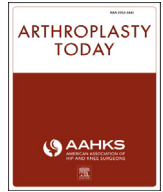




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Editorial

Note From the Editor

The fall is always an exciting time. New fellows and residents have started their training, which presents some challenges and opportunities for educators to sharpen their skills. Kids are returning to school. Leaves change, the air gets crisp, and fall sports get underway. The American Association of Hip and Knee Surgeons Annual Meeting is just around the corner and is a great time to connect with colleagues and get caught up on the latest research in arthroplasty. I encourage all of you to attend if possible, get some continuing medical education credits, and pick up a copy of our annual Highlights print edition, which contains a representative sample of *Arthroplasty Today's* article types, selected by our editorial board.

I am pleased to report that we have added a new member to our editorial board. William F. Sherman, MD Associate Professor at Tulane Medical Center, is well-deserving of this appointment, having been an outstanding reviewer and regular contributor to *Arthroplasty Today*. Join me in welcoming and congratulating him.

Shout out to Anna Cohen-Rosenblum, MD, MSc, our Social Media Editor, who is currently in the midst of her Hip Society-British Hip Society Traveling Fellowship. Check out her posts on Twitter showing highlights of her trip. It is a tremendous honor to be awarded this fellowship, and she is making the most of it for all of us by sharing her experience on social media.

This issue contains a wealth of solid manuscripts that are worth reading and sharing with your peers. There is an interesting systematic review on bikini vs longitudinal incision for direct anterior total hip arthroplasty [1]. The data from 8 studies suggest clinical outcomes are similar between the 2 incision choices, with potentially better cosmesis but a possible increased risk of lateral femoral

cutaneous nerve injury with the bikini incision. In an era in which patient optimization has come to the forefront of surgical decision-making, Cichos et al. report in a multicenter retrospective cohort study that length of stay and 1-year periprosthetic joint infection are significantly better for patients with an undetectable viral load at the time of surgery [2].

As always, thanks to the authors, reviewers, editorial board, Taylor Bowen, staff of American Association of Hip and Knee Surgeons, and the team at Elsevier, who make this job rewarding and possible. I hope to see you in November at the Annual Meeting.

Conflicts of interest

The authors declare there are no conflicts of interest.

For full disclosure statements refer to <https://doi.org/10.1016/j.artd.2022.09.001>.

Gregory J. Golladay, MD
e-mail: gregory.golladay@vcuhealth.org
Available online xxx

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