# Evaluation of Ganciclovir resistance mutations in cytomegalovirus UL97 gene in kidney transplant patients Urmia - Iran

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### introduction

- CMV is a double-stranded DNA virus, 220 kb
- Member of the beta class of human herpesviruses
- Easily transmitted,
- Common: with 30–70% seroprevalence in developed countries
- Usually asymptomatic in immunocompetents
- CMV infection is the leading viral cause of morbidity and mortality in patients who receive transplant













### Introduction

- Ganciclovir (GCV) is widely used for treatment of systemic CMV disease.
- However, Mutations associated with resistance to GCV have become an important problem (0-12%).
- Resistance to GCV arises from mutations in either the UL97 or the UL54 genes.
- Sequencing represents as standard approach to genotypic detection of drug resistance.



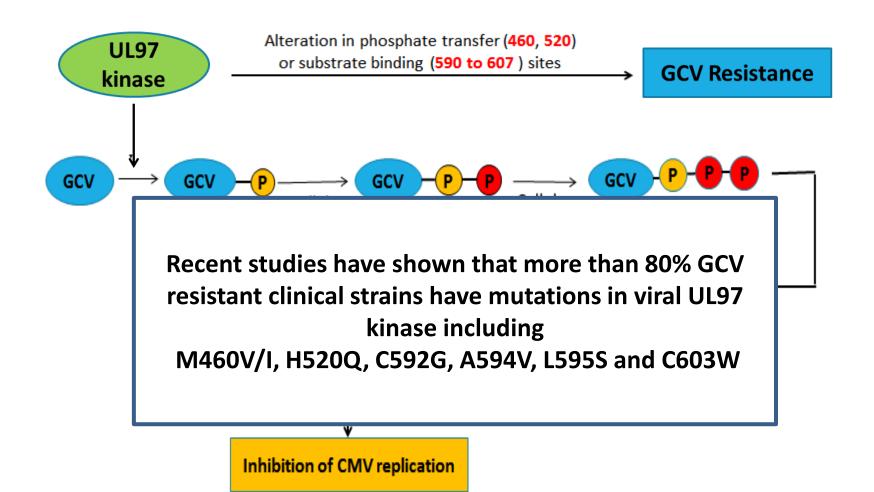








### **Anabolism of GCV**





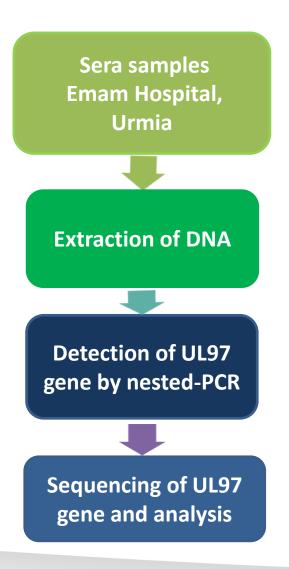


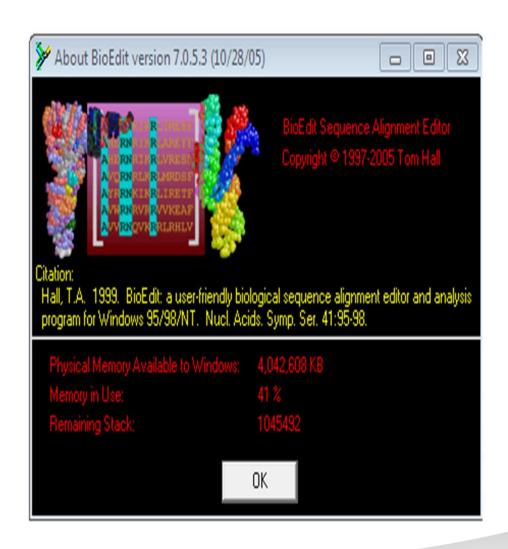






### Materials and methods

















## Results



82 sera samples were positive for HCMV viremia

76 Of patients were received GCV treatment

Partial UL97 gene amplicons obtained from 43 viremic patients Partial UL97 sequences were compared to
AD 169 reference sequence



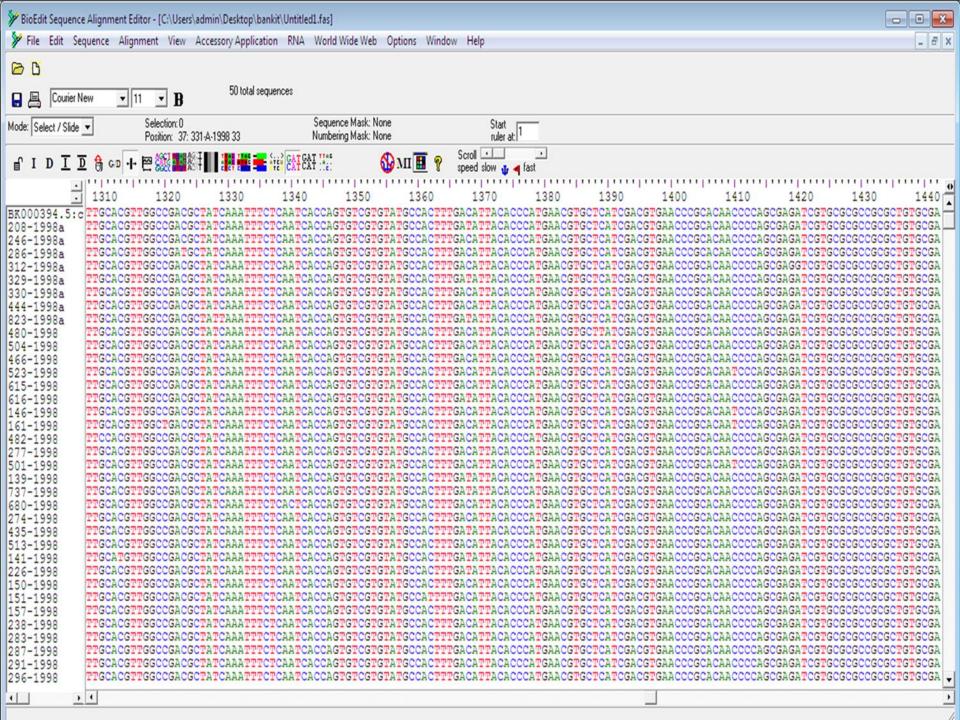


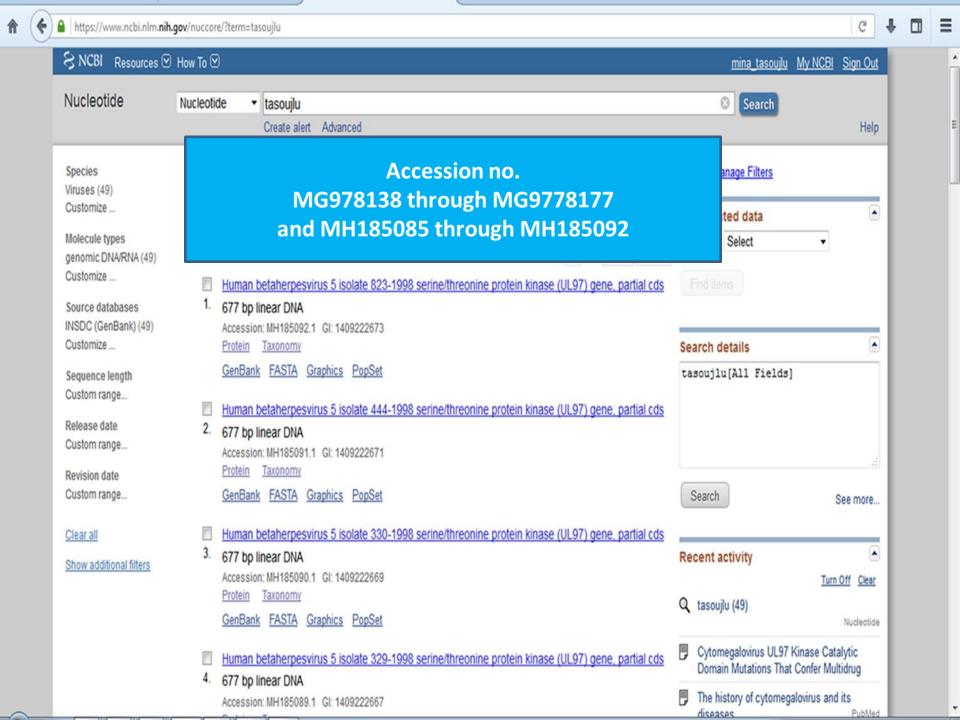












# **Results and Discussion**

6.9%

**Novel mutations** 

18.6%

Sensitive mutation to GCV

Mutation associated with resistance to GCV

Mutations associated with the amino acid changes

4.6%

06

30.1%





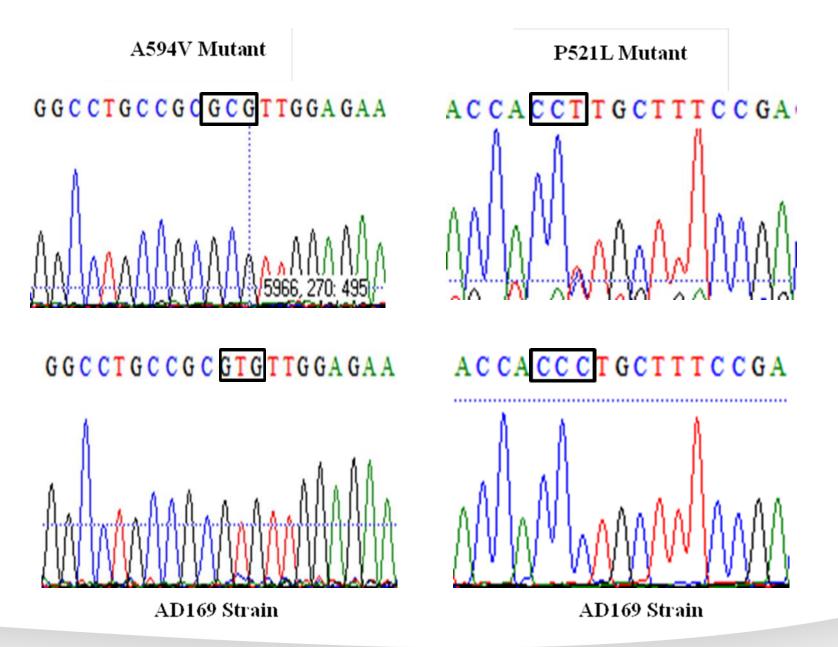








| Amino acid mutation   | Amino acid changes     | No. observed | Sex/Age | Symptoms                          | Resistance<br>status   |
|---|------------------------|--------------|---------|-----------------------------------|------------------------|
| A594V   | Alanine → Valine       | 1 (2.3%)     | M / 63  | ulcer in the colon<br>neutropenia | Resistance<br>mutation |
| P521L   | Proline →Leucine       | 1 (2.3%)     | F/43    | Fever, neutropenia                | Resistance<br>mutation |
| D605E   | Aspartate →glutamate   | 8 (18.6%)    | M/45    | Diarrhea                          | Sensitive mutation     |
|   |                        |              | M/52    | Diarrhea                          |                        |
|   |                        |              | M/60    | Diarrhea                          |                        |
|   |                        |              | M/28    | None                              |                        |
|   |                        |              | M/52    | None                              |                        |
|   |                        |              | M/51    | None                              |                        |
|   |                        |              | F/60    | Pneumonia                         |                        |
|   |                        |              | F/61    | None                              |                        |
| T438M   | Threonine → Methionine | 1 (2.3%)     | F/43    | None                              | Uncertain impact       |
| I474V   | Isoleucine → Valine    | 1 (2.3%)     | M / 55  | None                              | Uncertain impact       |
| N492S   | Asparagine → Serine    | 1 (2.3%)     | M/ 18   | None                              | Uncertain impact       |
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### **D605E** mutation

- Aspartate to glutamate substitution
   Were detected in 8 receipients (18.6%)
- Its frequency is higher in Asian countries than Europe(91% in Japan, Korea)
- Its exact contribution to GCV resistance still remains unknown
- May be a natural variant?
- OR a molecular marker of CMV evolution in East Asian countries









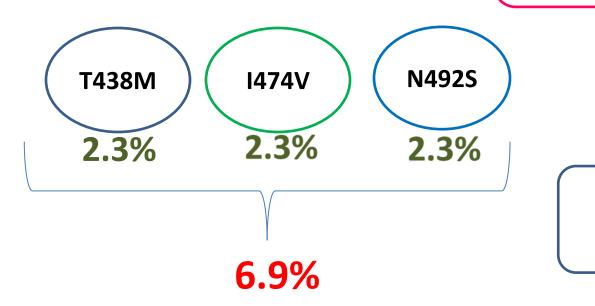




### **Results and Discussion**

Novel mutations

Outside of resistance region (codons 460,520 and 590 to 607)





phenotypic tests













### **Conclusion**

- These findings suggest that incidence of GCV known resistant mutants were not prevalent in our renal recipients and only 1 out of 25 kidney recipients in our study represented resistant isolates.
- Genotypic diagnosis of UL97mutants can provide early detection of the emergence of CMV-resistant strains and subsequent adjustment of therapy.









