Results: All of the 46 JIA patients seen at the IAGI outpatient service and their caregivers completed the questionnaire. Patients were mostly females (78%) with early disease onset (median 4.8 years) and positive ANA status (61%). The majority (52%) had persistent oligo-JIA, followed by extended oligo-JIA (26%), RF-negative polyarthritis (17%), ERA and systemic JIA (2%, respectively). The median age at IAGI was 14.7 years (IQ 11.3-19.5). Forty patients (87%) had previous hospitalization for IAGI, mostly under general sedation (64%). All patients, except a 12 year old girl (0.02%) with uncontrolled needle phobia and previous IAGI in general sedation, (99.98%) and all caregivers (100%) were satisfied with the IAGI outpatient service. In Table 1 reasons of satisfaction are detailed in items. Procedural pain was median rated 3 (IQ 2-6). Most of the families came from the city or province of the study center (76%); 17% from other provinces of the same geographical region; 7% from other regions.

Abstract AB0989 Table 1. Frequency of specific reasons of satisfaction on the IAGI outpatient service, synthesized in items, during the 56 procedures of the study.

Items	Patients, n (%)	Parents, n (%)
Time saving	45 (80)	30 (54)
Stress saving	5 (9)	-
Reduction of absence from school/work	27 (48)	23 (41)
Less negative impact on personal commitments	-	26 (46)
Improvement of family burden organization	-	54 (96)
High quality of dedicated Staff	55 (98)	19 (34)

Figure 1. Proportion of specific sites injected in the 46 JIA patients in the 56 procedures performed at the outpatient dedicated service during the study

Figure 1

Figure 2. Proportion of procedures with one or multiple injected sites at the IAGI outpatient service during the study

Figure 1

Conclusion: The results outline the afternoon IAGI outpatient service foster the management of flares or persistently active arthritis in JIA patients, particularly at older ages, with high rate of satisfaction and lower impact on patients' and family burden compared to hospital admission and, of note, despite moderate pain rating and multiple site injections. This supports the development of Diagnostic Therapeutic Care

Pathways for JIA patients, in the view of improving patients' quality of life and also towards resource optimization.

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AB0990 FINAL DIAGNOSIS OF THE PATIENTS WITH MUSCULOSKELETAL COMPLAINTS: PRELIMINARY RESULTS OF ONE-YEAR STUDY

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Background: Musculoskeletal (MS) complaints are one of the most common reason for administration to outpatient clinics.

Objectives: The study aimed to summarize the final diagnosis of the patients who suffered from musculoskeletal (MS) findings.

Methods: We prospectively evaluated the patients who were referred with the complaints of MS systems in a year period.

Results: A total of 940 patients with the complaint of musculoskeletal systems were examined. Among them, 577 patients suffered from arthralgia, 234 had arthritis, 39 had low-back pain, 26 had limping, and 64 had other symptoms such as myalgia, heel pain, hip and neck pain. A diagnosis of rheumatic disease was made in 430 of patients, while 510 had non-rheumatic conditions. Final rheumatological disease diagnoses were as follows: juvenile idiopathic arthritis (n=195), familial Mediterranean fever (n=101), reactive arthritis (n=46), acute rheumatic fever (n=39), toxic synovitis (n=17), psoriasis (n=8), Raynaud's phenomenon (n=6), chronic recurrent multifocal osteomyelitis (n=5), vasculitis (n=5), systemic lupus erythematosus (n=4), juvenile dermatomyositis (n=2) and juvenile scleroderma (n=1). Among patients with non-rheumatic conditions, most of them had vitamin D deficiency, infections, mechanic-orthopedic conditions, and growing pains.

Conclusion: Evaluation of a child presenting with MS findings requires a comprehensive, multidisciplinary, and systematic approach. As a busy pediatric rheumatology center, we demonstrated the final diagnosis of referred patients with MS symptoms and only less than half of the patients were diagnosed as a rheumatological condition. Whilst pediatric rheumatology centers are limited in number, our results put forth the need of formulating recommendations for clinicians in order to prevent unnecessary referrals

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AB0991 PRELIMINARY RESULTS OF REFERRALS TO A TERTIARY PEDIATRIC RHEUMATOLOGY OUTPATIENT CLINIC: A YEAR IN REVIEW

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Background: Previously, the profile of pediatric rheumatology practice was demonstrated from several countries(1,2). However, there is not a