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Juvenile Rheumatoid Arthritis

Children sometimes complain about aches in their joints, which could result from a variety of causes.
But if your child's joints stay swollen for six weeks in a row or longer, he or she may have juvenile arthritis (JA).
JA is the most common form of arthritis in children.
JA has several types, and all are different from rheumatoid arthritis in adults, which is why the term juvenile rheumatoid arthritis (JRA)
Most of them require medical treatment as recommended by rheumatologist
For many years it was believed that most children eventually outgrow JA. Now it is known that half of children with JA will still have active arthritis 10 years after diagnosis unless treated aggressively.
In severe cases, JA can produce serious joint and tissue damage and cause problems with bone development and growth.
In some cases, JA symptoms are mild and do not cause progressive joint disease and deformities.

What happens.

When you have JA, the body attacks its own healthy cells and tissues (autoimmune disease).
Arthritis results from ongoing joint inflammation in four steps:
The joint becomes inflamed.
The joint stiffens (contracture).
The joint suffers damage.
The joint's growth is changed.

When do you suspect JRA?

Early diagnosis and treatment can control inflammation, relieve pain, prevent joint damage and maintain your child's ability to function.
Give the doctor your child's complete medical history.
Doctor will physically examine your child
May order laboratory tests
Imaging studies: X rays.
Some children with juvenile arthritis often have eye involvement, which will help to make the diagnosis and which is treatable by an ophthalmologist (eye doctor). Failure to treat this problem, called iridocyclitis, can result in irreversible eye damage. The only symptom that may be present is pain during exposure to bright light. The absence of this symptom, however, does not guarantee that eye problems are not present.

Tests and imaging

Tests on blood, joint and tissue fluids can rule out other conditions and help classify JA type.
The doctor may also need X-rays to look for injuries to bone or unusual bone development.

Risk Factors / Prevention

No one knows exactly what causes
Researchers believe some children have genes make them susceptible
?Exposure to something in the environment (i.e., a virus) triggers JA

Treatment Options

Early treatment is essential
Multifaceted: Pediatrician, Rheumatologist, Opthalmologist, Social worker, Orthopaedic surgeon, Physiotherapy are important in management
Treatments are designed to reduce swelling, maintain full movement of affected joints, relieve pain and identify, treat and prevent complications.
The main goals are to preserve high levels of physical and social functioning and maintain good quality of life for your child.

Medications

Nonsteroidal anti-inflammatory drugs (NSAIDs) : ibuprofen or naproxen. They help in reducing swelling and pain.
Disease-modifying anti-rheumatic drugs (DMARDs) are the next step.
The most commonly used drug is Methotrexate. Azulfidine and plaquenil are occasionally prescribed.
Corticosteroids are stronger medications needed by some children with severe JA. Given by mouth or directly into a vein (intravenously), corticosteroids can stop serious symptoms such as inflammation of the sac around the heart. They can also interfere with a child's growth and cause other unwanted side effects like weight gain, weakened bones and increased susceptibility to infections. It is dangerous to stop taking corticosteroids suddenly, so follow the doctor's instructions exactly.
Your child may have to take medications consistently for several years until JA is no longer active.
Your doctor will tell you when to discontinue the medication regime after joint pain, swelling, redness and heat disappears.

Therapy

Exercise helps maintain muscle tone.
Swimming is a particularly good exercise
In some cases, splints and other devices can help maintain joint alignment.

Treatment Options: Surgical

In very severe forms of JA or where one joint has become deformed, some surgery to improve the position of the joint and therefore the use of it may be recommended. Joint replacements, frequently used in adults with arthritis, have almost no place in treating children.