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**Head and Neck Imaging: Case Review Series,
2nd ed.**

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BOOK REVIEW

Head and Neck Imaging: Case Review Series, 2nd ed.

D.M. Yousem, A. Carolina, B.S. da Motta, eds. New York: Mosby: 2006. 336 pages, 350 illustrations, \$44.95.

This second edition of *Head and Neck Imaging* with 200 new cases is intended as an accompaniment to the popular *Neuroradiology: The Requisites* (Mosby: 2003), which my residents seem to be carrying around all the time. All of these cases are cross-referenced to that textbook. As an aside, Dr. Yousem's publishing output is indeed impressive when considering the personal adversity that he describes in the forward to this book. The book is organized in a teaching case format. Initially, several images are presented on a page, pertaining to 1 or 2 cases, and are accompanied by precisely 4 questions. The questions may or may not pertain to the imaging findings but rather to that particular diagnosis. On the following page, the 4 questions are briefly answered and a discussion/commentary ensues, followed by references. The first section is referred to as "Opening Round Cases," which are intended as bread and butter pathologic entities that, format notwithstanding, probably do provide a good preparation for the kind of lesions one might encounter in Louisville. The second section is "Fair Game" cases, which are regarded as somewhat more advanced but yet still within what might be presented in a board setting. The last section includes "Challenging Cases," which are more difficult.

My main issue with this book is that there is not a single annotation, nary an arrow. In addition, the images are not reshown with a legend that describes the imaging findings. In some cases, the imaging findings are not even addressed. For example, a sinonasal undifferentiated carcinoma of the maxillary sinus, with completely nonspecific imaging findings, is not labeled or described, and the site of tumor is not provided. In fact, the lesion presented does not even demonstrate the "characteristic" imaging findings as purported in the very brief commentary section. Some lesions (ie, thyroglossal duct cyst) have relatively inapparent imaging findings, which though they might be apparent to an experienced radiologist, might be less so to novices. The lack of annotation in such cases is particularly curious because the reader may not be certain that he or she has found the lesion. Another criticism is that because the diagnosis is frequently provided in the second or third of the 4 questions, unless the reader studiously obscures the questions, he really has no opportunity to consider the differential diagnosis. On page 33, a cystic nodal metastasis is described in question 1; therefore, the teaching value of the case is drastically diminished. In case 53, an example of perineural spread, there is no description of the primary site, of the imaging findings involved, or of the affected nerves. The commentary, though not inaccurate, is completely dissociated with and has no bearing on the imaging presented. In my opinion, these issues seriously detract from the utility of this book as a learning tool.

Another curiosity is an apparent emphasis on statistics that I regard to be of dubious value. Could anyone want or need to

remember that 10% of sialadenitis occurs in the submandibular gland, that a 15% protein concentration of sinus contents will produce T1-weighted signal hyperintensity, or what the percentage of sinonasal cancers are adenocarcinoma? One especially useless statistic is "What is the rate of growth of aggressive basal cell carcinoma—Answer: 10%." I have absolutely no idea what this means, much less how it could help a radiologist.

One of the editors' stated purposes is to mirror and prepare for the certificate of added qualification (CAQ) experience. However, it is not clear to me that this book actually fulfills that goal. Many of the questions are fairly esoteric and would probably not be asked by a reasonable CAQ examiner.

It is unclear to me that this book will fill any specific niche. Most of the images are of fairly good quality and the disease entities reasonable. However, the lack of annotation and the lack of obvious correlation between the images presented and the discussion of those disease entities detracts from what could have been a much better book.

BOOK REVIEW

Challenging Cases in Spine Surgery

M. Abdulhak and S. Marzouk, eds. New York: Thieme: 2006. 208 pages, 186 illustrations, \$99.95.

Spinal surgery is a "complex" discipline, in which, it might be argued, technology has outstripped clinical wisdom. Perhaps the easiest cases for clinical decision making involve unstable fractures, symptomatic tumors, and infections. Much more difficult are cases of axial spinal pain and those in which a previous surgery has been performed with poor results. Many terms loosely applied in the daily vernacular of spinal surgery such as "micromotion" have never been rigorously defined and yet are used to justify the decision to perform major surgery. There are many causes of the current dilemma in spinal surgery, which might be defined as the rampant application of expensive and invasive technology to poorly understood but widely prevalent problems. Not the least cause is likely to be financial, with spinal instrumentation manufacturers reaping huge profits. Our discipline has a real need for skepticism and standardization, and if we do not take these needs seriously, it is likely that others will do it for us.

Ultimately the average spinal surgeon has only 2 bullets in his or her gun, decompression and fixation leading to fusion. These 2 simple maneuvers are applied to complex problems of pain that are now known to involve molecular and structural changes at multiple levels of the neuraxis, the nerve root, dorsal horn, thalamus, and limbic system, and that are further complicated by pharmacotherapy.

Perhaps one of the worst transgressions of spinal surgeons is the evaluation and reporting of their own results by using nonstandardized terms. In a world filled with placebo and subtle psychological influences, the unblinded self-reporting of the results of elective spinal surgery is not very useful, and when this is published, it only fuels an already troubled, un-critical, and nonsystematic discipline.