



LETTER TO THE EDITOR

Reply to the Letter to the Editor “Inflammation, systemic lupus erythematosus and the Kounis mast cell activation-associated syndrome”[☆]



Resposta à Carta ao Editor «Inflammation, systemic lupus erythematosus and the Kounis mast cell activation-associated syndrome»

To the Editor,

I read with interest the Letter to the Editor titled “Inflammation, systemic lupus erythematosus and the Kounis mast cell activation-associated syndrome” from Nicholas G Kounis. In it, the author suggests a possible pathophysiological mechanism related to coronary vasospasm due to mast cell activation as the main reason for acute coronary syndrome in patients with systemic lupus erythematosus.

I would by no means dismiss this as a possible factor, and indeed the literature describes thrombophilias as an associated mechanism that should always be borne in mind. However, I consider that the author, in attempting to demystify the subject, runs the risk of simplifying a disease that is complex, highly prevalent and an important risk factor for cardiovascular disease.

The author appears to go against all the efforts by researchers to clarify the main cause of acute myocardial infarction in young patients with lupus. All recently published studies draw the same conclusion, that these patients’ coronary arteries show diffuse early atherosclerosis.¹⁻⁶ Chronic systemic inflammation is probably the main cause of the atherosclerotic process, and mast cells may well be involved. However, once again I stress that we should not associate this with vasospasm and put forward a pathophysiological theory as the absolute truth, especially when it is contradicted by the findings of cine coronary angiography in all relevant studies.¹⁻⁶ In conclusion, I

believe that further studies are still needed in this area. But until proven otherwise, early atherosclerosis is the best-established process in this disease and rigorous control of conventional risk factors such as systemic hypertension, dyslipidemia, smoking and diabetes is essential, together with appropriate control of the systemic inflammatory disease.

Conflicts of interest

The author has no conflict of interest to declare.

References

1. De Matos Soeiro A, Soeiro MC, Oliveira MT Jr, et al. Clinical characteristics and in-hospital outcome of patients with acute coronary syndromes and systemic lupus erythematosus. *Rev Port Cardiol.* 2014;33:685–90.
2. Mattu A, Petrini J, Swencki S, et al. Premature atherosclerosis and acute coronary syndrome in systemic lupus erythematosus. *Am J Emerg Med.* 2005;23:696–703, 2.
3. Recio-Mayoral A, Mason JC, Kaski JC, et al. Chronic inflammation and coronary microvascular dysfunction in patients without risk factors for coronary artery disease. *Eur Heart J.* 2009;30:1837–43, 3.
4. Galindo M, Chung L, Crockett SD, et al. Coronary artery disease in patients with systemic lupus erythematosus. *Nat Clin Pract Rheumatol.* 2005;1:55–9, 4.
5. Stojan G, Petri M. Atherosclerosis in systemic lupus erythematosus. *J Cardiovasc Pharmacol.* 2013;62:255–62.
6. Haque S, Gordon C, Isenberg D, et al. Risk factors for clinical coronary heart disease in systemic lupus erythematosus: the lupus and atherosclerosis evaluation of risk (LASER) study. *J Rheumatol.* 2010;37:322–9.

Alexandre de Matos Soeiro

Unidade Clínica de Emergência do Instituto do Coração (InCor), Faculdade de Medicina, Universidade de São Paulo, São Paulo, Brazil
E-mail address: alexandre.soeiro@bol.com.br

DOI of original article:

<http://dx.doi.org/10.1016/j.repce.2015.01.004>

[☆] Please cite this article as: de Matos Soeiro A. Resposta à Carta ao Editor «Inflammation, systemic lupus erythematosus and the Kounis mast cell activation-associated syndrome». *Rev Port Cardiol.* 2015;34:371.