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Introduction:

Juvenile idiopathic arthritis (JIA) includes entities which have in common the presence of arthritis, onset before the age of 16, a progressive duration of more than 6 weeks and the absence of an identified cause. The aim of our work is to identify clinical aspects, the biological and radiological profile and the therapeutic management methods.

Patients and methods:

Retrospective descriptive study of JIA in its various forms hospitalized between May 2011 and December 2024. Patients classified according to International League of Association for Rheumatology (ILAR) criteria were included. Demographic, clinico-biological, radiological and therapeutic data were collected.

Results:

24 patients were included with JIA, including 12 girls; the diagnostic delay was 2.34 years; the different clinical forms were: 11 cases of FR-negative polyarthritis, 4 cases of psoriatic arthritis, 4 cases of enthesitis-related arthritis, 2 cases of oligoarthritis, one case had FR positive polyarthritis, one case a form of systemic arthritis and one case of undifferentiated arthritis. Pulmonary involvement was noted in one patient with FR-positive polyarthritis. HLA B27 was positive in 4 cases, ACPA in one case and antinuclear antibodies were positive in one case. 17 patients developed osteoarticular destruction (70%), including 14 with coxitis (58%).

78 ℅ were put on biotherapy, Anti TNF in 70℅ of cases of which Etanercept was the most frequently used in 58.33 ℅, Adalimumab in 29.1 ℅. Anti-IL-6 was indicated in 4 patients and Anti CD 20 in one patient. Corticosteroid therapy was prescribed in 80℅. 52 ℅ of patients developed complications related to corticosteroids (staturo-ponderal delay in 66 ℅ of cases). Methotrexate was received in 80℅, salazopyrine in 4 ℅ of cases, a synthetic antimalarial in 4℅. Hip replacement was indicated in 3 patients.

Conclusion: In our series, we found that delayed diagnosis and treatment explain the frequency of joint destruction. The use of biotherapy in JIA has significantly improved the prognosis.

