tumor necrosis factor-α and interleukin-6 in CKD population receiving renal replacement therapy.[5,6] Thus, to predict inflammation, NLR might be used in this population. There is also growing evidence that other variables such as platelet-lymphocyte ratio, red cell distribution width, platelet distribution width, platelet crit and mean platelet volume might predict inflammation. Unfortunately, to date, there is no scorring system including these parameters to define the inflammatory status in CKD population. Hence, NLR might be used to predict inflammation in this population accurately.

K. Turkmen[1], F. Tufan[4], S. Engin[2], T. Akpınar[4], H. Oflaz[3], T. Ecder[5]

[1]Departments of Internal Medicine, Division of Nephrology, Selcuk University, Meram School of Medicine, Konya, [2]Istanbul University, Istanbul School of Medicine, Department of Medico-social, Istanbul University, Istanbul School of Medicine Departments of [3]Cardiology, and [4]Internal Medicine and [5]Nephrology Istanbul, Turkey

Address for correspondence:
Dr. Kultigin Turkmen,
Department of Nephrology,
Selcuk University Meram School of Medicine, Turkey.
E-mail: mdkt2010@yahoo.com

Author's reply

Sir,

We would like to thank to Demirkol *et al*.,[1] for their contructive comments on our manuscript entitled "neutrophil-to-lymphocyte ratio (NLR), insulin resistance, and endothelial dysfunction in patients with autosomal dominant polycystic kidney disease (ADPKD)."[2] In the present study, the mean serum creatinine levels of the ADPKD patients and the healthy controls are 0.87 ± 0.19 mg/dl and 0.82 ± 0.13 mg/dl, respectively. We agree with Demirkol *et al*., Regarding the use of chronic kidney disease (CKD)-epidemiology collaboration formula to predict glomerular filtration rate (GFR). However, in CKD patients with normal serum creatinine levels as in the present study, the possible confounding of creatinine generation and renal tubular creatinine secretion is expected toplay a minor role[3] and Cockcroft-Gault (CG) might be used to estimate GFR in CKD patients with normal serum creatinine.[4] Hence, the CG formula also can be applied to predict GFR in such patients. Therefore, we preferred the CG equation to measure GFR in the present study.

In CKD patients, chronic inflammation is one of the major cause of atherosclerosis. In recent years, NLR was found to be significantly correlated with inflammatory markerincludinghs-C-reactive protein, pentraxin-3,

References

1. Demirkol S, Balta S, Kucuk U. The neutrophil lymphocyte ratio may be useful inflammatory indicator before applying other expensive and invasive procedures. Indian J Nephrol 2014;24:65-66.
2. Turkmen K, Tufan F, Selçuk E, Akpınar T, Oflaz H, Ecder T. Neutrophil-to-lymphocyte ratio, insulin resistance, and endothelial dysfunction in patients with autosomal dominant polycystic kidney disease. Indian J Nephrol 2013;23:34-40.
3. Cirillo M. Evaluation of glomerular filtration rate and of albuminuria/proteinuria. J Nephrol 2010;23:125-32.
4. Bostom AG, Kronenberg F, Ritz E. Predictive performance of renal function equations for patients with chronic kidney disease and normal serum creatinine levels. J Am Soc Nephrol 2002;13:2140-4.
5. Turkmen K, Erdur FM, Guney I, Ozbiner H, Toker A, Gaipov A, *et al*. Relationship between Plasma Pentraxin-3, Neutrophil-to-Lymphocyte Ratio, and Atherosclerosis in Renal Transplant Patients. Cardiorenal Med 2012;2:298-307.
6. Turkmen K, Guney I, Yerlikaya FH, Tonbul HZ. The relationship between neutrophil-to-lymphocyte ratio and inflammation in end-stage renal disease patients. Ren Fail 2012;34:155-9.

Access this article online	
Quick Response Code:	Website: www.indianjnephrol.org