ABSTRACTS
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Cervical cancer in women diagnosed in the national health laboratory, Sudan: an urgent call for screening

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Introduction: According to the hospital-based cancer registry of the Radiation & Isotope Centre of Khartoum, cervical cancer is the second most common cancer type among women living in Sudan. However, there has been neither a national registry nor epidemiologic study published to date, despite a wealth of available data.

Objectives: To identify the clinicopathological pattern of cervical cancer in the Sudan.

Material and Methods: This is a cross-sectional, descriptive study conducted at the Histopathology Department, National Health Laboratory in Khartoum, Sudan. The cases reviewed were based on histopathologic diagnosis of cervical tumour in the period from 2004 to 2009. Histopathologic reclassification was conducted according to the WHO (2003) criteria. Patients' clinical data were obtained from clinical records. Exclusion criteria included inadequate information and unavailability of both the H&E section and FFPE block. The data was analyzed using the SPSS.

Results: A total of 287 cases were reviewed. 195 cases were included in the study. The commonest age group range was 41–60 (52.0%) followed by 61–80 (28.6%). Presence of a cervical mass protruding through the vagina accounted for 54.3% of the cases in which vaginal examination findings were registered. Histologically, 95.9% of the cases reviewed were epithelial. Of the epithelial tumours, 90.9% were Squamous. 4.8% were glandular, and 4.3% were other epithelial tumours. Of the Squamous tumors, 98.8% were invasive carcinomas and 1.2% was cervical intraepithelial neoplasia.

Conclusion: The mean age of patients presenting with cervical cancer to NHL is 53.25 years. This is in keeping with the natural history of HPV. The late presentation of patients with aggressive disease necessitates early cervical cancer screening.

p16INK4a expression in precancerous lesions of the cervix

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Introduction: The p16 protein functions is the negative regulation of the cell cycle through the inhibition cyclin-dependent kinases 4 and 6. In spite of the above cervical precancerous lesions reveals overexpression of the p16 protein. In attempt to explain the p16 protein overexpression has been suggested that HPV infection leads to HPV-E7 binding to pRb, which in turn results in p16 overexpression. Conflicting results about the expression of p16 protein in SIL have been obtained from different studies.

Materials and Methods: Fifty-seven biopsies were studied, including LSIL – 8, HSIL – 49. All cases were re-reviewed by two pathologists to obtain a consensus diagnosis. Immunohistochemical staining for p16 was performed on 3-μm sections of formalin-fixed, paraffin-embedded specimens. The sections were subjected to heat-induced antigen retrieval and stained manually with p16 antibody (clone E6H4). The staining was graded according to manufacturer instructions as 0 = negative, 1 = focal weak nuclear/cytoplasmic expression, and 2 = diffuse moderate- to strong-intensity nuclear/cytoplasmic staining.

Results: Only 37.5% of cases of LSIL showed strong, diffuse positivity for p16 and 62.5% of cases were negative. 73.5% cases of HSIL displayed positivity for p16. Thus level of expression of p16 in HSIL is significantly higher than in LSIL group (P < 0.05).

Conclusion: We detected heterogeneity of HSIL group. Thirteen cases of 49 (26.5%) were negative for p16, and only 36 cases (73.5%) were positive. Whereas another authors observed positive p16 expression in 90–100% of HSIL. The reason of this discrepancy may be related to lack of agreement of HSIL histological criteria between Russian and international pathologists.

Comparison of P16 over expression and HPV-DNA detection in cervical lesions of Thai women

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Introduction: Human papilloma virus (HPV) has been established as a necessary cause of cervical cancer and its precursor. High-risk HPV-DNA testing is being evaluated as a future cervical cancer screening method. P16 over expression has been reported to be presented in dysplastic cells of uterine cervix and may reflect HPV-induced dysplasia. The aim of this study was to compare P16 over expression and HPV-DNA detection in the cervical lesions of Thai women.

Material and Methods: P16 immunostaining and HPV-DNA testing were done on formalin fixed paraffine embedded cervical tissue blocks from 614 patients including 204 normal, 169 low grade squamous intraepithelial lesion (LSIL), 121 high grade squamous intraepithelial lesion (HSIL), and 120 squamous cell carcinoma (SCC). Immunorepression of P16 was evaluated by a combining score base on percentage of positive cells (score 0–3), the intensity of staining (score 0–3), and distribution pattern (score 0–2). For the combined score of 4–8 is positive and negative for score 0–3. The HPV-DNA testing was done using consensus primer GP5+/GP6+ PCR assay. Typing was determined by reverse line blot assay

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