



Review

Herpesviruses, autoimmunity and epilepsy: Peptide sharing and potential cross-reactivity with human synaptic proteins

Guglielmo Lucchese^{a,b,*}^a University of Greifswald, Department of Neurology, Ferdinand-Sauerbruch-Straße, Greifswald 17495, Germany^b Goldsmiths, University of London, Department of Computing, Lewisham Way, New Cross, London SE14 6NW, United Kingdom

ARTICLE INFO

Keywords:

Infections
Synapsin-1
Bassoon
Synaptic proteins
Active zone
Autoimmunity
Seizure

ABSTRACT

Aggregation of immuno-proteomic data reveals that i) herpesviruses and synaptic proteins –in particular Synapsin-1 and Bassoon - share a large number of hexapeptides that also recur in hundreds of epitopes experimentally validated as immunopositive in the human host, and ii) the shared peptides are also spread among human epilepsy-related proteins. The data indicate that cross-reactive processes may be associated with pathogenetic mechanisms in epilepsy, thus suggesting a role of autoimmunity in etiopathology of epilepsies after herpesvirus-infections.

1. Introduction

Epilepsies are a group of different clinical conditions manifesting with seizures and characterized by abnormal firing of neurons. Genetic factors [1], brain tumors [2], head trauma [3], stroke [4,5], and infections of the central nervous system (CNS) [6–10] are all frequently occurring recognized risk factors for epilepsy that can explain its high morbidity rate (~ 50 million people worldwide) [11]. Following infections, epileptic seizures can occur within the first two weeks after infection and are then defined as early seizures, or months and years after it, therefore fulfilling the criteria for diagnosing epilepsy. The distinction between the two phenomena is relevant because the pathogenetic mechanisms behind early seizures and late-onset ones are thought to differ, although they have not been fully understood. Understanding the pathogenesis of epilepsy after infections might be relevant for two main reasons. On the one hand it could help improve preventing epilepsy by treating the underlying infection(s) [8,9]. On the other hand it might contribute to shed light on epileptogenesis. In classical views on epileptogenesis, imbalance between inhibitory and excitatory circuits has been proposed to underpin epilepsies [10–15]. However, both decrease and enhancement of inhibition and excitation have been observed in animal models [16–18] and overall the molecular mechanisms behind epileptogenesis are still poorly understood. Recent research has shown how epilepsy can be considered a synaptopathy with disruption of the complex pre- and post-synaptic mechanisms responsible for regulating neurotransmission [19–21].

Acute inflammatory response and cytokine release (TNF-alpha, IL-6) in the context of innate immunity might play a central role in the genesis of early seizures whereas structural and/or functional mechanisms leading to persistent neuronal hyper-excitability seem to underpin delayed unprovoked seizures after CNS-infections [7,8,22]. Recent views suggest long-term immuno-mediated mechanisms also for late-onset epileptic seizures after infections, with a possible involvement of the adaptive immune systems [8,23].

Herpesviruses, among the neurotropic pathogens that have been associated with a high risk of epilepsy - i.e. late unprovoked seizures after infection - are also able to induce CNS-targeting autoimmunity and autoantibody formation [8,24–35]. Indeed, during immune responses following herpesviral infections, peptide commonalities might result in autoimmune cross-reactivity targeting pre- and post-synaptic proteins thus triggering epileptogenesis.

This paper reviews data currently available from immuno-proteomic databases searching for herpesviral immunoreactive sequences common to synaptic proteins. Data indicate a high degree of peptide overlap between herpesviral and human synaptic proteins mainly involving two pre-synaptic proteins that - when altered, mutated or improperly functioning - have been linked to epilepsy, ie, Synapsin-1 (SYN1) [36–42] and Bassoon (BSN) [39–43].

2. Peptide sharing between herpesviruses and synaptic proteins

Eight herpesviral proteomes and two non-neurotropic viruses, ie,

* Corresponding author at: University of Greifswald, Department of Neurology Ferdinand-Sauerbruch-Straße, Greifswald 17495, Germany.

E-mail address: guglielmo.lucchese@uni-greifswald.de.

Table 1
Tabulation of the number of hexapeptides shared between herpesviruses and synaptic proteins.

Protein ^{a,b,c}	Virus ^{c,d}										Total
	Ade 12	HPV16	EBV	HCMV	HHV1	HHV2	HHV3	HHV6b	HHV7	HHV8	
FRAS1	0	2	12	12	5	7	2	6	5	4	55
DYH7	2	2	9	8	8	6	4	10	3	6	58
SYN1	2	0	16	12	16	15	0	3	0	4	68
SYPH	0	0	3	2	2	2	2	2	0	0	13
BSN	3	2	49	47	34	36	9	3	0	12	195
VGLU1	0	0	1	4	5	3	0	1	0	4	18
VGLU2	0	0	0	2	3	3	1	1	3	3	16
DLG4	0	0	6	1	2	5	0	0	1	1	16
MPP2	3	0	3	2	3	4	1	1	1	1	19
GRIA2	0	1	3	0	3	1	4	0	4	1	17
NMDZ1	0	0	2	5	3	1	3	0	1	3	18
NMDE1	1	1	1	2	1	3	4	2	0	4	19
NMDE2	0	1	8	4	4	3	5	4	2	4	35
DCE1	1	0	4	1	1	0	0	2	0	0	9
VIAAT	0	0	3	1	1	2	0	0	1	2	10
GEPH	0	0	9	7	4	3	0	3	1	1	28
GBRA1	1	0	1	1	1	0	0	1	2	2	9
Total	13	9	130	111	96	94	35	39	24	52	603

^a Fifteen synaptic proteins selected according to Micheva [50] plus 2 controls were analyzed for viral matches: Synapsin-1 (SYN1); Synaptophysin (SYPH); Protein bassoon (BSN); Vesicular glutamate transporter 1 (VGLU1); Vesicular glutamate transporter 2 (VGLU2); Disks large homolog 4 (DLG4); Protein MPP2 (MPP2); Glutamate receptor 2 (GRIA2); Glutamate receptor ionotropic (NMDZ1); Glutamate receptor ionotropic (NMDE1); Glutamate receptor ionotropic (NMDE2); Glutamate decarboxylase 1 (DCE1); Vesicular inhibitory amino acid transporter (VIAAT); Gephyrin (GEPH); Gamma-aminobutyric acid receptor subunit alpha-1 (GBRA1). Control proteins: Extracellular matrix protein FRAS1 (FRAS1) and Dynein heavy chain 7, axonemal (DYH7). Proteins given by UniProtKB entry (UniProtKB, <http://www.uniprot.org/>) [51].

^b The fifteen protein sequences were dissected into hexapeptides with one-residue-offset: (ie, MGNEVS, GNEVSL, NEVSLE, EVSLEG, and so on). Hexapeptides were used as probes, since 5–6 amino acids (aa) are sufficient minimal determinants in humoral/cellular immunoreactivity as well as in antigen-antibody recognition [52–56]. Hexapeptides were analyzed for occurrences within the viral proteomes using PIR Peptide Match program (<http://research.bioinformatics.udel.edu/peptidematch/>) [57] as already described [58].

^c Further details and references at <http://www.uniprot.org/> [51].

^d Proteomes of the following herpesviruses were analyzed: Epstein-Barr virus, strain GD1 (EBV), human cytomegalovirus, strain Merlin (HCMV); human herpesvirus 1, strain 17 (HHV1); human herpesvirus 2, strain HG52 (HHV2); human herpesvirus 3 (HHV3); human herpesvirus 6b, strain Z29 (HHV6b); human herpesvirus 7, strain JI (HHV7); and human herpesvirus 8, strain GK18 (HHV8). Two non-neurotropic viruses, ie, human adenovirus 12 (Ade12) and human papillomavirus type 16 (HPV16), were used as controls.

human adenovirus 12 (Ade12) and human papillomavirus type 16 (HPV16), were examined for hexapeptide matching with 15 human pre-/post-synaptic proteins and 2 control proteins, ie, extracellular matrix protein FRAS1 (FRAS1) and dynein heavy chain 7 (DYH7) (Table 1).

The numerical description of the peptide sharing between viruses and human proteins in Table 1 shows that:

- 1) herpesviral and synaptic proteins share 581 hexapeptides, including multiple occurrences;

Table 2
Description of herpesviral peptides shared with Synapsin-1 and Bassoon.

SYN1. Synapsin-1 (Brain protein 4.1)	
EBV	APPAAR, GAGRGG, GAPPAA, GGAGRG, GGGSGG, GSGGGA, GSGGAG, PAGPPA, PAPPRP, PGPAGP, PGPGPQ, PPPPPP, PQPPPP, QPPPPP, RPSGPG, TAAAAA
HCMV	AAAAAT, GGGSGG, GSSGGG, HLSGLG, PAPPRP, PPPPPG, PPPPPP, QPPPPP, SPQRQA, SGGGGG, TAAAAA, TAAAAA
HHV1	AGRGGG, EPAPPR, GGGSGG, GPGGAP, GRGGAA, GSGGAG, PASPSP, PPASPS, PPPPPG, PPPPPP, QPPPPP, RLPSPT, SGGAGR, SGPGPA, SGGGGG, TAAAAA
HHV2	AAAAAT, AERSSG, APAASP, APPGGQ, GPVVRT, PAASPA, PAPPRP, PPPPPG, PPPPPP, RPPASP, RRRRSL, SPTSAP, TAAAAA, TPSPGA, TAAAAA
HHV3	–
HHV6b	ATPGPG, TPGPGT, VEQAEF
HHV7	–
HHV8	PAPPKA, PPPGAH, TAAAGG, VGGGSG
BSN. Bassoon (Zinc finger protein 231)	
EBV	AAPGGG, AGARGP, AGPGPG, APAPAP, APGGGS, APGPGP, DSGSDS, EADTQG, ESDLAS, FKTIEL, FYGPRD, GAGDGP, GARGPG, GGGGPD, GGGSGA, GLGLQP, GLGQPS, GPRGDA, GPRGRP, GSGALS, GSGGGG, LARRDV, LSPHRL, LSPSSP, MPKPPP, PATTAV, PDPLEI, PEADTQ, PEPPGP, PGGGSG, PGPSTA, PHGGPS, PLARRD, PMPTTQ, PPEPPG, PPGGAG, PQAPSG, PTPLPP, RGPGGP, RPSTPR, RRRRSR, SDSSGG, SGALSR, SGGGGP, SPASPS, SPLPPQ, SPTSLS, SRGPGG, TPATTA
HCMV	APAPAP, ASASTS, ASSSSA, ATAAAP, ATASSS, AVSSSS, DDEDEG, DFMRQ, DSDEEL, EDSDS, EDEEDS, EEEELL, GAGGGS, GEEESE, GPQPGS, GQSSSP, GSGGGG, GVVGPG, KSLAPA, LEEDED, LGASLL, PLAGAG, PTTVPA, RGPGGP, RPSTPR, RRRRARR, RRRRAR, SEAEAL, SGLAAA, SLAPAA, SSPSR, SSSAAA, SSSPPL, TAAAPA, TADSAL, TASSSS, TLFVVP, TQQQQQ, VSSSLV, YGRRHG
HHV1	AAGARG, AGQASP, APAPAP, ASSSSA, DSEAEA, EAAGAP, EAEALD, GGAGDG, GPGALP, LGAAVY, LQQQLQ, LRRFKT, PALSPA, PASPAG, PASTPS, PGPGPA, PLRASE, PLSPTA, PPGPPG, PPLSPS, PRPAGG, PVRRRR, QASATT, RDLAFA, RPAGGP, SEAEAL, SGGGGP, SGPAAL, SRMCAA, STAEPR, TGPHP, TLPAST, TPSGPT, VRRRRS
HHV2	AAGARG, AELRSH, AGLGAT, APGAGG, ASSSSA, EDSDS, EPAGAL, EPPGPP, GAPAPA, GGPRPR, GKPA, GLGATE, GLYRYP, HGPLLP, LGAAVY, LPGA, LRHPTD, LRRFKT, LSDSEL, PASPSS, PEPPGP, PPADAA, PPEPPG, PRPAGG, PRVPSA, PSPPE, RDLAFA, RHPTDL, RPAGGP, RRRRSR, RVPSAG, SAPAAS, SAPEKT, SPSSPS, TLPAST, TPIAAT
HHV3	APTSP, EAEALD, EEESEE, PASPAG, PPSPE, PSPSEI, RDLAFA, SEITGV, TPTPAT
HHV6b	AVSSGY, TPKVKS, TQTPSP
HHV7	–
HHV8	AALQSK, DTATSG, GSQVSA, PPSAPA, PQGLPG, PQPGPS, PSPAPA, QQEERQ, SATAVP, SPSVSP, SSSAAA, TPLPPP

- the extent of the sharing is unexpected considered that the probability for two proteins to share a hexapeptide is equal to 20^{-6} (that is 1 in 64,000,000 or 0,00000015625);
- the herpesviruses most involved in the sharing are EBV, HCMV, HHV1, and HHV2 (Table 1, last line), whilst the two non-neurotropic viruses, ie, Ade12 and HPV16, show a low level of peptide sharing;
- the peptide matching is highly imbalanced toward two synaptic proteins, ie, Synapsin-1 (SYN1) and Bassoon (BSN), with Synapsin-1 showing 66 matches and Bassoon alone hosting 190 out of 581 herpesviral matches, that is 33% of the total herpesviral peptide matching (Table 1, last column). Such an anomalous concentration of herpesviral matches in the two synaptic proteins does not appear to depend on their amino acid (aa) length (705 aa and 3026 aa, respectively) since the two longer control proteins FRAS1 (4008 aa) and DYH7 (4024 aa) show a comparatively lower number of herpesviral peptide occurrences (53 and 54 herpesviral matches, respectively).

3. Predominant involvement of Synapsin-1 and Bassoon in herpesviral peptide sharing

The magnitude of the peptide sharing reported in Table 2 prevents detailed analyses protein-by-protein. Hence, this study focussed on the main players of the sharing, that is Synapsin-1 and Bassoon, the herpesviral peptide commonalities of which are described in Table 2.

4. Immunologic potential of the peptide sharing between herpesviruses and Synapsin-1 and Bassoon

The peptides shared between the eight herpesviruses and Synapsin-1 and Bassoon were investigated for their immunologic properties by exploring the Immune Epitope DataBase resource (IEDB, www.iedb.org) [59]. Almost all peptide matches described in Table 2 recur in hundreds of epitopes experimentally validated as immunopositive in the human host. Tables 3 and 4 show a synopsis of the data for Synapsin-1 and Bassoon, respectively.

Table 3
Epitopes containing peptide sequences common to Synapsin-1 and herpesviruses.

1	2	1	2	1	2
3579	aPGPGPQpgplresivcyfm	469,657	QPPPPPPpl	596,654	iLRPSGPGaaslw
18,529	gaaTAAAGGyka	471,128	sprspIPAPPRPfl	600,271	pprPPPPPP
55,339	RPSGPGpel	474,484	AAAAATmal	600,272	ppvPPPPPP
66,417	tssdSPTSApektplpsat	474,785	aeaPPPPPP	617,452	hggyGGGSGGssy
106,447	gePGPAGPqgapgpa	475,813	APAASPAsl	633,628	laPPPPPPGI
119,736	aePPPPPPepari	477,192	eaPPPPPPp	634,300	lpPPPPPP
133,664	PPPPPPPPPP	477,608	egTAAAAAa	634,351	lPPPPPPPhl
143,034	rkrrsasTAAAGGgg	477,858	eqVGGGSGGAG	635,601	pgsgsPGPAGPa
143,060	sasTAAAGGggstdnl	478,876	gTAAAAAar	635,926	QPPPPPlwi
161,584	aavlfaaTAAAAAav	478,877	gTAAAAATgr	637,390	srfsSSGGGgggrfss
162,616	keaPAPPKA	485,382	seaTPSPGA	638,372	vkPPPPPPp
196,337	aPPPPPPGh	507,551	PPPPPGkpq	642,962	fqhGGPGAPpssay
196,887	vPPPPPPPP	508,279	sPAPPRPsl	682,961	syGGGSGGgf
224,924	paPPPPPPPP	510,092	qaAAAAATv	691,821	ppmPPPPPP
227,041	aPGPGPQpgplresi	510,136	SGPGPAaal	694,312	ePGPAGPlsvqarle
230,030	nyTPGGTTrf	516,567	gGGGSGGiaeagshhm	694,589	ggaGSGGAGgts
236,939	gggygsGGGSGGygsrff	532,144	hSGPGPAGfpvnpqvy	694,672	gmaPGPGPQpgplre
239,351	aeTAAAAAavaa	532,792	lPPPPPGsf	695,337	lqrptqhePGPAGP
239,460	aprpaAAAAATal	538,982	TPGPGTTrfpl	696,125	qynsSSGGG
240,498	sprPSGPGpsff	541,821	epstpgGGSGGgavaaa	696,495	SSGGGggg
240,519	spygygsGGGSGGygsr	541,886	evlpTAAAAA	697,400	aaAAAAATaar
241,986	pggganiPPPPPPGgigga	544,035	lvVGGGSGGla	698,193	aeQPPPPPlw
419,512	aPAPPKAea	544,466	ppsPPPPPP	699,685	aTAAAAAay
434,248	sGGGSGGygsrff	544,474	PQPPPPPPp	704,647	evrylGGGSGAGgr
437,706	gPPPPPGkpq	544,507	pvPPPPPP	705,985	fpGAGPsf
440,520	shrPPPPPGkpe	552,614	hyevlVGGGSGGgitm	715,912	lhqTTAAAAA
440,782	sSSGGGgggrfsssgy	553,579	ldqsGGPGAPttprklps	724,519	sdanraSSGGGggl
445,795	kprPPPPPP	554,486	nhyevlVGGGSGGi	725,044	SGPGPAsnl
448,938	sSSGGGgggrf	555,294	qpIPPPPPpppppyy	727,327	TAAAAAsir
452,749	aPPPPGAav	556,448	sSSGGGgggrfss	730,069	vaTAAAAAl
457,321	pAAAAATal	563,779	hhqqqqqQPPPPPipap	734,113	avsAAAAATr
457,387	phPPPPPPp	564,434	legegSSGGGrgggsf	778,609	SSGGGgggrfs
457,472	psPPPPPPp	570,502	APPAARgll	780,424	aaatvrSPTSAP
457,858	QPPPPPPpf	573,898	keaPAPPKAea	784,973	asTPGPGTanaa
458,445	rprPPPPPP	576,739	rpaAAAAAT	792,450	ggnqqrPPPPPGkpq
458,490	RPSGPGAasl	576,860	rPPPPPPsl	794,111	gpgfvPPPPPPpy
458,491	RPSGPGgem	584,203	iPPPPPPms	794,358	gPPPPPGkp
459,294	sPAPPRPwl	587,144	PPPPPPism	797,891	hcalqelyAERSSGe
459,544	sprpGAPPAAi	587,624	pvrpAAAAATal	806,252	lrwglpqlGGPGAPe
460,030	tPAPPKAvl	588,452	rhpAGPPAr	809,328	pgpqvsvppppaghSGPGPA
463,435	apmspgSSGGGqpl	588,842	rprPPPPPP	814,391	rPPPPPGkpq
466,565	ilfPPPPPPni	590,387	trPSGPGpsff	829,091	vrylGGGSGGAGgrl
467,984	lPAASPAallp	591,126	vwgPPPPGAp	837,999	mppaPPPPPPqn
468,163	lppppgPPPPPPI	594,059	AGRGAARpngp	838,125	pppwmQPPPPPP
469,335	pwmQPPPPPPm	595,649	ghPPPPPP	838,916	wgPPPPGAp

Column 1: Epitopes listed according to the IEDB ID number. Epitope details and references at www.iedb.org [69]. Column 2: Sequences common to Synapsin-1 and herpesviruses are in capital letters.

Table 4
Epitopes containing peptide sequences common to Bassoon and herpesviruses.

1	2	1	2	1	2
2766	alnargvllstRDLAFAga	459,602	spSPSPSSI	578,041	SPSSPSvrrql
7888	ddvwtsgsDSDEELv	463,291	APAPAPal	589,473	rSAPAAser
7945	dEDSDSDgyppnrq	463,292	APAPAPapal	592,863	rPEPPGPyfyldlvtstah
10,089	DSDEELvtterktpr	463,293	APAPAPapam	600,552	qSRGPGGggsfelw
18,961	gdEDSDSDgyppnrqprf	463,294	APAPAPasal	602,436	tcapqhgAPGPGPAdask
22,302	gsDSDEELvtterktprvtg	463,372	APGPGPstf	606,522	sDSDEELvtterktprvt
35,973	lfsdgEDSDSDgypp	463,581	aPSPAPAgI	621,021	lfkPPQPPA
49,756	ptvpnpstAPAPAPt	466,007	gPPGPPGpgtptm	624,154	rqSPLPPQk
49,920	pvpnpstAPAPAPtpt	469,689	qPRVPSAkav	625,131	sgkrsAPGGGskvpq
55,346	RPSTPRAav	473,264	vyPASPSswli	629,273	aLPGGAaVaav
57,159	sdaessdgedfivEEESEEs	475,502	agATAAAPv	645,276	isPASTPScI
57,997	sgdEDSDSDgyppn	475,818	APAPAPaaa	649,591	RVPSAGssl
65,790	tptvpnpstAPAPAPtptfa	478,327	gATAAAPvp	651,213	vAPAPAPel
66,417	tssSPTSAPeKtPlpvsat	478,745	gpIPGPGPAl	662,660	GSGGGGgghgsy
103,262	hviAGQASpsridgt	487,616	tpASSSSAI	689,903	elaATAAAPAv
108,121	sgfqglpgPPGPPGegggk	492,351	iiPQGLPgsieely	693,972	avdtGSGGGGqphdt
128,303	apsTAAAPAEekkv	495,772	vridPASPSI	694,261	egrhlvtGAGDGP
136,889	TLPAStlvrlvhay	504,475	APAPAPavtg	694,425	fGSGGGggtg
142,848	lgmhqlQEEERQka	504,476	APAPAPtrppqd	694,672	gmAPGPGPqpglre
146,216	ekAPAPAPe	504,481	apaqAPAPAP	694,765	GSGGGGqphdtparg
213,306	kISPSPSsr	507,548	PPGPPGkagp	694,866	hlvtGAGDGPplcs
226,662	rgvllstRDLAFAg	507,993	RVPSAGsslv	695,164	latggGPRGDAset
239,759	gsggsgyGSGGGGgghgsy	509,963	lpYSPSPSI	695,231	lgqTPASPArysp
240,412	slfgplPGPGPAlv	510,102	qgvllstRDLAFAg	695,531	natsPQAPSGqktav
240,601	tqdsvgPPGPPGp	516,990	gpapsTAAAPAEekk	695,795	PQAPSGqktavptvt
240,691	vPRPAGGefgydkdtsl	525,694	sddEEESEeakrl	695,960	qapPTPLPPvpsgdq
244,807	aaapakTAAAPAKa	527,797	tpdsiASSSSAahpp	696,037	qllpaggPDLElqp
246,310	aaapakTAAAPAKaa	531,786	gAPGPGPAdaskvvak	696,192	rktPHGGGShsstm
389,989	TAAAPAKaaapakaa	540,854	aaasnGSGGGGggsag	696,314	saaaavdtGSGGGGq
432,057	qTQQQQQpalvny	541,162	APAPAParsl	696,658	tppknatsPQAPSGq
433,856	EEEDSLad	541,821	epstPGGGSGGGGavaaa	696,982	wngsGSGGGGg
437,231	fekAAGARGlstes	543,879	IPGGGSgppedv	699,025	APAPAPaer
441,481	vPRPAGGef	551,970	ggpapsTAAAPAEekkv	699,055	apfPSPAPA
441,811	yGSGGGGgghgsy	552,912	itappgTAAAPAKpa	700,933	dRPAGGpsa
442,481	APGGGSkkrdsl	554,914	PPGPPGprgygpijg	701,534	EAAAGAPdrgr
443,487	epRGGGPI	556,330	SPSPSSrvtv	702,964	eihgGAGGPsgr
451,565	aaAPAPAPa	556,479	sTAAAPAEekkv	718,870	nRPAGGpsa
451,601	aAPAPAPaa	570,392	APAPAPihnqf	719,527	PQAPSGgsy
452,599	APAPAPagm	573,243	hpFKTIEL	732,069	wtdgGSGGGGg
452,600	APAPAPamvsa	576,755	RPAGGPqnf	732,456	yaypATAAAPm
452,601	APAPAPatt	577,220	rsAPGGGskvpqk	749,095	IPQGLPglwl
452,602	APAPAPlsv	577,464	sAPGGGskvpqk	749,416	lvsGAGDGPp
452,830	aPSPAPAp	577,758	slgPPGPPGI	752,975	ypATAAAPm
458,254	rmcvASSSSAI	577,833	sPASTPScI	765,170	ssscGSGGGGispksgps
458,283	RPAGGPsasm	577,834	sPASTPScIsla	767,452	TPKVKSkv

Column 1: Epitopes listed according to the IEDB ID number. Epitope details and references at www.iedb.org [69]. Column 2: Sequences common to Bassoon and herpesviruses are in capital letters.

5. Potential relevance of the peptide sharing between herpesviruses and Synapsin-1 and Bassoon for epileptogenesis

Synapsin-I is implicated in the regulation of neurotransmitter release from presynaptic neuron terminals and is the most abundant constituent of the matrix that connects the synaptic vesicles [36,37]. Alterations of Synapsin-I have been associated with epilepsy, learning difficulties, and behaviour disorders [38–42]. In parallel, Bassoon plays fundamental roles in the molecular synaptic dynamics by regulating neurotransmitter release from a subset of glutamatergic synapses, maintaining synapse integrity, and controlling presynaptic P/Q-type Ca (2+) channels, among others [43–48]. Importantly, genetic disruption of Bassoon induces a seizure-prone mouse model characterized by structural and functional alterations in the hippocampus and by early spontaneous seizures mimicking human neurodevelopmental disorders [49].

Hence, it appears reasonable to assume that autoimmune cross-reactions targeting Synapsin-1 and Bassoon may play a role in the epileptogenesis process consequent to herpesviral infections.

6. Spreading to epilepsy-related proteins of the peptide sharing between herpesviruses and Synapsin-1 and Bassoon: the multiple aspects of epilepsy

The peptide sharing between herpesviruses and Synapsin-1 and Bassoon was additionally analyzed for further matches within the human proteome addressing the following question: is the herpesviral peptide sharing illustrated in Table 3 unique to the synaptic Synapsin-1 and Bassoon proteins? Or are the shared peptides also common to other human proteins possibly implicated - when modified or altered or lacking - in epilepsies? The question has its legitimation in previous data [60,61] showing that peptide sharing is widespread feature among human proteins.

Tables 5 and 6 indicate that the herpesviral peptide sharing illustrated in Table 3 is not an exclusive prerogative of the synaptic Synapsin-1 and Bassoon proteins but extends to numerous human proteins involved in epilepsies. This implies that potential cross-reactions triggered by herpesviral infections might have multiple targets in the complex network of proteins that have been related to epilepsy. Of

Table 5
Peptides shared between herpesviruses and Synapsin-1 and also present in human epilepsy-related proteins.

Peptides ^{a,b}	Epilepsy-related proteins ^c and associated clinical features ^d
GGPGAP	ACHA4. Neuronal acetylcholine receptor subunit alpha-4. Focal epilepsy characterized by nocturnal seizures with hyperkinetic automatism and poorly organized stereotyped movements.
SSGGGG	AFG32. AFG3-like protein 2. Spasticity, peripheral neuropathy, ptosis, oculomotor apraxia, dystonia, cerebellar atrophy, and progressive myoclonic epilepsy.
PPPPPPP	ALG13. Putative bifunctional UDP-N-acetylglucosamine transferase and deubiquitinase ALG13. Epileptic encephalopathy, early infantile, 36.
TAAAAA	AP3B2. AP-3 complex subunit beta-2. Epileptic encephalopathy, early infantile, 48.
AAAAAT	ARX. Homeobox protein ARX. Neonatal-onset intractable epilepsy. Epilepsy characterized by frequent tonic seizures, with high-voltage bursts alternating with almost flat suppression phases.
PPPPPP	
TAAAAA	
PPPPGA	ATN1. Atrophin-1. Myoclonus epilepsy.
PPPPPP	
PPPPPPP	CTND2. Catenin delta-2. Myoclonic epilepsy.
AGRGA	EP2A2. Laforin, isoform 9. Lafora progressive myoclonus epilepsy.
GGAGRG	
PPPPPPP	GABR2. Gamma-aminobutyric acid type B receptor subunit 2. Epileptic encephalopathy, early infantile, 59.
GGGSGG	HNRPU. Heterogeneous nuclear ribonucleoprotein U. Epileptic encephalopathy, early infantile, 54
GSSGGGG	KCMA1. Calcium-activated potassium channel subunit alpha-1. Paroxysmal nonkinesigenic dyskinesia, 3, with or without generalized epilepsy.
GGGSGG	PURA. Transcriptional activator protein Pur-alpha. Neonatal hypotonia, encephalopathy with/out epilepsy.
PPPPPG	SHAN3. SH3 and multiple ankyrin repeat domains protein 3. May associate with hyperactivity, auditory overstimulation, epilepsy and bipolar affective disorders, among others.
RPSGPG	SMCA2. Probable global transcription activator SNF2L2. Myoclonic astatic epilepsy.
PPPPGA	SOBP. Sine oculis-binding protein homolog. May associate with temporal lobe epilepsy and psychosis.
PPPPPG	
QPPPPP PPPPPPP	
GGGSGG ^e	SYGP1. Ras/Rap GTPase-activating protein SynGAP. Several forms of idiopathic generalized epilepsy.
PPPPPG	

^a Hexapeptides shared between herpesviruses and Synapsin-1.

^b Peptides formed by overlapping hexapeptides given bold.

^c Epilepsy-related proteins given by UniProt accession names and further detailed at UniProtKB (www.uniprot.org/) [61].

^d Clinical features further detailed at UniProtKB, PubMed, OMIM.

^e SYGP1 hosts 4 times the hexapeptide GGGSGG (aa pos: 382–387, 386–391, 1050–1055, and 1054–1059).

Table 6
Peptides shared between herpesviruses and Bassoon and also present in human epilepsy-related proteins.

Peptides ^a	Epilepsy-related proteins ^b and associated clinical features ^c
PGPSTA	AGRV1. Adhesion G-protein coupled receptor V1 precursor. Febrile seizures.
EEEELL	ARX. Homeobox protein ARX. Neonatal-onset intractable epilepsy. Epilepsy characterized by frequent tonic seizures, with high-voltage bursts alternating with almost flat suppression phases.
SSSAAA	ATN1. Atrophin-1. Myoclonus epilepsy.
GGGSGA	CAC1A. Voltage-dependent P/Q-type calcium channel subunit alpha-1A. Epileptic encephalopathy characterized by refractory seizures.
AVSSSS	FIG. 4. Polyphosphoinositide phosphatase. Temporo-occipital polymicrogyria, psychiatric manifestations, and epilepsy.
TAAAPA	LAGE3. EKC/KEOPS complex subunit LAGE3. Propensity for seizures.
SPSPSS	LMNB2. Lamin-B2 precursor. Progressive myoclonic epilepsy.
GGGSGA	NMDE4. Glutamate receptor ionotropic, NMDA 2D. Epileptic encephalopathy with severe childhood onset, characterized by refractory seizures, neurodevelopmental impairment.
TPLPPP	PIGN. GPI ethanolamine phosphate transferase 1. Neonatal hypotonia, lack of psychomotor development, seizures.
GSGGGG	PRDM8. PR domain zinc finger protein 8. Progressive myoclonus epilepsy characterized by progressive dysarthria, myoclonus, ataxia, cognitive decline, psychosis, dementia and spasticity, with onset in childhood.
RRRRSR	PRIC1. Prickle-like protein 1 precursor. Progressive myoclonic epilepsy.
GSGGGG	PURA. Transcriptional activator protein Pur-alpha. Neonatal hypotonia, encephalopathy with/out epilepsy.
PPSAPA	PYR1. CAD protein. Epileptic encephalopathy characterized by refractory seizures and neurodevelopmental impairment.
SPSSPS	RHBT2. Rho-related BTB domain-containing protein 2. epileptic encephalopathy. Seizure types are variable and include focal dyscognitive and generalized tonic-clonic seizures, as well as febrile seizures.
APGPGP	SHAN3. SH3 and multiple ankyrin repeat domains protein 3. May associate with hyperactivity, auditory overstimulation, epilepsy and bipolar affective disorders, among others.
GAGDGP	
PGPGPA	
TQQQQQ	SMCA2. Probable global transcription activator SNF2L2. Myoclonic astatic epilepsy.
PGGPPG	SOBP. Sine oculis-binding protein homolog. May associate with temporal lobe epilepsy and psychosis.
RRRRSR	SON. Protein SON. Epilepsy, vision problems, musculo-skeletal abnormalities.
GSGGGG	SYGP1. Ras/Rap GTPase-activating protein SynGAP. Several forms of idiopathic generalized epilepsy.
PGGGSG	
LSPSSP	SYVM. Valine-tRNA ligase, mitochondrial precursor. Variable clinical features: muscle weakness with hypotonia, central neurological disease with progressive external ophthalmoplegia, ptosis and ataxia, delayed psychomotor development, microcephaly and epilepsy.

^a Hexapeptides shared between herpesviruses and Synapsin-1.

^b Epilepsy-related proteins given by UniProt accession names and further detailed at UniProtKB (www.uniprot.org/) [61].

^c Clinical features further detailed at UniProtKB, PubMed, OMIM.

interest, Tables 5 and 6 show that the epilepsy-related proteins potentially subject to post herpetic cross-reactions cover a broad spectrum of epileptic diseases and syndromes.

7. Conclusions

The present review of immune-proteomic data from annotated databases focusses on peptide sharing between herpesviruses and synaptic proteins. It has to be mentioned that the reported analyses deal with linear peptide sequences only, whilst also discontinuous sequences and conformational factors have a relevant role in antigenicity and immunogenicity. Nonetheless, the here described high level of peptide sharing between herpesviruses and human synaptic proteins, in particular Synapsin-1 and Bassoon, appears to be of utmost relevance since it highlights a potential role for herpesviruses infections in epilepsy. The significance of such a finding is amplified by the fact that almost all of the shared peptides are part of immunopositive epitopes, thus outlining a powerful cross-reactivity immune scenario, and, in addition, are also spread in numerous epilepsy-related proteins.

Moreover, the data reviewed here significantly connect to three different issues under debate in epileptology: i) the repeatedly reported association of epilepsy with EBV, HCMV, and HSV 1 and 2 infections [9,27–35]; ii) the etiology of epilepsy as an autoimmune cross-reactive process [62–77] that would lead to brain injury and inflammation, coherently with the clinical observations according to which neuroinflammation contributes or predisposes to seizures [8,78,79]; iii) the concept of epilepsy as a group of seizure disorders that may be caused by alterations of different molecules that are involved in multiple steps of neurotransmission and may have multiple manifestations [80–82].

In synthesis, this study offers a molecular platform for future experimental research aimed at defining the autoimmune pathogenesis of epilepsies [62–69], the role of infections [6–10], and the cross-reactivity mechanisms [8,24–35].

Declaration of Competing Interest

None.

References

- Johnson MR, Sander JW. The clinical impact of epilepsy genetics. *J Neurol Neurosurg Psychiatry* 2001;70:428–30.
- Maschio M. Brain tumor-related epilepsy. *Curr Neuropharmacol* 2012;10:124–33.
- Pitkanen A, Bolkvadze T. Head trauma and epilepsy. In: Noebels JL, Avoli M, Rogawski MA, Olsen RW, Delgado-Escueta AV, editors. *Jasper's Basic Mechanisms of the Epilepsies*. 4th edBethesda (MD): National Center for Biotechnology Information (US); 2012. p. 479–95.
- Yang H, Rajah G, Guo A, Wang Y, Wang Q. Pathogenesis of epileptic seizures and epilepsy after stroke. *Neurol Res* 2018;40:426–32.
- Stefan H, May TW, Pffan H, et al. Epilepsy in the elderly: comparing clinical characteristics with younger patients. *Acta Neurol Scand* 2014;129:283–93.
- Sander JW. Infectious agents and epilepsy. In: Knobler SL, O'Connor S, Lemon SM, editors. *The Infectious Etiology of Chronic Diseases: Defining the Relationship, Enhancing the Research, and Mitigating the Effects: Workshop Summary*. Washington (DC): Institute of Medicine (US) Forum on Microbial Threats; National Academies Press (US); 2004. p. 93–9.
- Singhi P. Infectious causes of seizures and epilepsy in the developing world. *Dev Med Child Neurol* 2011;53:600–9.
- Vezzani A, Fujinami RS, White HS, Preux PM, Blümcke I, Sander JW, et al. Infections, inflammation and epilepsy. *Acta Neuropathol* 2016;131:211–34.
- Getts DR, Balcar VJ, Matsumoto I, Müller M, King NJ. Viruses and the immune system: their roles in seizure cascade development. *J Neurochem* 2008;104:1167–76.
- Ramantani G, Holthausen H. Epilepsy after cerebral infection: review of the literature and the potential for surgery. *Epileptic Disord* 2017;19:117–36.
- <http://www.who.int/news-room/fact-sheets/detail/epilepsy>.
- Bernard C. Alterations in synaptic function in epilepsy. In: Noebels JL, Avoli M, Rogawski MA, Olsen RW, Delgado-Escueta AV, editors. *Jasper's Basic Mechanisms of the Epilepsies* [Internet]. 4th edBethesda (MD): National Center for Biotechnology Information (US); 2012. p. 697–716.
- Goldberg EM, Coulter DA. Mechanisms of epileptogenesis: a convergence on neural circuit dysfunction. *Nat Rev Neurosci* 2013;14:337–49.
- Soukupova M, Binascchi A, Falcicchia C, Palma E, Roncon P, Zucchini S, et al. Increased extracellular levels of glutamate in the hippocampus of chronically epileptic rats. *Neuroscience* 2015;301:246–53.
- Gu F, Parada I, Shen F, Li J, Bacci A, Graber K, et al. Structural alterations in fast-spiking GABAergic interneurons in a model of posttraumatic neocortical epileptogenesis. *Neurobiol Dis* 2017;108:100–14.
- Klaasen A, Glykys J, Maguire J, Labarca C, Mody I, Boulter J. Seizures and enhanced cortical GABAergic inhibition in two mouse models of human autosomal dominant nocturnal frontal lobe epilepsy. *Proc Natl Acad Sci U S A* 2006;103:19152–7.
- Zhan RZ, Nadler JV. Enhanced tonic GABA current in normotopic and hilar ectopic dentate granule cells after pilocarpine-induced status epilepticus. *J Neurophysiol* 2009;102:670–81.
- Wong M. Too much inhibition leads to excitation in absence epilepsy. *Epilepsy Curr* 2010;10:131–2.
- Fukaya Y FM. Epilepsy and synaptic proteins. *Curr Opin Neurobiol* 2017;45:1–8.
- Buckmaster PS, Yamawaki R, Thind K. More docked vesicles and larger active zones at basket cell-to-granule cell synapses in a rat model of temporal lobe epilepsy. *J Neurosci* 2016;36:3295–308.
- Upreti C, Otero R, Partida C, Skinner F, Thakker R, Pacheco LF, et al. Altered neurotransmitter release, vesicle recycling and presynaptic structure in the pilocarpine model of temporal lobe epilepsy. *Brain* 2012;135:869–85.
- Misra UK, Tan CT, Kalita J. Viral encephalitis and epilepsy. *Epilepsia* 2008;49:13–8.
- Venkatesan A, Benavides DR. Autoimmune encephalitis and its relation to infection. *Curr Neurol Neurosci Rep* 2015;15:3.
- Pruss H. Postviral autoimmune encephalitis: manifestations in children and adults. *Curr Opin Neurol* 2017;30:327–33.
- Mata S, Muscas GC, Naldi I, Rosati E, Paladini S, Cruciatti B, et al. Non-paraneoplastic limbic encephalitis associated with anti-glutamic acid decarboxylase antibodies. *J Neuroimmunol* 2008;199:155–9.
- Niehusmann P, Widman G, Eis-Hübinger AM, Greschus S, Robens BK, Grote A, et al. Non-paraneoplastic limbic encephalitis and central nervous HHV-6B reactivation: causality or coincidence? *Neuropathology* 2016;36:376–80.
- Niehusmann P, Mittelstaedt T, Bien CG, Drexler JF, Grote A, Schoch S, et al. Presence of human herpesvirus 6 DNA exclusively in temporal lobe epilepsy brain tissue of patients with history of encephalitis. *Epilepsia* 2010;51:2478–83.
- Eeg-Olofsson O, Bergström T, Andermann F, Andermann E, Olivier A, Rydenhag B. Herpesviral DNA in brain tissue from patients with temporal lobe epilepsy. *Acta Neurol Scand* 2004;109:169–74.
- Bassan H, Bloch AM, Mesterman R, Assia A, Harel S, Fattal-Valevski A. Myoclonic seizures as a main manifestation of Epstein-Barr virus infection. *J Child Neurol* 2002;17:446–7.
- Smithers-Sheedy H, Raynes-Greenow C, Badawi N, McIntyre S, Jones CA, Australian Cerebral Palsy Register Group. Congenital cytomegalovirus is associated with severe forms of cerebral palsy and female sex in a retrospective population-based study. *Dev Med Child Neurol* 2014;56:846–52.
- Poulheim F, Esposito L, Elger CE, Eis-Hübinger AM, Becker AJ, Niehusmann P. Large-scale analysis of herpesviridae in epilepsy-patients with signs of autoimmune encephalitis. *Seizure* 2017;53:100–2.
- Lei HY, Yang DQ, Li YX, Wang LQ, Zheng M. Association between human cytomegalovirus and onset of epilepsy. *Int J Clin Exp Med* 2015;8:20556–64.
- Smithers-Sheedy H, Raynes-Greenow C, Badawi N, Fernandez MA, Kesson A, McIntyre S, et al. Congenital cytomegalovirus among children with cerebral palsy. *J Pediatr* 2017;181:267–71.
- Nasuno M, Shigemura T, Nakazawa Y, Inaba Y, Motobayashi M. Postencephalitic epilepsy secondary to cytomegalovirus encephalitis. *Pediatr Int* 2018;60:758–60.
- Bartolini L, Piras E, Sullivan K, Gillen S, Bumbut A, Lin CM, et al. Detection of HHV-6 and EBV and cytokine levels in saliva from children with seizures: results of a multi-center cross-sectional study. *Front Neurol* 2018;5(9):834.
- Huttner WB, Schiebler W, Greengard P, De Camilli P. Synapsin I (protein I), a nerve terminal-specific phosphoprotein. III. Its association with synaptic vesicles studied in a highly purified synaptic vesicle preparation. *J Cell Biol* 1983;96:1374–88.
- Milovanovic D, Wu Y, Bian X, De Camilli P. A liquid phase of synapsin and lipid vesicles. *Science* 2018;361:604–7.
- Garcia CC, Blair HJ, Seager M, Coulthard A, Tennant S, Buddles M, et al. Identification of a mutation in synapsin I, a synaptic vesicle protein, in a family with epilepsy. *J Med Genet* 2004;41:183–6.
- Nguyen DK, Rouleau I, Sénéchal G, Ansaldo AI, Gravel M, Benfenati F, et al. X-linked focal epilepsy with reflex bathing seizures: characterization of a distinct epileptic syndrome. *Epilepsia* 2015;56:1098–108.
- Peron A, Baratang NV, Canevini MP, Campeau PM, Vignoli A. Hot water epilepsy and SYN1 variants. *Epilepsia* 2018;59:2162–3.
- Giannandrea M, Guarnieri FC, Gehring NH, Monzani E, Benfenati F, Kulozic AE, et al. Nonsense-mediated mRNA decay and loss-of-function of the protein underlie the X-linked epilepsy associated with the W356X mutation in synapsin I. *PLoS One* 2013;8:e67724.
- Lignani G, Raimondi A, Ferrea E, Rocchi A, Paonessa F, Cesca F, et al. Epileptogenic Q555X SYN1 mutant triggers imbalances in release dynamics and short-term plasticity. *Hum Mol Genet* 2013;22:2186–99.
- Altrock WD, Dieck S, Sokolov M, Meyer AC, Sigler A, Brakebusch C, et al. Functional inactivation of a fraction of excitatory synapses in mice deficient for the active zone protein bassoon. *Neuron* 2003;37:787–800.
- Waites CL, Leal-Ortiz SA, Okerlund N, Dalke H, Fejtova A, Altrock WD, et al. Bassoon and piccolo maintain synapse integrity by regulating protein ubiquitination and degradation. *EMBO J* 2013;32:954–69.
- Ghiglieri V, Picconi B, Sgobio C, Bagetta V, Barone I, Paillé V, et al. Epilepsy-induced abnormal striatal plasticity in bassoon mutant mice. *Eur J Neurosci*

- 2009;29:1979–93.
- [46] Dieni S, Nestel S, Sibbe M, Frotscher M, Hellwig S. Distinct synaptic and neurochemical changes to the granule cell-CA3 projection in bassoon mutant mice. *Front Synaptic Neurosci* 2015;7:18.
- [47] Davydova D, Marini C, King C, Klueva J, Bischof F, Romorini S, et al. Bassoon specifically controls presynaptic P/Q-type Ca^{2+} channels via RIM-binding protein. *Neuron* 2014;82:181–94.
- [48] Ivanova D, Dirks A, Fejtova A. Bassoon and piccolo regulate ubiquitination and link presynaptic molecular dynamics with activity-regulated gene expression. *J Physiol* 2016;594:5441–8.
- [49] Morelli E, Ghiglieri V, Pendolino V, Bagetta V, Pignataro A, Fejtova A, et al. Environmental enrichment restores CA1 hippocampal LTP and reduces severity of seizures in epileptic mice. *Exp Neurol* 2014;261:320–7.
- [50] Micheva KD, Busse B, Weiler NC, O'Rourke N, Smith SJ. Single-synapse analysis of a diverse synapse population: proteomic imaging methods and markers. *Neuron* 2010;68:639–53.
- [51] The UniProt Consortium. UniProt: the universal protein knowledgebase. *Nucleic Acids Res* 2018;46:2699.
- [52] Kanduc D. Pentapeptides as minimal functional units in cell biology and immunology. *Curr Protein Pept Sci* 2013;14:111–20.
- [53] Lucchese G, Capone G, Kanduc D. Peptide sharing between influenza A H1N1 hemagglutinin and human axon guidance proteins. *Schizophr Bull* 2014;40:362–75.
- [54] Lucchese G. Understanding neuropsychiatric diseases, analyzing the peptide sharing between infectious agents and the language-associated NMDA 2A protein. *Front Psychol* 2016;7:60.
- [55] Lucchese G. From toxoplasmosis to schizophrenia via NMDA dysfunction: peptide overlap between toxoplasma gondii and N-methyl-D-aspartate receptors as a potential mechanistic link. *Front Psychol* 2017;8:37.
- [56] Lucchese G, Stahl B. Peptide sharing between viruses and DLX proteins: a potential cross-reactivity pathway to neuropsychiatric disorders. *Front Neurosci* 2018;12:150.
- [57] Chen C, Li Z, Huang H, Suzek BE, Wu CH, UniProt Consortium. A fast peptide match service for UniProt knowledgebase. *Bioinformatics* 2013;29:2808–9.
- [58] Lucchese G, Spinosa JP, Kanduc D. The peptide network between tetanus toxin and human proteins associated with epilepsy. *Epilepsy Res Treat* 2014;2014:236309.
- [59] Vita R, Overton JA, Greenbaum JA, Ponomarenko J, Clark JD, Cantrell JR, et al. The immune epitope database (IEDB) 3.0. *Nucleic Acids Res* 2015;43:D405–12.
- [60] Kanduc D, Stufano A, Lucchese G, Kusalik AJ. Massive peptide sharing between viral and human proteomes. *Peptides* 2008;29:1755–66.
- [61] Kanduc D, Capone G, Delfino VP, Losa G. The fractal dimension of protein information. *Adv Stud Biol* 2010;2:53–62.
- [62] Lang B, Vincent A. Autoantibodies in epilepsy. In: Shoefeld Y, Gershwin ME, Meroni PL, editors. *Autoantibodies*. 2nd edElsevier; 2007. p. 659–65.
- [63] Striano P, Minetti C. "Autoimmune epilepsy" or exasperated search for the etiology of seizures of unknown origin? *Epilepsy Behav* 2012;25:440–1.
- [64] Toledano M, Pittock SJ. Autoimmune Epilepsy. *Semin Neurol* 2015;35:245–58.
- [65] Tektürk P, Baykan B, Ekizoğlu E, Ulusoy C, Aydin-Özemer Z, İçöz S, et al. Calcium channel antibodies in patients with absence epilepsy. *Int J Neurosci* 2014;124:486–90.
- [66] Toyota T, Akamatsu N, Tsuji S, Nishizawa S. Limbic encephalitis associated with anti-voltage-gated potassium channel complex antibodies as a cause of adult-onset mesial temporal lobe epilepsy. *J UOEH* 2014;36:129–33.
- [67] Lilleker JB, Biswas V, Mohanraj R. Glutamic acid decarboxylase (GAD) antibodies in epilepsy: diagnostic yield and therapeutic implications. *Seizure* 2014;23:598–602.
- [68] Miró J, Fortuny R, Juncadella M, Aiguabella M, Veciana M, Castañer S, et al. Antithyroid antibodies as a potential marker of autoimmune-mediated late onset temporal lobe epilepsy. *Clin Neurol Neurosurg* 2014;121:46–50.
- [69] Seebohm G, Piccini I, Strutz-Seebohm N. Paving the way to understand autoantibody-mediated epilepsy on the molecular level. *Front Neurol* 2015;6:149.
- [70] Irani SR, Vincent A. Voltage-gated potassium channel-complex autoimmunity and associated clinical syndromes. *Handb Clin Neurol* 2016;133:185–97.
- [71] Bakpa OD, Reuber M, Irani SR. Antibody-associated epilepsies: clinical features, evidence for immunotherapies and future research questions. *Seizure* 2016;41:26–41.
- [72] Dubey D, Alqallaf A, Hays R, Freeman M, Chen K, Ding K, et al. Neurological autoantibody prevalence in epilepsy of unknown Etiology. *JAMA Neurol* 2017;74:397–402.
- [73] Fyfe I. Epilepsy: could autoantibodies explain epilepsy with unknown aetiology? *Nat Rev Neurol* 2017;13:194–5.
- [74] Bien CG, Holtkamp M. "autoimmune epilepsy": encephalitis with autoantibodies for epileptologists. *Epilepsy Curr* 2017;17:134–41.
- [75] Quek AML, O'Toole O. Autoimmune epilepsy: the evolving science of neural autoimmunity and its impact on epilepsy management. *Semin Neurol* 2018;38:290–302.
- [76] Elisak M, Krysl D, Hanzalova J, Volna K, Bien CG, Leypoldt F, et al. The prevalence of neural antibodies in temporal lobe epilepsy and the clinical characteristics of seropositive patients. *Seizure* 2018;63:1–6.
- [77] Geis C, Planagumà J, Carreño M, Graus F, Dalmau J. Autoimmune seizures and epilepsy. *J Clin Invest* 2019;129:926–40.
- [78] Aronica E, Bauer S, Bozzi Y, Caleo M, Dingleline R, Gorter JA, et al. Neuroinflammatory targets and treatments for epilepsy validated in experimental models. *Epilepsia* 2017;58:27–38.
- [79] Spatola M, Dalmau J. Seizures and risk of epilepsy in autoimmune and other inflammatory encephalitis. *Curr Opin Neurol* 2017;30:345–53.
- [80] Stafstrom CE, Carmant L. Seizures and epilepsy: an overview for neuroscientists. *Cold Spring Harb Perspect Med* 2015;5. pii: a022426.
- [81] Pal DK, Ferrie C, Addis L, Akiyama T, Capovilla G, Caraballo R, et al. Idiopathic focal epilepsies: the "lost tribe". *Epileptic Disord* 2016;18:252–88.
- [82] Costa C, Romoli M, Liguori C, Farotti L, Eusebi P, Bedetti C, et al. Alzheimer's disease and late-onset epilepsy of unknown origin: two faces of beta amyloid pathology. *Aging* 2019;73:61–7.