

Reply to letter to the editor: "Interleukin-6 level, right ventricular systolic dysfunction, and coronavirus disease 2019"

To the Editor,

We kindly thank the author(s) for their constructive comments, and we were satisfied by their attention to our manuscript titled, "Interleukin-6 level is an independent predictor of right ventricular systolic dysfunction in patients hospitalized with COVID-19" printed in the August issue of The Anatolian Journal of Cardiology (1).

As we mentioned in the "Methods" section, patients with severe or critical illnesses were not included in the study. Only those with mild or moderate illness were included owing to the study design. Therefore, we did not create a subgrouping of patients on the basis of severity of COVID-19. Second, the author(s) are correct about the impact of hydroxychloroquine on cardiac function. It has been known for a long time that hydroxychloroquine exposure can lead to development of cardiotoxicity. Therefore, hydroxychloroquine may have an effect on RV systolic function. However, as the usage of hydroxychloroquine in comparative analyses was statistically similar, and the use of hydroxychloroquine in the univariate analyses was not statistically significant; we did not include it in the multivariate analyses, and its effect was not investigated in this study population. Finally, in our manuscript, we investigated IL-6 instead of IL-16 which is affected by intestinal parasitic infestation. However, IL-6 is rapidly synthesized locally by macrophages and is a pro-inflammatory cytokine with a triggering effect in the early stages of inflammation and immune response (2).

REFERENCES

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2. Tanaka T, Narazaki M, Kishimoto T. IL-6 in inflammation, immunity, and disease. *Cold Spring Harb Perspect Biol* 2014; 6: a016295. [Crossref]

LETTER TO THE EDITOR REPLY

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