(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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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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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

of her right elbow. The patient denied any trauma or associated symptoms such as muscle weakness or joint stiffness. On physical examination, a large hard mass was present over her left trochanteric region, with hyperemic skin, and a similar one was palpable over her right elbow.

Results: Radiographs of the two sites showed well-defined calcified masses, one (9x5 cm) over the trochanteric region, and the other (3x2) cm over the posterior aspect of the distal end of the humerus extending up to the elbow. MRI confirmed the presence of calcified intramuscular lesions (Figure 1). Serologic evaluation showed increased levels of CRP and ESR, while autoimmune screening was negative. Calcium/phosphorus metabolism, creatinine kinase, aldolase and ferritin levels were within the normal limits. Therefore, a clinical diagnosis of idiopathic calcinosis was made. After 3 months, the lesion on the elbow had spontaneously reabsorbed, while the other one kept on growing, with 3-4 episodes per month of febrile painful swelling. A CT-guided biopsy was then performed, confirming the diagnosis of calcinosis. No infectious causes were detected. One year later, since there was no local amelioration, the lesion was surgically removed with apparent complete local remission. No other new lesions were detected during the 3 months follow-up period.

Conclusion: Idiopathic calcinosis is very rare and no specific medical therapies are available. In our patient no causative factors were identified and thus the diagnosis of idiopathic calcinosis was made. Prognosis seems to be variable, since one lesion resolved spontaneously while the other needed surgical excision.

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Abstract AB0971 Figure 1. MRI of the trochanteric region showing calcified intramuscular lesion.

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AB0972 ARTEFACTUAL SKIN LESIONS: A TRAP FOR RHEUMATOLOGISTS

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Background: Dermatitidis artefacta (DA) refers to deliberate and conscious self-inflicted skin lesions to satisfy an unconscious psychological or

emotional need. It is an unusual condition often described in women, and rarely reported in children. The disorder is often misdiagnosed and needs to be distinguished from organic illness, Munchausen's by proxy syndrome, and from illicit, nontherapeutic drugs or overdose of medications.

Objectives: We report three paediatric cases with a long medical history characterized by many laboratory and radiological exams, and mistaken etiologies.

Methods: *Case 1.* An 11-year-old female was referred to our Rheumatology Department for a second opinion about a suspicion of Behcet's disease based on her cutaneous manifestations. Clinical examination was unremarkable except for bluish ecchymoses, and linear cutaneous abrasions and scars located in accessible areas of her skin (Figure 1, Figure 2 and Figure 3). Extensive laboratory tests and radiological exams were normal.

Case 2. A 14-year-old female was admitted to our pediatric hospital for a 1 month history of fever, malaise and multiple purpuric lesions. The patient referred a 3 year history of similar recurrent episodes characterized by abrupt onset of fever, arthralgia and purpuric lesions for which she already received the diagnosis of urticarial vasculitis. The girl was in good general conditions, without fever. Violaceous ecchymotic lesions were evident on her left forearm. Exhaustive laboratory tests, chest X-ray, and abdomen ultrasound were within normal limits.

Case 3. A 14-year-old female was referred to our Pediatric Rheumatology department for a 6 month history of musculoskeletal pain, recurrent shoulder and hip dislocations, and spontaneous ecchymosis on her neck and face. Except for joint hypermobility (Beighton score 7/9), physical examination was normal. At a careful orthopedic evaluation and after shoulder and hip imaging the history of dislocations appeared to be inconsistent. Blood and radiologic tests, cardiologic and genetic evaluations for Ehler-Danlos syndrome were negative.

Results: In *Case 1*, dermatitis artefacta was suspected and the patient was referred to our mental health colleagues that confirmed a severe psychological stress in a basal condition of psychiatric disorder. In *Case 2*, an in-depth psychological evaluation highlighted a depressive status for personal and familiar suffering. The patient was therefore referred to our mental health department for assessment and management. In *Case 3*, eventually a psychiatric interview oriented the diagnosis to a major depressive disorder.

Conclusion: DA is a rare condition that should be evaluated in the differential diagnosis, in the presence of unexplained cutaneous lesions without an apparent identifiable cause. Association with various psychological disturbances is the mainstay for this diagnosis, and a careful psychiatric history represents the essential diagnostic key to identify this disorder.

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Abstract AB0972 Figure 1