

# Single-Center Clinical Analysis of Drug-Induced Liver Injury in Children with Acute Leukemia

## Abstract:

To analyze the clinical characteristics and influencing factors of drug-induced liver injury (DILI) in pediatric patients with Acute Lymphoblastic Leukemia (ALL) during chemotherapy. **Methods** A retrospective analysis was conducted on 189 pediatric ALL patients treated at our institution from January 2019 to March 2024. The incidence and related factors of DILI were assessed, including body mass index (BMI), vitamin D levels, absolute neutrophil counts, and the number of blood transfusions. **Results** The study found that the incidence of DILI was 21.34%. Statistical analysis indicated that BMI, vitamin D levels, absolute neutrophil counts, and the number of transfusions were independent factors influencing the occurrence of DILI during chemotherapy in children with ALL ( $P < 0.05$ ). Moreover, DILI presented in various forms, predominantly as hepatocellular injury, mixed type, and cholestatic type, with hepatocellular injury being the most common. **Conclusion** Body mass index, vitamin D levels, absolute neutrophil counts, and the number of transfusions are critical independent factors affecting the development of drug-induced liver injury in pediatric patients with acute leukemia during chemotherapy. In clinical practice, proactive intervention on these factors is essential. Prompt actions such as discontinuing or adjusting medication dosages, hepatic protection, enzyme reduction, and jaundice management are vital to ensure the recovery of all patients.

**Key words:** Children; Acute Lymphoblastic Leukemia; Chemotherapy; Drug-Induced Liver Injury

## 0 Introduction

Acute leukemia is one of the most common malignancies in children, and chemotherapy is the primary treatment modality. However, the use of chemotherapeutic drugs can lead to various side effects, with liver damage being a common complication. A study conducted in Ethiopia observed hepatotoxicity in 15% of patients, with mild liver damage in 5% of cases<sup>[1]</sup>. Another study in Azerbaijan focused on toxic liver injury during supportive care in children with acute leukemia, finding toxic hepatitis in 82% of patients, with 23.5% having mild, 50.9% moderate, and 7.8% severe hepatitis<sup>[1]</sup>. Genetic association studies involving children, adolescents, and young adults treated for acute leukemia identified variants in UGT1A1 and PNPLA3 related to hepatotoxic effects. The UGT1A1 variant was found to be a major driver of increased bilirubin levels, while other genetic variations led to elevated transaminase levels<sup>[2]</sup>. Finally, an Iranian study evaluated hepatic complications in pediatric patients with hematological malignancies receiving high-dose methotrexate treatment<sup>[3]</sup>. They found that in a certain proportion of cases, liver enzyme levels were elevated, and some patients had liver and spleen enlargement as well as fatty liver<sup>[4]</sup>.

Currently, research on drug-induced liver injury in children undergoing chemotherapy for acute leukemia is insufficient, lacking systematic clinical data and in-depth mechanistic studies. This results in the absence of unified guidelines for the prevention and treatment of such liver injuries in clinical practice. This paper aims to analyze the clinical characteristics and risk factors

of drug-induced liver injury in children with acute leukemia undergoing chemotherapy, providing guidance for prevention and treatment. This will offer clinicians more scientific and effective treatment recommendations to reduce chemotherapy-induced liver dysfunction and improve the safety and efficacy of chemotherapy.

## 1 Materials and Methods

### 1.1 Study Design and Patient Selection

A retrospective study design was used to track changes in liver function in children with acute leukemia undergoing chemotherapy to evaluate the impact of chemotherapeutic drugs on the liver. The following are the patient selection criteria.

1. Inclusion Criteria:

- (1) Diagnosed with acute leukemia.
- (2) Aged between 1 to 18 years.
- (3) Receiving standardized chemotherapy.

2. Exclusion Criteria:

- (1) Severe comorbidities such as significant heart, kidney, or other vital organ dysfunction.
- (2) Pre-existing significant liver function abnormalities or chronic liver disease.
- (3) History of liver surgery or transplantation.
- (4) Known allergy to chemotherapy drugs<sup>[5]</sup>.

### 1.2 Data Collection and Processing

Treatment data from 189 pediatric leukemia patients treated at our hospital from January 2019 to March 2024 were retrospectively analyzed. The cohort included 114 males and 75 females, aged between 2 and 18 years, with an average age of 12.1 years. Patients were divided into two groups based on liver damage occurrence: 149 patients without liver damage (control group) and 40 patients with DILI (observation group).

Data collected included six blood indicators: albumin, alanine aminotransferase (ALT), alkaline phosphatase (ALP), direct bilirubin, total bilirubin, and prealbumin.

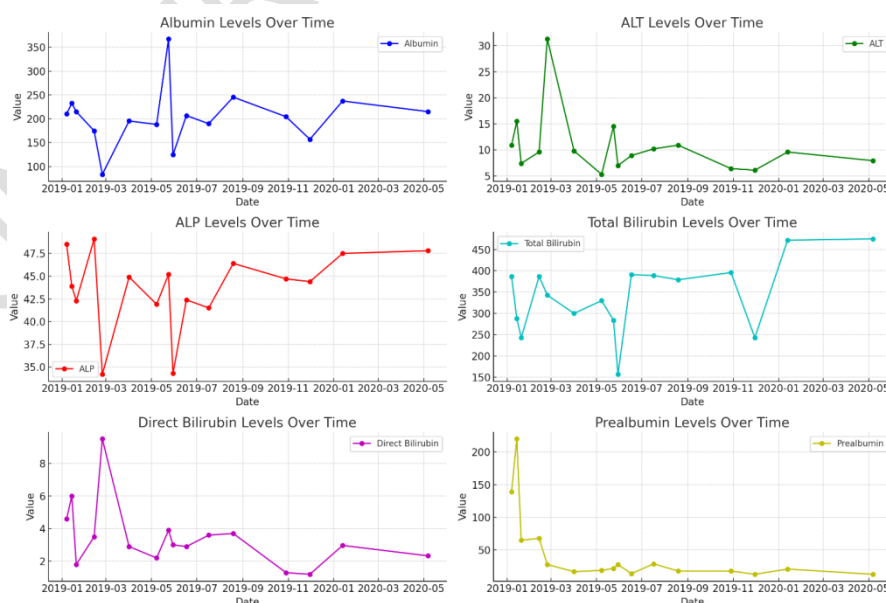


Figure 1. Data sequence chart of six indicators for patient "Bai \*\*" [ALT] Alanine Aminotransferase; [ALP] Alkaline Phosphatase.

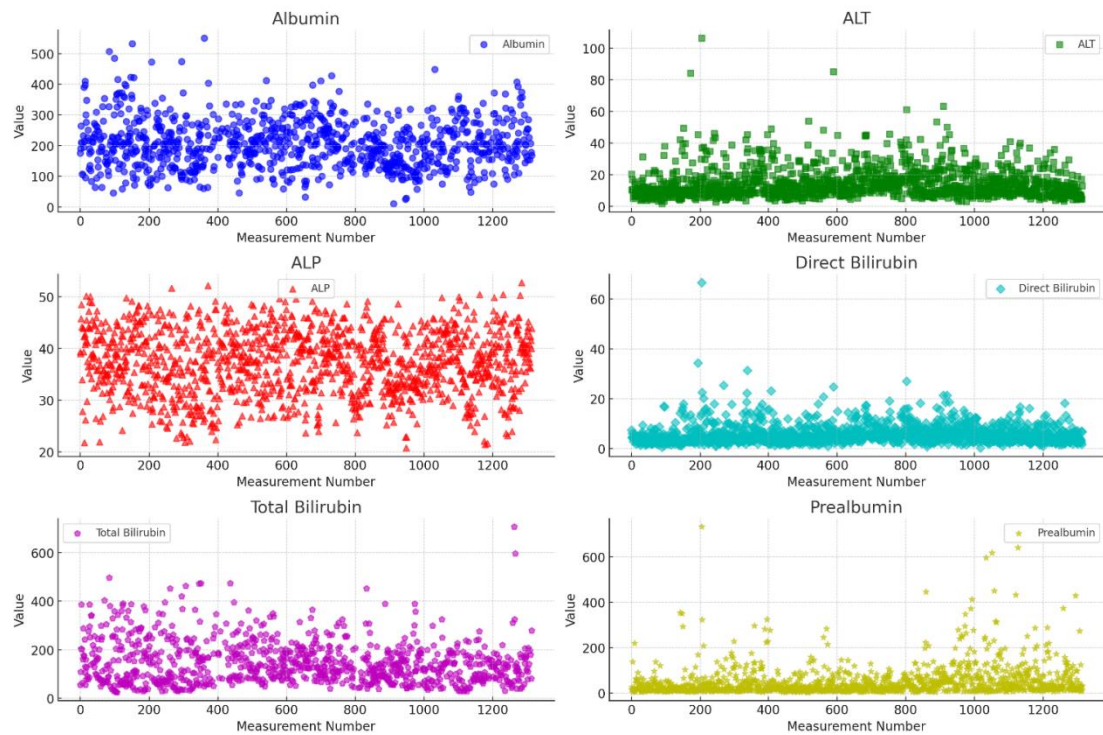


Figure 2: Time series of all data (including six indicators: Albumin, ALT, ALP, Total Bilirubin, Direct Bilirubin, Prealbumin).

[ALT] Alanine Aminotransferase; [ALP] Alkaline Phosphatase.

Additionally, data on patients' BMI, vitamin D levels, absolute neutrophil counts, and the number of blood transfusions were also collected.

### 1.3 Liver Function Testing and Evaluation of Drug-Induced Liver Injury

Liver function tests are crucial for assessing liver health, diagnosing, and monitoring drug-induced liver injury (DILI)<sup>[6]</sup>. Common liver function indicators include alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase (ALP), and total bilirubin (TBIL). ALT and AST are enzymes present in liver cells that are released into the bloodstream when liver cells are damaged, leading to elevated serum levels<sup>[7]</sup>. ALT is primarily found in the liver, and its elevated levels typically indicate hepatocellular damage. AST is widely present in various tissues, including the liver, heart muscle, and skeletal muscle, so elevated AST levels can reflect damage to multiple tissues. ALP is mainly found in liver bile duct cells, and its elevated levels may be associated with cholestasis<sup>[8]</sup>. TBIL is the total bilirubin in the blood, including direct bilirubin (DBIL) and indirect bilirubin (IDBIL). Elevated TBIL levels usually indicate impaired bilirubin excretion by the liver<sup>[9]</sup>.

Albumin is the main plasma protein synthesized by the liver. In liver function assessment, albumin levels reflect the synthetic function of the liver. Albumin has a relatively long half-life (about 20 days), so its response to liver damage is slow and is not suitable for assessing acute liver injury. Prealbumin is also a plasma protein synthesized by the liver, but it has a shorter half-life (about 2 days), making it more responsive to changes in liver synthetic function. Clinically, prealbumin levels are often measured to assess acute liver injury and nutritional status. A decrease in prealbumin usually indicates malnutrition or decreased liver function earlier than albumin. Changes in prealbumin levels are very useful for judging the prognosis of liver disease patients and monitoring treatment effects.

In the evaluation of DILI, the patterns of changes in these indicators help determine the type

and extent of liver damage. For example, significant elevations in ALT and AST may indicate hepatocellular damage, while elevations in ALP and TBIL may suggest cholestasis or mixed-type liver damage. Additionally, the R-value (ALT/AST ratio) is used to distinguish between hepatocellular and cholestatic liver damage.

When evaluating DILI, it is also necessary to consider the patient's clinical manifestations, other potential causes of liver damage, and detailed information about drug exposure. Integrating this information allows for a more accurate diagnosis and assessment of drug-induced liver injury, providing appropriate treatment and management strategies for the patient.

#### 1.4 Statistical Analysis Methods

In this study, logistic regression can be used to assess the relationship between different factors (such as gender, age, BMI, vitamin D levels, absolute neutrophil counts, and the number of blood transfusions) and the occurrence of drug-induced liver injury. By constructing a logistic regression model, we can calculate the impact of each factor on the probability of drug-induced liver injury, thereby determining which factors are independent influencing factors of drug-induced liver injury.

## 2 Results

### 2.1 Incidence and Clinical Manifestations of Drug-Induced Liver Injury

The incidence of DILI among pediatric acute leukemia patients undergoing chemotherapy was found to be 21.34%. The types of liver damage were categorized as follows:

1. Hepatocellular injury type: 17.19%, where ALT levels exceeded twice the upper normal limit (normal range 0–40 U/L).
2. Cholestatic type: 3.48%, where ALP levels exceeded twice the upper normal limit (normal range 40–160 U/L).
3. Mixed type: 0.67%, where both ALT and ALP levels exceeded twice the upper normal limit, with an R-value (ALT/AST ratio) between 2 and 5.

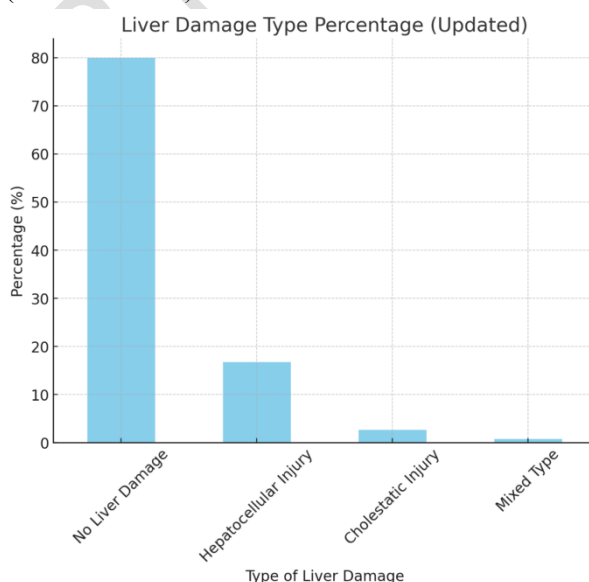


Figure 3 Percentage of Types of Liver Damage

The correlation analysis of the six blood indicators, with the results of the correlation matrix, is as follows:

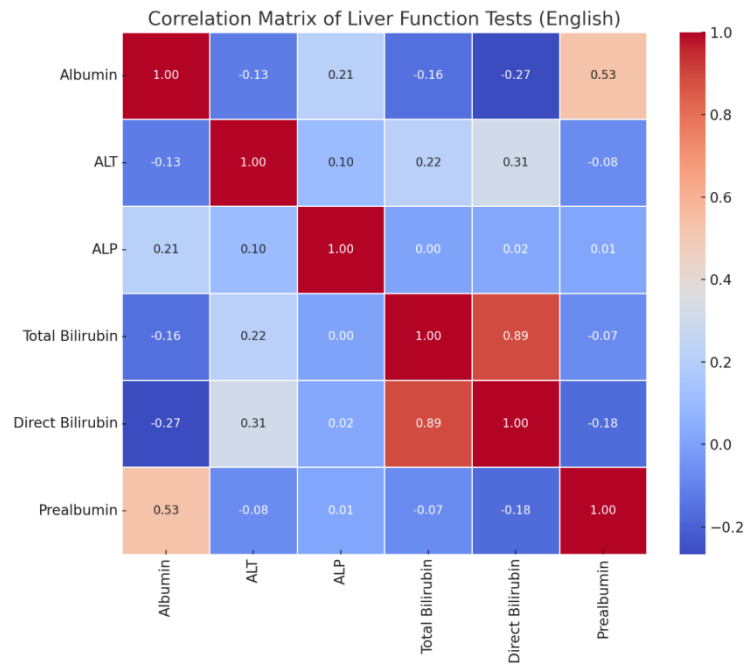


Figure 4 Correlation matrix of six blood indicators [ALT] Alanine Aminotransferase; [ALP] Alkaline Phosphatase.

It can be observed that:

1. There is a very high correlation (0.89) between total bilirubin and direct bilirubin, which is expected as they both participate in bile formation and metabolism.
2. The correlation among other indicators is weaker.

Based on statistical analysis, the clinical manifestations of DILI during chemotherapy for pediatric acute leukemia are as follows:

The clinical manifestations of drug-induced liver injury include fatigue (25 cases), nausea and anorexia (20 cases), abdominal pain (5 cases), diarrhea (7 cases), liver enlargement (31 cases), and jaundice (9 cases).

These clinical manifestations may vary due to individual differences. During treatment, physicians will closely monitor patients' liver function to promptly detect and manage drug-induced liver injury.

## 2.2 Analysis of Related Factors

Multiple factors significantly increased the risk of liver damage, including BMI, vitamin D levels, absolute neutrophil counts, and the number of blood transfusions ( $P < 0.05$ ), as shown in Table 1. These findings suggest that thorough assessment and active management of these risk factors are crucial when treating pediatric acute leukemia patients to reduce the probability of drug-induced liver damage.

Table 1 Analysis of Factors Related to Drug-Induced Liver Injury During Chemotherapy for Pediatric Acute Leukemia

Factors	Control Group (n=149)	Observation Group (n=40)	$\chi^2$ Value	P Value
Gender	Male: 94 (63.09%)	Male: 18 (45.00%)	0.539	0.305
	Female: 55 (36.91%)	Female: 22 (55.00%)		

Age	2~: 58 (38.93%)	2~: 13 (32.50%)	0.542	0.524
	6~: 54 (36.24%)	6~: 6 (15.00%)		
	9~: 37 (24.83%)	9~: 21 (52.50%)		
BMI	<18.5: 65 (43.62%)	<18.5: 11 (27.50%)	23.211	0.007
	18.5~24: 53 (35.57%)	18.5~24: 22 (55.00%)		
	>24: 31 (20.81%)	>24: 7 (17.50%)		
Vitamin D Levels	Normal: 123 (82.55%)	Normal: 21 (52.50%)	9.501	0.000
	Reduced: 26 (17.45%)	Reduced: 19 (47.50%)		
Absolute Neutrophil Counts	Normal: 109 (73.15%)	Normal: 16 (40.00%)	10.458	0.001
	Deficient: 40 (26.85%)	Deficient: 24 (60.00%)		
Number of Blood Transfusions	Yes: 84 (56.38%)	Yes: 13 (32.50%)	6.882	0.027
	v: 65 (43.62%)	No: 27 (67.50%)		

Note: [BMI] Body Mass Index.

### 3 Discussion

In this study, the incidence of drug-induced liver injury (DILI) during chemotherapy for pediatric acute leukemia was 21.34%, which is consistent with the range observed in other studies. For instance, Wang Juping et al<sup>[10]</sup>, reported a similar incidence. The clinical manifestations of DILI are diverse, primarily including fatigue, nausea, anorexia, abdominal pain, diarrhea, fever, liver enlargement, and jaundice, typically occurring within 2 to 21 days after drug administration.

This study further analyzed the independent influencing factors of DILI and found that BMI, vitamin D levels, absolute neutrophil counts, and the number of blood transfusions were significantly associated with the occurrence of liver injury. These results highlight the importance of comprehensive risk assessment before chemotherapy to take appropriate preventive measures, adjust chemotherapy regimens, or modify drug dosages, especially in patients with other risk factors.

The BMI is a commonly used standard for assessing body fat<sup>[11]</sup>. Generally, a BMI between 18.5 and 24 kg/m<sup>2</sup> is considered normal, while a BMI over 24 kg/m<sup>2</sup> is categorized as overweight or obese. This study shows that obese pediatric acute leukemia patients have a significantly higher incidence of drug-induced liver injury compared to patients with normal weight. This may be due to enhanced lipid metabolism in the liver of obese patients, affecting drug metabolism, leading to drug accumulation and subsequent liver damage.

Vitamin D is a fat-soluble vitamin stored in the body's fat tissue. In obese individuals, more vitamin D may be stored in the abundant fat tissue<sup>[12]</sup>, reducing its levels in the blood. Vitamin D can be synthesized in the skin with the help of sunlight. Studies have shown that the skin of obese individuals may be less effective in synthesizing vitamin D due to a non-linear relationship between skin surface area and body weight or reduced outdoor activities leading to less sunlight exposure<sup>[13]</sup>. Obesity is associated with metabolic changes that may affect vitamin D metabolism and activation, and inflammation related to obesity may interfere with vitamin D metabolism and

function. Thus, vitamin D levels are an independent factor for drug-induced liver injury.

Low absolute neutrophil counts and patients receiving transfusions in a bone marrow-suppressed state have an increased risk of infection, requiring extensive antibiotic use, a common cause of drug-induced liver injury. Infections can release large amounts of inflammatory factors affecting liver cells<sup>[14]</sup>. Additionally, infections may activate the immune mechanisms of patients, causing immune damage to liver cells and exacerbating liver injury.

This study underscores the importance of comprehensive risk assessment before chemotherapy, especially for patients with other health issues. Chemotherapy drug selection and dosage adjustments should consider these independent risk factors to mitigate potential liver damage. Real-time liver function monitoring and proactive preventive measures, such as appropriate use of hepatoprotective drugs and infection control, are crucial to prevent DILI development.

In terms of treatment strategies, once DILI occurs, timely discontinuation or adjustment of medication dosages, combined with the use of hepatoprotective, enzyme-reducing, and jaundice-relieving drugs, can lead to effective recovery in most patients. These treatment measures have proven to significantly improve patient outcomes in practice. Additionally, regular liver function tests and clinical monitoring are essential to detect any potential liver damage promptly and respond quickly.

Despite the important insights provided by this study into the safety of chemotherapy in pediatric acute leukemia patients, we also acknowledge some limitations, such as the limited sample size and the lack of long-term health impact tracking. Future research should focus on larger and more diverse populations, conduct multi-center and long-term follow-up studies to more comprehensively understand the pathogenesis and long-term effects of DILI, and optimize prevention and treatment strategies.

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