


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

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## Dear editor

In our recently published paper,<sup>1</sup> we received a letter from Dr. Song<sup>2</sup> asking about the influence of diabetes mellitus (DM) on the prognosis of patients with vasospastic angina (VSA). To the best of our knowledge, we have responded to his inquiries herein. We would like to thank him for taking the time to read our material.

We retrospectively examined the clinical background and effect of the presence of DM in patients with VSA. The presence of DM was associated with a higher incidence of atherosclerotic lesions on coronary angiography (CAG) but a lower tendency of incidence of focal spasms. In terms of prognosis, the presence of DM did not affect the incidence of major adverse cardiovascular events (MACE) overall; however, in the focal spasm group, the presence of DM was associated with a higher incidence of MACE.

Song suggested that although focal spasms affect the prognosis, many other factors affect the prognosis of VSA,<sup>2</sup> and a comprehensive analysis of these factors is warranted. Furthermore, they proposed taking into account the control status of DM and disease duration, as these may also affect the frequency of MACE.<sup>3</sup>

As Song pointed out,<sup>2</sup> several factors that have also been identified, such as smoking and other coronary risk factors, history of out-of-hospital cardiac arrest or presence of variant angina, use of beta-blockers, nonuse of calcium channel blockers, and specific findings on coronary angiography, such as significant stenosis, or on spasm provocation test, such as focal spasms and multivessel spasm.<sup>4-10</sup> In addition to focal spasms as the focus of this study, many other factors have been identified to affect prognosis. Furthermore, in the prognosis of DM, considering the prognosis while taking into account the state of control of DM and the drugs used is desirable.<sup>3</sup> Unfortunately, the abovementioned analysis was not possible in this study given the retrospective design, single-center setting, limited number of cases, and insufficient follow-up. To evaluate the effect of diabetes on coronary spasm, particularly focal spasms, while considering other risk factors and the state of blood glucose control, further evaluation in a prospective, multicenter registry is warranted.

Again, we deeply appreciate his interest in our paper on the prognostic influence of diabetes on VSA and his constructive suggestions.

## Disclosure

The authors report no conflicts of interest in this communication.

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