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Editorial

An old acquaintance with new trends: Systemic lupus erythematosus

Un viejo conocido con nuevas tendencias: lupus eritematoso sistémico

Once again, we face the challenges of the approach to systemic lupus erythematosus (SLE). That, that we could classify as an "old acquaintance" among autoimmunologists and other doctors interested in the care of this disease, continues to be a great challenge. In this supplement we present several topics where novelties in the diagnostic and therapeutic approach are highlighted. In this way, an outstanding group of experts from different parts of the world show us a state of the art, but above all, the innovations that have been taking place on the LES.

Initially, Quintana et al.[1] present an update and protective measures for cardiovascular diseases and accelerated arteriosclerosis. The pathophysiological mechanisms, new associated molecules and some management approaches are presented in relation to this unfortunate outcome of SLE, present when adequate control of the disease is not achieved. On the other hand, in a fascinating review, Alarcón[2] illustrates the great heterogeneity of the disease and, at the same time, the challenges it poses for the proper preparation of clinical studies and our skills and limitations to understand the mechanisms of the disease; meanwhile, the first single-cell transcriptomics studies, their results and eventual applications in the clinical setting are presented.

The implications of the environment and how it affects the disease are exposed by Bastidas et al.[3] who present an elegant work on the experiences published in Colombia and the region. Topics of ethnicity, gender, hormonal factors, among others, are presented and interesting epidemiological estimators related to each factor and involved in the development or relapse of SLE are presented. A state of the art on organ damage and how it affects the evolution, severity and prognosis of the disease; presenting the associated and protective factors and finally, the pharmacological strategies with the greatest impact on the delay and blocking of this powerful outcome of SLE, is presented by González et al.[4]

Approaches to some more clinical aspects are presented by Rodríguez-Pintó et al.[5] who present a remarkable review on the catastrophic antiphospholipid syndrome, including differential diagnoses and a discussion on the currently available therapeutic options and their possible complications. For the issue of pregnancy, Zamora-Medina et al.[6] In a grandiose approach, present the guidelines for before, during and after the gestational process, as well as the guidelines for potential complications due to the presence of lupus nephritis, antiphospholipid and anti-Ro and anti-La antibodies and their different outcomes during pregnancy.

Another clinical topic of interest presented is bone involvement, both at the joint level and mineral density. Here, Frade-Sosa et al.[7] present an update on joint manifestations in SLE where the relevance of new diagnostic strategies such as ultrasonography and resonance is highlighted and the need to propose new classifications is discussed. Also, that refractory forms of arthritis require the targeted use of immunosuppressive modifying medications and even biological therapies. On the other hand, there is a reduction in bone mineral density (osteoporosis and avascular necrosis) in patients with SLE, mainly related to the use of steroids. In this section, Fernández-Codina and Pope[8] present a complete review of the subject, which includes risk factors, symptoms, diagnostic methods and possible pharmacological measures. It is worth highlighting the criteria for screening and surveillance, as well as the recommendations on treatment in the group of patients with SLE.

The issue related to kidney involvement and its approach could not be left out. In this field Sánchez-Cubías et al.[9] present the importance of repeat biopsy in the outcomes of lupus nephritis. They highlight the importance of re-biopsy in patients with relapse or loss of effectiveness in treatment, the change from a non-proliferative lesion to a proliferative form, and changes in the therapeutic decisions of patients undergoing re-biopsy. Finally, Xipell et al.[10] present an update on the importance of including and understanding tubulointerstitial injury and its repair mechanisms to improve the results of renal involvement in SLE, present innovations in

renal pathology techniques and new biomarkers to recognize early lesion due to nephritis.

Finally, Ríos-Garcés et al.[11]. present a state of the art on target-to-treatment in SLE, highlighting the notable importance of having patients in remission or at least low disease activity. It talks about the different definitions of these terms, their important results over time and the heterogeneity of the scales, but always keeping in mind the objective of carrying out these outcomes to our patients.

In conclusion, we cannot fail to thank the response we had from all the authors and guests to build this monograph, their delicate work and the great contributions they gave us. Undoubtedly, the Lupus monograph will be a bibliographic and reference source for many novice and expert colleagues and will give its contribution to narrow the scope of our main objective: to help patients who suffer from lupus.

Appendix A. Supplementary material

The Spanish translation of this article is available as supplementary material at doi:10.1016/j.rcreu.2021.05.001.

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