

DOWN'S SYNDROME - Inflammatory Arthropathy

Keypoints

(based on a presentation by Dr Janet Gardner-Medwin. DSMIG Glasgow. May 2007)

- **Probably about three times as common as juvenile idiopathic arthritis in other children.**
- **Should be suspected in all children with Down's syndrome who present with difficulty walking or where other functional deterioration is reported.**
- **Difficult to diagnose and frequently overlooked because:
children with Down's syndrome tend not to express pain
confusion due to syndrome-associated joint hypermobility.
formal musculoskeletal examination rarely carried out.
X Ray changes are late
ANA positive in only 40%**
- **Functional adaptations occur**
- **Key clinical sign:
stiffness (gelling) - early morning or after immobility. Improves on mobilizing**
- **Formal musculoskeletal examination essential**
- **Ultrasound or MRI can identify synovitis, but a competent rheumatologist will be able to make a clinical diagnosis in most cases.**
- **Response to treatment is not good, but in some children does significantly improve outcome. Early treatment more efficacious than late.**
- **Children with Down's syndrome should have a 5 minute musculoskeletal assessment every year. (See '[pGALS – A musculoskeletal screening assessment](#)' from the [Arthritis Research Campaign](#))**
- **JIA associated with chronic anterior uveitis, and unclear if Down's risk is different therefore slit lamp examination recommended for those with active disease**