

Table 1**Differential diagnosis of JIA**

Condition	Distinguishing features
Septic arthritis	Usually monoarthritis. Associated fever and systemically unwell, unable to weight bear. Raised ESR and CRP
Osteomyelitis	Fever, bone pain beyond joint margins
Reactive arthritis	History of recent infections: gastroenteritis or other viral infection (measles, parvovirus)
Trauma	History of trauma may not be recalled in young children. May need to consider possible non-accidental injury
Mechanical	Possibly related to joint hypermobility syndrome, Perthe's disease, slipped upper femoral epiphysis
Inflammatory bowel disease	May first present with arthritis. Weight loss and failure to thrive. Mouth ulcers, family history of HLA B27 related disease
Malignancy	Night pain, back pain, non-articular bone pain, systemic features. Leukaemia, lymphoma, neuroblastoma, Ewing's sarcoma
Autoimmune connective tissue disease	May be features of systemic lupus erythematosus, Juvenile dermatomyositis, Henoch-Schonlein purpura or sarcoidosis
Pain syndromes	Features of complex regional pain syndrome such as autonomic dysfunction
Rheumatic fever	Diagnosis made using Duckett-Jones criteria. Often migratory polyarthritis
Lyme disease	Travel to endemic areas, history of tick bite may be elicited. Large joint oligoarthritis preceded by erythema chronicum migrans