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Viral Whole Genome Sequencing for Antiviral Resistance in a Child with DOCK8 Deficiency and Recurrent HSV-1

Sean Stout

Children's Mercy Hospital, sstout@cmh.edu

A. L. Greninger

Rangaraj Selvarangan

Children's Mercy Hospital, rselvarangan@cmh.edu

A. F. Freeman

Brandon D. Newell

Children's Mercy Hospital, bnewell@cmh.edu

See next page for additional authors

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Authors

Sean Stout, A. L. Greninger, Rangaraj Selvarangan, A. F. Freeman, Brandon D. Newell, Erin Stahl, and Dwight Yin

Viral Whole Genome Sequencing for Antiviral Resistance in a Child with DOCK8 Deficiency and Recurrent HSV-1

Stout SC¹; Greninger AL²; Selvarangan R¹; Freeman AF³; Newell BD¹; Stahl ED¹; Yin DE¹

¹Children's Mercy and Univ Missouri, Kansas City, MO; ²Univ Washington, Seattle, WA; ³National Institutes of Health, Bethesda, MD

Background

- Patients with deficiency of cytokines 8 (DOCK8) are prone to severe recurrent or chronic mucocutaneous herpes simplex virus (HSV) infections
- HSV strains may develop antiviral resistance over time
- We present the case of a child with DOCK8 deficiency and chronic, resistant HSV-1 mucocutaneous infections to illustrate clinical utility of viral whole genome sequencing to detect active and latent HSV resistance mutations

Methods

- Abstracted medical record data longitudinally
- Collected HSV-1 DNA from 7 stored viral culture specimens from 2015-2018
- HSV-1 DNA sequenced on an Illumina[®] MiSeq to >150X depth
 - Consensus genomes called using established HSV genome pipeline
 - Reads mapped to the HSV-1 strain reference genome (NC_001806)
- Sequence variants were checked against an online database of antiviral resistance mutations in:
 - UL23 (thymidine kinase)
 - UL30 (DNA polymerase)

Patient History

- 14 year-old boy with DOCK8, diagnosed at age 6
- Initial presentation:
 - Severe eczematous dermatitis
 - Eosinophilia, elevated IgE (initial 9660 kU/L)
 - Low CD4+ T cells (initial 248 cells/mm³)
- Complications:
 - Chronic obstructive and interstitial lung disease
 - Recurrent infections:
 - *Staphylococcus aureus* skin infections
 - *Candida albicans* thrush
 - JC virus causing possible PML
 - HSV-1
- Prophylaxis: subcutaneous IgG, trimethoprim-sulfamethoxazole, acyclovir
- Mucocutaneous HSV-1 infections, biopsy confirmed HSV vegetans (Figures 1 and 2)
- Clinical response to acyclovir IV decreased over time
 - Advanced therapies to high-dose acyclovir IV, foscarnet IV, cidofovir IV, topical cidofovir cream, and/or interferon-alpha with variable clinical response



Figure 1



Figure 2

Results: Resistance Assays

- Phenotypic testing:
 - Detected acyclovir resistance in HSV isolated from four samples while patient was on acyclovir
 - No resistance in a sample while not on acyclovir
 - Phenotypic foscarnet resistance was detected in one sample without prior patient exposure to foscarnet
- Viral whole genome sequencing:
 - Detected the UL23 variant R176Q (associated with acyclovir resistance) on all specimens, whether on acyclovir or not
 - Detected the UL30 variant T821M (associated with acyclovir and cidofovir resistance) only when on cidofovir
- When phenotypic testing and genome sequencing were discordant, clinical response appeared to be more consistent with genome sequencing results

Conclusions

- This patient with DOCK8 deficiency illustrates the potential severity of chronic, resistant mucocutaneous HSV-1 infection
- Viral genome sequencing for antiviral resistance mutations may provide additional information about the presence of clinically significant variants, which may result from detecting smaller or latent HSV-1 sub-populations