



Life writes the best stories



First of all, I am delighted to welcome the Hellenic Society of Endodontics (EEE), which decided to select ENDO as their official publication. We are looking forward to receiving contributions from our Greek colleagues of the EEE and it would be our great pleasure to provide you with a forum for discussing and publishing relevant society news and interesting clinical cases. The first case report by Chaini and Georgopoulou on general pulp calcification is already included in this issue.

Perhaps you noticed the highly readable editorial by Prof Bun San Chong on "Manuscript preparation by proxy", published in the last issue of ENDO. His critical consideration of this matter leads to a collegial intellectual exchange of ideas. Therefore, we thank Prof James Gutmann for his contribution to the subject highlighted in the last editorial. His opinion is included in this current issue as a commentary.

However, please allow me to highlight another topic under discussion. Certainly, we have all experienced once that life writes the best stories. But the same is true for our profession – the daily endodontic treatments provide the best and most interesting cases. I am sure that the dental records of our readers are a kind of treasure chest, full of interesting cases that may help colleagues manage similar cases. Compared with more scientifically orientated endodontic journals, ENDO is focusing more on clinically relevant matters. Therefore nicely illustrated practical reports to guide our readers, who may encounter similar cases are very welcome and we have a keen interest in publishing them. Case-based learning is enormously stimulating and instructive. However, it is more than understandable that practitioners are less experienced in preparing manuscripts and this attempt may represent a significant challenge.

It is my point of view that a key task of both editors and editorial board members of a journal like ENDO is to encourage practitioners to submit their case. In order to facilitate the process of manuscript preparation, any help and support required should be offered at any stage of preparation. Over the last several years I delivered numerous postgraduate courses, which included case presentations by the participants. Generally very instructive and interesting cases were reported and I tried to motivate and encourage my colleagues to prepare a manuscript, offering my help when doing so. It is nice to see that a considerable number of such case reports have been published (although it often took me hours in restructuring and rewriting the first versions of the manuscript).

Thus, another side of the coin when debating about manuscript preparation and review processes are these case reports. So, who, if not those well experienced in preparing manuscripts and with a remarkable list of publications under their belt, should instruct practitioners or less experienced colleagues? In this context I would go even further: we should consider accepting case reports – certainly only those based on contemporary concepts and the best available scientific evidence – describing treatment failures. It is a matter of fact, we do learn from our failures and mistakes. Furthermore I would like to draw your attention to a highly interesting editorial¹ and an original article² focusing on this concept.

In conclusion, we call on our readers to share their cases – both unusual and complex cases and also even cases that resulted in treatment failures in terms of a problem-solving approach. Be sure, the editorial team will offer you any help required to succeed in publishing your report.

As for now I hope you will enjoy the present issue of ENDO and have a nice and relaxing summer.



Edgar Schäfer

■ References

1. Wachter RW, Shojania KG, Saint S, Markowitz AJ, Smith M. Learning from our mistakes: quality grand rounds, a new case-based series on medical errors and patient safety. *Ann Intern Med* 2002;136:850–852.
2. Edmondson AC. Learning from failure in health care: frequent opportunities, pervasive barriers. *Qual Saf Health Care* 2004;13:ii3-ii9.

