

- Psoriatic arthritis is arthritis with psoriasis or an associated dactylitis, nail pitting, or onycholysis or psoriasis in a first-degree relative. **Exclusions: b, c, d, e*
- Enthesitis-related arthritis is arthritis or enthesitis associated with at least two of the following: sacroiliac or lumbosacral pain, HLA-B27 antigen, arthritis in a boy older than 6 years old, acute anterior uveitis, inflammatory bowel disease, Reiter syndrome, or acute anterior uveitis in a first-degree relative. **Exclusions: a, d, e*
- Undifferentiated arthritis fits no other category above or fits more than one category.

Diagnostic Evaluation

JIA is a diagnosis of exclusion; there are no definitive tests. Classifications are based on the clinical criteria of age of onset before 16 years old, arthritis in one or more joints for 6 weeks or longer, and exclusion of other causes. Laboratory tests may provide supporting evidence of disease. The ESR/CRP may or may not be elevated. Leukocytosis is frequently present during exacerbations of systemic JIA. Antinuclear antibodies are common in JIA but are not specific for arthritis; however, they help identify children who are at greater risk for uveitis. Plain radiographs are the best initial imaging studies and may show soft-tissue swelling and joint space widening from increased synovial fluid in the joint. Later films can reveal osteoporosis, narrow joint space, erosions, subluxation, and ankylosis. A slit-lamp eye examination is necessary to diagnosis uveitis, inflammation in the anterior chamber of the eye, which is most common in antinuclear antibody–positive young girls with oligoarthritis. Routine examinations are necessary for early diagnosis and treatment to avoid or minimize sight-threatening disease ([Qian and Acharya, 2010](#)).

Therapeutic Management

There is no cure for JIA. The major goals of therapy are to control pain, preserve joint range of motion and function, minimize effects of inflammation such as joint deformity, and promote normal growth and development. Outpatient care is the mainstay of therapy; lengthy hospitalizations are infrequent in this era of managed care. The treatment plan can be exhaustive and intrusive