

ment of acute mountain sickness (AMS). Thanks to the authors for their contribution.

We know that high altitude leads to some negative effects without acclimatizing on pulmonary and cardiovascular systems. AMS is a syndrome due to the rapid ascending to high-altitude in aviators and mountaineers. It is a serious health problem especially in obese subjects. In present study, we want to learn that the subjects were taken to high altitude as volunteers or part of their duties. In our country, we perform like these researches in hypobaric chamber with simulating hypoxia because of legal issues. At hypobaric chamber, we can monitor oxygen saturation, blood pressure and heart rhythm of the subjects so we can easily stop the hypoxia and give oxygen to the subjects. We have some questions about the design of this article. Did the subjects take oxygen when the oxygen saturation was below the threshold value? It could be emphasized that the subjects stayed at high altitude for 24 hours or not and individuals were taken at what speed and which vehicle to high altitude.

In relation to these, we also know that there are some recent studies about the effects of high altitude on cardiac parameters (2). For example we reported a case of cardiac decompression sickness on an aviator (3) and an asystolia during hypobaric chamber training 30.000 feet (4). In another study, we investigated the acute effects of hypoxia on noninvasive electrocardiographic parameters in aviators (5).

In conclusion, although the obese and non-obese subjects had same conditions before high altitude, what happened there and how high altitude was caused problems for the obese. The subject is very important and we believe that these findings will act as a guide for further studies.

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Shisha versus cigarette smoking and endothelial function

To the Editor,

The recent report on "Shisha versus cigarette smoking and endothelial function" is very interesting. Selim et al. (1) published, reported in 2013 December issue of The Anatolian Journal of Cardiology that "Shisha smoking has a more hazardous effect on brachial artery endothelial-dependent flow mediated vasodilation compared to cigarette." This conclusion is very interesting and should be discussed. In fact, the recent report showed that there was no difference in aerosol produced by cigarette and shisha (2). There are many factors that affected the final measured outcome. The dosage has to be mentioned. Poredos et al. (3) demonstrated that "smoking is associated with dose-related increase of intima-media thickness and endothelial dysfunction." The genetic underlying of each subject is also important factor to be considered.

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Mortal suicidal acetazolamide intoxication in a young female

To the Editor,

Acetazolamide is a carbonic anhydrase inhibitor used in the treatment of glaucoma, epilepsy, benign intracranial hypertension, metabolic alkalosis and is also used as a diuretic. Hyperchloremic metabolic acidosis, renal stones, renal potassium wasting are some toxicities of chronic acetazolamide usage. In elderly or diabetic patients and