

Successful Treatment Hinges on an Accurate Diagnosis



All of us will agree that in most cases a careful historical interview and clinical examination will lead us to the correct diagnosis. But circumstances do not always fall neatly into place. Sometimes, historical information is inaccurate, clinical findings are obscured by concomitant physiological or pathological conditions, or technological limitations obscure the correct diagnosis. Misdiagnosis is also more likely in cases involving a rare disease or an unusual condition, one that doesn't fit established guidelines and previously understood standards. Sometimes the examining surgeon simply fails to pick up on an important clue. None of us is the perfect diagnostician all of the time, although we owe it to our patients to try to peg the diagnosis the first time, every time. Sometimes, moreover, we manage to successfully treat a patient even though our diagnosis may not be completely accurate. And, as described in the interesting case report dealing with a Maisonneuve fracture, by Charopoulos et al and published herein, the importance of reappraisal of the clinical situation, including taking a closer look at the radiographs, when clinical symptoms persist or change cannot be overstated. I think that we can all agree that if our patient is not progressing satisfactorily in a reasonable period of time, then either our treatment is inadequate or our diagnosis is wrong. In such cases, it usually pays to reassess the patient and, perhaps, to get another surgeon's opinion. We have all been in the clinical scenario where the precise diagnosis eludes us, and for this reason I hope that the Maisonneuve fracture case report that we publish in this issue piques our readers' interest.

*D. Scot Malay, DPM, MSCE, FACFAS
Editor
The Journal of Foot & Ankle Surgery*

Commentary

A New Look for JFAS

In this issue you will see that we have changed to a new print format in order to maximize page space, and to be as green as possible without going completely digital. You will also note that in our last print issue, we presented case reports as abstracts only, and referred our readers to the e-only digital version of JFAS for the complete text of the case reports. This was done in an effort to provide our readers with all of the valuable information in the articles, while taking advantage of every bit of print page space available. Since many of our readers around the world take advantage of JFAS online, and because we have enjoyed an

increase in the number of publishable submissions, we decided to change the print layout and to publish some articles in the e-only format. We hope that you appreciate the new look and the rationale for these changes, and that you continue to use JFAS, in both its print and online formats, as a major resource for your foot and ankle surgical information.

*D. Scot Malay, DPM, MSCE, FACFAS
Editor, JFAS*