Although clinical manifestations of scleroderma make it a very “visual” disease, the low prevalence (estimated to be approximately 1 in 4,000 US adults) means that many physicians, rheumatologists included, may fail to recognize the disease particularly in its early stages. In addition, scleroderma varies widely in severity so that the sometimes subtle findings of mild disease may be missed.

In addition, there is often confusion between localized scleroderma (morphea) which does not involve internal organs and systemic sclerosis (including limited and diffuse disease) which does. The similar terminology only serves to compound this confusion.

This book is intended to be an easily accessible tool for residents, fellows, and practicing physicians to recognize and accurately categorize scleroderma in its diverse forms and multiple clinical manifestations. Chapter 4 on nailfold capillaroscopy is particularly relevant, since this technique is now included in the 2013 ACR/EULAR classification criteria for systemic sclerosis.

Several chapters also include therapeutic approaches. Although a detailed discussion of treatment is beyond the scope of this book, our goal is to increase knowledge of available treatment options.

Houston, TX

Maureen D. Mayes
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