Welcome to *Surgical Infections Case Reports*

Donald E. Fry, Editor-in-Chief

SURGEONS HAVE THE UNIQUE EXPERIENCE among all clinicians of encountering cases with very unique or complicated presentations. These unique cases require innovation and improvisation to fashion treatments. Treatments and management are usually based on the surgeon's experience and hopes of what may be effective management given the absence of data to inform these clinical decisions. The results of care may validate the decisions, or suboptimal results may mean that correct decisions were not made.

Surgeons enjoy sharing their experiences with these unique cases. Searching the literature for similar cases or cases with similar presentations is a common pursuit following the experience with a unique case. Exchanging thoughts and ideas with colleagues is often entertained formally in surgical conferences or informally with friends. While case reports have traditionally had a place in the published literature, for a number of reasons, many journals have chosen to restrict or not publish case reports at all. In the world of infections in the surgical patient, being able to share personal experiences about the vast number of different pathogens and different clinical presentations remains important even though the opportunities with traditional journals have diminished. In a world with the Human Microbiome Project and enhanced molecular diagnostic methodologies, new infections are going to be identified and associations of new pathogens with well-known clinical infections is likely to happen. There needs to be a readily available opportunity to publish these experiences.

Thus, *Surgical Infections Case Reports* is being launched at this time. This will be an open access venue for clinicians and academicians to share with others unique experiences in the broad world of infections in the surgical patient. The infections may be community-acquired, or unique surgical site infections following operations, or they may be

hospital-acquired complications that defy explanation or understanding. These cases, published with a concise review of the literature, need a home and that is the purpose of this journal. It will be fully open access and it will welcome submissions from across the globe. Articles will be peer-reviewed and the journal will grow to a point where we can have our publications identified in key indexing services such as PubMedCentral and PubMed/MEDLINE. Hopefully, interest will result in Letters to the Editor and meaningful dialogue about the unique and plentiful surgical cases with infection as the patient's original disease that required surgical care, or infection as a complication of care. We will request contact information of the authors so that private interaction can occur between authors and the readership.

Manuscripts should be no longer than 1,500 words, contain no more than four illustrations or photographs, and include no more than ten references. Please visit our website for instructions to authors and manuscript submission details at: www.liebertpub.com/crsi If you have any questions, please feel free to email me at: dfry@consultmpa.com

While we go through the growing pains of a new enterprise, let me hear from you. We are open to new ideas to enhance the volume and the content quality of this endeavor. The success of this journal will be from the interest and participation of the surgical community who wish to share ideas and experiences with each other. It is part of our heritage and tradition as surgeons. I look forward to seeing your submission soon.

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