
Book Reviews

Critiques de livres

ROENIGK & ROENIGK'S DERMATOLOGIC SURGERY: PRINCIPLES AND PRACTICE. 2nd edition. Edited by Randall K. Roenigk and Henry H. Roenigk, Jr. 1344 pp. Illust. Marcel Dekker, Inc., New York. 1996. \$175 (US). ISBN 0-8247-9503-2

This comprehensive, multidisciplinary book on the principles and practice of cutaneous surgery, is intended to be *the* reference book for dermatologists who are performing skin surgery. Of the 108 contributing authors, 90% are dermatologists. The others are plastic surgeons, otolaryngologists and pathologists. The book is organized into eight sections: basic principles, standard procedures, regional surgery, skin tumours and disease, Mohs surgery, cutaneous reconstruction, laser, and cosmetic procedures.

The section on basic principles is well organized and thorough. The chapters on anesthesia (local, regional and tumescent) and suture materials are particularly current and informative. The section on standard procedures will be most helpful to dermatologists. The section on regional surgery is well done and describes the surgical techniques that are most applicable to the various anatomic areas of the body. The chapters on facial flaps are particularly informative. Plastic surgeons will have to be careful that dermatologists don't "take over" in this area!

Surgical management of skin tumours and disease, which covers 300 pages, is complete. It is also well organized and provides extensive, current information. Skin tumours are classified into epidermal, premalignant,

dermal, pigmented, benign and malignant. Each type of lesion is discussed in terms of presentation, pathogenesis, histologic features, differential diagnosis and treatment options. Even the more unusual tumours are discussed at considerable length. There is an amusing chapter on tattoos. The section on Mohs surgery is current and well done.

In the section on cutaneous reconstruction, the roles of skin grafts, various flaps, tissue expansion and scar revision are discussed and put into perspective. The section on the laser covers basic physics, safety and the uses of the various types of laser. The section on cosmetic dermatologic surgery (over 300 pages) discusses chemical peeling, dermabrasion, sclerotherapy, hair transplantation, scalp flaps, liposuction, fat transplantation, collagen injections and even blepharoplasty and facelifting. The chapters on trichloroacetic acid peeling are particularly well done.

This book demonstrates how dermatologists have expanded their role into areas of cutaneous surgery. Many of the techniques presented were previously considered to be the domain of the surgeon. As surgeons, we must always make every effort to continue to perform these techniques very well in order to maintain this aspect of our practice.

This book will be a valuable library reference for all plastic and general surgeons who perform cutaneous surgery. It will be particularly helpful to the surgeon who is beginning or expanding a practice in cutaneous surgery. The most helpful

chapters will be those on local and regional anesthesia, regional surgery, the surgical management of skin tumours and disease, and chemical peeling.

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WARM HEART SURGERY. Edited by Tomás Antonio Salerno. 230 pp. Illust. Arnold, London; Oxford University Press Canada, Toronto. 1996. \$142.95. ISBN 0-340-61023-9

Despite apparently adequate blood cardioplegic protection, sensitive measures have suggested that the recovery of myocardial metabolism and ventricular function are delayed after elective cardiac surgery. Improved methods of myocardial protection are required for the increasing proportion of high-risk patients who undergo cardiac surgery. Hypothermia was first espoused by Bigelow in Toronto and has been a cornerstone for myocardial protection since the 1950s. Normothermic blood cardioplegia ("warm heart surgery") was reintroduced in Toronto in 1989 and was associated with exciting early clinical results. These results spawned a plethora of basic science and clinical investigations into the effects of normothermic myocardial and systemic perfusion. The editor of this textbook,

Dr. Tomás Salerno, was an early pioneer of this technique.

The 26 chapters in this book deal with the technical and conceptual aspects of warm heart surgery. The first three chapters provide a historical perspective on myocardial protection and discuss the theoretical framework leading to the reintroduction of normothermic cardioplegia. Chapter four is an in-depth review of nuclear magnetic resonance spectroscopy and its role in the investigation of alternative cardioplegic strategies. The next 12 chapters deal with the technical aspects of delivering warm blood cardioplegia either antegrade through the aortic root or retrograde through the coronary sinus. There is some redundancy in this part of the book because each chapter begins with a concise review of myocardial protection, which is already fully discussed in the first four chapters. However, each chapter provides a detailed description of the results of warm heart surgery in a wide variety of clinical situations, ranging from redo coronary bypass surgery to mitral valve surgery, congenital heart surgery and transplantation.

Eight chapters cover the extracardiac sequelae of warm heart surgery. The apparent myocardial benefit of normothermic perfusion prompted many investigators to employ normothermic systemic perfusion. There is a concern that systemic normothermia may result in a greater frequency of postoperative neurologic complications. A prospective randomized trial conducted at Emory University in Atlanta suggested that warm heart surgery was associated with myocardial benefit but normothermic systemic perfusion produced a neurologic threat. This trial was not discussed in this book in detail, leaving the reader with a slightly bi-

ased impression of the clinical results of normothermic perfusion.

The final chapter is a summary of the role of warm heart surgery in contemporary cardiac surgery. Written by Dr. Gerald Buckberg, a recognized authority on myocardial protection, this chapter provides a balanced argument for the selective use of normothermic cardioplegia, based on a variety of clinical scenarios.

The book is generally well written and easy to read. However, the text would have been enhanced by more illustrations. There is a suitable balance between the presentation of basic science research and the clinical implementation of normothermic cardioplegia. Therefore, this book will be of value to both clinicians and basic science investigators who have an interest in the results of warm heart surgery.

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TOTAL BURN CARE. Edited by D.N. Herndon. 597 pp. Illust. W.B. Saunders Company Ltd., London, UK; W.B. Saunders Canada, Toronto. 1996. \$163. ISBN 0-7020-1827-9

This text is a comprehensive assemblage of 60 chapters from 82 authors. It describes in detail the management of the thermally injured patient from the prehospital and emergency room phases to the critical care unit and the operating room, and fi-

nally the rehabilitation and psychological recovery of the patient.

The contributions are from experts in burn care not only from the United States but also from Japan, Australia and Europe; thus, the book presents a worldwide perspective. Twelve of the authors are past presidents of the American Burn Association. The editor is chief of staff at the Shriners' Burn Institute in Galveston, Tex.

Consistent with modern burn care, the opening chapter deals with the teamwork for total and comprehensive management of the burn patient, a recurring theme within the text.

Important, yet often-neglected aspects of prehospital care, disaster management and epidemiology and demographics are discussed in the subsequent early chapters, before wound pathogenesis and fluid resuscitation. In a broad unbiased discussion, the current range of regimens for fluid resuscitation is simplified and clearly defined (including the author's preferred approach), making this chapter very informative for the inexperienced and specialist alike.

The strong research program of the Shriners' Burn Institute in Galveston is apparent in the well-written, practical discussion of three chapters that cover pathophysiology, diagnosis, treatment and respiratory care of inhalation injuries. Similarly, the expertise of this institution is exploited for well-written, concise chapters that discuss the metabolic response to injury, pathophysiology of the systemic inflammatory response syndrome, and modulation of the wound healing and postburn response. In these chapters are discussed the understanding of the metabolic response to burn injury, through the use of stable isotopes, and the current basis and status of hormonal and growth-factor modulation of the wound healing response.

An important discussion of renal

failure in burn patients is included. This is of great practical importance for patient management, yet has not been covered in pre-existing texts of burn care. This topic is also touched upon in a very useful section dealing with intensive-care requirements and in descriptions of critical-care complications in subsequent chapters.

The range of burn care includes burn nursing, specialized approaches to the pediatric and geriatric burn patient, a comprehensive section dealing with frostbite, electrical injuries, chemical and radiation injuries as well as exfoliative disorders. There is an authoritative discussion of alternatives to wound coverings for patients lacking donor sites for autografts, with an algorithm for decision making with respect to the indications for emerging technologies. Realistic suggestions for the use of cultured epithelial autografts are outlined, on the basis of the clinical experience to date, and there is a timely discussion of the conceptual and practical use of dermal replacements that is nicely illustrated by colour photographs.

Also in the text are a series of chapters on burn reconstruction, including the overall approach and specific anatomic areas, such as the head and neck, scalp, hand and foot. Finally, experienced practitioners are aware of the importance of rehabilitation, including the physical and psychological components, for the burn patient, all of which are discussed in chapters ranging from pain management, psychiatric disorders, abuse by burning, reintegration into society and ethical decision making for burn patients.

Overall, I agree with the assessment of the text in the foreword by Dr. Basil Pruitt, Jr., himself the author of most authoritative chapters in burn care to date, that this text is highly recommended for every medical school and burn centre library and for

all members of the team caring for burned patients.

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PATHOLOGY FOR THE SURGEON. Peter M. Banks and William G. Kraybill. 392 pp. Illust. W.B. Saunders Company, Philadelphia; W.B. Saunders Canada, Toronto. 1996. \$99.50. ISBN 0-7216-5288-3

This book addresses itself to diagnostic surgical pathology rather than to the basic mechanisms of disease or other laboratory disciplines. The stated purposes of the book are to assist the surgeon in the successful utilization of pathology as a resource for patient management and to improve communication among surgeons and pathologists. These are laudable aims, particularly at a time when pathology is sometimes regarded, erroneously, as a separate activity, somewhat esoteric and detached from direct patient care. Perhaps this is why, with health care re-engineering, some in authority think that pathology services can be supplied from a distance. This book emphasizes the proper place of pathology, at the centre of clinical decision making.

Organized into 21 chapters, with 40 contributors including the two editors, this book reads like a Who's Who of North American authorities in surgery and pathology. For most

chapters, a surgeon and a pathologist are joint authors.

In their introductory chapter the editors set the tone in discussing surgical problem cases whose solutions are aided by pathology. This is followed by two chapters on special techniques, including fine-needle aspiration biopsy. Next are chapters on the surgical pathology of the various organ systems, including eye, skin, breast and musculoskeletal system. In addition there are chapters on special areas, such as obstetric and gynecologic, transplantation and pediatric pathology.

The chapters are not exhaustive (or exhausting) treatises on detailed pathology but highlight the pragmatic aspects of diagnosis and the interaction between surgeon and pathologist, including the uses and abuses of the frozen section. A particularly valuable feature of each chapter is the description of pitfalls for the surgeon and the pathologist, indicating how they may be avoided.

Throughout the text there are black-and-white illustrations, mainly of histopathologic features. These will not make experts of the reader but adequately amplify the text. The numerous tables are useful and informative. The language is lucid and the book easy to read.

Does this book achieve its purposes? I believe it does.

Are there any failings of the book? Not really. There are minor annoyances, such as the liberal use of capitalized abbreviations in some chapters. I have never been convinced that the space saved by the use of abbreviations compensates for the annoyance of having to search through the text for their definitions. If authors feel compelled to use abbreviations, they should document them at the beginning of the chapter. However, this is a minor criticism of a splendid effort.

Who should read this book? Most certainly all trainees in surgery and in anatomic pathology. In addition, practising surgeons and pathologists would greatly benefit from the information this book contains and from its pragmatic common sense. All departmental libraries in surgery and pathology should have a copy.

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SURGICAL CRITICAL CARE. John A. Weigelt and Frank R. Lewis, Jr. 453 pp. Illust. W.B. Saunders Company, Philadelphia; W.B. Saunders Canada, Toronto. 1996. \$138. ISBN 0-7216-3368-4

The intended readers of this book are surgeons interested in learning the basic principles of critical care, surgical intensivists who need brief updating but already have a broad basic knowledge, and housestaff doing an intensive care unit (ICU) rotation who need a concise, readable, up-to-date book on critical care.

The purpose of the book is to provide the reader with "a surgeon's perspective relative to critical care" issues. It is not meant to be a reference text, and it is far from comprehensive. However, what it lacks in volume and thoroughness, it more than makes up for in the excellent choice of topics, the concise readable format, the well-researched scientific treatment of many issues and the inclusion of often-neglected subjects such as statistics, severity of illness scores, pharmacokinetic alterations, endocrine

problems and decision-making strategies. The information provided is accurate, timely and extremely useful. The practical, clinical slant in many chapters is nicely balanced with the scientific rationale for their recommendations. Indeed, the science behind the information presented is married so well with the practical aspects of ICU care, that one finds oneself grasping issues with a depth of understanding not felt previously. All the major categories of disease are covered. My only criticism is that the descriptions are often too brief and concise. This may not really be a disadvantage at all given the book's intended purpose.

In summary, this excellent textbook uses a concise, readable format to cover the pertinent issues in surgical critical care. It will appeal to a wide range of junior and senior surgeons interested in this very important area of the care of surgical patients.

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ATLAS OF SURGICAL TECHNIQUES. Steven G. Economou and Tasia S. Economou. 683 pp. Illust. W.B. Saunders Company, Philadelphia; W.B. Saunders Canada, Toronto. 1996. \$253. ISBN 0-7216-1611-9

This atlas might be subtitled "a compilation of abdominal and head and neck elective procedures for the comprehensive general surgeon." It is a relatively complete, beautifully illustrated anthology of surgical techniques that provides 678 large pages

of three-dimensional drawings of the highest quality. The text is clear, simple and accompanies the diagrams themselves, a strategy that is very helpful in any anatomic text. The authors concentrate on elective operations and do not address such emergencies as perforated duodenal ulcer, bleeding ulcer, blunt and penetrating abdominal trauma, diverticulitis and arterial embolectomy. The omission of all venous surgery, including high ligation and stripping, is lamentable. These minor problems aside, this atlas is outstanding.

The artwork of Albert Teoli and colleagues focuses on three-dimensional black-and-white line drawings, which are very effective, and in some sections, such as head and neck, the technique of incorporating the surface anatomy simultaneously with the deep anatomy always retains perspective. In addition, frequent three-dimensional views in cross-section or sagittal section are extremely helpful to the young surgeon attempting to visualize in two and three dimensions at the same time. For some procedures — abdominoperineal resection, Whipple procedure, portacaval shunt, inguinal node dissection and amputations — the artwork reverts to a more anatomic, shaded technique in which the clarity and anatomic definition are lost. It is not clear why a different technique was used for these sections.

Some procedures are described with which, I believe, many surgeons would disagree: the choice of circumferential lower quadrant breast incisions for wide local excision rather than the more cosmetic radial incision; the approximation of deeper tissue in these incisions rather than leaving the breast space to fill in; the performance of a lower esophageal myotomy, which is "usually carried out if there is symptomatic reflux

esophagitis" (I have no idea what the authors were thinking about here); the long Nissen fundoplication in a patient who would surely not swallow again soon; and the statement that a segments 5 and 8 resection in the right lobe of the liver is "the usual extent of resection for right hepatic lobectomy". Despite these irritations, appropriate surgery was described, even though some operations, such as total esophagectomy with colon interposition, occupied more book space than would be justified for the average general surgeon.

Some refreshing additions to this atlas, procedures that are often poorly handled or not handled at all, are the takedown of a colostomy and a variety of perianal procedures. The latter especially are covered particularly poorly in most atlases, and the three-dimensional approach to anatomy in this atlas is most helpful.

In the sections on hernias, the three-dimensional anatomy, which is frequently difficult for residents to learn, is covered particularly well; however, I could not find one mention of transversalis fascia throughout the text. The options of direct repair, indirect repair, mesh and no mesh, and options for femoral repairs were extremely well done.

The section on liver resection might have been improved with the kind of exacting anatomic diagram accompanying other passages. Segmental anatomy of the liver is the cornerstone of any hepatic resection, and this was not covered at all. Dissecting caudate vessels and the right hepatic vein last (rather than first after complete mobilization of the right lobe of the liver) is a process that most hepatic surgeons would find reversed. In addition, the use of transhepatic tubes during high biliary-enteric anastomosis, although still indicated in very rare situations, is for the most part an out-

moded technique. Likewise, the performance of a classic Puestow procedure in which a filleted gland is inserted completely into a loop of jejunum is a procedure that pancreatic surgeons rarely perform today.

Included in the extensive elective procedures for the true "general" surgeon are complex genitourinary operations such as establishment of an ileal conduit, radical hysterectomy and vaginal repairs, and elective vascular procedures. These, like the other procedures are beautifully illustrated.

Although many of the foregoing comments constitute concerns, this atlas is by far the best, clearest and most informative surgical atlas for the general surgeon I have ever seen. It is contemporary enough that many laparoscopic procedures such as Nissen fundoplication, cholecystectomy, hernia repair and appendectomy are included. I believe a section on general laparoscopic techniques common to all laparoscopic procedures might have been helpful.

This atlas is a welcome addition to surgical education and as the apparent first edition, it will set the standard for other surgical anatomic texts. The first edition is worth every penny; if some of these relatively minor concerns are addressed in the next edition, it will be worth its weight in gold!

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