Author`s Reply

To the Editor,

We evaluated the presence of fQRS in patients with nephrotic syndrome and the relation between fQRS and myocardial functions in our study and showed an association between the presence of fQRS and myocardial performance in this patient group in published August 2014 in The Anatolian Journal of Cardiology (1). In addition, we determined that the presence of fQRS is significantly correlated with proteinuria. The demographic data for patients with or without fQRS are shown in Table 1. This also includes steroid use and other immunosuppressive drugs. As Table 1 shows, the only significant difference in demographic and laboratory parameters was between proteinuria levels, while there was no difference in terms of presence of fQRS in patients using steroids. Since there was no significant difference, the effect of the use of cyclosporine (2), which has been shown to affect myocardial functions and steroid use were not included in the discussion in order to avoid confusion.

Various studies have assessed the use of steroids and particularly long-term use on myocardial functions. One such study by Sali et al. (3) showed that continuous administration of prednisone to mdx mice initially improves skeletal muscle strength, but further therapy results in deterioration of muscle strength and cardiac function, associated with enhanced cardiac fibrosis. Another study was cited by the authors (4). However, to the best of our knowledge, there are no studies showing an association between the presence of fQRS and long-term steroid use.

In conclusion, levels of steroid use in patients with or without fQRS are given in the table, and no significant difference was determined.

This subject was therefore not included in the discussion.

In light of our patient numbers, we do not think it would be right to make any deductions on this subject.

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