agement by "corticosteroid and cyclophosphamide therapy" can provide favorable outcome.[5] In general practice, there must be a tool to monitor such complications following intervention.

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Authors' reply

To the Editor,

We sincerely appreciate this contribution to our article. We clearly stated in the article that the most important risk factor for cholesterol embolization syndrome (CES) is advanced atherosclerosis, and that CES may occur spontaneously without any invasive procedure.[1] Thus, it is not possible to prove that CES is caused by peripheral endovascular intervention, but it is a fact that invasive cardiovascular procedures are the most important risk factor for CES.

CES is a kind of inflammatory disease that involves multinuclear cells, eosinophilia, and activation of the complement system. Therefore, it is logical to suggest that anti-inflammatory treatments may be helpful in the treatment of CES. As highlighted in the comment letter, there are several case series noting the favorable effects of corticosteroids and cyclophosphamide in the treatment of CES.[2,3] However, serious side effects of these immunosuppressive agents such as increased risk of malignancies, pulmonary, and cardiac toxicities should be kept in mind. Further prospective and randomized studies are needed to clarify these promising results.

In our opinion, rarity of CES possibly sets a barrier to the development of monitoring methods following intervention. Monitoring the peripheral signs in addition to laboratory findings of high-risk patients might be helpful in clinical practice.

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