

eCommons@AKU

Department of Pathology and Laboratory Medicine

Medical College, Pakistan

June 2000

Association of Epstein Barr Virus (EBV) with nasopharyngeal carcinoma (NPC)

S H. Shah Aga Khan University

I N. Soomro Aga Khan University

S Haroon Aga Khan University

T Moatter *Aga Khan University,* tariq.moatter@aku.edu

Follow this and additional works at: https://ecommons.aku.edu/ pakistan_fhs_mc_pathol_microbiol Part of the <u>Microbiology Commons</u>, and the <u>Pathology Commons</u>

Recommended Citation

Shah, S. H., Soomro, I. N., Haroon, S., Moatter, T. (2000). Association of Epstein Barr Virus (EBV) with nasopharyngeal carcinoma (NPC). *Journal of Pakistan Medical Association*, 50(6), 182-183. Available at: https://ecommons.aku.edu/pakistan_fhs_mc_pathol_microbiol/768

Association of Epstein Barr Virus (EBV) with Nasopharyngeal Carcinoma (NPC)

Sajid H. Shah, Irshad N. Soomro, Sarwat Haroon, Tariq Moatter (Department of Pathology, Aga Khan University Hospital, Karachi.)

Abstract

Aim: To observe the frequency of nasopharvngeal carcinoma (NPC) and its association with Epstein Barr Virus (EBV) infection.

Setting: This study included consecutive cases of nasopharyngeal carcinoma, which were diagnosed in the Department of Pathology at the Aga Khan University I lospital, Karachi in the period of two Vears (1996-97).

Methods: These tumors were initially evaluated on H&E stained sections. The tumors showing evidence of keratinization were excluded from the study. The Epstein Barr Virus was detected with the help of Polymerase chain reaction in formalin fixed, paraffin embedded tissue sections.

Results: During the study period, seventeen cases of nasopharvngeal carcinoma were diagnosed which comprised 0.3% 0 all malignant tumors. The age ranged from 5 years to 70 Vears with male to female ratio of 2.4:1. The NPC was more prevalent in adults (71%) as compared to children (29%) under 15 years. Six cases (35%) exhibited positive signal for Epstein Barr Virus.

Conclusion: Nasopharvngeal carcinoma is an infrequent tumor. The prevalence of Epstein Bar virus infection in nasophatyngeal carcinoma is quite low as compared to other regions of the world (JPMA 50:182, 2000).

Introduction

Nasopharyngeal carcinoma (NPC) is an infrequent type of cancer^{1,2}. Marked variation in the prevalence of nasopharyngeal carcinoma (NPC) has been observed in the different regions of the world. For instance in Southern China, NPC is one of the most common type of malignant tumors in adults while in Northern Africa, its prevalence is quite high in children^{3,4}. Whereas in USA, NPC is extremely uncommon in both children and adults³. A strong association between Epstein Barr Virus infection and nasopharyngeal carcinoma has been demonstrated with the help of immunologic and epidemiologic data⁵⁻⁸. The association of HLA types with nasopharyngeal carcinoma suggests the possibilility of genetics as a predisposing factor⁹. The pet-son with LILA A² antigen has significant lower risk for the development of nasopharyngeal carcinoma as compared to those patients who have other antigens at A locus¹⁰. The aim of the study was to observe the frequency of nasopharyngeal carcinoma (NPC) and its association with Epstein Barr Virus (EBV) infection.

Material and Methods

The study included seventeen consecutive cases of nasopharyngeal carcinoma, which were diagnosed in the Department of Pathology at the Aga Khan University Hospital. Karachi in the period of two 'ears (1996-97). These tumors were initially evaluated on haematoxylin and eosin stained sections. The tumors showing evidetice of keratinization were excluded from the study. The immunohistochem ical staining was performed whenever required. I he antibodies used in immuno-histochemical staining included Cytokeratins (CK CAM 5.2, CK AEI/AE3, CK MNF), Epithelial membrane antigen (EMA) and Leukocyte common antigen (LCA) by employing Peroxidase Anti-peroxidase technique. The Epstein Barr Virus was detected in formalin fixed, paraffin embedded tissue sections with the help of Polymerase chain reaction. Thirty-five blood samples as control were analyzed from healthy

individuals.

Results

A total of 5517 malignant tumors were diagnosed in the Department of Pathology in the period of two years (1996-97) that included 17(0.3%) cases of nasopharyngeal carcinoma. The age of patients ranged from 5 to 70 years with male to female ratio of 2.4: I. The NPC was more prevalent in adults (71 %) as compared to children (29%) under the age of 15 years. All cases of NPC were evaluated for EBV with the help of polymerase chain reaction. Six cases (35%) exhibited positive signal for Epstein Barr Virus. All blood samples taken from healthy adults as control revealed no evidence of EBV infection.

Discussion

The analysis of frequency and prevalence of the disease in the different regions demonstrates the geographic and ethnic variation of the disease. Such observations help in the identification of factors which can provide the clues to the etiology and pathogenesis. Change in the incidence of the disease in a region provides information regarding the preventable associated risk factors.

Nasopharyngeal carcinoma (NPC) is not a common type of cancer but high prevalence rate has been observed in certain regions such as Southern China and Northern Africa¹¹.

In our series the nasopharyngeal carcinoma comprised 0.3% of all malignant tumors which is in accordance with another series in which nasopharyngeal carcinoma constituted 0.5% of total malignant tumors¹². In the present series, the nasopharyngeal carcinoma comprised 1.9% of all malignant solid tumors in children below the age of 15 years. This figure is slightly higher than the data reported in the others series^{13,14}

Low frequency of nasopharyngeal carcinoma in our region can be attributed to genetic or environmental factors. A protective association between HLA A2 antigen and nasopharyngeal carcinoma has been observed¹⁰. A study of HLA trequencies HLA Pakistani population groups revealed that LILA A2 was one of the common type in all Sindhi, Punjabi, Urdu and Pushto population groups¹⁵. This factor could be one ofthereasons for the less frequent occurrence of nasopharyngeal carcinonia in our population. In our series, Epstein Barr Virus was detected in only 35% of cases of nasopharyngeal carcinoma with the help of polymerase chain reaction. This association is quite low as compared to other regions of the world¹⁶. All thirty five control specimens of blood from healthy persons also failed to reveal any evidence of Epstein Barr Virus infection. In conclusion, NPC is not a very common tumor and its association with Epstein Barr Virus infection is not high in Pakistan as compared to the other regions.

References

1. Fiores AD, Dickson RI, Riding K, et al. Cancer of nasopharynx in iritish Columbia. Am nasopharynx clin Oncol i986;9:281-91.

2. Qin DX, Hu YH, Yan JH et al. Analysis of 1379 patients with nasopharngeal carcinoma treated by radiation. Cancer, 1988;61 :1117.24.

3. Kumar V~ Cotran RS, Robbins SL. Basic pathology. 6th edition, Philadelphia, Wit Saunders company, 997, p. 437.

4. Ablashi DV, Levine Pit. Prasad U, et al, Fourth international symposium on nasopharyngeal carcinoma. Application of field and laboratory studies to the control of nasopharyngeal carcinoma. Cancer Res., 1983;43:23 75-78.

5. Raah-Trauh N. Epstein Barr Virus aiid nasopharyngeal carcinoma. Semin Cancer Biol., 1992;3:297-307.

6. Sacmundsen AK, Aiheck H, Hansen JPH. Epstein Barr virus in nasopharyngeal attd salivary gland carcinomas in Greenland Eskimoes Br. J. Cancer, 1982;46:721-28.

7. Shanmugaratnam K, Chan SH, Dethe 0, et at. Histopathology of nasopharyngeal carcinoma. Correlations with epidemiology, survival rates and other biological characteristics. Cancer, 1979;44:1029-44.

8. Weiss LM, Movahed I.A. Butler AE, et al. Analysis of tvmphoepiihelioma amid lymphoeitheliomalike carcinomas for Epstein Barr viral genomes by in situ hybridization. Am. J. Surg. Pathol., 1989:1 3:625–31.

9. Chen X, Cai Y, Sun N. The expression of HLA. Epstein Barr virus nuclear antigen and the infiltration of T lymphocyte subset in nasopharyngeat biopsy tissue. Chung-Hua-Erh-Pi-Yen-Hou-Ko-Tsa-Chih, 1994;29:6-9.

10. Burt RD, Vaughan TL, Nisperos B, et al. A protective association between the HLA-A2 antigen and nasopharyngeal carcinoma in US Caucasians. Int. J. Cancer, 1994:1 5:465-67.

11. Rachet 13, Saseo AJ, Abrahamowicz M, et al. Prognostic factors for mortality in nasopharyngeal cancer: accounting for time-dependence of relative risks. Int J. Epidemiol 1998;27:772-80.

12. Ahmed J, Hashmi MA, Naveed IA et al. Spectrum of malignancies in Faisalabad 1986-90. Pak. J. Pathol., 1992;3:103-10.

13. Zaidi SHM, Jafarey NA. Childhood tumors in Karachi. J. Pak. Med. Assoc., 1977:27:346-48.

14. Abdullah A, Al-Naseer, Reem M, et al. Paediatric cancer: The King Faisal specialist hospital and research centre experience. Ann Saudi med.,1996;16:530-33.

15. Zafar N. Khan S. Abdul Qadir, et al. HLA frequencies in Pakistani population groups J. Pak. Med. Assoc., 1996;46:12-13.

16. Vesef MA, Ferlito A, Weiss LM. Nasopharyngeal carcinoma with emphasis on its relationship to epstein - barr virus. Ann. Oto!. Rhinol Laryngol., 1997; 06:348-56.