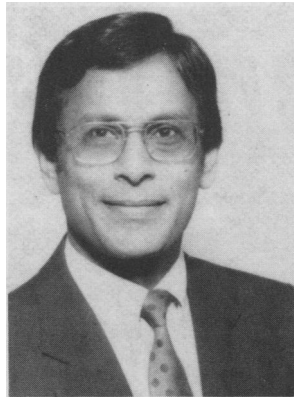


Mir Sadat-Ali



M. Sankaran-Kutty

SPORTS INJURIES IN SAUDI ARABIA

Mir SADAT-ALI, MBBS, DOrth, FICA and
M. SANKARAN-KUTTY, MChOrth, FRCS

Dept. of Orthopaedic Surgery, King Fahd University Hospital,
King Faisal University, PO Box 2208, AL KHOBAR 31952,
Saudi Arabia

ABSTRACT

Saudi Arabia has now a wealth of sporting facilities of which the youth of the country is making full use. A prospective study of sports related injuries was conducted during the twelve months of 1983. We present an analysis of 846 such injuries seen at the King Fahd University Hospital, Al Khobar. These injuries formed 8.36% of those who attended after an accident for emergency treatment, of which 63% were under 20 years. The majority was sustained during soccer games. The most frequent site of injury was the knee. We believe that specialised Sports Injury Clinics, initially based at the University Hospitals should be established here, to give guidance and education concerning avoidance of injuries, and for the treatment and follow-up of those injured and enable them to return to sports early.

INTRODUCTION

The youth of Saudi Arabia today have ready access to a variety of sporting facilities whereas almost none existed ten years ago. This has also brought in its wake a number of injuries sustained during sporting activities. This paper gives an analysis of such injuries seen at the King Fahd University Hospital, Al Khobar, Eastern Province, Saudi Arabia, on the basis of which the need for specialised sports injury clinics is stressed.

MATERIAL AND METHODS

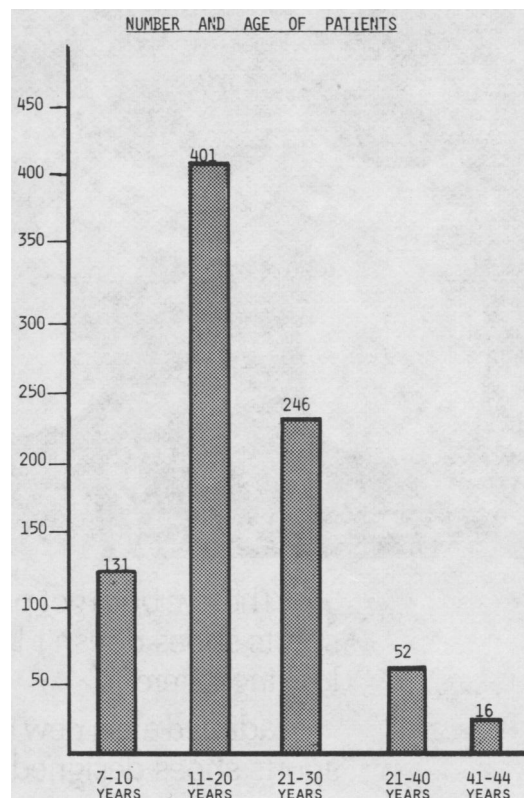
All patients who attended the King Fahd University Hospital, Al Khobar, Saudi Arabia for an accident or emergency treatment were included in this prospective study from 1 January, 1983 to 31 December, 1983.

Detailed history was obtained from each patient with regard to the mechanism of injury, the game played and the nature of injury. All were subjected to a thorough clinical examination. Radiographs were taken where indicated to exclude bony injury. After treatment they were followed up in the fracture and orthopaedic clinics for varying periods.

RESULTS

During the period of 12 months in 1983 there were a total of 10 122 patients who attended our hospital after an accident or for emergency treatment. The patients treated for sports related injuries numbered 846 (8.36%). There were no female patients.

The youngest patient was 7 years old and the oldest 44 years. 63% were 20 years of age or under (Fig. 1).



The great majority of injuries (64%) were sustained at soccer games (Table 1). The lower limb was involved in 57% and the knee took the brunt of these (Fig. 2). Bony injuries comprised 23%, muscular and tendinous injuries accounted for 41% while 36% were of injuries to ligaments (Fig. 3).

TABLE I

Percentage of injuries sustained in each sport.

Sport	Percentage
Soccer	64
Others	8
Tennis	7
Jogging	6
Basketball	5
Cricket	3
Handball	3
Bowling	2
Karate	2

DISCUSSION

The Prophet Mohammad in his wisdom advised his followers to take up archery, swimming and horse riding as sports. This also ensured the survival of the Arabs in the adverse conditions of their land. But most of the sporting activities had to wait for recent developments in Saudi Arabia. The vast strides made

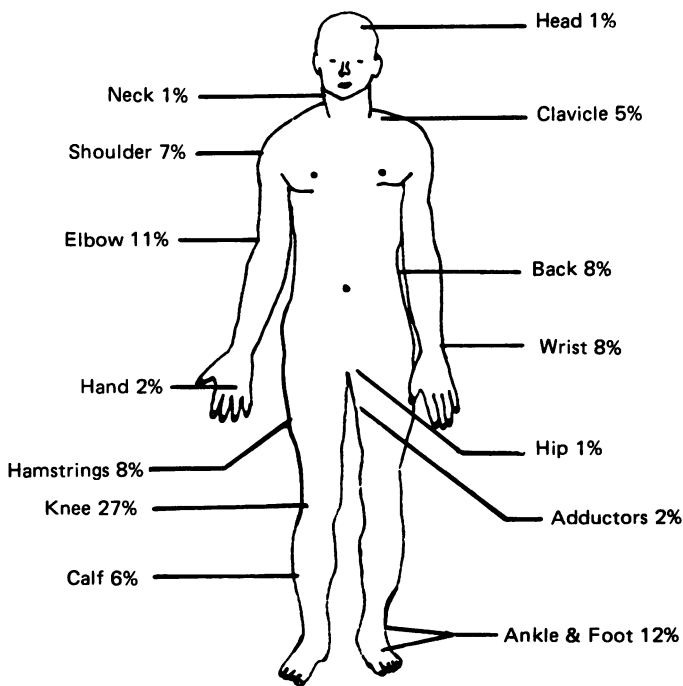


Fig. 2: Site of injuries.

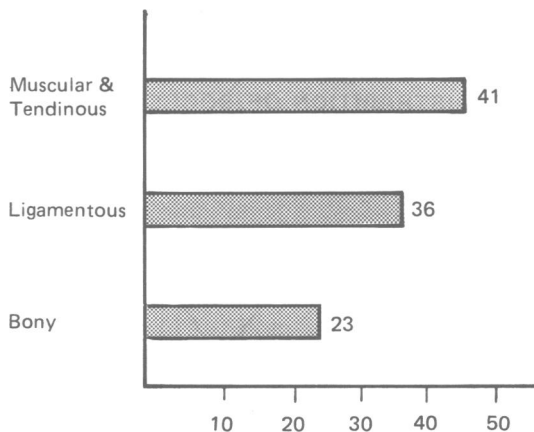


Fig. 3: Type of injuries.

by this country in the past ten years or so have also seen the rapid development of a large number of sports clubs. The youth of the country, never before exposed to such facilities were only too eager to grasp the opportunities, and have already shown their prowess in soccer at international level.

There are now well over 800 registered sports clubs in this land of eight million people. Of these, nearly a fifth are devoted entirely to soccer, the most popular sport. The government has been chiefly instrumental in the present surge of interest. Generous grants were given e.g. US \$47 million were received by these clubs in 1983 for their development and \$714 million were allocated for building new sporting facilities in 1982 (Wenrich, 1984).

There is free access to any Saudi patient at our University hospital. The accident and emergency patients alone numbered 10 122 in 1983. Of these, 846 (8.36%) attended with injuries sustained in sports. Figures for sports injuries vary at different centres from 4% to 7% (Sperryn and Williams, 1975; Sleet and Donnan, 1979 and Compton and Tubbs, 1977).

As expected the majority of injuries were in the under twenty-one age group (63%). Injuries to the lower limb domin-

ated (57%); nearly half of these occurred around the knee region. These figures are in keeping with that of others (Devereaux and Lachmann, 1983; Bedford and Macauley, 1985). The acute injuries included fractures, torn muscles, ligaments and menisci and minor injuries classified as sprains, bruises, haematomas and lacerations. One 35-year-old jogger developed deep vein thrombosis in the calf spontaneously (Sadat-Ali, Sankaran-Kutty and Corea, 1984).

We did not come across any injuries sustained at horse racing or camel racing. This is probably because such sports are not as popular in the Eastern province as in the Central or Western provinces. There were also no females in our series. The cultural and traditional customs may be the reason for this.

We were able to classify our patients into different age groups in relation to their injuries and training as follows:

- Group I: Under 15 years. These did not have any proper guidance and many suffered repeated injuries. The injuries were severe but recovery was quick.
- Group II: 16-30 years. Majority were trained sportsmen and many were professionals. Their figures varied from the most minor to severe ones; and were sustained at highly competitive sports.
- Group III: 30-40 years. This is a smaller group who played at regular intervals to keep themselves fit.
- Group IV: (over 40 years). This small group played games mainly for the benefit of exercise and did not strain themselves or participate in competitive sports.

From our analysis of the injuries seen here and with knowledge of local circumstances, we feel these sportsmen particularly the under 15 age group require proper guidance and education in various sporting activities. Their education should include how to avoid injuries and how to roll rather than take a hard knock when falling down. Many of them have the potential to reach national and international standards in the coming years. They also need to get to a centre where the physicians understand the nature of their injuries and treat them without delay and rehabilitate them quickly to enable them to return to their games early. Adequate treatment and follow-up facilities are an essential part of such a programme (Williams, 1975; Sperryn, 1977).

In the United Kingdom, it is estimated that about two million sports related injuries, severe enough to keep the patient off work are cared for yearly (Muckle, 1982). At the present rate, the figure for Saudi Arabia in percentage is likely to be higher. Sport in Saudi Arabia has come to maturity. Our analysis indicates there is a need for specialised Sports Injury Clinics in this country, initially perhaps based at the University Hospitals.

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