Objectives: The aim was to achieve consensus among CYP, families, and healthcare professionals (HCPs) about the primary outcome measures and protocol components to include in a prospective feasibility study.

Methods: A modified Nominal Group Technique was used to achieve consensus on the most appropriate primary outcome measure to be included in a prospective feasibility study, in addition to other protocol components such as inclusion/exclusion criteria. Fifteen participants participated in the process, including a combination of CYP with JIA, families (n=9) and HCPs (n=6).

Results: In the first vote, participants agreed that 'Juvenile Arthritis Disease Activity Score (JADAS)' and 'Physician Global Assessment Score' were most meaningful. During sub-group discussions, the need for a composite score which captured the voice of CYP and families was emphasised. In the second vote, 'JADAS' and the 'JIA Core Set' were identified as the most important. Further discussions led to the results of the third vote, agreeing 'JADAS' as the primary outcome measure of choice being measured at 6 weeks after commencement of treatment. The majority of HCPs, CYP and families voted for all JIA sub-types to be included in a prospective feasibility study, with some queries about the inclusion of systemic JIA given its unique presentation. Participants also identified the need for more frequent data collection time points to capture the rapid onset of corticosteroid action, while CYP and families opted for accessible mechanisms for participation, such as digital follow-up strategies.

Conclusion: It is feasible to include CYP, families and HCPs in synthesising complex concepts to agree by consensus the design components of clinical research. The primary outcome measure for inclusion in a prospective feasibility study of corticosteroid regimens in CYP with JIA was co-prioritised, with CYP and families taking a leading role in the ultimate selection of an appropriate outcome measure and other study protocol components. Using consensus methods with CYP, families and HCPs is a systematic and rigorous way in which to select outcome measures that are both meaningful and relevant to everyone involved in the care and treatment of CYP with JIA.

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AB0938

EFFICACY AND SAFETY OF BIOLOGICAL THERAPY WITH ETANERCEPT IN A CASE OF SEVERE POLIARTHRITIS ASSOCIATED TO HARLEQUIN ICHTHIOSIS

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Background: Harlequin Ichthiosis (HI) is a rare autosomal recessive congenital disease, due to mutations of gene ABCA12. The estimated incidence is approximately 1 in 300,000 births, and approximately 200 cases have been reported worldwide. Typical manifestations of the disease at birth are the presence of hyperkeratotic plates with erythematous fissures, ectropion (eversion of the lower eyelids) and eclabium (eversion of the

lips), rudimentary ears and nasal hypoplasia, and articular contractures. Babies who survive into infancy tend to loose hyperkeratotic plaques in favour of generalized scaling and erythroderma. Mental retardation is present in about 2/3 of cases. The association between HI and inflammatory joint involvement has been reported only in few patients since now.

Objectives: We are describing the case of a 6 years old kid with HI that at the age of 4 developed arthritis with severe impact on his quality of life.

Methods: We report clinical and laboratory findings, treatment choices and outcomes of young boy with HI who developed polyarthritis.

Results: A 6 years old kid with HI (the genetic test showed homozygous mutation of ABCA12) came to our attention with an history of chronic arthritis.

Since he was 4, he developed bilateral knee arthritis. At first, he was treated with antimicrobial drugs, without improvement, in suspect of septic arthritis. In the following two years, he developed severe chronic polyarthritis. At the first visit in our center, he showed the classical clinical feature of HI (severe ectropion, contracture and generalized erythroderma), and had history of multiple severe infections and sepsis. Arthritis affected both hips, knees, ankles, wrists, elbows, shoulders and all the feet joints. He lost the ability to walk since the onset of arthritis.

Laboratorial features showed negative anti nuclear antibodies (ANA) and anti. extractable nuclear antigen antibodies (ENA), anti ciclic citrullinated peptide and rheumatoid factor. No signs of uveitis were present at ophthalmological evaluation.

The patient was treated with intraarticular corticosteroid injections (IACI) into knees, wrists, elbows and ankles, and then oral methotrexate (MTX) was started.

The clinical response was initially good, with partial recovery of deambulation in the 4 months following the intrarticular injection treatment. After 7 months ankles and wrists showed swelling and tenderness, and IACI were repeated, with clinical improvement.

Figure 1

Figure 1

Figure 1

Figure 1

Nonetheless, two months later, due to the persisting arthritis activity, anti TNF therapy was started. Etanercept at the dose of 0,8 mcg/week was found to be effective and safe, allowing the patient to walk again. Since the therapy onset, no severe adverse reaction was observed.

Conclusion: This is the first case of a kid with HI and poliartthritis treated with IACI and anti-TNF agent in combination with MTX. This clinical case shows the efficacy of IACI as a safe and powerful mean, with fast clinical response, in the treatment of arthritis in those patients. Furthermore, we observe the efficacy and safety of anti-TNF agents as baseline therapy for arthritis in patients with HI.

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AB0939 NAILFOLD CAPILLAROSCOPY IN JUVENILE DERMATOMYOSITIS. DESCRIPTION OF ABNORMALITIES IN A SERIES OF PATIENTS

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Background: Juvenile dermatomyositis (JDM) is characterized by the presence of microangiopathy which can be assessed by nailfold capillaroscopy (NFC), a simple and noninvasive imaging technique. Morphological abnormalities in scleroderma NFC are well described, but it is known that they may be present in other autoimmune diseases, such as JDM.

Objectives: To describe the capillary morphological abnormalities assessed by NFC in a series of patients diagnosed with JDM in contrast with patients diagnosed with juvenile idiopathic arthritis (JIA).

Methods: A cross-sectional descriptive study in which 34 patients were recruited sequentially and randomly, 15 with JDM and 19 with JIA, from the Rheumatology department of Niño Jesús Hospital between September-November (2018). Demographic, clinical, analytical data, presence and subtype of calcinosis, active treatment, HAQ, patient and physician global assessment (PGA), cutaneous assessment tool (CAT) and manual muscle testing (MMT8) validated for JDM were collected. One observer performed blindly, both for clinic and diagnosis, a NFC initially using a videodermatoscope in order to obtain a wide view of the vascular bed and then with a videocapillaroscope (x500), which recorded 2-4 images per finger (except thumbs) to be analyzed far ahead. The presence of a decreased nailfold capillary density (NCD, capillary n°/mm≤6), architectural derangement (disorganization), neoangiogenesis, giant capillaries (ø>50µm, pathological if ≥1), enlarged loops (ø20-50µm) and microhaemorrhages, both pathological present in ≥2 fingers were evaluated. Neovascular pattern was defined as the sum of NCD, disorganization and neoangiogenesis with frequent haemorrhages and giants (active and late scleroderma pattern).

Results: The descriptive analysis of the main variables is shown in table1. Patients with **JIA:** all received active treatment, 95% MTX (33% concomitant with anti-TNF, 1 TCZ and 16% CE) and 1 anti-TNF. 26% active uveitis. Two patients presented morphological abnormalities: 1 neoangiogenesis and another enlarged loops. Patients with **JDM:** 73% received MTX (18% concomitant with CE, 73% Igs and 1 RTX). Three patients had active calcinosis: 2 mixed (circumscribed and cutis) and 1 calcinosis cutis. 2 had previous calcinosis (both circumscribed). 87% presented for the first-time weakness but none had current weakness (MMT8 40). 67% presented morphological abnormalities: NCD 33%, disorganization 40%, neoangiogenesis 53%, enlarged loops 27%, giants 20% and microhaemorrhages 13%. All patients with calcinosis (active or previous) presented disorganization and neoangiogenesis, NCD 80%, giants 60%, enlarged loops and microhaemorrhages 40%. 50% of patients with JDM had a neovascular pattern, of which 80% had a previous or current history of calcinosis.

Conclusion: Patients with JDM presented more abnormalities in NFC compared to patients with JIA. Neovascular pattern was observed in half of patients, who have previous or current history of calcinosis. Consequently, NFC could be a useful imaging technique in routine clinical practice to evaluate skin activity in patients with JDM.

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Abstract AB0939 TABLE 1. DEMOGRAPHIC, CLINICAL AND ANALYTICAL CHARACTERISTICS

Sex%	♀ 63 ♂ 38
Age (yr)	11
Disease duration (mn)	57
ESR/CRP	7/0.3
Patient/physician global assessment (PGA)	0/2
HAQ	0.14
Initial/current CAT BM	3/0
CPK	101
LDH	261
Initial/current MMT8	35/40

Disclosure of Interests: None declared

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AB0940 OBESITY AND NUMBER OF ACTIVE JOINTS AT TUMOR NECROSIS FACTOR-INHIBITOR START ARE ASSOCIATED WITH SHORTER REMISSION DURATION AFTER WITHDRAWAL IN PATIENTS WITH JUVENILE IDIOPATHIC ARTHRITIS: PRELIMINARY RESULTS FROM A MONOCENTRIC COHORT

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Background: No recommendations on appropriate withdrawal of tumor necrosis factor-inhibitors (TNFi), once remission status has been achieved