Symposium: Research Advances After a Decade of War

Editorial Comment: Symposium: Research Advances After a Decade of War

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When the conflicts in Iraq and Afghanistan began, the United States faced the largest influx of combat casualties since the Vietnam War. The responsibility for treating them fell squarely onto the military hospitals, each with a

long and proud history of caring for soldiers, sailors, airmen, and Marines. Yet, those of us who were assigned to these hospitals were somewhat unprepared for the number, severity, and complexity of the injuries we saw. Seasoned orthopaedic surgeons who were fellowship trained in all possible subspecialties—including trauma—rallied to care for conditions that, initially, lay well outside comfort zones and areas of expertise.

For the better part of a decade, blast wounds and other types of devastating combat injuries defined military orthopaedics. It was a challenging time, but we learned to treat these injuries as effectively as possible. Many of us began and ended our residencies, became board certified, and spent our first decade of practice entirely during a time of war. This was unprecedented, but necessary, since most military orthopaedic surgeons served long tours in combat hospitals abroad. It was during this time that one of our own, Col. Brian D. Allgood,

paid the ultimate price while serving in Iraq.

As a specialty, we realized that the traditional manner of treating extremity wounds and open fractures was inadequate in the setting of blast trauma. Complications such as wound dehiscence, heterotopic ossification, and osteomyelitis occurred more frequently than expected. In addition, we found no meaningful solutions to problems like volumetric muscle loss, nerve and tendon loss, and a particularly devastating injury pattern called the Dismounted Complex Blast Injury. Many of us returned from the conflicts to bring our frontline experience to the tertiary care setting. Despite being familiar with blast wounds from the point of injury to rehabilitation, the

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gaps in our collective knowledge were obvious, and we sought answers.

The Extremity War Injuries and Disaster Preparedness Symposium [2], which recently completed its tenth year, as well as associated advocacy [1], helped translate these knowledge gaps into research gaps. In fact, the body of knowledge presented in this *CORR*® Symposium owes a debt of gratitude to our leaders who used their positions to raise awareness, lobby for funds, and manage the countless proposals geared towards advancing the science and

technology of combat casualty care. Though scores of orthopaedic surgeons answered the call, I wish to personally acknowledge the efforts of Drs. Andy Pollak, Jim Ficke, Dan Valaik, Marc Swiontkowski, and Romney Andersen. Their activism produced the influx of research dollars that fueled this effort.

I am honored to serve as Guest Editor and am delighted to present the articles in this symposium as evidence of continued dedication by both military and civilian investigators, working

together to improve the lives of wounded servicemen and women.

References

1. American Academy of Orthopaedic Surgeons. Congressional “dear colleagues” letter (House). Available at: http://www.aaos.org/research/committee/ewi/EWI_Letter.pdf. Accessed May 31, 2015.
2. American Academy of Orthopaedic Surgeons. Extremity war injuries and disaster preparedness. Available at: <http://www.aaos.org/research/committee/ewi/ewi.asp>. Accessed May 31, 2015.