

RHEUMATIC DISEASES AND NONRHEUMATIC CONDITIONS CAUSING ARTHRITIS IN CHILDREN

E.A. Papadopoulou, **M.E. Rogalidou**, M.G. Tentou, N.G. Varakis,
H.K. Alexandratos, E.C. Mantzouranis
Department of Pediatrics, University of Crete, Heraklion, Greece
rogalidu@yahoo.com

Introduction: arthritis may be either the initial manifestation of a rheumatic disease, or a symptom in a large number of nonrheumatic conditions.

Subjects: We reviewed the cases of childhood arthritis hospitalized in our department between 1996-2002.

Results: 45 children, 29 boys and 16 girls (mean age: 5.5 ± 3.8 years) were included in the study. Six cases (13.3%) diagnosed as collagen disease: 5 Juvenile Rheumatoid Arthritis, and 1 Systemic Lupus Erythematosus. The affected joints were between 1-8, and the main laboratory findings were as following: ESR 79.5 ± 44.3 , positive CRP in 5/6 cases, positive ANA in 2/6 cases, anemia in 4/6 cases. In these cases except of arthritis there was one or more of the following: fever, musculoskeletal complaints, pericarditis, hepatosplenomegaly, diarrhea and palm rash. In the remainder 39 cases the diagnosis was: reactive arthritis 22 (48.8%), septic arthritis 12 (26.6%), Henoch-Schönlein purpura 1, leukemia 1, irritable hip 1, and posttraumatic arthritis 2 cases. The diagnosis was based on clinical and laboratory findings such as: joint fluid-, blood- and stool-cultures; serological studies; sonography, X-ray and bone scan of the joint. In the cases with reactive arthritis seropositivity was found for: mycoplasma (4), streptococcus (3), *Coxiella burnetti* (1), hepatitis C (1). There was a positive stool culture for *Campylobacter jejuni* in one case. *Brucella*, *Staphylococcus aureus*, and *Salmonella Virchow* were the organisms demonstrated in 3 cases of septic arthritis.

Conclusion: a large number of “nonrheumatic” conditions can cause musculoskeletal complaints in children, and must be considered in the differential diagnosis of childhood arthritis.

