The 9th Taiwan-Japan Conjoint Slide Conference

第九屆台日切片討論會

Date: April 25th (Sat) – 26th (Sun), 2026

Venue: Cancer Center Building, China Medical University, Taichung City, Taiwan

CASE PRESENTATION FORM

Presenter: Reiko Watanabe
Institution: Sapporo Medical University Hospital
Case Subspecialty: Endocrine
Location and Specimen Type: Pituitary
Short History: (less than 400 words)

A woman in her mid-40s. She had a history of breast cancer and underwent a total mastectomy five years ago after chemotherapy (ypT2N1aM1(OSS), ER positive, PgR positive, HER2 score 0, Ki67 15%). After the surgery, she had taken LHRH analogue medication for years.
Five years after the initial surgery, she had complained about the vision decrease in her left eye. Two months later, a head MRI revealed a pituitary tumor, leading to a referral to a university hospital for further examination. There were no endocrine symptoms and no findings of hormone elevation. Endoscopic transnasal pituitary tumor resection was performed and the material was submitted.

The pituitary tumor cells had eosinophilic cytoplasm and round nucleus arraignment with alveolar pattern. No immuohistochemical reaction had revealed against any anti-hormonal antibodies. Furthermore, the tumor cells showed rarely positive for ER and PgR.

Discussion point; Pathological diagnosis