

**The 14th Japan-Korea-Taiwan Joint Slide Conference of Bone and Soft Tissue
Pathology**

Day 2: December 6 (Sat.), 2025

**Meeting room #21 (2F), Kitakyushu International Conference Center, Kitakyushu,
Japan**

Program

08:00 – 09:00 Registration (or go ahead to the room #21)

09:00 – 09:20 Opening Ceremony

Opening: Yoshinao Oda (Kyushu University, Japan)

Chang Young Yoo (The Catholic University of Korea, Korea)

09:20 – 09:40 BS-J1

Moderator: Takehiko Yamaguchi (Dokkyo Medical University, Japan)

Submitter: Yoichi Yasunaga (Tokyo University, Japan)

Discussant: Chang Young Yoo (The Catholic University of Korea, Korea)

09:40 – 10:00 BS-K1

Moderator: Dong Hoon Kim (Sungkyunkwan University School of Medicine, Korea)

Submitter: Kiyong Na (Kyung Hee University Hospital, Korea)

Discussant: Ikuma Kato (Shizuoka Cancer Center, Japan)

10:00 – 10:20 BS-T1

Moderator: Jen-Chieh Lee (National Taiwan University Hospital, Taiwan)

Submitter: Hsin-Yi Chang (Taipei Veterans General Hospital, Taiwan)

Discussant: Chang Won Ha (DongGuk University Gyeong Ju Hospital, Korea)

10:20 – 10:40 Coffee break

10:40 – 11:00 BS-J2

Moderator: Yoshinao Oda (Kyushu University, Japan)

Submitter: Fumi Kawakami (University of Ryukyus, Japan)

Discussant: Pao-Shu Wu (Far Eastern Memorial Hospital, Taiwan)

11:00 – 11:20 **BS-K2**

Moderator: Kyung Jin Seo (The Catholic University of Korea, Korea)

Submitter: Kyu Sang Lee (Seoul National University Bundang Hospital, Korea)

Discussant: Yu-Chun Ma (Kaohsiung Medical University, Taiwan)

11:20-11:40 **BS-T2**

Moderator: Hsuan-Ying Huang (Kaohsiung Chang Gung Memorial Hospital, Taiwan)

Submitter: Chia-Fa Hu (Kaohsiung Chang Gung Memorial Hospital, Taiwan)

Discussant: Atsuji Matsuyama (Fukuoka Wajiro Hospital, Japan)

11:40-11:50 **Commemorative photo**

Bone and soft tissue-Japan-1 [BS-J1]

A case of the right temporal bone tumor

Presenter: Dr. Yoichi Yasunaga

Co-author: Tetsuo Ushiku

Department of Pathology, The University of Tokyo, Japan

Anatomical location: Right temporal bone

Type of the specimen: Excision

Abstract:

A 57-year-old male presented to our hospital with a complaint of discharge from the right external auditory canal. Audiometry revealed conductive hearing loss (70dB) in the right ear. CT demonstrated a 5.2×5×4.3 cm mass centered in the right temporal bone, containing high-density solid component and multilocular cystic component. The mass extended to the anterior part of the middle cranial fossa, the anterior side of the petrous bone (destroying the middle ear), the external auditory canal and the zygomatic bone. After biopsy and tumor embolization, craniotomy for tumor excision was performed. Intraoperative findings revealed extensive tumor infiltration to the temporal bone including the middle ear and the external auditory canal. The tumor was adherent to the dura mater and the medial pterygoid muscle. Strong adhesion to the temporomandibular joint capsule was also observed. Macroscopically complete excision was achieved, and fragments of reddish-brown to yellowish-brown tumor were submitted for pathological diagnosis. No recurrence was observed during the four-year postoperative follow-up.

Bone and soft tissue-Korea 1 [BS-K1]

32/F Brain mass

Presenter: Dr. Kiyong Na

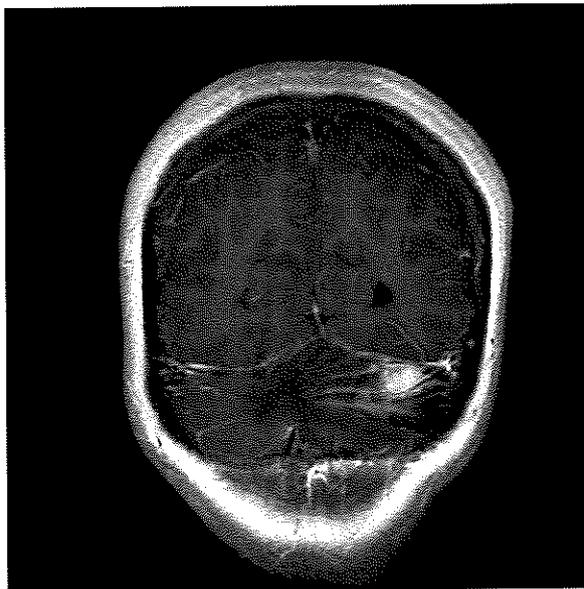
Department of Pathology, Kyung Hee University Hospital, Korea

Anatomical location: Brain

Type of the specimen: Excision

Abstract:

A 32-year-old woman presented with headaches. The headache aggravated during past 2 months and was not relieved with analgesic. The pain was sharp and located at left temporal side. She also experienced nausea, dizziness and ear fullness associated with the headache. Brain MR image demonstrated about 1.4 cm sized mass at left cerebellar hemisphere with small internal cystic change or necrotic component. The patient underwent surgical resection of the mass. Submitted slide is a representative section of the mass.



T1 TSE image



T1 TSE image

Bone and soft tissue-Taiwan-1 [BS-T1]

A duodenal tumor with the altered gene in its name, but not exactly

Presenter: Dr. Hsin-Yi, Chang¹⁾

Co-authors

Tzu-Hang Kao¹⁾, Jen-Chieh Lee²⁾

1) Taipei Veterans General Hospital

2) National Taiwan University Hospital

Anatomical location: Duodenum

Type of the specimen: Whipple operation

Abstract:

A 33-year-old woman presented to the emergency department with acute-onset epigastric pain. She reported intermittent epigastric discomfort over the past two weeks, along with two episodes of tarry stools. Initial laboratory tests revealed anemia, with a hemoglobin level of 7.0 g/dL. Upper gastrointestinal endoscopy identified an ulcerative lesion in the duodenum. A subsequent CT scan demonstrated a 9.2 × 5.8 × 7.6 cm submucosal mass located at the duodenal bulb. The patient was admitted for further evaluation and surgical management.

Bone and soft tissue-Japan-2 [BS-J2]

A case of subperiosteal tumor of clavicular diaphysis

Presenter: Dr. Fumi Kawakami¹⁾

Co-authors: Eiichi Konishi²⁾

1) Department of Pathology and Cell Biology, Graduate School of Medicine and Faculty of Medicine, University of the Ryukyus

2) Department of Pathology, Kyoto Saiseikai Hospital, Kyoto, Japan

Anatomical location: Bone, clavicle

Type of the specimen: Excision

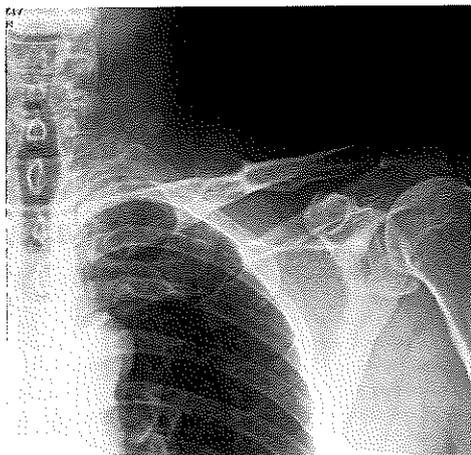
Abstract:

A 52-year-old male presented with a 1.5 cm painful mass at the midportion of the left clavicle, first noted 6 years ago. The lesion gradually enlarged, with persistent pain, and was surgically excised.

Laboratory study results are unremarkable including Ca 9.5 mg/dL and P 3.1 mg/dL.

Pre-surgical plain X-ray examination demonstrated a radiolucent lesion. On CT examination, the tumor compressed the clavicle resulting irregular bone margins and deformation of the clavicle. On MRI examination, the tumor showed hyperintense on fat-suppressed T2-weighted images and isointense to muscle on T1-weighted images. It did not show diffusion restriction. The mass encircled the diaphysis of the clavicle, causing narrowing at the contact site; however, cortical integrity was preserved.

Intraoperatively, the tumor appeared as a gelatinous mass beneath the periosteum. The clavicle was compressed but cortical bone remained intact. Gross total resection was achieved.



Bone and soft tissue-Korea 2 [BS-K2]

Tumor in diaphysis of the right tibia

Presenter: Dr. Kyu Sang Lee

Department of Pathology, Seoul National University Bundang Hospital, Korea

Anatomical location: Tibia (bone)

Type of the specimen: Surgical resection

Abstract:

A 61-year-old male with a history of hypertension presented with a right lower leg mass, first noticed one year earlier. Magnetic resonance imaging demonstrated a 4.9-cm mass in the diaphysis of the right tibia. Despite receiving preoperative chemotherapy and radiotherapy, there was no significant reduction in tumor size. Surgical resection was performed, and representative slides of the mass were submitted.

Bone and soft tissue-Taiwan-2 [BS-T2]

Sinonasal Tumor Incidentally Found in a Trauma Workup

Presenter: Dr. Chia-Fa Hu

Kaohsiung Chang Gung Memorial Hospital

Anatomical location: Nasal cavity

Type of the specimen: Excision

Abstract:

A 70-year-old man with a history of stage IA2 lung cancer presented to our hospital following a traffic accident. CT performed for traumatic brain injury incidentally revealed an asymptomatic right sinonasal tumor with bone remodeling, measuring approximately 3.0 cm. After recovery from the accident, the patient underwent endoscopic tumor excision. Immunohistochemically, the tumor cells were positive for S100 with focal, limited CD34 expression.

