Happy New Year! We made it to 2018! All of us here at the journal wish you and your family a healthy, prosperous, joyous, and successful year. We have selected 5 articles from our January issue that will introduce you to Volume 158!

In our first article, Panwar and colleagues1 examine postoperative wound complications in patients undergoing laryngectomy as a function of whether or not they have an intraoperative (primary) tracheoesophageal puncture (TEP). Using the American College of Surgeons’ National Surgical Quality Improvement program (NSQIP) database, the authors examined a pool of 430 patients who underwent total laryngectomy with or without a TEP. They evaluated a series of common postoperative wound complications and compared the incidence of these events among patients in those 2 cohorts. While the authors did note a small but significant increase in overall wound complications among patients who underwent primary TEP, there was no increase in superficial or deep wound infections. The authors discuss the importance and relevance of their findings and the implications for clinical practice.

In the second article, Bartindale and associates2 perform a systematic review to examine the prevalence of hearing loss (conductive or sensorineural) after microvascular decompression (MVD) for trigeminal neuralgia (TN) and hemifacial spasm (HFS). Using standard methodology, their systematic review identified 69 relevant studies with 18,233 procedures and its value in improving identification of critical surgical anatomy is more complete and accurate. They discuss the implications of their findings.

In our third article, Castro and associates3 assess the risk of postoperative hypocalcemia in the first hours after thyroidectomy. They looked at 3 different metrics in their ability to predict the development of clinically significant hypocalcemia. In examining these measures, the authors noted that a pre-to postoperative decrease in iPTH of <80% was rarely associated with progression to hypocalcemia and a postoperative iPTH of <3 pg/mL was strongly predictive of the development of hypocalcemia. The authors discuss their model and its implication for postoperative screening and treatment of patients undergoing thyroidectomy.

In the fourth article, Hirshoren and colleagues4 evaluate the role of preoperative positron emission tomography/computed tomography (PET/CT) in the management of patients with cutaneous squamous cell carcinoma (SCC) of the head and neck. In their study, they examined the results of preoperative PET/CT and compared them with pathological results for cervical lymphadenectomy among 64 patients. The authors noted that the positive predictive value (PPV) of PET/CT in their patients was 91% with excellent specificity. They suggest that PET/CT has a role in the preoperative workup of patients with cutaneous SCC of the head and neck and discuss how PET/CT can be useful in the surgical planning for these patients.

Finally, Error and colleagues5 examine the use of a preoperative checklist in the planning of endoscopic sinus surgical procedures and its value in improving identification of critical anatomic structures and their variation among otolaryngology residents prior to surgery. The authors examined 57 CT scans among patients undergoing endoscopic sinus surgery and noted that the accurate assessment of critical sinus anatomy improved from 24% to 84% correct identification, with significant improvement among both junior and senior residents. Based on their assessment and the use of the checklist, the authors note that resident identification of critical sinus anatomy is more complete and accurate. They discuss the application of their findings for education and practice.

I am pleased to present these 5 articles for your New Year’s reading. Please take a few minutes to look at these interesting articles.
articles, as well as the others that appear in this January issue. Once again, happy New Year!

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References