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Foot and Ankle Surgery

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Editorial

We cannot close our eyes



Recently arthroscopic techniques are gaining great boom, and although with a certain delay, they have also been implemented efficiently and effectively in Foot and Ankle pathologies.

The 100th anniversary of the birth of arthroscopic surgery in Japan with Professor Takagi at the University of Tokyo (1918) has just been completed. Posteriorly in the United States, Professor Burman, published in the autumn of 1931 the article, "Arthroscopy or direct visualization of the joints" in the Journal of Bone and Joint Surgery (JBJS) [1] where he relates the possibility of exploring most joints, however, states "that the joint of the ankle due to its great joint congruence could never be endoscoped", fortunately, nothing is further from the truth. In the 70s there was a great change to arthroscopic surgery and how we know it today, that is, monitored vision and the use of light sources, until then, the vision was made directly through the lens.

Actually, it is in the last 15 years where arthroscopic ankle surgery is developed and mainly in Europe and Asia. Currently arthroscopic techniques have been implemented in a large number of Foot and Ankle procedures, tendoscopic techniques in degenerative pathology, tendinopathies, tendon ruptures and dislocation and of course in the anterior and posterior compartment of the ankle, where Van Dijk et al. [2] in the year 2000 makes a great contribution and describes the posterior endoscopic portals, accessing the posterior compartment of the ankle and subtalar articulation in a protocolized and safe way.

Perhaps where the greatest number of procedures have been developed is in the ankle instability, where it has also helped us to a great extent to the better understanding of this pathology and to the approach of the associated injuries. Several repair and reconstruction techniques have been described in the treatment of chronic lateral ankle instability, some of them in our journal.

Another of the great changes have been the passage of an arthroscopy using different methods of distraction to an arthroscopy without distraction that allows access to almost the entire joint in a safe way.

Several factors have contributed to this great development, on the one hand the development on the part of the industry of appropriate instruments and implants and adapted to the articulation of the ankle, *the ankle is not a small joint, it is a great*

articulation with certain anatomical characteristics and an great intrinsic congruence, which requires a special design in the instrumental, a process in which we are still immersed. On the other hand to the concern of a large number of colleagues who would not be able to quote all of them, who have delved into certain aspects and the development of surgical techniques. And last but not least, the wide range of courses in cadavers, in this sense, the EFAS within its broad training program includes cadaveric training in arthroscopic surgery in the Instructional Courses, both basic and advanced, where we can start in arthroscopic surgery and practice more complex techniques.

The training in these techniques is discussed, some authors advocate a progressive formation starting in other joints, and others, in which I include myself, we believe that the Foot & Ankle Units should treat all the pathology and have in their therapeutic arsenal all available techniques, and take advantage of and train directly in these techniques. No one better than a surgeon specialized in foot and ankle to understand the pathology, biomechanics and the correct surgical indication.

From the editorial point of view, there is an increase in received and published papers of arthroscopic procedures, not only description of techniques, but also series of cases and studies with a perfect scientific methodology. From these lines we encourage you to continue researching and deepening in the knowledge of the foot and ankle.

"We can not close our eyes" to an emerging technique that is very useful in the pathology of the Foot and Ankle.

References

- [1] Burman MS. Arthroscopy or the direct visualization of joints: an experimental cadaveric study. *J Bone Joint Surg* 1931;13(4):669–95.
- [2] Van Dijk CN, Scholten PE, Krips R. A 2-portal endoscopic approach for diagnosis and treatment of posterior ankle pathology. *Arthroscopy* 2000;16:871–6.

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