

in patients with hypertensive LVH (2, 5). The majority of studies investigating Tp-e and Tp-e/QT ratio as markers of TDR are related to the LQT syndrome, Brugada syndrome, or influence of drugs on TDR.

In our work, LVH in ECG was determined according to two criteria: Sokolow-Lyon and left ventricular strain criterion. The majority of our patients had complex morphology of T waves and it was difficult to determine Tp-e manually, as has been mentioned by other studies (5, 6). The most expressed changes were exactly in the lateral leads that view the electrical field across the ventricular wall. In one study, a close correlation was found between the QT interval and T-wave variables in hypertensive patients (5). Therefore, it is expected that Tp-e is prolonged in patients with LVH, and investigation of TDR parameters would probably result in non-significant results. We did not measure TDR. It can be assumed that Tp-e in our patients would be in correlation with the QT interval and QT dispersion.

Investigation of TDR in hypertensive patients with LVH in relation to the different patterns of LVH can be the topic of some further investigations.

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Heart rate variability can be affected by gender, blood pressure, and insulin resistance

To the Editor,

We really read with a great interest the paper by Durakoğlugil et al. (1) entitled "The effect of irritable bowel syndrome on carotid intima-

media thickness, pulse wave velocity, and heart rate variability" published in the September issue of *Anatol J Cardiol* 2014; 14: 525-30. They purposed to investigate a possible association between irritable bowel syndrome and autonomic dysfunction using heart rate variability (HRV) parameters in their study population. They concluded decreased parasympathetic modulation in patients with constipation-predominant irritable bowel syndrome.

One of the best non-invasive methods to evaluate the autonomic dysfunction is to measure HRV, defined as the RR interval variability beat-by-beat, and provide us quantitative data about the autonomic nervous system (2). However, HRV parameters can be affected by various variables, including age, gender, nutrition, obesity, hyperlipidemia, diabetes mellitus, hypothyroidism, heart failure, hypertension, coronary artery disease, chronic obstructive pulmonary disease, renal failure, chronic liver disease, and drugs (2-5). It is well known that there is a relationship between gender and HRV measurements (3). Recently, Hillebrand et al. (5) reported an association between body fat and HRV and concluded that insulin resistance might be a reason for this relationship. In the study by Durakoglugil et al. (1), I think that it would be more helpful to present whether there was no statistically significant difference between the patients and control subjects in terms of gender, blood pressure, and insulin resistance, because the study population included overweight or obese people and the frequency of diabetes mellitus and hypertension is higher in the control group. We believe that the results of the study will be stronger with these additional data and whether irritable bowel syndrome really has an effect on autonomic dysfunction, which predicts survival, can be more comprehensible.

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Author`s Reply

To the Editor,

We recently demonstrated decreased heart rate variability (HRV) values in patients with irritable bowel disease (IBS) in our study entitled "The effect of irritable bowel syndrome on carotid intima-media thickness, pulse wave velocity, and heart rate variability" published in the September issue of *The Anatolian Journal of Cardiology* 2014; 14: 525-30 (1). We read the letter entitled "Heart rate variability can be affected by gender, blood pressure, and insulin resistance" with great interest. As the authors kindly mentioned, HRV is a valuable tool for assessing autonomic dysfunction. Decreased HRV is associated with coronary artery disease, myocardial infarction, and cardiovascular mortality in patients with diabetes (2). Interestingly, insulin resistance and obesity, the prerequisites of diabetes mellitus, are also related to autonomic dysfunction (3). Our study included 30 women with IBS and 30 healthy control subjects. Although numeric differences existed in the prevalence of hypertension and diabetes mellitus compared with the control subjects, these were not statistically significant. Moreover, body mass index, fasting plasma glucose, and blood pressure values were not different between groups. Therefore, we do not believe that an important difference is present, which would have influenced our results with, regard to insulin resistance and obesity between the control and patient groups.

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Long-term patency of autogenous saphenous veins vs. PTFE interposition graft for prosthetic hemodialysis access

To the Editor,

We appreciate the fluency of the original article by Uzun et al. (1) entitled "Long-term patency of autogenous saphenous veins vs. PTFE

interposition graft for prosthetic hemodialysis access," which was recently published in *Anatol J Cardiol* 2014; 14: 542-6." The authors divided the study population in two groups, those who used autogenous saphenous grafts and those who used PTFE. Although the investigators used saphenous grafts in both the upper arm and forearm, they used PTFE only in the upper arm. It is known that using the same autogenous grafts in different parts of the extremities could cause distinct long term patency. There are considerable peculiarities among the use of autogenously grafts in different regions in terms of infection, steal syndrome, and heart failure (2). In addition, some studies have reported that different autogenous grafts could cause different results even when used in same region (3). In the aforementioned study, although the investigators used autogenous saphenous grafts mostly in the distal part of the upper extremity, they used PTFE mostly in the proximal part of the upper extremity. To our knowledge, this factor could affect the grafts in terms of patency and infection risk. Generally, same regions were used among the studies in the literature; these studies compared different kinds of grafts (4). We want to understand the opinion of the authors regarding this.

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Author`s Reply

To the Editor,

The authors state an important bias about studies comparing different graft types in different regions entitled "Longterm patency of autogenous saphenous veins vs. PTFE interposition graft for prosthetic hemodialysis access." published in *Anatol J Cardiol* 2014; 14: 542-6. (1). As mentioned in the study, the selection of the anastomosis region was based on the calibration of the arteries and veins (1). Both PTFE and saphenous vein grafts were