# 734: Frequency and clinical relevance of myositis-specific autoantibodies in children S. Mejdoub<sup>1</sup>, S. Mallouli<sup>2</sup>, H. Hachicha<sup>1</sup>, F. Kamoun<sup>2</sup>, S. Feki<sup>1</sup>, C. Triki<sup>2</sup>, H. Masmoudi<sup>1</sup>

1: Immunology Department, Habib Bourguiba University Hospital, Sfax, Tunisia 2 : Child Neurology Department, Hedi Chaker University Hospital, Sfax, Tunisia

## INTRODUCTION

- Screening for auto-antibodies (Abs) is useful for the management of idiopathic inflammatory myopathies (IIMs).
- Among myositis-specific Abs (MSA), some Abs are reported to be associated with juvenile variants.

### **OBJECTIVE**

to determine the **frequency** and **clinical relevance** of **MSA in children** 

# **METHODS**

Study period: 2013-2023

 $\rightarrow$  392 serum samples tested for a suspicion of IIM

MSA screening: immunodot technique (Dot-myositis, Euroimmun<sup>®</sup>)

 $\rightarrow$  auto-Abs directed against 16 antigens:

Mi- $2\alpha$ , Mi- $2\beta$ , TIF1 $\gamma$ , MDA5, NXP2, SAE1, Ku, PM-ScI100, PM-ScI75,

Jo-1, SRP, PL-7, PL-12, EJ, OJ, Ro 52

 $\rightarrow$  semi-quantitative results for each Ab: negative / + / ++ / +++







## RESULTS

129 positive tests for at least one MSA

 $\rightarrow$  3 pediatric cases: three boys who had in common walking difficulties Disease-onset: insidious in the 1<sup>st</sup> case, subacute with a preceding infectious episode in the 2<sup>nd</sup> and 3<sup>rd</sup> cases

#### 2<sup>nd</sup> case: anti-TIF1y++

clinical and

electromyographical features

inflammatory biological

biopsy not done

 $\rightarrow$  Probable diagnosis of IIM

#### 3<sup>rd</sup> case: anti-MDA5 ++

- 6 years
- ENMG: acute motor axonal neuropathy pattern

• Cerebrospinal fluid analysis: albumino-cytological dissociation

#### $\rightarrow$ acute polyradiculoneuropathy

 $\rightarrow$ association with a muscular disorder remained to be confirmed

## **DISCUSSION AND CONCLUSION**

**Dermatomyositis:** the most frequent IIM both in adults and children (4-14 years ++, female predominance)

 $\bullet$ Each MSA  $\rightarrow$  one type of IIM, particular phenotypes and prognosis  $\rightarrow$  useful to support the existence of a myopathy, its acquired nature, to classify IIM, to definite its prognosis [Allenbach Y et al, 2014]

\* MSA+ : 50-70% of juvenile IIM; the most frequent: anti-TIF1 $\gamma$ , anti-NXP2, anti-MDA5  $\neq$  in adults: the most frequent MSA are anti-synthetase Abs [Kim H et al, 2021]; no increased cancer risk for children [Turnier J et al, 2022]

Our results are in accordance with literature data regarding the low seroprevalence of MSA in children and

*igns for the 3 reported cases are boys; absence of cutaneous signs* 

The positivity of these Abs enables to evoke juvenile variants of IIM, which diagnosis relays on clinical,



