

Poster presentation

## Juvenile Psoriatic Arthritis (JPsA) clinical features and outcome of 119 patients

Y Butbul Aviel\*, PN Tyrrell, BM Feldman, RM Laxer, RK Saurenmann, L Spiegel, B Cameron, S Tse and ED Silverman

Address: Division of Rheumatology, The Hospital for Sick Children, Department of Pediatrics, University of Toronto, Toronto, Ontario, Canada

\* Corresponding author

from 15<sup>th</sup> Paediatric Rheumatology European Society (PreS) Congress  
London, UK. 14–17 September 2008

Published: 15 September 2008

*Pediatric Rheumatology* 2008, **6**(Suppl 1):P42 doi:10.1186/1546-0096-6-S1-P42

This abstract is available from: <http://www.ped-rheum.com/content/6/S1/P42>

© 2008 Aviel et al; licensee BioMed Central Ltd.

### Objective

To determine the long-term outcome of a single center cohort of children with JPsA.

### Methods

Clinical records of 122 patients meeting the Vancouver or ILAR criteria for JPsA were reviewed. Patients were divided into 4 groups depending on their clinical features: a) Oligoarticular, b) RF(-) polyarticular, c) RF(+) polyarticular and d) enthesitis related arthritis (ERA). Patient characteristics and clinical features at onset and during follow-up were determined.

### Results

The cohort consisted of 119 patients, 59(49.6%) had polyarticular course, 54(47.8%) were RF(-) and 4(3.3%) RF(+), 44 patients(38.3%) had oligoarticular course and 16(13.4%) ERA.

At diagnosis patients with ERA were older as compared to patients with oligoarticular and polyarticular course ( $11.6 \pm 2.2$  years vs  $7.7 \pm 4.3$  years and  $7.1 \pm 4.5$  years respectively  $p = 0.001$ ).

Patients with polyarticular course had more MCP, PIP and wrist involvement when compared to patients with oligoarticular course and with ERA ( $p < 0.001$  for all).

Patients with ERA had significantly more hip and sacroiliac involvement compared to the other groups ( $p < 0.001$  for both).

Nail changes was seen in 66 patients (57%) and was associated with DIP involvement at presentation ( $p = 0.0034$ ).

### Outcome

Time to first inactive disease period on but not off therapy was significantly longer among patients with polyarticular disease when compared to the oligoarticular and the ERA groups ( $p = 0.016$  and  $p = 0.48$  respectively).

Patients with polyarticular had more contracture during follow-up when compared to patients with oligoarticular and with ERA ( $p = 0.01$ )

### Conclusion

Patients with JPsA compromised from three distinct group of patients.

Most patients with JPsA will achieve inactive disease and only minority will have long lasting contracture.