control children. Ninety percent of the sample had been diagnosed with HIV before three years of age; the mean age of diagnosis for this sample was eleven months. Among the groups at highest risk for suprainfections of HIV infection were newborns from infected SIDA mothers.

Conclusions: The prevention of opportunistics HIV infections in children and its consequent illness must be the primary component of any education program. Pediatricians and specialist for infectious diseases can play an important role in educating parents about opportunistic infection of HIV prevention, transmission, and testing, with an emphasis on risk reduction.

Keywords: Opportunistic infections, Complications, SIDA, Treatment, Prevention.

847

THE CLINICO-IMMUNOPATHO-RADIOLOGICAL SPECTRUM OF JUVENILE IDIOPATHIC ARTHRITIS (JIA) WITH THE INFLUENCE OF THE PRECEDENTS/ASSOCIATIONS OF ITS SUBTYPES ON INTERVENTIONS/ OUTCOME

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Background/purpose: JIA implies chronic arthritis of undetermined aetiology.The maturational sequences of the immune/endocrine mechanisms influenced its childhood peculiarities. Mechanisms involving JIAs geographic/molecular distinctiveness/ Tregs/ (hsps), the myeloid dendritic cells innate-adaptive immunity linkages/TNFs

/cytokines/leucocytoclastic / NK/ B cells/ non-HLA genetic factors/ humoral/ endocrine interactions drive joints decimations/protections. Radiochemotherapeutics induced malignancies supports identifying undifferentiated JsAs to circumvent its application. Defined figures could influence specific single pathwayed approaches in disturbances of cellular-humoural-immune-molecular-genetic-joint axis. Previously, impact figures were confounded, given the overlapping/ atypicalities / inordinate effects of infective-arthritides/difficulties with nomenclature/ classification/diagnosis. Redefining these aspects could yield interesting/useful figures.

Cases/interventions: Observational/prospectively acquired data were analyzed (n=29) Disease activities/decimations were assessed by a standardized clinico-radio-pathological approach. Amelioration rates of 30%/above in more than 50% of a set of established criteria suggested a satisfactory response. A deterioration of more than 30% in 20% of these parameters connotes intractability.

Results: Of (n=29) cases, 20 were of the JIA Polyarticular forms eventually, males (n=18), a recall of a preceding RTI/trauma were predominant, of these (n=8) were RF+ /Stills disease (n=1)(n=9) were of extended polyarticular progressive course with initial pauciarticular onset,. In enthesitis-related arthritis , GETs/UTIs were common precedents (n=5),(n=2) had coincidental indeterminate colitis,(n=1) was JIA in dermatomyositis (JDM)unclassifiable (n=2) There were satisfactory response rates/ sustained remissions/abated relapses-flare ups with NSAIDS / multimodally/applied steroids/occasional/ DMRD,without biological agents/anti-TNFs/HSCT / athroplasties/Ophthalmopathies/ MAS/amyloidosis/ limb asymmetry. Demise occurred only where JIA/ JDM co-existed.

Conclusions/importance: Disease activities / progression/ responsiveness/recidivisms were spectral. Epidemiologically, these figures compared with reports elsewhere, though its overall behaviour were positively distinct.

Where JIA/other pathologies co-exist /interventions should be more intensive/encompassing/directed.

848

ANTI-MCV AND ANTI-CCP ANTIBODIES - DIAGNOSTIC AND PROGNOSTIC VALUE IN CHILDREN WITH JUVENILE IDIOPATHIC ARTHRITIS

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Background: Antibodies against cyclic citrullinated peptides (CCP) are useful for diagnosing Rheumatoid Arthritis and Juvenile Idiopathic Arthritis (JIA). Antibodies to mutated citrullinated vimentin (MCV) were recently described in Rheumatoid Arthritis in adults.

The aim of the study was to evaluate the diagnostic and prognostic value of anti-MCV in JIA comparing to anti-CCP.

Methods: 30 children (19 girls and 11 boys; aged 4 -18 years) with confirmed JIA diagnosis and 20 children as a control group were included into the study. Anti-CCP and anti-MCV antibodies in sera were measured using ELISA test.

Results: Sensitivity and specificity of the anti-CCP were 40% and 100% compared with 36,7% and 90% for the anti-MCV calculated using manufactures recommended cut-off values.

Anti-MCV were positive in 11/30 comparing with 12/30 for anti-CCP in children with JIA. Among 11 JIA children positive for anti-MCV, 5 were also positive for anti-CCP and among 18 JIA children negative for anti-CCP, 6 were positive for anti-MCV. Both antibodies were mainly observed in polyarthritis, however could be positive in other types of JIA.

Anti-MCV serum concentration correlated positively with anti-CCP (p=0,0018). Anti-CCP correlated positively with disease activity (p=0,00196), radiological destruction in joints (p=0,00196) at baseline and after median 11,5 months of follow up (p=0,00961), but these correlations were not observed concerning anti-MCV (respectively: p=0,0657; p=0,06199; p=0,064).

Conclusions: Anti-MCV as well as anti-CCP antibodies could be helpful in the diagnosis of JIA. However, the anti-CCP prognostic value in JIA appears to be superior to the anti-MCV test.

849

GORHAM-STOUT SYNDROME IN AN 8 YEAR OLD BOY WITH CHYLOTHORAX

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Object: We present an 8 year old boy with Gorham-Stout Syndrome. This rare disorder occurs at all ages and is characterized by osteolysis, haemangioma and lymphangiectasia. A chylothorax can be present and is associated with a poor prognosis. It is very important to recognize this rare disorder, because a letal outcome might be avoided by starting interferon therapy.

Case presentation: The boy was admitted for respiratory distress due to left sided chylothorax. Malignancy and infection were excluded. Extensive imaging studies were inconclusive at presentation. Treatment with special nutrition, somatostatines, left sided Denver-drain, clipping of the thoracic duct and prednisone did not help. The chylothorax became bilateral.

Further imaging studies with MRI and CT two months after admission, revealed signs of osteolysis in the scapula, clavicle and ribs, suggesting Gorham-Stout syndrome. A biopsy was done and showed elevated numbers of CD34 positive cells. Blood was send to analyse the levels of IL 1, IL 6 and VEGF.

Treatment with Interferon a2a and biphosphate led to an amelioration of the clinical situation but not to complete recovery of the chylothorax. Only after placement of a second Denver-drain at the right side, the patient could be discharged from our hospital. He is seen in our outpatient clinic since 6 months and his condition is stable.

Conclusion: Interferon a2a and biphosphate treatment in combination with a Denver drain halted the deterioration caused by the chylothorax due to Gorham-Stout syndrome. This diagnosis and treatment should be considered in children with chylothorax of unknown origin.

850

THE EXPRESSION OF PRO-INFLAMMATORY CYTOKINE IL-17 IN NEONATES

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Introduction: Neonates, and more so preterms, are known to have deficient adaptive immune responses, critical for host defense mechanisms against pathogens. Adaptive immune responses are mediated by the activation of pathogen-specific T helper type 1 (Th1), Th2 lymphocytes and, the recently indentified, Th17 cells. Th17 lymphocytes produce the pro-inflammatory cytokine IL-17 which provides protection against mainly extra-cellular pathogen infections. However IL-17 release has been hardly studied in neonates. The aim of our study was to investigate the expressions of IL-17 in the serum of term and preterm newborns and compare them to those of adults.