known about the association between these diseases and rheumatic disorders during childhood, such as juvenile idiopathic arthritis (JIA).

Objectives: Our objective was to evaluate the correlation between the thyroid function and the clinical presentation in children with juvenile idiopathic arthritis.

Methods: Ninety-seven children (56 female, 41 male, median age 9.57 years, range 1–17.5 years) with juvenile idiopathic arthritis were evaluated. All patients underwent thyroid function tests (TSH, free T4 and free T3), antithyroglobulin (TgA) and antiperoxidase (TPOA) antibodies. All patients had a thyroid high-resolution sonography examination. Patients with nodules on US examination, low-TSH level and/or high thyroid hormone levels or positive TPOA and/or TgA values were referred to thyroid scintigraphy. The gained data was correlated with disease activity indices.

Results: Thyroid autoimmunity was evaluated by fluorescence enzymatic immunosays of TgA and TPOA antibodies, considering TgA > 50 IU/ml and TPOA-100 IU/ml as positive values.

Conclusion: These data seem to suggest careful monitoring of thyroid function and thyroid autoantibodies just in children with juvenile idiopathic arthritis presenting clinical symptoms of thyroid involvement.

REFERENCES


Disclosure of Interests: None declared


**AB0965**

**DIAGNOSIS OF CROHN’S DISEASE IN PATIENTS WITH PRIMARY RHEUMATOLOGICAL MANIFESTATIONS**

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Background: Sometimes Crohn’s disease (CD) manifests initially with rheumatological symptoms. Therefore, there’s an important for a rheumatologist to recognize this pathology correctly and timely.

Objectives: To present cases of CD, referred to V.A. Nasonova Research Institute of Rheumatology.

Methods: Case series of 7 pts (5 boys, 2 girls) with initial rheumatological condition who developed CD. All pts were subject to standard rheumatological examination. CD diagnosis was suggested by a rheumatologist and confirmed in gastroenterology hospital.

Results: Mean age at CD onset was 12.7±3.98 yrs, varying from 5 to 17 yrs. In 4 pts gastrointestinal (GIT) symptoms manifested simultaneously with rheumatological, in 2 pts GIT symptoms were delayed for 4 and 5 years. The time-interval from the onset of first symptoms until establishing CD diagnosis varied from 2 months till 6 years, averaging to 9±3.8 months. The list of initial rheumatological diagnoses included the following entitites: juvenile idiopathic arthritis (JIA) with oligoarticular onset – in 5 pts, and systemic onset JIA – in 2 pts. In all cases arthritis manifested initially as an oligo-involvement of a lower limb joints. High active sacroiliitis with deep bone oedema was detected by MRI in 5 pts. Fever was present in 5 pts, uveitis – in 1, cutaneous psoriasis – in 1. Other documented symptoms included: weight loss (3), hepatosplenomegaly (1), lymphadenopathy (1), acrodermatitis, nodular erythema (1), urticaria (1), aphthous stomatitis (1), panuveitis (1), keratoconjunctivitis sicca (1), disseminated intravascular coagulation (1), myocarditis (1), pulmonary hypertension (1), subclinical diabetes mellitus (1), osteoporosis (1), nephrotic syndrome (1), acute respiratory distress syndrome (1).

Conclusion: Early-onset sarcoidosis is a rare condition characterized by the involvement of multiple organ systems, including the lung, heart, skin, and joints. Despite its rarity, early recognition of the disease is crucial for effective management and preventing irreversible complications. In this study, we report the diagnosis of early-onset sarcoidosis in five patients, highlighting the importance of considering this diagnosis in children with atypical presentations of sarcoidosis.

**Objectives:**

- To review the clinical presentation, diagnosis, and management of early-onset sarcoidosis in children.
- To discuss the challenges in early recognition and treatment of this rare condition.

**Methods:**

We conducted a retrospective review of all patients diagnosed with early-onset sarcoidosis under 18 years of age at our institution from January 2000 to December 2019. Medical records were reviewed for demographics, clinical presentation, laboratory findings, diagnostic procedures, treatment strategies, and outcomes.

**Results:**

A total of 10 patients were identified, with a median age of 10.5 years (range: 7 months–17 years). The most common presenting symptoms included respiratory (77%), cutaneous (50%), joint (40%), and ocular (20%) involvement. Laboratory investigations showed hypergammaglobulinemia, anemia, and increased erythrocyte sedimentation rate in most cases. The diagnosis was confirmed by histopathological examination of involved tissues in 8 patients. Treatment consisted of corticosteroids in 9 patients, usually in combination with other immunosuppressive agents.

**Conclusion:**

Early-onset sarcoidosis is a rare condition that requires a high index of suspicion for early diagnosis and effective management. Close collaboration between rheumatologists, pulmonologists, and pediatricians is essential to optimize outcomes.

**Disclosure of Interests:** None declared


**AB0965**

**PAEDIATRIC SARCOIDOSIS: A PROFESSIONAL IMITATOR**

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Background: Sterile granulomatous inflammation is a hallmark of disorders covered by the term paediatric sarcoidosis1; a rare disease classified among autoinflammatory conditions. While the classical triad of arthritis, uveitis and dermatitis is associated with the NOD2 gene mutation in typical cases, coexistence of arthritis, uveitis and sarcoidosis has been observed in patients with the documented NOD2 gene mutation in early-onset sarcoidosis (EOS), mutation-negative disease has extremely variable phenotype in children and can mimic various other conditions.

Objectives: To illustrate variability of clinical presentation of sarcoidosis in a cohort of children from 2 collaborating paediatric rheumatology units.

Methods: Retrospective case analysis.

Results: Seven Caucasian patients (2 boys) followed for a median of 1 (0.2-12) year were identified (Table). Patients 1 and 3 presented with typical rash (with biopsy-proven granuloma), polyarthritis and severe, treatment-resistant uveitis which has never been fully controlled. Patient 2 presented with recurrent self-limited febrile episodes and was investigated for periodic fever syndrome. Within 3 months she developed erythema nodosum-like rash, granulomatous uveitis and arthritis. In 4 patients with disease onset after 10 years of age two major organ systems were affected: renal and gastrointestinal (GIT). In patients 4 and 5 renal biopsy performed for suspicionshowed tubulointerstitial nephritis with granulomas. Patients 6 and 7 had been initially treated for "atypical inflammatory bowel disease" with granulomas on biopsy. In both of them finding of granulomatous uveitis eventually lead to the diagnosis of sarcoidosis. Additional symptoms are listed in the Table. Presence of granulomatous inflammation was confirmed in all patients. Chronic uveitis was present in 6/7 patients and was an important diagnostic clue in EOS as well as adult-type of sarcoidosis while respiratory tract was affected subclinically in 2 older patients only. Apart from combinations of clinical symptoms elevation of chitotriosidase significantly aided diagnostic process and when available, it also reflected disease activity. (1)


<table>
<thead>
<tr>
<th>Pt</th>
<th>Sex</th>
<th>Age (yrs) at Dx</th>
<th>NO2D gene mutation</th>
<th>Manifestations</th>
<th>Chitotriosidase N 4.4-89 mmol/ml/h</th>
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<tr>
<td>1</td>
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<tr>
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