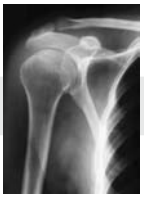

Preface

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This new column, "Issues in Rheumatology and Autoimmunity," will feature a heterogeneous group of articles dealing with both clinical and basic aspects of autoimmune rheumatic diseases, as well as several case studies on controversial or novel issues relevant to the diagnosis and management of systemic autoimmune diseases. Recent years have witnessed several important diagnostic and therapeutic developments in the field of autoimmunity [1-10], which will be represented by the articles appearing in this series.

Rheumatoid arthritis is a frequent rheumatologic disorder, for which the possibility of 'tailor-made' therapy has been raised. A pharmacogenetic index comprising enzymes of the folate pathway identifies patients with good response to methotrexate, and the ability to suppress cytokines *in vitro* is shown to reliably predict the clinical response to methotrexate therapy. Rheumatoid arthritis is a heterogeneous disease with different molecular subtypes. Distinct autoantibody and cytokine signatures have been reported in afflicted patients, and cytokine expression pattern is different in early and late RA [6,11]. Differences in transcript profiles and proteomic biomarkers can predict treatment response to tumor necrosis factor antagonists [5,11]. It is possible that these findings could help to predict patients' response to biological agents in RA as well as determine which patients are good candidates for these expensive drugs.

Clinical issues of autoimmune diseases will also be well represented in this series of papers. Systemic lupus erythematosus, probably the prototype of systemic autoimmune diseases, also includes an infrequent neonatal variant [4]. Its most common clinical manifestations are skin rash, congenital atrioventricular block, thrombocytopenia, leukopenia, anemia, and hepatosplenomegaly. Yet various infrequent skin presentations of this disease have been described and will be discussed [12]. Also to be presented is a diagnostic workup for establishing the diagnosis of mixed connective tissue disease in childhood. In addition, a novel therapeutic option for children with avascular necrosis (a frequent adverse effect in children with rheumatic diseases and treated with corticosteroids) using mesenchymal cells will be discussed. Another article focuses on lower extremity ulcers; these are more common in patients with connective tissue disease than in the general population and occurs in up to 10% of patients.

These varied topics in rheumatic and autoimmune diseases are only a sample of many newly revealed implications of autoimmune and rheumatic diseases [13]. As the number of autoimmune diseases continually increases, we should expect many more discoveries relating to pathogenesis, diagnosis and treatment of these diseases in the coming years.

RA = rheumatoid arthritis

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