□ LETTERS TO THE EDITOR □

Response Letter Regarding the Article “Significance of the Presence of Metabolic Syndrome in Patients with Asymptomatic Arteriosclerosis Affecting the Aorta and the Cerebral, Extra-cranial Carotid and Coronary Arteries”

Key words: metabolic syndrome, asymptomatic cerebral infarction, carotid atherosclerosis, coronary artery calcification, aortic calcification

(Intern Med 52: 2391, 2013)

(DOI: 10.2169/internalmedicine.52.1010)

The Authors Reply We are grateful for the comments from Dr. Kurt et al. on our manuscript, “Significance of the presence of metabolic syndrome in patients with asymptomatic arteriosclerosis affecting the aorta and the cerebral, extra-cranial carotid and coronary arteries” published in *Internal Medicine* (1).

Several authors have indicated that smoking is a significant risk factor for ischemic stroke and coronary or peripheral artery disease (PAD) (2, 3), and we previously suggested that smoking is a significant risk factor for the development of carotid atherosclerosis based on ultrasonographic findings (4). In addition, chronic kidney disease (CKD) appears to be a predictor of asymptomatic cerebral infarction and/or large vessel disease, as previously described (4, 5). In this study, we primarily intended to clarify the significance of the risk components for arteriosclerosis in various sites based on the National Cholesterol Education Program-Adult Treatment Panel III criteria. Therefore, smoking and CKD

were not included as variables in the logistic regression analysis.

PAD is a major vascular disease that is primarily associated with atherosclerosis. In this study, examinations using pulse wave velocity (PWV) were not included in the study design. Therefore, further investigations are required to elucidate the relationship between PAD and metabolic syndrome.

The authors state that they have no Conflict of Interest (COI).

Tomohide Ohnuki¹, Wakoh Takahashi¹, Youichi Ohnuki¹, Shiaki Kawada² and Shunya Takizawa¹

References

1. Ohnuki T, Takahashi W, Ohnuki Y, Kawada S, Takizawa S. Significance of the presence of metabolic syndrome in patients with asymptomatic arteriosclerosis affecting the aorta and the cerebral, extra-cranial carotid and coronary arteries. *Intern Med* 52: 523-527, 2013.
2. Wolf PA, D’Agostino RB, Kannel WB, Bonita R, Belanger AJ. Cigarette smoking as a risk factor for stroke: the Framingham Study. *JAMA* 259: 1025-1029, 1988.
3. Conen D, Everett BM, Kurth T, et al. Smoking, smoking cessation, [corrected] and risk for symptomatic peripheral artery disease in women: a cohort study. *Ann Intern Med* 154: 719-726, 2011.
4. Takahashi W, Ohnuki T, Honma K, Kawada S, Takagi S. The significance of multiple risk factors for early carotid atherosclerosis in Japanese subjects. *Intern Med* 46: 1679-1684, 2007.
5. Takahashi W, Tsukamoto Y, Ohnuki T, Takizawa S, Kawada S, Takagi S. Is mild renal dysfunction a risk factor for carotid atherosclerosis in apparently healthy adults? *Intern Med* 50: 2285-2289, 2011.

¹Division of Neurology, Department of Internal Medicine, Tokai University School of Medicine, Japan and ²HIMEDIC Imaging Center at Lake Yamanaka, Japan

Received for publication May 17, 2013; Accepted for publication May 23, 2013

Correspondence to Dr. Tomohide Ohnuki, t-onuki@is.icc.u-tokai.ac.jp

© 2013 The Japanese Society of Internal Medicine Journal Website: <http://www.naika.or.jp/imonline/index.html>