

The future of *Archives of Craniofacial Surgery*

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Archives of Craniofacial Surgery (ACFS) was founded in 2000. As ACFS becomes the official journal of the Asian Pacific Craniofacial Association, I think it is an opportune time to formally consider and discuss the role of ACFS. Given the myriad topics to be addressed in craniofacial surgery research and clinical practice, we need to categorize our subspecialties. As the current president of the Korean Cleft Palate-Craniofacial Association (KCPCA), I would like to suggest topics that ACFS should cover in the immediate and long-term future.

First, we need to focus on our original specialty, including congenital anomalies, such as those classified with the label “craniofacial syndrome,” as well as cleft lip and palate. Although generally, progressively fewer newborn children are being diagnosed with congenital anomalies, a recent national survey and other data have revealed that rates of congenital anomalies remain concerningly high. In this regard, the centralization of medical centers is a pertinent difference between the past and the present. I believe that when managing patients with congenital anomalies, craniofacial surgeons must strive to minimize the severity of the various stigmata that define these anomalies. However, without basic bone research and basic embryonic research, we will not be able to improve our capacity to do so. Genetic research must be given more prominence in this era. There are numerous unsolved questions in craniofacial surgery, particularly in the realm of genetics.

Second, facial trauma is gaining prominence as the most com-

mon topic covered by submissions to ACFS. As most craniofacial surgeons encounter facial bone fractures in their practice, this topic will continue to be an emphasis of ACFS. There are very many elements of facial bone fracture management that require updates in terms of techniques and patient management protocols. To optimize facial trauma treatment, surgical techniques and protocols related to various facial bone fractures should be updated, including those for skull fractures, frontal sinus fractures, nasal bone fractures, orbital wall fractures, zygomaticomaxillary fractures, mandible fractures, and skull base fractures.

Third, articles on head and neck reconstruction contribute significantly to our journal. Reconstruction of the facial surface, facial skeleton, facial muscles, inner oral cavity, and neck reconstruction have emerged as important topics in the field. The rapid evolution of microsurgical techniques is indicative of rapid growth in the field overall. Scalp, eyelid, nose, lip, and ear reconstruction are fundamental craniofacial surgical topics. Although some surgeons might insist on the traditional focus of craniofacial surgery on skeletal correction, I believe that optimal skeletal reconstruction requires adequate soft tissue management. Facial allotransplantation is evolving toward becoming the ultimate solution to devastating facial injuries or deformities and has emerged as a key topic in craniofacial surgery.

Fourth, aesthetic facial cosmetic surgery remains a common topic in ACFS and the literature in the field at large. Even though craniofacial surgery traditionally has tended to focus on bony correction, final touch-ups require aesthetic plastic surgical techniques. In fact, I am not sure that we can distinguish between facial reconstructive surgery and facial aesthetic surgery in many cases. Aesthetic surgery of the forehead, eyelid plasty, rhinoplasty, orthognathic surgery, and facelift techniques should be prominent topics in ACFS moving forward.

Finally, the fourth industrial revolution is accelerating ad-

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vances in many medical fields. Three-dimensional medical simulation, three-dimensional printing technology, augmented reality, and virtual reality are taking craniofacial surgical practice to another level. Although these cutting-edge technologies are now commonly implemented, publications facilitating their popularization are still lagging. To generalize and improve the dissemination of standard solutions in our field, more optimized materials and software solutions should be developed and researched. Additionally, as we already know, artificial intelligence technology will revolutionize not only medicine but particularly craniofacial surgery in the near future. In this sense, technologies associated with the fourth industrial revolution have already become common topics in ACFS and will only increase in prominence as we move forward.

We are working in an era wherein various innovations are rapidly enriching our practices. It is not only an opportunity

but also our responsibility to adopt these new trends correctly to optimize patient care. In that sense, I envision the growth of ACFS as an effective platform for craniofacial surgeons to share their knowledge and experiences.

NOTES

Conflict of interest

Jong-Woo Choi is an editorial board member of the journal but was not involved in the peer reviewer selection, evaluation, or decision process of this article. No other potential conflicts of interest relevant to this article were reported.

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