from diagnosis to initiation of biological therapy was 3.94 ± 2.83 years. The disease characteristics are detailed in the table.

All the children had previously received DMARDs (66.6% methotrexate (MTX) and 33.3% MTX and sulfasalazine). Eight of the 9 patients (88.9%) were taking corticosteroids at baseline. Eight received etanercept (ETN) and one Adalimumab (ADA), with good outcomes in all the patients unless 1 that had to switch from ETN to ADA due to inefficacy, and improved after the change. The steroids were suspended in 75% of children (6). Differences between mean values of CRP, ESR, and platelets from baseline to actual moment were statistically significant.

The median biologic time is 4 (1.11) years.

Actually all the children are in remission, two of them (patients 1 and 4) without biological treatment or classic DMARDs (since 5 and 2 years respectively).

None of the children have had significant adverse effects nor required hospitalisation from the beginning of therapy.

Discussion ETN has proved its efficacy in JIA (regardless of the type of onset), as it has been reported in multiple efficacy and safety studies, including long-term studies of up to eight years of continuous therapy. [1, 2]

We present our experience in children treated with up to 11 years, with good outcomes in terms of efficacy and safety in all the patients, and also 2 patients still in remission after 2 and 5 years without treatment.

References