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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Disclosure of Interests: Ivan Foeldvari Consultant for: Chugai, Novartis, Jens Klotsche: None declared, Ozgur Kasapcopur: None declared, Amra Adrovic: None declared, Kathryn Torok: None declared, Valda Stanevich: None declared, Flávio R. Sztajnbock: None declared, Ana Paula Sakamoto: None declared, Ekaterina Alexeeva: None declared, Jordi Anton Grant/research support from: Grant/research support, consultant or speakers bureau from AbbVie, Alexion, Bristol-Myers Squibb, ChemoCentryx, Gebro, GlaxoSmithKline, Novartis, Novimmune, Pfizer, Roche, Sanofi and Sobi, Consultant for: Grant/research support, consultant or speakers bureau from AbbVie, Alexion, Bristol-Myers Squibb, ChemoCentryx, Gebro, GlaxoSmithKline, Novartis, Novimmune, Pfizer, Roche, Sanofi and Sobi, Speakers bureau: Grant/research support, consultant or speakers bureau from AbbVie, Alexion, Bristol-Myers Squibb, ChemoCentryx, Gebro, GlaxoSmithKline, Novartis, Novimmune, Pfizer, Roche, Sanofi and Sobi, Maria Katsikas: None declared, Vanessa Smith: None declared, Tadej Avcin: None declared, Rolando Cimaz: None declared, Mikhail Kostik: None declared, Thomas Lehman: None declared, Walter Alberto Sifuentes-Giraldito: None declared, Simone Appenzeller: None declared, Mahesh Janarthanan: None declared, Monika Moll: None declared, Dana Nemcova: None declared, Maria Jose Santos: None declared, Amara Nassar: None declared, Cristina Battagliotti: None declared, Lillemor Berntson: None declared, Blanca Bica: None declared, Juergen Brunner: None declared, Patricia Costa Reis: None declared, Despina Eleftheriou: None declared, Liora Harel: None declared, Gerd Horneff: None declared, Tilmann Kallinich Grant/research support from: Novartis, Speakers bureau: Sobi, Roche, Novartis, CLB, Dragana Lazarevic: None declared, Kirsten Minden Consultant for: AbbVie, Susan Nielsen: None declared, Farzana Nuruzman: None declared, Anjali Patwardhan: None declared, Yosef Uziel: None declared, Nicola Helmus: None declared

DOI: 10.1136/annrheumdis-2019-eular.2776

AB0968

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

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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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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.5095

AB0969

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

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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

(76.4% versus 58.4%, $p = 0.001$), although sensitivities were similar at both times. EULAR/ACR criteria score ≥ 10 exhibited greater sensitivity than ACR 1997 (87.7% versus 70.5%, $p < 0.001$) at first visit, but comparable at 1-year, whereas specificity was lower at first visit (67.4% versus 83.2%, $p = 0.004$) and 1-year (58.4% versus 76.4%, $p = 0.002$). A EULAR/ACR score ≥ 13 against a score ≥ 10 , resulted in higher specificity, positive predictive value, and cut-off point accuracy. Compared to SLICC, a EULAR/ACR score ≥ 13 resulted in lower sensitivity at first visit (76.2% versus 89.3%, $p < 0.001$) and 1-year (91% versus 97.5%, $p = 0.008$), but similar specificities at both periods. When compared to ACR 1997, a EULAR/ACR total score ≥ 13 , resulted in no differences in sensitivity and specificity at both times.

Conclusion: In this cSLE population, SLICC criteria performed best at first visit and 1-year-follow-up. The adoption of a EULAR/ACR total score ≥ 13 , against the initially proposed ≥ 10 score, was most appropriate to classify cSLE in our study. Further studies are necessary to address if SLICC might allow cSLE classification earlier in disease course and be more inclusive of cSLE subjects for clinical studies.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.6964

AB0970

LONG-TERM FOLLOW-UP OF PATIENTS WITH JUVENILE IDIOPATHIC ARTHRITIS IN A MEXICAN CENTER

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Background: JIA comprises an heterogeneous group of diseases characterized by chronic arthritis, of unknown etiology, and onset age before 16. (1)

Juvenile Idiopathic Arthritis(1) is the most common chronic rheumatic disease in children, being an important cause of disability, affecting quality of life (2).

There are several subtypes of the disease, despite oligoarticular course has been described as the most frequently seen, up to 50% of JIA cases presented a polyarticular disease (4 3).

Data suggest that patients who receive early therapeutic intervention are more likely to reach clinical remission. In a systematic review, Wallace's criteria were used to determine drug remission and inactive disease. They reported 7% and 47% of patients reached remission at 1.5 and 10 years, respectively. Oligoarticular patients had a shorter time to remission, while polyarticular positive rheumatoid factor were the least likely to achieve it (5).

Mexico belongs to a group of developing countries where there is limited information about incidence, prevalence, clinical features, age and time to diagnosis, treatment, and remission of JIA patients.

Objectives: The aim of the study is to describe demographics, clinical data and long-term follow-up of a cohort of juvenile idiopathic arthritis patients in a Mexican center.

Methods: The study design was observational with no intervention, ambispective, among patients with JIA, according to ILAR criteria of pediatric rheumatology clinic from University Hospital "Dr. José Eleuterio González" over a 2-year period (2016-2018). Medical records of patients were retrospectively reviewed and collected information as demographics, age at diagnosis, disease activity, joints involved, treatment, adverse events, clinical inactivity and remission.

Figure 1

Statistical analysis was descriptive with measure of central tendency. For continuous variables, mean, median, interquartile range and standard deviation were used to present data.

Results: We enrolled 70 patients with JIA, 52 (74%) female, with a median age at diagnosis of 11.7 years. The most frequent subtype was polyarticular positive rheumatoid factor (25, 36%). Eighty adverse events were reported; 45 of special interest.

The median time to remission observed was 61 months (95% CI 43.3-78.6); 33 (47%) patients reached inactive disease (Figure 1).

Conclusion: The rates of adverse events was low, demonstrating a good safety profile of the treatment, however time to remission is greater than reported in literature.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8138

AB0971

A CASE OF PEDIATRIC IDIOPATHIC CALCINOSIS

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Background: Calcinosis includes a rare group of disorders characterized by abnormal intracutaneous, subcutaneous, fascial or intramuscular calcium deposits. Idiopathic calcinosis is diagnosed after the exclusion of secondary forms related to trauma, abnormal calcium/phosphorus metabolic disorders, inflammatory processes, neoplasms, connective tissue diseases or renal insufficiency. There are very few cases reported, especially in childhood.

Objectives: We report the case of idiopathic calcinosis cutis in a young girl.

Methods: A 15-year-old female presented an abrupt onset of 2 painful swollen lesions on the left trochanteric region and over the posterior side