

In conclusion, although the authors concluded that only YKL-40 level was established as the determinant of CAE, but YKL-40 is not used for inflammation in clinical practice. So, we believe that not only YKL-40 but also routine, inexpensive, easy inflammatory tests like red cell distribution width, neutrophil-lymphocyte ratio, platelet-lymphocyte ratio and mean platelet volume should be evaluated in future studies.

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isolated CAE compared with patients with normal coronary arteries (NCA) and coronary artery disease (CAD). Increased YKL-40 levels may be observed due to many causes and if other concomitant diseases are not ruled out, the application as cardiac marker can lead to misinterpretation. We accept that YKL-40 is not a specific vascular, inflammatory biomarker however, red cell distribution width, neutrophil-lymphocyte ratio, platelet-lymphocyte ratio, mean platelet volume are neither specific nor routinely used in clinical practice (2). We have been criticized for not excluding potential factors that might affect YKL-40, however as far as we know, we excluded malignancy, infectious diseases and inflammatory conditions, hepatic and renal failure. It would have been better, although exhausting, if a selected patient population for isolated CAE had been composed. In addition to obstructive sleep apnea syndrome (OSAS) and non-alcoholic fatty liver disease (NAFLD), a possible related mechanism may be increased epicardial adipose tissue (3).

Based on previous arguments, although we cannot conclude the underlying pathologic process of CAE, we believe that further studies searching signaling on ectatic process in coronary vasculature are needed to clarify more accurately the mechanisms of CAE and the specific roles of YKL-40, and to confirm the importance of modulating real underlying process to improve clinical outcome.

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YKL-40 as new cardiac biomarker

The publications on YKL-40 as a new cardiac biomarker is very interesting (1, 2). According to the report by Erdoğan et al. (2) a "Increased YKL-40 levels in patients with isolated coronary artery ectasia: an observational study" in *Anadolu Kardiyol Derg* 2013; 13: 465-70. It was concluded that "YKL-40 levels in patients with isolated CAE compared to patients with normal coronary arteries (NCA) were found significantly high and only YKL-40 level was established

Author's Reply

To the Editor,

We thank the authors for their comments on our article in *Anadolu Kardiyol Derg* 2013; 13: 465-70. (1) entitled as 'YKL-40 levels in Patients with Coronary Artery Ectasia' in their letter. The goal of this study was to investigate YKL-40 and C-reactive protein (CRP) levels in patients with