for rheumatoid arthritis (RA), Yamaguchi criteria for adult Still's disease and ASAS criteria for spondyloarthritis.
Results: 112 patients were included: 17 systemic JIA, 26 polyarticular JIA, 19 oligoarticular JIA, 41 ERA and 9 psoriatic arthritis. The median age of transition was 19 years old. Eight cases of uveitis were observed among patients with oligoarticular JIA and 7 with ERA. Radiographic structural damages were assessed and showed 15% of patients with erosions or carpitis, mainly in polyarticular and systemic JIA patients. 29% of patients with ERA displayed sacroiliitis. In comparison with adult rheumatism, 42% of patients with systemic JIA fulfilled Yamaguchi criteria and 23% of patients with polyarticular JIA fulfilled ACR/EULAR criteria for RA. 41% of patients with oligoarticular JIA, 73% with ERA and 100% with psoriatic arthritis fulfilled ASAS criteria for spondyloarthritis.
Conclusions: Our study confirmed the articular destructive potential of polyarticular and systemic JIA and an ocular risk in oligoarticular JIA. Comparison of JIA criteria to adult rheumatism criteria showed that polyarticular JIA with positive rheumatoid factor fulfilled ACR/EULAR criteria for RA. However, oligoarticular JIA and polyarticular JIA without rheumatoid factor did not fulfill any adult rheumatism criteria and seem to be paediatric entities. Finally, most patients with ERA and psoriatic arthritis fulfilled the ASAS criteria for spondyloarthritis.
Disclosure of Interest: None declared
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AB0946 CALCINOSIS IN CHILDREN WITH JUVENILE DERMATOMYOSITIS FROM A SINGLE-CENTRE IN NORTH INDIA

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Background: Juvenile dermatomyositis (JDM) is a rare childhood autoimmune inflammatory muscle disorder that can result in severe disability or death. Calcinosis is a unique and a poorly understood long-term complication of JDM (1). Calcinosis can present in various forms like nodular calcinosis, tumoral deposits, calcinosis universalis.
Objectives: We present here the images of calcinosis in children with JDM
Methods: All children diagnosed to have JDM and registered in Pediatric Rheumatology Clinic at Post Graduate Institute of Medical Education and Research, Chandigarh, India, were evaluated for presence of calcinosis. Consent was taken from patients or caregivers
Results: A total of 36 patients were evaluated. Twelve (33.33%) patients had calcinosis (Fig 1). Interestingly, 4 children had calcinosis at the time of diagnosis

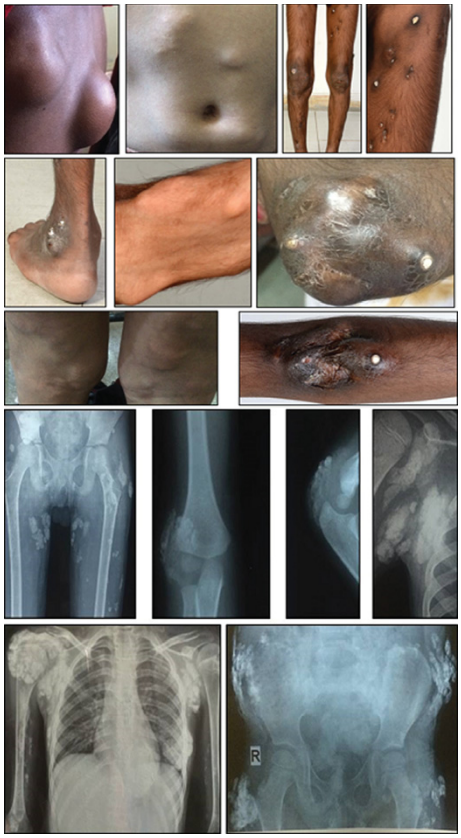

Figure 1. Calcinosis in children with JDM. Radiographs showing Calcinosis in children with JDM

Conclusions: Calcinosis is a distinct complication of JDM which is uncommon in inflammatory myopathies in adults (2). Calcinosis can be disabling and disfiguring. It may not be obviously visible in all patients and radiographs help reveal the extent of involvement.
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AB0947 CHARACTERISTICS OF A TRANSITION CLINIC FOR YOUNG PEOPLE WITH RHEUMATIC DISEASES

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Background: Paediatric rheumatologic diseases can still be active in the adulthood. Transitional care units are very important for the transition from paediatric to adult health care system.
Objectives: To describe the demographic characteristics, paediatric rheumatologic diseases distribution and active treatments in a Rheumatologic Transitional Care Unit (RTCU).
Methods: We included all new patients who attended the RTCU of a tertiary level hospital from 1st September 2015 until 31st December 2016. These patients were remitted from the paediatric rheumatology unit of two tertiary level hospitals. We retrospectively analyzed their demographic, laboratory and treatment characteristics. The connective tissue diseases (CTD) group included systemic lupus erythematosus, Behçet disease, dermatomyositis and scleroderma. Patients were considered active according to the physician opinion.
Results: We attended 81 new patients. 59 were female (72.8%) and the median age (range) was 19 years (18.1–20.7). 65.43% were diagnosed with Juvenile Idiopathic Arthritis (JIA) and 12.35% with CTD. Table 1 shows the main baseline characteristics of the patients. In the first visit at the unit, half of the patients did not have any systemic treatment (41 patients [50.62%]). From the remaining 40 patients with systemic treatment, 16 patients (40%) were under biologic treatment, mostly anti-TNFα. In any of the two first appointments, 20 patients (24.7%) were active, most of them from the JIA group. Seven (35%) of these patients increased or changed the treatment, 6 of them initiating a biologic treatment.

Table 1. Demographic and treatment characteristics

	Total (n: 81)	Juvenile Idiopathic Arthritis (n: 53)	Connective Tissue Diseases (n: 10)
Gender, Women (%)	59 (72.83)	39 (73.58)	9 (90)
Age of disease onset - Median (IQR)	10.3 (4.5–14.2)	6.5 (2.1–12.9)	14.4 (11.5–15.6)
Arrival age at the unit - Median (IQR)	19 (18.1–20.7)	19.1 (18.1–21)	19 (18.4–20.5)
Active in the 2 first appointments N (%)	20 (24.69)	15 (28.30)	4 (40)
Antinuclear antibodies, N (%)	32 (39.50)	20 (37.73)	5 (50)
Uveitis at any time, N (%)	11 (13.58)	9 (16.98)	0
Without treatment at the arriving time, N (%)	41 (50.61)	23 (43.39)	5 (50)
sDMARD at arriving, N (%)	30 (37.03)	25 (47.17)	5 (50)
Biologic therapy at arriving, N (%)	16 (19.75)	13 (24.53)	0

sDMARD: synthetic disease-modifying antirheumatic drugs. IQR:Interquartile range.

Conclusions: Our RTCU received mostly JIA patients. Median age at arriving was slightly higher than expected. A fourth of patients were active in the transition moment. All this data highlights the need of an strict control of these patients in the transitional period.
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AB0948 INSUFFICIENT CALCIUM INTAKE IN PEDIATRIC POPULATION WITH RISK FACTORS FOR OSTEOPOROSIS

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Background: Compliance with daily calcium requirements in paediatric and young age is necessary to acquire peak bone mass, especially in populations that meet one or more risk factors for fractures
Objectives: To study the characteristics of the pediatric population with at least one risk factor for developing low bone mass/osteoporosis and to measure their calcium intake
Methods: Demographic and clinical data were prospectively collected from patients aged 2 to 20 years that met at least 1 risk factors for bone fragility, including: inflammatory diseases, treatment with Immunosuppressants and/or