



Contemporary spine surgery is increasingly shaped by a more comprehensive understanding of patients, in which clinical symptoms, radiological parameters, surgical techniques, perioperative management, and patient-reported outcomes are considered together. The current issue of the Journal of Turkish Spinal Surgery reflects this evolving perspective through a diverse collection of studies addressing spinal health across different age groups, pathologies, and stages of treatment. Although the studies presented in this issue focus on distinct clinical questions, they share a common message: meaningful advances in spine care require attention not only to surgical correction, but also to how spinal disorders are assessed, treated, and experienced by patients.

Assessment of spinal alignment is an important component of this broader perspective. The exploratory study evaluating agreement among adolescents, parents, and an expert in the visual assessment of adolescent posture highlights an often-underappreciated aspect of spinal health: the perception of posture. Objective radiographic measurements remain fundamental, but patients and families frequently interpret spinal appearance before formal medical evaluation. Understanding differences between these perspectives may contribute to earlier recognition of postural abnormalities and improve communication between clinicians, adolescents, and their families.

The issue also addresses the expanding role of less invasive surgical strategies. The study examining spinal anesthesia for unilateral biportal endoscopic lumbar decompression in patients with significant comorbidities explores an approach that may be particularly relevant for patients in whom general anesthesia presents additional challenges. Similarly, the comparison of pre-incisional caudal epidural analgesia with local surgical-site infiltration after lumbar microdiscectomy emphasizes the importance of perioperative pain management. These studies reflect a broader movement toward reducing physiological stress, facilitating recovery, and tailoring perioperative strategies to individual patient characteristics.

Motion preservation remains another important topic in contemporary cervical spine surgery. The retrospective comparison of cervical disc arthroplasty and anterior cervical discectomy and fusion provides insight into the temporal evolution of surgical outcomes. The observation of early differences in motion preservation followed by convergence of outcomes at two years illustrates an important principle in interpreting surgical literature: early biomechanical advantages do not necessarily translate directly into differences in intermediate-term clinical outcomes. Long-term follow-up therefore remains essential when evaluating technologies designed to modify spinal biomechanics.

The relationship between spinal morphology and degeneration is further explored through the investigation of sacral morphological parameters and lower lumbar disc degeneration. Such studies remind us that degenerative spinal disease should not be considered solely as a consequence of age or external mechanical factors. Individual anatomical characteristics may influence segmental biomechanics and potentially contribute to disease development. Continued investigation of these relationships may help move spine care toward more individualized risk assessment.

Patient-related factors are also represented by the study investigating sleep quality and cervical alignment in individuals with chronic neck pain. Pain, sleep, spinal alignment, and functional status are closely interconnected, yet these dimensions are often evaluated separately in clinical practice. Incorporating such patient-centered variables may provide a more complete understanding of chronic spinal disorders and help clinicians recognize factors that may influence symptom persistence and recovery.

Finally, the comparison of postoperative day-one versus delayed early magnetic resonance imaging following intradural spinal tumor surgery addresses an important practical question in postoperative surveillance. Determining when imaging provides clinically meaningful information while avoiding unnecessary investigations remains relevant to both patient care and healthcare resource utilization.

Taken together, the studies in this issue demonstrate that progress in spinal surgery is not defined by surgical innovation alone. It also depends on improving assessment, refining perioperative care, understanding individual anatomical and patient-related factors, and interpreting outcomes over an appropriate time horizon. Future research should continue to integrate objective measurements with patient-centered outcomes and longer-term follow-up.

The Journal of Turkish Spinal Surgery is pleased to present these contributions as part of the continuing effort to promote clinically relevant, scientifically rigorous, and patient-oriented research in spinal disorders. We hope that the studies in this issue will stimulate further discussion and prospective investigation while contributing to the ongoing evolution of contemporary spine care.

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