In This Issue

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This month's focus for *The American Journal of Orthopedics* is on the shoulder. Even a cursory review of the table of contents illustrates the timeliness of a number of original research articles and reviews that will prove to be interesting to the readership. The issue begins with a technique-focused article related to microfracture of the glenohumeral joint by Slabaugh and colleagues. As a co-author of this article, I can say simply that the recognition and treatment of chondral disease of the glenhoumeral joint in otherwise young patients is emerging as a contemporary treatment challenge. As such, we are just beginning to help differentiate those patients whose cartilage defects are truly contributing to their symptomatology from those who have defects that are incidental findings that may be unrelated to their clinical presentation. Microfracture has proven to be a viable procedure for treatment of symptomatic cartilage lesions of the knee, but its formal role in the glenohumeral joint remains to be determined. This article discusses one potential option, but, clearly, further clinical study will be required in a more homogeneous population to better determine its role in the glenohumeral joint.

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Upper-extremity reconstruction, including arthroplasty and osteosynthesis, remains one of our most technically challenging operative endeavors. The article by Nho and colleagues, discussing the incidence of radiolucent lines following keeled glenoid replacement, highlights the controversy of glenoid design and the potential ramifications of radiographic findings appreciated during postoperative surveillance in general. This study raises awareness of the need to follow our patients clinically in order to accurately determine the relevance of radiographic findings related to lucency surrounding implants in general. The article by Galano and colleagues highlights the challenges associated with combined pathology involving shoulder instability and rotator cuff tears in a young athlete.

The article by Drakos and colleagues highlights a finding that may be unique to high-level overhead athletes—abnormalities in glenoid version. This article is one of an emerging subset of articles that will help us to better understand the anatomic variability that perhaps occurs over time or is considered adaptive in nature in this highly demanding athletic population.

There is additional content in this issue that readers will find helpful to their clinical practice. We as editors hope that you continue to submit your original research and reviews to *The American Journal of Orthopedics* to build its value as a seminal journal within the field of orthopedic surgery. Thank you all for your continued excellence in research and clinical practice.

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Author's Disclosure Statement

The author reports no actual or potential conflict of interest in relation to this article. ■