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Comment on 'Epicardial Adipose Tissue Increased in Patients with Newly Diagnosed Subclinical Hypothyroidism'

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Dear Editor,

I read with great interest the study of Korkmaz et al. [1] entitled 'Epicardial adipose tissue increased in patients with newly diagnosed subclinical hypothyroidism'. The authors investigated the relationship between epicardial fat tissue thickness and subclinical hypothyroidism and reported that the epicardial fat tissue thickness was greater in patients with subclinical hypothyroidism than in control subjects. This cross-sectional study is noteworthy because of its interest and potential usefulness in clinical practice. However, I would like to comment on two points. Firstly, authors calculated the epicardial fat tissue thickness using an echocardiographic technique. Although several studies have been conducted with this technique, echocardiography measurement is not the gold standard for calculating epicardial tissue thickness. Epicardial adipose tissue thickness is most precisely quantified by MRI or CT imaging, and thickness of

epicardial fat in the atrioventricular groove has been shown to provide a more accurate assessment of its atherogenic risk [2]. I think that this should have been stated as a limitation. Secondly, there are studies that show the relationship between epicardial fat tissue thickness and metabolic syndrome [3, 4]. I think that the authors should have included this relationship in the Discussion section, this would have added more value to the results of their study.

I congratulate the authors for their original investigation and hope it will be a pioneer for studies of this type.

References

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Reply

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Dear Sir,

We read with great interest the letter regarding our study entitled 'Epicardial adipose tissue increased in patients with newly diagnosed subclinical hypothyroidism' [1]. In this study, we aimed to test the hypothesis that patients with subclinical hypothyroidism might have increased epicardial fat that could have a potential role for increased cardiovascular events in this population. We certainly agree with Dr. Atalay that MRI or CT imaging provides better evaluation of epicardial fat than echocardiography. Due to ethical issues such as radiation exposure and the cost of CT and MRI imaging, we could not use these methods. In addition, although

echocardiography is not considered the gold standard for assessment of epicardial adipose tissue, it is widely accepted and used in clinical studies [2–5].

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