Six thousand papers already: “the outcome of a matter is better than its beginning...”

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The *International Orthopaedics* published 41 volumes already and keeps providing in its 42nd year of existence the best possible quality of scientific data with high-volume and high-speed publication pace. During its 42nd year, the Journal reached six thousand papers published since its beginning and they are all visible and available via the Springerlink portal, many papers being downloadable for free and offered via “Open Access”.

Some subjects are definitely solved and clearly fixed in the medical literature. We know for instance that degenerative hip arthritis will be cured by arthroplasty with a success rate of over 95% and this applies with better quality of life and better protocols all over the world [1]. Recurrent shoulder dislocation will benefit from labral reconstruction with a success rate of over 90% in selected cases; however, this pathology has a strong epidemiologic impact in large populations [2]. There is strong evidence that anatomic reconstruction is the best way to fix traumatic lesions. New implants show different success rates; however, they are far from perfection and complications may be more frequent than we could think in short-term follow-up studies. Prospective studies could help in finding the best method that could match the individual anatomy [3]. Some other subjects are controversial and pertinent research is going on, publications are pending and debate stirs the scientists [4, 5]. The power of meta-analysis and epidemiologic studies taught us that almost 10% of operated shaft fractures in femur or humerus will end up in non-union that would require treatment [6]. Epidemiologic studies provide tremendous data that are extremely useful for resource planning in health management that ultimately will bring benefit to our

patients [7–13]. We are a part of this and we keep publishing controversial matters; it is definitely decided that better quality of life comes with better motion and this make humans happier. The pursuit of happiness is a part of the priorities of modern societies and human groups. It is clearly defined that we are a Journal of Orthopaedic Surgery; however, in our ultimate goal being the human’s well-being, we sometimes privilege or outline papers evaluating conservative or minimally invasive procedures as outcomes with those better than with the conventionally open, invasive, highly aggressive and probably risk-carrying bleeding techniques [14–18]. We constantly receive submissions from authors who are industry funded and propose papers evaluating implants after clinical trials of 6 months, 1 year, etc. As the major industrial providers in medicine are from North America, China and Europe, we think that the legal regulation for orthopaedic implants could follow the rules from these highly competitive geographic and economic areas. Some regulations ask a minimal clinical follow-up of 5 years before releasing on national or international scale a new product (FDA, CFDA standards). Some other countries go on with 2 years and some areas simply do not have rules for production or market as they have little or no production. As there is “no free lunch in orthopaedics” [19], we should carefully analyze each study and make sure that the results are presented in a scientific manner and that the results are not influenced or partially communicated to avoid misconduct or error that could ultimately bring prejudice to patients and to our colleague surgeons. It is our job to look into this and debate the market regulations. However, we start with the premise that all the authors are honest and that they obviously provide true data. Is the short-stem femoral side of a total hip better than the long stem? Why change if the numbers show that outcomes are even? Is it better to use double mobility acetabular implants if we are afraid of dislocations in some patient groups or in revision? Is the platelet-enriched plasma a solution for some degenerative or traumatic conditions for the tendons? Would this replace conventional surgery in selected cases one day? Answers to these

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ardent questions are in work with different types of studies coming from leading schools all over the globe. A current debate and high-volume research will be outlined in a special issue dedicated to osteonecrosis and different modern methods of treatment including stem cell therapies and edited by Philippe Hernigou from France [20, 21]. Powerful data is in work in Italy in preparation for the special issue dedicated to this strong orthopaedic school represented by Francesco Falez and his service from Rome. The *Special Issue on the Double Mobility Hip* edited by the Lyon Team lead by Jacques Caton and André Ferreira brought essential information in this field of the hip arthroplasty that still stirs debate [22]. Amazing scientific data is rising from China and the volume of the publications is in exponential increase [23]. We recently dedicated a special issue to our Chinese colleagues and the powerful Chinese Orthopaedic Association lead by Yingtze Zhang from Shijiazhuang [24]. It is probable that the clinical evidence arising from big volume and big series data will bring answers to many of our current questions in terms of patient satisfaction, objective results and outcomes.

Finally, we have to share with you our satisfaction for nominating the 6000th paper published by the *International Orthopaedics* authored by Pointillard and colleagues [25] and describing 15 years of outcomes and results with the Bryan cervical disc replacement.

The vast majority of our authors are also reviewers and the peer-reviewed work performed is a guarantee for the quality of the publication. At this jubilee time with successful special issues, high-volume quality research published and over 6000 papers published since the early beginnings of *International Orthopaedics*, we could express our gratitude and share our satisfaction with you all.

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