Pediatric Rheumatology

Poster presentation

Clinical and articular presentation of juvenile idiopathic arthritis

R Ravichandran*, N Vasanthy, Panchapakesa Rajendran C, J Sasikala, S Rukmangatharajan, Seerala Boopathy K and R Kirthi

Address: Madras Medical College, Chennai, Tamilnadu, India
* Corresponding author

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Aim

To analyse the clinical and articular features of children with juvenile idiopathic arthritis (JIA) at the time of presentation as per ILAR criteria.

Materials and methods

84 children with JIA who attended between January 2007 – December 2007, fulfilling the ILAR criteria were analysed prospectively.

Results

Male-44, Female-40. Age distribution 0–5 yrs-6, 6–10 yrs-19, 11–16 yrs-37, above 17 yrs-22. 25 children were less than 10 yrs.

Sex distribution shows 21 males in ERA, 18 females in polyarticular and 13 males, 14 females in systemic onset.

JIA subtypes shows systemic onset 27(32%), Oligoarticular persistent 9(11%), extended 1(1%), Poly articular RF negative 10(12%), RF positive 12(14%), Enthesitis related arthritis 23 (27%) and Psoriatic arthritis 2(2%).

Joints commonly affected are knee 119(71%), ankle 92(55%), wrist 70(42%), PIP 56(33%), elbow 54(32%), MCP 48(29%), shoulder 32(19%), MTP 32(19%), hip 26 (15%), sacroiliac joints 25(15%), cervical spine 16(19%), DIP 6(4%) and TMJ 2(1%).

Conclusion

Systemic arthritis is the commonest sub type in our study.

Females were commonly affected in poly articular, males in ERA and both sexes equally affected in systemic onset.

Majority of the children were above 10 yrs.

Joints commonly affected are knee, ankle, wrist, PIP and elbow. Less commonly affected are DIP and TMJ joints.