3. Eta neither prevents nor treats U.  
4. Topical NSAIDs and G can hardly be recommended as a reliable means for treatment of U without TNFi and MTX.  
5. Systemic NSAIDs neither prevent nor treat JIA-associated U.

REFERENCES:  

Disclosure of Interests: None declared  
DOI: 10.1136/annrheumdis-2021-eular.3327

POS1325  
COMPARISON OF THREE DIFFERENT ALGORITHMS FOR THE TREATMENT OF CHILDREN WITH POLYARTICULAR JIA: THE FIRST YEAR AFTER DIAGNOSIS


Disclosure of Interests: None declared  
DOI: 10.1136/annrheumdis-2021-eular.3458

POS1326  
FAMILIAL PERIODIC FEVER, APHTHOUS STOMATITIS, PHARYNGITIS AND ADENITIS (PFAPA) SYNDROME: IS IT A SEPARATE DISEASE?

Y. Butuhl1. 1The Ruth and Bruce Rappaport Faculty of Medicine, Technion - Israel Institute of Technology, Haifa, Israel, Pediatric Rheumatology unit, Haifa, Israel.

Background: Periodic fever, aphthous stomatitis, pharyngitis, and adenitis syndrome (PFAPA) is the most common periodic fever syndrome in the pediatric population. Unlike other periodic fever syndromes, the pathogenesis and genetics of PFAPA is unknown. Until recently, PFAPA was believed to be a sporadic disease, yet family clustering has been widely observed and current research indicates that heredity is likely.  
Objectives: To identify demographic and clinical differences between patients with PFAPA who have a positive family history (FH+) compared to those with PFAPA with no family history (FH-) that can reveal if heritable and sporadic subtypes of this disorder exist.  
Methods: In a database comprising demographic and clinical data of 273 pediatric PFAPA patients treated at two tertiary centers in Israel, 31(14.3%) of patients were PFAPA FH+. Data from patients with FH+ for PFAPA was compared to data from those with FH- of the disorder. Furthermore, family members (FMs) of those with FH+ were contacted via telephone for more demography and clinical details.  
Results: FH+ group had more headaches (32% vs 2%; p= 0.016), myalgia (56% vs 19%; p= 0.001), higher carrier frequency of M694V mutation (54% vs 25%; p=0.053), greater family history of FMF (30% vs 15%; p=0.096) and better outcomes with colchicine (82% vs 52%; p=0.096) compared to those with FH-. FMs displayed almost identical characteristics to the FH+ group except for greater arthralgia during flares (24% vs 13%; p=0.058) and compared to the FH+ group, more oral aphthae (68% vs 43%; p=0.002), and higher rates of FH of FMF (45% vs 15%; p=0.003).  
Conclusion: Our findings suggest that FH+ had probably different subset of disease with higher frequency of family history of FMF arthralgia, myalgia and better response to colchicine. Colchicine prophylaxis for PFAPA should be considered in FH+.

Disclosure of Interests: None declared  
DOI: 10.1136/annrheumdis-2021-eular.3448