

Statement on the Use of Percutaneous Mechanical Circulatory Support Devices in Cardiovascular Care (Endorsed by the American Heart Association, the Cardiological Society of India, and Sociedad Latino Americana de Cardiología Intervención; Affirmation of Value by the Canadian Association of Interventional Cardiology-Association Canadienne de Cardiologie d'intervention). J Card Fail 2015; 21: 499-518. [CrossRef]

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Duration after coronary artery bypass graft surgery and saphenous vein graft disease

To the Editor,

We read the article with great interest by Kundi et al. (1), which was recently published online in Anatol J Cardiol 2015 May 5. The authors reported that the platelet-to-lymphocyte ratio (PLR) was found to be an independent predictor of saphenous vein graft disease (SVG) in patients with stable angina pectoris. Kundi et al. (1) identified the significance of PLR in patients with stable angina after coronary artery bypass graft (CABG) surgery. This study has some major limitations, and the authors mention this situation in the text. However, there are no data about some other important predictors of SVG. Because of some major flaws in the design of the study, we would like to provide a critique on the findings of the present article.

It is well known that SVG is not uncommon and increases with time (2). In the present study by Kundi et al. (1), there are no data about the time of performing CABG surgery. Time is one of the most important predictors of SVG after CABG surgery. The incidence of SVG is approximately less than 20% one year after CABG surgery (2, 3). However, after ten years of CABG surgery, only approximately half of the saphenous vein grafts are patent, and only a small proportion of patients are free from angiographic arteriosclerotic lesions (4, 5). In this sense, longer time after CABG surgery may be the reason of SVG independently. Hence, to divide the study population as SVG positive or negative and to indicate PLR as a predictor of SVG, the duration after CABG surgery should be taken into consideration. The authors should state the duration after CABG surgery for each group and include it in the statistical analysis.

In conclusion, PLR may play a role in saphenous vein graft failure. However, SVG increases with time. To define a new predictor for SVG, the duration after CABG surgery should be taken into consideration.

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Author's Reply

To the Editor,

We appreciate the comments of the authors on our article entitled as "Association between platelet-to-lymphocyte ratio and saphenous vein graft disease in patients with stable angina pectoris" published in Anatol J Cardiol 2015 May 5 (1).

The causes of saphenous vein graft failure differ according to the time period after surgery. Thrombosis is the dominant factor in graft failure in the first month after coronary artery bypass graft (CABG), intimal hyperplasia between 1 and 12 months, and atherosclerosis is the main pathogenic insult to venous graft failure 12 months after surgery (2). Therefore, as we mentioned in the discussion 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 believe that further prospective studies would better clarify the correlation of the platelet-to-lymphocyte ratio with the duration between CABG surgery and saphenous vein graft disease.

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