Correspondence

Profile of breast pathology at Asir Central hospital - Review of 312 breast cases.

Sir,

We read with interest the article entitled "Profile of Breast entitled" Profile of Breast Pathology at Asir Central Hospital - Review of 312 breast cases" by Awathif Jamal et al.1 What attracted our attention the most was the lack of any case of carcinoma of the male breast. Male breast carcinoma is not a common entity. It represents 1% of all breast carcinomas in USA but in countries like Egypt the incidence rises to nearly 10%.2,3

In our own experience at King Faisal Hospital, Taif, a total of 535 breast biopsies have been reported over a period of eight years and four months between 1410 H to month 4, 1418H. Breast carcinoma in the males constituted 8.33%, 8 cases out of a total of 96 breast carcinomas. Similar higher incidence of breast carcinoma in males has been reported by Osman M. Koriech.4 Though there are no recognized etiological reasons, the higher incidence may be related to the higher incidence of liver cirrhosis following hepatitis B, leading to hyperestrenism and malignancy in susceptible males.

Dr. Ram Kumar Gupta, MD.
Histopathologist

Dr. Salah Al Misri, PhD.
Dept. of Histopathology
King Faisal Hospital
Taif, Saudi Arabia

Reply from the author

This study was performed to review the profile of breast pathology in woman at Asir region. The question asked regarding male breast carcinoma is very good and interesting and was thought by the author. However, in the process of collecting the data few male breast pathology cases were identified and all of them were gnyecomasty cases. No single breast carcinoma case was seen in the period of time included in the study.

Dr. Awatif Jamal
Department of Pathology
Security Forces Hospital
P.O. Box 36143, Riyadh 11481
Kingdom of Saudi Arabia

References


Falciaparum malaria and acute renal failure

Sir,

Al-Jama et al1 deserves appreciation for reporting falciaparum malaria (FM) as an uncommon cause of acute renal failure (ARF), for reviewing the literature and outlining therapeutic guidelines. In this context it is worth to recall the following points:

a) Whenever a patient with fever has anemia and thrombocytopenia without sepsis or bleeding manifestations (as observed in the reported case), and if living in or returning from an endemic area of malaria, kindly consider malaria as Gorski et al2 attributed thrombocytopenia in patients with malaria to increased destruction of thrombocytes and decreased thrombopoiesis.

b) Identification of isolated severe forms of malaria (as reported by the authors) within each community is critical for two reasons: the rational design of interventions and the yard stick for effectiveness of any interventions.3

c) Impedance of microcirculation by endothelial cytoadherence and the rapid multiplication of parasites in FM make renal failure common in FM, as opposed to its rare occurrence in other malarial.4 Various forms of impaired renal function were observed in experimental models5 as well as in patients with FM.4 The other contributing factors for acute tubular necrosis in patients with FM are release of oxygen radicals, complement activation, hyperthermia and jaundice.4 Studies of Das et al6 revealed an ineffectiveness of the antioxidant defence system in patients with severe FM.

d) Future directions in the management of ARF