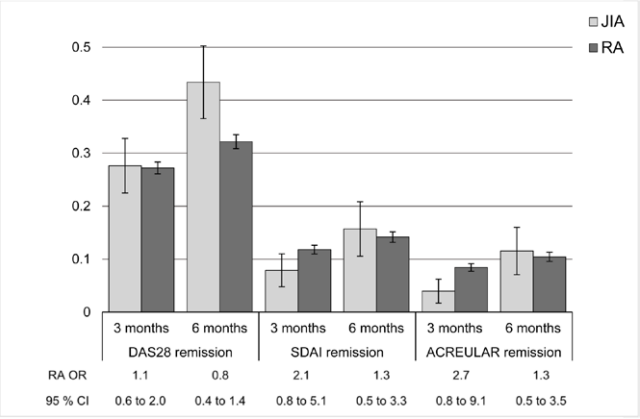

Figure 1. Mean 3- and 6-month remission rates with error bars (SE)

REFERENCES:

[1] Kvien, T.K., et al., A Norwegian DMARD register: prescriptions of DMARDs and biological agents to patients with inflammatory rheumatic diseases. Clin Exp Rheumatol, 2005. **23**(5 Suppl 39): p. S188-94.

Disclosure of Interests: Imane Bardan: None declared, Karen Minde Fagerli: None declared, Joe Sexton: None declared, Gunnstein Bakland Speakers bureau: Abbvie, Consultant of: UCB, Pfizer, Novartis, Pawel Mielnik: None declared, Liz Marina Paucar Loli: None declared, Tore K. Kvien Speakers bureau: Amgen, Celltrion, Egis, Evapharma, Ewopharma, Hikma, Oktal, Sandoz and Sanofi, Consultant of: AbbVie, Amgen, Biogen, Celltrion, Eli Lilly, Gilead, Mylan, Novartis, Pfizer, Sandoz and Sanofi, Grant/research support from: AbbVie, Amgen, BMS, MSD, Pfizer and UCB, Eirik kristianslund: None declared, Anna-Birgitte Aga Grant/research support from: Dr. Aga reports personal fees from Abbvie, Eli Lilly, Novartis and Pfizer, outside the submitted work

DOI: 10.1136/annrheumdis-2021-eular.1606

AB0723 JUVENILE BEHCET'S DISEASE: WHICH PARTICULARITIES?

O. Jomaa[1], O. Berriche[1], S. Arfa[1], A. Fraj[1], W. Romdhane[1], R. Makhloufi[1], M. Hermassi[1], M. Belkhiri[1]. *[1]University Hospital Tahar Sfar Mahdia, Tunisia, Internal Medicine Department, Mahdia, Tunisia*

Background: Behcet's disease (BD) is a systemic vasculitis that affects young adults aged between 20 and 30 years old. It is rare in childhood.

Objectives: This work aims to analyze the clinical features of this form by comparing it with adult BD.

Methods: Through a retrospective study including 192 cases with BD seen in The Internal Medicine Department at Tahar Sfar Hospital Mahdia TUNISA, we report 8 cases of juvenile BD (4.2%) that occurred under the age of 16 years.

Results: There were 8 male. The average age of BD onset was 14 years [11, 16 years]. Genital aphthosis was noted in 5 patients. Ophthalmologic damage was observed in 4 patients, dominated by uveitis (75% of cases). No cases of blindness were observed. Joint damage was seen in 5 patients and vascular and neurological damage in 2 patients respectively. All patients received colchicine in addition to a platelet aggregation inhibitors at the moment of BD diagnosis. When comparing juvenile BD group with that of adults, we have noticied, the frequency of cutaneo-mucous and articular manifestations, the rarity of neurological damage and the absence of cardiac and digestive damage in the juvenile BD group.

Conclusion: Juvenile BD is a rare form, with a male predominance. The younger age is not a poor prognostic factor. Early diagnosis and treatment can reduce the disease's complications.

REFERENCES:

[1] doi: 10.1007/s00296-018-4208-9

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.1669

AB0724 CANDIDATE PREDICTIVE BIOMARKERS OF POOR TREATMENT RESPONSE IN OLIGOARTICULAR ONSET JUVENILE ARTHRITIS TO EARLY STEROID INJECTIONS

A. Kozhevnikov[1,2], N. Pozdeeva[1], O. Maricheva[3], M. Nikitin[1], S. Bogdanova[4], G. Novik[2]. *[1]H.Turner National Medical Research Center for Children's Orthopedics and Trauma Surgery, Trauma Sequelae and Rheumatoid Arthritis Clinic, Saint-Petersburg, Russian Federation*; *[2]St.Petersburg State Pediatric Medical University, Department of Children's Diseases named after Professor I. M. Vorontsov, Saint-Petersburg, Russian Federation*; *[3]H.Turner National Medical Research Center for Children's Orthopedics and Trauma Surgery, Diagnostic Radiology, Saint-Petersburg, Russian Federation*; *[4]H.Turner National Medical Research Center for Children's Orthopedics and Trauma Surgery, Laboratory Diagnostics, Saint-Petersburg, Russian Federation*

Background: Intra-articular corticosteroid injections are the first-line antirheumatic drugs of oligoarticular onset juvenile arthritis. Despite significant advances in treatment (anti-TNF, block IL6) this choice of pediatric chronic joint disease still remains relevant. Pediatric rheumatologists and to this day there are no consensus on the best modality for treatment.

Objectives: The aim of this study was to search of biomarkers ineffective of early intra-articular steroid injections of oligoarticular onset juvenile arthritis.

Methods: Clinical, imaging, laboratory data (blood and synovial fluid), and effect of early isolated intra-articular injections (is-IAI) of triamcinolone acetonide 92 children (89% girls) aged median (IQR) 4,2 (1,6 – 7,6) years with oligoarticular onset juvenile arthritis without extra-articular manifestations (oligo-JA) were collected retrospectively and analyzed. All children were met ILAR criteria. Triamcinolone acetonide (TA) was administered intra-articular at a dose of 20-40 mg with an injection interval of 3-6-12 months which was depended on the activity of the disease. All children were divided into two groups: active / inactive arthritis based on the effectiveness of local corticosteroid treatment. The average follow-up was 48 [38; 62] months.

Results: 32 children (35%; all girls) were achieved remission oligo-JA after is-IAI of TA with mean of 2 [1,75; 2] injection per joint (inactive arthritis > 24 months). The mean interval between two consecutive is-IAI was 7 [5,25; 10] months. Other children did not achieve inactive oligo-JA after is-IAI of TA with mean of 3 [2; 4] injection per joint. The mean interval between first two consecutive injection was 5,5 [4,25; 7] months and other injections - 2 [2; 3] months. All children who did not achieve remission oligo-JA for is-IAI were treated by DMARDs. Statistical analyses were performed to determine the relationships between clinical, instrumental, laboratory signs and efficacy is-IAI of TA. Measures included the number of swollen or tender joints [active joint counts]; biological inflammatory markers [erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), serum and synovial fluid level of interleukin 6 (IL6) and tumor necrosis factor alfa (TNF-α)]; autoimmunity [titer of antinuclear factor (ANF)] and physicians' assessment of JIA disease activity [clinical Juvenile Arthritis Disease Activity Score including maximal 10 joints (cJADAS10)]. Efficacy is-IAI of TA was no associated significantly with number of active joint of onset oligo-JA, cJADAS10, serum level of CRP mg/ml, ESR mm/h, IL6 pg/ml and TNF-α pg/ml, titer of ANF. The mean inflamed synovial fluid of IL6 levels 2208 [710; 4564] / 3234 [1265; 16902] pg/ml and TNF-α levels 3,3 [2,5; 3,8] / 1,1 [0,6; 3,7] pg/ml at onset of inactive and active oligo-JA were not significantly differ. The analysis revealed a correlation between a short phase of beneficial effect after is-IAI of TA and risk of activity disease (with an inactive phase of arthritis less than 3 months, the risk activity was OR = 2.09, p <0.001; with an inactive phase less than 2 months - OR = 8.9, p <0.001).

Conclusion: TA is an effective and safe treatment in children with oligo-JA. Research was revealed that about a third of children with oligo-JA achieved inactive arthritis of average after two intra-articular injections of TA (all girls). There are no biomarkers for prediction of poor treatment response in oligo-JA to early steroid injections. But a short phase of beneficial effect after is-IAI of TA may be sign of risk activity disease. In addition boys with oligoarticular onset juvenile arthritis may be considered like potentially ineffective for local steroid therapy.

REFERENCES:

[1] Kozhevnikov A.N., Pozdeeva N.A., Konev M.A., Maricheva O.N., Afonichev K.A., Novik G.A. X-ray diagnosis of juvenile chronic oligoarthritis. *Bulletin of Siberian Medicine*. 2017; 16 (3): 224–234 DOI:10.20538/1682-0363-2017-3-224–234.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.1819

AB0725 MACROPHAGE ACTIVATION SYNDROME IN CHILDREN WITH RHEUMATIC DISEASES: ANALYSIS OF CASE SERIES

M. Kaleda[1], I. Nikishina[1], V. Matkava[1], A. Shapovalenko[1], E. Fedorov[1], S. Salugina[1]. *[1]V.A. Nasonova Research Institute of Rheumatology, Pediatric Department, Moscow, Russian Federation*

Background: Macrophage activation syndrome (MAS) is a rare, but severe life-threatening complication of chronic rheumatic disease (RD) in children, which associated with high risks of the multiple organ failure and mortality.

Objectives: To analyze demographic, clinical and laboratory parameters, timing of MAS and disease outcome in patients (pts) with MAS and RD.

Methods: The study included all pts of single center with RD, who developed the MAS. The diagnosis was recognized according to Classification criteria for MAS in sJIA [1].