COMORBIDITIES IN FAMILIAL MEDITERRANEAN FEVER

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Background: Familial Mediterranean Fever (FMF) is a periodic fever syndrome, characterized by recurrent episodes of fever and serosal inflammation accompanied by high acute phase reactants. The analysis of possible comorbidities is important to understand the impact of these conditions on clinical care and whether they share a common etiological pathway.

Objectives: We aimed to evaluate the comorbidities associated with FMF patients in a large genetically diagnosed cohort.

Methods: We retrospectively evaluated the medical records of FMF patients who were followed up at Department of Pediatric Rheumatology in Hacettepe University between 2000 and 2015. This study was approved by the Research Ethics Committee and was conducted in accordance with the Declaration of Helsinki. The diagnosis of FMF was made according to Tel Hashomer diagnosis criteria for patients who applied prior to April 2009 and to the Turkish FMF pediatric diagnosis criteria after April 2009. The FMF patients who had homozygous or compound heterozygous mutations were included in the study. Comorbidities associated with FMF were divided into three groups; associated with increased inflammation, associated with FMF and incidental.

Results: A total of 1999 patients were enrolled in the study. Of all 1999 FMF patients, 636 were children (31.8%), 1029 were males (51.4%), with a mean age of 31.60±16.01 years. The mean follow up time was 4.50±1.7 years, from 1.8 to 17.6 years (55 female, 37 male). The serum level of vitamin D was 19.52±1.61 ng/ml (in May) till the greatest value 29.62±2.49 ng/ml (in September). Significantly higher level of vitamin D was in September compared to most months (January, p=0.04; February, p=0.04; March, p=0.01; April, p=0.02; May, p=0.01; October, p=0.03; November, p=0.03; December, p=0.01).

The geographical location of Kharkiv (Ukraine) is at 50° latitude. It was proved that UVR radiation above the 33° latitude is not intense enough for the synthesis of vitamin D during the whole year [3]. At the same time there was no significant relationship between the low level of vitamin D in serum and disease activity.

Conclusion: A decrease of vitamin D status were observed throughout the year. Despite the fact that in September was the highest level of vitamin D, the normal concentration was not reached. Seasons should be taken into account, but patients with JIA need supplementation of vitamin D all around the year.

REFERENCES

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EXPLORING UVB IRRADIATION AND VITAMIN D LEVELS IN JIA PATIENTS

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Background: Juvenile idiopathic arthritis (JIA) is the most frequent childhood systemic disease affiliated with uveitis, where uveitis occurs in 10–13% of the patients, frequently causing long lasting consequences when unrecognized, untimely or incorrectly treated.

Objectives: To explore correlations between age, gender, ANA, RF titer in patients with JIA, occurrence of ocular manifestations and its complications. To examine similarities and differences between patients with different subtypes of JIA and uveitis.

Methods: The retrospective study included 31 children treated for JIA and uveitis in the period 2009-2017 at the Department of Paediatrics, UHC Zagreb. The SUN working group classification and grading system were used to evaluate ocular manifestations. Data analysis was executed using R programming language.

Results: We followed 31 patients (81% female) suffering from JIA with ocular manifestations. Median age at JIA onset in girls was 2.5 (1-14) years and in boys 8.6 (1-14.5) years, while girls had median age 4.25 (1-14) years at first ocular manifestation and boys 8.25 (4-13.5) years. All patients were RF negative. 61% of patients was ANA positive, out of