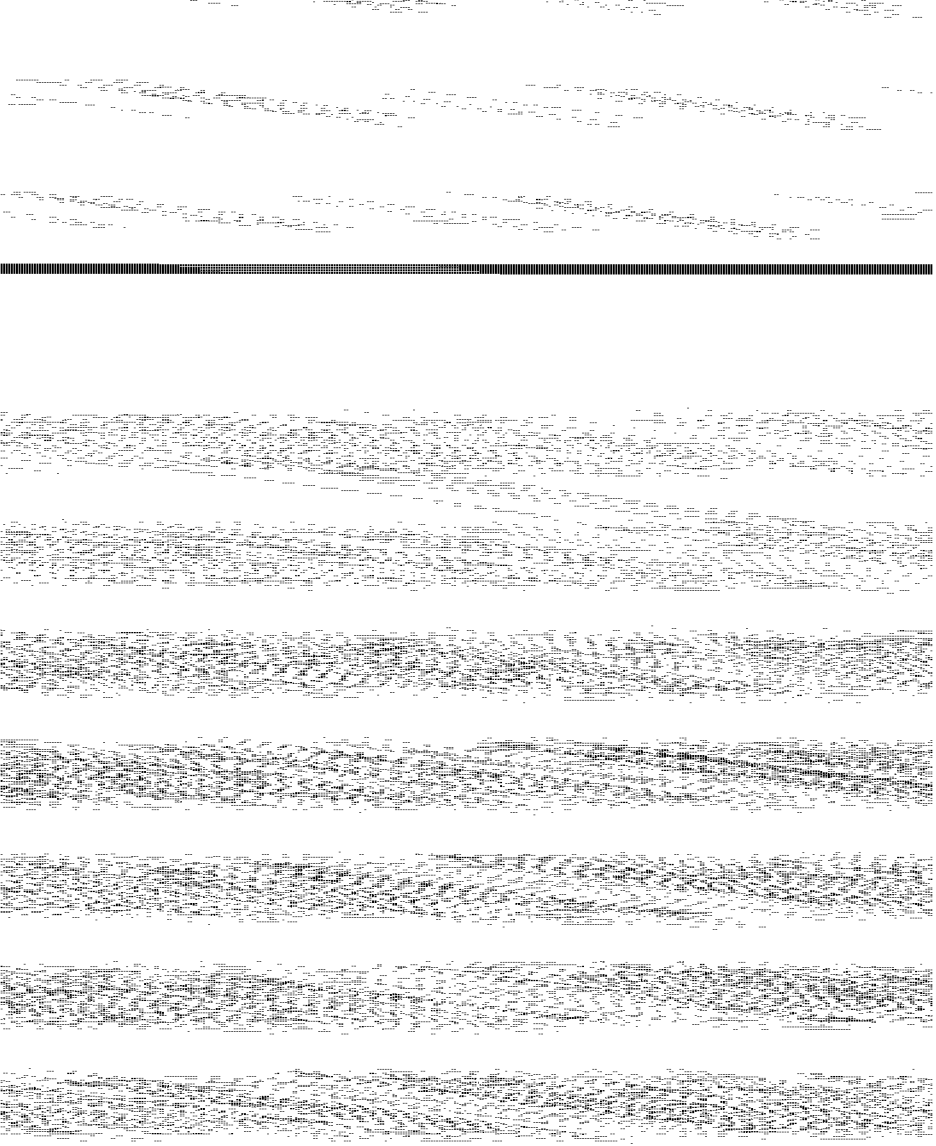
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外，PC组织中全部病例之癌间质的FN缺失，而大部分良性前列腺组织的间质有FN反应。结果表明PC组之癌细胞的FN反应明显高于对照组与BPH组，PAH的细胞FN反应率与PC组接近，提示由对照组→BPH→PAH→PC的细胞FN反应呈递增性；而PC组的癌间质及基膜的FN反应则呈相反的变化。本研究进一步证实了多数前列腺恶性上皮的FN阳性反应，且反应高于良性前列腺组织。PC组织中癌间质与基膜FN的降低与消失，可能为癌细胞的浸润与转移提供了便利条件。

Stenman等[1]曾对73例肿瘤作了FN检测，发现不同部位的39例上皮性癌及12例良性上皮肿瘤的瘤细胞均为FN阴性，而肿瘤间质FN阳性，其中的1例PC之癌细胞也显FN阴性。Webb等[6]对良恶性前列腺组织的细胞培养作了FN检测，发现正常前列腺细胞表面FN阳性，而前列腺原发性恶性肿瘤为阴性。本研究结果表明FN在良恶性前列腺组织中均有明确的阳性表达，也有部分阴性者，且阳性FN反应多为局限性分布，这一结果与上述报道者不相一致。作者认为Webb等观察的是前列腺细胞培养组织，因受检组织少，且受条件和范围的限制。Stenman等观察PC的病例太少，可能不足以说明问题。本组应用的是外科前列腺摘除标本，应用的例数多，受检组织范畴宽，较客观地反应了FN在良恶性前列腺组织中的反应状况。

文献中对人体恶性肿瘤FN反应结果报道不一。Maruyama等认为FN减少可能是癌发生的先兆。肿瘤细胞FN的减少以癌细胞明显[7]。有人观察到一些恶性肿瘤细胞FN呈阳性反应[5,7]，原发性恶性肿瘤FN阳性，转移性肿瘤FN阴性[2]。本组84例PC的FN检测发现前列腺恶性上皮FN阳性占63%，且在不同的病理类型中FN的反应也有差异，其中低分化腺癌、筛状癌、粘液腺癌及实体癌等类型的恶性上皮FN阳性反应明显多于其它类型的癌。结果表明这种不同的FN反应结果可能与PC的类型和肿瘤细胞的低分化程度有一定关系。

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Study of fibronectin marking of benign and malignant prostate diseases

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Abstract Eighty-four cases of prostatic carcinoma (PC), 30 cases of prostatic atypical hyperplasia (PAH), 30 cases of benign prostatic hyperplasia (BPH) and 10 normal subjects were marked with fibronectin (FN). It was found that the epithelium of 63% of cases of PC, 60% of PAH, 37% of BPH and 30% of the control were marked with different degrees of FN; FN in the tissues between PC and the basement membrane was decreased or even disappeared; FN marking of different types of PC was different; positive FN marking was usually found in most of small acinar carcinnoma, cribriform carcinoma mucinous adenocarcinoma and solid carcinoma of the prostate; FN positiveness of PAH was slightly lower than that in PC, but significantly higher than that in BPH and the control. FN in the malignant epithelium was diffusely distributed or or in patches and in the benign epithelium was localized. Most of PC were strongly FN positive or positive. The differentiation of FN positiveness of PC might be related to the type and difference of PCs and FN positive parenchyma of PC and defects of the basement membrane facilitates the infiltration and metastasis of prostatic carcinoma.

Key words prostatic neoplasms; prostatic hyperplasia; prostatic atypical hyperplasia; fibroectins

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