Author`s Reply

To the Editor,

We thank the authors for their interest and agree with their opinion. However, we have stated that overweight patients did not show stable coronary artery disease (SCAD) symptoms in the conclusion section as “apparently healthy subjects”. These patients were asymptomatic, and did not have angina pectoris or its equivalent. Therefore, we do not think that overweight people have undiagnosed SCAD in this study.

Strain results may vary with respect to sex and age (1). In our study, when the covariance analysis of strain values was corrected according to age and sex variables, age (p=0.001) and sex (p=0.021) were found to be effective for global longitudinal strain (GLS) variable (2).

We evaluated the relationship between CAD severity and resting three-dimensional speckle-tracking echocardiography (3D-STE) in patients with stable angina pectoris in another study (3). GLS and all other strain parameters were significantly worse in patients with critical CAD than in those with noncritical CAD. We showed that 3D-STE is a noninvasive and convenient option to detect subclinical left ventricular dysfunction and that global strain values were significantly correlated with CAD severity.

Further studies are needed to clarify the pathophysiology of “obesity cardiomyopathy” after exclusion of factors that may

cause subclinical LV dysfunction, such as age, sex, and stable CAD.

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