

## Is Solitary Rectal Ulcer Syndrome Uncommon in Saudi Arabia? Response to Letter

Sir,

We thank Dr Zahra *et al.* for their interest in our paper, and we agree with the points raised regarding our

recent publication on solitary rectal ulcer syndrome (SRUS).<sup>[1]</sup> Although limiting the inclusion of cases to those with proven pathology samples might restrict the study population and hence might not represent the true spectrum of the disorder, at the same time not doing so would misclassify cases and introduce another bias into the study. Furthermore, although anecdotal, we know that gastroenterologists in the region are reluctant to make a diagnosis of an SRUS without histological proof given that it can mimic other

pathologies, even when the clinical presentation is thought of as “classical.”

However, we disagree with the title of the letter as it appears to imply that we were attempting to estimate the prevalence of the disease, which is not the case. Neither the study setting, a tertiary care center, nor the absence of a clear catchment area allow for the determination of the true prevalence of this disease. We also share the same view of Dr. Zahra *et al.* that the study population being from a tertiary care center might represent a difficult to treat population and again might not be a proper representation of the disease. Nonetheless, identification of this entity from secondary care centers would be unusual given the healthcare resources and distribution of qualified healthcare providers with adequate support that would allow for such a study to be conducted.

Fortunately, SRUS are relatively uncommon and are treatable with limited long-term health effects in the majority of the cases.

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Nil.

#### **Conflicts of interest**

There are no conflicts of interest.

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#### **REFERENCE**

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