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CDX2和Villin在胃黏膜病变中的表达及其临床病理意义

王见璋, 李炜霞, 何志明, 黄金凤

(广州中医药大学顺德医院病理科, 广东 佛山 528333)

[摘要] 目的: 探讨CDX2和Villin在胃黏膜病变中的表达及其临床病理意义和诊断作用。方法: 收集2015年1月至2017年5月本院胃黏膜活检标本90例, 其中慢性胃炎21例, 慢性胃病伴肠上皮化生22例, 胃上皮内瘤变25例, 胃癌22例。采用免疫组织化学方法检测CDX2和Villin蛋白在胃黏膜活检组织中的表达。结果: CDX2及Villin在慢性胃病伴肠上皮化生组、胃上皮内瘤变组及胃癌组均有高表达, 其阳性率显著高于慢性胃炎组, 差异有统计学意义($P<0.01$); CDX2与Villin的表达存在正相关($P<0.01$)。结论: CDX2和Villin异常表达于胃黏膜肠上皮化生、胃上皮内瘤变及胃癌组织中, 提示两者可能在胃癌(特别是肠型胃癌)的发生中起重要意义, 同时在胃黏膜活检中诊断胃癌及癌前病变(尤其是形态学难以确定)时, 两者联合检测可以作为辅助诊断的依据。

[关键词] 胃癌; 肠上皮化生; 胃上皮内瘤变; CDX2; Villin

Expression of CDX2 and Villin in gastric mucosal lesions and their clinical pathologic significance

WANG Jianzhang, LI Weixia, HE Zhiming, HUANG Jinfeng

(Department of Pathology, Shunde Hospital of Traditional Chinese Medicine University of Guangzhou, Foshan Guangdong 528333, China)

Abstract **Objective:** To investigate the expression of CDX2 and Villin in gastric mucosal lesions and their clinicopathological significance and diagnostic role. **Methods:** Ninety cases of gastric mucosa biopsy specimens in total, including 21 cases of chronic gastritis, 22 cases of chronic stomach disease associated with intestinal metaplasia, 25 cases of gastric intraepithelial neoplasia, and gastric carcinoma 22 cases, were collected from our hospital from January 2015 to May 2017. The immunohistochemical methods were used to detect the expression of CDX2 and Villin in the gastric mucosal biopsy tissue. **Results:** CDX2 and Villin had high expression in patients with intestinal metaplasia, gastric intraepithelial neoplasia and gastric cancer, and their positive rate was significantly higher than that of chronic gastritis, the differences were statistically significant ($P<0.01$). CDX2 was positively correlated with Villin ($P<0.01$). **Conclusion:** Both CDX2 and Villin are expressed in the intestinal metaplasia, gastric intraepithelial neoplasia and gastric cancer tissue, suggesting that the two may play an important role in the occurrence of gastric cancer (especially gastrointestinal carcinoma), at the same time, it can be used as the basis for the auxiliary diagnosis of gastric cancer and precancerous lesions (especially morphology is difficult to determine).

Keywords gastric carcinoma; intestinal metaplasia; gastric intraepithelial neoplasia; CDX2; Villin

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通信作者 (Corresponding author): 王见璋, Email: setbobo@126.com

胃黏膜上皮内瘤变与肠上皮化生是重要的癌前病变^[1], 胃腺癌(尤其是肠型胃癌)被认为经历了慢性胃炎、萎缩性胃炎、肠上皮化生到上皮内瘤变和胃癌的发展过程。尾型同源盒转录因子2(caudal-related homeobox transcription factor 2, CDX2)是人体肠道特异性表达的核转录因子, 对肠黏膜上皮细胞的发育及其形态和结构特征的维持具有重要作用。近年来有研究^[2]结果显示其在胃黏膜肠化生及胃癌发生中可能有重要作用。绒毛蛋白(Villin)是Ca²⁺调节性肌动蛋白的结合蛋白, 对正常小肠、结肠、胰腺导管和近端肾曲小管微绒毛刷状缘的形成起重要作用, 在消化道腺癌组织中有特异性表达^[3]。本研究旨在通过检测CDX2和Villin在胃黏膜不同病变中的表达情况, 探讨两者在胃黏膜癌前病变及胃癌的发生中的临床病理意义及其诊断价值。

1 材料与方法

1.1 病例标本

收集2015年1月至2017年5月本院胃黏膜活检标本90例, 其中慢性胃炎21例, 慢性胃病伴肠上皮化生22例, 胃上皮内瘤变25例, 胃癌22例。男56例, 女34例, 年龄31~88(平均60.4)岁。25例胃上皮内瘤变中低级别上皮内瘤变19例, 高级上皮内瘤变6例; 22例胃腺癌中管状腺癌5例, 混合性癌12例, 低黏附性癌(印戒细胞癌)5例。所有病例分别经两名资深的病理科医生确定诊断。胃上皮内瘤变及胃癌的诊断参照WHO消化系统肿瘤分类中诊断标准。

1.2 主要试剂

CDX2为浓缩型兔抗人单克隆抗体(按1:1 000稀释), Villin为浓缩型鼠抗人单克隆抗体(按1:1 000稀释)及SP通用型免疫组织化学试剂盒均购于福州迈新生物技术开发有限公司。

1.3 检测及判定方法

所有标本经常规脱水、包埋、切片、脱蜡后, 采用免疫组织化学方法进行CDX2和Villin蛋白检测。免疫组织化学方法采用SP法, 操作如下: 组织石蜡切片经常规脱蜡, 水化; 以柠檬酸40℃微波修复15 min; 3% H₂O₂室温孵育10 min; PBS冲洗; 滴加一抗, 室温孵育60 min; PBS冲洗; 滴加二抗, 室温孵育10 min; PBS冲洗; DAB显色, 苏木精复染、脱水、透明、封片。所有标本免疫组

织化学染色时设立阳性对照和阴性对照。CDX2蛋白阳性染色定位于细胞核, Villin蛋白阳性染色定位于细胞膜/质。免疫组织化学染色结果由两位有经验的临床病理医师独立阅片判断。每例标本在400×光镜下随意选取10个视野, 对染色强度进行评分, 不着色为0分、浅棕色为1分、棕色为2分、深棕色为3分; 然后再对阳性细胞所占百分比进行评分: 无阳性细胞数为0分、阳性细胞数≤30%为1分、>30%且≤70%为2分、>70%为3分。上述两项分数相加, 0~2分为阴性, 3~6分为阳性。

1.4 统计学处理

应用SPSS19.0进行统计学处理。CDX2和Villin蛋白在各组表达的阳性率比较采用Pearson卡方检验分析, CDX2及Villin表达的相关性采用Spearman等级相关分析法分析, 以P<0.05为差异有统计学意义。

2 结果

2.1 CDX2和Villin的阳性表达部位

CDX2特异性表达于胃黏膜肠上皮化生、胃上皮内瘤变及胃癌细胞的细胞核, 同一标本内非病变的上皮未见着色; Villin特异性表达于胃黏膜肠上皮化生、胃上皮内瘤变及胃癌细胞的细胞膜/质, 同一标本内非病变的上皮未见着色(图1)。

2.2 CDX2和Villin在胃黏膜病变中的表达

CDX2在慢性胃病伴肠上皮化生、胃上皮内瘤变及胃癌组的阳性率分别为77.3%(17/22), 52%(13/25), 45.5%(10/22), 明显高于慢性胃炎组的阳性率4.8%(1/21), 差异具有统计学意义($\chi^2=23.432$, $P<0.001$)。Villin在慢性胃病伴肠上皮化生、胃上皮内瘤变及胃癌组的阳性率分别为72.7%(16/22), 72%(18/25), 90.9%(20/22), 明显高于慢性胃炎组的阳性率38.1%(8/21), 差异具有统计学意义($\chi^2=14.533$, $P=0.002$; 表1)。

2.3 CDX2与Villin表达的相关性

CDX2阳性病例41例, 其中39例Villin表达阳性, 2例Villin表达阴性; CDX2阴性病例49例, 其中23例Villin表达阳性, 26例Villin同样表达阴性。CDX2与Villin的表达存在正相关($r=0.518$, $P<0.001$)。

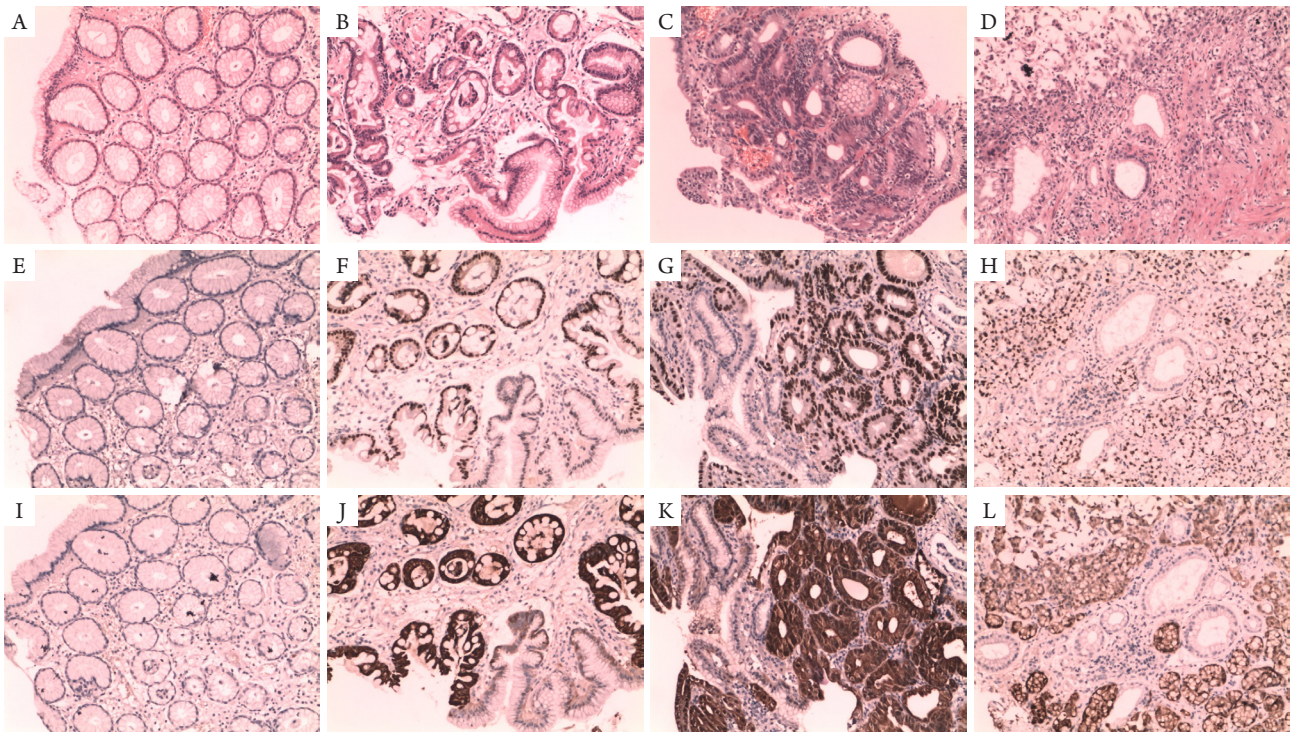


图1 CDX2和Villin蛋白在胃黏膜不同病变中的表达

Figure 1 Expression of CDX2 and Villin in different lesions in the gastric mucosa

(A)慢性胃炎黏膜病变(HE, ×100); (B)肠上皮化生黏膜病变(HE, ×100); (C)胃上皮内瘤变黏膜病变(HE, ×100); (D)胃低黏附性癌(印戒细胞癌, 弥漫型)黏膜病变(HE, ×100); (E) CDX2在慢性胃炎中表达阴性(IHC, ×100); (F) CDX2在肠上皮化生中表达强阳性, 非肠化上皮表达阴性(IHC, ×100); (G) CDX2在胃上皮内瘤变中表达强阳性, 其余上皮表达阴性(IHC, ×100); (H) CDX2在低分化腺癌中表达阳性, 正常上皮表达阴性(IHC, ×100); (I) Villin在慢性胃炎中表达阴性(IHC, ×100); (J) Villin在肠上皮化生中表达强阳性, 非肠化上皮表达阴性(IHC, ×100); (K) Villin在胃上皮内瘤变中表达强阳性, 其余上皮表达阴性(IHC, ×100); (L) Villin在低分化腺癌中表达阳性, 正常上皮表达阴性(IHC, ×100)。

(A) Mucosal lesions in chronic gastritis (HE, ×100); (B) Mucosal lesions in intestinal metaplasia (HE, ×100); (C) Mucosal lesions in gastric intraepithelial neoplasia (HE, ×100); (D) Mucosal lesions in low adhesion carcinoma in the stomach (signet ring cell carcinoma, diffuse type) (HE, ×100); (E) CDX2 were negative in chronic gastritis (IHC, ×100); (F) CDX2 were strongly positive in intestinal metaplasia, and negative in others (IHC, ×100); (G) CDX2 were strongly positive in GIN, and negative in the rest of the epithelium (IHC, ×100); (H) CDX2 were positive in low differentiation adenocarcinoma, and negative in normal epithelium (IHC, ×100); (I) Villin were negative in chronic gastritis (IHC, ×100); (J) Villin were strongly positive in intestinal metaplasia, and negative in others (IHC, ×100); (K) Villin were strongly positive in GIN, and negative in the rest of the epithelium (IHC, ×100); (L) Villin were positive in low differentiation adenocarcinoma, and negative in normal epithelium (IHC, ×100).

表1 CDX2和Villin在胃黏膜病变中的表达

Table 1 Expression of CDX2 and Villin in the gastric mucosal lesions

组别	n	CDX2/[例(%)]		Villin/[例(%)]	
		阳性率	阴性率	阳性率	阴性率
慢性胃炎	21	1 (4.8)	20 (95.2)	8 (38.1)	13 (61.9)
肠上皮化生	22	17 (77.3)	5 (22.7)	16 (72.7)	6 (27.3)
胃上皮内瘤变	25	13 (52.0)	12 (48.0)	18 (72.0)	7 (28.0)
胃癌	22	10 (45.5)	12 (54.5)	20 (90.9)	2 (9.1)

比较4种病变CDX2的表达, $\chi^2=23.432, P<0.001$; 比较4种病变Villin的表达, $\chi^2=14.533, P=0.002$ 。

Comparison of expression of CDX2 among the four lesions, $\chi^2=23.432, P<0.001$; Comparison of expression of Villin among the four lesions, $\chi^2=14.533, P=0.002$.

3 讨论

CDX2基因属于尾相关性同源盒基因家族, 基因全长22~23 kb, 位于人类染色体13q12-13, 由3个外显子和2个内含子构成。与之对应的CDX2蛋白包含311个单氨基酸, 通过螺旋-环-螺旋的方式结合于DNA的相应区域, 以转录因子的方式调节DNA的表达^[4]。正常生物体发育过程中, CDX2对消化道特别是结肠和小肠上皮的发育起着关键的作用。Mesquita等^[5]研究表明: CDX2蛋白在正常胃黏膜不表达, 在绝大多数胃黏膜肠上皮化生中表达阳性, 提示CDX2蛋白在胃黏膜细胞中的异常表达在胃黏膜肠上皮化生中有重要的意义。Bai等^[6]研究认为CDX2基因在胃黏膜肠上皮化生的形成和癌变过程中起重要作用。本研究发现CDX2蛋白在胃黏膜肠上皮化生、胃上皮内瘤变及胃癌中的阳性率明显高于慢性胃炎组, 慢性胃炎组几乎不表达CDX2, 而肠上皮化生、胃上皮内瘤变及胃癌组织旁无病变的上皮细胞几乎不表达或弱表达CDX2, 这与Mesquita等^[5]及Bai等^[6]研究结果相符。进一步证实CDX2可能在胃癌(特别是肠型胃癌)的发生中起重要意义。

Villin是一种细胞骨架蛋白, 具有多种功能的Ca²⁺依赖的肌动蛋白黏连蛋白, 通常以单体形式出现, 主要表达于小肠绒毛细胞的刷状缘。Villin同样表达于胃肠道的外分泌腺, 有很好的抗凋亡作用^[7]。Villin蛋白作为重要的细胞结构蛋白, 在维持肠上皮表型中发挥重要作用^[8]。本研究结果表明Villin蛋白在胃黏膜肠上皮化生、胃上皮内瘤变及胃癌组均有高表达, 其表达阳性率高于慢性胃炎组。与CDX2表达相似, 在胃黏膜肠上皮化生、胃上皮内瘤变及胃癌组织旁无病变的上皮细胞不表达或弱表达Villin。Mizoshita等^[9]研究发现: Villin蛋白在肠道肿瘤中表达率及表达位置的改变受CDX2蛋白调控, 是导致肠上皮细胞失分化的重要因素。分析CDX2蛋白表达与Villin蛋白表达的相关性发现: CDX2与Villin的表达呈正相关, 这与Mizoshita的研究结果相符。提示Villin与CDX2相似, 在胃黏膜肠上皮化生及胃癌的发生过程中可能具有重要的意义。

此外, 在临床实际工作中, 胃黏膜活检标本常受外部因素影响导致不同程度的挤压、变形等, 为胃黏膜病变的诊断带来一定的干扰。CDX2与Villin均可特异性的表达于部分病变的胃黏膜组织中。因此, 检测CDX2和Villin蛋白的表达对于胃黏膜的病变诊断具有一定的辅助诊断作用。

综上所述, CDX2和Villin在胃黏膜肠上皮化生、胃上皮内瘤变及胃癌的发生中可能具有重要的意义。Villin可能受CDX2的调控而发挥作用, 但CDX2通过何种方式参与胃癌的发生以及其作用机制尚未明确, 需待进一步深入研究。

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