Changes in neutrophil-lymphocyte and platelet-lymphocyte ratios before and after percutaneous coronary intervention and their impact on the prognosis of patients with acute coronary syndrome

The authors read the article with great enthusiasm: “Changes in the neutrophil-to-lymphocyte and platelet-to-lymphocyte ratios before and after percutaneous coronary intervention (PCI) to estimate major adverse cardiac events (MACE).”

It is known that NLR has been a special marker of interest due to its role in the prognosis after Acute Coronary Syndrome (ACS), Systemic Arterial Hypertension (SAH), Chronic Kidney Disease (CKD), Diabetes Mellitus (DM), Heart Failure (HF), cerebrovascular disease and arterial disease. The plausible pathophysiological mechanism for this relationship is the role of neutrophils in mediating the inflammatory response to acute myocardial injury, causing further tissue damage. Other studies have shown that NLR is related to in-hospital and long-term cardiovascular mortality in patients with acute myocardial infarction (AMI) with ST-Segment Elevation (STEMI), in addition to the drop in ejection fraction after AMI, which can be a cause of HF after PCI than NLR, both markers increased in patients with ACS 24 h after PCI and then decreased in the 30 days after the operation, which reinforces the importance of the concomitant association of the two ratios for stratifying cardiovascular risk and clinical decision-making.

Conflicts of interest

The authors declare no conflicts of interest.

References


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