58 Letters to the Editor Anatol J Cardiol 2020; 23: 57-8

ferences, and participated in trials sponsored by Amgen, Astra Zeneca, Bausch Health, Boehringer Ingelheim, Elpen, MSD, Mylan, Novo Nordisk, Sanofi, and Servier. D.P.M. has given presentations and attended conferences sponsored by Amgen, AstraZeneca, and Libytec.

The review by Grigoras et al. (1) made a considerable contri-

Declaration of Interest: N.K. has given presentations, attended con-

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bution to the field discussed above.

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Perivascular adipose tissue in cardiovascular diseases

To the Editor,

We congratulate Grigoras et al. (1) on their comprehensive and perceptive review titled "Perivascular adipose tissue in cardiovascular diseases-an update". However, some additional comments may be of interest.

Grigoras et al. (1) report that the perivascular adipose tissue (PVAT) differs in properties depending on its anatomical location. Other authors have also reported similar findings (2). These properties, together with the anatomical structural variations, may eventually facilitate the use of a specific treatment for a specific blood vessel, in addition to the usual general measures. In this context, we also need to consider that blood vessels, at different locations, may have different receptor distributions (3).

An abnormal PVAT is probably associated with abnormal periorgan and intra-organ fat at other sites, and this may indirectly increase the risk of vascular events (4-6). Grigoras et al. (1) also mention the potential role of various drugs on PVAT. This will be an area of considerable interest for further research (1, 6).

Grigoras et al. (1) discuss a carotid model in the context of PVAT. Indeed, other authors have reported links between the PVAT and internal carotid arteries (ICA) stenosis (7). Furthermore, the pericarotid fat density has been associated with an increased risk of stroke and transient ischemic attack in patients with unilateral ICA stenosis ≥50%−99% (8).

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