Changes in disease activity and absolute remission rates after 3 and 6 months were calculated. Remission rates and change in disease activity from baseline were compared between JIA patients and a weighted RA cohort with weights based on age and gender, using linear and logistic regression for continuous and categorical variables, respectively.

**Results:** 281 JIA patients (68.9% female, mean (SD) age 32.1 (11.1) years, mean (SD) diagnosis duration 23.5 (12.2) years) and 1374 RA patients (71.6% female, mean (SD) age 52.7 (14.5) years, mean (SD) diagnosis duration 9.5 (10.0) years) were included in the analyses. Age, gender distribution and disease duration differed significantly between cohorts.

Both groups had a significant improvement across all disease activity measures after 3 months (Table 1), which was maintained after 6 months across all measures except MHAQ. The RA group had a significantly greater 3- and 6-month increase in absolution except MHAQ. The RA group had a significantly greater 3- and 6-month increase in absolution except MHAQ. The RA group had a significantly greater 3- and 6-month increase in absolution except MHAQ. The RA group had a significantly greater 3- and 6-month increase in absolution except MHAQ.

Table 1.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Baseline</th>
<th>Change to 3 months</th>
<th>Change to 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESR, mm/h</td>
<td>18.9 (22.0)</td>
<td>4.9 (15.8)</td>
<td>3.8 (16.6)</td>
</tr>
<tr>
<td>SJC28</td>
<td>2.5 (5.5)</td>
<td>1.6 (3.7)</td>
<td>1.2 (4.7)</td>
</tr>
<tr>
<td>TJC28</td>
<td>4.0 (6.6)</td>
<td>1.3 (4.0)</td>
<td>1.2 (4.0)</td>
</tr>
<tr>
<td>DAS28</td>
<td>3.6 (14.4)</td>
<td>4.0 (14.3)</td>
<td>3.6 (14.3)</td>
</tr>
<tr>
<td>SDAI</td>
<td>16.8 (23.1)</td>
<td>2.3 (4.0)</td>
<td>1.3 (4.0)</td>
</tr>
<tr>
<td>PGA</td>
<td>51.4 (49.9)</td>
<td>4.0 (4.0)</td>
<td>1.0 (4.0)</td>
</tr>
<tr>
<td>MHAQ</td>
<td>0.6 (0.7)</td>
<td>0.0 (-1.0)</td>
<td>0.2 (0.2)</td>
</tr>
</tbody>
</table>

Table 1. Mean 3- and 6-month remission rates with error bars (SE)

**Conclusion:** TNFi was equally effective in reducing disease activity in the JIA and RA cohort after 3 and 6 months, and in inducing remission after 6 months. Absolute remission rates in the JIA group declined from 3 to 6 months across all measures, and studies with longer duration are needed to explore the long-term efficacy of TNFi in the patient groups.

**References:**


**Disclosure of Interests:** Imane Bardan: None declared, Karen Minde Fagerli: None declared, Joe Sexton: None declared, Gunstein Bakland Speakers bureau: Abbvie, Consultant of: UCB, Pfizer, Novartis, Pavel Mielnik: None declared, Liz Marina Paucar Loli: None declared, Tore K. Kvien Speakers bureau: Fees for speaking: Amsen, Celltrion, Egis, Evapharma, Ewopharma, Hilma, Oktal, Sandzo, Sanofi, Consultant of: Fees for consulting: AbbVie, Amsen, Biogen, Celltrion, Eli Lilly, Gilead, Mylan, Novartis, Pfizer, Sandzo, Sanofi, Grant/ research support from: Received research funding to Diakonhjemmet Hospital from Abbvie, Amgen, BMS, MSD, Pfizer and UCB, Eirik kristianslund: None declared, Anna-Birgitte Aga Grant/research support from: Dr. Aga reports personal fees from Abbvie, Eli Lilly, Novartis and Pfizer, outside the submitted work.

DOI: 10.1136/annrheumdis-2021-eular.1708

**POS1306**

**TREATMENT STRATEGIES IN CHRONIC RECURRENT MULTIFOCAL OSTEOMYELITIS (CMRO) OR CHRONIC NON-BACTERIAL OSTEOMYELITIS (CNO): SYSTEMATIC REVIEW AND META-ANALYSIS**

R. Dos-Santos1, C. Gomez-Vieites1, D. Fernández Fernández2, I. González Fernández3, A. Souto Vilas4, E. Perez-Pampin5, A. Mera Varella6, Clinical University Hospital in Santiago de Compostela, Rheumatology Department, Santiago de Compostela, Spain

**Background:** Glucocorticoids (GC), bisphosphonates (BP), non-steroidal anti-inflammatory drugs (NSAID) and classical synthetic or biological disease-modifying antirheumatic drugs (cs/dMARD) have been employed in the treatment of chronic recurrent multifocal osteomyelitis (CRMO) or chronic non-bacterial osteomyelitis (CNO). This one is a rare bone childhood illness and none treatment guidelines have been carried out till present.3

**Objectives:** To assess which treatment schedule employed in CRMO had the best response rates and try to expose a treatment recommendation.

**Methods:** A systematic literature review was made using Medline, Embase, Cochrane library and the Web of Science databases. The search strategy focused on synonyms of CRMO. A prevalence meta-analysis was performed to evaluate each treatment response. Stata 15.1 was used to perform statistical analysis.

**Results:** The search identified 1883 articles, of which 43 were finally selected. Complete response rate reached with NSAIDs was acceptable [50% (CI95% 40-60)]. Lower response rates were reached by GC treatment [44% (CI95% 25-63)] or csDMARD [38% (CI95% 28-48)]. The best complete response rates were reached by bDMARD and BP treatments [69% (CI95% 56-82) and 73% (CI95% 62-84), respectively].

**Conclusion:** This review and meta-analysis supports, taking into account its remission rates and its risk-benefit profile, NSAIDs as potential first-line agents in CRMO treatment. bDMARD and BP have reached the higher remission rates, turning into helpful treatment alternatives. There is not any treatment guidelines driving CRMO patients, but this analysis could help to select a suitable agent for each patient. Decision-making should be individualized.

**REFERENCES:**


**Disclosure of Interests:** None declared

DOI: 10.1136/annrheumdis-2021-eular.1890

**POS1307**

**ULTRASOUND-DETECTED TENOSYNOVITIS IN ANKLES WITH CLINICALLY ACTIVE DISEASE OF CHILDREN WITH NEW-ONSET JUVENILE IDIOPATHIC ARTHRITIS DOES NOT AFFECT THE CHANCE TO ACHIEVE DISEASE REMISSION**

S. Lanni1, D. De Lucia1, S. Così1, R. Costi1, G. Beretta1, T. Giani1, G. Filocamo2, C. V. Agostoni3, R. Cimaz2 on behalf of PRAGMA (Pediatric Rheumatology Associated Group of the Milan Area). 1Fondazione IRCCS Ca’ Granda Ospedale Maggiore Policlinico di Milano, Milano, Italy, 2Department of Rheumatology and Medical Sciences, Milano, Italy; 3University of Milano, Milan, Italy. 1Clinical Rheumatology Unit, ASST Centro Traumatologico Ortopedico G. Pini-CTO, Milano, Italy, Department of Rheumatology and Medical Sciences, Milano, Italy.

**Disclosure of Interests:** None declared

DOI: 10.1136/annrheumdis-2021-eular.1931

From September 22, 2023 by guest. Protected by copyright.
Background: The ankle is one of the most commonly affected sites in juvenile idiopathic arthritis (JIA). This region has a complex anatomical structure owing to the presence of multiple joint recesses and surrounding tendons. While the prognostic value of ultrasound (US)-detected arthritis has been investigated in recent studies, the role of tenosynovitis in JIA remains still unexplored.

Objectives: To investigate: 1) US features of ankle involvement in JIA at disease onset; 2) the predictive value of US-detected tenosynovitis in ankles with clinically active disease of children with new-onset JIA.

Methods: The clinical charts of all consecutive patients with new-onset JIA between May 2018 and January 2020 at study centres (Pollicinico and G.Pini Hospitals of Milan) and with clinically active ankle disease among the joints affected were reviewed retrospectively. Data on ankle US assessment were retrieved and patients were then stratified as follows: 1) patients with detection on US of isolated arthritis in at least one of the joint recesses of the ankle region; 2) patients with detection on US of tenosynovitis in at least one of the tendon compartments of the ankle irrespective of the presence of concomitant arthritis. For each of these two categories, estimation of patients who were able to achieve clinical disease remission at 12 months since disease onset was evaluated.

Results: Twenty-seven new-onset JIA patients were found to have clinical involvement of the ankle among the joints affected. Nine of them (33.3%) showed on US isolated arthritis of the ankle, whereas US-detected tenosynovitis was found in 18 (66.7%) patients. The amount of patients who were able to achieve disease remission at 12-months was the same (66.7%) for both patients with and without US-detected tenosynovitis in the ankle (12/18 and 6/9 patients, respectively). In patients with US-detected tenosynovitis and clinical disease remission at 12 months, the lateral tendon compartment (LTC) was the tendon site more frequently affected by pathology (75.0%). Patients with US-detected tenosynovitis that did not achieve clinical disease remission at follow-up had the highest frequency of tendon pathology on US in the medial tendon compartment (MTC) (83.3%). The anterior tendon compartment was the less frequently affected tendon compartment of the ankle in all patients (33.3% in both patients with and without clinical remission of disease at the 12-months follow-up visit).

Conclusion: US-detected tenosynovitis of the ankle is a common finding in patients with new-onset JIA with clinically active ankle disease activity and is more frequent than the detection on US of isolated arthritis. The MTC and LTC are the tendon compartments more commonly affected on US. The detection on US of tenosynovitis at disease onset in ankles with clinical disease activity did not seem to affect the change to achieve the overall clinical disease remission compared to patients without tendon pathology but with joint disease in the ankle region.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.1931

Table 1. Clinical manifestations, laboratory features and treatment details of recruited patients at diagnosis.

<table>
<thead>
<tr>
<th>Skin manifestations</th>
<th>44</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haematological involvement</td>
<td>51</td>
</tr>
<tr>
<td>Lupus nephritis</td>
<td>16</td>
</tr>
<tr>
<td>Musculoskeletal involvement</td>
<td>72</td>
</tr>
<tr>
<td>Serositis</td>
<td>14</td>
</tr>
</tbody>
</table>
| At follow-up, patients most commonly developed new haematological and cutaneous involvements, which were diagnosed in 43 and 11 patients, respectively. A trend towards statistical significance emerged for low C4 levels to predict new haematological involvement at follow-up (p=0.064, chi-squared: 3.42). Differently, positivity for antibodies against dsDNA emerged as the only predictor of the onset of cutaneous manifestations during follow-up (p=0.022, chi-squared: 7.62). Low C3 levels approached statistical significance in the prediction of skin involvement (p=0.058, chi-squared: 5.68).

Conclusion: According to the data from our monocentric cohort of 100 patients, complement and anti-dsDNA antibodies are the most accurate tools to predict disease progression in cSLE. HCQ, AZA and CTX reduce the rate of disease progression.