



Response To: Comment on: The Factors Associated with Carpal Tunnel Syndrome Severity

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Dear editor in chief,

We thank to Fallah and Baghianimoghadam for their interest and comment on our paper (1,3). We have read their comments and the paper by Rhee et al. with great interest (2).

Age, sex, body mass index (BMI), diabetes mellitus (DM), rheumatoid arthritis (RA), gout, end-stage renal disease (ESRD), hypothyroidism, and Raynaud's syndrome (RD) were investigated by Rhee et al. as possible risk factors for carpal tunnel syndrome (CTS) (2). Middle age, female sex, high BMI, RA, and RS turned out to be related with CTS onset in their analysis. They did not find any effect of DM and hypothyroidism on the onset of CTS. Their study differs from ours where we investigated association, or lack thereof, of age, BMI, sex, occupational factors, DM, RA, renal insufficiency, cardiovascular disease, hypothyroidism, vitamin B12 deficiency, and folate deficiency with the severity of CTS, rather than its onset. Among these parameters that have been found to be a risk factor for CTS in the literature (related citations have been provided in our paper), high BMI and vitamin B12 deficiency turned out to be only factors associated with more severe disease.

Since each study assessed different aspects of same disease, findings of both studies are not directly comparable. However, Rhee et al.s findings support the choice of parameters that we've looked into in our study, excluding DM and hypothyroidism. Though they didn't find any association of DM and hypothyroidism with the onset of CTS, there are several papers demonstrating their association with CTS which make them significant factors that can not be neglected in such a study. Also, as Fallah and Baghianimoghadam mentioned, the reason that we didn't find association of RA and hypothyroidism

with CTS severity might be due to relatively low number of patients with these diseases, especially those with RA, in our population. Future studies which involve a higher number of patients with RA and hypothyroidism can reveal any effect of these factors on CTS severity.

Of note, we were not able to discuss Rhee et al.s study in our paper since it wasn't published online (July 14th, 2021) by the time our study was accepted for publication (June 19th, 2021) (2,3).

We'd like to thank Fallah and Baghianimoghadam again for their contributions on the subject and are looking forward to future researches on this topic.

■ AUTHORSHIP CONTRIBUTION

The authors (SB, FT) confirm responsibility for the following: study conception and design, data collection, analysis and interpretation of results, and manuscript preparation.

■ REFERENCES

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