side effects of the chelators, gastrointestinal upset was the commonest complication in group II, local reactions were the commonest in group III and both complications were lower in group I.

Conclusions: Dual chelation therapy regimen of alternating desferrioxamine and deferiprone is more effective, less toxic and well tolerated in comparison to either drug alone.

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MUSCULO-SKELETAL FUNCTION ASSESMENT IN HEMOPHILIA (A) PATIENTS: A CROSS SECTIONAL STUDY IN ZAGAZIG UNIVERSITY HOSPITAL - EGYPT

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Background: Morbidity in haemophilia A has been described predominantly in terms of musculoskeletal dysfunction and assessed by the clinical and radiological joint scores. The Functional Independence Score in Hemophilia (FISH) is a performance-based assessment tool used to measure the patients' musculoskeletal functional ability.

Aims: We aimed to evaluate the musculoskeletal function in our hemophilia A patients and to assess the impact of degree of factor VIII deficiency and different replacement therapy regimens on it.

Methods: Cross-sectional study on 120 children 80 hemophilic and 40 sex-, race-, and age-matched healthy males was conducted. Children over 5 years were selected. Musculoskeletal function was assessed using Functional Independence Score in Hemophilia (FISH), performance-based instrument. FISH measures the patient's independence in performing seven activities under three categories: self-care (grooming, eating, bathing, dressing), transfers (chair, floor) and mobility (walking, step climbing). Each function is graded from 1 to 4 depending on the amount of assistance needed in performing the function. All relevant data regarding degree of factor VIII deficiency and type & frequency of replacement therapy were collected.

Results: There were no differences in the FISH between controls and patients with mild hemophilia; however, the score was significantly higher in patients with mild hemophilia than patients with moderate or severe hemophilia. The most

affected activities were squatting, walking and step climbing. FISH scores were significantly higher in patients receiving regular factor VIII replacement than those receiving either irregular factor VIII replacement or fresh frozen plasma.

Conclusions: Regular factor VIII replacement therapy is superior to fresh frozen plasma transfusion in reducing musculoskeletal dysfunction in hemophilia A patients. Also, patients with moderate and severe factor VIII deficiency are more vulnerable to have musculoskeletal dysfunction than those with mild deficiency.

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OPPORTUNISTIC INFECTIONS OF SIDA PRESCHOOL PATIENTS

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Background: AIDS is now a pandemic in children. Asymptomatic children with human immunodeficiency virus (HIV) infection cannot be distinguished from children without infection. Opportunistic infections are common in children with AIDS.

Aims: Describe the prevalence of human immunodeficiency virus acquired immunodeficiency syndrome (AIDS) among all children with opportunistic infections in Bosnia.

Methods: The control group was composed of six boys and six girls for every year age class between one day and six years. Children were included from the study when they presented with a opportunistic infectious disease at the time of planned investigation assessment.

Results: Children are underrepresented among recipients of antiretroviral therapy in almost every setting in Bosnia where treatment programs have been established. HIV-affected children and HIV-infected children had a significantly poorer socioeconomic living standard compared with

control children. Ninety percent of the sample had been diagnosed with HIV before three years of age; the mean age of diagnosis for this sample was eleven months. Among the groups at highest risk for suprainfections of HIV infection were newborns from infected SIDA mothers.

Conclusions: The prevention of opportunistic HIV infections in children and its consequent illness must be the primary component of any education program. Pediatricians and specialist for infectious diseases can play an important role in educating parents about opportunistic infection of HIV prevention, transmission, and testing, with an emphasis on risk reduction.

Keywords: Opportunistic infections, Complications, SIDA, Treatment, Prevention.

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THE CLINICO-IMMUNOPATHO-RADIOLOGICAL SPECTRUM OF JUVENILE IDIOPATHIC ARTHRITIS (JIA) WITH THE INFLUENCE OF THE PRECEDENTS/ASSOCIATIONS OF ITS SUBTYPES ON INTERVENTIONS/ OUTCOME

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Background/purpose: JIA implies chronic arthritis of undetermined aetiology. The maturational sequences of the immune/endocrine mechanisms influenced its childhood peculiarities. Mechanisms involving JIAs geographic/molecular distinctiveness/ Tregs/ (hsps), the myeloid dendritic cells innate-adaptive immunity linkages/TNFs

/cytokines/leucocytoclastic / NK/ B cells/ non-HLA genetic factors/ humoral/ endocrine interactions drive joints decimations/protections. Radiochemotherapeutics induced malignancies supports identifying undifferentiated JsAs to circumvent its application. Defined figures could influence specific single pathwayed approaches in disturbances of cellular-humoral-immune-molecular-genetic-joint axis. Previously, impact figures were confounded, given the overlapping/atypicalities / inordinate effects of infective-arthritis/difficulties with nomenclature/classification/diagnosis. Redefining these aspects could yield interesting/useful figures.

Cases/interventions: Observational/prospectively acquired data were analyzed (n=29) Disease

activities/decimations were assessed by a standardized clinico-radio-pathological approach. Amelioration rates of 30%/above in more than 50% of a set of established criteria suggested a satisfactory response. A deterioration of more than 30% in 20% of these parameters connotes intractability.

Results: Of (n=29) cases, 20 were of the JIA Polyarticular forms eventually, males (n=18), a recall of a preceding RTI/trauma were predominant, of these (n=8) were RF+ /Stills disease (n=1)(n=9) were of extended polyarticular progressive course with initial pauciarticular onset. In enthesitis-related arthritis, GETs/UTIs were common precedents (n=5),(n=2) had coincidental indeterminate colitis,(n=1) was JIA in dermatomyositis (JDM) unclassifiable (n=2) There were satisfactory response rates/ sustained remissions/abated relapses-flare ups with NSAIDS / multimodally/applied steroids/occasional/ DMRD, without biological agents/anti-TNFs/HSCT / athroplasties/Ophthalmopathies/ MAS/amyloidosis/ limb asymmetry. Demise occurred only where JIA/ JDM co-existed.

Conclusions/importance: Disease activities / progression/ responsiveness/recidivisms were spectral. Epidemiologically, these figures compared with reports elsewhere, though its overall behaviour were positively distinct.

Where JIA/other pathologies co-exist /interventions should be more intensive/encompassing/directed.

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ANTI-MCV AND ANTI-CCP ANTIBODIES - DIAGNOSTIC AND PROGNOSTIC VALUE IN CHILDREN WITH JUVENILE IDIOPATHIC ARTHRITIS

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Background: Antibodies against cyclic citrullinated peptides (CCP) are useful for diagnosing Rheumatoid Arthritis and Juvenile Idiopathic Arthritis (JIA). Antibodies to mutated citrullinated vimentin (MCV) were recently described in Rheumatoid Arthritis in adults.