## Author's Reply

To the Editor.

Our study (1) included patients with coronary slow flow (CSF) with nonobstructive coronary lesions and individuals with normal coronary arteriogram findings. After measuring serum salusin-\( \beta \) levels and thrombolysis in myocardial infarction frame count (TFC), we found a positive correlation between the mean TFC and serum salusin-β levels (r=0.564; p<0.001) (1). Therefore, this finding alone is important for the validity of the study. If we had included a third group, including patients with CAD, it would have validated our study even more. We have mentioned this as one of the study limitations. Endothelial dysfunction and microvascular atherosclerosis are two major determinants of CSF (2). Salusin- $\beta$  is a marker that indicates the presence of micro- and/ or macro-atheroma formation. Most visually normal coronary artery segments have various atherosclerotic plagues (3); consequently, we considered excluding patients with nonobstructive coronary lesions as a futile attempt.

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