

# 中華民國比較病理學會

Chinese Society of Comparative Pathology

第 57 次比較病理學研討會

(淋巴造血系統癌症)



National Taiwan University

國立台灣大學 主辦

March 9, 2013 (中華民國 102 年 3 月 9 日)

Chinese Society of Comparative Pathology

中華民國比較病理學會 協辦



# SCHEDULE

## 57th MEETING OF COMPARATIVE PATHOLOGY

中華民國比較病理學會第 57 次比較病理學研討會

Date: March 9, 2013 (Sat) 09:00~16:30

時間：102 年 3 月 9 日(星期六) 09:00~16:30

Location: National Taiwan University Veterinary Hospital 地點：台灣大學生物資源暨農學院附設動物醫院 B1 會議廳

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Time(時間)	Schedule(議程)		Moderator(主持)
09:00~09:20	Registration (報到)		
09:20~09:40	Opening Ceremony (致詞) – Dr. Chen-Hsuan Liu (劉振軒 院長)		
09:40~10:30	專題演講	Dr. Shih-Sung Chuang (莊世松 教授) 講題：Diagnosis and classification of human lymphomas	Dr. C. W. Shih 施洽雯 主任
10:30~10:50	Coffee Break		
10:50~11:20	Case 401	Yen-Lin Chen (陳燕麟 醫師) Cardinal Tien Hospital, Taiwan (天主教耕莘醫院)	Dr. J. W. Liao 廖俊旺 教授
11:20~11:50	Case 402	Chung-Tiang Liang (梁鍾鼎 獸醫師) National Laboratory Animal Center (NLAC) (國家實驗動物中心)	
11:50~13:20	Lunch, and Board Meeting (中華民國比較病理學會會員大會暨理監事會議)		
13:20~13:50	Case 403	Zhen-Hao Yu (于鎮豪 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)	Dr. Y. H. Hsu 許永祥 主任
13:50~14:20	Case 404	Tien, Y. T. (田永田 獸醫師) Graduate Institute of Veterinary Pathobiology, National Chung Hsing University, Taichung (國立中興大學獸醫病理生物學研究所)	
14:20~14:40	Coffee Break		
14:40~15:10	Case 405	Hsuan-Hao Hsu (許軒豪 獸醫師) Department of veterinary pathology, NPUST (國立屏東科技大學獸醫教學醫院病理科)	Dr. C. H. Liu 劉振軒 院長
15:10~15:40	Case 406	Chia-Wen Shih (施洽雯 醫師) Department of Pathology, Lotung Poh-Ai Hospital (羅東博愛醫院)	
15:40~16:10	General Discussion (綜合討論)		

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# Diagnosis and Classification of Human Lymphoma

莊世松 奇美醫學中心 解剖病理科

Lymphocytes respond to both external and internal antigenic stimulation by activation and proliferation. The lymphocytes of such a reactive/benign lymphoproliferation are polyclonal, even though they may be large and morphologically atypical. In contrast, malignant lymphoma is a malignant and clonal lymphoproliferation, which forms a tissue mass. The histopathological features of reactive and neoplastic lymphoproliferative lesions may occasionally overlap significantly and pose great diagnostic challenge. Incorporation of the clinical, histopathological, immunophenotypical, and sometimes molecular features are needed to reach a correct diagnosis.

The pathological diagnoses of lymphoproliferative lesions begin with morphological examination from low-power architecture pattern to high-power cellular details. Immunohistochemical and/or flow cytometric immunophenotyping are then applied to confirm and/or exclude the differential diagnoses formulated based on the morphological examination. In challenging cases, around 5-10% of routine diagnostic specimens, molecular techniques such as *in situ* hybridization and clonality study for B- and T-cell receptor gene rearrangement may be needed for diagnosis. However, these ancillary studies must be interpreted in the context of clinical findings to avoid erroneous diagnosis.

The aim of any lymphoma classification is to provide an international language allowing communication between those with a special interest in this group of diseases. The classification should be histopathologically-based, reproducible, clinically relevant, so that treatment results can be compared world-wide. In 1994 the International Lymphoma Study Group devised the Revised European American Lymphoma (REAL) classification that was adopted in 2001 by the World Health Organization (WHO) Classification and then updated in 2008. The reproducibility and clinical relevance of this classification has been tested in several large co-operative international studies with excellent results. A general overview of this classification and the application of this system in Taiwan will be presented and discussed.

## CASE SIGNALMENT

### 57th MEETING OF COMPARATIVE PATHOLOGY

March, 2013

( 中華民國比較病理學會第 57 次比較病理學研討會 )

Case No.	Presenter	Institution	Slide No.	Signalment
Case 401	陳燕麟	Cardinal Tien Hospital, Taiwan (天主教耕莘醫院)	CTH	80 years old male
Case 402	梁鍾鼎	National Laboratory Animal Center (NLAC) (國家實驗動物中心)	S101719	ICR mouse, 25-month-old, female.
Case 403	于鎮豪	Buddhist Tzu Chi General Hospital and University, Taiwan (佛教慈濟綜合醫院暨慈濟大學病理科)	A2010-5A	60 year-old female
Case 404	田永田	Graduate Institute of Veterinary Pathobiology, National Chung Hsing University (國立中興大學獸醫病理生物學研究所)	CO12-1348	2-year-old male White Roman goose
Case 405	許軒豪	Department of veterinary pathology, National Pingtung University of Science and Technology (國立屏東科技大學獸醫教學醫院病理科)	D100-21077-3	A 12 week-age nursery pig
Case 406	施洽雯	Department of Pathology, Lotung Poh-Ai Hospital (羅東博愛醫院)	LP12-1438A	54-year-old man.

CASE DIAGNOSIS

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Case No.	Presenter	Institution	Slide No.	Diagnosis
Case 401	陳燕麟	Cardinal Tien Hospital, Taiwan (天主教耕莘醫院)	CTH	Lymph nodes, excision --- Hodgkin's lymphoma, mixed cellularity
Case 402	梁鍾鼎	National Laboratory Animal Center (NLAC) (國家實驗動物中心)	S101719	1. Leukemia, nonlymphoid, granulocytic, involving bone marrow, spleen, liver, heart, lungs, lymph nodes, kidney, hardian gland, duodenum and pancreas. 2. Pinworm infestation, moderate, large intestines. 3. Fibrosis, focal, myocardium.
Case 403	于鎮豪	Buddhist Tzu Chi General Hospital and University, Taiwan (佛教慈濟綜合醫院暨慈濟大學病理科)	A2010-5A	Non-secretory multiple myeloma with systemic amyloidosis
Case 404	田永田	Graduate Institute of Veterinary Pathobiology, National Chung Hsing University (國立中興大學獸醫病理生物學研究所)	CO12-134 8	1. Hepatocellular adenocarcinoma, multifocal, severe, liver 2. Hemorrhage, moderate, acute, body cavity 3. Bumble foot, focal, mild, chronic, food pad 4. cyst and atherosclerosis, chronic, testis
Case 405	許軒豪	Department of veterinary pathology, National Pingtung University of Science and Technology (國立屏東科技大學獸醫教學醫院病理科)	D100-2107 7-3	Porcine circovirus-associated lymphadenitis
Case 406	施洽雯	Department of Pathology, Lotung Poh-Ai Hospital (羅東博愛醫院)	LP12-1438 A	Castleman' s disease

Yen-Lin Chen(陳燕麟)MD, Fur-Jiang Leu(呂福江)MD PhD,  
Department of Pathology, Cardinal Tien Hospital

**CASE HISTORY:**

**Signalment:** 80 years old male

**Clinical history:**

This 80 years old man suffered from left inguinal mass for a month. He had past history of bilateral inguinal hernia s/p bilateral hernioplasty for 10+ years. He visited our surgical department for help as the symptoms persisted. The left inguinal mass was moveable without tenderness. Weight loss of 4 kg in recent one month was also noted. He denied night sweat, poor sleep, poor appetite or other symptoms. Abdominal CT was arranged and showed significant left inguinal lymph nodes enlargement. Subsequently, wide excision was done and pathology reported Hodgkin's lymphoma, mixed cellularity. Bone marrow involvement or other sites lymph nodes enlargement was not found. The treatment plan of chemotherapy was arranged and the clinical course was smooth after chemotherapy for 6 months.

**Gross findings:**

The specimen submitted consisted of 3 pieces of lymphoid tissue measuring the largest 1.7 x 1.3 x 1 cm in size. Grossly, they showed grey white in color and mild firm in consistency.



Yen-Lin Chen(陳燕麟)MD, Fur-Jiang Leu(呂福江)MD PhD,  
Department of Pathology, Cardinal Tien Hospital

### **CASE RESULT:**

#### **Histopathological finding:**

Microscopically, the sections showed effaced lymph node architecture with a mixed inflammatory cell infiltrate composed of lymphocytes, eosinophils, granulocytes, plasma cells, epithelioid histiocytes, and fibroblasts in varying proportions admixed with classical Hodgkin / Reed-Sternberg cells. Interstitial fibrosis was present but not band-forming sclerosis and a thickened capsule.

#### **Immunohistochemical stains:**

The immunohistochemical profile showed positive for CD15, CD30 and negative for LCA, CD20, CD3, CD43 and ALK.

#### **Laboratory results:**

CBC/DC: WNL

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

**Diagnosis:** Lymph nodes, excision --- Hodgkin's lymphoma, mixed cellularity

#### **Discussion:**

Mixed Cellularity (MC) Hodgkin Lymphoma (HL), a subtype of classical HL, had scattered classical Hodgkin / Reed-Sternberg cells (H/RS) cells in a diffuse or rarely vaguely nodular growth pattern of a mixed inflammatory cell background without nodular sclerosing fibrosis. Approximately 15% to 25% of all cases of HL are of the MC type. There is a male predominance (approximately 70%) with a median age at presentation of 38 years. It is uncommon in young adults, but is seen more frequently after 50 years of age. Presentation with high-stage disease (stage III/IV) and B symptoms is common. Unlike nodular sclerosis HL, MC rarely involves the mediastinum. The spleen is involved in approximately 30% of cases, the bone marrow in 10%, and the liver in 3%. In HIV-positive patients, the bone marrow is positive in 15% to 30% of patients at the time of diagnosis. In the REAL classification and the third edition of the WHO schemes, cases that did not conform to any subtype were called unclassifiable, whereas in the fourth edition, cases that did not fit into any other subtype were included in the MC category.

As the name MC implies, there is a mixed inflammatory cell infiltrate composed of lymphocytes, eosinophils, granulocytes, plasma cells, epithelioid histiocytes, and fibroblasts in varying

proportions admixed with classical H/RS cells, which can be found readily. In some cases there may be many epithelioid histiocytes that may form small granuloma-like clusters. The classical type of owl eye RS cells, Hodgkin cells, and occasional lacunar cells may be present. Band-forming sclerosis and a thickened capsule characteristic of NS HL are absent, although interstitial fibrosis may be present. The lymph node architecture is usually effaced, but both MC and nodular sclerosis (NS) HL may involve interfollicular areas of lymph nodes showing prominent follicular hyperplasia that can mask the HL. Such cases are called interfollicular HL. To avoid missing such cases, interfollicular areas of lymph nodes with follicular hyperplasia should be scrutinized for evidence of HL. Focal collections of histiocytes may be a clue to the presence of interfollicular HL, and a search for classical RS cells should be undertaken. Immunostaining must always be performed in such cases to differentiate binucleate immunoblasts, which may be seen in viral infections such as infectious mononucleosis, that may resemble classic RS cells. There are comparative descriptions about four types of classical HL in the following table:

Subtype	Tissue Architecture	Neoplastic Cells	Background Cells
Nodular sclerosis	Nodular, concentric collagen fibers, necrosis and microabscesses frequent	Lacunar cells with clear cytoplasm, hyperlobated nuclei; classic RS cells often rare	Frequent eosinophils and neutrophils, CD4 <sup>+</sup> T cells, macrophages, fibroblasts
Mixed cellularity	Diffuse, rare follicle remnants; frequent epithelioid cell granulomas	Classic bi- or multinucleated RS cells and Hodgkin cells, lacunar cells absent	Lymphocytes, eosinophils, plasma cells, histiocytes
Lymphocyte depleted	Diffuse reticulin fibrosis or diffuse sheets of neoplastic cells	Variable number of RS cells; frequently sheets of bizarre, anaplastic tumor cells	Reduced background infiltrate, fibroblasts
Lymphocyte rich	Mostly nodular, with atrophic germinal centers; some cases diffuse or interfollicular	Small numbers of classic RS cells and variants, LP (L & H) cells may occur	Mostly small lymphocytes (B cells in nodular pattern), epithelioid histiocytes

LP, lymphocyte predominant; RS, Reed-Sternberg.

Adapted from Elaine S. Jaffe, Hematopathology, Elsevier Saunders, 2011

The immunophenotype and molecular characteristics of H/RS cells are like those of other cases of CHL (CD15+/-, CD30+, CD45-), and the background lymphocytes are T cells. EBV-encoded LMP1 and EBER are expressed much more frequently (in approximately 75% of cases) than in other types of CHL.

The differential diagnosis of MC HL includes peripheral T-cell lymphoma (PTCL), not otherwise specified, TC/HRLBCL, and benign proliferations, including hypersensitivity reactions, especially to antiepileptic medications, the prime example being diphenylhydantoin. In addition, viral disorders such as infectious mononucleosis can mimic MC HL.

The prognosis of MC HL is similar to that of other subtypes of HL of similar stage, whereas before the use of current therapeutic regimens, MC had a prognosis worse than that of NS and a better one than that of lymphocytes depleted (LD).

## Reference:

1. Elaine S. Jaffe, Hematopathology, Elsevier Saunders, 2011
2. Björkholm M, Svedmyr E, Sjöberg J. How we treat elderly patients with Hodgkin lymphoma. *Curr Opin Oncol*. 2011 Sep;23(5):421-8
3. Mani H, Jaffe ES. Hodgkin lymphoma: an update on its biology with new insights into classification. *Clin Lymphoma Myeloma*. 2009 Jun;9(3):206-16
4. Eberle FC, Mani H, Jaffe ES. Histopathology of Hodgkin's lymphoma. *Cancer J*. 2009 Mar-Apr;15(2):129-37.
5. Evens AM, Sweetenham JW, Horning SJ. Hodgkin lymphoma in older patients: an uncommon disease in need of study. *Oncology (Williston Park)*. 2008 Nov 15;22(12):1369-79.

Case Number: 402

57th Meeting of Comparative Pathology, March 2013

Liang, C.T. (梁鍾鼎), D.V.M., Ph.D.

National Laboratory Animal Center, National Applied Research Laboratories, Nan-Kang District, Taipei 115, Taiwan.

**CASE HISTORY:**

**Signalment:** ICR mouse, 25-month-old, female.

**Gross findings:**

The right ovary was red and swollen, 3 x 2 x 1.5 cm. Splenomegaly and swollen MLNs were noted.

Liang, C.T. (梁鍾鼎), D.V.M., Ph.D.

National Laboratory Animal Center, National Applied Research Laboratories, Nan-Kang District, Taipei 115, Taiwan.

### **CASE RESULT:**

#### **Histopathological finding:**

Immature forms/blasts form, large and blastic, segmented or lobed, ring-form myelocytes and metamyelocyte- like neoplastic cells are present in the bone marrow, red pulp of spleen, periportal areas of liver, interfiber connective tissues of myocardium, pulmonary vessels, medulla of lymph nodes, renal interstitium, interacinar stroma of hardian gland, submucosa of duodenum as well as pancreatic interlobular stroma. Numerous cross-sections of oxyurids are present with characteristic lateral alae and platymyarian musculature in the colon.

#### **Differential diagnosis:**

1. Nonlymphoid leukemias
2. Nonlymphoid hematopoietic sarcomas
3. Myeloid dysplasias
4. Myeloid proliferations (nonreactive)

#### **Diagnosis:**

1. Leukemia, nonlymphoid, granulocytic, involving bone marrow, spleen, liver, heart, lungs, lymph nodes, kidney, hardian gland, duodenum and pancreas.
2. Pinworm infestation, moderate, large intestines.
3. Fibrosis, focal, myocardium.

#### **Discussion:**

Nonlymphoid leukemia is characterized by cytopenias and by increased nonlymphoid hematopoietic cells in bone marrow and spleen as well as evidence of dissemination of neoplastic cells. Neoplasms that in humans would be confined mainly to the bone marrow often also involve the splenic red pulp in mice. This occurs because the spleen is an important hematopoietic organ throughout its life. The splenic hematopoietic tissue has a capacity to expand that is not available to the hematopoietic tissue of the medullary cavity in mice or in humans. This may result in less marked competition between neoplastic and nontransformed hematopoietic counterparts in mouse leukemias and may account for neutropenia being a less common feature of leukemias of mice than of humans. Because the mouse spleen is a hematopoietic organ, diagnosis and subclassification of

nonlymphoid leukemias must take into account the following: (1) the possibility of leukemias arising in the spleen, (2) the mixture of cell types present in the spleen as well as the bone marrow, and (3) the capacity of normal splenic hematopoietic tissue to expand. Consideration of these issues led to the following recommendations. First, the specification of at least 20% immature forms/blasts in the spleen has been included as criterion for nonlymphoid leukemia. At least or few than 90% of nonlymphoid, nonerythroid hematopoietic cells in hematopoietic tissues (usually bone marrow, spleen) are immature forms/blasts.

For the purpose of diagnosis of leukemia, all nucleated spleen cells should be included when this criterion is applied. Second, although leukemias can arise in the spleen, the bone marrow is often diffusely involved at the time these leukemias are diagnosed and studied. When this is the case, bone marrow should be used as the primary tissue for subclassification because these marrows are overwhelmingly composed of leukemic cells whereas the spleens often contain a mixture of leukemic cells and normal hematopoietic elements. Third, in some cases it may be necessary to subclassify leukemias on the basis of findings in the spleen, including (1) leukemias of splenic origin early in their course and (2) leukemias for which bone marrow is fibrotic or otherwise not available for evaluation.

Nonlymphoid hematopoietic sarcoma including histiocytic sarcoma considered one of the histiocytic/dendritic cell neoplasms; mast cell sarcoma considered with mast cell origin; and myeloid sarcoma considered an alternative presentation of acute myeloid leukemia. Nonlymphoid leukemias and nonlymphoid hematopoietic sarcomas are closely related diseases in mice, as they are in humans.

Myeloid dysplasia encompass a range of diseases with abnormal differentiation and cytopenias. Diseases characterized by (1) neutropenia, cytopenias and dyspoiesis or (2) thrombocytopenia, anemia without leukocytosis, thrombocytosis as well as increased immature forms/blasts (even when the immature forms/blasts are fewer than 20%) may of course also be classified as “myeloid dysplasia.” Note that most murine neoplasms with at least 20% immature forms/blasts are leukemias and not myeloid dysplasias.

Myeloid proliferation (nonreactive) has been used to describe modest increases in bone marrow and splenic granulocytic cells in certain strains of genetically engineered mice. Mouse diseases that are classifiable as myeloid proliferations have been described, but the extent to which these diseases can be reproducibly and usefully subclassified is unclear. At present, we make the following provisional recommendations. First, the cell types that are increased should be stated. Second, if a disorder is limited to increased nonlymphoid hematopoietic cells in spleen and/or bone marrow without increased counts in the peripheral blood, it may be designated a “myeloproliferation (genetic).” Third, if a disease is characterized by increased blood counts along with increased nonlymphoid hematopoietic cells in spleen and/or bone marrow, it may be designated a “myeloproliferative disease.” If a disease has features of a particular human chronic myeloproliferative disease or myelodysplastic/myeloproliferative disease, it may be designated a

“myeloproliferative disease with features of a named human MPD or MD/MPD.”

**Reference:**

1. Morse & al. Bethesda proposals for classification of lymphoid neoplasms in mice. *Blood* 100(1): 246-258, 2002.
2. Kogan & al. Bethesda proposals for classification of nonlymphoid hematopoietic neoplasms in mice. *Blood* 100(1): 238-245, 2002.
3. Liang CT, Lee PC, Wu SC, Huang YT, Chang WJ, Hsc TY, Liang SC. Effective eradication of pinworm infection ( *Syphacia muris*, *Syphacia obvelata* ) from a large rodent breeding center. *Taiwan Vet J* 30:106-115, 2004.

Yu, Zhen-Hao (于鎮豪), MD Student; Hsu Yung-Hsiang (許永祥), MD.

Buddhist Tzu-Chi General Hospital and Tzu-Chi University (佛教慈濟綜合醫院暨慈濟大學)

### CASE HISTORY:

**Signalment:** 60 year-old female

#### **Clinical history:**

This is an 60 year-old female house-keeper with history of hypertension and chronic kidney disease. She was in her usual health status until she admitted to Keelung Hospital due to intermittent fever, malaise, nausea, vomiting and anorexia for two weeks on 2006-10-23 . The patient was febrile to 38 degree Celsius measure in emergency of the Keelung hospital accompanied by leukocytosis (18.28K) without shift-to-left, mild thrombocytosis (403K), impaired renal function (BUN/CRE: 95.8/3.43), hematuria and proteinuria. The chest X ray revealed cardiomegaly and bilateral lower lobes infiltration. Under the impression of fever r/o sepsis with chronic kidney disease, she was admitted for treatment of IV fluid hydration and empirical antibiotics.

During the admission, lots of examination were performed, including CBC&D/C, BCS, serology, immunology profile, ABG, UA, stool routine, and septic workup. Also the radiology (CXR and KUB), renal echo, cardiac echo, abdominal echo and panendoscope were done.

Nine days after her admission, the blood pressure downed to 57/22 mmHg despite inotropic agents resuscitation on 2006-11-02 . The patient expired due to septic shock with ARDS induced by E. cloacae and P. aeruginosa infection.

#### **Clinical Pathology:**

##### **Lab data:**

##### **BCS**

名稱/值	Na	K	Cl	Ca	Free Ca	P	BUN	CRE	AST	ALT	TP	ALB	GLO	A/G	Glu	ALP	CPK	Lipase	TnI	CK-MB	CRP	UA	TCH	TG
20061023	137	4.2					95.8	3.43	50						136	67	134	19.9						
20061024	134	4.3	95	12.4	1.4	5.5	118.6	3.57				3.5							2.56		4.05	13.8	144	293
20061025				10.8																				
20061026				9.7						30														
20061028		5					95.3	3.94																
20061031	143	5.2		8.1			99.6	4.44		58							205			38.4	3.57			
20061031																	235		2.22	57.6				
20061101											3.5	1.9	1.6	1.2			246		3.18	49.3				



### CBC & DC

名稱/値	WBC	RBC	Hb	Hct	MCV	MCH	MCHC	PLT	seg.	Lym.	Mono.	Eosin	Baso		Rx
20061023	<b>18.28</b>	4.87	14	42.4	87.1			<b>403</b>	<b>76</b>	<b>16</b>	6.9	0	0.4		
20061024	<b>23.22</b>	4.25	12.2	37.3	87.8	28.7	32.7	288	<b>80.8</b>	<b>10.3</b>	8.6	0	0.3		
20061028	<b>25.63</b>	<b>3.24</b>	<b>9.3</b>	<b>28.7</b>	88.6			180	<b>82.2</b>	<b>10.5</b>	6.9	0.2	0.2		
20061030			11.8	36											
20061031	<b>15.86</b>	<b>3.84</b>	11.1	35	91.1	28.9	31.7	<b>119</b>	<b>77.6</b>	<b>16.7</b>	4.8	0.1	0.8		

### Serology

名稱/値	T3	T4	FT4	TSH	i-PTH	AFP	CEA	CA-125	CA-199	Bence-Jones protein
20061025	<b>0.27</b>	<b>4.12</b>	<b>0.61</b>	0.606	<b>16.7</b>	2.41	<b>2.9</b>	<b>105.5</b>	12.59	(-)

### Septic workup

日期	檢體	結果
20061031	Blood	Enteroba. cloacae
		Pseudomo. aeruginosa

### Urinalysis

Urine	pH	Sp.gr.	color	Protien	Glucose	Urobilinog	Bilirubin	Ketone	Nitrite	Leukocyte	OB	RBC	WBC	Epi.cell	Bact.	Crystal	Cast	Other
20061023	5.5	1.025	yellow-turbid	2+	-	0.1	1+	-	-	-	3+	1-3	-	0-1	-	Amorphous	-	-

### Gross findings:

1. Skin change over fingers and toes were noted
2. Cardiomegaly with thickened left ventricular wall measured 2.8cm
3. Sago spleen
4. Enlarged kidney measure about 12.8 cm
5. Osteolytic lesion (punch-out lesion) in the skull

Yu, Zhen-Hao (于鎮豪), MD Student; Hsu Yung-Hsiang (許永祥), MD.

Buddhist Tzu-Chi General Hospital and Tzu-Chi University (佛教慈濟綜合醫院暨慈濟大學)

### **CASE RESULT:**

#### **Histopathological finding:**

1. Bone Marrow:

The bone marrow contained an increased an increased number of plasma cells, which constitute more than 90 percent of the cellularity in low power field. In high power field, the classical plasma cells were ovoid with a considerable amount of basophilic cytoplasm. The malignant plasma cells had a perinuclear halo due to a prominent Golgi apparatus and a spherical, eccentrically positioned nucleus with large clumps of peripheral heterochromatin alternating with clear areas of euchromatins which had traditionally been described as resembling a cartwheel or analog of clock face. Some plasmablasts were present as bizarre multinucleated cells. Also, the malignant plasma cells infiltrated the interstitium that almost completely replace normal elements of the bone marrow. The marker of plasma cell, CD 138, was positive. However, the antibodies against IgG, IgA, IgM, light chains kappa and lambda were negative for the plasma cells in bone marrow

2. Kidney:

Bence-Joncs proteins deposited as myeloma casts with lambda light chain positive proved by immunohistochemistry stain which induced tubular damage leading to chronic interstitium inflammation. There were some eosinophilic homogenous amyloid protein deposition in the glomeruli.

4. Skin:

Increasing fibrosis of the dermis, which becomes tightly bound to the subcutaneous structures. There is marked increase of compact collagen in the dermis, usually with thinning of the epidermis, loss of rete pegs, atrophy of the dermal appendages indicated scleroderma .

4. Amyloidosis:

Present in skull, portal area and peri-central vein region in liver, white pulp of spleen, myocardium of heart, intrinsic muscle of tongue, mucosa of stomach, mucosa across muscularis mucosae and muscularis extrena of duodenum, peri-follicular interstitium of thyroid gland, zona fasciculata of adrenal gland, interstitium (alveolar septum) of lung, glomeruli of kidney. The amyloid protein presenting as pinkish homogenous substance in H&E stain was found to stain with Congo red, appearing red microscopically in normal light but apple green when viewed in polarized light.

**Diagnosis:** Non-secretory multiple myeloma with systemic amyloidosis

**Discussion:**

Multiple myeloma is a plasma cell neoplasm characterized by multifocal involvement of the skeleton[1], which is diagnosed from: the presence of paraprotein in serum or urine, detected by serum electrophoresis and immunofixation; infiltration of malignant plasma cells in the bone marrow, assessed by bone marrow aspirate; and bone lesions, screened by skeletal survey and MRI [2]. Non-secretory type multiple myeloma (NSMM) is a rare variant multiple myeloma, which accounts about 5-10 percent of all cases of multiple myeloma. NSMM can be further classified to two subtypes: producer type and non-producer type. The cause of non-producer MM may be lost capacity to synthesize immunoglobulin, lack of normal intracellular immunoglobulin transport and processing [3]. There are two main hypotheses regarding the pathogenesis of the producer type of the NSMM. The first is that the neoplastic plasma cell has the ability to produce immunoglobulins but not secrete them out of the cell and the second hypothesis is that the immunoglobulin was synthesized with some chain defects which leading to rapidly extracellular degradation or rapidly deposition.

The diagnosis of NSMM in our patient is established due to antibodies against IgG, IgA, IgM, light chains kappa and lambda were negative to the neoplastic plasma cells which was the major cell type (>90%) in lumbar bone marrow. In our patient a symptomatic multiple myeloma patient with myeloma-related organ dysfunction (CRAB criteria): hypercalcemia (>11.5 mg/dL), renal insufficiency (serum creatinine >2 mg/dL), anemia (Hb <10 g/dL) and bone lesion (punch-out lesion in skull) [4]. However, we hypothesized that the NSMM of our patient may be the producer type of NSMM because there were some Bence-Jones protein depositions in the renal tubule stained positive to antibodies against to lambda light chains. The reason why the immunohistochemical stain against lambda light chain were negative over bone marrow but positive in the renal tubule may be because of the ability to concentrate light chains of the renal tubule but the light chains had some defects that leading to rapidly extracellular degradation and deposition as amyloid protein which manifested as systemic amyloidosis in the bone marrow and other organs where the immunohistochemical stain against IgG, IgA, IgM, light chains kappa and lambda were negative. The myeloma cast in the renal tubule damaged the renal tubule and lead to chronic interstitium inflammation of the kidney.

Systemic amyloidosis is not a single disease but a term for diseases that share a common feature: the extracellular deposition of pathologic insoluble fibrillar proteins in organs and tissues [5]. The pathogenesis of systemic amyloidosis in our patient may be the defect light chains deposits in extracellular matrix as amyloid fibrils. The diagnosis of systemic amyloidosis in our patient was made by stain with Congo red, appearing red microscopically in normal light but apple green when viewed in polarized light. The depositions of amyloid protein in the renal glomeruli leading to proteinuria, in the myocardium leading to restrictive cardiomyopathy, were common clinical

features of AL type systemic amyloidosis. The depositions also lead to organomegaly of heart, kidney and spleen in clinical examination and necropsy.

In summary , the clinical and pathological findings of our patient were combined as POEMS syndrome.. The acronym POEMS refers to frequently occurring features of the syndrome, including peripheral neuropathy, organomegaly, endocrinopathy, monoclonal plasma cell disorder, and skin changes. According to Nankanish et al. in 1984 who first proposed the criteria of POEMS syndrome containing polyneuropathy, organomegaly (hepatomegaly, splenomegaly, or lymphadenopathy), endocrinopathy (hypothyroidism, diabetes mellitus, hypoadrenocorticism, or hypogonadism), M-protein, skin changes (hyperpigmentation, hypertrichosis, or thickening), and effusion or peripheral edema. At least three of these six criteria are required for diagnosis. And according to Dispenzieri et al. in 2003 suggested the criteria for the diagnosis of POEMS syndrome. The major criteria included peripheral neuropathy and monoclonal plasmaproliferative disorder. The minor criteria included sclerotic bone lesions, Castleman disease, organomegaly, edema, endocrinopathy, skin changes, and papilledema. Two major criteria and at least 1 minor criterion are required to diagnose POEMS syndrome. The sural nerve demyelination, cardiomegaly, NSMM, and scleroderma made the diagnosis by matching the criteria of both Nankanish et al. and Dispenzieri et al.

Our patient was dead because of *E. cloacae* and *P. aeruginosa* infection which lead to septic shock and ARDS. The microscopic findings in lung also matched the clinical impression which showed congestion, interstitial and intra-alveolar edema, inflammation, fibrin deposition, and diffuse alveolar damage.

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### **CASE HISTORY:**

**Signalment:** 2-year-old male White Roman goose

#### **Clinical history:**

The patient goose was died when moved from indoor controlled house to outdoor field and the frozen body was submitted to NCHU ADDC in the next day for further examination. It had been observed some symptoms including emaciation, depression and diarrhea by the owner. The body was weighed as 4.9kg when arrival.

#### **Gross findings:**

It had been found old superficial wounds and hemorrhages on the back of neck, wrist and hock. There was erosion on the left web. Also, feces around the anus were found. There was a big hemorrhage clot covering liver and many masses scattering in the cavity and organs, such as liver and kidney. The brownish-yellow masses were various sizes from 1 × 1 × 1.3 cm to 4.2 × 5 × 11 cm. There was a cyst, 0.3 × 0.5 × 0.7 cm, in testis.

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## **CASE RESULT:**

### **Histopathological finding:**

The masses in liver and kidney were examined by microscope. There was no complete fibroid capsule around tumor foci and no clear margin between normal tissue and tumor cells. The nodular pattern of tumor cells was also noted. The tumor cells were poorly differentiated and polygonal. The cytoplasm was granular and eosinophilic. The nuclei were compared large to normal hepatocytes and were marked nuclear pleomorphism with diverse chromatin pattern and prominent nucleoli. High mitotic activity was noted and some cells became giant nuclear cells. In addition, massive hemorrhagic clot was noted on the surface of liver.

Erosion was noted in skin of web and extending to stratum spinosum; also, the hyperplasia of keratin and of connective tissue was significant increasing. The cyst in testis was demonstrated and the connective tissue around vessels was significant thickened.

### **Histochemistry Examination:**

The periodic acid schiff (PAS), Congo red and masson's Trichrome staining were used in order to distinguish polysaccharides, amyloid and collagen. Results indicated that collagen fibers surround the hepatocytes which may be a clue to liver fibrosis. The PAS stain is suitable for glycogen; however, there were not much cells stained positive and containing glycogen.

### **Immunohistochemistry Examination:**

For immunohistochemistry, deparaffinized liver sections were heated in retrieval solution and treated with 3% hydrogen peroxide. Sections were then incubated with antibodies against GST-P (Stressgen, USA), Hepatocyte specific antigen (Leica, UK), Cytokeratin 8 (Leica, UK) and Cytokeratin 18 (Leica, UK) for 2 hours at room temperature, followed by peroxidase-conjugated antibodies (Dako, USA) for 30 mins. After exposure to an appropriate DAB chromogen (1:300, Dako, USA), the slides were lightly counterstained with hematoxylin for 3 min.

All negative results of IHC may be due to species-specific of antibody; however, there is still no anti-geese antibody produced and the diagnosis is now only depending on pathologist.

### **Pathogen detection**

Polymerase chain reaction (PCR) and reverse transcriptase PCR (RT-PCR) were used to examine the possible pathogen. We used special primer pair for reticuloendotheliosis virus, avian retrovirus : REV-291(+) : 5' CAT ACT GGA GCC AAT GGT T ... 3'; REV-291(-) : 5' AAT GTT GTA GCG AAG TAC T ... 3'. [1] However, the negative result may indicate there was no these viral infection.

### **Diagnosis:**

Hepatocellular adenocarcinoma, multifocal, severe, liver  
Hemorrhage, moderate, acute, body cavity  
Bumble foot, focal, mild, chronic, food pad  
cyst and atherosclerosis, chronic, testis

### **Discussion:**

In this case, the hepatic carcinoma of liver origin is the major lesion and massive hemorrhage may be the main reason for death. No matter in which kind of animal, liver occupies most of abdominal cavity and is composed of special differentiated parenchymal cells, called hepatocytes and biliary epithelial cells, which comprise multiple lobes and functional units. Liver performs vital function of metabolism, detoxification and homeostasis, for instance, glycolysis, lipogenesis, cytochrome P450-based drug detoxification, gluconeogenesis,  $\beta$ -oxidation of fatty acids, cholesterol synthesis and so on. [2]

By tracing labeling hepatocytes, we can clearly understand that hepatocytes can maintain the ability to proliferate in response to surgical ablation, toxic injury, infections, necrosis, or apoptosis although adult hepatocytes are long-lived and normally do not undergo cell division. [3] Due to the remarkable reactive capacity to attack, some risk factors of hepatocellular carcinoma are recommended including hepatitis viral infection, food additives, alcohol, fungal toxins (such as aflatoxins), toxic industrial chemicals, and pollutants. [4]

Hepatic cell carcinoma (HCC) is a proliferative lesion of irregular hepatocytes growth. The HCC is considered as a chronic liver disease, usually with cirrhosis. [4] The type of HCC can be divided into trabecular, acinar and solid, in histopathological morphology. [2] On the other hand, pathologists characterize human HCC from early stage to advanced stage according to the size and context of tumors. [5] Based on the studies, early-stage HCCs, macroscopically, up to around 2 cm in diameter are divided to two types: distinctly nodular type and vaguely nodular type; distinctly nodular type of early-stage HCCs is detected as a hypervascular nodule while vaguely nodular type is detected as a hypovascular nodule. [4, 6]

Eventually, when those tumors grow over 3 cm in diameter and the well-differentiated cancerous tissues are completely replaced by moderately to poorly differentiated cancer tissues, tumors are called as advanced HCCs, or progressed HCCs. Advanced HCC can be sub-classified as nodular, massive, or diffuse, depending on the pattern of growth. The nodular type consists of single, multiple separate or confluent tumor masses with well-defined fibrous capsules. The massive

type occupies at least an entire hepatic lobe. Both the nodular and the massive types show areas of hemorrhage, necrosis, and fibrosis within the tumor nodules. The diffuse type consists of small tumor nodules scattered throughout the liver.[5, 7]

In this case, it is demonstrated a goose with hepatic cell carcinoma and the history of patient showed gradually emaciation. Because the tumor occurred primary in liver which is also a vital organ involved in digestion, the diarrhea and emaciation were not surprisingly discovered. According to history, we can learn that the disease is chronic and progressive. The normal weight of 14-week-old goose is between 5 to 6 kilograms and male goose usually heavier than average value; however, the patient goose only had 4.9 kg which was lighter than normal 2-year-old goose. It showed the progressive emaciation due to the disease. There was huge area of hemorrhage on the surface of liver may be the last straw. The tumor mass was composed of cells which has higher N/C ratio, slightly acidophilic cytoplasm and polygonal. The tumor cells were all in the same appearance and this indicated they have the same progenitor. To exclude infection from this case, we performed PCR and RT-PCT to detect the retrovirus infection and the negative result help us to rule out the possibility.

To identify the tumor origin, we used special stain and immunohistochemistry (IHC) stain to recognize the characteristic of tumor cells. Both Cytokeratin8 (CK8) and cytokeratin18 (CK18) are special expressing in hepatocytes and Hepatocyte special antigen (Hepar1) can label the mitochondrial enzyme in hepatocytes.[7] Glutathione S-Tranferase-P is an enzyme which can reduce glutathione in order to detoxification in liver. Nevertheless, results of IHC stain failed to detect the distinguishing characteristics of liver cells. The negative results may be caused because poor cross-reactivity between different species while there still is no antibody customized for goose; another possible reason that why the antibody cannot detect the proteins may be the malignancy of tumor cells since these antibody are more tend to identify normal hepatocytes. Otherwise, postmortem change of liver tissue may affect the IHC expression. Histochemistry stains including Congo red, PAS and masson's trichrome are used to identify the special constitution of tumor mass. The results of these special stains were demonstrated that the tumor mass contained abundant connective tissues while few glycogen in cytoplasm was detected.

Hepatic cell carcinoma (HCC) is frequently discovered in human being though it is extremely rarely reported in fowl. HCC had been reported in domestic fowl including parrot, chicken and duck.[8-10] It has been reported that elder fowl can have the spontaneous HCC though infection and mycotoxin still were the major cause of tumor disease. Viral infection is the major reason in human liver cancer; nevertheless, viral hepatitis inducing liver cancer still unclear in avian disease. The reason why there is still no related case supporting viral infection may because fowls such as chickens or ducks cannot survive such long time as human being after infection. This case demonstrated a goose with HCC and was diagnosed by morphology and histopathology. In spite of obvious evidence of laboratory method, we can recognize the tumor cells by comparing the similarity and the characteristics.



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**CASE HISTORY:**

**Signalment:** A 12 week-age nursery pig

**Clinical history:**

A 12 week-age nursery pig showed clinical signs of growth retardation and diarrhea from a farrow to finish pig herd in Pingtung.

**Gross findings:**

On necropsy, the mesentery lymph nodes were diffusely enlarged, swollen, firm, and reddish. On cut section, there was diffuse petechiae in the cortex, and edematous change was noted in the medulla.

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### **CASE RESULT:**

#### **Histopathological finding:**

Microscopic examination of the mesentery lymph node revealed that there was variable degree of lymphoid depletion accompanied with follicular architecture destruction and intense infiltration of inflammatory cells consisted of macrophages and multinucleated giant cells; additionally, basophilic cytoplasmic inclusions can be observed in the histiocytic cells occasionally. Vascular thrombosis and edema fluid accumulation were significant in the necrotizing lesion.

#### **Histopathologic Diagnosis:**

Lymphadenitis, necrotizing, locally extensive, acute to subacute, severe, with basophilic cytoplasmic inclusion bodies, mesentery lymph node.

#### **Immunohistochemistry:**

An avidin-biotin peroxidase method with primary polyclonal rabbit anti-PCV2 antibody was performed and positive signals were observed in macrophages and histiocytic cells diffusely.

#### **Bacteria isolation:**

No bacteria colonies were cultured from the mesenteric lymph nodes.

#### **Molecular Detection:**

DNA extraction from the mesentery lymph node was performed and following polymerase chain reaction for the detection of ORF2 gene (802 base pair) was applied. Positive signals were noted in the mesentery lymph node.

#### **Differential Diagnosis:**

1. Salmonella choleraesuis or Salmonella Typhimurium infection.
2. Toxoplasma gondii infection.
3. Porcine circovirus-associated disease.

**Diagnosis:** Porcine circovirus-associated lymphadenitis

#### **Discussion:**

Necrotizing lesions in the lymph nodes of pigs with severe PMWS usually show multifocal to coalescing areas of coagulative necrosis together with vascular thrombosis (Segale's et al., 2004). Apoptosis as a mechanism for lymphocyte depletion in PMWS remains controversial. Loss of B and T lymphocytes due to apoptosis, with consequent disruption to cytokine signaling, was initially proposed as a pathogenic mechanism involved in development of the lymphoid lesions of PMWS (Shibahara et al., 2000).

PMWS cases reported have been found to be associated with co-infections, such as PRRSV, *Mycoplasma hyopneumoniae*, bacterial septicemia, influenza and parvovirus. The mechanism of severe lymphadenitis in mesentery lymph node of this animal is unknown, and the relation between PCV2 is also uncertain. One possible explanation for this could be an increased susceptibility of PCV2-infected animals to secondary infections as a consequence of immunosuppression, which is supported by studies from various disciplines. The nature of these lesions with disintegration of lymphoid structures, lymphocyte depletion and macrophage infiltration will certainly result in severe suppression of immune responses.

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### **CASE HISTORY:**

**Signalment:** 54-year-old man

#### **Clinical History:**

A 54 y/o man visited GS OPD for progressively enlarged neck mass. Physical examination showed multiple soft elastic subcutaneous nodules at submandibular and submental regions, and considered to be enlarged lymph nodes. No local tenderness, no skin change, no regional infectious source can be identified. No body weight loss, no fatigue, no night sweating could be traced. Past history including right putamen hemorrhage with hemiparesis, alcoholic dependence, and hypertension. Smoking, drinking and betel nut chewing all are his favored things. Poor family relationship and poor medical compliance.

Image studies of neck CT showed multiple enlarged lymph nodes at bilateral neck, level IB and II, tumor at right carotid space with left internal jugular vein compressed. CT scan of CAP showed no other lymphadenopathy. A lymph node was excised from right submandibular region and sent for pathologic diagnosis.

#### **Clinical Pathology:**

Serum biochemistry showed IgM: 167 mg/dL (52.0-285mg/dL), IgG: 1730 mg/dL (624-1440 mg/dL), IgA: 798 mg/dL (75-386 mg/dL). CBC was also arranged but the patient refused.

#### **Gross Findings:**

On gross examination, the tissue fragment was a well defined tumor and measuring 2.2 x 2.0 x 1.5 cm in size, elastic firm in consistency and grayish- brown in color. No hemorrhage or necrosis was noted.

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### **CASE RESULT:**

#### **Histopathologic Findings:**

The lymph node shows nodal expansion and follicular hyperplasia and still leave the structure of the lymph node. Focal expansion of the mantle zone with "onion skin" appearance is also noted. Some of the germinal centers are poorly formed with dysplastic cells. Abnormally increased interfollicular vascularity is also noted with capillary proliferation and endothelial hyperplasia. Proliferated plasma cells are present in the interfollicular areas that surround normal to large germinal centers. No increased mitotic figure is noted. No hemorrhage or necrosis is noted.

#### **Immunohistochemistry:**

The proliferated plasma cells are diffusely positive for CD79a, Kappa and Lambda. Scatter positive for HHV8 and EBV is also noted.

#### **Differential diagnosis:**

1. Plasmacytoma.
2. Multiple myeloma.
3. Lymphoplasmacytic lymphoma.
4. Castleman's disease.

**Diagnosis:** Castleman's disease.

#### **Comments:**

Castleman's disease (CD) (also know as giant lymph node hyperplasia, lymphoid hamartoma, angiofollicular lymph node hyperplasia) is an uncommon lymphoproliferative disorder. CD was first described in 1956 by Benjamin Castleman and colleagues, who identified a series of patients with solitary hyperplastic mediastinal lymph nodes containing small, hyalinized follicles and a marked interfollicular vascular proliferation (hyaline vascular variant of CD). The same investigators later identified lymph nodes with a similar vascular proliferation associated with large hyperplastic germinal centers and sheets of interfollicular plasma cells. In 1970, Flendring and Schillings

distinguished two basic pathologic types and one mixed variant. Based on these features Keller et al in 1972 subclassified the disease as hyaline-vascular (HV), plasma cell (PC) and hyaline-vascular plasma cell types. Clinically, CD can be either unicentric (UCD) or multicentric disease (MCD). UCD is more common. Approximately 90% of cases with UCD are of the hyaline-vascular type.

All types of CD may affect individuals of any age. About 70% of affected patients are less than 30 years old, and males are affected more than females (however, females greater than males [4:1] in the AFIP series), while other authors state that there is no sex preference. Patients with multicentric disease tend to be older individuals in their 5th or 6th decade. The median age is 56 in patients with multicentric involvement.

The exact cause of CD is not known. However, research has shown a link between CD and other conditions such as human immunodeficiency virus (HIV), human herpes virus-8 (HHV-8), and infection with Epstein Barr Virus (EBV). In most of the cases, Castleman's disease is likely due to hypersecretion of the cytokine IL-6, but some patients may have normal IL-6 levels. Overproduction of interleukin 6 also results in an acute phase reactions with elevated ESR, CRP, and fibrinogen. MCD will often cause blood work abnormalities such as anemia (low red blood cell counts) or thrombocytopenia (low platelet counts). IL6 has been implicated in the pathophysiology of CD. It causes B-cell proliferation resulting in hyperplastic follicles and hence the enlarged lymph nodes. IL6 also increases secretion of vascular endothelial growth factor (VEGF), causing angiogenesis and capillary proliferation with endothelial hyperplasia.

UCD is usually the hyaline-vascular variant with a slow growing solitary mass typically located in chest, neck, or abdomen. For the most part, these masses do not produce any symptoms. Symptoms with this type are usually secondary to the size and location of the growth. For example, a growth may form in a vein, resulting in a bulge and possible obstruction in the involved blood vessel.

MCD is usually the plasma cell variant and patients present with a systemic illness with generalized peripheral lymphadenopathy, hepatosplenomegaly, fever, fatigue, excessive sweating, weight loss, skin rash, early destruction of red blood cells, leading to unusually low levels of circulating red blood cells (hemolytic anemia), and/or abnormally elevated amounts of certain immune factors in the blood (hypergammaglobulinemia).

Microscopically, CD is characterized by nodal expansions that usually leave the structure of the underlying lymph node or at least partially intact. As the name angiofollicular hyperplasia, there is a follicular hyperplasia of lymph nodes with abnormally increased interfollicular vascularity. The hyaline vascular CD shows that the lymph node germinal centers are poorly formed with dysplastic

follicular dendritic cell networks surrounded by an expanded mantle zone consisting of rims of small CD20+ lymphocytes arranged in an “onion skin” manner. There is increased interfollicular vascularity with capillary proliferation and endothelial hyperplasia. Plasmacytic variety of CD is characterized by both more numerous and larger hyperplastic follicles, which have more expanded mantle zones compared to hyaline vascular CD. Proliferated plasma cells are present in the interfollicular areas. The mixed form CD has features of both hyaline vascular and plasmacytic types CD.

For UCD, 90-95% cases with surgical resection are curative and usually no progression to lymphoma or association with other tumors. The prognosis is excellent with a 5 year survival of close to 100%. There is no standard therapy for MCD at the moment. For MCD is typically more aggressive and may progress to non-Hodgkin or Hodgkin lymphoma. MCD is often treated in a similar way to non- Hodgkin lymphoma. Combined modalities are preferred in chemotherapy (corticosteroids, cytotoxic agents). Also, trials with IL 6 receptor antibodies showed regression of hypergammaglobulinemia and lymphadenopathy after 3 months. Radiotherapy was performed in some cases but its efficacy could not be defined in few case series. MCD has a poor prognosis in spite of systemic therapy. The median survival is about 26 months.

In conclusion, CD is still not a well-defined clinicopathological entity for clinicians especially during diagnosis and treatment. Because histological and clinical findings of the disease are nonspecific, it may be difficult to distinguish from neoplastic, infectious and autoimmune diseases or may be masked by these diseases. The diagnosis can be made by collaborative study of the clinician and pathologists.

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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。

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	中山醫學院病理學副教授	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 ext 65236	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 ext 325570	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	高雄醫學大學病理科主治醫師	07-3121101 ext 7081~7085	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	04-22840368	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特聘技術員	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	朱旆億	男		國立台灣大學醫學系		天主教聖馬爾定醫院病理科主任	05-2756000	
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	02-22193391	
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	02-27361661	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 大醫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	02-2362-2656	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. 52<sup>nd</sup> CSCP)
5. Pick any case you'd like to read (e.g. case365-372)



**中華民國比較病理學會  
第一次至第五十七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	

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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, 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	Human	佛教慈濟綜合醫院

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	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	

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	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	Human	財團法人天主教耕莘醫	

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	intra-abdominal cavity		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

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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

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			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

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			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
389	Mantle cell lymphoma involving ascending colon, cecum, ileum, appendix and regional lymph nodes with hemorrhagic necrosis in the colon and leukemic change.	Human	奇美醫院病理部
390	Pulmonary Squamous Cells Carcinoma of a Canine	Dog	國立屏東科技大學獸醫教學醫院病理科
391	Squamous cell carcinoma, lymphoepithelioma-like type	Human	高醫附設醫院病理科
393	Malignant peripheral nerve sheath tumor (MPNST), subcutis, canine.	Dog	中興大學獸醫學系
394	Desmoplastic malignant melanoma (mimic malignant peripheral nerve sheath tumor)	Human	中山醫學大學醫學系病理學科暨附設醫院病理科
397	Atypical meningioma	Human	奇美醫院病理科
401	Lymph nodes, excision --- Hodgkin's lymphoma, mixed cellularity	Human	天主教耕莘醫院
402	1. Leukemia, nonlymphoid, granulocytic, involving bone marrow,	Mouse	國家實驗動物中心



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	403	Non-secretory multiple myeloma with systemic amyloidosis	Human	佛教慈濟綜合醫院暨慈濟大學病理科
	404	1. Hepatocellular adenocarcinoma, multifocal, severe, liver 2. Hemorrhage, moderate, acute, body cavity 3. Bumble foot, focal, mild, chronic, food pad 4. cyst and atherosclerosis, chronic, testis	Goose	國立中興大學獸醫病理生物學研究所
	406	Castleman's disease	Human	羅東博愛醫院
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 (Klebsillae pneumoniae)	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 Streptococcus 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	慈濟醫院病理科
170	Chronic nephritis caused by Leptospira 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>Buirkholderia pseudomallei</i>	Goat	屏東縣家畜疾病防治所

細菌	339	Mycoplasmosis	Rat	國家實驗動物中心
	352	Chromobacterium violaceum 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
	382	Leptospirosis	Pig	國立屏東科技大學獸醫學院
	384	<i>Neisseria</i> Infected Pneumonitis	Cat	中興大學獸醫學系
	385	<i>Mycobacteria avian complex dacryocystitis</i>	Human	花蓮佛教慈濟綜合醫院
	387	Swine Erysipelas	Pig	屏東縣家畜疾病防治所
	396	Suppurative meningitis caused by <i>Streptococcus</i> spp in pigs	Pig	國立中興大學獸醫病理生物學研究所
399	Listeric encephalitis in dairy goats	Goat	屏東縣家畜疾病防治所	
病毒	21.	Newcastle disease	Chicken	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

## 病毒

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,	Goat	台灣動物科技研究所

	Saanen goat. 2. Haired skin: Dermatitis, proliferative, lymphoplasmacytic, subacute, diffuse, sever, with marked epidermal pustules, ballooning degeneration, acanthosis, hyperkeratosis, and eosinophilic intracytoplasmic inclusion bodies.		
病毒	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 (PCV II infection)	Swine 台灣大學獸醫學系
	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
	381	Polyomavirus infection of urinary tract	Human 羅東博愛醫院
405	Porcine circovirus-associated lymphadenitis	Swine 國立屏東科技大學獸醫教學醫院病理科	
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

黴菌	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
	386	Dermatophytic pseudomycetoma	Cat	台灣動物科技研究所
395	Systemic Cryptococcus neoformans infection in a Golden Retriever	Dog	國立台灣大學分子暨比較病理研究所	
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	

寄生蟲	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	Capillaries philippinesis	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.	<i>Pneumocystis carinii</i> 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

原蟲	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, Toxoplasma gondii	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	



其它

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

其它

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	Eosionphilic 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
383	Langerhans cell histiocytosis	Human	聖馬爾定醫院病理科
388	Canine protothecosis	Dog	國立臺灣大學獸醫專業學院
392	Lithium nephrotoxicity	Human	佛教慈濟綜合醫院暨慈濟大學病理科
398	Gamma-knife-radiosurgery-related demyelination	Human	佛教慈濟綜合醫院暨慈濟大學病理科
400	Canine Disseminated form Granulomatous Meningoencephalitis (GME)	Dog	國立屏東科技大學獸醫教學醫院病理科

## 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 515 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：一般會員新台幣一仟元，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：10617 臺北市羅斯福路四段一號獸醫三館 515 室、電話：02-33663868、傳真 02-23621965。

## 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			
現職						年	月	年	月			
<p>通訊地址: 現在 電話: 傳真:</p> <p>永久 電話: 傳真:</p> <p>電子郵遞(E-mail)地址:</p>												
<p>茲 贊 同</p> <p>貴會宗旨擬加入為會員嗣後並願遵守一切規章共圖發展</p> <p>此 致</p> <p>中華民國比較病理學會</p> <p style="text-align: right;">申請人 簽章</p> <p style="text-align: right;">介紹人 簽章</p> <p style="text-align: right;">介紹人 簽章</p> <p>中華民國 年 月 日</p>										審核結果		

中華民國比較病理學會  
資產負債表

中華民國 100 年 12 月 31 日

單位：新臺幣(元)

資 產	負債 基金 暨 餘絀
歷年歲末累計結餘	合作金庫活存
101 年度餘絀	現金
合 計	合 計
27,281	27,281
66,869	23,054
-39,588	4,227

理事長：



常務監事：



秘書長：



會計：



# 中華民國比較病理學會

收支決算表

中華民國 101 年 1 月 1 日至 101 年 12 月 31 日

單位：新臺幣(元)

款	項	目	名稱	決算數	預算數	決算與預算比較數		說明
						增加	減少	
1	1	1	本會經費收入	22,805	55,542		32,737	
			入會費	5,500	6,000		500	
			常年會費	15,700	22,000		6,300	
			贊助會費	0	20,000		20,000	
			利息收入	81+74	42	113		81元為100年度12月利息收入，上次會員大會未列出，本次補列
2	1	1	其他收入	1,450	7,500		6,050	
			本會經費支出	62,393	69,200		6,807	
			人事費	20,000	18,000	2,000		
			兼職人員車馬費	12,000	12,000	0		
			其它人事費	8,000	6,000	2,000	3,485	第55次研討會邀請兩位演講者
3	2	1	辦公費	16,515	20,000		3,485	
			印刷費	12,128	16,000		3,872	
			旅運費	0	0	0		
			郵電費	3,587	4,000		413	
			公共關係費	800	0	800		
4	3	1	業務費	25,878	24,000	1,878		
			會議費	25,144	24,000	1,144		
			雜費支出	734	6,500		5,766	
			提撥基金	0	700		700	
			本期餘絀	-39,588				尚未支付 54-56 屆切片數位化費 7000 元

理事長：



常務監事：



秘書長：



會計：



# 中華民國比較病理學會 基金收支表

中華民國 101 年 1 月 1 日至 101 年 12 月 31 日止

單位：新臺幣(元)

收 入	支 出
<p>準備基金</p> <p>歷年累存            10,400</p> <p>本年度提撥            0</p>	<p>準備基金            0</p>
結 餘	10,400

理事長：



常務監事：



秘書長：



會計：





# 中華民國比較病理學會

## 現金出納表

中華民國 101 年 1 月 1 日至 101 年 12 月 31 日

單位：新臺幣(元)

收 入		支 出	
科目名稱	金 額	科目名稱	金 額
上期結存	66,869	本期支出	62,393
本期收入	22,805	本期結存	27,281
合 計	89,674	合 計	89,674

理事長：



常務監事：



秘書長：



會計：



# 中華民國比較病理學會

收支預算表  
中華民國 102 年 1 月 1 日至 102 年 12 月 31 日

單位：新臺幣(元)

款	項	目	名稱	預算數	上年度 預算數	本年度與上年度 預算比較數		說明
						增加	減少	
1			本會經費收入	55,542	55,542			
	1		入會費	6,000	6,000			
	2		常年會費	22,000	22,000			
	3		贊助會費	20,000	20,000			
	4		利息收入	42	42			
	5		其他收入	7,500	7,500			
2			本會經費支出	69,200	69,200			
	1		人事費	18,000	18,000			
	1		兼職人員車馬費	12,000	12,000			1人×1,000元×12月=12,000
	2		其他人事費	6,000	6,000			臨時人員工資(協助研討會辦理、資料寄發、會務連絡等)
	1		辦公費	20,000	20,000			
	1		印刷費	16,000	16,000			
	2		旅運費	0	0			
	3		郵電費	4,000	4,000			
	4		公共關係費	0	0			
	3		業務費	24,000	24,000			
	4		會議費	24,000	24,000			
	5		雜費支出	6,500	6,500			
			雜費支出	0	700			
			基金	6,500	6,500			

如有盈餘，得依規定提列 5% 以上

理事長：



常務監事



秘書長：



會計：

