

中華民國比較病理學會第四十八次比較病理學研討會 議程表

時間：中華民國九十九年三月十三日（星期六）上午 09：00~下午 16：30

地點：國立臺灣大學獸醫專業學院獸醫三館 B01 演講廳

地址：臺北市羅斯福路四段一號

電話: (02) 3366-3858

主辦單位：中華民國比較病理學會/國立臺灣大學獸醫專業學院

時 間	議 程		主持人
08:30~09:00	報 到		主持人
09:00~09:10	致詞與頒獎		劉振軒 理事長
09:10~09:50	專題演講	人類乳突病毒與肺癌 國家衛生研究院環境衛生與職業醫學研究組 李輝 研究員	
09:50~10:30	專題演講	Individualized Cancer Therapy Has Come of Age 臺北醫學大學臨床醫學研究所 劉興璟 助理教授	
10:30~10:50	Coffee Break		
10:50~11:30	專題演講	The Diagnosis and Study of Glioma 新光醫院病理檢驗科 李進成 主任	許永祥 主任
11:30~12:00	病例討論 Case 334	佛教慈濟綜合醫院暨慈濟大學 劉婷婷	
12:00~13:30	Lunch (中華民國比較病理學會理監事會議)		
13:30~14:00	病例討論 Case 335	天主教耕莘醫院病理科 陳燕麟 醫師	呂福江 主任
14:00~14:30	病例討論 Case 336	林新醫院病理科 祝志平 醫師	
14:30~15:00	病例討論 Case 337	臺灣大學獸醫專業學院 洪巧凌 獸醫師	
15:00~15:20	Coffee Break		
15:20~15:50	病例討論 Case 338	中興大學獸醫學院 吳介豪 獸醫師	廖俊旺 獸醫師
15:50~16:20	病例討論 Case 339	國家實驗動物中心 黃思偉 獸醫師	
16:20~17:00	中華民國比較病理學會會員大會		

中華民國比較病理學會
九十九年度第四十八次比較病理學研討會

病例列表

Case 334：佛教慈濟綜合醫院暨慈濟大學 A301-16

Signalment：47- year-old woman

Case 335：天主教耕莘醫院病理科 CTH

Signalment：44-year-old female patient

Case 336：林新醫院病理科 S10-233

Signalment：67-year-old male patient

Case 337：臺灣大學獸醫專業學院 NTU09-788D

Signalment：11-year-old, spayed female, mongrel canine

Case 338：中興大學獸醫學院 C009-835

Signalment：4 year-old, male, hybrid rabbit

Case 339：國家實驗動物中心 S090982-b

Signalment：5-month-old, male, Sprague Dawley rat.

Liu, T.T. (劉婷婷); Hsu, Yung-Hsiang (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: 47- year-old woman

Clinical History :

The 47-year-old woman was a victim of infiltrating ductal carcinoma of right breast, stage IV since 2000. She started to have regular OPD follow-up at HuaLien Buddhist Tzu Chi General Hospital since May 2007. Xeloda was discontinued at that time. Right shoulder pain was complained with a tender point. However, all image study including bone scan showed no relevant lesion, except one suspected metastatic lesion in lower S1. Tamoxifen was discontinued and shifted to Arimidex on May 31, 2007. In the beginning of June, a 3.5 x 2.5 x 2 cm non-tender bony prominence was noted over the right sternal angle. Lymphadenopathy with differential diagnosis of granulomatous disease was showed by CT scan. Therefore a biopsy for right chest wall was performed and revealed only necrotic tissue on July 2007. Shoulder pain and right anterior lateral chest pain with local tenderness persisted, but the following image study only showed T7 and T8 metastatic lesion. In Dec. 2007, marked hepatomegaly was noted in an OPD visit. Abdominal sonar revealed multiple metastatic lesions. She was admitted to this hospital since January 2008 for some cancer metastatic bone pain and abdominal fullness due to liver metastasis, and readmission to the ward for 3 times for continuous anti-cancer therapy in 2008. On the CT scan of Aug. 2008, progressive diffuse metastatic hepatic masses as compared with previous study on Jul. 2008. A CT guided biopsy of liver also confirmed metastatic ductal carcinoma from breast, and immunohistochemical study of the tumor cells showing ER (+), PR (+++), P53 (++) and HER-2/neu (-) on Aug. 2008. She received chemotherapy with Vinorelbine + CDDP since 2008-8-21. The abdominal CT scan of 2008-11-29 revealed slight shrinkage of liver size and the liver metastases from breast cancer but still prominent viable tumors with decompensated hepatic function and portal hypertension. She was admitted because of progressive abdominal fullness, lower leg edema for one week and black stool for 2-3 days on Dec. 29 2008. Two weeks later she was discharged and transferred to hospice ward for palliative care.

Due to progressive jaundice, generalized weakness, lymphedema of lower extremities and abdominal fullness, she was admitted for symptomatic treatment on Feb. 5, 2009. Transfusion of albumin was done for two days due to hypoalbuminemia. Lymph massage per day was given during this hospitalization. The patient's condition went downhill day by day with cachexia formation. On Feb. 22, drowsy consciousness, breathing with ruffle sounds and air hunger were noted. She expired on Feb. 23, 2009.

Gross Finding :

At autopsy, she was 64.5 kg in weight and 155 cm in length. Old surgical scar of modified radical mastectomy on right chest wall, generalized jaundice and bilateral leg pitting edema were noted. A port-A catheter over left subclavian area is found. Opening the chest and abdomen, bilateral pleural adhesion with marked adhesion in the right side, mild (about 100 C.C) serous effusion of bilateral pleural cavity respectively and over 3600 C.C serous ascites were obtained. The position of the dome of bilateral diaphragm was over 5th ICS respectively. The heart weighed 400 gm. The wall thickness of right ventricle was 0.3 cm and the one of left was 1.1 cm. The circumferences of tricuspid, pulmonary, mitral and aortic valves were 9.5 cm, 6.0 cm, 9.5 cm and 5.5 cm respectively. Pericardial adhesion with scanty pericardial effusion, fibrinous pericarditis with bread and butter appearance over pericardial space are noticed. The lumen of the aorta showed no atherosclerotic change. The right lung weighed 500 gm and the left one weighed 490 gm. There were three nodules was seen in the pleural surface of RLL. On cut, focal red consolidation involved both lungs. The liver showed hepatomegaly (1700 gm, 28 x 17 x 9.5 cm in size) with multiple disseminated tumorous lesions with marked fibrosis mimicking cirrhotic nodules. The unremarkable gallbladder measured 5 x 2 x 1.8 cm in size. The pancreas showed grossly unremarkable change. The spleen weighed 430 gm (14.7 x 9 x 5.5 cm in size) with smooth capsule and no tumor nodule. The right kidney weighed 100 gm (10.5 x 5.5 x 3.2 cm in size) and the left one weighed 130 gm (11 x 5.9 x 3.1 cm in size). In the G-I tract, hemorrhagic gastritis with petechiae on mucosa was found. The brain weighed 1300 gm and pituitary gland 0.85 gm (1.5 x 0.9 x 0.8 cm in size). There are small tumor metastatic foci over the surface of cerebellum and posterior portion of right frontal lobe. On serial sections, there are scattered foci of yellowish hued tumor metastasis within the cerebellum (the largest locus measuring up to 2 cm in dimension), left posterior pons, right occipital lobe and left basal ganglia.

Chen, Yen-Lin (陳燕麟), M.D.; 江蓉華, M.D.; Leu, Fur-Jiang (呂福江), M.D., Ph.D.; Suen, J.H. (孫政宏), M.D.; 林進耀, M.D..

Department of Pathology, Cardinal Tien Hospital (天主教耕莘醫院病理科)

CASE HISTORY:

Signalment : 44-year-old female patient

Clinical History:

This is a 44 years old woman with a chief complaint of right breast mass at 6 o'clock position. The mass has been years and she felt getting bigger than before. There was no pain about mass but discomfort when menstruation. The echo showed a hypoechoic lesion with 1.7 x 1.8 cm in size and fibroadenoma was suggested. Mammography was not done. No other underlying disease was noted. The patient received excision surgery and post OP follow up for 4 months was good.

Gross Finding :

The specimen consisted of a piece of tissue measuring 4 x 3.5 x 3 cm in size and 25 gm in weight without lymph nodes, fixed in formalin. Grossly, nodule lesion with microcysts displayed soft in consistency and the cut surface was gray-white in color. Representative parts were taken for sections.

Laboratory Results:

CBC/DC: WNL

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

祝志平¹, M.D.; Yung-Hsiang (許永祥)², M.D.

¹*Department of Pathology, Lin Shin Hospital (林新醫院病理科)*

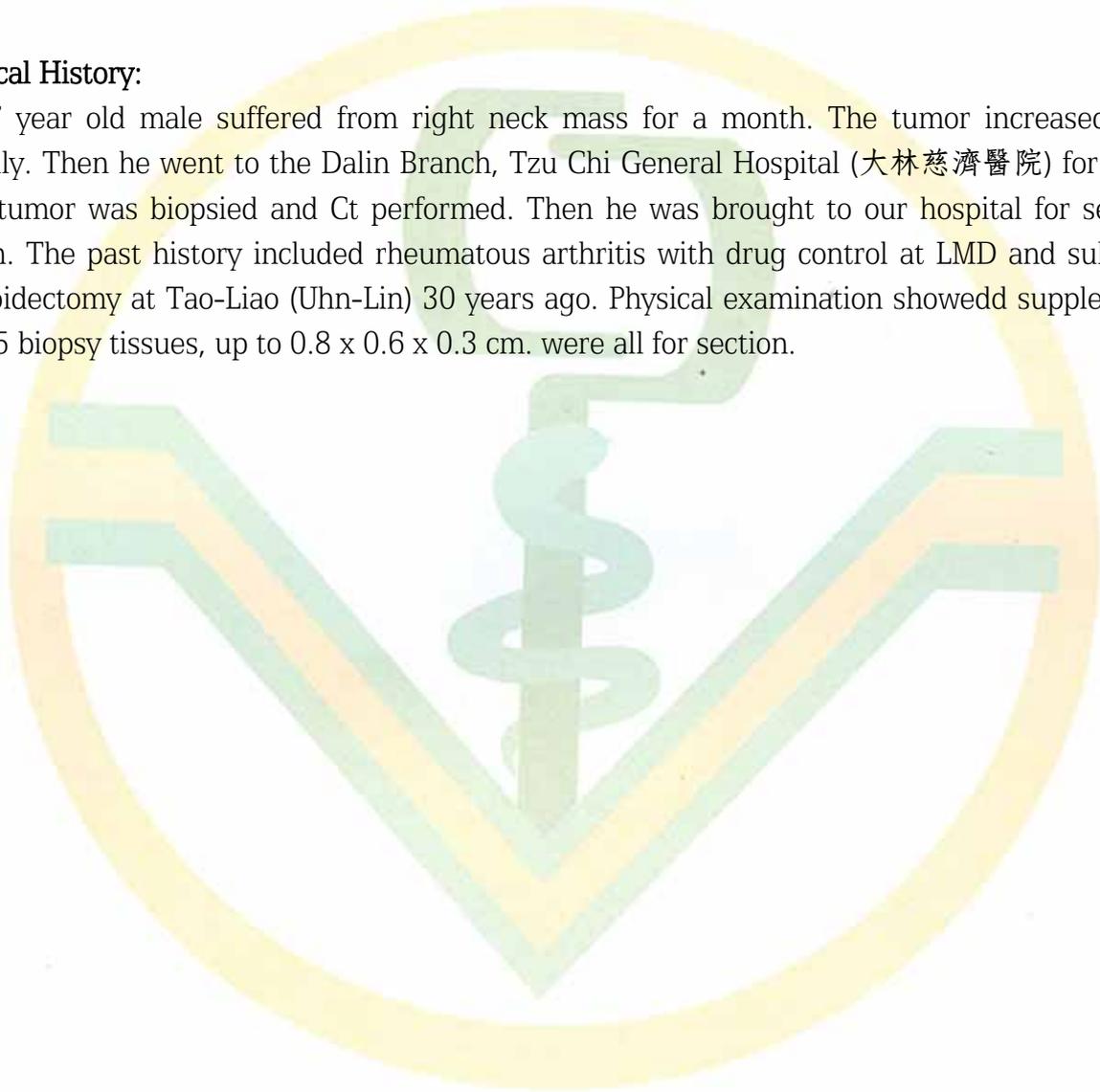
²*Buddhist Tzu-Chi General Hospital and Tzu-Chi University (佛教慈濟綜合醫院暨慈濟大學)*

CASE HISTORY:

Signalment: 67-year-old male patient

Clinical History:

A 67 year old male suffered from right neck mass for a month. The tumor increased size rapidly. Then he went to the Dalin Branch, Tzu Chi General Hospital (大林慈濟醫院) for help. The tumor was biopsied and Ct performed. Then he was brought to our hospital for second opinion. The past history included rheumatous arthritis with drug control at LMD and subtotal thyroidectomy at Tao-Liao (Uhn-Lin) 30 years ago. Physical examination showed a supple neck. The 5 biopsy tissues, up to 0.8 x 0.6 x 0.3 cm. were all for section.



Hung, C.L. (洪巧凌), D.V.M.; Chang, P.H. (張本恆), 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: 11-year-old, spayed female, mongrel canine

Clinical History:

The patient presented with decreased spirit and appetite, fever, abdominal enlargement, pale mucous membrane, panting and weakness. Diarrhea 2-3 times per day had been noted since one week ago while anorexia had been noted for 4 days.

Gross finding:

There were three 0.3×0.3 cm grey-white foci randomly dispersed on the left anterior pulmonary lobe with irregular shape and locally extensive black patches on the right lobes. After sectioned, the white focus was well-circumscribed, and presented as a white patch of 0.2×0.3 cm in diameter, without changing the outline of lung.

Wu, C.H. (吳介豪)¹, D.V.M.; Kao, J.P. (高如栢)² D.V.M., M.S.; Chang, S.C. (張仕杰)², D.V.M., Ph.D.; Yang, N.Y. (楊甯雅)², D.V.M.; Yang, C.C. (楊崇君)², D.V.M.; Chang, W.F. (張文發)³, D.V.M.; Liao, J.W. (廖俊旺)^{1,3}, D.V.M., Ph.D.

¹Graduate Institute of Veterinary Pathology, ²Veterinary Medical Teaching Hospital & ³Animal Disease Diagnostic Center, National Chung Hsing University (¹中興大學獸醫病理生物學研究所、²獸醫教學醫院暨 ³動物疾病診斷中心)

CASE HISTORY:

Signalment: 4 year-old, male, hybrid rabbit

Case History:

A black-pigmented, ulcerated mass on the base of the left ear was found a hybrid pet rabbit. Clinical findings were normal. The mass was surgically excised from the rabbit for histopathologic evaluation. However, the rabbit appeared gradually depression, anorexia, dyspnea, and rapid clinical deterioration, and then died after three month of the surgery.

Gross Findings:

The biopsy mass was taken from the rabbit and was measured approximately 0.6 cm in diameter, involving the skin and subcutaneous tissues at the base of the left ear from surgery. The mass on the cut surface showed a diffusely black with ulceration and hemorrhage. At necropsy, rabbit revealed multifocal and coalescing soft, black nodules, up to 0.5 cm in diameter, and nodules were found throughout the ear, heart, liver, lung, kidney, diaphragm and lymph nodes and deeply infiltrated into the cartilage of the left ear. Unfortunately, brain was not taken due to owner request. The tissues were fixed by 10% formalin and for histopathological diagnosis.

Huang, Szu-Wei (黃思偉), D.V.M.; Ho, Pei-Yin (何蓓音), D.V.M.; Chen, Yo-Lin (陳幼嶺), D.V.M.;
Lee, Kan-Hung (李泔泓), D.V.M.; Liang, Chung-Tiang (梁鍾鼎), D.V.M.

National Laboratory Animal Center (國家實驗動物中心)

CASE HISTORY:

Signalment: 5-month-old, male, Sprague Dawley rat.

Clinical History:

The rat came from one medical center in southern Taiwan. Labored breathing, rattling, snuffling were noted, especially after hand-scratching on the back.

Gross Findings:

Affected pulmonary cranioventral areas showed dark plum-colored, and parenchyma consolidation multifocally. Increased catarrhal exudates in trachea and bronchial lumen were noted. No other lesion was noted.

Laboratory Results:

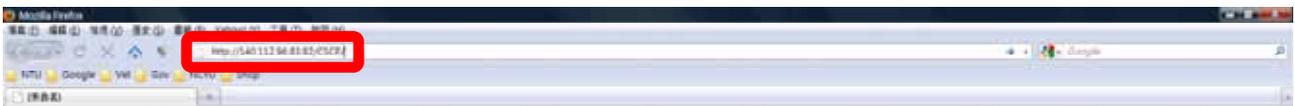
1. ELISA - positive (1/3)
2. PCR - negative (0/1)

中華民國比較病理學會數位式組織切片影像資料庫
How-To Access Chinese Society of Comparative Pathology Cases
at the Web Library in NTU Vet Med Digital Pathology Lab

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

1. Please make sure that your web browser (e.g. Internet Explorer, Firefox or Safari) is equipped with "flash player." If not, it can be added from <http://www.adobe.com/products/flashplayer/> for free.

2. Please go to the NTU Vet Med Digital Pathology Lab web site at <http://140.112.96.83:82/CSCP/> with your web browser.



3. A pop-up window appears to ask for "User name" and "Password." Enter "guest" for both boxes.



4. Choose a Comparative Pathology meeting (e.g. 47CSCP)



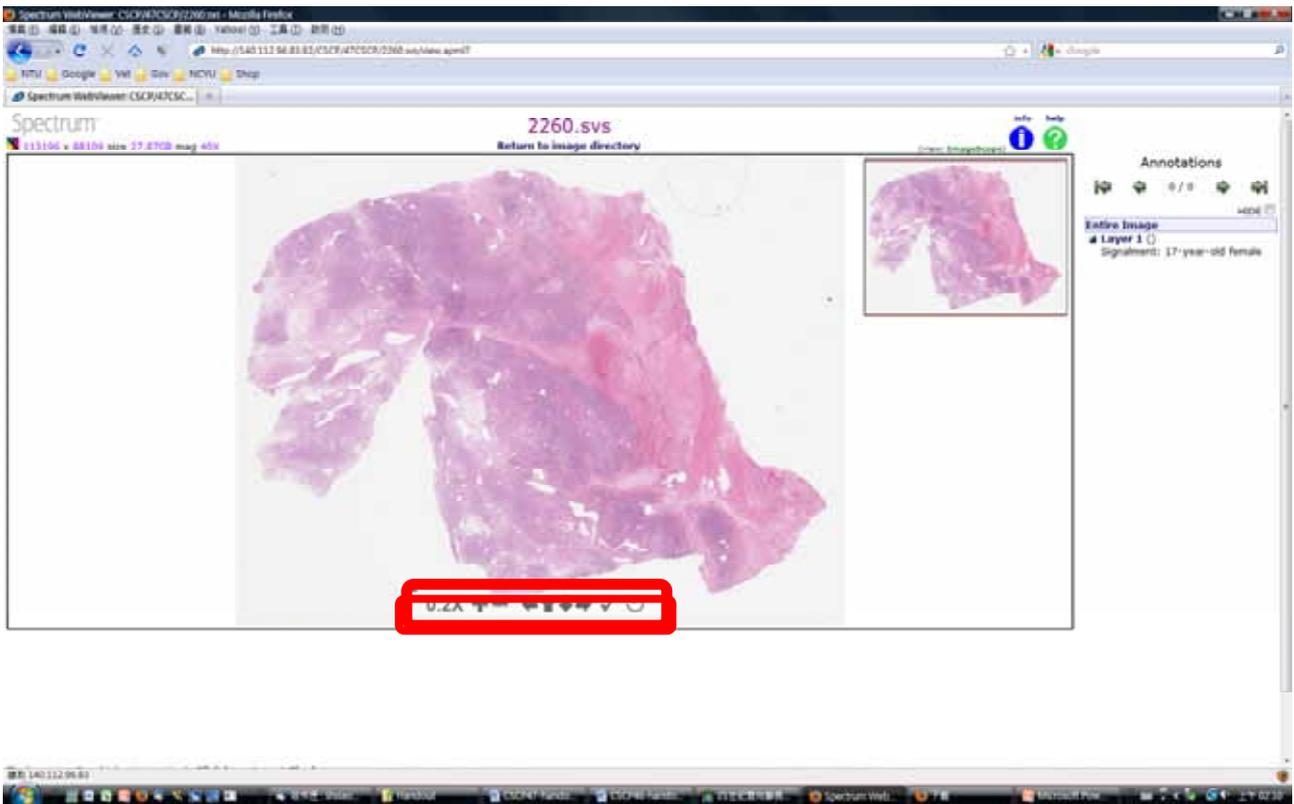
再

5. Pick any case you'd like to read (e.g. case329), and click on "WebVeiwier" right lower to the slide thumbnail.



http://140.112.96.83/CSCP/47CSCP/2260.svs/webviewer/

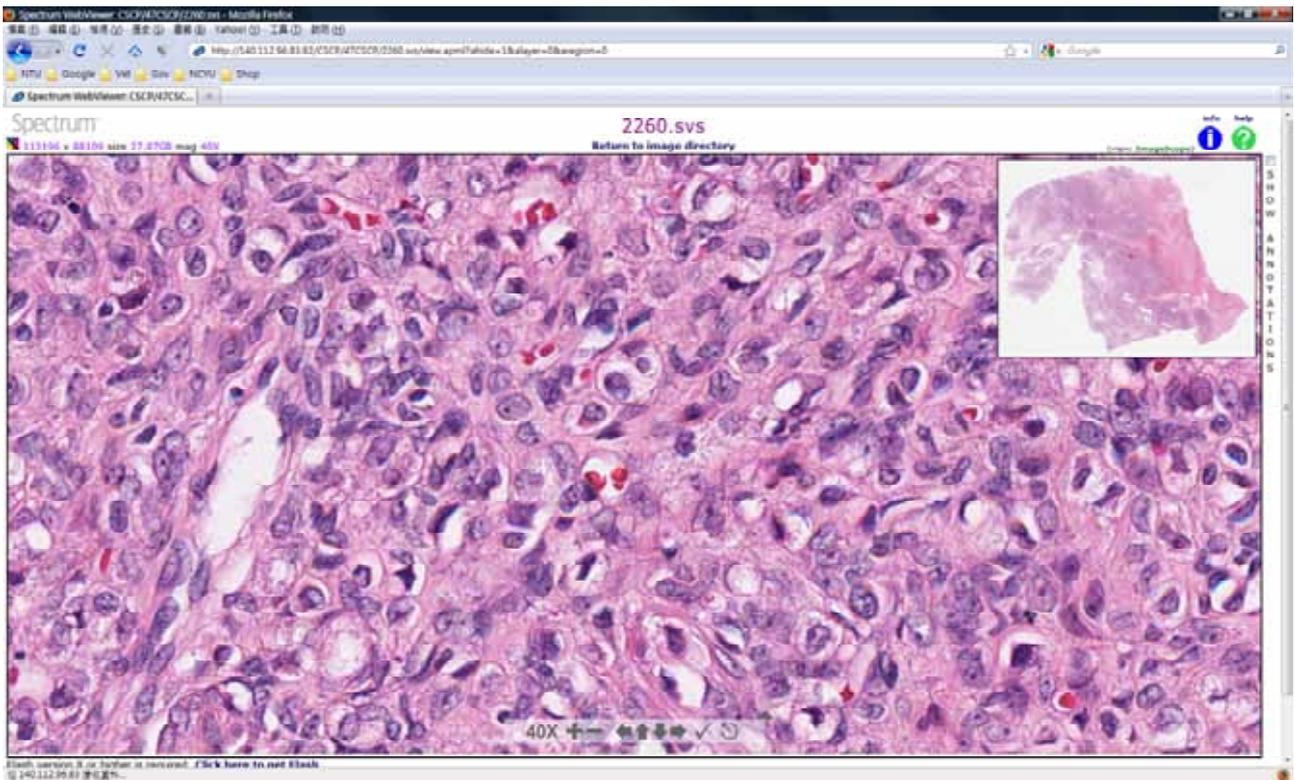
6. You now can control the "internet microscope" to view the slide with your mouse and the control-icons at the lower center corner of the window. The signalment of the case is shown in the "Annotation" column on the right.



7. To maximize your viewing window, you may choice to hide the "Annotation" column by click on the square box at the right upper corner of the window.



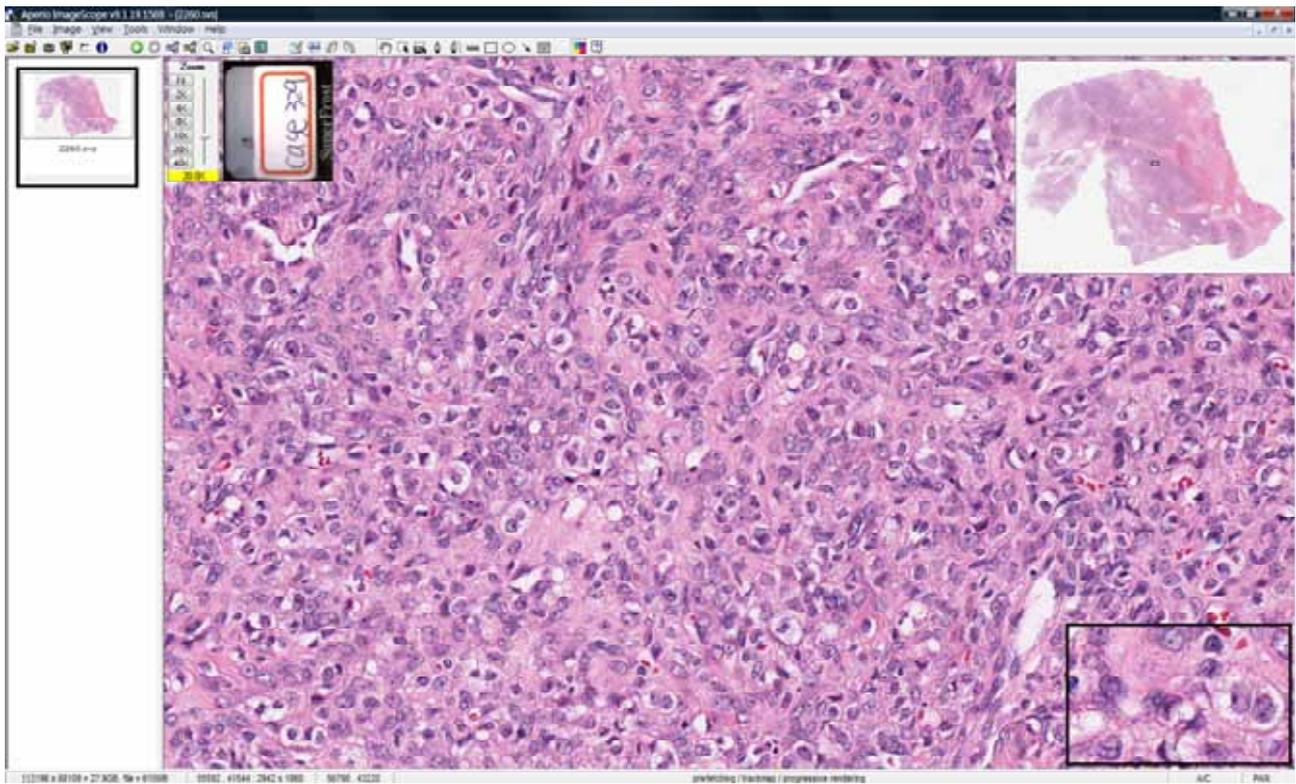
8. The highest resolution is at 40X objective at any corner of the slide showing on the thumbnail. There is a red square in the thumbnail to tell you where you are on the slide.



9. You may also choice to read the slides with a free "ImageScope" software by clicking on "ImageScope" left lower to the slide thumbnail. Follow the instruction appears in a pop-up window to download and install the software if you have not done so.



10. Some of us find that our viewing experience on the slides is better with the "ImageScope" software than with a web browser.



國立臺灣大學 校總區地圖



校園出入口

獸醫三館



- 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) Vehicle Exit
- 出入口(僅供行人與腳踏車通行) Pedestrian/Bicycle Exit