I Love Rheumatologic Cases!
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Rheumatology often deals with highly challenging and very interesting cases. I like to joke that I’m a “recovered rheumatologist” because my initial pediatric subspecialty training at the University of Florida was infectious diseases and immunology. Therefore, I cared for rheumatologic as well as immunodeficient patients, and I subsequently functioned as a pediatric rheumatologist for several years (long ago!).

In this issue of Pediatric Annals, two outstanding pediatric rheumatologists, Marissa S. Klein-Gitelman, MD, and Megan L. Curran, MD, present six challenging cases and discuss the entities that were ultimately diagnosed. I believe the readership of this journal will find these cases and discussions stimulating and highly educational.

The granulomatosis with polyangiitis case (page 103) is a discussion of the entity formerly called Wegener’s granulomatosis; I trust that most readers of Pediatric Annals probably learned about this illness at one time, but probably haven’t actually seen a case, as it’s quite rare in the general population. The reason the name of this disorder has changed relates to the relatively recent recognition that Friedrich Wegener, who is credited with describing the entity, voluntarily joined the Nazi party in 1932 — before Hitler even came to power. Wegener also became a Nazi storm trooper.

Two other Nazi doctors whose names are eponymous with diseases are Julius Reiter, who was a senior Nazi official, and Julius Hallovorden, who participated in Nazi medical atrocities. The terms Reiter’s syndrome and Hallovorden-Spatz disease, like Wegener’s granulomatosis, are being phased out of medical usage. This, I believe, is quite appropriate.

Also in this month’s issue is a feature article written by Shivani S. Tripathi, MD, and colleagues, outlining the ways general pediatricians can support palliative care efforts on behalf of their patients (see page 112). It’s a timely piece, given that the AAP’s Committee on Hospital Care recently issued a policy statement on patient-centered care, urging pediatricians to be involved at all levels, including when patients are hospitalized.

Chief among the Committee’s recommendations is a call for pediatricians,
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as leaders of their patients’ medical home, to “ensure that true collaborative relationships” occur at every level; and that pediatricians “should participate in the development of the health care plan and have ownership of it.”

THIS MONTH’S STAMPS

Last year marked a major milestone in medicine, namely the 30th anniversary of the first report of patients who manifested the illness that we now know as AIDS. This anniversary has been commemorated recently by a number of countries that have issued stamps; four of these colorful stamps are illustrated here.

Two are from Bosnia-Herzegovina and Uruguay (see page 87). Another, from Romania, shows the AIDS ribbon inscribed with the years 1981 and 2011, as well as a very nice schematic showing the structure of the human immunodeficiency virus (HIV). The fourth stamp is from Serbia and appears to depict HIV (in green) within a cell or perhaps in a drop of blood (in red), obviously not drawn to scale.

The CDC’s Morbidity and Mortality Weekly Report (MMWR) of July 1, 1981, reported five homosexual men from Los Angeles with a very unusual infection, Pneumocystis carinii pneumonia. Shortly after, additional reports of young men with other opportunistic infections and Kaposi’s sarcoma appeared.

HIV, the causative agent, was identified by 1983, and a serologic test was developed in 1985 to aid diagnosis and to screen blood donors. HIV/AIDS has reached pandemic proportions in the 30 years since 1981, with more than 60 million cases and 30 million deaths worldwide.

The year 2011 also saw the 15th anniversary of highly active antiretroviral therapy (HAART), which has dramatically converted HIV infection from a fatal disease to a chronic illness that can be managed. The 2008 Nobel Prize in medicine was awarded in part to Luc Montagnier and Françoise Barré-Sinoussi for their discovery of HIV.

Pediatric HIV patients were recognized early in the epidemic; they acquired it, generally, from their infected mothers at birth. Now, with excellent preventive measures that have been developed and fairly widely implemented globally, pediatric HIV infections in many areas such as the US have declined.