INTRODUCTION

Spondylolisthesis

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IN July 2002, the first review of spondylolisthesis was published in *Neurosurgical Focus*. The field of spinal surgery has changed dramatically in the 15 years since that landmark publication. The topics of import in the past included the use of spinal instrumentation, whether to reduce a spondylolisthetic slip, and the role of decompression in the treatment of this disease.

In the past 4 years, *Neurosurgical Focus* has partnered with the Lumbar Spine Research Society (LSRS) to produce 3 specialty issues focusing on the management and treatment of lumbar spinal conditions. In July 2014, the first such partnership was an issue dedicated to the topic of lumbar trauma. Subsequently, the second combined effort was the October 2015 issue on complications of lumbar spine surgery. This current edition will focus on the topic of spondylolisthesis. The submissions have been remarkably diverse and include papers on new approaches such as lateral access to the lumbar spine, traditional anterior and posterior approaches, and an assortment of surgical variations that have demonstrated success in the hands of the many talented spine surgeons who are constantly looking for new ways to improve outcome results for our patients.

In 2002, lateral approaches to the lumbar spine for the treatment of spondylolisthesis were unheard of. Today, thanks to innovation, this approach has expanded the surgical armamentarium for many surgeons. In addition, the value of surgical registries has become increasingly recognized, and numerous papers that summarize the results from groups of practices have led to expanding the knowledge base of our constituents. The utilization of interbody devices, whether autograft bone, allograft bone, titanium cages, or PEEK cages, was barely noticeable during the earlier publication, but these techniques have become commonplace for many spine surgeons treating patients with spondylolisthesis today. The use of pedicle screw instrumentation with rods or plates has improved

our abilities to stabilize unstable segments and, depending on the preferences of the operating surgeons, to reduce slips to varying degrees. There is much to be learned by all of us as we join together, neurosurgery and orthopedic spine surgery, to expand our understanding of the disease process of spondylolisthesis and attempt to obtain superior outcomes for our patients.

While the partnership between *Neurosurgical Focus* and LSRS has been beneficial to both parties, some clarification is needed. Although LSRS members were recruited and encouraged to submit their work, any researcher was welcome to submit manuscripts for this edition. The LSRS membership has been rapidly increasing in number, and this has likely been aided by the exposure provided by the specialty issues published in *Neurosurgical Focus* over the past few years.

The LSRS has been in existence for 10 years and its membership is derived from both the neurosurgical and the orthopedic communities. The annual meeting has been held each year at the Sofitel Chicago Miracle Mile in the springtime. Understandably, the LSRS studies disorders related specifically to the lumbar spine and treatments to improve outcomes. The next annual meeting will be held in Chicago on April 5–6, 2018, and all surgeons, members and nonmembers alike, who deal with lumbar spinal disorders are encouraged to attend the meeting. Unlike virtually every other spine society, the LSRS was chartered and continues to exist free of industry support. There is no industry influence whatsoever, no sponsorships, and no commercial displays. This commitment to science free of any actual or perceived conflicts of interest and to education has led to excellent discussions among the membership. It is hoped that the expanded scope of providing specialty issues in *Neurosurgical Focus* will allow readers to learn more about the LSRS and to likewise encourage the readers to plan to attend the next annual meeting in April.

We are excited to serve as the topic editors for the current issue on spondylolisthesis, and the high-quality submissions that have been accepted will clearly expand the knowledge base of all of the readers. Please enjoy this issue and consider attending the LSRS in Chicago in the spring.

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Disclosures

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