

# Comparison of complete blood count parameters in different severity of proteinuria among patients with type 2 diabetes mellitus

We recently have read with great interest an article entitled "Comparison of complete blood count (CBC) parameters in different severity of proteinuria among patients with type 2 diabetes mellitus," by Alirezaei, *et al.*, which was published in your esteemed journal (2024;29:66).<sup>[1]</sup>

Investigate CBC parameters in this study as a predictor of diabetic nephropathy (DN) is very useful and beneficial due to its simplicity, cheapness, and quick response. However, there is a comment about this study.

Microalbuminuria is an early and primary predictor of DN. Although it is considered the gold standard for the early diagnosis of DN, it is not a sufficiently reliable predictor of DN risk due to some limitations. Thus, there is an obvious shift to new biomarkers which would help to predict DN risk early enough and possibly prevent the progress of end-stage kidney disease.<sup>[2]</sup>

Abnormal values of neutrophil-to-lymphocyte ratio (NLR) are higher than 5.<sup>[3]</sup> In this study, NLR values in mild, moderate, and severe proteinuria are <5, ( $1.93 \pm 0.76$ ,  $2.34 \pm 0.93$ , and  $2.73 \pm 1.07$  in A1, A2, and A3 groups, respectively). Therefore, despite being significant, there is no proper correlation between NLR and proteinuria, this can be caused by the nature of DN and NLR changes. Then, NLR cannot be a good predictor for DN. On the other hand, there is no significant difference in the amount of NLR in the comparison of mild and moderate proteinuria, as well as in moderate and severe proteinuria. Moreover, this shows that NLR values are not reliable for the early detection of DN.<sup>[1]</sup>

Immunologic and inflammatory etiologies play a remarkable role in the development and progress of DN with create and develop of innate immune cells

and description of inflammatory cytokines. Therefore, macrophages and T-lymphocytes, which are dominant in diabetic glomeruli,<sup>[4]</sup> therefore, it seems that neutrophils and lymphocytes, especially B-lymphocytes, play a small role in the mechanism of DN.

An isolated increase in polymorphonuclear neutrophil and as a result, an elevated NLR, is observed in several conditions: bacterial or fungal infection, acute cerebrovascular accident, myocardial ischemia, atherosclerosis, severe injury, malignancy, postsurgery side effects, and any status determined by the tissue damage that causes to systemic inflammatory response syndrome (SIRS) and it is suggested to consider more exclusion criteria for this study.<sup>[5]</sup>

## CONCLUSION

There is an increase in NLR with DN, but its increase cannot be a good predictor for the severity of DN, and it seems that microalbuminuria still plays an important role in predicting the onset of nephropathy.

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## Conflicts of interest

There are no conflicts of interest.

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