Pediatric Rheumatology

Poster presentation

Collaboration in long term follow-up of juvenile idiopathic arthritis

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Objective

Since many patients with juvenile idiopathic arthritis (JIA) are lost to follow-up in adulthood, we have started a transition clinic with further follow-up, in order to assess the outcome of adults who had JIA during childhood and who still have active inflammatory arthritis.

Methods

18 patients (13 female, 5 male) seen since the year 1998 and regularly followed at the rheumatology clinic are included.

Results

The mean age is 29 years; the mean duration of disease is 22 years. 8 were polyarticular in onset (all rheumatoid factor negative): joint erosions are noted in 4, hip replacement in 2, amyloidosis in 1 (renal graft); 5 are on methotrexate, 3 on etanercept; functional impairment is evident in 1/8, seven are employed.

Of the 10 who had systemic-onset disease, erosions are present in 4, hip replacement in 2, amyloidosis in 1; 3 are treated with methotrexate, 1 leflunomide, 3 etanercept; disability in 3, 4 are students and 3 are employees.

Globally 33% of patients need anti TNF, while 83% work.

Conclusion

Studies of the outcome of JIA at adult age with persistent inflammatory symptoms are few. This cohort emphasizes the need of prolonged treatment with methotrexate and anti TNF in cases of active disease. However, overall prognosis looks relatively good in term of work ability.