

**UNIVERSITI SAINS MALAYSIA  
PROJEK PENYELIDIKAN JANGKA PENDEK  
LAPORAN AKHIR**

**A STUDY OF LYMPHOCYTE SUBSETS,  
ACTIVATION MARKERS AND HERPERS  
VIRUSES INFECTION IN EPILEPTIC  
PATIENTS IN HUSM**

**PENYELIDIK**

**DR. WAN ZURAIDA WAN AB. HAMID**

**PENYELIDIK BERSAMA**

**PROF. MUSTAFFA MUSA  
DR. FAUZIAH MOHD IDRUS  
DR. SHALINI BHASKAR**

**2011**

RUL07(27)



**UNIVERSITY RESEARCH GRANT**  
**FINAL REPORT**  
**Geran Penyelidikan Universiti**  
**Laporan Akhir**



<b>A.</b>	<b>TITLE OF RESEARCH:</b> <i>Tajuk penyelidikan:</i>  <b>A STUDY OF LYMPHOCYTE SUBSETS, ACTIVATION MARKERS AND HERPES VIRUSES INFECTION IN EPILEPTIC PATIENTS IN HUSM.</b>
<b>B.</b>	<b>PERSONAL PARTICULARS OF RESEARCHER / MAKLUMAT PENYELIDIK:</b>
<b>(i)</b>	<b>Name of Research Leader:</b> <i>Nama Ketua Penyelidik:</i>  DR. WAN ZURAIDA WAN AB. HAMID
	<b>Name of Co-Researcher</b> <i>Nama Penyelidik Bersama:</i>  PROF. MUSTAFFA MUSA DR. FAUZIAH MOHD IDRIS DR. SHALINI BHASKAR
<b>(ii)</b>	<b>School/Institute/Centre/Unit :</b> <i>Pusat Pengajian /Institut/Pusat/Unit :</i>  SCHOOL OF MEDICAL SCIENCES / IMMUNOLOGY DEPARTMENT





**F. SUMMARY OF RESEARCH FINDINGS***Ringkasan dapatan Projek Penyelidikan*

- Epileptic patients had their lymphocyte's subset marker, CD16+56 (NK cells) to be significantly higher ( $p$  value: 0.042) and activated marker, CD8<sup>+</sup>CD25<sup>+</sup>, were significantly lower ( $p$  value: 0.008) compared to healthy controls.
- CD16<sup>+</sup>56<sup>+</sup>, CD4<sup>+</sup>CD25<sup>+</sup> and the patient's education level, were the only factors that were significantly associated to epilepsy.
- No significant correlation ( $p$  value > 0.05) was observed between all lymphocyte subsets and herpes viruses infections, however,
- CMV IgG showed a statistically significant difference in epileptic patients as compared to healthy controls with  $p$  <0.001

**G. COMPREHENSIVE TECHNICAL REPORT***Laporan Teknikal Lengkap*

Applicants are required to prepare a comprehensive technical report explaining the project.

(This report must be attached separately)

Sila sediakan laporan teknikal lengkap yang menerangkan keseluruhan projek ini.

[Laporan ini mesti dikepilkan]

**List the key words that reflectour research:***Senaraikan kata kunci yang mencerminkan penyelidikan anda:*

English	Bahasa Malaysia
Epilepsy	Epilepsi
Herpes viruses	Virus-virus herpes
Lymphocyte subsets	Subset limfosit
Activation marker	Penanda pengaktifan
Immunoglobulin	Imunoglobulin

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## a) Results/Benefits of this research

*Hasil Penyelidikan*

No. Bil:	Category/Number: Kategori/ Bilangan:	Promised	Achieved
1.	<b>Research Publications (Specify target journals)</b> <i>Penerbitan Penyelidikan (Nyatakan sasaran jurnal)</i>	1	1
2.	<b>Human Capital Development</b>		
	a. Ph. D Students		
	b. Masters Students	1	1
	c. Undergraduates (Final Year Project)		
	d. Research Officers		
	e. Research Assistants		
	f. Other: Please specify		
3.	<b>Patents</b> <i>Paten</i>		
4.	<b>Specific / Potential Applications</b> <i>Spesifik/Potensi aplikasi</i>		
5.	<b>Networking &amp; Linkages</b> <i>Jaringan &amp; Jalanan</i>		
6.	<b>Possible External Research Grants to be Acquired</b> <i>Jangkaan Geran Penyelidikan Luar Diperoleh</i>		

- Kindly provide copies/evidence for Category 1 to 6.

## b) Equipment used for this research.

*Peralatan yang telah digunakan dalam penyelidikan ini.*

Items Perkara	Approved Equipment	Approved Requested Equipment	Location
<b>Specialized Equipment</b> Peralatan khusus	1. FLOW CYTOMETRY (BD FacsCanto II) 2. ELISA Plate Reader (PR 5100 Biorad) 3. HAEMATOLOGY COUNTER (Sysmex XS-800i) 4. VORTEX MACHINE (Vortex-2 Genie G 560E) 5. CENTRIFUGE MACHINE (Eppendorf centrifuge 5810 R) 6. INCUBATOR (Memmert)		1. IMMUNOLOGY LABORATORY 2. MICROBIOLOGY LABORATORY
<b>Facility</b> Kemudahan	1. COLD ROOM 2. REFRIGERATOR (Ishin deep freezer)		1. IMMUNOLOGY LABORATORY

Infrastructure Infrastruktur	1. RESEARCH LAB 2. DIAGNOSTIC LAB	1. IMMUNOLOGY LABORATORY 3. MICROBIOLOGY LABORATORY
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**I. BUDGET / BAJET**

Perbelanjaan :Expenditure

Project Account No. : 1001 / PSKBP / 8120192

Total Approved Budget : RM 100 000.00

Total Additional Budget : RM 16 000.00

Grand Total of Approved Budget : RM 116 000.00

**Yearly Budget Distributed**

Year 1 : RM 86 730.00

Year 2 : RM 13 270.00

Year 3 : RM

**Additional Budget Approved**

Year 1 : RM

Year 2 : RM 16 000.00

Year 3 : RM

Total Expenditure : RM 100 778.87

Balance : RM 15 221.13

- Attached - latest final account statement from Treasury (July 2010)



Signature of Researcher  
Tandatangan Penyelidik

2 May 2011

Date  
Tarikh

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**COMMENTS OF PTJ'S RESEARCH COMMITTEE**  
**KOMEN JAWATANKUASA PENYELIDIKAN PERINGKAT PTJ**

**General Comments:**

Ulasan Umum:

per grant project successfully completed  
with two outputs; one submission  
to Asia-Pacific Journal of Public  
Health and a MSc (Medical Immunology).

PROFESSOR AHMAD SUKARI HALIM  
Chairman of Research Committee  
School of Medical Sciences  
Health Campus  
Universiti Sains Malaysia  
16150 Kubang Kerian, Kelantan.

**Signature and Stamp of Chairperson of PTJ's Evaluation Committee**  
*Tandatangan dan Cop Pengerusi Jawatankuasa Penilaian PTJ*

Date : 7/7/14  
Tarikh : .....

**Signature and Stamp of Dean/ Director of PTJ**  
*Tandatangan dan Cop Dekan/ Pengarah PTJ*

PROFESOR ABDUL AZIZ BABA  
Dekan  
Pusat Pengujian Sains Perubatan  
Kampus Kesihatan  
Universiti Sains Malaysia  
16150 Kubang Kerian, Kelantan.

Date : .....

Tarikh : .....

## **ABSTRACT OF RESEARCH**

Epilepsy is a chronic brain disorder that affects more than 50 million people throughout the whole world. The cause of more than half of the sufferers remains unknown (idiopathic), while the rest may have epilepsy due to certain causes of head injury, stroke, drugs withdrawal or other identifiable problems. The prevalence of this disease increases annually persuading researchers to find out the possible relations to these idiopathic epilepsies.

Previous reports suggested that there could be some kind of association between virus infection and lymphocyte-mediated immunity leading to seizures and therefore this study is conducted 1) to compare mean of lymphocyte subsets between epileptic patients and healthy controls, 2) to compare mean of activated CD4<sup>+</sup> and CD8<sup>+</sup> T cell subsets between epileptic patients and healthy controls, 3) to determine the sociodemographic factors and lymphocyte subsets in epileptic patients and 4) to observe the associations between IgG, IgM in herpes viruses with lymphocyte subsets in epileptic patients.

A total of 190 subjects were enrolled in this study, 95 subjects for each group of healthy controls and epilepsy patients. Subjects recruited fulfilled the inclusion and exclusion criteria. Whole blood and serum samples were tested by flow cytometry and indirect ELISA technique. Statistical analyses were performed using the SPSS version 12.0.

Results revealed that the number of NK cells (CD16<sup>+</sup>56<sup>+</sup>) were significantly higher in epileptic patients (95%CI: -0.141,-0.002; *p* value: 0.042) while the number of activated T cells (CD8<sup>+</sup>CD25<sup>+</sup>) were significantly lower (95%CI: 0.034, 0.222; *p* value: 0.008) compared to healthy controls. Patient education level (OR: 0.227; 95%CI: 0.127; 0.404; *p* value: 0.001), the number of CD16<sup>+</sup>56<sup>+</sup> (OR: 8.759; 95%CI: 1.643; 46.685; *p* value: 0.011) and the number of CD4<sup>+</sup>CD25<sup>+</sup> (OR: 0.229; 95%CI: 0.092 ;0.571; *p* value: 0.002) were the only parameters that were significantly associated with epilepsy. No significant correlation observed between lymphocyte subsets and herpes viruses infection, however Cytomegalovirus (CMV) IgG shows a significant difference in epileptic patients as compared to healthy controls (*p* <0.001).

This study may suggest that the divergence in NK cells and activated CD8<sup>+</sup> T cells (CD8<sup>+</sup>CD25<sup>+</sup>) provides the idea that epilepsy patients has an immune disorder, whereas, previous CMV infection may play a great role in contributing to epilepsy.



## ABSTRAK

Epilepsi merupakan sejenis gangguan kronik berlaku dalam otak yang telah menjangkiti lebih dari 50 juta penduduk dunia. Lebih dari separuh penghidap penyakit ini tidak diketahui puncanya (idiopatik) manakala yang lain mungkin disebabkan oleh kecederaan otak, strok, pengambilan dadah atau sebab-sebab jelas yang lain. Kekerapan kejadian penyakit ini yang bertambah setiap tahun telah mendorong penyelidik untuk mencari segala kaitan kepada punca penyakit epilepsi idiopatik ini.

Kajian terdahulu mencadangkan kemungkinan terdapat kaitan antara jangkitan virus dan imuniti berperantaraan-limfosit yang menjurus kepada sawan, oleh kerana itu, kajian ini dijalankan untuk 1) membandingkan antara purata subset limfosit pesakit epilepsi dan individu kontrol yang sihat, 2) untuk membandingkan purata subset limfosit  $CD4^+$  dan  $CD8^+$  yang diaktifkan antara pesakit epilepsi dan kontrol yang sihat, 3) untuk menentukan faktor-faktor sosiodemografik dan subset limfosit pesakit epilepsi dan 4) untuk memerhatikan kaitan antara IgG, IgM virus herpes dengan subset-subset limfosit pesakit epilepsi.

Sejumlah 190 subjek di calonkan dalam kajian ini dengan 95 subjek bagi setiap kumpulan kontrol yang sihat dan kumpulan pesakit epilepsi. Subjek yang diambil untuk kajian telah memenuhi kriteria-kriteria penerimaan dan penolakan. Sampel darah dan serum diuji dengan menggunakan kaedah Flowsitometri dan teknik ELISA tidak langsung. Analisis statistik dijalankan menggunakan SPSS versi 12.0.

Keputusan menunjukkan bahawa jumlah sel NK ( $CD16^+56^+$ ) adalah lebih tinggi dalam pesakit epilepsi (95%CI: -0.141,-0.002; nilai  $p$ : 0.042) manakala jumlah sel T teraktif ( $CD8^+CD25^+$ ) lebih rendah (95%CI: 0.034, 0.222; nilai  $p$ : 0.008) jika dibandingkan dengan kontrol yang sihat. Tahap pendidikan pesakit (OR: 0.227; 95%CI: 0.127; 0.404; nilai  $p$ : 0.001), jumlah sel  $CD16^+56^+$  (OR: 8.759; 95%CI: 1.643; 46.685; nilai  $p$ : 0.011) dan jumlah sel  $CD4^+CD25^+$  (OR: 0.229; 95%CI: 0.092; 0.571; nilai  $p$ : 0.002) sahaja yang merupakan parameter yang berkait secara signifikan dengan epilepsi. Tiada korelasi yang signifikan dilihat antara subset limfosit dan virus herpes, walaubagaimanapun, IgG terhadap Cytomegalovirus (CMV) telah menunjukkan perbezaan yang ketara antara pesakit epilepsi dan kontrol yang sihat ( $p < 0.001$ ).

Kajian ini mencadangkan bahawa kelainan pada bilangan sel NK dan sel T teraktif ( $CD8^+CD25^+$ ) memberikan idea bahawa dalam pesakit epilepsi berlaku gangguan imun, manakala, sejarah jangkitan terdahulu CMV, mungkin memainkan peranan yang besar dalam menyumbang kepada epilepsi.