Background: Axial spondyloarthritis (axSpA) is a chronic inflammatory disease that affects the axial skeleton. It typically occurs in the late teens or early twenties and rarely in childhood, defining the juvenile onset (JoAS).

The adult-onset AS (AoAS) and Juvenile-onset (JoAS) may share many common disease features including hip involvement. But their impact on function and quality of life may differ.

Objectives: To compare demographic, clinical and functional outcome of patients with hip involvement in JoAS, with that of patients with AoAS.

Methods: Cross-sectional study including patients with AS according to the ASAS criteria of 2009 with hip involvement. The juvenile onset of coxitis was defined by an onset before 16 years of age. An analysis of demographic and clinical comparisons between the two groups was performed including HLA B27 status. Mobility spine outcomes were assessed by the Bath AS Metrology Index (BASMI) and radiographic disease severity by the Bath AS Radiology Index (BASRI).

Results: There were 100 AS aged between 36.4±12.2 years old. The sex ratio was 4.6. The mean duration of progression of AS was 10.93±9.89 years (0.5–24). It was a JoAS in 15 cases. All patients had a hip involvement. The juvenile onset of hip arthritis was associated with male gender (p=0.042), younger age of patient with AS at the time of recruitment (p=0.007), less severe clinical spinal involvement assessed by scolier index (p=0.029) and more frequent and severe enthesis assessed by MASES (p=0.024). Extra-articular manifestations were significantly more frequent in patients with juvenile onset of hip arthritis (p=0.008).

Conclusion: Hip involvement is common in the AS, particularly in JoAS. Our study showed that juvenile onset hip arthritis was associated with male gender, less severe spine involvement, enthesitis and the presence of HLA B27. This would help physicians to identify patients at higher risk of developing hip involvement, to enable early diagnosis.

REFERENCES:

Disclose of Interest: None declared