

## ARTICLES

### The Saudi Thrombosis and Familial Thrombophilia Registry. *Design, rational and preliminary results*

| Type of mutation                             | Saudi control (n=902) % | Worldwide distribution % |
|--|-------------------------|--------------------------|
| Factor V Leiden                              | 1.3                     | 3 - 9.8                  |
| Prothrombin 20210G>A                         | 0.66                    | 0.85 - 2.1               |
| MTHFR 677 C>T (homozygous)                   | 2.43                    | 6 - 32                   |
| Plasminogen activator inhibitor type 1 4G/4G | 10.19                   | 41 - 63                  |
| Factor V HR2                                 | 23.8                    | 0 - 31                   |

MTHFR - 5-10 methylenetetrahydrofolate reductase

*Comparison of the incidence of 5 prothrombotic gene mutations in healthy Saudi controls with Worldwide distribution*

Saour et al's preliminary data from healthy Saudi individuals suggest that the incidence of the 5 prothrombotic risk factors is lower than in most other populations, except for factor V HR2 (FVHR2). Nine hundred and two DNA samples of consenting healthy Saudi individuals were tested for factor V Leiden (FVL), prothrombin 20210 G>A, 5-10 methylenetetrahydrofolate reductase (MTHFR) 677 C>T, the 4G/5G polymorphism of plasminogen activator inhibitor type 1 (PAI-1 4G/5G), and FVHR2 haplotype. The incidence of FVL among healthy subjects was 1.3%, PT 20210 G>A 0.7%, homozygous MTHFR 677C>T 2.45%, PAI 4G/4G 10.1%, and FVHR2 26.1%. Data generated through direct interview were entered into the Saudi Thrombosis and Familial Thrombophilia (S-TAFT) Register. The consent and demographic data collection forms and the S-TAFT Register were developed using the SQL web based software.

*see page 1286*

### Perinatal mortality rate in Al-Ramadi Maternity and Children's Hospital, western Iraq

| Variables                | Total deliveries | Still birth n (%) | Neonatal death n (%) | PMR   | Odds ratio | 95% Confidence interval | P-value |
|--------------------------|------------------|-------------------|----------------------|-------|------------|-------------------------|---------|
| <b>Gender</b>            |                  |                   |                      |       | 0.4168     | 0.1914-0.9076           | <0.020  |
| Male                     | 1806             | 23 (1.3)          | 60 (3.3)             | 45.9  |            |                         |         |
| Female                   | 1443             | 20 (1.4)          | 22 (1.5)             | 29.1  |            |                         |         |
| <b>Gestational age</b>   |                  |                   |                      |       | 0.9174     | 0.4386-1.919            | <0.001  |
| Preterm                  | 175              | 19 (10.8)         | 38 (21.7)            | 325.7 |            |                         |         |
| Term                     | 3074             | 24 (0.78)         | 44 (1.4)             | 22.1  |            |                         |         |
| <b>Birth weight, gms</b> |                  |                   |                      |       | 1.007      | 0.441-2.2832            | <0.001  |
| <2500                    | 939              | 31 (3.3)          | 59 (6.3)             | 95.8  |            |                         |         |
| ≥2500                    | 2310             | 12 (0.5)          | 23 (1.0)             | 15.1  |            |                         |         |
| <b>Apgar score</b>       |                  |                   |                      |       | -          | -                       | <0.001  |
| 0-3                      | 52               |                   | 21 (40.3)            | 403   |            |                         |         |
| 4-7                      | 295              |                   | 45 (15.2)            | 152.2 |            |                         |         |
| 8-10                     | 2859             |                   | 16 (0.5)             | 5.5   |            |                         |         |

*The effect of the babies' gender, gestational age, birth weight, and Apgar score on the perinatal mortality rate (PMR)*

This study by Al-Ani et al in Al-Anbar Governorate, Iraq, after the 2003 Coalition Forces occupation in Iraq, highlights one of the most important population health indicators, which is the perinatal mortality rate. Wars, economic sanctions and conflicts, its effect on the mother's nutrition, medical care, and prenatal and natal health facilities are major causes increasing the mortality rate in the last 3 decades in Iraq. The perinatal mortality rate in this country is higher than in most neighboring and far countries, reflecting the profound effects of such conflicts on child health in this Governorate. Peaceful, wealthy, and developed countries have the least perinatal mortalities than the sanctioned and war-destroyed countries.

*see page 1296*

### Quality of life in people with epilepsy and their family caregivers. *An Arab experience using the short version of World Health Organization quality of life instrument*

| Dependent variable  | Predictors or independent variables                     | Variance (%) | Total variance (%) | Beta | t test | P-value |
|---|---|--------------|--------------------|------|--------|---------|
| General facet on health and QOL for epilepsy patients           | General facet caregiver's proxy rating of patient's QOL | 10.0         | 14.5               | 0.32 | 5.2    | 0.000   |
|   | Occupation of patient                                   | 2.4          |                    | 0.12 | 1.9    | 0.05    |
|   | CNS side effects  | 2.1          |                    | 0.09 | 1.6    | 0.12    |
| General facet on health and QOL for carers of epilepsy patients | Caregiver currently feels not ill                       | 13.2         | 17.2               | 0.34 | 5.7    | 0.000   |
|   | Caregiver education                                     | 2.4          |                    | 0.15 | 2.5    | 0.01    |
|   | General facet caregiver's proxy rating of patient's QOL | 1.5          |                    | 0.15 | 2.1    | 0.03    |

\*The independent variables were: patient and caregiver socio-demographic characteristics, patient and caregiver self-rated illness, sexual/other side effects of treatment, general facet caregiver's proxy rating of patient's QOL, duration of illness.

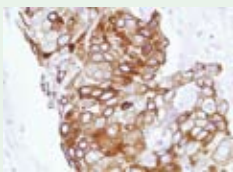
*Predictors of quality of life (QOL) of patients and caregivers with their general facet on health and QOL as dependent variables in step-wise regression analyses\**

People's happiness depends on the happiness of others with whom they are connected. Family caregivers frequently respond positively to the challenge of caregiving, although those with social disadvantage need assistance. This report by Ohaeri et al supports these notions because, in assessing the correlates of the quality of life (QOL) of Sudanese epilepsy patients and their family caregivers, they found that the best predictor of the QOL of the patient and that of the caregiver, is the caregiver's impression of the patient. This replicates the findings for psychiatric, diabetic, and cancer populations in Sudan, and calls for an intervention program that addresses the correlates of poor QOL.

*see page 1328*

## Case Report

### Squamous cell carcinoma of the breast



*The tumor cell is highly positive for high molecular weight cytokeratin*

This study by Mokhtar reports an initial clinical impression of breast abscess. After an incision and drainage, cytological and histological examination revealed squamous cell carcinoma. A secondary source was excluded, and the patient underwent mastectomy, which was followed by a local recurrence in 4 months. Pure primary squamous cell carcinoma of the breast is a rare disease, thus strict criteria should be applied when making such diagnosis.

*see page 1346*