Correspondence

Prevalence of vitamin D deficiency in Saudi newborns at a tertiary care center

To the Editor

We compliment the investigators from the Riyadh based King Khalid University Hospital for their meticulous studies on umbilical cord blood samples to assesses the incidence of vitamin D deficiency in Saudi newborns,[1] and endorse their recommendation to offer vitamin D supplementation to a large cohort of vitamin D-deficient Saudi pregnant women and newborns to address a serious public health problem. However, for a successful outcome of the prospective plans for vitamin D supplementation of those with critically low vitamin D levels in Saudi Arabia or elsewhere, it would be essential to monitor the vitamin D levels after supplementation. Such a watch would be desirable since according to a previous study,[2] a daily supplementation of 1,000 IU of vitamin D3 may fail to bring levels to a minimum of 75 nmol/l as found in 20-30 cases.

Vitamin D levels were assayed in the laboratory premises with- an immunoassay analyzer using an electro-chemi-luminescence immunoassay technique. Although several laboratories in Saudi Arabia would be well-equipped with similar immunoassay analyzers and trained laboratory personnel to quantify vitamin D levels, matching facilities might not be available at other health care centers. Certainly, availability, simple point-of-care, rapid tests for quantification of vitamin D3 levels in such health care centers would be an asset to the prospective vitamin D supplementation plans in Saudi Arabia.[1]

The recent availability of point-of-care assays has improved a physician's ability to aid in the diagnosis of critical diseases and health conditions including heart failure and myocardial infarction, and in assessing patients for pulmonary embolism. For example, one such format the Alere Triage® System[3] is a rapid diagnostic test system comprised of a meter and various test devices. This rapid test includes quantitative for B-type natriuretic peptide, Troponin I, creatine kinase MB isoenzyme, D-dimer, myoglobin, neutrophil gelatinase-associated lipocalin (NGAL), and qualitative TOX Drug Screen. Employing whole blood, results are available in 15 minutes only.[3]

Ready availability of reliable point-of-care tests to determine vitamin D levels even at primary and secondary health care level in Saudi Arabia would very useful to tackle to morbidity associated with vitamin D deficiency, except for pregnant women and neonates,[1] even in masses living in remote locations.

Subhash C. Arya
Nirmala Agarwal
Sant Parmanand Hospital
Delhi, India

Reply from the Author

No reply was received from the Author.

References

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ERRATUM

In manuscript "Dermatological manifestations of hepatitis C virus infection in Saudi Arabia" Saudi Med J 2014; 35: 531-537. The correspondence section should have appeared as: Dr. Mona R. Halawani, Assistant Professor, Consultant Dermatologist, Department of Dermatology, College of Medicine and King Khalid University Hospital, King Saud University, PO Box 7805, Riyadh 11472, Kingdom of Saudi Arabia. Tel. +966 (11) 4691426. Fax. +966 (11) 4691432. E-mail: monahalawani@gmail.com