



May New Biomarkers Help us to Predict Progressive Multifocal Leukoencephalopathy in HIV Positive People?

Zohreh Aminzadeh^{1,2}

¹Infectious Diseases Research Centre, Shahid Beheshti University of Medical Sciences, Tehran, Iran

²University of Queensland Centre for Clinical Research, The University of Queensland, Brisbane, Australia

Date of Submission: May 6, 2011

Date of Acceptance: Jan 27, 2012

Dear Editor,

Progressive multifocal leukoencephalopathy (PML) is a demyelinating disease of the brain caused by the JC virus (JCV).^[1] PML is caused by lytic infection of glial cells in severely immunosuppressed patients and is often fatal.^[2] JCV infects most people in childhood and is usually asymptomatic. Afterwards, the virus persists in the body in a latent state, where viral protein expression cannot be detected and replication occurs only episodically and at the low levels.^[3,4]

Blood samples taken from healthy individuals indicate that 50–90% of adults have been exposed to this virus, with 19–27% shed JC virus in their urine.^[5,6] The JC virus can be detected by PCR in the urine of a third of healthy individuals or immunosuppressed patients with or without PML.^[5,7,8] However, the JC virus is not usually found in the blood of immunocompetent individuals. Detection of JCV in blood is correlated with immunosuppression and not with PML.^[8] Currently, there is no blood biomarker of JCV activity that may be used to diagnose PML.^[1]

A failure to detect JCV DNA in the CSF sample does not rule out the possibility of having PML, particularly in the earlier stages of the disease.^[1] However, a false positive JCV test happens in 1–4% of HIV positive people.^[9,10] Wollebo^[11] also pointed out the presence of robust levels of TNF- α and

Correspondence to:

Dr. Zohreh Aminzadeh,
Infectious Diseases Research Centre,
Loghman Hakim Hospital, Tehran, Iran.
E-mail: zohrehaminzadeh@yahoo.com

How to cite this article: Aminzadeh Z. May new biomarkers help us to predict progressive multifocal leukoencephalopathy in HIV positive people?. *Int J Prev Med* 2012;3:515-6.

TNFR1 in clinical samples of PML lesions from an HIV patient.

Table 1 gives the comparison of various diagnostic methods which have been assessed and also shows that how and where a new biomarker can be placed if a special biomarker for JCV reactivation is detected. The author proposes a

Table 1: Comparison of various diagnostic methods in healthy people and HIV patients with and without PML

Diagnostic methods	Normal people	HIV without PML	HIV with PML
PCR-JCV in urine	Positive	Positive	Positive
PCR-JCV in blood	Negative	Positive or negative	Positive
JCV DNA in peripheral blood monocytes	Positive	Positive	Positive
JC antibody	Positive	Positive	Positive
JCV DNA in CSF	Negative	Negative	Positive
		False positive (1-4%)	False negative in early stage
Characteristic findings in brain biopsy	Negative	Negative	Positive
Biomarker TNF- α in brain sample	Negative	Positive slightly	Positive significantly
Biomarker TNFR1 in brain sample	Negative	Negative	Positive significantly

PML - Progressive multifocal leukoencephalopathy,
JCV - JC virus

new idea on measuring cytokine (TNF- α) and its receptor TNFR1 in blood and CSF samples of HIV patients as a predictor of JCV reactivation and PML. It would be helpful to diagnose PML in early stage and start special treatment for patients to have longer survival.

REFERENCES

1. Brew BJ, Davies NW, Cinque P, Clifford DB, Nath A. Progressive multifocal leukoencephalopathy and other forms of JC virus disease. *Nat Rev Neurol* 2010;6:667-79.
2. Tan CS, Koralnik IJ. Progressive multifocal leukoencephalopathy and other disorders caused by JC virus: clinical features and pathogenesis. *Lancet Neurol* 2010;9:425-37.
3. Hou J, Major EO. Progressive multifocal leukoencephalopathy: JC virus induced demyelination in the immune compromised host. *J Neurovirol* 2000;6:S98-S100.
4. Khalili K, Safak M, Del Valle L, White MK. JC virus molecular biology and the human demyelinating disease, progressive multifocal leukoencephalopathy. In: Reiss CS, editor. *Neurotropic Virus Infections*. Cambridge, UK: Cambridge University Press; 2008. p. 190-211.
5. Markowitz RB, Thompson HC, Mueller JF, Cohen JA, Dynan WS. Incidence of BK virus and JC virus viremia in human immunodeficiency virus-infected and -uninfected subjects. *J Infect Dis* 1993;167:13-20.
6. Lednicky JA, Vilchez RA, Keitel WA, Visnegarwala F, White ZS, Kozinetz CA, *et al.* Polyomavirus JCV excretion and genotype analysis in HIV-infected patients receiving highly active antiretroviral therapy. *AIDS* 2003;17:801-7.
7. Kitamura T, Aso Y, Kuniyoshi N, Hara K, Yogo Y. High incidence of urinary JC virus excretion in nonimmunosuppressed older patients. *J Infect Dis* 1990;161:1128-33.
8. Koralnik IJ, Boden D, Mai VX, Lord CI, Letvin NL. JC virus DNA load in patients with and without progressive multifocal leukoencephalopathy. *Neurology* 1999;52:253-60.
9. Iacobaeus E, Ryschkewitsch C, Gravel M, Khademi M, Wallstrom E, Olsson T, *et al.* Analysis of cerebrospinal fluid and cerebrospinal fluid cells from patients with multiple sclerosis for detection of JC virus DNA. *Mult Scler* 2009;15:28-35.
10. Alvarez-Lafuente R, García-Montojo M, De Las Heras V, Bartolomé M, Arroyo R. JC virus in cerebrospinal fluid samples of multiple sclerosis patients at the first demyelinating event. *Mult Scler* 2007;13:590-5.
11. Wollebo HS, Safak M, Del Valle L, Khalili K, White MK. Role for tumor necrosis factor- α in JC virus reactivation and progressive multifocal leukoencephalopathy. *J Neuroimmunol* 2011;233:46-53.

Source of Support: Nil. **Conflict of Interest:** None declared.