

Letter-to-Editor

Pituitary dysfunction in heart block: The need for broader insight

Sir,

I read with great interest the article by Laway *et al*¹ published in the June 2024 issue of the Indian Journal of Medical Research. While this study shows an important link between complete heart block (CHB) and anterior pituitary dysfunction, I would like to raise several points.

First, the study's small cohort (n=30) limits the generalisability of its conclusion. With such a small cohort, it is difficult to conclude whether the observed hormonal dysfunctions are applicable to the general population¹.

Furthermore, confounding factors such as prior trauma, comorbidities, and the impact of medication have not been discussed. These factors could influence anterior pituitary hormone levels and should be accounted for in future studies².

Finally, the study shows an association, but does not mention the mechanism linking CHB with anterior pituitary dysfunction. Understanding the mechanism would greatly enhance the clinical significance of this study. Previous research shows that hypoperfusion of the hypothalamic-pituitary axis (HPA) can modify the function of HPA, which can lead to anterior pituitary dysfunction³.

Laway *et al*¹ presented a valuable study showing a link between anterior pituitary dysfunction and CHB. Nevertheless, a more detailed study with a larger cohort, which also describes the confounding factors and the mechanism linking CHB to anterior pituitary dysfunction, is needed.

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Use of Artificial Intelligence (AI)-Assisted Technology for manuscript preparation: The authors confirm that there was no use of AI-assisted technology for assisting in the writing of the manuscript and no images were manipulated using AI.

Muhammad Zarrar
Department of Medicine,
Ayub Medical College,
Abbottabad, Pakistan
zarrarc7@gmail.com

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Authors' response

Sir,

We greatly appreciate the reader's interest in our article¹ published in the June 2024 issue of Indian Journal of Medical Research, which has raised intriguing questions.

As rightly pointed by the author that the aforementioned study has a small sample size, and its conclusions may not be generalizable². This represented our attempt to study pituitary functions within this cohort of patients, and we hope that larger studies will be conducted in the future.

Regarding confounding factors, we excluded all chronic diseases and conditions, including drug intake that could have interfered with the assessment

of pituitary hormones. Furthermore, the patients were monitored and reassessed, which plausibly minimized the impact of acute stress on pituitary hormones.

As mentioned in the introduction of the article, we hypothesized that hypoperfusion due to a complete heart block could lead to vasospasm and hypoxia of pituitary tissue, resulting in long-term pituitary dysfunction³.

We once again thank the reader for their insightful comments and the opportunity to elaborate on our study.

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**Bashir Ahmad Laway^{1,*}, Arun Viswanath S.¹,
Mohammad Salem Baba¹, Nisar Ahmad
Tramboo³, Zaffar Amin Shah², Ajaz
Ahmad Lone³ & Imran Hafeez³**

Departments of ¹Endocrinology, ²Immunology
& Molecular Medicine, & ³Cardiology,
Sher-I-Kashmir Institute of Medical
Sciences, Srinagar 190 011,
Jammu & Kashmir, India

**For correspondence:*
drlaway@gmail.com

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