

Was intraventricular thrombus formation associated with cardiac function?

Overall, this interesting study could profit from including patients other than Africans, from increasing the group size, and from evaluating the LGE extension. The negative correlation found could be explained by the absence of a uniform definition of LVHT, thus including patients who do not have LVHT or excluding patients who definitely have LVHT.

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Author's Reply

The authors of this mentioned article did not send any reply to this Letter to the Editor in spite of our insistent requests.

Predictors of poor coronary collateral development in patients with stable coronary artery disease: Neutrophil-to-lymphocyte ratio and platelets

To the Editor,

We read with great interest the paper titled "Predictors of poor coronary collateral development in patients with stable coronary artery

disease: Neutrophil-to-lymphocyte ratio and platelets" by Akin et al. (1) that was published in the April issue of the *Anatol J Cardiol* 2015; 15: 218-23. In this original article, the authors revealed that the neutrophil/lymphocyte (N/L) ratio is independently associated with the presence of coronary collateral circulation (CCS) in patients with stable angina pectoris. Also, they found that an N/L ratio higher than 2.55 could predict a good collateral circulation with 76% sensitivity and 63% specificity using ROC analysis.

Data in current scientific literature reveal that CCS is associated with metabolic syndrome and serum cholesterol levels (HDL and especially triglyceride) (2, 3). There are similar findings in the present study (1). In particular, the study found that a lower triglyceride level is significantly related with good CCS and is an independent predictor in multivariate regression analysis.

Exercise has a positive effect on the lipid profile, and it does improve metabolic syndrome parameters. Furthermore, Wang et al. (4) showed in their study that diet and exercise improve the N/L ratio. The study also demonstrated that a decrease in the N/L ratio is positively correlated with interleukin-6 levels. As a result, they concluded that diet and exercise have a positive impact on pro-inflammatory mediators.

The positive impact of exercise on CCS development has been well known for some time (5). As the positive effect of exercise on lipid parameters and the N/L ratio is already known, the questions that come to our mind are whether patients who have good CCS exercise more, and could a lower triglyceride level and a lower N/L ratio be related to exercise? However, for us to answer these questions, more information about the functional status and exercise capacity of the study patients is required, and this was not mentioned in the article. Furthermore, body mass index data for these patients are unavailable. In our opinion, the findings from this study could be related to the amount of exercise, and further studies in this area could answer this question.

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Author`s Reply

To the Editor,

We thank the authors for their great interest in our work entitled "Predictors of poor coronary collateral development in patients with stable coronary artery disease: Neutrophil-to-lymphocyte ratio and platelets" that was published in the March 2015; 15: 218-23 issue of the Anatol J Cardiol (1). As reported, we found that a lower triglyceride level is significantly associated with good coronary collateral circulation (CCC) and is an independent predictor of CCC. In agreement with our results, previous studies found a significant association between serum triglyceride level and CCC (2, 3). We also found a cut-off value of 2.55 for the neutrophil-to-lymphocyte (N/L) ratio to predict poor CCC with 76% sensitivity and 63% specificity.

It was recently demonstrated that isometric handgrip exercise-induced physical ischemia training may facilitate coronary collateral development in the remote ischemic myocardium (4). Exercise may modulate the development of a coronary collateral development by decreasing the N/L ratio. It is well known that exercise has a positive effect on serum triglyceride levels. We agree that patients who have good CCC exercise more and could lower triglyceride level and that a lower N/L ratio is related to exercise; however, our study is retrospective, and the data of functional status and exercise capacity of the study patients were not found in the medical records of hospitals. We also did not find the data of body mass index. Further studies are warranted to determine whether the amount of exercise that patients perform has a positive effect on coronary collateral development.

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