

## Laryngology: A Case-Based Approach

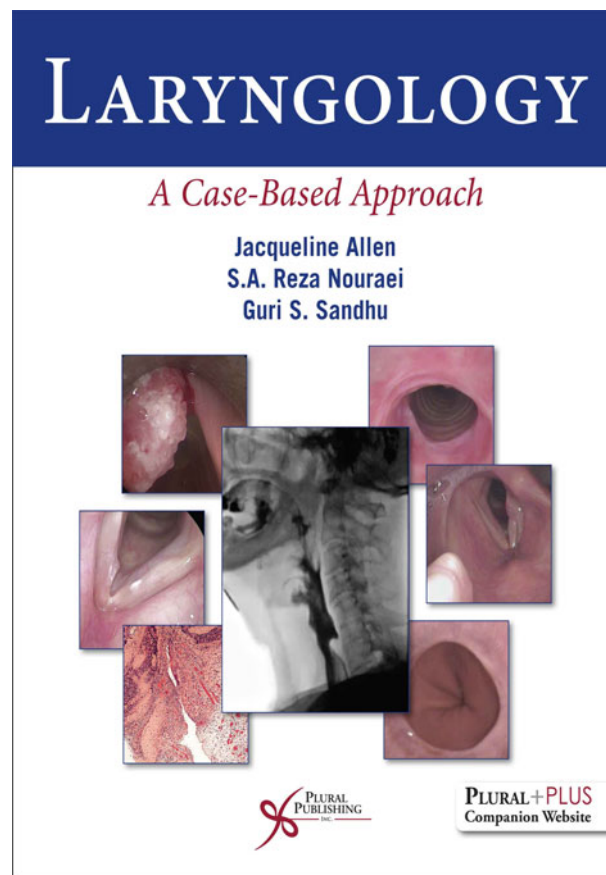
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I have read many a tome as a book reviewer, but always felt some trepidation as the postal worker calls. What if they bring something that really does not appeal? It is easy to criticise the work of colleagues separated from me by thousands of miles of ocean, but do I have the integrity to objectively condemn the work of local authors, often old friends, or of ultra-high-quality publishers, who rarely fail? I did once, it was decades ago, stick my head over the parapet, in reviewing what we were told was a much revised new addition of our specialty's UK standard textbook. Words like 'disgrace' won me few friends, but I felt I was being quite restrained.

The first doubts here crept in as I opened the parcel, and they were immediately echoed by my wife, unprompted, looking over my shoulder. This is a large book, which really needs a decent hard cover, as it is not at a pocket book price after all. The front carries dark and indistinct illustrations of endoscopy, imaging and histology (actually that one picture is fine), not of the quality I would expect from what I feel is one of the best international publishing firms in our field.

That immediately led me to flick through the pages within, and my disquiet only increased. Laryngeal endoscopy, even office-based fibre-optic viewing, usually lends itself to superb photography and reproduction. (See the November issue of our journal for what I would expect to see in any submission for publication.<sup>1</sup>) I started by listing what I felt were poor images, but rapidly abandoned that. Indeed, it is easier to identify the few pictures that are well focused, with decent illumination and some detail. At best, most are disappointing. Fig. 4–3 claims to show a type 4 laryngeal web, in contrast to Fig. 4–5 which shows a type 2 laryngeal web (I do admit I can just about make out the latter). Monochrome radiology should be less challenging, but I defy anyone to interpret a modified Barium swallow (Fig. 53–1). Even a simple clinical photograph of an external neck swelling following blunt trauma is almost indecipherable. Such an image can easily be captured on a mobile phone these days, without the need for a Leica. There are exceptions (e.g. Fig. 36–3, where I can see every vessel, every thread on the swab and the finest mucosal detail), but you will certainly not be buying this book for the pretty pictures.

Thank goodness there is a quality text to review and plenty of it, over 600 pages (but with a soft cover remember). There is of course an international contribution, featuring many of those best known in laryngology. The subtitle is an important indication of the content; this is no atlas, but it is still very different from the conventional textbook approach. Instead, we



have a series of 55 chapters, each addressing a topic introduced with a typical case presentation. That makes for excellent educational methodology and is surely how we all learnt as medical students. The experience of following an individual patient through disease management hit home far more than any lecture ever could.

For each topic, we get a varying number of case histories, followed by findings on investigation and a management strategy, and then what is usually a well updated literature review and list of references. The topics are imaginatively chosen, but it did strike me that offering the relevant diagnosis in the chapter title did rather 'give the game away'. A classic example is 'Relapsing Polychondritis and the Airway' (a particularly good chapter in practice), where many of us could admit to the occasional delay in diagnosis, until the proverbial penny dropped.

There are curious omissions. I have read much, recently, on optical enhancement innovations as guides to biopsy in suspected laryngeal dysplasia or malignancy, but the index, on narrow band imaging, takes me solely to respiratory papillomatosis. Bilateral vocal fold paralysis gets much greater coverage than unilateral, and even then the text for the latter very much concentrates on rehabilitation in a professional singer. These are minor criticisms in what is a well written and edited text throughout.

I must admit I found this a particularly challenging review to write. It has been hard to dispassionately consider the excellent textual content, in a book that I had long anticipated but found a bit disappointing in its final presentation. It is hard to believe that every one of so many contributors consistently produced such poor clinical photography and I must wonder whether the problems possibly arose at the print stage. I have often said that publishers of *Plural's* standard never disappoint, but would now change 'never' to 'rarely'. Why did it have to be this one? The danger of bravely sticking my head over the trench parapet is that it might just be...

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### References

- 1 Matsushima K, Matsui H, Ohira S, Matsuura K. Outcomes in two patients with vocal fold palsy who underwent revision arytenoid adduction surgery. *J Laryngol Otol* 2019;133:1017–20