

serositis. Growing up with arthritis is often challenging. With optimal care and treatment, most children with arthritis live life to full potential.

Objectives: To present clinical, laboratory characteristics and treatment in patients with Childhood Arthritis followed up in Pediatric Rheumatology Clinic (PRC) at DR. Rajendra Prasad Government Medical College, Tanda, Himachal Pradesh, India

Methods: A Retrospective Chart Review was conducted for all patients who attended PRC with a musculoskeletal complaint. International League of Associations for Rheumatology (ILAR) criteria were used to diagnose Childhood Arthritis. Data collected included: gender, age at onset of symptoms, initial manifestations, clinical and laboratory parameters, final diagnosis, treatment, follow-up and duration before attending PRC.

Results: Total of 44 children with arthritis were included. There was male predominance (male:female=1.3:1), mean age at onset of symptoms was 10.14±3.89 years. Median interval between onset of symptoms and diagnosis was 2 months. Various subtypes of arthritis identified are shown in figure 1. Commonest joint involved is Knee followed by Hip and elbow joints. Fever at time of presentation was present in 6 (13.63%) patients. One child with Systemic JIA had splenomegaly. One with Camptodactyly-Arthropathy-Coxsack-Pericarditis-Syndrome (CACPS) had panserositis. Mean hemoglobin was 11.33±1.60 g/dl. ANA which was done by Indirect-Immunofluorescence on Hep-2 cell line was positive in 10 (22.72%), of which 5 had Oligoarthritis. HLA-B27 which was done by PCR was positive in 7 (15.90%) patients. Uveitis was observed in 4 (9.09%) patients and all had oligoarthritis. 11 (25.00%) patients were treated by NSAIDs only and 12 (27.27%), 7 (15.90%), 3 (6.81%) patients were given Methotrexate, Intra-Articular-Corticosteroid-Injection and Sulfasalazine respectively. Cyclophosphamide was started in 1 patient with SLE arthritis and 1 patient with systemic JIA is on Tocilizumab. 16 (36.36%) patients are on regular follow-up with mean duration of 93.92 person-months.

Conclusion: We highlighted various clinical and laboratory characteristics in children with arthritis. Oligoarthritis-JIA is the commonest subtype in our study. Unusual causes like CACPS and SLE arthritis were seen among study population. Childhood musculoskeletal pain is still a dilemma among pediatricians. Knowledge of clinical spectrum will increase the awareness for early referral, diagnosis and treatment.

Disclosure of Interest

None declared

P110

Dermatologic adverse events associated with Juvenile Idiopathic Arthritis treatment

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Introduction: Steroids and disease-modifying anti-rheumatic drugs (DMARDs) are widely used in the treatment of juvenile idiopathic arthritis (JIA). Dermatologic adverse events including psoriasis have been reported in treatment of various inflammatory diseases (1-3). However, data regarding the occurrence of dermatologic adverse events in JIA patients are scarce (4-6).

Objectives: To determine the prevalence of dermatologic adverse events in JIA patients treated with systemic steroids and DMARDs. To investigate an association between drugs and dermatologic adverse events and the association between anti-TNF treatment and psoriasisform lesions.

Methods: Data from the international, observational registry Pharmachild were used. It includes patients with JIA who were treated with NSAIDs, steroids and/or synthetic and biological DMARDs. Pharmachild started in 2011 and data on adverse events were collected. Treatment of patients with and without a dermatologic adverse event was compared. The start date of the drug had to be at least one day before the adverse event date and the end date needed to be similar or later than the adverse event date.

Results: Among 8841 patients, 439 (5.0%) patients had at least one dermatologic adverse event and in total 492 dermatologic adverse events were reported. Median follow-up time was 3.9 years. Erythema, rash and pruritus occurred in 65 of 492 (13.2%) dermatologic adverse events, other dermatologic adverse events in 46 (9.3%), eczema in 34 (6.9%), hair disorders in 33 (6.7%), and psoriasisform lesions in 30 (6.1%). Several drugs were used more often in patients with such an event than patients without. In five of eight patients with psoriasisform lesions during anti-TNF treatment the lesions disappeared with the discontinuation, reduction or interruption of the dose.

Conclusion: A wide range of dermatologic adverse events was reported in this cohort underlining the importance to be aware of such adverse events.

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Disclosure of Interest

None declared

P111

Estimation of the vitamin D status and its correlation with clinical activity in children with JIA

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Introduction: JIA is the most common rheumatologic disease and these patients suffer from the condition with difficult pathogenesis and as well other underestimate conditions - microelement and vitamin deficiency. Vitamin D deficiency in pediatric population plays a leading role according to WHO reports.

Objectives: The aim of our study was to evaluate status of vitamin D and its correlation with clinical activity of the disease in patients with JIA.

Methods: We did complete clinical and laboratory investigation of 83 children with JIA, at the age range from 3 to 16 years and middle duration of the disease 14 months. Estimation of the vitamin D