

Pediatric Audiology Casebook, 2nd edn

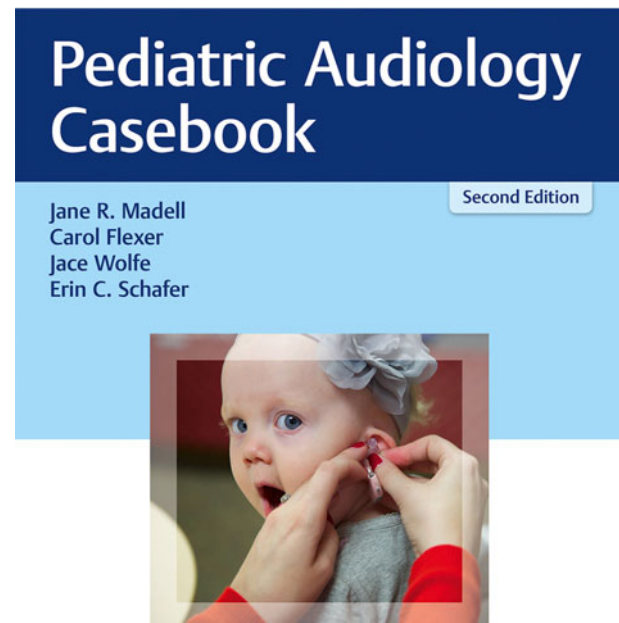
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This reviewer has long been a fan of case-based teaching. Certainly, the 'baby boomers' amongst us learnt more from the experience of patient management of memorable individuals than we ever did from the lectures of medical school. This book sounded like a good idea, but likely to be of relevance only to audiologists and a subspecialty at that. In practice, it proved a very entertaining read and of significant applicability to any ENT surgeon dealing with paediatric deafness. Read in the spring sunshine in what is a much quarantined garden, this passed a couple of pleasant hours.

We get 64 case histories, each of a named individual presenting with a set of symptoms, some findings from earlier investigations and various results of audiological testing, and we are then confronted with questions for the reader. Each question is then addressed, with answers and a brief discussion. Topic titles are very attractive to even the casual browser; for example, 'What Was Missed?', 'Teenager Rejecting Hearing Aids' or 'Multidisciplinary Assessment and Management of a Complex Case'. Unfortunately, sometimes, the titles do 'give the game away' by explicitly stating the diagnosis. A good example is Chapter 27, entitled 'Unilateral Auditory Spectrum Disorder', where I did much better on the self-assessment questions than I had expected (I will however admit that I had thought this was always a bilateral phenomenon; now I know that it only usually is so). I like to think I could have arrived at the diagnosis early on and unprompted, but never got the chance to prove my mettle.

The large multi-author contribution includes neurotologists and paediatric ENT surgeons amongst the audiologists, and there is a nice uniformity of style. As usual with Thieme, there is excellent reproduction of illustrations and an eye-catching layout, with headings, numbered paragraphs and suggestions for further reading. For once, the failure of the USA and UK to agree on audiometric symbols is rarely a problem here.

There is some repetition of topics in chapters inevitably, most notably on enlarged vestibular aqueduct and central auditory neuropathy, which both get much attention. Some tales are particularly well told and seem very life-like. A classic



is 'Middle Ear Trauma: 4-Year-Old Girl'. Any reader who does not feel the urge to strangle the mother, 'a high-level medical professional', has more patience than this reviewer. Mind you, based on the story, it is surprising that no one was tempted to recommend a tympanotomy to exclude a perilymph fistula. Instead, the risk of an acquired cholesteatoma is suggested, which does seem somewhat remote.

The majority of topics are of great value to our specialty, although the details of cochlear implant processing or hearing aid provision can probably still be left to our audiological colleagues. This text is not for the complete novice, but is best for those well into training or indeed anyone working in this field. It will probably end up in the departmental library of audiology, but I would encourage our trainees not to miss out on this. It is particularly good value also!

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