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Reply

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We have no doubt that the methods proposed by G. Luzzatto and G. Cella in their letter could reduce background problems in platelet-derived factor (PDF) measures. However, in order to obtain a homogeneous sample processing, we used the referred [1] anticoagulant, because other anticoagulant mixtures could interfere in the biological assays performed in our work. In fact, the conditions proposed by Luzzatto and Cella would not allow us to carry out our work.

On the other hand, the first time these results were presented [2] we discussed the background problems and it seems that PF4 and β TG plasma levels are higher but proportionally similar to those of other authors [3-5], and the same applies for the plasma levels of PDF in secondary thrombocytosis (ST) patients [3, 5]. It is known that some authors give results of plasma levels of PF4 and β TG normalized for platelet counts but, based on our criteria, this means accepting that an elevated number of platelets is enough to have an increased spontaneous release, and in agreement with Files et al. [6], we do not note any correlation between plasma levels of PDF and platelet counts. Furthermore, results show a negative correlation between platelet counts and PDF/platelet count ($r = -0.91$ $p < 0.001$; $r = -0.74$ $p < 0.0009$ and $r = -0.77$ $p < 0.0005$ for β TG, PF4 and PDGF/platelet count, respectively), demonstrating that an elevated number of platelets corresponds with proportionally lower plasma levels of PDF.

Finally, nowadays, there is enough literature confirming our results [3-5, 7-10]: discussion thus seems obsolete.

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