

GUEST EDITOR EDITORIAL

Editorial (ESSKA-SHPS supplement)

In a world of systematic reviews and prospective studies, a consecutive series of case reports seems out of time. Out of fashion. Evidence is made by rigorous studies on large patient populations. Yes, we know. Nevertheless, every day, orthopedic surgeons, all over the world, deal with single patients, single cases. Some of them are outliers. Cases that do not fall in specific categories and require out of box thinking. Patients that may present with unexpected or unpublished complications. These cannot be highlighted properly in a large cohort study. But equally important to identify and, above all, to be recognized and treated properly. On some occasions, pathology is bilateral and surgeons must face peculiarities and dilemmas that are rarely written in today's dogmatic literature. Finally, there are new techniques, ingenious, yet applied to very few patients, that must be shared between us, even if they have short follow-up. They use, sometimes, off-label medical devices, but with a strong end ethical rationale.

These are the reasons why we, as ESSKA Hip Arthroscopy Committee, decided to propose to ESSKA Board and JHPS Editor-in-Chief this heterogeneous, and somewhat provocative, group of papers. They embraced the idea with enthusiasm. This issue is, of course, dedicated to conservative hip surgery. How could it be different? At the same time, it comprehends different etiologies around the hip. From developmental to post-traumatic disorders and from degenerative to the consequences of avascular necrosis. All these unusual case reports aim to present not just the cases themselves but the thought process behind the proposed treatments. They have been selected between ESSKA Hip Arthroscopy Committee and all other ESSKA members. Our call for paper submissions to this special issue yielded an incredibly high response. It was not easy to choose only 8 papers between over 60 high-quality scientific articles being proposed for publication. This enthusiasm reinforced to us that we were on the right way.

You will read, we hope passionately, how arthroscopy can be used to treat certain fracture-dislocation of the hip with a full reconstruction of hip stabilizers [1]. Or how an anterior inferior iliac spine ossification may need an open

excision, and through which approach [2]. You will discover how is possible to perform an arthroscopic head reduction [3]. You will also read about a devastating complication, never clearly explained in literature, after what is considered today the limit of our open conservative surgery. A femoral head reduction osteotomy [4]. Simultaneously, bilateral reconstructive hip surgery utilized in two separate emblematic cases [5, 6]. Finally, the ingenious techniques. The ones that could potentially change our mind. Polyurethane to reconstruct the acetabular labrum? It would be fantastic. Let us see, or, better, let us read about it [7]. Os acetabuli and rim fracture are quite frequent in the professional life of every hip surgeon. We will let you decide on the usefulness of the new technique for their treatment proposed by Lund [8].

At the end of the day what really matters for the success of this publication is to share the hidden knowledge of our professional life and produce new ideas on how to improve the treatment of our patients. This knowledge comes, not infrequently, from specific cases. Cases that have left some marks. Cases that we shyly discuss in the sidelines of scientific meetings. Cases that may represent the beginning of a new way of thinking. It would be unfair not to publish them. At least this time.

We hope you will enjoy.

Best wishes.

FUNDING

This paper was published as part of a supplement financially supported by the European Society for Sports Traumatology, Knee Surgery and Arthroscopy (ESSKA) www.esska.org.

Filippo Randelli¹, Nicolas Bonin², and Athanasios Papavasiliou³

¹Hip Department (CAD) Gaetano Pini-CTO Orthopedic Institute, Università degli Studi di Milano, Piazza Cardinal Ferrari 1, 20122, Milan, Italy

²Lyon-Ortho-Clinic, Lyon, France

³European Interbalkan Medical Centre, Thessaloniki, Greece

REFERENCES

1. Mazec J, Gnatowski M, Salas AP *et al.* Ligamentum teres reconstruction with labrum and capsule repair after posterior acetabular wall fracture: a case report. *J Hip Preserv Surg* 2021; **8**: i41–i5.
2. Marin-Pena O, Ayeni OR, Tey-Pons M *et al.* The case of ‘A Rhino Horn’: case report and proposal for modification to the Hetsroni and Kelly classification. *J Hip Preserv Surg* 2021; **8**: i51–i9.
3. Morattel B, Bonin N. Unusual apical femoral head deformity treated by hip arthroscopy and tunnel drilling through femoral head: a case report. *J Hip Preserv Surg* 2021; **8**: i25–i33.
4. Randelli F, Papavasiliou A, Mazzoleni MG *et al.* Femoral head necrosis and progressive osteoarthritis of a healed intracapsular osteotomy in a severe sequelae of Legg–Calvé–Perthes disease with aplasia of tensor fasciae latae. *J Hip Preserv Surg* 2021; **8**: i16–i24.
5. Bosakhar B, Baldawi H, Liu K *et al.* Simultaneous Morscher’s osteotomy and arthroscopic debridement in the management of Legg–Calvé–Perthes disease: a case report and literature review. *J Hip Preserv Surg* 2021; **8**: i4–i8.
6. Palazón-Quevedo Á, Galán-Olleros M, Egea-Gámez RM. Bilateral femoral head reshaping and mosaicplasty in Legg–Calvé–Perthes disease residual deformity. *J Hip Preserv Surg* 2021; **8**: i9–i15.
7. Tey-Pons M, Capurro-Soler B, Torres-Eguia R *et al.* Labral reconstruction with polyurethane implant. *J Hip Preserv Surg* 2021; **8**: i34–i40.
8. Lund B. Os acetabuli—a new arthroscopic treatment option for the acetabular rim fracture. *J Hip Preserv Surg* 2021; **8**: i46–i50.