Reply

Dear Dr. Shaker: We thank Dr Shaker's comments on our article "Osteoporosis among male Saudi Arabs: A pilot study. *Annals Saudi Med* 2006; 26(6):450-54.¹ The concerns which are raised, we believe are unfounded.

1. The sample size was small. However, this is a pilot study which highlighted an important medical issue usually ignored by the medical community. In addition we would like to mention that our hospital-based prevalence of male osteoporosis does not differ much from the other two reports from Jeddah and Riyadh which found that the prevalence of osteoporosis among Saudi males over the age of 50 years was 28.2%² and 23.5%³, respectively. As we stated in the conclusion of our study, more studies are needed to determine the national prevalence of male osteoporosis.

2. None of our patients in this study were suffering from sickle cell disease and we have emphasized in the methodology that patients with secondary causes of osteoporosis were excluded, keeping in mind that our patients are older than 50 years of age and were unlikely to be asymptomatic with sickle cell disease by this age.

3. Although this is a hospital-based study, the patients were taken from the ambulatory care unit and none of them were acutely ill or had

Figure 1. DEXA scan of the upper femur showing low BMD with T-score <-2.5 indicating osteoporosis.

prolonged immobilization.

4. We agree that 25-hydroxy-vitamin D and 24-hour urinary calcium are among the investigations needed to exclude secondary causes of osteoporosis. In fact, the vitamin D level is not available at our institution, but in the presence of normal calcium, phosphorus and alkaline phosphatase, it is unlikely that the patient will have significant vitamin D deficiency affecting the bone mass. Also we do not think that primary idiopathic hypercalciuria is an important cause of osteoporosis in this community, especially in the absence of a history of nephrolithiasis.⁴

5. Lastly, two DEXA scans of the upper femur are included here (Figure 1 and Figure 2).

Prof Mir Sadat-Ali

Dr Abdulmohsen Al Elq

College of Medicine
King Fahd University Hospital
P.O. Box 40071
Al-Khobar 31952
Saudi Arabia
T: +966-50-584 8281
F: +966-3-897 1013
drsadat@hotmail.com

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