### AB1449
**THE GENETIC DIVERSITY AND FEATURES OF TREATMENT OF JUVENILE IDIOPATHIC ARTHRITIS**

**Keywords:** Quality of life, Genetics/Epiogenesis, Disease-modifying Drugs (DMARDs)

1. Early appointment of DMARDs together with NSAIDS makes it possible to stop the disease and prevent its transition to adult rheumatology.
2. Despite recent ACR treatment guidelines recommending NSAIDS and sulfasalazine for the treatment of sacroiliitis, early administration of methotrexate also prevents the transition of nonradiographic sacroiliitis to radiographic.

**REFERENCES:**

**Acknowledgements:** NIL

**Disclosure of Interests:** None Declared.

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### AB1450
**HIP INVOLVEMENT IN TUNISIAN CHILDREN WITH JUVENILE IDIOPATHIC ARTHRITIS**

**Keywords:** Prognostic factors, Inflammatory arthritides

1. The predominant subtypes of JIA were the seronegative polyarticular JIA (38.2%), and the seronegative oligoarticular form and juvenile spondyloarthritis (16.4%) each.
2. Biologial inflammatory syndrome was found in 65.5% of cases. The mean ESR and CRP was 42.4 mm/h and 28.8 mg/l respectively. Hip involvement concerned 30.9% of the patients (n=17) and was bilateral in 64.7% of cases (n=11). Coxs were occurred on average 10 years after the JIA onset. The mean Lequesne index was 12. Hip radiographic imaging was performed in 25% of cases and revealed synovitis in 70% of cases. Overall, 61.8% of patients had medical treatment combining non steroidal anti-inflammatory drugs and rehabilitation. Only two patients had local infiltration with Hexatrise. In 12.7% of cases (7 cases), a total hip replacement was necessary. Hip involvement was significantly associated with younger age at onset (p=0.02), polyarticular subtype of JIA (p=0.04) and with presence of biological inflammatory syndrome (p=0.03). However, coxitis was not significantly associated with gender, the duration of JIA progression, extraarticular manifestations, structural damage or the different used treatments.

**Conclusion:** Our study showed that hip involvement is frequent among Tunisian patients with JIA. Coxitis was associated with the polyarticular subtype, with biological inflammatory syndrome and younger age at onset of JIA.

**REFERENCES:** NIL

**Acknowledgements:** NIL

**Disclosure of Interests:** None Declared.

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### AB1451
**THE HIP RADIOGRAPHIC SCORE IS CORRELATED WITH THE LATE-ONSET OF JUVENILE IDIOPATHIC ARTHRITIS**

**Keywords:** Imaging

1. This study showed that the radiographic score CARSH was valid covering the osteoarticular changes in the hip joint as space narrowing, erosions, malalignment, sclerosis, flattening of the femoral head, and growth abnormalities [1].
2. The aim of this study was to assess radiographic changes in the hip joint using the CARSH in children suffering from JIA with hip involvement and to determine the impact of disease factors in this score.

**Methods:** This cross-sectional study was conducted in the pediatric rheumatology department and included patients with JIA according to the ILAR criteria. We included children with hip involvement defined as the presence of hip pain and/or limping and range motion limitation, and/or abnormal hip findings in pelvic radiography, ultrasound, or MRI. We collected from the recorded data demographics, disease characteristics [symptom duration, disease presentation, JIA subtypes], and disease activity: Juvenile arthritis disease activity (JADAS10). Experimented and blinded pediatric rheumatologists read the pelvis radiograph using the Childhood Arthritis Radiographic Score of the Hip (CARSH).

**Results:** Twenty-two children with a mean age of 13 years [5-22] were included in the study. The gender ratio was 1.4 (13 Males/9 Females). The median age of disease onset was 9.5 years [4-14]. The mean duration of the disease was 47 months [4-156]. The diagnostic delay median was 22 months [1-120]. The patient global assessment (PGA) median was 4 [0-8]. The visual analog scale (VAS) median was 5 [1-9]. The sedimentation rate (SR) and the C reactive protein (CRP) median were 25 [2-65] and 10 [1-47], respectively. The JADAS median was 6 [0-18]. Forty-four hips were analyzed. The median score of CARSH was 1.8 [0-7]. The CARSH was positively correlated to the age of disease onset (r = 0.4; p = 0.04). No other significant correlations were found between the CARSH and the gender (p=0.3), the duration of the disease (r = 0.7; p = 0.7), the diagnostic delay (r = 0.02; p = 0.9), the PGA (r = 0.1; p = 0.5), the VAS (r = 0.4; p = 0.8), the ESR (r = -0.08; p = 0.7), the CRP (r = -0.1; p = 0.6) and the JADAS 10 (r = 0.01; p = 0.9).

**Conclusion:** This study showed that the radiographic score CARSH was correlated to the age of disease onset. Our findings confirm that structural damage was more important in late-onset disease whereas early hip involvement affects growth and joint development.

**REFERENCES:**

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**Disclosure of Interests:** None Declared.

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