

Preface

Sailing the Vasculitis Sea



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Guest Editor

On the topic of learning medicine, Sir William Osler penned a two-part quote, the first half of which reads as follows: “*To study the phenomena of disease without books is to sail an uncharted sea. . .*” Osler would have agreed that learning how to take care of patients who have systemic vasculitis requires reading (and re-reading) works written by expert clinicians—doctors who have developed their skills through experience with many patients and many complications of both the diseases and their therapies. Harnessing such clinical expertise into one issue is no trifling task. But for me, recruiting authors for the articles in this issue of *Rheumatic Disease Clinics of North America* and editing their work has been a labor of love.

Although recent years have seen the beginning of evidence-based medicine for several forms of systemic vasculitis, much of the knowledge base related to these disorders remains rooted on Pearls and Myths—clinic nuggets of wisdom and common fallacies that are important to identify and understand in order to provide good care for patients. This issue collects a large number of Pearls and Myths in the first article, entitled “Vasculitis: A Collection of Pearls and Myths.”

The rational management of vasculitis patients requires that rheumatologists collaborate closely with colleagues in other disciplines. The other

articles in this issue of *Rheumatic Disease Clinics of North America* reflect this fact abundantly:

- Dr. Ulrich Specks, a pulmonologist, serves as the senior author on two articles: “B cell depletion in the treatment of ANCA-associated vasculitis” and “Large airway disease in Wegener’s granulomatosis: Diagnosis and management.” Dr. Specks has recruited colleagues in otolaryngology for the second of these articles. Understanding both of these articles will be essential to state-of-the-art management of Wegener’s patients, both now and over the next decade.
- Dr. Jeffrey Callen, who has long been one of the premier medical dermatologists in the field, serves as the senior author of the article on “Pyoderma gangrenosum,” a clinical entity that poses a perpetual challenge for rheumatologists. The illustrations of pyoderma gangrenosum provided in this article are the best I have ever seen.
- Dr. Maria Cid is an internist whose career focus has been devoted to caring for patients with giant cell arteritis (GCA) and to understanding this disease in the laboratory. She and her colleagues have written an insightful description of “Five clinical conundrums” related to GCA. The article is earmarked by their expertise with this disorder.
- Dr. Jennifer Thorne, an ophthalmologist, comes from a long line of outstanding clinicians at Johns Hopkins who focus on ocular immunology. In this issue of *Rheumatic Disease Clinics*, she is the senior author on an article devoted to “Scleritis and peripheral ulcerative keratitis,” two potential ophthalmologic emergencies in rheumatology.

In addition to these contributions from subspecialty colleagues, several leading clinicians and investigators in rheumatology have contributed to this issue. Dr. Gary Hoffman is, in many ways, the father of clinical vasculitis investigation in the United States. Dr. Eric Matteson is a scholar of both vasculitis history and state-of-the-art vasculitis management. Drs. Hoffman and Matteson serve as senior authors on articles related to “Takayasu’s arteritis” and “Cogan’s syndrome,” respectively. Finally, Dr. Carlo Salvarani and colleagues have written a magnificent article on “Retroperitoneal fibrosis,” informing me (and, I suspect, you) about a number of new thoughts on this perplexing illness.

In addition to the depth of experience of their authors, the articles in this issue of *Rheumatic Disease Clinics of North America* are linked by one other major strength: color figures. For the first time, the Vasculitis issue is graced by color photography, which enhances substantially the learning to be derived from these pages.

I deeply appreciate all of the hard work that my coauthors contributed to this issue, and am also grateful to our publishers at Elsevier, Rachel Glover and Barton Dudlick, who kindly granted the occasional eleventh extension and oversaw the final production of the issue.

The end of this preface must conclude with Osler's full quote: "*To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.*"

As you head off to sea in taking on the care of patients with vasculitis, we hope that these articles serve as useful maps.

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