Obesity-related indices and urolithiasis

Rujittika Mungmunpantipantip¹ · Viroj Wiwanitkit²

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Dear Editor,

We would like to comment on the article “In vitro effects of two bioactive compounds, gallic acid and methyl gallate, on urolithiasis” [1]. Lee et al. concluded that “BMI, WC, WHtR, WHR, AVI, and BRI were found to be associated ... could be used as predictive factors for development of KSD in clinical practice” [1]. We agree that obesity indices might be associated with urolithiasis. Regarding the use of indices as predictive factors, it might be possible in the reported study setting by Lee et al. [1]. However, there might be an exception to their use in some other situations. In our area in Southeast Asia, there is a very high prevalence rate of thalassaemia and the patients concerned are generally underweight. Urolithiasis is common among thalassaemia patients and it is usually associated with reduced bone mineral density [2]. Therefore, we conclude that the obesity indices reported by Lee et al may not be applicable in all patients with urolithiasis, in particular those with thalassaemia.

Declaration

Conflict of interest The authors declare that they have no conflict of interest.

References

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2. Pasricha SR, Lau KK (2017) Urolithiasis is prevalent and associated with reduced bone mineral density in beta-thalassaemia major. Intern Med J 47(9):1064–1067

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✉ Rujittika Mungmunpantipantip
rujittika@gmail.com

¹ Private Academic Consultant, Bangkok, Thailand

² Honorary professor, Dr DY Patil University, Pune, India