Anatol J Cardiol 2015; 15: 1034-7 Letters to the Editor 1035

Statement on the Use of Percutaneous Mechanical Circulatory Support Devices in Cardiovascular Care (Endorsed by the American Heart Association, the Cardiological Society of India, and Sociedad Latino Americana de Cardiologia Intervencion; Affirmation of Value by the Canadian Association of Interventional Cardiology-Association Canadienne de Cardiologie d'intervention). J Card Fail 2015; 21: 499-518. [CrossRef]

Address for Correspondence: Dr. Mustafa Kursun

Tepecik Eğitim ve Araştırma Hastanesi, Yenişehir, Gaziler Cad. No: 468, Konak, İzmir-*Türkiye*

Phone: +90 232 433 06 08

E-mail:mustafakursun35@gmail.com

Duration after coronary artery bypass graft surgery and saphenous vein graft disease

To the Editor,

We read the article with great interest by Kundi et al. (1), which was recently published online in Anatol J Cardiol 2015 May 5. The authors reported that the platelet-to-lymphocyte ratio (PLR) was found to be an independent predictor of saphenous vein graft disease (SVGD) in patients with stable angina pectoris. Kundi et al. (1) identified the significance of PLR in patients with stable angina after coronary artery bypass graft (CABG) surgery. This study has some major limitations, and the authors mention this situation in the text. However, there are no data about some other important predictors of SVGD. Because of some major flaws in the design of the study, we would like to provide a critique on the findings of the present article.

It is well known that SVGD is not uncommon and increases with time (2). In the present study by Kundi et al. (1), there are no data about the time of performing CABG surgery. Time is one of the most important predictors of SVGD after CABG surgery. The incidence of SVGD is approximately less than 20% one year after CABG surgery (2, 3). However, after ten years of CABG surgery, only approximately half of the saphenous vein grafts are patent, and only a small proportion of patients are free from angiographic arteriosclerotic lesions (4, 5). In this sense, longer time after CABG surgery may be the reason of SVGD independently. Hence, to divide the study population as SVGD positive or negative and to indicate PLR as a predictor of SVGD, the duration after CABG surgery should be taken into consideration. The authors should state the duration after CABG surgery for each group and include it in the statistical analysis.

In conclusion, PLR may play a role in saphenous vein graft failure. However, SVGD increases with time. To define a new predictor for SVGD, the duration after CABG surgery should be taken into consideration.

Mehmet Eyüboğlu, İlhan Koyuncu¹

Department of Cardiology, Special İzmir Avrupa Medicine Center; İzmir-*Turkey*

¹Department of Cardiology, Usak State Hospital; Usak-*Turkey*

References

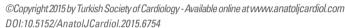
 Kundi H, Balun A, Çiçekçioğlu H, Çetin M, Kızıltunç E, Çetin ZG, et al. Association between platelet-to-lymphocyte ratio and saphenous vein graft disease in patients with stable angina pectoris. Anatol J Cardiol 2015 May 5. Epub of ahead of print. Fitzgibbon GM, Kafka HP, Leach AJ, Keon WJ, Hooper GD, Burton JR. Coronary bypass graft fate and patient outcome: angiographic follow-up of 5,065 grafts related to survival and reoperation in 1,388 patients during 25 years. J Am Coll Cardiol 1996; 28: 616-26. [CrossRef]

- Sabik JF III, Lytle BW, Blackstone EH, Houghtaling PL, Cosgrove DM. Comparison of saphenous vein and internal thoracic artery graft patency by coronary system. Ann Thorac Surg 2005; 79: 544-51. [CrossRef]
- Bourassa MG, Fisher LD, Campeau L, Gillespie MJ, McConney M, Lesperance J. Long-term fate of bypass grafts: the coronary artery surgery study (CASS) and Montreal heart institute experiences. Circulation 1985; 72: V71-8.
- Campeau L, Lesperance J, Hermann J, Corbara F, Grondin CM, Bourassa MG. Loss of the improvement of angina between 1 and 7 years after aortocoronary bypass surgery: correlations with changes in vein grafts and in coronary arteries. Circulation 1979; 60: 1-5. [CrossRef]

Address for Correspondence: Dr. Mehmet Eyüboğlu

Özel İzmir Avrupa Tıp Merkezi, Kardiyoloji Kliniği, Karabağlar

35170, İzmir-*Türkiye* Phone: +90 232 207 19 99 E-mail: mhmtybgl@gmail.com





Author's Reply

To the Editor,

We appreciate the comments of the authors on our article entitled as "Association between platelet-to-lymphocyte ratio and saphenous vein graft disease in patients with stable angina pectoris" published in Anatol J Cardiol 2015 May 5 (1).

The causes of saphenous vein graft failure differ according to the time period after surgery. Thrombosis is the dominant factor in graft failure in the first month after coronary artery bypass graft (CABG), intimal hyperplasia between 1 and 12 months, and atherosclerosis is the main pathogenic insult to venous graft failure 12 months after surgery (2). Therefore, as we mentioned in the discussion section of our paper, we included patients who had CABG surgery >1 year ago to minimize graft failure factors related to the surgery itself.

We believe that further prospective studies would better clarify the correlation of the platelet-to-lymphocyte ratio with the duration between CABG surgery and saphenous vein graft disease.

Harun Kundi

Department of Cardiology, Ankara Numune Education and Research Hospital; Ankara-*Turkey*

References

- Kundi H, Balun A, Çiçekçioğlu H, Çetin M, Kızıltunç E, Çetin ZG, et al. Association between platelet to lymphocyte ratio and saphenous vein graft disease in patients with stable angina pectoris. Anatol J Cardiol 2015 May 5. Epub of ahead of print.
- Parang P, Arora R. Coronary vein graft disease: pathogenesis and prevention. Can J Cardiol 2009; 25: e57-e62. [CrossRef]

 $\textbf{Address for Correspondence:} \ Dr. \ Harun \ Kundi$

Ankara Numune Eğitim ve Araştırma Hastanesi,

Kardiyoloji Kliniği; Ankara-*Türkiye* Phone: +90 312 508 40 00

E-mail: harunkundi@hotmail.com