Authors’ response

The answer to the letter from Demirkol et al. [1], in reference to the article “Vitamin D level and extent of coronary stenotic lesions in patients with first acute myocardial infarction”.

Our study involved patients admitted to our hospital due to the first acute ST-segment elevation myocardial infarction treated with primary percutaneous coronary intervention. Myocardial infarction was the first symptom of coronary artery disease. Patients with factors that affect the level of vitamin D such as a history of malignancy within the past 5 years, abnormal liver or renal function (serum aminotransferase activity > 40 IU/L, GFR < 60 mL/min/1.72 m²), thyroid or parathyroid disease, sarcoidosis, tuberculosis, rickets type I, II, III, hypophosphatemic rickets, nephrotic syndrome, autoimmune disease, peripheral arterial disease and alcohol consumption were excluded from the study [2–6]. However, the level of vitamin D can be affected by many conditions, then further studies will evaluate all of these conditions that can affect vitamin D levels in patients with acute myocardial infarction.

In our study, the angiographic severity of coronary artery disease was determined based on the Gensini score [7]. Independently, the study population was divided into patients with single and multivessel coronary artery disease. There is no doubt that future studies are needed to obtain a better clarification of the physiologic range of vitamin D for preventing atherosclerosis and cardiovascular disease.

Conflict of interest: none declared

References


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