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January 1998

## Reply

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### Recommended Citation

Husen, Y. A., Islam, M. U., Rizvi, I. H. (1998). Reply. *Annals of Saudi Medicine*, 18(2), 192.

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## **Reply**

YA Husen, MU Islam, IH Rizvi, *Reply*. 1998; 18(2): 192-192

*To the Editor.* We would like to thank Dr. Al-Hilli for his corrective feedback on the above-mentioned article and give the following explanation.

Specimen slides were reviewed by a pathologist. Many granuloma were seen with caseation necrosis in lymph nodes adherent to the vessel wall. As Dr. Al-Hilli has mentioned, an aneurysm in this location might have resulted from weakening of the vessel wall due to caseation in an adjacent lymph node. We accept the above-mentioned mechanism for the development of the aneurysm. However, it is still an unusual occurrence for aneurysmal development in relation to abdominal tuberculous lymphadenitis. We thank Dr. Al-Hilli once again for taking an interest in the article and critiquing it in a positive way.

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