OBJECTIVES
Our study aims to identify the clinical, biological characteristic of patients with hip involvement in children with JIA. Active disease and biological therapies, with an emphasis on corticosteroids, are known to be associated with hip damage. Hip involvement was associated with a longer disease duration (mean 7.05 vs 16.37 mm/h respectively) but not significantly (p = 0.565). Higher CRP values were found in patients with coxitis (mean 8.35 vs 7.05) but not significantly (p = 0.718, \( \alpha = 0.051 \)). JADAS score value of patients with coxitis was higher (Mean 9.51 vs 9), polyarticular (p = 0.003), enthesitis-related arthritis (p = 0.029), psoriatic arthritis (p = 0.002), and spondylitis with peripheral involvement (p = 0.0001). The incidence of hip involvement increased with disease duration (p = 0.029). Higher CRP values were found in patients with coxitis (mean 8.35 vs 7.05) but not significantly (p = 0.718, \( \alpha = 0.051 \)). JADAS score value of patients with coxitis was higher (Mean 9.51 vs 9), polyarticular (p = 0.003), enthesitis-related arthritis (p = 0.029), psoriatic arthritis (p = 0.002), and spondylitis with peripheral involvement (p = 0.0001). The incidence of hip involvement increased with disease duration (p = 0.029).

RESULTS
Sixteen patients (45.71%) developed coxitis (radiographic (p = 0.0001)), polyarticular (p = 0.003), enthesitis-related arthritis (p = 0.029), psoriatic arthritis (p = 0.002), and spondylitis with peripheral involvement (p = 0.0001). The incidence of hip involvement increased with disease duration (p = 0.029).

CONCLUSION
Our study showed that the flat foot was associated with a reduction in hip involvement. The incidence of hip involvement increased with disease duration. The version was validated according to the Delphi method. Six experts (pediatricians and rheumatologists) from different French-speaking countries were interviewed during 3 rounds by electronic survey.
individually and anonymously. After each round: the median, consensus, and comments of every item are collected and a meeting with experts was held to analyze the results. During the first meeting, we were consensual and we had an agreement on 82% of the items (28 items were validated, and 6 items were reformulated). Then the form was reformulated using the results of the preliminary rounds: opinions of the experts and their proposals during the last meeting). We were in agreement and we validated the remaining six-item during the second meeting. In the last round, we obtain a consensual version of pGALS.

**Conclusion**

Our approach contributed to the consensual translation of the francophone version of pGALS. This tool is now ready to be used as a basic clinical skill. More research is mandatory to assess its sensibility and specificity in screening musculoskeletal disorders.