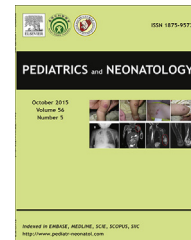


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LETTER TO THE EDITOR



Role of Pregnancy-induced Cholestasis in the Relation Between Mothers' Lipid Profile and Neonates' Macrosomia

To the Editor,

We appreciate Sahoo et al¹ for their attention to our paper² recently published in *Pediatrics and Neonatology*. Pregnancy-induced cholestasis (PIC) affects 0.05–4% of pregnant women.³ Since our cases were healthy and asymptomatic for PIC, this percentage will decrease to a very small value. In addition, our study participants were not at risk for PIC because they had neither a history of liver disease nor a twin pregnancy.^{3,4} Ruling out cases with preterm labor (a complication of PIC in babies),⁴ diabetes mellitus or positive screening test for diabetes mellitus, or obese persons⁵ will also decrease the chance of including pregnant women with PIC in our study. Therefore, in the 154 cases we studied, the prevalence of PIC is negligible and will not affect our linear regression model at all.

Moreover, confounder role of PIC and its association with triglyceride is under question or controversial.^{6,7} By contrast, its association with pregnancy is weak when its prevalence is low in pregnant women.³ Therefore, evaluating cases suspected to have PIC and excluding them from the study are not necessary.

Conflicts of interest

The authors have no conflicts of interest relevant to this article.

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Ali Kabir*

Department of Epidemiology, Faculty of Public Health,
Shahid Beheshti University of Medical Sciences,
Tehran, Iran

Center for Educational Research in Medical Sciences,
Tehran University of Medical Sciences, Tehran, Iran

Elaheh Mossayebi

Department of Obstetrics and Gynecology, Shahid
Akbarabadi Hospital, Iran University of Medical Sciences,
Tehran, Iran

*Corresponding author. Nikan Health Researchers Institute,
Unit 9, Number 1, 3rd floor, 3rd Bahar Alley, Ashrafi Isfahani
Highway, Poonak Square, Tehran, Iran.
E-mail address: aikabir@yahoo.com (A. Kabir)

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