

Association Between Platelet Indices and Inflammation in Patients With Stable Coronary Artery Disease

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The article entitled “Relationship Between Plasma Pentraxin 3 Concentration and Platelet Indices in Patients With Stable Coronary Artery Disease” by Korzonek-Szlacheta et al¹ is an important prospective study.

The authors¹ did not mention how the blood sample was anticoagulated for the whole blood count or the time elapsed after collection for measuring time of platelet indices. Lance et al² reported that platelets stored in citrate are significantly smaller compared to those stored in EDTA. Platelets swell until 120 minutes in EDTA and until 60 minutes in citrate.² Timing is important when measuring platelet indices. The optimal measuring time of mean platelet volume (MPV) is 120 minutes after venipuncture since MPV increases over time. It was also reported that this increase was proportional to the delaying in time.³

Secondly, the authors¹ investigated platelet indices including MPV, platelet distribution width, platelets and large cell ratio, MPV to platelet count ratio, platelet to lymphocyte ratio (PLR), and MPV to lymphocyte ratio, but they did not mention about plateletcrit. Plateletcrit is universally available with routine blood counts by automated hemograms. Plateletcrit has been linked with inflammation.⁴ We believe that it would be useful if the authors provided data about plateletcrit and its

possible relationship with C-reactive protein (CRP) and pentraxin-3.

Lastly, they found an association between PLR and CRP, but they did not find any association with pentraxin-3. Did the authors provide any explanation for this result?

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