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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AB0090 SECONDARY SUBACUTE ARTHRITIS IN CHILDREN WITH DIASTROPHIC 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. Diastrophic 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 Y asunaga classification, neck-shaft angle (NSA) and articulo-trochanteric distance (AT distance) were estimated. MRI revealed pseudo-erosive damaged cartilage in contact area with joint effusion and bone marrow condition were noticed. Biomarkers of inflammation 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) took from 2 weeks to 4 months. General laboratory data were normal or indicated moderate inflammatory response without any specific changes. Radiological data show predictive signs like NSA<110°, AT distance <10mm, fair or poor arthritis. NSA<105° demonstrated better outcome.

Conclusions: SSA is typical for DD/RMD and leads to remarkable disability. Early recognition and non-surgical management are important for recovery. The quick reversibility of the clinical picture arthritis against the background of a short course of NSAIDs and rehabilitation is a characterized of non-autoimmune secondary inflammatory process (SSA). SSA not requires anti-rheumatic treatment in children with DD/RMD.

References:


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AB0091 EPIDEMIOLOGY AND CLINICAL FEATURES OF CRONIC JOINT PAIN IN CHILDREN AND ADOLESCENTS

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Background: Arthralgia in children for many years continues to maintain the status of the most common symptom of rheumatic diseases. However this symptom should not always be interpreted as a manifestation of arthritis. Well known that arthralgia in growing children is a frequent problem which can be caused by pathological or innocuous process.

Objectives: The goal of this study was to analyze the structure of childhood arthralgia.

Methods: We carried out a retrospective review of 600 children who applied to the outpatient department of the institute with a complaint of pain lasting longer than two months in one or more joints. The clinical, instrumental and laboratory pictures were studied. Special attention was paid to certain aspect of joint pain by the child or his parents. The data obtained made it possible to systematize and detail the nature of the articular pathology in children of various age groups.

Results: All children were divided into several groups based on their anatomical and physiological characteristics of osteoarticular system: the first group consisted of 240 children under 6-7 years old, the second group = 220 children 7-12 years old, the third group = 140 children over 12 years old. Research suggests that more preschool children were experience bilateral lower extremity pain by “post-walk genesis” due to natural hypermobility, immaturity of sensory innervation of the joints and imbalance of the leg muscles (e.g. growing pains). The second most common cause was joints pain associated with infectious factor (post-infectious genesis or chronic foci of infection). The frequency of juvenile arthritis and other rheumatic diseases in children of this age group did not exceed 10%. Special attention was paid to nightpain with fever and changes in blood tests to exclude malignancies manifestation and other tumors (less 5%). The most common causes of joint pain of school-age children were hypermobility syndrome and enthesopathy (primary, secondary). Secondary enthesopathy were result of changes in nutrition, rapid growth and excessive exercise. Also enthésopathy were manifestation of endocrine, gastrointestinal or infectious diseases. The proportion of children with the onset of chronic inflammatory arthropathy was also did not exceed 10%. Hypermobility child’s syndrome was characterized by harmless pain, linked to physical activity (less morning stiffness).

Over the past decade, we’ve seen a gradual increase in the number of children with diagnosed patellofemoral pain (non-traumatic) and mediotaptopatellar plica syndromes (95% were girls). In most cases children was complicated by synovitis as cause of chronic arthralgia were over 15%. The share of true chronic inflammatory arthropathies, including spondylitis, in children of 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, individual 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 modelling 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.

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AB0092 CONNECTING SLEEP QUALITY, PAIN AND MOOD DISTURBANCES IN JUVENILE FIBROMYALGIA

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