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Reply to the Letter to the Editor Entitled "Association of SYNTAX Score With Abdominal Aortic Intima-Media Thickness in Non-ST Elevation Myocardial Infarction"

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We read the letter written by Kaya et al.[1] We have tried to answer the issues that they raised regarding our article[2] about abdominal aortic and coronary atherosclerosis.

The Global Risk of Acute Coronary Events risk score and Thrombolysis in Myocardial Infarction risk score[3] are related to prognosis. Our study was cross-sectional[2] and did not investigate mortality, morbidity, and clinical status of patients.

The SYNTAX score (SS) shows the severity and the extent of coronary artery disease.[4] In the recent myocardial revascularization guideline, patients with SS $\geq$22 were defined as high risk.[5] For homogenous distribution between the low and high risk in patients with non-ST elevation myocardial infarction and to acquire stronger statistical data, we select an SS value of 13, which is convenient and close to the mean and median value of our patient population.[2]

Aortic intima–media thickness (aIMT) is closely associated with SS, so that in a high-risk group, hospital mortality and cardiac event may be higher. All patients were treated according to coronary angiography results (percutaneous coronary intervention, coronary artery bypass surgery, or medical treatment). Since our study was cross-sectional, we did not focus on them.

As mentioned in the discussion section, carotid intima–media thickness (cIMT) is an easier method to measure and its sensitivity and specificity are currently better than aIMT.[6] We would like to emphasize that subclinical atherosclerosis begins in childhood.[7] Coronary atherosclerosis can be estimated earlier than cIMT, due to the aIMT change before the cIMT in childhood.

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