EDITORIAL

Dentomaxillofacial Radiology (2012) 41, 1–2. doi: 10.1259/dmfr/24164249

Back in 1998, I remember searching for a specialist journal in DMFR Imaging in the huge Medical Library of Cologne University. One of the journal names that I had noted down together with all the articles I had to copy was “Dentomaxillofacial Radiology”. Later, when I was back at my desktop reading these articles, I liked the journal immediately. Well, *that* was some years ago—and a lot has changed in dental and oro-maxillofacial radiology since then. We have switched from radiographic films to a fully digital environment, and have also recently entered the stage of 3D radiographic imaging. These are certainly tremendous achievements, which are affecting the dental profession all around the globe on an everyday basis. And our journal is still around, and has been for 22 years to date. When I was contacted in 2009 in Amsterdam regarding my interest in eventually becoming editor-in-chief of Dentomaxillofacial Radiology, I admittedly was rather astounded—yet, on the other hand, very much interested. Now, half a year has passed since taking over as editor in June 2011. Thanks to my predecessor, Sharon Brooks, who steered the journal over an eight year period so successfully, I was able to begin business in a very healthy environment. In 2010, the impact factor had reached an all-time high of 1.640, and the number of submitted manuscripts amounted to over 400 in the same year. These figures strongly reflect the successful progress of the journal under Sharon Brooks’ editorship. Sharon, on behalf of all IADMFR members, please let me express our sincere gratitude—you have done a wonderful and successful job for DMFR!

I also want to thank all our reviewers and also my associate editors for their extremely valuable help in keeping this journal alive and going. You are the basis for every article handled and possibly accepted and published in the journal. Thank you so much for your excellent voluntary service for DMFR. To further standardize the review process and provide more help for reviewers, we developed and have now implemented guidelines for reviews.

So what can a new editor possibly do for a journal that is obviously doing pretty well? Of course, there are always some options for improvement. As the major specialist journal of DMFR Imaging in the world, our primary goal should be to publish the best possible research we can get from around the entire globe.

Unfortunately, the down side of a massive increase in submissions is a huge publication backlog, which we have to deal with. The DMFR Advance online-first publication of accepted articles, which started in 2011, has helped to get papers published, at least in electronic form. Also, it was decided at the board meeting in Hiroshima last year that case reports should be reduced to an absolute minimum in the future. There are two major reasons for this decision: firstly, case reports are not (in a narrow sense) scientific literature and may only add important knowledge to the scientific community if they deal with very rare cases; and secondly, case reports fill manuscript space, which is expensive and obviously lacking for DMFR at this time. Publishing one case report means an additional delay of one issue for an accepted scientific report. We encourage anyone who has submitted case reports to DMFR to consider preparing structured reviews instead. Of course, these mean a

lot of additional work; however, a high-quality review provides condensed information on a specific topic. I am certain that DMFR would strongly benefit from well-prepared, profound reviews or even systematic reviews.

The current enthusiasm about CBCT among dentists and practitioners from other medical specialties is also very helpful for the journal. The number of submitted manuscripts dealing with a CBCT topic is ever increasing. In all this enthusiastic excitement for the new dimension, we should not forget that we as an imaging specialty should aim to provide only sound scientific data. Unfortunately, there is some dubious information about CBCT, and it becomes more obvious yet no less dubious when published in high-quality journals. DMFR should aim to be the journal in which scientifically sound and profound information on this exciting new technology is to be found. Yet this can only be achieved if reviewers and editors make a strong effort to select and promote those manuscripts that provide well-designed and well-evaluated studies. We should also not forget that, as Allan Farman stated, "ALARA still applies".¹

References

1. Farman AG. ALARA still applies. *Oral Surg Oral Med Oral Pathol Oral Radiol* 2005; 4: 395–397.

This is an extremely important statement, particularly when considering the rising public concern over radiation burden caused by radiographic imaging in high-tech countries. As a consequence for DMFR, the editorial board has decided to strictly insist on details regarding ethical approval for all manuscripts that report on patient studies. Details are published in the updated instructions to authors.

Dentomaxillofacial Radiology is a well-established, high-quality global journal. Dental and maxillofacial imaging will continue to increase in importance, particularly in countries that are entering the stage of widely available high-tech medical care. It is my great pleasure as the new editor of the journal to make any effort possible to further it and promote it in the future.

I wish everyone a most joyful, healthy and successful 2012.

Sincerely,
Ralf Schulze
Editor