DIAGNOSING JUVENILE ARTHRITIS

CHILD under 16 years
STIFF, SWOLLEN, SORE JOINTS

Low Risk Population for Acute Rheumatic Fever

SUSPECT JUVENILE IDIOPATHIC ARTHRITIS

WHAT SHOULD I DO?

ASK ABOUT:
- Morning stiffness
- Joints affected
- Duration

EXAMINE:
- Joints
- Movement
- Vision

INVESTIGATIONS

There is NO definitive test for diagnosing JIA

- FBC, ELFT, ESR and CRP may be helpful to rule other causes
- ANA, HLAB27 maybe detected in JIA but are not diagnostic
- X-rays usually not helpful in the early stages of the disease
- Ultrasound may be useful but is not diagnostic

Careful history is the most useful test

CONTACT PAEDIATRIC RHEUMATOLOGIST/SERVICE

High Risk Population for Acute Rheumatic Fever

SUSPECT ACUTE RHEUMATIC FEVER (ARF)

WHAT SHOULD I DO?

ASK ABOUT and EXAMINE:

Streptococcal infection – throat / skin
Fever Arthritis / arthralgia Subcutaneous nodules
Carditis Sydenham Chorea

INVESTIGATIONS

There is no single test for diagnosing ARF
Use Jones' criteria to guide diagnosis
https://rhdaustralia.org.au/apps/
Throat Culture
Streptococcal antibody titres ESR / CRP
ECG
ECHOCARDIOGRAM

NEGATIVE
with arthritis / arthralgia

POSITIVE

SPECIALIST REVIEW / ADMIT TO HOSPITAL