THE ANATOLIAN JOURNAL OF CARDIOLOGY

Reply to Letter to the Editor: "The Role of Inflammation in Atrial Fibrillation"

To the Editor,

We thank the authors¹ for their attention and contribution to our article.² Categorical variables were expressed as numbers and percentages (n%), and continuous variables were expressed as mean \pm standard deviation (mean \pm SD) or median, interquartile range (median, IQR) by the distribution of data. The normality of the data was checked with the Kolmogorov-Smirnov test. If the data met the parametric conditions (data obtained with interval, ratio scale, normal distribution), they were analyzed with independent sample t-test for two independent groups, F test (ANOVA) for more than two independent groups, or Kruskal Wallis H. ANOVA was used for comparisons with more than two independent groups, while the Games-Howell test was used for those who met the homogeneity assumption and did not provide the Tukey homogeneity assumption to determine which group was different from the others. Mann-Whitney U was used for two independent groups when it did not satisfy any or all of the parametric assumptions. Chi-square test was used to evaluate the categorical data. Spearman test was used in correlation analysis to determine the relationship between C-reactive protein (CRP) and SII. The statistics of our study were made in this direction. In Table 2, in the evaluation of left atrial (LA) diameter, ascending aorta diameter, and left ventricular ejection fraction (LVEF), when LA and LVEF are examined, there are differences in all 3 groups. There is no difference between permanent and paroxysmal atrial fibrillation (AF) for ascending aortic diameter, but there is a difference between these 2 groups and the normal sinus rhythm group. In the third section, a correlation between permanent AF and paroxysmal AF and CRP, one of the inflammatory markers, is shown in Figure 2.

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LETTER TO THE EDITOR REPLY



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