age, latin ethnicity and sedentary lifestyle were the RF related to the BMD of the whole body without head (BMDwbwh). In lumbar BMD, these 4 FR explained up to 85% of the BMD variation, where the age adds 0'032 per year gained, the male sex subtracts 0'061, the hypovitaminosis D sum 0'077 and the latin ethnicity subtracts 0'070.

Up to a 90'8% variation of BMDwbwh is explained by these 3 RF: age adds 0'036 per year gained, sedentary life subtracts 0'084 and latin ethnicity subtracts 0'055.

Conclusion: The child population at risk of LBM/IOP associates 2 or more risk factors.

8.7% of children with risk factors have LBM and 4.8% IOP.

The RFs related to changes in BMD are: age, sex, sedentary lifestyle and ethnicity. Hypovitaminosis D correlated positively with lumbar BMD.

Disclosure of Interests: None declared.

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AB1014

USE OF ETANERCEPT BIOSIMILAR IN JIA: PRELIMINARY EXPERIENCE USING REAL WORLD DATA

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Background: Biosimilars are biological medical drugs that are almost an identical copy of an original drug, manufactured by a different company. Since last year regional regulations have imposed a non-medical switch from reference etanercept (ETN) originator to biosimilar (SB4). We compared treatment survival on SB4 to reference etanercept, assessing efficacy and safety data in our cohort of patients with JIA.

Objectives: To review clinical charts of JIA patients, including efficacy and safety of ETN biosimilars after transition from originator. Compliance was also assessed.

Methods: This was a retrospective observational study of patients with JIA who switched from reference etanercept to SB4 starting during 2018 in our Pediatric Rheumatology Department. Clinical and demographic data were collected from charts and inserted into a dedicated database. relevant data included: age at disease onset, age at first administration and duration of treatment, if patients had remission of disease with etanercept therapy or if there were any relapses, ESR and CRP values before and after etanercept therapy, ESR and CRP values before switch to SB4 and after SB4 onset, any adverse effects or relapses of disease after biosimilar.

Results: A total of 14 patients (13F, 1M) were identified. Age at diagnosis ranged from 1 to 12 years. Before ETN, all had received methotrexate. ETN was added for disease activity persistence, and induced remission in all cases but one. SB4 treatment duration ranged from 1 to 11 months. After switch to SB4 no disease recurrence was observed. CRP levels, initially elevated in 8/14 cases, normalized during reference etanercept treatment and remained within normal values in all cases during SB4 treatment. ESR median value initially was 40 mm/h (elevated), normalized during reference etanercept treatment (ESR median value 7 mm/h) and remained within normal values (ESR median value 8 mm/h), in all cases during SB4 except one. No side effects were seen, and all families accepted willingly the new prescription.

Conclusion: Our preliminary experience shows that a switch from originator to a biosimilar did not lead to loss of efficacy or new safety signals. Our preliminary results suggest that transitioning from reference etanercept to SB4 is associated with sustained efficacy and no change in the adverse event profile. In conclusion SB4 may provide therapeutically equivalent alternative in pediatric patients with JIA.

Disclosure of Interests: None declared.

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AB1015

CENTRAL NERVOUS SYSTEM VASCULITIS PRECEDING

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Background: Henoch-Schönlein purpura (HSP) is a systemic small vessel vasculitis and represent the most common cause of non-thrombocytopenic

purpura in children; vasculitis very rarely can involve internal organs. Central nervous system (CNS) is exceptional.

Objectives: We report the case of a patient with CNS vasculitis who presented HSP 4 months after the stroke and during corticosteroid withdrawal.

Methods: Case report

Results: A 9-year-old Caucasian boy was admitted to our hospital due to sudden onset of severe headache and left faciobrachial hemiparesis associated with facial palsy and dysarthria. Brain MRI revealed hyperintense signal changes in amygdala, putamen, and internal capsule, suggestive of recent cerebral ischemic lesion. Magnetic resonance angiography showed asymmetry of internal carotid arteries and middle cerebral artery stenosis, suggestive for a vasculitic-inflammatory nature. He received high dose intravenous methylprednisolone, followed by oral corticosteroids with nearly complete recovery. He was discharged on oral prednisone and low-dose aspirin. In the following months a slow tapering of prednisone was attempted. Four months after the stroke, while receiving prednisolone 0.5 mg/kg/day, he presented with sudden onset of purpuric rash on extensor surfaces of the lower extremities, buttocks and arthralgia of the upper and lower extremities. Painful scrotal swelling and abdominal pain were also present. Serial urinalyses were normal. The patient underwent a second MRI of the brain, which ruled out new-onset inflammatory lesions. Therefore, he received intravenous high dose steroids, with complete remission. Sequencing of adenosine deaminase 2 (ADA2) gene ruled out ADA2 deficiency.

Conclusion: We report a case of CNS vasculitis preceding HSP by several months; intriguingly, HSP developed while the patient was under corticosteroid treatment. The exact nature of the association needs to be clarified, to determine if the association was determined by a common pathogenic mechanism or by chance.

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AB1016

OUTCOME OF TRANSITION OF CARE IN YOUNG ADULTS WITH JUVENILE ONSET CHRONIC RHEUMATIC DISEASES

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Background: The transition process of adolescent care from a paediatric to an adult medical environment may affect the compliance with the management plan. Paediatric care is family oriented and relies on significant parental involvement in decision making. On the contrary, adult care is patient-specific and requires autonomy and independent skills.

Objectives: The aim of this study was to evaluate the transition of care at our centre, namely the adherence to clinical appointments, modification of disease activity and patient satisfaction.

Methods: All consecutive patients with juvenile onset of rheumatic chronic diseases followed in a young adult clinic were included. Disease activity was evaluated at the last appointment in the paediatric unit and up to 2 years after transition of care, according to validated scores for each rheumatic disease. Dropout was defined as not attending the clinic for 2 consecutive visits. Global assessment of patient satisfaction with the clinical