

LIVER DAMAGE AND ITS PREVENTION IN RESPIRATORY ALLERGY IN CHILDREN

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Relevance

In children with acute respiratory tract infections (ARTI), elevations of serum liver enzyme activities are frequently observed in clinical practice. However, epidemiological data particularly in the pediatric population are very limited. The aim of this study was to assess the incidence of hepatic involvement, to identify the viruses and to analyze risk factors in children and adolescents with ARTI in a real-world setting.

Up to 90% of acute respiratory tract infections (ARTI) are of viral etiology mostly caused by rhinoviruses, respiratory syncytial virus (RSV), human metapneumovirus (hMPV), influenza virus, human coronavirus (HCoV), parainfluenza viruses and adenoviruses. Particularly children commonly encounter infections with multiple virus species. The respiratory tract as the first entry point is initially affected when the viral replication causes destruction of the airway tissue by cell loss, goblet cell hyperplasia, altered mucus secretion, and/or biochemistry. Consequently, sore throat, headache, sneezing, runny nose and nasal congestion as clinical signs usually appear early in the course of the disease subsequently followed by cough. During the viremic phase characterized by fever and chills, the virus may spread to other tissues and organs including the liver. Observations in routine clinical practice indicate that pediatric patients with ARTI exhibit elevated serum liver enzyme activities (ELEA) as an indicator of hepatic involvement.

Purpose of the study: Study of liver damage and its prevention in respiratory allergy in children.

Materials and methods. We report on a prospective, multicenter, non-interventional study with 120 consecutive patients aged 1–12 years with ARTI who consulted a physician within 5 days after onset of symptoms. Laboratory blood tests and PCR virus detection in nasopharyngeal lavage were performed at first presentation and after 3–7 days. Patients with elevated activities of serum liver enzymes (ASAT, ALAT, and γ -GT) were determined in local laboratories and



values were normalized by dividing by the individual upper limit of the normal range (ULN). The resulting index allowed to compare results from laboratories with different reference ranges.

Research results: Laboratory test results of 120 patients were available at first visit. 11.1% (95% CI: 9.2–13.3%) exhibited an elevation of ASAT, ALAT, and/or γ -GT activities. Virus DNA or RNA was identified in nasopharyngeal lavages of 63% of the patients. 12.2% of patients with positive PCR and 9.7% of those with negative PCR ($p = 0.25$) had elevated serum liver enzyme activities. The highest rates were observed in patients with a positive result for influenza B virus (24.4%) followed by human metapneumovirus (14.6%), and human coronavirus (others than SARS-CoV-2) (13.6%). The rate of children with ARTI and elevation of serum liver enzyme activities correlated with the virus species and with overweight of the patients but did not differ in patients with or without previous medication intake.

Conclusions. Elevated enzyme activities are present in about 10% of children with ARTI. In our cohort, these elevations were mild to moderate; probably resulting from an inflammation process with hepatic involvement.

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