


# Recurrent Thromboembolism Prediction in Atrial Fibrillation: Response to Letter by Sener et al

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Sener et al in their letter entitled “Predicting Recurrent Thromboembolism in Atrial Fibrillation”<sup>1</sup> raise some queries regarding our article.<sup>2</sup>

We report in our article, that sinus rhythm restoration was a better strategy than rate control to reduce recurrent ischemic stroke/transient ischemic attack rates in patients with atrial fibrillation (AF).<sup>2</sup> Renal dysfunction causes increased tendency to thrombosis, and therefore, the R2-CHADS2 (Renal dysfunction, Congestive heart failure, Hypertension, Age, Diabetes, Stroke) score was developed to take the glomerular filtration rate into account when estimating the embolic risk in patients with AF.<sup>3</sup> In our study, renal function was within normal limits.

Cancer and anticancer drugs may affect the risk of thrombosis in patients with AF.<sup>4</sup> In our study, patients with cancer and patients using anticancer drugs were excluded.<sup>2</sup>

Sener et al<sup>1</sup> mention missing information in our study regarding the use of anticoagulants. We want to point that anticoagulant drug doses and time in therapeutic range in the patients, as expected, were within therapeutic range and the international normalized ratio was between 2 and 3.

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