

Juvenile Idiopathic Arthritis

WHAT IS JUVENILE IDIOPATHIC ARTHRITIS (JIA)?

JIA is defined as arthritis (inflammation of the joints) of greater than 6 weeks' duration with onset occurring younger than 16 years of age. It is the most common cause of arthritis in children. Other causes of arthritis in children should be excluded to confirm the diagnosis. The cause of JIA is not known yet, but it involves the body's own immune system attacking otherwise healthy tissue.

IS JUVENILE IDIOPATHIC ARTHRITIS THE SAME AS JUVENILE RHEUMATOID ARTHRITIS?

Yes, JIA is an updated term that describes a group of chronic inflammatory diseases that affect children. Juvenile Rheumatoid Arthritis (JRA) is the older term that was used to describe the same set of inflammatory problems.

WHAT ARE THE SYMPTOMS OF JIA?

Symptoms include joint pain and tenderness, redness over the involved joint, decreased mobility, gait difficulties, limping, fever, and rashes.

CAN THE EYES BE AFFECTED BY JIA?

Yes. JIA can be associated with inflammation inside the eye(s), which is called iritis or anterior uveitis. JIA is the most common cause of uveitis in children. While uveitis usually causes symptoms such as decreased vision, visual floaters, eye pain, redness, or light sensitivity in most patients, those with JIA usually do NOT have such symptoms. Despite the usual absence of symptoms in children with JIA uveitis, prolonged inflammation can lead to damage within the eye and permanent loss of vision. The inflammation is found in the front part of the eye and can only be seen with a special instrument called a slit lamp. For this reason, it is very important to have routine eye exams by an ophthalmologist (a medical doctor who specializes in treating diseases of the eye) to check for iritis in any patient with JIA.

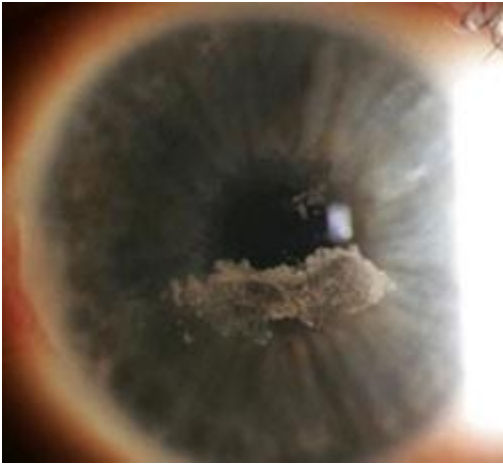


Fig. 1: Signs of long term uveitis in the eye.

WHAT TREATMENTS ARE AVAILABLE FOR UVEITIS?

If untreated, inflammation can cause glaucoma, cataract formation, calcium deposits in the cornea (band keratopathy), scarring of the pupil (posterior synechiae), swelling in the retina (macular edema), and swelling of the optic nerve (papillitis). These problems can result in decreased vision and even blindness. (See Figure 1 for an example of band keratopathy associated with chronic iritis.)

WHAT TREATMENTS ARE AVAILABLE FOR UVEITIS?

Corticosteroid eye drops are the most common medicine prescribed to treat uveitis and are the mainstay of treatment. Corticosteroids work by decreasing the reaction of the immune system. When applied in drop form, the effect is limited to the eye itself. Other eye drops may be given to help dilate the pupil to relieve discomfort and prevent/treat scarring. Corticosteroids may also be given systemically or as an injection around the eye if the eye drops alone are not adequate. Surgical procedures may be necessary to treat the complications of JIA-associated uveitis such as cataract, glaucoma, and band keratopathy.

A rheumatologist will often treat JIA in conjunction with the ophthalmologist, using systemic medications that can help control both the iritis as well as any associated arthritis.

WILL THE UVEITIS EVER COME BACK?

Yes, it is possible for the inflammation to return often without symptoms again. It is therefore very important to have regular eye examinations with an ophthalmologist at



the recommended intervals. The frequency of these eye exams will be determined by your ophthalmologist and rheumatologist.

WHICH DOCTORS SPECIALIZE IN THE CARE OF A CHILD WITH JIA?

JIA is best treated utilizing a team approach. The primary care physician often enlists the help of medical doctors with subspecialty training and expertise to treat children with JIA. These include a rheumatologist, an orthopedic surgeon, and an ophthalmologist.

WHERE CAN I FIND MORE INFORMATION REGARDING JIA?

- [Arthritis Foundation](#)

Updated 05/2022