MATERNAL AND FETAL OUTCOMES IN PREGNANT WOMEN WITH JUVENILE IDIOPATHIC ARTHRITIS: A SYSTEMATIC LITERATURE REVIEW

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Background: Juvenile idiopathic arthritis (JIA), one of the most common chronic diseases in children, can be classified in seven different categories according to its onset presentation. Concerns about pregnancy outcomes play a secondary role in disease approach. However, recent data showed an increased risk of pre-term birth in women with JIA instead the small patient samples analysed.

Objectives: In this review, our aim is to describe the current available knowledge on JIA adverse, maternal and fetal, outcomes.

Methods: A systematic literature review was conducted since January of 2000 until December 2020, by searching the PubMed and Embase bibliographic databases. The search was limited to articles in English language, presenting a comparator group (healthy individuals or patients without known auto-immune rheumatic diseases) and at least one clinical outcome of interest. Two independent reviewers screened the titles and abstracts followed by a full-text review to assess papers regarding their eligibility.

Results: Ten observational studies out of 1560 references, fulfilled the inclusion criteria, of which, 9 were retrospective and 1 prospective. A total of 6,214 women with JIA (with 6,811 pregnancies) and 18,659,513 healthy controls (with 21,339,194 pregnancies) were included in this review. Concerning maternal outcomes, delivery by caesarian section (CS) was more frequent among JIA women (in 4 out of 6 studies). Pre-eclampsia was referred in 3 out of 6 studies and a higher risk of vaginal bleeding and placenta previa in one additional study. No study found an increased risk for gestational diabetes or hypertension in pregnant women with JIA.

Regarding fetal outcomes, 8 studies revealed significantly increased of pre-term birth (only in first births in one study) but one study didn’t show any increased risk. Two studies showed a higher risk of small gestational age (SGA) and in another 2, increased risk for low birth weight (LBW). No evidence of increased risk of major congenital malformations.

Conclusion: This systematic review suggests an increased risk for pre-eclampsia, preterm birth, delivery by CS, SGA and LBW, among pregnant women with JIA. Concerning maternal outcomes, delivery by caesarian section (CS) was more frequent among JIA women and pre-eclampsia was referred in 3 out of 6 studies and a higher risk of vaginal bleeding and placenta previa in one additional study. Regarding fetal outcomes, 8 studies revealed significantly increased of pre-term birth (only in first births in one study) but one study didn’t show any increased risk. Two studies showed a higher risk of small gestational age (SGA) and in another 2, increased risk for low birth weight (LBW). No evidence of increased risk of major congenital malformations.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3641

ARE THERE ANY DIFFERENCES BETWEEN JIA - ASSOCIATED UVEITIS, DEVELOPED BEFORE AND AFTER JOINT MANIFESTATION

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Background: Uveitis is the most common extra-articular manifestation of juvenile idiopathic arthritis (JIA). Usually uveitis developed during the first two years after arthritis occurred. However, recent data showed the shorter time interval between arthritis and uveitis in the severe uveitis course was observed. Information about course of uveitis developed before arthritis is scarce.

Objectives: The aim of this retrospective study is to evaluate the current available knowledge on JIA-associated uveitis, which developed before and after joint manifestation.

Methods: A comprehensive search was conducted in PubMed (1966-2021) and Web of Science (1945-2021) in November 2021, using combinations of key terms: juvenile idiopathic arthritis, uveitis, diagnosis, frequency, severity, treatment, outcomes, differences. Cross references were also considered. The included studies were selected without any language or publication restrictions.

Results: A total of 310 studies were retrieved and 133 were included in the analysis. Concerning the diagnosis, most of the cases were identified by ophthalmologist in the first two years after arthritis developed. Concerning the type of uveitis, 191 pediatric autoimmune uveitis included and patients whom uveitis occurred before arthritis had worse disease activity and required treatment by ophthalmologist sooner than those where uveitis developed after arthritis. Concerning the outcomes, patients whom uveitis occurred before arthritis had more severe disease activity and required treatment by ophthalmologist sooner than those where uveitis developed after arthritis.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3704