# Correspondence

## Insulin resistance in China

#### To the Editor

Ying et al<sup>1</sup> in an interesting retrospective study, investigated the normal reference value of the homeostasis model assessment-insulin resistance (HOMA-IR), as index to quantify IR in young Chinese adults without metabolic syndrome (MS). Among the inclusion criteria, the authors ruled out the presence of fatty liver disease by ultrasound sonography (US).<sup>1</sup> No consideration of serum aminotransferases were reported.

Fatty liver disease, frequently associated to IR and MS, represents a spectrum of disorders ranging from simple steatosis that generally follows a benign and non-progressive clinical course to non-alcoholic steatohepatitis,<sup>2</sup> which sometimes progresses to cirrhosis and hepatocellular carcinoma.<sup>3</sup> This liver disease is either discovered incidentally during laboratory examination, or workup of hypertension, diabetes, or morbid obesity.<sup>2</sup> Limitations of US, as a diagnostic approach include an 83% sensitivity, in other terms, the false negative results amount to 17%.<sup>2</sup> Hence, in order to select a population without fatty liver disease, it would be more accurate to include also the serum aminotransferases dosage. It will be helpful to know if the authors have more information on this issue.

> **Rinaldo Pellicano** Sharmila Fagoonee Department of Gastroenterology and Hepatology Molinette Hospital Turin, Italy

#### Reply from the Author

We thank Dr. Pellicano and Dr. Fagoonee for their interest in our manuscript "Analysis of homeostasis model assessment-insulin resistance (HOMA-IR) in healthy young Chinese adults."<sup>1</sup> We have carefully read the comments. Here we would like to mention some points in response to their comments.

In our study, the participants refer to those without metabolic syndrome (MetS). Metabolic syndrome is diagnosed using the International Diabetes Federation (IDF) definition.<sup>4</sup> Therefore, the exclusion criteria are any component of MetS. Moreover, related factors including some inflammatory factors, fatty liver, and so forth were considered in the exclusion criteria. We ruled out fatty liver, cirrhosis, and hepatocellular carcinoma in all participants by US. Liver biopsy is a gold standard to diagnose fatty liver, and it is limited to rule out liver diseases by US. The US may be more suitable to be performed than any other methods in a large population. In addition, in this study, the results of alanine aminotransferase (ALT) were basically within the normal ranges.

We appreciate Dr. Pellicano and Dr. Fagoonee's valuable comments.

Xin Ying International Health Care Center The Second Affiliated Hospital School of Medicine Zhejiang University Hangzhou, China

### References

- Ying X, Song Z, Zhao C, Jiang Y. Analysis of homeostasis model assessment-insulin resistance HOMA-IR in healthy young Chinese adults. *Saudi Med J* 2010; 31: 1375-1376.
- Ratziu V, Bellentani S, Cortez-Pinto H, Day C, Marchesini G. A position statement on NAFLD/NASH based on the EASL 2009 special conference. *J Hepatol* 2010; 53: 372-384.
- 3. Kadayifci A. Metabolic syndrome and liver transplantation. *Panminerva Med* 2009; 51: 205-213.
- 4. Alberti KG, Zimmet P, Shaw J; IDF Epidemiology Task Force Consensus Group. The metabolic syndrome--a new worldwide definition. *Lancet* 2005; 366: 1059-1062.

#### **Related topics**

Kumar HK, Yadav RK, Prajapati J, Reddy CV, Raghunath M, Modi KD. Association between thyroid hormones, insulin resistance, and metabolic syndrome. *Saudi Med J* 2009; 30: 907-911.

Gulturk S, Cetin A, Erdal S. Association of leptin with insulin resistance, body composition, and lipid parameters in postmenopausal women and men in type 2 diabetes mellitus. *Saudi Med J* 2008; 29: 813-820.