Rheumatol. Forum
2023, vol. 9, No. 3, 93–95

ISSN: 2720-3921, e-ISSN: 2720-3913
DOI: 10.5603/rf.94474

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"A horse, a horse, my kingdom for a horse"! Why do we still not know everything about systemic sclerosis?

This post-holiday issue of the "Rheumatology Forum" focuses on one of the rather rare disease in rheumatology — systemic sclerosis (SSc). This is probably because this year we celebrated the tenth anniversary of the World Scleroderma Foundation (WSF) and the twentieth anniversary of the European Scleroderma Trials and Research group (EUSTAR) and the main anniversary gala was held on 30 May 2023 in the halls of the Leonardo da Vinci National Museum of Science and Technology in Milan. There were plenty of Polish accents during the ceremony as, Polish physicians and Polish rheumatology centres actively participate in EUSTAR's work [1].

In line with this, in this issue we may also find two more scleroderma highlights. Bultrowicz et al. [2] reviewed the current strategies in the treatment of systemic sclerosis. Contrary to the common belief, the treatment of SSc is far more complicated than we used to think, therefore we await the second part of this paper that will appear in the last issue of this year. But the treatment is not the main area of interest in the field of scleroderma and more generally in the field of connective tissue disorders. For several years our philosophy in disease management was to provide a high level of quality of life and to maintain a satisfactory level of physical performance. Palka et al. [3] addressed this issue in their paper entitled "Vital activity of patients with systemic sclerosis". In this study, it was found that in despite the severity of the disease 37.7% of the respondents are employed, including more than a quarter of responders working full-time. These data are consistent with the findings of studies from other European countries which indicated a similar frequency of full professional activity among SSc patients. This clearly shows that despite their disability, patients strive for independence and self-sufficiency by taking up employment. Our role as physicians is to help them to fight for full independence.

It was not editors' intention but this issue is dominated by psychosocial aspects of the rheumatic patient's life. Findings form scleroderma patients' lives were substantiated by two more papers addressing psychosocial aspects in rheumatology. In detail "Comparison of the prevalence of fibromyalgia in pre-clinical and clinical years among medical students of the Collegium Medicum of the University of Warmia and Mazury in Olsztyn" has been made by Knapik et al. [4]. Results from the study raise some important questions as to whether the training of medical students is organized optimally and whether medical study may be an area where certain changes should be made to make the first yards in the medical career pathway less stressful. This potentially may bring many serious consequences as low quality of life and experienced traumatic situations may influence the next steps in medical career and personal development among medical students. As a supplement to the psychological aspects of the medical study may serve a paper by Jeka et al. [5] who focused on the

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psychodemographic characteristics of patients with rheumatic diseases in clinical trials. The authors were able to fully characterize subjects enrolled on clinical trials. Keeping in mind many discrepancies between Poland and other European countries, patients enrolled on clinical trials suffer from a disease for many years and have many comorbidities significantly reducing their quality of life, are professionally active and seek new therapies by participating in clinical trials. It is still an open question whether the level of education may at least potentially influence the decision on participation in clinical trials The truth is that most patients are graduates from colleges or have a formal academic education.

Even though rheumatology is a mysterious area where many not fully understood immunological mechanisms play a role, modern rheumatology is still an area where a proper understanding of metabolic processes and metabolic pathways helps to understand the plethora of signs and symptoms in rheumatic diseases. That is absolutely true when pyrophosphate arthropathy and bone mineral density (BMD) are taken into consideration. Both clinical problems are elegantly addressed in this issue by Suszek et al. [6] and Jeka [7] respectively. In the first paper entitled "Pyrophosphate arthropathy — a literature review", the Authors characterized pyrophosphate arthropathy as still a chronic, but self-limiting disease characterized by the presence of the symptoms of acute inflammation usually lasting for a few days or weeks after the start of treatment. The prognosis depends on the number of affected joints and the frequency and exacerbations and varies significantly between the patients. Calcium pyrophosphate crystals when deposited on the surface of the joints can cause structural damage thus directly leading to disability development. Moreover, several episodes of CPPD promote the formation of palpable nodules that resemble gout nodules, making differential diagnosis a bit difficult. Paper by Daniel Jeka entitled "The importance of bone mineral density and structure in fracture risk assessment of patients with rheumatoid arthritis and ankylosing spondylitis — perspectives" Fracture risk assessment in AS" [7] focuses on diagnostics challenges in osteoporosis among patients with ankylosing spondylitis (AS). Indeed, in the general population, BMD assessment, the gold standard for diagnosis of osteoporosis, does not work too well in inflammatory arthropathies in general and in AS in particular. New bone formation may increase BMD value thus leading to falsely negative results. Moreover, inflammation commonly observed in patients with AS or rheumatoid arthritis may have a strong influence on bone metabolism that translates directly to impaired bone structure. That is why the Authors proposed the trabecular bone score as a practical tool to assess the real structure of bone in AS patients.

The "Rheumatology Forum" was designed as a platform to exchange ideas and knowledge as well as to share personal experiences. Ciba-Stemplewska et al. [8] presented at series of case reports of patients with giant cell arteritis, the most common form of vasculitis in patients aged over 50. The Authors discussed in detail the typical characteristics of patients. However, the unmet need in GCA is a delay in diagnosis and treatment. Therefore, we should be aware of this disease, and diagnose it properly which give a chance to halt the progression of the disease and prevent serious complication including blindness of affected patients. Talking about ocular complications we moved finally to the last paper by Bachta et al. [9] — "Uveitis in rheumatic diseases — therapeutic management". The paper is the result of the high interest that ocular presentation of rheumatic diseases attracts among rheumatologists. It provides a "road map" on how to diagnose uveitis clearly indicating that only some ocular presentations may be liked with rheumatic diseases. Unfortunately, most of them may be recognized as idiopathic and should be treated by well-experienced ophthalmologists.

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