



Letter to Editor (Correspondence) on “Correlation of Conventional and Extended Lipid Profiles with Plaque Burden in Statin-naïve Patients with Acute Coronary Syndrome: A Prospective Observational Study from South India”

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Dear Sir,

The study by Periasamy et al. offers valuable data on lipid metrics and plaque burden in statin-naïve acute coronary syndrome (ACS) patients¹; however, a few methodological issues require clarification. Lipid measurements obtained within 48 hours may be influenced by acute-phase declines in total and low-density lipoprotein (LDL) cholesterol, a well-described phenomenon following myocardial infarction,² which may attenuate true associations. Acknowledgment of this or repeat convalescent profiling would improve interpretability.

Although multivariable models were presented, several key confounders—diabetes, body mass index (BMI), smoking status, thrombolysis, and timing of angiography—were not included together. These variables influence both lipid indices and Gensini scores and may affect the robustness of the correlation.^{3,4}

The wide range of time-to-angiography (median 7 days overall, 24 days for unstable

angina) may also alter plaque assessment due to thrombus resolution or interim therapy. Prior work shows that delayed angiography can affect coronary assessment⁵; adjustment or subgroup analysis could help clarify this effect.

The study is commendable, and addressing these points would further strengthen its conclusions.

Thank you.

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