Background: There is paucity of data regarding long-term outcome and cumulative damage in children with juvenile dermatomyositis (JDM) from the Indian subcontinent.

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 monocular, polyocular and chronic progressive. Cumulative damage was assessed using the IMACS myositis damage index (MDI).

Results: Twenty-nine patients (male-16) diagnosed with definite or probable juvenile dermatomyositis based on the Bohan and Peter criteria and having a mean age at JDM onset of 4.6 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 with an immunosuppressive agent within 4 weeks of diagnosis. A total of 11 children had a delayed diagnosis and/or had not received standard of care treatment prior to referral.

At our centre, all patients received oral steroids and subcutaneous methotrexate (MTX) in mean dosage 11.5 mg/m2/week. There are no differences in time of uveitis, however, development of uveitis is a well-established paradoxical phenomenon.

Conclusions: Early recognition and prompt initiation of appropriate treatment by the rheumatology team is important in improving the outcome of JDM. The analysis of the data shows that the disease course and damage assessment are skewed towards monocular involvement.

Disclosure of Interests:
Nicolino Ruperto: None declared, Marco Gattorno: None declared.
Scientific Abstracts

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**Background:** Tenosynovitis can occur in patients with Juvenile Idiopathic Arthritis (JIA) and may be clinically difficult to distinguish from joint synovitis. The role of musculoskeletal ultrasound (msk-US) is still discussed in the management of JIA but recent studies support the utility of msk-US especially in detection of tenosynovitis. There is no consensus treatment for tenosynovitis in children with JIA and almost all studies focused on tendon sheath injection with glucocorticoids.

**Objectives:** The aims of the study were: i) to define the prevalence of tenosynovitis of the ankle in JIA patients and ankle swelling; ii) to describe the clinical characteristics of patient with tenosynovitis and to analyze different response to treatment.

**Methods:** We conducted an observational cross-sectional study of a group of patients with JIA followed at the Rheumatology Service of the Maternal and Child Institute “Burlo Garofolo” of Trieste. We enrolled all the patients who reported a swelling of the ankle at least once during the follow-up period and, among these patients, we included only those who underwent msk-US. Based on both clinical and sonographic examination, we identified patients with tenosynovitis and we described their demographic and clinical characteristics as well as the therapeutic approach undertaken in this group of patients.

**Results:** On December 31st 2019, 56 swollen ankles of 48 patients were assessed with msk-US: 22 ankles showed sonographic signs of synovitis (39%), 16 ankles of both synovitis and tenosynovitis (28%), 14 ankles of tenosynovitis only (25%) and 6 ankles of synovitis only. Overall, tenosynovitis was detected on twenty-seven (56%) out of 48 children with at least a swollen ankle. The majority of patient were females (70%) and the most affected tendon was the tibialis posterior (66%). Twenty-five patients with tenosynovitis (92%) achieved clinical and radiological remission: seven out of 26 patients (28%) treated with methotrexate achieved clinical and radiological remission without the addition of other therapies; fifteen out of seventeen patients (88%) treated with a biological drug responded to the therapy, of which eleven (73%) were in combination therapy with methotrexate.

**Conclusion:** We observed that more than 50% of the patients with a swelling of the ankle presented a tenosynovitis and among these patients about 50% did not show sonographic sign of synovitis. Msk-US was decisive in order to identify tenosynovitis and to characterize ankle swelling in JIA patients. Among patients with tenosynovitis biological therapy alone or in association with immunomodulating therapy showed effectiveness in inducing disease remission.

**REFERENCES:**


**Disclosure of Interests:** None declared

**DOI:** 10.1136/annrheumdis-2021-eular.4272

**POS1334 RHEUMATOLOGY PATIENT ATTENDANCE TO THE PAEDIATRIC EMERGENCY DEPARTMENT**

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**Background:** A large proportion of patients present to the paediatric emergency department (PED) with non-rheumatological problems. Non-rheumatology-related reasons for attendance are also shown in Table 1, and notably include 20 patients with infections, 75% of whom were admitted to hospital. Chicken pox was the second most common reason for attendance (n=5, 8.5%); all patients attending with chicken pox or shingles (n=6) were admitted.

**Objectives:** To describe the demographic characteristics of children referred directly to paediatric rheumatology between 01/01/19 and 31/12/19 and whether these attendances are avoidable.

**Methods:** We conducted an observational cross-sectional study of a group of patients with JIA followed at the Rheumatology Service of the Maternal and Child Institute “Burlo Garofolo” of Trieste. We enrolled all the patients who reported a swelling of the ankle at least once during the follow-up period and, among these patients, we included only those who underwent msk-US. Based on both clinical and sonographic examination, we identified patients with tenosynovitis and we described their demographic and clinical characteristics as well as the therapeutic approach undertaken in this group of patients.

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**REFERENCES:**


**Disclosure of Interests:** None declared

**DOI:** 10.1136/annrheumdis-2021-eular.4272

**POS1335 CLINICAL CHARACTERISTICS OF THE PULMONARY ARTERY INVOLVEMENT IN PATIENTS WITH BEHÇET’S SYNDROME: A SINGLE-CENTRE EXPERIENCE OF 61 PATIENTS**

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