Special articles: Controversies in cardio-rheumatology Introduction

While modern medicine has progressively encouraged the development of sophisticated skills to manage new advanced technologies, at the same time there is an urgent need to address the problem of complexity in medicine. This is on the one hand due to the increasing recognition of multisystem diseases and on the other hand to face the comorbidities on an increasingly aged population.

To return to a holistic vision of medicine, it is necessary to create efficient bridges between the various branches of medicine. In this respect, *Clinical and Experimental Rheumatology*, as a journal of a non-organ-specific subspecialty and in view of its specific historical dedication to multisystem diseases, has been particularly focused on establishing institutional connections with other branches of medicine.

Following this idea of bridging the gap between the two disciplines, *Clinical and Experimental Rheumatology* sponsored a symposium titled "Complexity in cardio-rheumatology: cardiologists and rheumatologists face-to-face", which took place in Pisa on November 6, 2025. Here a group of cardiologists and rheumatologists met to cover overlapping areas of interest, exchange opinions and disputing controversies. These Special Articles derive from those presentations, in a logical and intertwined sequence.

One of the organisers of the symposium, Raffaele De Caterina, introduced the talks lecturing on "Inflammation and atherothrombosis: lights and shadows", setting the stage for subsequent articles with current knowledge on the role of inflammation in the origin, progression and complications of atherosclerosis (1). A second contribution came from Maurizio Cutolo and his group, with an original paper, in the form of a systematic review, on the relative cardiotoxicity of low- *vs*. intermediate/high-dose corticosteroids in rheumatoid arthritis, depicting the relative advantages of low-dose corticosteroids in this setting, with an eye on cardiovascular side effects (2). Akin to this topic, Antonio Brucato and his group wrote about the current challenges related to the use of corticosteroids in pericarditis, with a paradigm shift from standard high doses, as used in the past and found to be problematic, to precision therapy with these agents, that still have opportunities in this setting (3).

Our journey on areas of overlapping interest continues dealing with 'rheumatologic agents', as related to their use in cardiovascular disease with three contributions dedicated to colchicine: a first one, by the group of Roberto Gerli, relates to the classical use of this agent in crystal synovitis, namely gout, and sets the stage for its cardiovascular use (4); a second paper, by Massimo Imazio, dealing with the history of colchicine use in coronary heart disease, with its pros (5); and a third critical review of its use with the contrary arguments, by the group of Giulio Stefanini (6).

A final paper in this series comes from the Pisa group of Chiara Tani and Marta Mosca on the lights and shadows related to the use of hydroxychloroquine in heart disease, advocating standard doses associated with some cardiovascular benefits as opposed to high doses, with dangerous cardiovascular side effects (7).

It has been a great satisfaction for the two of us to assemble this group of experts from the two sides – cardiology and rheumatology – of the challenge, discussing overlapping areas of interest and the best use of anti-inflammatory and anti-rheumatic drugs in less conventional cardiovascular indications. We hope the reader will find this journey interesting and useful, providing a critical update on these topics, as well as highlighting what are now consolidated indications and critical knowledge gaps to be seen as opportunities for future research.

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References

1. DE CATERINA R: Inflammation and atherosclerotic cardiovascular disease: lights and shadows. *Clin Exp Rheumatol* 2026; 44(7): 1272-78. https://doi.org/10.55563/clinexprheumatol/gbh7x7
2. GOTELLI E, CAMPITIELLO R, HYSA E *et al*.: Long-term low dose glucocorticoid therapy in rheumatoid arthritis: a systematic review with meta-analysis on cardiovascular effects. *Clin Exp Rheumatol* 2026; 44(7): 1279-88. https://doi.org/10.55563/clinexprheumatol/omk0if
3. BIZZI E, SERATI L. TROTTA L, ANTONIOLI A, PAOLETTA S, BRUCATO A: The paradigm shift in corticosteroid therapy for idiopathic pericarditis: from high-dose regimens to precision therapy. *Clin Exp Rheumatol* 2026; 44(7): 1289-96. https://doi.org/10.55563/clinexprheumatol/h585lm
4. ATZENI F, BARTOLONI E, ANTONINI C *et al*.: Colchicine in crystal synovitis and beyond. *Clin Exp Rheumatol* 2026; 44(7): 1297-305. https://doi.org/10.55563/clinexprheumatol/4of7ht
5. IMAZIO M: Colchicine in coronary heart disease: from inflammatory biology to secondary prevention. *Clin Exp Rheumatol* 2026; 44(7): 1306-11. https://doi.org/10.55563/clinexprheumatol/kmkx3v
6. SCUNGIO LF, NIKIFOROU, PASCUCCI C, MINCIONE G, STEFANINI G: Colchicine in coronary artery disease: limitations and challenges. *Clin Exp Rheumatol* 2026; 44(7): 1312-8. https://doi.org/10.55563/clinexprheumatol/hcz3hu
7. ELIA A, ZUCCHI D, CASCARANO G, MOSCA M, TANI C: Hydroxychloroquine and the cardiovascular system: lights and shadows. *Clin Exp Rheumatol* 2026; 44(7): 1319-29. https://doi.org/10.55563/clinexprheumatol/ohdbee