

REVIEW ARTICLE

BRCA2 gene mutation and prostate cancer risk. *Comprehensive review and update*

In Junejo & AlKhateeb review, they describe the genetic changes in BRCA2 that contribute to the risk of prostate cancer (PCa), to define its role in the early diagnosis in a man with a strong family history, and to outline the purpose of genetic testing and counseling. Also, the review summarizes the impact of BRCA2 gene mutation in localized PCa, and the treatment strategies have used for PCa patients with a BRCA2 modification. They conclude the the available data indicate that the early diagnosis of PCa through genetic testing should be mandatory for patients associated who have a strong family history of PCa. Genetic testing and counseling performed by an experienced multi-disciplinary team, including a treating physician and genetic counselor, is needed for appropriate and timely management. Results from ongoing randomized controlled trials on PARP inhibitors in PCa will give further confidence for their approval in clinical practice. Additional studies related to recent updates and patient awareness in Saudi Arabia are also necessary.

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ORIGINAL ARTICLES

Short children with impaired growth hormone secretion. *Do they have celiac disease?*

Characteristics	n	Mean±SD
Age (years)	351	9.0±3.7
tTG titer (U/mL)	351	15±26
WAZ	351	-1.8±2.7
HAZ	351	-2.9±1.3
BMI	351	16.9±4.1
Bone age delay (months)	75	19.5±17.6
Hemoglobin (g/dL)	349	12.3±1.4
Albumin (g/L)	130	38.7±5.4
Calcium (mmol/L)	131	2.3±0.12
Phosphate (mmol/L)	127	1.5±0.25
ALP (U/L)	129	232±116
GH peak (ng/ml)	351	5.8±3.9
IGF-1 (ng/ml)	338	140±149
IGFBP-3 (ng/ml)	295	3133±1118

tTG: tissue transglutaminase, WAZ: weight-for-age z score, HAZ: height-for-age z score, BMI: body mass index, ALP: alkaline phosphatase, GH: growth hormone, IGF-1: insulin-like growth factor-1, IGFBP-3: IGF-binding protein-3

Clinical and laboratory characteristics of the study cohort

Saadah et al determine the prevalence of celiac disease (CeD) in children with short stature (SS) and growth hormone deficiency (GHD). This is a retrospective study of patients with isolated SS and GHD, diagnosed during the period 2002 to 2016. Patients with positive serology results underwent upper gastrointestinal endoscopy and small bowel biopsy to confirm the diagnosis of CeD. Clinical, anthropometric, and laboratory data were recorded for all patients. Of the 351 patients identified with GHD, 199 (56.7%) were male. The mean age±SD was 9.0±3.7 years (range: 2-17.6 years), and the mean±SD height-for-age z score was -2.9±1.3. The mean growth hormone (GH) peak level was 5.8±3.9 ng/ml. Forty-seven patients (13.4%) had positive serology, and 14 (4%) had biopsy-proven CeD. No predictors could be identified through binary logistic regression analysis. A prevalence of CeD seropositivity was found in 13.4% and overt CeD in 4% of children with GHD.

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Prevalence and characteristics of body dysmorphic disorder in Arab dermatology patients

Area of concern	n (%)
Hyperpigmentation	20 (29.0)
Acne	19 (27.0)
Weight and asymmetry	13 (19.0)
Hair loss	8 (11.0)
Nose	3 (4.0)
Scars	3 (4.0)
Vitiligo	3 (4.0)
Eczema	2 (3.0)
Wart	1 (1.0)
Cellulite	1 (1.0)
Dryness	1 (1.0)
Hidradenitis suppurative	1 (1.0)
Psoriasis	1 (1.0)
Wrinkles	1 (1.0)

Major areas of body concern in patients diagnosed with body dysmorphic disorder

AlShahwan conclude that body dysmorphic disorder was common among Arab dermatology patients, especially among women and those who have hyperpigmentation or more than one skin condition. Body dysmorphic disorder (BDD) was found in 14.1% of Arab dermatology patients. There were significant links between female with BDD (odds ration [OR]: 2.93; 95% CI 1.24, 6.9)), having 2 or more skin conditions with BDD (OR: 4.67; 95% CI 1.33, 16.49) and having a certain skin condition such as hyperpigmentation with BDD (OR: 5.86; 95% CI 1.46, 23.61). The biggest BDD concerns were hyperpigmentation, acne, and hair loss.

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CASE REPORT

Spinal direct current stimulation with locomotor training in chronic spinal cord injury

Abualait & Ibrahim present 2 male patients, A and B, aged 22 and 24 years, respectively, with incomplete SCI type ASIA-C at spinal levels T10-T11 with a chronicity of 2 years were studied. This double-blind, sham-controlled study consisted of 2 arms for each participant. The first arm for patient A included sham tsDCS and the second included cathodal tsDCS. The first arm for patient B included sham tsDCS, while the second included anodal tsDCS. Each arm consisted of 30 sessions, with 5 sessions per week for 6 weeks with a washout period of 2 weeks between each arm of the study. Four baselines were measured prior to each arm of stimulation. Transcutaneous spinal direct current stimulation was administered by an independent assessor to ensure blindness.

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