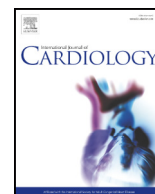




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Letter to the Editor

Reply to the letter: “Kounis syndrome: Towards a new classification”

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To the Editor,

We have read with great interest the letter entitled “Kounis syndrome: towards a new classification”. The authors have presented a new proposal based on the classification of Kounis syndrome (KS) according to whether it is myocardial necrosis markers are positive or not. However, we have some concerns with this new classification proposal. As known, myocardial necrosis markers (such as troponin) can be positive in all types of KS. Furthermore, most electrocardiogram and echocardiography signs (such as ST segment elevation, ST segment depression, left ventricular wall motion abnormalities) are common to all KS types. While some of these patients have obstructive coronary artery disease (CAD), some do not have obstructive lesion [1]. Of course, obstructive CAD is a very rare clinical condition in the pediatric age group. However, it is not possible to say this for the adult patients. Coronary imaging is a clinically necessary condition in adults. While the treatment of allergic events is sufficient in patients diagnosed type 1 KS after coronary angiogram; obstructive CAD therapy or percutaneous coronary intervention is required in other types of KS. Therefore, it does not seem possible and reasonable to establish a treatment protocol in an adult patient presenting with KS without performing coronary imaging. We believe that the current classification offers great advantages for treatment management in clinical practice.

Data sharing and data accessibility

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Authorship

BÖ, EÖ and AG designed the research, acquired, analyzed, interpreted the data, drafted and critically revised the manuscript. BÖ, EÖ and AG analyzed, interpreted the data and critically revised the manuscript. All authors approved the final version of the manuscript as submitted and agreed to be accountable for all aspects of the work.

Declaration of Competing Interest

The authors declare that they have no conflict of interests to disclose in relation to this paper.

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