

Detection of HTLV-1 proviral DNA in BM mononuclear cells and cultured mesenchymal stromal cells isolated from patients with HTLV-1 infection[☆]

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ABSTRACT

The bone marrow (BM) biology during HTLV-1 infection is obscure. In this study, we investigated BM mononuclear cells and mesenchymal stromal cells (MSC) from HTLV-1 asymptomatic and symptomatic individuals. An infiltration of CD4⁺ T-cell lymphocytes in the BM of HTLV-1-infected individuals was observed when compared to healthy controls. The provirus detection in the BM CD4⁺ T cells confirmed the presence of integrated HTLV DNA. In regard to MSC, we observed that the number of fibroblast progenitor cells was lower in HTLV-1 infected individuals than in healthy controls. Isolated HTLV-1 infected BM-MSC demonstrated surface expression markers and *in vitro* differentiation potential similar to uninfected individuals. The presence of HTLV-1 proviral DNA in the BM-MSC of HTLV-1-infected patients was demonstrated but no p19 antigen was detected in supernatant from cultured MSC. We suppose that HTLV-1 infects human MSC probably by cell-to-cell contact from the infected CD4⁺ T-lymphocytes infiltrated into the bone marrow.

1. Introduction

Human T lymphotropic virus type 1 (HTLV-1) infection reaches 5–10 million people worldwide and is associated to two major clinical manifestations known as adult T-cell leukemia/lymphoma (ATLL) and an inflammatory neurologic disease, the HTLV-1-associated myelopathy/tropical spastic paraparesis (HAM/TSP) (Gessain and Cassar, 2012). Minor proportion of the HTLV-1-infected individuals (2–5%) develops clinically overt infection, while the majority remains as HTLV-1 asymptomatic carriers (Osame et al., 1997). ATLL is an aggressive T-cell malignancy with poor prognostic outcome. In this particular case, significant advances have been obtained using allogeneic hematopoietic stem cell transplantation (HSCT), achieving long-term remission in 30–40% of ATLL patients (Utsunomiya, 2016; Ishida et al., 2013). The effectiveness of the ATLL treatment using HSCT may be related to immunogenicity of HTLV-1-infected cells, since that Tax-specific CD8⁺ CTLs are induced in patients who achieved complete remission. Post-transplant graft-versus-HTLV-1 may contribute to make the HTLV-1

proviral load undetectable in a significant proportion of ATLL individuals after allogeneic-HSCT (Akimoto et al., 2007; Tamai et al., 2013). However, in other ATLL patients submitted to allogeneic-HSCT complete disease remission is not observed and HTLV-1 proviral load becomes detectable again (Hishizawa et al., 2010; Shiratori et al., 2008). The reason why HTLV-1 infection remains undetectable in some patients with ATLL and not in others is still unknown. It is possible that factors related to the cells serving as HTLV-1 reservoirs may contribute to viral latency and the impossibility to achieve complete remission in ATLL.

According to previous *in vivo* studies, HTLV-1 is preferentially found in peripheral blood CD4⁺ T cells, however the virus can also infect CD8⁺ T cells, dendritic cells (DCs), mesenchymal stromal cells and numerous mammalian cells *in vitro* (Richardson et al., 1990; Koyanagi et al., 1993; Macatonia et al., 1992; Zacharopoulos et al., 1992; Rodrigues et al., 2014). Levin et al. (1997) investigated the bone marrow (BM) as a potential viral reservoir in HTLV-1-infected individuals. They evaluated the BM from three HTLV-1-infected patients

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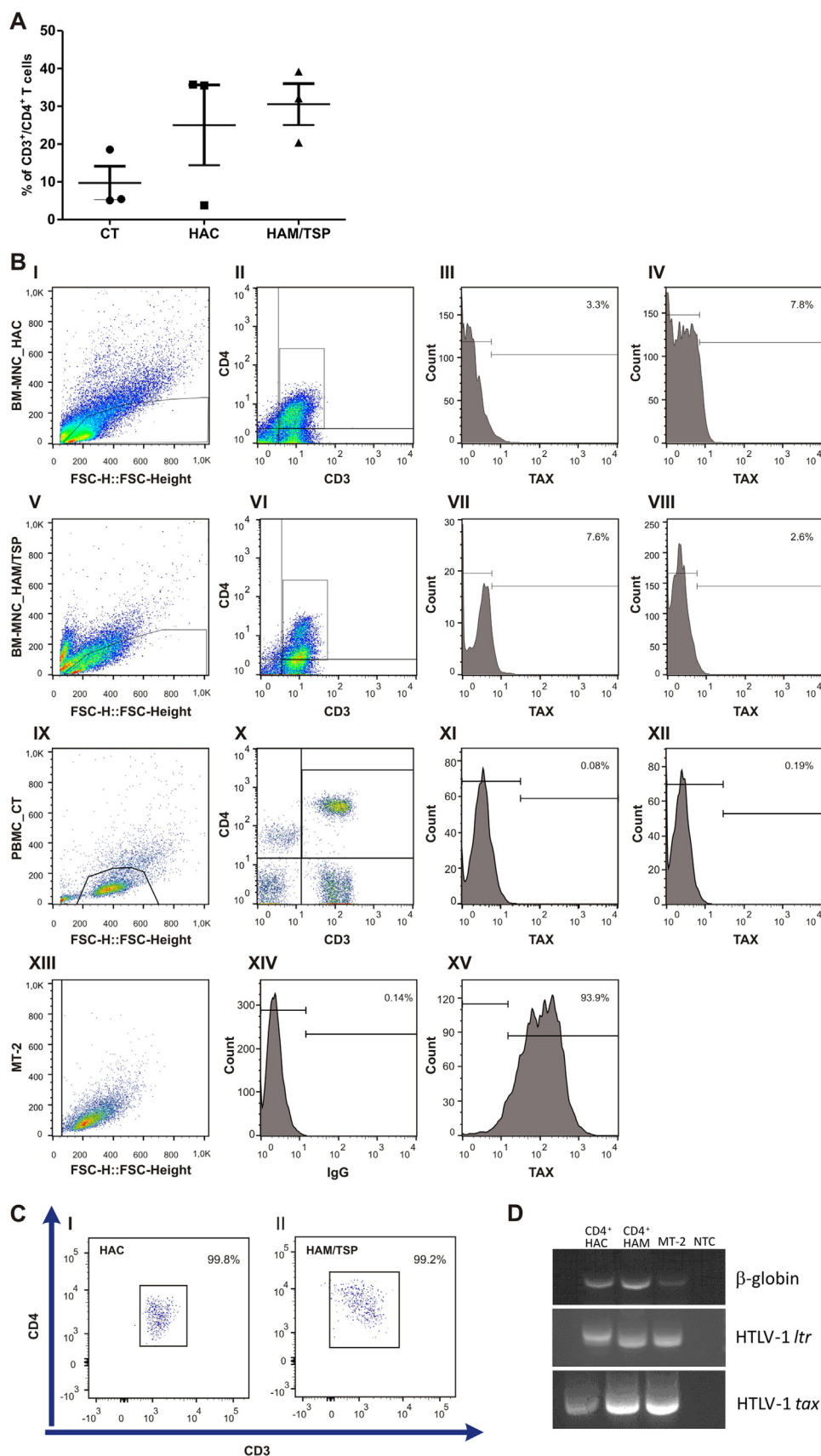


Fig. 1. Presence of HTLV-1 in BM CD4⁺ T cells. **A)** Analysis of mononuclear bone marrow cells (BM-MNC) isolated from subjects infected with HTLV-1 and control individuals. The data are presented as mean \pm SEM percentage of cells stained with anti-CD3 and anti-CD4 and evaluated by flow cytometry. Results were obtained from three independent experiments. T-test was used with Mann-Whitney test. * $p = 0.02$ compared to individuals HAM/TSP. **B)** Cell percentage of HTLV-1 Tax expression in HTLV-1 carriers (I–IV), HAM/TSP (V–VIII) individuals, healthy blood donors (IX–XII) and MT-2 (XIII–XV). I, V, IX and XIII, representative flow cytometry dot plots showing the complexity and internal granularity of mononuclear cells from BM, PBMC and MT-2, respectively; II, VI and X the dots in the upper right quadrant of the flow plot represent a gate in CD4-PerCP (peridinin chlorophyll protein complex) and CD3-APC (allophycocyanin) cells; III, IV, VII, VIII, XI, XII and XV the histograms represent the percentage of CD4⁺/CD3⁺ T cells expressing HTLV-1 Tax protein. **C)** Analysis by flow cytometry after cell sorting indicating the purity of BM CD4⁺ T cells sorted from (I) HTLV-1 carriers and (II) HAM/TSP individual. No specific signal was evidenced in the isotype control. **D)** Amplification by nested PCR of the (I) TAX (444 bp) and LTR (253 bp) HTLV-1 genes from sorted BM CD4⁺ T cells (II) the gene of the human β -globin gene (659 bp) was used as internal control of the PCR reaction. These procedures were performed only once.

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