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The more he looked inside, the more Piglet wasn't there: rheumatologist's dilemma at the end of the year

This well-known quote from *Winnie the Pooh* may serve as an elegant illustration of rheumatologists' ongoing efforts to understand the underlying causes of rheumatic diseases and the subsequent development of appropriate treatments. In line with these endeavors, the current issue of *Rheumatology Forum*presents a fresh collection of new facts and observations, with the hope that they will provide valuable tools for managing rheumatic conditions in everyday clinical practice

The first paper in this issue, authored by Samborski and Sikorska, offers a comprehensive roadmap in the field of axial spondyloarthropathies. The authors provide an in-depth analysis of these conditions' epidemiology, clinical presentation, and genetic underpinnings, with particular emphasis on treatment — an integral aspect of daily clinical practice. In the concluding section, the authors adeptly discuss current treatment strategies for axial spondyloarthritis (axial SpA) in line with the latest recommendations from the ASAS and EULAR. Furthermore, they present up-to-date information on the availability of biological therapies in Poland, which are primarily administered through the National Health System's therapeutic programs [1].

Continuing the theme of new therapeutic modalities, the paper authored by leading specialists in paediatric rheumatology on the role of Janus kinase (JAK) inhibitors in the treatment of juvenile idiopathic arthritis (JIA) is a must-read in this issue. With the rapid development of small molecule targeted tyrosine kinases coupled with cytokine receptors, new therapeutic possibilities have emerged, providing safe, well-tolerated, and effective treatment options for the pediatric population affected by JIA.

For those unfamiliar with the challenges of inflammatory arthropathies in childhood, the authors provide a comprehensive explanation of juvenile idiopathic arthritis, including its classification. The paper then introduces Janus kinase inhibitors, a class of small molecules capable of blocking the catalytic activity of key cytokine signal transducers involved in type I and II cytokine signaling.

Originally established for the treatment of rheumatoid arthritis, the indications for JAK inhibitors have expanded significantly. Recent recommendations have led to the approval of these compounds for use in children. With growing evidence, JAK inhibitors have become recognized as one of the most promising anti-inflammatory and immunosuppressive therapies in the past two decades. Due to their unique mechanism of action, JAK inhibitors offer comparable, if not superior, efficacy and safety compared to standard biologic treatments [2].

We strongly encourage readers to explore this comprehensive review, which discusses the evolving role of JAK inhibitors in modern pediatric rheumatology.

Staying within the pediatric theme, the article titled *Assessment of Motor Development in Children with Postural Asymmetry and the Application of Neurodevelopmental-Based Improve-*

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ment Methods is highly recommended for reading. This study focused on infants referred for therapy due to delayed motor development and muscular torticollis, with a few cases also presenting with plagiocephaly. The treatment was designed to adapt corrective and compensatory exercises to each child's individual developmental trajectory by tailoring comprehensive interventions. The primary goal was to address motor deficits and promote appropriate psychomotor development.

Based on the results of this study, the authors drew the following conclusions: The study confirmed the beneficial effects of proper care and early physiotherapy in improving the motor development of children with postural asymmetry (PA). However, the findings also emphasized that the later rehabilitation was initiated, the longer it took to achieve therapeutic effects, with improvements occurring at later months of life in these infants [3].

Granulomatosis with polyangiitis (GPA) remains a poorly understood disease, primarily due to its diverse clinical presentations. A group from Katowice presented a case report on subglottic stenosis in patients with GPA, emphasizing that the disease can affect the entire upper respiratory tract. The authors highlight that focusing exclusively on the oral and nasal cavities neglects a significant portion of the respiratory tract, which may also be involved. In 2022, the working group on ANCA-associated vasculitis (AAV) proposed a set of standard EULAR/ACR classification criteria, which may assist in distinguishing patients with AAV from individuals suffering from upper respiratory tract disorders [4].

A similar topic concerning microscopic vasculitis is addressed in the paper titled *Did COVID-19 Benefit a Patient with Microscopic Polyangiitis?* The authors present a case of a female patient who initially presented with a febrile status, ultimately leading to a diagnosis of microscopic polyangiitis (MPA). The report underscores the challenges in diagnosing MPA, particularly in the context of the COVID-19 pandemic, as both conditions can present with similar, often overlapping, signs and symptoms. This highlights the diagnostic difficulties faced in distinguishing MPA from other connective tissue diseases during the pandemic [5].

The following paper in this issue also addresses issues related to vasculitides. The group from Jagiellonian University presented a case of cryoglobulinemia in a patient with mantle cell lymphoma (MCL). The key clinical manifestation in this patient was hypoperfusion of the distal parts of the fingers, leading to necrosis. According to a critical review of the available literature, this may be the first report describing advanced finger necrosis in the context of cryoglobulinemia secondary to MCL [6].

The advent of biological therapies has expanded the clinical applications of various biologics, extending well beyond inflammatory arthritides. A notable example is the use of canakinumab, a monoclonal antibody targeting IL-1β in the treatment of gout attacks. Gout, once considered the "disease of kings", now affects a significant portion of the global population, with the majority of sufferers no longer belonging to aristocratic or royal families. The burden of hyperuricemia and the increasing frequency of gout attacks is primarily attributed to lifestyle factors, including high-protein diets, consumption of sugary beverages, and obesity. The paper by Panejko et al. presents the successful treatment of gout attacks in two patients using canakinumab, the only IL-1 antagonist approved by the European Medicines Agency (EMA) for the treatment of gout attacks. After years of limited attention to IL-1 in the pathophysiology of inflammatory arthropathies, IL-1 and IL-18 (a member of the IL-1 family) have garnered increasing focus. These IL-1 cytokines are now recognized as being pathophysiologically involved in diseases such as adult-onset Still's disease (AOSD), gout, autoinflammatory syndromes, and many others [7].

Finally, a case report of eosinophilic fasciitis (EF) was presented by Tabor et al., and a critical review of the available literature was accompanied. This report is particularly significant given the rarity of EF cases, highlighting the importance for physicians to consider EF in all cases where the clinical presentation does not fully meet the classification criteria for scleroderma or other diseases where skin thickening is a key symptom [8].

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