Prevalence of EPIYA Motifs in *Helicobacter pylori* Strains Isolated from Patients with Dyspeptic Disorders in Northern Iran

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**Abstract**

**Background:** Cytotoxin-associated gene A (*CagA*)-positive strains of *Helicobacter pylori* are associated with gastroduodenal diseases. Evidences have suggested that the type of *H. pylori* *CagA* EPIYA motifs may be associated with recurrent dyspepsia (i.e. gastritis, peptic ulcer, or gastric cancer). We investigated the prevalence of different EPIYA motifs (A, B, C, or D) in *H. pylori* strains isolated from patients with recurrent dyspepsia who underwent upper gastrointestinal (GI) endoscopy. We investigated the prevalence of different EPIYA motifs (A, B, C, or D) in *H. pylori* strains isolated from patients with recurrent dyspepsia who underwent upper gastrointestinal (GI) endoscopy.

**Materials and Method:** *H. pylori* strains were isolated from biopsy specimens of 220 patients with recurrent dyspepsia. The presence of glmM gene, as a housekeeping gene, *CagA* gene, and pattern of *CagA* EPIYA motifs were determined using polymerase chain reaction (PCR) method. The association between the type of motifs and disease state was determined by the Chi-square test, Fisher’s exact test, and logistic regression.

**Results:** *CagA*-positive *H. pylori* strains were identified in 125 (57%) of patients, including 36 (28.6%) gastritis, 31 (24.6%) duodenal ulcer, and 58 (46.4%) gastric cancer. The frequency of pattern of *CagA* EPIYA motifs were detected as 39 (31.2%) AB motifs, 54 (43.2%) ABC motifs, 32 (25.6%) ABCC motifs, and no D motifs. The risk of gastric cancer occurrence was estimated to be 2.57 times higher in patients infected by strains with ABCC motif when compared with gastritis and duodenal ulcer patients (*p*=0.03). Moreover, patients with C-containing motifs were 2.27 times more likely to be afflicted with gastric cancer than with duodenal ulcer. AB motif was more associated with gastritis and duodenal ulcer than ABC and ABCC motifs.

**Conclusion:** The results suggested that *CagA*-EPIYA ABCC might be associated with gastric cancer, while EPIYA-AB might be associated with duodenal ulcer.

**Keywords:** *Helicobacter pylori*, Cytotoxin-associated gene A; Dyspeptic disorders

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**Introduction**

*Helicobacter pylori* colonize in the stomach of more than 50% of the world’s population and play an essential role in the development of various gastroduodenal diseases (such as gastritis, peptic ulcer, and gastric cancer) (1-3). Several potential virulence factors such as *CagA*, VacA, OipA, and HomB have been suggested to play a role in the pathogenesis of organism (4-5). *CagA* gene is one of the members of...
a cluster of genes referred to as Pathogenicity Island (PAI) (6). Epidemiological studies have revealed that CagA-positive strains of H. pylori are much more likely to be associated with the development of gastric cancer (7-8). CagA-positive strains produce a type IV secretion apparatus that is used to directly inject CagA into host gastric epithelial cells (9). CagA is phosphorylated by host cell kinases, forms a complex with SHP-2 (Src homology region 2 containing phosphate 2), and alters multiple host signaling pathways. Dysregulation in this pathway is responsible for increased cell proliferation, cell to cell contact, cell migration, elongation of epithelial cell, and increase in epithelial cell turnover which leads to morphologic changes, inflammation, and atrophy of the infected cells (6, 8, 10).

CagA is a polymorphic gene containing a highly conserved 5' end and a variable 3' end (4). It contains an EPIYA motif, a repeat region classified in four types, A, B, C, and D. Different strains of H. pylori have been detected according to the presence of this repeat region (11). EPIYA-C and -D serve as the primary CagA phosphorylation sites and are required for binding to SHP-2 (12). Twodifferent combinations of these motifs have been found in two distinct geographical locations, Western CagA and Eastern CagA (13). EPIYA-A and B are conserved in both two combinations (Western and Eastern), while EPIYA-C (up to 3 repeats) is specific for Western combination, and EPIYA-D is specific for Eastern strains (14). Among Western isolates, molecular epidemiological studies have indicated a correlation between an increased number of EPIYA-C motifs and the type of the consequent disease (9, 12, 14). Indeed, Western strains isolated from gastric cancer samples, frequently show multiple EPIYA-C motifs (15, 16). This increase may be due to elevated morphological transformation because of increased CagA phosphorylation and SHP-2 binding. Eastern CagA containing the EPIYA-D motif demonstrates higher affinity for SHP-2 than Western CagA. This leads to greater morphological changes in infected cells (17) as well as higher levels of inflammation and atrophy (18). These findings along with the fact that Eastern strains predominate in countries with the highest rates of gastric cancer, suggest that Eastern CagA may have the potential to induce more severe forms of gastric disease (19, 20). In a study in Tehran, the capital of Iran, CagA motifs isolated from gastric biopsy specimens were demonstrated to be of Western type (21). Since gastric cancer is highly prevalent in northern parts of Iran similar to that of eastern Asia, we proposed that CagA motif in H. pylori isolated from patients in northern Iran might be different from other parts of Iran. Therefore, we investigated the prevalence of different EPIYA motifs in H. pylori isolates from the gastric biopsy specimens from the north of Iran.

**Material and Methods**

**Patients**

Patients with recurrent dyspeptic symptoms who received upper gastrointestinal (GI) endoscopy at Tooba Outpatients Clinic of Mazandaran University of Medical Sciences (MAZUMS), Sari Iran, were enrolled in the study. Three gastric biopsy specimens were obtained from each patient and used for the rapid urease test, H. pylori culture, and pathological examinations. All procedures were performed between January 2010 and July 2011. Patients with a history of previous gastric surgery, those who had received H. pylori eradication treatment, or those who had recently used H2 receptor blockers, proton pump inhibitors, and non-steroidal anti-inflammatory drugs (NSAIDs) were excluded. Based on the endoscopic and histopathological assessments, samples were divided into three groups of gastritis, duodenal ulcer, and gastric cancer. The Medical Research Ethic Committee of Mazandaran University of Medical Sciences approved the study protocol and written informed consents were taken from all patients.

**Culture of H. pylori**

Biopsy specimens were placed in sterile thioglycolate broth media (Merck, Germany) and quickly transferred to the microbiology lab at 4°C for further processing. After dissection and homogenization of the specimens, 100 μl of each homogenized specimen was plated on Columbia agar (Mast, UK) containing 7% fetal calf serum (Gibco, USA), 10% defibrinated sheep blood (Jihad Daneshgahi, Iran), and H. pylori selective antibiotic tablets (Mast, UK). Plates were incubated at 37 °C under microaerophilic conditions for 7 days and subcultured from single colonies H. pylori colonies were confirmed via morphology, Gram staining, and positive oxidase, catalase, and urease tests. The presence of H. pylori colonies was further confirmed by PCR amplified of glmM housekeeping gene, as previously reported (22).

**Amplification of the CagA gene**

Genomic DNA was extracted from a single bacterial colony using a commercial kit (Bioneer, South Korea) based on manufacturer's instructions. The presence of CagA in isolated bacteria was detected bya 298-bp amplicon size as the gene was amplified with primers D008 5'-ATAATCGTAAATTAAGTACGCA ACTTTAGCCA-3'and R008 5'-TT AGAATAATCA ACAACATCACGCCAT-3' using the conditions described previously (5).

**Amplification of EPIYA motifs**
For the PCR amplification of the 3' variable region of the CagA gene containing different EPIYA motifs, we used the two primers designed by Effrosini et al. for EPIYA-A, -B, and -C (23) and the two primers designed by Kathleen et al. for EPIYA-D (3). PCR was performed in a volume of 25 μl containing 10X PCR buffer (KCl 50 mM, Tris-HCl 10 mM, and 1.5% (vol/vol) triton x-100), 1.5 mM MgCl₂, 100 μM of each deoxynucleotides triphosphate (dNTP), 1.5 μ of taq DNA polymerase (Fermentase), 10 pmol of each primer, and 100 ng DNA sample. The reaction took place in an Eppendorf thermo cycler (Hamburg, Germany) under the following conditions: a first denaturation step at 94 °C for 5 minute following by 30 cycle of 93 °C for 1 minute, 50 °C for 45 seconds, and 72 °C for 1 minute, as well as a final extension at 72 °C for 5 minutes. PCR products were examined by 1.5% agarose gel electrophoresis.

Statistical analysis

The association between the type of motifs and disease state was determined by the Chi-square test, Fisher’s exact test, and logistic regression. The logistic model goodness of fit was evaluated with the Hosmer-Lemeshow test. Also association among the mean age with type of motifs, sex and disease states were done by t-test and Univariate Analysis of Variance (ANOVA). Gamma correlation was employed to detect association between two ordinal variables.

Results

According to microbial culture, H. pylori was isolated from 220 biopsy specimens from patients with recurrent dyspeptic symptoms and confirmed by biochemical tests and the presence of glmM housekeeping gene. PCR amplification of CagA gene revealed 125 (56.81%) CagA-positive and 95 CagA negative isolates. Of 125 CagA-positive H. pylori isolates, 36 (28.6%) were from patients gastritis, 31 (24.8%) from duodenal ulcers, and 58 (46.4%) from gastric cancer (Table 1). The number of detected strains with AB motif was 39 (31.2%), with ABC motifs were 54 (43.2%), and with ABCC motifs were 32 (25.5%). No EPIYA-D motif was detected. Logistic regression analysis after adjusting the age and sex, demonstrated that cancer risk was estimated to be 2.57 times higher in patients infected by strains with ABCC motif when compared with gastritis and duodenal ulcer patients (p= 0.03). For duodenal ulcer and gastritis, there was a reverse correlation between the ABCC motif and both diseases (Table 3) which confirmed that AB motif was more associated with gastritis and duodenal ulcer than C-containing motifs. Further analyses with Gamma correlation revealed that fewer number of C motif (AB or ABC) was correlated with gastritis and duodenal ulcer, while higher number of C motif was correlated with gastric cancer (p= 0.068). Table 2 presents the frequency of CagA genotypes (EPIYA motifs) in patients with different dyspeptic disorder. EPIYA motifs which contained C segment (i.e., ABC and ABCC motifs) were showed that patients with these motifs were 2.27 times more likely to be afflicted with gastric cancer than duodenal ulcer (p= 0.068). Furthermore, these patients were 1.57 times more likely to be afflicted with gastric cancer than gastritis (p= 0.231), and 0.692 times more likely to be afflicted with gastritis than duodenal ulcer (p= 0.318).
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Table 2. Frequency of pattern of cag-A EPIYA motifs in H pylori

<table>
<thead>
<tr>
<th></th>
<th>Gastritis (N=36)</th>
<th>Duodenal ulcer (N=31)</th>
<th>Gastric cancer (N=58)</th>
<th>Total (N=125)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPIYA-AB</td>
<td>12 (33.3%)</td>
<td>13 (41.4%)</td>
<td>14 (24.1%)</td>
<td>39 (31.2%)</td>
</tr>
<tr>
<td>EPIYA-ABC</td>
<td>16 (44.4%)</td>
<td>15 (48.4%)</td>
<td>23 (39.7%)</td>
<td>54 (43.2%)</td>
</tr>
<tr>
<td>EPIYA-ABCC</td>
<td>8 (22.2%)</td>
<td>3 (9.7%)</td>
<td>21 (36.2%)</td>
<td>32 (25.6%)</td>
</tr>
</tbody>
</table>

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Table 3. Association between H pylori-associated diseases and all variables.

<table>
<thead>
<tr>
<th></th>
<th>EPIYA motif</th>
<th>N (%)</th>
<th>OR(95%CI)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastritis</td>
<td>EPIYA-ABb</td>
<td>12 (33.3%)</td>
<td>1</td>
<td>0.18</td>
</tr>
<tr>
<td></td>
<td>EPIYA-ABC</td>
<td>16 (44.4%)</td>
<td>0.58(0.27-1.28)</td>
<td>0.10</td>
</tr>
<tr>
<td></td>
<td>EPIYA-ABCC</td>
<td>8 (22.2%)</td>
<td>0.46(0.18-1.17)</td>
<td>0.24</td>
</tr>
<tr>
<td>Gastric Cancer</td>
<td>EPIYA-ABb</td>
<td>14 (24.1%)</td>
<td>1</td>
<td>0.08</td>
</tr>
<tr>
<td></td>
<td>EPIYA-ABC</td>
<td>23 (39.7%)</td>
<td>1.01(0.48-2.16)</td>
<td>0.98</td>
</tr>
<tr>
<td></td>
<td>EPIYA-ABCC</td>
<td>21(36.2%)</td>
<td>2.51(0.96-6.28)</td>
<td>0.03</td>
</tr>
<tr>
<td>Duodenal ulcer</td>
<td>EPIYA-ABb</td>
<td>13 (41.9%)</td>
<td>1</td>
<td>0.93</td>
</tr>
<tr>
<td></td>
<td>EPIYA-ABC</td>
<td>15 (48.4%)</td>
<td>0.96(0.41-2.22)</td>
<td>0.91</td>
</tr>
<tr>
<td></td>
<td>EPIYA-ABCC</td>
<td>3 (9.7%)</td>
<td>0.24(0.07-0.89)</td>
<td>0.03</td>
</tr>
</tbody>
</table>

Discussion

This study showed the strain of H. pylori isolated from patients in north of Iran is similar to H. pylori types isolated from other regions of Iran: the Western type. No strain with EPIYA-D segment (Eastern strain type) was isolated (21, 24). Thus, it seems that although the north of Iran is an endemic region for gastric cancer like East Asian countries (Japan, China, and Korea), the H.pylori strains in the north of Iran are different from those countries. Several in vivo and in vitro studies have reported that East-Asian types of CagA are associated with higher prevalence of gastric cancer compared to that of Western types; however, there is not enough evidence to explain the role of geographical region in clinical outcome of infection with CagA-positive H. pylori strains (4). Our data revealed that CagA-positive H. pylori with ABCB motifs are associated with the risk of gastric cancer as 2.57 times of the risk of H. pylori with AB motifs. Furthermore, duodenal ulcer was associated with CagA-positive H. pylori containing AB motifs. This finding is in agreement with reports of Baso et al. (9) and Batista et al. (14). In contrast, Shokrzadeh et al. found no difference between EPIYA-C types and clinical outcomes in Tehran, Iran (21). This difference may be due to small number of samples in this study (i.e. 11 cases with peptic ulcer disease and 4 cases with gastric cancer in the study by Shokrzadeh et al.). Another possibility is the geographical difference, since north of Iran is a high risk area for developing gastric
cancer (25). Gamma correlation test revealed that with increasing the numbers of EPIYA-C motifs, the risk of gastric cancer increased as well. There are many reports about the role of EPIYA motifs of CagA in pathogenicity of *H. pylori*. Following injection of CagA protein into the gastric and duodenal epithelial cells, the EPIYA motifs are tyrosine phosphorylated by Src and Ab1 family kinases, which result in the impairment of a variety of intracellular signaling pathways (10). The number of present EPIYA motifs is related to the level of CagA phosphorylation that occurs in epithelial cells infected by *H. pylori* (4). Patients infected with a *H. pylori* strain with stronger CagA phosphorylation have more severe chronic inflammation with an increased risk of gastric cancer. Also it is important to note the due to this fact that tyrosine-phosphorylated EPIYA-C makes as many sites to interact CagA protein with SHP-2 domains of host cells. This binding activates SHP-2 and induction of stronger and longer periods of SHP-2 activity which leads to an increased signal transduction, more morphological damage, and finally the development of gastric cancer. Recent studies indicated the prevalence of strains with more than one repeat region (such as ABCC) as 51.1% in Colombia, 33.3% in Italy (20), and 3.3% (21) and 12% (24) in two different parts of Iran, while the present study showed the prevalence of these strains in the north of Iran as 25.6%. As mentioned before, these differences may be due to the high prevalence of gastric cancer and geographical and environmental difference in northern parts of Iran. Overall, the current study confirmed patients with one or more repeats of the C region showed a 2.27-fold increased risk of developing gastric cancer than duodenal ulcer. With regard to this result we proposed to exact understanding the role of EPIYA motif in gastroduodenal diseases in population of Iran, Other studies needed to investigate the role of EPIYA motif in gastroduodenal diseases in other provinces with high incidence of gastric cancer such as Ardabil, Golestan and Gilan to compare with this recent studies.

**Conclusion**
There was a significant statistical association between the prevalence of the type of *CagA* EPIYA motifs of *H. pylori* and the development of dyspeptic disorders. EPIYA-CC was significantly associated with gastric cancer, while EPIYA-AB was associated with duodenal ulcer. It should be noted that the presence of an EPIYA-CC does not necessarily lead to a gastric cancer since there was a high percentage of patients with gastritis and duodenal ulcer infected with *H. pylori* containing EPIYA-C or EPIYA-CC motifs. Further studies needed to investigate the role of EPIYA motifs in patients with dyspeptic disorders in other provinces of Iran which are endemic regions of gastric cancer such as Ardabil, Golestan and Gilan provinces.

**Acknowledgments**
This work was supported by a grant of the Molecular and Cell Biology Research Center (MCBRC), Mazandaran University of Medical Sciences.

**References**


