

**P217****Enthesitis-related arthritis: is there a relationship between structural hip damage and ultrasound synovitis?**

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**Introduction:** Juvenile idiopathic arthritis (JIA) includes all inflammatory joint damage starting before the age of 16, lasting more than or equal to 6 weeks and with no identifiable cause. Enthesitis-related arthritis (ERA) accounts for 15-20% of all JIAs. Hip involvement is particularly important in this disease as it represents a major functional prognostic factor.

**Objectives:** The objective of our study is to clarify the correlation between the presence of a structural hip damage on X-Ray and the presence of synovitis on hip ultrasound.

**Methods:** This is a monocentric retrospective study, 35 patients with ERA were enrolled (ILAR Criteria). We have identified the epidemiological, clinical and radiological characteristics. The damage of hip was assessed by the Bath Ankylosing Spondylitis Radiology Index hip (BASRI) score.

**Results:** Our study included 35 patients, 91,4% of whom were male. The average age at diagnosis was 13.08 years [6-16]. At the time of inclusion, 88, 5% of patients had coxitis, 77, 1% of which had bilateral coxitis. The median time to onset of coxitis from the onset of ERA was 0,2 years [0-3,4]. Nearly 60% of patients had destructive coxitis. The average BASRI was 2.57 [0,4]. The ultrasound performed in 17 patients had demonstrated synovitis in 6 cases (n = 6) and effusion in 3 cases. There was no statistically significant correlation between the BASRI Hip Score and hip synovitis (p = 0.053).

**Conclusion:** According to our study, there was no correlation between structural hip damage assessed by BASRI and ultrasound synovitis in ERA. These two examinations must be complementary and if necessary supplemented by an MRI in order to better document the involvement of the hip.

**Disclosure of Interest:** None declared

**P218****Spider bite mimicking pyoderma gangrenosum in sJIA: a case report**

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**Introduction:** Several paediatric patients manifest conditions commonly misdiagnosed as spider bites, which however, can include other arthropods bites; bacterial, viral, and mycotic infections; vasculitis; dermatological diseases; miscellaneous conditions as drug reactions, chemical injuries.

**Objectives:** In Italy, spiders which are likely to be associated with severe toxin mediated tissue damage are uncommon, especially in urban zones. However, a minor trauma may be a precipitating factor for pyoderma gangrenosum particularly over the legs, in association with inflammatory bowel disease, haematologic diseases and Juvenile Idiopathic Arthritis (JIA).

**Methods:** We describe a 11-years old boy with pyoderma gangrenosum complicated spider bite in association with systemic JIA (sJIA). The patient was in clinical remission after the start of the sJIA, occurred two months before, still treated with tapering doses of steroids and canakinumab, with the normalization of inflammatory parameters (CRP, ESR, SAA, ferritin) and clinical manifestations. Only a mild arthritis of the knee persisted and for this reason he was still treated with steroids. Furthermore, he developed hyperglycemia, requiring insulin treatment. The first dermatological manifestation which he referred was a red dot of the leg skin. In a few days, the erythema enlarged, involving an area

of 7 x 7 cm, with oedema, pain, and blisters, evolving in a necrotic lesion, with purulent exudate, surrounded by a haemorrhagic zone.

**Results:** Haematological controls revealed neutrophilic leucocytosis, increased CRP and procalcitonin. He started treatment with intra venous administration of teicoplanin plus ceftriaxone, with no resolution of the clinical manifestations and the reduction of leukocytosis, CRP, procalcitonin.

A culture swab was performed and was positive for *Pseudomonas Aeruginosa*, confirmed by PCR on the culture. He started ciprofloxacin and surgical curettage of the lesion, with the resolution of the lesion and the normalization of biochemical parameters.

**Conclusion:** The aspect of the lesion and its evolution were evocative of a spider bite suggested by anamnestic records, complicated by a pyoderma gangrenosum secondary to *Pseudomonas Aeruginosa*. The underlying disease, the immune suppressive treatment, with steroids and biological drugs, the hyperglycaemic pattern of the patient allowed the severe evolution of the spider bite.

Children in treatment with immune suppressive and/or biologic drugs are at high risk of infections. Skin lesions, as arthropods bites, can be a facility for superinfection, with possible haematological and systemic diffusion.

**Disclosure of Interest:** None declared

**P219****Application of preliminary printo classification criteria for sJIA in an Indian cohort**

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**Introduction**

The strict application of the ILAR<sup>1</sup> requirement for the presence of documented arthritis for the diagnosis of sJIA, early in the disease course, may result in unnecessary delays in initiating appropriate treatment. In preliminary PRINTO<sup>2</sup> classification criteria for sJIA, this mandatory requirement of documented arthritis has been modified.

**Objectives**

To measure performance of preliminary PRINTO classification criteria for sJIA in our Indian cohort.

**Methods**

I gathered a data of seven sJIA patients who attended dev children's hospital between Jan 2019 and Jan 2020. My data included demographics, clinical presentation, laboratory parameters and outcome of these patients. All these patients were diagnosed at an early stage by clinical judgement irrespective of fulfilment of ILAR criteria. I applied preliminary PRINTO classification criteria for all.

**Results**

Average age of selected children (4 girls and 3 boys) was 5.1 years.

**Conclusion**

A preliminary PRINTO classification criteria for sJIA has been validated in our cohort. There are many raised inflammatory markers in most of these patients other than WBC count. These markers should be considered to be added in supportive laboratory criteria to be more specific towards the diagnosis. It is important to add PID in exclusion list especially in a case of sJIA with MAS at onset.<sup>3</sup>

**Trial registration identifying number**

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