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Book Review

Juvenile Nasopharyngeal Angiofibroma

N Janakiram (ed)
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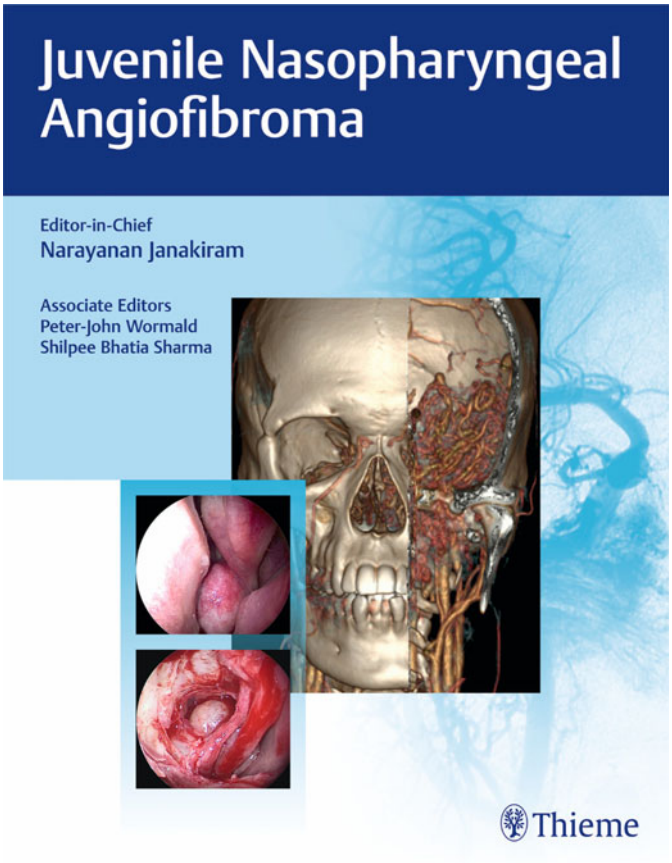

Although copyrighted in 2017 to Thieme India, and promised here in 2019, it is only recently that this book has appeared in the UK. It will be obvious that a book of this size, devoted to such a highly specialised topic, must be 'the last word' (or at least so until the next technological advance).

Each chapter is multi-authored, with a major contribution from Tamil Nadu, India. We all know that Indian surgeons have a unique degree of exposure to nasopharyngeal angiofibromas. This is particularly well illustrated in a table listing established eponymous classification systems. These are based on retrospective reviews of between 12 and 36 patients, with one exception. That is the author's personal experience of no fewer than 242 endoscopic resections, the vast majority of tumours being stage 2c. This implies involvement of the infratemporal fossa, and any of other such sites as the cheek, pterygoid region, greater wing of sphenoid or inferior orbital fissure.

The book emphasises the obvious advantages of endoscopic resection over open approaches, and proposes a novel classification system. There is a very comprehensive review of management, ranging from imaging, haemostasis, complications of surgery and salvage of damage to the internal carotid artery. The external and transcranial approaches do still form two chapters, and a final chapter covers adjuvant treatment modalities and future prospects. These include advances in radiotherapy, gamma knife and Cyberknife surgery, chemotherapy, sclerotherapy and embolisation, hormones, and growth factors and receptor modulators. This chapter closes by reminding us of the challenge to all researchers, the rarity of juvenile nasopharyngeal angiofibromas, with only a few thousand cases in all the world literature.

Few of us will be tackling this tumour. All we are required to do is spot it before being tempted to biopsy that curious lesion. This otologist has personally only diagnosed one single case in 32 years of consultant practice. Just at the end of septal surgery and turbinate reduction, that ancient headlight (in the days before rigid endoscopy) suggested something behind that turbinate. Surely not, but wisdom suggested a computed tomography (CT) scan before sampling it.

This is a high-quality book with superb illustrations of imaging and endoscopic sinus surgery. Particularly impressive is a series of three-dimensional volume rendering CT scans, colourised to show the vasculature and tumour extent, all printed in a very appealing large format. Again, mercifully, few of us will have to tackle such tumours, but it would pay any trainee to read, at the least, the first half of this book, before a higher examination. This will long be the definitive text on this subject, and it is a remarkable achievement for the editors.

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