

Many people, including doctors, find it surprising to learn that children also get arthritis. They are often told that nothing can be done for arthritis. But children get arthritis, and much can be done to help them.

The Joint: A joint is where two bones meet and move in relation to each other. Without it there could be no movement. The bone ends are covered by cartilage and enclosed in a bag (capsule); these are covered by a thin shiny membrane (synovium) which secretes the fluid that lubricates the joint.

What is arthritis?

Arthritis (synovitis) means the inflammation of the synovium lining the joint and, like a headache or a cough, it may be a symptom of many different diseases, some of which are acute, while others are chronic. The cause of some forms of arthritis is known - injury and infection are among the most common causes of arthritis. Injury results in painful swelling of the joint and is accompanied by bruising and abrasion of the skin depending on the nature and severity of the accident. *Viral arthritis* is generally mild and shortlived. *Bacterial arthritis* is usually acute, and may result in severe joint destruction, and **early** treatment with antibiotics is essential to prevent this. Rheumatic fever causes no



permanent joint damage but the heart valves may be damaged. In others no cause has been found; the latter type is known as **Juvenile Chronic Arthritis - or JCA**.

What are the symptoms?

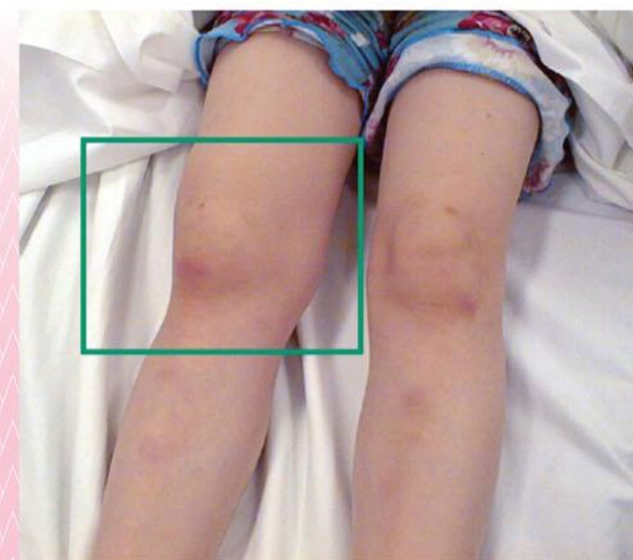
An inflamed joint produces pain, swelling, warmth and redness, as well as stiffness and limitation of movement. The stiffness is most pronounced after periods of inactivity such as waking up in the morning, on arising from watching a TV programme or from the school desk at the end of a period. One or many joints may be affected. In some children there may be a fever and a skin rash. Swelling of the glands may also occur especially in the neck and in the arm pits. These children are often miserable, lethargic and have a poor appetite. They may complain of a sore throat, and show signs of tiring easily. Other organs such as the eyes, heart, liver, spleen and lungs may be involved. This form of JCA is called Still's disease.

How is the diagnosis made?

The patient will be examined fully and X-rays are done to check that the heart and lungs are healthy and to see if any bone or joint changes have occurred. Blood is taken to exclude anaemia and to look for rheumatoid factor (an antibody against normal antibody proteins), which is present in some of the patients. This frequently portends a more serious and longer lasting disease. Some tests indicate an inherited susceptibility to certain types of arthritis, e.g. HLA-B27 predisposes to arthritis of the spine (poker back). The eyes must be examined with a special instrument called a slit-lamp, and **this is repeated every 6 months**. Inflammation in the eye in JCA may go undetected and cause irreversible blindness. Fluid may be taken from the joint, and biopsy (removing a small piece of tissue) of the synovial lining will also assist in making a more precise diagnosis where there is doubt.

Can JCA be cured?

If the cause of the arthritis is known, specific treatment and



cure may be expected. There is no known cure for JCA. Unlike in adults with rheumatoid arthritis, **JCA has a natural tendency to resolve spontaneously**. This may occur after a few months or years. In the majority of patients it will 'burn itself out' by adolescence.

Is effective treatment available?

Yes.

Treatments is aimed at reaching the 'burnt-out' stage free of disability and deformity. To achieve this we try to relieve pain and stiffness, encourage activity and maintain mobility. The doctor, after making the diagnosis, will explain the problem and outline a programme of treatment. Each child is different, so the treatment will be individualised. Medicines and tablets help to relieve pain and reduce inflammation.

What is the treatment?

First, the inflammation may be suppressed by anti-inflammatory drugs. The simplest is Aspirin. There are

many others and these are called non-steroidal anti-inflammatory drugs (NSAI drugs). These drugs have side effects so the choice is governed by the child's response. In the child with more serious disease, cortisone (prednisone) is used. The duration and the dosage of this drug is kept low because there are more troublesome side effects. If these drugs do not work, or provide incomplete control of joint inflammation, the so-called slow-acting drugs like methotrexate may be used. These drugs take a few months before any effect becomes noticeable. Their side effects necessitate frequent examination of the skin, blood and urine tests. Biological agents can also be used for severe cases. Physical therapy helps to preserve the range of movement of the joints, reduce joint injury, prevent the joints from becoming bent and maintain muscle strength.

Anti-inflammatory drug treatment should be regarded as a means towards reducing the pain and swelling sufficiently to enable physical therapy to be undertaken. Also helpful are splints, and exercises in a heated pool (hydrotherapy).

What you can do?

Medical and physical therapists will give guidance about a home programme in which the entire family should



participate. A **'joint protection programme'** should be part of everyday living; this involves:

- » Avoiding activities which encourage deformity,
- » Using alternative ways to counteract deforming forces,
- » Using aids to facilitate function,
- » Providing adequate periods of rest for tired joints.

Morning stiffness is relieved by a hot bath, and inactivity stiffness by a gradual limbering up process.

Regular school attendance is very important. Teachers should be told about morning stiffness; rather go to school late than not at all; opportunities for permitting mobility will prevent inactivity stiffness; reading and mental work may be substituted when stiff hands prevent writing.

The team involved in helping a child

The doctor co-ordinates a team of experts. The family is an integral part of this team which must work together to control the symptoms. No cure is promised but every effort will be made to ease the pain and discomfort. An orthopaedic surgeon may be asked to help by removing fluid or diseased synovium from a joint in the acute stages. In the chronic stages correction of deformity may be necessary. On rare occasions the diseased joints may need replacement with artificial joints.

Arthritis Hurts

Talking helps

Dont suffer in silence

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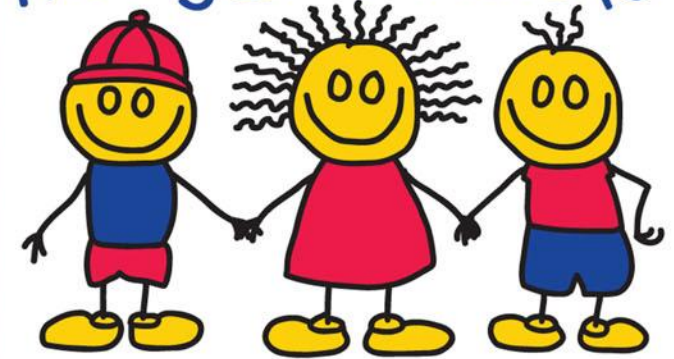
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Kids get Arthritis too



ARTHRITIS IN CHILDREN

