

## Editorial

---

# A special *Clinical and Experimental Rheumatology* issue on ultrasound in rheumatology

---

A. Delle Sedie

---

Rheumatology Unit, University of Pisa,  
Pisa, Italy.

Andrea Delle Sedie, MD

Please address correspondence to:

Andrea Delle Sedie,

U.O. Reumatologia,

Università di Pisa,

Via Roma 67,

Pisa 56126, Italy.

E-mail: [adellese@lycos.com](mailto:adellese@lycos.com)

Received and accepted on October 23,  
2013.

*Clin Exp Rheumatol* 2014; 32 (Suppl. 80):  
S1-S2.

© Copyright CLINICAL AND

EXPERIMENTAL RHEUMATOLOGY 2014.

**Key words:** ultrasound,  
rheumatology, imaging

This special issue of *Clinical and Experimental Rheumatology* focuses on musculoskeletal, salivary gland, skin, and vascular ultrasound (US), and US-guided procedures in the rheumatology setting.

Due to the incredibly fast growing interest in this imaging procedure in the last decades from rheumatologists, the editorial board of the *Clinical and Experimental Rheumatology* journal decided, to publish US-related papers on a regular basis, and they were the first in the field to do this. This series, called “Ultrasound imaging for the rheumatologist”, started in 2006 from the co-operation between four leading groups on US in rheumatology in Italy, with the first contribution given by one of the most representative groups in the world when talking about US in rheumatology (1). The series produced a great number of reviews (initially focused on the basic teaching of US, then provided literature reviews on the US evaluation of shoulders and hips in patients with polymyalgia rheumatica and US-guided injection in the shoulder) and, starting from 2009, also original contributions to the literature in different fields. In those years, different diseases were evaluated with a special interest in “unusual” articular sites in frequently assessed diseases such as rheumatoid arthritis (2-4), psoriatic arthritis (5-8), early arthritis (9) and crystal-related arthropathies (10-12), or in diseases which are less extensively studied using US, such as connective tissue diseases (13-14), osteoarthritis (15-16) and, fibromyalgia (17). *Clinical and Experimental Rheumatology* has also been interested in the advances in technology (i.e. 3D US), publishing papers both in the series and in the general pages of the journal (18-23).

An interesting and innovative paper

was recently published on the involvement of the shoulder in healthy subjects. It evaluated both sexes and different age subgroups, possibly providing reference values for the future (24).

The aim of the journal was clearly to contribute to fostering US among rheumatologists. As a matter of fact, apart from the articles published in our regular series, there is no doubt that US is now becoming one of the emerging topics in modern rheumatology. After the publication of the first paper in 1989, so far, *Clinical and Experimental Rheumatology* has hosted 105 papers of independent unsolicited contributions covering most of the rheumatic diseases (25 on rheumatoid arthritis, 15 on vasculitis, 12 on spondyloarthritis, 10 on connective tissue diseases, 7 on juvenile arthropathies and 4 on crystal-related arthropathies and osteoarthritis) and, in particular, 70 after 2006, when we started our regular series. Above all, the number of submitted papers has steadily increased over the years. We are certainly proud that by putting our trust in this field when it was largely overlooked, *Clinical and Experimental Rheumatology* has clearly contributed to the growing awareness and diffusion of this technique among the rheumatology community. We have realised, however, that at this point there is no longer a need to continue our regular series in 2014 using the same template, and that we should promote our peculiar interest in this field on a totally *de novo* basis. Before doing this, as a first step of this new editorial policy, we decided the time was ripe to devote an entire supplement issue to the contribution of the leading experts in the field to establish where we were, where we are and where we are going in this field.

In the pages of this supplement issue you will find a sort of “walk” on the

Competing interests: none declared.

path of US in rheumatology, beginning from what it was in the past and what US represents now, to what it will probably be the future. Leafing through it, the reader can find reviews about single rheumatic diseases (rheumatoid arthritis, spondyloarthritides, osteoarthritis, crystal-related arthritis, connective tissue diseases, vasculitis, juvenile arthritis) as well as the specific use of US (salivary gland US and interventional US), Doppler techniques and comparisons between US and conventional radiology, low- and high-field MRI.

## References

1. FILIPPUCCI E, IAGNOCCO A, MEENAGH G *et al.*: Ultrasound imaging for the rheumatologist. *Clin Exp Rheumatol* 2006; 24: 1-5.
2. DI GESO L, FILIPPUCCI E, RIENTE L *et al.*: Ultrasound imaging for the rheumatologist XL. Sonographic assessment of the hip in rheumatoid arthritis patients. *Clin Exp Rheumatol* 2012; 30: 464-8.
3. RIENTE L, DELLE SEDIE A, SCIRÈ CA *et al.*: Ultrasound imaging for the rheumatologist. XXXI. Sonographic assessment of the foot in patients with rheumatoid arthritis. *Clin Exp Rheumatol* 2011; 29: 1-5.
4. RIENTE L, DELLE SEDIE A, FILIPPUCCI E *et al.*: Ultrasound Imaging for the rheumatologist XXVII. Sonographic assessment of the knee in patients with rheumatoid arthritis. *Clin Exp Rheumatol* 2010; 28: 300-3.
5. RIENTE L, DELLE SEDIE A, FILIPPUCCI E *et al.*: Ultrasound imaging for the rheumatologist XLV. Ultrasound of the shoulder in psoriatic arthritis. *Clin Exp Rheumatol* 2013; 31: 329-33.
6. RIENTE L, DELLE SEDIE A, SAKELLARIOU G *et al.*: Ultrasound imaging for the rheumatologist XXXVIII. Sonographic assessment of the hip in psoriatic arthritis patients. *Clin Exp Rheumatol* 2012; 30: 152-5.
7. DELLE SEDIE A, RIENTE L, FILIPPUCCI E *et al.*: Ultrasound imaging for the rheumatologist. XXXII. Sonographic assessment of the foot in patients with psoriatic arthritis. *Clin Exp Rheumatol* 2011; 29: 217-22.
8. DELLE SEDIE A, RIENTE L, FILIPPUCCI E *et al.*: Ultrasound imaging for the rheumatologist XXVI. Sonographic assessment of the knee in patients with psoriatic arthritis. *Clin Exp Rheumatol* 2010; 28: 147-52.
9. SCIRÈ CA, IAGNOCCO A, MEENAGH G: Ultrasound imaging for the rheumatologist XXXIII. Sonographic assessment of the foot in early arthritis patients. *Clin Exp Rheumatol* 2011; 29: 465-9.
10. FILIPPUCCI E, DELLE SEDIE A, RIENTE L *et al.*: Ultrasound imaging for the rheumatologist. XLVII. Ultrasound of the shoulder in patients with gout and calcium pyrophosphate deposition disease. *Clin Exp Rheumatol* 2013; 31: 659-64.
11. SCIRÈ CA, IAGNOCCO A, MEENAGH G: Ultrasound imaging for the rheumatologist XXXIII. Sonographic assessment of the foot in early arthritis patients. *Clin Exp Rheumatol* 2011; 29: 465-9.
12. FILIPPUCCI E, SCIRÈ CA, DELLE SEDIE A *et al.*: Ultrasound imaging for the rheumatologist. XXV. Sonographic assessment of the knee in patients with gout and calcium pyrophosphate deposition disease. *Clin Exp Rheumatol* 2010; 28: 2-5.
13. DELLE SEDIE A, RIENTE L, SCIRÈ CA *et al.*: Ultrasound imaging for the rheumatologist. XXIV. Sonographic evaluation of wrist and hand joint and tendon involvement in systemic lupus erythematosus. *Clin Exp Rheumatol* 2009; 27: 897-901.
14. RIENTE L, SCIRÈ CA, DELLE SEDIE A *et al.*: Ultrasound imaging for the rheumatologist. XXIII. Sonographic evaluation of hand joint involvement in primary Sjögren's syndrome. *Clin Exp Rheumatol* 2009; 27: 747-50.
15. IAGNOCCO A, FILIPPUCCI E, RIENTE L *et al.*: Ultrasound imaging for the rheumatologist XLI. Sonographic assessment of the hip in OA patients. *Clin Exp Rheumatol* 2012; 30: 652-7.
16. IAGNOCCO A, FILIPPUCCI E, RIENTE L *et al.*: Ultrasound imaging for the rheumatologist XXXV. Sonographic assessment of the foot in patients with osteoarthritis. *Clin Exp Rheumatol* 2011; 29: 757-62.
17. MEENAGH G, SAKELLARIOU G, IAGNOCCO A *et al.*: Ultrasound imaging for the rheumatologist XXXIX. Sonographic assessment of the hip in fibromyalgia patients. *Clin Exp Rheumatol* 2012; 30: 319-21.
18. FILIPPUCCI E, MEENAGH G, DELLE SEDIE A *et al.*: Ultrasound imaging for the rheumatologist. XX. Sonographic assessment of hand and wrist joint involvement in rheumatoid arthritis: comparison between two- and three-dimensional ultrasonography. *Clin Exp Rheumatol* 2009; 27: 197-200.
19. FILIPPUCCI E, MEENAGH G, EPIS O *et al.*: Ultrasound imaging for the rheumatologist. XIII. New trends. Three-dimensional ultrasonography. *Clin Exp Rheumatol* 2008; 26: 1-4.
20. FALCAO S, DE MIGUEL E, CASTILLO-GALLEGO C, PEITEADO D, BRANCO J, MARTÍN MOLA E: Achilles enthesitis ultrasound: the importance of the bursa in spondyloarthritis. *Clin Exp Rheumatol* 2013; 31: 422-7.
21. NAREDO E, MÖLLER I, ACEBES C *et al.*: Three-dimensional volumetric ultrasonography. Does it improve reliability of musculoskeletal ultrasound? *Clin Exp Rheumatol* 2010; 28: 79-82.
22. IAGNOCCO A, RIENTE L, DELLE SEDIE A *et al.*: Ultrasound imaging for the rheumatologist. XXII. Achilles tendon involvement in spondyloarthritis. A multi-centre study using high frequency volumetric probe. *Clin Exp Rheumatol* 2009; 27: 547-51.
23. FILIPPUCCI E, MEENAGH G, DE AGUSTIN JJ *et al.*: Level of agreement between rheumatologists on US image acquisition using a 3D volumetric probe. *Clin Exp Rheumatol* 2007; 25: 116.
24. IAGNOCCO A, FILIPPUCCI E, SAKELLARIOU G *et al.*: Ultrasound imaging for the rheumatologist XLIV. Ultrasound of the shoulder in healthy individuals. *Clin Exp Rheumatol* 2013; 31: 165-71.