

## Editorial

What can we all say about the year that is about to finish? COVID-19 came early in 2020 and we have not been able to confirm that the worst has passed with the pandemic still hanging in the air. All countries are now experiencing a second surge of the disease and South Africa is not “protected” as suggested in earlier days of the pandemic – when we were led to believe that we had the “mojo”, which was mentioned in a time when it looked as though the country was safe from the deadly virus.



*Maria Giaquinto-Cilliers*

Overseas press was advertising the alleged protection, particularly in African countries, with low numbers of cases and deaths, which could apparently be ascribed to drugs prescribed for prevention of other endemic diseases.

This year will be remembered as the year we lost dear family members, friends, colleagues, co-workers, neighbours and people we have never met but who were important to someone we knew. The year where the academic fraternity was in a frantic search for the best treatment to save lives and to produce a vaccine that will be able to give us some peace of mind, still to come in the near future (hopefully).

The healthcare system in the country was tested as predicted, and although it “passed” the test in most provinces, it also exposed the same problems present before the pandemic era. More so, it showed that the dream of a system where health care is available for all, needs much more work to become reality. While the frontline workers were fighting the disease, we watched with dismay the corruption behind the acquisition of PPEs leading to the country debating the honesty of our leaders.

Meantime, we have tried to continue with our lives as best we could. We were able to keep up with our academic lives through a series of webinars offered in multiple fields, as most (if not all) conferences were postponed. Webinars seem to stay as a useful platform for education, with a series of advantages over face-to-face meetings, although not to substitute the presential meetings. This is mentioned in this journal's issue with an article where seven steps are listed to assist junior researchers in writing abstracts for scientific conferences. On that note, as the journal is aiming to get accreditation from the Department of

Higher Education and Training (DHET), submission of good articles is paramount. This article is a starting point of a series of articles to be published in next editions to assist WHASA members in writing their experience and publishing in this journal.

In times where the so-called “predatory journals” are confusing researchers with the ease of publishing their data quicker in return for paying high fees, we seem to be in an era of fast food, fast fashion and now fast publishing. High impact factor journals are also inviting researchers to publish as “open access” to reach more readers, also by paying high fees. One should ask if we are losing the aim of publishing our research, which is to provide evidence-based medicine, not to compete with peers to have more publications in our CVs.

Publishing articles has been competitive and hard. Journals in general do not accept case reports, yet it remains important to publish clinical cases, as they reflect the experience of the author(s) with an interesting/rare case, a new management/approach of an old disease, and (particularly within the wound care fraternity) how to successfully manage the hard-to-heal and non-healing wounds that are referred to the professional nurses by a clinician.

This issue brings two separate case studies managing wounds with exposed bone after skin cancer resection and traumatic injury, with different approaches. Another case report details the management of a complex wound post-Caesarean section with negative pressure wound therapy with instillation (NPWTi).

A case of Martorell hypertensive ischaemic leg ulcer presents a review of this type of ulcer with a clinical case. And lastly, a pilot study comparing antimicrobial dressings in infected leg ulcers prior to surgical management completes our issue for the readers to finish the year on a high note.

In times where all are called to review what is important in life and to go back to basics, it seems a good time to ask clinicians and healthcare professionals to report their good experience with clinical cases, to help us all learn from these experiences. This might help invigorate the shy but excellent wound care professionals, who have plenty of cases to share but are intimidated by the thought of writing and publishing.

Most of us who have published have been there too at some point. Enjoy the reading!

**Maria Giaquinto-Cilliers**  
*mgiacquinto@ncpg.gov.za*