

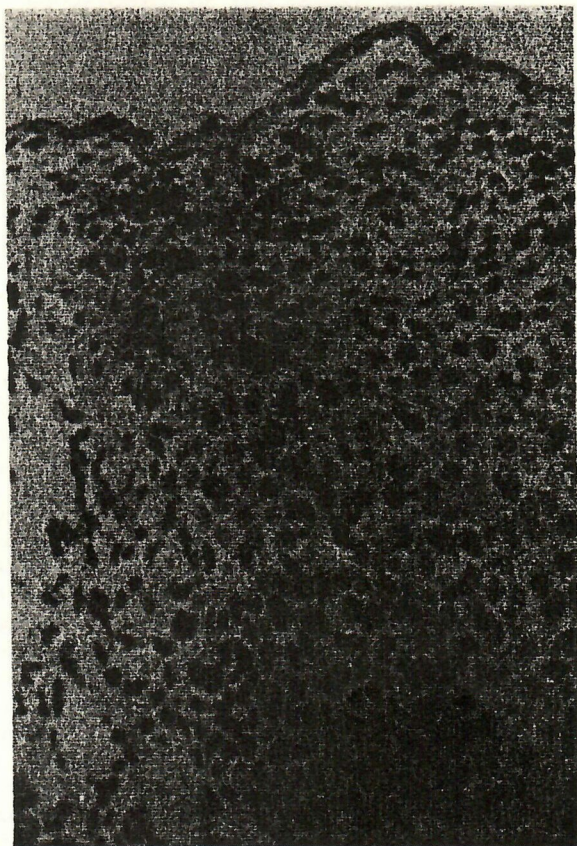
Abstracts of papers presented at the  
Fourth Cold Spring Harbor Meeting  
on Cancer Cells

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# INTERNATIONAL WORKSHOP ON PAPILLOMAVIRUSES

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IMMUNOHISTOCHEMICAL DEMONSTRATION OF HUMAN PAPILLOMA VIRUS AND CARCINO-EMBRYOGENIC ANTIGENS IN THE LOWER FEMALE GENITARY TRACT. C. Giorgi<sup>o</sup>, O. Leopardi<sup>1</sup>, F. Goisis<sup>o</sup>, P. F. Bolis<sup>s</sup>, G. de Virgiliis<sup>#</sup>, G. Broich<sup>\*</sup>; <sup>o</sup>Div. Obstetrics & Gynaecology, <sup>1</sup>Div. Pathology, Ospedale di Lodi, <sup>s</sup>Department of Obstetrics & Gynaecology, University of Pavia, <sup>#</sup>Section Obstetrical and Gynaecological Pathology, University of Milan, <sup>\*</sup>Dept. Oral Biology & Pathology, SUNY @ Stony Brook.

The spread of Human Papilloma Virus (HPV) and the presence of Carcinoembryogenic Antigen (CEA) in Lower Female Genitary (LFG) condylomata have been assessed. Spread of HPV infection has been studied in 35 cases showing in colposcopy flat condylomata of the cervix and an apparently normal vagina and vaginal introitus. Biopsies were taken from these sites and routine histology confirmed the colposcopic diagnoses and absence of any dysplasia. Immunohistochemistry showed a 66% positivity to HPV antigenes in the condylomata, associated with a 37% and 23% positivity in the middle vagina and introitus. HPV infections appears to be more diffuse than the clinical manifestation may induce to believe. Ample destructive procedures of cervical condylomata do not appear to have a morphological justification. Recurrence of condylomata seems to be related primarily to the occult infection. A separate group of 19 women with cervical condylomata, associated with vaginal and vulvar condylomata was immunohistochemically studied for CEA expression. Cervical condylomata unassociated with dysplasias showed a 7% positivity to the CEA, while vaginal and vulvar condylomata were consistently negative. Normal and metaplastic cervical epithelia were always negative to CEA detection. The presence of this antigen in part of the cervical condylomata is an evidence of abnormal cell differentiation related to HPV infection. However the negativity in the vagina and the vulva adds to the evidence that CEA expression and the malignant deviation of the cervical epithelium require additional cocarcinogenic factors. Antecedent infections, preferentially located in the transitional zone may cooperate with HPV in inducing the intracellular changes responsible for the abnormal cell differentiation. A relatively high rate of plasmatic IgA specific for Chlamydia Trachomatis has been found in these subjects. Antecedent Chlamydia Trachomatis infections may play a role in favouring the integration of the HPV DNA into host cell and the final malignant deviation of the latter.