



Review Article

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An oncogenic Epstein Barr virus developing diseases and cancer in human

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Abstract

Epstein Barr virus is a ubiquitous virus infecting almost entire population of the world usually completely unnoticed. Nevertheless, despite lifelong latency in human the virus develops diseases in only a few of them. The diseases developed by the virus ranges from infectious mononucleosis to the cancerous Burkitt's lymphoma. Further, this is also observed that the diseases developed by the EBV infections have always been influenced by the genetic as well as environmental factors including immunity disorders and the age of an individual. The present paper deals with the study of Epstein Barr virus causing several diseases including cancer in human.

Keywords: Epstein Barr virus, Mononucleosis, EBV reactivation, Cancer, Burkitt's lymphoma.

INTRODUCTION

Burkitt's lymphoma was observed and identified for the first time by a British surgeon Denis Parsons Burkitt among the children of Africa in 1956 (Burkitt 1958) [1]. Similarly, Epstein Barr virus (EBV) is investigated by Anthony Epstein, Bert Achong and Yunne Barr in 1964 as a new human oncovirus from Burkitt's lymphoma (Epstein 1964) [2]. This is highly aggressive B-cell Hodgkin lymphoma (NHL) and a kind of herpes virus containing enveloped large double stranded linear D.N.A. genome. This is also known as human gammaherpesvirus-4, HHV-4 or Burkitt's lymphoma virus belonging to the family *Herpesviridae* and the genus *Lymphocryptovirus*. This is a DNA tumor virus infecting B-cell of the immune system and epithelial cells (Epstein 2005) [3]. These infections are quite known in the society as "kissing disease", glandular fever, mononucleosis or in short "mono". The disease is very easily transmitted simply either by kissing or coughing, sneezing, sharing drinking or eating utensils and genital secretions. As with other herpes viruses, though, not everyone develops the symptoms of kissing disease, their infection is lifelong. Similarly, the prominent period of getting infection has been found to be the early teenage. The EBV in human causes harmless to life threatening infections causing cancer. These cancers are most common in Africa and southeast Asia (Thompson and Kurzrock 2004, Bravender 2010 and Mark *et al.* 2016) [4-6]. The present paper deals with the study of Epstein Barr virus causing diseases and cancer in human. The author has gone through several original research papers in order to explore the facts regarding the viral origin of cancer.

Clinical Presentation

Epstein Barr virus is one of eight known human herpes viruses especially affecting the teenagers has got lifelong latency in the host. Approximately, 50 % of children are being infected with the same virus during their childhood. This is evidenced by the fact that more than 50 % of adults have their previous infections. And, rest of the individuals who have never been exposed earlier, if infected with the EBV in future may also suffer from infectious mononucleosis. In addition, it has also been observed that the mono developed in adulthood are found to be rather more problematic, painful and having complications than their childhood (Jensen 2000, Pattle and Farrell 2006, Wolfgang and Paul 2004 and Gulfaraz *et al.* 2014) [7-10].

Mononucleosis has the incubation period of 2 to 6 weeks and the symptoms are as sore or strep throat, swollen tonsils with strep infections mimicking as tonsillitis, cough, swollen glands with fever, fatigue, malaise, muscle aches, headache, swollen lymph nodes especially of neck (Shannon and Rowe 2014 and Mark *et al.* 2016) [6, 11]; lymphadenopathy (Weiss and Malley 2013) [12]; splenomegaly (Eapen 1999) [13]; enlarged liver mimicking as hepatitis (Evans 1948) [14]; atrial fibrillation (Aghenta *et al.* 2008) [15]; increased lymphocytes, abnormal B cells and thrombocytopenia (Tsimberidou *et al.* 2006) [16].

Further, the specific diagnostic tests for mononucleosis are agglutination monospot test and the heterophile antibodies tests as IGM for acute infection and IGG for chronic infection (Elgh and Linderholm 1996 and Dave *et al.* 2006) [17, 18]. Similarly, in patients with Burkitt lymphoma the monospot test is positive

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and tissue biopsy gives a characteristic starry sky appearances (Elgh and Linderholm 1996 and Yang *et al.* 2020) [17, 19].

Geographical Distribution

The most common type of carcinoma caused by the Epstein Barr Virus is Burkitt's lymphoma (Pannone *et al.* 2014) [20]. Mainly three types of Burkitt's lymphomas have so far been reported; they are endemic, sporadic and the immunodeficient type. While endemic type of Burkitt's lymphoma is confined to the region of central Africa, the non African type occurs sporadically in rest of the world. The endemic central African type of Burkitt's lymphoma sometimes also linked with malaria is characterized as the non-Hodgkin Burkitt's lymphoma developing extremely painful unilateral enlargement of the face mostly affecting cheek and mandible where hospitalization becomes absolutely necessary for airways compromisation in difficult breathing (Thorley Lawson 2016) [21]. On the other hand, the non-African type of Burkitt's lymphoma occurs sporadically in other parts of the world usually affecting the ileocecal region of the abdomen. Similarly, the Burkitt's lymphoma has also been reported to occur in some immunocompromised or immunosuppressive patients (Brady *et al.* 2007, Molyneux *et al.* 2012, Corvalan *et al.* 2019 and Yang *et al.* 2020) [19,22-24]. So, how does Epstein Barr virus cause the disease differentially in different parts of the world is a matter of further research.

Pathogenesis and Oncology of the Virus

Further, EBV contributes to the pathogenesis of several diseases and cancer in human such as malignant lymphoproliferative diseases (Rezk *et al.* 2018) [25], Burkitt's lymphoma (Pannone *et al.* 2014)[20], Hodgkin's lymphoma (Altschuler 1999 and Gandhi *et al.* 2004)[26,27], B & T cells lymphoma (Coleman *et al.* 2018)[28], hemophagocytic lymphohistiocytosis (Marsh 2018)[29], gastric carcinoma (Yau *et al.* 2014)[30], breast cancer (Joshi *et al.* 2009 and Bae and Kim 2016)[31,32], nasopharyngeal carcinoma (Dogan *et al.* 2014)[33], acute renal failure (Lei *et al.* 2000)[34] and EBV and childhood disorders like Alice in wonderland syndrome (Mastria *et al.* 2016)[35] and acute cerebellar ataxia (Nussinovitch *et al.* 2003)[36]. Similarly, based on some evidences the higher risk of certain autoimmune diseases are also developed with the infection of EBV, some of them are as dermatomyositis (Anette *et al.* 2013) [37], systemic lupus erythematosus (Gionanlis *et al.* 2009 and Anette *et al.* 2013)[37,38], rheumatoid arthritis (Bonneville *et al.* 1998 and Anette *et al.* 2013)[37,39], Sjogren's syndrome (Altschuler 1999)[26], multiple sclerosis (Ascherio and Mungier 2010, Mecheli *et al.* 2015 and Hassani *et al.* 2018)[40-42] and the diseases developed in immunosuppressive or immunocompromised patients in association with EBV are hairy leukoplakia (Razia *et al.* 2016) [43], CNS lymphomas (Kitai *et al.* 2010) [44], acute cerebellar ataxia (Nussinovitch *et al.* 2003 and Stephanie and Bruce 2019) [36,45], Kikuchi's disease (Gionanlis *et al.* 2009)[38], Smooth muscle tumors (Magg *et al.* 2018)[46], Stevens Johnson's syndrome (Brunet *et al.* 2013)[47], subepithelial infiltrates (Matoba and Jones 1987)[48] and new daily persistent headache (Hamada *et al.* 1991)[49].

EBV has been found to be implicated in the pathogenesis of human malignancies via genomic instability and chromosomal aberrations to the development of variety of cancers in human (Kamranvar *et al.* 2007) [50]. One of them as Burkitt's lymphoma has always been found to be associated with Epstein Barr virus. This is rapidly growing tumor of B cells and macrophages where malignant chromosomal translocations between 8 to 14 chromosomes in an individual. Basically, EBV infects the white blood cells called the lymphocyte B cells. The virus, in fact, does not replicate in the same cells, instead, it transforms them into immortal lymphoblasts having indefinite lifespan (Borncamm *et al.* 1987, Thorley Lawson 2001 and Martin 2009) [51-53]. In addition, EBV latent viral genes LMP1 and LMP2 play a major

role in modulating the telomere dysfunction and DNA damage (Liu 2004 & 2005 and Chen *et al.* 2005) [54-56].

Treatment of the Disease

As mononucleosis mostly affects the teenagers and young adults, it gets better without any treatment except to be felt extremely ill lasted for weeks. Very rarely the patients are admitted in hospitals only in cases of splenic rupture or for airways compromisation (Jensen 2000) [7]. In hospitals, usually the antibiotics are prescribed for the treatment of "mono" strep throat and tonsillitis. An antibiotic ampicillin is not generally given to the patient as it sometimes produces maculopapular rashes on the body. But, nothing more to worry about it will go away as soon as the use of the same antibiotic is discontinued.

Burkitt's lymphoma is a kind of rapidly growing B-cell, NHL cancer mainly associated with impaired immunity has always been fatal if left untreated. Quick biopsy is required for suspected tissues of Burkitt's lymphoma. It can easily be treated within a short period of time and long term survival is achieved by chemotherapy. More than 90 % cure rate has been achieved in developed countries (Molyneux *et al.* 2012) [23]. Intrathecal chemotherapy is done when infections spread in the fluid surrounding the brain and spinal cord. Various drug combinations including vincristine, doxorubicine, cyclophosphamide, rituximab bavacizumab, prednisone, fostamatinib disodium, bortezomib, lenalidomide have been tried (Gaidarova *et al.* 2009, Reddy *et al.* 2009, Rodriguez *et al.* 2009, Friedberg *et al.* 2010 and Stopeck *et al.* 2010) [57-61]. Lastly, there is no vaccine available for the prevention of the same virus (Sharma and Rouce 2019 and Van Zyl *et al.* 2019) [62, 63].

CONCLUSION

Epstein Barr Virus is human herpes virus-4 causing a disease named infectious mononucleosis in human. This is colloquially known as the teenager's kissing disease as the disease is easily transmitted through saliva. As this is a very common virus distributed globally, it affects almost every individual of the world. As the virus has got lifelong latency in human if reactivated in future it may cause several diseases including cancer in human. Some of them are acute cerebellar ataxia, multiple sclerosis, systemic lupus erythematosus, hairy leukoplakia, malignant lymphoproliferative diseases, Hodgkin and non-Hodgkin lymphomas, B and T cell lymphomas, Burkitt's lymphoma, nasopharyngeal carcinoma, breast cancer and gastric carcinoma. Further, as the vaccines are not yet available to prevent the EBV infections or boosting immune responses against the EBV-associated tumors, the disease is still proved to be fatal for humans. The development of a suitable vaccine could have a substantial impact on reducing the burden of EBV cancer (Sharma and Rouce 2019 and Van Zyl *et al.* 2019) [62,63]. Last but not the least, as the cancer itself is not an infectious disease, the infectious agents can contribute to the origin of cancer. We should nothing more to worry about it except to be alert as cancer takes years and even decades to develop. Moreover, this is also true that not all carriers of the viruses will develop the cancer in future but certainly who develops, it is his bad luck (Masroor *et al.* 2018 & 2019 and Salim *et al.* 2019 & 2020) [64-67].

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REFERENCES

1. Burkitt D. A sarcoma involving the Jaws in African children. Br. J. Surg. 1958; 46 (197):218-223.

2. Epstein MA, Achong BG, Barr YM, Virus particles in cultured lymphoblasts from Burkitt's lymphoma. *Lancet* 1964; 1(7335): 702-703.
3. Epstein MA. The origins of EBV research : discovery and characterization of the virus. In Robertson ES (ed.). *Epstein Barr virus (2005)*. Trowbridge : Cromwell Press. PP, 1-14. ISBN 978-1-904455-03-5.
4. Thompson MP, Kurzrock R. Epstein Barr virus and cancer. *Clinical Cancer Research* 2004; 10(713):803-821.
5. Bravender T. Epstein Barr virus, cytomegalovirus and infectious mononucleosis. *Adolescent Medicine : State of the Art Reviews* 2010; 21 (2):251-264.
6. Mark HE, Marlene C, JoAnna S, Jack G. Does this patient have infectious mononucleosis ? : The rationale clinical examination systematic review. *JAMA* 2016; 315(14):1502-1509.
7. Jensen HB. Acute complications of Epstein Barr virus infectious mononucleosis. *Curr Opin Pediatr* 2000; 12(3):263-268.
8. Pattle SB, Farrell PJ. The role of Epstein Barr virus in cancer. *Expert Opinion on Biological Therapy* 2006; 6(11):1193-1205.
9. Wolfgang A, Paul JF. Reactivation of Epstein Barr virus from latency. *Reviews in Medical Virology* 2004; 15(3):149-156.
10. Gulfaraz K, Hashim MJ. Global burden of deaths from Epstein Barr virus attributable malignancies 1990-2010. *Infectious Agents and Cancer* 2014; 9(1):38. doi : 10.1186/1750-9378-9-38.
11. Shannon LC, Rowe M. Epstein Barr virus entry; kissing and conjugation. *Current Opinion in Virology* 2014; 4:78-84.
12. Weiss LM, Malley OD. Benign lymphadenopathies. *Modern Pathology* 2013; 26(1):88-96.
13. Eapen M. Massive splenomegaly and Epstein Barr virus associated infectious Gaucher disease. *J. Paediatric Hematology and Oncology* 1999; 1:47-49.
14. Evans AS. Liver involvement in infectious mononucleosis. *Journal of Clinical Investigation* 1948; 27(1):106-110.
15. Aghenta A, Osowo A, Thomas J. Symptomatic atrial fibrillation with infectious mononucleosis. *Canadian Family Physician*. 2008; 54 (5):695-696.
16. Tsimberidou AM, Keating MJ, Bueso-Ramos CE, Kurzrock R. Epstein Barr virus in patients with chronic lymphocytic leukemia : a pilot study. *Leuk Lymphoma* 2006; 47:827-836. pmid : 16753866.
17. Elgh F, Linderholm M. Evaluation of six commercially available kits using purified heterophil antigen for the rapid diagnosis of infectious mononucleosis compared with Epstein Barr virus specific serology. *Clinical and Diagnostic Virology* 1996; 7(1):17-21.
18. Dave SS, Fu K and Wright GW. Molecular diagnosis of Burkitt's lymphoma. *New England Journal of Medicine* 2006; 354(23):2431-2442.
19. Yang X, Hunag Q, Li A, Chen Y, Xu W, Wang Y, Fang Y. A long-term retrospective study on sporadic Burkitt lymphoma in Chinese population. *Medicine* 2020; 99(5):e18438.
20. Pannone G, Zamparese R, Pace M, Pedicillo MC, Cagiano S, Somma P. The role of EBV in the pathogenesis of Burkitt's lymphoma : an Italian hospital based survey. *Infectious Agents and Cancer* 2014; 9(1):34. doi:10.1186/1750-9378-9-34.
21. Thorley-Lawson D, Deitsch KW and Duca KA. The link between *Plasmodium falciparum* malaria and endemic Burkitt's lymphoma- new insight into a 50 year old enigma. *PLoS Pathogens* 2016; 12:e1005331.
22. Brady G, Mac Arthur GJ, Farrell PJ. Epstein Barr virus and Burkitt lymphoma. *Journal of Clinical Pathology* 2007; 60(12):1397-1402.
23. Molyneux EM, Rochford R and Griffin B. Burkitt's lymphoma. *Lancet* 2012; 379 (9822):1234-1244.
24. Corvalan AH, Ruedlinger J and de Mayo. The phylogeographic diversity of EBV and admixed ancestry in the Americas- Another model of disrupted human- pathogen co-evolution. *Cancers* 2019; 11:217.
25. Rezk SA, Zhao X, Weiss LM. Epstein Barr virus associated lymphoid proliferations, a 2018 update. *Human Pathology* 2018; 79:18-41.
26. Altschuler EL. Antiquity of Epstein Barr virus, Sjogren's syndrome and Hodgkin disease- Historical concordance and discordance. *Journal of National Cancer Institute* 1999; 91 (17):1512-1513.
27. Gandhi MK, Tellam JT, Khanna R. Epstein Barr virus associated Hodgkin's lymphoma *British Journal of Haematology* 2004; 125(3): 267-281.
28. Coleman CB, Julie L, Lydia AS, Smith NA, Brian MF, Pan Z, Bradley H, Pelanda R, Rosemary R. Epstein Barr virus type 2 infects T cells and induces B cell lymphomagenesis in humanized mice. *J. Virology* 2018; 92(21):813-818.
29. Marsh RA. Epstein Barr virus and Hemophagocytic lymphohistiocytosis. *Frontiers in Immunology*. 2018; 8(1902):1-9.
30. You TO, Tang CM, Yu J. Epigenetic dysregulation in Epstein Barr virus associated gastric carcinoma : disease and treatments. *World Journal of Gastroenterology* 2014; 20 (21):6448-6456.
31. Joshi D, Quadri M and Gangane N. Association of Epstein Barr virus infection with breast cancer in rural Indian women. *PLoS One* 2009; 4 : e8180.
32. Bae JM and Kim EH. Epstein Barr virus infection and risk of breast cancer : An adaptive meta-analysis for case control studies. *Archives of Clinical Infectious Diseases* 2016; 11(3):e34806.
33. Dogan S, Hedberg ML, Ferris RL, Rath TJ, Assaad AM, Chiosea SI. Human papillomavirus and Epstein Barr virus in nasopharyngeal carcinoma in a low-incidence population. *Head & Neck* 2014; 36(4):511-516.
34. Lei PS, Lowichik A, Allen W, Mauch TJ. Acute renal failure : Unusual complication of Epstein Barr virus induced infectious mononucleosis. *Clin Infect Dis* 2000; 31(6):1519-1524.
35. Mastroia G, Mancini V, Viganò A, DiPiero V. Alice in wonderland syndrome : A clinical and pathophysiological review. *BioMed Research International* 2016; 2016:8243145. doi:10.1155/2016/8243145. PMID : 28116304.
36. Nussionovitch M, Paris D, Volovitz B, Shapiro R, Amir J. Post infectious acute cerebellar ataxia in children. *Clinical Pediatrics* 2003; 42(7):581-584.
37. Anette HD, Karen D, Gunnar H. Epstein Barr virus in systemic autoimmune diseases. *Journal of Immunology Research* 2013; 2013, 1-10.
38. Gionanlis L, Marios K, Bamihas G, Stelios F, Veneti-P, Sombolos K. Kikuchi-Fujimoto disease and systemic lupus erythematosus : The EBV connection. *Renal Failure* 2009; 31(2):144-148.

39. Bonneville M, Scotet E, Peyrat MA, Saulquin X, Houssaint E. Epstein Barr virus and rheumatoid arthritis. *Rev Rhum Engl Ed* 1998; 65(6):365-368.
40. Ascherio A, Munger KL. Epstein Barr virus infection and multiple sclerosis. *J. Neuroimmune Pharmacol* 2010; 5(3):271-277.
41. Mechelli R, Manzari C, Palicano C, Annese A, Picardi E, Umeton R. Epstein Barr virus genetic variants are associated with multiple sclerosis. *Neurology* 2015; 84(13):1362-1368.
42. Hassani A, Corboy JR, Al-Salam S, Khan G. Epstein Barr virus is present in the brain of most cases of multiple sclerosis and may engage more than just B cell. *PLoS One* : 2018; 13(2):e0192109.
43. Razia AGK, Fourie J, Chandran R, Johan L, Feller L. Epstein Barr virus and its association with oral hairy leukoplakia : a short review. *Int. J. Dent.* 2016; 2016:1-6.
44. Kitai R, Ken ME, Adachi E, Saito Y, Nakajima T, Hiroaki T, Sato K, Yoshiaki I, Kubota T. Epstein Barr virus associated primary central nervous system lymphoma in the Japanese population. *Neurol Med Chir (Tokyo)* 2010; 50(2):114-118.
45. Stephanie LB, Bruce JB. Acute cerebellar ataxia after Epstein Barr virus infection. *Neurology Clinical Practice* 2019; 9(6):505-506.
46. Magg T, Schober T, Walz C, Julia LJ, Fabio F, Klein C, Hauck F. Epstein Barr virus smooth muscle tumors as manifestation of primary immunodeficiency disorders. *Front Immunol* 2018; 9:368-374.
47. Brunet-Possenti F, Steff M, Marinho E, Grickx B, Descamps V. Stevens Johnson syndrome concurrent with primary Epstein Barr virus infection. *Ann Dermatol Venereol* 2013; 140 (2):112-115.
48. Matoba AY, Jones DB. Corneal subepithelial infiltrates associated with systemic Epstein Barr viral infection. *Ophthalmology* 1987; 94(12):1669-1671.
49. Hamada T, Ohshima K, Ide Y, Sakato S, Takamori M. A case of new daily persistent headache with elevated antibodies to Epstein Barr virus. *Jpn J Med* 1991; 30(2):161-163.
50. Kamranvar S, Gruhne B, Szeles A, Masucci MG. Epstein Barr virus promotes genomic instability in Burkitt's lymphoma. *Oncogene* 2007; 26:5115-5123.
51. Bornkamm GW, Polack A, Eick D, Berger R, Linoir GM. Chromosome translocations and Epstein Barr virus in Burkitt's lymphoma. *Onkologie* 1987; 10(4):196-204.
52. Thorley-Lwason DA. Epstein Barr virus : exploiting the immune system. *Nat Rev Immunol* 2001; 1:75-82.
53. Martin JA. How does Epstein Barr virus (EBV) complement the activation of Myc in the pathogenesis of Burkitts lymphoma. *Semin Cancer Biol* 2009; 19(6):366-376.
54. Liu MT, Chang YT, Chen SC, Chuang YC, Chen YR, Lin CS. Epstein Barr virus latent membrane protein protein 1 represses p53-mediated DNA repair and transcriptional activity. *Oncogene* 2005; 24:2635-2646.
55. Liu MT, Chen YR, Chen SC, Hu CY, Lin CS, Chang YT. Epstein Barr virus latent membrane protein protein 1 induces micronucleus formation, represses DNA repair and enhances sensitivity to DNA damaging agents in human epithelial cells. *Oncogene* 2004; 23:2531-2539.
56. Chen F, Liu C, Lindvall C, Xu D, Ernberg I. Epstein Barr virus latent membrane 2A (LMP2A) downregulates telomerase reverse transcriptase (hTERT) in epithelial cell lines. *Int. J. Cancer.* 2005; 113:284-289.
57. Gaidarova S, Corral LG, Glezer E and Schafer PH. Treatment of MCL cells with combined rituximab and lenalidomide enhances NK-mediated synapse formation and cell killing. *Blood* 2009; 114: 1687.
58. Reddy N, Hicks D, Jagasia M and Amiri K. SNX 2112, an oral Hsp 90 inhibitor exerts antiproliferative effects in combination with bortezomib and rituximab in rituximab resistant non-Hodgkin's lymphoma. *Blood* 2009; 114:3733.
59. Rodriguez MA, Ptylik R and Kozak T. Vincristine sulphate liposomes injection (Marquibo) in heavily pretreated patients with refractory aggressive non-Hodgkin lymphoma : report of the pivotal phase 2 study. *Cancer* 2009; 115(15):3475-3482.
60. Friedberg JW, Sharman J and Sweetenham J. Inhibition of Syk with fostamatinib sodium has significant clinical activity in non-Hodgkin lymphoma and chronic lymphocytic leukemia. *Blood* 2010; 115(13):2578-2585.
61. Stopeck AT, Unger JM and Rimsza LM. Phase II trial of standard dose cyclophosphamide, doxorubicin, vincristine, prednisone (CHOP) and rituximab (R-CHOP) plus bevacizumab for advanced stage diffuse large B-cell (DLBCL) NHL : Southwest Oncology Group Study S0515. *Blood* 2010; 116:591
62. Sharma S, Rouce RH. Are we there yet ? The never-ending quest for an Epstein Barr virus vaccine. *The Journal of Clinical Investigation* 2019; 129(5):1836-1838.
63. Van Zyl DG, Mautner J, Delecluse HJ. Progress in EBV vaccines. *Front. Oncol.* 2019; 9 (104): doi.10.3389/fonc.2019.00104.
64. Masroor MS, Salim M, Parween S. *Salmonella typhi* causing gallbladder cancer in human. *Nat. J. Life Science.* 2018; 15(2):143-144.
65. Masroor MS, Parween S, Salim M. Recent trends in the study of *Helicobacter pylori* developing stomach cancer in human. *Int. J. Medical and Health Research.* 2019; 5(7):76-80.
66. Salim M, Masroor MS, Parween S. A note on mycoplasmal origin of cancer. *The Journal of Medical Research* 2019; 5(6):224-226.
67. Salim M, Masroor MS, Parween S and Prajapati IP. An overview on human polyomaviruses developing cancer in humans. *The Journal of Medical Research* 2020; 6(4):125-127.