

How often should I examine a child with juvenile idiopathic arthritis?

Abstract

Unlike the joints, ocular involvement with juvenile rheumatoid arthritis is most often asymptomatic; yet, the inflammation can cause serious morbidity with loss of vision. Overall, the frequency varies from 2% to 34% in children with JIA.¹ The onset is usually asymptomatic (in over 50%) and therefore screening by slit-lamp is essential for diagnosis. Children with JIA remain at risk of developing uveitis into adulthood. There are reports of uveitis diagnosed initially more than 20 years after onset of arthritis.¹ The activity of the uveal inflammation does not parallel that of the joint disease.² The onset of ocular inflammation is insidious and asymptomatic in most young children.¹ Because of the lack of symptoms or the cognitive recognition by the child, the exact time of onset of ocular involvement is frequently difficult to determine. This observation emphasizes the requirement for slit-lamp examination by an ophthalmologist at diagnosis of JIA and periodically thereafter. Early detection and treatment can prevent the development of complications and can prevent permanent visual impairment. These complications are more frequent and more severe in younger children and are often asymptomatic. The most frequent cause of avoidable morbidity remains missed or inadequate examinations² in the first year of disease and all efforts must be made to achieve early and thorough early examinations.

Key words: Juvenile idiopathic arthritis, uveitis, periodical examination.