

### **Efficacy of endorectal ultrasonography in preoperative staging of rectal carcinoma**

*To the Editor*

I have read with much interest the article reported by Izadpanah et al<sup>1</sup> entitled "Efficacy of endorectal ultrasonography in preoperative staging of rectal carcinoma" published in Saudi Medical Journal. I would like to congratulate the authors about the excellent overall accuracy in staging depth of infiltration, which was approximately 85% although the number was small. The importance and the significance of preoperative staging for rectal cancer is obvious, mainly in deciding the neoadjuvant therapy (radiotherapy + chemotherapy) and the surgical approach. In the study, there were 11 patients out of 17 who were staged as T3 according to the endorectal ultrasound but it was not mentioned if any adjuvant therapy was given or not. In addition to that, there were 2 patients who were staged as T1, but no mention of whether endoanal local excision was offered or not. Thank you again, and it would be interesting to know if that really was the situation in the surgical practice in managing rectal cancer in your institute.

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### **Reply from the Author**

No reply was received from the Author.

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### **Epidemiology of travel-related malaria in a non-malarious areas in Saudi Arabia**

*To the Editor*

With great appreciation and thanks, we have scrutinized the comments of Drs. Senok and Ismaeel<sup>1</sup> regarding our article in Saudi Medical Journal.<sup>2</sup> The comments are noteworthy and few interesting points were raised especially regarding the status of malaria in the Eastern Province of the Kingdom. Since 1978, the Eastern Province of Saudi Arabia is free of local transmission of malaria<sup>3</sup> and this is related to the malaria control program that was set in place in 1948.<sup>3</sup> In addition to our study, a previous report from the Eastern Province of Saudi Arabia showed that the majority of patients had a travel history.<sup>4</sup> In our study, the majority of cases were imported from outside the Kingdom of Saudi Arabia and some cases were imported from the South and Southwestern part of the country.<sup>2</sup> Although, the population of Saudi Aramco Medical Services Organization (SAMSO) may not represent the total population in the Eastern Province, we think that the Eastern Province of Saudi Arabia is free of local transmission of malaria based on the observations from other studies<sup>3,4</sup> as well as unpublished data from the ministry of health. It is also assuring to note that the Kingdom of Bahrain is free of local transmission of malaria.<sup>5</sup>

A declining trend in the cases of malaria was observed in both studies from SAMSO and Bahrain.<sup>2,5</sup> The exact reason for the highest number of cases in 1994 and 19962 is not well known. To accurately know the impact of antimalarial prophylaxis on the rate of imported malaria would require prospective studies of all those who travel outside the Eastern Province. The SAMSO provides medical care for Saudi Aramco employees and their dependent spouses, children and parents. Travelers to malarious areas usually receive advice about malaria, guidance on avoidance of mosquito and prescriptions for appropriate chemoprophylactic medications. In our medical center, antimalarial medications for treatment and prophylaxis are available from the

## Correspondence

pharmacy free of charge for all SAMSO employees and their dependents. Whether the availability of antimalarial medication for travelers had contributed to the decline in the cases of malaria could not be ascertained from the available data. However, effective antimalarial prophylaxis is highly valuable in non-immune travelers visiting high malaria-risk areas. Compliance with and success of prophylactic measures is one of the key factors that influence the incidence of imported malaria.<sup>6</sup> Thus, the provision of an effective malaria prophylaxis is an important strategic model to further decrease imported malaria in the region.

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