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

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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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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

arthritis, extra-articular involvement, treatment (during paediatric follow-up and at the time of the first evaluation) and disease activity (using JADAS10-CRP and DAS28-CRP; table 1). Finally, to assess the efficacy of this transition-model, we compared the rate of losses at follow-up with those occurred until 2016, when transition was performed only with a Clinical Report sent by paediatrician.

Table 1 Cutoff of disease activity: JADAS10* and DAS28-CRP**

	Cutoff
JADAS10 (for Oligoarthritis)	
Inactive disease	≤1
Low activity	≤1.5
Moderate activity	1.51-4
High activity	>4
JADAS10 (for Polyarthritis)	
Inactive disease	≤1
Low activity	≤2.5
Moderate activity	2.51-8.5
High activity	>8.5
DAS28-CRP	
Inactive disease	≤2.6
Low activity	>2.6-3.2
Moderate activity	>3.2-5.1
High activity	>5.1

*Modified from Consolaro A. et al., *Ann Pediatr Rheum* 2014
** Modified from Prevoo ML et al., *Arthritis Rheum* 1995

Figure 1

Results: Between May 2016 and May 2018, 28 patients were enrolled (6 male, 22 female); mean age at diagnosis was 8.1 years (range 1-6 years); mean age at transition was 18.5 years (range 17-21 years). Twenty patients had a diagnosis of JIA, 3 of Undifferentiated Connective Tissue Disease, 1 Dermatomyositis, 1 Systemic Lupus Erythematosus, 1 Takayasu Arteritis, 1 Morphea, 1 Raynaud's phenomenon. Among JIA, 6 (30%) were Persistent Oligoarthritis, 4 (20%) Extended Oligoarthritis, 8 (40%) Polyarthritis (RF negative), 1 (5%) Psoriatic Arthritis, 1(5%) Enthesitis Related Arthritis. Five patients (25%) had history of uveitis. Treatment during the paediatric follow-up period are summarized in table 2. At the time of first evaluation in adult department, 2 patients (10%) were on treatment with systemic steroids (5mg/day), 6 (30%) with methotrexate, 2 (10%) sulfasalazine, 1 (5%) with hydroxychloroquine, 1 (5%) leflunomide; 10 patients (50%) were on treatment with bDMARDs (6 adalimumab, 3 etanercept, 1 infliximab). Mean JADAS10-CRP was 3.8 (range 0-17, SD 5.8) as mean DAS28-CRP was 1.65 (range 0.96-3.44, SD 0.72). In 7 patients, disease activity assessed with JADAS10 was moderate-high as it resulted low-absent using DAS28-CRP. The rate of patients classified as having moderate-high activity was significantly different using the two index (35% using JADAS10 vs 5% using DAS28-CRP, pvalue 0.044). Until 2016, 6 of 44 (11%) patients were lost to follow-up while in the period between May 2016 and May 2018 no patients were lost (11% vs 0; pvalue 0.042)
Conclusion: Disease activity seems to be underestimated using DAS28-CRP as compared with JADAS10-CRP. This could be due to the more frequent involvement of ankles and feet (that are not included in DAS28-CRP) in JIA. The adherence to follow up was greater in patients whose transition was performed in presence of the two Specialists.

Abstract AB0955 Table 1. Cutoff of disease activity: JADAS10* and DAS28-CRP**

Table 1 Cutoff of disease activity: JADAS10* and DAS28-CRP**

	Cutoff
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JADAS10 (for Polyarthritis)	
Inactive disease	≤1
Low activity	≤2.5
Moderate activity	2.51-8.5
High activity	>8.5
DAS28-CRP	
Inactive disease	≤2.6
Low activity	>2.6-3.2
Moderate activity	>3.2-5.1
High activity	>5.1

*Modified from Consolaro A. et al., *Ann Pediatr Rheum* 2014
** Modified from Prevoo ML et al., *Arthritis Rheum* 1995

Abstract AB0955 Table 2. treatment during paediatric follow-up

TERAPIA	N (%)
Intrarticular infiltrations	13 (65%)
Systemic Steroids	11 (55%)
Methotrexate	15 (75%)
Hydroxychloroquine	1 (5%)
Leflunomide	1 (5%)
Sulfasalazine	4 (20%)
Cyclosporin A	2 (10%)
Biologic DMARDs	11 (55%)

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AB0956 JIA ASSOCIATED TO CHROMOSOME 18 SHORT ARM DELETION: A CASE REPORT

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Background: Monosomy 18p is a rare chromosomal disease resulting from complete or partial deletion of chromosome 18 short arm. It is associated with a variable phenotypic spectrum. Most reported patients have holoprosencephaly, developmental delay, short stature and distinctive facial features while autoimmune diseases are rarely seen. Manifestations of this syndrome vary depending on the extent of deletions.
Objectives: We report the case of a child with juvenile arthritis and uveitis associated to 18p deletion syndrome.
Methods: A 5-year-old girl diagnosed with 18p deletion presented for pain and swollen joints since more than a year.