

\* Circular dsDNA (5-51 kb)  
\* The capsid contains 3 structural protein  
1,2,3 and contain 72 capsomeres

# Polyomavirus (IC) Naked

Transmission: respiratory  
inhalation - or exposed to  
blood, urine or oral secretion.

Pathogenesis & Replication: Replicate in upper respiratory tract mainly (tonsillar tissue) & ST in B cells and cause systemic infection then reach finally the kidney cells (latency).  
The receptors for these viruses are (α<sub>2</sub>,6 sialic acid receptor)

JCV BKV

Siamian Virus

Merkel Cell Polyomavirus

If Oncovirus → causes Merkel cell carcinoma  
Specially affect those who have fair skin, elderly people and immunocompromised people  
occur mainly in the head & neck.

Diagnosis: PCR, T antigen detection.

Treatment: Surgery, radiotherapy and chemotherapy.

Manifestation: Usually in asymptomatic in primary infections and mild symptoms related to systemic and respiratory manifestation

Progressive multifocal leukoencephalopathy (PML): The virus is reactivated in immunocompromised people  
manifestation: Nephropathy can lead to kidney failure  
- Urinary stenosis  
- Cystitis which hemo/hagic or non hemorrhagic.  
symptoms:  
① motor dysfunction  
② visual problems  
③ cognitive impairment  
④ hemiparesis  
⑤ progressive dementia

\* dsDNA ((The largest DNA virus in the world))

The only DNA virus replicate in the cytoplasm.

only found in 2 places in the world (CDC labs in Atlanta, Georgia and in a lab in Siberia)

Smallpox (Variola)

# Poxvirus

Enveloped

Capsid ⇒ complex capsid

Cowpox

Molluscum Contagiosum

\* Cause fatal disease  
\* The first and the only infectious disease eradicated.  
\* first (live-attenuated vaccine)  
\* Smallpox is a potential bioterrorism agent

factors that led to successful eradication of smallpox  
important  
\* single antigenic type  
\* No asymptomatic class  
\* No animal reservoir  
\* The presence of an effective vaccine  
\* disease severity & psychological effect.

There are 2 types of smallpox  
1) Variola major: mortality rate 30%.  
2) Variola minor: milder form and mortality rate does not exceed 1%.

Pathogenesis:  
Infection of mucosal cells in upper respiratory tract → regional lymph nodes → Blood (viremia) → spreads throughout the body → return to the blood → intense viremia → Skin epithelial cell → spread centripetally.

Clinical Features:  
Rash (macule → papule → vesicles → pustules → permanent bookmarks → scars (lifelong disfigurement))

Clinical Manifestation:

- self-limited - spontaneous resolution after a couple of months.

\* Papule that umbilicated appears anywhere on the body.

Can be treated by cidofovir but it does not need. (self-limited)

\* Double stranded circular DNA

# Papillomavirus (HPV) (IC) Naked

Naked

Family: Papillomaviridae → divided into 16 genera  
↓  
Genus: α-papillomavirus  
↓  
Species: Human papillomavirus

Clinical Manifestation

Skin warts (hand and nail) painless, dome-shaped projection (skin with a rough appearance).

Plantar warts (feet) painful and scaly

Flat warts (face & extremities) - pediatric pop often painless, small, smooth, flat topped but numerous

Fibrom warts (eyelids and lips) - long projection (finger-like)

In rare condition (epidermodysplasia verruciformis) start as flat wart and transform to cancer skin

respiratory papillomatosis (infection in the upper respiratory tract) lead to voice changes & high pitched breath sound.

Condylomata acuminata: Anal and genital infection (painless, itching, burning, local pain, bleeding) associated with penile, cervical and uterus cancer.

Species → share 60-70% identity  
Type → share 71-89% identity  
Subtype → share 90-98% identity  
Variant → 98% identity

Pathogenesis → Infect:  
\* Epithelial cells (cutaneous) of the skin (face, hands and feet)  
\* Epithelial cells of the mucous membranes especially respiratory tract (pharynx, nasal, oral cavities) and anal and genital region  
→ enters through microabrasion to basal cells

HPV is the most common cause of sexual transmission followed by infection of cervical epithelial basal cells.

Diagnosis

- 1) PAP smear
- 2) PCR
- 3) Appearance of lesions
- 4) Histopathologic examination
- 5) IHC stains for certain high risk types.

Treatment: No curable treatment

If the infection creates episodes we can manage by: surgical removal, liquid nitrogen, laser vaporization or chemical agent (Podophyllin toxin)

Prevention

Vaccine 1: against 6, 11, 16, 18  
Vaccine 2: against 16, 18

HPV  
Gene product: 8 Early, 2 Late genes  
 $E_6 + E_7 \rightarrow$  oncogene  
 $E_2 \rightarrow$  repress the activity  $E_6 + E_7$

Roa'a Abuarab.

Type of HPVs  
- common 2/4/18/27/82/57  
- low risk 6/11/40/42/43/44/54/61/70/72/81  
- high risk 18/16/31/33/35/39/45/51/52/56/58/59/68/73

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