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Concerns Regarding the Timing of SII Evaluation in Post-Pericardiotomy Syndrome

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ABSTRACT

This correspondence highlights a methodological limitation in the study by Dr. Çayırlı et al., titled "Old Complication, New Marker: Relationship Between Systemic Immune Inflammatory Index and Post-Pericardiotomy Syndrome." Addressing this limitation could enhance our understanding of the inflammatory mechanisms underlying PPS and improve the utility of SII as a diagnostic marker.

Keywords:
Systemic Immune Inflammatory Index, Post-Pericardiotomy Syndrome

Dear Editor,

I carefully reviewed the study by Dr. Çayırlı et al. titled "Old Complication, New Marker: Relationship Between Systemic Immune Inflammatory Index and Post-Pericardiotomy Syndrome"(1) and I think the study makes an important contribution, especially in terms of investigating the relationship between post-pericardiotomy syndrome (PPS) and systemic immune inflammatory index (SII). However, I would like to express my concern about an important limitation in the methodology of the study.

Post-pericardiotomy syndrome is a common complication after open heart surgery. The clinical picture is pleuritic chest pain and fever occurring within a few days to several weeks after cardiac surgery(2). PPS usually occurs within one month postoperatively(3,4). Studies have reported a median duration of the syndrome of 2-3 weeks(5).

In the present study, it is understood that the SII values used in the evaluation of patients who developed PPS were calculated based on blood samples taken on the first day after surgery. However, the diagnosis of PPS can be made in patients at early and late postoperative periods. In this case, it would have been more meaningful in reflecting the inflammatory response if SII, which is used as an indicator of inflammation, was studied with blood

samples taken at the time of PPS diagnosis. This is because SII values obtained in the early postoperative period may ignore potential changes in the inflammatory status of patients and therefore may be insufficient to reflect values associated with the active inflammatory response at the time of diagnosis of PPS.

In this context, the timing of blood sampling at the time of SII collection may contribute to the conclusion of no association between PPS and SII as suggested by the study. The use of SII values at the time of PPS diagnosis may increase the accuracy of the results obtained and more accurately assess the association of SII with PPS.

In light of this observation, I believe that in the future, assessing SII values at the time of PPS diagnosis may provide more consistent results. Such a methodological improvement may also serve as a guide for future studies.

I would like to reiterate that I believe your study is an important step in understanding the relationship between PPS and inflammatory markers.

Yours truly,

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Conflicts of Interest: The authors declared that there is no conflict of interest.

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