

Serum neuregulin-4 levels in healthy and preeclamptic pregnancies: correspondence

To the Editor,

We would like to share ideas on the publication “Comparison of maternal serum neuregulin-4 (NRG-4) levels in healthy and preeclamptic pregnancies”. Yakut et al. (1) noted that “No association was found between NRG-4 concentrations and preeclampsia (PE) patients, regardless of severity of PE, compared to healthy pregnancies. Future longitudinal studies are needed to confirm this lack of association in PE (1)”. We agree that the maternal serum NRG-4 levels might or might not be associated with severity/existence of PE. Further studies are required. A longitudinal study might be helpful but it will be necessary to control confounding factors. Without controlling, any additional data might still be unreliable. The serum NRG-4 level may be affected by several factors. Some silent personal illnesses, such as liver disease and abnormal glucose metabolism, might affect the NRG-4 levels (2,3). Those

background medical conditions should be recognized in interpreting the results.

Rujittika Mungmunpantip¹, Viroj Wiwanitkit²

¹Private Academic Consultant, Bangkok, Thailand

²Honorary professor, DR. D.Y. Patil University, Pune, India

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Address for Correspondence: Rujittika Mungmunpantip
e.mail: rujittika@gmail.com ORCID: orcid.org/0000-0003-0078-7897

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Author's Response

Neuregulin-4 (NRG-4) is mainly produced by brown adipose tissue and plays a role as a signaling protein in cell-cell interactions (1). Studies have reported alterations in NRG-4 levels in lipogenesis, inflammatory processes, and energy metabolism (2,3). In the literature, diabetes mellitus (DM), non-alcoholic fatty liver disease, coronary artery disease, and obesity-related diseases have been shown to be associated with NRG-4 (4-10). In view of this information, our study evaluated the desired blood parameters (hepatitis panel, alanine transaminase, aspartate transaminase, bilirubin level, gamma-glutamyl transferase, international normalized ratio, bilirubin level, glucose, etc.) to create a homogeneous study group, and an attempt was made to obtain as pure a group as possible. In addition, oral glucose tolerance tests are performed at 24-28 weeks of gestation and fasting glucose levels are checked in the first trimester. Pregnant women with a history of risk factors (e.g., macrosomic baby in history, gestational diabetes in previous pregnancy, morbid obesity) are screened for glucose metabolism disorders in the first trimester. We perform basal cardiac examinations in patients who describe symptoms of heart disease or who are found to be at risk for heart disease in their medical history (e.g., metabolic syndrome) and ask to be examined in the cardiology clinic, if necessary.

Therefore, exclusion criteria included all patients with chronic systemic disease, autoimmune disease, chronic drug use, multiple pregnancy, fetal congenital anomaly, and pregnancy complication, such as DM, chorioamnionitis, and premature preterm rupture of pregnancy. In addition to the assessments we made in our study to more clearly identify some silent personal diseases, advanced imaging techniques, large blood parameters for various diseases, or invasive procedures can be planned, and a more homogeneous study group with broader longitudinal studies can be formed. However, because we did not identify any additional findings that would be indicative during the baseline evaluation, our cases were not referred for additional investigations and invasive procedures.

Kadriye Yakut, Filiz Halıcı Öztürk, Doğa Fatma Öcal, Betül Yakıştıran, Fatma Didem Yücel Yetişkin, Turhan Çağlar
Clinic of Perinatology, Ankara City Hospital, Ankara, Turkey

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