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Letter to the Editor

Response to the letter to the editor: Urine osteopontin: A biomarker for diagnosis of nephrolithiasis?

We appreciate Dr. Kumar for his interest [1] in our article "Can urine osteopontin levels, which may be correlated with nutrition intake and body composition, be used as a new biomarker in the diagnosis of nephrolithiasis?" [2]. There are many studies on the effects of osteopontin on kidney stone formation [3–5]. However, new studies are being carried out in order to reach a clear conclusion about this current issue.

Firstly, the sentence "The control group consisted of the individuals who have not any symptom of nephrolithiasis and were of similar body mass index (BMI), age and gender with patients." clearly shows that gender selection in the control group was made on the basis of patient group. Secondly, statistical analyses demonstrated that the size of the number of participants in the sample group is adequate to reach a statistically meaningful result. In addition, it has been suggested in our article that more studies should be conducted on humans in order to achieve absolute conclusions. Quartile and quarter words are used with the same meaning in our article but quartile is used more frequently in medical terminology. We consider that it is a better option to use the word 'quartile' in place of both terms which have the same meaning.

We share the same opinion with Dr. Kumar for potassium value and the 2nd quartile. In Table 2, potassium value should be mmol/L. Additionally, the 2nd quartile should be valued between 1.1226 and 1.3450 in the quartile table which shows osteopontin levels because the values in the first quartile are $\leq$1.1225. However, we examined our data and found no mistake in terms of statistical outcome because there were no participants with a urinary osteopontin level of 1.1225. We hope our study on osteopontin will open novel approach to determination of kidney stone formation risk.

Conflicts of interest

None.

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