Dear Editor

We appreciated the article, “The Association between Changes in Urinary Albumin-to-Creatinine Ratio and Risk of Abnormal Ankle-Brachial Index in a Community-Based Chinese Population” by Fukun Niu et al. and read it with great interest. The study concluded that changes in the urinary albumin creatinine ratio (ACR) below the definition for albuminuria predict a low ankle brachial index (ABI) among this community-based population without a history of cardiovascular disease. This subject is important in terms of our clinical practice and this study deserves emphasizing for its successful design and documentation.

Cardiovascular diseases constitute the major cause of death throughout the world. Atherosclerosis generally accompanies other cardiovascular risk factors. Hypertension, diabetes, obesity, smoking and a genetic tendency lead to end organ damage in these patients. End organ damage indicates damage to the kidneys, retina and others such as the whole vascular structure. So it is expected to find correlations between the urinary albumin creatinine ratio and ankle brachial index in patients, as an association between flow-mediated dilation and microalbuminuria was found in a previous study.

Our major challenge involves the issue that patients were not excluded in terms of peripheral arterial disease as this is a major cause of a low ankle brachial index. A second point to discuss is that urinary creatinine and albumin levels may change in patients with renal or hepatic failure. There is insufficient data about serum creatinine levels and liver enzymes, or prothrombin times of the patients in the present study.

In addition, hypertension and diabetes period may affect the degree of proteinuria in these patients. It would be preferable to have more data about the time from the diagnosis of diabetes or hypertension in these patients and analysed them by stratifying into different groups.

We declare that we have no conflicts of interest.

References

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