Dear Editor

We read with great interest the article ‘Mean Platelet Volume is a useful indicator of systemic inflammation in cirrhotic patients with ascitic fluid infection’ by Suvak, et al.1

The authors concluded that MPV is increased in cirrhotic patients with ascitic fluid infection (AFI) and MPV may be a predictive test in predicting AFI. We would like to thank the authors for their valuable contributions. MPV depicts the size of platelets and is used as a promising marker of platelet activation and function.2 MPV is a novel inflammation marker and it also predicts the intensity of inflammation.3 In previous studies it was demonstrated that autoimmune disorders, hepatitis B and C viruses may affect MPV levels.3,4 Thus, it would have been more relevant if the authors described the cirrhotic patients in greater detail in terms of hepatitis B and/or C related or autoimmune hepatitis associated cirrhosis and also primary biliary cirrhosis. Moreover, thrombocytopenia and anemia may easily influence MPV levels.

So, it would have been useful if the patients with severe thrombocytopenia and deep anemia were excluded from the study.4 On the other hand, it has been shown that renal failure can easily affect MPV levels.5 Renal dysfunction is a common and life threatening problem in patients with advanced liver disease and in patients with cirrhosis specific functional form of renal failure known as hepatorenal syndrome (HRS). Thus, it would also have been better if the authors depicted the cirrhotic patients in terms of HRS. Medication may also alter MPV in patients with ascitic fluid infection, so it would have been useful if the patients were described, besides exclusion criteria, in a detailed manner in terms of diuretic use, steroid use and/or use of other immunosuppressive agents.3,6

We think to be true that the findings of Suvak, et al. will lead to further studies regarding the relationship between MPV and cirrhotic patients with ascitic fluid infection.1

Anyway, it should be kept in mind that MPV alone without other variables as mentioned above may not predict the ascitic fluid infection in patient with cirrhosis.

CONFLICT OF INTEREST

None.

REFERENCES