

ORAL CANCER SURGERY: A VISUAL GUIDE

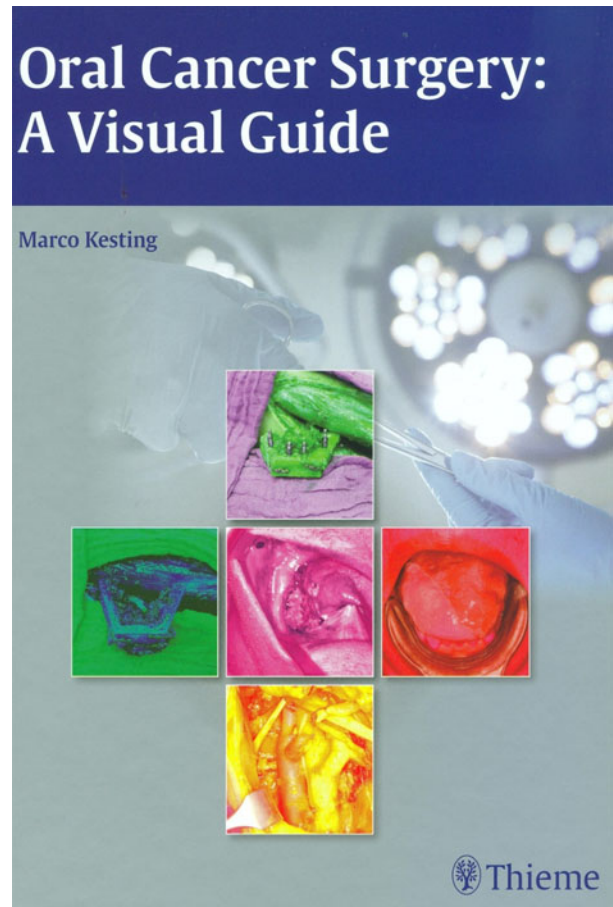
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The content of this book is so accurately portrayed by every word of its title. It does indeed confine itself to the oral cavity, so do not expect to see the oropharyngeal cancers, suddenly so prevalent. It does concentrate solely on cancer, and only squamous cell carcinoma at that; no pre-malignant or dysplastic lesions here. It is about surgery in its strictest sense, hands-on in the operating theatre, not the role of combined modalities. Finally, it is indeed largely a visual guide, lavishly illustrated, but with sparse text; it is more an atlas than a textbook on management. Despite that, the preface does state that it 'should enable the resident to study, prepare, and recapitulate all issues regarding oral cancer surgery in a short time'. More ambitiously, earlier on it suggests that it 'concentrates on key procedures that offer young surgeons the possibility to solve almost any case of oral cancer', which is an ambitious claim indeed!

Curiously, the opening chapter illustrates the performance of a tracheostomy. An impressive vessel, described as 'overlying vein becomes visible', reminds us why the percutaneous tracheostomy has not totally replaced conventional surgery. The fashioning of what looks like my traditional Björk flap surprised me, more so when it revealed a 'nasopharyngeal tube' in the trachea. Surgery of cervical lymph nodes was more expected, if perhaps covered earlier in the text (in the second chapter) than I would have imagined. There are nice diagrams of those levels that keep evolving, and colour illustrations of various eponymous dissections and skin incisions. Nearly one-third of the way through the book, we get to 'Ablative Tumor Surgery'. Actually, the 16 pages are almost solely about the approaches to the lesion, via those osteotomies, the mandibular splits and the facial degloving. 'Tumor Resection', a subchapter of this, is a single page with four short lines of text. There is, then, excellent coverage of how to get there, but no coverage of what to do with the lesion itself, beyond a mention of frozen section and clearance margins. I had expected to see various degrees of glossectomy, lasers of every wavelength and floor-of-mouth resections, but can accept that these may all be self-evident to any experienced surgeon.



Reconstruction seemed very familiar to this otolaryngologist, who completed training in 1985. Indeed, there is excellent coverage of the history and evolution of every technique, many of which are illustrated and dated. Axial flaps such as the nasolabial and deltopectoral flaps are certainly familiar, but I was glad to see no sign of the disfiguring forehead flap. Microvascular anastomosis and the composite flaps are well shown, and the closing chapter demonstrates particularly well how prefabrication and computer-aided design have improved reconstruction.

This is a relatively inexpensive atlas, with very high-quality illustrations of surgical approaches and reconstruction. It does not claim to be an all-encompassing guide to oral malignancy management, but is of value to trainees approaching specialist exams, and should stimulate further reading.

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