

An embarrassment of riches

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Case presentations reflecting close correlation between imaging, histology, treatment and outcome have been at the core of the members' meetings since the founding of the International Skeletal Society. *Skeletal Radiology*, the journal of the International Skeletal Society, has enthusiastically supported publication of case reports in every issue. Considering the fact that the number of case report submissions exceeds the combined total of all other categories, it appears to be a popular forum for authors.

Every month the Journal receives more excellent case reports than it can accommodate within its pages. Even with high standards for acceptance, the publication backlog has grown, and we are now faced with an unacceptably long delay for publication of case reports.

To compound matters, in August 2006, Springer changed the layout of all its scientific journals so that they would conform to a single homogeneous style. You might have noticed this change in some (but not all) articles in recent issues of *Skeletal Radiology*. Proofs of manuscripts accepted before August 2006 were prepared in the now retired format.

To address both of these issues, the publisher and editors have agreed upon two steps.

We have decided to publish a supplement that will contain over 100 pages of our older case reports. This will avoid the need for current issues to contain two distinct types of layouts. It will also provide an opportunity to display in a single issue the depth and diversity of cases received from all over the world. These cases encompass metabolic bone disease, trauma, infections, pseudo-infections, neoplasms, pseudoneoplasms and developmental abnormalities, each report offering something distinctive, unusual, or unique.

In addition, we have decided to offer a new feature in the Journal, to be called "Test Yourself". This will be an extremely abbreviated form of case report intended to showcase examples of outstanding educational value in imaging or histological findings, clinical presentation, or outcome, which might otherwise not meet our criteria for a full case report. These cases will be subject to peer review to verify their content. They will be presented as a set of images, which will allow the reader to form an opinion about diagnosis, and will be followed by the answer and a brief discussion. We anticipate that the first "Test Yourself" will appear in *Skeletal Radiology* by June 2007.

Well illustrated and documented case reports worthy of publication continue to teach, by sharpening our diagnostic skills and alerting us to unusual variations of well-recognized entities and, overall, broadening our knowledge of the spectrum of injuries and diseases [1, 2]. This special supplement, we believe, will continue to do just that.

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