TABLE I CLINICAL AND LABORATORY PROFILE OF CHILDREN WITH INFLAMMATORY BOWEL DISEASE

	Crohn's disease (n = 23)	Ulcerative colitis (n = 11)	P
Sex (males)	15 (65.2%)	6 (54.5%)	0.7
Age (mean ± SD)	11.9 ± 2.8 yrs.	9.5 ± 3.4 yrs.	0.04
Duration of symptoms (median, range)	15(1- 60) mo	15 (6-48) mo	0.5
Abdominal pain	15 (65.2%)	5 (44.5%)	0.5
Diarrhea	21 (91.3%)	11 (100%)	1
Blood in stool	13 (56.5%)	9 (81.8 %)	0.3
Anorexia	9 (39.1%)	2 (18.2%)	0.3
Nutritional impairment#	12 (52.2%)	1 (9.1%)	0.02
Extraintestinal manifestations	5 (21.7%)	1 (9.1%)	0.6
Location (%)	13/8/2 (56.5/34.8/8.7) (IC†/C‡/I§)	2/9 (18.2/81.8) (proctitis / pancolitis)	
Hemoglobin (g%)	10.3 ± 1.8	10.5 ± 1.6	0.7
Albumin (g%)	3.2 ± 0.7	3.6 ± 1.0	0.2
ESR (mm/h)	59 ± 34	46 ± 33	0.3
Severity (mild/moderate/severe)¶	8.7/69.6/21.72/16/5	18.2/54.5/27.32/6/3	
Follow up (median, range)	24 mo (0-10 y)	2 mo (0 to 6 y)	

*†IC – Ileocolonic, ‡C – Colonic, §I – Ileal; ¶ CD- Harvey Bradshaw score, UC – Sutherland disease activity index; # <3rd IAP centile for height and/or weight for age; **Fischer's exact test for categorical variables , Mann-Whitney U test for continuous variables, Two tailed P value of ≤ 0.05 was considered significant.*

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Clinico-Serological Profile of Juvenile Idiopathic Arthritis

We report clinico-serological profile of 210 children with Juvenile idiopathic arthritis (JIA), diagnosed as per ILAR classification criteria. Polyarticular, oligoarticular, and systemic onset disease was observed in 72, 69, and 40 children, respectively. The knee joint was the most frequently involved joint. Antinuclear factor and Rheumatoid factor were positive in 10 and 8, 6 and 20, and 7 and 7 percent children with polyarticular, oligoarticular, and systemic disease, respectively.

Key Words: *India, Juvenile Idiopathic Arthritis; Rheumatoid factor.*

We prospectively analyzed the clinical and serological profile of 210 consecutive patients of juvenile idiopathic arthritis (JIA) attending the Pediatric Rheumatology specialty clinic of our hospital between November 2003 to September 2008. Diagnosis was based on the International League of Associations for Rheumatology (ILAR) criteria(1). These children were followed up for an average of 2 years.

Polyarticular, oligoarticular and systemic onset disease was diagnosed in 72, 69 and 40 subjects, respectively. Enthesitis related arthritis was diagnosed in 6 children; the rest had miscellaneous diagnosis.

Majority of our patients presented between 8 to 12 years of age. The youngest infant to have JIA in this study was 2 months old though onset before six months of age is distinctly unusual(1). The mean age of onset was 7.7 years. In the Western literature, the most frequent age of onset is 1-3 years(1) but Seth, *et al*.(2) reported that mean age of onset in systemic, polyarticular and pauciarticular group was 5.2, 7.2 and 6.8 years, respectively, in Indian children.

***Table* I** shows the pattern and frequency of joint involvement in each of the subtypes of JIA. All 40 patients with systemic onset disease had fever, 25% had rash and another 25% had lymphadenopathy. 19 subjects (48%) had hepato-splenomegaly and four children each presented with pleural effusion and ascitis. One patient had clinical evidence of pericarditis and another one had pericardial effusion. Macrophage activation syndrome(3) was diagnosed in 4 patients with systemic onset disease. Uveitis was found only in two patients, both with oligoarticular arthritis. Previous publications from India(4,5) have also established that uveitis is not very frequently detected in Indian children with JIA. One child diagnosed as RF negative polyarticular presented with digital gangrene.

TABLE I PATTERNS OF JOINT INVOLVEMENT

Joint	OJIA *n*=69	POJIA *n*=72	SOJIA *n*=40	ERA *n*=6	Others *n*=23
Knee	43	60	34	5	17
Ankle	31	42	18	5	15
Wrist	12	54	24	0	10
Elbow	5	33	6	0	6
Shoulder	0	0	0	0	0
Hip	0	0	0	0	0
Small joints of hand	1	51	17	0	7
Small joints of foot	3	15	5	0	3
Axial joints	0	2	0	1	1

OJIA- oligoarticular JIA; POJIA- polyarticular JIA; SOJIA- systemic onset JIA; ERA- enthesitis related arthritis.

Antinuclear factor (ANF) was positive in 10%, 6% and 7% cases of oligoarticular, polyarticular and systemic variants, respectively. Rheumatoid factor(RF) was positive in 8, 20 and 7% cases, respectively. Male preponderance was evident in all subgroups of patients with JIA. Polyarticular arthritis was the most common variety, a pattern distinctly different from that of western countries(5,6). Uveitis and presence of ANF was found to be rare in the Indian children with JIA.

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