

Understanding Systemic Juvenile Idiopathic Arthritis

Physical Effects

Approximately **10 – 20%** of children with juvenile idiopathic arthritis (JIA) have a rare and serious subtype called systemic juvenile idiopathic arthritis (SJIA). Researchers believe that SJIA is an autoinflammatory disease that may affect different areas of the body and internal organs, such as the heart, lungs and liver.

Symptoms and Health Effects

More Common

May Develop

Fever:

A high, recurring fever of 103 degrees or higher, often with a rash, is one of the first signs of SJIA.

Rash:

A flat, pale (salmon-colored) pink rash. Usually appears on the arms and lower body.

Joint Pain:

Commonly affects the knees, wrists, ankles and hips. Less commonly, the neck and jaw are affected.

Swollen Lymph Nodes:

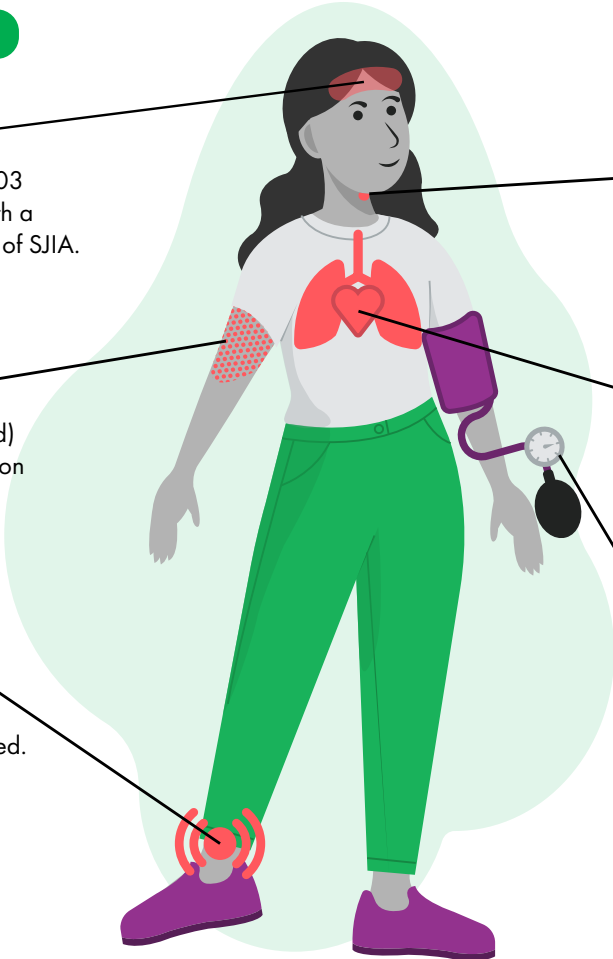
Behind the ears, in the neck or around the groin area.

Lung and Heart Problems:

Less commonly, pulmonary artery hypertension and interstitial lung disease may occur.

High Blood Pressure:

Can occur due to the buildup of fatty deposits on artery walls from inflammation (atherosclerosis) - or from treatment with corticosteroids.



Signs & Symptoms to Monitor



Macrophage Activation Syndrome (MAS). Seek immediate medical care if your child has a sudden, spiking fever, change in alertness, extreme fatigue that won't go away, confusion, loss of appetite or seizures. This may be a serious and life-threatening complication of SJIA.



Breathing Problems. Alert a doctor right away if your child has breathing difficulties, especially shortness of breath.



Flares. Watch out for sudden onset of joint pain or swelling, fatigue and low-grade fever.



Bone Growth. Pay attention to lower limb growth and how your child walks.

Treatments

Early, aggressive treatment is key to getting the disease under control as quickly as possible.



Medications

Nonsteroidal anti-inflammatory drugs (NSAIDs). Over-the-counter and prescription. First line of defense for SJIA.

Corticosteroids (Oral and IV). Quickly improves fever and systemic inflammation.

Biologics. Target inflammatory proteins interleukin-1 (IL-1) and interleukin-6 (IL-6). Can be used as first line therapy.

Disease-modifying antirheumatic drugs (DMARDs). Used to manage disease activity and slow joint damage. May be used alone or in combination with biologics.



Non-Drug Therapies

Healthy, Balanced Diet. A diet rich in anti-inflammatory fruits, vegetables and whole grains can help manage inflammation.

Exercise. Regular physical activity keeps joints flexible, improves strength and mobility.

Physical and/or Occupational Therapy. Range of motion exercises and strategies for daily living that assist with function and mobility.

Activity Pacing. Balancing periods of rest with activity to help preserve energy and joint function.

[Find more details about SJIA here.](#)