

Confronting Inequities in Polyarticular Juvenile Idiopathic Arthritis Care in Latin America

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DESCRIPTION

Juvenile Idiopathic Arthritis (JIA), particularly its polyarticular form (polyJIA), poses complex diagnostic and therapeutic challenges. Defined by the International League of Associations for Rheumatology (ILAR) as arthritis affecting five or more joints for at least six weeks in children under 16, polyJIA is further stratified by the presence or absence of rheumatoid factor, reflecting varying clinical presentations and prognoses. Yet, as noted in the recent PANLAR-endorsed treatment guidelines, rigid adherence to ILAR classifications may not always serve clinical realities. In practice, a broader polyarticular phenotype often guides treatment, reflecting a shift toward more flexible, patient-centred care models.

This shift is especially relevant in Latin America, where epidemiological data on JIA remain limited. One of the few regional studies, conducted in Costa Rica, reported an incidence of 6.8 per 100,000 children and a prevalence of just over 3 per 100,000, figures that likely underestimate the true burden due to under diagnosis and reporting gaps. Despite therapeutic advancements including non-biological and biological disease-modifying anti rheumatic drugs children in Latin America continue to face disproportionately high barriers to early diagnosis, timely treatment and long-term disease management.

Workforce gaps and systemic barriers in pediatric rheumatology

The gap between clinical best practices and real-world care in Latin America is not a reflection of medical knowledge, but of resource constraints and systemic inequities. The shortage of paediatric rheumatologists across the region remains a pressing concern. According to a regional survey, 20% of children with rheumatic diseases are managed by general rheumatologists without paediatric training. Half of paediatric rheumatologists practice alone within their institutions, often located in overburdened public hospitals. This isolation not only hampers interdisciplinary collaboration but also places an unsustainable burden on individual clinicians.

Referral delays compound these problems. For many children, it takes six to twelve months from symptom onset to reach a paediatric rheumatologist an unacceptable lag in a disease where early intervention is crucial for preventing irreversible joint damage and preserving functional capacity. Unsurprisingly, about 20% of children present with significant disability at their first specialist visit. These delays are not simply clinical failings; they are symptomatic of broader structural issues, including insufficient healthcare infrastructure, bureaucratic referral systems and limited public awareness of paediatric rheumatic diseases.

Sociocultural perceptions of chronic illness

Sociocultural perceptions of chronic illness also play a role. In many Latin American communities, musculoskeletal symptoms in children may be dismissed as growing pains or attributed to injury or infection, delaying appropriate medical attention. Stigma surrounding chronic illness, particularly in children, may discourage families from seeking early care. These social factors must be addressed in tandem with clinical strategies to ensure truly comprehensive care.

Against this backdrop, the development of PANLAR-endorsed treatment guidelines tailored to the Latin American context is both timely and necessary. Notably, these guidelines move beyond the rigid ILAR framework to adopt a more inclusive definition of polyJIA. By acknowledging that multiple JIA subtypes can present with polyarthritis either at onset or during the disease course, the panel has provided a practical framework that aligns better with clinical observations and treatment realities. This flexibility is vital in a region where access to advanced diagnostic tools and subtyping may be limited.

The guidelines were developed using the GRADE methodology and the AGREE Reporting Checklist, ensuring rigorous, evidence-based recommendations. From over 3,800 reviewed manuscripts, 90 were included in the final evidence base, supporting eight primary recommendations and one expert opinion. While the recommendations themselves are detailed in

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supplemental materials, the effort reflects an important consensus among regional experts and methodologists across several countries.

The socioeconomic diversity of Latin America further complicates these efforts. A one-size-fits-all model will not work. Countries vary widely in healthcare infrastructure, insurance coverage and access to medicines. The PANLAR guidelines offer a strong foundation, but their true impact will depend on how they are adapted and operationalized at the local level.

In this light, multidisciplinary care becomes not just desirable but essential. Poly-JIA is not merely a disease of joints it affects physical, emotional and social development. Children may face

academic disruptions, social isolation and mental health struggles. Therefore, care must include not only paediatric rheumatologists but also nurses, physical therapists, psychologists, social workers and educators.

CONCLUSION

In conclusion, the PANLAR-endorsed guidelines for poly-JIA in Latin America are a significant step forward in addressing a complex and often overlooked paediatric condition. Yet, the success of these guidelines will hinge on their integration into systems that currently struggle with shortages, delays and disparities.