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rheumatology
SINCE 1963

Dear Readers

Rheumatology is a field that constantly surprises, offering ample scope for interdisciplinary collaboration. This issue serves as excellent proof of that, featuring guidance on the diagnosis and treatment of osteoporosis – one of the most common bone diseases – alongside discussions on the prognostic utility of some autoantibodies in the course of vasculitides and questionnaires for assessing autonomic dysfunction. It also covers tools to facilitate the early diagnosis of psoriatic arthritis, as well as rare complications associated with systemic lupus erythematosus and Ehlers-Danlos syndrome. Furthermore, the analysis of how specific personality traits influence quality of life, severity of fatigue, and cardiovascular risk in rheumatoid arthritis – as well as the exploration of surgical strategies for Ehlers-Danlos syndrome – vividly illustrate the multifaceted nature of rheumatology. Ehlers-Danlos syndrome warrants closer attention; it is essentially a group of genetic disorders primarily linked to collagen mutations, characterised by symptoms such as joint hypermobility, skin hyperextensibility, and structural defects in blood vessel walls, with consequences that vary depending on the specific subtype. Rheumatologists most frequently encounter patients with hypermobile or kyphoscoliotic types of this syndrome. Often, however, patients with Ehlers-Danlos syndrome first seek help from other specialists, including physiotherapists, due to musculoskeletal pain or/and deformations (scoliosis). Even though the condition is well-documented and frequently appears in medical examinations, a comprehensive understanding of Ehlers-Danlos syndrome and related connective tissue disorders among healthcare professionals still appears to be insufficient. The consequences of complications – stemming both from the condition itself and from inappropriate interventions, such as stretching exercises – can be serious. I therefore invite you to read this issue and engage in the discussion.

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