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Est avis in dextra melior, quam quattuor extra — can we change the face of rheumatology?

In the inaugural issue of 2024, we commenced with a sage adage indicating that “Preferring something imperfect but certain and accessible over an unattainable ideal”. In our endeavour to enhance prognosis and improve the quality of life for our patients, we frequently opt to initiate and engage in clinical trials, viewing them as potentially valuable options for our patients. Indeed, clinical trials constitute a critical element in advancing novel pharmaceuticals. Within the scope of this edition of the “Rheumatology Forum”, an exemplary study investigating patients’ concerns and motivations regarding participation in clinical trials is delineated in the paper authored by Marta Jeka et al. [1]. This study delves into the influential factors guiding patient participation, focusing on individuals grappling with various rheumatic diseases. The authors succinctly summarize their findings in three key points: firstly, individuals typically opt to participate in clinical trials following thorough discussions with their families and healthcare providers. Secondly, the primary impetus for involvement in clinical trials stems from the lack of adequate treatment options for their respective conditions, thereby highlighting the potential of trial participation to bridge the gap between therapeutic needs and available options. Finally, the predominant feeling in people entering a clinical trial is the hope that their health status will improve with new therapy.

This observation also finds resonance with a series of papers under the common title “Everything you always wanted to know about

systemic sclerosis but were afraid to ask”, continuously published in the “Rheumatology Forum”. In the current issue, a new paper in this domain underscores the necessity for innovative therapeutic approaches in managing systemic sclerosis, emphasizing the significance of kinesitherapy. The contribution by Wnuk et al. [2] offers fresh insights into the therapeutic potential of kinesitherapy, fostering hope for its enhanced utilization in clinical settings.

The “Rheumatology Forum” serves as a conduit for exchanging professional insights and disseminating cutting-edge research, exemplified by contributions from various centers, including a study from the Poznan Rheumatological Center. This study elucidates the Influence of inflammation on tryptophan metabolism in chronic rheumatic disorders, emphasizing the role of the kynurenine pathway in an interferon-dependent mechanism in systemic lupus erythematosus and primary Sjögren’s syndrome [3].

Furthermore, the authors shed light on the prevalence of mood disorders among autoimmune patients, linking this phenomenon to aberrations in the tryptophan axis.

This paper represents a noteworthy addition to the comprehension of the direct relationship between neuro- and biotransmitters and the emergence of autoimmune responses. Furthermore, it elucidates the potential translation of inflammatory-related imbalances in neurotransmitters to the onset of rheumatic symptoms and their impact on the release of proinflammatory cytokines, including Th1-dependent interferons.

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A notable contribution from the same center offers a comprehensive review of the clinical use of non-steroidal anti-inflammatory drugs (NSAIDs), drawing attention to their potential cardiotoxic effects, such as hypertension, heart failure, and cardiovascular events [4]. Given the widespread prescription of NSAIDs, it is imperative to remain vigilant regarding their cardiotoxicity and mitigate associated risks when deemed necessary.

The next paper in this issue comes from Olsztyn. It describes the case of Sjogren syndrome complicated by B cell lymphoma [5]. Sjögren's syndrome, a typical autoimmune-mediated connective tissue disorder, carries a heightened risk for the development of lymphoproliferative diseases, notably B-cell lymphomas. This risk primarily stems from the recognized involvement of B-cells in the pathophysiology of both conditions. Consequently, maintaining oncological vigilance alongside thorough rheumatological assessments is integral to patient evaluation, particularly in individuals predisposed to viral infections, which significantly impact prognosis and treatment outcomes. Noteworthy is the multifaceted nature of Sjögren's syndrome, encompassing manifestations across various organ systems, including hematological, cardiovascular, musculoskeletal, and neuropsychiatric domains.

Consequently, an interdisciplinary approach to patient management is imperative. The development of B-cell lymphomas represents a well-documented clinical occurrence among Sjögren's syndrome patients. Given this heightened predisposition, it is essential for clinicians to remain vigilant for such complications and to screen patients for oncological diseases.

The utilization of immunosuppressive agents extends beyond the indications for which a given drug is officially approved. An exemplary case report illustrating this notion is presented in the current issue of the Forum, detailing the treatment of relapsing polychondritis with mycophenolate mofetil (MMF). Traditionally, corticosteroids are commonly used in the management of this condition; however, their prolonged use may lead to various adverse effects, thereby limiting their utility in chronic diseases. The study by Borowy et al. documents the inaugural application of MMF, highlighting the imperative for the exploration of safe and effective therapeutic options in this relatively rare disorder [6]. It is

evident that MMF is not presently endorsed as standard therapy for relapsing polychondritis; nonetheless, its introduction may pave the way for initiating clinical trials to evaluate its efficacy in treating this condition.

This issue of the "Rheumatology Forum" is prominently influenced by contributions originating from centers in Wielkopolska. In alignment with this trend, the Orthopedic Center from Poznań presented a case report concerning a young boy affected with multimimicore disease (MmD), contributing to his presentation of toe walking [7]. Multimimicore disease, also recognized as multimimicore myopathy or multicore disease, is a rare congenital muscular disorder caused by mutations in genes encoding proteins fundamental to muscle function and development. Typically, this disorder manifests with muscle weakness, notably impacting trunk and limb musculature, and may coincide with additional features such as joint contractures, scoliosis, and respiratory complications.

In the presented case report, a 13-year-old boy exhibited progressive toe walking concomitant with scoliotic spinal deformity, representing the primary clinical manifestation of the disease. In conclusion, the authors advocate for vigilant assessment of patients demonstrating progressive toe walking, whether of early or late onset, to ascertain the potential presence of congenital myopathies. Moreover, given the association of this myopathy with a heightened risk of malignant hyperthermia reactions, precautionary measures are warranted during anesthetic procedures. Given the relatively common occurrence of gait alterations and spinal deformities among adolescents, muscle biopsy should be acknowledged as the gold standard diagnostic procedure to confirm the diagnosis.

The historical section of the Forum consistently presents new and intriguing historical insights, mainly attributable to the meticulous research efforts of Professor Eugene J. Kucharz, who seamlessly integrates rheumatology with a passion for medical history [8]. Within this issue, the silhouette of the relatively unknown Icelandic physician, Joe Petursson, emerges as the first author to describe rheumatoid arthritis. The paper delves into details about his life, exemplifying how even practitioners distant from academic centers can contribute to discovering and characterizing novel diseases. The life story of Joe Petursson is recommended to young colleagues as an inspiration for comprehensive clinical and scientific endeavors.

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4. Sikorska D, Chlabicz S, Rydzewska G, et al. Nonsteroidal anti-inflammatory drugs in clinical practice — are there any new reports? *Rheumatol Forum*. 2024; 10(1): 26–37, doi: [10.5603/rf.99945](https://doi.org/10.5603/rf.99945).
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7. Musielak B, Patrzykąt M, Seget M, et al. Multimicore disease as an important cause of toe walking: case report and literature review. *Rheumatol Forum*. 2024; 10(1): 48–54, doi: [10.5603/rf.95765](https://doi.org/10.5603/rf.95765).
8. Kucharz E. Jón Pétursson and his forgotten contribution to the clinical description of rheumatoid arthritis. *Rheumatol Forum*. 2024; 10(1): 55–58, doi: [10.5603/rf.97749](https://doi.org/10.5603/rf.97749).