Forenoon Session (23-11-24) Saturday
HALL C

Pediatric Rheumatology-Panel discussions

USG more sensitive than clinical examination-POCRUS
OMERACT definitions are not applicable to pediatric patients considering growing skeleton and the changes in joint morphology during development

SoJIA vs MAS:
- Patient will have fewer fever flares.
- Low Platelet compared to high WBC: Look for MAS.
- Early diagnosis: USG - Bicipetal Tenosynovitis - Hip jnts Minimal effusion.
* Follow the trend, not interpret individual lab values.

EULAR/PReS recommendations 2024
MAS should be detected promptly and treated rapidly !!
ANAKINRA recommended

Children presenting as Lupus features less than 5yrs- Check consanguineous marriage-Monogenic Lupus
WES(Whole Exomic sequencing)
3 important pathways-Early Complement deficiency(C1Q/C2) -C3/C4 can be normal.
Type1 Interferenopathy-Treatment is JAKINIbs/IFN Blockade
Hematopoietic STEM Cell transplantation-C1Q Deficiency
PS-Monogenic Lupus-History of Rec Infections-Suspect Complement Deficiency

Anti-MDA5 JDM-Pediatric population
Cutaneous Punched out ulcers
Ulcerations over Gottrons site
Palmar and Oral Ulcerations
Raynauds-Uncommon

MSA Profile
NXP2 more common whereas TIF-Gamma and MDA5 were Uncommon in paed population
ASS-Almost RARE !

CRMO-
Involvement of Clavicle is classical
MRI s/o Symmetrical METAPHYSIAL Involvement
Atypical pattern with absence of Sclerosis-Go for BIOPSY

Rare presentation of Auto-inflammatory syndrome similar to FMF like Presentation
Pyrin associated auto inflammation with neutrophilic dermatosis(PAAND)
GI manifestation with Cutaneous +/- MSK
Some evidence supports Anti-TNF option
Young patients with High Inflammatory markers with Multi-system Involvement-Go for WES.

JIA-associated UVEITIS:
20-30 % cases
Treatment based on Age/Duration/Vision status & complications.
First Line-MTX+Topical CS.
- On Anti-TNF failure, change to another TNF or Tocilizumab.
- MTX and Sec TNFi/Tocilizumab failed- Abatacept or RTX
- Refractory cases: Consider switching between Abatacept and JAKi.
- RTX or Golimumab may be considered.

Oral Posters

1) In a cross sectional study of
   105 SLE patients

A urinary biomarker score based on Alpha-1-antichymotrypsin, Haptoglobin and MCP-1 along with serum C4 had good predictive accuracy for active lupus nephritis.
Dr Rudrarpan Chatterjee

2) In a analysis of 2503 patients from multiple centers across India- Developed a predictive model for early referral of SLE with SLEDAI ≥ 6 to specialists using clinical parameters and laboratory investigations which is easily available at district level hospitals without performing ANA or autoantibody assays.
Prof Vineeta Shobha

3) Both regimens (PPSV23 alone, PCV10+PPSV23) are immunogenicity and safe for vaccination in Indian patients of SLE –
Dr Rudrarpan Chatterjee
4) Single centre/ prospectively collected data model data driven Bayesian Network analysis was used- High predictive accuracy Early Identification of refractory cases and progression to poor outcomes, guiding treatment
Dr Jagan Babu
5) Prospective cohort study: Withdrawal of glucocorticoids is associated with a twofold increase in SLE flare. In multivariate analysis, sustained DORIS remission duration predicts flare.
Dr KV Anil kumar
6) I4 Rheumatology centers follow up at least 1 year of 655 SLE patients, 92.7% female. 28.5% hospitalized, median cost 35,000 INR. Multi-morbidity doubled expenses. Lower socioeconomic status had 10 times greater CHE (Catastrophic health expenditure) – SLE SIG
Prof Chanchal Gera

7) Compare relapse rates after fixed protocol ultra-low dose (200mg, ULD biannually) and low dose (500mg, LD biannually) RTX or maintenance of remission in patients with AAV at 12 months (interim analysis at 6 months).
14 (93%) and 12 (92%) patients in the ULD and LD RTX groups, respectively, experienced remission. Both groups had one major relapse and one death.
Relapse frequency was similar at 6 months. Mortality, adverse events, and B cell depletion were also

similar.
Outcomes at 12 months are awaited.
Dr Ravi Kumar U

8) Retrospective study of 60 patients with IgG4-related disease.
- Diagnostic criteria: Biopsy supported.
- Baseline IgG4 Responder Index Score recorded.
- Definitive: 38 (G4%), probable: 14 (23%), possible: 8 (13%).
- 32% likely to relapse
Dr Sandeep Yadav

9) Objective: To identify Takayasu Arteritis-related genes, proteins, and their interactions using Gene Ontology.
Results: PPI network analysis revealed IL-17 Th17 Th1 and Th2 differentiation.
Conclusion: Computational studies suggest Genistein inhibits disease targets (TGF-β, MMPU & mTOR), explaining its anti-inflammatory and fibrotic effects by altering the Th17-IL-17 axis in TAK. Genistein also alters M1/M2 polarization towards an anti-fibrotic phenotype.
Ms Tooba Qamar

10)92 patients with Takayasu arteritis (TAK), 29 Healthy Controls (HC)
Serum p-gp and CRP decrease following immunosuppressive treatment in naive patients

Dr Darpan Thakare

11)
Objective: To assess the impact of tapering colchicine on maintaining remission in patients with palindromic Rheumatism (PR).
Retrospective analysis of PR cohort 745 patients.
114 PR patients were shortlisted.

Tapering colchicine led to a retention of remission in 56% of patients.

- Colchicine's effectiveness in PR patients is demonstrated by relapsed patients with older age, low ESR, and low baseline attack frequency.

Dr Harsha Hari

12)1

- Retrospective data on 104 patients aged 18 and above with Takayasu arteritis, fulfilling the ACR/EULAR classification criteria, was analyzed.
- Persistent systemic inflammation was defined by elevated CRP during consecutive visits over 3-6 months.
- ITAS (Inflammatory Tissue Angiography Score) was 0 during both visits.
- A minimum follow-up of 6 months was required
- The median follow-up was 31 months.

- 83 (80.7%) patients were clinically inactive, while 19 (19.2%) had clinical activity.
- Serial follow-up CRP values were higher in angiographic progressors.

30 % patients with persistent systemic inflammation had evidence of Angiographic progression during follow up.

None of the baseline parameters were correlated with angiographic progression.

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