Reply to the letter “Mean platelet volume as a surrogate marker of inflammation in systemic lupus erythematosus”

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Dear Editor,

We thank Varol and Ozaydin for their comments related to our article “Mean platelet volume as an indicator of disease activity in juvenile SLE.” We agree with the authors that detailed information was not given in the methodology of the mean platelet volume (MPV). In our study, all samples were taken into the tubes with EDTA, and complete blood cell counts were measured within 1 h after venipuncture. Thus, the measuring time for MPV seemed to be appropriate as stated to be less than 2 h [1]. On the other hand, recent reports indicated a link among MPV, obesity, and metabolic syndrome [2, 3]. However, none of our study participants had a proven metabolic syndrome. The mean body mass index values were not significantly different between study groups (20.2 ± 2.9 in patients and 19.8 ± 3.1 in control groups, respectively; $p = 0.51$). Since MPV has been introduced as a novel marker of cardiovascular disease [3, 4], we also examined the patients by echocardiography and found normal indices. However, we did not put this data on the article as the primary aim was to assess the relationship between MPV and disease activity of SLE, not the cardiovascular risk in those patients. Furthermore, in

agreement with the authors, we consider that cardiovascular and additional inflammatory risk factors should be taken into account while assessing MPV in patients, particularly in adults.

Conflict of interest None.

References

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