

# The Value of Epicardial Adipose Tissue Thickness for Cardiovascular Risk Stratification in Hypertensive Patients

Can Ramazan Oncel<sup>1</sup> and Murathan Kucuk<sup>2</sup>

To the Editor

We have read with great interest the article "Epicardial Adiposity is Associated with Microalbuminuria in Patients with Essential Hypertension" written by Ozturk et al.,<sup>1</sup> which was recently published in *Acta Cardiologica Sinica*. The authors demonstrated that patients with microalbuminuria and hypertension had significantly higher mean epicardial adipose tissue (EAT) thickness values than patients with normoalbuminuria. Also, they concluded that EAT thickness is a useful marker in cardiovascular risk stratification in these patients. Following careful review, we have the following comments and concerns.

Thyroid hormone has several effects on the cardiovascular system, and it is associated with endothelial damage. Additionally, it is well known that endothelial impairment is related to development of hypertension and chronic renal failure. In a study by El-Eshmawy et al., it has been shown that; subclinical hypothyroidism is independently associated with microalbuminuria in prediabetic patients.<sup>2</sup> Zhou et al., found that serum-free triiodothyronine levels (FT3) were associated with microalbuminuria, and they concluded that FT3 levels

could play a role in the pathogenesis of microalbuminuria.<sup>3</sup> Further more, it has been shown in previous studies that EAT was elevated in patients with subclinical hypothyroidism.<sup>4,5</sup> We wondered whether there was any difference in thyroid function tests between the two groups? We believe that patients with abnormal thyroid function tests should be excluded from the study.

In conclusion, to verify the value of EAT thickness measurement in cardiovascular risk stratification, the above mentioned factors should be taken into consideration.

## REFERENCES

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<sup>1</sup>Department of Cardiology, Bucak State Hospital, Burdur; <sup>2</sup>Department of Cardiology, Akdeniz University Medical Faculty, Antalya, Turkey. Corresponding author: Dr. Can Ramazan Öncel, Department of Cardiology, Bucak State Hospital, Burdur, Turkey. Tel: +905063715199; E-mail: r\_öncel@hotmail.com