RADIOLOGICAL SACROILIITIS AFTER 18 YEARS OF FOLLOW-UP IN THE POPULATION-BASED NORDIC JUVENILE IDIOPATHIC ARTHRITIS (JIA) COHORT

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Background: A challenge with the present classification of JIA is the evolution of the disease over time. One category that is especially difficult to classify is enthesis-related JIA (ERA).

Objectives: To longitudinally study radiologically diagnosed sacroiliitis (Sl) developed during the first 18 years in an aim to gain knowledge about classification challenges posed by the proposed, new classification (Martini et al. J Rheumatol. 2018 Oct; Epub ahead of print).

Methods: 510 consecutive cases of JIA with disease onset 1997 to 2000 were prospectively included in a Nordic, longitudinal, close to population-based 18-year follow-up study, and 434 (85%) had at least two follow-up visits during disease course. At the 18-year follow-up visit: 329 (76%) attended a clinical visit, and 105 (24%) a telephone interview. The follow-up period was 17.5 ± 1.7 years (mean ± SD) after onset. Mean age of the study participants was 24.0 ± 4.4 years. Clinical data, collected at one, eight and 18 years after disease onset, were evaluated regarding variables for enthesis/spondylitis-related arthritis compared to the other JIA categories.

Results: In 376 participants evaluated for Sl, radiology was performed on clinical suspicion. 26 (16 males, 10 females) developed radiologically verified sacroiliitis (rad-Sl) during the first 18 years of disease. Age at onset was significantly higher in this group compared to the other participants, median 9.9 (IQR 6.4-12.0) vs. 5.6 (IQR 2.6-9.5) years, (p=0.001). Only 3/26 had rad-Sl at eight-year follow-up.

Using the ILAR criteria 12/26 with rad-Sl were classified as ERA after median 7 (IQR 6.0-12.0) months, 1/26 as juvenile psoriatic arthritis, 5/26 as undifferentiated JIA because of psoriasis-related variables, the remaining 13/26 were not 1st degree heredity for ankylosing spondylitis. Uveitis developed during the first 18 years in an aim to gain knowledge about classification challenges posed by the proposed, new classification (Martini et al. J Rheumatol. 2018 Oct; Epub ahead of print).

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SJOŽÖREN’S SYNDROME IN CHILDREN: A CASE SERIES

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Background: The symptoms of pediatric Sjögren’s syndrome (SS) are different than in adults. There are currently no validated pediatric diagnostic criteria or treatment guidelines for SS. In most cases adult criteria are used, but they apply poorly to children.

Objectives: To present pediatric patients with primary SS who were treated at University Children’s Hospital (UCH) Ljubljana in the past 10 years.

Methods: Eight children with primary SS were identified. Demographic data, clinical and laboratory findings and therapy were analysed by retrospective review of medical records at UCH Ljubljana.

Results: Six girls and 2 boys were evaluated. The mean age at disease onset was 12.3 years (range 6.5 – 17) and mean age at diagnosis was 13.8 years (range 7.5 – 17.5). The mean follow-up duration was 2.8 years (range 0.5 – 8.5). Four patients presented with recurrent bilateral parotitis, two with rash, one with arthralgia and fatigue and one with acute central nervous system vasculitis. The latter patient presented with rheumatic fever at the same time. During disease course arthritis and/or...