

Clinical Characteristics and Major Adverse Cardiovascular Events in Diabetic and Non-Diabetic Patients with Vasospastic Angina [Letter]

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Dear editor

Recently, an original study titled “Clinical Characteristics and Major Adverse Cardiovascular Events in Diabetic and Non-Diabetic Patients with Vasospastic Angina”¹ was published by Hiroki Teragawa et al in the reputable journal “Diabetes, Metabolic Syndrome and Obesity: Targets and Therapy”. Firstly, I would like to congratulate the authors and acknowledge their successful publication.

The article concludes that patients with diabetes mellitus (DM) tended to have focal spasm less frequently, and patients with focal spasm may have a worse prognosis. While DM patients with vasospastic angina(VSA) should be managed per established guidelines, those with focal spasm may need to be treated more rigorously.

Current studies suggest that risk factors for the occurrence of coronary artery spasm (CAS) include race, age and gender, smoking, insulin resistance, and hyperinsulinemia. Insulin resistance (IR), as the initiating factor and pathogenic basis of metabolic abnormalities and cardiovascular diseases, provides a common soil for the occurrence and development of a variety of diseases, such as coronary heart disease, hypertension, diabetes, hyperlipidemia, etc.²

Studies have shown,^{3–5} The mechanisms underlying the development of CAS may be multifactorial, including autonomic nervous system dysfunction, increased inflammatory response, endothelial dysfunction, smooth muscle cell hyperresponsiveness, oxidative stress, respiratory alkalosis, magnesium deficiency, and genetic mutations. Endovascular lesions are the basis of vascular diseases. T2DM is closely related to vascular endothelial dysfunction.

Our suspicion is that the relationship between DM and focal spasm Disease needs to be further investigated.

However, the relationship between DM and focal spasm Disease deserves further study. Finally, long-term clinical observation of focal spasm Disease may also provide more information on the prognosis of patients.

Disclosure

The authors report no conflicts of interest in this communication.

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