

Author's Reply

To the Editor,

We would like to thank the authors for their interest in our study and critical comments about our article. We designed our trial to be a prospective evaluation of whether there was an association between coronary artery ectasia (CAE) development and decreased serum nitric oxide (NO) level that occurs in endothelial dysfunction since, as was mentioned, prospective studies have always been more valuable and significant than retrospective ones.

In the second paragraph of the methods section we wanted to point out the total number of coronary angiography (CA) procedures evaluated for CAE without exclusion criteria. In the section regarding laboratory analyses it was mentioned that venous blood sample of approximately 10 mL was collected by venipuncture from each patient 1 day after CA and following a 12-hour fasting period in order to analyze total blood counts, biochemical parameters, and NO levels. So it is clear that serum NO level measurement was not performed long after CA. Since there was no time interval that would have potential to affect the results of the study in terms of risk factors leading to CAE development and progression of atherosclerosis, control coronary angiographies were not needed during follow-up period.

Control group selection was the second topic mentioned. Patients with normal coronary arteries were also selected consecutively, like CAE patients, to prevent bias. A power analysis suggested that a sample size of 80 patients (40 in each group) was enough to provide power of 0.91 ($\alpha=0.05$).

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