patients with chronic joint symptoms in the Atlántico Department of Colombia.

Methods: Sixty-seven patients with chronic arthralgia and 15 patients without arthralgia were followed up a mean of 40 months after chikungunya infection. The patients came from a larger cohort of 500 patients previously followed up 20 months after infection. Those consenting to a 40-month in-person follow-up were included here. Tender joint counts, a pain intensity visual analogue scale (VAS), Health Assessment Questionnaire-Disability Index (HAQ-DI) and the EuroQol overall health VAS (EQ-VAS) were completed. A 21-item musculoskeletal stiffness questionnaire (MSQ) was completed and summarized as percentage scores for overall stiffness and its components: stiffness severity, physical impact and psychosocial impact.

Results: The 82 patients (12 male and 70 female) had a mean age 51 ±14 years. Forty-two out of sixty-seven patients with arthralgia and 3/15 patients without arthralgia reported musculoskeletal stiffness. Stiffness in those patients had a median severity of 28% (IQR 0-42). An impact of their stiffness on physical activities was reported by 39/45 patients (87%) and psychosocial impact by 32/45 patients (71%). Overall MSQ score was a median of 16% (IQR 0-34). Tender joint count in patients reporting arthralgia was 6.2±7.1, mean pain intensity 65±20 out of 100, mean HAQ-DI = 0.54±0.52, and a mean EQ-VAS = 68±56 out of 100. Overall stiffness scores were poorly correlated with tender joint counts (r²=0.17) and pain intensity (r²=0.22). Stiffness scores were more strongly associated with the HAQ-DI (r²=0.52) and EQ-VAS overall health VAS scores (r²=0.46), whereas tender joint counts were not: r²=0.22 for HAQ-DI and r²=0.21 for EQ-VAS.

Conclusion: Musculoskeletal stiffness following chikungunya infection is distinct from the persistent arthralgia usually reported. It does not necessarily occur in the same patients and is poorly correlated with joint pain severity. Stiffness, as measured by this questionnaire, may be more strongly associated than arthralgia with overall health and disability indices in patients with chikungunya disease. The MSQ is a potentially useful instrument for assessing symptoms in chronic chikungunya disease.

for any interaction between arthritis, the treatment of arthritis and development and evolution of the echinococcosis.

Methods: We collected all the cases with the diagnosis of echinococcosis among the patients regularly followed and treated for inflammatory arthritis in three different tertiary rheumatology centers of Western Switzerland (1.7 million inhabitants, 5000 arthritis pts).

Results: Between 2012 and 2018, 8 cases of echinococcosis (1.3 cases/year/50000pts) could be found. The estimated yearly incidence among this arthritis population appears therefore to be lagging significantly higher (p<0.0001) than the one reported in the general population in Switzerland (30'/8000000 inhabitants). Figure summarized the relation between the parasitic and the inflammatory disease. Different types of inflammatory arthritis were implicated. Previous and ongoing arthritis treatments comprised also different types of biologics. In 6/8 cases, the parasitic disease was asymptomatic and limited to a single organ, a proportion much higher than what is usually found in the general population. In 2 of them, the discovery was very close in time to the diagnosis of arthritis and treatment initiation (<6 months), 4 pts could be treated by surgery alone, 6 continued their treatments for arthritis. No evidence of relapses after surgery (4 pts) or progression under albendazole (4 pts, median follow-up: 44 months) was found.

Conclusion: The incidence of echinococcosis in autoimmune arthritis appears to be higher than in general population but remains very low. Outcome seems not to be affected by inflammatory arthritis and their treatments but the long-time effects of the combination between arthritis treatments and albenzadole need to be further evaluated.

REFERENCES
2. : Weiner SM et al; Rheumatol Int (2011),1399–1400

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Paediatric rheumatology

SAT0476 JUVENILE IDIOPATHIC ARTHRITIS IN SINGAPORE: A 10-YEAR CLINICAL EXPERIENCE

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Background: Juvenile Idiopathic Arthritis (JIA) is the commonest inflammatory arthritis of childhood worldwide.

Objectives: To describe the incidence, clinical characteristics and experience with JIA in Singapore over a 10-year period.

Table 1. *Median (IQR). Rest expressed in n (%).

<table>
<thead>
<tr>
<th>Overall</th>
<th>Systemic</th>
<th>Oligoarticular</th>
<th>Polyarticular (RF -)</th>
<th>Polyarticular (RF +)</th>
<th>Psoriatic</th>
<th>ERA</th>
<th>Undifferentiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>N (%)</td>
<td>379 (100)</td>
<td>32 (8.4)</td>
<td>133 (35.1)</td>
<td>47 (12.4)</td>
<td>13 (3.4)</td>
<td>10 (2.6)</td>
<td>137 (36.1)</td>
</tr>
<tr>
<td>Onset age, yr*</td>
<td>(6.6-13.3)</td>
<td>(4.5-10.1)</td>
<td>(5.1-12.1)</td>
<td>(3.5-12.8)</td>
<td>(7.1-13.5)</td>
<td>(6.2-14.3)</td>
<td>(10.0-14.3)</td>
</tr>
<tr>
<td>Diagnosis age, yr*</td>
<td>(7.1-14.0)</td>
<td>(4.1-10.2)</td>
<td>(6.0-13.4)</td>
<td>(3.7-13.3)</td>
<td>(7.4-13.7)</td>
<td>(10.7-17.5)</td>
<td>(10.7-14.7)</td>
</tr>
<tr>
<td>Lag time, mth*</td>
<td>(1.5-7.4)</td>
<td>(0.3-1.2)</td>
<td>(1.7-1.7)</td>
<td>(1.6-9.8)</td>
<td>(2.1-6.6)</td>
<td>(1.2-12.4)</td>
<td>(1.2-8.1)</td>
</tr>
<tr>
<td>ANA (% n = 253)</td>
<td>124 (49.4)</td>
<td>50 (40.3)</td>
<td>23 (48.9)</td>
<td>5 (38.5)</td>
<td>8 (60.0)</td>
<td>27 (20.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Positive RF (n = 374)</td>
<td>23 (6.1)</td>
<td>5 (17.2)</td>
<td>2 (1.5)</td>
<td>0 (0.0)</td>
<td>13 (100.0)</td>
<td>0 (0.0)</td>
<td>2 (1.5)</td>
</tr>
<tr>
<td>Positive HLA-B27 (n = 368)</td>
<td>112</td>
<td>0 (0.0)</td>
<td>4 (3.1)</td>
<td>2 (4.3)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>104 (28.6)</td>
</tr>
<tr>
<td>Positive Uveitis diagnosed (n = 27)</td>
<td>11 (2.9)</td>
<td>0 (0.0)</td>
<td>6 (4.5)</td>
<td>1 (2.1)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>4 (2.9)</td>
</tr>
<tr>
<td>DMARD use 257 (67.8)</td>
<td>21 (65.6)</td>
<td>47 (35.3)</td>
<td>40 (85.1)</td>
<td>13 (100.0)</td>
<td>10 (100.0)</td>
<td>121 (88.3)</td>
<td>5 (7.14)</td>
</tr>
<tr>
<td>Biologic use 145 (38.3)</td>
<td>17 (53.1)</td>
<td>17 (12.8)</td>
<td>17 (36.2)</td>
<td>9 (69.2)</td>
<td>3 (30.0)</td>
<td>79 (57.7)</td>
<td>3 (42.9)</td>
</tr>
</tbody>
</table>

Methods: A prospective study was conducted in KK Women’s & Children’s Hospital and National University Hospital, Singapore from Jan 2009- Dec 2018. JIA was defined and classified according to ILAR criteria.

Demographics and clinical information were collected for every patient diagnosed with JIA.

Results: 379 children were diagnosed with JIA (60.2% male, 71.2% Chinese). Average estimated incidence was 5.6 per 100000/y. Clinical characteristics and treatment used are summarized in Table 1.

Conclusion: ERA is the commonest subtype of JIA in our cohort, explaining the male predominance and higher HLA-B27 positivity as compared to the West. Longer lag time was associated with DMARD and biologic use, likely due to more severe disease at presentation. HLA-B27 association with biologic use may predict inefficacy of DMARD. Uveitis incidence was low as compared to Western literature that cites a prevalence of 11-30%.

Disclosure of Interests: Poh Lin Pauline Chan Ng; None declared, Pei Ling Ooi; None declared, Elizabeth Ang; None declared, Lee Kean Lim; None declared, Sook Fun Hoon; None declared, Lena Das; None declared, Yun Xin Book; None declared, Thaschawee Arkachaisri speakers bureau: Abbvie Pte, Ltd


SAT0477 QUALITY OF LIFE IN SUBJECTS WITH PRE-PUBERTAL ONSET SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Systemic Lupus Erythematosus (SLE) can be a severe disease, especially when diagnosed in childhood. Onset prior to puberty (Tanner stage II) is rare, and less is known about the impact SLE has on this pediatric subpopulation. We assessed clinical and quality of life (QOL) measures in a prepubertal SLE onset cohort to better globally understand the burden of this disease in this group.

Methods: A prospective study was conducted in KK Women’s & Children’s Hospital and National University Hospital, Singapore from Jan 2009- Dec 2018. JIA was defined and classified according to ILAR criteria.

Demographics and clinical information were collected for every patient diagnosed with JIA.

Results: 379 children were diagnosed with JIA (60.2% male, 71.2% Chinese). Average estimated incidence was 5.6 per 100000/y. Clinical characteristics and treatment used are summarized in Table 1.

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Disclosure of Interests: Poh Lin Pauline Chan Ng; None declared, Pei Ling Ooi; None declared, Elizabeth Ang; None declared, Lee Kean Lim; None declared, Sook Fun Hoon; None declared, Lena Das; None declared, Yun Xin Book; None declared, Thaschawee Arkachaisri speakers bureau: Abbvie Pte, Ltd