



F. S. Haddad

■ EDITORIAL

Wishing everyone a happy and healthy 2021

As we start 2021, we wish all our readers a happy, healthy, and safe 2021. We must all pray and hope that 2021 will be a more straightforward year, without the stresses and challenges that the COVID-19 pandemic caused in 2020. There is little doubt that much of the change that came about in 2020 will continue to impinge on our clinical, educational, and research lives, but, at the time of writing, we hope that the latest damaging effects of COVID-19 will soon pass, and that our community will be able to return to its freedoms, working practices, and interactions.

While many setbacks and difficulties have been created by COVID-19, the quality of the work that we are seeing in this issue of *The Bone & Joint Journal* is second to none. There is also a bonus that, given the increased workload and submissions in 2020, we will expand this, and in the next few issues we will include some of the excellent work that has been accepted.

It is heartening to see that the trend towards randomized control trials (RCTs) in orthopaedics has continued,¹⁻⁵ with a number of excellent RCTs in hip, knee, and trauma surgery in this issue.⁶⁻⁹ It is particularly important to stress that not only is the number of RCTs increasing, but their methodology and rigours are also improving.

We have received considerable correspondence about a fascinating RCT with potentially very far-reaching implications which was published last year.¹⁰ This was clearly a very important piece of work for everybody involved in the management of periprosthetic infections. There are reasons, however, why the conclusions of this study should be looked at critically before changes in practices are generally introduced. (See correspondence in the supplementary material of ¹⁰.) Future multicentre powered clinical trials with enhanced planning and reporting are needed to corroborate the findings.

I would particularly like to highlight the work of McNally et al¹¹ on the EBJIS definition of periprosthetic infection. This is a very controversial area.¹²⁻¹⁷ It is critical that the definition of periprosthetic infection in the literature is uniform and accepted, so that studies can be compared both contemporaneously and across generations. The definition must not change too frequently and must be one that is critical and unbiased. The definition which they propose is set to become the most useful and accepted definition, and should be the benchmark for the

next few years, until further findings allow us to evolve it or challenge it.

Many have been excited about the possibilities that next-generation sequencing will change the way in which infection is managed, and it may yet of course do so. The paper by Fang et al¹⁸ suggests that metagenomic next-generation sequencing may have a promising role. On the other hand, Seyler et al¹⁹ suggest that we are not yet quite at that point in our journey. This is an area where more work is needed, and where unbiased studies will be critical.

It is also heartening to see good work on biomarkers, which may yet play a major role in our diagnostic and therapeutic algorithms.^{15,20} This issue reminds us that the detail in implant research is critical. When looking at the type of implant in the knee, the bearing could have a major impact on kinematics, function and survivorship.⁷ Likewise, when looking at fixation, radiostereometric analysis can provide invaluable insights.²¹⁻²³ We have studies that show equivalence between cemented, cementless, and hybrid fixation,⁶ and others that do not show the same behaviour.²⁴

The interest in computer-assisted and robotic surgery is likely to continue.²⁵⁻³⁴ Kayani et al's³⁵ study on the inflammatory response after knee arthroplasty suggests that the changes which have been seen previously with less soft tissue and bone damage, and less pain, may partly be mediated by a different inflammatory response when robotic assistance is used. That, however, will also depend on the precise technique and instruments used in these operations, and may not be generalisable to all surgical aids or units. More work is needed in this area, particularly with multicentre pragmatic studies that evaluate the impact in a more generalizable way.

As we consider the impact of COVID-19 on our patients and their surgery, there is a deficiency in the data and evidence about the impact of waiting for prolonged periods of time on the ultimate outcomes. There will also be pressure to prioritize patients based on their comorbidities.³⁶⁻³⁸ The work of Podmore et al³⁹ suggests that we should not withhold arthroplasty from patients with comorbidities, assuming that all stakeholders understand the risks involved.

We hope that our readers will enjoy the increased offering early in 2021. It is heartening to see so much good research in our speciality. We look forward to your feedback and comments.

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