

LETTER TO THE EDITOR

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To

The Editor-in-Chief

Journal of Bangladesh College of Physician & Surgeons

Sir,

I would like to thank you for publishing the article “Prevalence of High Risk Human Papillomavirus (Type-16 & 18) in High Grade Cervical Intraepithelial Neoplasia (CIN) and Cervical Cancer in a Tertiary Hospital of Bangladesh” in your journal. I have gone through the article and appreciate the authors for giving me the opportunity to learn about prevalence of high risk HPV among high grade CIN and cervical cancer. I would like to share some of my observation and comments regarding this article.

The overall get up of the article is excellent. The introduction is nicely written but some evidence regarding hospital based studies in Bangladesh should be included in introduction. The hospital based studies in Bangladesh clearly indicated that 96.7% of cervical cancer and 83.3% of CIN 2/3 (HSIL) cases were HPV positive.^{1,2}

In table-II of result section it is better to mention the distribution of HPV in adenocarcinoma and squamous cell carcinoma separately. Because HPV-18 is more prevalent in adenocarcinoma.³

In the references, most of the references are old and there is duplication of reference no. 6 and 21.

Finally, I appreciate the authors for their hard work.

References:

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2. Sultana T, Huq M, Alam A, Mitra DK, Gomes DJ. Prevalence and Genotyping of Human Papillomavirus (HPV) in Female with High Risk Behaviour in Dhaka, Bangladesh. *Bangladesh J Microbial* 2008;25(1):65-8.

3. Hadzisejd I, Krasevi M, Haller H, Grahovac B. Distribution of human papillomavirus types in different histological subtypes of cervical adenocarcinoma. *Pub Med (Coll Antropol)* 2007 Apr;31 Suppl 2:97-102.

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The Editor-in-Chief

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Dear Sir,

Thank you very much for going through the article meticulously. I also appreciate for pointing out the lackings in different part of the article.

I fully agree with your observations that evidence of hospital based research in Bangladesh should be included in introduction.

In result section it would be better to mention prevalence of HPV in adenocarcinoma separately. But the number of adenocarcinoma cases were so less (only 2) that statistical analyses was difficult.

I do apologies to you and all other readers for duplication and not included the recent update studies. There were few recent studies on it especially in developing countries.

Again, I thank you for your constructive criticism.

Sincerely Yours.

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