

New and known mutations associated with inborn errors of metabolism in a heterogeneous Middle Eastern population

To the Editor

The detection of new mutations associated with inborn error of metabolism (IEM) in United Arab Emirates (UAE) by Ali et al¹ will definitely add additional challenges to the healthcare system. Consanguineous marriage is deeply implicated in the prevailing of genetic diseases and evolution of new mutations in IEM. Truly, consanguinity is a noticeable phenomenon in UAE where consanguinity rate was noticed to be higher in the current generation than the parent generation (50.5% versus 39%), as was the coefficient of inbreeding (0.023 versus 0.0158).² Therefore, control of IEM in UAE remains a matter of challenge. It was often proposed that consanguineous marriage should be strongly discouraged on medical backgrounds to prevent inbreeding of genetic diseases, including IEM. However, several expert groups have pointed out that this proposal is inconsistent with the ethical principles of genetic counseling, overlooks the social importance

of consanguineous marriage, and is ineffective. Instead, they suggested that the custom increases the possibilities for effective genetic counseling, and recommended a concerted effort to identify families at increased risk, and to provide them with risk information and carrier testing when feasible.³

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

Reply from the Author

No reply was received from the Author.

References

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2. al-Gazali LI, Bener A, Abdulrazzaq YM, Micallef R, al-Khayat AI, Gaber T. Consanguineous marriages in the United Arab Emirates. *J Biosoc Sci* 1997; 29: 491-497.
3. Modell B, Darr A. Science and society: genetic counseling and customary consanguineous marriage. *Nat Rev Genet* 2002; 3: 225-229.

Case Reports

Case reports will only be considered for unusual topics that add something new to the literature. All Case Reports should include at least one figure. Written informed consent for publication must accompany any photograph in which the subject can be identified. Figures should be submitted with a 300 dpi resolution when submitting electronically or printed on high-contrast glossy paper when submitting print copies. The abstract should be unstructured, and the introductory section should always include the objective and reason why the author is presenting this particular case. References should be up to date, preferably not exceeding 15.