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The A–Z of Neurological Practice: A Guide to Clinical Neurology

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BOOK REVIEW

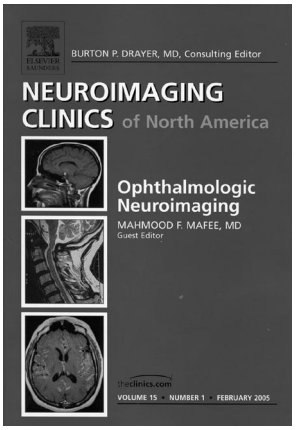
Neuroimaging Clinics of North America. Ophthalmology Imaging.

Edited by Mahomood F. Mafee. Volume 15, Number 1, February 2005

Imaging of the globes and orbits is a highly specialized skill. For an area so small, a disturbingly large variety of lesions can occur, and, though many of the lesions are typical, occurring frequently and with reasonably characteristic imaging features, others are sufficiently infrequent and/or bizarre that radiologists may find themselves baffled and reaching frantically for some type of reference book. This fact alone justifies the need for a practical reference work on ocular and orbital imaging. Dr. Mafee has endeavored to do just that in this volume of *Neuroimaging Clinics*. I do not believe that the goal here, in the *Clinics* format, was to produce a comprehensive text.

Dr. Mafee has called upon his colleagues, including some very well-known leaders in the field as well as many more junior scholars, and put together a group of articles including orbital imaging at high field, anatomy and pathology of the eye with CT and MR imaging, chapters dedicated to the optic nerve, the sellar/parasellar area, the lacrimal drainage system, and chapters dealing with certain common ocular/orbital lesions such as retinoblastoma and vascular lesions in children, cavernous hemangioma, and orbital schwannoma/neurofibroma. Some less common conditions are also given dedicated chapters, such as medulloepithelioma of the ciliary body (which I never have heard of) and orbital rhabdomyosarcoma.

The first chapter, which includes imaging the orbit at 3T, sets forth the advantages and disadvantages of such imaging and provides examples of many common lesions imaged at 3T; however—and this is the case throughout the book—many of the images are too small, and, though the lesions are visible, they are sometimes hard to see. In several instances, 4 images are placed on a single page, for which most of the page is blank background and the images tiny. This is a significant editorial failure, in my opinion. In addition, despite the purported advantages of high-field imaging, no attempt is made to demonstrate those advantages with regard to the cases presented. Rather, they are simply a collection of cases without any accompanying teaching. The small size of the images has negated any advantage of greater signal to noise.



The chapter on anatomy and pathology of the eye describes the chambers and spaces of the eye, by using cases of effusions and detachments, and also has many good examples of bread-and-butter ocular pathology. Many, but by no means all, of the images are of good quality.

The remaining chapters, which are fairly well organized, and in part due to the smart use of ophthalmology coauthors, contain much valuable clinical information of the type prized by radiologists. In particular, the chapters on lacrimal drainage, nerve sheath tumors, and pediatric neuroophthalmology imaging have very good material. Nevertheless, the recurring theme is that of very small or poorly reproduced images that unfortunately detract from their teaching value.

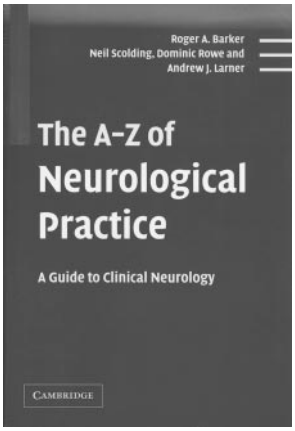
Although there is clearly much to learn from this book, it does not strike me as a likely substitute for a comprehensive textbook. Furthermore, most will acquire this book as part of a subscription to the *Neuroimaging Clinics* series; few will be pursuing it as they would a textbook. Rather it should serve as a complement to the collection of those who subscribe to the *Clinics,* and perhaps to fellows in training or a meeting attendee looking for a small book on the subject of orbital and ocular imaging.

BOOK REVIEW

The A–Z of Neurological Practice: A Guide to Clinical Neurology

Roger A. Barker, Neil Scolding, Dominic Rowe, and Andrew J. Larner. 936 pages, $75.00. Cambridge University Press; 2004.

In a lightweight, small (5 inch × 3.5 inch) paperback, Drs. Barker, Scolding, Rowe, and Larner have strung together in alphabetical order virtually every named neurologic disease and syndrome one could image. At 936 pages in length and with an average of approximately 4 named diseases per page, there are probably approximately 3700 entities in the book. The included material runs the gamut from the common syndromes/diseases to the occult and widely unknown entities (at least to this reviewer): try "Luft disease," "Harding disease," or "jumping Frenchman of Maine" on for size. Thumbing through the book, on nearly every page one can't help but stare at some disease or syndrome and ask, "What the heck is that?" Some of this, while seemingly weird, is interesting. For instance under "Mantakassa" the authors write, "see Konzo," as if the reader would know what "Konzo" is. But flipping to "Konzo" reveals that this refers to a symmetric spastic parapareis resulting from the consumption of insufficiently processed roots of a food staple (cassava) in central Africa. Or how about the "happy puppet syndrome"? The book refers the reader to "Angelman syndrome" (still a mystery), where the reader quickly learns that this genetic disorder (chromosome 15) presents in children who have lower extremity hypertonia and a jerky ataxic gait, (voilá, the happy puppet). How many syndromes did you think there were with "Déjerine" in the title? Just one I bet—"Déjerine-Sottas syndrome." But how about the



others: Déjerine-Klumpke plasy or Déjerine-Mouzon syndrome or Déjerine-Roussy syndrome or Déjerine anterior bulbar syndrome? Is this really important? No, but certainly interesting.

Also, diseases or syndromes with which neuroradiologists are familiar often have auxiliary names. This can be used effectively to confuse or stump your colleagues. For instance if you see a classic Sturge-Weber syndrome, you now could call it Krabbe-Weber-Dimitri disease, or the next time you identify disease near the cavernous sinus at the orbital apex or at the superior orbital fissure in a patient with exophthalmos and CN 3, 4, 5, 6 dysfunction, you may suggest a Foxx-Jefferson syndrome and then run for cover. With this handy book the possibilities are endless.

But do not think for a moment that this book is merely a compilation of weird diseases. It is bursting with easily digested facts. Stumped by the channelopathies? Consult this guide for a quick rundown. Have you forgotten the categories of the dementias (and you are worried personally)? Look up all the causes and then worry some more. Similarly, you can easily access information on paraneoplastic processes with all the anti-Hu, anti-Yo, anti-Ri, anti-CAR antibodies. With a furtive glance at this book, kept neatly in your lab coat, no longer will the neurologists pull this stuff out of the hat and receive nothing in return from you but a blank stare. I tried hard to find an anticardiologist antibody, but this was one thing absent in the guide. When I forgot the name of the unilateral form of spinal muscular atrophy (SMA), I went quickly to SMA in the book and found just what I was looking for: Hirayama disease (monomelic amyotrophy). Could I have done this with Google? Yes. Would it have been a more laborious task? Yes. Could I have done it in the faculty lounge drinking a cup of coffee? No.

Here is how the book is set up: For most disease entities such as Parkinson disease or the Lennox-Gastaut syndrome (you mean you don't know what this is?) there are sections entitled pathophysiology, clinical features, investigations and diagnosis, differential diagnosis, treatment and prognosis, and references. For less-prominent disease such as the Lemieux-Neemeh syndrome (you are going to have to buy the book to find out), there are a couple of sentences with a suggestion that the reader consult other relevant entities.

When I first received this guide, I thought that after I reviewed it I would quickly place it at the bottom of a pile of books or at the very end of a book shelf. I was wrong. In anticipation of writing a review of the book, I decided to place it on my desk or carry it with me to see how often I used it when reviewing manuscripts, reading the literature, going over cases in a conference, or reviewing films. Surprise! It is very useful. So it will continue to occupy a corner on my desk. No longer will I have to turn to my PC to Google something because now it is easier to turn to a page or 2 and to find what I am looking for. With this in mind, I decided to develop hand-to-hand combat between this small book and Google, in an admittedly very unscientific manner. First, my favorite, Marchiafava Bignami. Google wins with a much more comprehensive detailing of the disease. Second, paraneoplastic syndrome. The book wins with very easily assessed and complete information on the neurologic consequences of this syndrome. Third, PORN syndrome (progressive outer retinal necrosis). Well, you can imagine what Google turned up, so, the book wins this one easily. The book is the clear winner 66% of the time.

I wondered how the authors assembled all these disease names and syndromes and I thought that in some very small way it was similar to James Murray's first compilation of the Oxford English Dictionary except here instead of little slips of paper they kept tabs of everything electronically, a feat of good measure nonetheless. It is fitting that this meticulous catalog has been achieved by authors, 3 of whom are from the United Kingdom (Cambridge, Bristol, and Liverpool).

This book is good, and I bet the authors never thought a reviewer would call this semidictionary fun, but it is. Buy this guide and extract critical information quickly, stump your colleagues, thwart the neurologists, and kill everyone with minutiae.

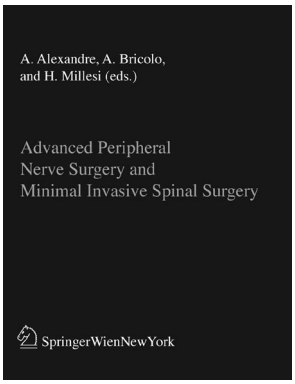
BOOK REVIEW

Advanced Peripheral Nerve Surgery and Minimal Invasive Spinal Surgery

A. Alexandre, A. Bricolo, and H. Millesi (eds) 157 pages, $129.00. New York: Springer-Verlag. Acta Neurochirurgica Supplementum vol. 97.

This book is essentially presented in 2 parts. The first part concerns advanced peripheral nerve surgery, and the second minimally invasive spinal surgery. The foreword is written by Dr. Madjid Samii, past president of the World Federation of Neurosurgery and one of the pre-eminent neurosurgeons in the world.

Part 1—"Advanced Peripheral Nerve Surgery"—has an introductory chapter on the contentious issue of neurolysis of the injured peripheral nerve and is written by one the masters of peripheral nerve surgery: Professor Hanno Millesi. The other chapters are written mostly by groups from Italy and include various peripheral nerve problems ranging from a vascular thoracic outlet syndrome to endoscopic carpal tunnel surgery to suprascapular nerve entrapment. Each chapter is written in the form of an article, including an introduction and sections on material and methods, results, and discussion. The book is essentially a compilation of papers. As a result, each of the above subjects is merely highlighted. The figures are adequate and the references are exhaustive. Part 1 would be of interest to a surgeon who specializes in peripheral nerve surgery, but it is unlikely to be of much relevance to a neuroradiology audience. There is essentially no new information that is presented with regard to imaging the peripheral nervous system.



In part 2—"Minimal Invasive Spinal Surgery—again, many of the authors are Italian. Topics include the use of percutaneous cervical nucleo-

plasty, interdiskal injections of various gases for the treatment of cervical disk herniation, and percutaneous nucleoplasty. It also addresses some more surgically related issues such as microendoscopic diskectomy on the lumbar spine, as well as automated percutaneous nucleotomy. The second part of the book is essentially a compilation of papers, each with their various introductions, material and methods, results, and discussion. There is no specific chapter that deals with imaging, and, like part 1, each chapter would be of modest interest to a neuroradiologist.

BOOKS RECEIVED

Atlas of Ambulatory EEG by Bernard S. Chang