audiological examination involving otomicroscopy, audiometry, tympanometry and stapedius reflex. Rheumatologic evaluation included joint examination with application of a measure of functional ability (disability) using the Childhood Health Assessment Questionnaire (CHAQ). The investigators were blinded about JIA type, severity, duration, and treatments of the patients.

Results: 11/32 (34%) JIA patients had abnormal audiological exam. Hypoacusia was significantly more frequent ($p<0.05$) in JIA patients (15/64 ears=23%) respect to the control group. In particular, hypoacusia was associated to psoriatic arthritis (6/15 ears). Conductive hearing loss was detected in 12/15 involved ears, while sensorineural type in 3/15. In the JIA group, according to the Jerger classification for tympanometry, abnormal findings were observed in 7 ears. The stapedius reflexes were absent in only one patient (3%). JIA patients with hypoacusia had a greater CHAQ (0.4+/-0.3) than JIA patients with normal audiometry (0.18 +/-0.29).

Conclusion: The presence of hearing impairment and/or abnormal tympanogram suggests early involvement of the tympanic-ossicular complex, especially in patients with psoriatic arthritis. These findings could be a marker of the JIA activity. Therefore, it is advisable that JIA patients perform periodic audiological examination to early detect eventual hearing impairment, in order to prevent hearing loss in adult age.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8015

AB0954 PEDIATRIC RHUPUS A RARE OVERLAP SYNDROME: CASE SERIES OF MEXICAN CHILDREN'S HOSPITAL FEDERICO GOMEZ

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Background: Rhupus is an overlap syndrome of rheumatoid arthritis and systemic lupus erythematosus (SLE) in adult patients. Its pediatric presentation is very rare, the presentation of both juvenile idiopathic arthritis (JIA) and SLE as a clinical manifestation of the same patient has aroused different theories being the most accepted a true overlap between SLE and JIA. To diagnosis a patient with Rhupus present with clinical symptoms of SLE with positive ANA, antiDNA or antiSm, associated with clinical symptoms of JIA

Objectives: Describe clinical and serological findings of pediatric patients diagnosed with Rhupus of Mexican Children's Hospital Federico Gomez

Methods: We present a case series of 4 patients diagnosed with Rhupus. We describe the demographic characteristics, clinical presentation, serological finding, the criteria for the diagnosis of SLE (ACR 1997) and JIA (ILAR 2001) and the treatment installed

Results: We describe four patients with Rhupus, the medium age at diagnosis was 12.5 years, and it was more common in female 3:1. Three presented joints manifestations, integrating an initial JIA diagnosis. The evolution to an overlap syndrome took an average time of 19 months. The main symptom at diagnosis was erosive arthritis, poliarticular, morning stiffness and decreased joint range of motion. Three patients met 6 classification ACR 1997 criteria for SLE. All of the patients met ILAR 2001 criteria for JIA diagnosis. The four patients were treated with multitarget therapy. Joint manifestations were treated with methotrexate, and kidney and neurological manifestations with MFM and IV CFM. One patient required etanercept therapy for persistent joint disease

Abstract AB0954 Table 1. Demographic and clinical characteristics

	CASE 1	CASE 2	CASE 3	CASE 4
AGE AT DIAGNOSIS	15	11	11	13
SEX	F	M	F	F
FIRST DIAGNOSIS	SLE	JIA	JIA	JIA
TIME TO OVERLAP months	Simultaneous	18	15	36
SLE ACR 1997	7	6	6	6
JIA ILAR 2001	Si	Si	Si	Si

TYPE AIJ TREATMENT	Oligoarticular MTX 3 months CFM MFM (kidney disease) HCQ steroids	Polyarticular MTX 3 months MTX sulfasalazine 6 months MFM 6 months Etanercept HCQ steroids	Polyarticular MTX 3 months MTX sulfasalazine present HCQ steroids	Polyarticular MTX 6 months CFM MFM (neurological condition) HCQ steroids
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All of the patients presented with elevated acute phase reactants, positive ANA, antiDNA and antiCCP. Two patients had positive antiSm antibody and three presented with positive RF

Abstract AB0954 Table 2. Serological features

	CASE 1	CASE 2	CASE 3	CASE 4
ANA	PH1:1280	PH1:5120	PH1:640	PH1:1280
ANTI DNA	+	+	+	+
ANTI SM	+	-	+	-
VSG/PCR	+	+	+	+
FR	-	+	+	+
ANTI CCP	+	+	+	+
ANTI RO	-	-	+	-
AFLS	+	-	+	+

Conclusion: The coexistence of two or more connective tissue disease in the same patient is a very uncommon finding. The overlap of SLE and RA has been estimated between 0.01-2%. There are no reliable data about the overlap of SLE and JIA. Patients with JIA and positive anti-nuclear antibodies should have a thorough follow up taking into account the possibility of developing a juvenile Rhupus, evaluating cutaneous, renal, neuropsychiatric or hematologic manifestations in each visit. Its manifestations can be very devastating, increasing the morbidity and mortality of children. Previous findings showed that positive antiCCP antibodies are very specific for Rhupus diagnosis (96-98%). The clinical response to conventional therapy as not as than seen in patients with JIA, requiring of a multitarget treatment and biological agents to achieve a respond. Severe organ specific manifestations such as lupic glomerulonephritis and neuropsychiatric disease, are common. It is very important to recognize the Rhupus in order to make a prompt diagnosis and intervention that assures a better outcome for patients

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.1877

AB0955 TRANSITIONAL CARE: A SINGLE CENTER ITALIAN EXPERIENCE

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Background: Transitional care from paediatrics to adults is an important step in the growth of the adolescent patients. One of the final goals is to guarantee the continuity of health care, increasing compliance in treatment and visits.

Objectives: To describe disease features and adherence to the follow-up in rheumatic patients that were transferred from Paediatric Clinic to our adult department.

Methods: From May 2016 to May 2018 the transition has been performed with a visit in presence of both specialists and 28 patients were evaluated. For juvenile Idiopathic Arthritis (JIA) we registered: category of