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 psoriasic 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 auditory (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 periodical audiological examination to early detect eventual hearing impairment, in order to prevent hearing loss in adult age.

REFERENCES

Disclosure of Interests: None declared

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

Velka Cortez, Merari Gomez Cortes, Edith Adriana Benitez Vazquez, Enrique Fauquier Fuentes, CHILDREN’S HOSPITAL OF MEXICO FEDERICO GOMEZ, PEDIATRIC RHEUMATOLOGY, Mexico, Mexico

Background: Rhuopus 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 systemic lupus erythematos (SLE) in adult patients. Its pediatric presentation 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 nephropathic 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.

Objectives: To describe disease features and adherence to the follow-up treatment and visits.

Results: We present a case series of 4 patients 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

Disclosure of Interests: None declared

AB0955 TRANSITIONAL CARE: A SINGLE CENTER ITALIAN EXPERIENCE

Francesca Cristalli1,2, Marco Cattalin1,3, Francesca Ricco1,3, Giada Maffei2, Franco Franceschi1,2, Angela Tincani1,2, Miclo Frass1,18, ASST Spedal Civil of Brescia, Rheumatology and Clinical Immunology Unit, Brescia, Italy; 1University of Brescia, Brescia, Italy; 2ASST Spedal Civil of Brescia, Paediatric Clinic, Brescia, Italy

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