

中華民國比較病理學會

Chinese Society of Comparative Pathology

第 53 次比較病理學研討會



School of Veterinary Medicine, National Taiwan University

國立臺灣大學獸醫專業學院

November 19, 2011 (中華民國 100 年 11 月 19 日)

Chinese Society of Comparative Pathology

中華民國比較病理學會

SCHEDULE

53RD MEETING OF COMPARATIVE PATHOLOGY

中華民國比較病理學會第 53 次比較病理學研討會

Date: November 19, 2011 (Sat) 08:30~17:00

時間：100 年 11 月 19 日(星期六) 08:30~17:00

Location: B1, Veterinary Hospital, NTU

地點：國立台灣大學生農學院附屬動物醫院地下一樓國際會議廳

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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	專題演講	Dr. Po-Ren Hsueh (薛博仁 教授) 待定	Dr. C. W. Shih 施洽雯 主任
10:10~10:30	Coffee Break		
10:30~11:00	Case 373	陳燕麟 醫師 Cardinal Tien Hospital, Taiwan (天主教耕莘醫院)	Dr. F. J. Leu 呂福江 主任
11:00~11:30	Case 374	黃奎璋 醫師 Department of Pathology, Changhua Christian Hospital (彰化基督教醫院病理部)	
11:30~12:00	Case 375	Yung- Hsuan Hsu (許耘瑄 獸醫師) Department of Veterinary Medicine, National Pingtung University of Science and Technology (國立屏東科技大學獸醫學院)	
12:00~13:30	Lunch, and Board Meeting (中華民國比較病理學會理監事會議)		
13:30~14:00	Case 376	蔡伊婷 獸醫師 Graduate Institute of Veterinary Pathology, NCHU (中興大學獸醫病理生物學研究所)	Dr. Y. H. Hsu 許永祥 主任
14:00~14:30	Case 377	沈科宏 醫師 Department of Pathology, Changhua Christian Hospital (彰化基督教醫院病理部)	
14:30~14:50	Coffee Break		
14:50~15:20	Case 378	Dr. Hsin-I Chen (陳欣怡 醫師) Department of Pathology, Kaohsiung Medical University Hospital (高雄醫學大學病理部)	Dr. C. H. Liu 劉振軒 院長
15:20~15:50	Case 379	陳盈妊 醫師 Buddhist Tzu Chi General Hospital and University, Taiwan (佛教慈濟綜合醫院暨慈濟大學病理科)	
15:50~16:20	Case 380	Mu-Tsung Tsai (蔡睦宗 獸醫師) Pingtung County Livestock Disease Control Center (屏東縣家畜疾病防治所)	
16:20~17:00	General Discussion (綜合討論)		

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CASE SIGNALMENT

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Case No.	Presenter	Institution	Slide No.	Signalment
Case 373	Dr. Y. L. Chen (陳燕麟 醫師)	Cardinal Tien Hospital, Taiwan (天主教耕莘醫院)	CTH	69-year-old diabetic female
Case 374	Dr. M. J. Hwang (黃奎璋 醫師)	Department of Pathology, Changhua Christian Hospital (彰化基督教醫院病理部)	彰基病理 1	51-year-old male
Case 375	Dr. Y. H. Hsu (許耘瑄 獸醫師)	Department of Veterinary Medicine1, National Pingtung University of Science and Technology (國立屏東科技大學獸醫學院)	WA99-2340	An adult, captive, female <i>Macaca</i> <i>cyclopis</i>
Case 376	Dr. Y. T. Tsai (蔡伊婷 獸醫師)	Graduate Institute of Veterinary Pathology, NCHU (中興大學獸醫病理生物學研究所)	CO11-0090	2-year-old, intact male golden hamster
Case 377	Dr. K. H. Shen (沈科宏 醫師)	Department of Pathology, Changhua Christian Hospital (彰化基督教醫院病理部)	彰基病理 2	36-year-old female
Case 378	Dr. H. I. Chen (陳欣怡 醫師)	Department of Pathology, Kaohsiung Medical University Hospital (高雄醫學大學病理部)	KMU-11-6315X1	80-year-old female
Case 379	Dr. Y. R. Chen (陳盈妊 醫師)	Buddhist Tzu Chi General Hospital and University, Taiwan (佛教慈濟綜合醫院暨慈濟大學病理科)	S2008-8568L	58-year-old male
Case 380	Dr. M. T. Tsai (蔡睦宗 獸醫師)	Pingtung County Livestock Disease Control Center (屏東縣家畜疾病防治所)	88020 牛	More than 3 years old, cull dairy cow, holstein type, bovine

CASE DIAGNOSIS

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Case No.	Presenter	Institution	Slide No.	Diagnosis
Case 373	Dr. Y. L. Chen (陳燕麟 醫師)	Cardinal Tien Hospital, Taiwan (天主教耕莘醫院)	CTH	Malignant giant cell tumor of tendon sheath
Case 374	Dr. M. J. Hwang (黃奎璋 醫師)	Department of Pathology, Changhua Christian Hospital (彰化基督教醫院病理部)	彰基病理 1	Pulmonary coccidiomycosis
Case 375	Dr. Y. H. Hsu (許耘瑄 獸醫師)	Department of Veterinary Medicine1, National Pingtung University of Science and Technology (國立屏東科技大學獸醫學院)	WA99-2340	Paratuberculosis in <i>Macaca cyclops</i>
Case 376	Dr. Y. T. Tsai (蔡伊婷 獸醫師)	Graduate Institute of Veterinary Pathology, NCHU (中興大學獸醫病理生物學研究所)	CO11-0090	Malignant mesothelioma of tunica vaginalis
Case 377	Dr. K. H. Shen (沈科宏 醫師)	Department of Pathology, Changhua Christian Hospital (彰化基督教醫院病理部)	彰基病理 2	Perivascular Epithelioid Cell Tumor (PEComa) of the uterus
Case 378	Dr. H. I. Chen (陳欣怡 醫師)	Department of Pathology, Kaohsiung Medical University Hospital (高雄醫學大學病理部)	KMU-11-6315X1	Medullary carcinoma
Case 379	Dr. Y. R. Chen (陳盈妊 醫師)	Buddhist Tzu Chi General Hospital and University, Taiwan (佛教慈濟綜合醫院暨慈濟大學病理科)	S2008-8568L	NTB, Mycobacterium abscessus
Case 380	Dr. M. T. Tsai (蔡睦宗 獸醫師)	Pingtung County Livestock Disease Control Center (屏東縣家畜疾病防治所)	88020 牛	Bovine Johne' s disease (BJD) or paratuberculosis of cattle

Yen-Lin Chen(陳燕麟)MD, Jung-Hwa Chiang(江蓉華)MD, Fur-Jiang Leu(呂福江)MD PhD
Department of Pathology, Cardinal Tien Hospital(耕莘醫院病理部)

Case History

Signalment: 69-year-old diabetic female

Clinical History:

This 69 years old diabetic female patient had suffered from a mass over right wrist one year ago. She paid no attention to it at first. A month ago, mild right wrist pain developed and she found that her right wrist (extensor side) became larger. She visited our plastic surgical clinic and "right wrist tumor" was the impression and planed to do the operation. All the CBC and biochemistry data are within normal limit. Subsequently, She received tumor excision operation and show no signs of recurrence in 6 months follow up period.

Gross Findings:

The specimen submitted consisted of one piece of soft tissue, measuring about 3.2 x 2 x 1.8 cm in size, fixed in formalin. Grossly, it showed gray and moderate firm.

Yen-Lin Chen(陳燕麟)MD, Jung-Hwa Chiang(江蓉華)MD, Fur-Jiang Leu(呂福江)MD PhD
Department of Pathology, Cardinal Tien Hospital(耕莘醫院病理部)

Case Result

Histopathologic Findings:

Microscopically, the tumor composed of spindle cells, multinucleated giant cell and a few osteoclastic giant cells. The spindle cells have elongated to mild pleomorphic nuclei arranged in an intertwining pattern with only little cytoplasm. Mitotic figures over 10/10 HP field, including occasionally atypical mitoses. There are tumor cells with myxoid degeneration, but no tumor necrosis is found.

Immunohistochemical stains:

The immunohistochemical profile showed negative for CK, SMA, desmin and S-100 while positive for CD68, a1-antichemotrypsin and a1-antitrypsin. The MIB-1 labeling index is moderate to high.

Laboratory results:

CBC/DC: WNL

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

Diagnosis:

Soft tissue, right wrist, excision--- Malignant giant cell tumor of tendon sheath

Discussion:

This malignant tumor, malignant giant cell tumor of tendon sheath, is a very rare sarcoma in the literature. The definition is first described by Weiss and Goldblum as either "benign giant cell tumor coexisted with frankly malignant areas" or "original lesion was typical of a benign giant cell tumor but the recurrence appeared to be malignant". Subsequently, Bertoni expanded the criteria to be "despite lack benign lesion history if the morphologic appearance the same".

The clinical manifestations according to the rare literature are most commonly in adults with equal gender distribution. Hand, wrist or knee is the common site as the benign giant cell tumor of tendon sheath. It will gradually enlarging with painless subcutaneous mass. Grossly, it is an encapsulated mass with a thin membrane. The consistency is soft and gelatinous with varied color from yellow to brown. Microscopically, the tumor composed of plump polyhedral and spindle-shaped cells. The nuclei were large, irregular, hyperchromatic, and prominent nucleoli. There are moderated numbers of multinucleated giant cells. The immunohistochemistry may not be

helpful in direct diagnosis of this rare sarcoma but it is important in ruling out other giant cell rich malignancy. Cytokeratins, S100, desmin, and smooth muscle actin (SMA) are helpful in ruling out melanoma, carcinoma, and leiomyosarcoma. The histiocytic antigens including α 1-antitrypsin, α 1-antichymotrypsin, CD68 and lysozyme may be helpful but not reliable. The main differential diagnosis is the giant cell rich neoplasm including carcinoma from pancreas, thyroid, breast and kidney. The immunostain of cytokeratin can be a great help. Extraskeletal osteosarcomas may seem many giant cells as in the malignant giant cell tumor of tendon sheath. However, there is malignant osteoid area in osteosarcomas but not in malignant giant cell tumor of tendon sheath. Giant cell rich leiomyosarcomas are also rare but should keep in mind. Immunostain of SMA is sufficient in most cases of differential diagnosis. The most confusing sarcoma in the differential diagnosis is giant cell variant undifferentiated pleomorphic sarcoma (also called giant cell malignant fibrohistiocytoma). They can be distinguished by location which giant cell variant undifferentiated pleomorphic sarcoma is in deeper area and malignant giant cell tumor of tendon sheath is located in the typical location of hand, wrist or knee. Another feature is that the sarcoma part is more pleomorphic in giant cell variant undifferentiated pleomorphic sarcoma. However, giant cell variant undifferentiated pleomorphic sarcoma can also be very pleomorphic.

The treatment is mainly complete surgical excision with wide margins. Chemotherapy or radiation therapy is controversial. However, there is no treatment guideline due the rare of the cases. Most of this distinct sarcoma had indolent courses. Most patients are alive and without evidence of disease from 1.5 to 7.5 years. There are some reports of aggressive nature with recurred several times and distant metastases of lung.

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Michael J Hwang(黃奎璋), M.D.; Yeh, Q.T.(葉坤土),MD

Department of surgical pathology, Changhua Christian Hospital(彰化基督教醫院病理部)

CASE HISTORY:

Signalment: 51-year-old male

Clinical history:

Chief complaint: Fever and cough for nine days before admission.

Present illness:

A 51-year-old male with past history of stroke due to right vertebral artery dissection presented to local clinical due to rhinorrhea, sore throat, and productive cough. However, symptoms persisted and progressed. He then came to emergency department at Changhua Christian hospital in 2010/10/13 and admitted for treatment. The patient mentioned that he just came back from the United States on 2010/09/21. He denied animal contact or insect bites. During the admission, sputum culture yielded a specific kind of pathogen and chest CT showed mass at right middle lobe and multiple pneumonic consolidations of bilateral lungs. CT guide biopsy was done on 2010/11/10.

Image finding:

Initial chest X ray: Patchy parenchymal airspace infiltrations in the right middle and lower lung suggest pneumonia. Suspicious mild parapneumonic effusion.

Chest CT: Focal low attenuation heterogenous mass about 5 cm in size. Multiple pneumonic consolidations of bilateral lungs. Enlarged mediastinal lymph nodes.

Gross findings:

The specimen submitted consisted of fragmented tissue by lung core needle biopsy measuring up to 1.5x0.1x0.1 cm in size. Grossly, it is brownish and soft.

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Department of surgical pathology, Changhua Christian Hospital(彰化基督教醫院病理部)

CASE RESULT:

Histopathological finding:

Microscopically, it shows granulomatous inflammation with necrotic debris, multinucleated giant cells infiltrate and histiocytes aggregate. Scatter fungal microorganisms morphologically consistent with spherules containing endospores are seen engulfed by multinucleated giant cells or in necrotic tissue. The PAS and GMS stains are positive for the microorganism. The acid fast stain is negative for mycobacterium. The pictures are compatible with coccidioidomycosis.

Immunohistochemistry: PAS(+), GMS(+) and Acid-fast stain(-)

Immunohistochemical stains:

Laboratory results:

1. CBC: 10/13: WBC: 14.8K/ μ L(Neutrophil seg: 91.2%, Lymphocyte: 4.7%, Monocyte: 4.1%, Eosinophil: 0%, Basophil:0%); Hb:12.5 g/dL(MCV:68.4fL); Platelet: 302K/ μ L
2. Influenza rapid test: Negative.B
3. Fasting glucose: 216 mg/dL; ALT: 33 U/L; Creatinine: 0.88 mg/dL; Na/K: 132/3.9 mmol/L

Differential diagnosis:

1. Coccidioidomycosis
2. Cryptococcal infection
3. Histoplasmosis
4. Candida infection
5. Mycobacterial infection
6. Malignancy

Diagnosis:

Fungus infection, compatible with coccidioidomycosis.

Discussion:

Coccidioidomycosis is caused by a kind of dimorphic fungus. Most of the infections are caused by inhalation of the spores. The disease is endemic to certain lower deserts of the western hemisphere such as southern Arizona, southern, central valleys of California, southwestern New Mexico and west Texas in the United States. The disease is also seen in Mexico, and Central and

South America. Incidence has been found to increase in recent years and the risk of exposure is higher in dry periods following a rainy season.

The genus *Coccidioides* include two species which are *C. immitis* and *C. posadasii*. They could be differentiated from each other by DNA sequence analysis. The organism grows as mold a few inches below the surface of the desert soil. When it faces dry conditions, mycelia can become fragile and form single-cell spores and human can be infected after inhalation of a single arthroconidium. The arthroconidium changes to a spherical structure and forming endosporeulating spherules. The endospores would release into the infected tissue when the spherules rupture and cause inflammation in the surrounding tissue.

The illness could be subclinical and it most often manifest as community acquired pneumonia. The incubation period is 7 to 21 days. Patients could present with chest pain, cough, fever, myalgias, arthralgias, headache, erythema nodosum or erythema multiforme. Most routine laboratory findings are unremarkable and the standard chest X ray could found lesion similar to histoplasmosis. Chest X ray typically exhibit patchy, unilateral, perihilar or lower lobe parenchyma consolidation. Multifocal, peripheral, subpleural nodules or masses and peribronchial thickening may also occur.

The diagnosis is made according to accurate travel history, culture result, serology tests and histopathologic examination. The morphologic diagnosis requires the presence of endosporeulating spherules because endospores and immature spherules may be confused with other fungi. The histologic reaction include acute suppurative pneumonitis with neutrophilic infiltration, neutrophilic foci surrounded by granulomatous inflammation or necrotizing granuloma with cavitate and fibrosis.

The management of the patient is a matter of judgment as to whether an individual patient might benefit from therapy. Otherwise healthy patients without evidence of extensive coccidioidal infection could be managed conservatively. Several parameters could be used to identify patients with greater severity. These include the parameters listed as below: greater than 10 percent loss of body weight, night sweats persisting greater than three weeks, infiltrates involving more than half of one lung or portions of both lungs, prominent or persistent hilar adenopathy, anti-coccidioidal complement fixing antibody concentrations in excess of 1:16 and inability to work. Clinicians should be cautious about the following patients: HIV or AIDS, patient receiving immunosuppressive medications or glucocorticoids, patients with lymphoma, patients taking anti-tumor necrosis factor (TNF) therapy or receiving chemotherapy for solid tumors, patients with diabetes mellitus or preexisting cardiopulmonary conditions, or pregnancy. The treatment options include prescribing medications such as Fluconazole, Itraconazole, Ketoconazole, Amphotericin B and resection if indicated.

Reference:

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Yung-Hsuan Hsu (許耘瑄); Chuan-Hsing Chang(張權星); Ching-Dong Chang(張清棟)¹; Hsin-Hsiung Tsai(蔡信雄)¹; Kuo-Pin Chuang(莊國賓)²; Ku-Chi Pei(裴家騏)³; Tsung-Chou Chang(張聰洲)^{1*}

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Center of Wildlife Conservation³, National Pingtung University of Science and Technology, (國立屏東科技大學野生動物收容中心)

CASE HISTORY:

Signalment: An adult, captive, female *Macaca cyclopis*.

Clinical history :

An adult, captive, female *Macaca cyclopis* raised in the Center of Wildlife Conservation, National Pingtung University of Science and Technology. This monkey died following a protracted course of intermittent diarrhea, severely progressive weight loss. On July, 28th, 2010. It has been sent to the Pathology Lab of Department of Veterinary Medicine, National Pingtung University of Science and Technology for necropsy. On necropsy, it showed severely emaciated and dehydrated. Yellow watery, *diarrheal feces covered the perineal and anal skins.*

Gross findings:

Necropsy revealed emaciation and marked intestinal dilatation. Mucosa of cecum, colon and rectum were diffusely thickened and the mucosa formed thickened and obvious mucosal rugae. Multiple, irregularly-shaped, variably-sized granulomatous nodules and petechial hemorrhages were randomly scattered on the cecal, colonic and rectal mucosa and serosa. Mesenteric lymph nodes were obviously swollen and lymphatic vessels in the mesentery were also markedly dilated.

Yung-Hsuan Hsu (許耘瑄); Chuan-Hsing Chang(張權星); Ching-Dong Chang(張清棟)¹; Hsin-Hsiung Tsai(蔡信雄)¹; Kuo-Pin Chuang(莊國賓)²; Ku-Chi Pei(裴家騏)³; Tsung-Chou Chang(張聰洲)^{1*}

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Center of Wildlife Conservation³, National Pingtung University of Science and Technology, (國立屏東科技大學野生動物收容中心)

CASE RESULT:

Histopathology findings:

Microscopically, variable degrees of granulomas were randomly scattered on the intestinal mucosa of the cecum to the colon. Numerous epithelioid macrophages, foaming macrophages, multinucleated macrophages and fewer lymphocytes and neutrophils infiltrated the mucosa and submucosa of cecum and colon and mesenteric lymph node. Strong positive results of Ziehl-Neelsen staining were detected in the cytoplasm of epithelioid, foaming, multinucleated macrophages in the granulomas.

Laboratory result:

1. Ziehl-Neelsen staining: Strong positive results of Ziehl-Neelsen staining were found in the cytoplasm of epithelioid, foaming, multinucleated macrophages in the granulomas.
2. *Polymerase chain reaction*: Positive for *Mycobacterium avium* subspecies *paratuberculosis* (MAP)

Morphologic diagnosis :

1. Enteritis, granulomatous, chronic, locally extensive, severe, with numerous intralesional infiltration of foaming, epithelioid, multinucleated macrophages with numerous intracellular (macrophages) *Mycobacterium avium* subspecies *paratuberculosis*.
2. Mesenteric lymphadenitis, chronic, diffuse, severe.

Dignosis : Paratuberculosis

Discussion:

Paratuberculosis is caused by *Mycobacterium avium* subspecies *paratuberculosis* (MAP). In Taiwan, this is the first case reported in *Macaca cyclopis*. Most reports were studied about domestic animals rather than monkeys, and some reports indicated that MAP tend to infect young animals,

just same as the situation occurred in ruminant (John's disease). This case has no any symptom when transport to the Center of Wildlife Conservation, National Pingtung University of Science and Technology, and all monkeys were isolated individually in stainless steel cages. One monkey kept adjacent to the sick monkey has similar symptoms describes previously. The test results for this monkey are pending. Therefore, we suspected the source of this paratuberculosis infection from environment factor, but the real source of infection is still unclear.

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CASE HISTORY:

Signalment: Two-year-old, intact male golden hamster.

Clinical History:

A two year-old, intact male golden hamster, weighing 146.5 g was presented to VMTH of NCHU on January 28, 2011. The owner has noted this hamster has gradually enlarged left scrotum that obstacle walk for 14 days before he was brought to the hospital. The hamster was still active and good condition. In clinical, there was a solid and sharply delineated mass in the left scrotum. Mass excision was performed by surgery on the same day.

Gross Findings:

This mass on the left scrotum was measured as 3 × 2.5 × 2 cm in size and weighed 4.8 g. The scrotal mass appeared as well encapsulization with multiple, cystic bloody fluids contain in the cut area. Bilateral testes were normal.

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CASE RESULT:

Histopathologic Findings:

Microscopic findings of mass included two types of tumor cells. In a large area showed tubulopapillary structure intruded into the cystic channel. There were massive necrosis in the central area, and simple to typically more complex arborizing fibrovascular cores lined by a single layer or multilayered atypical mesothelial cells with normal cilia, and variably invasive tubules. The demarcations between cells were blurred, tumor cell nuclei were larger and more pleomorphic. Numerous mitoses were caught in some fields of view. Otherwise, the other one of the tumor cells had variation in glandular patterns in some regions, the papillary architecture had abundant goblet-like cells with mucin-secreting ability, and the papillary architecture was also arborized with cystic proliferation.

Histochemistry Examination:

The Periodic acid Schiff (PAS) and Alcian Blue staining were conducted on the goblet-like tumor cells. Results revealed that the goblet-like tumor cells with mucin-secreting ability were positively stained under PAS and Alcian Blue staining as pink and blue colors, respectively.

Immunohistochemistry:

For immunohistochemistry, deparaffinized sections were heated in retrieval solution and treated with hydrogen peroxide. Sections were then incubated with antibodies against calretinin (1: 200, Leica Biosystems, Newcastle, UK), cytokeratin (1: 800, Leica Biosystems, Newcastle, UK), cytokeratin 5/6 (1: 200, Leica, UK), mesothelin (1: 10, abcam, CB4 0FL, UK) and vimentin (1: 400, Leica, Biosystems, Newcastle,,UK), followed by peroxidase- conjugated antibodies. After exposure to an appropriate chromogen, the slides were counterstained with hematoxylin. However, all of mesothelioma-related markers were negative reactions in the tumor cells.

Differential Diagnosis:

1. Rete testis adenocarcinoma
2. Ovarian-type (mucinous, serous, endometrioid, clear cell) adenocarcinomas
3. Metastatic adenocarcinoma
4. Epididymal adenocarcinoma
5. Malignant mesothelioma of tunica vaginalis

Diagnosis:

Malignant mesothelioma of tunica vaginalis

Discussion:

Mesothelioma is a rare tumor that arises in body cavities lined by mesothelium. It usually involves pleura, peritoneum, and, less frequently, pericardium. The tunica vaginalis, as a layer of reflected peritoneum, also is a potential site of mesothelioma^(1,18).

Spontaneous mesothelioma has been reported in humans as well as in many species of animals, including dogs, cattle, goats, horses, rats, and hamsters, but is most common happened in cattle, where it may be congenital. Mesothelioma is associated with exposure to asbestos in humans and potentially in dogs. This association is not restricted to pleural mesotheliomas because peritoneal mesotheliomas also occur in humans when they were exposed to asbestos. This tumor has been experimentally induced in rats and hamsters by inhalation or injection of asbestos, glass fibers, and aluminum oxide. Mesothelioma has also been induced in rats by intracavitary injection of the simian virus 40 (SV40), too^(4, 14, 18).

Mesothelial cells are undifferentiated cells of mesodermal origin that line the coelomic cavities as a monolayer. Unique features of these cells are constitutive high expression of the tumor suppressor gene *p53*, acquisition of epithelial or fibroblast morphology with specific inflammatory stimuli, and phagocytic potential. Inhaled amphibole fibers are distributed throughout the pleura by way of lymphatics and may contribute to transformation of mesothelial cells by mechanical disruption of the cellular spindle apparatus during mitosis, leading to chromosomal instability, missegregation, and aneuploidy. The most common chromosomal abnormalities have been deletions in 9q and 22q. These deletions correlate with the loss of, or alterations in, the neurofibromatosis type 2 gene (merlin), and the INK4/ARF genes. The molecular pathogenesis of mesothelioma also appears to involve the loss of tumor suppressor gene activity^(16, 17, 18, 20, 22).

Classical mesotheliomas occur as a diffuse nodular mass or multifocal masses covering the surfaces of the body cavity. Solitary mesotheliomas are rare in human and have only been reported once in the veterinary literature. In human, mesothelioma originating in the tunica vaginalis of testis is rare, representing less than 5% of all mesothelioma. Although trauma, herniorrhaphy, and long-term hydrocele have been considered predisposing factors for development of scrotal mesothelioma, the only well-established risk factor is exposure to asbestos. In Plas et al's review, the most frequently presented symptom was scrotal enlargement with hydrocele in over 55% of

cases or a paratesticular mass in over 30%^(1, 3, 7, 8, 10).

At microscopic analysis, mesothelioma consists of complex papillary fronds lined by cuboidal, bland-looking nuclei with eosinophilic cytoplasm. The criteria for malignancy are nuclear pleomorphism, mitotic activity, and stromal invasion. Mesotheliomas may have the gross appearance of nodules or papillary excrescences or may occur in an infiltrative pattern that is much more difficult to recognize. Local invasion of subtunical tissue and testis is seen in 50% of patients, whereas the epididymis, scrotal skin, and vascular structures are less commonly involved. Pure epithelial (60–70%) or biphasic (30–40%) histology is most frequently observed, but very rarely pure sarcomatous histology, including the desmoplastic variant, may be seen^(1, 3, 7, 8, 10).

The entire spectrum of differentiation from well-differentiated tumors (tubulopapillary architecture, simple to typically more complex arborizing fibrovascular cores lined by a single layer or multilayered mildly atypical mesothelial cells, and variably invasive tubules) to poorly differentiated tumors (solid sheets, cords and nests of highly infiltrative epithelioid cells with necrosis) may be seen. Foam cells, psammoma bodies and wide variation in glandular patterns (small tubules, irregular slit-like anastomosing channels and large glands and cysts with intracystic proliferation) may be present. The characteristic feature of the foam cells, which contained abundant amount of lipid droplets in the cytoplasm, and were thought to be histiocytes, massively occupied the stroma of the papillary tumor^(1, 6, 7, 8).

For immunohistochemistry, which included mesothelioma-related markers (calretinin, WT-1, thrombomodulin, CK5/6), adenocarcinoma-related markers (CEA, Leu M1, B72.3, Ber EP4), Wolffian-derived structures-associated markers (CD10, calretinin), Mullerian papillary serous neoplasm-associated markers (WT-1, CA125); a sex-cord tumor-associated marker (inhibin), and markers useful in characterizing metastasis of unknown origin (prostate-specific antigen, prostate-specific acid phosphatase, CDX-2, TTF-1 and CK7/CK20 coexpression pattern) in human. For malignant mesothelioma, likely immunohistochemical reactions was positive for WT1, calretinin, cytokeratin, vimentin, cytokeratin 5/6, CK7 and mesothelin; and was negative for Leu M1, CEA, CK20^(1, 2).

In this case, morphology showed tubulopapillary architecture, simple to typically more complex arborizing fibrovascular cores lined by a single layer or multilayered atypical mesothelial cells. For immunohistochemistry, the tubulopapillary cells are all immunohistochemically negative reaction for calretinin, cytokeratin, cytokeratin 5/6, mesothelin and vimentin, maybe due to species difference, indicating these mesothelial markers are yielded a too low sensitivity for practical use in hamsters.

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CASE HISTORY:

Signalment: A 36-year-old female, G2(C/S once)

Clinical History:

This 36-year-old female patient presented with irregular period and vaginal itching recently. She had been previously healthy until recently. Gynecologic sonography at outpatient department shows a uterine tumor measuring 8 x 6 x 6 cm in size. Under the impression of uterine myoma, she was admitted to Changhua Christian Hospital for myomectomy.

Imaging study:

MRI shows an infiltrative lesion on left posterior aspect of uterine region infiltrating into adjacent fatty tissue with suspicion of hemorrhage and calcification.

Differential diagnosis: Leiomyoma, adenomyosis, or other infiltrative neoplasm.

Gross Findings:

The specimen is submitted for frozen section and consists of a tissue fragment measuring 13.5x11x2 cm in size, in fresh state. Grossly, it is brown and elastic to soft.

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CASE RESULT:

Histopathologic Findings:

Microscopically, the myometrium is dissected and replaced by an ill-defined tumor composed of spindled to epithelioid cells arranged in fascicular pattern or around many variably sized vessels. The tumor cells have small nuclei, indistinct nucleoli, and granular pink to focal clear cytoplasm. Necrosis is not found. The mitotic count is 0-1 mitosis per 50 high power fields.

Immunohistochemistry:

The tumor cells are diffusely positive for HMB-45, calponin, and smooth muscle actin; focally positive for Melan-A, focally weakly positive for desmin, and negative for CD10 and CD31.

Differential Diagnosis:

1. True smooth muscle tumors
2. Perivascular epithelioid cell neoplasm (PEComa)
3. Vascular lesions
4. Endometrial stromal sarcoma

Diagnosis:

Perivascular epithelioid cell neoplasm (PEComa)

Discussion:

Perivascular epithelioid cell tumors (PEComas) are mesenchymal tumors composed of histologically and immunohistochemically distinctive perivascular epithelioid cells, including angiomyolipoma, clear cell "sugar" tumor of the lung, lymphangiomyomatosis, and a number of extrapulmonary spindled and epithelioid neoplasms.

No normal counterpart of the perivascular epithelioid cell has ever been identified in any organ. Perivascular epithelioid cells are consistently present in PEComas. Recently, the uterus and retroperitoneum emerged as the most frequently reported anatomic sites where PEComa occurs. PEComas are neoplasms of adulthood. When they involve the uterus they typically present either as a mass or cause uterine bleeding. The PEC family of tumors, especially AML, CCST, and LAM, may be associated with tuberous sclerosis.

Microscopically, PEComas are composed of epithelioid to spindle cells that are arranged into

nests, fascicles, and occasionally sheets, often with a radial arrangement around blood vessels. They have moderate to abundant and clear to eosinophilic cytoplasm. The degree of nuclear atypia and the mitotic index are characteristically low and necrosis is uncommon.

The tumor cells exhibit positive staining for smooth muscle and melanocytic markers. The most characteristic finding is patchy, positive HMB-45 staining of tumor cell cytoplasm. Melan-A and microphthalmia transcription factor (MiTF) are also often positive. S-100 protein is more often negative. Positive staining for smooth muscle markers is also typical. Smooth muscle actin is the smooth muscle marker that is most likely to be positive.

Both benign and malignant variants of PEComa have been reported. Features predictive of an unfavorable outcome include large size (>5 cm), high cellularity, significant nuclear atypia, mitotic activity (>1MF/10HPF), coagulative tumor necrosis, invasive growth, and lymphovascular space invasion.

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CASE HISTORY:

Signalment: 80-year-old woman

Clinical History:

This 80 year-old woman has the history of 1) transient ischemic attack 2) hypertension 3) hypercholesterolemia. However, she suffered from general weakness recently. Other associated symptoms included poor appetite, body weight loss, bowel habit change but no abdominal pain, nausea or vomiting. Due to above reason, she came to our GI OPD for help and severe anemia with stool occult blood was noted. Esophagogastroduodenoscopy and colonoscopy were arranged and showed a tumor mass in ascending colon with lower gastrointestinal bleeding. Then, she admitted to our GS for further operation and treatment.

Clinical Pathology:

RBC: $3.11 \times 10^6 / \mu\text{L}$ ($3-5 \times 10^6 / \mu\text{L}$), Hb: 9.3 gm/dL (12.3-15.3 gm/dL), Hct: 27.2 % (35.9-44.6%), WBC: 21500/ μL (4500-11000/ μL), Plt: $41.4 \times 10^4 / \text{dL}$ ($15-40 \times 10^4 / \text{dL}$), BUN: 38.3 mg/dL (7-22 mg/dL), Creatinine: 1.09 mg/dL (0.6-1.3 mg/dL), Na: 119mmol/L(136-144 mmol/L), K: 4.6 mmol/L(3.5-5.1 mmol/L)

Gross Findings:

- Specimen included: 17.5 -cm-long segment of colon
- Tumor location: ascending, on the ileocecal valve.
- Tumor size: 9 cm in length and 5.5 cm in width.
- Tumor appearance: ulcerated.
- Tumor extension: penetrate serosa.

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CASE RESULT:

Histopathologic Findings:

The tumor is predominantly composed of cords or trabecular architecture of medium-sized neoplastic cells with vesicular nuclei, prominent nucleoli, and abundant cytoplasm. The prominent intratumoral lymphocytic response and increased mitotic activity are also noted.

Immunohistochemistry:

The neoplastic cells are immunoreactive for keratin (AE1/AE3) and CDX2 (scattered). CK20, CK7, synaptophysin, chromogranin A, ER, PR, MLH1, Hepatocyte are negative.

Differential Diagnosis:

1. Adenocarcinoma
 - 1.1 Poorly differentiated adenocarcinoma, NOS
 - 1.2 Medullary carcinoma
 - 1.3 Hepatoid adenocarcinoma
2. Neuroendocrine carcinoma(NEC)
 - 2.1 Large cell NEC, high grade
3. Undifferentiated carcinoma
4. Metastatic tumor
 - 4.1 Breast
 - 4.2 Lung
 - 4.3 Melanoma

Diagnosis: Medullary carcinoma

Discussion:

Medullary carcinoma is a subtype of colorectal carcinoma only recently recognized by the WHO. First described by Jessurun and coworkers, this tumor was formerly classified as an undifferentiated carcinoma. It is composed of sheets of polygonal cells with vesicular nuclei, prominent nucleoli, and abundant cytoplasm, and is associated with a marked tumor-infiltrating lymphocytic response. Tumor cells may have an organoid or trabecular architecture, and focal mucin production may be present as well.

These tumors are more common in women, typically occur in the cecum or proximal colon and have fewer lymph node metastases. Medullary carcinomas have also been referred to as large cell minimally differentiated carcinoma and solid-type poorly differentiated adenocarcinoma.

Most medullary carcinomas are associated with a characteristic genomic profile. For instance, these tumors are less likely to show KRAS and TP53 mutations than usual colorectal carcinomas, and are far more likely to harbor defects in DNA mismatch repair. In fact, even when present as a small subcomponent of the tumor, a medullary pattern is often predictive of an underlying DNA mismatch repair deficiency.

Immunophenotypically, these tumors are usually cytokeratin (CK) 20 negative, occasionally CK7 positive, and often show reduced CDX2 expression.

Differentiation from other nonglandular, undifferentiated carcinomas is important because medullary carcinomas have a more favorable outcome. Other differentiation diagnosis includes high-grade large cell neuroendocrine carcinoma and metastatic carcinoma.

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CASE HISTORY:

Signalment: a 58-year-old man

Clinical History:

This 58-year-old male was generally healthy in the past. Since 2008/04, a right neck mass was noted on this patient. He visited ENT OPD on June 30th and was admitted under the impression of an ulcer on his right tonsil and a right hypopharyngeal tumor. During the admission, Dermatologist was consulted for skin rash over his back which started one week ago. The skin findings showed: 1. erythematous papules and plaques with fine scalings over the back and bilateral shins and 2. sudden onset of multiple erythematous nodules over this forearm and hands. The impression was 1. asteatotic eczema, 2. r/o cutaneous metastasis, or 3. r/o systemic vasculitis. Topical therapy was performed on the patient. On July 4th, right tonsillectomy and right neck excision were performed. The pathological report showed few silver-stained bacilli in the necrotizing inflammation areas under Warthin- Starry stain and negative finding for acid-fast bacillus in the necrotizing tissue. Clinical impression was determined as cat-scratch disease. Thus, antibiotics treatment with I.V. form cefazolin for one week and switched to oral form cephalexin for another week. After discharge, he was followed up at Infectious OPD with clarithromycin for seven days.

In 2008/08, his right neck mass was getting larger, he was admitted and several nodules were noted at his left neck and behind the right ear. The Gallium scan showed focal increased radioactivity uptake in the left palatine tonsil region and generalized lymphadenopathy. The possible diagnosis on this patient included infective agents, leukemia/lymphoma or connective tissue disorders. The neck CT also revealed generalized neck lymphadenopathy. Under the impression of infection, infectious work up was performed and empirical antibiotics treatment was prescribed from penicillin to minocycline to baktar. Infectious pathogen was not identified then. The repeated neck lymph nodes biopsy was performed and acid fast stain was positive in his specimen. On Sept.9th, his sputum culture showed non-tuberculosis mycobacteria. Thus, oral form clarithromycin plus levofloxacin was added for suspect NTM lymphadenitis. The sputum was also sent to NTUH for mycobacteria analysis which confirmed mycobacteria abscessus. He was admitted many times for the recurrent neck lymphadenopathy and debrided for left prosthetic knee joint infection which presented with chronic knee pain. Debridement was performed many times without totally remission and left above knee amputation was performed in 2010/05. After his discharge, no infectious process was noted and his follow up discontinued.

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CASE RESULT:

Histopathologic Findings:

Under low power magnification, the lymph node was separated by fibrous septa into nodules. Most nodules consisted of pus cells in the center and surrounded by granuloma which represented as suppurative granulomatous. Acid fast stain was positive. The skin also showed suppurative granulomatous inflammation. The specimen from knee amputation showed fibrinopurulent exudates in most parts with a little granuloma formation.

Differential Diagnosis :

1. Cat scratch disease
2. TB
3. Non-tuberculosis mycobacteria

Diagnosis: NTB, Mycobacterium abscessus

Discussion:

Mycobacterium abscessus belongs to a group of rapidly growing mycobacteria (RGM), which are environmental organisms that usually grow in subculture within one week. M. abscessus is the most pathogenic form of the RGM with likelihood to cause pulmonary infection, soft tissue infection and disseminated diseases. Pulmonary infection due to RGM is predominantly due to M. abscessus (80%), primarily in patients with underlying lung disease such as bronchiectasis. Soft tissue infection by M. abscessus is typically caused by contamination of a wound with infected material, non-sterile surgical procedures, cath-related or implantations of prosthetic device. Disseminated disease most commonly occurred in patients with profound immunosuppression and presented as multiple subcutaneous nodules or abscesses draining spontaneously.

The diagnosis of RGM infection was based on the microbial culture of the sputa, drainage materials or tissue biopsies. The isolation of organisms from sterile, closed sites such as bone marrow or blood or from a skin biopsy is sufficient for the diagnosis of RGM. Considering the totally different treatments between TB and RGM, when the laboratory reports indicate a positive AFB smear, differentiation between M. tuberculosis and NTM is important. There are some other diagnostic methods including HPLC (high-pressure liquid chromatography) and PCR/PRA.

RGM are resistant to anti-tuberculosis agents, but they are susceptible to a number of

traditional antibacterial agents. Because of the variability, antibiotic susceptibility testing of all clinically significant isolates is recommended. The treatment recommended for *M. abscessus* pulmonary infection was initial combination therapy with three agents for four to eight weeks to prevent long-term monotherapy induced resistance. Therapeutic agents such as Amikacin plus either Cefoxitin or Imipenem plus Clarithromycin or azithromycin may be considered. The initial therapy should be followed by an oral macrolide plus at least one other agent to complete a 6 to 12 month course. Clarithromycin is the mainstay of oral therapy and Amikacin is the major parenteral drug.

Despite aggressive medical therapy, however, treatment failure rate is still high in patients with *M. abscessus* infection. The mortality of *M. abscessus* infection treated with combination antibiotics regimen with or without surgery has been estimated at 15% approximately.

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Animal Disease Control Center, Taitung county (台東縣動物防疫所)

CASE HISTORY:

Signalment: more than three years old, cull dairy cow, Holstein type, bovine

Clinical History:

A dairy farm at Taitung raised about 184 dairy cows, including 138 lactating dairy cows, 20 dry dairy cows, and 26 new female calves, with different age. According to the owner's complaint, there were few lactating and dry dairy cows showed signs of diarrhea and anorexia. Some antibiotics, e.g. penicillin, cephalosporin, chloramphenicol-tylosin-prednisolone injection were used and did not respond well. These cows became emaciated progressively. The serum samples from the eighty-three dairy cows of this farm, aged more than three years old, screened by a Australia commercially available absorbed ELISA for the diagnosis of Johne's disease (JD)(paratuberculosis) in cattle, the Johne's Absorbed EIA (enzyme immunoassay) kit. Six dairy cows were positive reaction. These cows were culled and sent to the abattoir. The sample tissues of two cull cows were taken for pathological diagnosis.

Clinical Pathology:

WBC count was significantly elevated. Blood smear revealed eosinophilia and neutrophilia.

Gross Findings:

The dairy cows of ELISA-positive of Johne's disease became emaciated, extruded, and sunken eyeball by its appearance. At necropsy, the affected terminal part of the small intestine wall was severely thickened and its mucosal surface became corrugated and congested. Prominent thickened serosal lymphatics were also noted. The mesenteric lymph nodes were enlarged and edematous. There was a white spot, about 0.5cm in diameter, on the liver.

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CASE RESULT:

Histopathologic Findings:

Ileum: The villi are atrophic, blunting and even fusion together. There are lots of lymphocytes, eosinophils, epitheloid macrophages, giant cells and few plasma cells and neutrophils aggregated mainly in the lamina propria, muscularis submucosa, and submucosa. The inflammatory infiltrate separate and displace crypts. Few crypts are distended with epitheloid macrophages or exfoliated cells. Focal granulomatous arteritis with thrombus formation was seen on the submucosa. Edema of lamina propria, submucosa, and muscularis was also noted. The lymphatics of submucosa and serosa are surrounded by lymphocytes, plasma cells and few macrophages and giant cells.

Mesenteric lymph nodes: Lots of epitheloid macrophages and giant cells aggregate diffusely in the subcapsular cortical sinus and paracortical area of the lymph nodes. The inflammatory cells also infiltrate even in the medullary sinus.

Laboratory results:

1. Ziehl-Neelsen (ZN) staining of smears: Large numbers of the short, acid-fast bacilli were seen on the smears of affected ileum mucosa and mesenteric lymph nodes.
2. ELISA tests of Johne's disease by serological method: The serum samples from the eighty-three dairy cows of this farm, aged more than three years old, screened by a Australia commercially available absorbed ELISA for the diagnosis of Johne's disease (JD)(paratuberculosis) in cattle, the Johne's Absorbed EIA (enzyme immunoassay) kit. Six dairy cows were positive reaction.
3. Bacterial isolation: Tissue samples from affected intestine were inoculated onto slopes of Herrold's egg yolk agar with mycobactin J. Small, raised, and yellowish white colonies of *Mycobacterium avium* subsp. *paratuberculosis* (*Mptb*) were cultured several weeks later.

Morphologic diagnosis:

Ileum: Granulomatous enteritis, transmural, chronic, marked with acid-fast bacilli in macrophages and giant cells, dairy cow, Holstein type, Bovine.

Mesentery lymph nodes: Granulomatous lymphadenitis, Multifocal to coalescing, chronic, severe, marked with acid-fast bacilli in macrophages and giant cells, dairy cow, Holstein type, Bovine.

Differential diagnosis:

1. Bovine tuberculosis
2. Caseous lymphadenitis
3. Chronic wasting disease in ruminants.

Diagnosis: Bovine Johne's disease (BJD) or paratuberculosis of cattle.

Discussion:

Bovine Johne's disease (BJD) or paratuberculosis of cattle is caused by *Mycobacterium avium* subsp. *paratuberculosis* (*Mptb*). The disease is most common in domestic ruminants. Spontaneous disease occurs in a number of free-ranging and captive wild ruminants, camelids, and rarely, in equids and captive primates. Numerous species of wild animals, including lagomorphs, rodents, and carnivores, several species of wild birds, are naturally infected, though not necessarily diseased. The infection can be transmitted experimentally to mice, hamsters, guinea pigs, rabbits, and macaques. A debate exists as to the role of *Mptb* in the genesis of Crohn's disease in humans, a chronic granulomatous enteritis. *Mptb* has been found in many of these cases, as detected by PCR of reactive fragments, but it is still undecided whether the association is causal or coincidental. According to the report (Juste RA, et al. 2011), Paratuberculosis was described nearly 40 years earlier than what is usually considered the first full type description of human regional chronic enteritis or inflammatory bowel disease (IBD) which is pathologically a similar entity. No microbiological evidence was found to link both entities until the 1980s in spite of a number of more or less serious attempts. Afterwards there have been numerous studies showing the association of MAP with human IBD. Microbiological, pathological, immunological, therapeutic and epidemiologic associations have not been considered proof of causality and, currently, no widely accepted consensus has been reached about the etiologic role of *Mptb* in human cases. This puts ruminant farming under suspicion and causes a difficult balance between public health precaution and practical control measures.

The epidemiology and pathogenesis of Johne's disease are best understood in cattle, and assumed to be similar in sheep and goats. Infection is systemic, and organism may be present in milk, semen, and urine, and may cross the placenta. However, exposure is mainly by ingestion of organisms shed in feces. Susceptibility to infection is greatest in first 30 days of life, although clinical disease does not usually develop in cattle until 2-5 years of age. In any infected herd, although few animals may be showing clinical signs of Johne's disease, a much greater number are silently infected. Adults may become infected, but are less likely to develop the disease, and often recover from the infection. Bacteria are taken by M cells of the dome epithelium over lymphoid follicles and transported to macrophages in Peyer's patches. The major lesions of Johne's disease are usually confined to the ileum, large intestine, and draining lymph nodes. However, the infection is generalized, because in both clinical and subclinical cases, the organism can be cultured from a variety of parenchymatous organs and widely distributed lymph nodes. The incubation period of Johne's disease is protracted and irregular. Some carriers, in which bacteria persist in the mucosa and draining lymph nodes, may be infected for life without showing signs. Cell-mediated immunity clearly plays a role in the development of mucosal lesions and the onset of clinical disease. Exacerbations of clinical disease are often associated with parturition, a low nutritional plane, heavy milk yield, and intercurrent disease. The pathogenesis of Johne's disease is related to the granulomatous immunoinflammatory response in the lamina propria in the small intestine, and the associated villus atrophy that develops. Clinically affected cattle are usually 2 years of age or older. The typical manifestation of Johne's disease is profuse diarrhea passed effortlessly. Clinical signs may be intermittent, with long intervening period of remission. Emaciation is progressive and ultimately fatal, but the appetite is often retained and animals remain bright until the terminal stages.

In cattle, the mucosa of affected areas of the terminal small intestine and large intestine is usually thickened and folded into transverse corrugations. The mesenteric and ileocaecal lymph nodes are enlarged and edematous. As the disease progresses, an immune-mediated granulomatous reaction develops, with marked lymphocyte and macrophage accumulation in the

lamina propria and submucosa. The macrophages in the intestinal wall and regional lymph nodes contain large number of mycobacteria. Two types of lesions are recognized, multibacillary (lepromatous) and paucibacillary (tuberculoid), which appear to be correlated with host immune response. High levels of IL-10 gene expression were detected in cattle with extensive pathological changes and high numbers of bacteria. Whereas up regulation of IFN- γ was recorded in the intestinal tissues of cow with subclinical disease. Besides the lesions of granulomatous enteritis, granulomatous lymphadenitis, and lymphangitis, other lesions have only been described in the liver, hepatic lymph nodes, and very rarely, the kidney and lungs. These are characteristically focal granulomas. According to the report (Gonzalez J, et al. 2005), paratuberculosis associated lesions in 116 naturally infected adult cows, with or without clinical signs, were classified histopathologically. Lesions were divided into five categories including focal, multifocal, diffuse multibacillary, diffuse lymphocytic, and diffuse intermediate. The lesion in this case is similar to the diffuse multibacillary type, which is characterized by diffuse infiltrate of epithelioid macrophages, giant cells, and small number of lymphocytes in the body and apex of the villi of affected ileum.

Diagnosis of bovine Johne's disease includes direct smear of the specimen stained by ZN technique, bacterial culture, gross pathology and histopathology, serological test, cell-mediated responses, and molecular typing methods (e.g. probe, real time PCR, other new molecular typing techniques).

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中華民國比較病理學會章程

第一章 總則

- 第一條 本會定名為中華民國比較病理學會，英文名稱為 **Chinese Society of Comparative Pathology (CSCP)** (以下簡稱本會)。
- 第二條 本會依內政部人民團體法設立，為非營利目的之社會團體，以結合人類醫學與動物醫學資源，提倡比較病理學之研究與發展，交換研究教學心得，聯絡會員友誼及促進國際間比較醫學之交流為宗旨。
- 第三條 本會以全國行政區域為組織區域，會址設於主管機關所在地區，並得報經主管機關核准設主分支機構。前項分支機構組織簡則由理事會擬訂，報請主管機關核准後行之。會址及分支機構之地址於設置及變更時應報請主管機關核備。
- 第四條 本會之任務如左：
一、 提倡比較病理學之研究與發展。
二、 舉辦學術演講會、研討會及相關訓練課程。
三、 建立國內比較醫學相關資料庫。
四、 發行比較病理學相關刊物。
五、 促進國內、外比較醫學之交流。
六、 其他有關比較病理學術發展之事項。
- 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，即成爲一般會員，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，每一會員爲一權。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，即爲出會。

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 本會以會員大會爲最高權力機構。

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。
- 第十六條 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。
- 第十七條 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

- 第十八條 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。

中華民國比較病理學會第六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	電話	傳真
理事長	施洽雯	男	46/08/30	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	039-543131-2716	039-551543
常務理事	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	耕莘醫院病理部主任	02-22193391 ext65236 0968-666741	02-2193506
常務理事	許永祥	男	48/10/30	國立台大醫學院病理研究所碩士	台大醫院病理科住院醫師	慈濟醫院病理科主任	03-8565301-2197	03-8574265
常務理事	張俊梁	男	45/5/6	國防醫學院醫學科學研究所博士	國防醫學院兼任助理教授	國軍桃園總醫院病理檢驗部主任	02-2303-2209 03-4799595 0966008531	02-2303-5192
常務理事	廖俊旺	男		國立台灣大學獸醫學研究所博士	農業藥物毒物試驗所應用毒理組副研究員	中興大學獸醫病理學研究所教授	04-22840894 ext406	04-22862073
理事	劉振軒	男	42/10/9	美國加州大學戴維斯校區比較病理學博士	台灣養豬科學研究所主任	國立台灣大學獸醫專業學院院長	02-33663760	02-23633289
理事	祝志平	男	46/02/25	台大病理研究所碩士	台北醫學院講師	林新醫院病理科主任	039-544106ext6113 0913-379889	039-572916
理事	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醫師	02-28389306	02-28389306
理事	陳三多	男	40/08/11	比利時魯汶大學博士	中興大學獸醫系教授	中興大學獸醫病理研究所教授	04-22853552	04-22853552
理事	張文發	男				國立中興大學獸醫學院 動物疾病診斷中心副主任		
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	國立屏東科技大學副教授	06-2333529	08-7740295
理事	賴銘淙	男	47/10/14	清華大學生命科學院博士	華濟醫院病理科主任	彰濱秀傳紀念醫院病理科主任	04-3250487	
理事	蔡睦宗	男	49/10/25	國立台灣大學獸醫學系公共衛生組碩士	台灣養豬科學研究所比較醫學系約聘技術員	屏東縣家畜疾病防治所技士	08-7224109	08-7224432
理事	陳憲全	男	25/5/18	日本麻布大學獸醫學研究科博士	US Veterinary Medical Officer, USDA/AFIS Philadelphia District Guloff Station, Elisabethtown, PA, USA	玉樹生技病理顧問有限公司首席獸醫病理學家/台灣動物科技研究所顧問	02-27832557 037-585875	037-585850
理事	朱旒億	男		國立台灣大學醫學系		彰化基督教醫院病理科	05-5512383	
常務監事	江蓉華	男		國防醫學院醫學士	國軍花蓮總醫院病理部主任	耕莘醫院組織病理科主任		
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	02-27361661ext641	02-23770054
監事	梁鍾鼎	男	51/01/25	台灣大學獸醫學研究所博士班	國家實驗動物中心副研究員	國家實驗動物中心首席獸醫師	02-2789-5569	02-27895588
監事	阮正雄	男	30/05/28	日本國立岡山大學 大學院 醫齒藥總合研究科 博士	1. 台北市立婦幼綜合醫院病理科主任及婦產科主治醫師 2. 台北醫學大學副教授兼細胞學中心主任 3. 高雄市防癌篩檢中心細胞學主任	童綜合醫院婦產科及病理科主治醫師	0939-665921 02-2362-2656	02-23622656 04-26581919 轉4320 (辦公室)

How-To Access Comparative Pathology Virtual Slides

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

(中華民國比較病理學會數位式組織切片影像資料庫)

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

1. Please make sure that your web browser (e.g. Internet Explorer, Firefox or Safari) is equipped with "flash player." If not, it can be added from <http://www.adobe.com/products/flashplayer/> for free.
2. Please go to the NTU Vet Med Digital Pathology Lab web site at <http://140.112.96.83:82/CSCP/> with your web browser.
3. A pop-up window appears to ask for "User name" and "Password." Enter "guest " for both boxes.
4. Choose a Comparative Pathology meeting (e.g. 52nd CSCP)
5. Pick any case you'd like to read (e.g. case365-372)

**中華民國比較病理學會
第一次至第五十三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	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	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	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,	Mouse	國家實驗動物繁殖及研究中心

	BALB/cBYJ mouse		
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	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	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	臺灣大學獸醫學系
137	Canine Glioblastoma Multiforme in Cerebellopontine Angle	Dog	中興大學獸醫病理研究所
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	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	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-Merrit syndrome	Human	慈濟醫院病理科
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	耕莘醫院病理科
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
214	CD30 (Ki-1)-positive anaplastic large cell lymphoma (ALCL)	Human	新光醫院病理科
215	Lymphoma, mixed type	Koala	台灣大學獸醫學系
217	Mucosal associated lymphoid tissue (MALT) lymphoma, small intestine	Cat	臺灣大學獸醫學研究所
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	慈濟醫院病理科
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	財團法人天主教耕莘醫院病理科
232	Vaccine-associated rhabdomyosarcoma	Cat	台灣大學獸醫學系
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	花蓮慈濟醫院病理科
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	花蓮慈濟醫院病理科
245	Microcystic Meningioma.	Human	耕莘醫院病理科
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	國立台灣大學獸醫學系獸醫學研究所
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	耕莘醫院病理科
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	臺灣大學獸醫學系

264	Merkel cell carcinoma	Human	羅東博愛醫院
266	Cholangiocarcinoma	Human	耕莘醫院病理科
268	Sarcomatoid carcinoma of renal pelvis	Human	花蓮慈濟醫院病理科
269	Mammary Carcinoma	Canine	中興大學獸醫學系
270	Metastatic prostatic adenocarcinoma	Human	耕莘醫院病理科
271	Malignant canine peripheral nerve sheath tumors	Canine	臺灣大學獸醫學系
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	臺灣大學獸醫學系
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
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	花蓮慈濟醫院病理科
281	Tonsil Angiosarcoma	Human	羅東博愛醫院
282	Malignant mixed mullerian tumor	Human	耕莘醫院病理科
283	Renal cell tumor	Rat	中興大學獸醫學系
284	Multiple Myeloma	Human	花蓮慈濟醫院病理科
285	Myopericytoma	Human	新光吳火獅紀念醫院
287	Extramedullary plasmacytoma with amyloidosis	Canine	臺灣大學獸醫學系
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	花蓮慈濟醫院病理科
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	臺灣大學獸醫專業學院
301	Cholangiocarcinoma	Felis Lynx	臺灣大學獸醫專業學院
302	Lymphoma	Canine	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	臺灣大學獸醫專業學院
306	Malignant solitary fibrous tumor of pleura	Human	佛教慈濟綜合醫院暨慈濟大學
307	Ectopic thymic carcinoma	Human	彰濱秀傳紀念醫院病理科
308	Medullary carcinoma of the right lobe of thyroid	Human	彰化基督教醫院病理科
309	Thyroid carcinosarcoma with cartilage and osteoid formation	Canine	臺灣大學獸醫專業學院
312	Lymphocytic leukemia/lymphoma	Koala	臺灣大學獸醫專業學院
313	Neuroendocrine carcinoma of liver	Human	佛教慈濟綜合醫院暨慈濟大學
314	Parachordoma	Human	羅東博愛醫院病理科
315	Carcinoma expleomorphic adenoma, submandibular gland	Human	天主教耕莘醫院病理科
316	Melanoma, tongue	Canine	國立臺灣大學獸醫專業學院
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
	347	Ewing's sarcoma (PNET/ES tumor)	Human	天主教耕莘醫院病理科
	348	Malignant peripheral nerve sheath tumor, epithelioid type	Human	林新醫院病理科
	349	Low grade fibromyxoid sarcoma	Human	高醫大附設中和紀念醫院病理科
	351	Orbital embryonal rhabdomyosarcoma	Dog	Gifu University, Japan (岐阜大学)
	354	Granular cell tumor	Dog	國立臺灣大學獸醫專業學院
	356	Malignant neoplasm of unknown origin, cerebrum	Dog	國立臺灣大學獸醫專業學院
	357	Small cell Carcinoma, Urinary bladder	Human	天主教耕莘醫院
	364	Perivascular epithelioid cell tumor, in favor of lymphangiomyomatosis	Human	高醫大附設中和紀念醫院病理科
	365	Angiosarcoma, skin (mastectomy)	Human	天主教耕莘醫院病理科
	366	Rhabdomyoma (Purkinjeoma), heart	Swine	屏東縣家畜疾病防治所
	368	Langerhans cell sarcoma, lung	Human	高醫大附設中和紀念醫院病理科
	369	Biliary cystadenocarcinoma, liver	Camel	國立屏東科技大學獸醫教學醫院病理科
	371	Malignant melanoma, nasal cavity	Human	羅東博愛醫院病理科
	373	Malignant giant cell tumor of tendon sheath	Human	天主教耕莘醫院病理科
	376	Malignant mesothelioma of tunica vaginalis	Golden hamster	中興大學獸醫病理生物學研究所
	377	Perivascular Epithelioid Cell Tumor (PEComa) of the uterus	Human	彰化基督教醫院病理部
	378	Medullary carcinoma	Human	高雄醫學大學病理部
細菌	6.	Tuberculosis	Monkey	臺灣大學獸醫學系
	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 cavitory 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
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	Pig	中興大學獸醫學院

	(Glasser's disease)		
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	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	耕莘醫院病理科
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	慈濟醫院病理科
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	台灣大學獸醫學系
296	Leptospirosis	Human	花蓮慈濟醫院
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>Burkholderia pseudomallei</i>	Goat	屏東縣家畜疾病防治所
339	Mycoplasmosis	Rat	國家實驗動物中心
352	<i>Chromobacterium violaceum</i> Septicemia	Gibbon	Bogor Agricultural University, Indonesia
353	Salmonellosis	Pig	國立中興大學獸醫學院
367	Melioidosis (<i>Burkholderia pseudomallei</i>), lung	Human	花蓮慈濟醫院
370	Suppurative bronchopneumonia (<i>Bordetellae trematum</i>) with <i>Trichosomoides crassicauda</i> infestation	Rat	國立中興大學獸醫學院
374	Pulmonary coccidiomycosis	Human	彰化基督教醫院
375	Paratuberculosis in <i>Macaca cyclopis</i>	<i>Macaca cyclopis</i>	國立屏東科技大學獸醫學院
379	Bovine Johne's disease (BJD) or paratuberculosis of cattle	Dairy cow	屏東縣家畜疾病防治所
380	NTB, <i>Mycobacterium abscessus</i>	Human	佛教慈濟綜合醫院暨慈濟大學病理科
病毒	21. Newcastle disease	Chickens	台灣大學獸醫學系
	22. Herpesvirus infection	Goldfish	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	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	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.Aspergillus spp. encephalitis and myocarditis 2.Demyelinating canine distemper encephalitis	Dog	台灣大學獸醫學系
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	台灣大學獸醫學系
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	台灣大學獸醫學系
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, subacute, diffuse, sever, with epidermal pustules, ballooning degeneration, proliferation, and eosinophilic intracytoplasmic inclusion bodies, Saanen goat. 2. Haired skin: Dermatitis, proliferative, lymphoplasmacytic, subacute, diffuse, sever, with marked epidermal pustules, ballooning degeneration, acanthosis, hyperkeratosis, and eosinophilic intracytoplasmic inclusion bodies.	Goat	台灣動物科技研究所
238	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
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	國立台灣大學獸醫學系
265	Bronchointerstitial pneumonia	Swine	台灣大學獸醫學系

	(PCV II infection)		
	295 Feline infectious peritonitis (FIP)	Cat	中興大學獸醫病理所
	362 Canine distemper virus infection combined pulmonary dirofilariasis	Dog	國家實驗研究院
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	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 cavitory 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.Aspergillus spp. encephalitis and myocarditis 2.Demyelinating canine distemper encephalitis	Dog	台灣大學獸醫學系
	298 Systemic Candidiasis	Tortoise	中興大學獸醫學院
	318 Alfatoxicosis in dogs	Canine	國立臺灣大學獸醫專業學院
	322 Allergic fungal sinusitis	Human	羅東博愛醫院
	326 Meningoencephalitis, Aspergillus flavus	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
	355 Encephalitozoonosis	Rabbit	國立中興大學獸醫學院
	356 Eosinophilic granuloma with fungal infection, Skin	Cat	國立臺灣大學獸醫專業學院

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	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	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	<i>Capillaries philippinesis</i>	Human	和信治癌中心醫院
	207	Adenocarcinoma with schistosomiasis	Human	花蓮佛教慈濟綜合醫院
286	Etiology- consistent with <i>Spironucleus (Hexamita) muris</i>	Rat	國家實驗動物繁殖及研究中心	
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	
362	Canine distemper virus infection combined pulmonary dirofilariasis	Dog	國家實驗研究院	

	370	Suppurative bronchopneumonia (<i>Bordetellae trematum</i>) with <i>Trichosomoides crassicauda</i> infestation	Rat	國立中興大學獸醫學院
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	
立克次體	229	Necrotizing inflammation due to scrub typhus	Human	佛教慈濟醫院病理科
	251	Scrub typhus with diffuse alveolar damage in bilateral lungs.	Human	佛教慈濟醫院病理科
皮膚	216	Cytophagic histiocytic panniculitis with terminal hemophagocytic syndrome	Human	佛教慈濟綜合醫院病理科
	359	Eosinophilic granuloma with fungal infection, Skin	Cat	國立臺灣大學獸醫專業學院
	360	Septa panniculitis with lymphocytic vasculitis	Human	慈濟綜合醫院暨慈濟大學
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	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
	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	台灣大學獸醫學系
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
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
151	Osteodystrophia fibrosa	Goat	台灣養豬科學研究所 & 台東縣家畜疾病防治所
159	Hypertrophic cardiomyopathy	Pig	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
183	Darier's disease	Human	高雄醫學大學病理科
191	1. Polyarteritis nodosa 2. Hypertrophic Cardiomyopathy	Feline	台灣大學獸醫學系
193	Norepinephrin cardiotoxicity	Cat	台中榮總
196	Cardiomyopathy (Experimental)	Mice	綠色四季
212	Kikuchi disease (histiocytic necrotizing lymphadenitis)	Lymphadenitis	耕莘醫院病理科
225	Calcinosis circumscripta, soft tissue of the right thigh, dog	Dog	台灣大學獸醫所
230	Hemochromatosis, liver, bird	Bird	台灣大學獸醫學系
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	耕莘醫院病理科
244	Organophosphate induced delayed neurotoxicity in hens	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	慈濟醫院病理科
294	Arteriovenous malformation of the left hindlimb	Dog	台灣大學獸醫學系
299	Polioencephalomalacia	Goat kid	屏東家畜疾病防治所
310	Hyperplastic goiter	Piglet	屏東家畜疾病防治所
311	Melamine and cyanuric acid contaminated pet food induced nephrotoxicity	Rat	中興大學獸醫學病理學研究所
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
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
350	Malakoplakia, liver	Human	慈濟綜合醫院暨慈濟大學
351	Eosinophilic granuloma, Right suboccipital epidural mass	Human	羅東博愛醫院病理科
359	Eosinophilic granuloma with fungal infection, Skin	Cat	國立臺灣大學獸醫專業學院
360	Septa panniculitis with lymphocytic vasculitis	Human	慈濟綜合醫院暨慈濟大學
361	Hepatotoxicity of SMA-AgNPs	Mouse	國立中興大學獸醫病理生物學研究所
363	Hypertrophy osteopathy	Cat	國立臺灣大學獸醫專業學院
372	Snake bite suspected, skin and spleen	Monkey (red guenon)	國立臺灣大學獸醫專業學院

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
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 鄭謙仁秘書長 收
Tel: (02) 33663868
Fax: (02) 23621965
e-mail address: crjeng@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、入會費及常年會費繳交方式：以銀行轉帳或匯款（006 合作金庫銀行、帳號：

0190-717-052017、戶名：中華民國比較病理學會）；並請填妥入會申請表連同銀行轉帳交易明細表或匯款單以郵寄或傳真方式寄回中華民國比較病理學會秘書處收。地址：116 臺北市羅斯福路四段一號 國立臺灣大學獸醫專業學院三館 106、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	男 <input type="checkbox"/>	出生	民國	年	月	日	出生地	省	
	英文		女 <input type="checkbox"/>	身分證字號								縣市
學歷	(1)				稱謂(請圈選) 先生 小姐 醫師 獸醫師							
					研究員 博士 教授 主任 其他: _____							
	(2)				研究 興趣	(1)						
	(3)					(2)						
(4)				(3)								
主要 經歷	機關名稱			職務		起			止			
						年 月			年 月			
						年 月			年 月			
						年 月			年 月			
現職						年 月			年 月			
通訊地址: 現在 電話: 傳真: 永久 電話: 傳真: 電子郵遞(E-mail)地址:												
茲 贊 同 貴會宗旨擬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 申請人 簽章 介紹人 簽章 介紹人 簽章 中華民國 年 月 日										審核結果		