

Author reply to the editor

Sir,

I read the comments on our article titled "Value of neutrophil/lymphocyte ratio in the differential diagnosis of sarcoidosis and tuberculosis," which was published in *Annals of Thoracic Medicine* (Vol 9, Issue 4, October-December 2014).¹ I want to thank the authors for their valuable contributions. They said that there were some confusing points and I want to clarify these in some extent.

All of our tuberculosis patients were pulmonary tuberculosis cases and the diagnosis were made according to sputum samples of the patients. All patients were new cases. So, the patients with multidrug-resistant tuberculosis, miliary tuberculosis, and extrapulmonary tuberculosis were all excluded from the study.

Our control group was composed of patients admitted to internal medicine outpatients clinic for routine evaluation of hypertension, hyperlipidemia, and diabetes. All of them were free of symptoms supporting infection like fever, cough, sputum, dysuria, diarrhea, etc., and their acute phase reactants were normal.

Complete blood count and other inflammation markers were all analyzed in our hospital's routinely used biochemical laboratory by their automatic biochemical analyzers. We did not prefer peripheral blood smears to calculate neutrophil/lymphocyte ratio, because we were looking for a more practical marker. Although peripheral blood smear is a well-known method of blood cell analysis, it takes time to prepare it for evaluation. We focused on a new inflammation marker like neutrophil/lymphocyte ratio (NLR), because it does not require extra time and any other equipment. It is simply calculated from complete blood count and shows correlation with other well-known inflammation markers like CRP, total leukocyte count, and ESR.

I hope I clarified some points related to these comments and thanks again for the authors' contribution.

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Reference

1. Iliaz S, Iliaz R, Ortakoylu G, Bahadir A, Bagci BA, Caglar E. Value of neutrophil/lymphocyte ratio in the differential diagnosis of sarcoidosis and tuberculosis. *Ann Thorac Med* 2014;9:232-5.

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