INTRODUCTION

Ankylosing spondylitis

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THIS issue of *Neurosurgical Focus* presents articles related to spinal ankylosing disorders: ankylosing spondylitis (AS), disseminated hyperostosis of the spine (DISH), and end-stage spondylosis. This *Focus* issue explores current trends in AS presentation, technical nuances of treatment, early complications, and associated outcomes of trauma in AS patients.

The issue leads with an article focusing on the often-overlooked fracture patterns in AS and DISH patients as well as their increased risk for surgical and medical complications. The next article highlights the rates of early complications and inpatient mortality in AS patients older than 80 years of age and compares this cohort with patients with osteoporosis alone. An article on epidural hematoma in surgically treated AS patients follows, highlighting this presentation for the treating community.

The next set of scholarly articles reports on technical nuances of treatment. This section leads with a retrospective study looking at single versus simultaneous dual non-contiguous fractures in AS patients. An article on failure patterns and related risk factors of sagittal reconstruction in AS patients is next. The article that follows highlights a single-institution experience of percutaneous stabilization with cement augmentation for these traumatic fractures. Next is a systematic review and meta-analysis on the role of the anterior approach in AS treatment. The issue concludes with a technical note and associated operative video of a patient with a fixed deformity from AS that necessitated multilevel anterior cervical osteotomies.

Spinal ankylosing disorders represent a healthcare challenge. When these patients experience trauma, their injuries are often underestimated. They often experience prolonged inpatient hospitalizations with significant morbidity and mortality. We feel confident that the articles selected for this issue of *Neurosurgical Focus* will update and expand the knowledge of our readers and help them evaluate, treat, and counsel AS patients, including the risks unique to patients with ankylosing spondylitis.

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Disclosures

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