Conclusion: The most commonly prescribed biologic drugs were IL-1 inhibitors especially for patients with IL-1-mediated AID (FMF, CAPS, and SJIA). The biologic treatment in AID is effective and there were no serious side effects.

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AB0961

ADVERSE EVENTS ASSOCIATED WITH ANTI-TNF- α THERAPY IN PEDIATRIC RHEUMATIC DISEASES

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Background: In recent years, the biologic drugs has led to a dramatic change in the management of rheumatic diseases. The most commonly used molecules are TNF- α antagonists among biologic treatments in pediatric age (1). The anti-TNF- α agents used in childhood are; etanercept (a fusion protein of the TNF- α receptor), infliximab (a chimeric monoclonal antibody) and adalimumab (completely human monoclonal antibody). As a result of the increasing use of anti-TNF- α agents in recent years, adverse events reports have also increased (2). We assessed the prevalence of adverse events (AEs) in a single pediatric referral center for chronic rheumatic diseases.

Objectives: The aim of this study was to evaluate the adverse events that associated with anti-TNF- α therapy in children with rheumatic disease.

Methods: This was cross-sectional study conducted University of Health Sciences, Umraniye Training and Research Hospital, Department of Pediatric Rheumatology, in Turkey. We retrospectively reviewed the patients with a diagnosis any of pediatric rheumatic disease whom treated at least 3 months with an anti-TNF-alpha agents (etanercept, infliximab, adalimumab), between June 2016 and January 2019. Adverse events that develop after anti-TNF- α treatment were recorded. AEs were categorized and graded based on the Common Terminology criteria for AEs (CTCAE). Grades 3-5 were considered severe AEs.

Results: We evaluated 131 patients who were treated with anti-TNF- α drugs; 110 with juvenile idiopathic arthritis (JIA) (27 of with uveitis) 83%, 10 with idiopathic uveitis 7%, 5 with Behçet's uveitis 4%, 4 with adenosine deaminase deficiency 3%, and 2 with juvenile sarcoidosis 2%.

The study included 74 females and 57 males (F/M: 1.29/1) and the mean age of the patients was 12.8 years. Of the patients, 106 had used only 1, 21 had two different and 4 had 3 different anti-TNF-alpha biologic treatments. A total of 160 different anti-TNF-alpha experiences had in 131 patients.

A total of 333.4 patient-years (PYs) were included: 136 PYs-63 patients for etanercept (2.15 patient/year), 134 PYs-68 patients for adalimumab (1.97 p/y) and 63.4 PYs- 29 patients for infliximab (2.18 p/y). During follow-up, 44 patients (33.5%) experienced at least one AEs. 14 of them (10%) were recorded as SAEs. 17 of the AEs were show up after adalimumab, 16 were etanercept and 11 were infliximab. The most common AEs were found; local reactions, increased infection frequency and PPD positivity in follow up, respectively. The SAEs that observed were; anaphylactoid reactions (n=5), uveitis (n=3), pneumonia (n=3), TAILS (n = 2) and vasculitis (n=1).

Conclusion: Here in, we presented safety data of anti-TNF-alpha drugs in pediatric patients. Although the high prevalence of AEs was observed, when anti-TNF-a discontinuation, AEs were mostly not persistent and not mortal.

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UPDATE FOR THE CLINICAL PRACTICE: INTEGRATED, EVIDENCE-BASED APPROACH FOR THE MANAGEMENT OF JUVENILE SPONDYLOARTHRITIS

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Background: Juvenile onset spondyloarthritis (SpA) is a heterogeneous group of human leukocyte antigen (HLA) -B27 associated inflammatory syndromes that affect children and adolescents under the age of 16 years. No specific recommendations for the treatment of juvenile spondyloarthritis have been established. Important differences exist between spondyloarthritis in children and adults, supporting the need for pediatric-specific recommendations.

Objectives: To set recommendations for the management of children and adolescents with spondyloarthritis.

Methods: Searching Medline for Juvenile spondyloarthritis management was done. A systematic literature search was conducted to collect the existing recommendations, guidelines involved line of treatment for Juvenile SpA & adult SpA. These included 2011 ACR recommendations for the treatment of JIA and the 2016 update of the ASAS-EULAR management recommendations for axial spondyloarthritis.

Results: NSAIDs have been shown to improve symptoms, reduce inflammatory lesions and may slow spinal radiographs progression with continuous use. Glucocorticoid injections directed to the local site of musculoskeletal inflammation may be considered. Sulfasalazine may be considered in patients with peripheral arthritis. Initiation of a (tumor necrosis factor inhibitor (TNFi) was recommended for patients with active sacroiliac arthritis who have received an adequate trial of NSAIDs. Also, it should be initiated to those who fail to respond to synthetic disease modifying anti-rheumatic drugs (sDMARD). If TNFi therapy fails, switching to another TNFi should be done. If a patient is in sustained remission, tapering of a biological DMARD can be considered.

Conclusion: These guidelines provide up-to-date guidance on the management of patients with juvenile SpA, based on combining evidence and expert opinion.

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ROLE OF THYROID HORMONES IN JUVENILE IDIOPATHIC ARTHRITIS

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Background: The frequency of autoimmune thyroid disease have been reported in adults with systemic autoimmune diseases. However, little is