

BOOK REVIEWS

John M. Porter, MD, Book Review Section Editor

The textbook of penetrating trauma

Rao Ivatury and C. Gene Cayten, Baltimore, 1996, Williams & Wilkins, 1157 pages.

In this textbook, Drs. Ivatury and Cayten take the unique approach of addressing only injuries with penetrating mechanisms. The editors have assembled a good mix of contributors. Experts from several disciplines, including Radiology, Medical Education, Anesthesiology, and Pathology are included, as well as representatives from the surgical specialties.

The textbook is well organized. The chapters are divided into nine sections. The first describes the history of trauma care and education. In the second section, chapters explore the interesting topics of epidemiology, economics, and prevention of penetrating trauma. In the next four sections, the authors address the more global assessment of the injured patient, with sections on injury severity, initial assessment, secondary assessment, and ancillary diagnostic studies. The seventh section is organized along a more traditional organ system format. The final four sections address pediatric trauma; critical care; several miscellaneous issues such as substance abuse, transmissible diseases, organ procurement, and forensic issues; and the final section looks at future directions.

The individual chapters are also well organized. Each chapter begins with an abstract, followed by the body of the chapter, and ending with a commentary by an author other than the author of the chapter. Good editorial control has been exerted on the contributing authors. The format of the individual chapters is generally consistent throughout the textbook. Inclusion of an abstract at the beginning of each chapter works well. When this format has been followed, the abstract is very helpful. However, in many of the chapters the abstract simply serves as a introduction to the chapter, and these are not particularly helpful.

The inclusion of a commentary by a different author at the end of each chapter is an excellent innovation. The content of these commentary sections is analogous to the invited discussion at a scientific meeting. Several of the contributors have chosen to simply summarize the content of the chapter. These summaries are less helpful. More helpful are the contributors who have chosen to embellish and critique the content of the chapter. Quite often, different approaches to controversial clinical issues are presented.

The textbook is current, with most chapters including references from 1992, 1993, or 1994. The textbook is very readable, and most of the discussions are comprehensive and complete. The illustrations are uniformly of high quality. An emphasis on treatment algorithms is used consistently throughout the textbook.

In summary, *The Textbook of Penetrating Trauma* is a

well-written and well-edited text that will be a valuable addition to the library of surgeons who care for patients with penetrating trauma.

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Surgical treatment of aortic dissection

Hans G. Borst, Markus K. Heinemann, and Christopher D. Stone, New York, 1996, Churchill Livingstone, 357 pages, \$119.95.

As a result of the rather inflexible constraints imposed by the German academic system, Professor Hans Borst stepped down in 1996 as Chairman of the Department of Surgery and Head of the Division of Thoracic and Cardiovascular Surgery at Hannover Medical School, which he had helped develop into a first-class medical institution over the past 30 years. Having now moved back to his beloved Bavaria, Dr. Borst—who gave us the ingenious “elephant trunk” technique in thoracic aortic surgery—has left a living legacy for posterity in the form of this *opus magnus* about aortic dissection. This is an exhaustive work, which is truly encyclopedic in nature. Although several previous multiauthored monographs have been written on aortic dissection, this book clearly portrays the personal vision and opinions of the first author with respect to all facets of the disease, ranging from the history of aortic dissection to the detailed pathologic aspects of the disease process to the diagnostic evaluation of patients to surgical techniques. Dr. Borst has dedicated a large portion of his professional career to the study of patients with aortic dissection, and the wealth of information gleaned from his vast personal experience is clearly evident in this book. The coauthors include his long-time German surgical associate, Markus Heinemann, and Christopher Stone.

This book is nicely balanced and conveys everything that one might ever want to know about aortic dissection. It is painstakingly comprehensive in scope. A major strength is the thorough citation of essentially all previously published medical, pathologic, and surgical work on the topic (in English as well as other languages). Judging by the content and the references, it is very current by textbook standards. For example, the current debate concerning the pathogenesis and treatment of “aortic intramural hematoma (IMH)” is nicely summarized.

This book is much more than an atlas of cardiovascular surgical operative techniques, but 23% of the pages are focused on the surgical treatment of patients with proximal dissections and 13% on those with distal dissections. These two chapters alone make the book a bargain for surgeons interested in aortic dissection. In particular, the chapter on indications for operation is thoughtfully written. Although

the reader can readily discern the strong personal sentiments of Dr. Borst throughout the book, ample descriptions of alternative approaches and strategies are provided. This text is certainly not an arcane, dry, statistically-based treatise on aortic dissection; instead, it represents one man's very personal and practical philosophy of the disease.

Another important strength of this book is the inclusion of separate chapters on the pathogenesis and treatment of peripheral organ ischemia caused by aortic dissection (including thoracoabdominal malperfusion syndromes, which is particularly germane for vascular surgeons), reoperative aortic surgery, a compendium of reported early and late surgical results, and postoperative patient follow-up. In many chapters on treatment, handy decisionmaking algorithms for surgical tactics are outlined.

The only negative features this reviewer could identify were minor, but annoying, glitches that should have been caught by the copy editors, including listing of references (presumably added late) denoted by subscripted letters, some trivial semantic irregularities (e.g., "supra-aortic vessels" means arch branches), referring in the text to incorrect Figure numbers at least once, a few factual errors (e.g., "opened," not "divided," on page 289, paragraph 3; misnamed institution on page 297), rare typographic errors and misspelled author names, and presentation of some data based on "personal communication" from one of the coauthors. These problems, on the other hand, do not detract importantly from the book's overall high value.

In summary, this book is truly a masterpiece written by a classical cardiovascular surgical "artist," one who has a deep sense of history and an innovative, vigorous mind. It is delightful to read and contains a wealth of pertinent information. This text belongs in all medical libraries; moreover, individual vascular surgeons, cardiac surgeons, cardiologists, radiologists, interested internists, and other clinicians will benefit from owning a personal copy. For serious scholars of aortic dissection, it is probably worth its price just for the comprehensive lists of references provided. The rationale behind publishing this book is sound, its timing is good, and the need for such a digest of down-to-earth information unquestionably exists. The last major monograph of aortic dissection (Doroghazi RM, Slater EE, editors. *Aortic Dissection*. New York: McGraw-Hill, 1983) was printed 13 years ago and has become dated; Borst's new book provides a fresh overview of the subject in exquisite detail, which should remain timely for a decade or more.

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Molecular interventions and local drug delivery

Elazar Edelman and Robert Levy, Philadelphia, 1995, W. B. Saunders, 492 pages, \$57.50.

Molecular interventions and local drug delivery represents the second in the series of *Frontiers in Cardiology*. The editors of this text have assembled contributions from

many of the current leaders in the field of cardiovascular drug delivery and, as a result, provide the reader with an appreciation of its multidisciplinary nature, which includes collaborations in the areas of pharmacology, biochemistry, biomaterials, chemical engineering, as well as cell and molecular biology. The book is organized into five major disease areas. The first section focuses on the treatment of proliferative vascular disease and includes excellent reviews of recent clinical trials directed at reducing the incidence of restenosis after coronary intervention. In addition, new developments in antisense technology, perivascular drug delivery, and toxin-growth factor conjugates are nicely summarized. The second section on thrombotic heart disease and myocardial infarction includes a well-written chapter on antibody-targeted thrombolytic and antithrombotic therapy. In addition, the status of gene transfer as a therapeutic strategy for the treatment of ischemic heart disease will be found very useful for any member of the vascular community formulating a research project in this area. The third section on vasoreactive disease includes a strong section on the role of tissue angiotensin II in vascular wall remodeling and interesting data on the use of vasoactive agents to treat restenosis, pulmonary hypertension, and acute respiratory distress syndrome. The last two sections deal with congestive heart failure and electrophysiologic disorders. Although these sections hold less relevance to the vascular surgeon, research in the areas of gene therapy, organ transplantation, and iontophoresis do provide useful insights into potential strategies for the treatment of atherosclerosis and neointimal hyperplasia.

Edelman and Levy provide a balanced overview of the opportunities and challenges associated with site-specific therapy for cardiovascular disease. As in many multiauthored work, unnecessary overlap of material occurs and some chapters are more lucid than other. Nonetheless, many researchers in the field of vascular therapeutics will find the reviews in this text timely, comprehensive, and insightful.

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Gray's anatomy, 38th edition

Peter Williams; New York; 1995; Churchill Livingstone; 2095 pages; \$175.00.

The 38th edition of H. Gray's *Anatomy* was published 132 years after it first appeared in print. A reference tome for most medical students, in its present size—almost 2100 pages—it would likely be studied at the desk, not in cadaver-dissecting rooms.

The scope of its 16 chapters is widely varied. Chapter 1, which introduces human anatomy, discusses the origins and evolution of life on earth! In Chapter 16, the last and newest chapter on surface anatomy, there is a section on imaging that discusses conventional radiology, angiography (including digital subtraction angiography), ultrasound, computerized tomography, magnetic resonance

Aortic dissection is sometimes lethal. Therefore, accurate and rapid image diagnosis is promptly needed to improve the prognosis. However, the image findings of complication are various. In this review, we present several cases with representative complications of aortic dissection. [Show full abstract] dissection and pancreatitis [16, 17]. The treatment can include conservative and surgical tools, but still accompanied by high mortality (up to 35%) [7]; results largely defined by the time between the moment of a rupture and start of the treatment. In addition to the review, described the experience of successful treatment of a patient with Boerhaave's syndrome in the light of the generalized today data of world medical literature on this problem. View full-text. Article. Aortic dissection is a very complicated condition. Untreated, an aortic dissection can lead to death. A dissection that involves the ascending aorta almost always requires emergency open-heart surgery to repair the vessel and prevent death. ONLY OPEN SURGERY TREATMENTS for distal dissections occurring beyond the left subclavian artery (feeds the left arm) are described here. The information contained on Vascular.org is not intended, and should not be relied upon, as a substitute for medical advice or treatment. Back to Top. Treatment of an aortic dissection may be needed if: Your aorta begins to dilate rapidly. After your blood pressure and heart rate are well controlled, you experience sharp pain or a tearing sensation in your chest and back.