

## Preface



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Guest Editor

Infection remains an important cause of morbidity and mortality in the general population and also affects the natural course, disease manifestations, progression, and clinical response to current therapeutic management of many musculoskeletal disorders. The latter issue merits particular attention, especially concerning the use of newer biologic agents in inflammatory joint disorders. Their significant clinical efficacy is associated with an increasing array of infectious complications by both routine and opportunistic pathogens. This issue of *Rheumatic Disease Clinics of North America* is devoted to exploring the interesting relationship between infections and the musculoskeletal system.

The opening article by Gérard and colleagues reviews the role of the molecular biology of infectious agents in chronic arthritis. Particular attention is given to the potential role of *Chlamydia trachomatis* as an etiologic agent of reactive arthritis. The next article by Carter and Hudson reviews important clinical aspects of reactive arthritis and discusses in detail the therapeutic management of this interesting clinical disorder, particularly the use of antibiotics.

Torralba and Quismorio subsequently provide an extensive and comprehensive overview of soft-tissue infections, with emphasis on common and uncommon infections, predisposing risk factors, and specific therapeutic management recommendations. García-De La Torre and Nava-Zavala then present a review of gonococcal and non-gonococcal arthritis with emphasis on predisposing risk factors, and the use of newer antibiotic agents in the management of septic arthritis.

The next article by Cuchacovich and Gedalia reviews the pathophysiology and clinical spectrum of infections in systemic lupus erythematosus—both in children and in adults. Infection remains an important cause of morbidity and mortality in lupus, and the authors provide an extensive and in-depth discussion of the underlying predisposing immunologic defects and other risk factors, as well as the common microorganisms involved.

The next four articles of this issue deal with the role of viral disorders in the etiology, disease manifestations, and clinical complications in patients who have musculoskeletal disorders. Therapeutic management is also discussed.

First, Colmegna and Alberts-Grill attempt to characterize the potential role of Parvovirus B19 in the etiology of chronic arthritis. A comprehensive review of the appropriate literature is included. Buskila then reviews the rheumatic manifestations associated with hepatitis C infection, as well as its therapeutic management. Cacoub and Terrier, based on their extensive experience, subsequently present an overview of the autoimmune clinical manifestations associated with hepatitis B. They also discuss the current therapeutic management recommendations.

The important role of HIV infection in the development of arthritis and autoimmune disorders is discussed next. Patel and colleagues present an up-to-date review of inflammatory musculoskeletal and autoimmune disorders triggered by infection with the human immunodeficiency virus seen prior to the advent of highly active antiretroviral therapy (HAART) and following its use. The changing clinical spectrum and development of newer clinical syndromes, such as the immune reconstitution syndrome, following the use of HAART in developing countries is reviewed.

The last two articles of this issue are devoted to the diagnosis and management of infectious complications directly related to the use of biologic agents in patients who have articular inflammatory disorders, especially rheumatoid arthritis. Acevedo-Vásquez and colleagues present an overview of latent infection and tuberculosis disease in patients who have rheumatoid arthritis, based on their original observations. Emphasis is placed on early recognition, current diagnostic procedures, and therapeutic management of this important infectious complication. The last article by Martin-Mola provides an in-depth discussion of the infectious complications associated with the use of biologic agents, especially tumor necrosis factor-alpha inhibitors. This is of great clinical relevance and importance in view of the increasing use of these agents in the management of patients who have rheumatoid arthritis and other arthritides.

This issue of *Rheumatic Disease Clinics of North America* attempts to discuss the major advances in the field and represents the concerted effort of experienced investigators. I am most grateful to Rachel Glover, editor at Elsevier, for her confidence and support in the preparation of this issue.

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