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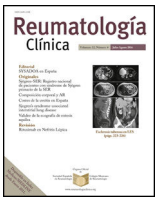

Letter to the Editor

Bibliography unavailable☆

Bibliografía inaccesible

Dear Editor,

Nobody disputes that bibliographic references are essential to any scientific article: they support what the author has to say, they enable the reader to find the bases for any data of interest to their own studies, they endorse appreciation of the contemporariness of the study and the breadth of the areas underpinning its publication.

However, searching for a bibliographical reference is not usually easy. We cannot always access all journals, some journals disappear, the authors are difficult to contact, and references cannot therefore be directly requested.

Lately this difficulty has increased due to the web page links provided: the speed with which the web alters suggests that these bibliographical references will be hard to locate in upcoming years.

To determine whether this supposition was real I reviewed the bibliographical references of the first 3 issues (one quarter) of 2018 and of the same issues of the year 2007. I noted the number of links cited and how many of them were still available.

In the first 3 issues of volume 3 in 2007 663 bibliographical references were made, of which only 4 (.6%) were links to web sites and only one is attainable.

Between the 2018 January–March–May issues (Vol. 14-2018) there were 957 references, 36 (3.8%) of which referred to web pages. Of these, 22 (61%) are attainable and 14 (39%) no longer are. These data offers us double confirmation: references to web pages are on the up and it is difficult to gain access to many of these web pages.

All of the above has led me to review the publication regulations which your publishing house establishes for its authors. I have been able to confirm that the journal itself defaults in its instructions to its authors. It explains how the format of a reference to a web page should be with an example using this link, which is no longer active: http://www.cancerresearchuk.org/aboutcancer/statistics/cancerstatsreport/.[1]

I propose 2 steps as a solution to this problem: (1) request that the proofreaders be stricter with regards to this important publishing issue, checking that each one of the references is attainable when the article is sent to the editorial board and (2) that the publishers request a PDF copy from the authors of the referenced web sites and that these be stored with the publication documentation, because the persistence of the link and the author's contact details cannot be guaranteed.

☆ Please cite this article as: Alegre de Miquel C. Bibliografía inaccesible. Reumatol Clin. 2020;16:368–368.

Reference

1. Reumatol Clín. Guía para autores: Formato de las referencias. Available from: http://www.reumatologiaclinica.org/es/guia-autores/#71000 [accessed 20.06.18].

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Treatment with rituximab in juvenile dermatomyositis: Effect on calcinosis☆

Tratamiento con rituximab en dermatomiositis juvenil. Efecto sobre la calcinosis

Dear Editor,

We describe below the case of a patient with juvenile dermatomyositis, with extensive calcinosis which was refractory to standard treatment and which improved with the use of rituximab.

Calcinosis distinguishes juvenile dermatomyositis from the adult disease, of unknown pathogenesis. The deposit of calcium hydroxyapatite and phosphates in soft tissues with normal calcaemias form part of the inflammatory process of this disease, where the release of mediators such as interleukin 1 beta, interleukin 6 and anti-TNF alpha appear to play a role.[1]

Calcinosis occurs in 10%–70% of cases of juvenile dermatomyositis, heightening morbimortality. It usually presents between 1 and 3 years after diagnosis, but on occasions may appear at the beginning and on others 20 years later. Calcium deposits may appear on the skin, subcutaneous tissues, fascias or tendons, and may even form an exoskeleton in the severest of cases.[1] Intensive fast treatment at the beginning of the disease with complete control of the inflammation can minimise the appearance of calcinosis.[2]

Our case was a 6 year old girl who had been previously healthy, who presented at the paediatric department at the beginning of 2009 with myalgias, abdominal pain and difficulty walking. The following were performed: lab tests which revealed elevated transaminases, LDH and CPK and an electromyogram which produced no changes. Clinical judgement diagnosed a non classifiable myopathy, no treatment was administered and medical symptoms spontaneously improved.

In August 2009, medical symptoms worsened, with CPK up to 3000 u being detected. She was referred to the rheumatology department where the electromyogram was repeated and

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