

Authors reply

Dear Editor,

We would like to thank you for your interest in our study and the valuable remarks. In our study entitled “Association of neutrophil/lymphocyte ratio and CHA₂DS₂-VASc score with left atrial thrombus in patients who are candidates for percutaneous mitral balloon valvuloplasty,”^[1] 51% (n=96) of patients were on warfarin therapy. Among all patients, the number who were on warfarin treatment was significantly higher in the atrial fibrillation group compared with the sinus rhythm group (98.8% vs 13.3%; p<0.001). When looking at the presence of spontaneous echo contrast (SEC) and thrombus, the number of warfarin users was significantly higher in the thrombus-positive group compared to the SEC/thrombus-negative group (67.7% vs 13.3%; p=0.001), and in the SEC-positive group, the number of warfarin users was significantly higher compared with the SEC/thrombus-negative group (51.4% vs 13.3%; p=0.005). There was no significant difference between the SEC-positive and thrombus-positive groups regarding warfarin treatment (p=0.099). Moreover, when we evaluated the effectiveness of warfarin therapy (accepted as inter-

national normalized ratio [INR] ≥2) just before the transesophageal echocardiographic procedure, there was no significant difference between the study groups (in the SEC/thrombus-negative group 50% of patients had INR ≥2, in the SEC-positive group 47.9% of patients had INR ≥2, in the thrombus-positive group 42.9% of patients had INR ≥2; p=0.916). We agree that adding the data mentioned above will be useful to interpret factors related to left atrial thrombus formation in patients with mitral stenosis.

Orhan Maden, M.D., Kevser G. Balci, M.D., Mustafa M. Balci, M.D., Serdar Kuyumcu, M.D., Hatice Selçuk, M.D., Mehmet T. Selçuk, M.D.

Department of Cardiology, Türkiye Yüksek İhtisas Training and Research Hospital, Ankara, Turkey

e-mail: kevs84@gmail.com

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References

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