



Assessment of patients with nasal polyposis by the neutrophil-to-lymphocyte ratio and eosinophil-to-lymphocyte ratio

Nazal polipozisli hastaların nötrofil/lenfosit oranı ve eozinofil/lenfosit oranı ile değerlendirilmesi

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Dear editor,

I would like to comment on a very thought-provoking article published in your journal titled 'Assessment of patients with nasal polyposis by the neutrophil-to-lymphocyte ratio (NLR) and eosinophil-to-lymphocyte ratio' by Yenigün.^[1] The study findings are in consistent with previous study findings in the literature.^[2] However, there are some concerns regarding the methodology and conclusion which I would like to highlight.

Neutrophil-to-lymphocyte ratio as a prognostic marker in various ear nose and throat (ENT) conditions ranging from Bell's palsy^[3] to head and neck cancers^[4] has been proven in many studies. However, since the NLR can be altered in many common conditions, its specificity may come into doubt. Besides, this ratio also depends on many natural variables such as age and body mass index.^[5] In such a situation, standardization of normal values or ranges is needed before making a definite conclusion.

One point which needs to be clarified is when or if at all, does the NLR come back to normal and what exactly is the cut-off value beyond which reaches significance. I believe that it should be determined whether any of this has any significance on the prognosis and recurrence of the polyyps.

I would like to conclude by stating that we still have a long way to go before we can truly analyze the significance of NLR in common ENT conditions. However, NLR should be used as corroborative evidence and it cannot replace clinical examination and sound clinical judgment.

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Author Reply

Dear Editor,

I would like to express my thanks to the author for his contribution to this article. Neutrophil-to-lymphocyte ratio (NLR) is currently accepted as a significant predictor in various common otolaryngology conditions ranging from Bell's palsy^[1] to head and neck cancers.^[2] In addition, it is also an important biomarker for some other diseases such as chronic tonsillitis^[3] accompanied by systemic inflammation. Nasal polyposis in the nose or paranasal sinuses is characterized by chronic inflammation causing stromal edema.^[4] The eosinophil-to-lymphocyte ratio (ELR) with allergic rhinitis has been also demonstrated.^[5] Therefore, I examined the relationship NLR and ELR with recurrent nasal polyposis.

Consistent with the fact that NLR may vary with age, sex, and body mass index,^[6] we found no statistically significant difference in the sex and mean age between the groups ($p>0.05$). However, we excluded body mass index. Therefore, this can be deemed as a missing aspect of our study.

To the best of our knowledge, no standard normal value or range of NLR has been reported in the studies, yet.^[1-3] Previous studies also compared the patient groups, as we did in our study. The cut-off values of neutrophils and lymphocytes are documented. In the further the

studies, a meta-analysis would be done to define a standard cut-off value of NLR.

I agree with the statement that there is still a long way before definitely analyzing the significance of NLR in common conditions and NLR should be used as corroborative evidence.

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