



Erratum

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Metabolic syndrome, endothelial injury, and subclinical atherosclerosis in patients with systemic lupus erythematosus: comments on the article by Mok et al

We read with interest the report of Mok et al (1) in which the authors demonstrate a significant association between coronary atherosclerosis and metabolic syndrome (MetS) in systemic lupus erythematosus (SLE) patients. They state that there were no data regarding atherosclerosis and MetS in SLE previous to their article. However, we recently published an article in relation to the association between the MetS (National Cholesterol Education Program Adult Treatment Panel III definition) and arterial stiffness measured by means of carotid-femoral pulse wave velocity (PWV) (2), which is an early marker of subclinical atherosclerosis (3), in a cohort of 128 patients with SLE (88% women; median age 40 years, range 16–78 years). The frequency of MetS in this study was 20%, similar to the one previously found in our whole SLE cohort (4). In agreement with Mok et al, our results showed an independent association between increased arterial stiffness and the presence of MetS. Therefore, these studies reinforce the theory that MetS may contribute to the development of accelerated atherosclerosis in SLE and that a more aggressive control of cardiovascular risk factors is justified in these patients.

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ERRATUM

In the article by Marzo-Ortega H et al published in the March/April issue of the *Scandinavian Journal of Rheumatology* (Scand J Rheumatol 2009;38:79–83) the second affiliation of the second last author (Emery P) was omitted. The correct list of authors and their affiliations read as follows:

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Authors' Reply

We would like to thank Vargas-Hitos and Sabio (1) for their interest in our work, which reported an association between coronary atherosclerosis and the metabolic syndrome (MetS) in patients with systemic lupus erythematosus (SLE) (2). The results of the recent paper from Sabio et al (1) published in October 2009 echo our findings that MetS is an independent risk factor for atherosclerosis in SLE patients. When our manuscript was accepted for publication in May 2009, there were no published data in the literature regarding the relationship between MetS and surrogate markers of subclinical atherosclerosis in SLE. With more confirmative data from cross-sectional studies, it is of intense interest to evaluate longitudinally whether MetS, which is a constellation of traditional risk factors, has a better predictive value than individual risk factors for progression of atherosclerosis at the major arteries in patients with SLE.

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