



JUVENILE IDIOPATHIC ARTHRITIS IN THE AMAZON REGION: CLINICALS AND EPIDEMIOLOGIC ASPECTS

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BACKGROUND

Juvenile Idiopathic Arthritis (JIA) is the most frequent chronic rheumatic disease in children. Some north american and canadian studies have shown that prevalence and incidence rates of JIA and other rheumatic diseases are higher in indigenous populations than in non-indigenous. In Brazil, there is a lack of knowledge about the epidemiology of JIA, especially in the Amazon region, where there are no previous studies about JIA. According to the Demographic Census of 2010, 817 thousand people declared themselves indigenous, and among these 37.4% are in the northern region of the country (25.4% in the states of Amazonas and Pará). The north region has 15,864,454 inhabitants, and among these 69.75% are in the states of Amazonas and Pará. Thus, we elected the State of Amazonas to carry out the epidemiological survey of JIA.

MATERIALS AND METHODS

This is a retrospective descriptive study carried out by consulting patients' charts from 2014 to 2017 in a tertiary pediatria rheumatology service in order to collect data regarding: gender, age of diagnosis, current age, ethnicity, naturalness, medication provided, subtype of the disease and the presence of complications, such as uveitis and macrophagic activation syndrome.

RESULTS

Sixty-two patients (of which 67.74% are female and 32.25% are male ($p = 0.005$)) were diagnosed and analysed in the studied period (3 years) and fulfilled the inclusion criteria. The current mean age was 11.23 years (± 4.26), while mean age at onset of symptoms was 7.28 years (± 4.38), and mean age to the diagnosis, of 8.53 (± 4.21) years. Seventeen patients were diagnosed with oligoarticular JIA (27.4%), 11 with systemic JIA (17.8%), 23 patients with polyarticular-RF negative JIA (31.1%), 9 patients with polyarticular-RF positive JIA (14.5%), 1 patient with juvenile psoriatic arthritis (1.6%), 1 patient with undifferentiated arthritis (1.6%), and no patient with enthesitis-related JIA. Despite female sex is more affected than the masculine in the ratio of 2.1: 1, there is no predilection for sex in each type of JIA individual. Regarding the cases of uveitis and macrophagic activation syndrome (MAS), 4 patients had uveitis (6.4%) and only one had MAS (1.6%).

CONCLUSION

More studies are needed to investigate the reasons why the JIA's profile of this series is different and similar regarding some points when compared to JIA studies conducted in other national regions or countries.