confounding by treatment. Consecutive bacteremic patients were identified from an associated paediatric intensive care unit over the same period. Descriptive statistics and univariate logistic analyses were performed as appropriate.

Results: Patient characteristics are summarised in Table 1; bacteremic patients were younger. PCT was elevated in bacteremic patients, and was undetectable in all other subjects (Table 2). There were trends towards higher ESR and CRP in bacteremic patients, but these were not statistically significant.

Conclusions: Serum PCT levels appear to be a reliable biomarker to distinguish infection vs. active JIA at presentation, and can aid in directing therapy. However, PCT does not appear useful to assess disease activity in JIA. Further studies are needed to assess utility of serum PCT measurement in differentiating JIA flares from less severe infections.

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AB1119 CLINICAL, THERAPEUTIC CHARACTERISATION AND TIME TO ACHIEVE REMISSION ANALYSIS OF A COLOMBIAN COHORT WITH JUVENILE IDIOPATHIC MYOPATHY

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Background: The clinical characteristics of paediatric patients with idiopathic inflammatory myopathies differ from adults in several aspects. Its clinical presentation can include amyopathic onset and the skin involvement has different characteristics.

Objectives: To describe a Colombian cohort with Juvenile Myositis (JM) recruited in a rheumatology facility.

Methods: A cross-section retrospective research with data collected between 2014 and 2017 from a population diagnosed before 16 years of age with Idiopathic Myopathy according to Peter and Bohan criteria and followed up for at least six months. Kaplan-Meier curves were performed to analyze time to achieve remission.

Results: Out of 37 patients, one was excluded for having a dystrophy myopathy gene, 73% fulfilled definitive and 16% probable Bohan and Peter criteria; most patients were female 75.8%,²⁸ with mean age of onset 7.2 years, and clinical remission was achieved on average at 4 years of disease. There was high prevalence of Gottron's sign and papules (89%), Heliotrope rash (62%) and Calcinosis (37%). Other involvements are described in Table 1. Antinuclear antibodies were positive in 52%. Electromyography (EMG) was positive for myopathy in 39% of the patients. Biopsy was compatible with myopathy in 10% and was negative in 32% of the patients. The most common treatment was methotrexate (91%) followed by antimalarials (72%) and corticoids (56.7%). Medication used in severe forms included Cyclophosphamide (5%), Rituximab (16%) and IV Immunoglobulin (5%). Kaplan-Meier curves showed an earlier time to remission in patients with Gottron sign compared to patients without them (HR:8.25 HR CI95%IL:1.076–63.3;p=0042 and in childrens younger than 15 years compared to older patients (HR: 2.529 HR95%IL: 1.084–5.901, p: 0.039).

Abstract AB1119 – Table 1. Clinical characteristics of Colombian patients with JM.

Characteristics in JM n=37	N	%
Symmetrical muscle weakness	27	72.97
Gottron's papules	33	89.19
Heliotrope rash	23	62.16
Calcinosis cutis	14	37.84
Gastrointestinal involvement	6	16.22
Pulmonary involvement	4	10.81
Articular involvement	9	24.32
Amyopathic	9	24.32
ANA(+)	14/27	37.84
EMG Myopathic changes	9/23	24.32
Biopsy-proven myopathy		
Positive	4	10.81
Negative	12	32.43

Conclusions: Our results agreed with those obtained in other multi-centred studies including latin america that evaluated clinical and therapeutic characteristics in children with myopathy, Gottron's sign and papules being the most common findings and with high rates of calcinosis and joint involvement. There was a significant difference between remission lapse in patients younger than 15 years compared to older ones.

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AB1120 THYROID HORMONE CONCENTRATIONS IN CHILDREN WITH JUVENILE IDIOPATHIC ARTHRITIS FROM A SINGLE TERTIARY REFERRAL CENTRE

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Background: Despite mounting evidence linking both endocrine disorders and rheumatic diseases, there is a lack of studies investigating any association between the prevalence and clinical characteristics of thyroid disorders and juvenile idiopathic arthritis (JIA).

Objectives: The aim of this study is to assess the prevalence of abnormalities in thyroid function in patients with JIA, and to investigate the possible association between this endocrine disorders and specific disease activity markers.

Methods: Thirty patients diagnosed with JIA according to the International League of Association for Rheumatology were screened for thyroid diseases. We performed stratified analyses by sex, age, subtype of JIA, disease duration, the Juvenile Arthritis Disease Activity Score (JADAS-71), clinical peculiarities, laboratory values and ultrasound examination of thyroidal gland.

Results: Our results revealed that 67% of patients were girls. The mean age of the studied group was 127.56±8.8 months, the median age at diagnosis was 74.33±8.49 months and the median disease duration was 50.83±9.33 months. The most frequent types of JIA were oligoarticular (40%), polyarticular negative RF (34%) and systemic (20%). The median JADAS-71 score was 16.91±1.64 [range values from 5 to 34]. The status of the thyroid function in those patients was euthyroidism. Contrary to other findings in the literature, a high free triiodothyronine was recorded in 33% of cases. However, specific antibodies as antithyroglobulin and antithyroid peroxidase were not detected in any patients. The ultrasound examination of thyroidal gland revealed abnormalities in 30% cases, most of them cystic changes (26.6%) and hypo-echogenicity (23.33%). In 2 cases were detected 2 thyroid nodules. Furthermore, 2 patients presented mean thyroid volume above 2SDS according their age reference values. An increased vascular flow pattern on Doppler examination of thyroidal gland was found in 10% cases. Correlation and regression analysis showed low age at diagnosis and JADAS-71 score (more than 20) to be predictors for those thyroid disorders.

Conclusions: The goal of early identification of endocrine comorbidities in rheumatic diseases is to prevent and limit the clinical disease impact. The identification of autoimmune diseases in preclinical stage secondary to juvenile idiopathic arthritis allow a better disease control and quality of life.

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AB1121 EVALUATION OF CASES DIAGNOSED WITH CRMO; SINGLE CENTRE EXPERIENCE

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Background: Chronic recurrent multifocal osteomyelitis (CRMO); is a rare autoimmune inflammatory bone disease characterised by recurrent, sterile inflammatory