ERRATUM

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Erratum to: Cytokeratin7 and cytokeratin19 expression in high grade cervical intraepithelial neoplasm and squamous cell carcinoma and their possible association in cervical carcinogenesis

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Erratum

The original version of this article [1] unfortunately contained incorrect figure files. Figures 4 and 7 in main body which have been replaced with new version of these figures. The corrected Figures include 3 added HE (a,b,c) and total 15 (a-o) figures, each.

The new version of these files are included below.

Furthermore, Additional File 1 has been updated to remove Fig. 3 and 6 which have already been included in the main body of the article. The original version of this article has been updated to reflect the above changes.

Additional file

Additional file 1: Figure S1. Low power view (x40) of HE staining (a) and CK7 (b) CK19 (c) p16 (d) and HR HPV (e) expression pattern of SCC#19 (PPTX 3720 kb)

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Fig. 4 Expression pattern of CK7, CK19, p16, and HR HPV in CIN3. HE staining shows representative CIN3s developing in the ectocervix (CIN3#12) (a), transformation zone (CIN3#21) (b), and SCJ (CIN3#23) (c), respectively. CIN3#12 shows patchy staining of CK7 in the upper layer (d), patchy staining of CK19 in the lower layer (g), diffuse staining of p16 (j), mixture of episomal and integrated HPV with remarkable episomal form in the upper layer (m). CIN3#21 and CIN3#23 show diffuse staining of CK7 (e and f), CK19 (h and i), and p16 (k and l). HPV is present in integrated form in CIN3#21 (n) and mixed episomal and integrated form in CIN3#23 (o). Original magnifications: x400

Fig. 7 Expression pattern of CK7, CK19, p16, and HR HPV in squamous cell carcinoma (SCC). HE staining shows SCC with solid tumor nests (SCC#8) (a), SCC with cystic change (SCC#19) (b), and SCC with glandular differentiation (SCC#29) (c). CK7 staining is negative in SCC#8 (d) and diffusely positive in SCC#19 (e) and SCC#29 (f). CK19 staining pattern is patchy in SCC#8 (g) and SCC#19 (h), and diffuse in SCC#29 (i). p16 staining is diffusely positive with variable intensity in SCC#8 (j), SCC#19 (k), and SCC#29 (l). HPV is present in mixture of episomal and integrated form in SCC#8 (m) and predominant episomal form in the cystic tumor nest and cellular debris shedding within the cystic space of SCC#19 (n), and integrated form in SCC#29 (o). Original magnifications: (a), (c), (d), (f), (g), (i), (j), (l), (m), and (o) x400; (b), (e), (h), (k) and (n) x200