

中華民國比較病理學會第四十九次比較病理學研討會 議程表

時間：中華民國九十九年七月十日（星期六）上午 09：00~下午 16：00

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		劉振軒 理事長
09:10~10:10	專題演講	Blockade of AT1R modulates autoimmunity in the chronic graft-versus-host disease model of lupus nephritis 國防醫學院醫學系病理學科 賈淑敏 博士	
10:10~10:30	Coffee Break		
10:30~11:00	病例討論 Case 340	天主教耕莘醫院病理科 陳燕麟 醫師	呂福江 主任
11:00~11:30	病例討論 Case 341	羅東博愛醫院病理科 施洽雯 醫師	
11:30~12:00	病例討論 Case 342	彰化基督教醫院病理科 吳佩儒 醫師	
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 343	佛教慈濟綜合醫院暨慈濟大學 陳盈妊 醫師	許永祥 主任
14:00~14:30	病例討論 Case 344	林新醫院病理科 祝志平 醫師	
14:30~15:00	病例討論 Case 345	中興大學獸醫學院 黃婷姿 獸醫師	
15:00~15:30	病例討論 Case 346	臺灣大學獸醫專業學院 詹德裕 獸醫師	
15:30~16:00	綜 合 討 論		

中華民國比較病理學會
九十九年度第四十九次比較病理學研討會

病例列表

Case 340 天主教耕莘醫院病理科 CTH

Signalment : 59-year-old man

Case 341 羅東博愛醫院病理科 LP-09-1023

Signalment : 53-year-old woman

Case 342 彰化基督教醫院病理科 10-12454A

Signalment : 59-year-old woman

Case 343 佛教慈濟綜合醫院暨慈濟大學 A2009-12

Signalment : 47-year-old man

Case 344 林新醫院病理科 A10-1140 A1

Signalment : 40-year-old woman

Case 345 中興大學獸醫學院 CW09-039

Signalment : Pheasant-tailed jacana

Case 346 臺灣大學獸醫專業學院 NTU2010-32A

Signalment : 3-to-4-year-old, mixed-breed dog

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

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

CASE HISTORY:

Signalment: 59-year-old man

Clinical History: A 59-year-old man presented with urinary obstructive symptoms and hematospermia on and off with serum PSA of 1.00 ng/ml. Past medical history included hypertension and peptic ulcer and benign prostate hypertrophy (BPH). The patient denied alcohol consumption and smoking. He underwent cystoscope and found a small white patchy in urethra near bladder neck and unremarkable finding in bladder. The pathology report showed cystitis glandularis. 7 months later, because the patient had persistent obstructive symptoms and gross hematuria, trans-rectal ultrasound of the prostate was done and showed prostate tumor of unknown origin. In the meanwhile, mucus-urine was also noted. His serum PSA and free PSA are of 1.67 ng/ml and 0.23 ng/ml with the trans-urethral resection biopsy report showed PSA-negative mucin-producing adenocarcinoma of unknown origin, favored colon metastasis. Colonoscopy was done and showed 2 non-neoplastic colonic polyps. Cystoscope showed prostatic urethral tumor and unremarkable bladder finding. Other tumor surveys included whole abdomen CT and MRI showed prostate tumor of unknown primary or metastasis with seminal vesicle obstruction, bone scan and positron emission tomography (PET) showed no other lesions except prostate. The patient received trans-urethral resection of prostate (TURP) to relieve his obstructive symptoms. The patient has no sign of recurrence with 6 months follow up.

Laboratory Results:

CBC/DC: WNL

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

PSA: 1.67 ng/ml and 0.23 ng/ml

Gross Findings: The TURP specimen submitted consisted of multiple pieces of soft tissue fragment measuring 5 gm in weight. Grossly, they showed brown in color and firm in consistency.

Shih, C.W (施洽雯), M.D., M.S; Chen, C.T. (陳朱德), M.D.

Department of Pathology, Lotung Poh-Ai Hospital (羅東博愛醫院病理科)

CASE HISTORY:

Signalment: 53-year-old woman.

Clinical History: The 53 year old female was quite well in the past except uterine myoma s/p operation 7 years ago. She suffered from traffic accident with large laceration wound of left lower leg on 98-01-05 and was repaired by our Orthopedic Doctor. At the same time, left lower lung nodule was noted by computed tomographic scan (CT scan). The lung nodule measuring 2.0 x 1.7 cm. She did not complain of any respiratory or systemic symptoms. Her prior medical and familial history was unremarkable. Under the impression of R/O malignancy, she was admitted for further evaluation and management. Whole body bone scan was performed on 98-02-06 and showed negative finding. The pulmonary function test was performed on 98-02-06 and revealed FEV1: 2.08 L (95% Pred). VATS wedge resection of LLL for histological conformation of nodule was performed on 98-02-09

Clinical Pathology:

RBC: 3.86x10⁶/uL (0-5 x10⁶/uL), Hb: 11.7 gm/dL (12.0-16.0 gm/dL), Hct: 34.9 % (37-47%), WBC: 5100/uL (4500-11000/uL), Plt: 24.4 x10⁴/dL (15-40 x10⁴/dL), Lymphocyte: 42.3% (20.0-45.0%), Neutrophil: 48.4% (45.0-75.0%), Monocyte:7.0% (0.0-9.0%), Eosinophil:1.8% (1.0-3.0%), Basophil:0.5% (0.0-1.0%). BUN:11 mg/dL (7-22 mg/dL), Creatinine:0.6 mg/dL (0.6-1.3 mg/dL), Glucose:100 mg/dL (70-110 mg/dL), AST: 21 U/L (5-40 U/L), ALT: 17 U/L (5-40 U/L), Na:138.9 mmol/L (133-145 mmol/L), K:3.4 mmol/L (3.3-5.1 mmol/L).

Gross Findings: Grossly, the wedge resected lung showed a well defined tumor measuring 2.0 x 1.7 x. 1.2 cm, reddish-brown in color and soft in consistency. Cut sections of the tumor showed some grape-like structures. No hemorrhage or necrosis is noted.

Wu, P.R. (吳佩儒), M.D.; Hsu H.T. (許惠婷) M.D.; Chen, C.J. (陳志榮) M.D.; Yeh, Q.T. (葉坤土) M.D.

Department of Surgical Pathology, Changhua Christian Hospital (彰化基督教醫院病理科)

CASE HISTORY:

Signalment : 59-year-old woman

Clinical History : The patient is a 59-year-old Minnan Taiwanese woman, a homemaker with a history of hypertension. She had acid regurgitation for a long time. She received panendoscopy on 8/26/09 and showed reflux esophagitis LA Gr A, and a gastric submucosal tumor. Endoscopic ultrasound examination was done on 9/25/09 and showed a 2 cm well-defined submucosal tumor lesion at the gastric antrum. It was hypoechoic with mild heterogeneous echogenicity without cystic lesion, calcification or septum. Gastrointestinal mesenchymal tumor was suspected. The patient then accepted the surgical treatment.

Clinical Pathology :

WBC: 8.6x10³/μL(3.5-9.1 x10³/μL), RBC: 4.57x10⁶/μL(3.8-4.9 x10⁶/μL), Hb: 14.0 g/dL(12.0-15.0), Hct: 41.2%(35.0-44.0%), MCV: 90.2 fL(83.8-98.0 fL), MCH: 30.6 pg(28.4-33.8 pg), MCHC: 34.0 g/dL(33.4-35.2 g/dL), Platelet: 345 x10³/μL(157-377 x10³/μL), RDW: 12.0%(11.7-14.9%), Neutrophil-Seg: 60.4%(39.4-72.6%), Lymphocyte: 32.0%(21-51%), Monocyte: 5.1%(4.60-11.0%), Eosinophil: 1.5%(0.4-7.6%), Basophil: 1.0%(<1.3%), GPT: 19U/L(11-40U/L), Urea Nitrogen: 13, Creatinine: 0.60 mg/dL(0.4-1.0 mg/dL), Na: 140 mmol/L(136-144 mmol/L), K: 3.4 mmol/L (3.6-5.1 mmol/L), Glucose(Random): 106 mg/dL (70-110 mg/dL), PT: 10.2 sec (9.9-12.0 sec),

Gross Findings : The specimen submitted consisted of two gastric tissue fragments measuring up to 8.7x5.5x0.8 cm in size, in fresh state. One gastric tissue fragment with tumor consisted of a duodenal cuff measuring 2.5 cm in length. There was a submucosal tumor at the antrum of stomach in one gastric tissue fragment. On cut, the submucosal tumor measured 2x1.2x1.2 cm in size. It was solid, fleshy and elastic with gelatinous appearance. The proximal and distal margins measured 2.2 cm and 2.1 cm in length, respectively. Another gastric tissue fragment was unremarkable.

陳盈妊, M.D. Student; 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 man

Clinical History: The 47-year-old man was generally healthy in the past. In 2004/10, multiple palpable tender right lower neck and supraclavicular lymph nodes were noted. He thus went to 台中中山醫院 and chest X-ray showed RUL bulging soft tissue and widening upper mediastinum. One month later, exertional dyspnea appeared. No cough, no body weight loss or poor appetite accompanied. The image-guided LN biopsy showed metastatic poorly differentiated carcinoma with unknown origin. Whole body PET+CT showed multiple enlarged LNs in bilateral lower neck and thoracic inlet. He has received cisplatin+5-FU chemotherapy but not good tumor response. As time goes by, SVC syndrome with facial swelling gradually appeared and pancytopenia and neutropenic fever occurred. Stomatitis, dysphagea, general weakness followed by. Dyspnea aggravated thus the first time thoracentesis was performed in 2005/9 with reddish (RBC: 32750 / μ l) and turbid pleural effusion without TB, bacteria or fungus. Two course chemotherapy (CHOP) with Irresa started in 2006/1 at 台中榮總醫院. However, bilateral neck mass enlarged and CXR showed upper mediastinum widening. Disease progressed. The dyspnea aggravated again and CXR showed Rt. side massive pleural effusion, thus the second time thoracentesis was performed with bloody pleural effusion. He didn't receive chemotherapy again. DNR was signed on 2006/7/31. The patient was expired on 2006/8/3.

Clinical Pathology:

2004/11 β -HCG 44.1 ; AFP 10.15 ; Ca-125 322 ; CA19-9 615

2005/10 β -HCG 788 ; Ca-125 460 ; CA19-9 3957

2006/3~5 β -HCG 1304, 4545, 8946 ; AFP 10.15 ; Ca-125 844, 986, 2357 ;
CA19-9 7242, 2732, 3816

Gross Findings: At autopsy, the main lesion was located in anterior mediastinum measuring 6×4×3 in size. In addition, this tumor was also directly involved right pleural space mimicking malignant mesothelioma. No other organs metastasis was found.

¹祝志平, M.D.; ²Yung-Hsiang Hsu (許永祥), 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: 40-year-old woman

Clinical History: A 40 year old female suffered from an irregular nodule (3 x 2 cm.) in right hip tumor for a month. The tumor increased size rapidly. The tumor was wide excised (suspect melanoma), 4.1 x 3.6 x 1.2 cm., and were sent for pathological examination. (. Grossly, there is a tumor below the skin and measures 1.8 x 0.6 x 0.6 cm.. Sections A1-3 were taken for diagnosis.

¹Huang, T.T. (黃婷姿), DVM; ²Hsu, W.Y.(許為云), DVM; ²Chan, F.T. (詹芳澤), DVM; ²Wang, L.M. (王齡敏) DVM, MS; ⁴Lin, P.T. (林佩羿) DVM, MS; ¹Wu, C.H.(吳介豪), DVM; ¹Yu, K.J. (余國睿), DVM; ²Shien, J.H. (沈瑞鴻), DVM, PhD; ³Chang, W.F. (張文發) DVM., MS; ^{1,4}Liao, J.W.(廖俊旺), DVM, PhD.

¹Graduate Institute of Veterinary Pathology, ²Department of Veterinary Medicine, ³Animal Disease Diagnostic Center, National Chung Hsing University (中興大學獸醫病理生物學研究所、獸醫學系、動物疾病診斷中心)

⁴Endemic Species Research Institute (特有生物保育研究中心)

CASE HISTORY:

Signalment: Pheasant-tailed jacana, age unknown.

Case History: Pheasant-tailed jacana (*Hydrophasianus chirurgus*) is one of the endemic avian species in Taiwan. Numerous pheasant-tailed jacanas were found dead at the paddy field of conservation area in Guan-tian Township, Tainan County during Dec. 2009. Dead birds including 8 pheasant-tailed jacana, 1 painted snipe, 2 moorhens, 2 green-winged teals, 1 red-collared dove and 4 tree sparrows were collected and frozen by Endemic Species Research Institute. The bodies were sent to the Animal Disease Diagnostic Center, National Chung Hsing University for disease diagnosis.

Gross Findings: Dead birds were thawed at room temperature prior to necropsy. At necropsy, the birds seemed healthy with normal state but crops, esophagus and gizzard filled with undigested rice grains. Livers and lungs were congested. No significant gross lesion was observed in kidney, spleen and other organs. The organs were fixed by 10% formalin for histopathological examination.

Chan, T.Y.(詹德裕), 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: 3-to-4-year-old, mixed-breed dog

Clinical History:

This dog was found in the street and sent to NTUVH on the same day. The patient was anorexic and malnourished without any interest in food. No GI sign was noted. This dog had 6-8% dehydration and poor hair coat with severe malodor. Generalized-distributed cutaneous nodules were noted, some of which were ulcerated, especially on both side of trunk, oozing out pus-like material with severe maggot infestation. The nodules were round to oval and estimated 3-5 cm in diameter. Blood examination revealed moderate anemia, severe leukocytosis with left shift and hypoalbuminemia. No hemoparasite was noted in microscopic blood smear examination, however, *Anaplasma platys* was found in ELISA test (commercial kit). FNA test for cutaneous nodules was performed and the result revealed large amount of round cells with moderate amount of cytoplasm, anisocytosis and anisokaryosis. Few mitotic figures were also found. Some of the cells contained few cytoplasmic vacuoles.

Gross Findings:

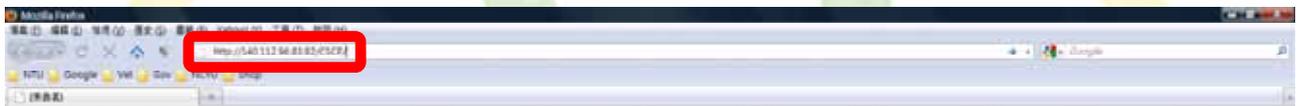
Many nodules distribute in trunk, head, limbs, but the abdominal region. Except for history, the mass don't invasive to the muscular layer. The cut surface of mass shows very light yellowish brown in color. The texture is firm. The content is homogeneous. The left lateral medial, caudal lobe of lung appears redness. A fistula is noted from palate to cavity. The hepatic lobule is obvious presence. Bilateral orbit circumferences have many nodules.

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.



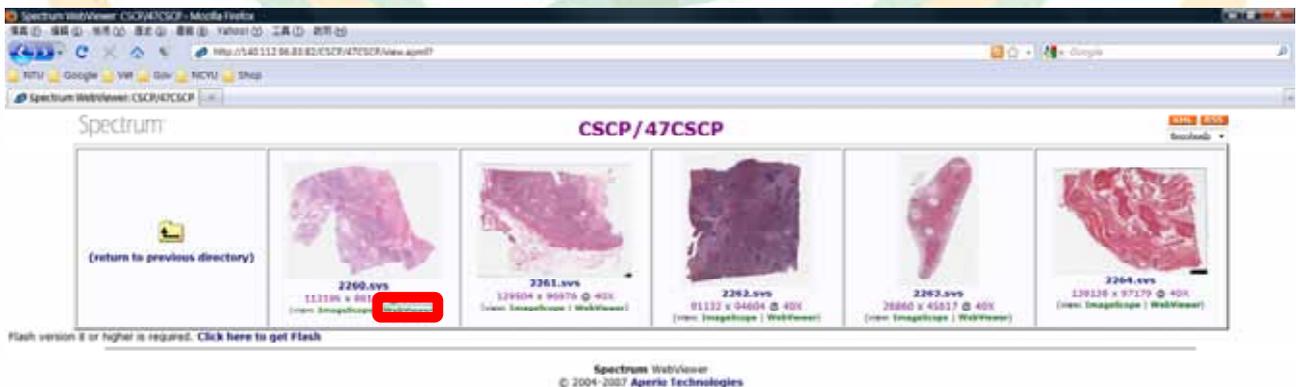
3. A pop-up window appears to ask for "User name" and "Password." Enter "guest" for both boxes.



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

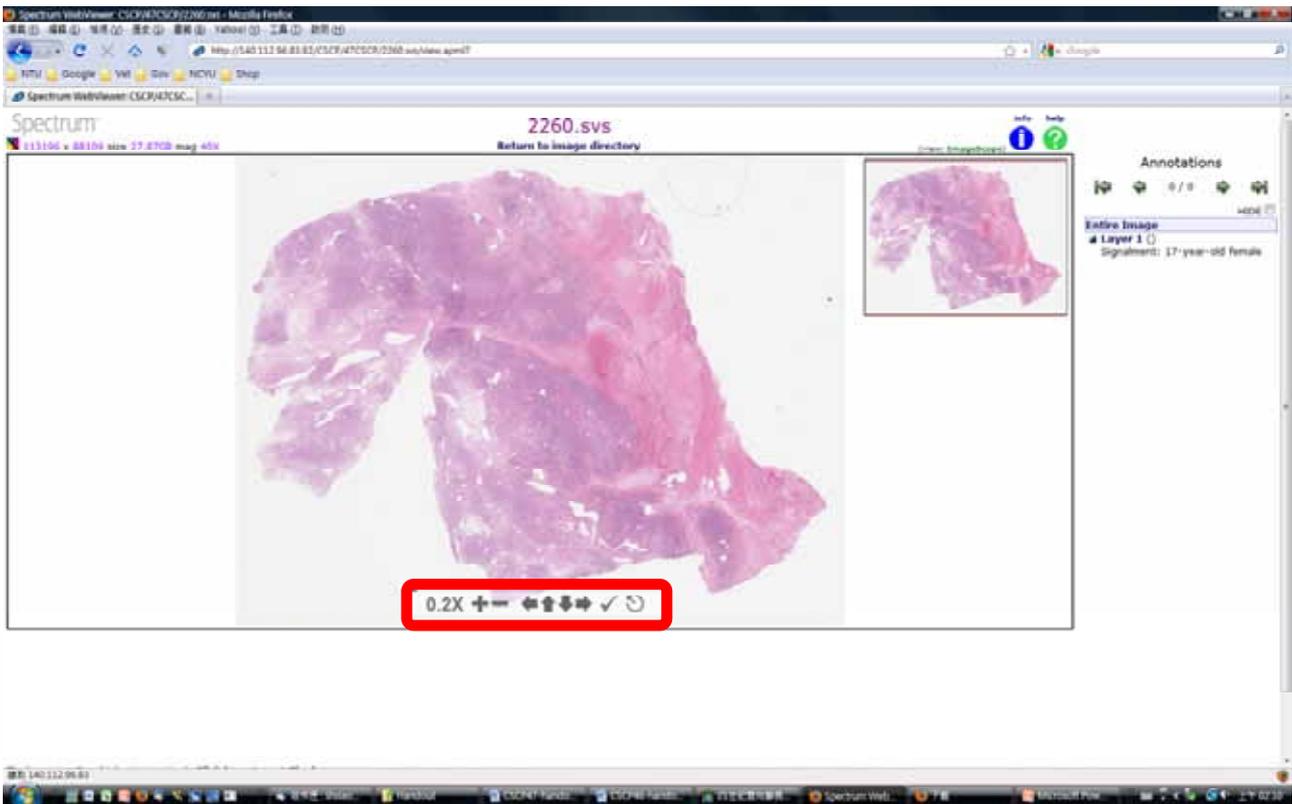


5. Pick any case you'd like to read (e.g. case329), and click on "WebViewer" right lower to the slide thumbnail.



http://140.112.96.83/CSCP/47CSCP/2260.svs?view.aspx

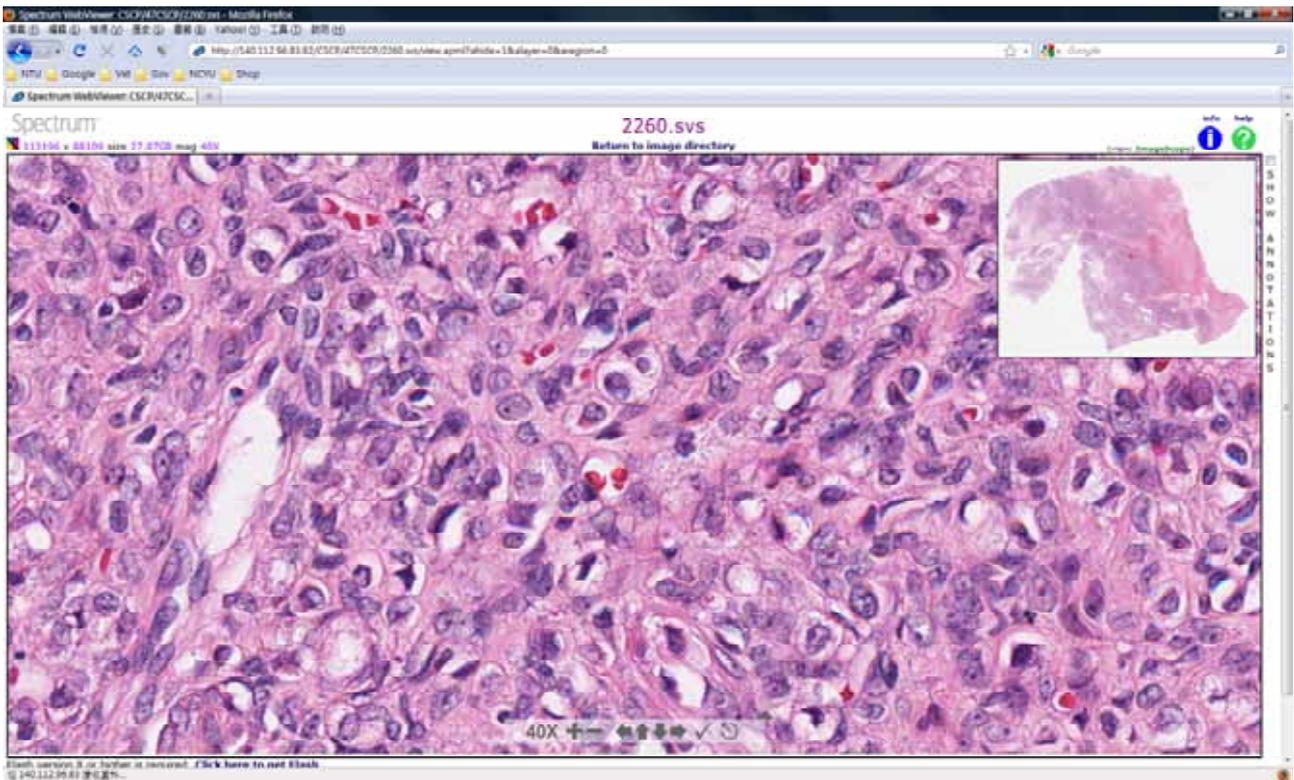
6. You now can control the "internet microscope" to view the slide with your mouse and the control-icons at the lower center corner of the window. The signalment of the case is shown in the "Annotation" column on the right.



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.



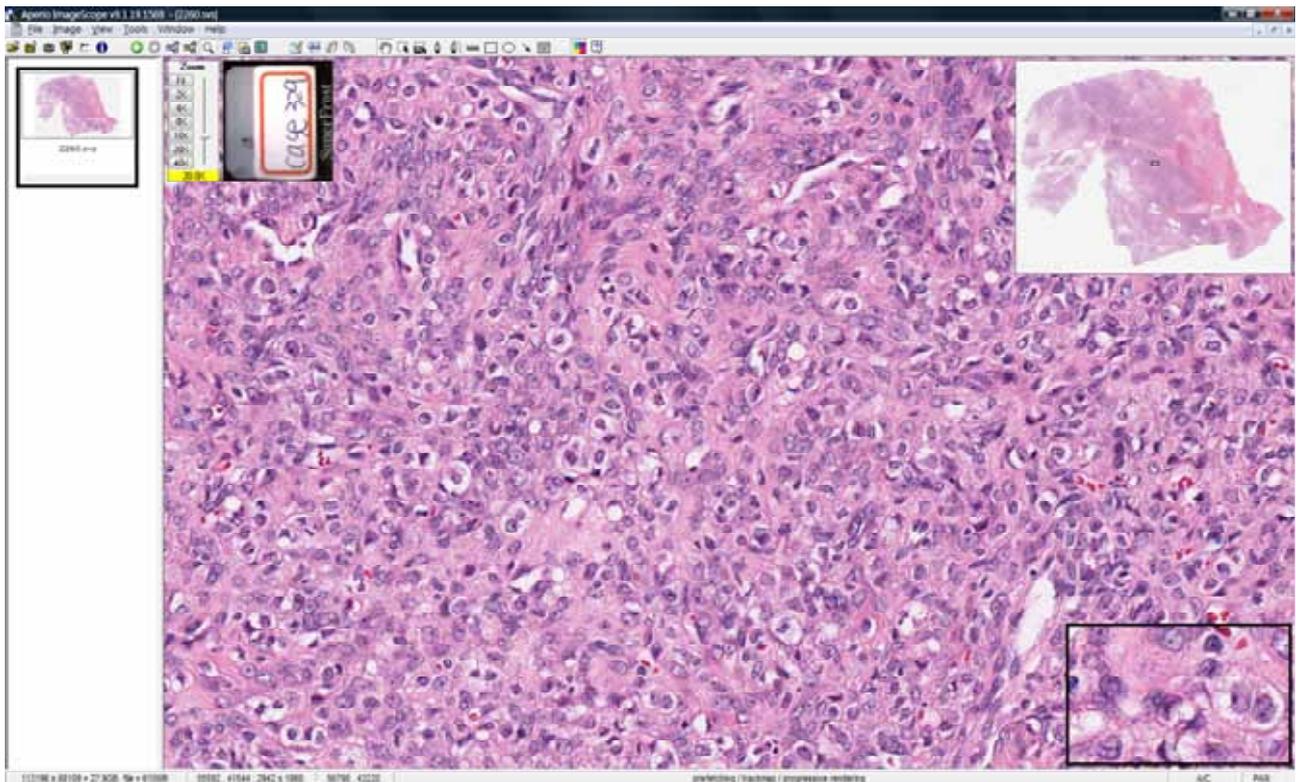
8. The highest resolution is at 40X objective at any corner of the slide showing on the thumbnail. There is a red square in the thumbnail to tell you where you are on the slide.



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
- 總務 Total
- 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