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Conflicts of interest
The author discloses the following: Vincenzo La Mura reports a relevant relationship with Gore, Gilead, Alfasigma, Abbvie. The remaining author discloses no conflicts.

Most current article

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Neutrophil-to-Lymphocyte Ratio in Patients With Cirrhosis

Dear Editor:

The article titled "Neutrophil-to-Lymphocyte Ratio Associates Independently With Mortality in Hospitalized Patients With Cirrhosis" by Rice et al[1] is very interesting and I would like to compliment the authors. However I would like to raise a few points regarding the authors' conclusion.

The neutrophil-to-lymphocyte ratio presents a simple, cheap, and easy-to-perform option for prognosticating patients with cirrhosis and has been evaluated in previous studies.[2]

The neutrophil-to-lymphocyte ratio varies with age and body mass index of the patients[3] and therefore will vary from person to person. There are no standard cut-off values of the neutrophil-to-lymphocyte ratio to determine whether it is abnormal or not. To overcome this, Rice et al[1] could have used the nomogram devised by Lin et al[4] for using the neutrophil-to-lymphocyte ratio as a prognosticating indicator.

In addition, there are many other common conditions such as alcoholic fatty liver,[5] in which the values of the neutrophil-to-lymphocyte ratio can be deranged. There are other confounding factors such as nutritional status,[6] diabetic status,[7] and so forth that have a potential to influence the ratio. Because there are many confounding factors that can influence the ratio, its specificity for using it as a prognostic tool comes into doubt.

I would like to recommend that further studies are required before we can start using the neutrophil-to-lymphocyte ratio conclusively in prognosticating patients with cirrhosis.

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Conflicts of interest
The authors disclose no conflicts.

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Increased Cardiovascular Risk in Patients With Inflammatory Bowel Disease

Dear Editor:

In an article recently published in *Clinical Gastroenterology and Hepatology*, Aniwan et al[1] reported that the risk of acute myocardial infarction and heart failure was increased in patients with inflammatory bowel disease. This finding is clinically relevant and is in accordance with 4 recent meta-analyses showing an increased aortic pulse wave velocity,[2–4] a well-established and independent cardiovascular risk marker and an intermediate end point for cardiovascular events, and an increased return of reflected waves in patients with inflammatory bowel disease.[5] In this regard, the recent finding that a significant relationship between aortic stiffness and left ventricular systolic and diastolic dysfunction is present in patients with inflammatory bowel disease[6] can explain why these patients have an increased cardiovascular risk despite a low prevalence of classic cardiovascular risk factors[1] (the so-called "inflammatory bowel disease paradox"[7]). Chronic inflammation leads to aortic stiffening; the increased aortic stiffness may lead to cardiac remodeling and cardiovascular events in patients with inflammatory bowel disease. Moreover, systemic corticosteroids, immunosuppressives, and biologics are used in patients with other diseases with chronic severe inflammation (ie, rheumatoid arthritis) who are at an increased risk of cardiovascular events; these subjects were included in the control group in the study of