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.