

ATLAS OF ACOUSTIC NEURINOMA MICROSURGERY, 2nd edn

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This second edition of the *Atlas of Acoustic Neurinoma Microsurgery* details the current surgical management of vestibular schwannoma, as practised by the surgeons of the Gruppo Otologico.

The atlas is generously illustrated throughout with a combination of radiological images, high quality photographs of preserved temporal bone and intra-operative dissections, and numerous coloured diagrams.

The relatively brief introductory chapters cover the clinical presentation and radiological features, and provide an overview of decision-making in vestibular schwannoma management. As far as the latter is concerned, the brief mention of a 'wait and scan' approach, and even briefer mention of radiosurgery make it clear that this book is what it says it is: a surgical atlas. It is not a treatise on vestibular schwannoma management.

There are some fairly standard chapters on operating theatre setup, intra-operative monitoring and an overview of neuro-otological surgical concepts. This is followed by detailed coverage of each of the major surgical approaches to tumours of the cerebellopontine angle and internal auditory canal.

The translabyrinthine approach described in the text is what Sanna and colleagues term the 'enlarged translabyrinthine approach', which is their standard technique for non-hearing preservation surgery. This would appear to involve a degree of bone removal posterior to the sigmoid sinus, of the mastoid tip and 270 degree skeletonisation of the internal auditory canal, which I would regard as a fairly standard dissection. Further specific modifications of the 'enlarged translabyrinthine approach' are described, which are recommended in cases of significant anterior tumour extension.

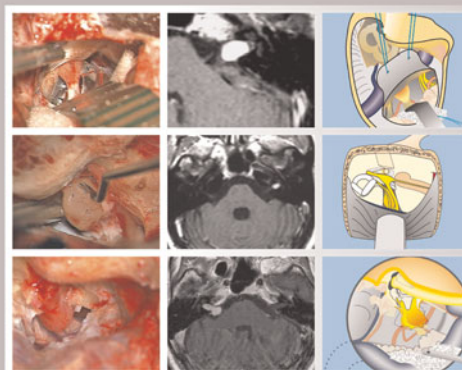
The chapter on posterior fossa approaches to the cerebellopontine angle is interesting in that it illustrates the authors' practice of routinely combining a classical retrosigmoid craniotomy with a mastoidectomy and retrolabyrinthine dissection, which skeletonises but preserves the semicircular canals. The stated rationale for this approach is to reduce the incidence of cerebrospinal fistula. However, my own experience with a

Atlas of Acoustic Neurinoma Microsurgery

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more standard retrosigmoid approach would not cause me to regard this as a major issue, and I doubt that I would be persuaded to adopt the technique demonstrated. Nonetheless, the dissection is elegantly demonstrated and thoughtfully described.

The middle cranial fossa approach to the internal auditory canal is well presented and, like the preceding chapters, includes specific clinical examples that are very nicely illustrated.

Transotic and transcochlear extensions of translabyrinthine surgery are described in the final approach-specific chapter.

The latter part of the atlas comprises chapters dedicated to specific aspects of the surgical management of vestibular schwannomas, such as neurofibromatosis type 2, the use of rigid endoscopy and facial reanimation techniques. A detailed and very well illustrated description of interposition facial nerve grafting is the best I can recall of any text.

A final short chapter on the management of surgical complications completes what is in my view a fine surgical atlas. It is well organised, clearly presented and contains a wealth of pertinent information. Whilst the

particular preferences and predilections of the senior authors are on display, these variations on a common theme are well argued and comprise the end result of many years of rich surgical experience.

I would certainly recommend this text as an addition to the library of any surgeon who performs vestibular

schwannoma surgery, or that of anyone undertaking (or seriously contemplating) a fellowship in neuro-otology.

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