Cytokeratin 10/13, 14, 7, 8, and 18 in invasive squamous cell carcinoma and adenocarcinoma of the uterine cervix

Maddox et al. are to be congratulated for their thorough study of cytokeratin expression in the normal cervix, cervical intraepithelial neoplasia (CIN), and cervical carcinoma.1 It was involved in a study of cytokeratin intermediate filament protein expression in cervical squamous carcinomas and adenocarcinomas.2 We did not include details of the intensity of the staining or the proportion of cells reacting with the antibodies in our cases and would like to take the opportunity of doing so.

Eleven patients with squamous cell carcinoma (five well differentiated, six moderately differentiated) and 20 patients with adenocarcinoma (14 with well differentiated and six with moderately differentiated tumours) were studied. The patients had been treated at the Jessop Hospital for Women in Sheffield and the presence of mucin elaboration was confirmed using the periodic acid-Schiff-Alcian blue technique with and without diastase digestion. Following routine fixation and processing and microwaving in 0.01 M trisodium citrate for 2 × 5 minutes at high power (600 W microwave), the sections were incubated in primary antibodies to cytokeratins 10/13 (NCL-DBK13), 14 (NCL-LL002), 8 (NCL-CK8), 18 (NCL-CK18), and 7 (NCL-CK7), all supplied by Novocas-tra and used at a dilution of 1:50. The reaction was detected using a three step per oxidase technique (VectraStain Elite ABC kit, Vector Laboratories) and diaminobenzidine with H2O2. The slides were counterstained with haematoxylin. A positive reaction with any of the antibodies when well differentiated tumours are compared with moderately differentiated tumours in each of the cell types.

Although our findings differ from those of Maddox et al., it should be noted that the specificity of the antibodies used to detect cytokeratin 10 in the two studies differed, as the one we used also detects cytokeratin 13. Whereas Maddox et al used a quantitative method for assessing the proportion of cells reacting, we used a semiquantitative assessment. Finally, the number of carcinomas studied in each series was small. We are, however, grateful for the opportunity to present data regarding the intensity and proportion of cells reacting in our cases.

M K HEATLEY
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This book aims to explore oncogenes and the current view of cancer as a molecular disease. The author assumes that the reader has no specialised knowledge and in the first five chapters he builds up a plausible story about the multistep process of carcinogenesis, something that spilt by some inaccuracies in the detail. Perhaps this does not matter in an introduction, but to overcome this the book should be read from cover to cover. Part 1 is devoted to the principles of molecular biology of cells and is generally good. There are useful tables of fact and informative line diagrams. While reading, I noted facts that I thought had been left out, but in most cases these were covered in later chapters and the footnotes tell you what is to follow. At first this was annoying but in the end it does give one a good idea of the complexities of the subject. The second part is devoted to clinical examples of molecular oncology, starting with molecular diagnostics. Surprisingly there is no mention of comparative genomic hybridisation (CGH), a technique which is used with increasing frequency and has become an informative procedure, especially if similar types of tumour are compared. Chapters on leukaemia and lymphoma, colon cancer, cervical cancer, and breast cancers follow. Again the diagrams used to explain the text are good but the photomicrographs are of poor quality, particularly for a book which costs £22.50.

DIANA M BARNES


In this book, studies of an impressive tissue bank of specimens obtained by directional atherectomy are described. Indeed, the amount and quality of these “in vivo” atherosclerotic specimens are unique. In most chapters specimens from coronary, saphenous graft, peripheral, and dialysis fistula lesions are compared. Furthermore, primary, restenosis, and multiple restenosis

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Percentage of cells reacting with each antibody

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lesions are described. Besides this, more recent development in atherosclerosis, such as apoptosis, gene expression, cell culture, and so on, are also studied in separate chapters. The chapters are based on studies by Isner and Kearney's group. Parts of these studies have been published recently in high-ranking journals such as Circulation, Journal of Clinical Investigation, and the American Journal of Pathology.

Each chapter is well illustrated with coloured figures. However, most of the chapters lack a concise and clear summary. Furthermore, a general discussion at the end, where the results of all the chapters are combined to give a more general idea of the pathogenesis of atherosclerosis through this unique in vivo material is also missing.

This implies that it is difficult to see where the appeal of this book lies. I believe it is not particularly suitable for the general histopathologist. It is of more interest for pathologists, especially those interested in vascular pathology. It is particularly suitable for the general histopathologist. It is of more interest for pathologists, especially those interested in vascular pathology. For pathologists who have access to a (usually multieuro) confocal microscope facility, this book would be a good buy, crammed full as it is with useful tips and hints.

J R SALISBURY

CD-ROM review


As this newest electronic medium lends itself so readily to storing nearly uncountable numbers of photographs, it is hardly surprising that a bevy of pathology atlases has recently appeared on CD-ROM. Unfortunately, the photographic quality still compares unfavourably with that of the printed page; for this the authors bear no blame, of course, and will benefit from improved technology in the near future. The editing, however, is their purview: the reproductions of only a few gross specimens can be tolerated, but the histological photographs, especially those at low magnification, are of no use whatsoever. The quality of the schematic diagrams and written slides is exceedingly poor, having been subjected to only the most primitive techniques. It is hard to believe that such renowned publishers did not have more sophisticated techniques available.

The authors themselves also bear responsibility for the arbitrary use of terminology, as well as the chaotic contents. I made every effort to comprehend the principles on which the individual chapters were organised, but in vain. The separate topics, for example prostate cancer, start with microphotographs, then somewhere later there appear some diagrams, a bit later gross surgical specimens, accompanied by more microphotographs. Pictures representing high grade PIN are captioned “Dysplasia or glandular hyperplasia with severe atypia”—highly misleading terminology, quite unacceptable in international pathology. The 150 pictures of testicular tumours are not accompanied by any classifications or explanatory notes. Under the heading “transplanted kidney,” only one picture depicting a “malakoplakia” of the testis could be found—an utterly insignificant complication observed only once by one of the authors of the CD-ROM. Histology entitled “mild hypospermatogenesis” displays a severe maturation arrest. One could go on and listing further examples of sloppy terminology combined with pictures of poor quality. Needless to say, the spelling errors (the entry “Fuhrman”—grading of renal cancer—has changed to a German looking “Führman”) only round off the disastrous impression made by the work.

G MIKUZ

Third International Surgical Pathology Symposium, Liverpool, 14–16 June 2000

Modern Molecular Diagnostics

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Further details from: Professor C S Foster, Department of Cellular and Molecular Pathology, University of Liverpool, Duncan Building, Daulby St, Liverpool L69 9GA, UK; tel +44 (0)151 706 4480; fax +44 (0)151 706 5883; email: csfoster@liv.ac.uk

Correction

In the paper by Jacobs et al in the July issue (Reliable high risk HPV DNA testing by polymerase chain reaction: an intermethod and intramethod comparison; volume 52, pp 498–503), the following acknowledgment should be included:

Financial support was given by Europe against Cancer SOC 96 201748.
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- References in the text should be identified by arabic numerals in brackets—for example [1] [2].
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