

Poster presentation

Does unity of Familial Mediterranean fever with juvenile idiopathic arthritis affect the outcome?

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Background

Juvenile idiopathic arthritis (JIA) is the most common inflammatory arthritis of childhood. Its association with familial Mediterranean fever (FMF) had been reported previously, but it is not known how presence of FMF affect presentation and outcome of JIA.

Aim

To identify the effect of FMF on the presentation and outcome of JIA both clinically and in laboratory values.

Patients and methods

Thirty-two patients diagnosed as JIA according to ILAR criteria and FMF according to Tel-Hashomer criteria with heterozygous or homozygous for MEFV mutations were enrolled to the study. The control group consisted 32 JIA patients without FMF. Their data were analysed retrospectively from their follow-up charts.

Results

The gender, age, age of onset, age at the time of diagnosis and subgroups of JIA were similar in both groups. At the first presentation sedimentation rates, leukocyte counts, affected number of joints, frequency of uveitis and hip involvements were also similar among the groups. But the CRP levels, frequency of sacroileitis and the number of drugs used during treatment of the patients with the diagnosis of JIA and FMF was significantly higher than the controls ($p < 0.05$).

Conclusion

It was believed that MEFV mutations increase the level of inflammation, we have shown a marked difference in CRP levels, frequency of sacroileitis and the number of drugs needed to control the disease. This study may be a clue for new studies using more standardized outcome measures in large cohorts.