

## SINONASAL COMPLICATIONS OF DENTAL DISEASE AND TREATMENT: PREVENTION – DIAGNOSIS – MANAGEMENT

G Felisati, M Chiapasco

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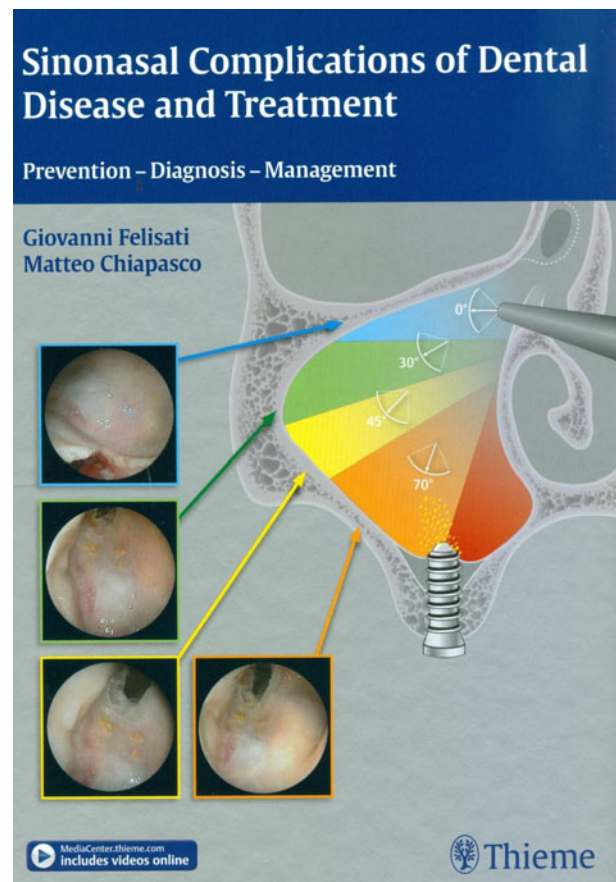
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I always look forward to another release from these publishers. Thieme always provide good quality print and illustrations, especially reproductions of clinical imaging. Last year they produced *Rhinoplasty: The Experts' Reference* (Sclafani), *Endonasal Endoscopic Surgery of Skull Base Tumors: An Interdisciplinary Approach* (Draf), *Functional Reconstructive Nasal Surgery* (Huizing and de Groot) and *The Nose – Revision & Reconstruction: A Manual and Casebook* (Behrbohm). So, rhinology is no longer the poor relation it once was. This is a very novel idea. A relatively thin book, it does however provide very good coverage for the price of €119.99. There are Italian authors and contributors throughout, and it stresses the multidisciplinary approach needed for such clinical problems... the nasendoscopist cannot tackle the dental component and vice versa.

Basic sciences open the chapters, really for those less used to the maxillary sinus, so we have imaging and cadaver dissection to introduce the novice to Onodi and Haller cells, paradoxical turbinates, and the concha bullosa. For the specialist rhinologist, there is little novel here, however.

Imaging follows, with many scans and pictures, and nice explanations of the labelling of each picture. The computed tomography (CT) scans will be familiar, but, even there, it is interesting to see all those nerve canals when we, in ENT, concentrate on mucosal disease and access. The orthopantomogram coverage is very interesting for an ENT surgeon, as the technique is rarely used in our field, and the chapter is especially useful in its coverage of 'errors and artifacts'. The book provides comprehensive coverage as far as CT scanning is concerned, especially regarding cone beam CT and multi-detector CT. Indications and pros and cons of these two modalities are broken down, with information that is significantly useful and at the same time appropriate for both maxillofacial and ENT surgeons.

Chapter 3 gets into the disease processes, with coverage of dental cysts, foreign bodies after dental treatment and oroantral fistulae (avoidance as well as treatment). Maxillary sinus grafting gets prominent coverage in terms of techniques and even contraindications.



Despite having a special interest in rhinology, I freely admit this was all entirely new to me. It was particularly interesting to learn what our maxillofacial colleagues do, at the boundaries of our territory, and this chapter I will return to. I also learnt that the conventional term 'odontogenic sinusitis' could be replaced with the more accurate term 'sinonasal complications of dental disease or treatment'. The authors provide a formal classification of patients affected by such complications, which is nice to have as a system. The 3 per cent prevalence of benign paroxysmal positional vertigo after a sinus lift procedure via a crest approach (caused by the percussion of the osteotomes with the mallet) was a surprise, as I suspect it would be to many ENT surgeons.

Chapter 4, 'Microbiology of Odontogenic Sinusitis', covers in detail the current knowledge of the oral microbiome and microbial composition of sinonasal complications of dental disease or treatment. Chapter 5, 'Medical Treatment of Odontogenic Sinusitis', offers a pre-operative and post-operative treatment plan for acute and chronic sinonasal complications of dental disease or treatment, which is useful for the rhinologist who is performing functional endoscopic sinus surgery (FESS) for such complications.

Chapter 6, 'Surgical Treatment', gives a very thorough overview of both worlds, ENT and maxillofacial. It presents the intraoral approach, transnasal or FESS, and combined approach to manage sinonasal complications of dental disease or treatment, suggesting surgical protocols and an array of techniques for each approach. Finally, Chapter 7, 'ENT Contraindications to Maxillary Sinus Grafting Prior To or In Association with Oral Implant Placement' obviously tells us when to avoid this technique and elaborates further on how to overcome the reversible ENT contraindications.

As an enthusiastic rhinologist, the real novelty for me was the maxillofacial approach to these disorders. If I have any criticism, from a very novice point of view, I felt that it emphasised the complications of dental treatment slightly more than those of dental disease.

There is online video material to support the text; however, I don't know how many trainees in the UK really spend time watching videos of the books that they buy. The videos are of a high standard and I will

definitely return to them, if only to appreciate the maxillofacial approach to such disease. I had watched a FESS procedure for a complication of an implant that had entered the maxillary sinus, something that you don't usually get from a typical FESS book.

This is a rather highly specialised topic and the publishers are to be congratulated for tackling something 'offbeat'. I feel that this book would be suitable for senior trainees with an interest in rhinology. It is more difficult for me to comment on its novelty value for established rhinologists or maxillofacial surgeons. The text is relatively light, in contrast to the profusion of illustrations. Regarding the ENT exit exam, I do feel that if you were to be asked questions from the chapters of this book, it would be because you had sailed through all the earlier questions, and you should expect full marks from that rhinology station!

A ELLINAS  
Northampton, UK