Introduction

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Juvenile rheumatoid arthritis is one of the most prevalent chronic diseases in the childhood period (ages 0 to 16 years) characterized by many types of antibodies ***(Cakmak and Bolukbas, 2005).***

Anti-neutrophil cytoplasrnic antibodies (ANCA) along with other autoantibodies are detected in many diseases including systemic lupus erythematosus (SLE) ***(Pradlian et al., 2004)***, Wegener's granulorriatosis (WG) (Csernok et al., 2004) rheumatoid arthritis (RA) ***(Locht el al., 2000)*** and juvenile rheumatoid arthritis (JRA) ***(Gedalia et al., 2001)***.

In patients with early RA, pANCA are associated with specific serologic markers of RA and predict rapid radiographic joint destruction ***(Mustila et al., 2000)***.

Prevalence and antigenic specificity of ANCA in JCA are clearly different from adult onset rheumatoid arthritis or other juvenile chronic inflammatory disorders ***(Mulder et al., 1997)***.

Bakkaloglu et al., (1999) studied antineutrophil cytoplasmic antibody (ANCA) staining in patients with juvenile chronic

arthritis (JCA). All of their patients except one, revealed atypical pANCA staining. There were no significant correlations between ANCA staining and the clinical parameters of the patients. They concluded that, although the specificity of ANCA in JCA remains to be elucidated, it may be effective in the pathogenesis of the disease.