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 case/year/5000pts) could be found. The estimated yearly incidence among this arthritis population appears therefore to be 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 albendazole need to be further evaluated.

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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.

	Overall	Systemic	Oligo-articular	Polyarticular (RF -)	Polyarticular (RF +)	Psoriatic	ERA	Undifferentiated
N (%)	379 (100)	32 (8.4)	133 (35.1)	47 (12.4)	13 (3.4)	10 (2.6)	137 (36.1)	7 (1.8)
Onset age, yr*	10.4 (6.6-13.3)	6.6 (4.5-10.1)	8.5 (5.1-12.1)	7.9 (3.5-12.8)	9.9 (7.1-13.5)	13.3 (6.2-14.3)	12.2 (10.0-14.3)	9.7 (6.2-13.5)
Diagnosis age, yr*	10.9 (7.1-14.0)	6.4 (4.1-10.2)	9.0 (6.0-13.4)	8.6 (3.7-13.3)	10.2 (7.4-13.7)	13.8 (10.7-15.3)	12.6 (10.7-14.7)	11.2 (9.2-15.1)
Lag time, mth*	2.9 (1.0 – 7.4)	0.7 (0.3-1.2)	3.1 (1.1-7.6)	3.0 (1.6-9.8)	2.6 (2.1-4.6)	5.0 (1.2-12.4)	3.6 (1.2-8.1)	8.3 (1.6-36.5)
ANA (n = 253)	124 (32.9)	11 (34.4)	50 (40.3)	23 (48.9)	5 (38.5)	8 (80.0)	27 (20.0)	0 (0.0)
Positive RF (n = 374)	23 (6.1)	5 (17.2)	2 (1.5)	0 (0.0)	13 (100.0)	0 (0.0)	2 (1.5)	1 (14.3)
Positive HLA-B27 (n = 368)	112 (30.4)	0 (0.0)	4 (3.1)	2 (4.3)	0 (0.0)	0 (0.0)	104 (75.9)	2 (28.6)
Uveitis diagnosed	11 (2.9)	0 (0.0)	6 (4.5)	1 (2.1)	0 (0.0)	0 (0.0)	4 (2.9)	0 (0.0)
DMARD use	257 (67.8)	21 (65.6)	47 (35.3)	40 (85.1)	13 (100.0)	10 (100.0)	121 (88.3)	5 (71.4)
Biologic use	145 (38.3)	17 (53.1)	17 (12.8)	17 (36.2)	9 (69.2)	3 (30.0)	79 (57.7)	3 (42.9)

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 criteria¹. 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 5.8 per 100000/yr. Clinical characteristics and treatment used are summarized in Table 1. Table 1. *Median (IQR). Rest expressed in n (%).

Disease modifying anti-rheumatic drugs (DMARD) were used in 67.8%, and younger age of diagnosis ($p=0.002$), longer lag time ($p=0.004$), males ($p=0.018$) and ERA ($p=0.043$) predicted their use. 38.3% required biologics, and males ($p=0.047$), longer lag time ($p=0.037$) and HLA-B27 positivity ($p=0.030$) were associated with their use. Uveitis incidence was 2.9%; 54.5% had oligoarthritis, 36.4% ERA, 9.1% polyarthritis (RF-). Younger age at JIA diagnosis was associated with uveitis ($p=0.030$).

Conclusion: ERA is the commonest subtype of JIA in our cohort, explaining the male predominance and higher HLA-B27 positivity as compared to the West². 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 ineffectiveness of DMARD. Uveitis incidence was low as compared to Western literature that cites a prevalence of 11-30%^{3,4}. Young age at diagnosis is a risk factor for uveitis. Interestingly, ANA-positivity and female gender were not associated with uveitis cases.

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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.