International Trials Organisation (PRINTO). The registry contains both retrospective and prospective data.

Results: A total of 8,309 patients were included in this study. 290 gastrointestinal disorders were reported in 260 patients. 50 cases in 47 patients were classified as IBD or suspected IBD.

Age at JIA onset was significantly higher in patients who developed IBD (9.1 vs 7.1 years $p=0.002$), and female predominance was lower (48.9% versus 67.6% $p=0.011$). Enthesitis related arthritis (ERA) was the JIA subtype in 40.4% of the patients who developed IBD.

In 14 out of 47 patients more detailed information about IBD disease onset was available, such as date of disease onset and medication used at that time. 71.4% of all 14 patients used etanercept and 50.0% used MTX 3 months prior or at IBD onset. Etanercept exposure prior to IBD onset varied from no exposure to 6.39 years with a median of 1.3 years. Methotrexate exposure prior to disease onset varied from no exposure to 8.10 years with a median of 2.9 years.

Information regarding quality of life was available for 2,752 patients of which 17 IBD patients. Quality of life, both physical and psychosocial, was significantly lower in patients who developed IBD patients ($p=0.018$ and $p=0.046$ respectively).

Conclusion: In this study ERA patients were more at risk of developing IBD and 71.4% used etanercept while developing IBD. We did not find a protective role of MTX since 50.0% of patients with available data developed IBD while using MTX. Lastly, IBD has an important physical and psychosocial impact on quality of life.

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I perform consultancy activities on behalf of the Gaslini Institute for the companies listed below:

AbbVie, Biogen, Boehringer Ingelheim, Bristol-Myers Squibb, EMD Serono, Janssen, Novartis, Pfizer, R-Pharm.

The money received for these activities are directly transferred to the Gaslini Institute's bank account. Before March 2016, I was the head of the Pediatric Rheumatology Department at the G. Gaslini Hospital, where the PRINTO Coordinating Centre is located. For the coordination activity of the PRINTO network, the Gaslini Hospital received contributions from the industries listed in this section. This money has been reinvested for the research activities of the hospital in fully independent manners besides any commitment with third parties., Nico Wulfraat: None declared, Nicolino Ruperto Grant/research support from: The Gaslini Hospital, where NR works as full-time public employee, has received contributions (> 10.000 USD each) from the following industries in the last 3 years: BMS, Eli-Lilly, GlaxoSmithKline, F Hoffmann-La Roche, Janssen, Novartis, Pfizer, Sobi. This funding has been reinvested for the research activities of the hospital in a fully independent manner, without any commitment with third parties., Consultant for: Received honoraria for consultancies or speaker bureaus (< 10.000 USD each) from the following pharmaceutical companies in the past 3 years: Ablynx, AbbVie, Astrazeneca-Medimmune, Biogen, Boehringer, Bristol-Myers Squibb, Eli-Lilly, EMD Serono, GlaxoSmithKline, Hoffmann-La Roche, Janssen, Merck, Novartis, Pfizer, R-Pharma, SanofiServier, Sinergie, Sobi and Takeda., Speakers bureau: Received honoraria for consultancies or speaker bureaus (< 10.000 USD each) from the following pharmaceutical companies in the past 3 years: Ablynx, AbbVie, Astrazeneca-Medimmune, Biogen, Boehringer, Bristol-Myers Squibb, Eli-Lilly, EMD Serono, GlaxoSmithKline, Hoffmann-La Roche, Janssen, Merck, Novartis, Pfizer, R-Pharma, SanofiServier, Sinergie, Sobi and Takeda.

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OP0059

PERIARTICULAR GLUCOCORTICOID INJECTIONS: DELINEATING THEIR USE IN JUVENILE IDIOPATHIC ARTHRITIS

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Background: Glucocorticoid injections in periarticular sites (PAGI) such as tendons and bursae often complete the local treatment of active disease in juvenile idiopathic arthritis (JIA). However, the use of PAGI and their role in the achievement of disease remission has seldom been studied.

Objectives: To identify the clinical features of JIA patients treated with PAGI at the study center in a 6 years period, the sites most frequently injected, the frequency of and the time for achieving local remission.

Methods: Records of JIA patients treated with PAGI at the study center from 2012 were retrospectively reviewed. Demographic and clinical features, including ongoing systemic treatment, sites of injection, procedure setting, type and dosage of glucocorticoid injected, time to achieve local remission (complete or partial when one/some of the injected sites were in remission and one/some showed persistent synovitis), frequency of remission of the injected sites at the last follow-up and side-effects were recorded.

Results: In a total of 293 procedures 647 tendons and 26 bursae were injected in 191 patients. Most of the patients were females (74%), with ILAR oligoarticular JIA subtype (50% persistent, 23% extended), followed by RF-negative polyarthritis (23.2%), RF-positive polyarthritis (0.7%) and systemic JIA (1.3%), with a median age of 8.2 years (IQ 4.7-11.3) at the PAGI. All procedures were ultrasound-guided, 281 (96%) under general sedation. Acetate methylprednisolone was used in 96% of the procedures (average dosage 0.45 mg/kg/tendon, 0.89 mg/kg/bursa), whereas trimcinolone hexacetonide in 4%. In 255 procedures (87%) patients experienced remission in the injected sites after a median of 2.6 months (IQ 1.9-3.5). Forty-seven patients (24.6%) underwent to repeated injections in the same sites after at least 3 months from the 1st procedure. A total of 96 tendons and 9 bursae were re-injected during 69 procedures (23.5%). At the last follow up, after a median period of 29.4 months (IQ 15-45.48) from PAGI, patients experienced complete local remission in 259 (88.4%) injected procedures and partial local remission in 23 (7.8%). In 53 procedures with repeated injection(s) in the same site(s) (77%), patients were in local remission at the last follow up. In 77 procedures (26.3%) patients presented flare of disease in periarticular sites. Concerning concomitant therapy, at the time of each PAGI 115 patients (39.2%) were not on treatment, 137 (46.7%) were on methotrexate, 29 (9.9%) on methotrexate and biologics, 8 (2.7%) on biologics and 4 (1.5%) received others. Patients were started with a new treatment in around three months following 139 (47.4) procedures due to poor control of disease. In 156 (53.2%) procedures, patients experienced complete/local remission and maintained the same treatment before or after the injection at the last follow up in a median period of 20.8 months (IQ 12.67-39.35). Of notice, 81.4% of patients who experienced complete remission following the injection were not on concomitant treatment; 85.9% of patients who experienced complete remission at the last follow up did not receive concomitant treatment. In 24 injection procedures (8.2%) patients showed only mild local side effects (atrophy and hypopigmentation).

Periarticular sites	N. injections (%)
Total	673(100%)
Tendons	647 (96.1%)
Posterior tibialis tendon	194 (30%)
Flexor digiti propri tendons (I-V)	152 (23.5%)
Peroneals	123 (19%)
Others	178 (27.5%)
Bursae	26 (3.9%)
Deep infrapatellar bursa	11 (42.3%)
Retrolacal bursa	4 (15.4%)
Baker's cyst	4 (15.4%)
Others	7 (26.9%)

Conclusion: PAGI are a safe option in the management of JIA. In our cohort, patients treated with PAGI had more frequently persistent oligoarticular JIA subtype; acetate methylprednisolone was by far the most frequently used glucocorticoid. In 88.4% procedures patients experienced remission at last follow up. However, further investigations are mandatory to assess the role of concomitant therapy in achieving and maintaining remission.

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