AB0751 JUVENILE UVEİTİS: THE 3RD LEVEL EXPERIENCE

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Background: Uveitis is the inflammation of the uveal components of the eye (iris, choroid and retina) and is the third leading cause of blindness in the world. It is less common in children than adults. Young children are usually diagnosed late, as they cannot express their complaints.

Objectives: With this work; We aimed to contribute to the literature by determining the underlying primary diagnosis and evaluating the treatment response in patients who were followed up in our clinic with a diagnosis of non-infectious uveitis, mostly juvenile idiopathic arthritis.

Methods: 93 patients under 18 years of age who were followed up with a diagnosis of non-infectious uveitis were included in the study. The data of the patients were scanned retrospectively. According to the last biomicroscopic examinations, the patients were classified as remission, inactive period and active disease. Clinical characteristics, laboratory findings, family history, drugs used during the disease and duration of treatment were examined.

Results: The male to female ratio was 1,06 (48/45). The mean age at diagnosis of childhood uveitis was found to be 10±4.02. 49 Patients (52.6%) were diagnosed with idiopathic uveitis, 33 (33.5%) with juvenile idiopathic arthritis, 11 (11.7%) with Behçet's, 2 (2.2%) with FMF. Juvenile idiopathic arthritis was the most common systemic disease in the patient group. The mean age of patients with uveitis to be diagnosed with rheumatological disease was 10.1±5.32. ANA test was positive in 30 (32.2%) patients. 23 (69.7%) of juvenile idiopathic arthritis patients were oligoarticular type. Anterior uveitis was present in 37 (39.8%) of the patients. Anterior uveitis was most common in the juvenile idiopathic arthritis cases. Of the patients with uveitis, 24 (25.8%) were intermediate, 11 (11.8%) were posterior, 21 (22.6%) were panuveitis. Anti-TNF α agents were administered to patients with unresponsiveness to immunosuppressive therapy and high risk of vision loss. Most used anti-TNF α agents were infliximab and adalimumab. Glaucoma, cataract, and posterior synechiae were common complications in the patients during follow-up.

Conclusion: The most common systemic disease that cause noninfectious uveitis in children is juvenile idiopathic arthritis. In juvenile idiopathic arthritis, the most common involvement of the eye was the anterior segment, and it was thought that the location of the eye involvement could be useful in determining the underlying systemic disease. It is important to ensure regular eye examination in patients with rheumatologic symptoms.

Disclosure of Interests: None declared

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AB0752 CHRONIC RECURRENT MULTIFOCAL OSTEOMYELITIS: A SINGLE-CENTER CASE SERIES

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Background: Chronic recurrent multifocal osteomyelitis (CRMO) is a chronic autoinflammatory disease that primarily affects the skeleton of children and adolescents in the absence of an infectious etiology[1]. CRMO lesions presentation varies widely ranging from episodic bone pain to growth disturbance; lytic and sclerotic bone lesions can be found on X-ray, however magnetic resonance imaging is very useful for evaluating the extent of disease and follow-up [2].

Objectives: To report demographic, clinical and laboratory characteristics and response to therapy in a single center Italian cohort of CRMO patients.

Methods: We reviewed retrospectively the clinical records of seven patients affected by CRMO diagnosed between 2008 and 2019 at rheumatologic service of South Tyrol region in Italy.

Results: We identified 7 patients with CRMO, 4 were female patients, median age of onset of symptoms was seven years. Median delay in diagnosis was seven months; all patients had bone pain as initial symptom and 6 patients presented joint swelling. Median number of lesions was two; all patients had a recurrent pattern, 4 patient had multifocal distribution and 5 had appendicular skeleton involvement. None of our patients had antinuclear antibodies or HLA-B27 positivity. Mean erythrocyte sedimentation rate was 52mm/h and C-reactive protein 1,96mg/dL. Regarding other organs involvement one patient presented palmo-plantar pustulosis, one psoriatic arthritis and one psoriasis guttata; three patient referred familiarity for psoriasis. Histopathological diagnosis was confirmed in 3 patients. NSAIDs were used in six patients, methotrexate in two patients and bisphosphonates in 6 patients. Among biological DMARDs Adalimumab was used in two patients, one patient was treated subsequently with Secukinumab and Ustekinumab. 3 patients achieved remission (Table 1).

Table 1. Demographic, clinical and laboratory characteristics of patients with chronic recurrent multifocal osteomyelitis.

	Total (n=7)
Demographics	
Female (%)	4 (57)
Age at disease onset, years, median (range)	7 (6-24)
Delay in diagnosis, months, median (range)	7 (2-14)
Follow-up, months, median (range)	69 (11-151)
Initial symptoms	
Bone pain, n (%)	7 (100)
Swelling, n (%)	5 (71)
Limp, n (%)	3 (43)
Fever, n (%)	1 (14)
Clinical features	
Number of lesions, median (range)	2 (1-10)
Axial skeleton involvement, n (%)	2 (29)
Appendicular skeleton involvement, n (%)	5 (71)
Distribution of involvement	
Femur, n (%)	3 (43)
Radius/ulna, n (%)	2 (29)
Humerus, n (%)	1 (14)
Tibia/fibula, n (%)	5 (5)
Tarsal bones, n (%)	1 (14)
Others, n (%)	3 (43)
Laboratory tests	
Hemoglobin, g/dL, mean $\pm$ SD	13.1 $\pm$ 0.6
Leukocytes $\times 10^3/\text{mm}^3$, mean $\pm$ SD	8.48 $\pm$ 1.7
Platelets $\times 10^3/\text{mm}^3$, mean $\pm$ SD	384 $\pm$ 130
Erythrocyte sedimentation rate mm/h, mean $\pm$ SD	52 $\pm$ 37
C-reactive protein, mg/dL, mean $\pm$ SD	1.96 $\pm$ 2.35
Positive antinuclear antibodies, n (%)	0 (100)
HLA-B27 positive, n (%)	0 (100)
Comorbidities	
Any type of autoimmunity, n (%)	2 (29)
Others, n (%)	3 (43)
Histological confirmation, n (%)	3 (43)
Treatment	
NSAIDs, n (%)	6 (86)
Glucocorticoids, n (%)	0 (0)
Bisphosphonates, n (%)	6 (86)
TNF blocking agents, n (%)	2 (29)
Biological DMARDs, n (%)	1 (4)
Methotrexate, n (%)	2 (29)
Antibiotics, n (%)	3 (43)
Reached remission, n (%)	3 (43)

Conclusion: CRMO remains a rare diagnosis. From our experience most of the patients had delay in diagnosis, laboratory tests showed mild elevation of inflammatory parameters, was found association with psoriatic arthritis and psoriasis, remission was achieved with combination of bisphosphonate and immunosuppressive therapy in less than half of the cohort

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AB0753 ASSESSMENT OF SLEEP PROBLEMS IN PATIENTS WITH KAWASAKI DISEASE: A SURVEY-BASED STUDY

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Background: Kawasaki disease (KD) is a type of vasculitis that affects mainly medium and small arteries, especially the coronary arteries (1). It mainly affects children under the age of five (2). Sleep disturbances are more prevalent among medically ill children and adults and may have a negative impact on their health related quality of life (3, 4). To the best of our knowledge, sleep problems have not previously studied in KD patients.

Objectives: This study aimed to investigate sleep problems, sleep disturbances and the relation between sleep problems and clinical manifestations among patients with KD.

Methods: A cross-sectional study was performed using a written survey. Participants were invited through social media groups including patients and parents of children with KD. The survey included questions about demographic data, KD manifestations, disease duration and treatment received for management of the disease. Children's Sleep Habits Questionnaire (33-item version) was also included in the survey (5).