

Letter to Editor

Comments On “Birth Incidence of Cerebral Palsy in Tripoli, Libya: A Population-Based Study”

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Dear Editor,

Having read the article “Birth incidence of cerebral palsy in Tripoli, Libya: a population-based study,” published in issue 1 of volume 5 (2021) of Khalij-Libya Journal of Dental and Medical Research, I would like to express some concerns.

First, the aim of the study stated at the end of the introduction is “to assess the prevalence and the most common causes for birth cerebral palsy ...” In the methods section, it states that “the study included a total of 200 patients of whom 64 were diagnosed with cerebral palsy,” without describing the inclusion and exclusion criteria for the 200 patients. But no prevalence rate based on the study is given anywhere in the main body of the paper: only the potential causes of cerebral palsy are described.

Second, in the abstract the authors state that “Out of 200 suspected patients, 64 of them were diagnosed with cerebral palsy. Incidence rate was 32%.” This clarifies the identity of the 200 patients, but gives the frequency of confirmed cases of cerebral palsy among the suspected cases as the incidence, which is conceptually wrong, and in the context of this study has no value. Birth prevalence of cerebral palsy is the number of cases per 1000 live births. According to the Centers for Disease Control (USA), the worldwide prevalence of cerebral palsy ranges from 1 to less than 4 per 1000 live births or 1000 children [1].

The patients are variously referred to as infants or children, but their ages are not described. If all of the cerebral palsy patients were born during the study period at the two hospitals where the study was conducted, an estimate of the prevalence of birth

cerebral palsy could have been calculated. But they are described as “attending” the hospital, which implies that they were not necessarily born at the two study locations. In that case, there is no identifiable, relevant pool of births to serve as the denominator for calculating the prevalence of cerebral palsy. That would have been a methodological flaw.

Finally, this study has a cross-sectional design, which does not permit analysis of temporal trends. It takes at least two equivalent cross-sectional studies performed at sufficiently distant times to analyze temporal trends [2]. However, it seems that there are no previous reports on cerebral palsy prevalence in Libya with which to make a comparison. Therefore, it is surprising that the authors conclude in the abstract that “persistence of higher cerebral palsy prevalence among children in Libya over time warrants further investigation” and at the end of the article “It is encouraging that the frequency of cerebral palsy did not increase over next years ...”

In conclusion, this study does not shed light on either incidence or prevalence of cerebral palsy in Tripoli.

Disclaimer. The article has not been previously presented or published, and is not part of a thesis project.

Conflict of Interest. There are no financial, personal, or professional conflicts of interest to declare.

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REFERENCES

1. Centers for Disease Control (2020). Data and Statistics for Cerebral Palsy. Accessed on 23/4/2021 at <https://www.cdc.gov/ncbddd/cp/data.html>
2. Soriano J, Ancochea J, Miravittles M, Garcia-Rio F, Duran-Tauleria E, Munoz L, et al. Recent trends in COPD prevalence in Spain: a repeated cross-sectional survey 1997-2007. *Eur. Respir. J.* 2010; 36:758-765.