Juvenile Idiopathic Arthritis (JIA) is a chronic childhood arthritis with onset before age of 16 and has a significant degree of morbidity that negatively affects quality of life. Uveitis, which is defined as the inflammation of the iris, ciliary body and choroid, is the most common cause of morbidity of JIA. This study was planned to collect data from a Turkish cohort to provide the initial national prevalence data of patients with JIA.

**Methods:** This was a national, non-interventional, multicenter observational study conducted in a retrospective manner in four study centers which were main referral pediatric rheumatology clinics across Turkey. Data on patient demography, medical history, JIA disease characteristics, laboratory data, cases of JIA-associated uveitis, JIA treatment history and data on other comorbidities were collected from a cohort of 500 patients.

**Results:** Oligoarthritis (n=194, 38.8%) was the most common JIA disease characteristic in this study cohort. The frequency of the subgroups was as follows: Enthesitis-Related Arthritis (ERA) in 23.2% (n=116), polyarthritis in 15.6% (n=78), systemic arthritis in 12.2% (n=61), psoriatic arthritis in 5.2% (n=26), idiopathic arthritis in 2.8% (n=14) and polyarthritis (RF−) in 2.2% (n=11) of patients were identified. The most frequently prescribed treatment for JIA was methotrexate (n=384, 76.8%). A total of 85 comorbidities were reported, and the most frequently reported comorbidity was Familial Mediterranean Fever (FMF) (n=63, 12.6%). The number of patients with JIA-associated uveitis diagnosis was 34 (6.8%), and the mean duration of uveitis was 3.2 (±2.3) years. The mean duration between the initial JIA diagnosis and diagnosis of uveitis was 1.8 (±1.0) years. Among 34 patients with uveitis, 45 eye involvement were identified: left eye, right eye and both eyes were affected in 5, 8 and 16 patients, respectively. Five patients (14.7%) had uveitis-related complications that required surgical intervention.

**Conclusion:** The main difference from the European Caucasian population is the lower frequency of oligoarticular JIA and higher frequency of ERA in Turkish JIA patients. Uveitis was also somewhat lower than expected. The number of patients injected to the right knee was 3, the left knee was 5 and both the knee was 3. The femoral cartilage thickness before the procedure was 3.0 mm [min-max 2.0-3.65 mm], 6 months after the procedure was 2.95 mm [min-max 2.0-3.55 mm] and there was no statistical difference (p<0.05).

**Disclosure of Interests:** None declared

**REFERENCES**


**Acknowledgement:** This JUPITER study is a collaborative study.

**Disclosure of Interests:** Sezgin Sahin: None declared, Ceyhun Acar: None declared, Hafize Emine Sonmez: None declared, Fatma Zehra Kilic: None declared, Erdal Sag: None declared, Hatice Adiguzel Dundar: None declared, Amra Adrovic: None declared, Selcan Demir: None declared, Kenan Barut: None declared, Yelda Bilginer: None declared, Betül Süzeri: None declared, Erdal Unsal: None declared, Seza Özen: None declared, Ozgur Kasapcopur: None declared, İstanbul University Cerrahpaşa, Cerrahpaşa School of Medicine, Department of Pediatric Rheumatology, İstanbul, Turkey, Dokuz Eylül University, School of Medicine, Department of Pediatric Rheumatology, İzmir, Turkey, Hacettepe University, School of Medicine, Department of Pediatric Rheumatology, Ankara, Turkey, Umraniye Training and Research Hospital, Department of Pediatric Rheumatology, İstanbul, Turkey

**Background:** Juvenile Idiopathic Arthritis (JIA) is a chronic childhood arthritis with onset before age of 16 and has a significant degree of morbidity that negatively affects quality of life. Uveitis, which is defined as the inflammation of the iris, ciliary body and choroid, is the most common cause of morbidity of JIA. This study was planned to collect data from a Turkish cohort to provide the initial national prevalence data of patients with JIA.

**Objectives:** The objective of this study was to determine the frequency of JIA subtypes in Turkey. We also aimed to assess the frequency and characteristics of eye involvement in JIA.

**Methods:** This was a national, non-interventional, multicenter observational study conducted in a retrospective manner in four study centers which were main referral pediatric rheumatology clinics across Turkey. Data on patient demography, medical history, JIA disease characteristics, laboratory data, cases of JIA-associated uveitis, JIA treatment history and data on other comorbidities were collected from a cohort of 500 patients.

**Results:** Oligoarthritis (n=194, 38.8%) was the most common JIA disease characteristic in this study cohort. The frequency of the subgroups was as follows: Enthesitis-Related Arthritis (ERA) in 23.2% (n=116), polyarthritis in 15.6% (n=78), systemic arthritis in 12.2% (n=61), psoriatic arthritis in 5.2% (n=26), idiopathic arthritis in 2.8% (n=14) and polyarthritis (RF−) in 2.2% (n=11) of patients were identified. The most frequently prescribed treatment for JIA was methotrexate (n=384, 76.8%). A total of 85 comorbidities were reported, and the most frequently reported comorbidity was Familial Mediterranean Fever (FMF) (n=63, 12.6%). The number of patients with JIA-associated uveitis diagnosis was 34 (6.8%), and the mean duration of uveitis was 3.2 (±2.3) years. The mean duration between the initial JIA diagnosis and diagnosis of uveitis was 1.8 (±1.0) years. Among 34 patients with uveitis, 45 eye involvement were identified: left eye, right eye and both eyes were affected in 5, 8 and 16 patients, respectively. Five patients (14.7%) had uveitis-related complications that required surgical intervention.

**Conclusion:** The main difference from the European Caucasian population is the lower frequency of oligoarticular JIA and higher frequency of ERA in Turkish JIA patients. Uveitis was also somewhat lower than expected. The number of patients injected to the right knee was 3, the left knee was 5 and both the knee was 3. The femoral cartilage thickness before the procedure was 3.0 mm [min-max 2.0-3.65 mm], 6 months after the procedure was 2.95 mm [min-max 2.0-3.55 mm] and there was no statistical difference (p<0.05).

**Disclosure of Interests:** None declared

**REFERENCES**
