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CLINICAL FEATURES OF JUVENILE IDIOPATHIC ARTHRITIS IN CHILDREN

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Abstract
The article describes the clinical features of juvenile idiopathic arthritis in children living in the Bukhara region. The clinical features of the disease and the results of laboratory analysis are important when making a diagnosis and choosing an effective treatment method. An effective treatment method is characterized by a faster onset of remission, prolongation of its duration and reduction of side effects of drug treatment.

Keywords: children, juvenile arthritis, joint, diagnosis.

Introduction

Juvenile idiopathic arthritis is arthritis of unknown origin lasting more than 6 weeks, developing in children under 16 years of age with the exclusion of other joint pathology. The incidence of juvenile idiopathic arthritis ranges from 2 to 16 per 100,000 children under 16 years of age. The prevalence of juvenile idiopathic arthritis in different countries ranges from 0.05 to 0.6%. Girls are more often affected. [1]. Juvenile idiopathic arthritis causes a destructive inflammatory disease of the joints with unknown etiology, complex immunoaggressive pathogenesis, characterized by symmetrical chronic arthritis, systemic damage to internal organs, leading to disability of sick children. Pathogenetically, as a result of the presentation of a foreign antigen to T-lymphocytes, their activation and proliferation occurs with the production of proinflammatory cytokines - interleukins-1, 6, 8, 17, tumor necrosis factor alpha, etc. There are many factors that trigger the mechanism of disease development. The most common are viral or mixed bacterial-viral infection, joint trauma, excessive insolation or hypothermia, preventive vaccinations given against the background of or

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immediately after an acute respiratory infection (ARI) of viral or bacterial origin. JIA is a heterogeneous disease, the clinical manifestations of which depend on gender, age of onset of the disease, the presence of markers of hereditary predisposition [2]. The leading syndrome of JIA is articular. This disease is characterized by typical signs of inflammation: edema (swelling), hyperemia, local increase in temperature, pain, dysfunction (limited mobility in the joint). Swelling or a combination of pain and limited mobility are signs of an active process. All joints with a synovial membrane can be affected [2]. Extra-articular manifestations of JIA include eye damage in the form of anterior uveitis (iritis, anterior cyclitis, iridocyclitis). Uveitis is usually characterized by an asymptomatic subacute or chronic course and is diagnosed with a significant decrease in vision, the formation of cataracts, and blindness. In acute onset, uveitis is accompanied by pronounced redness of the eyes, photophobia, swelling, pain in the eye, lacrimation, change in the color of the iris, constriction and deformation of the pupil, formation of hypopyon, precipitates, and decreased visual acuity. In most cases, bilateral uveitis is observed [4]. Objective of the study. To study the clinical and laboratory features of juvenile idiopathic arthritis.

MaterialaAnd Methods of The Study

The study included 114 children aged 3 to 16 years (average age 10-12) with juvenile rheumatoid arthritis, of which 91 patients (79.8%) had the articular form and 23 (22.2%) had the systemic form of the disease. Of the examined patients, 48 (42%) were boys and 66 (58%) were girls. 32 (35%) patients had lesions of the knee joints, 18 (19.7%) - hip joints, 17 (18.6%) - elbow joints, 24 (26.3%) - ankle and wrist joints. All patients with the articular form had pain, stiffness, swelling and limited movement in the above joints. Almost half of the patients suffer for 4-5 years. The anamnesis of the disease includes bacterial and viral infections (ARVI) (48%), injuries (12%), aggravated heredity (28%), vaccinations (8%), and various (4%). Thus, we have established that the provoking factor in the development of JIA in the patients examined by us in most cases were infection and hypothermia factors, as well as hereditary predisposition. In 17 (15%) patients, a maternal history was established.

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Results and Discussion

Based on clinical features, the articular form was noted in 91 patients with pain, swelling and limited movement, involvement of the knee, hip, elbow, ankle and wrist joints was noted. The articular-visceral form was observed in 17 patients, it was clinically characterized by a rise in temperature, which was intermittent in nature and did not decrease with treatment with antibacterial drugs. Headache, loss of appetite, and weakness were observed periodically. The patients had a bright pink polymorphic rash on their skin and brownish nail plates. All patients had enlarged peripheral lymph nodes palpated. Systolic murmur, muffled tones, and arrhythmia were heard during auscultation of the heart. ECG shows incomplete right bundle branch block, metabolic changes in the myocardium, sinus arrhythmia. Palpation of internal organs reveals hepatosplenomegaly.

Conclusions

1. An analysis of patients from 3 to 16 years old with JIA was conducted, clinical, laboratory and instrumental research methods were carried out according to established standards for the management of these patients in our republic.
2. A clinical diagnosis is established in accordance with the clinical picture of the disease, its course, form and complications.
3. Anamnestic data and factors of disease development were analyzed. Clinical features of JIA in children aged 3-16 years in the Bukhara region were established to determine the threat of an unfavorable outcome in them.

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