Metabolic Syndrome and Dyslipidemia among Nigerians with Lichen Planus: A Cross-Sectional Study - Reader's Question

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Indian J Dermatol 2020;65(3):228-9

Sir,

I read the interesting case–control study by Okpala et al.[1] published in the July–August 2019 issue of the Indian Journal of Dermatology. The authors studied the prevalence of metabolic syndrome (MetS), dyslipidemia, and associated factors in a cohort of Nigerian patients with lichen planus (LP). They found an insignificantly increased MetS prevalence in LP patients compared with controls. However, dyslipidemia was associated significantly with LP. The family history of diabetes mellitus was an independent predictor of MetS in the LP patients. Patients with LP demonstrated a significantly higher serum level of low-density lipoprotein cholesterol, total cholesterol and triglyceride than controls.[1] The authors recommended that LP patients must be routinely screened for MetS and its components.[1] The authors mentioned one study limitation as the availability of fund was a significant factor that limited the sample size to the minimum. I assume that the following methodological limitation might additionally cast suspicions on the accuracy of the study results and recommendation. In the study methodology, the authors stated that MetS and dyslipidemia were diagnosed using the National Cholesterol Education Program Adult Treatment Panel III (NCEP-ATP III) criteria.[1] It is explicit that there are many MetS definition criteria, notably International Diabetes Federation (IDF), American Association of Clinical Endocrinologists (AACE), World Health Organization (WHO), Revised National Cholesterol Education Program (NCEP-R), and NCEP-ATP III criteria. Importantly, NCEP-ATP III criteria employed by Okpala et al.[1] is currently no more worthy because it was introduced more than a decade ago.[2] Moreover, the evaluation of the aforementioned MetS criteria in Nigeria revealed that the level of agreement among these criteria appeared to be generally poor.[3] As many population-specific MetS criteria have been constructed,[4,5] I assume that the formulation of the national Nigerian MetS criteria could better estimate MetS prevalence and define associated factors in LP patients. Despite the study limitations, LP patients need to undergo regular follow-up for efficient cardiovascular disease prevention.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

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Access this article online

Quick Response Code:
Website: www.e-ijd.org
DOI: 10.4103/ijd.IJD_447_19

How to cite this article: Al-Mendalawi MD. Metabolic syndrome and dyslipidemia among Nigerians with lichen planus: A cross-sectional study - Reader's question. Indian J Dermatol 2020;65:228-9.

Received: July, 2019. Accepted: July, 2019.