



## TREATMENT OF JUVENILE RHEUMATOID ARTHRITIS

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### ABSTRACT

*the article provides a comparative evaluation of methotrexate and sliderone in the treatment of juvenile rheumatoid arthritis. We have confirmed the therapeutic efficacy of the use of slideron, methotrexate, syspres, which have anti-inflammatory, immunocorrective, antioxidant and membrane-stabilizing effects, which contributed to the rapid positive dynamics of clinical indicators and the normalization of most parameters of immunological reactivity, and reduced the time spent in the hospital.*

**Relevance:** Rheumatoid arthritis is a systemic autoimmune connective tissue disease with a severe progressive course, which most often affects small joints of the erosive-destructive type, as well as internal organs. Among other subspecies, juvenile rheumatoid arthritis (JRA) is distinguished - a rather specific disease, which we will consider separately and in more detail [2, 5, 8].

It was first described by pediatricians: the Englishman Still and the Frenchman Shaffard, almost at the same time. After describing many cases with Still's syndrome, general provisions were identified between adult and children's forms, but children's is quite specific, so in 1946 the term "juvenile rheumatoid arthritis" was singled out by American researchers Koss and Boots. This form is characterized by a progradient course and, as a result, disability of patients. If JRA has a systemic character, then amyloid can accumulate in the kidneys, which leads to death [1, 4, 6, 12].

Juvenile rheumatoid arthritis is one of the most common rheumatic diseases in childhood. There is evidence of mutual aggravation of inflammatory manifestations and metabolic disorders in patients with rheumatoid arthritis. An important link in the pathogenesis of JRA in children is a violation of lipid metabolism, as well as changes in the lipid composition of cell membranes with activation of the lipid peroxidation system and a decrease in the content of antioxidant substances in the blood serum, contributing to systemic lesions.

**The purpose of the study:** to study the effectiveness of the treatment of JRA with methotrexate, sliderone.

**Material and methods.** There were 41 patients under observation, including 16 girls and 25 boys aged 6 to 18 years. In 21 patients, the predominantly articular form was diagnosed, in 10 the articular-visceral form, in 5 children rheumatic fever was observed, and in 5 children reactive arthritis was noted. The evaluation of the results of inpatient treatment of patients with JRA was carried out by analyzing the data of general clinical, clinical laboratory and biochemical studies.

**Results:** 15 patients were admitted in serious condition, 10 of them had an articular-visceral form, 5 patients had an articular form of JRA. At admission, 90% of patients had swelling in the joints, joint pain and limited movement in the joints. In 1 (2.4%) patient, the disease proceeded with the Wisler-Fakoni syndrome. Patients most often had damage to the knee and ankle joints, less often to the proximal interphalangeal and wrist joints. Polyarthritis was registered in 60% of patients with JRA. 34% of patients had I and II radiographic stages of arthritis. All patients had anemia I and II degree, 80% of patients had uraturia and uric acid in the urine. In 5 patients, the disease proceeded with carditis, in 1 the disease was accompanied by VSD, in 5 with chronic tonsillitis, in 10 dysmetabolic nephropathy, in 2 with biliary dyskinesia. In 2 patients, giardia was present in the analysis of feces, in 3 patients TORCH-infection was detected. C-reactive protein ranged from 6.0 to 12.0 IU; ASLO from 600 to 800; calcium in the range from 1.82 to 2.14. A blood test for brucellosis was positive in 1 patient. The total protein was  $60.5 \pm 1.2$  g/l. Fibrinogen  $4.48 \pm 0.5$ . RF+ was found in 19.5% of children with predominantly articular JRA (in titers 1:20-1:320) and in 56% of children with articular-visceral JRA (in titers 1:20-1:1280). All patients received antibiotics - penicillin 1 million units. 3 times a day, ibuprofen 0.2 x 3 times a day, physiotherapy (magnetic infrared laser radiation, UHF). Patients admitted in serious condition received - ceftriaxone, prednisolone, methotrexate, sliderone. Patients with changes in the cardiovascular system added cocarboxylase, riboxin and thiotrazoline; patients with TORCH infection - 800 mg according to the scheme. The results of our observations and studies showed that in the condition of adequate therapy in a hospital, rational management and treatment in a polyclinic, 92.7% with JRA managed to achieve relief of the course of the disease and the onset of a long-term remission. In the children we observed with a predominantly articular form of JRA who received repeated courses of new generation immunomodulators (methotrexate) and sessions of physiotherapy procedures during the period of dispensary and polyclinic observation, a significant increase in the continuation of clinical remission was noted.

**Conclusion:** We have confirmed the therapeutic efficacy of the use of slideron, methotrexate, syspress, which have anti-inflammatory, immunocorrective, antioxidant and membrane-stabilizing effects, which contributed to the rapid positive dynamics of clinical indicators and the normalization of most parameters of immunological reactivity, and reduced the time spent in the hospital.

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