

DO EBNA2 ALLELIC VARIANTS CONTRIBUTE TO THE EBV ROLE IN MULTIPLE SCLEROSIS?

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Multiple sclerosis (MS) is an inflammatory demyelinating disease of the central nervous system with unknown etiology. Many pieces of evidence support the involvement of both genetic and environmental factors in disease development [1; 2]. Recent findings strongly support the causal role of EBV infection in MS, although the mechanisms linking EBV infection and disease development are still unclear [3].

Our previous study and other recent findings showed that Epstein-Barr nuclear antigen 2 (EBNA2) occupy a substantial fraction of risk loci in MS and other autoimmune diseases [4-6], affecting the expression of the related genes [7]. Moreover, in an exploratory study, we showed the association between an EBNA2 allele and MS [8], hypothesizing that EBNA2 variants may affect the processes of early infection dysregulating the virus-host interactions in MS.

Our aim was to confirm the data on distribution of EBNA2 alleles in a larger and independent population of people with relapsing remitting MS (pwMS) and healthy donors (HD).

Genomic DNA was extracted from peripheral blood mononuclear cells or CD19+ cells using a commercial kit (QIAamp DNA mini kit, Qiagen). All the DNA samples were analyzed by a digital droplet PCR (ddPCR) approach using fluorescent primers/probes assays able to recognize the different EBV alleles/variants. Specifically, we used custom assays for the identification of 1.2, 1.3B, 1.3A and B95-8 EBNA2 alleles [4]. We analyzed 291 untreated pwMS and 154 age/sex matched HD. The mean age was 39,8±2,7 years for pwMS and 36,6±11,7 years for HDs; the female to male ratio was 1,9 in MS group and 2 in control group. Based on our previous work, we expected to find a percentage of undetectable samples in both groups, due to the low number of EBV-infected B cells in peripheral blood: we obtained 34% of undetectable samples in pwMS and 52% in HD (odds ratio [OR]= 0.48; 95% confidence interval [CI] = 0.3259 to 0.7151; p= 0.0004). We found the 1.2 allele in 24% of pwMS and in 9% of HD (odds ratio [OR]= 3.2; 95% confidence interval [CI] = 1.753 to 5.734; p= 0.0001) and the coexistence of two or more EBNA2 alleles with different combinations (1.2/1.3B; 1.3B/B95-8; 1.2/B95-8; 1.2/1.3/B95-8) in the 9% of pwMS and in the 2,6% of HD ([OR]= 3.7; 95% [CI] = 1.372 to 9.947; p= 0.01). No significant differences were observed in either 1.3B allele (21% in pwMS and 24% in HD), 1.3A (6% of both pwMS and HD) and B95-8 allele (5% in pwMS and 8% in HD). Our findings confirm the association between the 1.2 EBNA2 allele and the MS, reinforcing

the idea that EBV contributes to disease development. The higher level of co-infection and the lower number of undetectable samples observed in pwMS suggest a possible involvement of EBNA2 variants, with an increased permissiveness to infection and a reduced ability to keep it in check.

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