

Propagation of Epstein-Barr Virus in Stratified Epithelium

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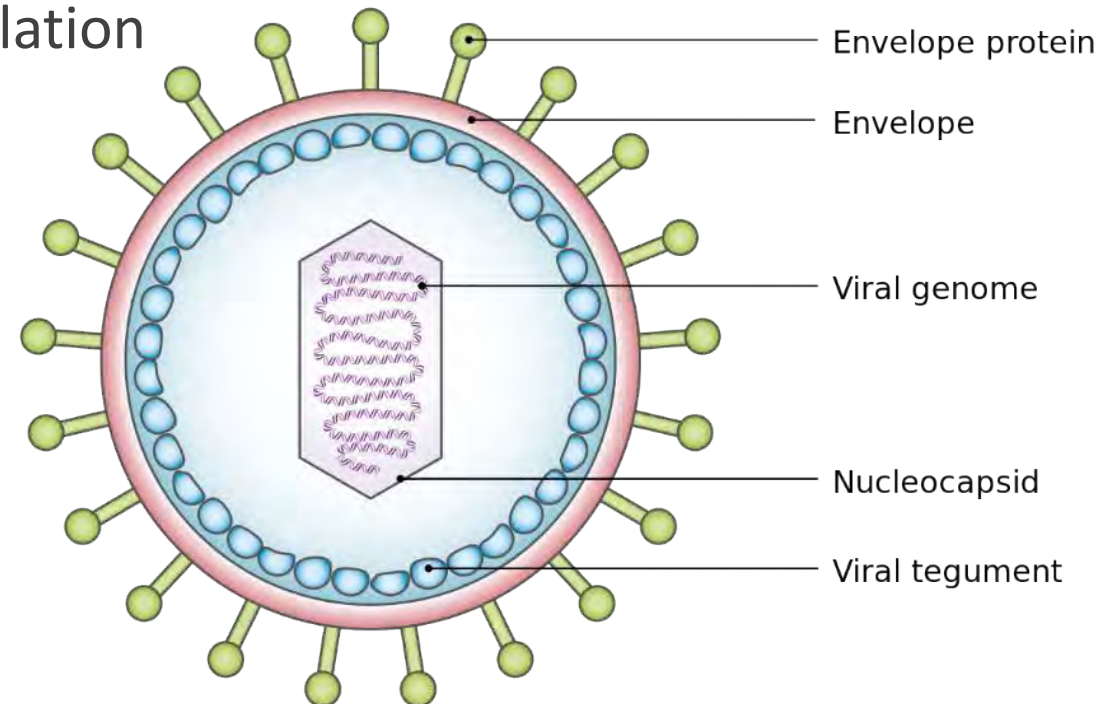
The Epstein-Barr Virus (EBV) – “The First Human Tumor Virus”

Enveloped γ -herpesvirus with 170 kb linear dsDNA genome

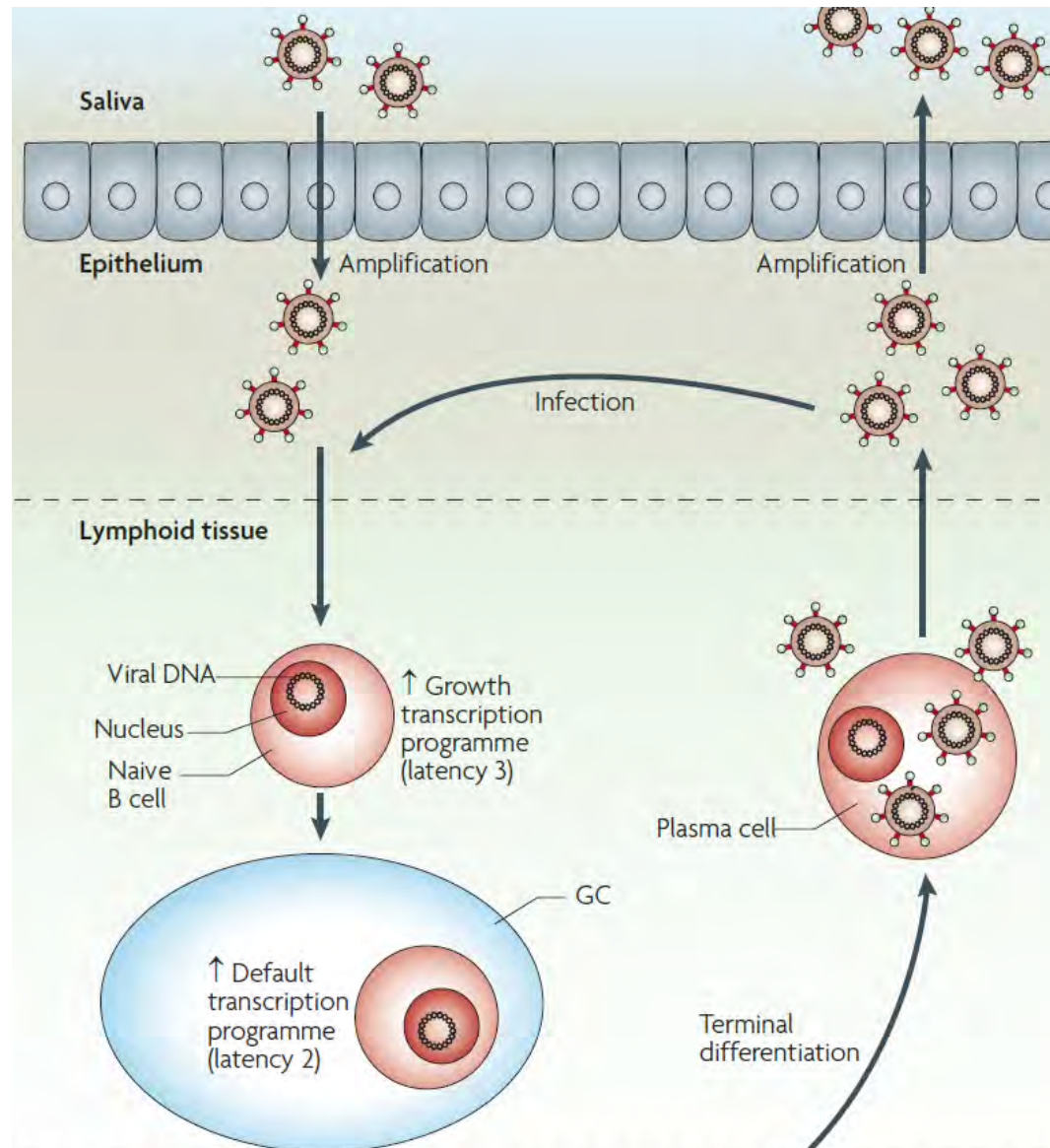
Originally discovered in 1964 in Burkitt lymphoma

Primarily infects B and epithelial cells

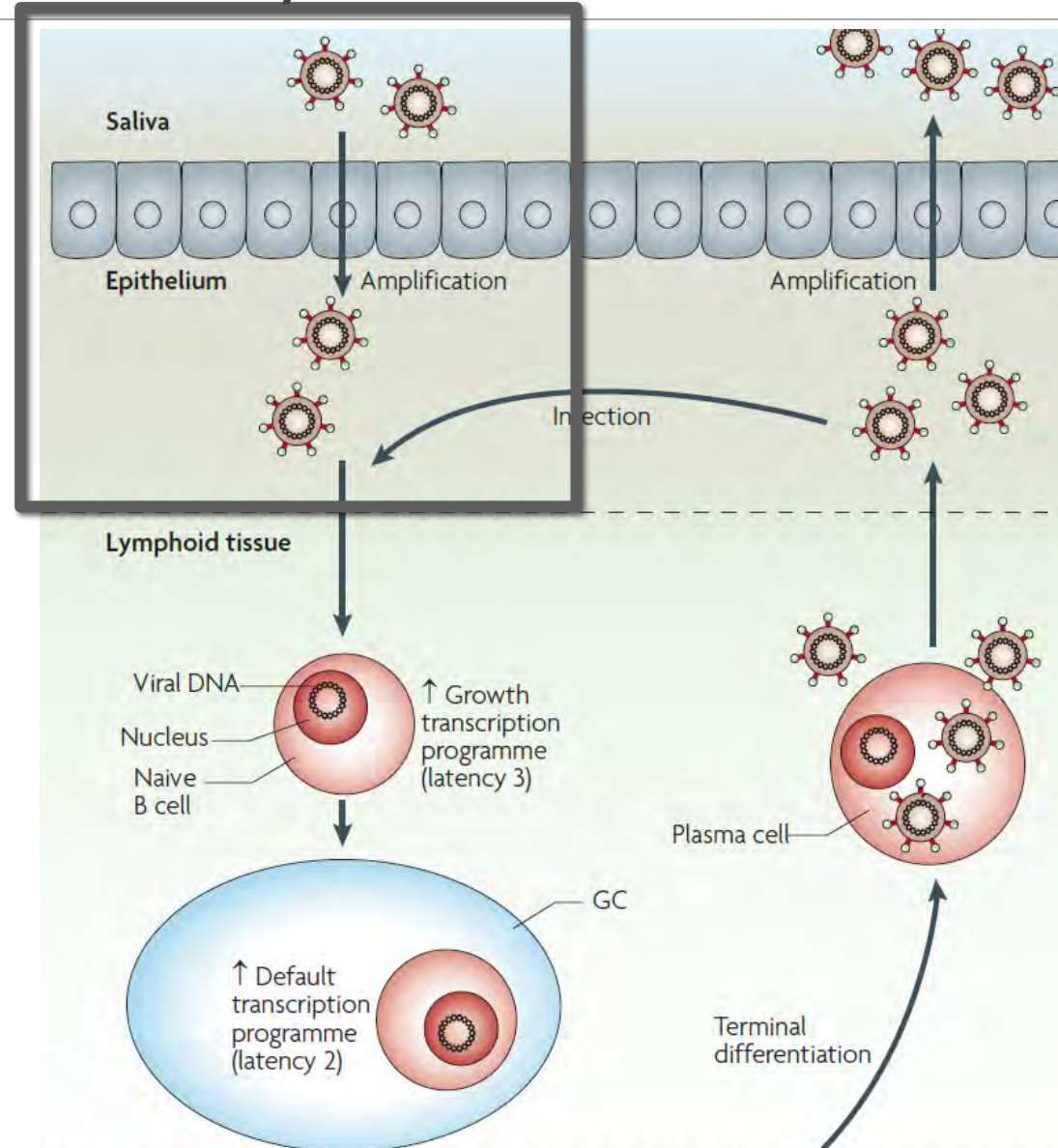
Approximately 95% prevalence in world's adult population



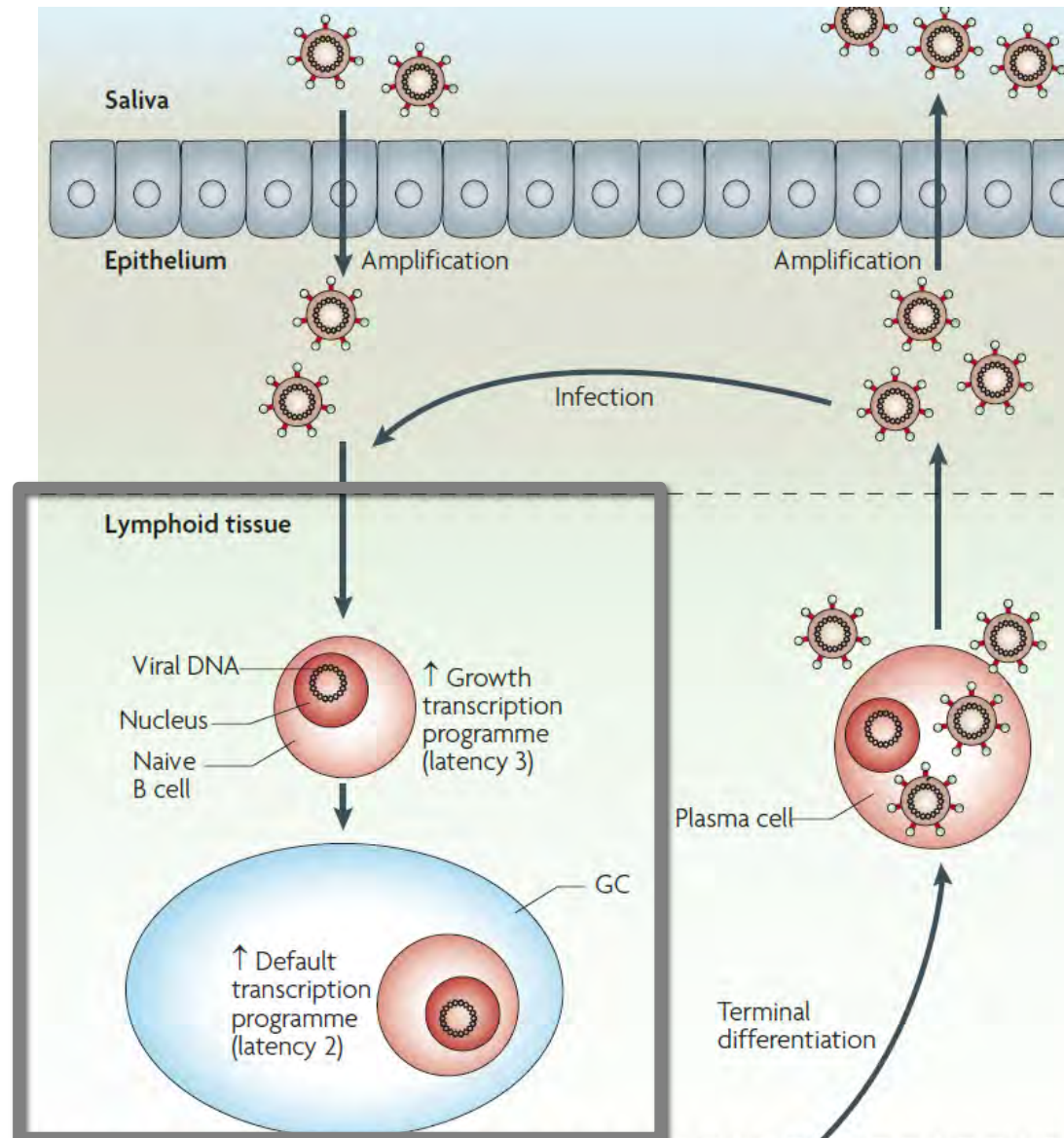
EBV Primarily Infects B Cells and Epithelia



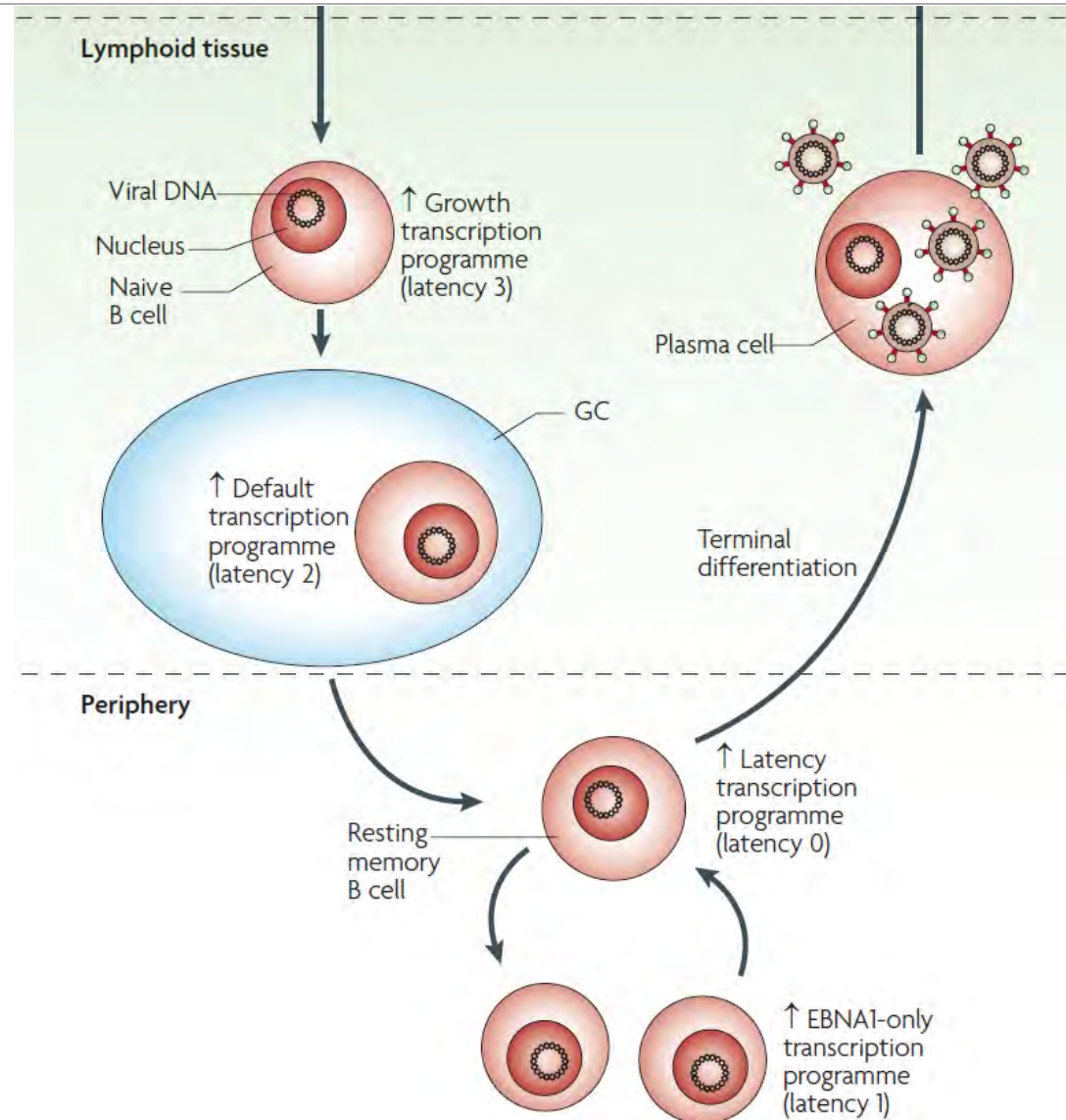
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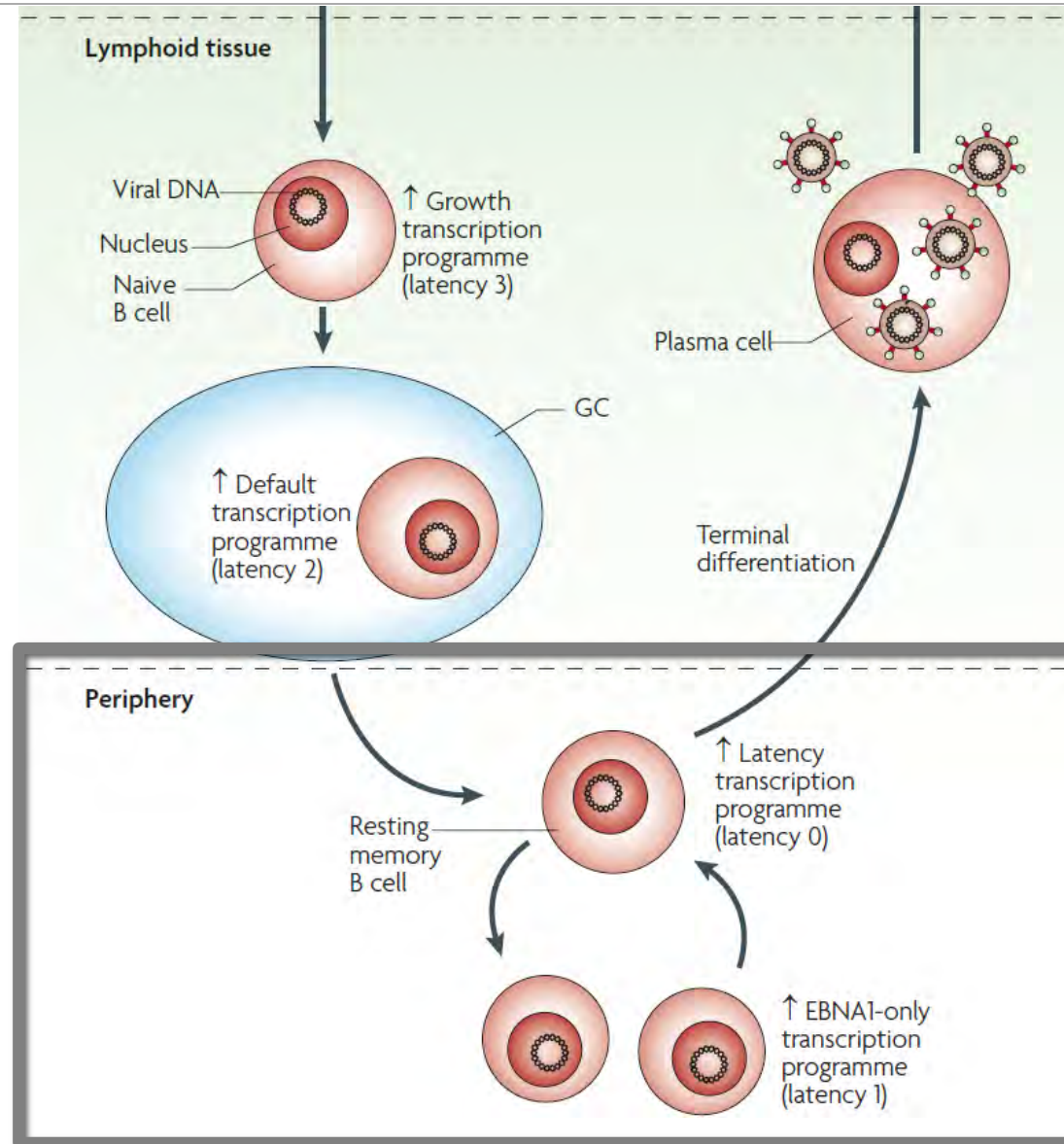
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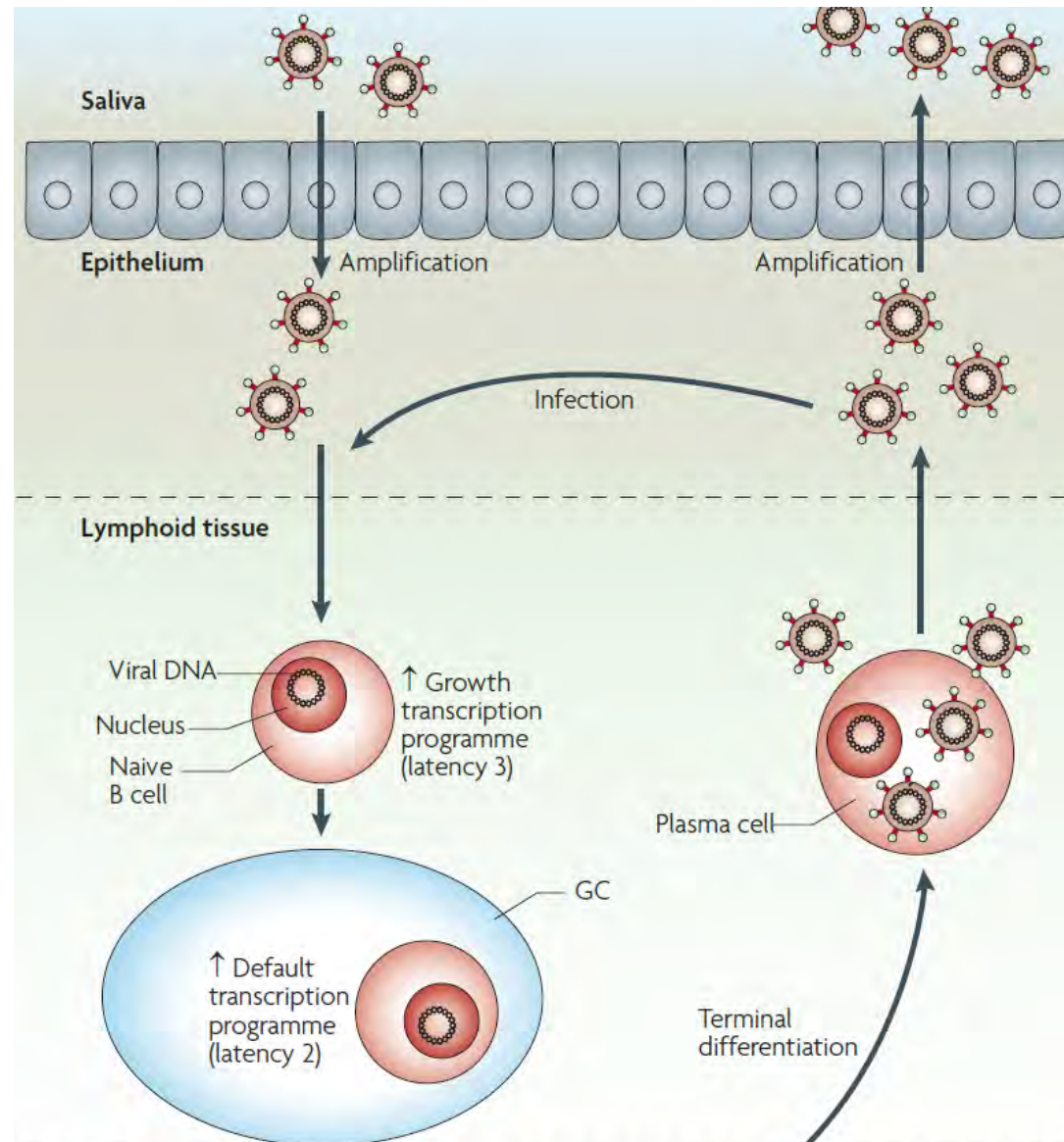
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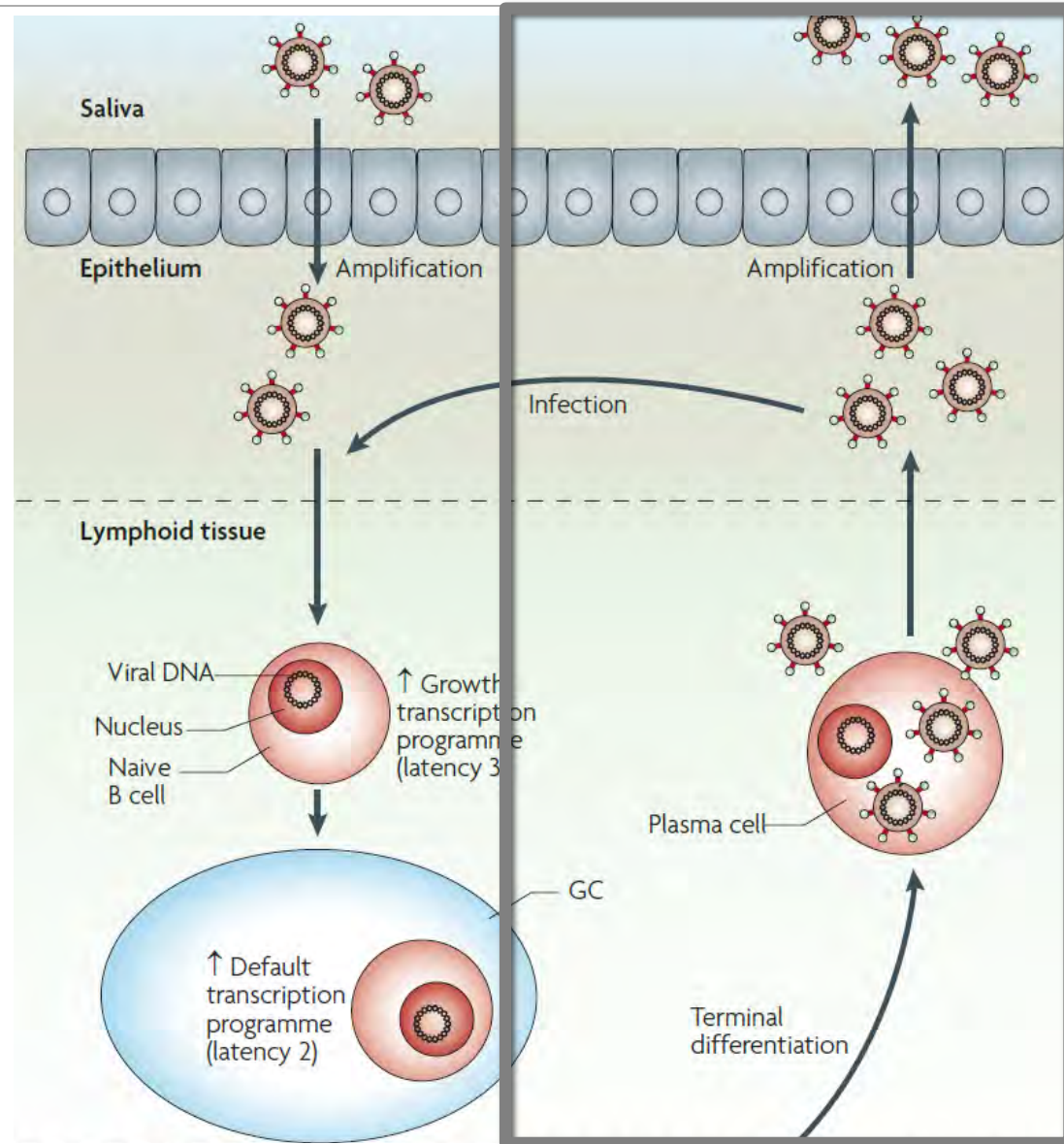
EBV Primarily Infects B Cells and Epithelia



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EBV is Associated with Lymphocyte and Epithelial Malignancies

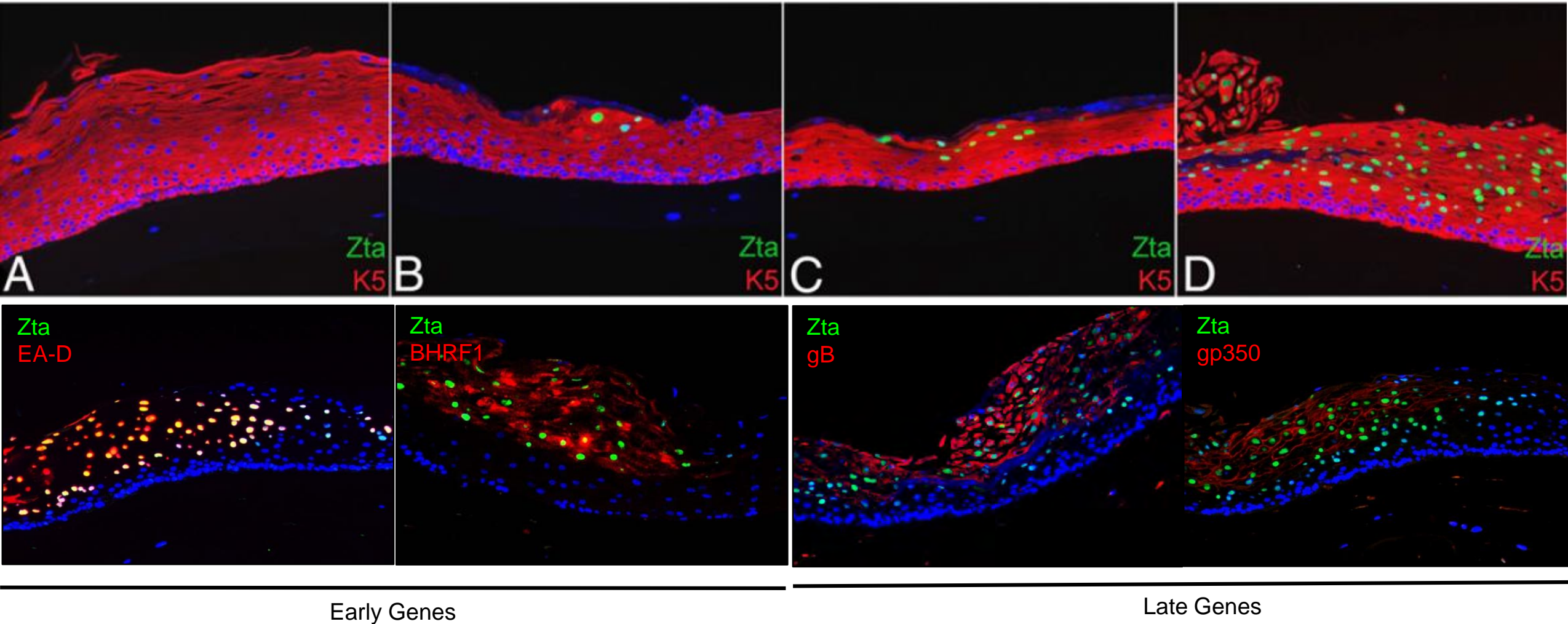
Table 1. EBV-associated diseases

Disease	At risk population	EBV association
Lymphocyte origin		
Infectious mononucleosis (IM)	Adolescents/young adults from western societies/ high socioeconomic groups	Majority. IM-like syndromes also occur in cytomegalovirus, HIV primary infection
X-linked lymphoproliferative syndrome (XLPS)	Male offspring of female carriers of XLPS mutation	Majority. A few non-EBV-associated lymphomas occur in children with the mutation ^90%
B lymphoproliferative disease (BLPD)	Post-transplant lymphoproliferative disease HIV infection—primary central nervous system lymphoma —peripheral lymphoma	<100% ^50%
Burkitt's lymphoma (BL)	African children—endemic BL HIV infection—sporadic BL	97–100% ^25%
Hodgkin's disease	Children—developing countries Young adults—high socioeconomic groups —history of IM	Overall ^65% Mixed cellularity type 80% Childhood ^80%
T/NK cell lymphoma	Chronic active EBV HIV infection	10–100%, depending on histological type
Primary effusion lymphoma	HIV infection	70–90%
Epithelial cell origin		
Oral hairy leukoplakia	HIV infection Other immunodeficiencies	100%
Nasopharyngeal carcinoma	S Chinese and Inuit races—high incidence Mayaks, Dyaks, Indonesians, Filipinos, Vietnamese—moderate incidence	Non-keratinised 100% Keratinised 30–100%
Gastric carcinoma	Not identified	Undifferentiated carcinoma of naso-pharyngeal type 100% Adenocarcinoma 5–15%

Several big questions remain in the field:

1. How does EBV infect epithelia and through what receptors?
2. How does productive replication proceed in epithelia?

EBV Productively Replicates in Raft Culture



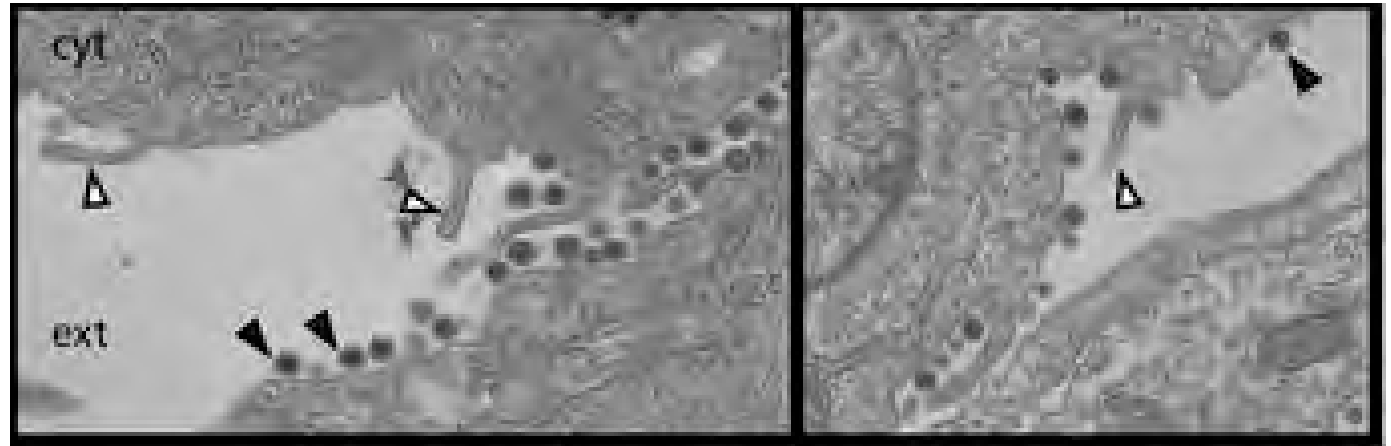
Magnification = 10X

MHV-68 Encodes a Glycoprotein for Viral Spread

A Gamma-Herpesvirus Glycoprotein Complex Manipulates Actin to Promote Viral Spread

Michael B. Gill, Rachel Edgar, Janet S. May, Philip G. Stevenson*

Division of Virology, Department of Pathology, University of Cambridge, Cambridge, United Kingdom



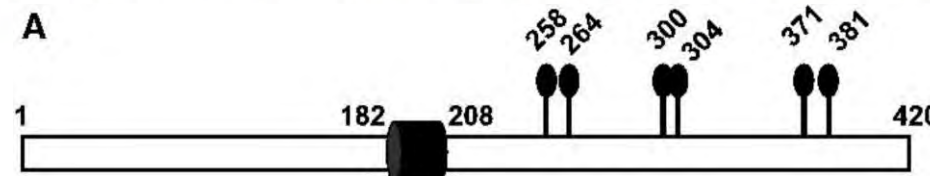
Cos7 cells infected with MHV68

A (New) Glycoprotein Discovered: BDLF2

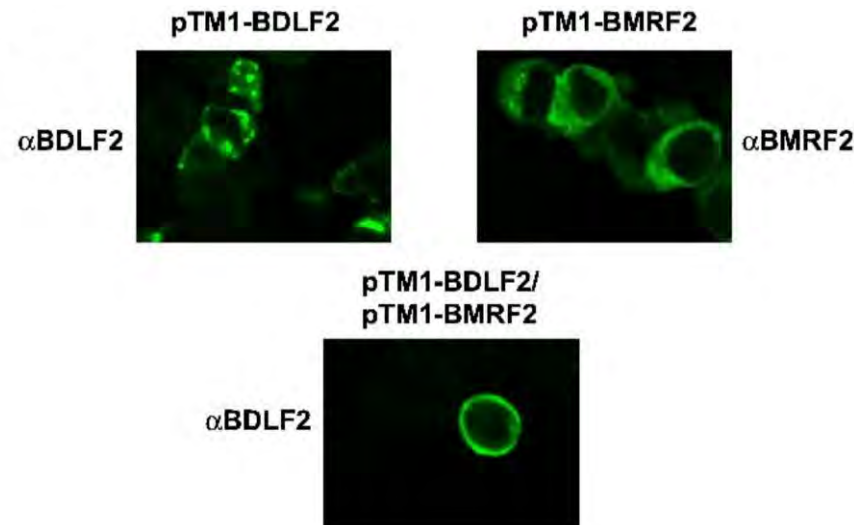
The BDLF2 protein of Epstein–Barr virus is a type II glycosylated envelope protein whose processing is dependent on coexpression with the BMRF2 protein

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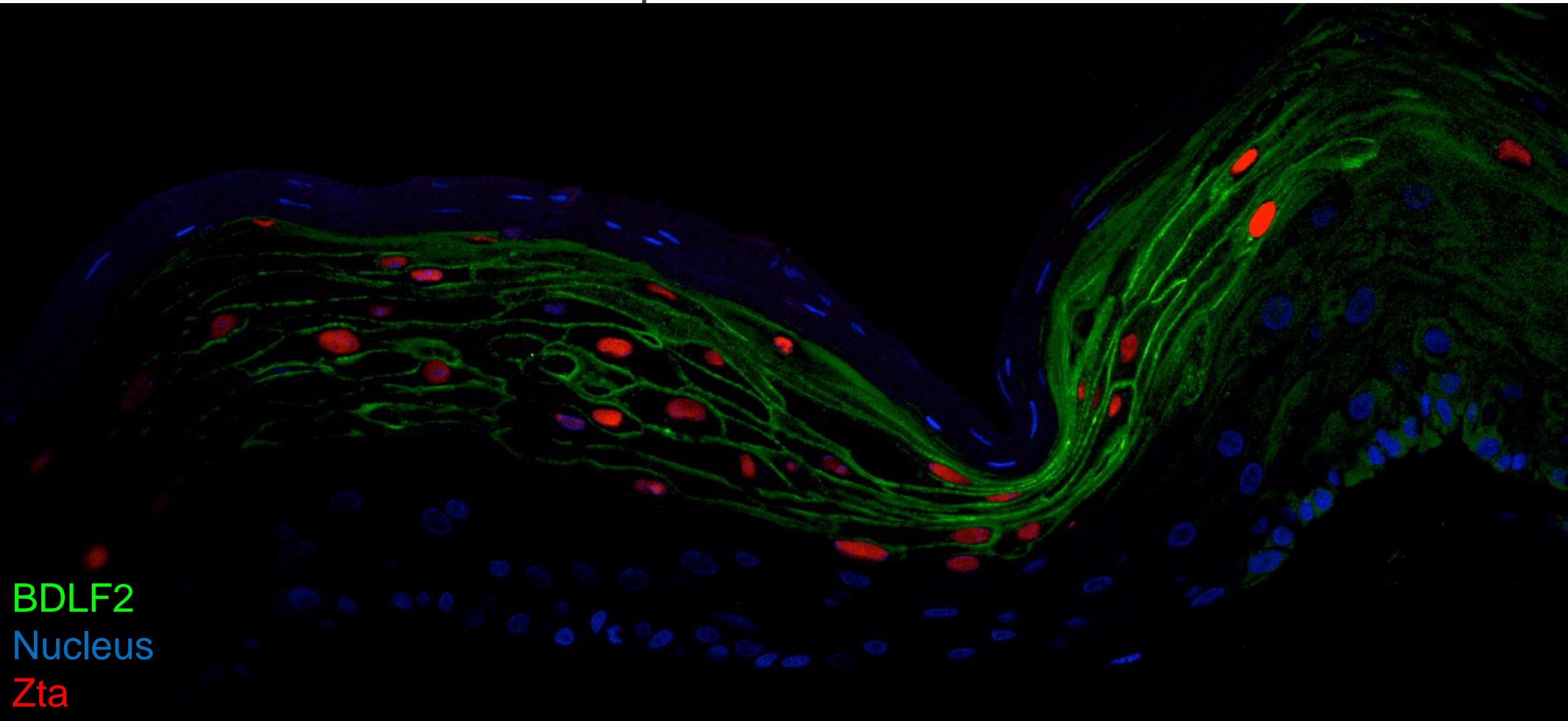
Previously believed to be a tegument protein*



Primary Hypothesis

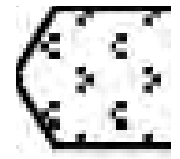
- EBV glycoprotein BDLF2 plays an important role in intercellular trafficking during EBV infection
- **BDLF2(BMRF2) may modulate the actin cytoskeleton of its host cell in order to facilitate infection of nearby susceptible cells.**

BDLF2 is Expressed in Raft Culture



BX-1 and BDLF2 - Knockout Viruses

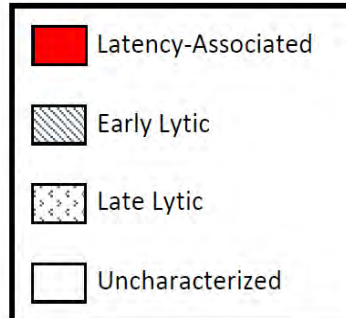
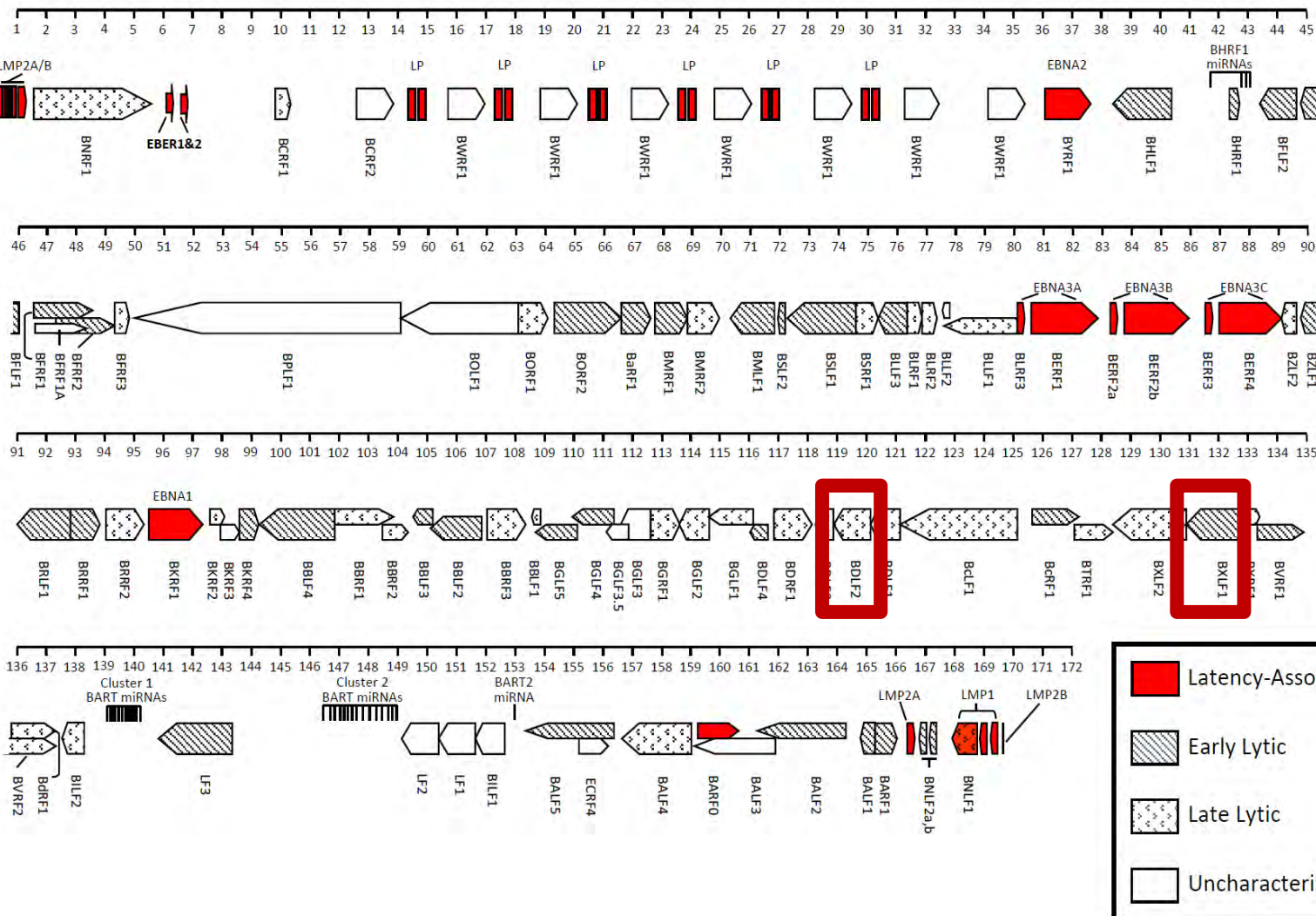
BX-1 Δ BDLF2



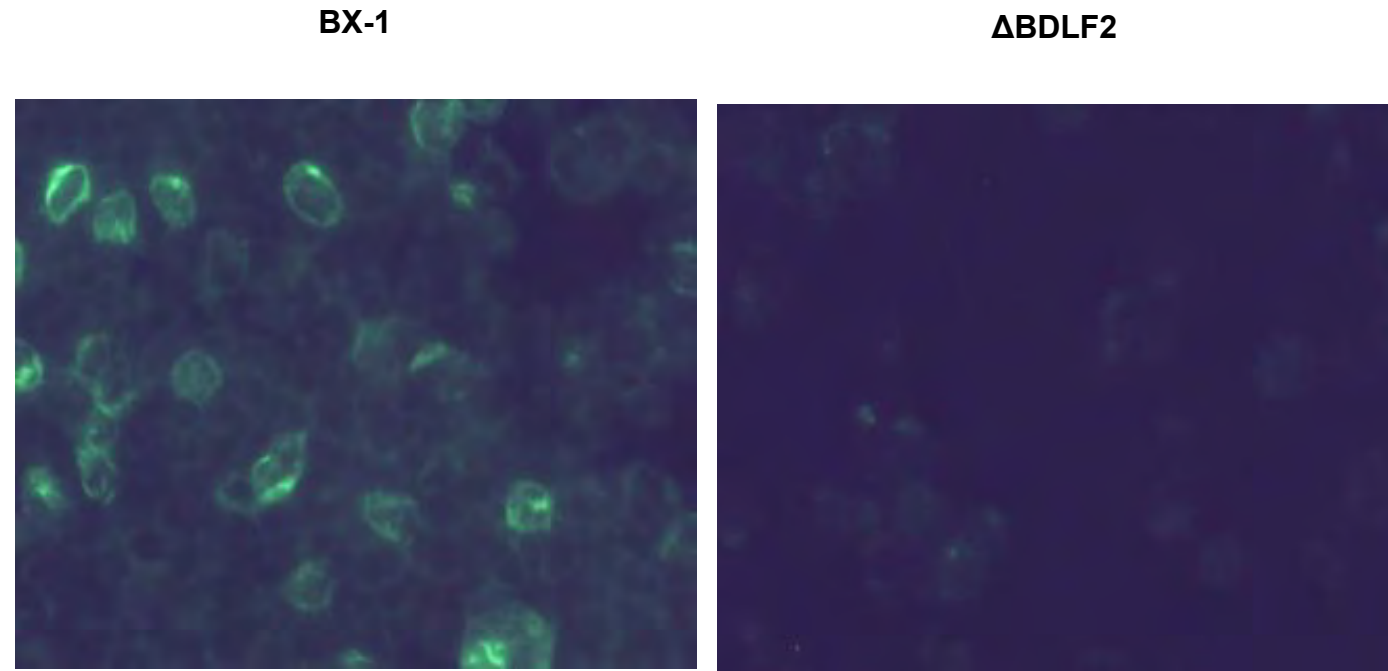
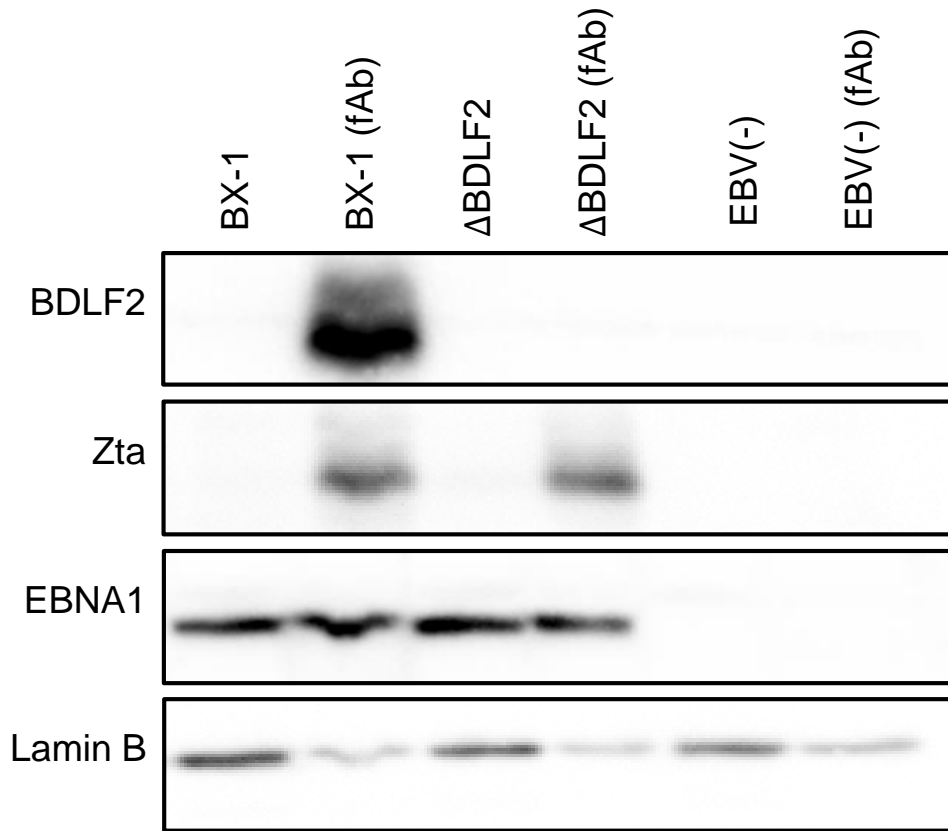
BXLF1

BDLF2

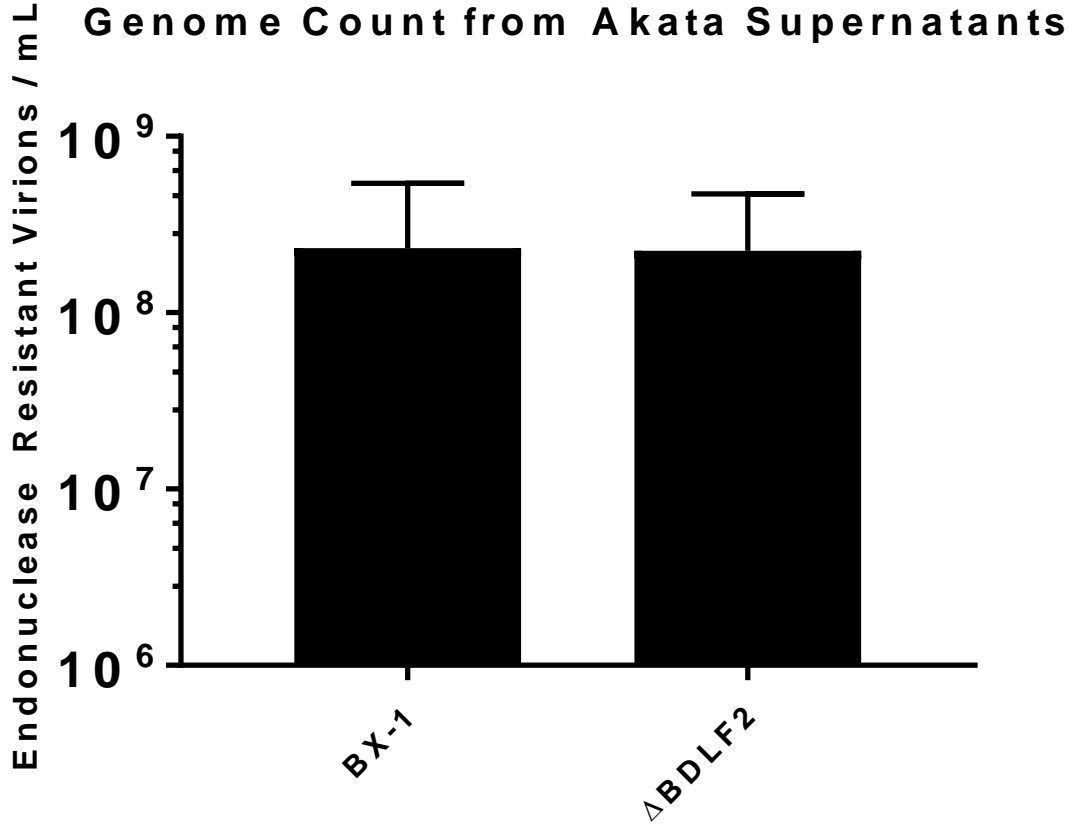
PuromycinR



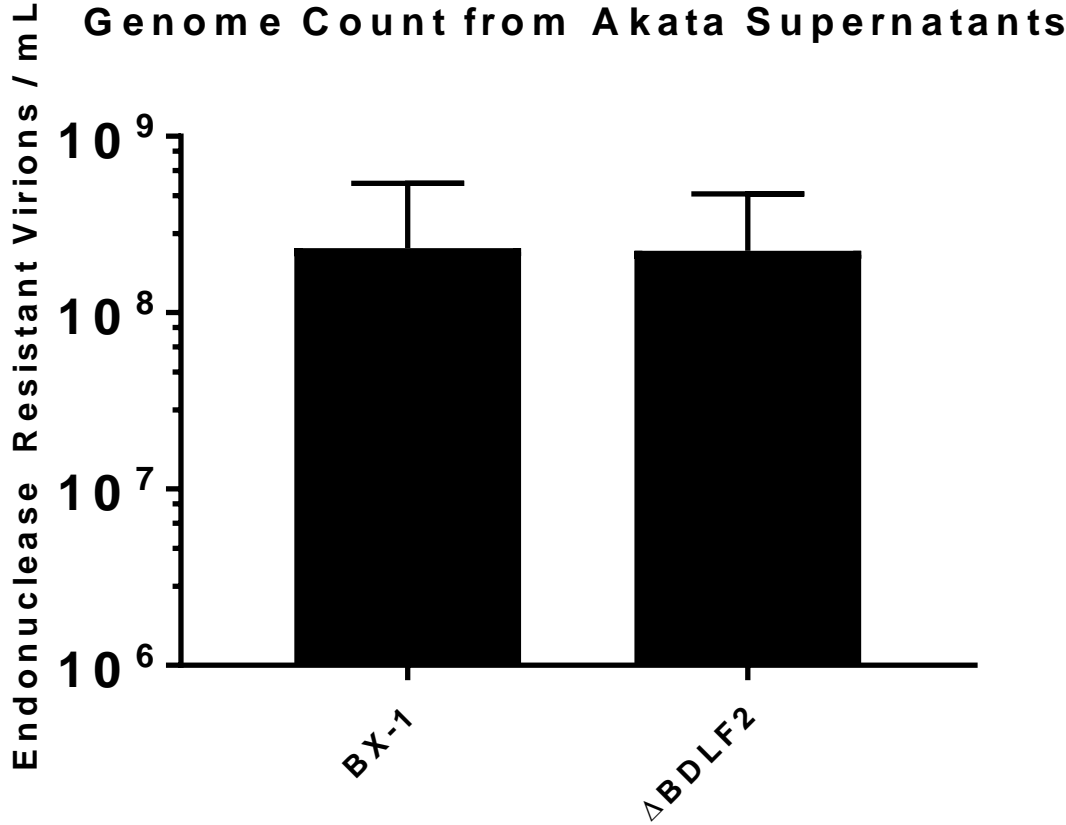
Confirmation of Loss of BDLF2 in rEBV



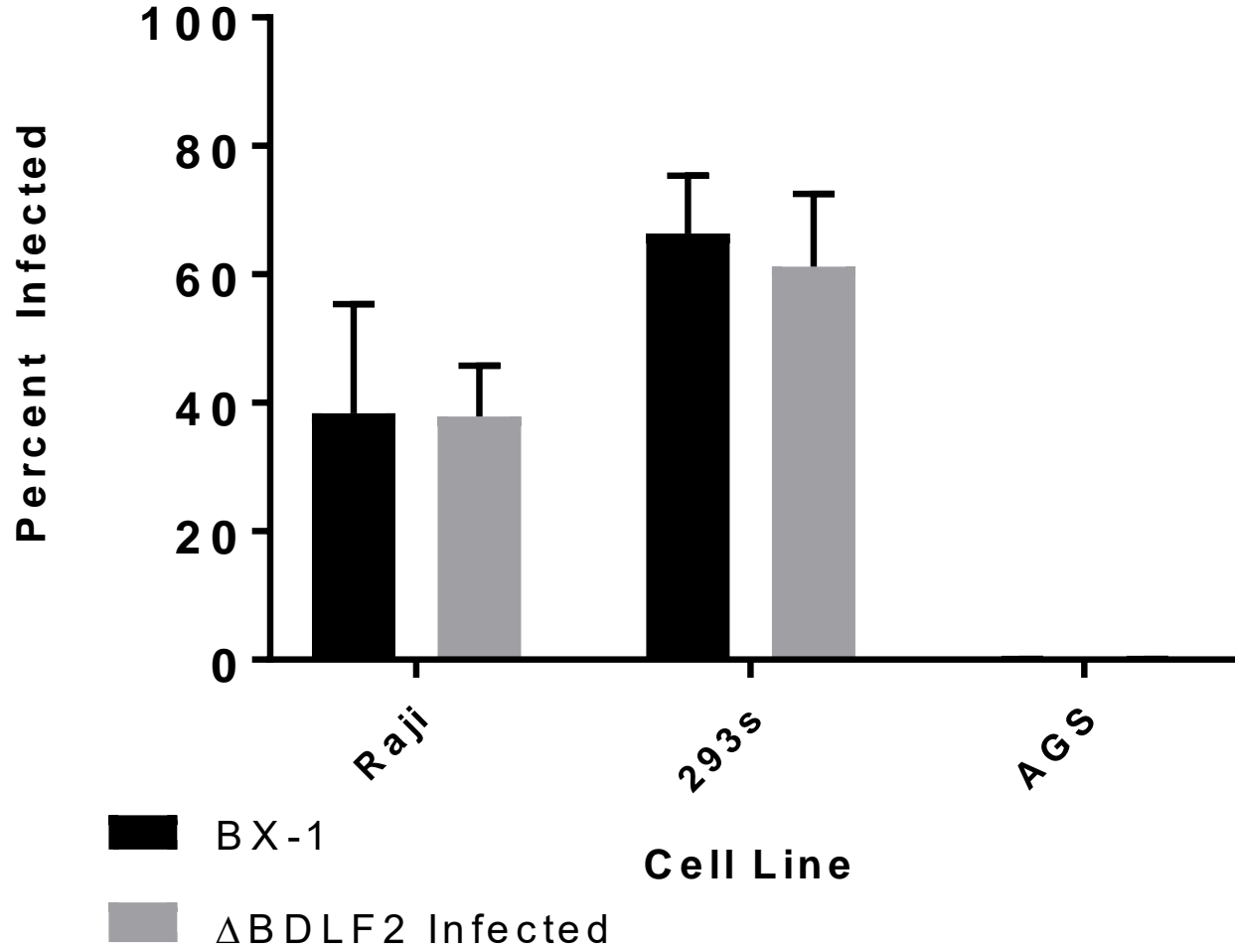
BX-1 and Δ BDLF2 Akatas Produce Similar Titers of Virus



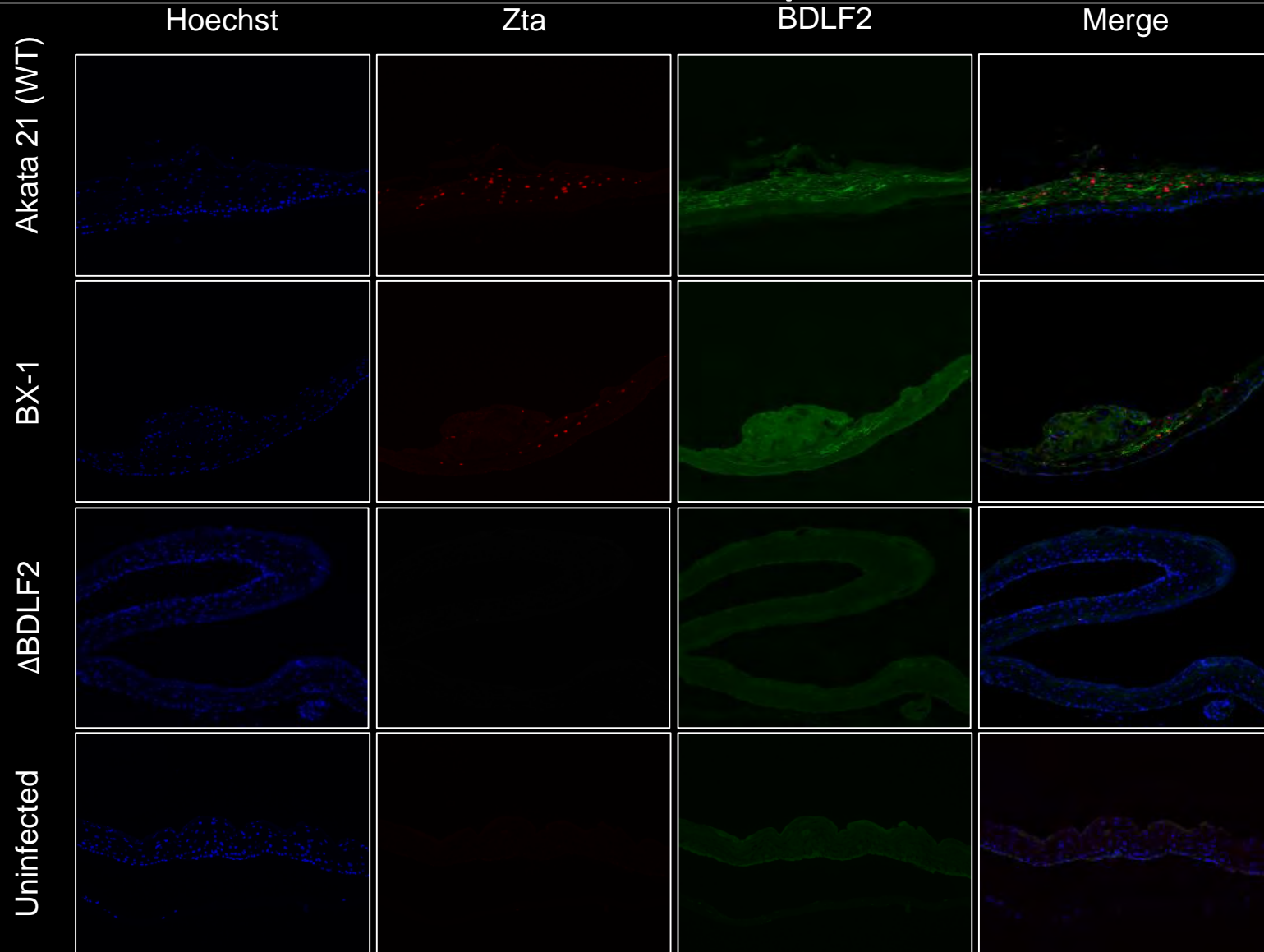
BX-1 and Δ BDLF2 Viruses Infect Similarly in Monolayer



Monolayer Infection with rEBVs



Infection with Δ BDLF2 is Impaired in Raft Culture



Primary Conclusions Thus Far

- ❑ BDLF2 does not appear necessary for monolayer / suspension infection
- ❑ BX-1 and Δ BDLF2 Akata strains produce similar titers of virus
- ❑ EBV BDLF2 appears to play role in viral spread in differentiated epithelium

Acknowledgements

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Questions?
