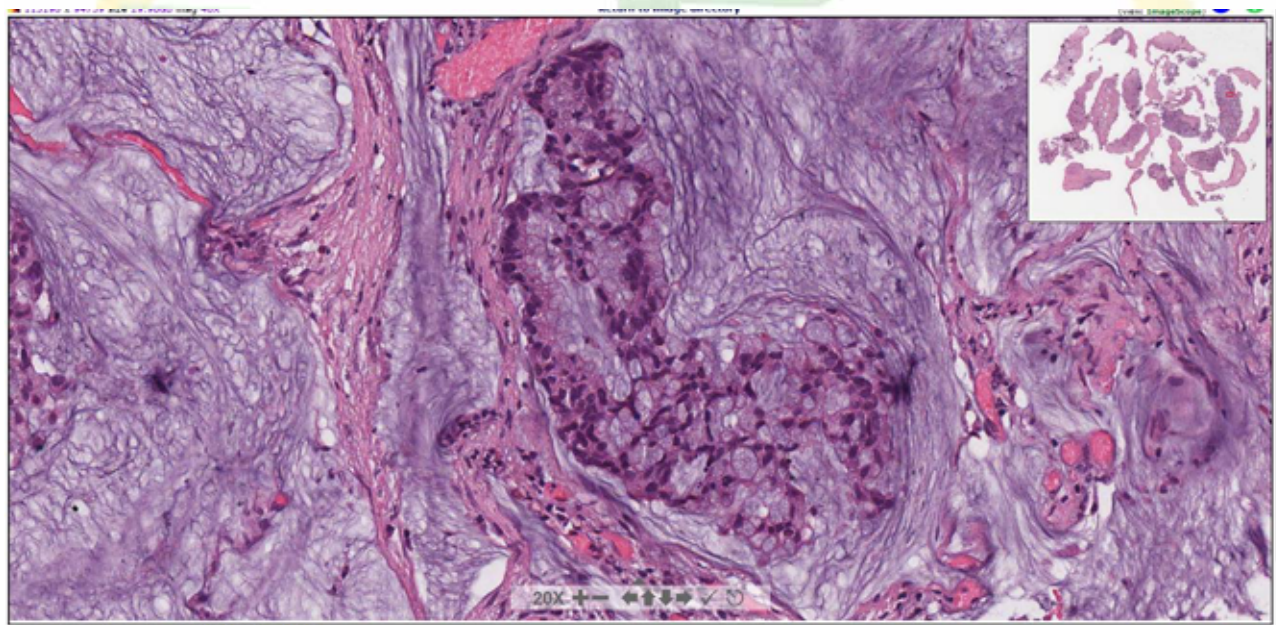
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### CASE RESULT:

**Histopathological Finding:** Microscopically, the sections show picture of adenocarcinoma with copious mucin production forming mucin pools in some areas. The neoplastic glands are arranged in a cribriform, glandular, and villous adenoma-like pattern in different areas. Tumor cells were columnar with high nuclear to cytoplasmic ratio, marked pleomorphism and no nucleoli. There was no signet-ring cell, necrosis, urethritis glandularis, intraurothelial neoplasia or adenocarcinoma in situ. Lymphovascular and neural invasion were not identified in the sections.

### Virtual Slide :



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**Immunohistochemical Stains:** The immunohistochemical profile showed totally negative for PSA, PSAM and AMACR. Diffuse positive stain for CK7, CK20, CEA (monoclonal) and focal positive for HMWK and CDX2 in tumor cells.

**Diagnosis:** Prostate, TURP - Mucinous-producing urothelial-type adenocarcinoma of prostate

**Discussion:** Mucinous-producing urothelial-type adenocarcinoma of the prostate is first



described by Tran and Epstein in 1996. It is a rare carcinoma which has only 20 cases reported in the English literature. The origin of this carcinoma is from prostatic urethra or prostatic gland with urothelial metaplasia. Mucinous-producing urothelial-type adenocarcinoma of the prostate may arise from malignant transformation of urethritis glandularis, but about 1/3 of the cases could not be identified. This is because of either sampling issues or destruction by the growing mass. Clinical manifestation of mucinous-producing urothelial-type adenocarcinoma of the prostate included non specific obstruction symptoms. A more specific finding in this rare carcinoma is mucusuria. About 20% of the cases can be seen in the report of Tran et al. PSA usually is not elevated but occasionally can be seen elevation.

Microscopically it is identical to bladder urothelial adenocarcinoma which shows atypical columnar epithelium with large mucin lake. Mucin pools (100%), villous features (47%), necrosis (13.3%) and signet ring cells (20%) can be also noted. As urothelial-type adenocarcinoma of prostate is not usual prostate acinar adenocarcinoma, they should not be assigned a Gleason grade

The main differential diagnosis included 1. prostate conventional mucinous acinar adenocarcinoma 2. metastatic bladder adenocarcinoma 3. metastatic seminal vesicle adenocarcinoma 4. metastatic colonic adenocarcinoma. Prostate conventional mucinous acinar adenocarcinoma is rare and about 0.2% of all prostatic carcinoma. Microscopically shows cuboidal epithelium and cribriform glands with mucin pool. Metastatic colonic adenocarcinoma is the most difficult differential diagnosis. It is very similar in H&E stain. Immunohistochemistry can be a great help in differential diagnosis. Metastatic bladder adenocarcinoma is also hard to distinguish by H&E stain. It arises from bladder urothelium which is the only difference from mucinous-producing urothelial-type adenocarcinoma of the prostate. Therefore, it is necessary to exclude bladder primary by either cystoscope or other clinical tools. Metastatic seminal vesicle adenocarcinoma shows variable pattern with typical papillary pattern to solid sheets.

Immunohistochemical stain can provide a great help in differential diagnosis.

	Prostate marker: PSA PSMA P504s	Urothelium marker: CK7 CK34 $\beta$ E12	Colon marker: CK20 CEA CDX2
Prostate mucinous acinar adenocarcinoma	(+)	(-)	(-)
Metastatic colonic adenocarcinoma	(-)	(-)	(+)
urothelial-type adenocarcinoma of the prostate	(-)	(+)	(-/+)

The prognosis of mucinous-producing urothelial-type adenocarcinoma of the prostate is more aggressive. About 53.3% of cases die of disease (mean 49.2 months). etastatic sites included

lungs, liver, pelvic side wall, and testis, Hormone therapy is not appropriate in mucinous-producing urothelial-type adenocarcinoma of the prostate.

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### **CASE HISTORY:**

**Signalment:** 53-year-old woman.

**Clinical History:** The 53 year old female was quite well in the past except uterine myoma s/p operation 7 years ago. She suffered from traffic accident with large laceration wound of left lower leg on 98-01-05 and was repaired by our Orthopedic Doctor. At the same time, left lower lung nodule was noted by computed tomographic scan (CT scan). The lung nodule measuring 2.0 x 1.7 cm. She did not complain of any respiratory or systemic symptoms. Her prior medical and familial history was unremarkable. Under the impression of R/O malignancy, she was admitted for further evaluation and management. Whole body bone scan was performed on 98-02-06 and showed negative finding. The pulmonary function test was performed on 98-02-06 and revealed FEV1: 2.08 L (95% Pred). VATS wedge resection of LLL for histological conformation of nodule was performed on 98-02-09

### **Clinical Pathology:**

RBC: 3.86x10<sup>6</sup>/uL (0-5 x10<sup>6</sup>/uL), Hb: 11.7 gm/dL (12.0-16.0 gm/dL), Hct: 34.9 % (37-47%), WBC: 5100/uL (4500-11000/uL), Plt: 24.4 x10<sup>4</sup>/dL (15-40 x10<sup>4</sup>/dL), Lymphocyte: 42.3% (20.0-45.0%), Neutrophil: 48.4% (45.0-75.0%), Monocyte:7.0% (0.0-9.0%), Eosinophil:1.8% (1.0-3.0%), Basophil:0.5% (0.0-1.0%). BUN:11 mg/dL (7-22 mg/dL), Creatinine:0.6 mg/dL (0.6-1.3 mg/dL), Glucose:100 mg/dL (70-110 mg/dL), AST: 21 U/L (5-40 U/L), ALT: 17 U/L (5-40 U/L), Na:138.9 mmol/L (133-145 mmol/L), K:3.4 mmol/L (3.3-5.1 mmol/L).

**Gross Findings:** Grossly, the wedge resected lung showed a well defined tumor measuring 2.0 x 1.7 x. 1.2 cm, reddish-brown in color and soft in consistency. Cut sections of the tumor showed some grape-like structures. No hemorrhage or necrosis is noted.



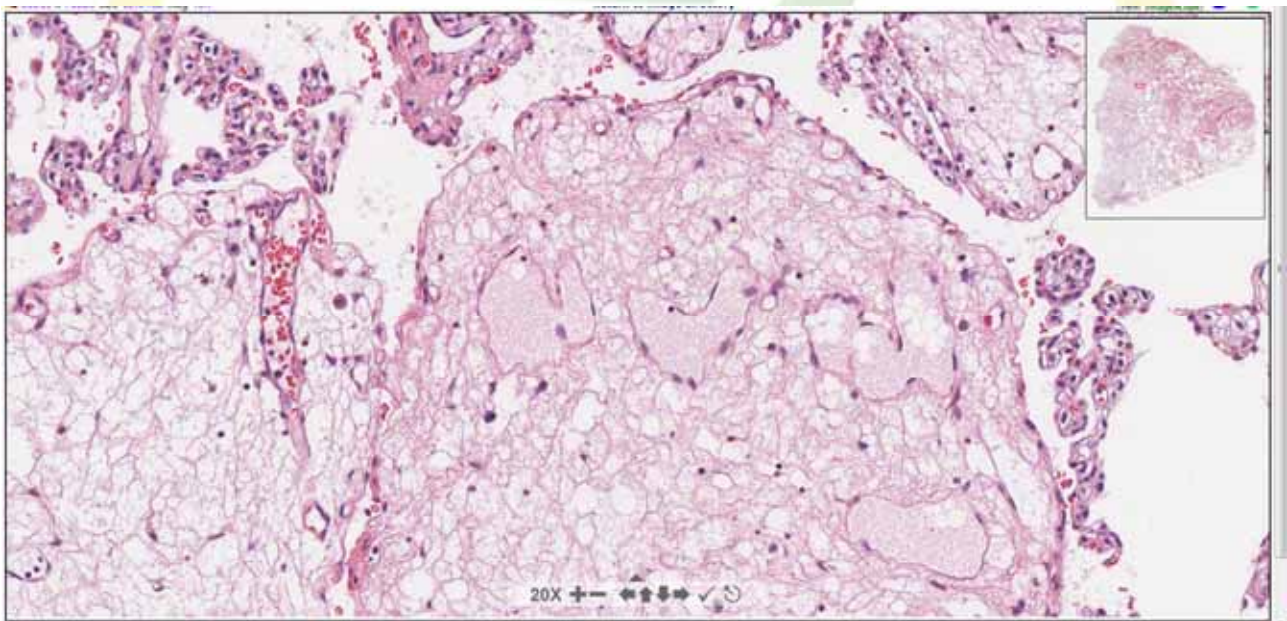
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### CASE RESULT:

**Histopathologic Findings:** Histologically, the tumor is composed of villous structures resembling placental villi and surrounded by hyperinflated air spaces. At higher magnification, these villous structures corresponded to alveolar walls enlarged by mature adipose tissue and fibroblasts intermixed with thin or dilated capillaries. No smooth-muscle, cartilage, bronchial structures were present in these villous structures. These villous structures were lined either by flattened type alveolar cells or by hyperplastic type pneumonocytes. Anthracosis was noted in areas. The adjacent lung was normal or mild emphysematous change.

### **Virtual Slide :**



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**Immunohistochemistry:** Immunohistochemical stain was performed. The epithelia lining the villous structures were positive for TTF1, CK(HMW), CK7, focal positive for Ki67, and negative for smooth muscle actin, CD34 and calretinin. The cores of the villous structures were positive for smooth muscle actin and CD34, and negative for TTF1, CK(HMW), CK7, calretinin and TTF1.

### **Differential Diagnosis:**

1. Intralobar pulmonary sequestration



2. Congenital cystic adenomatoid malformation
3. Cystic lung disease
4. Emphysema
5. Pulmonary placental transmogrification
6. Metastatic trophoblastic disease

**Diagnosis:** Pulmonary placental transmogrification.

**Comments:** Pulmonary placental transmogrification (PPT), also called placentoid bullous lesion, is an unusual condition first described in 1979. It is a peculiar histologic pattern characterized by formation of placental villuslike structures in the lung parenchyma. PPT has been described in patients with severe emphysema associated with cigarette smoking, congenital bullous emphysema, and fibrochondromatous hamartomas of the lung. To date, fewer than 20 cases have been reported in the literature. PPT occurs predominantly in males (M:F-13:5), in the second to fifth decade of life, (mean-44.52 years, median-50 years).

The presentation of PPT ranges from asymptomatic to clinically overt and is associated with other pulmonary diseases, such as chronic obstructive airway disease, repeated pneumothorax, bronchopneumonia, and even respiratory distress. The lesions are occasionally incidental masses seen by radiography.

PPT is not only associated with cystic or emphysematous lesions, but also with hamartomatous conditions. Hence, there is some controversy regarding its pathogenesis i.e. whether this lesion is a reactive change or neoplastic one. The villous appearance of these pulmonary tissues probably results from the development of edema and fibrosis in the residual strands of alveolar tissue present in the enlarged airspaces of emphysema. PPT has also been reported to be a benign proliferation of immature interstitial clear cells with secondary cystic change. The predominant component of the papillary projection is fibroadipose stroma, which is notably immature in some cases. The presence of adipose tissue in patients with emphysema and PPT may be the result of metaplastic mesenchymal differentiation. The possibility that hamartomas is arised from a mesenchymal stem cell which is involved in the formation of hamartoma or plays a role in PPT. Hypotheses of pathogenesis also include a lymphatic or vascular proliferation in emphysematous lung parenchyma.

The macroscopic appearance was similar in most cases consisting of a tanwhite, rubbery, bulging, and irregular mass without cystic change or hemorrhage. Most of the tumors had well-circumscribed borders. Infrequently, papillary projections within hamartomas could be seen grossly, resulting in a granular cut surface. Grossly, PPT mimics spongy or cystic lung lesions such as congenital cystic adenomatoid malformation and mucinous cystic tumour of the lung. But these lesions are mucin rich and most often affect infants and children.

Microscopically, PPTs were to varying degrees composed of myxoid or edematous stroma. In most cases, prominent epithelial foldings formed the papillary projections, reminiscent of immature placental villi. The stroma contained fibroadipose tissue and blood vessels and inflammatory cells (ie, macrophage and lymphocytes) diffusely dispersed. In a few cases, spindle cells were identified in the immature stroma. The lining epithelium consisted of either nonciliated flat and cuboidal or ciliated columnar cells and mixed types. The admixture of various tissue elements with an epithelial covering on the outer surface mimics a placental villous. It seems reminiscent of a hamartoma, a common benign tumour originating from primitive mesenchyme having fibrochondromatous elements. But both the primitive mesenchyme and fibrochondromatous elements are absent in PPT.

Immunohistochemical analyses revealed that a major portion of the lining epithelium of PPT was positive for TTF-1 and focally epithelial cells were also stained with anti-Ki-67 antibody, indicating that the epithelium was of lung origin and proliferating. In contrast, very few stromal cells were positive for these two markers. Conversely, many stromal cells, especially the spindle cells, were immunoreactive for c-Kit, a stem cell or mast cell marker. Further study with stain for naphthol-ASD-chloroacetate esterase demonstrated that the c-Kit-positive cells were mast cells and not stem cells.

The high-resolution CT of PPT shows a well-defined nodule with air, fat and soft tissue components. The radiologic differential diagnosis of the lesion should include lesions with fatty components and lesions containing air. Fat is present in lipomas and hamartomas. The presence of air in a nodule may result from cavitation that can occur in both benign and malignant nodules. PPT needs to be clinically differentiated from overexpansion from segmental bronchial atresia, air trapping by a partially obstructing intrabronchial mass, idiopathic giant bullous emphysema and cystic adenomatoid malformations especially in younger patients.

In spite of the fact that not so many cases have been reported in literatures, all reported cases have done well after surgery. Untreated placental transmogrification of the lung can lead to severe pulmonary symptoms.

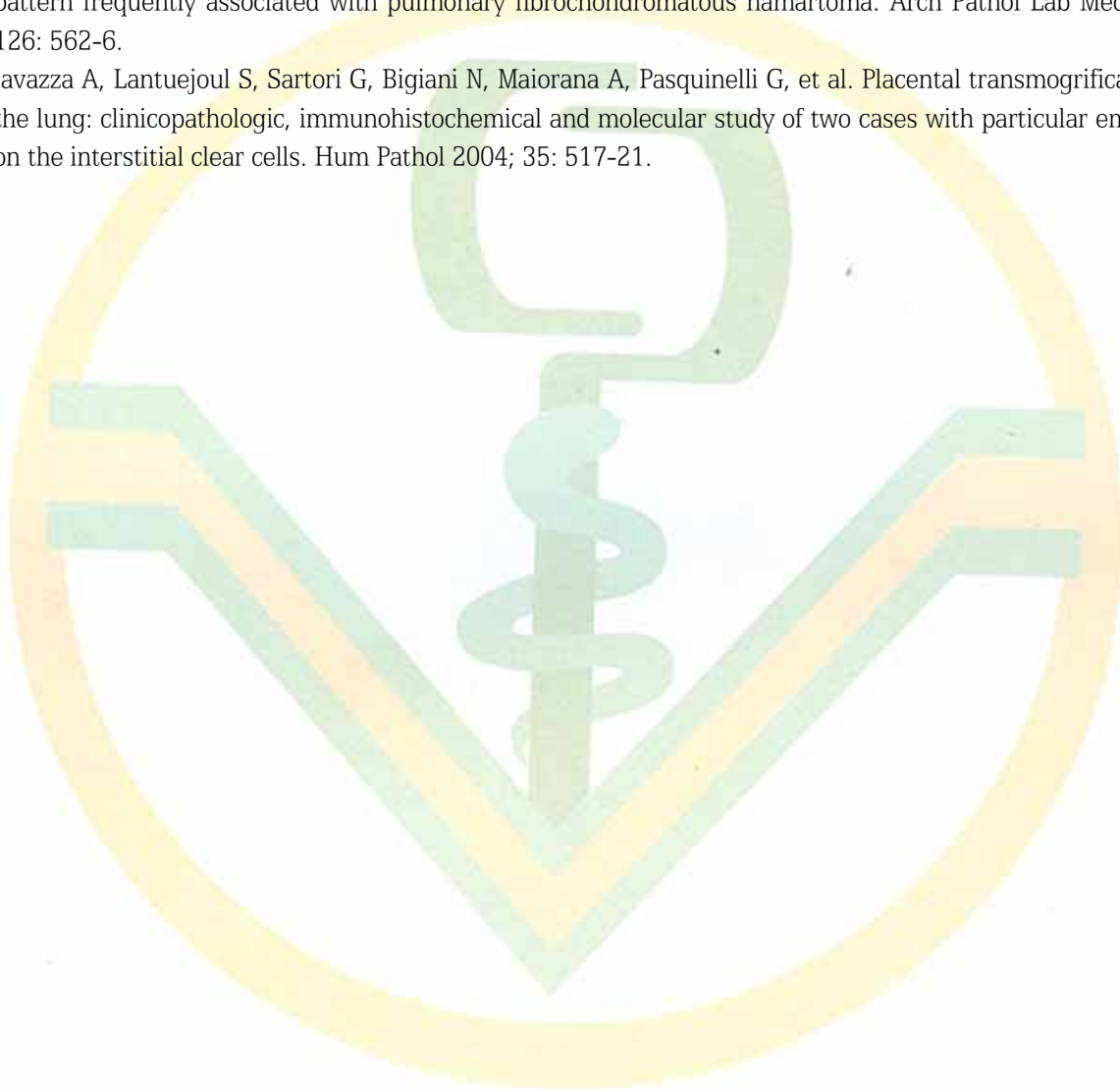
In conclusion, PPT is a unique pulmonary lesion showing morphological similarities to the placental villi on microscopic examination. It can be associated with a cystic emphysematous lesion and other hamartomatous conditions. Awareness of this rare entity of PPT, early diagnosis, and appropriate treatment of the lesion can be curative.

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features. *Lab Invest* 1979; 40: 245-6.

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### **CASE HISTORY:**

**Signalment :** 59-year-old woman

**Clinical History :** The patient is a 59-year-old Minnan Taiwanese woman, a homemaker with a history of hypertension. She had acid regurgitation for a long time. She received panendoscopy on 8/26/09 and showed reflux esophagitis LA Gr A, and a gastric submucosal tumor. Endoscopic ultrasound examination was done on 9/25/09 and showed a 2 cm well-defined submucosal tumor lesion at the gastric antrum. It was hypoechoic with mild heterogeneous echogenicity without cystic lesion, calcification or septum. Gastrointestinal mesenchymal tumor was suspected. The patient then accepted the surgical treatment.

### **Clinical Pathology :**

WBC: 8.6x10<sup>3</sup>/μL(3.5-9.1 x10<sup>3</sup>/μL), RBC: 4.57x10<sup>6</sup>/μL(3.8-4.9 x10<sup>6</sup>/μL), Hb: 14.0 g/dL(12.0-15.0), Hct: 41.2%(35.0-44.0%), MCV: 90.2 fL(83.8-98.0 fL), MCH: 30.6 pg(28.4-33.8 pg), MCHC: 34.0 g/dL(33.4-35.2 g/dL), Platelet: 345 x10<sup>3</sup>/μL(157-377 x10<sup>3</sup>/μL), RDW: 12.0%(11.7-14.9%), Neutrophil-Seg: 60.4%(39.4-72.6%), Lymphocyte: 32.0%(21-51%), Monocyte: 5.1%(4.60-11.0%), Eosinophil: 1.5%(0.4-7.6%), Basophil: 1.0%(<1.3%), GPT: 19U/L(11-40U/L), Urea Nitrogen: 13, Creatinine: 0.60 mg/dL(0.4-1.0 mg/dL), Na: 140 mmol/L(136-144 mmol/L), K: 3.4 mmol/L (3.6-5.1 mmol/L), Glucose(Random): 106 mg/dL (70-110 mg/dL), PT: 10.2 sec (9.9-12.0 sec),

**Gross Findings :** The specimen submitted consisted of two gastric tissue fragments measuring up to 8.7x5.5x0.8 cm in size, in fresh state. One gastric tissue fragment with tumor consisted of a duodenal cuff measuring 2.5 cm in length. There was a submucosal tumor at the antrum of stomach in one gastric tissue fragment. On cut, the submucosal tumor measured 2x1.2x1.2 cm in size. It was solid, fleshy and elastic with gelatinous appearance. The proximal and distal margins measured 2.2 cm and 2.1 cm in length, respectively. Another gastric tissue fragment was unremarkable.



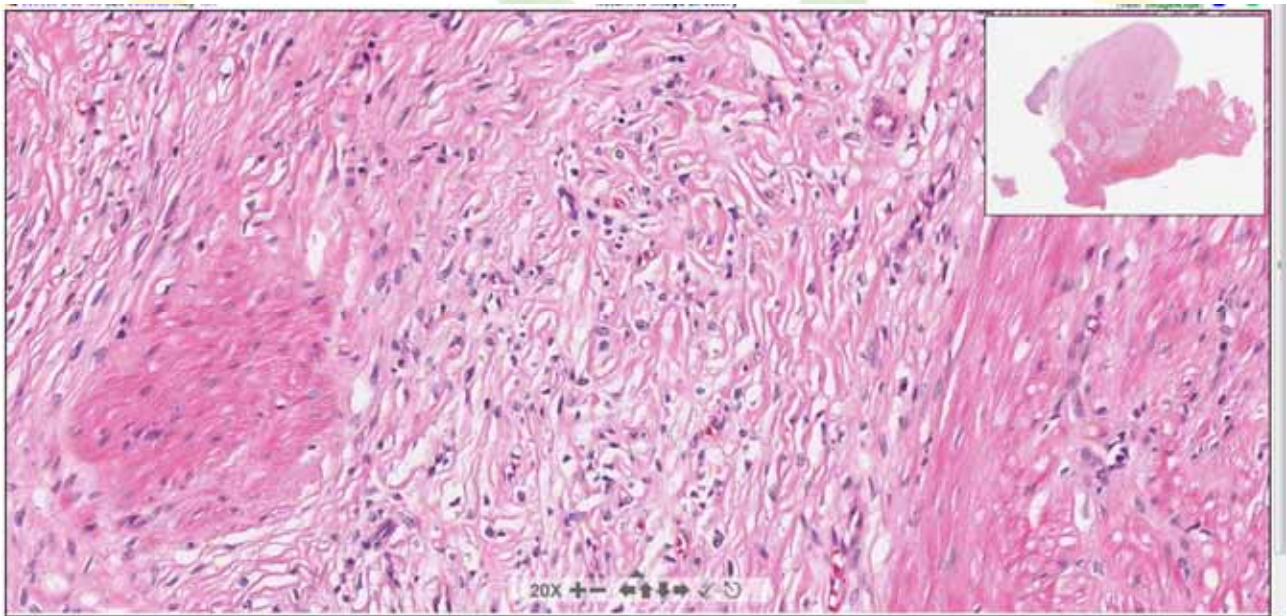
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### CASE RESULT:

**Histopathologic Findings :** Microscopically, it showed a picture of gastric stromal tumor with a plexiform and multinodular involvement within submucosa and muscularis propria. The tumor cells were composed of hypocellular bland-looking spindle cells within a fibrocollagenous to myxoid stroma containing arborizing vessels. No necrosis was seen. No mitotic figure was found.

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**Immunohistochemistry:** The tumor cells showed CD117(-), CD34(-), S-100 protein(-), ALK-1(-), DOG1(-), HMB45(-), EMA(-), beta-catenin(±), CD56(-) and desmin(+, focal) by immunohistochemical studies.

### **Differential Diagnosis :**

1. Gastrointestinal stromal tumor
2. Leiomyoma
3. Schwannoma
4. Neurofibroma
5. Fibromatosis

6. Inflammatory fibroid tumor
7. Perineuroma
8. Plexiform fibromyxoma

**Diagnosis :** Plexiform fibromyxoma

**Discussion :** Plexiform fibromyxoma is a recently described new entity of gastric mesenchymal tumor. Herein, we present a rare and new entity which is distinct from the GIST. Gastric mesenchymal tumor with myxoid features has been reported in the previous literature with variable terminology such as myxoma and fibromyxoma. The term “plexiform angiomyxoid myofibroblastic tumor of the stomach” has been used in recent years.

The tumor is rare. According to the estimation by Miettinen et al, the ratio of GIST to plexiform fibromyxoma is more than 150 : 1. To our best knowledge, about 22 cases had been reported up to now.

Most patients with plexiform fibromyxoma are young and middle aged adults. The number of men and women is roughly equal. Tumor size ranges from 1.9 cm to 15 cm (median size of 5.5 cm). The tumor location seems to be exclusive in the gastric antrum, especially the pyloric region. It is common that tumor extends into the duodenal bulb wall or exterior surface of stomach and proximal. Patients usually present with upper gastrointestinal bleeding, gastric ulcer, dyspepsia, abdominal mass, and weight loss. Some patients present without clinical symptom with incidental finding.

Grossly, the tumors locate variably at intraluminal, intramural with externally bulging. The cut surfaces are pale tan, mucoid, gelatinous, or hemorrhagic.

Histologically, the tumor cells characterize by a plexiform and multinodular growth pattern with involvement of the gastric muscularis propria. An infiltrative margin to the mucosa or the muscularis propria is often seen. The nodules are composed of bland-looking spindled to ovoid cells in a myxoid or fibromyxoid stroma. A prominent capillary network with chicken-wire appearance is often found. Some tumor cells show intravascular involvement. There is no tumor necrosis, calcification, nuclear palisades, or skenoid fibers. Cytologically, the tumor cells show indistinct cytoplasm and cellular borders. The nuclei are oval with peppered chromatin and a delicate nucleolus. No or rare nuclear atypia is found. Mitotic activity is low (<1/50 to 4/50 HPF, median 1/50 HPF).

The myxoid matrix shows negative staining for alcian blue-positive (at pH 2.5) and periodic acid-Schiff. Immunohistochemically, the tumor cells show positive for SMA and CD10 (variable), and negative for KIT, DOG1, CD34, desmin, S100 protein, CK, and heavy caldesmon. KIT and

PDGFRA mutations show wild-type sequences.

Up to now, the tumorigenesis is still uncertain. Immunohistochemically, the tumor cells show SMA(+), desmin(-), and caldesmon(-). No skeinoid fiber is found under electronic microscope. The above features may demonstrate the myofibroblastic origin rather than smooth muscle origin. However, small number of tumor cells show positive for smooth muscle marker. It may demonstrate that some tumor cells owing the ability to differentiate to smooth muscle cells. It seems to be a benign tumor in more than 20 years follow-up according to the study of Miettinen et al. No obvious cancer-death or metastasis is found. However, the cases number is still low. Complete excision and follow-up are recommended. More further studies about the tumor in clinical and molecular level are needed.

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### CASE HISTORY:

**Signalment:** 47-year-old man

**Clinical History:** The 47-year-old man was generally healthy in the past. In 2004/10, multiple palpable tender right lower neck and supraclavicular lymph nodes were noted. He thus went to 台中中山醫院 and chest X-ray showed RUL bulging soft tissue and widening upper mediastinum. One month later, exertional dyspnea appeared. No cough, no body weight loss or poor appetite accompanied. The image-guided LN biopsy showed metastatic poorly differentiated carcinoma with unknown origin. Whole body PET CT showed multiple enlarged LNs in bilateral lower neck and thoracic inlet. He has received cisplatin+5-FU chemotherapy but not good tumor response. As time goes by, SVC syndrome with facial swelling gradually appeared and pancytopenia and neutropenic fever occurred. Stomatitis, dysphagea, general weakness followed by. Dyspnea aggravated thus the first time thoracentesis was performed in 2005/9 with reddish (RBC: 32750 / $\mu$ l) and turbid pleural effusion without TB, bacteria or fungus. Two course chemotherapy (CHOP) with Irresa started in 2006/1 at 台中榮總醫院. However, bilateral neck mass enlarged and CXR showed upper mediastinum widening. Disease progressed. The dyspnea aggravated again and CXR showed Rt. side massive pleural effusion, thus the second time thoracentesis was performed with bloody pleural effusion. He didn't receive chemotherapy again. DNR was signed on 2006/7/31. The patient was expired on 2006/8/3.

### **Clinical Pathology:**

2004/11  $\beta$ -HCG 44.1 ; AFP 10.15 ; Ca-125 322 ; CA19-9 615

2005/10  $\beta$ -HCG 788 ; Ca-125 460 ; CA19-9 3957

2006/3~5  $\beta$ -HCG 1304, 4545, 8946 ; AFP 10.15; Ca-125 844, 986, 2357; CA19-9 7242, 2732, 3816

**Gross Findings:** At autopsy, the main lesion was located in anterior mediastinum measuring 6×4×3 in size. In addition, this tumor was also directly involved right pleural space mimicking malignant mesothelioma. No other organs metastasis was found.



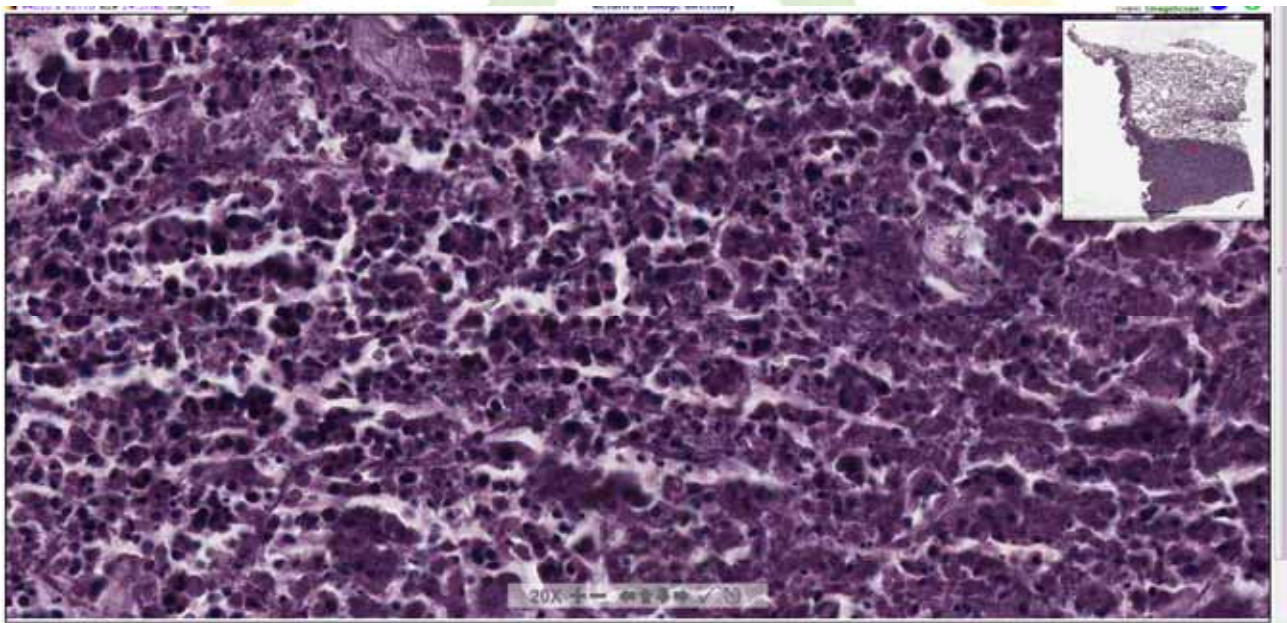
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**CASE RESULT:**

**Histopathological Findings:** the main tumor is composed of polygonal cells with eosinophilic or clear cytoplasm and multinuclear giant cells accompanied capillary stroma and focal papillary growth.

**Virtual Slide :**



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**Immunohistochemistry:** CK7(+), CK20(+), CD10 (+), EMA (+), calretinin(-), CEA(-), TTF-1(-), P63(-),  $\beta$ -HCG(+) & PLAP (+), CD30 (-), hPL(-) Hepa-1(-) and Glypican 3(-)

**Differential Diagnosis:**

1. Hepatoid carcinoma of thymus
2. Renal cell carcinoma, metastatic
3. Psendomesotheliomatous adenocarcinoma of lung
4. Choriocarcinoma
5. Malignant epithelioid trophoblastic tumor

**Diagnosis:** Malignant epithelioid trophoblastic tumor

**Discussion:** The histopathologic picture of the main tumor is composed of polygonal or epithelioid like cells with clear or eosinophilic cytoplasm containing vacuoles, prominent eosinophilic nucleoli and plenty of capillary stroma. Some multinuclear giant cells mimicking syncytiotrophoblasts containing vacuoles are also noted. Immunohistochemistry stain shows prominent Ck7 & Ck 20 positive in both cells.

According to clinical laboratory data with high  $\beta$ -HCG, so immunohistochemistry stain is performed using anti- $\beta$  HCG antibody. Only syncytiotrophoblast like cells are positive but monotonous like cells are negative.

In addition, EMA & CD10 are also strong positive in both cells. Above the results, trophoblast malignancy is diagnostic. In this case, the main monomorphic tumor cells is mimicking intermediate trophoblastic cells. Unfortunately, the hPL stain is negative.

But we strong suggest this rare tumor is diagnosed as malignant epithelioid trophoblastic tumor according to histologic picture and clinical with moderate elevated of  $\beta$ -HCG. Review the article, this case may be the first case in the mediastinum.

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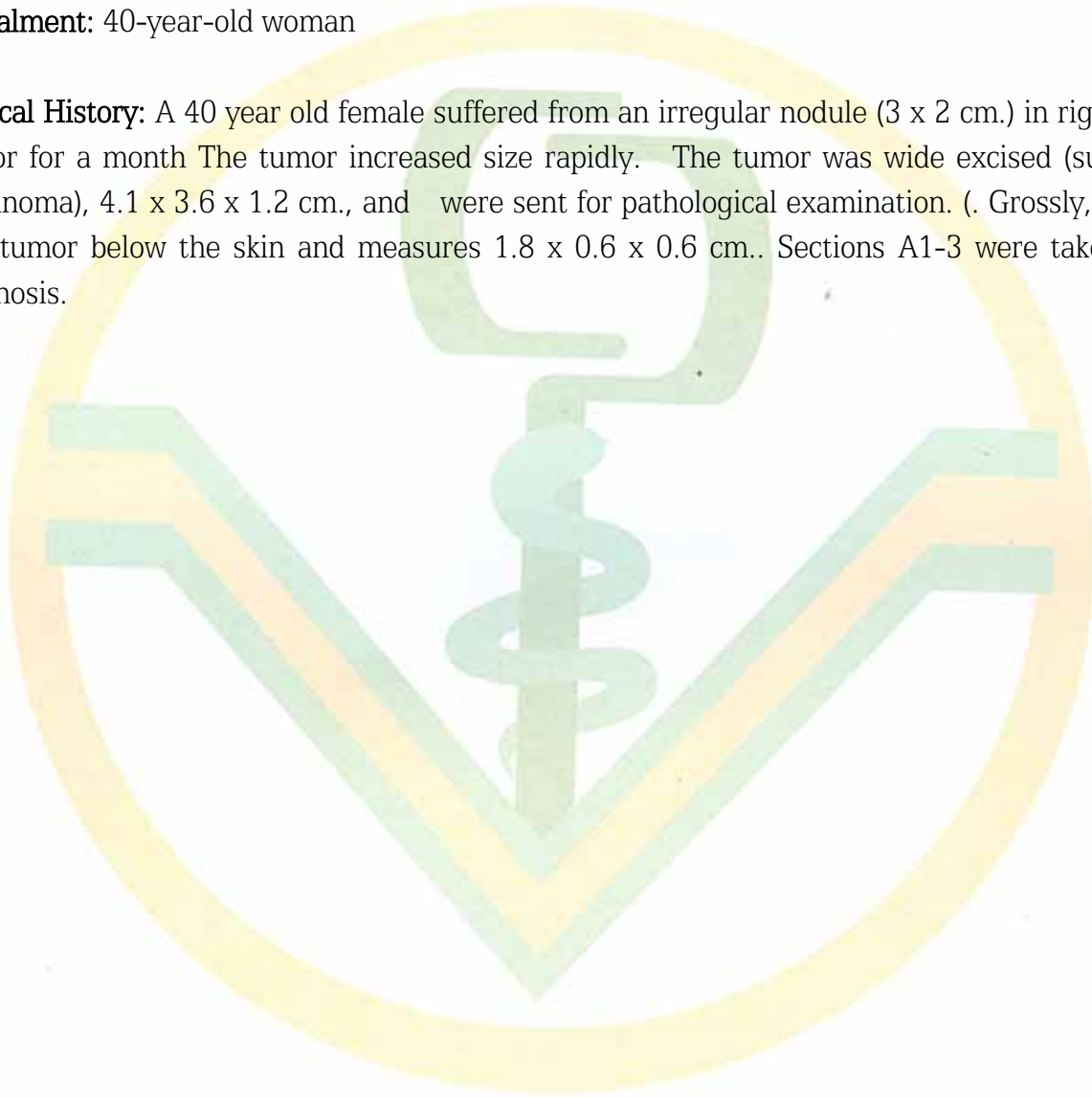
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### CASE HISTORY:

**Signalment:** 40-year-old woman

**Clinical History:** A 40 year old female suffered from an irregular nodule (3 x 2 cm.) in right hip tumor for a month. The tumor increased size rapidly. The tumor was wide excised (suspect melanoma), 4.1 x 3.6 x 1.2 cm., and were sent for pathological examination. (. Grossly, there is a tumor below the skin and measures 1.8 x 0.6 x 0.6 cm.. Sections A1-3 were taken for diagnosis.





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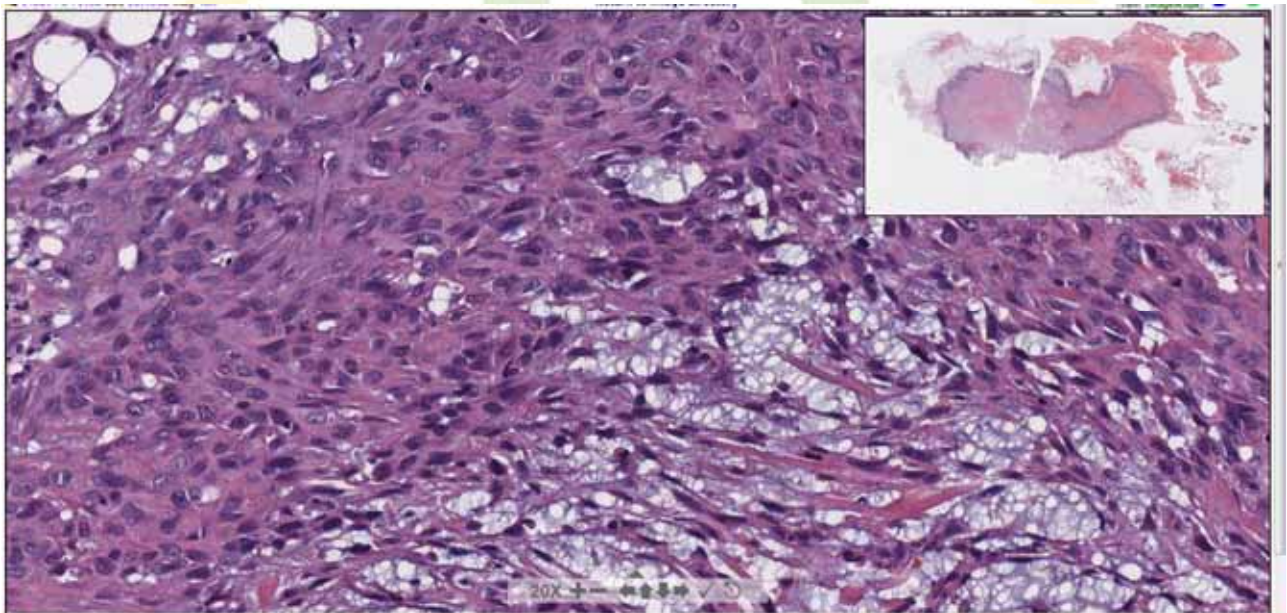
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### CASE RESULT:

**Histopathology:** Ill-defined lesion in the subcutis and is composed of compactly-arrayed tumor cell nests in the peripheral areas and contains marked central necrosis.

Mitosis is found.

Virtual Slide :



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### **Immunohistochemistry surveys:**

1. CK, Vimentin and EMA: (+)
2. Smooth muscle actin, HMB-45: (-).

### **Differential Diagnosis:**

1. Infectious or necrotizing granuloma: CK: (-).
2. Nodular fasciitis, Fibrohistiocytoma, Fibromatosis: No epithelioid features and CK: (-)
3. Malignant melanoma: more pleomorphism, S-100: (+), HMA-45: (+), CK: (-).
4. Synovial sarcoma: Location, no dermal involvement and ulceration.

**Diagnosis:** Skin and subcutis, hip, right, excision, showing epithelioid sarcoma.



## Diagnostic Criteria:

### Low power

1. Ill-defined, multinodular firm mass with necrotic foci..
2. Usually less 5 cm.
3. Diffuse infiltrative margins.
4. Nodules of monomorphic, eosinophilic, epithelioid to spindle-shaped cells.
5. Dense fibrous stroma.

### High power

6. Minimal nuclear pleomorphism.
7. Mitoses (variable)
8. Central necrosis or myxohyaline degeneration.
9. Perineural and vascular invasion.
10. Cytoplasmic vacuolation (variable).
11. Chondroid or osseous metaplasia (rare).

### Immunophenotype:

1. CK, EMA, Vimentin: (+).
2. S-100: (+/-)
3. Desmin: (-), CD34: 50 % (-)
4. Keratin 8(K8): 94 % (+), K19: 72 %, 34 bEH12: 48 %, K7: 22 %.

**Discussion:** Epithelioid sarcoma (ES) was first described by Laskowski in 1961 and Enzinger reported 62 cases and coined the term ES. ES is the most common primary sarcoma of the hand and wrist (distal extremities). A history of trauma is elicited in about 20 - 25 % of cases. ES has been reported in almost all ages but is most prevalent in patients between 10 and 39 years of age, usually in the adolescents and adults, with a male predominance. ES arising in the dermis often presents as a painless, slow-growing, superficial mass. ES in the subcutis or fascial tissue presents as fixed, hard nodule. Skin ulceration is common. Tumor spreads along the fascia planes or neurovascular bundles. Radical surgery is the treatment of choice but slow, relentless course with multiple local recurrence and eventual metastasis and death despite treatment happened. Fifty per cent of ES metastasize to lymph nodes, lung and soft tissues. Tumor less than 5 cm. has a better prognosis. ES is characterized by a predominantly nodular growth pattern of epithelioid and plump, spindled cells. Necrosis, hemorrhage, cyst formation, focal calcification or myxohyaline stroma replacing the tumor cells are commonly found in the center of the ES. Nodules of monomorphic, eosinophilic, epithelioid to spindled cells are found at the periphery of tumors. The mitotic rate in ES varies but is usually < 10 mitoses/ 10 HPF. Coexpression of CK and vimentin is the characteristic immunoprofile in ES. If questions about the diagnosis arise, a second opinion should be sought from an expert in sarcoma pathology. Whenever possible, tissue should be frozen for potential molecular diagnosis and additional tissue banked for research.

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<sup>4</sup>Endemic Species Research Institute (特有生物保育研究中心)

### CASE HISTORY:

**Signalment:** Pheasant-tailed jacana, age unknown.

**Case History:** Pheasant-tailed jacana (*Hydrophasianus chirurgus*) is one of the endemic avian species in Taiwan. Numerous pheasant-tailed jacanas were found dead at the paddy field of conservation area in Guan-tian Township, Tainan County during Dec. 2009. Dead birds including 8 pheasant-tailed jacana, 1 painted snipe, 2 moorhens, 2 green-winged teals, 1 red-collared dove and 4 tree sparrows were collected and frozen by Endemic Species Research Institute. The bodies were sent to the Animal Disease Diagnostic Center, National Chung Hsing University for disease diagnosis.

**Gross Findings:** Dead birds were thawed at room temperature prior to necropsy. At necropsy, the birds seemed healthy with normal state but crops, esophagus and gizzard filled with undigested rice grains. Livers and lungs were congested. No significant gross lesion was observed in kidney, spleen and other organs. The organs were fixed by 10% formalin for histopathological examination.



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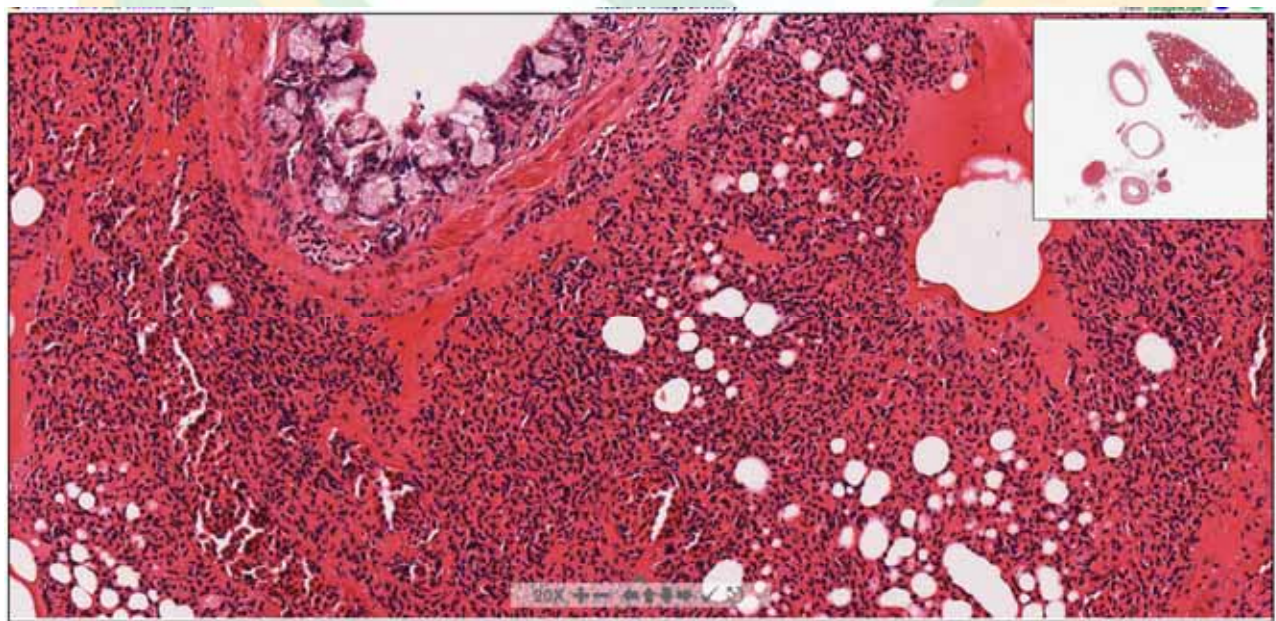
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### CASE RESULT:

**Microscopic Findings:** Non specific lesion but hearts and lungs showed marked congestion. An increase of the mucus secretion also presented in the esophagus and trachea, even the bronchioles of lungs. No significant lesion but slight postmortem change was observed in the other examined organs.

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### Laboratory Examination:

- Microbiologic examination: No bacteria were isolated from the hearts and livers which cultured by the blood and MaConkey agars.
- Molecular biological examination: The RT-PCR method was conducted for the suspected



viral infection in the brains and lungs of the birds. The result proved negative.

- Brain acetyl cholinesterase (AChE) activity: Determination of brain AChE activity, brain homogenates were analyzed by enzymatic methods using an automatic analyzer (Chiron Diagnostics Corporation, Oberlin, OH, USA). Results revealed that activity of brain AChE was inhibited by  $89.1 \pm 2.1\%$  in dead birds (remained  $42 \pm 8.1$  U/L,  $n = 5$ ) when compared with normal hens ( $390.7 \pm 27.4$  U/L,  $n = 3$ ).
- Pesticide analysis: Five specimens including rice grains obtained from crop and gizzard contents were submitted to Technical Service Center, National Animal Industry Foundation for pesticide analysis. Results expressed that mainly detecting peak was carbofuran, and some of minimal other pesticides included oxamyl, deltamethrin, carbendazim imidacloprid and prochloraz were accompanied analysis by the multiresidue of pesticide analysis. High concentrations and main residues of carbofuran were ranged from 5.7 to 36.8 ppm in the specimens.

**Diagnosis:** Acute carbofuran intoxication of pheasant-tailed jacana in paddy field

**Discussion:** *Hydrophasianus chirurgus* is a member of jacanidae, they change feathers during migration, polyandry, summer and winter seasons (Chen et al., 2008). Pheasant-tailed jacana prefers to live in the wetlands with floating-leaved plant, such as water caltrop and lily. The body weight of female pheasant-tailed jacana is about 190-250 g, and the male weights about 120-150 g; females are heavier than males. Pheasant-tailed jacana has unique feet that are very long and enabling them to walk on floating-leaved vegetation (翁, 1999). Unfortunately, lot of Pheasant-tailed jacana was incidentally found dead in this event.

Endemic death of wild animals may cause by numerous infectious diseases, such as avian influenza, Newcastle disease etc. In this case, no infectious pathogens were proved. Based on the history, microbiology, molecular biology, and pathological examinations, poisoning was suspected to cause death in a colony of wild animals. High levels of carbofuran, range from 5.7 to 36.8 ppm, were detected in the undigested rice grains that confirmed pesticide intoxication in the pheasant-tailed jacana. Identification of suspected poisoning cases relies on chromatographic determination for carbamate and organophosphates, or with cholinesterase inhibition on a thin layer chromatography plate and enzymatic biochemistry analysis to confirm the activity of the compound.

Mainly carbofuran with few oxamyl, deltamethrin, carbendazim imidacloprid and prochloraz were detected in the rice grains of the crops and gizzard contents in the dead birds. Carbofuran is a kind of carbamate insecticide. Other carbamate insecticides like carbaryl, aldicarb and methomyl, and all have been established uses as agricultural insecticides, by preventing metabolism of acetylcholine at cholinergic synapses of pests; they are highly toxic to animals and humans (Hoogduijn et al., 2006, Lassiter et al., 2007). Carbofuran is a white crystalline

solid with a slightly phenolic odor, and products names include Furadan®, Niagara® 10242, Brifur® Chinufur®, Curaterr®, Yaltox® and 好年冬® (in Taiwan). Carbofuran usually use to control insects, mites, and nematodes in soil and on leaves in a variety of field, fruit, and vegetable crops (Zhang et al., 2007). The LD50 of rat oral is 8 mg/kg and mallard duck oral is 0.397 mg/kg. There are large differences of toxic doses in many species. In toxic reaction, low dose of carbofuran significantly decreased brain AChE activity; the higher doses produce relatively greater decrease in motor activity to paralyze respiratory function (McDaniel et al., 2007).

From reference reports, pesticide poisons in wild birds are commonly caused by organophosphates (Ops) and carbamates. Ops pesticides include monocrotophus, fenthion, parathion, EPN, and diazinon, and carbamate carbofuran (Kwon et al., 2004). Further references about pesticide poisoning in wild birds revealed that some birds were submitted alive with neurologic signs such as convulsions, lethargy, and paralysis (Berny et al., 2008, Wobeser et al., 2004). At necropsy, no specific gross lesions were observed in most dead birds. Ingested grains were found in the upper digestive tracts of those birds. The changes in birds affected due to carbamate and OP toxicity were mostly biochemical intoxication. For this, gross and microscopic examinations of organs could not be observed due to rapid death. The above compounds might not be detectable in the sampled birds due to their rapid breakdown, as a result of shorter half-life. Brain AChE activity is used commonly to identify anticholinesterase poisoning, but interpretation is difficult for specimens collected in the field because AChE activity of chemicals have a variable effect, and conditions between death and specimen analysis are also highly variable. Analysis of brain cholinesterase activity is widely used as a diagnostic technique, but using this method always requires knowledge of the normal value for each species, and it may be confounded as well by postmortem decomposition (Wobeser et al., 2004). In this case, although no background data of brain AChE activity, results revealed that activity of brain AChE was inhibited by 89.1 ± 2.1% in dead birds when compared with normal hens.

The treatment of poisonings produced by AChE inhibitors has remained unchanged for many decades with the muscarinic antagonist atropine being used as a primary antidote and the dose is 0.1-0.2 mg/kg IM or SC. Concomitant administration of an anticonvulsant drug such as diazepam 0.5-2 mg/kg IV or IM is considered essential to optimize the regimen of carbamate pretreatment plus atropine and oxime therapy for severely exposed casualties (Plumb et al., 2008, Shih et al., 2007).

Finally, the cause of bird death in the fields is generally closely associated with methods of pesticide application. The most common route of exposure to pesticides in wild animals is by ingestion of poisoned insects, carcasses or grains intentionally treated with pesticide for bait. In this case, for saving money, farmers sowed the rice by hand instead of traditionally

transplanting rice by machines. For this, they sprayed the rice grains with high concentrations of pesticide inside to kill or deter wild birds which eat the grains. However, how to protect wild animals included pheasant-tailed jacana in the conservation areas for the ecosystemic safety between wild birds and economy balance needs to concern as well.

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### CASE HISTORY:

**Signalment:** 3-4 years-old, intact male, mixed-breed stray dog.

**Clinical History:** This dog was found in the street and was sent to NTUVH at the same day, because there were many cutaneous nodules in the body of dog. Upon physical examination, the dog showed anorexia and malnutrition. This dog had 6-8% dehydration and poor hair coat with severe malodor. Generalized-distributed cutaneous nodules were observed, some of which were ulcerated, especially on both side of trunk, oozed out pus-like materials with severe external parasite infested. The nodules were round to oval and estimated 3-5 cm in diameter. On laboratory examination, blood examination revealed moderate anemia, severe leukocytosis with left shift and hypoalbuminemia. Blood parasite was not noted in microscopic blood smear examination. However, *Anaplasma platys* was found in ELISA test (commercial kit). FNA test for cutaneous nodules was performed and revealed many round cells with marked cytoplasmic vacuolization. Few mitotic figures were also found.

**Gross Findings:** Many nodules located on the trunk, head, limbs and bilateral conjunctival mucosa but not on abdominal region. The nodules were round to oval in shape and some were ulcerated or hemorrhagic. Oral mucosa showed pale and some area of gum were ulcerated. A fistula from palate to oral cavity was noted. When the cutaneous nodules were flayed, the nodules didn't invade to muscular layer and easily separated from epimysium, and the cut surface of nodules were homogeneous light yellowish in color. The texture of nodules were firm, and the fringe were well-demarcated from nearby tissue. Left lateral medial, caudal lobe of the lung showed redness and wet. The hemorrhagic area and swelling were noted in retropharyngeal lymph node, and the left retropharyngeal lymph node was 1.3 times bigger than the right one. The hepatic lobule were obvious.



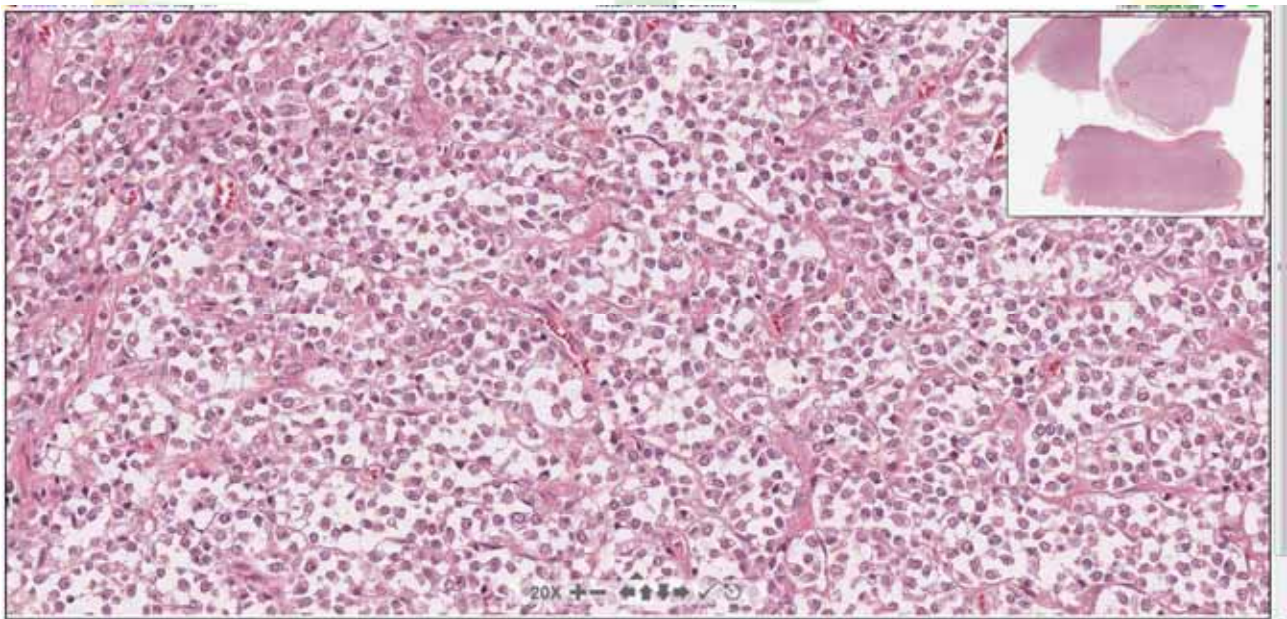
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### CASE RESULT:

**Histopathology Description:** Neoplasm are partially encapsuled and demarcated to the surroundings and expand from the dermis to the underlying muscular layer. The neoplastic cells are arranged to form sheets, and closely-packed with few fibrovascular stroma interlacing in these cells. Neoplastic cells are round to polygonal with obvious cellular borders. Vacuoles containing abundant eosinophilic substance are found in the cytoplasm. The nucleus shows anisokaryosis which locates centrally to cell. The nucleolus isn't obvious. Mitoses are 1-2 per HPF. Neoplastic cells metastasis of retropharyngeal lymph node is noted. Demodex canis are discovered in hair follicles.

### Virtual Slide :



<http://140.112.96.83:82/CSCP/49CSCP/case346/3708.svs>

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### Differential Diagnosis:

1. Transmissible venereal tumor
2. Histocytoma
3. Lymphoma
4. Merkel cell tumor

**Immunohistochemistry:** The round cells are immunohistochemically positive for lysozyme,

neuron-specific enolase, vimentin and negative for CD3, CD79, CD45, CK, Melan A, Myeloperoxidase.

**Diagnosis:** Transmissible venereal tumor

**Comment:** Canine cutaneous round cell tumor should be considered several tumors like transmissible venereal tumor, histiocytoma, lymphoma, Merkel cell tumor, plasmacytoma and mast cell tumor, and every tumor has the feature to diagnose. Several methods can help to differentiate these tumor like fine needle aspiration, histopathology, immunohistochemistry staining and polymerase chain reaction. In this case, according to the result of fine needle aspiration and polymerase chain reaction, the tumor is diagnosed as transmissible venereal tumor. Transmissible venereal tumor transmitted by viable tumor cells spread from infected dogs or bitches during coitus, or by licking or rubbing. The exact incidence of TVT is not known.

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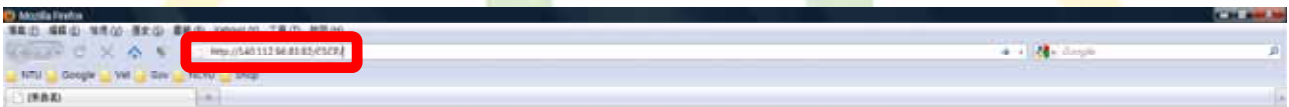
## 中華民國比較病理學會數位式組織切片影像資料庫

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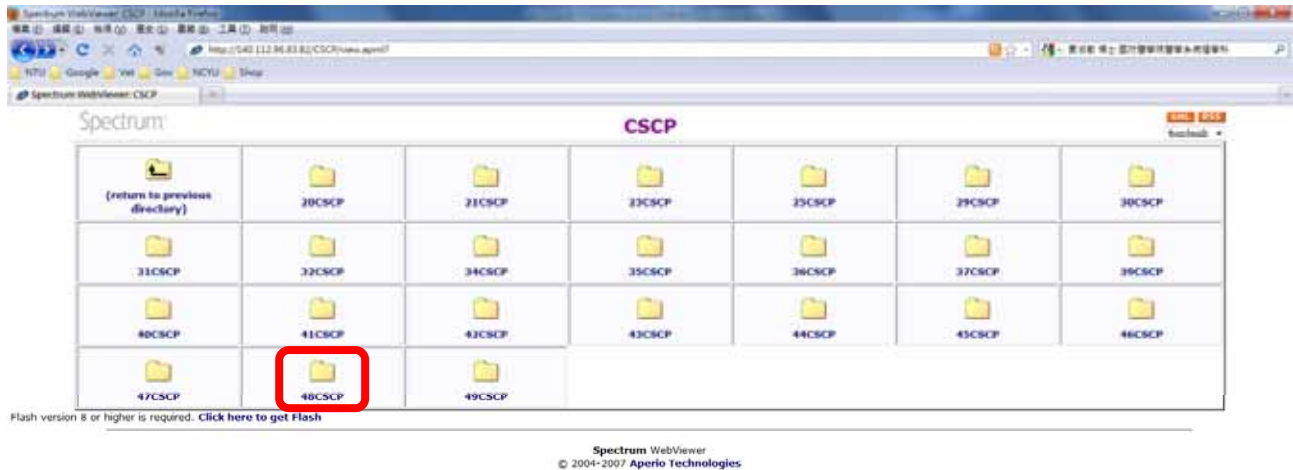
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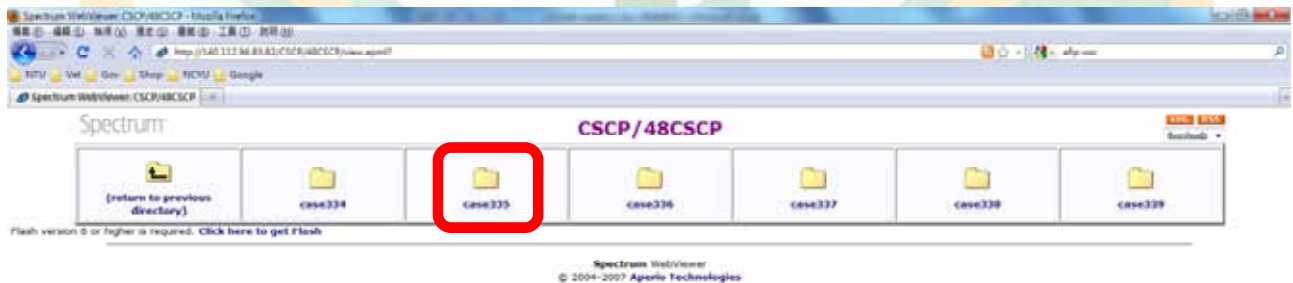
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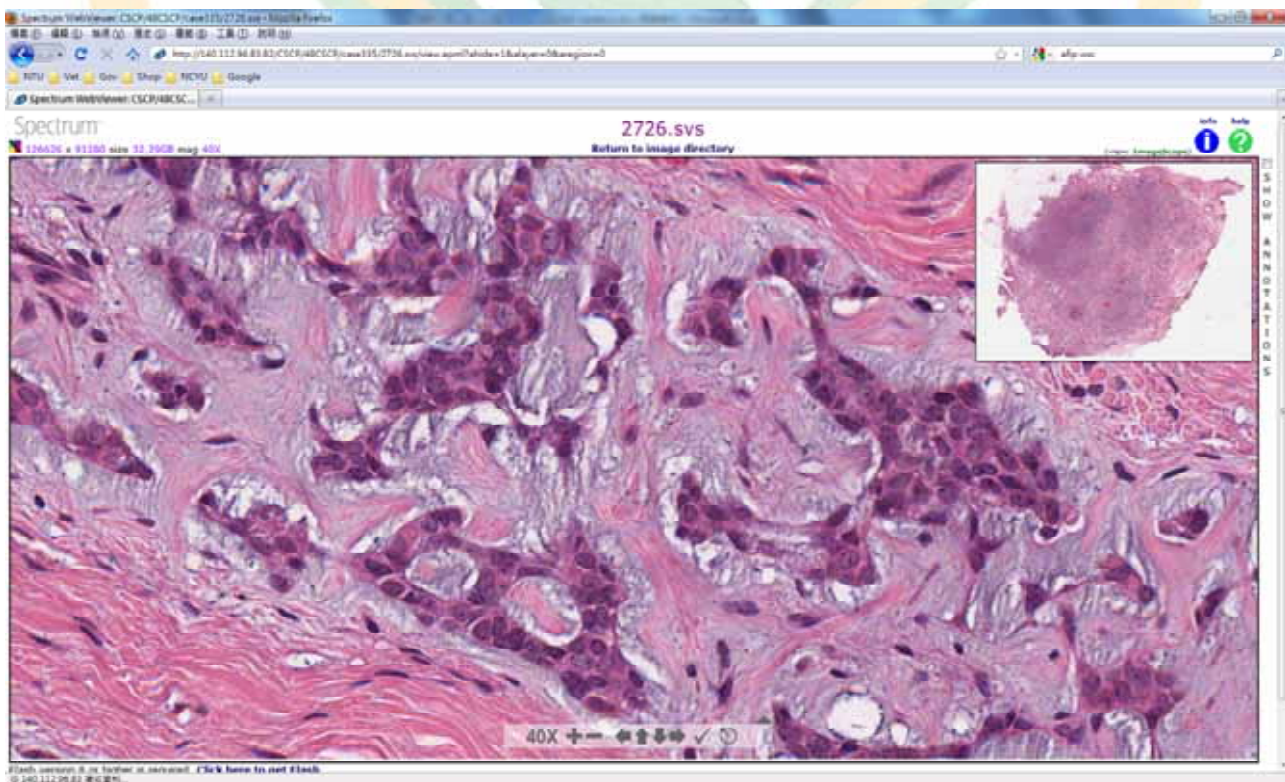
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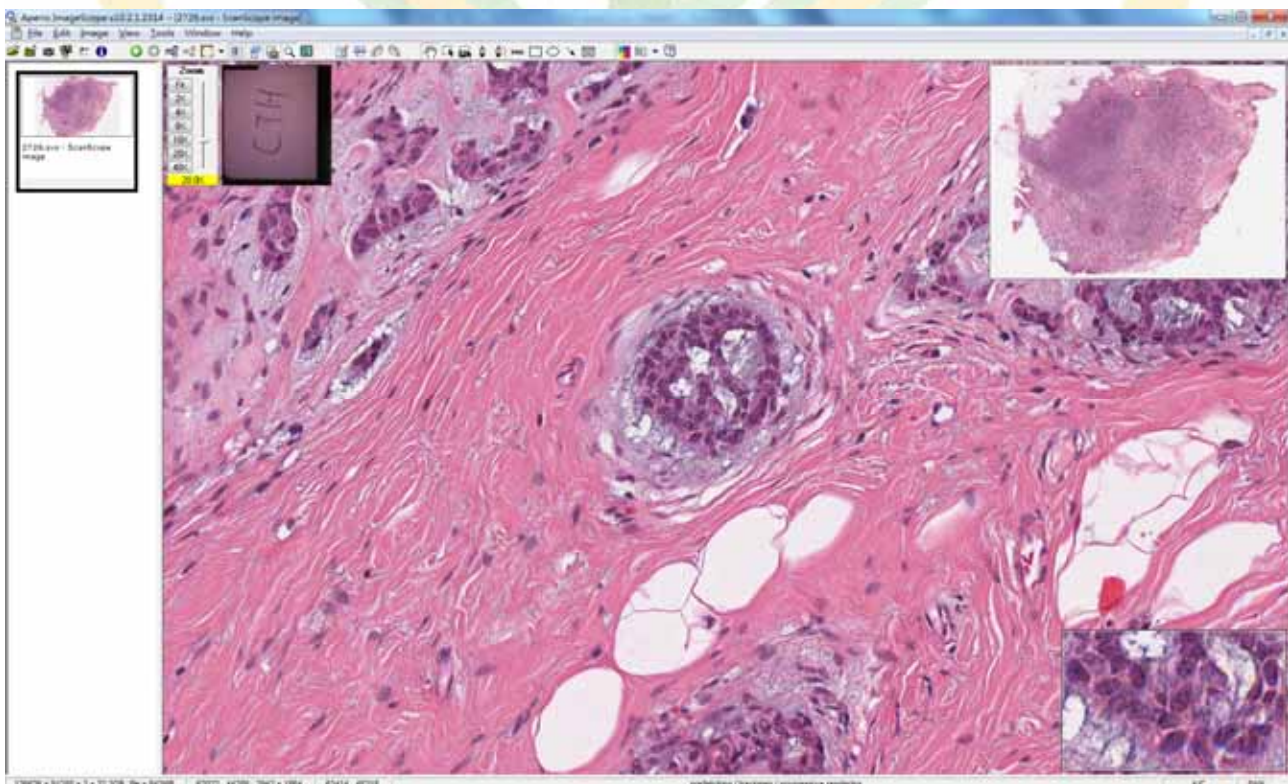


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**中華民國比較病理學會**  
**第一次至第四十九次比較病理學研討會病例分類一覽表**

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.	Ependymoblastoma	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	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	中興大學獸醫學系
	43.	Phyllodes tumor	Human	台中榮民總醫院
	44.	Canine oral papilloma	Dog	國立臺灣大學獸醫專業學院
	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



分 類	病例 編號	診 斷	動物別	提 供 單 位
腫 瘤	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	天主教耕莘醫院
	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	羅東博愛醫院病理科
	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	天主教耕莘醫院
	90.	Clear cell sarcoma of kidney	Human	台北醫學院
	93.	Mammary gland adenocarcinoma, complex type , with chondromucinous differentiation	Dog	國立臺灣大學獸醫專科
	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	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

分 類	病例 編號	診 斷	動物別	提 供 單
腫 瘤	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 histiocytoma and paraffinoma	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 sertoli cell and seminoma-like cell tumor	Dog	美國紐約動物醫學中心
	116.	Krukenberg's Tumor	Human	台北病理中心
	117.	Primary insular carcinoid tumor arising from cystic teratoma of ovary.	Human	佛教慈濟綜合醫院
	119.	Polypoid adenomyoma	Human	大甲李綜合醫院
	120.	Gonadal stromal tumor	Human	天主教耕莘醫院
	122.	Gestational choriocarcinoma	Human	彰化基督教醫院
	123.	Ovarian granulosa cell tumor	Horse	中興大學獸醫學系
	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	國立臺灣大學獸醫專業學院
	137	Canine Glioblastoma Multiforme in Cerebellopontine Angle	Dog	中興大學獸醫病理研究所

分 類	病例 編號	診 斷	動物別	提 供 單 位
腫 瘤	143	Osteosarcoma associated with metallic implants	Dog	紐約動物醫學中心
	144	Radiation-induced osteogenic sarcoma	Human	佛教慈濟綜合醫院
	145	Osteosarcoma, osteogenic	Dog	國立臺灣大學獸醫專業學院
	146	Pleomorphic rhabdomyosarcoma	Human	行政院衛生署新竹醫院
	147	Papillary Mesothelioma of pericardium	Leopard	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	中興大學獸醫學院
	150	Desmoplastic small round cell tumor (DSRCT)	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
	190	Angiosarcoma	Human	高雄醫學大學病理學科
	192	Cardiac myxoma	Human	彰化基督教醫院病理科
	194	Kasabach-Meritt syndrome	Human	佛教慈濟綜合醫院
	195	Metastatic hepatocellular carcinoma, right atrium	Human	新光醫院病理科
	197	Papillary fibroelastoma of aortic valve	Human	新光醫院病理科
	198	Extraplacental chorioangioma	Human	天主教耕莘醫院
	208	Granulocytic sarcoma (Chloroma) of uterine cervix	Human	高雄醫學大學病理學科
	210	Primary non-Hodgkin' s lymphoma of bone, diffuse large B cell, right humerus	Lymphoma	彰化基督教醫院病理科
	213	Lymphoma, multi-centric type	Dog	中興大學獸醫系

分 類	病例 編號	診 斷	動物別	提 供 單 位
腫 瘤	214	CD30 (Ki-1)-positive anaplastic large cell lymphoma (ALCL)	Human	新光醫院病理科
	215	Lymphoma, mixed type	Koala	國立臺灣大學獸醫專業學院
	217	Mucosal associated lymphoid tissue (MALT) lymphoma, small intestine	Cat	國立臺灣大學獸醫專業學院
	218	Nasal type NK/T cell lymphoma	Human	高雄醫學大學病理科
	222	Acquired immunodeficiency syndrome (AIDS)with disseminated Kaposi' s sarcoma	Human	佛教慈濟綜合醫院
	224	Epithelioid sarcoma	Human	彰化基督教醫院病理科
	226	Cutaneous B cell lymphoma , eyelid , bilateral	Human	羅東聖母醫院病理科
	227	Extramammary Paget' s disease (EMPD) of the scrotum	Human	萬芳北醫皮膚科,病理科
	228	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
	231	Malignant melanoma, metastasis to intra-abdominal cavity	Human	天主教耕莘醫院
	232	Vaccine-associated rhabdomyosarcoma	Cat	國立臺灣大學獸醫專業學院
	233	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
	235	1. Neurofibromatosis, type I 2. Malignant peripheral nerve sheath tumor (MPNST)	Human	佛教慈濟綜合醫院
	239	Glioblastoma multiforme	Human	羅東聖母醫院
	240	Pineoblastoma	Wistar rat	綠色四季
	241	Chordoid meningioma	Human	高醫病理科
	243	Infiltrating lobular carcinoma of left breast with meningeal carcinomatosis and brain metastasis	Human	佛教慈濟綜合醫院
	245	Microcystic Meningioma.	Human	天主教耕莘醫院



分 類	病例 編號	診 斷	動物別	提 供 單 位
腫 瘤	247	Well-differentiated fetal adenocarcinoma without lymph node metastasis	Human	新光吳火獅紀念醫院
	249	Adenocarcinoma of lung.	Human	羅東聖母醫院
	252	Renal cell carcinoma	Canine	國立臺灣大學獸醫專業學院
	253	Clear cell variant of squamous cell carcinoma, lung	Human	高雄醫學大學附設中和醫院病理科
	256	Metastatic adrenal cortical carcinoma	Human	天主教耕莘醫院
	258	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
	262	Medullar thyroid carcinoma	Canine	國立臺灣大學獸醫專業學院
	264	Merkel cell carcinoma	Human	羅東博愛醫院
	266	Cholangiocarcinoma	Human	天主教耕莘醫院
	268	Sarcomatoid carcinoma of renal pelvis	Human	佛教慈濟綜合醫院
	269	Mammary Carcinoma	Canine	中興大學獸醫學系
	270	Metastatic prostatic adenocarcinoma	Human	天主教耕莘醫院
	271	Malignant canine peripheral nerve sheath tumors	Canine	國立臺灣大學獸醫專業學院
	272	Sarcomatoid carcinoma, lung	Human	羅東聖母醫院
	273	Vertebra,T12,laminectomy, metastatic adenoid cystic carcinoma	Human	彰化基督教醫院
	274	rhabdomyosarcoma	Canine	國立臺灣大學獸醫專業學院
	275	Fetal rhabdomyosarcoma	SD Rat	中興大學獸醫學系
	276	Adenocarcinoma, metastatic, iris, eye	Human	高雄醫學大學
	277	Axillary lymph node metastasis from an occult breast cancer	Human	羅東博愛醫院病理科
	278	Hepatocellular carcinoma	Human	國軍桃園總醫院
	279	Feline diffuse iris melanoma	Feline	中興大學獸醫學系
	280	Metastatic malignant melanoma in the brain and inguinal lymph node	Human	佛教慈濟綜合醫院
	281	Tonsil Angiosarcoma	Human	羅東博愛醫院病理科
	282	Malignant mixed mullerian tumor	Human	天主教耕莘醫院
	283	Renal cell tumor	Rat	中興大學獸醫學系

分 類	病例 編號	診 斷	動物別	提 供 單 位
腫 瘤	284	Multiple Myeloma	Human	佛教慈濟綜合醫院
	285	Myopericytoma	Human	新光吳火獅紀念醫院
	287	Extramedullary plasmacytoma with amyloidosis	Canine	國立臺灣大學獸醫專業學院
	288	Metastatic follicular carcinoma	Human	羅東聖母醫院病理科
	289	Primitive neuroectodermal tumor (PNET), T-spine.	Human	羅東博愛醫院病理科
	292	Hemangioendothelioma of bone	Human	佛教慈濟綜合醫院
	293	Malignant tumor with perivascular epithelioid differentiation, favored malignant PEComa	Human	彰化基督教醫院
	297	Mucin-producing cholangiocarcinoma	Human	基隆長庚醫院
	300	Cutaneous epitheliotropic lymphoma	Canine	國立臺灣大學獸醫專業學院
	301	Cholangiocarcinoma	Felis Lynx	國立臺灣大學獸醫專業學院
	302	Lymphoma	Canine	國立臺灣大學獸醫專業學院
	303	Solitary fibrous tumor	Human	彰化基督教醫院
	304	Multiple sarcoma	Canine	國立臺灣大學獸醫專業學院
	306	Malignant solitary firous tumor of pleura	Human	佛教慈濟綜合醫院
	307	Carcinoma with thymus-like element	Human	彰濱秀傳紀念醫院
	308	Medullary carcinoma of right lobe of thyroid	Human	彰化基督教醫院
	309	Thyroid carcinosarcoma with cartilage and osteoid formation	Canine	國立臺灣大學獸醫專業學院
	312	Systemic T- lymphocytic leukemia/lymphoma	Koala	國立臺灣大學獸醫專業學院
	313	Neuroendocrine carcinoma of liver	Human	佛教慈濟綜合醫院
	314	Parachordoma	Human	羅東博愛醫院病理科
	315	Carcinoma ex pleomorphic adenoma, submandibular gland	Human	天主教耕莘醫院
	316	Melanoma, tongue	Canine	國立臺灣大學獸醫專業學院

分 類	病例 編號	診 斷	動物別	提 供 單 位
腫 瘤	317	Renal cell carcinoma, papillary type	Canine	國立臺灣大學獸醫專業學院
	323	Metastatic papillary serous cystadenocarcinoma, abdomen	Human	國軍桃園總醫院
	324	Malignant gastrointestinal stromal tumor	Human	天主教耕莘醫院
	329	Sclerosing stromal tumor	Human	彰化基督教醫院
	330	Pheochromocytoma	Human	天主教耕莘醫院
	334	Metastatic infiltrating ductal carcinoma, liver	Human	佛教慈濟綜合醫院
	335	Adenoid cystic carcinoma, grade II, Rt breast	Human	天主教耕莘醫院
	336	Malignant lymphoma, diffuse, large B-cell, right neck	Human	林新醫院
	337	Pulmonary carcinoma, multicentric	Dog	國立臺灣大學獸醫專業學院
	338	Malignant melanoma, multiple organs metastasis	Rabbit	國立中興大學獸醫學院
	340	Mucinous-producing urothelial-type adenocarcinoma of prostate	Human	天主教耕莘醫院
	342	Plexiform fibromyxoma	Human	彰化基督教醫院
	343	Malignant epithelioid trophoblastic tumor	Human	佛教慈濟綜合醫院
	344	Epithelioid sarcoma	Human	林新醫院
	346	Transmissible venereal tumor	Dog	國立臺灣大學獸醫專業學院

分 類	病例 編號	診 斷	動物別	提 供 單 位
細菌	6.	Tuberculosis	Monkey	國立臺灣大學獸醫專業學院
	7.	Tuberculosis	Human	省立新竹醫院
	12.	H. pylori-induced gastritis	Human	台北病理中心
	13.	Pseudomembranous colitis	Human	省立新竹醫院
	26.	Swine salmonellosis	Pig	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	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	中興大學獸醫學系



分 類	病例 編號	診 斷	動物別	提 供 單 位
細菌	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	中興大學獸醫學院
	162	Mycotic aneurysm of jejunal artery secondary to infective endocarditis	Human	佛教慈濟綜合醫院
	170	Chronic nephritis caused by <i>Leptospira</i> spp	Pig	中興大學獸醫學院
	173	Ureteropyelitis and cystitis	Pig	中國化學製藥公司
	254	Pulmonary actinomycosis.	Human	天主教耕莘醫院
	259	Tuberculous peritonitis	Human	彰化基督教醫院病理科
	260	Septicemic salmonellosis	Piglet	屏東科技大學獸醫系
	261	Leptospirosis	Human	佛教慈濟綜合醫院
	267	Mycobacteriosis	Soft turtles	屏東科技大學獸醫系
	290	<i>Staphylococcus</i> spp. infection	Formosa Macaque	中興大學獸醫病理學研究所
	291	Leptospirosis	Dog	國立臺灣大學獸醫專業學院
	296	Leptospirosis	Human	佛教慈濟綜合醫院
	305	Cryptococcus and Tuberculosis	Human	彰濱秀傳紀念醫院
	319	Placentitis, <i>Coxiella burnetii</i>	Goat	台灣動物科技研究所
	321	Pneumonia, <i>Buirkholderia pseudomallei</i>	Goat	屏東縣家畜疾病防治所
	339	Mycoplasmosis	Rat	國家實驗動物中心

分 類	病例 編號	診 斷	動物別	提 供 單 位
病毒	21.	Newcastle disease	Chickens	國立臺灣大學獸醫專業學院
	22.	Herpesvirus infection	Goldfish	國立臺灣大學獸醫專業學院
	30.	Demyelinating canine distemper encephalitis	Dog	台灣養豬科學研究所
	31.	Adenovirus infection	Malayan sun bears	國立臺灣大學獸醫專業學院
	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G台東縣家畜疾病防治所
	130.	Fowl pox and Marek' s disease	Chicken	中興大學獸醫學系
	133.	Japanese encephalitis	Human	佛教慈濟綜合醫院
	136	Viral encephalitis, poliovirus infection	Lory	美國紐約動物醫學中心
	138	1.Aspergillus spp. encephalitis and myocarditis 2.Demyelinating canine distemper encephalitis	Dog	國立臺灣大學獸醫專業學院
	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	國立臺灣大學獸醫專業學院

分 類	病例 編號	診 斷	動物別	提 供 單 位
病毒	163	Parvoviral myocarditis	Goose	屏東科技大學獸醫學系
	199	SARS	Human	台大醫院病理科
	200	TGE virus	swine	臺灣動物科技研究所
	201	Feline infectious peritonitis(FIP)	Feline	國立臺灣大學獸醫專業學院
	209	Chicken Infectious Anemia (CIA)	Layer	屏東防治所
	219	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	Cytomegalovirus colitis	Human	彰化基督教醫院病理科
	221	Canine distemper virus Canine adenovirus type II co-infection	Canine	國家實驗動物繁殖及研究中心
	223	1. Skin, mucocutaneous junction (lip): Cheilitis with epidermal pustules, ballooning degeneration, proliferation, and eosinophilic intracytoplasmic inclusion bodies, Saanen goat. 2. Haired skin: Dermatitis, proliferative, lymphoplasmacytic with marked epidermal pustules, ballooning degeneration, acanthosis, hyperkeratosis, and eosinophilic intracytoplasmic inclusion bodies.	Goat	台灣動物科技研究所
	238	Hydranencephaly	Cattle	國立屏東科技大學獸醫學系
	248	Porcine Cytomegalovirus (PCMV) infection	Swine	國立屏東科技大學獸醫學系

分 類	病例 編號	診 斷	動物別	提 供 單 位
病毒	250	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 <i>Salmonella typhimurium</i> .	Swine	屏東縣家畜疾病防所
	255	Vaccine-induced canine distemper	gray foxes	國立臺灣大學獸醫專業學院
	265	Bronchointerstitial pneumonia (PCV II infection)	Swine	國立臺灣大學獸醫專業學院
	295	Feline infectious peritonitis (FIP)	Cat	中興大學獸醫病理所



分 類	病例 編號	診 斷	動物別	提 供 單 位
黴菌	23.	Chromomycosis	Human	台北病理中心
	47.	Lung: metastatic carcinoma associated with cryptococcal infection. Liver: metastatic carcinoma. Adrenal gland: carcinoma (primary)	Human	三軍總醫院
	48.	Adiaspiromycosis	Wild rodents	國立臺灣大學獸醫專業學院
	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	佛教慈濟綜合醫院
	127.	Eumycotic mycetoma	Human	佛教慈濟綜合醫院
	138	1.Aspergillus spp. encephalitis and myocarditis 2.Demyelinating canine distemper encephalitis	Dog	國立臺灣大學獸醫專業學院
	298	Systemic Candidiasis	Tortoise	中興大學獸醫學院
	322	Allergic fungal sinusitis	Human	羅東博愛醫院
	326	Meningoencephalitis, <i>Aspergillus flavus</i>	Cat	國立臺灣大學獸醫專業學院
	331	Histoplasmosis	Human	花蓮慈濟醫院病理科
	332	Pulmonary Blastomycosis	Rat	中興大學獸醫學院

分 類	病例 編號	診 斷	動物別	提 供 單 位
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	國立臺灣大學獸醫專業學院
	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	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	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
	202	Colnorchiasis	Human	高雄醫學院附設醫院
	203	Trichuriasis	Human	彰化基督教醫院
	204	<i>Psoroptes cuniculi</i> infection (Ear mite)	Rabbit	農業藥物毒物試驗所
	205	Pulmonary dirofilariasis	Human	和信治癌中心醫院
	206	Capillaries philippinesis	Human	和信治癌中心醫院
	207	Adenocarcinoma with schistosomiasis	Human	佛教慈濟綜合醫院
	286	Etiology- consistent with <i>Spironucleus (Hexamita) muris</i>	Rat	國家實驗動物中心
	327	Dermatitis, mange infestation	Serow	中興大學獸醫學院
	328	<i>Trichosomoides crassicauda</i> , urinary bladder	Rat	國家實驗動物中心

分 類	病例 編號	診 斷	動物別	提 供 單 位
原 蟲	4.	Cryptosporidiosis	Goat	台灣養豬科學研究所
	15.	Amoebiasis	Lemur fulvus	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.	Pneumocystis carinii pneumonia	Human	台北病理中心
	57.	Cecal coccidiosis	Chicken	中興大學獸醫學系
	65.	Cryptosporidiosis	Carprine	台灣養豬科學研究所
	211	Avian malaria, African black-footed penguin	Avian	臺灣動物科技研究所
	242	Neosporosis	Cow	國立屏東科技大學獸醫學系
	263	Intestinal amebiasis	Human	彰化基督教醫院病理科
	320	Cutaneous leishmaniasis	Human	佛教慈濟綜合醫院
	325	Myocarditis/encephalitis, <i>Toxoplasma gondii</i>	Wallaby	國立臺灣大學獸醫專業學院

分 類	病例 編號	診 斷	動物別	提 供 單 位
立克次體	229	Necrotizing inflammation due to scrub typhus	Human	佛教慈濟綜合醫院
	251	Scrub typhus with diffuse alveolar damage in bilateral lungs.	Human	佛教慈濟綜合醫院

分 類	病例 編號	診 斷	動物別	提 供 單 位
皮膚	216	Cytophagic histiocytic panniculitis with terminal hemophagocytic syndrome	Human	佛教慈濟綜合醫院

分 類	病例 編號	診 斷	動物別	提 供 單 位
其它	9.	Perinephric pseudocyst	Cat	國立臺灣大學獸醫專業學院
	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	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 G 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 G 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中心
	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	中興大學獸醫學系
	91.	Hypervitaminosis D	Orange-rumped agoutis	國立臺灣大學獸醫專業學院
	118.	Cystic endometrial 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	羅東博愛醫院病理科
	126.	Alopecia areata	Mouse	實驗動物繁殖及研究中心
	142	Avian encephalomalacia (Vitamin E deficiency)	Chicken	國立屏東科技大學獸醫學系
	159	Hypertrophic cardiomyopathy	Pig	國立臺灣大學獸醫專業學院



分 類	病例 編號	診 斷	動物別	提 供 單 位
其它	165	Chinese herb nephropathy	Human	三軍總醫院病理部及腎臟科
	167	Acute pancreatitis with rhabdomyolysis	Human	佛教慈濟綜合醫院
	171	Malakoplakia	Human	彰化基督教醫院
	183	Darier' s disease	Human	高雄醫學大學病理科
	191	1. Polyarteritis nodosa 2. Hypertrophic Cardiomyopathy	Feline	國立臺灣大學獸醫專業學院
	193	Norepinephrin cardiotoxicity	Cat	台中榮總
	196	Cardiomyopathy (Experimental)	Mice	綠色四季
	212	Kikuchi disease (histiocytic necrotizing lymphadenitis)	Lymphadenitis	天主教耕莘醫院
	225	Calcinosis circumscripta, soft tissue of the right thigh, dog	Dog	國立臺灣大學獸醫專業學院
	230	Hemochromatosis, liver, bird	Bird	國立臺灣大學獸醫專業學院
	234	Congenital hyperplastic goiter	Holstein calves	屏東縣家畜疾病防治所
	236	Hepatic lipidosis (fatty liver)	Rats	中興大學獸醫學病理學研究所
	237	Arteriovenous malformation (AVM) of cerebrum	Human	天主教耕莘醫院
	244	Organophosphate induced delayed neurotoxicity	Hens	中興大學獸醫學病理學研究所
	257	Severe lung fibrosis after chemotherapy in a child with Ataxia- Telangiectasia	Human	佛教慈濟綜合醫院
	294	Arteriovenous malformation of the left hindlimb	Dog	國立臺灣大學獸醫專業學院
	299	Polioencephalomalacia	Caprine	屏東家畜疾病防治所
	310	Thyroid Follicular Hyperplasia (hyperplastic goiter)	Porcine	屏東縣家畜疾病防治所
	311	Melamine and cyanuric acid contaminated pet food induced nephrotoxicity	Rat	國立中興大學獸醫學院
	318	Alfatoxicosis	Canine	國立臺灣大學獸醫專業學院
	333	Lordosis, C6 to C11	Penguin	國立臺灣大學獸醫專業學院

分 類	病例 編號	診 斷	動物別	提 供 單 位
其它	341	Pulmonary placental transmogrification	Human	羅東博愛醫院
	345	Acute carbofuran intoxication	Jacana	國立中興大學獸醫學院



# 中華民國比較病理學會章程

## 第一章 總則

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

## 第二章 會員

- 第六條 本會會員申請資格如下：
- 一、 一般會員：贊同本會宗旨，年滿二十歲，具有國內外大專院校(或同等學歷)生命科學及其它相關科系畢業資格或高職畢業從事生命科學相關工作滿兩年者。
  - 二、 學生會員：贊同本會宗旨，在國內、外大專院校生命科學或其它相關科系肄業者(檢附學生身份證明)。
  - 三、 贊助會員：贊助本會工作之團體或個人。
  - 四、 榮譽會員：凡對比較病理學術或會務之推展有特殊貢獻，經理事會提名並經會員大會通過者。
- 前項一、二、三項會員申請時應填具入會申請書，經一般會員二人之推薦，經理事會通過，並繳納會費。學生會員身份改變成一般會員時，得再補繳一般會員入會費之差額後，即成為一般會員，榮譽會員免繳入會費與常年會費。
- 第七條 一般會員有表決權、選舉權、被選舉與罷免權，每一會員為一權。贊助會員、

學生會員與榮譽會員無前項權利。

第八條 會員有遵守本會章程、決議及繳納會費之義務。

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

第十條 會員喪失會員資格或經會員大會決議除名者，即為出會。

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

### 第三章 組織及職員

第十二條 本會以會員大會為最高權力機構。

第十三條 會員大會之職權如下：

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

前項第八款重大事項之範圍由理事會訂定之。

第十四條 本會置理事十五人，監事五人，由會員選舉之，分別成立理事會、監事會。選舉前項理事、監事時，依計票情形得同時選出候補理事五人，候補監事一人，遇理事或監事出缺時，分別依序遞補之。本屆理事會得提出下屆理事及監事候選人參考名單。

第十五條 理事會之職權如下：

- 一、 審定會員之資格。
- 二、 選舉及罷免常務理事及理事長。
- 三、 議決理事、常務理事及理事長之辭職。
- 四、 聘免工作人員。
- 五、 擬訂年度工作計畫、報告、預算及決算。
- 六、 其他應執行事項。

第十六條 理監事置常務理事五人，由理事互選之，並由理事就常務理事中選舉一人為理事長。理事長對內綜理監督會議，對外代表本會，並擔任會員大會、理事會主席。理事長因事不能執行職務時，應指定常務理事一人代理之，未指定或不能指定時，由常務理事互推一人代理之。理事長或常務理事出缺時，應於一個月內補選之。

第十七條 監事會之職權如左：



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

- 第十八條 監事會置常務監事一人，由監事互選之，監察日常會務，並擔任監事會主席。  
常務監事因事不能執行職務時，應指定監事一人代理之，未指定或不能指定時，由監事互推一人代理之。監事會主席（常務監事）出缺時，應於一個月內補選之。
- 第十九條 理事、監事均為無給職，任期三年，連選得連任。理事長之連任以一次為限。
- 第二十條 理事、監事有下列情事之一者，應即解任：  
一、喪失會員資格。  
二、因故辭職經理事會或監事會決議通過者。  
三、被罷免或撤免者。  
四、受停權處分期間逾任期二分之一者。
- 第二十一條 本會置祕書長一人，承理事長之命處理本會事務，令置其他工作人員若干人，由理事長提名經理事會通過後聘免之，並報主管機關備查。但祕書長之解聘應先報主管機關核備。  
前項工作人員不得由選任之職員（理監事）擔任。  
工作人員權責及分層負責事項由理事會令另定之。
- 第二十二條 本會得設各種委員會、小組或其它內部作業組織，其組織簡則由理事會擬定，報經主機關核備後施行，變更時亦同。
- 第二十三條 本會得由理事會聘請無給顧問若干人，其聘期與理事、監事之任期同。

#### 第四章 會議

- 第二十四條 會員大會分定期會議與臨時會議兩種，由理事長召集，召集時除緊急事故之臨時會議外應於十五日前以書面通知之。定期會議每年召開一次，臨時會議於理事會過半數認為必要，或經會員五分之一以上之請，或監事會半數函請召集時召開之。
- 第二十五條 會員不能親自出席會員大會時，得以書面委託其他會員代理，每一會員以代理一人為限。
- 第二十六條 會員大會之決議，以出席人數過半之同意行之。但章程之訂定與變更、會員之除名、理事及監事之罷免、財產之處置、本會之解散及其他與會權利義務有關之重大事項應有出席人數三分之二以上同意。但本會如果辦理法人登記後，章

程之變更應以出席人數四分之三以上之同或全體會員三分之二以上書面之同意行之。

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

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

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

## 第五章 經費及會計

第二十九條 本會經費來源如下：

- 一、入會費：一般會員新台幣壹仟元，學生會員壹佰元，贊助會員伍仟元，於入會時繳納。
- 二、常年會費：一般會員新台幣五百元，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。

## 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

10617 臺北市大安區羅斯福路四段 1 號

國立臺灣大學獸醫系三館 106 室 蕭世烜秘書長 收

Tel: (02) 33663858

Fax: (02) 23682423

e-mail address: shsiao1@ntu.edu.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，學生會員一佰元。
- 【註：學生會員身份變更為一般會員時，只需繳交一般會員之常年會費】**

#### 三、請填妥入會申請表郵寄或傳真方式寄回中華民國比較病理學會秘書處收。

地址：10617 臺北市大安區羅斯福路四段 1 號 國立臺灣大學獸醫系三館 106 室  
蕭世烜秘書長 收  
電話：02-33663858、傳真 02-23682423。



# 中華民國比較病理學會入會申請及會員卡

會籍電腦編號：

姓名	中文		性別 <input type="checkbox"/> 男 <input type="checkbox"/> 女	出生日期	民國    年    月    日	出生地	省  縣/市
	英文			身份字號			
		會員身份： <input type="checkbox"/> 一般； <input type="checkbox"/> 學生； <input type="checkbox"/> 贊助					
學歷	1.			稱謂： <input type="checkbox"/> 醫師； <input type="checkbox"/> 獸醫師； <input type="checkbox"/> 先生； <input type="checkbox"/> 小姐； <input type="checkbox"/> 教授； <input type="checkbox"/> 主任； <input type="checkbox"/> 研究員； <input type="checkbox"/>			
	2.			研究興趣	1.		
	3.				2.		
	4.				3.		
主要經歷	機關名稱			職稱		起	止
						年    月	年    月
						年    月	年    月
						年    月	年    月
現職						年    月	年    月
地址	通訊：						
	戶籍：						
	Email：			電話：			
茲贊同  貴會宗旨妳加入為會員嗣後並願遵守一切規章共圖發展  此致  中華民國比較病理學會  <div>             申請人：             介紹人：             介紹人： </div>							審核結果         <div>             簽章             簽章             簽章 </div>
中華民國            年            月            日							

# 國立臺灣大學 校總區地圖



校園出入口

獸醫三館

