

Many people think that arthritis is a condition reserved for seniors. It's important for parents to recognize that arthritis can affect children. Below, Dr. Thomas Duff answers one parent's questions about juvenile arthritis. Dr. Duff is Board Certified in Pediatric Medicine and is a partner in Community Care Physicians Latham Pediatrics Group located in the Capital Region Health Park in Latham, NY. (518-783-3110). Dr. Duff is accepting new patients into his practice and has been providing healthcare services for the children of the Capital District for over twenty years.

Question: My friend's daughter has just been diagnosed with Juvenile Rheumatoid Arthritis, can you please tell me what this is?

Answer: Your question is a good one. First let's recognize that the term Arthritis refers to inflammation involving the joints. As you may know, Arthritis is generally considered to be a chronic illness that may last for an extended period of time. When arthritis or arthritis related condition occurs in someone who is under age 15 we call it Juvenile Arthritis. There are approximately 285,000 children in the United States today who have some form of juvenile arthritis.

There are several types of Juvenile Arthritis. The Arthritis Foundation reports that Juvenile Rheumatoid Arthritis, or JRA, is the most common form of arthritis in children. There are almost 100,000 children in the U.S. who have been diagnosed with JRA. JRA affects each child differently. In some children this may often be a mild condition that causes few problems, for other children; however, JRA can be severe and cause serious joint and tissue damage.

The symptoms of JRA can vary from child to child. The severity of the symptoms can also vary from day to day for any particular child. Generally these symptoms include some combination of joint inflammation, joint contracture which is a stiff or bent joint, joint damage and altered growth. Some children may also experience joint stiffness in the morning or after periods of rest or quiet activity. They may also experience weakness in the muscles and other soft tissues.

There are three major types of juvenile rheumatoid arthritis. Polyarticular JRA affects five or more joints and occurs more frequently among girls than boys. This type of JRA often affects the joints of the fingers and hands but can also affect the knees, hips, ankles, jaw, feet or neck. A second type of JRA is referred to as Pauciarticular JRA. The word Pauciarticular means few joints. This form of JRA affects no more than four joints and generally impacts large joints such as the knees, ankles or even elbows. The third and least common type of JRA is called Systemic Onset JRA, which affects the child's internal organs as well as the joints. This is accompanied by a high fever that may last for an extended period of time, a rash of pale red spots that may come and go and joint inflammation that may occur simultaneously with the fever or may begin much later. There are a number of other symptoms that your physician may investigate including low red blood count and enlarged lymph nodes, liver or spleen.

JRA cannot be diagnosed with a single test. Your child's doctor may need to work through a number of steps to determine if your child has a type of juvenile arthritis or some related condition. Generally, your child's physician will undertake a comprehensive health history to gather information about the length of time that your child has been experiencing symptoms. Your physician will attempt to rule out other possible causes for these symptoms, such as viruses, and will try to determine if there is a family history of arthritis. A physical exam will be conducted to determine the extent of joint inflammation, rashes and other possible symptoms. Sometimes a variety of lab tests can be utilized to rule out other diseases and x-rays of joints may identify other possible conditions including infections or fractures. Joint and tissue fluids can also be checked.

. The diagnosis of JRA is made when there has been persistent arthritis in one or more joints for at least 6 weeks after other possible illnesses have been ruled out. Once your child's physician suspects or makes this diagnosis, your child may be referred to a pediatric rheumatologist. This is a physician who specializes in the diagnosis and treatment of children with arthritis and arthritis-related conditions.