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Reply to the Letter to the Editor: Commentary on 'The Long-Term Mortality Predictors in Hypertrophic Cardiomyopathy Patients with Low Risk of Sudden Cardiac Death': A Call for Multidimensional Risk Stratification

Editöre Mektup Yanıtı: 'Ani Kalp Ölümü Riski Düşük Hipertrofik Kardiyomiyopati Hastalarında Uzun Dönemli Ölüm Tahmin Edicileri' Hakkında Yorum: Çok Boyutlu Risk Sınıflandırması Çağrısı

LETTER TO THE EDITOR REPLY
EDİTÖRE MEKTUP YANITI

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To the Editor,

We appreciate the insightful feedback[1] on our recently published study entitled "The Long-Term Mortality Predictors in Hypertrophic Cardiomyopathy Patients with Low Risk of Sudden Cardiac Death," from the authors of the letter.[2] We acknowledge their interest in our work and welcome the opportunity to elucidate several topics.

Our primary endpoint was long-term all-cause mortality, rather than sudden cardiac death (SCD) alone. We emphasize that our findings should be interpreted as hypothesis-generating and not as definitive evidence that would alter current guideline-based SCD risk stratification strategies.

We agree with the authors' observation regarding the inconsistency between tertile-based studies and multivariable models. Indeed, the predictive impact of neutrophil count is more significant when treated as a continuous variable, indicating that minor increases in inflammatory load may cumulatively affect long-term outcomes.

As emphasized in the comments and corroborated by current studies, we note that inflammation is associated with myocardial fibrosis, atrial arrhythmogenesis, and adverse outcomes in hypertrophic cardiomyopathy.[3-5] Furthermore, we concur that secondary causes of leukocytosis, such as infection, corticosteroid treatment, or hematologic abnormalities, should be carefully evaluated.

We also reiterate that the absence of systematic cardiac magnetic resonance imaging (MRI), genetic testing, and long-term rhythm monitoring represents significant limitations of our study. We believe that forthcoming multicenter, prospective studies involving larger and more diverse cohorts will enhance the development of comprehensive risk stratification frameworks to more effectively identify high-risk individuals within the HCM population deemed "low risk."

References

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