JIA subtype (diseases that begin before the age of 16. Depending on the clinical
Juvenile idiopathic arthritis (JIA) is a group of inflammatory joint
Background
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larger sample sizes are needed to draw definite causal associations.
Our study shows that long disease duration exposes to a higher risk of
findings (destruction, synovitis, bone marrow oedema).
activity score (JADAS)) as well as treatment modalities. Regarding
characteristics (subtype disease, duration, and juvenile arthritis disease
recorded data included sociodemographic features, disease charac-
International League of Associations for Rheumatology (ILAR). The
Methods
Objectives
Our study aims to identify the clinical, biological characteristic of patients
with hip involvement and determine the associated risk factors.
Methods
A cross-sectional study including children with JIA according to the
International League of Associations for Rheumatology (ILAR). The
recorded data included sociodemographic features, disease charac-
steristics (subtype disease, duration, and juvenile arthritis disease
activity score (JADAS)) as well as treatment modalities. Regarding
coxitis, we collected radiographs, ultrasound (US), and magnetic
resonance imaging (MRI) of the hip when performed. Coxitis was
defined by clinical (limited range of motion) and/or radiographic
findings (destruction, synovitis, bone marrow oedema).
Results
Thirty-five patients (20 females) with a median age of 12 years (5–18)
and disease duration of 3 years (0.25–15) were recruited. The patient’s
distribution of JIA subtypes were oligoarticular (n = 13), enthesitis-
related arthritis (n = 9), polyarticular (n = 4) (negative rheumatoid factor
in 3 patients), undifferentiated (n = 4), psoriatic-arthritis (n = 4) and
systemic–onset (n = 1), ESR and CRP median values were 15 mm/h (0–63)
and 2 mg/l (0–47) respectively. Sixteen patients were under
DMARDs (Methotrexate (n = 10), biological agent (n = 3), biological
agent and methotrexate (n = 2), salazopyrine (n = 1)).
Sixteen patients (45.71%) developed coxitis (radiographic (n = 8), MRI
(n = 5) and US findings (n = 3)) with eight (50%) presenting limited
range of motion and 10 (62.5%) developing radiological evidence of
hip damage. Hip involvement was associated with a longer disease
duration (p = 0.051). JADAS score value of patients with coxitis was
higher (Mean 8.35 vs 7.05) but not significantly (p = 0.565). Higher CRP
and ESR values were found in patients with coxitis (mean 8.39 mg/l vs
6.83 mg/l, 22.29 mm/h vs 16.37 mm/h respectively) but not significantly
(p = 0.718, p = 0.287 respectively). No associations were found
between hip involvement and BMI (p = 0.233), age-onset (p = 0.496),
JIA subtype (p = 0.509), nor sex (p = 0.767).
Conclusion
Our study shows that long disease duration exposes to a higher risk of
hip involvement in children with JIA. Active disease and biological
inflammatory syndrome could be associated risk factors. Studies with
larger sample sizes are needed to draw definite causal associations.