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Of all the gin joints in all the towns in all the world, she walks into mine — first year of "Rheumatology Forum" as the common CECR journal

The end of the 2023 year is an excellent time to make some summation. This year, 7 presidents of rheumatology societies in Europe working together in the format of Central European Conference in Rheumatology (CECR) voted for establishing the "Rheumatology Forum" as the common journal of CECR. Being aware of many similarities and differences between our countries, we decided to create a joint formula that enables us to exchange ideas and publish them freely and independently. The passing year has been dominated by systemic sclerosis, and a series of papers with Woody Allen's running headline "Everything you always wanted to know..." have been published, attracting high scientific interest.

This issue of the "Rheumatology Forum" follows this way, and two more papers on "Everything you always wanted to know about systemic sclerosis…" have been published. In detail, Bultrowicz et al. discussed the current strategies for the treatment of systemic sclerosis, focusing on internal organ-based treatment aimed to protect the structure and maintain the proper function of organs commonly affected by the disease, such as heart, lungs, cardiovascular, renal, and gastrointestinal systems [1]. Unfortunately, we are still lacking one drug that may act as a disease-modifying drug in systemic sclerosis, and many therapeutic strategies have been proposed so far, clearly indicating that none of them is the right choice. Fortunately, in some instances, patients with active rapid progressive disease may benefit from autologous stem cell transplantation. Indeed, Kopińska presented the current strategies for this haematological procedure. Pointing to indications, she also emphasised the limitations of this treatment strategy. The background of her analysis is solid as she is a member of an experienced team who started to use this method for treatment almost 25 years ago, and the centre became the pioneer in this field in Poland [2]. However, systemic sclerosis is not the only area of interest of the "Rheumatology Forum". Analysing published papers on this year's issues, we may find many papers published on physiotherapy that clearly show how important this type of treatment is. In line with this, Michalik et al. focus on the analysis of postural disorders in patients with rheumatoid diseases [3]. In the study, the Authors used a stabilometric platform to detect any instability in gait and posture among patients with musculoskeletal disorders. They found that motor and postural disorders are common among patients with rheumatic disorders due to irreversible damage in the musculoskeletal system, which may suggest that early physiotherapy intervention may halt or at least slow

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the progression of the disease toward irreversible disability. The following paper in this field, authored by Wnuk et al., strongly implies that motor disorders are not restricted to patients with musculoskeletal diseases [4]. In the study, a group of healthy subjects — medical university students — was recruited to describe spine shape using the modified Matthias method. In conclusion, the Authors stated that sex differences in spinal shape (lordosis and kyphosis) are mainly related to total muscular strength and performance.

With the advent of biological therapy, the face of one of the most disabling rheumatic conditions — psoriatic arthritis — has changed dramatically. In this issue, Sikorska and Samborski [5] discussed the medical standards for treating patients with psoriatic arthritis. The authors examined the epidemiology, pathogenesis, and clinical picture in detail. Still, they focused mainly on current strategies for treating the disease, emphasizing available pharmacological modalities. Moreover, this distinct clinical presentation requires the treatment to be personalized and based on clinical presentation and the area of the body affected by the disease. With many drugs registered for treating the disease — tumour necrosis factor (TNF) inhibitors, interleukin 17 (IL-17) blockers, IL-12/23 antagonists, synthetic disease-modifying antirheumatic drugs (DMARDs) (both classical and targeted), and finally, glucocorticosteroids the proper treatment may be challenging for the treating physicians. The paper suggests in which clinical presentation the given type of drugs is the best option for the patient.

Keeping in mind many differences, ankylosing spondylitis (AS) and, more generally, axial spondyloarthropathies (axSpa) may represent similar groups of diseases where the axial skeleton is affected. The high-severity axial SpA represents the group of diseases that may affect all areas of patients' lives, such as work and fulfillment of social roles. The paper in this issue, authored by Wojciechowski et al., presents the new physical therapy regimen and tests its influence on improving patients' quality of life with ankylosing spondylitis [6]. The Authors found that combination therapy (physiotherapy and biological treatment) is superior to biological treatment alone, clearly indicating the importance of physiotherapy as the standard of care in this group of patients.

Another factor that may have a substantial impact on quality of life in patients with ankylosing spondylitis is comorbidity. In the course of the disease, several internal organs may be affected, significantly worsening the prognosis and quality of life. Among many internal organs affected, cardiovascular (CV) problems in patients with rheumatological diseases attract high scientific attention. Targońska-Stępniak, in her elegant review, discussed the cardiovascular problems in patients with AS. Taking into account that the incidence of CV diseases is more common among SpA patients, including coronary artery disease (CAD), heart failure (HF), and cerebrovascular disease, treatment of the patients with SpA should also be directed toward the reduction of cardiovascular burden in the patient [7]. The easiest way is to reduce the influence of modifiable risk factors for cardiovascular disease, such as smoking, obesity, hypertension, and dyslipidaemia. There are also several other factors that may significantly contribute to general poor cardiovascular outcome in patients with SpA. As it has been established many years ago for lupus and rheumatoid arthritis, SpA alone and its activity have a substantial impact on the development of cardiovascular risk, facilitating the development of atherosclerosis. It translates directly to the development of fatal complications and higher CV mortality in SpA patients compared to the general population. The only sufficient therapeutic strategy is to reduce the activity of the disease, which may minimize this risk.

The therapeutic progress we have observed in rheumatology in recent years could not have been achieved without developing sophisticated diagnostic methods. Introducing new diagnostic procedures based on magnetic resonance imaging, scintigraphy, and computerized tomography opened a new diagnostic era in rheumatology. However, the progress is still on, and new diagnostic procedures are currently being tested in rheumatology. As presented by Jeka, dual-energy computed tomography may be a promising tool in rheumatology **[8]**. At the moment, however, this method shows no superiority over the current method used in rheumatology.

The last paper in this issue comes from the Rheumatological Department in Lublin. For decades, rheumatology has existed at the junction of related branches of medicine, such as hematology, genetics, and autoinflammatory diseases. It is especially true when described in 2020 by Beck VEXAS syndrome is concerned. The syndrome's name

is an acronym (Vacuoles, E1 ubiquitin-activating enzyme, X chromosome, Autoinflammation, Somatic). The clinical presentation is very similar to the typical connective tissue disease, and recurrent fever, weight loss, chronic fatigue, skin manifestation, vasculitis muscle pain, and night sweats are typical clinical presentations. Having access to commercialized genetic tests for somatic mutation of the *UBA1* gene, located on chromosome X (Xp11.23), this mutation can be detected in cases of fever of unknown origin, enabling the genetic background of symptoms to be proved. However, the critical element in the diagnostic process is simply awareness of the disease. Therefore, we recommend the paper of Suszek et al. as the proper compendium of symptoms and signs helping to identify the persons who may suffer from VEXAS syndrome [9].

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