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Quo Vadis rheumatologiam?

It is not surprising that rheumatology, like other branches of modern medicine, is advancing toward earlier disease diagnosis, which in turn may contribute to earlier treatment and improved outcomes. In the case of systemic sclerosis, a complex disease at the intersection of autoimmunity and fibrosis, early detection and treatment may be challenging. Over the past few years, there has been a growing emphasis on identifying states that may potentially develop into the disease. To this end, a group of experts coined the term *Undifferentiated Connective Tissue Disease at risk for Systemic Sclerosis (UCTD-risk-SSc)*, also referred to as *very early-early Systemic Sclerosis (VEDOSS)*. This condition is characterized by Raynaud's phenomenon (RP) and either systemic sclerosis serum marker autoantibodies or a typical capillaroscopic pattern.

In this issue of the *Rheumatology Forum*, we are presented with an opportunity to explore the utility of capillaroscopy in the detection, characterization, and prognosis of systemic sclerosis. The excellent review authored by Ewa Wielosz serves as a comprehensive step-by-step guide on how to use and interpret capillaroscopic findings. The current paper is strongly recommended herein to all trainees in rheumatology, as well as to advanced rheumatologic specialists [1].

Rheumatology is a complex and challenging branch of modern medicine. The overlapping clinical features of various diseases often place clinicians in what is known as the "Rheumatology dilemma". In this context, a valuable contribution has been made by a group of students from the Students' Society at the Clinical Department of Rheumatology and Immunology at Voivodeship Hospital in Sosnowiec. They authored an insightful review that address-

es the differential diagnosis between sepsis and Adult-onset Still's Disease. This differentiation is particularly challenging because both conditions are characterized by extremely high ferritin levels, which can result in a hyperferritinemic state. Conditions such as macrophage activation syndrome (MAS) and catastrophic antiphospholipid syndrome can also contribute to the development of this state, further complicating the diagnostic process [2].

Finally, in this section of the issue featuring review papers, there is contained a review paper by Eugeniusz Kucharz addressing the growing need for a sufficient number of rheumatology specialists to maintain high-quality patient care. Modern rheumatology, like other branches of contemporary medicine, faces the challenge of balancing work responsibilities with the mission of providing care while managing work-life balance in addition to focusing on one's personal needs and aspirations. In conjunction with guidelines recommending a 48-hour workweek, has resulted in a relative insufficiency in the number of active rheumatologists [3].

The continuous mission of Rheumatology forum is to provide examples and case reports on atypical, difficult cases that may contribute to a better understanding our everyday cases, which translates to the better care of patients.

This line presents three case reports on myeloid leukemia complicated by ANCA-associated vasculitis, entitled "Development of granulomatosis with polyangiitis in a patient with chronic myeloid leukemia: a case report and a short review of literature" authored by Kuczyńska et al. The same applies to a similar paper which focusses on acute blindness in a patients where ocular presentation were

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the first symptoms of granulomatosis with polyangiitis [4].

Another very interesting case report comes from Cracow. DIHS/DRESS syndrome presents typically from two weeks to two months following initiation of a drug. The syndrome characteristically presents with fever, generalized rash, lymphadenopathy, hematological abnormalities, and involvement of one or more internal organs.

The description suggests that patients with multiple comorbidities may experience an emergency situation, in which, for reasons that remain unclear, the initiation of new pharmacotherapy contributes to the onset of an allergic and immunologic storm.

For the aforementioned purpose the paper of Schramm-Luc is extremely important and up to date [5].

References

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