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**Results:** Twenty-nine patients (male:16) diagnosed with definite or probable juvenile dermatomyositis based on the Bohan and Peter criteria and having a minimum follow-up period of 3 years each were enrolled. Of these, 20 children were diagnosed and initiated on treatment at our institute (inceptional) and 9 were diagnosed elsewhere and referred to our centre for further management (non-inceptional). The mean age at disease onset was 7.01 ± 3.34 years (range: 1.0 to 13.5 years). The median interval from onset to diagnosis was 3 months (range: 3 weeks to 8.75 years). Delayed diagnosis defined as interval from onset to diagnosis exceeding 6 months was noted in case of 8 children. Among patients in the non-inceptional group, six were considered to have not received standard care treatment prior to referral. Standard of care treatment was defined as initiation of a treatment regimen comprising of a combination of glucocorticoids and disease modifying anti-rheumatic drugs (DMARDs).

**Objectives:** To assess the long-term outcome and cumulative damage in children with JDM receiving treatment at a tertiary hospital in southern India.

**Methods:** Retrospective review of records and cross-sectional assessment of outcome and damage in 29 patients with JDM at a tertiary hospital in Kochi, India. The disease course was categorized as mononuclear, polyarticular and chronic progressive. Cumulative damage was assessed using the IMACS myositis damage index (MDI).

**Results:** The mean age at JIA onset was 4.6 ± 28.8 months (mo). 20/36 patients had high laboratory activity, HLA-B27 presence) and in patients with very high disease activity at the time of the start of biological therapy.

**Conclusion:** Our study suggested that new onset of uveitis is rare adverse event during BA therapy in JIA. Uveitis can develop despite the excellent effect of therapy. The most typical development of no-uveitis BA was switched.