a pediatric psychiatrist to confirm psychiatric/emotional diagnosis. Clinical, social and demographic data were collected from medical records. Descriptive statistics with frequencies or measures of central tendency and dispersion, depending on variable characteristics were used. Comparisons and correlations were performed with parametric and non-parametric tests as appropriate.

Results: Forty patients were recruited during study period, aged 18 (IQR 16 - 19) years old, 31 female, and most diagnosed with JIA (22, 55%) and Systemic Lupus Erythematosus (SLE, 7, 17.5%). Time since diagnosis were 5.5 (IQR 0.5 - 13) years and half of the patients presented with an active disease.

After psychiatric evaluations, 24 (60%) patients presented a PD, 7 (17.5%) were identified with MDD, while minor disorders (specific phobia and anxiety) were noticed in 11 (27.5%). Two patients presented alcohol dependence, and 11 (27.5%) were diagnosed with more than one PD.

PD were more frequently in patients with SLE (71%) and in those with active disease regardless of underlying diagnosis (54% vs 45%, $P = .490$). Other significant factors related with more prevalence of PD were female gender (66% vs 44%, $P < .001$), having a couple (90% vs 57%, $P < .001$), have a single parent (83% vs 60%, $P = .005$), and sex activity (71% vs 61%, $P = .002$).

Conclusion: We found a higher prevalence of PD in adolescents during transitional care, especially in those with active disease. It is priority to involve a multidisciplinary team to transition adolescents from pediatric to adulthood care to prevent and detect PD in this population.

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AB0977 ULTRASOUND MEASUREMENT OF JOINT CARTILAGE THICKNESS IN HEALTHY ASIAN SCHOOL-AGED CHILDREN

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Background: Degeneration of the osteocartilaginous structures due to synovial inflammatory process is a feature of juvenile idiopathic arthritis (JIA)¹. While anthropometry difference has been reported between Asian and Caucasian². Asian specific age- and gender-related normal standard reference values should be established before ultrasound (US) measurement of cartilage thickness (Cth) becomes standard procedure in the clinic.

Objectives: The standard cartilage thickness in Asian children population

Methods: A cross-sectional study was performed in 100 healthy Asian children (including 48 girls and 52 boys, age between 5 to 12 years-old). Bilateral knees, ankles, wrists, second metacarpophalangeals (MCPs) and proximal interphalangeals (PIPs) were measured using US. Children's body weight and body height were also recorded for later adjustment.

Results: We observed no difference in the Cth between right and left knees, ankles and wrists but MCPs and PIPs. Cartilage thickness in the large joints such as ankles and knees differed between sexes ($p < 0.001$), and the boys had thicker cartilage than those of the girls. Cartilage thickness decreases with increasing age after weight, height and BMI adjustment. A formula for calculating sex-specific cartilage thickness at different ages in childhood is suggested.

Conclusion: Cartilage thickness measurement with US in small joints may be biased. A standard reference of Cth for Asians in the knee, ankle and wrist joints between age 5- to 12 have been proposed.

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AB0978 NEUROLOGICAL MANIFESTATIONS OF PEDIATRIC SYSTEMIC LUPUS ERYTHEMATOSUS IN EGYPTIAN PATIENTS

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Background: SLE is a complex autoimmune disorder, characterized by multisystem involvement including the nervous system, juvenile onset SLE has more aggressive clinical course in comparison with adult-onset SLE.

Objectives: To study the neuropsychiatric manifestations of SLE in Egyptian children.

Methods: We reviewed the charts of all children and adolescents who were diagnosed with SLE and evidence of neuropsychiatric manifestations was defined by full neuropsychiatric history and examination.

Results: Out of 54 children with SLE, 30 (55.6%) had neuropsychiatric (NP) manifestations, the mean age at onset of the disease was 13.6 years. The mean period between onset of SLE and NP manifestations 15.5 months. NP manifestations was the presenting feature in 3 patients. Headache was the initial symptom of central nervous system (CNS) involvement in 35% of patients seizures was the most frequent CNS finding seen in 7(23.3%) patients, 6 (20%) patients had cognitive impairment, 6(20%) patient had cognitive impairment, 6(20%) patients had CVA, 2(6.7%) had chorea, 2(6.7%) had psychosis, 2(6.7%) had depression, 1 (3.3) had cerebritis, 1(3.3%) had peripheral neuropathy. Lupus anticoagulant was high in patients with chorea, seizures or cerebrovascular accidents (CVA). Electroencephalogram (EEG) was abnormal in 30% of patients presented by seizures and rarely helpful in patients with diffuse NP symptoms. Magnetic resonance imaging (MRI) was abnormal in 13 cases, long term outcome was good, 3 patients had significant persistent CNS deficits, the majority of patients (90%) had excellent recovery from neuropsychiatric SLE.

Conclusion: NPSLE is one of the most common serious complications of pediatric SLE, so early recognition and management are of paramount importance. CNS involvement was observed in 55% of our pediatric patients with SLE, 76% of whom developed symptoms during the first year of onset of the disease Headache and seizures were the most common neurological manifestations of pediatric SLE, followed by CVA and intellectual disability. Psychosis, depression and chorea were less frequent in our study group, while peripheral neuropathy and cerebritis were rare.

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