

Chinese Society of Comparative Pathology

中華民國比較病理學會
第 86 次比較病理學研討會
皮膚及軟組織病理專題



主辦單位

Chinese Society of Comparative Pathology

中華民國比較病理學會

國立臺灣大學獸醫專業學院

中華民國 112 年 4 月 22 日 (April 22, 2023)

SCHEDULE

86th MEETING OF COMPARATIVE PATHOLOGY

中華民國比較病理學會 第 86 次比較病理學研討會暨會員大會

皮膚及軟組織病理病例討論

時間：111 年 4 月 22 日（星期六）

地點：台灣大學獸醫三館 B01

電話：02-33663760

Time (時間)	Schedule (議程)		Moderator (主持)
8:30~9:20	Registration (報到)		
9:20~9:30	Opening Ceremony (致詞) 鄭謙仁 理事長		
9:30~10:30	專題演講	主講：陳志學 台北榮民總醫院 分子病理科主任醫師 題目：Updated classification of soft tissue tumor	鄭謙仁 理事長
10:30~11:00	Break (合照)		
11:00~11:30	Case 585	Chuang, Ya-Ju (莊雅筑), DVM, MS¹; Pang, Victor Fei (龐飛), DVM, PhD¹ ¹ Graduate Institute of Molecular and Comparative Pathobiology, School of Veterinary Medicine, National Taiwan University (國立台灣大學獸醫專業學院分子暨比較病理生物學研究所)	黃威翔 秘書長
11:30~12:00	Case 586	Shih, Chia-Wen (施洽雯), M.D., M.S. ¹; Chai, Kang-Chuang (柴康莊), M.D.² 1. Department of Pathology, Lotung Poh-Ai Hospital (羅東博愛醫院病理科) 2. Department of Generary Surgery, Lotung Poh-Ai Hospital (羅東博愛醫院一般外科)	
12:00~12:30	會員大會暨第十屆理理事長及理監事選舉		
12:30~14:30	午餐 及 第十屆第一次理監事會議		
14:30~15:00	Case 587	Tsai, Cho-Yen (蔡卓諺), DVM, BS; Chiou, Hue-Ying (邱慧英), DVM, PhD; Liao, Jiunn-Wang (廖俊旺), DVM, PhD 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)	第十屆理 事長及秘 書長
15:00~15:30	Case 588	Chang, Junn-Liang (張俊梁)^{1#}, MD, PhD; Liu, Kuang-Ting (劉光庭)¹, MT, MS; Chang, Yueh-Ching (張月清)¹ MT, MS; Lin, Yu-Chieh (林鈺傑)¹	

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15:30~	General Discussion (綜合討論)		第十屆理事長及秘書長

目 錄

SCHEDULE	1
SPECIAL LECTURE (專題演講).....	5
CASE DIAGNOSIS.....	7
CASE NUMBER: 585	9
CASE NUMBER: 586.....	13
CASE NUMBER: 587.....	19
CASE NUMBER: 588.....	23
中華民國比較病理學會章程.....	31
中華民國比較病理學會 第九屆理監事簡歷冊.....	37
中華民國比較病理學會 111 年度工作報告.....	39
中華民國比較病理學會 112 年度工作計劃.....	43
中華民國比較病理學會 112 年度工作報告.....	44
資料庫使用須知.....	45
比較病理研討會病例分類一覽表.....	47
腫瘤.....	47
細菌.....	64
病毒.....	67
黴菌(含藻類).....	70
寄生蟲(含原蟲).....	72
立克次體.....	74
其他.....	74
會員資料更新服務.....	81
入會辦法.....	83
中華民國比較病理學會入會申請及會員卡.....	85

Special Lecture (專題演講)

Updated classification of soft tissue tumor

陳志學 醫師

臺北榮民總醫院病理部分子病理科主任

Soft tissue tumors are a diverse group of neoplasms that arise from various tissues and cell types. The pathological classification of these tumors is critical for accurate diagnosis, treatment planning, and prognostication. The World Health Organization (WHO) classification system provides a comprehensive framework for categorizing soft tissue and bone tumors based on their histological and molecular characteristics. Soft tissue tumors can be broadly classified into the following categories:

1. Adipocytic tumors: These tumors arise from fat cells and include lipomas, liposarcomas, and dedifferentiated liposarcomas.
2. Fibroblastic/myofibroblastic tumors: These tumors arise from fibroblasts or myofibroblasts and include fibromatosis, fibrosarcoma, and myofibroblastic sarcoma.
3. Smooth muscle tumors: These tumors arise from smooth muscle cells and include leiomyomas and leiomyosarcomas.
4. Skeletal muscle tumors: These tumors arise from skeletal muscle cells and include rhabdomyomas and rhabdomyosarcomas.
5. Vascular tumors: These tumors arise from blood vessels and include hemangiomas, hemangioendotheliomas, and angiosarcomas.
6. Nerve sheath tumors: These tumors arise from the covering of peripheral nerves and include schwannomas, neurofibromas, and malignant peripheral nerve sheath tumors.

It is important to note that each subtype of soft tissue tumor has distinct clinical, radiological, and pathological features, and requires specific management strategies. Accurate diagnosis and appropriate treatment planning are critical for improving patient outcomes. In addition, recent advances in immunological and molecular profiling have identified numerous new subtypes of sarcoma that may have unique therapeutic targets, highlighting the importance of precision medicine in the management of these tumors.

Case Diagnosis

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(閱片網址：<http://www.ivp.nchu.edu.tw/slidecenter.php?id=530>)

Case No.	Presenter	Slide No.	Diagnosis
Case 585	莊雅筑	NTU22-3442A	T-cell rich large B-cell lymphoma (TCRLBCL) http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=2169
Case 586	施洽雯	LP22-7695	Epithelioid sarcoma. right hand. http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=2166
Case 587	蔡卓諺	CO22-04058B	Precursor T-cell lymphoblastic lymphoma (Pre-T LBL, thymic lymphoma) http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=2168
Case 588	張俊梁	230599C	Soft tissue, right hypochondriac (flank), excision: Hepatocellular cell carcinoma (HCC), metastatic. http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=2124

Case Number: 585

Slide Number: NTU22-3442A

Slide View: http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=2169

Chuang, Ya-Ju (莊雅筑), DVM, MS¹; Liu, Chen-Hsuan (劉振軒), DVM, PhD¹; Chang, Hui-Wen (張惠雯), DVM, PhD¹; Wang, Fun-In (王汎熒), DVM, PhD¹; Jeng, Chian-Ren (鄭謙仁), DVM, PhD¹; Chang, Yen-Chen (張晏禎), DVM, PhD¹; Huang, Wei-Hsiang (黃威翔), DVM, PhD¹; Pang, Victor Fei (龐飛), DVM, PhD¹

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CASE HISTORY:

Signalment: A 10-year-old, spayed female, Domestic long hair cat

A soft tissue mass located between the Rt. submandibular and the cranial tracheal region was noted since 2022/12/15, about 4.2 x 3.6 x 4.8 cm in size. The mass enlarged and became firmer and more unmovable. Noisy breathing and voice alteration were observed. However, no significant breathing effort, coughing, or difficulty in swallowing was noted. Neck and chest CT along with mass excision were performed on 2022/12/29.

Gross Findings:

The received specimen was the mass present near the submandibular lymph node and cranial tracheal region. Under serial sectioning, the mass was soft to brittle, mottled pale beige and white.

CASE RESULT:

Histopathological Findings:

The mass is encapsulated by a thin layer of fibrous connective tissue and is composed of numerous densely packed partially distinct lymphoid follicle-like structures of varying sizes and shapes. The neoplastic growth contains two major cell populations. One of the populations consists of relatively smaller round cells which have a high NC ratio and round nuclei that are about 1 to 1.5 times the diameter of a red blood cell with clumped chromatin, morphologically suggestive of lymphoid cells. This population of neoplastic cells show moderate anisocytosis and anisokaryosis, and the mitotic count is about 41 per 10 HPF. The other cell population is composed of significantly larger and pale stained cells that have a moderate amount of partially distinctly bordered eosinophilic cytoplasm with round to ovoid vesicular nuclei that are about 3 to 4.5 times the diameter of a red blood cell with a conspicuous nucleolus, morphologically resembling the histiocytes or dendritic cells. Some of the larger cells accumulate in clusters in the center of the lymphoid follicle-like structures, while some of them dispersed among the neoplastic lymphoid cells. No distinct mitotic activity is

observed in the histiocyte/dendritic cell-like population. Massive central necrosis along with cell debris are noted in the growth.

Pathological Diagnosis: T-cell rich large B-cell lymphoma (TCRLBCL)

Differential diagnosis:

1. T cell lymphoma
2. B cell lymphoma
3. Thymoma
4. Thymic lymphoma

Discussion:

According to the histopathological features and the location of the neoplasm, the present case is diagnosed as a TCRLBCL. Early TCRLBCL may have 80-90% small to intermediate-sized non-neoplastic T cells, with the rest of the cells being neoplastic large B cells, histiocytes, and connective tissue. The neoplastic large B cells then gradually increase in proportion to the other cells. TCRLBL constitutes about 10% of all feline lymphomas, and they mostly present as a single enlarged node in the neck region usually in a submandibular node and more often on the right side. The histological features of TCRLBCL include a mixture of large and small cells. The large cells may present marked anisokaryosis and can be highlighted through CD20 antibody. Numerous small and intermediate-sized T cells can be stained by CD3 antibody. Therefore, immunohistochemical staining such as T- and B-cell markers may be helpful for recognizing the pattern. Because of the large number of histiocytic cells, T-cell/histiocyte-rich B-cell lymphoma has also been used. Due to the slow rate of progression and the fact that most early cases involve a single node in cats, excision is suggested for the treatment. As for prognosis, TCRLBCL tends to recur in the same area as the excision, so follow-ups for possible recurrence or metastasis are recommended.

In cats, TCRLBCL has been called “feline Hodgkin’s disease” because of the way the tumor spreads and the presence of large, atypical, binucleated B-cell lymphocytes which resemble the Reed-Sternberg (RS) cells of human Hodgkin’s lymphoma. This disease spreads only to contiguous lymph nodes and does not skip to nodes in other anatomic regions. Hodgkin’s disease in humans differs clinically from non-Hodgkin’s lymphoma in several ways. The importance of properly distinguishing between the two lies in treatment and prognosis since Hodgkin’s disease is currently considered a curable neoplastic disease depending upon the stage at which it is diagnosed.

Follow-up of the present case showed recurrence at the same location three weeks after the excisional surgery; however, complete remission and no recurrence have been noted after corticosteroid treatment. According to literature, feline Hodgkin’s-like lymphoma may be a less aggressive neoplasm than non-Hodgkin’s feline lymphoma, and it may prove to be a useful animal model of human Hodgkin’s disease. More statistical analysis of the survival data and studies of the origin of feline RS cells are needed.

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Case Number: 586

Slide Number: LP22-7695

Slide View: http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=2166

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CASE HISTORY:

Signalment: 40-year-old man. .

Clinical History:

A 40-year-old man who visited the GS (general surgery) OPD of Lo-Tung Hospital with the chief complaint of right hand mass with mild tenderness noted for years. He had past history of traffic accident on 2018-3-05 with fracture of left 2nd proximal phalanx and abrasion wounds over multiple limbs. He had no history of hypertensive cardiovascular disease (HCVD) and diabetes mellitus (DM). Under the impression of neuroma, tumor excision was performed on 2022-7-16. The specimen was sent to the department of pathology for pathologic diagnosis. Grossly, the specimen submitted consisted of a small tissue fragment measuring up to 2.1 x 1.7 x 1.5 cm. The tumor was grayish-brown in color and elastic firm in consistency. No hemorrhage nor necrosis was noted.

Clinical Pathology:

BUN: 10 mg/dL (6-20 mg/dL), Creatinine: 1.05 mg/dL (0.6-1.3 mg/dL), Glucose: 116 mg/dL (70-100 mg/dL), AST: 18 U/L (5-40 U/L), ALT: 16 U/L (5-40 U/L), Na: 139 mmol/L (135-145 mmol/L), K: 3.6 mmol/L (3.5-5.1 mmol/L), RBC: 4.92x10⁶/uL (4.6-6.2 x10⁶/uL), Hb: 14.8 gm/dL (14.0-18.0 gm/dL), Hct: 43.2 (40.0-54.0%), Plt: 55.1 x10⁴/dL (15-40 x10⁴/dL), WBC: 9.6 x10³/uL (4.5 - 11.0 x10³/uL), CRP: 0.94 mg/dL (<0.5 mg/dL).

CASE RESULT:

Histopathologic Findings:

Histological analysis showed a well circumscribed tumor and composed of proliferated epithelioid cells with mild irregular in size and shape, round or oval clear or vesicular and centrally placed nuclei, abundant acidophilic cytoplasm, and distinct or inconspicuous nucleoli. Areas of spindle-shaped neoplastic cells and lymphocytes infiltrate were also noted. Occasional mitotic figures were noted. No necrosis was noted. No lymphatic duct or blood vessel invasion was noted.

Immunohistochemistry:

Sections of tissue specimen were subjected for immunohistochemical evaluation. On immunohistochemical analysis, the tumor cells were positive for CK, CD34, vimentin, and Actin, focal positive for Calretinin. and CD99, and negative for CD31, S-100, CK5/6, P63, and HMB45.

Differential diagnosis:

1. Granulomatous diseases.
2. Amelanotic melanoma.
3. Synovial sarcoma.
4. Epithelioid hemangioendothelioma.
5. Squamous cell carcinoma.
6. Epithelioid malignant peripheral nerve sheath tumor (MPNST).
7. Epithelioid sarcoma.

Diagnosis: Epithelioid sarcoma. right hand.

Comments:

Epithelioid sarcoma (ES) is a rare, high-grade malignancy that represents the most common primary soft tissue sarcoma of the hand. It was first described by Laskowski in 1961 as “sarcoma aponeuroticum” because of its involvement of aponeuroses and surrounding structures. Less than a decade later, in 1970 Enzinger coined the current term “epithelioid sarcoma” when recategorizing 62 previously misdiagnosed tumors.

ES is a soft tissue sarcoma and characterized by epithelioid-like features closely mimics granulomatous diseases. It accounts for less than 1% of all soft tissue sarcomas. ESs have no definitive cell of origin but are considered to be true mesenchymal cells origin that show ultrastructural and immunophenotypic evidence of epithelial differentiation.

Because of its epithelial and mesenchymal differentiation, this tumor was often mistaken for chronic inflammatory processes, necrotizing granulomas, various fibrohistiocytic tumors, synovial sarcoma and squamous cell carcinoma.

ES presents a slow-growing mass of the extremity. It involves the upper extremities 60% of the time, and commonly presents itself in the distal limbs (fingers, hands, forearms, or feet.). It is most often described as a firm-to-hard palpable mass. The lesion can be centered in the dermis, subcutis, or deep fascia. It characteristically invades along fascial planes and tracks along tendons and aponeuroses. There is a "proximal type" variant first described in 1997 and tends to occur more often in the perineal, pubic, genital region such as vulva and penis, and truncal regions including spine, although it is defined by its histologic features rather than its location. Due to its ambiguity, it is often misdiagnosed, mistaken as a persistent wart or cyst. Often the superficial lesions will ulcerate, causing a mistaken diagnosis of a poorly healing traumatic wound or wart. Deep tumors may mimic ganglion cysts or be attached to tendons and be mistaken for giant cell tumors of tendon

sheath. About 13% of patients will present with multifocal tumors, and about 13% of patients will present with metastatic disease. Hand ESs can cause contractures or nerve compression symptoms including muscular weakness and numbness. In a retrospective study, the average duration of symptoms before initial surgical procedure was 29 months, which indicates the slow growth of the tumor. Masses can be large, up to 20 cm, especially in the proximal variant, but are often less than 5 centimeters in greatest dimension. The most common gross appearance is tan-white, non-encapsulated nodules with infiltrating borders. Trauma has been noted to precede the tumor growth. Intriguingly, an association with prior trauma at the site of the tumor has been noted in up to 27% of occurrences. Prior trauma to the distal extremity, however, is logically an all too common of an occurrence for further speculation as to an inciting event.

ESs represent less than 1% of soft tissue sarcomas, and have a predilection for men (up to 2:1 male to female ratio). The extremes of ages include ages 4 to 90, with a median age of 27 years. In a large retrospective study 74% of the patients presented between the ages of 10 and 39. Upper extremity sarcomas in general are more common in Caucasians but a review of tumors from different countries has shown no racial or geographical predisposition for ES. ES has a known propensity for local recurrence, regional lymph node involvement, and distant metastases. Because ES presents innocuously, it is often mistaken as a benign process, which can result in insufficient treatment. In an analysis of a database on upper extremity sarcomas in the United States, the incidence of upper extremity ES was 0.1 cases per million per year in 1973. However, the incidence was reported as 0.4 case per million in 2005.

It has been shown to be the second most common soft tissue sarcoma in the hand and the sixth most common soft tissue sarcoma in the upper extremity.

No consistent findings can be seen in conventional roentgenograms. Soft tissue mass or swelling can be seen in some cases. Rarely, speckled patterns of calcification or ossification are seen. ES rarely causes changes in the adjacent bone other than demineralization or cortical thinning. MRI is the diagnostic modality of choice for imaging prior to biopsy and pathologic diagnosis. Its role is primarily determining anatomic boundaries, since there are few findings specific to ES. MRI can help differentiate tumor recurrence from postoperative changes

Microscopically, the three variants of ES are epithelioid, spindled, and mixed, with the principal form being epithelioid. These cells are large, round, oval, or polygonal, with abundant, deeply acidophilic cytoplasm and a clear or vesicular, centrally placed nucleus. The conventional or usual type of ES has a nodular or lobular architecture with central areas of necrosis. The epithelioid cells surround the necrosis, imparting a necrotizing granulomatous pattern to the low-power diagnosis. The nuclei are generally not too atypical, and mitotic figures are conspicuously present. Tumor cells at the periphery often take on a spindled or sarcomatous appearance. Variants include fibroma-like (spindle cell dominant) and angiomatoid (angiosarcoma-like growth pattern with epithelioid cells). The proximal-type variant of ES lacks the granulomatous pattern of necrosis. The tumor consists of cellular nodules with more cytologic pleomorphism, nuclear atypia, and even signet-ring-like vacuolation. Rhabdoid morphology with prominent nucleoli is characteristic of this

lesion. Calcification can be seen in necrotic areas in 19% of the ESs. Multinuclear giant cells can be present in a small number of ESs. The proportion of spindle cells to epithelioid cells varies from tumor to tumor, and these cells may be arranged in a whorled pattern. Because of this variation, the histological appearance of ES has been mistaken for numerous benign and malignant entities. The differential diagnosis based on histomorphology generally includes reactive and benign lesions such as granulomatous diseases, nodular fasciitis, fibrohistiocytic lesions, fibromatosis, and tenosynovial giant cell tumors. Malignant lesions in the differential diagnosis include metastatic carcinoma, melanoma, synovial sarcoma, vascular neoplasms, squamous cell carcinoma, malignant peripheral nerve sheath tumor (MPNST) and rhabdoid tumor.

The immunohistochemical profile of ES is relatively unique as it strongly expresses cytokeratins, EMA, vimentin, and is often CD34 positive (50%). ES typically negative for S100, desmin, CK7, Factor VIII-related antigen and CD31. The most diagnostically useful finding is lack of INI-1 expression in tumor cells. Immunohistochemical stain is helpful in differentiated diagnosis of other benign or malignant tumor. CD34 positive in half of ES but negative in synovial sarcoma and most carcinomas. Vimentin-positive in ES but negative in many carcinomas, except notably endometrial and renal. INI-1, complete loss is distinctive in ES. CK7 negative in ES but positive in synovial sarcoma. CK5/6 and p63 negative in ES but positive in squamous cell carcinoma. S100 negative in ES but positive in MPNST and many melanomas. CD31 negative in ES but positive in vascular lesions. SALL4 negative in 89% of ES but positive in 71% of malignant rhabdoid tumors. ERG variably positive in ES but negative in all malignant rhabdoid tumors. ES typically stain positive for CA125 and some have suggested using it as a serum marker to monitor for metastasis.

Up to 90% of ESs show loss of integrase interactor-1 (INI-1) expression. INI-1 is part of the SWI/SNF chromatin remodeling complex expressed in all normal nucleated cells. This chromatin remodeling complex is essential to biological function by altering nucleosomes to allow for transcription of DNA. INI-1, also commonly known as SMARCB1, is on chromosome 22 at the 22q11 band. A spectrum of gene deletions and rearrangements including translocation events involving the 22q11 locus are putatively responsible for tumorigenesis in INI-1 deficient ESs.

The staging for ES takes into account size and location of the primary tumor, lymph node involvement, presence and location of metastasis, and histologic grade. Complete surgical resection is curative in low-stage disease; however, a risk of recurrence and late metastasis remains. After definitive tissue-based diagnosis, treatment depends on the presence or absence of metastatic disease. Metastatic disease should be ruled out based on a thorough clinical and radiological examination, particularly focused on regional lymph nodes and pulmonary examination. Ultrasound scanning of regional lymph nodes and sentinel lymph node biopsy is recommended to improve metastatic workup accuracy. Surgical resection of primary tumors with no metastases can achieve a cure if the primary tumor is amenable to complete resection with no residual tumor. ES has recurrence rates of up to 77% after marginal resection in some long term studies. Radiation therapy (RT) is often added to mitigate local recurrence; however, the use of RT is relatively undefined. Surgery with curative intent still carries a risk of recurrence and late discovery of metastases.

Inoperable tumors, incomplete resections, and metastatic disease can be offered palliative measures such as RT. Chemotherapy (doxorubicin) has been used for multifocal, large (>5cm), or metastatic disease. It has not been shown to improve survivorship. RT in combination with chemotherapy has so far resulted in only minimal improvements to response rates. Routine sentinel lymph node biopsy (SLNB) does not appear to be supported by data, though it is sometimes advocated due to the high rate of regional recurrence. SLNB is also thought to identify individuals who may benefit from systemic therapy. Therapeutic lymph node dissection is indicated when lymph node metastases are present.

ES aggressively invades locally and has a propensity for regional lymph node metastasis. Distant metastatic spread, especially to the lungs and scalp, has been well documented. Prognosis, as with most malignancies, is primarily determined by the clinical stage of the disease. ES prognosis is most closely associated with tumor size, vascular invasion, resectability, and metastases. The proximal type is generally described as a more aggressive tumor; however, at least one study demonstrated no significant difference in overall survival between the proximal and usual types of ES. Gender, age of diagnosis, site, tumor size, and microscopic findings affect prognosis. Female patients have better outcomes. Presentation at an earlier age has better outcomes. Tumors more than 2 cm in diameter have been correlated with worse outcomes, tumors with necrosis and vascular invasion have been correlated with a worse outcome. Mitotic index is a prognostic factor. ES also demonstrates lymphatic spread (in 22-48% of cases), and metastasis (in 21-63% of cases). The 5-year survival rate for ES patients is 50-70%, and the 10-year survival rate is 42-55%. Children with ES tend to have slightly better outcomes than adults, with 5 year survival rates around 65%. Pediatric patients also tend to display less lymphatic spread and metastasis. In a long term study, 45% of patients with ES developed metastatic disease, with the lung (51%), lymph nodes (34%), scalp (22%) being the most common sites. The median post-metastatic survival was reported to be eight months.

Conclusion:

ES is a rare sarcoma that affects young adults with an affinity to the distal upper extremity (hand and forearm). It mostly starts as a painless slow growing mass and may easily be mistaken for a benign tumor. Biopsy is the diagnostic method of choice, with "pseudogranulomatous" formation with epithelioid cells blended with spindle cells. Immunohistochemical stain is helpful in differential diagnosis. Loss of INI1 gene has been noted in majority of ESs and may be used to confirm the diagnosis. For ES is a high grade malignancy and has a high propensity for local recurrence (77%), regional lymph node involvement (34%), and distant metastases (13%), clinicians and pathologists must be aware of this tumor in order to avoid misdiagnosis.

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Case Number: 587

Slide Number: CO22-04058B

Slide View: http://www.ivp.nchu.edu.tw/ivp_slide_view.php?id=2168

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CASE HISTORY:

Signalment: Mouse, NOD/SCID strain, female, 5-month-old

This mouse was a breeder mouse in a laboratory animal center without any experimental history before. Signs of dyspnea and decreased activity were observed in clinic, and the mouse was thereafter euthanized.

Gross Findings:

At necropsy, hydrothorax and a thoracic mass compressing heart and lung were noted. No adhesion between the mass and parietal pleura was noted. The mass is measured 1.8×1.5×1.6 cm. By longitudinally sectioning the mass, the cut face is yellowish white and a central dark red plaque is observed.

CASE RESULT:

Histopathological Findings:

At low magnification, the mass is unencapsulated and no demarcation from the surrounding tissue is observed. The mass is solid and densely basophilic. At high magnification, the neoplastic cells are round-cell arranged in sheet pattern. The “starry-sky” pattern representing numerous tingible body macrophages are noted. The neoplastic cells are round to polygonal, with abundant eosinophilic cytoplasm. The nuclei are large and central-located, round- to irregular-shaped, hyperchromatic with chromatic margination. Binucleation or bizarre nuclei are occasionally observed. Central nucleoli are presented in the nuclei. Anisocytosis and anisokaryosis are prominent, and the mitotic figures are numerous, exceeding 20 per high power field. Focal cholesterol clefts are noted. At other fields, invasion of neoplastic cells at skeletal muscles, bronchus and blood vessel are observed.

Immunohistochemistry:

The neoplastic cells demonstrate moderate positive immunoreactivity for CD3 and strong positive immunoreactivity for CD4 and CD8 at the cell membrane. The neoplastic cells demonstrate negative immunoreactivity for PAX5. The tingible bodies are strongly positive for caspase-3.

Pathological diagnosis: Precursor T-cell lymphoblastic lymphoma (Pre-T LBL, thymic lymphoma)

Differential diagnosis:

1. Primary mediastinal (thymic) diffuse large B-cell lymphoma
2. Type B1 thymoma

Discussion:

Thymic lymphomas are common spontaneous neoplasms that occur in laboratory mice. The neoplasm originates from thymic T lymphocyte and consists mainly of lymphoblastic cells, which are CD3-positive and CD45R-negative, and thus the formal pathological nomenclature is precursor T-cell lymphoblastic lymphoma. The neoplasm becomes apparent by about 25 weeks of age, and the overall prevalence in NOD/SCID mice at 40 week-old is 67%, consisting of 83% females and 50% males. In addition to NOD/SCID mice, AKR, C58 and CD-1 strains also develop spontaneous thymic lymphoma. Metastasis to lymph nodes, spleen, lung, or liver is also sometimes observed.

The strain NOD/SCID, abbreviated from NOD.CB17-*Prkdc*^{scid} (nonobese diabetic, severe combined immunodeficiency), is a commonly used immuno-compromised laboratory mouse. Characterized by the absence of functional T cells and B cells, lymphopenia, hypogammaglobulinemia and relative normal hematopoietic microenvironment, this strain is established by backcross-mating of the NOD and SCID strain for 10 generations to obtain the *Prkdc*^{scid} homozygote genotype. Such traits allow efficient acceptance of allogeneic or xenogeneic grafts, thus making this strain of mice an ideal animal model to transplant a variety of normal and malignant human cells or tissues for further assessment or research.

The mechanism of lymphomagenesis in NOD/SCID mice is closely related to the mechanism of combined immunodeficiency. The *Prkdc* gene is instrumental in repairing double-stranded DNA breaks and in recombining the variable (V), diversity (D), and joining (J) segments of immunoglobulin and T-cell receptor genes. Gene rearrangements in the T-cell receptor and in immunoglobulins rely on a recombinase system that is essential for DNA repair, which is impaired in the SCID strain. This rearrangement also enhances the integration of proviral DNA into oncogenes. The endogenous retroviral Emv30 insertional sequences inherited in the germline play a critical role in the lymphomagenesis in NOD strain. Additionally, the development of spontaneous lymphoma is dependent on cytokine signaling through the IL-2 receptor- γ chain. The NOD/SCID IL-2R γ ^{null} (NOG) strain lacks the IL-2 receptor- γ chain, which may explain the low incidence of lymphomas.

The classification of lymphoid neoplasms in mice is currently referred to the Bethesda proposal by Morse et al., where precursor T-cell lymphoblastic lymphoma shares similar properties with its human counterpart. Both of human and murine pre-T LBL tends to present as thymic lymphoma, while the other precursor T-cell neoplasm, acute lymphoblastic leukemia (ALL), originates in the bone marrow. Some cases of LBL will enter the bone marrow and neoplastic cells can be found in peripheral blood, representing stage V lymphoma. Distinction between ALL and leukemic phase of LBL is arbitrary

and the prognosis for both diseases is poor at these stages and probably earlier. The diagnosis favors LBL if the largest mass is in peripheral lymphoid tissue, whereas when the numbers of neoplastic cells are great in circulation and bone marrow, the diagnosis favors ALL. The infiltration of neoplastic cells in the thymic parenchyma may be confused with a lymphocyte-rich type B1 thymoma. However, the mature, small and uniform morphology of lymphocytes supports the differential diagnosis in comparison of the atypical one of LBL.

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#Taipei Veterans General Hospital Taoyuan Branch (臺北榮民總醫院桃園分院)

CASE HISTORY:

A 52-year-old man complained of a progressive palpable nodular with tender mass over the right flank region for years.

Clinical history:

On admission, the vital signs were BT: 37.2°C, PR: 112/min, RR: 19/min, BP: 114/78 mmHg.

He suffered from tender subcutaneous mass with pain over right flank region for years. He had past history of hepatoma (hepatocellular carcinoma, HCC) was diagnosed in 2010, and had received surgery then the adjuvant treatment with Entecavir was performed at CGMI (林口長庚醫學中心). Unfortunately, the HCC recurrent with lung metastasis was found. Subsequently, he received the transarterial chemoembolization (TACE) procedure and treatment with Nexavar, Stiverga, and immune-check point regimens therapy was performed at CGMI in 2019. He visited our Hemato-Oncologic OPD Division in June 2022. He was admitted and the Port-A had implanted. The arrangement of the chemotherapeutic schedule with Pembrolizumab (target therapeutic regimen) plus Nexavar (C/T regimen) was applied in June 2022. In the recent two years, a progressive palpable tender solitary subcutaneous mass over the right flank region was found. He was transferred to the General Surgical Division for further evaluation and treatment in February 2023. The patient was no family history of malignancy found. He denied a history of socializing with alcoholic beverages or using illegal drugs. He was no drug allergies and adverse reactions, or addiction. He did not report any COVID-19 symptoms. There was no history of smoking, or chewing betel nuts, The survey for TOCC (travel, occupation, contract history, and cluster history) reports were non-contributors in the past three months. In addition, no contributing family history included any relevant genetic information or psychosocial history.

Physical examination was as follow:

General appearance : alertness with mild ill-looking. Skin : normal skin turgor, no ecchymosis, no skin rash, no skin lesions. HEENT (head, ears, eyes, nose, throat) : pale conjunctiva (absent), icteric sclera (absent), throat congestion (absent). Neck : supple & soft of the neck, no JVE (jugular vein enlargement), thyroid goiter, or carotid bruit. Heart : regular HB (heart beats), no murmur. Chest :

symmetric expansion, no spider angioma; no resonant. Coarse breathing sounds. Abdomen: soft and ovoid, no caput medusa, normal bowel sound, no shifting dullness, no palpable liver or spleen, no Murphy sign, no muscular rigidity. However, a subcutaneous soft tissue mass over the right hypochondria region measured about 10 x 5 cm². Extremities : free movement no deformity, no pitting edema.

Laboratory results (Clinical Pathology) and Imaging study:

Clinical laboratory abstracted analysis included hematological complete blood count (CBC) with differential included white blood cell (WBC): 8.93(4.8-10.8 x10³/ul), red blood cell (RBC): 4.64 (4.7-6.1 x10⁶/ul), hemoglobin (Hb): 13.8 (14-18 g/dL), hematocrit (Hct): 40.7 (42-52 %), neutrophil (NEUT): 74.4 (40-74%) , lymphocyte (LYMP): 20(19-48%).Biochemistry analysis included blood urine nitrogen (BUN): 12.6 (6-24 mg/dL), creatinine 0.78 (0.5-1.4 mg/dL), S-GPT (serum glutamic-pyruvic transaminase): 55.7 (2-32 U/L), S-GOT (serum glutamic-oxaloacetic transaminase): 55.7 (2-32 U/L), LDH (lactate dehydrogenase): 201 (135-225 U/L). Serological tumor biomarkers included alpha-fetoprotein (AFP) 157 (≤ 7 ng/mL), carcinoembryonic antigen (CEA): 7.99 (≤ 5.2 ng/mL), and carbohydrate antigen 19-9 (CA199): 21.6 (< 34 U/mL). Serological tests included HBsAg: reactive (3980.12), anti-HBs: nonreactive (0.02), and anti-HCV: nonreactive (0.09). The HIV status evaluated by enzyme-linked immunosorbent assay (ELISA) or Western blot studies; detection of hepatitis C virus (HCV) by serologic studies or polymerase chain reaction (PCR); detection of EBV (Epstein-Barr virus) and COVID-19 (Coronavirus disease 2019) by PCR (Polymerase chain reaction) was negative. The others showed non-contributor profile. Additionally, no drug allergies and/or adverse reactions, addictions, or B symptoms, history of smoking, chewing betel nuts, occupation, or travel in the past three months were reported. Furthermore, there was no contributing family history including relevant genetic information, and psychosocial history.

The CT (computed tomography) image of the lungs showed varying sizes of multiple nodular masses in the bilateral lungs. The images of the CT scan of the liver also displayed nodular masses in segments 5 and 7 of the liver. A 5.5 x 10 cm infiltrative mass in the right hypochondriac region, invaded to the 12th rib, suggestive of metastases. The doctor suggested surgical intervention. Hence, he was admitted to our ward for further management. The subcutaneous mass of the right hypochondria region underwent surgical resection. The post-operative period was uneventful and no complications.

Gross Findings:

Macroscopic examination of the specimen submitted consisted of one small piece of soft tissue fragment measured up to 7 x 4.5 x 4 cm attached to peripheral fibro-adipose tissue. On sections, it showed an ill-circumscribed lobulated semisolid spongiform mass and homogeneous light yellow to brownish with multifocal hemorrhage, and necrosis was also found.

Case result:

Histopathologic Findings:

Microscopic examination the tumor masses revealed multifocal trabecular hepatocellular carcinoma composed of lobulated tumor cells with hyperchromatism, prominent nucleoli forming predominant trabecular, sinusoidal patterns, and focal acini, pseudo-glandular architectures with vacuolated clarity or eosinophilic cytoplasmic differentiation intersperse scant fibrous stroma. In addition, there also presented marked hemorrhage, necrosis, and focally present infiltrative growth within destructive skeletal muscle and peripheral subcutaneous soft tissue. No evidence of lymphovascular invasion (LVI) or perineural invasion was found.

Differential diagnoses:

1. Alveolar soft part sarcoma
2. Melanoma
3. Metastatic undifferentiated carcinoma
4. Metastatic hepatocellular carcinoma

Immunohistochemistry:

Subsequent IHC staining analysis demonstrated that neoplastic cells were strongly positive for CK, CK18, HepPar-1, and increase expression for proliferative Ki-67 labeling index (5%, 3+) for affected tumor cells. There was focally positive for PAS and negative for mucin stain. The vimentin and CD34 highlighted the trabecular, sinusoid septa pattern, and vascular wall. There also presented negative for HMB45, CK7, CK20, CEA, CDX2, TTF1. The vimentin and Masson's trichrome stained intersperse in the proliferative collagenous stroma and destructive skeletal muscle. According to the clinical features, the histopathological and IHC examinations suggested that was consistent with metastatic hepatocellular carcinoma.

Anatomic diagnosis:

1. Soft tissue, right hypochondriac (flank), excision: Hepatocellular cell carcinoma (HCC), metastatic.
2. Bilateral lungs and the right 12th rib with HCC, metastatic.

Follow-up and workup:

The subcutaneous mass of the right flank region underwent surgical excision with partial resection for the right 12th rib. The diagnosis was confirmed as metastatic HCC with rib metastasis. After surgery, the patient recovered uneventfully. Currently, he continues to receive the targeted therapy (Pembrolizumab) plus the chemotherapy (Nexavar). At present, he is still being treated and followed up in our Hemato-Oncologic OPD division for one month. Written informed consent was obtained from the patient for this case report.

Discussion:

Hepatocellular carcinoma (HCC) is a primary liver malignancy and one of the most common cancers worldwide, with the highest incidence in regions with high prevalence of chronic viral hepatitis infection, especially hepatitis B infection. HCC occurs in the background of cirrhosis, commonly caused by Hepatitis B or C infection or alcohol consumption. Other hepatitis viruses, autoimmune hepatitis, steatohepatitis, and primary biliary and sclerosing cholangitis. Most of the liver with HCC was complicated by cirrhosis. Previous studies have compared the clinicopathologic characteristics of HCC caused by hepatitis B virus (HBV) versus hepatitis C virus (HCV) and their effect on patient survival and prognosis. Identify differences in clinicopathological characteristics and outcomes of hepatocellular carcinoma (HCC) caused by HBV versus HCV.

Extrahepatic metastasis of HCC is an indicator of a poor prognosis. HCC commonly metastasizes to lungs, bones, lymph nodes, kidneys and adrenal glands. The common sites of metastasis included lung (28.21%), abdominal cavity (25.64%), lymph nodes (20.51%), bone (17.95%), soft tissue (15.38%), and adrenal gland (10.26%). Both the primary and metastatic tumors showed heterogeneity in intratumoral histologic patterns (87.18% and 76.92%, respectively). Studies comparing the histomorphologic features and phenotypic heterogeneity between primary and its corresponding metastatic hepatocellular carcinoma (HCC) are lacking. The aim of this study was to assess and compare the histomorphologic features and heterogeneity between primary and metastatic HCC. The incidence of extrahepatic metastasis of HCC was reported to be about 15–17%. The most common sites of extrahepatic metastasis are the lungs, adrenal glands, bones, and regional lymph nodes. Metastasis to right flank soft tissue is uncommon. The factors associated with the risk of metastasis are alpha-fetoprotein levels (AFP level, > 400 µg/ml), vascular invasion, tumor size index (> 5 cm), and multifocal or infiltrative tumors].

Uchino et al. conducted a study on 342 patients of HCC with extrahepatic metastasis. Where 28 patients were found to have extrahepatic metastasis on initial presentation and the remaining patients developed it during follow-up. The distribution of the metastasis among those patients was as followed—lung (135, 39.5%), lymph node (117, 34.2%), bone (87, 25.4%), adrenal (30, 8.8%), brain (4, 1.2%), spleen (2, 0.6%), and breast (1, 0.3%). The median survival after diagnosis of extrahepatic metastasis was reported to be 8.1 months. In a retrospective study by Katyal et al. [10], CT findings of 403 patients with HCC were reviewed and 148 patients were found to have extrahepatic metastasis. The most frequent site of metastasis in their patients was also found to be the lungs (81, 55%), abdominal lymph nodes (60, 41%), and bones (41, 28%). Both Uchino et al. and Katyal et al. reported adrenal gland metastasis in 8.8% and 11% of patients, respectively. The adrenal gland metastasis was considered as the fourth most frequent site of metastasis after the lungs, lymph nodes, and bone. In our case also has the signs of lung metastasis and lytic rib bone metastasis were also seen.. In our patient, no bilateral axillary lymph nodes involvement were detected. Possible routes for such metastatic spread to the right flank soft tissue might be through the primary tumor involving the upper part of the right liver lobe where it spreads via lymphatic vessels.

HCC shows intrahepatic multiple occurrence and intrahepatic metastasis. The site of extrahepatic metastasis of HCC is mostly the lungs, lymph nodes, adrenal gland and bones, including the skull.

The overall prognosis of patients with metastatic HCC is poor. Extrahepatic metastasis of HCC occurs in about 30-50% of patients, and it depends on HCC stages. Extrahepatic metastases to unusually sites from HCC have been reported in a few cases report. Untreated HCC has a dismal prognosis with a 5-year survival rate below 10%. The median survival was 4.9 months (0 to 37 months). To our knowledge, there are only a few case reports in the literature regarding soft tissue metastasis from HCC.

To determine the relative frequency, incidence, and locations of metastases of hepatocellular carcinoma (HCC), correlate extrahepatic metastatic disease with intrahepatic tumor staging, and determine the computed tomographic (CT) manifestations of HCC metastases. This review presents a case report that illustrates the distinctive pathological features of metastatic HCC, along with a brief review of pathological features, staging, treatment and prognosis. Extrahepatic metastases of HCC are not rare. The possibility of extrahepatic metastases and the clinical features of extrahepatic metastases should be considered when examining patients with HCC, particularly those with advanced intrahepatic tumors, to enable precise evaluation of the spread of HCC and determination of the appropriate treatment method.

Systemic therapy should be the mainstay of care in metastatic disease and localized cutaneous or soft tissue metastatic lesions can be palliated with either surgical resection or radiotherapy. Radiation treatment was found to have satisfactory results with a low toxicity profile in patients with soft tissue metastasis. A low-risk and effective treatment modality is required for good palliation of such metastatic lesions as the expected survival is measured in months. Our patient was a 52 years old man with HBV hepatitis and had a metastatic HCC with the lung, and right flank soft tissue. This review presents a case report that illustrates the distinctive pathological features of metastatic HCC, along with a brief review of pathological features, staging, treatment and prognosis. Fukutomi et al. collected 673 patients with HCC and reported that the site of bone metastases from HCC was most frequent in vertebra, followed in order by pelvis, rib, and skull. These extrahepatic metastases of lung, bones and lymph nodes are more frequent in the advanced stages than in the early stages. In the present case, lung, rib and flank region soft tissue were relatively infrequent, indicating that lung, right flank, and rib are unusual sites of extrahepatic metastasis of HCC.

The pathological diagnosis of metastatic HCC in extrahepatic metastatic site can be made relatively easily in patients with HCC. Investigator suggested that exhibited significant intratumoral heterogeneity and histomorphologic discordance between primary and metastatic HCCs. The solid and macrotrabecular histologic patterns and the macrotrabecular-massive subtype were the most common histomorphologic features seen in primary tumors associated with metastasis. The histology of HCC show trabecular and pseudoglandular patterns composed of acidophilic cells. Detection of bile is confirmative for HCC. Mallory bodies strongly suggest HCC. However, immunohistochemical (IHC) studies are of great value. HepPar1 is a relatively specific marker of hepatocytes and HCC. AFP is a specific marker of HCC and York sac tumor. As is well known, cytokeratin 8 and 18 are hepatocyte cytokeratin, but they are expressed in other tumors. P53 expression indicated p53 mutations, and a marker of malignancy. Increase expression proliferative Ki-67 labeling index

indicates cell proliferative activity. In the present study, HepPar1 and AFP were very useful in the adjunct diagnosis of HCC. Cytokeratin 8 and 18 were helpful in HCC diagnosis. P53 expression and high Ki67 labeling were useful tools of malignant nature of HCC.

The prognosis of HCC patients has improved because of progress in therapeutic procedures, such as surgical resection, radiofrequency ablation (RFA), percutaneous ethanol injection (PEI), and transcatheter arterial chemoembolization (TACE)[1-3]. Moreover, progress in diagnostic modalities, such as ultrasonography (US), computed tomography (CT), magnetic resonance imaging (MRI), and digital subtraction angiography (AG) has led to better detection of patients with early and small HCC or asymptomatic extrahepatic metastases.

We report the first case of HCC with lung and 12th right rib involvement with widespread right flank soft tissue metastasis. Though this is a single case, it can raise interest in clinicians performing imaging by helping in to focus and identify the uncommon metastasis sites of HCC for patients' overall well-being and timely treatment. It is crucial for radiologists and surgery to detect such extrahepatic sites of metastasis initially at the time of diagnosis for accurate staging and treatment planning, as well as in follow-up cases (as post-resection or post-locoregional therapy) to evaluate for recurrence. In summary, the present data shows that HCC can metastasize in various organs other than the lung, and HepPar-1 and AFP were good markers of extrahepatic metastases of these unusual sites of metastatic foci from hepatic HCC.

Our patient has now survived 5 years following the initial diagnosis of HCC stage III and 2 years since the diagnosis of lung metastases. He demonstrated that the best outcome comes from personalized treatment, close surveillance, early detection of relapse, and a multimodality approach. The subcutaneous mass of the right hypochondriac region underwent surgical excision with partial resection for the right 12th rib. The diagnosis was confirmed as metastatic HCC with rib metastasis. After surgery, the patient recovered uneventfully. Currently, he continues to receive the targeted therapy (Pembrolizumab) plus the chemotherapy (Nexavar). At present, he is still being treated and followed up in our Hemato-Oncologic OPD division for one month. Written informed consent was obtained from the patient for this case report.

Conclusion:

The first sign of liver cancer may be extrahepatic metastasis. Metastatic HCC should be considered in patients presenting with unexplained rapidly growing soft tissue lesions with a history of HCC or risk factors for this disease and should be pursued with appropriate radiological examination and mass sampling for histopathological examination.

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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，即成為一般會員，榮譽會員免繳入會費與常年會費。

第七條 一般會員有表決權、選舉權、被選舉與罷免權，每一會員為一權。贊助會員、學生會員與榮譽會員無前項權利。

第八條 會員有遵守本會章程、決議及繳納會費之義務。

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

第十條 會員喪失會員資格或經會員大會決議除名者，即為出會。

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

第三章 組織及職員

第十二條 本會以會員大會為最高權力機構。

第十三條 會員大會之職權如下：

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

前項第八款重大事項之範圍由理事會訂定之。

第十四條 本會置理事十五人，監事五人，由會員選舉之，分別成立理事會、監事會。選舉前項理事、監事時，依計票情形得同時選出候補理事五人，候補監事一人，遇理事或監事出缺時，分別依序遞補之。

本屆理事會得提出下屆理事及監事候選人參考名單。

第十五條 理事會之職權如下：

- 一、 審定會員之資格。
- 二、 選舉及罷免常務理事及理事長。

- 三、 議決理事、常務理事及理事長之辭職。
- 四、 聘免工作人員。
- 五、 擬訂年度工作計畫、報告、預算及決算。
- 六、 其他應執行事項。

第十六條 理監事置常務理事五人，由理事互選之，並由理事就常務理事中選舉一人為理事長。
理事長對內綜理監督會議，對外代表本會，並擔任會員大會、理事會主席。

理事長因事不能執行職務時，應指定常務理事一人代理之，未指定或不能指定時，由常務理事互推一人代理之。
理事長或常務理事出缺時，應於一個月內補選之。

第十七條 監事會之職權如左：

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

第十八條 監事會置常務監事一人，由監事互選之，監察日常會務，並擔任監事會主席。

常務監事因事不能執行職務時，應指定監事一人代理之，未指定或不能指定時，由監事互推一人代理之。監事會主席（常務監事）出缺時，應於一個月內補選之。

第十九條 理事、監事均為無給職，任期三年，連選得連任。理事長之連任以一次為限。

第二十條 理事、監事有下列情事之一者，應即解任：

- 一、 喪失會員資格。
- 二、 因故辭職經理事會或監事會決議通過者。
- 三、 被罷免或撤免者。
- 四、 受停權處分期間逾任期二分之一者。

第二十一條 本會置祕書長一人，承理事長之命處理本會事務，令置其他工作人員若干人，由理事長提名經理事會通過後聘免之，並報主管機關備查。但祕書長之解聘應先報主管機關核備。
前項工作人員不得由選任之職員（理監事）擔任。
工作人員權責及分層負責事項由理事會令另定之。

- 第二十二條 本會得設各種委員會、小組或其它內部作業組織，其組織簡則由理事會擬定，報經主機關核備後施行，變更時亦同。
- 第二十三條 本會得由理事會聘請無給顧問若干人，其聘期與理事、監事之任期同。

第四章 會議

- 第二十四條 會員大會分定期會議與臨時會議兩種，由理事長召集，召集時除緊急事故之臨時會議外應於十五日前以書面通知之。定期會議每年召開一次，臨時會議於理事會過半數認為必要，或經會員五分之一以上之請，或監事會半數函請召集時召開之。
- 第二十五條 會員不能親自出席會員大會時，得以書面委託其他會員代理，每一會員以代理一人為限。
- 第二十六條 會員大會之決議，以出席人數過半之同意行之。但章程之訂定與變更、會員之除名、理事及監事之罷免、財產之處置、本會之解散及其他與會權利義務有關之重大事項應有出席人數三分之二以上同意。但本會如果辦理法人登後，章程之變更應以出席人數四分之三以上之同或全體會員三分之二以上書面之同意行之。
- 第二十七條 理事會及監事會至少每六個月各舉行會議一次，必要時得召開聯席會議或臨時會議。
前項會議召集時除臨時會議外。應於七日以前以書面通知，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：一般會員新台幣壹仟元，學生會員壹佰元。
 - 三、事業費。
 - 四、會員捐款。
 - 五、委託收益。

六、基金及其孳息。

七、其他收入。

第三十條 本會會計年度以國曆年為準，自每年一月一日起至十二月三十一日止。

第三十一條 本會每年於會計年度開始前二個月由理事會編造年度工作計劃、收支預算表、員工待遇表，提會員大會通過（會員大會因故未能如期召開者，先提理監事聯席會議通過），於會計年度開始前報主管機關核備。並於會計年度終了後二個月內由理事會編造年度工作報告、收支決算表、現金出納表、資產負債表、財產目錄及基金收支表，送監事會審核後，造具審核意見書送還理事會，提會員大會通過，於三月底前報主管機關核備（會員大會未能如期召開者，需先報主管機關備查）。

第三十二條 本會解散後，剩餘財產歸屬所在地之地方自治團體或主管機關指定之機關團體所有。

第三十三條 本章程未規定事項，悉依有關法令規定辦理。

第三十四條 本章程經大會通過，報經主管機關核備後施行，變更時亦同。

第三十五條 本章程經本會民國八十五年二月四日第一屆第一次會員大會通過，並報經內政部 85 年 3 月 14 日台(85)內社字第 8507009 號函准予備查。

中華民國比較病理學會 第九屆理監事簡歷冊

序號	職別	姓名	性別	學歷	經歷	現任本職
1	理事長	鄭謙仁	男	美國北卡羅萊納州立大學博士	台灣大學獸醫學系教授兼所長	台灣大學獸醫學系教授
2	常務理事	賴銘淙	男	清華大學生命科學院博士	彰濱秀傳紀念醫院病理科主任	衛生福利部臺中醫院病理學科主任
3	常務理事	施洽雯	男	國立國防醫學院病理研究所	中山醫學院病理科副教授	羅東博愛醫院病理科主任
4	常務理事	張俊梁	男	國防醫學院醫學科學研究所博士	國防醫學院兼任助理教授	國防醫學院兼任助理教授
5	常務理事	邱慧英	女	國立台大獸醫專業學院博士	台灣養豬科學研究所	國立中興大學獸醫病理生物學研究所助理教授
6	理事	朱旆億	男	國立臺灣大學醫學系 國立臺灣大學獸醫專業學院博士	輔仁大學醫學系兼任助理教授	彰化秀傳紀念醫院病理科主任
7	理事	劉振軒	男	美國加州大學戴維斯校區比較病理學博士	國立臺灣大學獸醫專業學院院長	台灣大學分子暨比較病理生物學研究所教授
8	理事	阮正雄	男	日本國立岡山大學大學院 醫齒藥總合研究科博士	台北醫學大學副教授兼細胞學中心主任	輔英科技大學附設醫院
9	理事	林永和	男	國立台大病理研究所碩士	台北醫學院病理科講師	台北醫學院病理科副教授
10	理事	祝志平	男	台大病理研究所	台北醫學院講師	彰化秀傳紀念醫院病理部
11	理事	張惠雯	女	國立臺灣大學獸醫專業學院 博士	美國哈佛醫學院博士後	國立臺灣大學獸醫專業學院副教授
12	理事	賈敏原	男	國立臺灣大學獸醫專業學院 博士	國衛院研究員	國立中興大學獸醫系 助理教授
13	理事	陳燕麟	男	輔仁大學化學研究所博士	日本國立神經精神中心研究員	耕莘醫院組織病理科主治醫師
14	理事	陳姿妤	女	國立中興大學獸醫病理學研究所碩士	生技中心研究員	國家實驗動物中心病理獸醫師
15	理事	張晏禎	女	國立臺灣大學獸醫專業學院 博士	中央研究院博士後	國立臺灣大學獸醫專業學院助理教授
16	常務監事	許永祥	男	國立台大醫學院病理研究所碩士	台大醫院病理科住院醫師	慈濟醫院病理科主任教授

17	監事	蔡慧玲	女			
18	監事	楊俊宏	男	長庚大學生物醫學 研究所博士		農委會農業藥物毒 物試驗所
19	監事	簡耀君	男	國立臺灣大學獸醫 學研究所獸醫學碩 士	長青動物醫院病理 部主任	長青動物醫院病理 部主任
20	監事	廖俊旺	男	國立台灣大學獸醫 學研究所博士	農業藥物毒物試驗 所應用毒理組副研 究員	國立中興大學獸醫 病理生物學研究所 教授
21	秘書長	黃威翔	男	國立臺灣大學獸醫 專業學院 博士		台灣大學分子暨比 較病理生物學研究 所 助理教授

中華民國比較病理學會 111 年度工作報告

一、召開會員大會、理監事會議、舉辦學術研討會

(一) 會員大會

1. 第九屆第三次會員大會於 111 年 4 月 16 日於線上召開。
2. 第九屆理監事會議
 - (1) 第九屆第六次理監事會議於 111 年 4 月 16 日於線上召開。
 - (2) 第九屆第七次理監事會議於 111 年 8 月 20 日於線上召開。
 - (3) 第九屆第八次理監事會議於 111 年 12 月 17 日於台大動物醫院三樓會議室召開。
3. 舉辦學術研討會
 - (1) 第 83 次比較病理研討會於 111 年 4 月 16 日線上召開。
 - (2) 第 84 次比較病理研討會於 111 年 8 月 20 日線上召開。
 - (3) 第 85 次比較病理研討會於 111 年 12 月 17 日於台大動物醫院地下一樓召開。

二、舉辦學術演講

(一) 第 83 次比較病理研討會邀請專題演講：

1. 彭奕仁副教授：Non-alcoholic fatty liver disease
2. 廖俊旺 教授：有關健康食品護肝動物模式病理評估

(二) 第 84 次比較病理研討會邀請專題演講：

1. 朱珮華博士/美國臨床病理專科獸醫師：Cytologic Diagnosis of Urinary Tract Diseases in Small Animals
2. 杭仁鈞醫師：Update of 2022 WHO Classification of Renal Neoplasia

(三) 第 85 次比較病理研討會邀請專題演講：

1. 趙載光副教授：腎臟病理
2. 麥振權助理教授：Periparturient Diseases in Dogs and Cats

三、舉辦學術病理切片病例討論

- (一) 於第 83 次比較病理研討會共有 5 個單位提供 5 個病例供會員討論。
- (二) 於第 84 次比較病理研討會共有 5 個單位提供 5 個病例供會員討論。
- (三) 於第 85 次比較病理研討會共有 6 個單位提供 6 個病例供會員討論。

四、架設學會網站（網址：<http://www.ivp.nchu.edu.tw/cscp/>）

- (一) 提供第 83 次比較病理研討會活動花絮照片
- (二) 提供第 84 次比較病理研討會活動花絮照片
- (三) 提供第 85 次比較病理研討會活動花絮照片





五、獸醫師繼續教育學分認證

- (一) 第 83 次比較病理研討會無繼續教育認證。
- (二) 第 84 次比較病理研討會無繼續教育認證。
- (三) 第 85 次比較病理研討會提供獸醫師繼續教育認證。

六、 財務報告



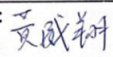
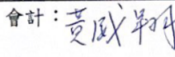
中華民國比較病理學會 收支決算表
中華民國 111 年 1 月 1 日至中華民國 111 年 12 月 31 日 單位：新臺幣(元)

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			本會經費收入	66,788	75,080		8,292	
	1		入會費	6,600	6,000	600		學生入會費 100 元，一般會員 1000 元
	2		常年會費	32,700	35,000		2,300	學生會員年費 100 元，一般會員 1000 元
	3		贊助會費	25,000	30,000		5,000	廠商贊助 5000 元
	4		利息收入	388	80	308		
	5		其他收入	2,100	4,000		1,900	
2			本會經費支出	39,874	60,500		22,626	
	1		人事費	10,000	12,000		2,000	講師費 2000 元
	1		兼職人員車馬費	0	0		0	
	2		其他人事費	10,000	12,000		2,000	
	2		辦公費	1,612	12,000		10,388	
	1		印刷費	1,500	8,000		6,500	會議手冊印製
	2		旅運費	0	2,000		2,000	
	3		郵電費	112	2,000		1,888	函理切片及收據郵寄
	4		公共關係費	0	0		0	
	3		業務費	23,262	30,000		6,738	
	1		會議費	23,262	30,000		6,738	
	4		雜費支出	3,000	4,500		1,500	
	5		提撥基金	2,000	2,000		0	如有盈餘，得依規定提列 5% 以上。 說明：本會暫無基金專戶，於年底時依照盈餘情形提列為不可動支的準備基金，於活期存簿中(合作金庫)。
3			本期餘絀	26,914	14,580	14,334		

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 111 年 1 月 1 日至 111 年 12 月 31 日止 單位：新臺幣(元)

收	入	支	出
科 目 名 稱	金 額	科 目 名 稱	金 額
上期結存	262,113	本期支出	37,874
本期收入	66,788	本期結存	291,027
合 計	328,901	合 計	328,901

理事長：  常務監事：  秘書長：  會計： 

說明：

1. 本會暫無基金專戶，於年底時依照盈餘情形提列為不可動支的準備基金，於活期存簿中(合作金庫)，故扣除提撥基金後，本年度實際支出為 37,874 元。
2. 本表為一團體在會計年度內現金(包括銀行存款)收支之表報。
3. 本表須經製表、出納、會計及機構負責人蓋章。

中華民國比較病理學會

資產負債表

中華民國 111 年 12 月 31 日

單位：新臺幣（元）

資 產		負債 基金 暨 餘絀	
合作金庫活存	244,181	歷年歲末累計結餘	262,113
現金	46,846	提撥準備基金	2,000
		111 年度餘絀	26,914
合 計	291,027	合 計	291,027

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 111 年 1 月 1 日至 111 年 12 月 31 日

單位：新臺幣（元）

收 入		支 出	
科目名稱	金額	科目名稱	金額
準備基金	0	準備基金	0
歷年累存	18,900		
本年度提撥	2,000		
		結餘	20,900

理事長：

常務監事：

秘書長：

會計：

說明：本會暫無基金專戶，於年底時依照盈餘情形提列為不可動支的準備基金，於活期存簿中（合作金庫）。目前歷年累計貳萬零仟玖佰元。

中華民國比較病理學會
收支預算表
中華民國 112 年 1 月 1 日至中華民國 112 年 12 月 31 日

單位：新臺幣（元）

科目				預算數	上年度預算數	本年度與上年度 預算比較數		說 明
款	項	目	名稱			增加	減少	
1			本會經費收入	75,080	75,080			
	1		入會費	6,000	6,000			學生入會費 100 元，一般會員 1000 元
	2		常年會費	35,000	35,000			學生會員年費 100 元，一般會員 1000 元
	3		贊助會費	30,000	30,000			廠商贊助 5000 元
	4		利息收入	80	80			
	5		其他收入	4,000	4,000			
2			本會經費支出	59,500	60,500			
	1		人事費	12,000	12,000			講師費 2000 元
		1	兼職人員車馬費	0	0			
		2	其他人專費	12,000	12,000			
	2		辦公費	11,000	12,000			
		1	印刷費	8,000	8,000			會議手冊印製
		2	旅運費	2,000	2,000			
		3	郵電費	1,000	2,000			病理切片郵寄
		4	公共關係費	0	0			
	3		業務費	30,000	30,000			
		1	會議會	30,000	30,000			
	4		雜費支出	4,500	4,500			
	5		提撥基金	2000	2,000			如有盈餘，得依規定提列 5% 以上
3			本期餘絀	15,580	14,580			

理事長：



常務監事：



秘書長：



會計：



中華民國比較病理學會 112 年度工作計劃

一、 會務

(一) 徵求會員

二、 持續進行學會推廣及會員招募，擴大會員陣容，

(一) 整理會籍與清查會費

1. 更新整理會籍資料，並製作會員通訊錄

2. 清查會員繳費狀況，進行催繳，缺繳三年以上徹底實行停權

(二) 召開會議：召開會員大會一次，審查 111 年度工作報告與經費收支狀況，研議 112 年度之工作計劃及預算

(三) 學術活動：持續辦理三次研討會，並邀請國內外專家學者做學術性的演講

三、 業務

(一) 繳納會費

(二) 文書處理

(三) 整理與更新會員信箱，刪除無效信箱

(四) 病例資料處理：掃描研討會議病例切片，供會員研究教學使用

(五) 研討會活動照片、會員狀態及網頁維護更新

(六) 進行獸醫再教育學分申請及協助會員學分認證

中華民國比較病理學會 112 年度工作報告

一、 召開會員大會、理監事會議、舉辦學術研討會

(一) 會員大會

1. 第九屆第四次會員大會於 112 年 4 月 22 日於台大獸醫專業學院召開。

二、 舉辦學術演講

(一) 第 86 次比較病理研討會邀請專題演講：

1. 陳志學醫師：**Updated classification of soft tissue tumor**

三、 舉辦學術病理切片病例討論

(一) 於第 86 次比較病理研討會共有 4 個單位提供 4 個病例供會員討論。

四、 架設學會網站（網址：<http://www.ivp.nchu.edu.tw/cscp/>）

(一) 提供第 86 次比較病理研討會活動花絮照片

五、 獸醫師繼續教育學分認證

(一) 第 86 次比較病理研討會提供獸醫師繼續教育認證。

資料庫使用須知

How-To Access Comparative Pathology Virtual Slides

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

(中華民國比較病理學會數位式組織切片影像資料庫)

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

1. Please make sure that your web browser (e.g. Internet Explorer, Firefox or Safari) is equipped with "flash player." If not, it can be added from <http://www.adobe.com/products/flashplayer/> for free.
2. Please go to the Chinese Society of Comparative Pathology web site at <http://www.ivp.nchu.edu.tw/cscp/>
3. Choose the slide images (e.g. 63rd CSCP)
4. Pick any case you'd like to read (e.g. case 435-440)

比較病理研討會病例分類一覽表

中華民國比較病理學會
第一次至第八十次比較病理學研討會病例分類一覽表

腫瘤

病例編號	會議場次	診 斷	動物別	提 供 單 位
1.	1	Myxoma	Dog	美國紐約動物醫學中心
2.	1	Chordoma	Ferret	美國紐約動物醫學中心
3.	1	Ependymoblastoma	Human	長庚紀念醫院
8.	2	Synovial sarcoma	Pigeon	美國紐約動物醫學中心
18.	3	Malignant lymphoma	Human	長庚紀念醫院
19.	3	Malignant lymphoma	Wistar rat	國家實驗動物繁殖及研究中心
24.	3	Metastatic thyroid carcinoma	Human	省立新竹醫院
25.	3	Chordoma	Human	新光吳火獅紀念醫院
34.	4	Interstitial cell tumor	Dog	中興大學獸醫學系
35.	4	Carcinoid tumor	Human	長庚紀念醫院
36.	4	Hepatic carcinoid	Siamese cat	美國紐約動物醫學中心
38.	6	Pheochromocytoma	Ferret	美國紐約動物醫學中心
39.	6	Extra adrenal pheochromocytoma	Human	新光吳火獅紀念醫院
40.	6	Mammary gland fibroadenoma	Rat	國家實驗動物繁殖及研究中心
41.	6	Fibroadenoma	Human	省立豐原醫院
42.	6	Canine benign mixed type mammary gland tumor	Pointer bitch	中興大學獸醫學系
43.	6	Phyllodes tumor	Human	台中榮民總醫院
44.	6	Canine oral papilloma	Dog	台灣大學獸醫學系
45.	6	Squamous cell papilloma	Human	中國醫藥學院
47.	7	1. Lung: metastatic carcinoma associated with cryptococcal infection. 2. Liver: metastatic carcinoma. 3. Adrenal gland, right: carcinoma (primary)	Human	三軍總醫院
56.	8	Gastrointestinal stromal tumor	Human	台中榮民總醫院

59.	8	Colonic adenocarcinoma	Dog	美國紐約動物醫學中心
62.	8	Submucosal leiomyoma of stomach	Human	頭份為恭紀念醫院
64.	8	1. Adenocarcinoma of sigmoid colon 2. Old schistosomiasis of rectum	Human	省立新竹醫院
71.	9	Myelolipoma	Human	台北耕莘醫院
72.	9	Reticulum cell sarcoma	Mouse	國家實驗動物繁殖及研究中心
73.	9	Hepatocellular carcinoma	Human	新光吳火獅紀念醫院
74.	9	Hepatocellular carcinoma induced by aflatoxin B1	Wistar rats	台灣省農業藥物毒物試驗所
	10	Angiomyolipoma	Human	羅東博愛醫院
	10	Inverted papilloma of prostatic urethra	Human	省立新竹醫院
	10	Nephrogenic adenoma	Human	國泰醫院
	10	Multiple myeloma with systemic amyloidosis	Human	佛教慈濟綜合醫院
	10	Squamous cell carcinoma of renal pelvis and calyces with extension to the ureter	Human	台北病理中心
	10	Fibroepithelial polyp of the ureter	Human	台北耕莘醫院
90.	10	Clear cell sarcoma of kidney	Human	台北醫學院
93.	11	Mammary gland adenocarcinoma, complex type , with chondromucinous differentiation	Dog	台灣大學獸醫學系
94.	11	1. Breast, left, modified radical mastectomy, showing papillary carcinoma, invasive 2. Nipple, left, modified radical mastectomy, papillary carcinoma, invasive 3. Lymph node, axillary, left, lymphadenectomy, papillary carcinoma, metastatic	Human	羅東聖母醫院
95.	11	Transmissible venereal tumor	Dog	中興大學獸醫學系
96.	11	Malignant lymphoma, large cell type, diffuse, B-cell phenotype	Human	彰化基督教醫院
97.	11	Carcinosarcomas	Tiger	台灣養豬科學研究所
98.	11	Mucinous carcinoma with intraductal carcinoma	Human	省立豐原醫院

99.	11	Mammary gland adenocarcinoma, type B, with pulmonary metastasis, BALB/cBYJ mouse	Mouse	國家實驗動物繁殖及研究中心
100.	11	Malignant fibrous histiocytoma and paraffinoma	Human	中國醫藥學院
102.	11	Pleomorphic adenoma (benign mixed tumor)	Human	佛教慈濟綜合醫院
103.	13	Atypical central neurocytoma	Human	新光吳火獅紀念醫院
	13	Cardiac schwannoma	SD rat	國家實驗動物繁殖及研究中心
	13	Desmoplastic infantile ganglioglioma	Human	高雄醫學院
	13	1.Primary cerebral malignant lymphoma 2.Acquired immune deficiency syndrome	Human	台北市立仁愛醫院
	13	Schwannoma	Human	三軍總醫院
	13	Osteosarcoma	Dog	美國紐約動物醫學中心
	14	Mixed germ-cell stromal tumor, mixed sertoli cell and seminoma-like cell tumor	Dog	美國紐約動物醫學中心
	14	Krukenberg's Tumor	Human	台北病理中心
	14	Primary insular carcinoid tumor arising from cystic teratoma of ovary.	Human	花蓮慈濟綜合醫院
	14	Polypoid adenomyoma	Human	大甲李綜合醫院
	14	Gonadal stromal tumor	Human	耕莘醫院
	14	Gestational choriocarcinoma	Human	彰化基督教醫院
	14	Ovarian granulosa cell tumor	Horse	中興大學獸醫學系
	15	Kaposi's sarcoma	Human	華濟醫院
	15	Basal cell carcinoma (BCC)	Human	羅東聖母醫院
	15	Transmissible venereal tumor	Dog	臺灣大學獸醫學系
	17	Canine Glioblastoma Multiforme in Cerebellopontine Angle	Dog	中興大學獸醫病理研究所
143	18	Osteosarcoma associated with metallic implants	Dog	紐約動物醫學中心
144	18	Radiation-induced osteogenic sarcoma	Human	花蓮慈濟綜合醫院
145	18	Osteosarcoma, osteogenic	Dog	臺灣大學獸醫學系
146	18	Pleomorphic rhabdomyosarcoma	Human	行政院衛生署新竹醫院

147	18	Papillary Mesothelioma of pericardium	Leopard	屏東科大學獸醫學系
148	18	Cystic ameloblastoma	Human	台北醫學院
149	18	Giant cell tumor of bone	Canine	中興大學獸醫學院
150	18	Desmoplastic small round cell tumor (DSRCT)	Human	華濟醫院
152	18	Hepatocellular carcinoma	Human	羅東聖母醫院
158	20	Hemangiopericytoma	Human	羅東聖母醫院
160	20	Cardiac fibroma	Human	高雄醫學大學病理學科
166	21	Nephroblastoma	Rabbit	紐約動物醫學中心
168	21	Nephroblastoma	Pig	台灣動物科技研究所
169	21	Nephroblastoma with rhabdomyoblastic differentiation	Human	高雄醫學大學病理科
172	21	Spindle cell sarcoma	Human	羅東聖母醫院
174	21	Juxtaglomerular cell tumor	Human	新光醫院病理檢驗科
190	27	Angiosarcoma	Human	高雄醫學大學病理學科
192	27	Cardiac myxoma	Human	彰化基督教醫院病理科
194	27	Kasabach-Merrit syndrome	Human	慈濟醫院病理科
195	27	Metastatic hepatocellular carcinoma, right atrium	Human	新光醫院病理科
197	27	Papillary fibroelastoma of aortic valve	Human	新光醫院病理科
198	27	Extraplacental chorioangioma	Human	耕莘醫院病理科
208	30	Granulocytic sarcoma (Chloroma) of uterine cervix	Human	高雄醫學大學病理學科
210	30	Primary non-Hodgkin's lymphoma of bone, diffuse large B cell, right humerus	Human	彰化基督教醫院病理科
213	30	Lymphoma, multi-centric type	Dog	中興大學獸醫系
214	30	CD30 (Ki-1)-positive anaplastic large cell lymphoma (ALCL)	Human	新光醫院病理科
215	30	Lymphoma, mixed type	Koala	台灣大學獸醫學系
217	30	Mucosal associated lymphoid tissue (MALT) lymphoma, small intestine	Cat	臺灣大學獸醫學研究所
	31	Nasal type NK/T cell lymphoma	Human	高雄醫學大學病理科
	31	Acquired immunodeficiency syndrome	Human	慈濟醫院病理科

		(AIDS)with disseminated Kaposi's sarcoma		
	32	Epithelioid sarcoma	Human	彰化基督教醫院病理科
	32	Cutaneous B cell lymphoma, eyelid , bilateral	Human	羅東聖母醫院病理科
	32	Extramammary Paget's disease (EMPD) of the scrotum	Human	萬芳北醫皮膚科病理科
	32	Skin, back, excision, CD30+diffuse large B cell lymphoma, Soft tissue, leg , side not stated, excision, vascular leiomyoma	Human	高雄醫學大學附設醫院病理科
	34	Malignant melanoma, metastasis to intra-abdominal cavity	Human	財團法人天主教耕莘醫院病理科
	34	Vaccine-associated rhabdomyosarcoma	Cat	台灣大學獸醫學系
	34	1. Pleura: fibrous plaque 2. Lung: adenocarcinoma 3. Brain: metastatic adenocarcinoma	Human	高雄醫學大學附設中和醫院病理科
	34	1. Neurofibromatosis, type I 2. Malignant peripheral nerve sheath tumor (MPNST)	Human	花蓮慈濟醫院病理科
	35	Glioblastoma multiforme	Human	羅東聖母醫院
	35	Pineoblastoma	Wistar rat	綠色四季
	35	Chordoid meningioma	Human	高醫病理科
	35	Infiltrating lobular carcinoma of left breast with meningeal carcinomatosis and brain metastasis	Human	花蓮慈濟醫院病理科
	35	Microcystic Meningioma.	Human	耕莘醫院病理科
	36	Well-differentiated fetal adenocarcinoma without lymph node metastasis	Human	新光吳火獅紀念醫院
	36	Adenocarcinoma of lung.	Human	羅東聖母醫院
	36	Renal cell carcinoma	Canine	國立台灣大學獸醫學系 獸醫學研究所
	36	Clear cell variant of squamous cell carcinoma, lung	Human	高雄醫學大學附設中和醫院病理科

	37	Metastatic adrenal cortical carcinoma	Human	耕莘醫院病理科
	37	Hashimoto's thyroiditis with diffuse large B cell lymphoma and papillary carcinoma	Human	高雄醫學大學附設中和醫院病理科
	38	Medullar thyroid carcinoma	Canine	臺灣大學獸醫學系
	39	Merkel cell carcinoma	Human	羅東博愛醫院
	39	Cholangiocarcinoma	Human	耕莘醫院病理科
	39	Sarcomatoid carcinoma of renal pelvis	Human	花蓮慈濟醫院病理科
	39	Mammary Carcinoma	Canine	中興大學獸醫學系
	39	Metastatic prostatic adenocarcinoma	Human	耕莘醫院病理科
	39	Malignant canine peripheral nerve sheath tumors	Canine	臺灣大學獸醫學系
	39	Sarcomatoid carcinoma, lung	Human	羅東聖母醫院
	40	Vertebra, T12, laminectomy, metastatic adenoid cystic carcinoma	Human	彰化基督教醫院
	40	rhabdomyosarcoma	Canine	臺灣大學獸醫學系
	40	Fetal rhabdomyosarcoma	SD Rat	中興大學獸醫學系
	40	Adenocarcinoma, metastatic, iris, eye	Human	高雄醫學大學
	40	Axillary lymph node metastasis from an occult breast cancer	Human	羅東博愛醫院
	40	Hepatocellular carcinoma	Human	國軍桃園總醫院
	40	Feline diffuse iris melanoma	Feline	中興大學獸醫學系
	40	Metastatic malignant melanoma in the brain and inguinal lymph node	Human	花蓮慈濟醫院病理科
	41	Tonsil Angiosarcoma	Human	羅東博愛醫院
	41	Malignant mixed mullerian tumor	Human	耕莘醫院病理科
	41	Renal cell tumor	Rat	中興大學獸醫學系
	41	Multiple Myeloma	Human	花蓮慈濟醫院病理科
	41	Myopericytoma	Human	新光吳火獅紀念醫院
	41	Extramedullary plasmacytoma with amyloidosis	Canine	臺灣大學獸醫學系
	42	Metastatic follicular carcinoma	Human	羅東聖母醫院病理科
	42	Primitive neuroectodermal tumor (PNET), T-spine.	Human	羅東博愛醫院病理科
	42	Hemangioendothelioma of bone	Human	花蓮慈濟醫院病理科

	42	Malignant tumor with perivascular epithelioid differentiation, favored malignant PEComa	Human	彰化基督教醫院
	43	Mucin-producing cholangiocarcinoma	Human	基隆長庚醫院
	43	Cutaneous epitheliotropic lymphoma	Canine	臺灣大學獸醫專業學院
	43	Cholangiocarcinoma	Felis Lynx	臺灣大學獸醫專業學院
	43	Lymphoma	Canine	臺灣大學獸醫專業學院
	43	Solitary fibrous tumor	Human	彰化基督教醫院
	43	Multiple sarcoma	Canine	臺灣大學獸醫專業學院
	44	Malignant solitary fibrous tumor of pleura	Human	佛教慈濟綜合醫院暨慈濟大學
	44	Ectopic thymic carcinoma	Human	彰濱秀傳紀念醫院病理科
	44	Medullary carcinoma of the right lobe of thyroid	Human	彰化基督教醫院病理科
	44	Thyroid carcinosarcoma with cartilage and osteoid formation	Canine	臺灣大學獸醫專業學院
	44	Lymphocytic leukemia/lymphoma	Koala	臺灣大學獸醫專業學院
	45	Neuroendocrine carcinoma of liver	Human	佛教慈濟綜合醫院暨慈濟大學
	45	Parachordoma	Human	羅東博愛醫院病理科
	45	Carcinoma expleomorphic adenoma, submandibular gland	Human	天主教耕莘醫院病理科
	45	Melanoma, tongue	Canine	國立臺灣大學獸醫專業學院
	45	Renal cell carcinoma, papillary type	Canine	國立臺灣大學獸醫專業學院
323	46	Metastatic papillary serous cystadenocarcinoma, abdomen	Human	國軍桃園總醫院
324	46	Malignant gastrointestinal stromal tumor	Human	天主教耕莘醫院
329	47	Sclerosing stromal tumor	Human	彰化基督教醫院
330	47	Pheochromocytoma	Human	天主教耕莘醫院
334	48	Metastatic infiltrating ductal carcinoma, liver	Human	佛教慈濟綜合醫院

335	48	Adenoid cystic carcinoma, grade II, Rt breast	Human	天主教耕莘醫院
336	48	Malignant lymphoma, diffuse, large B-cell, right neck	Human	林新醫院
337	48	Pulmonary carcinoma, multicentric	Dog	國立臺灣大學 獸醫專業學院
338	48	Malignant melanoma, multiple organs metastasis	Rabbit	國立中興大學獸醫學院
340	49	Mucinous-producing urothelial-type adenocarcinoma of prostate	Human	天主教耕莘醫院
342	49	Plexiform fibromyxoma	Human	彰化基督教醫院
343	49	Malignant epithelioid trophoblastic tumor	Human	佛教慈濟綜合醫院
344	49	Epithelioid sarcoma	Human	林新醫院
346	49	Transmissible venereal tumor	Dog	國立臺灣大學獸醫專業 學院
347	50	Ewing's sarcoma (PNET/ES tumor)	Human	天主教耕莘醫院病理科
348	50	Malignant peripheral nerve sheath tumor, epithelioid type	Human	林新醫院病理科
349	50	Low grade fibromyxoid sarcoma	Human	高雄醫學大學附設 中和紀念醫院病理科
351	50	Orbital embryonal rhabdomyosarcoma	Dog	Gifu University, Japan (岐 阜大学)
354	50	Granular cell tumor	Dog	國立臺灣大學 獸醫專業學院
356	50	Malignant neoplasm of unknown origin, cerebrum	Dog	國立臺灣大學 獸醫專業學院
357	51	Small cell Carcinoma, Urinary bladder	Human	天主教耕莘醫院
364	51	Perivascular epithelioid cell tumor, in favor of lymphangiomyomatosis	Human	高雄醫學大學附設中和 紀念醫院病理科
365	52	Angiosarcoma, skin (mastectomy)	Human	天主教耕莘醫院病理科
366	52	Rhabdomyoma (Purkinjeoma), heart	Swine	屏東縣家畜疾病防治所
368	52	Langerhans cell sarcoma, lung	Human	高雄醫學大學附設中和 紀念醫院病理科
369	52	Biliary cystadenocarcinoma, liver	Camel	國立屏東科技大學獸醫 教學醫院病理科
371	52	Malignant melanoma, nasal cavity	Human	羅東博愛醫院病理科

373	53	Malignant giant cell tumor of tendon sheath	Human	天主教耕莘醫院病理科
376	53	Malignant mesothelioma of tunica vaginalis	Golden hamster	中興大學獸醫病理生物學研究所
377	53	Perivascular Epithelioid Cell Tumor (PEComa) of the uterus	Human	彰化基督教醫院病理部
378	53	Medullary carcinoma	Human	高雄醫學大學病理部
389	55	Mantle cell lymphoma involving ascending colon, cecum, ileum, appendix and regional lymph nodes with hemorrhagic necrosis in the colon and leukemic change.	Human	奇美醫院病理部
390	55	Pulmonary Squamous Cells Carcinoma of a Canine	Dog	國立屏東科技大學獸醫教學醫院病理科
391	55	Squamous cell carcinoma, lymphoepithelioma-like type	Human	高醫附設醫院病理科
393	55	Malignant peripheral nerve sheath tumor (MPNST), subcutis, canine.	Dog	中興大學獸醫學系
394	55	Desmoplastic malignant melanoma (mimic malignant peripheral nerve sheath tumor)	Human	中山醫學大學醫學系病理學科暨附設醫院病理科
397	56	Atypical meningioma	Human	奇美醫院病理科
401	57	Lymph nodes, excision - Hodgkin's lymphoma, mixed cellularity	Human	天主教耕莘醫院
402	57	1. Leukemia, nonlymphoid, granulocytic, involving bone marrow, spleen, liver, heart, lungs, lymph nodes, kidney, hardian gland, duodenum and pancreas. 2. Pinworm infestation, moderate, large intestines. 3. Fibrosis, focal, myocardium.	Mouse	國家實驗動物中心
403	57	Non-secretory multiple myeloma with systemic amyloidosis	Human	佛教慈濟綜合醫院暨慈濟大學病理科
404	57	1. Hepatocellular adenocarcinoma, multifocal, severe, liver 2. Hemorrhage, moderate, acute, body cavity 3. Bumble foot, focal, mild, chronic, food pad	Goose	國立中興大學獸醫病理生物學研究所

		4. cyst and atherosclerosis, chronic, testis		
406	57	Castleman's disease	Human	羅東博愛醫院
407	58	Hepatoid adenocarcinoma of colon with multiple liver metastases	Human	羅東博愛醫院
408	58	Cardiac and pulmonary melanoma	Pig	國立中興大學獸醫病理生物學研究所
409	58	Double Tumors: (1) small cell carcinoma of lung (2) Hodgkin's lymphoma, mixed cellularity type. Acrokeratosis paraneoplastica	Human	佛教慈濟綜合醫院暨慈濟大學病理科
410	58	Von Hippel-Lindau disease	Human	奇美醫院病理部
411	58	Multiple neoplasia	Tiger	國立屏東科技大學獸醫教學醫院病理科
412	58	Hepatocellular carcinoma and multiple myeloma	Human	中山醫學大學醫學系病理學科暨附設醫院病理科
413	59	DEN plus AAF carcinogens induced hepatic tumor in male rats	Rat	中興大學獸醫病理生物學研究所
417	59	Alveolar soft part sarcoma	Human	高雄醫學大學附設中和紀念醫院病理科
418	60	Seminoma associated with supernumerary testicles	Human	羅東博愛醫院
422	61	Retinoblastoma in a baby girl	Human	彰化基督教醫院
423	61	Colloid goiter in a female Radiated tortoise (<i>Astrochelys radiata</i>)	Tortoise	台灣大學獸醫專業學院分子暨比較病理生物學研究所
424	61	Lymphoepithelial carcinoma in a women	Human	羅東博愛醫院
425	61	Histiocytic sarcoma in a SJL/J mouse	mouse	國家實驗動物中心
428	62	Maligant lymphoma, diffuse large B-cell (DLBCL) in a women	Human	國軍桃園總醫院病理檢驗部
429	62	Immune reconstitution inflammatory syndrome (IRIS)-associated Kaposi's sarcoma in a man	Human	花蓮慈濟醫院
430	62	Mammary adenocarcinoma, tubular form in a female feline	Cat	中興大學獸醫病理生物學研究所

433	62	Rhabdomyosarcoma, retroperitoneal cavity in a female mouse	Mouse	國家實驗動物中心
434	62	Malignant pheochromocytoma with pleural metastasis in a man	Human	天主教聖馬爾定醫院病理科
436	63	Primary non-Hodgkins lymphoma of terminal ileum	Human	國軍桃園總醫院病理檢驗部
438	63	Ectopic thyroid gland tumor	Beagle	台灣大學獸醫專業學院分子暨比較病理生物學研究所
440	63	Hepatocellular cell carcinoma Squamous cell carcinoma	Human	天主教聖馬爾定醫院口腔顎面外科
442	64	Large B cell lymphoma in a man	Human	羅東博愛醫院
444	64	Olfactory neuroblastoma in a female cat	Cat	台灣大學獸醫專業學院分子暨比較病理生物學研究所
445	64	Oligodendroglioma in a man	Human	國軍桃園總醫院病理檢驗部
447	64	Ameloblastoma of mandible in a man	Human	天主教聖馬爾定醫院口腔顎面外科
448	65	EBV associated extranodal NK / T-cell lymphoma, nasal type	Human	羅東博愛醫院
451	65	Mouse, subcutaneously mass – exocrine pancreatic adenocarcinoma, AsPC-1 cells, human origin, heterotopical model	Mouse	國家實驗動物中心
452	65	1. Extranodal NK/T-cell lymphoma, nasal type 2. 2. Regional lymph nodes and omentum are involved.	Human	台中醫院
457	66	Metastatic squamous cell carcinoma (SCC)	Horse	台灣大學獸醫專業學院分子暨比較病理生物學研究所
459	66	Squamous intraepithelial lesion (SIL)	Human	高雄醫學大學附設醫院病理部
460	66	Subcutaneous liposarcoma and uterine endometrial stromal sarcoma	African hedgehog	中興大學獸醫病理生物學研究所

463	67	Splenic undifferentiated pleomorphic sarcoma in a Djungarian hamster	Hamster	國立中興大學獸醫教學醫院鳥禽與野生動物科
465	67	Plasmacytoid urothelial carcinoma	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
467	67	1.Poorly differentiated hemangiosarcoma in face 2.Squamous cell carcinoma in ear	Civet	農委會特有生物研究保育中心
473	68	Simple mammary gland adenocarcinoma	Guinea pig	中興大學獸醫病理生物學研究所
476	69	Mediastinum dedifferentiated liposarcoma	Human	羅東博愛醫院
477	69	Uterus adenosarcoma	Hedgehog	中興大學獸醫病理生物學研究所
478	69	Primary pericardial mesothelioma in a woman	Human	佛教慈濟綜合醫院暨慈濟大學病理科
479	69	Pulmonary solid adenocarcinoma	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
481	70	Paraganglioma of liver	Human	佛教慈濟綜合醫院暨慈濟大學病理科
482	70	Adenocarcinoma, transmural, recurrent, with desmoplasia and metastasis to regional lymph node, jejunum and ileocecal junction Mast cell tumor, moderately-differentiated, multiple, jejunal and ileocecal masses	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
483	70	Solitary fibrous tumor of pelvis	Human	羅東博愛醫院病理科
484	70	Chronic lymphocytic leukemia, with systemic dissemination, bone marrow, intestine, generalized lymph node, spleen, liver, kidney and lung	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所

485	70	Intestine, large, colon, ascending, -- - Carcinoma, poorly differentiated (pT4aN1b). (ADVANCED) 2. Stomach, distal, --- Adenocarcinoma, moderately differentiated (pT1bNO) (EARLY) (Synchronous cancer)	Human	秀傳醫療社團法人秀傳紀念醫院
487	70	Angiomyolipoma of the liver	Human	衛生福利部臺中醫院病理科
490	71	Xp11.2 translocation renal cell carcinoma	Human	羅東博愛醫院病理科
491	71	Anaplastic renal cell carcinoma	Djungarian hamster	國立中興大學獸醫病理生物學研究所
493	71	Mucin-producing urothelial-type adenocarcinoma of the prostate (MPUAP)	Human	天主教耕莘醫療財團法人耕莘醫院
494	71	Left paratesticular dedifferentiated liposarcoma with leiomyomatous differentiation.	Human	天主教耕莘醫療財團法人耕莘醫院
495	71	Renal nephroblastoma, blastema-predominant with metastasis to gingiva, renal mass	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
496	71	Testis, left: Malignant mixed germ cell–sex cord stromal tumor (spermatocytic germinoma and Sertoli cell tumor), with angiolymphatic invasion. Testis, right: Germ cell atrophy, multifocal, moderate.	Dog	長青動物醫院
499	72	Brain, frontal lobe, Lt., Malignant melanoma, consistent with metastatic cutaneous malignant melanoma.	Human	國軍桃園總醫院
501	72	Anaplastic carcinoma thyroid (spindle cell type)	Human	天主教耕莘醫院

502	72	Primitive neuroectodermal tumor (PNET), most likely originating from ureter, with metastasis to liver and involvements of urinary bladder, uterus and left adrenal gland	Formosan serow	臺灣大學獸醫學系
503	72	Metastatic follicular carcinoma	Human	衛生福利部台中醫院
506	73	Type B1 thymoma	Human	天主教耕莘醫院
508	73	Metastatic melanoma	Human	秀傳醫療社團法人秀傳紀念醫院
511	74	Crystal storing histiocytosis associated with multiple myeloma.	Human	羅東博愛醫院病理科
512	74	Myeloid sarcoma	Human	佛教慈濟綜合醫院暨慈濟大學病理科
513	74	Neurolymphomatosis (neurotropic lymphoma), B cell, right musculocutaneous nerve	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
514	74	Primary diffuse large B-cell lymphoma (activated B- cell type) of right testis, Stage IE at least	Human	國防醫學院三軍總醫院病理部
515	74	Thymoma, most likely, mediastinal mass	Dolphin	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
516	74	Extranodal marginal zone lymphoma of mucosa- associated lymphoid tissue (MALT lymphoma)	Human	秀傳醫療社團法人秀傳紀念醫院
517	74	Angioliposarcoma in a Cockatiel	Dog	國立中興大學獸醫病理生物學研究所
520	74	Intravascular diffuse large B cell lymphoma.	Human	國防醫學院三軍總醫院病理部
521	75	Primary anorectal malignant melanoma (PAMM)	Human	國軍桃園總醫院
523	75	Pancreatic panniculitis associated with acinar cell carcinoma	Human	羅東博愛醫院

524	75	Anaplastic large cell lymphoma (ALCL), ALK-negative	Human	秀傳醫療社團法人秀傳紀念醫院
525	75	Canine cutaneous epitheliotropic T-cell lymphoma with the involvement of left axillary lymph node	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
528	75	Basal cell carcinoma with sebaceous differentiation	Human	天主教耕莘醫院
529	76	Tongue, Schwannoma	Human	國軍桃園總醫院
530	76	Amyloid-producing odontogenic tumor	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
531	76	Embryonal rhabdomyosarcoma	Human	花蓮慈濟大學暨慈濟醫院病理科
532	76	Adenocarcinoma, suspected mammary gland tumor metastasis, mass from iris and partially ciliary bodies of right eye	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
533	76	Kaposi's sarcoma, parotid gland.	Human	羅東博愛醫院病理科
537	77	Primary appendiceal mantle cell lymphoma (MCL), B-cell type, caused acute suppurate appendicitis.	Human	國軍桃園總醫院
538	77	Follicular lymphoma in thyroid of nodular goiter.	Human	羅東博愛醫院
544	78	Ectopic parathyroid adenoma, anterior mediastinum.	Human	羅東博愛醫院
547	79	Glucagonoma, pancreas	Human	羅東博愛醫院
548	79	Neuroendocrine carcinoma, skin	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
549	79	Paraganglioma of urinary bladder	Human	花蓮慈濟大學暨慈濟醫院病理科
550	79	Hepatic carcinoid (Neuroendocrine carcinoma), liver	Cat	霍普獸醫病理診斷中心
551	79	Strumal carcinoid tumor of the ovary (SCTO) arising from mature cystic teratoma	Human	國軍桃園總醫院

552	79	Pheochromocytoma and Associated Cardiomyopathy	Meerkat (<i>Suricata suricatta</i>)	國立中興大學獸醫病理生物學研究所
553	79	Adrenal, left, laparoscopic adrenalectomy --- Pheochromocytoma, malignant. Staging (pT2)	Human	天主教耕莘醫院
554	80	Carcinoma, sweat gland, with metastases to the lung and cerebrum, the left forelimb 3 rd and 4 th digits, skin	North American cougar (<i>Puma concolor couguar</i>)	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
555	80	Angiosarcoma, scalp	Human	羅東博愛醫院
559	80	Sebaceous adenoma	Human	天主教耕莘醫院
560	81	Glioblastoma	Human	天主教耕莘醫院
561	81	Transmissible venereal tumor (TVT)	Dog	霍普獸醫病理診斷中心
562	81	Metastatic small cell carcinoma. Right axillary lymph node.	Human	羅東博愛醫院
563	81	Presumptive chronic myelomonocytic leukemia	Central bearded dragon (<i>Pogona vitticeps</i>)	國立中興大學獸醫病理生物學研究所
564	82	Epithelioid gastrointestinal stromal tumor (GIST)	Human	羅東博愛醫院
566	82	Intestine, small bowel, segmental resection,---Primitive neuroectodermal tumor(PNET) / Extraskelatal Ewing sarcoma Lung, needle biopsy,Small blue cell tumor, compatible with primitive neuroectodermal tumor (PNET) metastasis	Human	衛生福利部台中醫院病理科

567	82	Gastric carcinoma, whit lymphatic infiltration, stomach, dog Lymph node metastasis from gastric carcinoma, dog	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
568	82	Descending colon, adenocarcinoma, grade 2; C/W FAP syndrome associated advanced CRC.	Human	國軍桃園總醫院
569	83	Gastric Schwannoma	Human	羅東博愛醫院
571	83	Feline inductive odontogenic tumor (FIOT), cat	Cat	霍普獸醫病理診斷中心
573	83	Multiple primary malignant (MPM) (Synchronous / metachronous? or metastatic) non-Hodgkin lymphomas (DLBCLs) of the jejunum with JJ intussusception with mesenteric lymph nodal and pleural involvement.	Human	國軍桃園總醫院
574	84	Testicular carcinoid	Human	羅東博愛醫院
577	84	Testis, Lt., Primary diffuse large B-cell lymphoma (DLBCL) / Primary testicular (DLBCL)-PT-DLBCL	Human	國軍桃園總醫院
579	85	Mixed germ cell tumor (seminoma and mature teratoma)	Human	三軍總醫院
580	85	Renal cell carcinoma	Dog	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
581	85	Leiomyoma with ovarian sex cord-like elements	Human	羅東博愛醫院
582	85	Endometrial stromal sarcoma and endometrial polyp, uterus	Hedgehog	霍普獸醫病理診斷中心
583	85	Uterine papillary serous carcinoma, metastatic	Human	國軍桃園總醫院
585	86	T-cell rich large B-cell lymphoma (TCRLBCL)	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所

586	86	Epithelioid sarcoma. right hand.	Human	羅東博愛醫院
587	86	Precursor T-cell lymphoblastic lymphoma (Pre-T LBL, thymic lymphoma)	Mouse	國立中興大學獸醫病理生物學研究所
588	86	Soft tissue, right hypochondriac (flank), excision: Hepatocellular cell carcinoma (HCC), metastatic.	Human	國軍桃園總醫院

細菌

病例編號	會議場次	診 斷	動物別	提 供 單 位
	1	Tuberculosis	Monkey	臺灣大學獸醫學系
7.	1	Tuberculosis	Human	省立新竹醫院
12.	2	H. pylori-induced gastritis	Human	台北病理中心
13.	2	Pseudomembranous colitis	Human	省立新竹醫院
26.	3	Swine salmonellosis	Pig	中興大學獸醫學系
27.	3	Vegetative valvular endocarditis	Pig	台灣養豬科學研究所
28.	4	Nocardiosis	Human	台灣省立新竹醫院
29.	4	Nocardiosis	Largemouth bass	屏東縣家畜疾病防治所
32.	4	Actinomycosis	Human	台灣省立豐原醫院
33.	4	Tuberculosis	Human	苗栗頭份為恭紀念醫院
53.	7	Intracavitary aspergilloma and cavitory tuberculosis, lung.	Human	羅東聖母醫院
54.	7	Fibrocalcified pulmonary TB, left Apex. Mixed actinomycosis and aspergillosis lung infection with abscess DM, NIDDM.	Human	林口長庚紀念醫院
58.	7	Tuberculous enteritis with perforation	Human	佛教慈濟綜合醫院
61.	8	Spirochetosis	Goose	國立嘉義農專獸醫科
63.	8	Proliferative enteritis (Lawsonia intracellularis infection)	Porcine	屏東縣家畜疾病防治所
68.	9	Liver abscess (Klebsillae pneumoniae)	Human	台北醫學院

	10	Xanthogranulomatous inflammation with nephrolithiasis, kidney, right. Ureteral stone, right.	Human	羅東聖母醫院
	10	Emphysematous pyelonephritis	Human	彰化基督教醫院
89.	10	Severe visceral gout due to kidney damaged Infectious serositis	Goose	中興大學獸醫學系
	13	Listeric encephalitis	Lamb	屏東縣家畜疾病防治所
	13	Tuberculous meningitis	Human	羅東聖母醫院
	16	Swine salmonellosis with meningitis	Swine	中興大學獸醫學系
	16	Meningoencephalitis, fibrinopurulent and lymphocytic, diffuse, subacute, moderate, cerebrum, cerebellum and brain stem, caused by Streptococcus spp. infection	Swine	國家實驗動物繁殖及研究中心
	17	Coliform septicemia of newborn calf	Calf	屏東縣家畜疾病防治所
	20	Porcine polyserositis and arthritis (Glasser's disease)	Pig	中興大學獸醫學院
	20	Mycotic aneurysm of jejunal artery secondary to infective endocarditis	Human	慈濟醫院病理科
	21	Chronic nephritis caused by Leptospira spp	Pig	中興大學獸醫學院
	21	Ureteropyelitis and cystitis	Pig	中國化學製藥公司
	36	Pulmonary actinomycosis.	Human	耕莘醫院病理科
	37	Tuberculous peritonitis	Human	彰化基督教醫院病理科
	38	Septicemic salmonellosis	Piglet	屏東科技大學獸醫系
	38	Leptospirosis	Human	慈濟醫院病理科
	39	Mycobacteriosis	Soft turtles	屏東科技大學獸醫系
	42	Staphylococcus spp. infection	Formosa Macaque	中興大學獸醫病理學研究所
	42	Leptospirosis	Dog	台灣大學獸醫學系
	43	Leptospirosis	Human	花蓮慈濟醫院
	43	Cryptococcus and Tuberculosis	Human	彰濱秀傳紀念醫院
319	46	Placentitis, Coxiella burnetii	Goat	台灣動物科技研究所

321	46	Pneumonia, <i>Burkholderia pseudomallei</i>	Goat	屏東縣家畜疾病防治所
339	48	Mycoplasmosis	Rat	國家實驗動物中心
352	50	<i>Chromobacterium violaceum</i> Septicemia	Gibbon	Bogor Agricultural University, Indonesia
353	50	Salmonellosis	Pig	國立中興大學 獸醫學院
367	52	Melioidosis (<i>Burkholderia pseudomallei</i>), lung	Human	花蓮慈濟醫院
370	52	Suppurative bronchopneumonia (<i>Bordetellae trematum</i>) with <i>Trichosomoides crassicauda</i> infestation	Rat	國立中興大學獸醫學院
374	53	Pulmonary coccidiomycosis	Human	彰化基督教醫院
375	53	Paratuberculosis in <i>Macaca cyclopis</i>	<i>Macaca cyclopis</i>	國立屏東科技大學獸醫學院
379	53	Bovine Johne's disease (BJD) or paratuberculosis of cattle	Dairy cow	屏東縣家畜疾病防治所
380	53	NTB, <i>Mycobacterium abscessus</i>	Human	佛教慈濟綜合醫院暨慈濟大學病理科
382	54	Leptospirosis	Pig	國立屏東科技大學獸醫學院
384	54	<i>Neisseria</i> Infected Pneumonitis	Cat	中興大學獸醫學系
385	54	<i>Mycobacteria avian complex dacryocystitis</i>	Human	花蓮佛教慈濟綜合醫院
387	54	Swine Erysipelas	Pig	屏東縣家畜疾病防治所
396	56	Suppurative meningitis caused by <i>Streptococcus</i> spp in pigs	Pig	國立中興大學獸醫病理生物學研究所
399	56	Listeric encephalitis in dairy goats	Goat	屏東縣家畜疾病防治所
435	63	Tuberculosis	Human	花蓮佛教慈濟綜合醫院
438	63	Porcine proliferative enteritis (PPE)	Pig	國立中興大學獸醫病理生物學研究所
446	64	Actinomycosis (lumpy jaw) in a dairy cattle	Cattle	國立中興大學獸醫病理生物學研究所
450	65	<i>Mycobacterium avium</i> infection	Human	花蓮佛教慈濟綜合醫院
464	67	Ulcerative actinomycotic squamous plaque with focal (basal) severe dysplasia, mucosa, gingivobuccal junction, right lower gingiva in a	Human	嘉義聖馬爾定醫院

		man		
469	68	Scrub typhus	Human	佛教慈濟綜合醫院暨慈濟大學
489	71	Malakoplakia due to Escherichia coli infection, left testis	Human	佛教慈濟綜合醫院暨慈濟大學
492	71	Cystitis, bilateral ureteritis and pyelonephritis, hemorrhagic, necrotic, purulent, severe, diffuse, chronic progressive, urinary bladder, ureters and kidneys	Dog	國立中興大學獸醫病理生物學研究所
522	75	Secondary syphilis	Human	佛教慈濟綜合醫院暨慈濟大學
526	75	Dermatophilosis caused by <i>Austwickia chelonae</i> (basonym <i>Dermatophilus chelonae</i>) in a free-ranging wild Taiwanese japalure	Taiwanese japalure	台灣大學獸醫學系
584	85	<i>Salmonella</i> Enteritidis Infection in Chicks	Chicks	國立中興大學獸醫病理生物學研究所

病毒

病例編號	會議場次	診 斷	動物別	提 供 單 位
21.	3	Newcastle disease	Chicken	台灣大學獸醫學系
22.	3	Herpesvirus infection	Goldfish	台灣大學獸醫學系
30.	4	Demyelinating canine distemper encephalitis	Dog	台灣養豬科學研究所
31.	4	Adenovirus infection	Malayan sun bears	台灣大學獸醫學系
50.	7	Porcine cytomegalovirus infection	Piglet	台灣省家畜衛生試驗所
55.	7	Infectious laryngo-tracheitis (Herpesvirus infection)	Broilers	國立屏東技術學院獸醫學系
69.	9	Pseudorabies (Herpesvirus infection)	Pig	台灣養豬科學研究所
78.	10	Marek's disease in native chicken	Chicken	屏東縣家畜疾病防治所
92.	11	Foot- and- mouth disease (FMD)	Pig	屏東縣家畜疾病防治所
101.	11	Swine pox	Pig	屏東科技大學獸醫學系

	13	Pseudorabies	Piglet	國立屏東科技大學
	13	Avian encephalomyelitis	Chicken	國立中興大學
	15	Contagious pustular dermatitis	Goat	屏東縣&台東縣家畜疾病防治所
	15	Fowl pox and Marek's disease	Chicken	中興大學獸醫學系
	16	Japanese encephalitis	Human	花蓮佛教慈濟綜合醫院
	17	Viral encephalitis, polymavirus infection	Lory	美國紐約動物醫學中心
	17	1. Aspergillus spp. encephalitis and myocarditis 2. Demyelinating canine distemper encephalitis	Dog	台灣大學獸醫學系
	19	Enterovirus 71 infection	Human	彰化基督教醫院
	19	Ebola virus infection	African Green monkey	行政院國家科學委員會實驗動物中心
	19	Rabies	Longhorn Steer	台灣大學獸醫學系
	20	Parvoviral myocarditis	Goose	屏東科技大學獸醫學系
	28	SARS	Human	台大醫院病理科
	28	TGE virus	swine	臺灣動物科技研究所
	28	Feline infectious peritonitis(FIP)	Feline	台灣大學獸醫學系
	30	Chicken Infectious Anemia (CIA)	Layer	屏東防治所
219	31	1. Lymph node:Lymphdenitis, with lymphocytic depletion and intrahistiocytic basophilic cytoplasmic inclusion bodies. Etiology consistent with Porcine Circovirus (PCV)infection. 2. Lung: Bronchointerstitial pneumonia, moderate, lymphoplasmacytic, subacute.	Pig	臺灣動物科技研究所
220	31	Cytomegalovirus colitis	Human	彰化基督教醫院病理科
221	31	Canine distemper virus Canine adenovirus type II co-infection	Canine	國家實驗動物繁殖及研究中心
223	32	1. Skin, mucocutaneous junction (lip): Cheilitis, subacute, diffuse, severe, with epidermal pustules, ballooning degeneration, proliferation, and eosinophilic	Goat	台灣動物科技研究所

		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.		
238	35	Hydranencephaly	Cattle	國立屏東科技大學獸醫學系
248	36	Porcine Cytomegalovirus (PCMV) infection	Swine	國立屏東科技大學獸醫學系
250	36	Porcine respiratory disease complex (PRDC) and polyserositis, caused by co-infection with pseudorabies (PR) virus, porcine circovirus type 2 (PCV 2), porcine reproductive and respiratory syndrome (PRRS) virus and Salmonella typhimurium.	Swine	屏東縣家畜疾病防所
255	37	Vaccine-induced canine distemper	gray foxes	國立台灣大學獸醫學系
265	39	Bronchointerstitial pneumonia (PCV II infection)	Swine	台灣大學獸醫學系
295	42	Feline infectious peritonitis (FIP)	Cat	中興大學獸醫病理所
362	51	Canine distemper virus infection combined pulmonary dirofilariasis	Dog	國家實驗研究院
381	54	Polyomavirus infection of urinary tract	Human	羅東博愛醫院
405	57	Porcine circovirus-associated lymphadenitis	Swine	國立屏東科技大學獸醫教學醫院病理科
414	59	Rabies virus infection	Human	佛教慈濟綜合醫院暨慈濟大學病理科
415	59	Canine distemper virus infection	Dog	台灣大學獸醫專業學院分子暨比較病理生物學研究所
420	60	Respiratory syncytial virus infection	Human	佛教慈濟綜合醫院暨慈濟大學病理科

421	60	Porcine epidemic diarrhea (PED)	Piglet	國立中興大學獸醫病理生物學研究所
455	66	Goose Haemorrhagic Polyomaviruses (GHPV)	Goose	農委會家畜衛生試驗所
456	66	HPV associated small cell neuroendocrine carcinoma of uterine cervix	Human	羅東博愛醫院病理科
458	66	Roventricular dilatation disease (PDD)	Cacatuini	國立中興大學獸醫病理生物學研究所
468	68	Avian poxvirus	Eagle	國立中興大學獸醫病理生物學研究所
472	68	Suspected viral infection with secondary aspergillosis	Parrot	國立中興大學獸醫病理生物學研究所
510	73	Porcine reproductive and respiratory syndrome (PRRS)	pig	國立中興大學獸醫病理生物學研究所
542	78	Feline infectious peritonitis (FIP)	Cat	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所
543	78	Porcine epidemic diarrhea (PED)	Pig	國立中興大學獸醫系
556	80	Cutaneous pigeonpox	Pigeon	國立中興大學獸醫系

黴菌（含藻類）

病例編號	會議場次	診 斷	動物別	提 供 單 位
23.	3	Chromomycosis	Human	台北病理中心
47.	7	Lung: metastatic carcinoma associated with cryptococcal infection. Liver: metastatic carcinoma. Adrenal gland, right: carcinoma (primary)	Human	三軍總醫院
48.	7	Adiaspiromycosis	Wild rodents	台灣大學獸醫學系
52.	7	Aspergillosis	Goslings	屏東縣家畜疾病防治所
53.	7	Intracavitary aspergilloma and cavitory tuberculosis, lung.	Human	羅東聖母醫院
54.	7	Fibrocalcified pulmonary TB, left Apex.	Human	林口長庚紀念醫院

		Mixed actinomycosis and aspergillosis lung infection with abscess DM, NIDDM.		
105.	13	Mucormycosis Diabetes mellitus	Human	花蓮佛教慈濟綜合醫院
	15	Eumycotic mycetoma	Human	花蓮佛教慈濟綜合醫院
	17	1. Aspergillus spp. encephalitis and myocarditis 2. Demyelinating canine distemper encephalitis	Dog	台灣大學獸醫學系
	43	Systemic Candidiasis	Tortoise	中興大學獸醫學院
	45	Alfatoxicosis in dogs	Canine	國立臺灣大學 獸醫專業學院
322	46	Allergic fungal sinusitis	Human	羅東博愛醫院
326	46	Meningoencephalitis, Aspergillus flavus	Cat	國立臺灣大學 獸醫專業學院
331	47	Histoplasmosis	Human	花蓮慈濟醫院病理科
332	47	Pulmonary Blastomycosis	Rat	中興大學獸醫學院
355	50	Encephalitozoonosis	Rabbit	國立中興大學獸醫學院
356	50	Eosinophilic granuloma with fungal infection, Skin	Cat	國立臺灣大學獸醫專業學院
386	54	Dermatophytic pseudomycetoma	Cat	台灣動物科技研究所
395	56	Systemic Cryptococcus neoformans infection in a Golden Retriever	Dog	國立台灣大學分子暨比較病理生物學研究所
441	63	Protothecosis	Dog	國家實驗動物繁殖及研究中心
449	65	Porcine epidemic diarrhea (PED)	Pig	國立台灣大學分子暨比較病理生物學研究所
519	75	Chicken infectious anemia in chicken	Chicken	國立中興大學獸醫學院
536	77	Skin infection of Orf virus	Human	佛教慈濟醫療財團法人 花蓮慈濟醫院
545	78	Candida endocarditis	Human	佛教慈濟醫療財團法人 花蓮慈濟醫院
570	83	Protothecosis	Dog	立眾生技有限公司

寄生蟲 (含原蟲)

病例編號	會議場次	診 斷	動物別	提 供 單 位
14.	2	Dirofilariasis	Dog	台灣省家畜衛生試驗所
15.	2	Pulmonary dirofilariasis	Human	台北榮民總醫院
20.	3	Sparganosis	Human	台北榮民總醫院
46.	7	Feline dirofilariasis	Cat	美國紐約動物醫學中心
49.	7	Echinococcosis	Human	台北榮民總醫院
60.	8	Intestinal capillariasis	Human	台北馬偕醫院
64.	8	Adenocarcinoma of sigmoid colon Old schistosomiasis of rectum	Human	省立新竹醫院
66.	8	Echinococcosis	Chapman's zebra	台灣大學獸醫學系
67.	9	Hepatic ascariasis and cholelithiasis	Human	彰化基督教醫院
	13	Parasitic meningoencephalitis, caused by Toxocara canis larvae migration	Dog	臺灣養豬科學研究所
	17	Disseminated strongyloidiasis	Human	花蓮佛教慈濟綜合醫院
	17	Eosinophilic meningitis caused by Angiostrongylus cantonensis	Human	台北榮民總醫院 病理檢驗部
156	19	Parastrongylus cantonensis infection	Formosan gem-faced civet	中興大學獸醫學院
	19	Capillaria hepatica, Angiostrongylus cantonensis	Norway Rat	行政院農業委員會 農業藥物毒物試驗所
	29	Colnorchiasis	Human	高雄醫學院附設醫院
	29	Trichuriasis	Human	彰化基督教醫院
	29	Psoroptes cuniculi infection (Ear mite)	Rabbit	農業藥物毒物試驗所
	29	Pulmonary dirofilariasis	Human	和信治癌中心醫院
	29	Capillaries philippinesis	Human	和信治癌中心醫院
	29	Adenocarcinoma with schistosomiasis	Human	花蓮佛教慈濟綜合醫院
	41	Etiology-consistent with Spironucleus (Hexamita) muris	Rat	國家實驗動物繁殖及研究中心
327	46	Dermatitis, mange infestation	Serow	中興大學獸醫學院

328	46	Trichosomoides crassicauda, urinary bladder	Rat	國家實驗動物中心
362	51	Canine distemper virus infection combined pulmonary dirofilariasis	Dog	國家實驗研究院
370	52	Suppurative bronchopneumonia (Bordetellae trematum) with Trichosomoides crassicauda infestation	Rat	國立中興大學獸醫學院
416	59	Toxoplasmosis in a finless porpoise	Finless porpoise	國立屏東科技大學獸醫教學醫院病理科
	63	Liver milk spots in pig	Pig	中興大學獸醫病理生物學研究所
453	66	Liver fluke infection	Buffalo	中興大學獸醫病理生物學研究所
471	68	Haemosporidian parasite infection	pigeon	國立台灣大學分子暨比較病理生物學研究所
540	77	Systemic toxoplasmosis	Ring-tailed lemur	國立台灣大學分子暨比較病理生物學研究所
4.	1	Cryptosporidiosis	Goat	台灣養豬科學研究所
15.	2	Amoebiasis	Lemur fulvus	台灣養豬科學研究所
16.	2	Toxoplasmosis	Squirrel	台灣養豬科學研究所
17.	2	Toxoplasmosis	Pig	屏東技術學院 獸醫學系
51.	7	Pneumocystis carinii pneumonia	Human	台北病理中心
57.	8	Cecal coccidiosis	Chicken	中興大學獸醫學系
65.	8	Cryptosporidiosis	Carprine	台灣養豬科學研究所
211	30	Avian malaria, African black-footed penguin	Avian	臺灣動物科技研究所
242	35	Neosporosis	Cow	國立屏東科技大學 獸醫學系
263	38	Intestinal amebiasis	Human	彰化基督教醫院病理科
320	46	Cutaneous leishmaniasis	Human	佛教慈濟綜合醫院
325	46	Myocarditis/encephalitis, Toxoplasma gondii	Wallaby	國立臺灣大學獸醫專業學院
443	65	Brain toxoplasmosis in a man	Human	佛教慈濟綜合醫院病理科
462	67	Toxoplasmosis	Human	佛教慈濟綜合醫院病理科

470	68	Leucocytozoonosis	chickens	中興大學獸醫病理生物學研究所
572	83	Systemic Coccidiosis	ducks	中興大學獸醫病理生物學研究所

立克次體

病例編號	會議場次	診 斷	動物別	提 供 單 位
229	32	Necrotizing inflammation due to scrub typhus	Human	佛教慈濟醫院病理科
251	36	Scrub typhus with diffuse alveolar damage in bilateral lungs.	Human	佛教慈濟醫院病理科

其他

病例編號	會議場次	診 斷	動物別	提 供 單 位
216	30	Cytophagic histiocytic panniculitis with terminal hemophagocytic syndrome	Human	佛教慈濟綜合醫院病理科
359	51	Eosinophilic granuloma with fungal infection, Skin	Cat	國立臺灣大學獸醫專業學院
360	51	Septa panniculitis with lymphocytic vasculitis	Human	慈濟綜合醫院暨慈濟大學
9.	2	Perinephric pseudocyst	Cat	台灣大學獸醫學系
10.	2	Choledochocyst	Human	長庚紀念醫院
11.	2	Bile duct ligation	Rat	中興大學獸醫學系
37.	4	Myositis ossificans	Human	台北醫學院
75.	9	Acute yellow phosphorus intoxication	Rabbits	中興大學獸醫學系
76.	10	Polycystic kidney bilateral and renal failure	Cat	美國紐約動物醫學中心
80.	10	Glomerular sclerosis and hyalinosis, segmental, focal, chronic, moderate Benign hypertension	SHR rat	國防醫學院 & 國家實驗動物繁殖及研究中心
83.	10	Phagolysosome-overload nephropathy	SD rats	國家實驗動物繁殖及中心
85.	10	Renal amyloidosis	Dog	台灣養豬科學研究所

89.	10	Severe visceral gout due to kidney damaged infectious serositis	Goose	中興大學獸醫學系
91.	10	Hypervitaminosis D	Orange-rumped agoutis	台灣大學獸醫學系
	14	Cystic endometrical hyperplasia	Dog	臺灣養豬科學研究所
	14	Cystic subsurface epithelial structure (SES)	Dog	國科會實驗動物中心
	15	Superficial necrolytic dermatitis	Dog	美國紐約動物醫學中心
	15	Solitary congenital self-healing histiocytosis	Human	羅東博愛醫院
	15	Alopecia areata	Mouse	國家實驗動物繁殖及研究中心
	17	Avian encephalomalacia (Vitamin E deficiency)	Chicken	國立屏東科技大學獸醫學系
151	18	Osteodystrophia fibrosa	Goat	台灣養豬科學研究所&台東縣家畜疾病防治所
	20	Hypertrophic cardiomyopathy	Pig	台灣大學獸醫學系
	21	Chinese herb nephropathy	Human	三軍總醫院病理部及腎臟科
	21	Acute pancreatitis with rhabdomyolysis	Human	慈濟醫院病理科
	21	Malakoplakia	Human	彰化基督教醫院
	25	Darier's disease	Human	高雄醫學大學病理科
191	27	1. Polyarteritis nodosa 2. Hypertrophic Cardiomyopathy	Feline	台灣大學獸醫學系
193	27	Norepinephrin cardiotoxicity	Cat	台中榮總
196	27	Cardiomyopathy (Experimental)	Mice	綠色四季
212	30	Kikuchi disease (histiocytic necrotizing lymphadenitis)	Lymphadenitis	耕莘醫院病理科
225	32	Calcinosis circumscripta, soft tissue of the right thigh, dog	Dog	台灣大學獸醫所
230	34	Hemochromatosis, liver, bird	Bird	台灣大學獸醫學系
234	34	Congenital hyperplastic goiter	Holstein calves	屏東縣家畜疾病防治所
236	34	Hepatic lipidosis (fatty liver)	Rats	中興大學獸醫學病理學研究所
237	35	Arteriovenous malformation (AVM) of cerebrum	Human	耕莘醫院病理科
244	35	Organophosphate induced delayed neurotoxicity in hens	Hens	中興大學獸醫學病理學研究所

257	37	Severe lung fibrosis after chemotherapy in a child with Ataxia- Telangiectasia	Human	慈濟醫院病理科
294	42	Arteriovenous malformation of the left hindlimb	Dog	台灣大學獸醫學系
299	43	Polioencephalomalacia	Goat kid	屏東家畜疾病防治所
310	44	Hyperplastic goiter	Piglet	屏東家畜疾病防治所
311	44	Melamine and cyanuric acid contaminated pet food induced nephrotoxicity	Rat	中興大學獸醫學病理學研究所
318	45	Alfatoxicosis	Canine	國立臺灣大學獸醫專業學院
333	47	Lordosis, C6 to C11	Penguin	國立臺灣大學獸醫專業學院
341	49	Pulmonary placental transmogrification	Human	羅東博愛醫院
345	49	Acute carbofuran intoxication	Jacana	國立中興大學獸醫學院
350	50	Malakoplakia, liver	Human	慈濟綜合醫院暨慈濟大學
351	50	Eosinophilic granuloma, Right suboccipital epidural mass	Human	羅東博愛醫院病理科
359	51	Eosinophilic granuloma with fungal infection, Skin	Cat	國立臺灣大學獸醫專業學院
360	51	Septa panniculitis with lymphocytic vasculitis	Human	慈濟綜合醫院暨慈濟大學
361	51	Hepatotoxicity of SMA-AgNPs	Mouse	國立中興大學獸醫病理生物學研究所
363	51	Hypertrophy osteopathy	Cat	國立臺灣大學獸醫專業學院
372	52	Snake bite suspected, skin and spleen	Monkey (red guenon)	國立臺灣大學獸醫專業學院
383	54	Langerhans cell histiocytosis	Human	聖馬爾定醫院病理科
388	54	Canine protothecosis	Dog	國立臺灣大學獸醫專業學院
392	55	Lithium nephrotoxicity	Human	佛教慈濟綜合醫院暨慈濟大學病理科
398	56	Gamma-knife-radiosurgery-related demyelination	Human	佛教慈濟綜合醫院暨慈濟大學病理科

400	56	Canine Disseminated form Granulomatous Meningoencephalitis (GME)	Dog	國立屏東科技大學獸醫 教學醫院病理科
419	60	Mucopolysaccharidosis	Cat	國立中興大學獸醫病理 生物學研究所
426	61	Phleboliths in a man	Human	台北醫學大學附設醫院 口腔外科口腔病理科
427	61	Visceral gout in a Green iguana (Iguana iguana)	Iguana	中興大學獸醫病理生物 學研究所
431	62	pulmonary alveolar proteinosis in a man	Human	羅東博愛醫院病理科
432	62	Congenital pulmonary airways malformation, type 2 in a women	Human	高雄醫學大學附設醫院
437	63	Large solitary luteinized follicular cyst of pregnancy and puerperium	Human	羅東博愛醫院病理科
454	66	Eosinophilic granuloma	Human	佛教慈濟綜合醫院暨慈 濟大學病理科
461	67	Intestinal emphysema	Pig	中興大學獸醫病理生物 學研究所
466	67	Nodular goiter	Human	彰化秀傳醫院病理科
474	68	Parastrongyliasis (Previously called Angiostrongyliasis)	squirrel	中興大學獸醫病理生物 學研究所
475	69	Bronchogenic cyst	Dog	國立臺灣大學獸醫專業 學院
480	69	Toxic pneumonitis caused by inhalation of waterproofing spray	Dog	中興大學獸醫學病理學 研究所
486	70	IgG4-related sclerosing cholangitis (ISC)	Human	天主教耕莘醫療財團法 人耕莘醫院
488	70	Crohn's disease	Human	彰化基督教醫院病理部
Gross	64	Hydronephrosis	Pig	中興大學獸醫病理生物 學研究所
Gross	65	1. Traumatic pericarditis, severe, chronic progressive, diffuse, heart. 2. Hardware disease	Cattle	中興大學獸醫病理生物 學研究所
497	72	Combined central and peripheral demyelination (CCPD)	Dog	國立臺灣大學獸醫專業 學院
498	72	Inflammatory demyelinating pseudotumour	Human	佛教慈濟綜合醫院暨慈 濟大學病理科

500	72	Ischemic stroke in a dog	Dog	中興大學獸醫病理生物學研究所
504	73	Autoimmune pancreatitis (IgG4 related pancreatitis)	Human	羅東博愛醫院病理科
505	73	Thrombotic microangiopathy with hemorrhagic infarct of brain, acute myocardial ischemia and acute kidney injury	Human	佛教慈濟綜合醫院暨慈濟大學病理科
507	73	The most likely diagnosis is erythema multiforme (EM).	Dog	國立臺灣大學獸醫專業學院
509	73	Doxorubicin-induced diseases	Chicken	中興大學獸醫病理生物學研究所
518	74	Idiopathic multicentric Castleman disease with abundant IgG4-positive cells	Human	佛教慈濟綜合醫院暨慈濟大學病理科
527	75	Coryneform hyperkeratosis in NOG mice	Mice	中興大學獸醫病理生物學研究所
534	76	Multiple Cartilaginous Exostoses Causing Spinal Cord Compression in a Dog	Dog	中興大學獸醫病理生物學研究所
535	76	Chondrodysplasia, diffuse, severe, chronic, growth plate, femur.	Rat	中興大學獸醫病理生物學研究所
539	77	Epitheliotropic mastocytic conjunctivitis	Cat	臺灣動藥國際股份有限公司
541	77	Protothecosis	Dog	國立臺灣大學獸醫專業學院
546	78	Ascites syndrome in broilers	Avian	國立中興大學動物疾病診斷中心
557	80	Systemic lupus erythematosus with erythema multiforme-like lesions, human	Human	佛教慈濟綜合醫院暨慈濟大學病理科
558	80	Pododermatitis, left forelimb and right hindlimb foot pad	Cat	霍普獸醫病理診斷中心

565	82	Intestinal intramural hemorrhage/hematoma, small intestine	Dog	霍普獸醫病理診斷中心
575	84	Ovotestes, epididymis, and uterus, reproductive organs	Cat	霍普獸醫病理診斷中心
576	84	Oxalate nephropathy	Asian yellow pond turtle (柴棺龜; <i>Mauremys mutica</i>)	國立中興大學獸醫病理生物學研究所
578	84	Yolk embolism	Savannah monitor	國立台灣大學獸醫專業學院分子暨比較病理生物學研究所

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

黃威翔 助理教授

cscptaiwan@gmail.com

02-33663760

106 台北市羅斯福路四段一號 國立台灣大學 獸醫專業學院

-----中華民國比較病理學會-----

會員資料更改卡

姓 名：_____ 會員類別：一般會員

學生會員

贊助會員

最高學歷：_____

服務單位：_____職 稱：_____

永久地址：_____

通訊地址：_____

電 話：_____傳 真：_____

E-Mail Address：_____

中華民國比較病理學會

誠摯邀請您加入

入會辦法

一、 本會會員申請資格為：

(一) 一般會員：贊同本會宗旨，年滿二十歲，具有國內外大專院校（或同等學歷）生命科學及其它相關科系畢業資格或高職畢業從事生命科學相關工作滿兩年者。

(二) 學生會員：贊同本會宗旨，在國內、外大專院校生命科學或其他相關科系肄業者（請檢附學生身份證明）。

(三) 贊助會員：贊助本會工作之團體或個人。

(四) 榮譽會員：凡對比較病理學術或會務之推廣有特殊貢獻，經理事會提名並經會員大會通過者。

二、 會員：

(一) 入會費：一般會員新台幣壹仟元，學生會員壹佰元，贊助會員伍仟元，於入會時繳納。

(二) 常年會費：一般會員新台幣壹仟元，學生會員壹佰元。

【註：學生會員身份變更為一般會員時，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 黃威翔 老師收。地址：106 台北市羅斯福路四段一號 國立台灣大學 獸醫專業學院

電話：02-33663760

中華民國比較病理學會入會申請及會員卡

會電腦編號

姓名	中文		姓別	<input type="checkbox"/> 男 <input type="checkbox"/> 女	出生 民國 年 月 日	出生地	
	英文		會員身份： <input type="checkbox"/> 一般 <input type="checkbox"/> 學生 <input type="checkbox"/> 贊助				
學歷	(1)	稱謂(圈選) 先生 小姐 醫師 獸醫師 教授 博士			研究員 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： _____ 電子信箱(E-mail)： _____							
茲 贊 同 貴會宗旨擬加入為會員嗣後並願遵守一切章共圖發展 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	

