Reply to “Is Ventricular Arrhythmias the End for All Conditions?”

Elif Ijlal Cekirdekci

Department of Cardiology, University of Kyrenia, Kyrenia, Mersin, Turkey

We thank you for the opportunity to respond to the issues raised in the letter and to clarify aspects of our methodology in relation to these concerns. We thank the authors of the letter for their interest in our article and for taking the time to express their concerns.

The authors of the letter noted that there was no information about the medical status of patients with HIV, duration of the disease, and why levels of hsCRP are higher in the patient group. The patients were in active phases of infection.

The authors have cited the work of Cekirdekci et al. [1], which showed that HIV-infected patients receiving combination antiretroviral therapy had longer Tp-e interval and Tp-e/QTc ratio, which correlated positively with the duration of disease and the electrophysiological abnormalities, and negatively with CD4 count. In our article, we mentioned under Methodology that “None were taking any antiarrhythmic drugs and antiretroviral drugs that could affect the electrocardiographic measurements at the time of admission” [1]. Additionally, we stated that “We investigated the electrocardiographic features of HIV-infected patients before starting antiretroviral drug treatment” in the Discussion section. Because we selected the patients the first time they were diagnosed, the patients did not use any medication and there was no dura-

tion of the disease. Our results support those of Brouillette et al. [2] who reported that prolonged QTc in HIV patients was independent of drug therapy.

C-reactive protein (CRP) is a well-known acute phase protein that is produced predominantly by hepatocytes in light of several cytokines such as interleukin-6 and tumor necrosis factor-alpha [3]. Several studies have shown that levels of the pro-inflammatory cytokines tumor necrosis factor-alpha and interleukin-1 β are increased in HIV patients [4, 5]. Moreover, Lau et al. [6] showed that higher CRP levels are associated with lower CD4 counts and higher HIV viral RNA load in HIV-infected individuals. In addition, some studies found significant associations between elevated CRP levels and faster progression to AIDS and high risk of mortality [7–10]. As the evidence-based studies demonstrate the importance of CRP, we supported the fact that higher hsCRP attributed to show that disease severity and increased R-peak time had positive correlations in our study [10].

Conflict of Interest Statement

There is no funding for this research to declare. There is no conflict of interest.

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