



Letter to the Editor

Predictors of strut coverage of drug eluting stent implantation in diabetic patients- Is only on-clopidogrel platelet reactivity enough? Reply

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We thank Wang et al. for their interest on our study assessing the predictors of strut coverage of drug eluting stent implantation in diabetic patients.

Wang et al. highlighted that only 36% of participants had HbA_{1c} <7%. However, even in the largest randomized trial this target is actually reached in <50% of patients. In the Bypass Angioplasty Revascularization Investigation 2 Diabetes (BARI 2D) trial [1] the HbA_{1c} was <7% in 39.6% of patients at baseline; and in <50% at 3-year follow-up. In the Future Revascularization Evaluation in Patients with Diabetes Mellitus: Optimal Management of Multivessel Disease (FREEDOM) trial HbA_{1c} <7% was observed in 36% of patients [2]. These values are very similar to those observed in our study.

Studies showed that HbA_{1c} levels inversely correlate with the endothelial progenitor cells (EPC) in patients with type 2 diabetes mellitus [3,4]. We observed an inverse association between HbA_{1c} <7% and uncovered strut rate at univariate analysis; however, this association was not significant at multivariable analysis.

A final consensus on the ideal specific surface marker to identify EPC still has not been reached. It is well known that endothelial colony forming cells (ECFCs) express on their surface CD34 and CD309 [5]. However less clear is the specific marker needed to identify the ECFCs non-hematopoietic initiating cells. For these reasons, we retain to have isolated at least the majority of the EPC without a clear distinction between hematopoietic and non-hematopoietic origin.

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