

Address for Correspondence: Dr. Mustafa Gülgün

Ankara Gülhane Eğitim ve Araştırma Hastanesi

Pediatrik Kardiyoloji Bölümü

06010 Etlik, Ankara-*Türkiye*

Phone: +90 312 304 18 92/3044393

E-mail: mustafagulgun@yahoo.com, mgulgun@gata.edu.tr

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**Author's Reply**

To the Editor,

I thank Dr. Gülgün for his/her great interest in our article entitled "Relationship between platelet-to-lymphocyte ratio and the presence and severity of coronary artery ectasia" published in *Anatolian J Cardiol* 2016;16: 857-62 (1). I fully agree with Dr. Gülgün, but as mentioned by Dr. Gülgün, the mean platelet volume (MPV) and platelet distribution width (PDW) values were studied in patients with coronary artery ectasia in previous studies (2). Therefore, we first aimed to investigate the association of the platelet-to-lymphocyte ratio and the presence and severity of coronary artery ectasia. This study was the first to be reported in the literature. I believe that further larger prospective studies including MPV and PDW and considering the methodological details, as mentioned by Dr. Gülgün, should better clarify the relationship between PLR and coronary artery ectasia.

Harun Kundi**Department of Cardiology, Ankara Numune Education and Research Hospital; Ankara-Turkey****References**

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Address for Correspondence: Dr. Harun Kundi

Ankara Numune Eğitim ve Araştırma Hastanesi

Kardiyoloji Bölümü, Ankara-*Türkiye*

E-mail: harunkundi@hotmail.com

Sports, energy drinks, and sudden cardiac death: stimulant cardiac syndrome

To the Editor,

Recently, it has been detected that unexplained cardiac arrest in some young individuals developed after consuming

energy drinks, particularly simultaneously with alcohol intake. It is known that several stimulants are included in formulas of different energy drinks. More credible is the argument that energy drinks affect the cardiovascular conduction system and lead to catastrophic events via lethal arrhythmias (1, 2). The aim to achieve higher levels of athletic performance and academic success leads to a gradual increase in consumption in the young population. Although the mood of an individual in the social environment becomes better in a short time after the consumption of these substrates, the claim about increasing athletic and academic performance is not true. Another important subject that has received too little attention is that unscientific promotions by beverage firms, attractive shows in public fields, more advertisements in readable and visible media, and extraordinary sports activities as stimulants for using the energy drinks stimulate consumption by serving as false models.

The main concern is that these beverages could easily lead to severe cardiovascular events in young and older individuals who have underlying silent cardiovascular disease. Because of their high amounts of caffeine and other substrates, dangerous arrhythmias can easily develop in the hearts of individuals who consume them. The problem is that there are many additional sources of caffeine that are "masked" by the labeling (3, 4). Frequent ingredients such as guarana, ginseng, and taurine have caffeine concentrations in different energy beverages that are equal to, or higher than those found in coffee (3, 4). Which doses of any of these substances with or without other artificial supplements or/and alcohol might be mostly dangerous is one of the most important points that remain unknown.

In any case, it seems clear that energy drinks, some beverages, and some supplements that include stimulants might lead to critical and rarely irreversible cardiovascular events in the young population. Judged by these criteria, this should be discussed to a greater extent in scientific meetings, government-related offices of the health ministry, and public environments for controlling of the intake of these products by means such as smoking in the young population.

Erdem Kaşıkçıoğlu**Department of Sports Medicine, Istanbul Faculty of Medicine, Istanbul University; İstanbul-Turkey****References**

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Address for Correspondence: Dr. Erdem Kaşıkçıoğlu, PhD, FESC
Istanbul Üniversitesi İstanbul Tıp Fakültesi, Tıbbi Spor Bölümü
İstanbul- Türkiye

Phone: +90 212 414 24 42

E-mail: ekasikcioglu@gmail.com

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Quadricuspid aortic valve with D (Rh₀) antigen negativity: a novel case report

To the Editor,

Here we report a rare case of a Chinese female patient presenting with aortic insufficiency due to a quadricuspid aortic valve and Rho negativity. The 64-year-old woman was referred with a 1-month history of dyspnea and cough (NYHA class II). A quadricuspid aortic valve was suspected, and grade 3 aortic regurgitation was identified by transthoracic echocardiography (TTE). After admission, the ABO blood type was surprisingly identified as AB positive, and results of the D (Rho) antigen test were negative. Considering her clear diagnosis and indications for aortic valve replacement, surgical intervention was the best choice to resolve the aortic insufficiency and relieve the symptoms. Due to her rare blood type, the surgery was postponed by a week. The patient successfully underwent elective aortic valve replacement with a mechanical prosthesis at her own will. In addition, no blood transfusion was arranged perioperatively. The symptoms vanished and the patient was discharged with a contented condition on the 7th postoperative day.

A quadricuspid aortic valve is a rare manifestation of congenital aortic valve abnormalities. The incidence significantly varies according to different reports. Hurwitz et al. (1) reported an incidence of only two cases in 6000 autopsies, while the Mayo Clinic noted an incidence of 1% in a review of 225 patients undergoing surgery for pure aortic regurgitation (2). The most common complication of a quadricuspid valve is pure insufficiency, while other common complications of

a quadricuspid valve are coronary anomalies and aortic root dilation (3). In this case, no anomalous origin of coronary arteries and aortic root dilation was found in both TEE and intraoperative findings.

The prevalence of Rho negativity is variable in different areas. The frequency of Rho negativity varies from 20% to 40% in Basques (4), while less than 0.3% population has been found to be D (Rho) negative in China (5). In addition, less than 10% of the entire Rho-negative population is AB positive (4). Therefore, the AB-positive and Rho-negative blood type is really rare in China. To the best of our knowledge, no case of a quadricuspid aortic valve with an AB-positive and Rho-negative blood type has been reported to date.

In summary, here we report, for the first time, a female presenting with a quadricuspid aortic valve with an AB-positive and Rho-negative blood type, who successfully underwent aortic valve replacement.

Jun Gu, Chaoyi Qin, Zhong Wu
Department of Cardiovascular Surgery, West China Hospital;
Chengdu- China

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Address for Correspondence: Zhong Wu
Lane outside the southern No.37, Chengdu
Sichuan-610041 People's Republic of China
Phone: +86-028-85422897 Fax: +86-028-85422897
E-mail: wuzhong71@scu.edu.cn

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