

The relation between coronary artery ectasia and psychological–environmental factors



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Dear Editor

We read the article *Coronary artery ectasia: A sample from Saudi Arabia* written by Alman-sori et al. [1] with great interest. The authors showed that the prevalence of coronary artery ectasia in Saudi Arabia was higher than what has been published in previous studies and a significant number of patients had severe disease. Why is the prevalence of coronary artery ectasia in Saudi Arabia high compared to the previous studies? There are some comments that need to be discussed.

In the study [1], it was reported that an interventional cardiologist had reviewed all angiograms and classified ectatic segments of the coronary arteries according to the Markis classification. We thought that the ectatic segments of the coronary arteries would be analyzed at least by two interventional cardiologists, as there may be some differences between observers; analysis of intraobserver and interobserver differences is important.

We often encounter ectasia of the coronary arteries during invasive coronary angiogram in our daily practice. What is the importance of this situation? Some reports show that the coronary artery ectasia is thought of as a variant of atherosclerosis and coronary artery ectasia had the same clinical parameters and pathophysiologic processes. In addition, the ectatic segments may tend to have more thrombus formation and slow flow compared to the normal segments [2–6].

Depression is a strong predictor of cardiovascular events [7]. There is a recent report about the relation between coronary artery ectasia and anxiety and depression [8]. It was shown that the patients with coronary artery ectasia were less anxious and less depressive than the coronary obstructive disease patients. They concluded that autonomic nervous system imbalance had a possible role for explaining pathophysiological mechanism of the ectatic segments. Do the Saudi patients have less anxiety and depression? In addition, the possibility comes to mind that the hot climate may affect psychological condition

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of the patients in Saudi Arabia. Do the authors have any comments about this idea? We think that further studies will need to explain the effects of psychological–environmental factors on patients with coronary artery ectasia.

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