Diabetes, Metabolic Syndrome and Obesity

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RESPONSE TO LETTER

Effects of Recombinant Human Granulocyte/ Macrophage Colony-Stimulating Factor on Diabetic Lower Extremity Ulcers: Case Series of Nine Patients [Response to Letter]

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Dear editor

We appreciate the opportunity to respond to the comments raised in the Letter to the Editor about the publication "Effects of Recombinant Human Granulocyte/Macrophage Colony-Stimulating Factor on Diabetic Lower Extremity Ulcers: Case Series of Nine Patients".[1] In addition, we thank Doctor Saldy Yusuf' interest in our paper.

In our study, neuropathy was defined as motor nerve conduction velocity (MNCV) below 35 m/s or two of four tests positive: Vibration perception threshold (VPT) >15 V, pressure perception threshold (PPT) >1 g, temperature perception threshold (TPT) >2°C (corresponding to the normal range in our laboratory),[2] and pinprick sensation on a 0–10 numeric rating scale (NRS).[3]

The wound area was measured using the image analysis software ImageJ. We defined the initial ulcer area as 100% and calculated the relative ulcer area as a percentage of the initial ulcer area. When the percentage was less than 5% of the initial ulcer area, the rhGM-CSF intervention would be ended.

Standard of wound care was carried out throughout the whole treatment process for each patient. The wound was covered by sterile vaseline gauze dressing after local infiltration of rhGM-CSF. In addition, our randomized controlled trial also showed the pro-healing effect of rhGM-CSF with statistical significance (unpublished data).

Disclosure

The authors report no conflicts of interest in this communication.

References

1. Zhang X, Tao J, Gong S, Yu X, Shao S. Effects of recombinant human granulocyte/macrophage colony-stimulating factor on diabetic lower extremity ulcers: case series of nine patients. *Diabetes Metabol Syndr Obes*. 2024;17:1941–1956. doi:10.2147/DMSO.S461349
2. Carrington AL, Shaw JE, Van Schie CH, Abbott CA, Vileikyte L, Boulton AJ. Can motor nerve conduction velocity predict foot problems in diabetic subjects over a 6-year outcome period? *Diabetes Care*. 2002;25(11):2010–2015. doi:10.2337/diacare.25.11.2010
3. Di Stefano G, La Cesa S, Leone C, et al. Diagnostic accuracy of laser-evoked potentials in diabetic neuropathy. *Pain*. 2017;158(6):1100–1107. doi:10.1097/j.pain.0000000000000889

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