The incidence of uveitis in children with oligoarticular JIA was identified. The incidence of uveitis in these children was 0.7 cases per year.

Results

The purpose of our survey is to report the incidence of uveitis in children and to describe the clinical and evolutionary characteristics of oligoarticular JIA.

Objective

We retrospectively evaluated 192 consecutive pediatric patients with juvenile idiopathic arthritis followed-up at the pediatric emergency and outpatient department at the Children's Hospital in Tunisia between January 2005 and December 2021. A total of 95 cases (49.4%) with oligoarticular JIA were included in the final analysis. The incidence of oligoarticular JIA was 4.11 cases per 100,000 children per year. The median age at diagnosis was 4.9 years (range: 0.6-16 years).

The region of Africa constitutes a diverse group of ethnicities, socioeconomic conditions, and climates which influence the prevalence of JIA. The prevalence of JIA in Africa was observed to be towards the lower range of the global estimate. We observed that the most prevalent age group affected in our cohort was between 5 and 14 years (42.7%).

Background

JIA is a group of heterogeneous diseases further characterised by arthritis of unknown origin with onset before age of 16 years. JIA comprises a common group of diseases that occur in children under the age of 16. JIA associated uveitis is the most frequent extra-articular manifestation. The uveitis seen in JIA is chronic anterior uveitis which is always asymptomatic in the initial stages. The presence of antinuclear antibody (ANA) has been identified as a risk factor for the occurrence of uveitis (n = 0.03)

Conclusion

In JIA, it is important to start effective treatment early to avoid long-term sequelae, such as joint damage. MTX adverse effects such as MTX intolerance occur in 35.8% of cases. MTX intolerance was noted in 35.8% of cases. 11.4 mg/m². MTX intolerance was noted in 35.8% of cases.

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33 Oligoarticular Juvenile Idiopathic Arthritis-associated Uveitis

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Background
Oligoarticular juvenile idiopathic arthritis (JIA) is a rare inflammatory disease that occur in children under the age of 16. JIA associated uveitis is the most frequent extra-articular manifestation. The uveitis can be sight-threatening and may be associated with disabling morbidity. The uveitis seen in JIA is chronic anterior uveitis which is always asymptomatic in the initial stage.

Objective
To report the incidence of uveitis in oligoarticular JIA and to determine the potential risk factors for the occurrence of uveitis in children with oligoarticular JIA.

Results
We retrospectively evaluated 95 consecutive pediatric patients with oligoarticular JIA in the paediatric emergency and outpatient department of the children’s hospital in Tunisia between January 2005 and December 2021. 70 patients were included in this study. A total of 12 cases (17.1%) with oligoarticular JIA associated uveitis where identified. The incidence of uveitis in these children was 0.7 cases per year. The uveitis had occurred before the joint manifestations in only one patient. The average time between the onset of symptoms and the occurrence of uveitis was 1.7 years with a maximum time interval of 5 years. Management of JIA-associated uveitis involved use of topical agents in half of our patients and systemic agents in the other half. JIA-associated uveitis has led to ocular complications such as cataracts \((n=5)\), glaucoma \((n=6)\), anterior/posterior synechiae \((n=8)\), and ultimately a visual impairment and blindness \((n=1)\). Eleven of the twelve patients with uveitis had acceptable visual acuity. The presence of antinuclear antibody (ANA) was identified as a risk factor for the occurrence of uveitis \((p = 0.03)\).

Conclusion
Collateral damage of oligoarticular JIA include growth failure, muscle atrophy and intraocular damage. The main challenge during the management of oligoarticular JIA is the early detection of uveitis. Multidisciplinary management by the rheumatologist and the ophthalmologist is essential to optimize outcome.