

Reply to: Addressing key missing variables in reproductive health studies in familial Mediterranean fever

Sirs,

We would like to express our gratitude to Dr Begecik for his insightful comments on our study concerning the reproductive system in Familial Mediterranean Fever (FMF). To start, we wish to clarify that our research was originally submitted as a full-length paper. Due to editorial requirements, we had to condense the manuscript from about 5,000 words to a 600-word letter. This significant reduction unfortunately led to the removal of several important points and findings, which may have impacted the overall value of the study.

Regarding Dr Begecik's specific comments:

- *Age differences between groups:* The primary aim of our study was to explore genotype-phenotype relationships with reproductive health among FMF patients, particularly comparing homozygotes and heterozygotes. The key distinction between these groups lies in their genetic profiles (two identical mutations vs. one mutation). The mean age was 29.5 in the homozygotes group and 27 in the heterozygotes group, a difference unlikely to influence reproductive outcomes. Moreover, the age difference between the homozygotes and the control group was statistically insignificant ($p=0.368$).
- *BMI and fertility:* While BMI can indeed influence fertility, as Dr Begecik noted, our study's participants were selected randomly and consecutively. This process reduces the likelihood of a BMI-related difference, especially between the two FMF groups.
- *Concomitant diseases:* Patients with clinical conditions such as antiphospholipid antibody (APLA) syndrome, which might impact fertility, were excluded. These details were covered extensively in the original full-length version of the paper.
- *Socioeconomic status:* In our original manuscript, we discussed the socioeconomic background (including lifestyle) of the participants. Patients with low socio-economic status were defined by their lack of high school education, permanent jobs, and private property. Middle-socio-economic class patients used to live in urban areas, having a high school education, a stable income, and easy access to qualified medical services. Among the 249 patients, 93 were from a low socioeconomic class. Of these, 46 (52.9%) were from the FMF groups, while 47 (29%) were controls ($p<0.001$). Although the rate of low socioeconomic status was higher in FMF patients, the distribution was equal between the two FMF groups, ensuring a valid comparison between them.

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