Dr. Lubrano, *et al* reply

To the Editor:

We have read the letter of Dr. Scarpa[1]. Our editorial was written as a proposal for a different vision of psoriatic arthritis (PsA), a multifaceted syndrome, in the light of a better treatment stratification, and more in general, personalized medicine[2].

In our editorial, we pointed out that PsA, because of its phenotypic complexity, could be better identified and managed as a syndrome, stimulating the reader to think of this condition as a combination of symptoms and signs that together represent a disease process[2].

Indeed, we are aware that the pathogenesis, at present, is unique for all manifestations of PsA[3] and we did not mention that the term *syndrome* means different pathogenesis of the various manifestations of PsA.

However, PsA belongs to the group of spondyloarthritis (SpA), a wide spectrum or a constellation of diseases with some common genetic background[4,5] and it is potentially a separate disease of this group or a major characteristic of the same disease[6].

As a similar condition, Behçet disease has been identified as a syndrome because of its potential complexity, and using this definition can help with disease management[7].

Finally, we hope that our proposal to identify PsA as a syndrome could be of some interest, to provide better treatment management toward a target-to-treat strategy[8]. This is not a step back but a step forward to implement our knowledge and management of PsA.

ENNIO LUBRANO, MD, PhD; SILVIA SCRIFFIGNANO, MD; FABIO MASSIMO PERROTTA, MD, PhD, Dipartimento di Medicina e Scienze della Salute Vincenzo Tiberio, Università degli Studi del Molise, Campobasso, Italy. Address correspondence to Dr. E. Lubrano, Associate Professor of Rheumatology, Dipartimento di Medicina e di Scienze della Salute Vincenzo Tiberio, Università degli Studi del Molise, Via Giovanni Paolo II, C/da Tappino, 86100 Campobasso, Italy.
E-mail: enniolubrano@hotmail.com

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