
Author`s Reply

To the Editor,

We are grateful for the kind comments to our manuscript entitled "Relationship between metabolic syndrome and epicardial fat tissue thickness in patients with chronic obstruc-

tive pulmonary disease," published online in Anatolian Journal of Cardiology 2016 Feb 10 (1). In their Letter-to-Editor, the authors emphasize that epicardial fat is an endocrine organ secreting various pro-inflammatory cytokines and is associated with inflammatory processes, including subclinical atherosclerosis. Previous studies have shown a relation between epicardial fat thickness (EFT) and visceral adiposity, metabolic syndrome, cardiovascular (CV) disease, and pro-inflammatory activity. Because a vast majority of our COPD patients had emphysematous-type disease, there were few obese (BMI >30) patients.

As the authors stated, magnetic resonance imaging (MRI) or computed tomography (CT) provide best images to assess the amount of epicardial fat; however we used transthoracic echocardiography (TTE) because it is a cheap, easily available, reproducible, and radiation-free imaging technique that we used in concordance with the description of Iacobellis et al. (2). Poor echogenicity was the reason for exclusion from the study in eighty patients. Lack of MRI/CT data regarding EFT in our patient population should be mentioned as a limitation of our study. We were unable to calculate the intra- and interobserver variabilities for EFT measurement; this was included in the study limitations. We also excluded patients with hypothyroidism, either apparent or subclinical.

As the authors stated, epicardial fat thickness has recently been shown to be associated with subclinical atherosclerosis in patients with inflammatory processes, including psoriasis, hypothyroidism, etc. Chronic obstructive pulmonary disease (COPD) is one of those diseases in which inflammation plays a key role in the pathogenesis and disease progression. Thus, our study supports the assertion that CV risk may increase as the EFT values increase in COPD patients.

In conclusion, further studies on EFT in COPD patients should consider the abovementioned concerns and limitations.

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References

1. Demir M, Acet H, Kaya H, Taylan M, Yüksel M, Yılmaz S, et al. Relationship between metabolic syndrome and epicardial fat tissue thickness in patients with chronic obstructive pulmonary disease. *Anatol J Cardiol* 2016 Feb 10. Epub ahead of print.
2. Iacobellis G, Assael F, Ribaudo MC, Zappaterreno A, Alessi G, Di Mario U, et al. Epicardial fat from echocardiography: a new method for visceral adipose tissue prediction. *Obes Res* 2003; 11: 304-10.

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