INTRODUCTION

Military neurosurgery

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ON March 20, 2003, 18 months after commencing Operation Enduring Freedom, the United States and a coalition of nation partners returned to Iraq for the second time in 20 years. Thus began in earnest the longest continuous period of armed conflict in the history of the United States. The following 11 years would see numerous killed or wounded in action from countries around the world. Surgeons would see the highest concentration of high-velocity missile and complex blast injuries since the Vietnam War. Those who suffered these injuries had a survival rate never before encountered in human history.⁴

In 2010, Paul Klimo and Brian Ragel spearheaded the first issue of *Neurosurgical Focus* ever dedicated to military neurosurgery. That issue highlighted numerous neurosurgical advances, including the use of early decompressive craniectomy in penetrating brain injury,¹ advances in the management of penetrating spinal column injury,³ and the utility of a highly specialized aeromedical evacuation system in the management of severe TBI.² It was a truly global issue with contributions from authors around the world, and it highlighted the contribution of military physicians to neurosurgery. The current issue, published more than 15 years after the start of Operation Iraqi Freedom, highlights the ongoing efforts of the global military neurosurgery community to improve the care associated with severe closed and penetrating CNS injury. These articles are interesting, timely, and will leave the reader with an appreciation for the complexities associated with managing the severest of injuries on a worldwide scale.

No issue devoted to military neurosurgery would be complete without acknowledging the sacrifices of those injured in service to their country. We are humbled by the service of the soldiers, sailors, marines, and airmen and

airwomen of the world who are our patients. It is an honor and privilege to care for them.

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Disclosures

The authors report no conflict of interest.

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