

Reply to the Letter to the Editor: Enhancing Risk Stratification in Coronary Artery Ectasia: The Synergy of Inflammation and Metabolic Scores

Editöre Mektup Yanıtı: Koroner Arter Ektazisinde Risk Stratifikasyonunu Güçlendirmek: Enflamasyon ve Metabolik Skorların Sinerjisi

To the Editor,

We thank the authors¹ for their interest in our recently published article, "Pan-Immune-Inflammation Value as an Independent Indicator of Isolated Coronary Artery Ectasia",² and for their constructive and thoughtful comments. We appreciate their emphasis on the multifactorial nature of coronary artery ectasia (CAE) and the opportunity to further clarify the clinical implications of our findings.

As the authors rightly note, although the pan-immune-inflammation value (PIV) demonstrated the highest discriminative performance among the evaluated inflammatory indices, its diagnostic accuracy remained moderate. This finding is consistent with the complex and heterogeneous pathophysiology of CAE. As discussed in our manuscript, CAE should be considered an active vascular disorder in which inflammatory, metabolic, and hemodynamic mechanisms interact, rather than a purely anatomical or single-pathway condition.

We acknowledge the authors' reference to the Intermountain Risk Score (IMRS), which integrates metabolic and biochemical parameters in addition to hematologic indices. Combining inflammation-based markers such as PIV with comprehensive metabolic risk scores may provide a broader immunometabolic perspective. Such an approach could be particularly valuable in routine clinical practice, especially for improving risk stratification and identifying patients with a higher-risk profile.

The primary objective of our study, however, was to determine whether PIV, as a simple, inexpensive, and widely available composite inflammatory marker, is independently associated with isolated CAE. In our view, demonstrating this independent association represents an important initial step in highlighting the inflammatory component of CAE using a practical biomarker. As correctly pointed out by the authors, future studies integrating PIV with holistic risk scores such as IMRS may further enhance diagnostic performance and clinical applicability.

We thank the authors once again for their valuable contribution and for drawing attention to an important direction for future research. From our perspective, their comments add depth to the ongoing scientific discussion and support the evolving concept of combined inflammatory and metabolic risk assessment in coronary artery ectasia.

References

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LETTER TO THE EDITOR REPLY EDİTÖRE MEKTUP YANITI

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