中華民國比較病理學會

Chinese Society of Comparative Pathology

第 45 次比較病理學研討會

國立臺灣大學獸醫專業學院

臺北市・臺灣

中華民國 98 年 3 月 14 日

45th Meeting of Comparative Pathology

School of Veterinary Medicine, National Taiwan University

Taipei, Taiwan

March 14, 2009

中華民國比較病理學會第 45 次比較病理學研討會議程表

Schedule
45th Meeting of the Chinese Society of Comparative Pathology

時間：98 年 3 月 14 日(星期六) 08:30~16:30
地點：國立臺灣大學獸醫學系 B01 演講廳
地址：臺北市羅斯福路四段 1 號
電話： 02-33663858

Date: March 14, 2009 (Sat) 08:30~16:30
Location: B01, School of Vet Med, NTU
Address: No. 1, Sec. 4, Roosevelt Road, Taipei
Telephone: 02-33663858

Time 時間	Schedule 議程		Moderator 主持
08:30~09:00	Registration 報到		
09:00~09:10	Award Ceremony 致詞與頒獎		Dr. C.H. Liu 劉振軒 院長
09:10~09:40	Speech 專題演講	**實驗動物大小鼠常見腫瘤** 梁鐘鼎 獸醫師	
09:40~10:10	Speech 專題演講	**野生動物腫瘤** 卓宜興 獸醫師	
10:10~10:30	Coffee Break		
10:30~11:00	Speech 專題演講	**犬及人類乳房腫瘤的比較研究** 朱旆億 醫師 彰化基督教醫院	Dr. F.J. Leu 呂福江 教授
11:00~11:30	Case 313 病例討論	**盧俊瑋 醫師** Buddhist Tzu-Chi General Hospital and Tzu-Chi University 佛教慈濟綜合醫院暨慈濟大學	
11:30~12:00	Case 314 病例討論	**Dr. C.W. Shih 施洽雯 醫師** Department of Pathology, Lotung Poh-Ai Hospital 羅東博愛醫院病理科	
12:00~13:30	Lunch 午餐暨「中華民國比較病理學會理監事會議」		
13:30~14:00	Case 315 病例討論	**Dr. Y.L. Chen 陳燕麟 醫師** Department of Pathology, Cardinal Tien Hospital 天主教耕莘醫院病理科	Dr. Y.H. Hsu 許永祥 主任
14:00~14:30	Case 316 病例討論	**Dr. D.J. Fu 傅大鈞 獸醫師** School of Veterinary Medicine, National Taiwan University 國立臺灣大學獸醫專業學院	
14:30~15:00	Coffee Break		
15:00~15:30	Case 317 病例討論	**Dr. C.L. Tsai 蔡承龍 獸醫師** School of Veterinary Medicine, National Taiwan University 國立臺灣大學獸醫專業學院	Dr. S.H. Hsiao 蕭世烜 助理教授
15:30~16:00	Case 318 病例討論	**Dr. C.L. Liu 劉家伶 獸醫師** School of Veterinary Medicine, National Taiwan University 國立臺灣大學獸醫專業學院	
16:00~16:30	Town Hall Meeting 「中華民國比較病理學會會員大會」		

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中華民國比較病理學會第 45 次比較病理學研討會

Case Signalment
45th Meeting of the Chinese Society of Comparative Pathology
March 14, 2009

Case No.	Presenter	Institution	Slide No.	Signalment
Case 313	盧俊瑋 醫師	Buddhist Tzu-Chi General Hospital and Tzu-Chi University 佛教慈濟綜合醫院暨慈濟大學	A300-12	49- year-old woman
Case 314	Dr. C.W. Shih 施洽雯 醫師	Department of Pathology, Lotung Poh-Ai Hospital 羅東博愛醫院病理科	LP-08-7317	54-year-old man
Case 315	Dr. Y.L. Chen 陳燕麟 醫師	Department of Pathology, Cardinal Tien Hospital 天主教耕莘醫院病理科	CTH 285788	62-year-old woman
Case 316	Dr. D.J. Fu 傅大鈞 獸醫師	School of Veterinary Medicine, National Taiwan University 國立臺灣大學獸醫專業學院	NTU08-297K	14-year-old, spayed female, mongrel dog
Case 317	Dr. C.L. Tsai 蔡承龍 獸醫師	School of Veterinary Medicine, National Taiwan University 國立臺灣大學獸醫專業學院	NTU08-772A	13-year-old, male, Shih-Tzu dog
Case 318	Dr. C.L. Liu 劉家伶 獸醫師	School of Veterinary Medicine, National Taiwan University 國立臺灣大學獸醫專業學院	NTU09-28e	4-year-old, male, Labrador Retriever dog

中華民國比較病理學會第 44 次比較病理學研討會

Case Diagnosis
45th Meeting of the Chinese Society of Comparative Pathology
Novmber 1, 2008

Case No.	Presenter	Institution	Slide No.	Diagnosis
Case 313	盧俊瑋 醫師	Buddhist Tzu-Chi General Hospital and Tzu-Chi University 佛教慈濟綜合醫院暨慈濟大學	A300-12	Neuroendocrine carcinoma of liver
Case 314	Dr. C.W. Shih 施洽雯 醫師	Department of Pathology, Lotung Poh-Ai Hospital 羅東博愛醫院病理科	LP-08-7317	Parachordoma
Case 315	Dr. Y.L. Chen 陳燕麟 醫師	Department of Pathology, Cardinal Tien Hospital 天主教耕莘醫院病理科	CTH 285788	Carcinoma ex pleomorphic adenoma, submandibular gland
Case 316	Dr. D.J. Fu 傅大鈞 獸醫師	School of Veterinary Medicine, National Taiwan University 國立臺灣大學獸醫專業學院	NTU08-297K	Melanoma, tongue
Case 317	Dr. C.L. Tsai 蔡承龍 獸醫師	School of Veterinary Medicine, National Taiwan University 國立臺灣大學獸醫專業學院	NTU08-772A	Renal cell carcinoma, papillary type
Case 318	Dr. C.L. Liu 劉家伶 獸醫師	School of Veterinary Medicine, National Taiwan University 國立臺灣大學獸醫專業學院	NTU09-28e	Alfatoxicosis in dogs

盧俊瑋; Hsu, Y.H. (許永祥), M.D.
Buddhist Tzu-Chi General Hospital and Tzu-Chi University (佛教慈濟綜合醫院暨慈濟大學)

CASE HISTORY:

Signalment : 49- year-old woman

Clinical History:
A 49-year-old woman suffered from RUQ discomfort with radiation to back and chillness for one week. She visited 新店 Tzu-Chi Hospital. Abdominal CT showed one huge tumor measures 8.0 x 6.0 cm in dimension at S5 & S6 and segmentectomy was performed on 2008/3/19. The pathology report was poorly differentiated hepatocellular carcinoma. Two months later, she felt RUQ pain again, and abdominal CT revealed tumor recurrent with multiple lesions at S7 & S8 and metastasis to rib and right lower lung were also found. TACE was done at 2008/5/28, and radiotherapy for rib metastasis was done during 2008/6. During these period, she frequently suffered from RUQ pain and vomiting, and had to take pain killer and antiemetic drugs for symptoms control. This time, she visited Hualien Tzu-Chi Hospital for second opinion on 2008/7/1. Her condition was fair after admission but became drowsy and disoriented since 2008/7/1. Then she was transferred to Hospice care on 2008/7/11. Only supportive care and pain control were given. Then she died of hepatic failure on 2008/7/20.

Gross Finding :
At autopsy, she was 162 cm and 57.5 kg. Generalized jaundice accompanied bilateral pitting edema of legs was noted. One previous operation scar on RUQ measuring 23.0 cm in length was noted. Opening the chest and abdominal wall, marked adhesion of right pleura was noted. Bilateral lungs (right: 750 gm and left: 700gm) showed multiple yellowish white disseminated small tumor nodues. Multiple bronchopneumonia patches were also noted. The heart weighed 300 gm. On cut, no evidence of metastatic lesion was noted. Only a few small vegetation coated the surface of aortic valve . The right 7th ribs showed metastatic grayish white tumor. In the abdomen, huge liver (2700 gm) with multiple recurrent yellowish tumor nodules adhesion into diaphragm were noted. On serial sections, tumor emboli were also noted. Bilateral kidneys (right 150 gm and left 170 gm) revealed some small disseminated nodules. In the serosa of uterus also showed some small nodules. On cut, one cervical leiomyoma measuring 2.5 x 2.0 x 2.0 cm in size was seen. Right ovary showed unilocular cyst with serous fluid. In the G-I tract, no evidence of abnormal tumor lesion was seen. Removed the skull bone, the brain weighed 1320 gm. No evidence of tumor metastasis was noted on serial brain cutting.

盧俊瑋; Hsu, Y.H. (許永祥), M.D.
Buddhist Tzu-Chi General Hospital and Tzu-Chi University (佛教慈濟綜合醫院暨慈濟大學)

CASE RESULT:

Microscopic Findings:
The tumor shows moderate differentiated neuroendocrine carcinoma of liver (新店 TZH S08-3501) characterized by spindle or epithelioid like cells with moderate pinkish cytoplasm, peper salt like nucleus and prominent capillary stroma presenting trabecular pattern accompanied frequent atypical mitosis. This tumor disseminated into right 7th rib and liver with multiple metastatic nodules of lungs, kidneys and bone marrow of vertebral bone (L4).

Morphologic Diagnosis: Neuroendocrine carcinoma of liver

Immunohistochemisty Stain :
The tumor cells shows CK (+++), CK-7 (+++), chromograin A(-), Synaptophysin (+++) & CD56 (+++).

Comments:
Making a diagnosis of primary hepatic carcinoid or NEC tumor should be done carefully because liver is a favorite metastatic site for carcinoid or NEC tumors that have originated elsewhere in the body. In the present case, tumor with a classical carcinoid pattern such as an insular, trabecular or glandular arrangement and immunohistochemistry stain showing CK (+++), CK-7 (+++), chromograin A(-), Synaptophysin (+++) & CD56 (+++) diagnosed of neuroendocrine carcinoma.

Hepatocellular carcinoma have been reported to show neuroendocrine differentiation in some tumor cells. We carried out immunohistochemical staining on hepatocyte with negative finding. Additionally, in contrast to hepatocellular carcinoma, hepatic carcinoid or NEC have never been associated with liver cirrhosis such as our case. After autopsy, no evidence of other primary lesions was found.

Therefore, we considered this case is the primary neuroendocrine carcinoma of liver . With regard to the pathogenesis of the primary hepatic carcinoid or NEC, two hypotheses exist: (i) the transformation of liver stem cells; and (ii) the proliferation of neuroendocrine cels from bile ducts.

The prognosis of the patients with primary hepatic carcinoid or NEC was unfavorable even

when a complete resection of the tumor had been performed. Pilichowska M et al reported five primary hepatic neuroendocrine carcinomas that three have died and one is in a very bad condition with multiple metastasis. Primary hepatic carcinoid is quite different from carcinoid found in other sites. The reason for a poor prognosis of primary hepatic carcinoid may be due to its large size. Careful follow-up is necessary for cases of primary hepatic carcinoid even when a complete resection of the tumor has been performed.

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Shih, C.W. (施洽雯), M.D., M.S.
Department of Pathology, Lotung Poh-Ai Hospital. (羅東博愛醫院病理科)

CASE HISTORY:

Signalment: 54-year-old man

Clinical History:
The 54-year-old man was generally healthy in the past. He has suffered from an asymptomatic mass at left third toe for about six months. For the mass enlarged recently, he came to our GS OPD for help.

Physical examination showed a subcutaneous mass at the left third toe measuring about 2.5 cm in greatest diameter. The mass was elastic, firm in consistency. The mass without adherence to the skin. X ray of the foot showed no bone destruction. Surgical treatment was arranged. The tumor was completely removed and no muscle, neurovascular and bone involvement.

Clinical Pathology:
RBC: 5.23×10^6/uL (0-5×10^6/uL), Hb: 13.2 gm/dL (14.0-18.0 gm/dL), Hct: 40.2 % (40-54%), WBC: 4500/uL (4500-11000/uL), Plt: 18.7×10^4/dL (15-40×10^4/dL), Lymphocyte: 38% (20.0-45.0%), Neutrophil: 47.1% (45.0-75.0%), Monocyte: 8.4% (0.0-9.0%), Eosinophil: 5.6% (1.0-3.0%), Basophil: 0.9% (0.0-1.0%). BUN: 16 mg/dL (7-22 mg/dL), Creatinine: 0.9 mg/dL (0.6-1.3 mg/dL), Glucose: 130 mg/dL (70-110 mg/dL), AST: 44 U/L (5-40 U/L), ALT: 44 U/L (5-40 U/L), Na: 138.5 mmol/L (133-145 mmol/L), K: 3.7 mmol/L (3.3-5.1 mmol/L)

Gross Findings:
The specimen submitted consisted of a small tumor measuring 2.3 x 1.4 x 1.0 cm in size. The tumor was well defined, elastic firm in consistency and grayish-white in color. No hemorrhage nor necrosis is noted.

Postoperative workup revealed no evidence of metastasis.

Shih, C.W. (施洽雯), M.D., M.S.
Department of Pathology, Lotung Poh-Ai Hospital. (羅東博愛醫院病理科)

CASE RESULT:

Histopathologic Findings:
The tumor was well defined and showed eosinophilic bands of fibrous tissue separating lobules of cells with small, round, hyperchromatic nuclei with little atypia and a low mitotic rate. Some of the cells in "alveolar" distribution, and single, large, vacuolated (physalipherous) cells embedding in a hyaline or myxoid stroma are noted. No hemorrrhage nor necrosis is noted.

Immunohistochemistry:
The epithelioid cells are immunohistochemically positive for vimentin, S-100 protein, cytokeratin (HMW) and CK18, and negative for HMB45, CD68, CD34, CK7, CK20, CEA and calretinin.

Differential Diagnosis:
1. metastatic chordoma
2. extraskeletal myxoid chondrosarcoma
3. parachordoma
4. liposarcoma
5. poorly differentiated adenocarcinoma

Diagnosis: Parachordoma

Discussion:
A chordoma which occurs as a primary tumor outside the axial skeleton is known as an extra-axial chordoma, parachordoma or chordoma periphericum. Parachordoma was first reported as chordoma periphericum by Laskowski as in 1955 and later extensively studied by Dabska in 1977 and coined the term parachordoma. It represents an extremely uncommon soft tissue tumor resembling extraskeletal myxoid chondrosarcoma and chordoma and consisting of cells with histology and ultrastructure similar to those of chordoma cells. It is a well circumscribed firm tumor, usually located in the deep soft tissue of the upper or lower extremities. They are usually found adjacent to the tendon, synovium and osseous structures. Patients with parachordomas ranged in age from 7 to 62 years (mean, 35 years). Symptoms are rare and they result mainly from the local mass effect of tumor growth on the surrounding tissues or erosion of bony tissues. Chordomas are malignant tumors and located along the craniospinal axis. Parachordoma may be locally aggressive and can infiltrate the surrounding

tissues. Parachordomas with metastases have also been reported.

The origin of parachordoma is still uncertain; the origin has been suggested as ectopic nests of notochord, Schwann or other neuron-related cells, specialized synovial cells, and totipotential mesenchymal cells.

Microscopically, the tumor had a pseudolobulated growth pattern and consisted of sheets, nests and cords of epithelioid cells with round or ovoid nuclei and eosinophilic cytoplasm, separated by abundant myxoid to densely hyaline stroma, and the latter occasionally like cartilage or chondroid tissue. Areas of vacuolated (physalipherous) cells with clear cytoplasm and eccentric nuclei are often noted.

Parachordomas and chordomas have the same immunohistochemical and ultrastructiral features. Both stain with S-100 protein and vimentin. All parachordomas strongly expressed CK 8/18, but not the other cytokeratins. Additionally, they expressed epithelial membrane antigen (EMA). No tumor displayed immunoreactivity for carcinoembryonic antigen (CEA), smooth muscle actin (SMA), desmin, glial fibrillary acid protein (GFAP), CD31, or CD34.

Ultrastructurally, chordoma and parachordoma demonstrate cytoplasmic vacuoles, intermediate filaments, pinocytotic vesicles, cell junctions, and cytoplasmic membranes with microvillous processes.

Parachordomas are rare subcutaneous tumors that show virtually identical histologic findings to chordomas. Therefore, the major differential diagnosis in a case of parachordoma is metastatic chordoma.

Complete resection of the tumor with a clear free surgical margin can be considered as a curative treatment. Recurrences may occur in cases of parachordoma, while metastases are even less frequent.

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4. Arrigo Spivach, Roberto Tirabosco , Giovanni Falconieri , Parachordoma of the Gastric Serosa: Report of a Myxoid Mimicry in an Unusual Location, International Journal of Surgical Pathology, Vol. 15, No. 3, 307-310, 2007.
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Chen, Y.L. (陳燕麟), M.D.; Suen, J.H. (孫政宏), M.D.; Leu F.J. (呂福江), M.D., Ph.D.; 江蓉華; 林進耀; 陳正文.
Department of Pathology, Cardinal Tien Hospital (天主教耕莘醫院病理科)

CASE HISTORY:

Signalment: 62-year-old woman

Clinical History:
This 62 y/o woman has history of Diabetes mallitus. She visited ENT OPD due to the right submandibular mass noted for 1+ months with no size progression on 97/7. The mass was about 3.5×4 cm but painless and elastic in texture. Neck CT scan was performed and showed: 2.8×2.2 cm enlarged right submandibular gland with central hypoenhancement, enlarged right submandibular gland, R/O tumor. Sonogram was also performed on 07/21 and revealed: One large low echoic mass about 2.7×2.7 cm at right submandibular gland, tumor growth can't be R/O. FNA is also done under sonoguided and revealed Negative for malignant cell. Due to right submandibular gland mass was enlarged, she had underwent excision of submandibular gland mass on 97/9/1.

Gross Findings:
The specimen submitted consisted of a small piece of soft tissue measuring 3.8 × 2.5 × 2.5 cm in size, fixed in formalin.

Grossly, it showed a light yellowish firm tumor of 3.3 × 2.5 × 2.3 cm in size. The capsule was irregular and capsule invasion was seen. Some areas had myxoid / chondroid appearance. The consistence was elastic firm. Representative sections were taken in 4 blocks.

Laboratory results:
CBC/DC: WNL
Biochemistry (sugar, Ca, BUN, Cr, Na, K, Cl, AST, ALT) : WNL

Chen, Y.L. (陳燕麟), M.D.; Suen, J.H. (孫政宏), M.D.; Leu F.J. (呂福江), M.D., Ph.D.; 江蓉華; 林進耀; 陳正文.
Department of Pathology, Cardinal Tien Hospital (天主教耕莘醫院病理科)

CASE RESULT:

Histopathological Findings:

Microscopically, the sections show picture of carcinoma ex pleomorphic adenoma (Ca-ex-PA, malignant mixed tumor) manifested by a pleomorphic adenoma from which an epithelial malignancy is derived. The malignant components including poorly differentiated adenocarcinoma, undifferentiated carcinoma, and myoepithelial carcinoma. An infiltrative, destructive growth paatern is noted in the tumor border, and the distance of invasion from the tumor capsule in to adjacent submandibular tissue is more than 1.5 mm (according to WHO classification, it is subclassifies as invasive Ca-ex-PAs). Perineural and neural invasion is demonstrated by the immunostain in many areas. The surgical margin is not free of tumor. Further management is suggested.

Immnohistochemical Stains:

SMA and p63 --- Positive in some carcinoma cells, c/w myoepithelial differentiation.
CK and S100 --- Highlight perineural and neural invasion.
CK8/18 --- Positive for ductal cells.
MIB-1 --- Increased proliferative cells.

Diagnosis:

Submandibular gland, Rt, excision --- Carcinoma ex pleomorphic adenoma, invasive, margin not free.

Diagnostic criteria:

1. Carcinoma ex pleomorphic adenoma is defined as a pleomorphic adenoma from which an epithelial malignancy is derived.
2. Dual proliferation of cells with ductal or myoepithelial features in both benign part.
3. Any form of carcinoma may be found.
4. An infiltrative, destructive growth pattern is the most reliable diagnostic criterion for carcinoma part.

Discussion:

Carcinoma ex pleomorphic adenoma (CXPA) is a rare carcinoma. It belongs to a sub- group of Malignance of pleomorphic adenoma. The classification of Malignances of pleomorphic

adenoma is

1. Malignant mixed tumor (carcinoma ex pleomorphic adenoma)
2. True malignant mixed tumor (carcinosarcoma ex pleomorphic adenoma)
3. Metastasizing mixed tumors

The subclassification of CXPAs is

1. intracapsular (in situ or noninvasive)
2. minimally invasive (< 1.5 mm)
3. invasive carcinoma (> 1.5 mm)

Intracapsular carcinoma has a benign clinical course, but 92% of cases are invasive. The mean age is 67 year old, and male predominant. Large majority happened in parotid (86%) and minority in submandibular gland (14%).It accounts 3.6% of all salivary tumors, 12% of all salivary malignancies and 6.2% of all pleomorphic adenomas.

The clinical manifestation in early phase is asymptomatic mass. It has greater size compared with pleomorphic adenoma when diagnosed. Increasing risk of malignancy when pleomorphic adenoma has longer duration. CXPAs often manifested as frequent local recurrences and distant metastases.

The most frequent histological subtype are

1. Adenocarcinoma and salivary duct carcinoma
2. Any form of carcinoma may be found (undifferentiated, mucoepidermoid carcinoma, adenoid cystic carcinoma, myoepithelial carcinoma, epithelial myoepithelial carcinoma, sarcomatoid carcinoma). The accuracy and sensitivity are low in fine-needle aspiration cytology. Only 43% CXPAs were identified and most false-negative findings were misdiagnosed as pleomorphic adenoma

CXPA's prognosis is poorer than other parotid malignancies. The 5-year survival rate is between 30～76%.

The significant prognostic factors are

1. tumor stage
2. grade
3. extent of invasion
4. proliferation index

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Fu, D.J. (傅大鈞), D.V.M.; Liu, C.H. (劉振軒), D.V.M., Ph.D.
School of Veterinary Medicine, National Taiwan University（國立臺灣大學獸醫專業學院）

CASE HISTORY:

Signalment: 14-year-old, spayed female, mongrel dog

Clinical History:

The patient had onset of poor appetite and lethargy for two weeks before admitting to hospital. The body weight dropped from 9.4 kg (as record of three months ago) to 6.75 kg. Hemagram revealed neutrophilia, high level of ALKP (239 U/L), BUN (up to 180 mg/dU) and creatinine (up to 3.1 mg/dL). Microfilaria was detected upon blood smear. Positive result of adult heartworm antibody test was detected by commercial kit. Chest X-ray disclosed right heart dilation with two radiopague masses measured 4×4 cm and 4×2 cm respectively found adjacent to anterior ribs.

Gross Findings:

At necropsy, multiple nodules and masses with variable sizes were found in the thoracic cavity. One mass measured 2×2×1.5 cm in size with pale discoloration and firmness attached to the heart base and encompassed aorta and pulmonary artery. On the section view, the mass appeared central darkish discoloration and solid meaty texture without encapsulation. Two bulged masses (measuring 4×4×2 cm and 3×3×1.5 cm in size respectively), had darkish smooth surface with soft to rubbery texture, and were present on anterior lobe of left lung. Many small darkish nodules, ranging from 0.2×0.2×0.3 cm to 0.5×0.5×0.4 cm in size, were unevenly disseminated throughout the both lung lobes. In addition, several darkish masses with similar characterization as described in the lungs were present at the tongue base and bilateral retropharyngeal lymph nodes.

Fu, D.J. (傅大鈞), D.V.M.; Liu, C.H. (劉振軒), D.V.M., Ph.D.
School of Veterinary Medicine, National Taiwan University（國立臺灣大學獸醫專業學院）

CASE RESULT:

Histopathologic Description:

Microscpoically, all of the masses from involved organs are characterized by mainly similar features and will be described as one. The mass is composed of multilobulated, incompletely fibrous stroma divided, poor demarcated structure and expands neighbor tissue. Admixture of variant patterns is present simultaneously from area to area, that contains nests of epithelioid type subdividing by fibrous vascular stroma, and fascicles of fusiform type forming segmental streams or whorls. The neoplastic cells reveal pleomorphic, pyramid to elongated in shape, moderately eosinophilic cytoplasm, huge vacuolar neclei with finely stippled chromatin and conspicuously basophilic nucleoli from 1 to 3 in account, moreover, nearly fifty percentages of neoplastic nuclei show atypia. Significantly, there are plenty of darkish-brown pigments unevenly disseminating in the neoplastic cytoplasm, interspaces of tumor cells, and particularly accumulating within adjacently connective stroma bundles. Mitotic figures are frequently observed and ranges from 4 to 8 per high power field. The neoplastic cells have vigorously invasive ability that invade into mucosa layer forming single cells or packets nodules, as well as spreading within muscular fascicles among the lingual mass. Mucosal hemorrhage, ulceration, and central necrosis are noted on the slides. Lymphatic metastases are predominantly evidenced by bilateral neoplastic-occupied retropharygeal lymph nodes.

Diagnosis:

Melanoma, tongue base origin, with metastasis to bilateral lung, heart base, and bilateral retropharyngeal lymph nodes.

Comment:

Based on history, gross findings and neoplatic characteristics, the lingual mass is speculated as primary origin of neoplasm in this case, then metastases to retropharygeal lymph nodes, bilateral lung and heart base. Melanoma is one of the most frequently malignant neoplasm in canine oral cavity. Oral melanomas are preferentially located on the gingival mucosa, and sometimes they occur at labial mucosa, tongue and tonsil as well. In contrast with cutansuos melanomas, which are usually benign, nearly all melanomas of the oral cavity (about 92% in record) are considered malignant because of their infiltrative growth, which frequently recurs after surgery, and because of their capacity to induce both local and distant metastasis to regional lymph nodes and lungs. Several morphologic factors are considerably used to predict the postsurgical outcome of melanoma in conventional documents: 1) Nuclear atypia, using an

incremental scale from 1 to 10, signifying the subjectively estimated percentage of nuclei involved; 2) mitotic index (MI), calculated as the average number of mitoses per field after observation of 10 high-power fields (HPFs) per tumor; 3) invasiveness of the epithelium or presence of ulcerative lesions; and 4) cell proliferation index, which was evaluated by measuring the expression of the proliferation marker Ki-67 in the nuclei of neoplastic cells, because increased expression of the marker has been associated with malignancy in melanomas. Melanoma has highly "mimic" potential in variable pattern and shape (mainly include epithelioid, fusiform, mixed, papillary, clear cell) that make it more difficult to diagnosis, particularly in amelanotic melanoma or scantly pigmented melanoma. Immunohstochemistry has provided invaluable in the diagnosis of neoplastic disease like melanoma. Malignant melanoma performs positive immunoreaction for S100, melan A, HMB-45 and MEL-1 that are available to improve the diagnosis of melanoma in usual.

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Tsai, C.L. (蔡承龍), D.V.M.; Jeng, C.R. (鄭謙仁), D.V.M., Ph.D.
School of Veterinary Medicine, National Taiwan University（國立臺灣大學獸醫專業學院）

CASE HISTORY:

Signalment: 13-year-old, male, Shih-Tzu dog

Clinical History:

A firm mass in the left side of abdomen had been noted by the owner. The animal didn't present other uncomfortable. Radiography and ultrasonography revealed a fluid-contained mass, measuring 8×3×3 cm in size, located at left side of abdomen and the left kidney was unable to identify.

The dog received lapratomy on 2008/9/25, and found that the abdomen mass was a kidney. Nephroectomy was performed.

Gross Finding:

The size of the mass was about 8×3×3 cm. On the cut surface, there was a cyst formation which surrounded by folding structure with yellowish to brownish in color. The parenchyma was very thin and was difficult to identify cortex and medulla. Hemorrhage was also noticeable.

Tsai, C.L. (蔡承龍), D.V.M.; Jeng, C.R. (鄭謙仁), D.V.M., Ph.D.
School of Veterinary Medicine, National Taiwan University（國立臺灣大學獸醫專業學院）

CASE RESULT:

Histopathological Finding:

Lt. kidney: Microscopically, the submitted kidney tissue is extremely dilative in the pelvic area and presents with thin parenchyma of cortex and medulla. Large cystic structure that is lined by single to two layers of large neoplastic cuboidal to columnar cells and often arranges as finger or small papillary growths on fibrovascular stalks and forms forward into cystic lumen. The neoplastic cells have round to oval nuclei containing one small, prominent nucleolus with abundant eosinophilic, distinctly bordered, foamy cytoplasm with numerous granules. The mitotic figure is rare. A well fibrotic septa defines between the tumor and normal parenchyma.

Immunohistochemistry:

The results of immunohistochemistry reveal CK is strong positive, CK7 and CD10 is focal weak positive, both vimentin and RCC are negative. Within these markers, RCC marker also present negative at normal renal tissue.

Diagnosis:

Renal cell carcinoma, papillary type, with hydronephrosis, Lt. kidney.

Comments:

Primary renal tumors are diagnosed uncommonly in dogs, with a prevalent rate of approximately 1%. Of these, renal cell carcinoma （RCC）is the most common type. Affected dogs are typically middle-aged or older at diagnosis with mean ages of 7.1-8.8 years. Male-to-female ratios of 1.8：1 and 1.6：1 have been reported for dogs with primary renal cell carcinomas. No breed predilection has been identified.

In veterinary medicine, renal cell carcinomas are subdivided into histological and cytological types. The terms papillary, tubular and solid refer to predominant type of histological organization, but mixtures of these types can be present in one tumor. Each of these histological types can be further classified as chromophobic, eosinophilic, or clear cell, and mixtures of all three are usually present. Based on WHO classification of kidney tumor in human, the RCC can be divided into clear cell（conventional）, papillary（chromophil）, chromophobe, collecting duct and unclassified subtype.

Papillary RCC is the second most common subtype comprising 10% to 15% of kidney tumors

in human. Papillary RCC has been separated into two subtypes, type 1 and type 2, based on morphologic features by Delahunt and Eble. Type 1 is characterized by the presence of small cuboidal cells covering thin papillae, with a single line of small uniform nuclei and basophilic cytoplasm. Type 2 is characterized by presence of large tumor cells with eosinophilic cytoplasm and pseudo-stratification. Generally, type 2 tumors have a poorer prognosis than type 1 tumors.

For lectin histochemistry, patterns of lectin binding to Lotus tetragonobulus agglutinin（LTA）, soybean agglutinin（SBA）, Dolichos biflorus agglutin（DBA）and peanut agglutinin（PNA）are variable. However, Ulex europaeus lectin（UEA-1）is negative for papillary RCC, in contrast to collecting duct carcinoma. In immunohistochemical studies at humen, the RCC marker is positive in over 90% persent of case. Papillary RCC presents most positive reaction for pancytokeratins and vimentin. The type 1 tumors are more intensely reactive for cytokeratin 7 and MUC1 than the type 2 tumors. The DNA topoisomerase Ⅱα（TopⅡα） presents immuno-activity in type 2 tumors than in type 1 tumors. But there are no related surveys in animal RCC.

The differential diagnosis of this case consists of renal adenoma, renal collecting duct carcinoma, oncocytoma and transitional cell carcinoma. It is difficult to distinguish renal adenoma from carcinoma. Some pathologists use an arbitrary cutoff of 2 cm as a criterion of malignancy: less than 2 cm is adenoma, greater than 2 cm is carcinoma. It is useful for dog and cat. Oncocytoma is a rare, PAS stain positive and usually benign tumor. It is positive to cytokeratin but negative for vimentin. Renal collecting duct carcinoma is discovered by Kobayashi N et al. at 2008. It presents UEA-1 positive reaction but RCC negative.

Although the results of immunohistochemistry do not provide the decisive evidence to indentify renal cell carcinoma at this case, according to the gross and histopathological findings, renal cell carcinoma, papillary type, is still anticipated in this case.

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Liu, C.L. (劉家伶), D.V.M.; Liu, C.H. (劉振軒), D.V.M., Ph.D.; Hsiao, S.H. (蕭世烜), D.V.M., Ph.D.; Chueh, L.L. (蘇璧伶), D.V.M., Ph.D.; Pang, V.F. (龐飛), D.V.M., Ph.D.
School of Veterinary Medicine, National Taiwan University (國立臺灣大學獸醫專業學院)

CASE HISTORY:

Signalment: 4-year-old, male, Labrador Retriever dog

Clinical History:

An outbreak of severe illness and death affected 181 dogs in an animal shelter starting in August, 2008 and subsided in January, 2009. Clinically, the dogs progressively developed signs of vomiting, anorexia, depression, icterus, ascites, melena, hematochezia or hematemesis, and eventually death. All dogs received vaccination and deworming for endo/ectoparasites. They were fed a commercialized dog food, 彼特愛心. PCR results for *Leptospira sp.*, parvovirus, adenovirus, *Ehrlichia sp.*, and *Babesia sp.* were all negative. Analysis for organic phosphorus and cyanide in intestinal content was also negative. Based on the presentation and preliminary laboratory results, intoxication by a yet-to-be-identified cause was speculated by the clinicians.

The tissue section submitted for discussion was from one of the dogs who also had a history of lethargy, anorexia, vomiting, melena, and severe icterus. He died of acute hepatic failure after being treated and hospitalized at the N.T.U. Veterinary Hospital for a few days.

Gross Findings:

The dog was severely icteric with marked yellow discoloration on mucous membranes, skin, sclera, and adipose tissue. The abdominal cavity contained approximately 970 ml of a yellow to dark orange, translucent, watery fluid (ascites). There were a few fibrin strings adherent to the serosa of intestines. The liver was slightly enlarged, diffusely yellow-tinged and firm with locally extensive, white, irregular, scar-like areas. The gall bladder wall was thickened with marked submucosal edema. There were multifocal to coalescing, red foci (hemorrhage) scattered on the gastrointestinal tract, urinary bladder, pancreas, and heart. The intestines contain small to moderate amounts of dark red, tarry contents. Aside from the hemorrhage, the urinary bladder was diffusely yellow. Lungs were diffusely reddened, wet and heavy. Bronchi were filled with frothy fluid. Both kidneys were slightly enlarged, and the medulla was yellowish on cut surfaces.

Liu, C.L. (劉家伶), D.V.M.; Liu, C.H. (劉振軒), D.V.M., Ph.D.; Hsiao, S.H. (蕭世烜), D.V.M., Ph.D.; Chueh, L.L. (蘇璧伶), D.V.M., Ph.D.; Pang, V.F. (龐飛), D.V.M., Ph.D.
School of Veterinary Medicine, National Taiwan University (國立臺灣大學獸醫專業學院)

CASE RESULT:

Microscopic Findings:
The surface of the liver is undulated. The hepatic lobules are industunct and irregular with various degrees of hepatocellular hydropic degeneration, lipidosis and necrosis, biliary hyperplasia, as well as bridging portal fibrosis. Remanent hepatocytes show cellular atypia and regeneration with scattered binucleated and multinucleated hepatocytes. Additionally, there is diffuse, moderate to severe infiltration of macrophages, neutrophils, fewer plasma cells and lymphocytes accompanied with mild to moderate bile stasis and frequent yellow-to-brown pigment-ladened macrophages and Kupffer cells.

Morphological Diagnosis:
Severe, diffuse, chronic-active hepatitis with hepatocellular fatty change and regeneration, bridging portal fibrosis, biliary hyperplasia and cholestasis, liver.

Toxicological Analysis:
Greater than 150 ppm of total aflatoxins was detected in the commercialized dog food fed to the affected dog according to the reports issued by the Animal Health Research Institute, Taiwan (行政院農業委員會家畜衛生試驗所) and the TÜV Rheinland Aimex Ltd, Germany (德國杜夫萊因食品生技安全顧問股份有限公司). Organic phosphorus and cyanide were not detected in the enteric contents of the dogs.

Final Diagnosis:
Alfatoxicosis in dogs, due to consumption of contaminated commercialized dog food.

Comments:
Aflatoxins are a group of related, natural, toxic byproducts of the fungi *Aspergillus flavus*, *Aspergillus parasiticus*, and a new select *Penicillium spp*. They are hepatotoxic, immunosuppressive, nephrotoxic, carcinogenic, and can cause hemolytic anemia and coagulopathies. Aflatoxins are liposoluble and readily absorbed from the gastrointestinal tract into the portal blood and the liver for metabolism. Toxicosis is a result of binding of essential enzymes, which blocks DNA polymerase and ribosomal translocase and leads to the formation of DNA adducts.

It has been suggested that the carcinogenic action of aflatoxins in rat results from a capacity to bind to DNA, a characteristic similar to that of actinomycin D. However, lethal doses of actinomycin D do not produce hepatic parenchymal cell necrosis. In all species studied, the organ most affected is the liver, although other organs, particularly the kidney, show signs of damage. The distribution of the hepatic lesion is not consistent from species to species, i.e., rat and duckling, periportal; guinea pig and swine, centnilobular; dog, periportal and centrilobular; and rabbit, mid-zonal. In contrast, most other hepatotoxins, such as carbon tetrachloride, regularly induce a centrilobular lesion in both rats and guinea pigs. There is a wide range in the acute LD dose of aflatoxins, varying from 0.3 mg/kg for ducklings to 16 mg/kg for mature female rats. In species for which data are available, the youngs appear to be more susceptible than mature animals. Although the Food and Drug Administration suggests a zero tolerance for aflatoxin in food, it lists a legal limit of 20 mg/kg (ppb) in feed. For dogs, the LD_{50} is 500 to 1,000 mg/kg (ppb), and 60 mg/kg (ppb) is toxic.

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中華民國比較病理學會

收支決算表

中華民國 97 年 1 月 1 日至 97 年 12 月 31 日

科目				決算數	預算數	決算與預算比較數		說明
款	項	目	名稱			增加	減少	
1			本會經費收入	25,778	64,200		38,422	
	1		入會費	4,600	2,000	2,600		學生 6 人×100 元＝600 元,一般 4 人×1000 元＝4,600 元,
	2		常年會費	21,100	32,000		10,900	學生 16 人×100 元＝1,600 元,一般 39 人×500 元＝19,500 元
	3		贊助會費	0	0			
	4		利息收入	78	200		122	合作金庫銀行
	5		其他收入	0	30,000		30,000	
2			本會經費支出	71,556	64,200	7,356		
	1		人事費	16,000	18,400		2,400	
		1	兼職人員車馬費	12,000	12,000			臨時人員工資（協助研討會辦理，資料寄發，會務聯絡等－3 場×4,000 元×1 人＝12,000 元）
		2	其他人事費	4,000	6,400		2,400	專題演講講師費（2 場×2000 元×1 人＝4,000 元）
	2		辦公費	13,941	24,000		10,059	
		1	印刷費	7,805	14,000		6,195	會議手冊之印刷（第 43 次會議 3,660 元；第 44 次會議 4,145 元）
		2	旅運費	2,860	3,000		140	工作人員交通費（第 42 次會議）
		3	郵電費	3,276	7,000		3,724	寄發開會通知及切片等（第 42 次會議 290 元；第 43 次會議 1,057 元；第 44 次會議 1,929 元）
		4	公共關係費	0	0			
	3		業務費	15,055	14,000			
		1	會議費	15,055	14,000	1,055		會議便當及餐點等(第 42 次會議 8,200 元;第 43 次會議 6,855 元)
	4		雜費支出	26,560	7,800	18,760		文具、庶務、切片盒及行政院衛生署疾病管制局「修訂再版人畜共通傳染病臨床指引」計畫保證金 20,000 元等
	5		提款機扣手續費	0	0			
	6		提撥基金	700	700			
3			本期餘絀	10,068				合作金庫銀行

理事長：　　常務監事：　　秘書長：蕭世烜　　會計：

中華民國比較病理學會

收支預算表

中華民國 98 年 1 月 1 日至 98 年 12 月 31 日

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	增加			增加	減少	
1			本會經費收入	82,003	64,200	17,803		
	1		入會費	5,500	2,000	3,500		學生 5 人×100 元＝500 元,一般 5 人×1000 元＝5,000 元,
	2		常年會費	35,000	32,000	3,000		學生 15 人×100 元＝1,500 元,一般 40 人×500 元＝20,000 元
	3		贊助會費	0	0			
	4		利息收入	75	200		125	合作金庫銀行
			其他收入	41,428	30,000	11,428		行政院衛生署疾病管制局「修訂再版人畜共通傳染病臨床指引」計畫－26,428 元；研討會病理切片－3 場×10 套×500 元＝15,000 元。
	5							
2			本會經費支出	63,500	64,200	700		
	1		人事費	18,000	18,400		400	
		1	兼職人員車馬費	12,000	12,000			臨時人員工資（協助研討會辦理，資料寄發，會務聯絡等－3 場×4,000 元×1 人＝12,000 元）
		2	其他人事費	6,000	6,400		400	專題演講講師費（3 場×2000 元×1 人＝6,000 元）
	2		辦公費	18,000	24,000		6,000	
		1	印刷費	12,000	14,000		2,000	會議手冊之印刷（3 場×4000 元＝12,000 元）
		2	旅運費	0	3,000		3,000	工作人員交通費
		3	郵電費	6,000	7,000		1,000	寄發開會通知及切片等（3 場×2000 元＝6,000 元）
		4	公共關係費	0	0			
	3		業務費	21,000	14,000	7,000		
		1	會議費	21,000	14,000	7,000		會議便當及餐點等（3 場×7,000 元＝21,000 元）
	4		雜費支出	6,500	7,800		1,300	文具、切片盒及庶務等
	5		提款機扣手續費	0	0			
	6		提撥基金	700	700			
3			本期餘絀					

理事長：　　常務監事：　　秘書長：蕭世烜　　會計：陳瑋菁

中華民國比較病理學會

現金出納表

中華民國 97 年 1 月 1 日至 97 年 12 月 31 日

科目名稱	金額	科目名稱	金額
上期結存	55,846	本期支出	71,556
本期收入	25,778	本期結存	10,068
合計	81,624	合計	81,624

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 97 年 1 月 1 日至 97 年 12 月 31 日

收入		支出	
準備基金		準備基金	0
歷年累存	9,700		
本年度提撥	700		
		結餘	10,400

事長： 常務監事： 秘書長： 會計：

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、　其他有關比較病埋學術發展之事項。

第五條　本會之主管機關為內政部。目的事業主管機關依章程所訂之宗旨與任務，主要為行政院衛生署及農業委員會，其目的事業應受各該事業主管機關之指導與監督。

第二章　會員

第六條　本會會員申請資格如下：

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

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

三、　贊助會員：贊助本會工作之團體或個人。

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

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

第七條　一般會員有表決權、選舉權、被選舉與罷免權，每一會員為一權。贊助會員、

學生會員與榮譽會員無前項權利。

第八條　會員有遵守本會章程、決議及繳納會費之義務。

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

第十條　會員喪失會員資格或經會員大會決議除名者，即為出會。

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

第三章　組織及職員

第十二條　本會以會員大會為最高權力機構。

第十三條　會員大會之職權如下：

一、　訂定與變更章程。

二、　選舉及罷免理事、監事。

三、　議決入會費、常年會費、事業費及會員捐款之方式。

四、　議決年度工作計畫、報告、預算及決算。

五、　議決會員之除名處置。

六、　議決財產之處分。

七、　議決本會之解散。

八、　議決與會員權利義務有關之其他重大事項。

前項第八款重大事項之範圍由理事會訂定之。

第十四條　本會置理事十五人，監事五人，由會員選舉之，分別成立理事會、監事會。

選舉前項理事、監事時，依計票情形得同時選出候補理事五人，候補監事一人，遇理事或監事出缺時，分別依序遞補之。

本屆理事會得提出下屆理事及監事候選人參考名單。

第十五條　理事會之職權如下：

一、　審定會員之資格。

二、　選舉及罷免常務理事及理事長。

三、　議決理事、常務理事及理事長之辭職。

四、　聘免工作人員。

五、　擬訂年度工作計畫、報告、預算及決算。

六、　其他應執行事項。

第十六條　理監事置常務理事五人，由理事互選之，並由理事就常務理事中選舉一人為理事長。

理事長對內綜理監督會議，對外代表本會，並擔任會員大會、理事會主席。

理事長因事不能執行職務時，應指定常務理事一人代理之，未指定或不能指定時，由常務理事互推一人代理之。

理事長或常務理事出缺時，應於一個月內補選之。

第十七條　監事會之職權如左：

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

第十八條　監事會置常務監事一人，由監事互選之，監察日常會務，並擔任監事會主席。
常務監事因事不能執行職務時，應指定監事一人代理之，未指定或不能指定時，由監事互推一人代理之。監事會主席（常務監事）出缺時，應於一個月內補選之。

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

第二十條　理事、監事有下列情事之一者，應即解任：
一、喪失會員資格。
二、因故辭職經理事會或監事會決議通過者。
三、被罷免或撤免者。
四、受停權處分期間逾任期二分之一者。

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

第二十二條　本會得設各種委員會、小組或其它內部作業組織，其組織簡則由理事會擬定，報經主機關核備後施行，變更時亦同。

第二十三條　本會得由理事會聘請無給顧問若干人，其聘期與理事、監事之任期同。

第四章　會議

第二十四條　會員大會分定期會議與臨時會議兩種，由理事長召集，召集時除緊急事故之臨時會議外應於十五日前以書面通知之。定期會議每年召開一次，臨時會議於理事會過半數認為必要，或經會員五分之一以上之請，或監事會半數函請召集時召開之。

第二十五條　會員不能親自出席會員大會時，得以書面委託其他會員代理，每一會員以代理一人為限。

第二十六條　會員大會之決議，以出席人數過半之同意行之。但章程之訂定與變更、會員之除名、理事及監事之罷免、財產之處置、本會之解散及其他與會權利義務有關之重大事項應有出席人數三分之二以上同意。但本會如果辦理法人登記後，章

程之變更應以出席人數四分之三以上之同或全體會員三分之二以上書面之同意行之。

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

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

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

第五章　經費及會計

第二十九條　本會經費來源如下：

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

二、常年會費：一般會員新台幣五佰元，學生會員壹佰元．

三、事業費．

四、會員捐款．

五、委託收益．

六、基金及其孳息．

七、其他收入．

第三十條　本會會計年度以國曆年為準，自每年一月一日起至十二月三十一日止。

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

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

第三十三條　本章程未規定事項，悉依有關法令規定辦理。

第三十四條　本章程經大會通過，報經主管機關核備後施行，變更時亦同。

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

中華民國比較病理學會
第一次至第四十五次比較病理學研討會病例分類一覽表

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

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

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

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

224	Epithelioid sarcoma	Human	彰化基督教醫院病理科
226	Cutaneous B cell lymphoma , eyelid , bilateral	Human	羅東聖母醫院病理科
227	Extramammary Paget’ s disease (EMPD) of the scrotum	Human	萬芳北醫皮膚科,病理科
228	Skin, back, excision, CD30+diffuse large B cell lymphoma, Soft tissue, leg , side not stated, excision, vascular leiomyoma	Human	高雄醫學大學附設醫院病理科
231	Malignant melanoma, metastasis to intra-abdominal cavity	Human	天主教耕莘醫院
232	Vaccine-associated rhabdomyosarcoma	Cat	國立臺灣大學獸醫專業學院
233	1. Pleura: fibrous plaque, 2. Lung: adenocarcinoma, 3. Brain: metastatic adenocarcinoma	Human	高雄醫學大學附設中和醫院病理科
235	1. Neurofibromatosis, type I 2. Malignant peripheral nerve sheath tumor (MPNST)	Human	佛教慈濟綜合醫院
239	Glioblastoma multiforme	Human	羅東聖母醫院
240	Pineoblastoma	Wistar rat	綠色四季
241	Chordoid meningioma	Human	高醫病理科
243	Infiltrating lobular carcinoma of left breast with meningeal carcinomatosis and brain metastasis	Human	佛教慈濟綜合醫院
245	Microcystic Meningioma.	Human	天主教耕莘醫院
247	Well-differentiated fetal adenocarcinoma without lymph node metastasis	Human	新光吳火獅紀念醫院
249	Adenocarcinoma of lung.	Human	羅東聖母醫院
252	Renal cell carcinoma	Canine	國立臺灣大學獸醫專業學院
253	Clear cell variant of squamous cell carcinoma, lung	Human	高雄醫學大學附設中和醫院病理科
256	Metastatic adrenal cortical carcinoma	Human	天主教耕莘醫院
258	Hashimoto’ s thyroiditis with diffuse large B cell lymphoma and papillary carcinoma	Human	高雄醫學大學附設中和醫院病理科

262	Medullar thyroid carcinoma	Canine	國立臺灣大學獸醫專業學院
264	Merkel cell carcinoma	Human	羅東博愛醫院病理科
266	Cholangiocarcinoma	Human	天主教耕莘醫院
268	Sarcomatoid carcinoma of renal pelvis	Human	佛教慈濟綜合醫院
269	Mammary Carcinoma	Canine	中興大學獸醫學系
270	Metastatic prostatic adenocarcinoma	Human	天主教耕莘醫院
271	Malignant canine peripheral nerve sheath tumors	Canine	國立臺灣大學獸醫專業學院
272	Sarcomatoid carcinoma, lung	Human	羅東聖母醫院
273	Vertebra,T12,laminectomy, metastatic adenoid cystic carcinoma	Human	彰化基督教醫院
274	rhabdomyosarcoma	Canine	國立臺灣大學獸醫專業學院
275	Fetal rhabdomyosarcoma	SD Rat	中興大學獸醫學系
276	Adenocarcinoma, metastatic, iris, eye	Human	高雄醫學大學
277	Axillary lymph node metastasis from an occult breast cancer	Human	羅東博愛醫院病理科
278	Hepatocellular carcinoma	Human	國軍桃園總醫院
279	Feline diffuse iris melanoma	Faline	中興大學獸醫學系
280	Metastatic malignant melanoma in the brain and inguinal lymph node	Human	佛教慈濟綜合醫院
281	Tonsil Angiosarcoma	Human	羅東博愛醫院病理科
282	Malignant mixed mullerian tumor	Human	天主教耕莘醫院
283	Renal cell tumor	Rat	中興大學獸醫學系
284	Multiple Myeloma	Human	佛教慈濟綜合醫院
285	Myopericytoma	Human	新光吳火獅紀念醫院
287	Extramedullary plasmacytoma with amyloidosis	Canine	國立臺灣大學獸醫專業學院
288	Metastatic follicular carcinoma	Human	羅東聖母醫院病理科
289	Primitive neuroectodermal tumor (PNET), T-spine.	Human	羅東博愛醫院病理科
292	Hemangioendothelioma of bone	Human	佛教慈濟綜合醫院
293	Malignant tumor with perivascular epithelioid differentiation, favored malignant PEComa	Human	彰化基督教醫院
297	Mucin-producing cholangiocarcinoma	Human	基隆長庚醫院
300	Cutaneous epitheliotropic lymphoma	Canine	國立臺灣大學獸醫專業學院
301	Cholangiocarcinoma	Felis Lynx	國立臺灣大學獸醫專

				業學院
	302	Lymphoma	Canine	國立臺灣大學獸醫專業學院
	303	Solitary fibrous tumor	Human	彰化基督教醫院
	304	Multiple sarcoma	Canine	國立臺灣大學獸醫專業學院
	306	Malignant solitary firous tumor of pleura	Human	佛教慈濟綜合醫院
	307	Carcinoma with thymus-like element	Human	彰濱秀傳紀念醫院
	308	Medullary carcinoma of right lobe of thyroid	Human	彰化基督教醫院
	309	Thyroid carcinosarcoma with cartilage and osteoid formation	Canine	國立臺灣大學獸醫專業學院
	312	Systemic T- lymphocytic leukemia/lymphoma	Koala	國立臺灣大學獸醫專業學院
	313	Neuroendocrine carcinoma of liver	Human	佛教慈濟綜合醫院
	314	Parachordoma	Human	羅東博愛醫院病理科
	315	Carcinoma ex pleomorphic adenoma, submandibular gland	Human	天主教耕莘醫院
	316	Melanoma, tongue	Canine	國立臺灣大學獸醫專業學院
	317	Renal cell carcinoma, papillary type	Canine	國立臺灣大學獸醫專業學院
細菌	6.	Tuberculosis	Monkey	國立臺灣大學獸醫專業學院
	7.	Tuberculosis	Human	省立新竹醫院
	12.	H. pylori-induced gastritis	Human	台北病理中心
	13.	Pseudomembranous colitis	Human	省立新竹醫院
	26.	Swine salmonellosis	Pig	中興大學獸醫學系
	27.	Vegetative valvular endocarditis	Pig	台灣養豬科學研究所
	28.	Nocardiosis	Human	台灣省立新竹醫院
	29.	Nocardiosis	Largemouth bass	屏東縣家畜疾病防治所
	32.	Actinomycosis	Human	台灣省立豐原醫院
	33.	Tuberculosis	Human	苗栗頭份為恭紀念醫院
	53.	Intracavitary aspergilloma and cavitary tuberculosis, lung.	Human	羅東聖母醫院
	54.	Fibrocalcified pulmonary TB, left Apex. Mixed actinomycosis and aspergillosis	Human	林口長庚紀念醫院

	lung infection with abscess DM, NIDDM.		
58.	Tuberculous enteritis with perforation	Human	佛教慈濟綜合醫院
61.	Spirochetosis	Goose	國立嘉義農專獸醫科
63.	Proliferative enteritis (*Lawsonia intracellularis* infection)	Porcine	屏東縣家畜疾病防治所
68.	Liver abscess (Klebsillae pneumoniae)	Human	台北醫學院
77.	1. Xanthogranulomatous inflammation with nephrolithiasis, kidney, right. 2. Ureteral stone, right.	Human	羅東聖母醫院
79.	Emphysematous pyelonephritis	Human	彰化基督教醫院
89.	1. Severe visceral gout due to kidney damaged 2. Infectious serositis	Goose	中興大學獸醫學系
108.	Listeric encephalitis	Lamb	屏東縣家畜疾病防治所
113.	Tuberculous meningitis	Human	羅東聖母醫院
134.	Swine salmonellosis with meningitis	Swine	中興大學獸醫學系
135.	Meningoencephalitis, fibrinopurulent and lymphocytic, diffuse, subacute, moderate, cerebrum, cerebellum and brain stem, caused by Streptococcus spp. infection	Swine	國家實驗動物繁殖及研究中心
140	Coliform septicemia of newborn calf	Calf	屏東縣家畜疾病防治所
161	Porcine polyserositis and arthritis （Glasser’ s disease）	Pig	中興大學獸醫學院
162	Mycotic aneurysm of jejunal artery secondary to infective endocarditis	Human	佛教慈濟綜合醫院
170	Chronic nephritis caused by Leptospira spp	Pig	中興大學獸醫學院
173	Ureteropyelitis and cystitis	Pig	中國化學製藥公司
254	Pulmonary actinomycosis.	Human	天主教耕莘醫院
259	Tuberculous peritonitis	Human	彰化基督教醫院病理科
260	Septicemic salmonellosis	Piglet	屏東科技大學獸醫系
261	Leptospirosis	Human	佛教慈濟綜合醫院
267	Mycobacteriosis	Soft turtles	屏東科技大學獸醫系
290	*Staphylococcus* spp. infection	Formosa	中興大學獸醫病理學

			Macaque	研究所
	291	Leptospirosis	Dog	國立臺灣大學獸醫專業學院
	296	Leptospirosis	Human	佛教慈濟綜合醫院
	305	Cryptococcus and Tuberculosis	Human	彰濱秀傳紀念醫院
病毒	21.	Newcastle disease	Chickens	國立臺灣大學獸醫專業學院
	22.	Herpesvirus infection	Goldfish	國立臺灣大學獸醫專業學院
	30.	Demyelinating canine distemper encephalitis	Dog	台灣養豬科學研究所
	31.	Adenovirus infection	Malayan sun bears	國立臺灣大學獸醫專業學院
	50.	Porcine cytomegalovirus infection	Piglet	台灣省家畜衛生試驗所
	55.	Infectious laryngo-tracheitis (Herpesvirus infection)	Broilers	國立屏東技術學院獸醫學系
	69.	Pseudorabies (Herpesvirus infection)	Pig	台灣養豬科學研究所
	78.	Marek’ s disease in native chicken	Chicken	屏東縣家畜疾病防治所
	92.	Foot- and- mouth disease (FMD)	Pig	屏東縣家畜疾病防治所
	101.	Swine pox	Pig	屏東科技大學獸醫學系
	110.	Pseduorabies	Piglet	國立屏東科技大學
	112.	Avian encephalomyelitis	Chicken	國立中興大學
	128.	Contagious pustular dermatitis	Goat	屏東縣&台東縣家畜疾病防治所
	130.	Fowl pox and Marek’ s disease	Chicken	中興大學獸醫學系
	133.	Japanese encephalitis	Human	佛教慈濟綜合醫院
	136	Viral encephalitis, polymavirus infection	Lory	美國紐約動物醫學中心
	138	1.Aspergillus spp. encephalitis and myocarditis 2.Demyelinating canine distemper encephalitis	Dog	國立臺灣大學獸醫專業學院
	153	Enterovirus 71 infection	Human	彰化基督教醫院
	154	Ebola virus infection	African Green monkey	行政院國家科學委員會實驗動物中心
	155	Rabies	Longhorn	國立臺灣大學獸醫專

		Steer	業學院
163	Parvoviral myocarditis	Goose	屏東科技大學獸醫學系
199	SARS	Human	台大醫院病理科
200	TGE virus	swine	臺灣動物科技研究所
201	Feline infectious peritonitis(FIP)	Feline	國立臺灣大學獸醫專業學院
209	Chicken Infectious Anemia (CIA)	Layer	屏東防治所
219	1.Lymph node:Lymphdenitis, with lymphocytic depletion and intrahistiocytic basophilic cytoplasmic inclusion bodies. Etiology consistent with Porcine Circovirus(PCV)infection. 2.Lung: Bronchointerstitial pneumonia,moderate, lymphoplasmacytic, subacute.	Pig	臺灣動物科技研究所
220	Cytomegalovirus colitis	Human	彰化基督教醫院病理科
221	Canine distemper virus Canine adenovirus type ll co-infection	Canine	國家實驗動物繁殖及研究中心
223	1. Skin, mucocutaneous junction (lip): Cheilitis, subacute, diffuse, sever, with epidermal pustules, ballooning degeneration, proliferation, and eosinophilic intracytoplasmic inclusion bodies, Saanen goat. 2. Haired skin: Dermatitis, proliferative, lymphoplasmacytic, subacute, diffuse, sever, with marked epidermal pustules, ballooning degeneration, acanthosis, hyperkeratosis, and eosinophilic intracytoplasmic inclusion bodies.	Goat	台灣動物科技研究所
238	Hydranencephaly	Cattle	國立屏東科技大學獸醫學系
248	Porcine Cytomegalovirus (PCMV) infection	Swine	國立屏東科技大學獸醫學系
250	Porcine respiratory disease complex (PRDC) and polyserositis, caused by co-infection with pseudorabies (PR) virus, porcine circovirus type 2 (PCV 2),	Swine	屏東縣家畜疾病防所

		porcine reproductive and respiratory syndrome (PRRS) virus and *Salmonella typhimurium*.		
	255	Vaccine-induced canine distemper	gray foxes	國立臺灣大學獸醫專業學院
	265	Bronchointerstitial pneumonia (PCV II infection)	Swine	國立臺灣大學獸醫專業學院
	295	Feline infectious peritonitis (FIP)	Cat	中興大學獸醫病理所
黴菌	23.	Chromomycosis	Human	台北病理中心
	47.	Lung: metastatic carcinoma associated with cryptococcal infection. Liver: metastatic carcinoma. Adrenal gland, right: carcinoma (primary)	Human	三軍總醫院
	48.	Adiaspiromycosis	Wild rodents	國立臺灣大學獸醫專業學院
	52.	Aspergillosis	Goslings	屏東縣家畜疾病防治所
	53.	Intracavitary aspergilloma and cavitary tuberculosis, lung.	Human	羅東聖母醫院
	54.	Fibrocalcified pulmonary TB, left Apex. Mixed actinomycosis and aspergillosis lung infection with abscess DM, NIDDM.	Human	林口長庚紀念醫院
	105.	Mucormycosis Diabetes mellitus	Human	佛教慈濟綜合醫院
	127.	Eumycotic mycetoma	Human	佛教慈濟綜合醫院
	138	1.Aspergillus spp. encephalitis and myocarditis 2.Demyelinating canine distemper encephalitis	Dog	國立臺灣大學獸醫專業學院
	298	Systemic Candidiasis	Tortoise	中興大學獸醫學院
寄生蟲	14.	Dirofilariasis	Dog	台灣省家畜衛生試驗所
	15.	Pulmonary dirofilariasis	Human	台北榮民總醫院
	20.	Sparganosis	Human	台北榮民總醫院
	46.	Feline dirofilariasis	Cat	美國紐約動物醫學中心
	49.	Echinococcosis	Human	台北榮民總醫院
	60.	Intestinal capillariasis	Human	台北馬偕醫院

	64.	1.Adenocarcinoma of sigmoid colon 2.Old schistosomiasis of rectum	Human	省立新竹醫院
	66.	Echinococcosis	Chapman's zebra	國立臺灣大學獸醫專業學院
	67.	Hepatic ascariasis and cholelithiasis	Human	彰化基督教醫院
	106.	Parasitic meningoencephalitis, caused by Toxocara canis larvae migration	Dog	臺灣養豬科學研究所
	139	Disseminated strongyloidiasis	Human	佛教慈濟綜合醫院
	141	Eosinophilic meningitis caused by Angiostrongylus cantonensis	Human	台北榮民總醫院病理檢驗部
	156	Parastrongylus cantonensis infection	Formosan gem-faced civet	中興大學獸醫學院
	157	Capillaria hepatica, Angiostongylus cantonensis	Norway Rat	行政院農業委員會農業藥物毒物試驗所
	202	Colnorchiasis	Human	高雄醫學院附設醫院
	203	Trichuriasis	Human	彰化基督教醫院
	204	Psoroptes cuniculi infection (Ear mite)	Rabbit	農業藥物毒物試驗所
	205	Pulmonary dirofilariasis	Human	和信治癌中心醫院
	206	Capillaries philippinesis	Human	和信治癌中心醫院
	207	Adenocarcinoma with schistosomiasis	Human	佛教慈濟綜合醫院
	286	Etiology- consistent with *Spironucleus* (*Hexamita*) *muris*	Rat	國家實驗動物繁殖及研究中心
原蟲	4.	Cryptosporidiosis	Goat	台灣養豬科學研究所
	15.	Amoebiasis	Lemur fulvus	台灣養豬科學研究所
	16.	Toxoplasmosis	Squirrel	台灣養豬科學研究所
	17.	Toxoplasmosis	Pig	屏東技術學院獸醫學系
	51.	Pneumocystis carinii pneumonia	Human	台北病理中心
	57.	Cecal coccidiosis	Chicken	中興大學獸醫學系
	65.	Cryptosporidiosis	Carprine	台灣養豬科學研究所
	211	Avian malaria, African black-footed penguin	Avian	臺灣動物科技研究所
	242	Neosporosis	Cow	國立屏東科技大學獸醫學系
	263	Intestinal amebiasis	Human	彰化基督教醫院病理科
立克次體	229	Necrotizing inflammation due to scrub typhus	Human	佛教慈濟綜合醫院

	251	Scrub typhus with diffuse alveolar damage in bilateral lungs.	Human	佛教慈濟綜合醫院
皮膚	216	Cytophagic histiocytic panniculitis with terminal hemophagocytic syndrome	Human	佛教慈濟綜合醫院
其它	9.	Perinephric pseudocyst	Cat	國立臺灣大學獸醫專業學院
	10.	Choledochocyst	Human	長庚紀念醫院
	11.	Bile duct ligation	Rat	中興大學獸醫學系
	37.	Myositis ossificans	Human	台北醫學院
	75.	Acute yellow phosphorus intoxication	Rabbits	中興大學獸醫學系
	76.	Polycystic kidney bilateral and renal failure	Cat	美國紐約動物醫學中心
	151	Osteodystrophia fibrosa	Goat	台灣養豬科學研究所&台東縣家畜疾病防治所
	80.	1.Glomerular sclerosis and hyalinosis, segmental, focal, chronic, moderate 2.Benign hypertension	SHR rat	國防醫學院 & 國家實驗動物繁殖及研究中心
	83.	Phagolysosome-overload nephropathy	SD rats	實驗動物繁殖及研究中心
	85.	Renal amyloidosis	Dog	台灣養豬科學研究所
	89.	1.Severe visceral gout due to kidney damaged 2.Infectious serositis	Goose	中興大學獸醫學系
	91.	Hypervitaminosis D	Orange-rumped agoutis	國立臺灣大學獸醫專業學院
	118.	Cystic endometrical hyperplasia	Dog	臺灣養豬科學研究所
	121.	Cystic subsurface epithelial structure (SES)	Dog	國科會實驗動物中心
	124.	Superficial necrolytic dermatitis	Dog	美國紐約動物醫學中心
	125.	Solitary congenital self-healing histiocytosis	Human	羅東博愛醫院病理科
	126.	Alopecia areata	Mouse	實驗動物繁殖及研究中心
	142	Avian encephalomalacia (Vitamin E deficiency)	Chicken	國立屏東科技大學獸醫學系
	159	Hypertrophic cardiomyopathy	Pig	國立臺灣大學獸醫專業學院

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

會 員 資 料 更 新 服 務

各位會員：

您好！如果您的會員資料有更新或誤刊情形，麻煩您填妥表格後寄回學會秘書處或電話連絡：

中華民國比較病理學會秘書處
10617 臺北市大安區羅斯福路四段 1 號
國立臺灣大學獸醫系三館 106 室 蕭世烜秘書長 收
Tel: (02) 33663858
Fax: (02) 23682423
e-mail address: shsiao1@ntu.edu.tw

----------中華民國比較病理學會----------

會員資料更改卡

姓　　名：＿＿＿＿＿＿＿＿　　會員類別：☐一般會員
☐學生會員
☐贊助會員

最高學歷：＿＿＿＿＿＿＿＿

服務單位：＿＿＿＿＿＿＿＿職　　稱：＿＿＿＿＿＿

永久地址：＿＿＿＿＿＿＿＿

通訊地址：＿＿＿＿＿＿＿＿

電　　話：＿＿＿＿＿＿＿＿傳　　真：＿＿＿＿＿＿

E-Mail Address：＿＿＿＿＿＿＿＿

中華民國比較病理學會
誠摯邀請您加入

入　會　辦　法

一、本會會員申請資格為：

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

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

（三）贊助會員：贊助本會工作之團體或個人。

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

二、會員：

（一）入 會 費：一般會員新台幣一仟元，學生會員一佰元，贊助會員伍仟元，於入會時繳納。

（二）常年會費：一般會員新台幣伍佰元，學生會員一佰元。

【註：學生會員身份變更為一般會員時，只需繳交一般會員之常年會費】

三、請填妥入會申請表郵寄或傳真方式寄回中華民國比較病理學會秘書處收。

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

電話：02-33663858、傳真 02-23682423。

中華民國比較病理學會入會申請及會員卡

會籍電腦編號：

<table>
<tr><td rowspan="2">姓名</td><td>中文</td><td></td><td rowspan="2">性別</td><td>□男</td><td>出生日期</td><td colspan="2">民國　年　月　日</td><td rowspan="2">出生地</td><td rowspan="2">省
縣/市</td></tr>
<tr><td>英文</td><td></td><td>□女</td><td>身份字號</td><td colspan="2"></td></tr>
<tr><td colspan="2"></td><td colspan="4">會員身份：□一般；□學生；□贊助</td><td colspan="2"></td></tr>
<tr><td rowspan="4">學歷</td><td colspan="3">1.</td><td colspan="5">稱謂：□醫師；□獸醫師；□先生；□小姐；□教授；
□主任；□研究員；□</td></tr>
<tr><td colspan="3">2.</td><td rowspan="3">研究興趣</td><td colspan="4">1.</td></tr>
<tr><td colspan="3">3.</td><td colspan="4">2.</td></tr>
<tr><td colspan="3">4.</td><td colspan="4">3.</td></tr>
<tr><td rowspan="4">主要經歷</td><td colspan="3">機關名稱</td><td colspan="2">職稱</td><td>起</td><td colspan="2">止</td></tr>
<tr><td colspan="3"></td><td colspan="2"></td><td>年　月</td><td colspan="2">年　月</td></tr>
<tr><td colspan="3"></td><td colspan="2"></td><td>年　月</td><td colspan="2">年　月</td></tr>
<tr><td colspan="3"></td><td colspan="2"></td><td>年　月</td><td colspan="2">年　月</td></tr>
<tr><td>現職</td><td colspan="3"></td><td colspan="2"></td><td>年　月</td><td colspan="2">年　月</td></tr>
<tr><td rowspan="3">地址</td><td colspan="9">通訊：</td></tr>
<tr><td colspan="9">戶籍：</td></tr>
<tr><td colspan="4">Email：</td><td colspan="5">電話：</td></tr>
<tr><td colspan="9">茲贊同

貴會宗旨妳加入為會員嗣後並願遵守一切規章共圖發展

此致

中華民國比較病理學會

申請人：　　簽章

介紹人：　　簽章

介紹人：　　簽章

中華民國　　年　　月　　日</td><td>審核結果</td></tr>
</table>

NTU MAIN CAMPUS MAP

國立臺灣大學
校總區地圖

地圖製作：臺大訪客中心・資料提供：校園規畫小組

捷運站 MRT | 公車站 Bus Stop | 汽車停車場 Vehicle Parking | 機車停車場 Motorcycle Parking | 急救站 First-Aid Station | 廁所 Toilet | 餐廳 Restaurant | 金融機構 Bank | 自動提款機 ATM | 腳踏車店 Bicycle Shop | 網球場 Tennis Court | 籃球場 Basketball Court | 排球場 Volleyball Court | 游泳池 Swimming Pool | 出入口(車輛可行駛) Vehicles Exit | 出入口(僅供行人與腳踏車通行) Pedestrian/Bicycle Exit