

## Editorial

# Systemic diseases involving the lung

As clinicians who treat patients with lung diseases, we are required to have a good knowledge of general medicine in order to treat our patients holistically. Nowhere is that more apparent than in systemic diseases involving the lung. Specialists in other fields may be the primary specialist for patients with systemic diseases such as a connective tissue disease or systemic vasculitis, or we may be the primary specialist if the condition is primarily affecting the lungs. In any case, close collaboration across specialities is required, sometimes within multidisciplinary clinics or meetings, to provide optimal care for these patients.

In this issue of *Breathe*, you will find a number of articles on systemic diseases and the lung. Two articles focus on paediatric respiratory aspects of rheumatological diseases [1] and systemic vasculitides [2], respectively. Sarcoidosis is a systemic disease in which respiratory physicians often take the lead specialist role in treatment. The checklists presented in the article “Sarcoidosis: rarely a single system disorder” ensure that investigations for extrapulmonary manifestations and potential complications are not forgotten [3]. A highlight of this issue is the pro/con debate on whether bronchoscopy is essential for pulmonary infections in patients with haematological malignancies [4, 5] with an accompanying editorial by Zinta Harrington, one of our Associate Editors [6].

The European Respiratory Society (ERS) acknowledges the importance of the topic of systemic diseases involving the lung through various activities. The “Respiratory medicine meets

other disciplines” sessions are a returning and popular feature of the ERS International Congress. In these sessions, respiratory medicine experts and experts from another discipline, for example cardiology, rheumatology or haematology, meet and explore links between both speciality areas. In December 2019, the ERS published a book entitled “Pulmonary Manifestations of Systemic Diseases” in the series of ERS Monographs [7]. The book provides a comprehensive review of the topic, especially in the area of connective tissue diseases and systemic vasculitides involving the lung, and I thoroughly recommend it to our readers who wish to dig deeper into the topic.

Finally, I would like to update you about the latest developments related to *Breathe*. At the Editorial Board meeting in September, Frits Franssen handed over the baton as Section Editor for the journal club articles to Alexander Mathioudakis. I would like to thank Frits for the fantastic work he has done as the inaugural Section Editor for these papers that summarise and comment on important studies in the field of respiratory medicine. We are privileged to keep Frits as an Associate Editor. Alexander has a great vision for how to take the journal club articles into the future by implementing a mentorship programme that will pair early career members with senior experts as co-authors. At the start of 2020, *Breathe* moved fully online, ceasing print publication. The journal is also in the process of moving towards a continuous publication model. We will keep four thematic issues per year into which accepted articles will continuously be

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uploaded. This will provide shorter publication times to authors and more regular content updates to readers.

At the end of this very challenging year dominated by COVID-19 chaos, I would like to thank

the members of the Editorial Board and the hard working and dedicated team at the ERS publications office for all of the effort and time they have invested in *Breathe*. I am wishing all of you a Merry Christmas and a Happy New Year!

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### Conflict of interest

None declared.

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### References

1. Ramphul M, Gallagher K, Warriar K, *et al*. Why is a paediatric respiratory specialist integral to the paediatric rheumatology clinic? *Breathe* 2020; 16: 200212.
2. Lawton A, Machta J, Semple T, *et al*. Pulmonary manifestations of systemic vasculitis in childhood. *Breathe* 2020; 16: 200211.
3. Mannes K, Thomas PS. Sarcoidosis: rarely a single system disorder. *Breathe* 2020; 16: 200207.
4. Milliken EJT, Davis JS. Pro: Bronchoscopy is essential for pulmonary infections in patients with haematological malignancies. *Breathe* 2020; 16: 200228.
5. Ing MK, Williamson JP. Con: Bronchoscopy is essential for pulmonary infections in patients with haematological malignancies. *Breathe* 2020; 16: 200210.
6. Harrington Z. Is bronchoscopy essential for pulmonary infections in patients with haematological malignancies? *Breathe* 2020; 16: 200268.
7. Wuyts WA, Cottin V, Spagnolo P, *et al.*, eds. Pulmonary Manifestations of Systemic Diseases (ERS Monograph). Sheffield, European Respiratory Society, 2019.