Current Vision of Systemic Autoimmune Diseases - From Diagnosis to Management

Systemic autoimmune diseases (SADs) develop when non-organ specific abnormal and self-reactive immune responses occur followed by the exhibition of different combinations of laboratory and clinical features. Worldwide, the incidence of SADs such as antiphospholipid syndrome, rheumatoid arthritis, scleroderma, Sjögren's Syndrome and systemic lupus erythematosus is at an increasing state. Due to the non-organ specific characteristics, SADs can affect literally any of the organs including the brain, heart, lungs, liver, kidneys, skin and bones and are potential to contribute to the fatal conditions such as cardiovascular and cerebrovascular diseases, arterial and/or venous thromboses and pregnancy complications. As different combinations and overlapping clinical and laboratory features are observed in patients with SADs, therefore, it’s been a challenge in diagnosis, revealing exact pathogenesis or management. Genetic factors are believed to play roles in developing SADs as well. Because of the idiopathic pathogenic nature and discrepancies in disease severity, management of SAD patients has been challenging. In the last two decades, a substantial contribution of experimental and clinical researches were observed in developing appropriate diagnosis, revealing pathogenesis, genetic influences and successful treatment strategies for the better management of patients with SADs. Therefore, in this special issue, contributors are requested to emphasize, however, not limited to the updates on the diagnosis, pathophysiology, genetics and management of the following SADs:
1. Antiphospholipid syndrome
2. Rheumatoid arthritis
3. Scleroderma
4. Sjögren’s syndrome
5. Systemic lupus erythematosus

Schedule:

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