

A call for screening for benign neutropenia in Arab populations

To the Editor

I have read with interest the article by Denic and Nicholls¹ regarding the screening of benign neutropenia in Arab populations. Benign neutropenia (BN) in children is characterized by the presence of a circulating neutrophils total number (absolute count) below $1.5 \times 10^9/L$, for over a 6 month period. The diagnosis is established when the laboratorian changes occur during the first 2 years of life, without previous history of serious infections, nor neutrophils morphological changes, nor hypocellular bone marrow examination. The cellularity is normal or increased and a neutrophil maturation arrest at some phase can be observed. Generally, the whole process is solved by the age of 4 years.² Though, no studies on BN in the pediatric population in the United Arab Emirates (UAE) are yet available, I presume that its magnitude is substantial. This is indirectly evident from the data in Figure 1 in Denic and Nicholls' study¹ where the prevalence of BN in the age group 12-14 years is higher than that in Caucasian and African ethnic groups. It seems worthy to call for screening of the pediatric population in the UAE for BN. Checking blood samples for absolute neutrophil count at the time of vaccination visits looks a suitable option. Moreover, increasing clinicians' alertness including pediatricians, to BN and its eventual resolution are of utmost importance.

Mahmood D. Al-Mendalawi
Department of Pediatrics
Al-Kindy College of Medicine, Baghdad University
Baghdad, Iraq

Reply from the Author

In the UAE, pediatricians indeed report that BN is common in children, although its true prevalence is unknown. Unfortunately, in our study, the number of children with BN was too small to permit our drawing of any firm conclusions.³ Nonetheless, a high prevalence of BN in children is to be expected in any population with a high prevalence in adults, as the trait is inherited autosomally and dominantly. We agree with Prof. Al-Mendalawi that additional studies and increased physician awareness of BN are both needed in this part of the world.

Srdjan Denic
Department of Medicine
Faculty of Medicine and Health Sciences
United Arab Emirates University
Al-Ain, United Arab Emirates
Gary M. Nicholls
Department of Medicine
University of Otago
Christchurch, New Zealand

References

1. Denic S, Nicholls MG. A call for screening for benign neutropenia in Arab populations. *Saudi Med J* 2011; 32: 738-739.
2. Azevedo AP, Gamelas C, Teixeira V, Contreiras M, Monteiro R, Vale MG, et al. [Chronic benign neutropenia of childhood]. *Acta Med Port* 2010; 23: 521-526. Portuguese.
3. Denic S, Showqi S, Klein C, Takala M, Nagelkerke N, Agarwal MM. Prevalence, phenotype and inheritance of benign neutropenia in Arabs. *BMC Blood Disord* 2009; 9: 3.

Case Reports

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