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RHEUMATOLOGY BOARD REVIEW MANUAL

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Rheumatologic Diseases in Children II

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INTRODUCTION

The spectrum of rheumatologic disease in children mirrors that seen in the adult population in complexity but includes entities not seen in adults, such as transient synovitis. The differential diagnosis in children is often distinctly different from that in adults and must take into account age-related susceptibility to infectious agents. Also, the form of disease that occurs in children can differ significantly from the adult form, such as with dermatomyositis. Even when the forms of disease differ, the rheumatologic approach remains constant. In multisystem disease, the practitioner must consider a broad differential diagnosis and be familiar with the clinical manifestations of disorders in all specialties, particularly infectious disease.

This manual is the second of 2 parts on rheumatologic diseases in children and addresses oligoarticular juvenile arthritis, transient synovitis of the hip, and juvenile dermatomyositis. The first part discussed the presentation and management of systemic-onset juvenile arthritis, Henoch-Schönlein purpura, and rheumatic fever (*Rheumatology Board Review Manual, Volume 3, Part 3*).

OLIGOARTICULAR JUVENILE ARTHRITIS

INITIAL PRESENTATION AND HISTORY

A 28-month-old girl is referred to a rheumatologist

for evaluation of gradual swelling and discomfort of the left knee.

There has not been any fever, cutaneous eruption, neck discomfort, loss of appetite, diarrhea, difficulty swallowing, red eyes, or apparent urinary frequency or dysuria. The patient appears to be more uncomfortable during the morning, with an improved gait as the day progresses. She is right-handed and seems to have some difficulty holding her cup. There is no history of trauma. Initially, the patient's mother recalls that joint swelling has been present for only 1 to 2 weeks, but on further inquiry feels that the child may have exhibited some morning clumsiness almost 2 months ago.

PHYSICAL EXAMINATION

The patient appears well and has normal vital signs. There is no cutaneous eruption or lymphadenopathy, and the mucosal membranes and conjunctiva are normal. The cardiovascular, chest, and abdominal examinations are likewise unremarkable. Musculoskeletal examination reveals moderate swelling of the left knee, with slight warmth; there is no erythema, tenderness to palpation, or local bone tenderness. The knee is held in a slightly flexed position (-15°). With gentle, firm exertion, the knee can be moved another 5° to 6° . There is full flexion. She walks with slight hesitation but does not appear to be uncomfortable. The right wrist is also slightly swollen without warmth, localized tenderness, or limited range of motion. Cervical and lumbosacral spine motion is intact.