Prevalence of Metabolic Syndrome in Patients with Lichen Planus: A Cross-Sectional Study from a Tertiary Care Center

Sir,

I read with interest the outstanding study by Hashba et al.\(^1\) published in the September–October 2018 issue of the Indian Dermatol Online J. Hashba et al.\(^1\) employed the modified National Cholesterol Education Program Adult Treatment Panel III (ATPIII criteria) to estimate the prevalence of metabolic syndrome (MS) in Indian patients with lichen planus (LP). They found that the MS prevalence was 35.7% in patients with LP and the average duration of LP was higher in patients with MS. There was a higher prevalence of central obesity, increased fasting blood sugar, and low high-density lipoprotein cholesterol in patients with LP. I presume that these results ought to be cautiously interpreted. The authors mentioned a few limitations that might cast some suspicions on the precision of the study results. These included the following: a cross-sectional study; not assessing the directionality of the association between MS and LP; lack of controls; and small sample size.\(^1\) I presume that the following methodological limitation related to the MS definition criteria employed in the study could be additionally relevant. The impact of this limitation could be explained in two aspects. On one hand, there are many definition criteria for MS. These include the following: ATPIII; the International Diabetes Federation (IDF); and the American Heart Association (AHA). Evaluation of these three criteria showed that the MS prevalence was significantly estimated greater on employing the AHA and IDF as compared to the ATPIII definition and that AHA and IDF definitions were found more sensitive than that of ATPIII in diagnosing MS.\(^2\) On the other hand, the modified ATPIII criteria employed in the study by Hashba et al. is old dated back to 2005 and it is no more worthy.\(^3\) To my knowledge, the new diagnostic MS criteria in Indian population have been launched in 2016 to be employed in the researches and clinical settings.\(^4\) I wonder why Hashba et al.\(^1\) did not refer to Indian-specific MS criteria in their study instead of ATPIII definition criteria. I presume that employing national MS criteria could yield more precise results. Despite the aforementioned limitations, the increased vulnerability of patients with LP to have MS necessitates implementing timely interventions to lessen the future risk of cardiovascular events.

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Letters to the Editor

Conflicts of interest

There are no conflicts of interest.

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