



深圳女性生殖道人乳头瘤病毒感染与子宫颈上皮内瘤样病变现患率调查及子宫颈癌筛查方法的评价

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Prevalence of High-risk Human Papillomavirus and Incidence of Cervical Intraepithelial Neoplasia in Female Populations in Shenzhen, Guangdong Province

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摘要

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摘要 摘要: 目的 了解深圳市女性生殖道高危型人乳头瘤病毒(HPV)感染现状及子宫颈上皮内瘤样病变(CIN)的现患率, 对子宫颈癌常用筛查方法进行评价。方法 2004年11至12月, 在深圳市南山区沙河街道办事处辖区内对15~59岁有性生活女性进行以人群为基础的流行病学调查。对所有接受筛查的妇女均行子宫颈醋酸肉眼观察(VIA)、电子阴道镜检查、液基细胞薄层涂片技术子宫颈脱落细胞学检查(LCT)及第二代杂交捕获技术(HC-II)检测子宫颈分泌物中高危型HPV。对HPV阳性且LCT≥未明确诊断意义的不典型鳞状上皮细胞(ASCUS)和/或LCT≥低度鳞状上皮内瘤样病变(LSIL)的妇女行阴道镜下活组织病理学检查, 以病理结果作为诊断CIN的金标准。结果 共有1137名妇女参加本次调查, 该人群高危型HPV-DNA检出率为14.0%; 15~24岁、25~29岁、30~34岁、35~39岁、40~44岁、45~49岁和50~59岁组HPV检出率分别为15.5%、17.7%、12.6%、8.8%、10.2%、15.3%和21.0%, 各組间差异有统计学意义(P<0.05)。25~29岁组与50~59岁组HPV感染率明显高于其他各年龄组(P<0.05); 25~29岁组与50~59岁组间HPV感染率比较差异无统计学意义(P>0.05); 35~39岁组HPV感染率最低, 但除25~29岁组与50~59岁组以外的其他各年龄组组间比较, 差异无统计学意义(P>0.05)。年龄别HPV感染率曲线呈“V”字型的双峰相。妇女CIN现患率为4.4%, CIN I、CIN II和CIN III现患率分别为3.2%、1.0%和0.3%, CIN I现患率明显高于CIN II和CIN III(P<0.05)。HPV感染率随子宫颈病变级别升高呈趋势性增加, 无CIN病变的子宫颈HPV感染率为8.3%, CIN II以上病变HPV感染率达到100.0%。本调查人群未发现子宫颈癌病例。VIA、电子阴道镜、LCT和HC-II高危型HPV检测检出高度鳞状上皮内瘤样病变(HSIL)的敏感性分别为35.7%、50.0%、92.9%和100%; 4种检测方法检出HSIL的特异性依次为96.0%、87.2%、88.4%和86.9%; 各种方法均有满意的阴性预测值。结论 高危型HPV感染是CIN的主要原因, 深圳妇女子宫颈病变多处于发病早期阶段, 防癌的重点在于预防HPV感染和治疗CIN。

关键词: 子宫颈上皮内瘤样病变 人乳头瘤病毒 危险因素 筛查

Abstract: ABSTRACT: Objective To investigate the prevalence of high-risk human papillomavirus (HPV) and incidence of cervical intraepithelial neoplasia (CIN) in female populations in Shenzhen, Guangdong Province, China. Methods Totally 1137 women aged 15-59 from Shahe Community, Nanshan District, Shenzhen were investigated for cervical cancer during a population-based epidemiological screening from November 2004 to December 2004. Visual inspection with acetic acid (VIA), colposcopy, liquid-based cytology test (LCT), and hybrid capture 2 (HC-II) were performed to detect the high-risk HPV types in cervical secretions. Biopsy under colposcope was performed in women who were HPV-positive with LCT ≥ atypical squamous cells of undetermined sign (ASCUS) or HPV-negative with LCT ≥ low grade squamous intraepithelial lesion (LSIL), with the pathological results as the golden standards. Results The detection rate of high-risk HPV-DNA was 14.0%. HPV detection rates in 15-24, 25-29, 30-34, 35-39, 40-44, 45-49, and 50-59 age groups were 15.5%, 17.7%, 12.6%, 8.8%, 10.2%, 15.3%, and 21.0%, respectively (P<0.05). HPV detection rates in 25-29 years group and 50-59 years group were significantly higher than those in other groups (P<0.05) and 35-39 group had the lowest detection rate. The curve of HPV infection rates in all groups was 'V' type. The overall incidence of CIN was 4.4%. The incidences of CIN I, CIN II, and CIN III were 3.2%, 1.0%, and 0.3%, respectively, in which the incidence of CIN I was significantly higher than those of CIN II and III. HPV detection rates increased with cervical lesion grades, which in ≥CIN II groups and normal group were 100.0% and 8.3%, respectively. No cervical cancer was identified in this research. The sensitivities of VIA, colposcopy, LCT, and HC-II for high-risk HPV screening were 35.7%, 50.0%, 92.9%, and 100%.

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respectively, in detecting high-grade squamous intraepithelial lesion (HSIL), the specificities of these four methods were 96.0%, 87.2%, 88.4%, and 86.9%, respectively. Satisfactory negative predictive values were obtained for all methods. Conclusions HPV infection is the main risk factor for CIN. Cervical cancer among female populations in Shenzhen is still in early stages. Prevention of HPV infection and treatment of CIN are key for the prevention of cervical cancer.

Keywords: [cervical intraepithelial neoplasia](#) [human papillomavirus](#) [risk factors](#) [screening](#)

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