

prolonged in patients with BD compared with those in healthy controls, and it was demonstrated that the Tp-e/QTc ratio was correlated with the disease duration (1).

Oral aphthous ulcer and skin lesions including acneiform lesions, papulopustular lesions, and erythema nodosum are characteristic manifestations of BD. Colchicine inhibits microtubule function and decreases inflammation by impairing neutrophil chemotaxis (2). Colchicine is used in mucocutaneous manifestations of BD. It is especially effective for the treatment of oral ulcers and erythema nodosum (3). Colchicine shows some beneficial and unfavorable effects on cardiac functions. It is used in the treatment of pericarditis, and colchicine treatment is associated with significantly less recurrence following atrial fibrillation ablation (4). Frommeyer et al. (5) showed in rabbits that although colchicine had no effects on the QT interval and dispersion, effective refractory period was decreased dose dependently following colchicine infusion, indicating the significantly elevated inducibility of ventricular fibrillation (5). It is underscored in another study that colchicine treatment distinctly decreased the Tp-e and Tp-e/QT values by the end of a 1-year treatment in patients with familial Mediterranean fever (6).

In conclusion, colchicine is a mainstay of treatment in BD and has several effects on cardiac functions. In the current study, there is not any statement about the effects of colchicine on cardiac repolarization. We think that it would have been better if the comparison of ECG findings between patients with and without colchicine treatment was performed.

Yusuf Ziya Şener, **Metin Okşul**, **Fatih Akkaya**¹

Department of Cardiology, Faculty of Medicine, Hacettepe University, Ankara-Turkey

¹Department of Cardiology, Isparta State Hospital; Isparta-Turkey

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Address for Correspondence: Dr. Yusuf Ziya Şener,

Hacettepe Üniveristesi Tıp Fakültesi,
Kardiyoloji Anabilim Dalı, Sıhhiye,
Ankara-Türkiye

Phone: +90 312 305 28 15

E-mail: yzsener@yahoo.com.tr

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Author's Reply

To the Editor,

We thank the authors for their valuable evaluation of our article entitled "Evaluation of Tp-e interval, Tp-e/QT ratio, and Tp-e/QTc ratio in patients with Behçet's disease. *Anatol J Cardiol* 2019; 22: 85-90" (1).

Colchicine has been used for treating various cardiac diseases such as pericarditis and postablation atrial fibrillation. As indicated by the authors, various studies have shown that colchicine may affect cardiac functions (2). Frommeyer et al. (3) showed that colchicine had no effects on the QT interval and dispersion, whereas Ocal et al. (4) reported lower Tp-e and Tp-e/QT values in patients with familial Mediterranean fever who were treated with colchicine for 1-year. As mentioned by the authors, 57% of the patients with Behçet's disease received colchicine treatment. Naturally, ECG parameters may be affected in patients with Behçet's disease using colchicine. Therefore, we reviewed the data and performed subgroup analysis. We observed that Tp-e, cTp-e, Tp-e/QT, Tp-e/cQT, and QTd parameters were not statistically significant between the groups with or without colchicine treatment ($p>0.05$ for all). Since our study is not a follow-up study, it is not possible to compare ECG parameters before and after colchicine treatment. It is worth to re-evaluate with a different study design. In future large-scale studies, the effects of colchicine on ECG parameters in patients with Behçet's disease can be shown more clearly.

Şiho Hidayet, **Vahit Demir***, **Yaşar Turan***, **Gülhan Gürel****, **Mehmet Hakan Taşolar**

Department of Cardiology, Faculty of Medicine, İnönü University, Malatya-Turkey

Departments of *Cardiology, and **Dermatology, Faculty of Medicine, Bozok University; Yozgat-Turkey

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Address for Correspondence: Dr. Şiho Hidayet,

İnönü Üniversitesi Tıp Fakültesi,
Kardiyoloji Anabilim Dalı, 44100,
Malatya-Türkiye

Phone: +90 422 341 06 60 - 4502

E-mail: shhidayet@hotmail.com

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