

European Respiratory Society Annual Congress 2013

Abstract Number: 1996

Publication Number: P1193

Abstract Group: 7.3. Cystic Fibrosis

Keyword 1: Cystic fibrosis **Keyword 2:** Chronic disease **Keyword 3:** Comorbidities

Title: Cystic fibrosis and arthritis in children

Mrs. Valentina Daniela 19384 Comanici valentina_comanici@yahoo.com MD ¹, Mrs. Iustina Violeta 19385 Stan iustinas@yahoo.com MD ¹, Prof. Dr Mihai 19386 Craiu mcraiu@yahoo.com MD ¹ and Mrs. Ana-Maria 19387 Vasile nanucya@yahoo.com MD ¹. ¹ Pediatrics, Mother and Child Care Institute "Alfred Rusescu", Bucharest, Romania .

Body: Background and aim: CF arthritis has been recognized as a complication of the disease. It usually involves large joints and responds rapidly to NSAID's. There are described very rare cases with joint manifestations caused by a specific rheumatic disorder. The aim of our study was to describe features of CF-arthritis association in a pediatric regional center. Material and method: During 2009-2012 we have conducted a prospective study for evaluating presence of CF related arthritis among our patients. We had a standard evaluation during the trimestrial and annual control or during exacerbations. Investigations performed per-protocol included inflammatory markers, AAN, CIC, FR and x-ray for patients with articular manifestation. Results: 36 CF patients were evaluated during 215 visits. Males predominance (55.6%) was described in a group with ages between 3 months and 30 years. 5 had joint manifestations(13.89%); average age 10.2 years (extremes 3-14 years); 4 had negative RF, ANA, CIC and non-destructive x-ray aspects and responded well to NSAID's. A 3 years old patient had severe evolution. She was diagnosed with Juvenile idiopathic arthritis (JIA) with positive RF (positive anti-CCP antibodies). Initially transient favorable course with first line treatment of JIA, later on relapse that required slow-acting second line drugs. Conclusion: 1. Frequency of CF arthritis in our cohort [13.89%] is higher than previously described, including a very rare CF-JIA co-morbid association. 2. CF patients with non-responding arthritis to standard NSAID's should be evaluated to rule out JIA.