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 Awaithif 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. Koriche.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.

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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.

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References


Falciarum malaria and acute renal failure

Sir,

Al-Jama et al¹ deserves appreciation for reporting falciarum 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 malaria.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
will likely be the role of atrial natriuretic peptide and various growth factors, and free radical scavengers.

e) Acute renal failure due to black water fever was observed (details were not provided) in Giza, Saudi Arabia.

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Reply from the author

I would like to thank Dr. Thirumalaikolundusubramanian for his appreciation of our case report on Falciparum Malaria (FM) as an uncommon cause of Acute Renal Failure (ARF). His comments are valid and well taken.

The aim of reporting our case was to increase the index of suspicion in non-endemic areas for malaria, as was the case in our situation. The pathogenesis of acute renal failure in FM is multifactorial. The mechanisms stated in point (C), are interesting and may open doors for new therapeutic modalities. It was not our aim to elaborate on the pathophysiological aspects of ARF in general. New modalities of treatment for ARF are coming in the near future.

Unfortunately, the abstract of the short letter to the editor obtained from the computer search we got, did not reveal the “black water fever” as a cause of ARF reported from Giza. On reviewing that letter to black water fever was listed as a cause of ARF in one patient, no details about that case were mentioned. Classic black water fever is the association of hemoglobinuria with severe manifestations of FM, including renal failure, hypotension and coma in non immune patient who is not G6PD deficient whether that case is really Falciparum malaria or not is not clear. Despite that it is still surprising how uncommon the FM as a cause of ARF even in endemic areas of Saudi Arabia. We hope to see more work done on this regard by malaria experts in the Kingdom.

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References


Salmonella typhi

Sir,

I read with interest the Abbas et al1 paper. Twenty-four different clinical events among 51 culture-positive cases with Salmonella typhi infection were computed in relation to antibiotic sensitivity or resistance of individual’s isolate. There were between 42% to 62% s. typhi isolates that were resistant to conventional antibiotics. The clinical profile was significantly different in respect of longer duration of pyrexia before presentation. Nevertheless, it would be ideal if isolates at Ras Al-Kaimah were to be examined for the presence or otherwise of the Vi polysaccharide antigen. Apart from an increase in resistance to antibiotics, there might have been a concurrent change in the proportion of s-typhi strains in the United Arab Emirates that lacked Vi polysaccharide antigen.

Vi-negative strains of s-typhi have no Vi antigen and cannot be typed by Vi phages. Such strains were