Dear Editor,

Data from the year 2011 on more than 370,000 practicing physicians in Brazil reveal that female physicians account for approximately 20% of those aged 60 years or more and about 50% (≤ 29 years = 53.3% - the majority!) in the age range younger than 40 years. Regarding Cardiology, in 2008 women represented 27.3% of those approved by the Examination Board to obtain the title of Specialist by SBC, of which percentage increased to 35.4% in 2012.

The increasing feminization of medical practice, on the one hand, helps to establish the confidence in female doctors, recalling that they did not have the trust of most of the Brazilian population 40 years ago. On the other hand, it brings about new provisions on being a Brazilian physician, regarding the distribution of the number of hours between the professional activity (part-time work among women has been expanding in the U.S. since 2005) and women’s view about themselves, family and home life.

Keywords
Feminization; Physicians, Women / statistics & numerical data, Education, Medical; Age and Sex Distribution.

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References
Mean Platelet Volume May Be Associated with Extent of Coronary Artery Disease

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Dear Editor,

We read with interest the article by Guvenç et al.\textsuperscript{1} MPV is a widely used laboratory marker associated with platelet function based on inflammatory conditions\textsuperscript{2}. Recently, increased levels of MPV were demonstrated in atrial fibrillation\textsuperscript{3}, cerebrovascular disease, peripheral artery disease, stroke, thyroid and inflammatory rheumatic diseases\textsuperscript{4}. In conclusion, not only MPV but also red cell distribution width, neutrophil lymphocyte ratio\textsuperscript{5}, plateletcrit (PCT), platelet lymphocyte ratio, CRP, ferritin and uric acid are easy methods to evaluate the extent of CAD in patients with stable angina. These markers might be useful in clinical practice.

Keywords
Blood Platelet / metabolism; Coronary Artery Disease.

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Reply

We thank the authors for their constructive comments. Mean platelet volume (MPV) is considered as a promising marker to determine severity and prognosis of a variety of cardiovascular conditions\textsuperscript{1}. As increased size is a sign of platelet immaturity and immature platelets have a tendency towards increased aggregation, it is generally considered that MPV is a marker of platelet reactivity\textsuperscript{2}. It has also been hypothesized that the presence of larger platelets in circulation could be a cause of myocardial infarction, although this concept is not universally accepted\textsuperscript{3}.

To date, a notable exception for the usefulness of MPV was stable coronary artery disease (CAD), where MPV values were not related with the severity and even with the presence of CAD\textsuperscript{3,4}. The present study is compatible with the previous literature for a wide range of MPV values, as MPV did not correlate with angiographic Gensini score. However, a secondary analysis showed that patients with mean platelet size below normal range (< 6.9 fl) had lower coronary atherosclerotic burden compared to those with normal (within-reference) MPV values\textsuperscript{5}. This non-linear relationship of MPV with the severity of chronic CAD could explain why previous studies failed to show an association. From a clinical standpoint, this nonlinear relationship also severely limits MPV usefulness to a rather small number of stable CAD patients. Despite setbacks, our findings indicate MPV could still be a useful marker in chronic CAD, as less...
severe CAD could be anticipated in patients with MPV value below 6.9 fL. It should be kept in mind that drawing conclusions from a single study could be dangerous and more studies are needed to ascertain this concept.

Mean platelet volume is not, however, the sole useful marker that could be obtained from complete blood count (CBC). Low hemoglobin is a well-known and validated parameter of prognosis in patients with CAD and studies have shown the usefulness of other red-cell related parameters, such as red cell count and red cell distribution width\(^a\). White cell count, individual white cell parameters and derivative markers such as neutrophil-lymphocyte ratio, were related with severity and prognosis of CAD\(^b\). Integrative use of these readily obtainable parameters with each other and with conventional CAD risk factors could give more clinically-relevant information than individual tests.

Although several small-sized or retrospective studies have repeatedly shown the value of MPV in a variety of cardiovascular conditions, clinical usefulness of MPV in large, randomized trials is yet to be demonstrated. This point was correctly emphasized in a recent review by Leader et al\(^c\). Conduction of properly-sized, prospective and randomized trials should be encouraged to evaluate the usefulness of MPV and similar CBC-based markers in clinical practice.

Sincerely

Tolga Sinan Güvenç

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