

Poster presentation

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Inflammatory arthritis associated with inflammatory bowel disease in children

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Purpose

To describe the clinical presentation of inflammatory arthritis associated with inflammatory bowel disease (IBD) in children

Methods

Retrospective study conducted in 3 French pediatric centres. Children presenting with IBD associated with inflammatory arthritis were included.

Results

Nine children aged from 2.8 to 14.9 years presented with a Crohn's disease associated with arthritis. Rheumatic disease occurred 25 to 41 months before the diagnosis of IBD (3 children), 8 to 62 months after the diagnosis of IBD (4 children) or at the same time of IBD (2 children). In the first three children, polyarticular form of juvenile idiopathic arthritis and Still's disease were initially diagnosed. IBD was diagnosed 2 to 7 months after the initiation of etanercept (2 children) and anakinra (1 child). Arthritis developed in children who received corticosteroids, infliximab, methotrexate and/or azathioprine because of IBD. Patients presented with peripheral arthritis, involving knees (7 children), ankles (5 children), and rarely hips, fingers, elbows and shoulders. 12/18 relapse of arthritis occurred at the same time as relapses of IBD. Abdominal manifestations included diarrhea, anal abscess, abdominal pain, vomiting, and loss of weight. Mean C reactive protein value and erythrocyte sedimentation rate were 102 mg/L and 58 mm at onset of the disease respectively.

Discussion

IBD may be diagnosed several years after the occurrence of arthritis and must be searched for in children presenting with arthritis and abdominal involvement and/or weight loss. IBD may develop in children who receive etanercept while infliximab does not prevent the occurrence of inflammatory arthritis.