

Reply to Tasci et al

To the Editor:

We thank Tasci et al for their attention to our article [1] and indication of the error in it. In this study, we excluded frank diabetes on the basis of fasting serum glucose (FSG) level in both fatty liver (FL) and non-FL groups. As you indicated, therefore, our description in Discussion (p 984) must be corrected to “nondiabetic (FSG <7.0 mmol/L)” instead of “<6.11 mmol/L.” We are grateful for your eagle-eyed pointing, but this is a simple error because we presented the prevalence of people with FSG greater than or equal to 6.11 mmol/L in Table 3. Our major adherence was not to exclude diabetes or impaired glucose tolerance (IGT), but to compose the 2 demographically matched groups: one with FL and the other without it. Other confounders such as blood pressure, lipid level, and medications (if any) were not used as the exclusion criteria of subjects. Therefore, certain portion of subjects might be diabetic or have IGT because it is known that more than half of the diabetic subjects have isolated postchallenge hyperglycemia and three quarters of

the subjects with IGT are normal according to the fasting glucose criteria [2]. Thus, some of our subjects are also hypertensive or dyslipidemic. As suggested, it is important to test whether nonalcoholic FL remains an independent factor in determining insulin resistance even after adjusting for major confounders. Our conclusion is that, among adiposity manifestations, nonalcoholic FL seems to be most closely associated with the degree of insulin resistance and the metabolic syndrome.

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References

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- [2] Qiao Q, et al. Comparison of the fasting and 2-h glucose criteria for diabetes in different Asian cohorts. *Diabetologia* 2000;43:1470-5.