common in females with 7% compared to 4% in males. Urine sediment changes were more common in males (8% vs 4%). Gastrointestinal involvement was more common in females (37% vs 29%). Contractures occurred more often in males with 62% compared with 46% in females. Tendon friction rub was observed in 21% of males and 3% of females ($p=0.001$). Physician global scores of disease activity and damage were higher in males with 48 for both assessments compared to 36 and 30 in females.

Conclusion: Male patients with jSSc have a higher severity of disease, as it has been reported in adults.

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AB0968

INTEGRATED RHEUMATOLOGY AND OPHTHALMOLOGY CARE IN PEDIATRIC AUTOIMMUNE UVEITIS – OUTCOME AND EFFECTIVENESS

Milena Foizer Leite¹, Luana Coelho Benevides¹, Francisco Hugo Rodrigues Gomes¹, Rafael Estevão de Angelis², Virginia Ferrani¹, João Marcello Fortes Furtado², Luciana Martins de Carvalho¹. ¹Ribeirão Preto Medical School, University of São Paulo, Department of Pediatrics, Division of Pediatric Rheumatology, Ribeirão Preto, Brazil; ²Ribeirão Preto Medical School, University of São Paulo, Department of Ophthalmology, Otorhinolaryngology and Head and Neck Surgery, Ribeirão Preto, Brazil

Background: Uveitis is an ocular inflammatory disease that may lead to irreversible blindness if not treated early and properly. May be induced by infectious and non-infectious diseases (autoimmune diseases, especially juvenile idiopathic arthritis), or “masquerade” causes. Some uveitis are termed “idiopathic” although autoinflammatory evidence. Treatment effectiveness depends on the accuracy of the ophthalmologic evaluation and the appropriate management, especially when immunosuppressive medications are necessary. ^(1, 2)

Objectives: To describe the first year experience of the Integrated Ophthalmology and Pediatric Rheumatology Outpatient Clinic in the management of pediatric patients with autoimmune uveitis.

Methods: Retrospective chart review study of twenty-four patients followed up from June 2017 to October 2018. The patients clinical evolution at 0, 3, 6, 9 and 12 months was analyzed.

Results: In this group, 62% were female, and mean age at first appointment and at symptoms onset were 11.7 (2.9 to 17.5) and 7.3 (1.1 to 12.6) years, respectively. Anterior uveitis was present in 70.8% of the cases, and in 65.6% it was bilateral; cataract or glaucoma was observed in 20.5%. The identified diagnosis during follow-up were: idiopathic autoimmune uveitis in 45.8%, juvenile idiopathic arthritis in 41.6% (20.8% oligoarticular, 16.6% polyarticular, 4.1% associated with enthesitis) and juvenile systemic lupus erythematosus, Kawasaki Disease and Vogt-Koyanagi-Harada syndrome one case of each. Antinuclear antibodies were present in 41% and inflammatory markers in 28.7% patients. At first appointment, 20.5% presented ocular inflammatory activity and 53.3% had sequelae when examined in slit lamp or indirect ophthalmoscopy. Medications used were: topical corticosteroids (61.6%), topical mydriatic (49.2%), oral corticosteroid (41%), methotrexate (41%), etanercept (12.3%), adalimumab (28.7%) and periocular injections of triamcinolone, cyclosporin, tocilizumab, azathioprine (4.1% each). The comparison of the data at inclusion and during follow-up is reported in Table:

	At inclusion	3 months	6 months	9 months	12 months
Ocular inflammation(%)	20.5	24.6	12.3	12.3	12.3
Topical Corticosteroid(%)	61.6	32.8	16.4	8.2	20.5
Topical Mydriatic (%)	41	24.6	28.7	20.5	20.5
Oral Corticosteroid (%)	73.8	20.5	12.3	12.3	20.5
Methotrexate (%)	12.3	53.3	49.2	36.9	28.7
Etanercept (%)	12.3	4.1	4.1	4.1	4.1
Adalimumab (%)	20.5	20.5	16.4	16.4	16.4
Others (%)	12.3	4.1	4.1	4.1	4.1
No medication (%)	4.1	8.2	8.2	8.2	4.1

At the end of 12 months, only 12.3% of the patients still had active uveitis. We have also observed a reducing in 66.6% of topical corticosteroids and 72.2% of oral corticosteroids use during the treatment of uveitis over 12 months

Conclusion: Considering that before the inclusion, patients were followed independently in each clinic, there was optimization of the treatment and reduction in number of medical appointments after the creation of the integrated outpatient clinic. The interprofessional management teams should be the standard of care for pediatric patients with autoimmune uveitis.

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AB0969

COMPARISON AMONG ACR1997, SLICC AND THE NEW EULAR/ACR CLASSIFICATION CRITERIA IN CHILDHOOD-ONSET SYSTEMIC LUPUS ERYTHEMATOSUS

Adriana Fonseca, Marta Rodrigues, Flávio R. Sztajnbock, Marcelo Land, Sheila Knupp DE Oliveira. Instituto de Puericultura e Pediatria Martagão Gesteira, Pediatric Rheumatology, Rio de Janeiro, Brazil

Background: To date there are no specific classification criteria for childhood-onset systemic lupus erythematosus (cSLE).

Objectives: This study aims to compare the performance among the American College of Rheumatology (ACR) 1997, the Systemic Lupus International Collaborating Clinics criteria (SLICC) and the new European League Against Rheumatism (EULAR)/ACR criteria, in a cSLE cohort.

Methods: Data were retrospectively collected from medical charts of cSLE cases and controls with defined rheumatic diseases, both ANA positive, to establish each ACR1997, SLICC and EULAR/ACR criterion fulfilled, at first visit and 1-year-follow-up.

Results: 122 cSLE cases and 89 controls were included. At first visit, SLICC criteria had greater sensitivity than ACR 1997 (89.3% versus 70.5%, $p < 0.001$), but similar specificity (80.9% versus 83.2%, $p = 0.791$), however performance was not statistically different at 1-year-follow-up. SLICC performed better in specificity compared to EULAR/ACR score ≥ 10 at first visit (80.9% versus 67.4%, $p = 0.008$) and 1-year