Letter to the Editor

In Reply to Gürdoğan and Altay

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We would like to thank for this letter that leaves us the opportunity to further comment on the results of our study1.

In this article we emphasized the importance of the adipokine profile and not of one single biomarker as main conclusion of our research. In view of the current data, the leptin to adiponectin ratio is a strong and affordable candidate, but we can not exclude a larger number of adipokines secreted by the unhealthy adipocytes to be a better mark. We are aware that gender differences were reported in what concerns the adipokine secretion and therefore the correlations that we have reported were checked for gender influence. The correlation was maintained, regardless the gender.

This does not means that the individual components (the leptin to the adiponectin plasma values) did not differ between men and women in our study. In accordance to the article cited by dr. Gurdogan and dr. Altay2, we also found both leptin and adiponectin to be significantly higher in women as compared to men. But opposite to the previously mentioned study1, the leptin to adiponectin ratio was similar in both sexes (Kruskal Wallis Anova p = 0.845, H = 0.038). No significant gender differences were also reported by others in what concerns the leptin to adiponectin ratio and the incidence of the metabolic syndrome3 in cross sectional studies.

The different reference values in women and men are probably explained by the hormonal secretion and by the distribution of visceral versus subcutaneous fat4,5. In prospective studies, this difference lead to gender specific cut offs of the leptin to adiponectin ratio, both for the prediction of the risk6 and for the prediction of the regression of the metabolic syndrome in high risk individuals7. Our study was not a longitudinal one and did not analyzed such differences; but if it would have been, sex difference of the adipokine profile would have been part of the analysis.

There are definitely more questions to be answered about the best biomarkers profile of the unhealthy adipose tissue8 and we agree that distinguishing between gender and age categories will better stratify the risk.

REFERENCES

