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## **Guide to Peripheral and Cerebrovascular Intervention**

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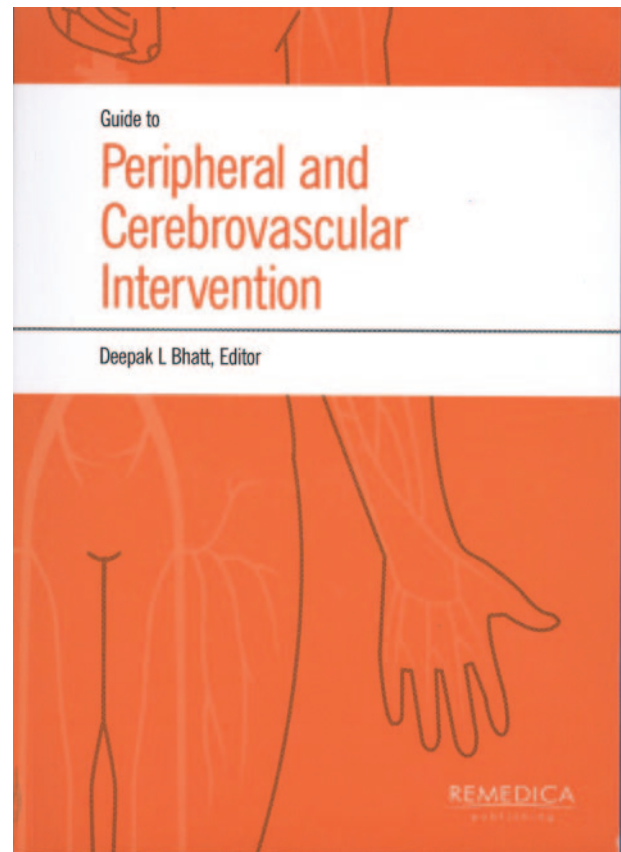
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**Guide to Peripheral and Cerebrovascular Intervention**

Deepak L. Bhatt, ed. London: Remedica Publishing; 291 pages, 122 illustrations. \$55.

It is a little painful to review this book. Is the brain just like the big toe, at the end of a branch of the aorta? I once heard Alex Berenstein make a comment that the big toe does not get aphasic, and it stuck with me. Those of us trained in the neurosciences consider the diseases affecting the vessels serving the end organ as being secondary to the end organ itself. Everything is viewed from the perspective of the brain. The health of patient and their brain is always paramount. For example, the presence of an arterial stenosis or occlusion, in and of itself, is not an indication for intervention. Although a 50% coronary lesion may cause myocardial ischemia when the work of the heart is increased, most of patients with severe asymptomatic carotid artery stenosis or occlusion do not get a headache from thinking. A detailed knowledge of cerebrovascular disease and normal physiology is critical before considering the risks and benefits of carotid or cerebrovascular intervention. You will not get it from this book.

This paperback volume includes contributions from multiple authors, most from the Cleveland Clinic and most of these from the Department of Vascular Medicine. From the title alone, it is clear that the scope is very broad. Coverage of these topics is necessarily superficial. Of the 14 chapters, three have very limited relevance for the neuroendovascular specialist: these cover extra cardiac arterial and venous anatomy (including cerebral arterial and venous anatomy), patient selection, and pharmacologic adjuncts. A couple labeling errors of major branches of the vertebral artery and the venous sinuses are apparent, as well as some errors in the text as well. I cannot vouch for the peripheral artery anatomy. Two additional chapters focus directly on carotid artery stent placement and intracerebral endovascular intervention. The latter chapter covers acute stroke intervention, intracranial angioplasty and stent placement, AVM embolization, and coil embolization for aneurysms. Both of these chapters are very well written, but by necessity, broad and superficial. We would expect our radiology residents to leave our interventional neuroradiology service with this level of knowledge. The chapter on cerebrovascular intervention in particular is a nice overview of many diseases amenable to endovascular intervention. In no way is it an adequate resource for someone performing or even learning to perform



these procedures. The inclusion of this chapter in this book is very disturbing to me.

In light of the broad scope and lack of depth, this book would not be useful for interventional neuroradiologists, neurologists, or neurosurgeons. Radiology residents may find it useful while on vascular and interventional radiology or interventional neuroradiology rotations.

The intended audience appears to be interventional cardiologists or vascular surgeons with limited knowledge of peripheral or carotid artery anatomy, pathology, or treatment options. The main focus is on peripheral vascular disease: medical treatment, surgical and endovascular options, equipment, and catheters. These aspects of the book are well written and I found them informative, but I am still going to leave the big toe to the vascular surgery and peripheral interventional colleagues.