

## Pediatric Rheumatology: To Broader Horizons

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From the first cases of chronic arthritis in children described in 1897 by George Still to the era of modern biotherapy; pediatric rheumatology (PR) has seen an unprecedented progress and a broad evolution.

Settling down between adult rheumatology and general pediatrics, PR has to be individualized as a subspecialty apart which has its own priorities and distinct practices. Indeed, adult rheumatologists may regard the pediatric rheumatic diseases identical to the adult rheumatic diseases; nevertheless, they are often quite different [1]. Furthermore, the adult rheumatologists have narrow understanding of multiple pediatric issues such as pain in children, use of anti-rheumatic drugs in children, the art of dealing with parents, handling school problems [1]. Whereas, knowing that the general pediatricians' expertise covers wide area of diseases, it is difficult for them to become competent in diagnosing and managing these children with rheumatic illness [1].

It was only until 1990 that the PR has been recognized as a legitimate subspecialty in several countries among others USA and UK [2]. A necessary first and crucial step towards combating pediatric rheumatic diseases more efficiently; bearing in mind the ongoing increase in the number of children suffering from this disease. Using estimates of a world population of 6,809.7 million people of which 30% are children, and a range of rheumatic disease prevalence of 2,500 - 3,000 cases/1 million children, there are approximately 6-7 million children afflicted worldwide with rheumatic disease [3]. Approximately 78% of these children live in Asia and Africa [4].

After the foundation of the PR, the next challenging mission is to introduce it and deploy it in all continents and countries. A mission carried out with a great ardor and an iron will by different workforces and international associations as the Pediatric Rheumatology International Trial Organization (PRINTO), the Pediatric Rheumatology European Society (PReS), the Pediatric Global MSK Task Force, the Pediatric Society of the African League Against Rheumatism (PAFLAR), the pediatric rheumatologist Arab group (PRAG) and many others.

The ultimate aim of the PR workforces is to provide children with access to care and superior clinical outcomes [3]. The outcome for many childhood onset musculoskeletal (MSK) diseases has improved markedly with better treatment options, but inequity in 'access to right care' is a widespread global problem, not just low-income settings and poor access to medicines and specialist care, but compounded by remote geography, extremes of climate, cultural beliefs, poor transport and communication networks [5].

To promote pediatric rheumatology in the world, individual efforts alone are not enough. An active participation of all actors such as health workers, family's patients, society, government and media is crucial by enhancing patient health care, staff training, medical research, and public awareness. Not to omit international collaborations with well established bodies and organizations.

*"If you want to go fast, go alone. If you want to go far, go together"*

*- African proverb.*

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