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joint count (TJC), and higher JADAS compared with overweight and

Underweight patients had higher PGA, higher CRP level, higher tender

2/C6

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DON’T MISS THE FOOT DEFORMITIES!

22 MONITORING OF JUVENILE IDIOPATHIC ARTHRITIS:

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Results

were assessed using an optical podoscope. C-reactive protein (CRP)

Juvenile Arthritis Disease Activity score (JADAS). Foot deformities

Methods

in JIA patients. These deformities can deeply affect the

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Background

Foot deformities seem to be frequent in children with Juvenile

Idiopathic Arthritis (JIA) [1,2]. These deformities can deeply affect the

Objectives

To study the association between disease activity and foot deformities

in JIA patients.

Methods

We conducted a cross-sectional study including patients meeting the

International League of Associations for Rheumatology (ILAR) 2001
criteria for JIA. For each patient, we collected the following data: age,
disease duration, tender joint count (TJC), swollen joint count (SJC),

Patient Global Assessment (PGA), Visual Analogic Scale (VAS), and

therapeutic management. Disease activity was assessed using the

Juvenile Arthritis Disease Activity score (JADAS). Foot deformities

were assessed using an optical podoscope. C-reactive protein (CRP)

and Erythrocyte sedimentation rate (ERS) levels were measured.

Statistical analysis was performed using SPSS software.

Results

We included 35 patients. Forty-three percent of the patients were boys

(n = 15). The mean age was 12.2 ± 3.61 years. The mean disease
duration was 4.1 ± 3.29 years. The mean PGA and the mean VAS were

3.4 ± 3.02 and 3.37 ± 2.92, respectively. The mean TJC and the mean

SJC were 1.48 ± 1.69 and 0.61 ± 0.77, respectively. The mean CRP

and ESR were 7.51 ± 11.85 mg/l and 18.88 ± 15.53 mm, respectively.

Twenty-four patients were under non-steroidal anti-inflammatory

drugs (69%), 12 patients were under methotrexate (34%), and 5

patients were under TNF inhibitor (14%).

The mean JADAS was 7.58 ± 6.3. Seventeen percent of the patients

had the inactive disease (n = 6). Foot deformities were found in 80% of

the patients (n = 28). They were flatfoot in 49% (n = 14) and pes cavus

in 46% (n = 16). These deformities were bilateral in 18 cases (51%).

Hallux valgus was present in 14% of the cases (n = 5). Foot deformities

were associated to a higher PGA (4.04 ± 3.01 vs 0.86 ± 1.2, p < 10−3),

VAS (3.93 ± 2.94 vs 1.14 ± 1.46, p = 0.022), CRP level (8.84 ± 13.1 vs

2.79 ± 2.5 mg/l, p = 0.039), and higher JADAS (9.12 ± 6.25 vs

2.08 ± 1.93, p < 10−3).

Conclusion

Our study showed that foot deformities are common in JIA. Interestingly, these deformities are associated with a higher CRP

level and a higher disease activity. These results suggest that an early

screening of foot deformities is advisable in patients with active
disease.

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