

Authors' response

We would like to thank the Author [1] of the letter for kind and valuable comments concerning our study [2]. We are glad to supplement some information here.

Increased mean platelet volume (MPV) has been noted in subjects with cardiovascular risk factors, such as smoking, diabetes, obesity, hypertension, and hyperlipidemia [3]. In subjects with established cardiovascular disease, elevated MPV may be a marker for adverse cardiovascular events. Elevated MPV is associated with acute myocardial infarction, mortality following myocardial infarction, and restenosis following coronary angioplasty. These data suggest that MPV is a potentially useful prognostic biomarker in patients with cardiovascular disease. Whether the relationship is causal, and whether MPV should influence practice or guide therapy, remains unknown. Most conditions, including traditional risk factors (e.g. hypertension, atherogenic lipoproteins, obesity, and hyperglycemia) and many inflammatory conditions (e.g. infection and inflammatory diseases) can influence MPV.

Since our patients and control subjects are young and the study population is relatively small, we did not need to give the exact values in the text

comparing the MPV values according to cardiovascular risk factors such as lipids, blood glucose levels and blood pressure levels between patients and control groups [1]. With regard to body mass index and smoking status, however, the patient subgroups and control subjects were identical. In our study, all the patients with infective endocarditis had valvular heart disease. It is possible that basal valvular involvement by itself can contribute to the elevation of MPV values. Studies with large sample size and better control of the confounding factors (namely cardiovascular risk factors) affecting MPV are needed to clarify the relationship between infective endocarditis and MPV.

Conflict of interest: None declared

References

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