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### JUVENILE IDIOPATHIC ARTHRITIS

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**Abstract:** It is aimed to analyze the Juvenile arthritis (JA) illness in this article. Juvenile arthritis (JA), also known as pediatric rheumatic disease, isn't a specific disease. It's an umbrella term to describe the inflammatory and rheumatic diseases that develop in children under the age of 16. These conditions affect nearly millions of kids and teens in the world.

**Key words:** Juvenile arthritis, symptoms, treatment, blood test, diagnosis.

#### **Introduction**

Juvenile idiopathic arthritis, formerly known as juvenile rheumatoid arthritis, is the most common type of arthritis in children under the age of 16. Juvenile idiopathic arthritis can cause persistent joint pain, swelling and stiffness. Some children may experience symptoms for only a few months, while others have symptoms for many years.

Some types of juvenile idiopathic arthritis can cause serious complications, such as growth problems, joint damage and eye inflammation. Treatment focuses on controlling pain and inflammation, improving function, and preventing damage.

**Symptoms.** The most common signs and symptoms of juvenile idiopathic arthritis are:

- **Pain.** While your child might not complain of joint pain, you may notice that he or she limps - especially first thing in the morning or after a nap.
- **Swelling.** Joint swelling is common but is often first noticed in larger joints such as the knee.
- **Stiffness.** You might notice that your child appears clumsier than usual, particularly in the morning or after naps.



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- **Fever, swollen lymph nodes and rash.** In some cases, high fever, swollen lymph nodes or a rash on the trunk may occur - which is usually worse in the evenings.

Juvenile idiopathic arthritis can affect one joint or many. There are several different subtypes of juvenile idiopathic arthritis, but the main ones are systemic, oligo articular and polyarticular. Which type your child has depended on symptoms, the number of joints affected, and if a fever and rashes are prominent features.

Like other forms of arthritis, juvenile idiopathic arthritis is characterized by times when symptoms flare up and times when symptoms may be minimal.

Juvenile idiopathic arthritis occurs when the body's immune system attacks its own cells and tissues. It's not known why this happens, but both heredity and environment seem to play a role.

**Risk factors.** Some forms of juvenile idiopathic arthritis are more common in girls. Several serious complications can result from juvenile idiopathic arthritis. But keeping a careful watch on your child's condition and seeking appropriate medical attention can greatly reduce the risk of these complications:

- **Eye problems.** Some forms can cause eye inflammation. If this condition is left untreated, it may result in cataracts, glaucoma and even blindness.

Eye inflammation frequently occurs without symptoms, so it's important for children with this condition to be examined regularly by an ophthalmologist.

- **Growth problems.** Juvenile idiopathic arthritis can interfere with your child's growth and bone development. Some medications used for treatment, mainly corticosteroids, also can inhibit growth.

Diagnosis of juvenile idiopathic arthritis can be difficult because joint pain can be caused by many different types of problems. No single test can confirm a diagnosis, but tests can help rule out some other conditions that produce similar signs and symptoms. Some of the most common blood tests for suspected cases include:

*Erythrocyte sedimentation rate (ESR).* The sedimentation rate is the speed at which your red blood cells settle to the bottom of a tube of blood. An elevated rate can indicate inflammation. Measuring the ESR is primarily used to determine the degree of inflammation.

*C-reactive protein.* This blood test also measures levels of general inflammation in the body but on a different scale than the ESR.

*Antinuclear antibody.* Antinuclear antibodies are proteins commonly produced by the immune systems of people with certain autoimmune diseases, including arthritis. They are a marker for an increased chance of eye inflammation.

*Rheumatoid factor.* This antibody is occasionally found in the blood of children who have juvenile idiopathic arthritis and may mean there's a higher risk of damage from arthritis.



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*Cyclic citrullinated peptide (CCP)*. Like the rheumatoid factor, the CCP is another antibody that may be found in the blood of children with juvenile idiopathic arthritis and may indicate a higher risk of damage.

To conclude, symptoms of JR are different among children. Typically, joints become swollen, stiff, painful and warm to the touch. They may start as early as 6 months of age. Your child may limp, especially in the morning when stiffness is the worse. He or she may have lower back pain and avoid normal activities. Symptoms may come and go. They may be mild or intense. Symptoms can last for a short time or for years.

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