

Molecular Detection of Human Papillomavirus Genotype-31 in Tissues from Patients with Prostate Cancer and Benign Prostatic Hyperplasia

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Abstract

Background: High oncogenic-risk genotypes of human Papillomavirus (HPV) infect a wide range of human cells, including prostate tissue that give rise to benign prostatic hyperplasia and prostatic adenocarcinomas. This study aimed to detect DNA of HPV genotype-31 using in situ hybridization technique in prostatic tissues from benign prostatic hyperplasia and prostatic adenocarcinomas, and elucidate the association between these HPV genotypes and prostatic carcinogenesis. Fifty (50) formalin-fixed, paraffin embedded prostatic tissue blocks were obtained ,among them (25) tissue biopsies from prostatic carcinoma with different grades and (15) benign prostate hyperplastic tissue blocks as well as (10) apparently normal prostate tissue autopsies which were collected from the archives of Forensic Medicine Institute / Baghdad and used as prostate healthy control groups. Detection and genotyping of HPV was done by highly sensitive in situ hybridization technique. The signals of in situ hybridization reactions of HPV-31 in prostate cancer cases in the present study was 52% (13 / 25) whereas in BPH, HPV-31 was detected in 33.3 % (5 /15). Non HPV-31 was detected in the apparently healthy control group .The highest percentage (24%) of positive- HPV31- DNA ISH reactions was found in tissues of prostatic carcinoma showing moderate differentiation .Our results indicate that the oncogenic HPV-31 might contribute to the development of subset of prostate tumors.

Keywords: HPV-31; prostate cancer, benign prostatic hyperplasia,in situ hybridization.

1-Introduction:

Most common neoplasms of the male genital tract involve the prostate gland .(Mc Nicol and Dodd, 1990).Prostate cancer is the fifth common cancer in the world and the second in cancer mortality exceeded only by lung cancer (Bray et al,2000)

Viral factors are the most important class of infectious agents associated with human cancers (Mao et al. 2003).

It was estimated that 17-20% of all worldwide incidence of cancers are attributable to a viral etiology(Clifford et al,2003).

Human papilloma virus is sexually transmitted in adults. Human papilloma viruses (HPVs) are regarded as specific epitheliotropic DNA viruses (Ferenczy and Jenson 1996).

HPVs can persistently infect prostate epithelium in non immunocomprised host (Scott et al, 2001).

To date, more than 200 types of HPVs have been reported, which are classified into low –oncogenic risk and high- oncogenic risk types according to their associations with malignant tumors (Munoz et al,2003).

High oncogenic risk HPV types may integrate into the host cell chromosome, here they interrupt the integration of E2 gene that regulatesthe transcription& expression of HPV-E6 & E7 oncoproteins. The E6 and E7 genes reprsent transforming genes and their products are responsible for the alteration of growth patterns of the infected cells as well as acting, at least in part, by interfering with host cell control of transcription and the cell cycle .(Rubin's ,2008).

These oncoproteins inactivate the cellular tumor suppressor gene products of p53 and Rb, respectively(Satoshi ,2008)(Ghittoni ,etal 2010).

It is clear that continued expression of these viral oncogenes is necessary for histopathologic progression and the malignant phenotype of an HPV-associated tumors(Carole and Gillison 2006). Recent studies suggest that HPV infection may play a role in the development of oral cancers (Serth et al,1999). Head and neck cancers (Ibrahim ,etal 1992). esophageal cancers (Rotola ,et.al 1992) Lung cancers(Tu et al,1994). and colorectal cancers (Al-Ahdal et.al,1996).

In addition, other reports document the presence of HPV DNA in prostatic tissues(Al .Jewari et.al, 2007).

The involvement of oncogenic (HPVs) in the pathogenesis of prostate cancers is a subject of great controversy . (Serth et al,1999). However, molecular detection of HPV DNA was documented in 2.4%(through

53% and) up to 100% in prostate cancer and in 32 %- 93% of benign prostatic hyperplasia(Serth et.al.,1999).

So this study aims to assess the in situ hybridization expression of HPV-31 in BPH & prostate cancer and to elucidate the correlation of these high-risk oncogenic HPV-genotype with development of BPH & prostatic carcinogenesis.

2-Materials and methods

2-1. Patients and tissue samples: Fifty (50) formalin-fixed, paraffin embedded tissues were collected from prostate biopsies that were related to (25) prostatic carcinoma, (15) benign prostate hyperplasia and (10) apparently normal prostate. They were collected from records of pathological archives of Teaching Laboratories of Medical City Hospital and Forensic Medicine Institute / Baghdad during the period of November 2009 to April 2010. The age of these individuals ranged between 55-95 years.

The diagnosis of these tissue blocks were based on their accompanied records. A consultant pathologist reexamined all these cases to confirm the diagnosis following trimming process of these tissue blocks.

2-2. Methods

Detection of HPV by ISH kit (Maxim biotech Inc, USA) was performed on 4µm paraffin embedded tissue sections using a biotinylated long DNA probe for HPV-31 (cat. No. IH-60058 and IH-60059, respectively). One section was mounted on ordinary glass slide and stained with haematoxylin and eosin, whereas other section was mounted on charged slide to be used for in situ hybridization for detecting HPV-31.

In situ hybridization procedure: - The slides were placed in 60°C hot-air oven over night. The tissue sections were deparaffinized and treated by graded alcohols according to the standard methods. The slides were treated then with proteinase K solution.

One drop of the biotinylated long cDNA probe for HPV-16 and HPV-18 was placed on each specified slides. Hybridization solutions was placed on the tissue section and placed in the oven at 95°C for 8-10 minutes to denature the double stranded DNA. The slides were then placed in a humid chamber and incubated over night at 37°C to allow hybridization of the probe to the target nucleic acid. The slides were soaked in protein block at 37°C until the cover slips fell and then treated with conjugate one to 2 drops of conjugate (BCI P/NTB). Positive control reactions were performed by replacing the probe with biotinylated house keeping gene probe. Negative control was obtained by omitting the probe from hybridization buffer. Then substrate was placed on tissue section at room temperature for 30 minutes or until color development was complete. Slides were then counterstained using nuclear fast red and sections were mounted with permanent mounting medium (DPX). Color development was monitored by viewing the slides under the microscope. A blue colored precipitate formed at the site of the probe in positive cells.

The in situ hybridization signal was evaluated under light microscope at oil emersion (X1000) for counting of positive cells. Positive cells were counted in ten different fields for each sample and the average of positive cells of the ten fields was determined as the scope of our research is to qualify the results as positive or negative HPV -31 ISH reactions. A scale zero was given to these results without detectable ISH reaction whereas the results pointing for >1% were evaluated as positive ISH reaction and without the need to include the scores 1-3 stated by (27), that are referring to low, intermediate, and high infection.

Statistical analysis was done by chi-square test, percentage, range, mean and standard deviation. Correlation was considered significant when $p < 0.05$.

3-Results

Table (1) shows the positive results of HPV DNA-ISH detection, where 52% (13 of total 25) malignant prostate tumors showed positive signals. The benign group revealed 33.3% positive signals which represented 5 out of 15 cases in this group. None of control group presented positive signals for HPV-ISH test.

The HPV DNA was detected in a higher percentage in the malignant prostate tumors group than their benign counterpart group. Statistically, highly significant differences ($p < 0.05$) were found on comparing the results of these study groups.

4-Discussion

Since human papillomavirus (HPV) infection was first identified as a risk factor for cervical cancer, several studies have investigated HPV in relation to prostate cancer with mixed results (Strickler et al, 1998). When Taylor and colleagues (HYPERLINK "HYPERLINK%20%22http://europepmc.org/abstract/MED/15988645%22" HYPERLINK "http://europepmc.org/abstract/MED/15988645") (Rosenblatt et al, 2003). combined the results of ten of these studies, they observed a significant positive association between HPV and prostate cancer.

Many studies showed the association between HPV and PCa. These studies showed that HPV prevalence varies from 2% to 100% in PCa samples, The most reported types of HPVs in prostate cancers were

HPV types 16,18,33 and 31 (Anwar et al,1992)and (Leiros et al, 2005).

The present results are much higher than the results of positivity of HPV31 in the examined prostatic cancerous tissues reported by(Amitis et al,2011) and (Leiros et al, 2005).

Where they found (4.3%, 12%, 32%), respectively.

It is possible that the tissues of prostate cancer with negative results by the present in situ hybridization study may not have an adequate copy numbers of this virus to permit its detection by ISH while it could show positive results on PCR (Al-Ahdal et al, 1996).

By analogy, it was found that the present findings of HPV 16 &31 in an equal proportions are consistent to those studies done in Iraq by Mohammed Ali (Mohammed-Ali,2001) and (Al-Azzawi,2006)and(Bakir ,2006) and (Khashman ,2008(AL-Mahbobi ,2011) *and*(Al-Aizzi, 2011)and(Al-Alwany, 2013). who found that the HPV 16,18 ,31& 33as the prevalent types in their studied group of the cervical ,laryngeal ,esophageal ,oral, prostatic ,ovarian carcinomas and breast carcinoma ,respectively.

In addition, the lower numbers of the included prostatic tissues in the present (as well as other studies) which were subjected for molecular testing as well as there was a shortage of knowledge regarding the prevalences of each HPV genotype in the general population of each communities and /or countries precluded any clear and definitive explanation regarding such differences and discrepancies in the reported results of positive percentages of HPV (this was noted even for those results that were reported by the same researcher and in the same patients of that specific country but at different, even short, time interval of achieving these studies) .(Mc Nicol and Dodd ,1990).

Although human papillomavirus type16 and type 18 are known to play a role in the development of neoplastic disorders of the urogenital organs, the presence of HPV-16 and

HPV-18 in prostatic tissues with benign hyperplasia has been a matter of controversy(Al .Jewari ,2007). The present study was extended to include a set of benign prostatic hyperplasia tissues to be tested by ISH technique for these important highly oncogenic HPV genotypes.

By analogy ,the results of this study were in disagreement with the findings of (Ibrahim et al,1992). who found 50% of HPV16 in BPH by using PCR method and also consistent with the findings of each (Ibrahim et al,1992).who found 20% of HPV18 in BPH) and (Al .Jewari ,2007) who found 30.8% of HPV-18 in BPH) by using PCR &Southern blot hybridization techniques.

However ,our results are lower than those reported by ⁽¹⁾ who found HPV16 and HPV18 in BPH in a percentage rate of (93.3% &20%) respectively; those reported by (McNicol & Dodd ,1991). (60.7%)in BPH by using PCR method; and those reported by (Rotola et al ,1992) who found (82%) positivity of HPV-16 in BPH cases. On the other hand, some investigators have reported negative findings of HPV in BPH samples. In this respect, a pilot study by (Hisada et al,2000).included a total of 10 BPH samples that were proved to be negative at for HPV by both PCR and in situ hybridization. Also, our obtained results are higher than (McNicol & Dodd ,1991). who found HPV18 (5.4%); (Al .Jewari ,2007). who found (15.4%) for co -infection HPV16&HPV18 in their examined benign hyperplastic tissues.

The differences in the present obtained percentages are a reflection of low prevalence of HPV in our Iraqi patients and as reported by(Al Jewari 2007).that may constitutes a probable cause for the differences between all Iraqi studies and world-wide studies. (Robbins and Cotran, 2010).Therefore, other factors and agents might multifactorially or co-factoriallyplayed a role in initiation and promotion in prostate carcinogenesis of our country.

Although many researches tried to present evidences for liability of conversion of subset of BPH into PC, yet scientists have not confirmed the change of BPH to PC (Wilcox et al, 1998). Prostate cancer like that of cervical cancer is also preceded by precursor lesions called prostatic intraepithelial neoplasia (PIN) which are equally paralleled to CIN in cervical cancer (Strickler et al,1998).. In view of these facts &observations, and likewise that of HPV role in cervical carcinogenesis ,the present results could fortify the possibility of changing PIN lesions to PC via the role of highly oncogenic risk HPV types in the course of prostatic carcinogenesis.

The detection of such high risk HPV types in BPH would not be interpreted as a chance phenomenon or left without giving a critical importance for the possibility of HPV in initiation or enhancing the conversion of a subset of BPH into the prostatic carcinogenesis to change into PIN and /or PC .

Small size of the studied samples compromised the statistical power of this study to detect the effects of these factors under consideration. In addition, the lack of detailed clinical information attached to those prostate tissue samples that were enrolled in this study has deprived the present study to reach to a solid impression for the real role of those mixed viral infections in prostate carcinogenesis and in turn raised a suggestion to compel an integrate team-work study, at molecular and virological levels to elucidate the role of these factors and many other agents in prostate carcinogenesis in this country. Also in the future, it will be interesting to design experimental studies to understand the synergistic effect of HPV with EBV and /or HSV mixed infections on prostate cancer.

In view of the clear variations in the results of HPV in BPH from the present study and many other

studies, more investigations should be carried out before a possible conclusion that the prostate may be a potential reservoir for the sexual transmission of high risk HPVs can be made.

Conclusions

The high percentage of high-oncogenic risk HPV31-associated PCa might reflect a crucial role for this important sexually –transmitted disease in the pathogenesis of PCa and BPH and their probable transforming role along the pivot of prostatic carcinogenesis.

References

- Al .Jewari MMM; Mohammed Ali SH; Al. Azzawi MKH.(2007). Genotyping of human papilloma virus infections and phenotyping of tumor infiltrating lymphocytes in Iraqi patients with uterine cervical neoplasia. *Iraqi Post Grad Med J.*;6(4):PP 362-373.
- Al-Ahdal MN, Kardar AH, Selim AM, Kessie G. (1996). Occurrence of human papillomavirus types 16 and 18 in benign prostatic hyperplasia tissues of Saudi patients. *Genitourin Med* ; 72: 345-346.
- Al-Aizzi, S. M. (2011). The association of Human Papillomavirus in Surface Epithelial Ovarian Carcinomas with Its Effect on the Expression of p53 & Retinoblastoma Tumor Suppressor Genes. Ph.D. thesis submitted to College of Medicine Baghdad University.
- Al-Alwany, Sh. H. M. (2013). Molecular and Immunological Study of Breast Cancer Tissues Infected with High-Risk Genotypes of Human Papilloma Virus. Ph.D. thesis submitted to College of Science Babylon University.
- Al-Azzawi MKK.(2006). Molecular typing of human papilloma virus associated with uterine cervical carcinoma in Iraqi female patients. Ph.D. thesis submitted to college of science, Al- Mustansiriyah University.
- AL-Mahbobi T F. (2011). Molecular Study on Human Papillomavirus and its role on expression of P53 tumor suppresser gene in prostate cancer. M.Sc. thesis Submitted to College of Medicine, Baghdad University
- Amitis R, Mohammed B, Ali E, and Arezoo A.(2011). Association Between HPV Infection and Risk of Prostate Cancer. *Iranian Journal of Pathology.* 6(1):3-7.
- Anwar K, Nakakuki K, Shiraishi T, Naiki H, Yatani R, Inuzuka M. (1992). Presence of ras oncogene mutations and human papillomavirus DNA in human prostate carcinomas. *Cancer Res*; 52: 5991-5996.
- Bakir T Y. (2006). Study of some virological and immunological aspects of human papillomavirus infection in eso2phageal carcinoma. M.Sc. thesis submitted to college of health and medical technology.
- Blancato J, Singh B, Liao DJ, Dickson RB.(2004). Correlation of amplification and overexpression of the c-myc oncogen in high-grade breast cancer, FISH, in situ hybridization & Immunohistochemical analysis. *British Journal of Cancer*; 90:1612-1619.
- Bray F, Sankila R, Ferlay J, Parkin DM .(2002). Estimates of cancer incidence and mortality in Europe in 1995. *Eur J cancer* ;38:99-166.
- Carole F and GillisonL .(2006). Clinical implications of Human Papillomavirus in Head and Neck Cancers. *Am JSoci of ClinOncol* ; 24 :17-18.
- Clifford G M, Smith J S, Plummer M, Munoz N, and Franceschi S. (2003). Human papillomavirus types in invasive cancer worldwide: a meta-analysis. *Br. J. Cancer*; 88: 63–73.
- Dodd JC. Paraslevas M and Mc Nicole PJ.(1993). Detection of HPV16 transcription in human prostate tissues. *J Urol* :149(2):400-402.
- Ferenczy ,A.and Jenson ,A.B. (1996). Tissue effects and host response; The Key to the rational triage of cervical neoplasia. *ObstetGynecolClin North Am.*;23(4):759-782.
- Ghittoni R, AccardiR, HasanU, GheitT, SyllaB, TommasinoM.(2010). The biological properties of E6 and E7 oncoproteins from human papilloma viruses. *Virus Genes* ;40(1):1-13.
- Hisada M, Rabkin CS, Strickler HD, Wright WE, Christianson RE, van den Berg BJ. (2000). Human papillomavirus antibody and risk of prostate cancer [letter]. *JAMA*; 283: 340-341.
- Horowitz R and Fronk-M-B. (1997). Polymerase chain reaction In *Molecular Biology protocols* ;frank M B (ed) :2:1-3.
- Ibrahim GK, Gravitt PE, & Dittrich KL.(1992). Detection of human papillomavirus in the prostate by polymerase chain reaction and in situ hybridization. *J Urol*; 148: 1822-1826.
- Jawetz E, Melnick JL and Adelberg's: . (2007). *Medical Microbiology* 24nd Ed., LANGE Medical. The McGraw-Hill Companties.
- Khashman B M. (2008). Molecular & Virological Study on Human Papilloma Virus Infections in Iraqi Patients with Oral Squamous Cell Carcinomas. M.sc. thesis submitted to College of Medicine Baghdad University .
- Leiros GJ, Galliano SR, Sember ME, Kahn T, Schwarz E Eiguchi K. (2005). Detection of human papillomavirus DNA and p53 codon 72 polymorphism in prostate carcinomas of patients from Argentina. *BMC Urol*; 5: 15.
- Maghrabi JAA (2007). The role of *Human papillomavirus* infection in prostate cancer. *Saudi Med J*, **28**, 326-33.

Mao C, Hughes JP and KivialN.(2003). Clinical findings among young women with genital human papillomavirus infection. *Am J ObstetGynecol* ; 188:677.

McNicol PJ& Dodd JG.(1991). High prevalence of human papillomavirus in prostate tissues. *J Urol*; 145: 850-853.

Mohammed-Ali SaadHasan.(2001). Molecular biological studies of human papillomavirus in patients with cervical neoplasia. Ph.D. thesis submitted toSaddam collage of medicine .

Moyret-Lalle C, Marcais C, Jacquem et al .(1995)*Ras, p53 and HPV status in benign and malignant prostate tumors. Int J Cancer* , 64:124-129.

Munoz N.; Bosch FX; & de Sanjose S. .(2003). Epidemiologic Calassification of human papillomavirus types associated with cervical cancer. *N Engl J Med* ; 348: 518-527.

Parkin DM, Bray F, Ferlay J, Pisani P.(2005). Global cancer statistics, 2002. *CA CancerJ Clin* ; 55: 74-108.

Robbins and Cotran.(2010). Pathologic basis of disease ,8th edition , Saunders Elservire (U.S.A) ; 996-997.

Rosenblatt KA, Carter JJ, Iwasaki LM, Galloway DA, Stanford JL.(2003). Serologic evidence of human papillomavirus 16 and 18 infections and risk of prostate cancer. *Cancer Epidemiol Biomarkers Prev*; 12: 763-768.

Rotola A, Monini P,& Di Luca D,. Presence and physical state of HPV DNA in prostate and urinary-tract tissues. *Int J Cancer* 1992; 52: 359-365.

Rubin's pathology.(2008). Clinicopathologic Foundations of Medicine, 5th edition, LippinCott Williams and Wikins U.S.A.; 796-797.

Sarkar FH, Sakr WA, Li YW, Sreepathi P, Crissman JD.(1993). Detection of human papillomavirus (HPV) DNA in human prostatic tissues by polymerase chain reaction (PCR). *Prostate* ; 22: 171- 180.

Satoshi Y, Kajitani N, Satsuka A, Nakamura H, and Sakai H, Ras.(2008). Modifies Proliferation and Invasiveness of Cells Expressing Human Papillomavirus Oncoproteins. *J of Virol* 2008; 82(17): 8820-8827.

Scott M ;Nakagwa M ; and Moscicki AB.(2001). Cell- mediated immune response to human papillomavirus infection. *Clinical and diagnostic laboratory immunology* ; 8(2): 209-220.

Serth J, Panitz F, Paeslack U, Kuczyk MA, Jonas U. (1999).Increased levels of human papillomavirus type 16 DNA in a subset of prostate cancers. *Cancer Res* ; 59: 823-825.

Strickler H D , Burk R , Shah K , Viscidi R , Jackson A , Pizza G , Bertoni F , Schiller J T. Manns A , Metcalf R , Qu W , Goedert J J .(1998). A multifaceted study of human papillomavirus and prostate carcinoma. *Cancer (Phila.)*; 82: 1118-1125.

Suzuki H,KomiyaA,AidaS,ItoH,YataniR,Shimazaki J. (1996).Detection of human papilloma virus DNA and p53 gene mutation s in human prostate cancer ;28(5):318-24.

Tu H, Jacobs SC, Mergner WJ, Kyprianou N.(1994). Rare incidence of human papillomavirus types 16 and 18 in primary and metastatic human prostate cancer. *Urology* ; 44: 726- 731.

Wilcox G, Soh S, Chakraborty S .(1998). Patterns of high-grade prostatic intraepithelial neoplasia associated with clinically aggressive prostate cancer. *Hum Pathol*; 29: 1119–23.

Table (1) : Frequency distribution of HPV DNA signal scoring among the malignant prostate tumors , benign prostate tumors and healthy prostate tissues.

HPV signal scoring	Malignant Prostate Tumors (n=20)		Benign Prostate tumors (n=15)		Normal Prostate Tissues (n=10)		P	
	N	%	N	%	N	%		
Negative	12/25	48	10/15	66.7	10	100.0	0.001 significant	
Positive	13/25	52	5/15	33.3	0	0.00		
Scoring	I	6/13	46.2	4/5	80	0		0
	II	5/13	38.5	1/5	20	0		0
	III	2/13	15.3	0	0.00	0		0
Mean Rank	95.6		67.1		55.5			

(Table2) : Distribution of HPV31-associated prostate carcinoma according to the grade/differentiation of cancer

Grade	Type HPV31			
	Positive	Negative	Total	
Distribution of HPV31-associated prostate carcinoma according to the grade/differentiation of cancer (Table 2) shows the correlation of infection with high-risk HPV31 genotype and their scoring with prostate cancer grading . Thirteen cases out of 25 showed positive for HPV31-ISH reaction .Twelve percent (12 % :3 cases out of 25) of prostate carcinoma that have well differentiated grade . Also , itswere found that 24% (6 cases out of 25) and 16% (4 cases out of 25 cases) of prostate carcinoma that showed moderately differentiated grade and poorly differentiated grade , respectively. Statistically, no significant correlations between HPV31 infection and the breast cancer grade .				
Well	Count	3	4	7
	% within grade	12%	16%	28%
	% within HPV31	23.1%	0.00	23.1%
Moderate	Count	6	3	9
	% within grade	24%	12%	36%
	% within HPV31	46.1%	0.00	46.1%
Poor	Count	4	5	9
	% within grade	16%	20%	36%
	% within HPV31	30.8%	0.00	30.2%
Total	Count	13	12	25
	% within grade	52%	48%	100.0%
	% within HPV31	100.0%	00.0%	100.0%

(Table 2) shows the correlation of infection with high-risk HPV31 genotype and their scoring with prostate cancer grading . Thirteen cases out of 25 showed positive for HPV31-ISH reaction .Twelve percent (12 % :3 cases out of 25) of prostate carcinoma that have well differentiated grade . Also , itswere found that 24% (6 cases out of 25) and 16% (4 cases out of 25 cases) of prostate carcinoma that showed moderately differentiated grade and poorly differentiated grade , respectively. Statistically, no significant correlations between HPV31 infection and the breast cancer grade .

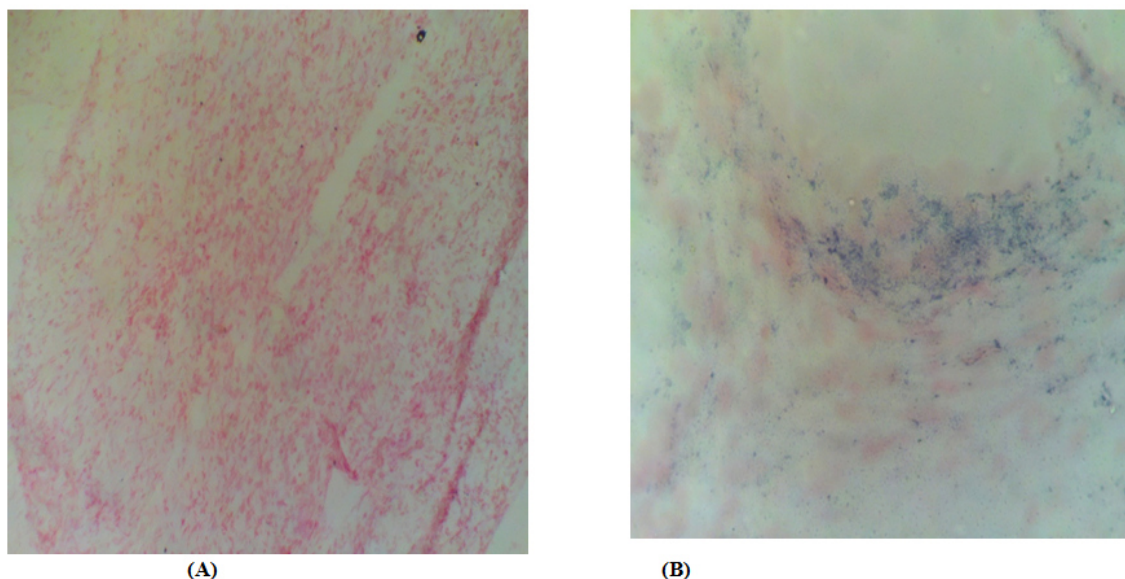


Figure (1): In situ hybridization results for HPV-31 DNA- detection in prostatic adenocarcinomas; BCIP/NBT stained and counter stained by nuclear fast red; A. prostate tissue with negative ISH reaction for HPV-31 (40X). B. prostate cancer with positive ISH reaction for HPV-31 (40X).

لسرطان. المصابين المرضى من المأخوذة الانسجة في 31 نوع العالي السرطاني الاخطار ذو البشري الحليمي الفايروس عن الجزيئي الكشف الحميد البروستات والتضخم البروستات

الخلاصة

البروستات أنسجة وبضمنها البشرية الخلايا من واسع طيف تصيب العالي السرطاني الاخطار ذات البشرية الحليمية الفايروسات: الدراسة خلفية فيها غدية وسرطانات حميدة أورام حدوث الى مؤدية

التضخم وحالات البروستات سرطانات من المأخوذة بالانسجة 31 العالي الاخطار نمط ذو البشري الحليمي الفايروس عن التحري: الدراسة هدف البروستات في السرطاني التطور حدوث بعملية علاقتهما وتفسير البروستات في الحميد

مأخوذة عينة 28 منها البارافين بشمع والمطمور بالفورمالين المحفوظ البروستات نسيج من عينة وخمسون ثمانية جمعت: العمل وطرائق المواد معهد من نسيجية خزع 10 أخذت بينما البروستات في الحميد التضخم حالات من أخرى 20 و البروستات سرطان من الحيوية النسيجية الخزع من الفايروس عن للكشف العالية الحساسية ذات الموضوعي التهجين بطريقة العمل تم /. سيطرة كمجموعة أستخدمت حيث بغداد في العدلي الطب 16 و18. نوع العالي الاخطار ذو البشري الحليمي

البروستات سرطان حالات في 31 العالي الاخطار ذو البشري الحليمي الفايروس حدوث نسبة بأنه الحالية الدراسة أوضحت: النتائج التهجين بفحص الحميد البروستاتي التضخم حالات في حدوثها نسبة (حاله 15 اصل من 5) 33.3% بينما. (حاله 25 اصل من 13) 52% كانت الطبيعية السيطرة مجموعة في الانسجة حالات في للفيروس موضعي تهجين تفاعل حالة تسجل لم. الموضوعي

ا حالات و البروستات في الخلايا سرطان وتطور حدوث في مهما دورا يلعب قد 31 العالي الاخطار ذو البشري الحليمي الفايروس: الاستنتاجات للبروستات الحميد التضخم

الموضوعي التهجين طريقة للبروستات الحميد التضخم البروستات سرطان-31 العالي الاخطار ذو البشري الحليمي الفايروس: الكلمات مفتاح

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