

## Correspondence

### Inflammatory bowel disease in Western Saudi Arabia

*To the Editor*

I read with interest the article by Khawaja and Sawan on Inflammatory Bowel Disease (IBD) in Western Saudi Arabia,<sup>1</sup> as well as the Correspondence by Al-Mendalawi.<sup>2</sup> The article reports valuable information on the experience of the authors in a single referral hospital in the city of Jeddah. As a result, both the title of the article and that of Tables 1 & 2 are rather misleading. The title of the article should have been more specific to indicate that the data are coming from a single hospital in one city, which obviously does not represent Western Saudi Arabia. Likewise, in Tables 1 & 2, the word prevalence should have been avoided, because of lack of general population as denominator, or defined to clarify that it means the prevalence in the study sample.

In his letter to the editor,<sup>2</sup> Al-Mendalawi's interpretation of Tables 2 & 3 needs to be corrected, a task that should have been undertaken by the authors and it is surprising that according to the editors, no reply was received from them. The article by Khawaja and Sawan reports 15 cases of ulcerative colitis and 5 cases of Crohn's disease in children from 1 to 14 years of age. Accordingly, 20/137 (14.6%) occurred in children 1-14 years of age. Therefore, the 14.6% means the proportion of pediatric IBD in the study sample of 137 rather than a prevalence in the population. The conversion of this simple percentage by Al-Mendalawi into per 100,000 and the interpretation of the result as prevalence per

100,000 population yielded an astronomical prevalence rate of 14,600 per 100,000 much higher than any reported prevalence in any country. Obviously, there is an error in the interpretation of the figure 14.6%, which refers to the proportion of pediatric IBD cases in the total sample size of this article as indicated earlier in this letter. As a result, Al-Mendalawi's comparison of the results of his interpretation with the estimated prevalence data in the Central Region of the Kingdom of Saudi Arabia reported by us,<sup>3</sup> and his conclusion that the prevalence of IBD in children is increasing is not appropriate because the estimated prevalence in our report is based on the number of cases of IBD per 100,000 population of the Central Region.

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*Reply from the Author*

**No reply received from the Author.**

*References*

1. Khawaja AQ, Sawan AS. Inflammatory bowel disease in Western Saudi Arabia. *Saudi Med J* 2009; 30: 537-540.
2. Al-Mendenawi MD. Inflammatory bowel disease: letter to the Editor. *Saudi Med J* 2010; 31: 95.
3. El Mouzan MI, Abdullah AM, Al Habbal MT. Epidemiology of juvenile-onset inflammatory bowel disease in central Saudi Arabia. *J Trop Pediatr* 2006; 52: 69-71.

### Ethical Consent

All manuscripts reporting the results of experimental investigations involving human subjects should include a statement confirming that informed consent was obtained from each subject or subject's guardian, after receiving approval of the experimental protocol by a local human ethics committee, or institutional review board. When reporting experiments on animals, authors should indicate whether the institutional and national guide for the care and use of laboratory animals was followed.