For residents and fellows, the book may provide a broader understanding of the complex issues involved in the treatment of early onset scoliosis. For those already working in the field, there is not much new information.

Disclosures

Peter F. Sturm is a consultant for and member of the surgical advisory board for DePuy Synthes Spine, a consultant for Ellipse Technologies, and on the editorial board of the Journal of Children’s Orthopaedics. The author has no personal, financial, or institutional interest in any of the drugs, materials, or devices described in this article.

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10.1227/NEU.0000000000001396

Book Review: Synopsis of Spine Surgery

By: Howard S. An, Kern Singh
Published by: Thieme Medical Publishers, Inc,
New York, New York, 2016
Price: $89.99
ISBN: 9781626230309

I have had the pleasure of reviewing Synopsis of Spine Surgery (Third Edition) by Howard An and Kern Singh. Both of these authors are very experienced and respected orthopedic spine surgeons from Rush University, Chicago. I had earlier seen the second edition of this book, and this third edition represents a significant improvement in several ways. There is more emphasis on minimally invasive techniques in spine surgery as well as a more robust discussion on bone biologics and bone healing, both of which have been topics of great debate and discussion in recent years. It has many more colored illustrations as well, which are a welcome addition.

This 300+ page book is divided into 26 chapters. The style is bulleted text with sections and subsections. The first 4 chapters are dedicated to anatomy, history and physical, basic and abnormal imaging findings, and common surgical approaches. They are well illustrated with colored pictures and hit all the key notes. It is also refreshing to see a mention of unusual scenarios like nerve root anomalies in spinal nerves and description of uncommon upper cervical spine approaches, although the description of uncommon upper cervical spine approaches could benefit from a figure for each description.

There is also a short chapter on intraoperative neuromonitoring that is very succinct and has all the basics that most surgeons need to know. The next 3 chapters are dedicated to spinal biomechanics, spinal instrumentation, bone healing, and bone biologics—again very well composed overall. I’m not sure if the authors did not mention C1-2 transarticular screw and C1-2 wiring techniques by design or by mistake. While the Harms/Goel method is more popular now, they still deserve a mention (and an illustration) in any book designed for trainees. Similarly, a picture will explain craniovertebral junction lines much better than a description in a table.

Chapters 9 to 12 deal with spinal trauma, and are overall well written and to the point. There are many aspects of management that are controversial, and these controversies are probably beyond the scope of this book. For example, in chapter 11, the authors mention that if the middle column is disrupted, the spine is unstable, except in a few specific circumstances, which they elaborate on. This could potentially mislead the uninitiated trainees into believing that the vast majority of patients need the
standard open fusion surgery, but we know that many of the neurointact burst fracture patients with intact posterior ligaments can be managed either conservatively with a brace or surgically with “internal bracing” (short segment instrumentation without arthrodesis). The authors correctly point out that “stability” is a gray zone. Burst fractures represent a continuum from stable to unstable, depending on several factors, which the authors point out in section 4C of the chapter. In future editions, I’d love to see some discussion on the role of percutaneous instrumentation without arthrodesis in injuries like bony chance fractures and some burst fractures and the role of anterior odontoid screws in type 2 dens fractures. The authors also mention the role of body casts in management of these injuries, something that is getting obsolete with today’s modern instrumentation. They also talk about the role of kyphoplasty in burst fractures, which, as they correctly point out, is very controversial and potentially dangerous. Again, a new trainee should be warned about the very limited role of this procedure in burst fractures.

The largest section of the book (8 chapters) is understandably dedicated to degenerative spinal conditions. The chapters are well balanced, with a discussion of basic pathology, clinical features, a wide range of available treatment options, from injections to minimally invasive surgery/open surgery, and discussion of the results of the SPORT trial. There is also a discussion on sacropelvic radiological parameters, something that has gained increasing importance in the past decade. These chapters are also well illustrated for a book that is in a handbook format.

The 2 chapters on pediatric deformities are comprehensive. I particularly like the tables in the chapter on spinal tumors because of their brevity and relevance, although the first 2 tables (on risk factors and findings in systemic tumors) are probably redundant. A mention of separation surgery for metastatic tumors is also needed for completion of discussion. It is good to see a discussion on surgical site infections in the chapter on spinal infections. The 2 chapters on arthritis of the spine are also fairly comprehensive, with a good discussion on the surgical and nonsurgical aspects of the disease.

Some minor typos exist, such as in chapter 1, section II-2-b; the description of the transpedicular approach does not match Figure 1.26, and in Figure 11.4, the MRI and X-rays are mislabeled.

In the future editions, I’d also love to see subsections on lateral minimally invasive surgery options and the role of navigation in spine surgery with some pictures.

Overall, this book does a great service to those interested in the field of spine surgery. It is small enough to be carried in the lab coat pockets of residents and has the potential to be for spine surgery what Greenberg’s Handbook of Neurosurgery has become for many neurosurgical residents: a go-to quick and handy pocket book that they use quite frequently. This book is intended to be a synopsis and not a detailed reference book, and it does a great job at that.

I congratulate the authors on this improved version of a scholastic work. This would represent an excellent addition on the bookshelf of a spine surgeon-in-training, as well as a very useful addition in the “mini-libraries” in neurosurgery and orthopedics call-rooms for quick reference by the residents and fellows.

Disclosure

The author has no personal, financial, or institutional interest in any of the drugs, materials, or devices described in this article.

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Book Review: Neuroendoscopic Surgery

By: J. G. Torres-Corzo, L. Rangel-Castilla, P. Nakaji, editors
Price: $179.99
ISBN: 978-1-6262-3161-0

Although modern neuroendoscopy started in the late 1980s/early 90s, it is still not established as a standard in many institutions worldwide. There is a great interest to learn neuroendoscopic techniques, especially in the younger generation of neurosurgeons. However, good textbooks on neuroendoscopy are rare. Therefore, “Neuroendoscopic Surgery” is a timely publication covering all aspects of cranial neuroendoscopy except endonasal skull base surgery.

The 71 contributing authors are all experts in the field. The 400-page book gives a comprehensive overview of intracranial endoscopy. All chapters are very well written and beautifully illustrated. Additionally, 70 online videos demonstrating anatomy, approaches, and surgical techniques are included to enhance the learning effect. The scope of the book is appropriate. The volume is divided into 6 sections.

The first section is an introduction to neuroendoscopy and covers neuroendoscopic technology. Additionally, the evolution of neuroendoscopy is outlined.

The second section gives an overview of ventricular and cisternal anatomy.

The third section contains several chapters describing clinical indications, surgical techniques, risks, and outcomes in the