

THE DIABETIC FOOT: MEDICAL AND SURGICAL MANAGEMENT. Edited by Aris-tidis Veves, John M. Giurini and Frank W. LoGerfo. 512 pp. Illust. Humana Press, Inc., Towota, NJ. 2002. US\$145. ISBN 0-89603-925-0

This book, an in-depth review of the pathophysiology, and medical and surgical treatment of the pathologic conditions found in the diabetic foot, is aimed mainly at surgeons and physicians involved in treating the diabetic foot. The majority of the authors are from the Beth Israel Deaconess Medical Center in Boston, and the book has some extremely good chapters based on the vast experience accumulated by the diabetic clinic there. The outside authors are also experts in their fields; for example, Reiber from Seattle who contributed the chapter on epidemiology. Notable chapters include the clinical examination, biomechanics and local care of the diabetic foot and principles of treatment of the chronic wound. Two valuable chapters are the down-to-earth, sensible approach to microbiology and treatment of diabetic foot infections and a similar approach to the radiographic changes of the diabetic foot.

Although the medical side of this book is strong, the surgical side is weak apart from the chapter on vascular surgery. As a multidisciplinary disorder, there is a notable absence of input from orthopedic surgeons, and podiatrists have written chapters they are ill-qualified to write. In general, the surgical chapters are atlases of procedures and case reports without in-depth discussion into the indications and outcomes. Since up to 40% of transmetatarsal amputations fail, it is not how to perform the procedure that is important, but understanding the risks and benefits of the procedure, who should perform it, and a discussion of outcomes that are of most value.

The book lacks organization, with no particular rhyme or reason to the order of chapters. The nonoperative treatment of ulcers appears in the surgical chapters and the last chapter, footwear in the prevention of diabetic foot problems, should logically have been placed at the beginning of the book.

The book is too detailed to be of value to medical students and residents but would make a useful addition to medical school and departmental libraries. It should be part of a complete library of diabetic foot care. However, if a book on the diabetic foot is to be purchased as a single reference, there are other books with a much broader authorship that are preferable.

In summary, this book is an excellent text on the medical and nonsurgical aspects of the diabetic foot and ankle care but, with one notable exception, leaves much to be desired with respect to surgical treatment.

Alastair Younger, MB ChB, MSc, ChM
BC's Foot and Ankle Clinic
Department of Orthopaedics
University of British Columbia
Vancouver, BC

BREAST CANCER: A GUIDE TO DETECTION AND MULTIDISCIPLINARY THERAPY. Edited by Michael H. Torosian. 346 pp. Illust. Humana Press, Inc., Totowa, NJ. 2002. US\$125. ISBN 089603-839-4

There are many textbooks dealing with breast disease that strive to be comprehensive. This addition, as implied in the title, focuses primarily on the diagnosis and treatment of breast cancer. The contributions of the various expert authors deliver a text that is concise and readable on many levels. Because of its multidisciplinary focus this text is of interest to readers in many medical specialties, including surgery, radiology, and medical and radiation oncology.

The book is divided into 3 major sections. The first section covers a broad range of topics, including diagnosis and treatment; the second section examines specific clinical situations; and the third looks at some current controversies.

In the first section, titled "clinical management," there are 13 chapters. The first 4 of these relate to breast cancer diagnosis with those on breast imaging and breast biopsy techniques being particularly up to date and complete. The fourth chapter "clinical classifications of breast cancer" appears unnecessary and confusing. The information in this chapter is redundant and at times contradicts that of similar material covered in more detail in other chapters. For instance, M.H. Torosian, the author of this chapter, states that mastectomy is indicated for the management of Paget's disease, whereas in the following chapter on breast conservation, lumpectomy is quite legitimately stated to be an option for managing Paget's disease. In discussing the management of inflammatory breast cancer, Torosian states, inaccurately, that axillary dissection is not typically performed in patients with inflammatory carcinoma. Torosian's statement is not consistent with current standards of care in the treatment of inflammatory breast cancer. These standards are supported later in the book by other authors who advise axillary dissection in this group of patients.

The next 6 chapters examine the treatment of primary breast cancer, including surgery, ablative and reconstructive, radiation and systemic treatment. These are all excellent chapters, particularly the one (chapter 6) that looks at the use of mastectomy. Chapter 11 is a useful dissertation on the role of surgery for metastatic breast cancer. It is followed by a detailed and interesting review of molecular genetics relating to breast cancer development, which

ties in nicely with the final chapter in the book, examining immunotherapy and gene therapy.

The second section covers particular clinical scenarios, including relatively common situations such as use of neoadjuvant chemotherapy, treatment of local-regional tumour recurrence and nipple discharge as well as the more uncommon management problems of breast cancer in pregnancy, axillary metastases with an unidentified breast primary, and uncommon primary breast tumours such as sarcoma and lymphoma. These topics are all well covered in an organized and comprehensive man-

ner. I found this section to be the most valuable and very easy to read.

The final section comprises 5 chapters that look at current controversies and research. The first of these is a well-balanced discussion of the use of breast conservation without radiotherapy. The next 2 chapters are particularly relevant to the emergence of sentinel lymph-node biopsy: one reviews the use of axillary dissection in breast cancer; the second covers the diagnosis and management of internal mammary nodal metastases. The final 2 chapters relate to the use of high-dose chemotherapy and novel gene thera-

pies. These are well written and complement earlier chapters.

Generally, this book is a positive contribution to the ever-burgeoning library on breast cancer. I would like to have seen a chapter reviewing hereditary breast cancer, including risk-reduction strategies. The book is well referenced, concise and easy to read, and I believe will be of value to many different practitioners, including physicians in training.

Ethel L. MacIntosh, MD
Medical Director, Breast Screening
Health Sciences Centre
Winnipeg, Man.

SESAP Critique Critique SESAP

Category 13, item 1

Endoscopic ultrasound (EUS) is superior to computed tomographic (CT) scanning for detecting the T and N stage of esophageal tumors. Not only can lymph nodes in proximity to the tumor be assessed, but also the celiac nodes can be assessed and biopsy specimens obtained. EUS is also useful in detecting pancreatic malignancies. With the endoscope in the stomach and duodenum, EUS is very sensitive in detecting pancreatic tumors both in the head and body of the pancreas with sensitivities greater than 90%. Differentiating inflammatory lesions from those caused by malignancy is difficult because their ultrasonographic characteristics are similar. As regards staging pancreatic tumors, EUS is more sensitive and specific than CT scan in detecting involvement of major vessels such as portal vein, celiac axis, and splenic vein. EUS is at least equal to CT scan at detecting the lymph nodes and may not be quite as good as CT scan in detecting hepatic metastases. However, EUS is more sensitive and specific than is CT overall for staging of pancreatic tumors, although it has the disadvantage of being operator dependent.

D

References

1. Faigel DO, Ginsberg GG, Bentz JS, et al: Endoscopic ultrasound-guided real-time fine-needle aspiration biopsy of the pancreas in cancer patients with pancreatic lesions. *J Clin Oncol* 15:1439-1443, 1997
2. Reed CE, Mishra G, Sahai AV, et al: Esophageal cancer staging: Improved accuracy by endoscopic ultrasound of celiac lymph nodes. *Ann Thorac Surg* 67:319-322, 1999
3. Rosch T, Braig C, Gain T, et al: Staging of pancreatic and ampullary carcinoma by endoscopic ultrasonography. Comparison with conventional sonography, computed tomography, and angiography. *Gastroenterology* 102:188-199, 1992
4. Rosch T, Lorenz R, Braig C, et al: Endoscopic ultrasound in pancreatic tumor diagnosis. *Gastrointest Endosc* 37:347-352, 1991