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Author’s response to: “Letter to the Editor: The atherogenic index of plasma as a predictor of mortality in patients with COVID-19”

First, we would like to thank you for your interest in our article entitled, “The atherogenic index of plasma as a predictor of mortality in patients with COVID-19.” As you mentioned, our study hypothesized that besides stating that the atherogenic index shows mortality during the COVID-19 process, SARS-CoV-2 may also have an effect on lipid metabolism. This study was a study published in the early stages of the pandemic and was one of the first studies to express an opinion on this subject. Thank you again for your interest in the article.

You stated that we should mention that atherogenic index of plasma has a predictive potential for ischemic heart diseases. We actually mentioned the relationship between AIP and several illnesses like cardiovascular diseases, atherosclerosis, diabetes mellitus, hypertension.3-7 Studies have shown that ethnic changes are important in the COVID-19 pandemic.8 As you pointed out, mentioning ethnic differences would have enriched our work. Since our study was a single-center study, we did not feel the need to add this information to our study, since the region we are in is not an ethnically diverse region. However, the studies carried out during the pandemic period revealed the importance of this issue.

You mentioned that the units in AIP calculation should be mmol. If you look at the literature, you can see that the mg/dl unit is used in many studies in the calculation of AIP, similar to our study.9 In addition, AIP is calculated as log (Triglyceride/HDL-C). As long as the units of both triglyceride and HDL-C are the same, the ratio will always be the same, so the unit we use during the study will not make a difference on the study.

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