

论著

HPV16 型E6 蛋白在外阴上皮内非瘤样病变和外阴鳞癌中的表达

周静<sup>1</sup>, 肖松舒<sup>2</sup>, 邓新粮<sup>2</sup>, 崔超美<sup>1</sup>

1. 湖南省妇幼保健院综合治疗科, 长沙410008;
2. 中南大学湘雅三医院妇科, 长沙410013

**摘要:** 目的:检测人乳头状瘤病毒(HPV)16-E6 蛋白在外阴上皮内非瘤样病变(NNEDV)、外阴鳞癌(VSCC)中的表达, 探讨HPV16-E6 蛋白是否为NNEDV 病因及与VSCC 的相关性。方法:采用免疫组织化学SP 法检测HPV16-E6 在15 例正常外阴组织, 40 例NNEDV 及45 例VSCC 中的蛋白表达情况。结果:HPV16-E6 蛋白在正常外阴皮肤组无表达, 在NNEDV 及VSCC 中阳性表达率分别为30% 和66. 67%, 差异均有统计学意义( $P<0.05$ )。在NNEDV 组中, HPV16-E6 蛋白在鳞状上皮增生(SH) 型及硬化性苔藓(LS) 型阳性率分别为35% 和25%, 差异无统计学意义( $P>0.05$ ), 但均较正常外阴皮肤组升高( $P<0.05$ ), 较VSCC 组降低( $P<0.05$ )。HPV16-E6 在VSCC 的表达阳性率为66. 67%, 阳性率随临床分期的增高而增高, I 期和II 期, I 期和III 期比较差异均有统计学意义( $P<0.017$ ), 但II 期和III 期比较差异无统计学意义( $P>0.017$ )。随着肿瘤分化程度的增高, 阳性率逐渐降低, 高分化和低分化, 中分化和低分化比较差异均有统计学意义( $P<0.017$ ), 但高分化和中分化比较差异无统计学意义( $P>0.017$ )。有淋巴结转移者HPV16-E6 阳性表达率高于无淋巴结转移者( $P<0.05$ )。结论:HPV 感染可能是NNEDV 的病因之一。HPV16-E6 蛋白表达升高可能与VSCC 发生、发展相关。

**关键词:** 人乳头瘤病毒16 型E6 蛋白 外阴上皮内非瘤样病变 外阴鳞癌

Expression of HPV16 E6 protein in nonneoplastic epithelial disorder of the vulva and squamous cell carcinoma of the vulva

ZHOU Jing<sup>1</sup>, XIAO Songshu<sup>2</sup>, DENG Xinliang<sup>2</sup>, CUI Chaomei<sup>1</sup>

1. Department of Comprehensive Treatment, Maternity and Child Care Hospital of Hunan Province, Changsha 410008;
2. Department of Gynecology, Third Xiangya Hospital, Central South University, Changsha 410013, China

**Abstract:** Objective: To investigate the expression of high risk human papilloma virus (HPV) 16-E6 protein in non-neoplastic epithelial disorders of the vulva (NNEDV) and squamous cell carcinoma of the vulva (VSCC), and to explore whether HPV16-E6 protein is the etiological factor in NNEDV and its correlation with squamous cell carcinoma of the vulvae.

**Methods:** We detected HPV16-E6 protein expression in 15 normal vulvae cases, 40 NNEDV cases and 45 VSCC cases by immunohistochemistry SP method.

**Results:** The positive rate of HPV16-E6 in different vulva tissues: was 0% in the normal vulva, 30% in NNEDV and 66.67% in VSCC, respectively. The overall positive rate and two two comparison had statistical significance. In the NNEDV group, the positive rate of squamous hyperplasia type and lichen sclerosus type was 35% and 25%, respectively, with no statistical significance ( $P>0.05$ ), but higher than that in the normal vulva skin group ( $P<0.05$ ) and lower than that in the VSCC group ( $P<0.05$ ). The positive rate of HPV16-E6 in VSCC was 66. 67%. The positive rate increased with the clinical stage. The positive rate between Phase I and Phase II, and that between Phase I and Phase III had statistical significance ( $P<0.017$ ), but that between Phase II and Phase III had no statistical significance ( $P>0.017$ ). The positive rate gradually decreased with the tumor differentiation. The difference in well-differentiated and poorly differentiated, moderately and poorly differentiated had statistical significance ( $P<0.017$ ), but that of well-differentiated and moderately differentiated had no statistical significance ( $P>0.017$ ). The positive rate of lymph node metastasis VSCC was significantly higher than that of non-lymph node metastasis VSCC ( $P<0.05$ ).

**Conclusion:** HPV infection may be an etiological factor for NNEDV. The rise of HPV16-E6 positive rate may be related to the occurrence and development of vulvar squamous cell carcinoma.

**Keywords:** HPV16-E6 non-neoplastic epithelial disorders of the vulva squamous cell carcinoma of the vulva

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