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Authors' Reply

Epicardial adipose tissue thickness may be related diastolic dysfunction in obese adolescents

Dear Editor,

We read the article entitled "Importance of epicardial adipose tissue thickness measurement in obese adolescents, its relationship with carotid intima-media thickness, and echocardiographic findings" by Boyraz et al with interest[1]. They found a close relationship between epicardial adipose tissue thickness and some echocardiograhic parameters in obese adolescents to early detection of cardiac dysfunction. Thanks to the authors for their contributions.

In present study, transthoracic echocardiographic examinations were performed by only a single experienced pediatric cardiologist. They showed a statistically significant difference between the groups in terms of left ventricular posterior wall diameters, left ventricular mass index and ejection fraction but not in interventricular septal diameters and thickness, fractional shortening. The measurements of these parameters must be very sensitive. We think, an another experienced cardiologist blinded to previous results should perform echocardiograhy in order to avoid intraobserver and interobserver differences.

Additionally, there are few data about the impact of obesity on diastolic function in children. In the present article, diastolic functions of the patients with obesity were not normal and they were significantly different from those of the lean children. In another study, Lin et al showed that epicardial fat thickness was significantly independently associated with left ventricular diastolic dysfunction and might be involved in its pathogenesis[2-4]. We need further studies to best understand the relationship between epicardial fat thickness and diastolic dysfunction.

Conflict of Interest

The Authors declare that they have no conflict of interests.

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