Objectives: To describe a cohort of infants and young children with resistant Kawasaki Disease (rKD) who were noted to have prolonged difficult courses with resultant CAA and ultimately diagnosed with Aortitis.

Methods: Demographic, clinical manifestations and imaging data were collected from children seen in Rheumatology clinic with a diagnosis of rKD and aortitis. Nonparametric descriptive statistics were used to describe the data.

Results: Between 2010-2018, 63 out of 417 KD referrals were diagnosed with rKD. 7 children had prolonged time to CRP normalisation, prolonged admission or recurrence of symptoms (Table 2). All patients underwent Magnetic Resonance Angiography (MRA) and were found to have evidence of large vessel arteritis consisting of wall irregularity, thickness and contrast enhancement.

Table 1

ID	Age at diagnosis (mo)	Number of clinical signs**	BCG site inflammation	Lowest Hemoglobin g/DL	Highest WBC 10 (9)/L	Highest Platelet 10 (9)/L	Highest CRP mg/L	Lowest Albumin g/L	Maximum ALT U/L	Maximum AST U/L
A	31	3	0	NA	NA	NA	NA	NA	NA	NA
B	7	4	0	9.5	37.3	875.0	206.0	21.0	36.0	32.0
C	4	4	1	9.8	43.2	918.0	130.0	22.0	44.0	52.0
D	3.5	4	1	9.2	42.4	1715.0	181.4	18.0	61.0	99.0
E	5	4	1	6.7	17.6	1413.0	148.2	27.0	20.0	24.0
F	2	3	0	6.4	35.6	959.0	212.1	15.0	8.0	19.0
G	24	NA	NA	8.6	21.9	1002.0	181.4	27.0	17.0	30.0

5 patients were male; All were Singaporean Chinese except for G who was from the Philippines; A & G were treated in an outside facility/separate service initially and some data was not available; # Blood test results were generally taken at the same time apart from the platelet count; **Only D presented with lymphadenitis.

Table 2

ID	Time to CRP normalization (weeks)	Number of IVIG given	Steroids	Time to abnormal echo (weeks)	Time to aneurysm development (weeks)	Other outcomes
A	*	2	oral only	4	4	1 st IVIG given 3 weeks after symptom onset
B	*	2	IV/PO	2	2	deceased, MI secondary to thrombus
C	2	1	IV/PO	1.1	0	treated with Infliximab and then Methotrexate,
D	5	1	IV/PO	0.3	2	post infliximab psoriasis, treated with Infliximab and then Methotrexate, multiple infections in hospital; BCG reactivation while on Infliximab
E	9	2	no	1.4	2.7	UTI, AIHA, lost to follow up
F	3	3	IV/PO	0.71	2.5	post Infliximab psoriasis, multiple infections in hospital
G	7	2	oral only	7	0	lost to follow up

*patients A & B had recurrent KD episodes interspersed with short periods of symptom resolution

Conclusion: While transthoracic echocardiograms remain imaging investigation of choice, for children with recalcitrant or recrudescing KD, especially in the setting of delayed CRP resolution of >2 weeks; an MRA should be considered.

References:

- [1] McCrindle BW, Rowley AH, Newburger JW, et al. Diagnosis, Treatment, and Long-Term Management of Kawasaki Disease: A Scientific Statement for Health Professionals From the American Heart Association. *Circulation*. 2017 Apr 25;135(17):e927-e999.

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THU0509

IMPACT OF PEDIATRIC RHEUMATIC DISEASES ON MEXICAN CAREGIVERS.

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Background: Pediatric rheumatic diseases (PRD) have an important impact on different aspects of the patients' and caregivers' life, such as physical, emotional, economic, and social. Some studies have shown that parents of patients with PRD have important impact but there is a lack of information of this topic from Latinamerican countries.

Objectives: The aim of this study is to describe and analyze the impact of juvenile idiopathic arthritis (JIA), juvenile systemic lupus erythematosus (JSLE), and juvenile dermatomyositis (JDM) on Mexican primary caregivers.

Methods: This is a multicenter cross-sectional study conducted in third-level reference pediatric hospitals in Mexico from December 2018 to November 2019. We included primary caregivers of pediatric patients with JIA, JSLE, and JDM that were treated in participant centers.

CAREGIVERS questionnaire, a validated multiassessment tool to measure the impact of PRD on caregivers, was applied to the participants. Collection of social, demographic, and clinical data was also performed and correlated with questionnaire results.

Results: A total of 200 primary caregivers participates in the study (109 JIA, 28 JDM, and 63 JSLE), aged 38 (IQR 32 – 46), mostly women (84.5%), from 6 centers, representing 13/32 Mexican states (Figure). One third (78) had a remunerated job, 123 (61.5%) had a relationship, 77 (38.5%) reached high school or higher, and 131 (65.5%) spends more than one hour to get to the center. Patients cared aged 12 (IQR 9 – 16), mostly women (67%), 87 (43.5%) with active disease, 43 (21.5%) with any disability, 94% and 29% treated with DMARD and biologics, respectively.

Feelings of worry and sadness predominant at diagnosis that decreased over time (42.5% and 28.5% vs 9.5% and 31.5%, respectively) and changed for peace (44%). Concerns about disabilities were more frequent on JIA group (34%), while pain and economic issues in JSLE (47% and 30%, respectively). Most of the caregivers feel anxiety about the future of their patients (148, 74%), regardless of the diagnosis. Participants reported that the way they spend the time, social life, and personal health worsened since diagnosis (49.5%, 32%, and 34.5%, respectively), especially in those with JSLE (60%, 39%, 46%). In 126 (63%) participants the economic situation worsened, 129 (64.5%) borrowed money (76% in JSLE, $P = .03$), 63 (31.5%) had problems to buy medications, and 48.5% have had problems at work. In 25 (12.5%), the family relationship was affected after diagnosis, however, the main supportive network reported were family members.

Conclusion: This work described the main impacted areas in life of primary caregivers of patients with PRD, showing a perspective of the burden of the disease.

References:

- [1] Cohen EM. *Pediatr Rheumatol* [Internet]. *Pediatric Rheumatology*; 2017;15(1):6.
- [2] Torres-Made. *Pediatr Rheumatol* 18, 3 (2020).

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THU0510

CHOREA AND CARDITIS: AN UNEXPECTED COMBINATION. THE NEW FACE OF ACUTE RHEUMATIC FEVER

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