Project Protocol

Juvenile idiopathic arthritis (JIA) with chronic anterior uveitis – how does it evolve over time and into adulthood?

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Abstract

Juvenile idiopathic arthritis (JIA) is a heterogeneous group of diseases that comprises all forms of arthritis of unknown cause that begins before the age of 16 years and persists for more than 6 weeks. Chronic anterior uveitis, usually asymptomatic or paucisymptomatic, is the most common extra-articular manifestation of JIA, particularly in the oligoarticular and polyarticular forms.

Recently, the Pediatric Rheumatology International Trials Organization (PRINTO) proposed new classification criteria based on expert opinion that aimed to identify correlating conditions seen in both children and adults, and to distinguish conditions unique to children. This provisional classification defines 4 JIA disorders, 3 with proposed adult counterparts: systemic JIA (adult counterpart being adult-onset Still's disease [AOSD]), RF-positive JIA (adult rheumatoid arthritis [RA]), and enthesitis/spondylitis–related JIA (adult spondyloarthritis [SpA]), as well as 1 disorder unique to the paediatric population. This new entity consists of asymmetric arthritis, early onset at presentation (< 6 years of age), with a female predominance, positive ANA, high risk for iridocyclitis and HLA associations.

Since this new JIA subtype has a high risk for iridocyclitis, the main goal of this work is to investigate if JIA patients with chronic anterior uveitis share common features and outcomes, regardless of ANA presence and age of disease-onset, that could represent a homogeneous subset of JIA that persists like a unique form of arthritis across ages.