

BOOKS REVIEWED

SURGERY OF THE CRANIOVERTEBRAL JUNCTION. SECOND EDITION. 2013. Edited by Nicholas C. Bambakidis, Curtis A. Dickman, Robert F. Spetzler, Volker K.H. Sonntag. Published by Thieme Medical Publishers, Inc. 546 pages. C\$350 approx.

Rated ☆☆☆☆☆

Management of conditions related to the Craniovertebral Junction (CVJ) is difficult due to the complex anatomy of the region as well as the number of pathologies it may exhibit. For these reasons the appearance in 1998 of the first edition of this textbook was very much welcomed by the neurosurgical community.

The general organization of the second edition follows closely the first. The Editors, from The Case Western Reserve University School of Medicine, and The University of Arizona College of Medicine, have assembled 80 Contributors, mainly from North America, most of who are recognized experts, and have made significant contributions to Neurosurgery on their assigned topics. The Editors themselves have written some of the 42 chapters.

Text is now presented in a two column format, more compact but still easy to read, reducing the number of pages from 828 to 546. Chapters are abundantly illustrated, and the illustrations, taken from multiple sources, have great clarity and precision. This reviewer is very much taken by the elegance of the illustrations coming from the Barrow Neurological Institute.

The material is offered in four sections, which follow a didactic progression from I. Foundations for Surgical Treatment, and II. Surgical Indications and Decision Making, to the two last sections dedicated to more technical aspects of surgical treatment: III. Surgical Techniques and IV. Fixation and Fusion Techniques.

Section II, Surgical Indications and Decision Making, is the true heart of the work, blending consideration of the various factors related to patient and disease, with the technical solutions available, to arrive at the best decision for individual cases.

As the pathologies range from congenital to metabolic, CSF-circulation related, traumatic, inflammatory, neoplastic and vascular, appropriately there is a chapter on radiosurgery for tumors (Ch. 18) and a chapter dedicated solely to endovascular management of vertebral artery dissections and vascular insufficiency (Ch. 14).

The expanded endonasal approaches have also been added to the more established transoral approaches for lesions about the midline from the clivus to C2 (Ch. 26).

The book comes with a CD presenting ten short intraoperative videos, one of which, about a giant midbasilar aneurysm case, is spectacular, in addition to three animations (Retrosigmoid, Transpetrous and Far Lateral Approaches), and anatomical dissection views and animation of the CVJ.



This work will continue to be a treasured reference for skull base, spinal and general neurosurgeons.

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FAMOUS FIRST PAPERS FOR THE NEUROINTENSIVIST. 2013. By Eelco F.M. Wijdicks. Published by Springer. 289 pages. C\$220 approx.

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Rated

In comparison to other medical subspecialties, many components of neurologic practice remain frustratingly entrenched in the “low levels of evidence” and expert opinion. Thus much of our current practice continues to evolve based on wisdom passed down from the Giants, some of which has little to no “empirical” support, not to attribute any less value. For example, the polarizing Dr. Landau, in one of his infamous “neuromythology” essays, addressed the question of localizing posturing movements in coma; “Somehow, during a period after World War I, clinical neurologists developed the mythical concept of decorticate rigidity. There were neither experimental nor clinicopathological correlations to demonstrate that a primate peeled of cerebral cortex had such a condition” (1). While this clearly ignores the careful work of Sherrington (2) and others, it is perhaps fair - indeed accurate - to question the direct application to human conditions.

In his latest work, and by his own confession one of his most important, Dr. Wijdicks addresses the origins (and occasional inaccuracies) of the most central themes and ideas in neurocritical care. As per his other works, his personal approach and opinions are universally present and consistent throughout this series, providing a rewarding continuity to the reader, despite the brevity of each section. The topics are arranged as logically as is possible given the range, and no major themes in neurocritical care have been excluded. In roughly chronological order, the major sections progress through the origins of neurocritical care units, famous clinical signs, syndromes, emergency treatments, early trials, and outcome studies. There is also a concluding section on bioethics, which could perhaps have been expanded. Each section is described in reference to the major paper that led to changes in practice, its context in medical history, and how the findings were integrated into medical culture. Each note is also accompanied by a reproduction of the original paper, which provides an appealing connectedness to the authors’ rationale and challenges at the time of writing.

