insufficient data to establish safety in countries with high background prevalence of TB. Long term prospective national registries are needed from in TB countries with focus on risk factors for infections.

References:


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AB0990
SECONDARY SUBACUTHE ARTHRITIS IN CHILDREN WITH DIAPHROSTIC DYSPLASIA AND RMD

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Background: Progressive osteoarthritis is common in skeletal dysplasias. In the most of these disorders progress is relatively slow and acute pain with severe disability secondary to osteoarthritis is rare during childhood. Diaphrostic dysplasia and RMD are quite unique among other skeletal dysplasias for secondary subacute arthritis (SSA). Protracted course of SSA can mimic JIA.

Objectives: To analyse incidence and features of SSA in group of patients with DD/RMD.

Methods: We retrospectively analysed for SSA our series of 39 patients with DD/RMD. Clinical, radiological and laboratory data were collected. Clinical assessment included pain (VAS), ROM (range of motion) and postural/walking disturbances. Radiological type by Yasunaga classification, neck-shaft angle (NSA) and articulo-trochanteric distance (AT distance) were estimated. MRI data regarding cartilage damage, joint effusion and bone marrow condition were noticed. Biomarkers of infection and immune response (ANA, RF, vimentin antibodies) were assessed in blood samples.

Results: We identified 17 patients with hip joint SSA among 39 patients with DD/RMD (43%). Bilateral involvement was identified in 13 children with asynchronous appearance in all cases (from 2 to 18 months before the symptoms on the other side). Trauma (including iatrogenic damage during physiotherapy) preceded SSA in 9 cases. Pain, limited range of motion, limping and antalgic posture throughout the day were noticed in all the cases. Duration of these symptoms was from 4 weeks to 9 months. Progressive phase (increasing symptoms) was characterized by harmless pain, linked to physical activity (less morning stiffness). Over the past decade, we have seen a gradual increase in the number of children with diagnosed patellofemoral pain (non-traumatic) and mediopatellar plica syndromes (95% were girls). In most cases children was complicated by syndrome of increased anxiety. Cases of apophysitis as cause of chronic arthralgia was over 15%. The share of true chronic inflammatory arthropathies, including spondylitis, in this age group did not exceed 10%. Fibromyalgia were diagnosed less 5%.

Conclusion: Despite continuous improvements in examination technique and image quality there is no universal test to diagnose cause of childhood arthralgia. Age features, normal nature of pain perception, the high frequency of incomplete and transient forms of arthropathy, cases atypical joint diseases have been intriguing problems for diagnostic pathology. Integrated assessment methodology framework of the clinical and instrumental pictures with understanding of the anatomical and physiological characteristics of childhood will help identify the true cause of chronic musculoskeletal pain. There is no single test to diagnose CA.
Background: Subjective sleep problems, including difficulties falling asleep, waking up, un-restorative sleep and daytime sleepiness are highly prevalent in patients with juvenile fibromyalgia (JFM). Sleep disturbances has been considered a consequence of severe pain and depression, but also in healthy individuals sleep deprivation is also a risk factor for the development of chronic widespread pain, tenderness and fatigue, suggesting the important role of sleep in pain control and in the pathophysiology of fibromyalgia.

Objectives: To estimate the incidence of polysomnographic alterations in JFM and to explore the relationship between sleep problems and the musculoskeletal pain, fatigue and mood and anxiety disorders.

Methods: 21 patients (M 3; F 18; mean age 16,1) with JFM were included. The objective sleep quality was measured by overnight polysomnography (PSG) (using the EMBLETTA MPR PG device). PSG data were compared to age and sex-matched controls. The subjective sleep disturbances were assessed by the Sleep Condition Indicator (SCI). Musculoskeletal symptoms were evaluated by using the widespread pain index (WPI). Pain intensity was evaluated on a 0-10 visual analogical scale (PVAS). Fatigue was assessed by using the Symptom Severity (SS) questionnaire. Mood and anxiety disorders were evaluated by using the Children Depression Index (CDI) and the Multidimensional Anxiety Scale for Children (MASC). Comparison of categorical data was performed by means of the Fisher’s Exact test. The relationship between sleep quality and clinical symptoms were assessed using Spearman’s rank order correlation coefficient (rs). All statistical test were 2-sided and p values less than 0.05 were considered statistically significant.

Results: Nineteen out of 21 (90.5%) patients complained subjective sleep disturbances and un-restorative sleep. Seven out of 21 (33.3%) patients had mood and anxiety disorders. Eight out of 21 patients (38.1%) showed an electroencephalographic pattern of alpha wave intrusion in slow wave sleep (SWS). SCI was significantly correlated to CDI score rs = -0.775 (p<0.001), MASC 0.61 (p=0.055), WPI -0.731 (p=0.001), SS 0.492 (p=0.038), PVAS -0.590 (p=0.006).

Conclusion: A substantial percentage of JFM patients experience sleep disturbances, which are, correlated with the severity of the musculoskeletal symptoms and mood and anxiety disorders. One third of JFM patients have alpha intrusion in the SWS. The important role of sleep in pain control suggests that the development of treatments to improve sleep quality may lead to more effective management of fibromyalgia in the future.

References:

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AB0093 A CASE SERIES OF KAWASAKI DISEASE FROM KENYA
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Background: Kawasaki disease (KD) has been described across the globe, including the African continent, but none yet from Kenya.

Objectives: To describe the clinical features and management strategies of pediatric patients diagnosed with Kawasaki disease at a tertiary referral hospital in Kenya.

Methods: A retrospective chart review was undertaken for the period January 2013 to December 2017 for all pediatric patients admitted at Aga Khan University Hospital Nairobi, Kenya. All medical records with a discharge diagnosis of Kawasaki disease were reviewed, de-identified and data extracted using a data collection tool.

Results: Among the 15 cases identified, 8 (53%) had complete KD. The mean age was 1 year 10 months with a slight increase in males (53.3%). The mean duration of symptoms at diagnosis was 7.2 days (range 1-11 days). Fourteen patients (93.3%) received both intravenous immunoglobulin and aspirin but dosing varied from high dose aspirin (80-90mg/kg/day) to low dose aspirin (3mg/kg/day). Baseline cardiac evaluations were done among these 14 (93.3%) and one patient (7.1%) found to have bilateral dilated coronaries. Only 5 patients (33.3%) had repeat echo examinations within 6 weeks after diagnosis all of which were normal.

Conclusion: The challenges faced in the management of KD in Kenya include awareness of the disease, access and expertise to pediatric echocardiography, follow-up, access and cost of IVIG. Increasing awareness and improving health care resources is important in improving outcomes of KD in Kenya.

Keywords: Kawasaki Disease, Pediatric Rheumatology, Kenya, Global Health, Vasculitis


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AB0094 NEW ALTERNATIVE IN THE TREATMENT OF PATIENT WITH MUTATION OF GEN LACC1
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Background: Few patients have been described in the literature with mutations in the Lacasa Domain containing one (LACC1) gene. Its clinical presentation usually associates sustained systemic inflammation associated with chronic polyarticular erosive arthritis. Until now, there have been multiple treatments described to try to control the disease, however, they are generally unsuccessful in the long term.

Objectives: To describe the clinical course of a patient as well as the different treatments used

Methods: Clinical chart review

Results: Female 18-year-old born from a consanguineous Moroccan couple. Mother, brother and sister with similar conditions. She started at 3 years with fever, anemia, intense elevation of acute phase reactants and symmetric polyarthritis (knees, elbows, carps, shoulders, hands and ankles). Subsequent whole exome sequencing identified c.128,129delGT mutation in the LACC1/FAMIN gene. During the course of her illness, she has received treatment with oral, intravenous and infiltrated corticosteroid, methotreaxate and etanercept, without getting adequate control of the disease. In 2016, she started treatment with tocilizumab (8mg / kg every two weeks), obtaining an acceptable control of the disease (requiring periodic infiltrations every 2-3 months due to persistent arthritis). Nonetheless, in April 2019, she was consulted for clinical worsening of the arthritis and laboratory test (C reactive protein 99.7 mg / L, erythrosedimentation rate 53mm / h, leukocytes 13,500/L and neutrophils 10,930/L). At that time, she discontinued therapy with tocilizumab and started tofacitibin 5mg every 12 hours with good evolution. Since its introduction, it has not required joint infiltration again and the inflammatory parameters (persistently elevated previously) have normalized.

Conclusion: The jak kinases inhibitors may be a treatment option in those patients with bad response to conventional therapy.

References:

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AB0095 JUVENILE ONSET SYSTEMIC LUPUS ERYTHEMATOSUS WITH SJÖGREN’S SYNDROME: CLINICAL AND LABORATORY FEATURES.
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Background: Systemic lupus erythematosus with juvenile onset (SLE) with Sjögren’s syndrome (SS) in children is a poorly studied and rare combination, the frequency of which, according to the literature, is 7.5-10.0%.

Objectives: To study demographic data, specific features of SLE with SS in single center.