

Author`s Reply

To the Editor,

We thank the author(s) for their great interest in our work entitled "Association between platelet-to-lymphocyte ratio and saphenous vein graft disease in patients with stable angina pectoris," which was published in the Anatolian Journal of Cardiology 2015 May 5 (1).

As we mentioned in the limitation section of our paper, we included patients who had CABG surgery >1 year ago to minimize graft failure factors related to the surgery itself. We completely agree with the author(s), but we do not have sufficient data about the mean time from coronary artery bypass grafting to the last coronary angiograms because it was a retrospective study. Also, we do not have the patient's body mass indexes because of the same reason.

We believe that further prospective trials, including data on body mass index measurements and the duration between coronary artery bypass surgery and saphenous vein graft disease, would better clarify the relationship between the platelet-to-lymphocyte ratio with saphenous vein graft disease.

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Effects of pentoxifylline on blood transfusion

To the Editor,

We congratulate the authors for their study entitled "Preoperative oral pentoxifylline in case of coronary artery bypass grafting with left ventricular dysfunction (ejection fraction equal to/less than 30%)," published in *Anatol J Cardiol* 2015; 15: 1014-9. This study evaluated the feasibility of pentoxifylline when patients with low ejection fraction are considered (1). Systemic inflammatory response is one of the basic parameters that affect the postoperative results of coronary bypass surgery. In this context, pentoxifylline may have posi-

tive effects through the inhibition of some of the inflammatory cytokines (2-4). However, the study of Mansourian et al. (1) reveals another interesting result, i.e., a statistical decrease of blood transfusion in the pentoxifylline group. None of the similar studies have obtained this result. How do the authors explain that?

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Author`s Reply

Authors of this mentioned article did not send any reply for this Letter to the Editor despite our persistent request.

Bonsai-induced coronary artery spasm

To the Editor,

I have read the article by İnci et al. (1) entitled "Bonsai-induced Kounis Syndrome in a young male patient" with great interest, which was published in *Anatol J Cardiol* 2015, 15: 952-3. The authors presented an unusual form of acute coronary syndrome, which developed following the synthetic cannabinoid "Bonsai" use. I would like highlight some points regarding this article.