

Disclaimer:
Read the disclaimer at medimaps.co.uk/disclaimer

References:
1. patient.co.uk
2. GP Update webinar Mar 2021.

**Juvenile idiopathic arthritis/
Stills disease/
Jevenile rheumatoid arthritis**

- 1:1000.
- Two peaks at preschool and adolescent.

Symptoms

- Joint inflammation in < 16y.
AND
- >6/52 duration.
AND
- Other causes excluded.

- Seven sub-types.

Oligoarticular JIA (50% of JIA)

- ≤ 4 joints affected in first 6/12 (can be more after).
- Usually <6y.
- Initially stiffness in one or two joints but no major pain.
- Usually knee and ankle.

Polyarticular JIA - RF negative (25%)

- ≥5 joints affected in the first 6/12.
- Can be symmetrical or asymmetrical.
- Uveitis.
- Large or small joints.

Polyarticular JIA - RF positive (5%)

- ≥5 joints affected in the first 6/12.
- Symmetrical, particularly the hands and wrists.
- Rheumatoid nodules.
- Fever.
- Hepatosplenomegaly.
- Lymphadenopathy.
- Serositis.
- Pericardial effusions.

Systemic-onset JIA (5-10%)

- At least 2/52 of daily fever.
- At least 3/7 in which the fever peaks >39°C, and troughs < 37°C.
- Rash (quickly fading).
- Lymph node enlargement.
- Hepatosplenomegaly.
- Serositis (pericarditis, pleuritis, peritonitis).

Juvenile psoriatic arthritis (2-15%)

- Arthritis AND psoriasis
OR
- Arthritis AND 2/3 of following:
- Dactylitis.
- Nail pitting or onycholysis.
- Psoriasis in a 1st degree relative.

Enthesitis-related arthritis (2-10%)

- Arthritis AND enthesitis (inflammation at the site of tendon or ligament insertion into bone) e.g. heel pain.
OR
- Arthritis OR enthesitis AND 2/4:
- Inflammatory back pain.
- Sacroiliac joint pain.
- HLA B27-positive.
- FHx HLA B27-related disease.

Undifferentiated arthritis (1-10%)

- Does not meet criteria of other subtypes.

Investigations

- Change in behaviour.
- Beware red herring 'trauma'.
- Recent infection.

- Reluctance to walk usual distances.
- Wanting to be carried or dressed.
- Not wanting to play.
- New or ↑ falls/ clumsiness .
- "Moves like an old person" = stiffness.
- Stiffness after sitting still for a long time.

- Children falling is common.
- So might not be linked to current symptoms.
- The underlying condition might be cause of the fall !

Reactive and post-viral arthritis

- 7-10/7 after acute illness.

- Varicella.
- EBV.
- GI infection.
- STIs.

- Resolves spontaneously within 2-3/52.
- NSAIDs.

- Pallor.
- Rashes.
- Nail signs.
- Lymph nodes.
- Hepatosplenomegaly.
- Uveitis.
- Urine dip.
- BP.

- Anaemia.

- Protein.
- Blood.

Management

- Refer paediatrician.
- Do not delay referral as same principal as in adults i.e. early Dx and management can prevent joint destruction.
- NSAIDs.

- Corticosteroids, usually intra-articular or pulsed IV if needed.
- Oral steroids are generally avoided.
- Methotrexate.
- Biologics.