Letters to the Editor

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Gamma-glutamyltransferase, leukotrienes, and cardiovascular risk

It is with great interest that I read the article 'Serum gamma-glutamyltransferase predicts myocardial infarction and fatal coronary heart disease among 28 838 middle-aged men and women' by Lee et al. As pointed out by the authors, previous studies have brought the attention to a possible link between gamma-glutamyltransferase and inflammation in atherosclerosis. In this context, it can be pointed out that, in addition to effects on glutathione metabolism and redox regulation, the gamma-glutamyltransferase enzyme also uses leukotrienes as substrate. Leukotrienes are lipid mediators of inflammation derived from the 5-lipoxygenase pathway of arachidonic acid metabolism. Recent studies have provided evidence for a strong genetic link between this pathway and increased risk of myocardial infarction, and the effects of a leukotriene synthesis inhibitor have been evaluated on biomarkers of cardiovascular disease. 

References


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Myocardial deformation to determine transmurality of myocardial infarction

We read with interest the article by Becker et al. in which they used speckle (or pixel) tracking echocardiography to measure deformation or strain in patients with myocardial infarction to determine transmurality. Their references to previous work in this area are a little disingenuous. They state that all three earlier studies were ‘experimental’ including our own. In fact our study was almost identical in design, including the use of ce-MRI, with similar theoretical advantages to speckle tracking. Although there are theoretical advantages to speckle tracking particularly the lack of angle-dependency Doppler-based strain rate imaging is widely available and relatively easy to analyse. It is a pity that Becker and colleagues did not do a direct comparison of the two techniques to demonstrate that speckle tracking is indeed superior as they claim.

References
