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의학 석사학위 논문

중이 진주종에서 PDGFR, EGFR 및
PI3-K의 발현

아주대학교 대학원

의학과

이상혁

중이 진주종에서 PDGFR, EGFR 및
PI3-K의 발현

지도교수 박 기 현

이 논문을 의학 석사학위 논문으로 제출함.

2004년 2월

아주대학교 대학원

의학과

이상혁

이상혁의 의학 석사학위 논문을 인준함.

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아주대학교 대학원

2004년 12월 19일

가

2003 12

PDGFR, EGFR PI3-K

가

가

가

가

가

가

가

가

platelet-derived growth factor

receptor(PDGFR), epidermal growth factor receptor(EGFR),

phosphatidylinositol 3'-kinase(PI3-K)

PDGFR, EGFR PI3-K

PI3-K

가

PDGFR, EGFR

,
PI3-K 가
가

: , , PDGFR, EGFR, PI3-K,

| | | |
|------|-------|----|
| | ----- | 1 |
| | ----- | 3 |
| | ----- | 4 |
| | ----- | 5 |
| I. | ----- | 6 |
| II. | ----- | 8 |
| A. | ----- | 8 |
| B. | ----- | 8 |
| 1. | ----- | 8 |
| 2. | ----- | 8 |
| 3. | ----- | 9 |
| III. | ----- | 10 |
| IV. | ----- | 15 |
| V. | ----- | 20 |
| | ----- | 21 |
| | ----- | 24 |

Fig. 1. PDGFR immunohistochemical staining in cholesteatoma, retroauricular skin(x400)--- 11

Fig. 2. EGFR immunohistochemical staining in cholesteatoma, retroauricular skin(x400)----- 12

Fig. 3. PI3-K immunohistochemical staining in cholesteatoma, retroauricular skin(x400)----- 13

Table 1. Results of immunohistochemical stain ----- 14

I.

가

가

가

가
가

^{1,2}

가

(ligand)

가

³

diacylglycerol(DAG)

inositol 1,4,5-triphosphate(PIP3)가

³⁻⁵ phospholipase C(PLC) PDGFR

EGFR receptor tyrosine kinase

phosphatidyl inositol 4,5-

biphosphate(PIP2) PIP3 DAG 가

protein kinase C(PKC) Ca²⁺

, c-fos C-myc , MAP kinase

DNA 가

arachidonic acid

³⁻⁸

, PLC- γ 1 PDGFR EGFR

receptor protein tyrosine kinase

PLC- γ 1

Src homology2(SH2)

domain

가

⁵ PI3-K

가 가

가

.₂

PDGFR,

EGFR

PI3-K

.

II.

A.

가 12

B.

1.

10%

48

4~5 μ m

5~8

2.

(Immunohistochemical staining)

| | | | |
|--------------------------------------|-----------------------|------------------|--|
| | xylene | histoclear | (dewaxing agent) |
| | , | xylene | histoclear |
| 2 | , | | 2 |
| | peroxidase | methanol | periodic acid 가 |
| Endo/blocker(biomed, Pittsburgh,PA) | | 40 | 2 |
| (incubation) | tris-buffer | | |
| | | pepsin | 40 |
| 4 | tri-buffer | | |
| | | (blocking serum) | |
| 40 | 2 | | PDGFR (Santa Cruz |
| Biotec. Inc. Santa Cruz, CA, U.S.A.) | 1:30 | , | EGFR (Santa Cruz Biotec. Inc. Santa |
| Cruz, CA, U.S.A.) | 1:100 | , | PI3-K (Santa Cruz Biotec. Inc. Santa Cruz, CA, |
| U.S.A.) | 1:50 | 40 | 16-18 . TBS |
| | Avidin-biotin complex | 30 | 0.5% 3- |

amino-9-ethylcarbazole(AEC)

Mayer's hematoxylin

TBS 1

, 400

3.

400

(basal layer)

(suprabasal layer)

(-),

(±), 400

(++)

, 100

, 400

10

III.

1. PDGFR

12

10

,

8

,

10

(Table 1, Fig.1).

2. EGFR

12

9

,

, 3

10

, 7

(Table 1, Fig.2).

3. PI3-K

12

10

,

8

.

6

7

,

(Table 1, Fig.3).

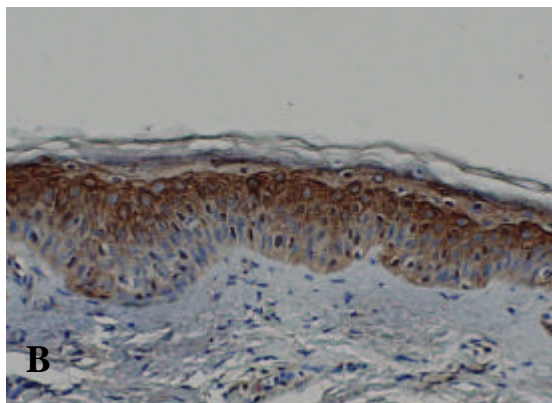
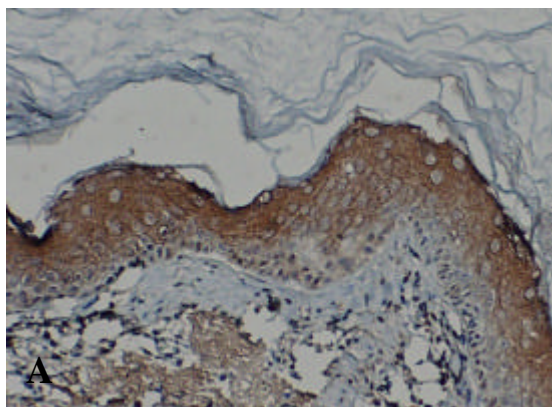


Fig. 1. PDGFR immunostaining. Cholesteatoma matrix(A) shows strong positive staining in the suprabasal layer and weak positive staining in the basal layer, retroauricular skin(B) shows strong positive staining in the suprabasal layer and weak positive staining in basal layer (x400).

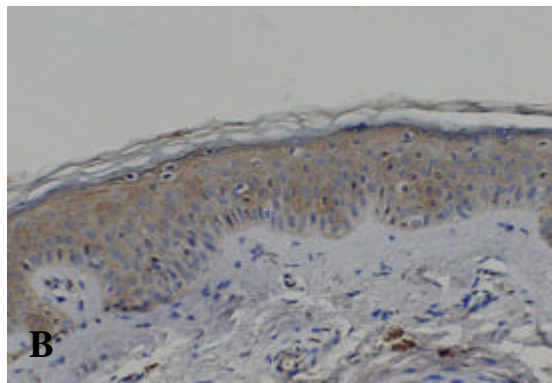
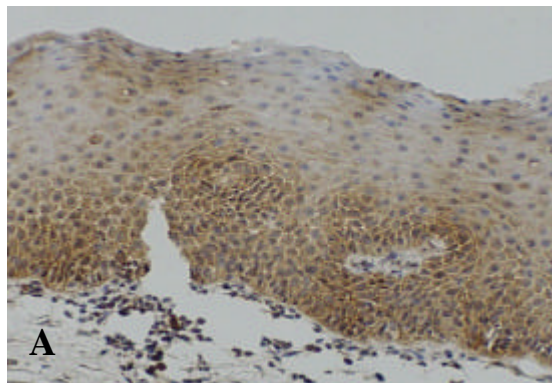


Fig. 2. EGFR immunostaining. Cholesteatoma matrix(A) shows weak positive staining in the suprabasal layer and strong positive staining in the basal layer, and retroauricular skin(B) shows weak positive staining in the suprabasal and basal layer(x400).

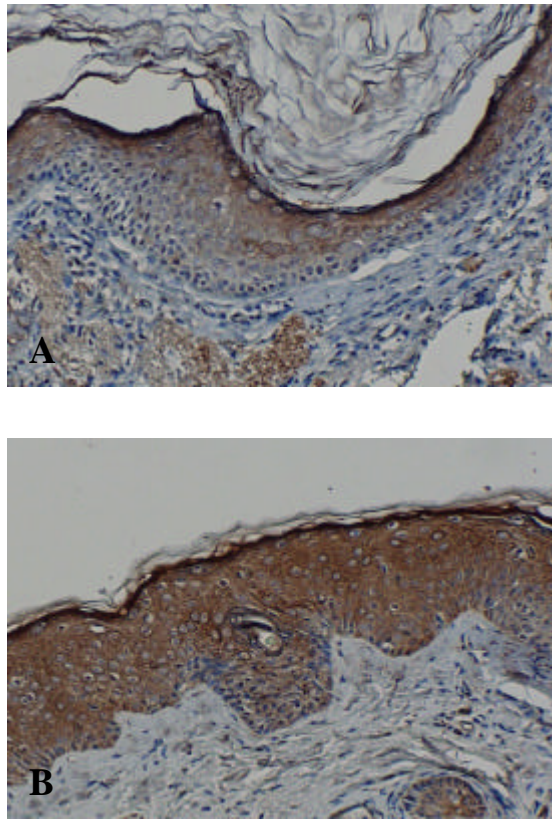


Fig. 3. PI3-K immunostaining. Cholesteatoma matrix(A) shows strong positive staining in the suprabasal layer and weak positive and negative staining in the basal layer, and retroauricular skin(B) shows strong positive staining both in the suprabasal and basal layer (x400).

Table 1. Results of immunohistochemical stain : staining intensity(number of positive stained specimen/number of specimen).

| | C | | S | |
|-------|--------------|---------------|--------------|--------------|
| | B | SB | B | SB |
| PDGFR | ± (12/12) | ++ (10/12) | ± (10/12) | ++ (8/12) |
| EGFR | ++ (9/12) | ± (9/12) | ± (7/12) | ± (10/12) |
| PI3-K | ± (8/12) | ++ (10/12) | ++ (6/12) | ++ (7/12) |

C : cholesteatoma S : retroauricular skin

B : basal layer SB : suprabasal layer

++ : strong positive staining ± : weakly positive staining - : negative staining

IV.

가

가

,⁹⁻¹¹

(rete ridge)

가

가

(basal cell proliferation theory)

가

가

,¹²

cytokeratin,¹³

proliferating cell nuclear antigen(PCNA),¹⁴ cytokine¹⁵

,¹⁶

involucrin

filaggrin

가

,^{1,17}

가

apoptosis

,¹⁸

가

PI3-K 가
가
가
가
(ligand)
가
3,19,20 가
가
, membrane phospholipids, phospholipase,
protein phospholipase
interleukin-1,
interleukin-6, tumor necrosis factor- α (TNF- α), tumor necrosis factor- β (TNF- β), transforming
growth factor- α (TGF- α), prostaglandin, leukotrien, PDGF, TGF- α , EGF,
PDGF phosphorylation tyrosine kinase
, tyrosine kinase 가
Src homology 2(SH2) domain PI3-K, PLC- γ ,
Grb2/Sos1, Src 10
6,19-21
PDGFR PDGFR- α (170KD) PDGFR- β (180KD) PDGF
tyrosine kinase . PDGF(300KD) A, B 2
polypeptide chain disulfide bond (AA, AB, BB)
chain 60%

PDGFR- α PDGF chain PDGFR- β B
 chain ²⁰ Mongolian
 gerbil ²²
 PDGFR ,

PDGFR

EGF EGFR(170KD) , 1)
 extracellular domain, 2) hydrophobic domain, 3)
 intracellular domain .
 EGFR extracellular domain 가 가
 intracellular domain tyrosine kinase 가 ,
 c-jun c-fos transcription factor

DNA ² EGFR
 , ,
 가 , EGFR
^{21,23,24} EGFR
²⁴ ,
²³ Mongolian gerbil
²² EGF PDGFR
 EGFR ,
 ,
 . EGFR
 가

가 ,
^{23,24}
 PDGFR EGFR

Phosphatidylinositol 3'-kinase(PI3-K) 10

,²⁵ inositol lipid inositol ring 3' position

lipid kinase . PI3-K

가 , , , , membrane

trafficking , apoptosis ,^{20,26-28}

MSP(macrophage stimulating protein) integrin

.²⁹ , regulatory subunit p85 profilin actin

,³⁰ glucose transporter insulin

translocation recycling insulin

.³¹ PI3-K 2 subunit , regulatory subunit(p85) catalytic subunit(p110)

, catalytic subunit PDGFR ,

regulatory subunit p85 2 SH2 domain PDGFR

tyrosine kinase p85 tyrosine 가 catalytic subunit

p110 가 , p110

가 .^{20,26,32} , tyrosine kinase PI3-K inositol

lipid , PIP2 18 inositol lipid 3'

position 가 , inositol lipid 가

.³³ PI3-K 가 ,

가 ,

PDGFR, EGFR

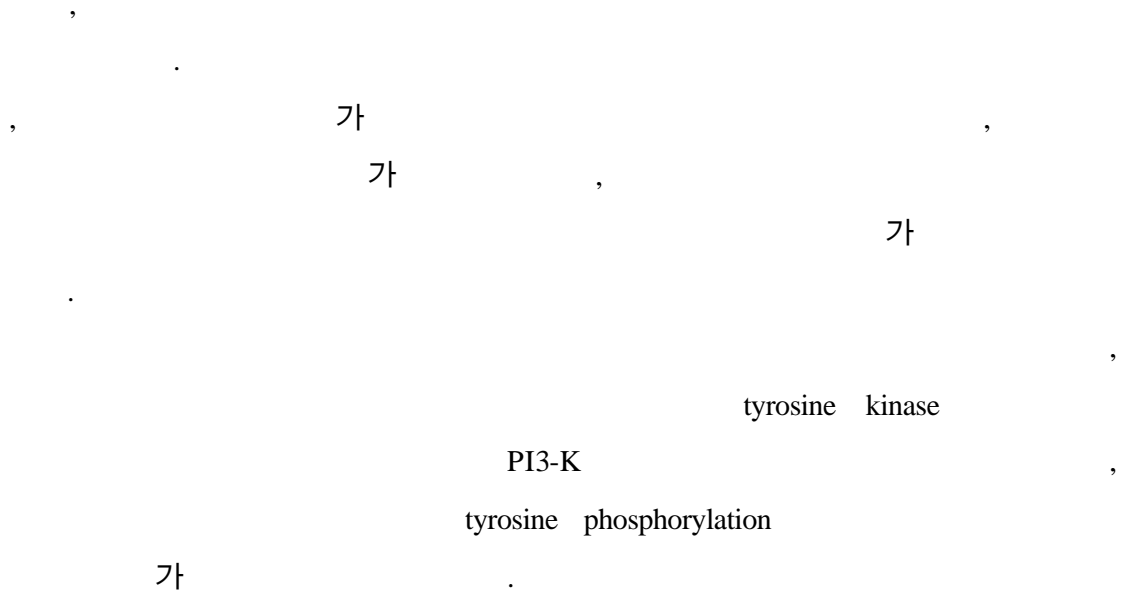
PI3-K 가 ,

가

, ,

가

.³⁴ ,



V.

PDGFR, EGFR PI3-K
, PI3-K
가 .
,
,
PDGFR, EGFR PI3-K 가
,
가 .

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-ABSTRACT-

Expression of PDGFR, EGFR and PI3-K in human middle ear cholesteatoma

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Human cholesteatoma in the middle ear is characterized by the presence of a keratinizing epithelium which is believed to have hyperproliferative properties. The pathogenesis of cholesteatoma including its hyperproliferative characteristic is still unknown.

The proliferation and differentiation of cells in specialized tissues and expression of their properties are under the control of a large number of regulatory processes and complex interactions called signal transduction. Signal transduction pathway may be initiated by external signals such as growth factors, which bind to receptors and activate tyrosine kinases in the plasma membrane. With the development of the techniques of cell and molecular biology, there have been many efforts to find cause and to examine the biologic behaviors of cholesteatoma.

Phospholipase C- γ 1(PLC- γ 1) is a substrate of protein kinase located in platelet-derived growth factor receptor(PDGFR), epidermal growth factor receptor(EGFR) and signal transduction through PLC- γ 1 participates in the regulation of cell growth and differentiation. Phosphatidylinositol 3' - kinase(PI3-K) is a downstream signal transduction molecule of the platelet-derived growth factor(PDGF)'s mitogenic signal. PI3-K is a lipid kinase that phosphorylates the 3' position of inositol lipid. The physiologic importance of the products of PI3-K remains elusive; however, they accumulate in cells that have been activated by growth factors. It appears that PI3-K plays some role in PDGF-stimulated actin recognition, and directed cell movement, as well as in the stimulation of cell growth and inhibition of apoptosis.

This study was undertaken to elucidate the distribution of PDGFR, EGFR and PI3-K in cholesteatoma matrix and retroauricular skin. Using immunohistochemical techniques, We investigated the reaction patterns of antibody to PDGFR, EGFR and PI3-K as a proliferation maker.

In the immunohistochemical study, PDGFR, EGFR and PI3-K were detected in cholesteatoma matrices as well as in retroauricular skins. In PDGFR and EGFR, there were no expression difference between cholesteatoma matrices and retroauricular skins.

However, in PI3-K, cholesteatoma matrices showed more overexpression in the suprabasal layer than in the basal layer, compared to those of the retroauricular skins. These results may demonstrate that PI3-K is much more related to cholesteatoma mechanism of the signal transduction pathway than PDGFR and EGFR. The further study requires for the signaling pathway in the pathogenesis of middle ear cholesteatoma.

KEY WORDS : Cholesteatoma, Signal transduction, PDGFR, EGFR, PI3-K,
Immunohistochemical staining