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## LETTERS TO THE EDITORS

### Response to the letter from Dr Philippe Meurin in response to the article entitled “Incidence of major adverse cardiac events in men wishing to continue competitive sport following percutaneous coronary intervention” by Guy et al.



*Réponse à la lettre du Dr. Meurin en réponse à l'article « Incidence of major adverse cardiac events in men wishing to continue competitive sport following percutaneous coronary intervention » de Guy et al.*

**Keywords** Sport; Coronary artery disease  
**Mots clés** Sport ; Maladie coronarienne

To the Editor,

We wish to thank Dr Meurin for his interest in our study, and for his encouragement to continue our work on this topic [1,2].

The objective of our retrospective study [1] was to compare the incidence of major adverse cardiac events (MACE), and not just stent thrombosis, in three groups of patients with coronary artery disease (CAD), classified according to the intensity of their sport practise after the occurrence of their coronary accident. In our opinion, the risks associated with competitive sport in patients with CAD cannot be restricted to stent thrombosis.

First, concerning the title of our study, we can understand the remark made by Dr Meurin [2], even if the stress levels during intense leisure sport and competition can be very close at times. However, we chose to highlight patients with CAD practising competitive sport because the recommendations from the USA focused on such a group [3], and because we observed no difference concerning the prevalence of MACE between patients with CAD partaking in competitive sport or intensive leisure sport (see Table 4 in [1]).

Second, we observed a total rate of occurrence of MACE of 15.7%, with no significant difference between the

three groups studied (see Table 4 in [1]). It is from these results, which constituted the primary objective of our study, that we concluded that our results supported the new USA exercise eligibility recommendations for patients with CAD.

Concerning stent thrombosis, as pointed out by Dr Meurin [2], we highlighted its higher frequency ( $n=3$ , 14.3%) in patients with CAD practising competitive sport. However, it should be emphasized that one of the cases of stent thrombosis was observed in a patient who had stopped his anti-aggregating treatment early. Moreover, when we calculated the annual incidence rate of stent thrombosis ( $n=3$ ) in patients with CAD partaking in competitive sport during our study's follow-up period (57.6 months), we observed a value of 0.63%, which is close to the value of 0.4–0.6% reported in the general population [4].

Lastly, we think that a prospective study involving a large population is needed to confirm our findings and conclusions.

#### Disclosure of interest

The authors declare that they have no competing interest.

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