Atlas of endoscopic perforator vein surgery  
Peter Gloviczki, John Bergan; London; 1998; Springer; 265 pages.

The title of this book belies its contents. Atlas of endoscopic perforator vein surgery suggests a pictorial presentation of the techniques of subfascial endoscopic perforator vein surgery (SEPS). However, of the 20 chapters, only 5 discuss the various surgical techniques, 1 describes perforator vein anatomy, and 2 describe some preliminary results of this method of treatment. The other 12 chapters describe the pathology, clinical features, investigation, and treatment of chronic venous insufficiency. This actually makes the book more interesting because these chapters contain well-researched, well-presented reviews of their subjects that collectively help the reader understand why we do not know whether perforator vein ligation—the object of SEPS—is a worthwhile treatment or not.

I suspect that the authors would have preferred a title such as “Perforator vein ligation; the role of SEPS.” They could not have used this title because, in the absence of evidence from prospective controlled randomised clinical trials, we do not know whether perforator ligation, open or closed, is valuable. Consequently, they have been restricted to a rehearsal of the various theories of the causation of the clinical manifestations of chronic venous insufficiency, such as ulceration, and have had to concentrate on the theoretical arguments that justify the operation they are promulgating.

The anatomy, instrumentation, and various endoscopic techniques of SEPS are well described. The authors share their clinical expertise, give helpful technical tips, and admit the deficiencies of their technique in easy-to-read text supported by an abundance of high-quality colored illustrations. Nevertheless, I would have liked for all of the authors, in the midst of their enthusiasm, to have placed a far greater emphasis on the need to obtain good clinical evidence of the value of their techniques. Those who wish to use SEPS will find Chapters 11 to 14 of this book extremely helpful but, as with all new techniques, should first watch, help, and then perform under the eye of a trained mentor before beginning independent practice.

The chapters that discuss the causes of venous ulceration provide a comprehensive review of current theories—all of which are debatable. The chapters also give the authors’ personal support to the endothelial and white cell activation hypothesis, which may be but one small part of the problem, and to the water-hammer effect of venous hypertension, which is a possible but completely unproven hypothesis. They also perpetuate the myth that the European phlebologists believed; until the mid 1970s, all perforator vein incompetence was post-thrombotic. This is not true. Frank Cockett’s book, of 1956, clearly states that 56% of patients with ulcers and incompetent superficial/perforating veins had no phlebographic evidence of preceding deep thrombosis. Such comments indicate that the chapters that do not deal directly with SEPS are equally stimulating, informative, and well worth reading.

Therefore I recommend this book to all those with an interest in venous disease, not just for learning about a surgical technique, but as a source of thought-provoking facts and opinions on the problems of venous insufficiency.

Norman Browe, MD
Blaye House
Esher, Surrey
United Kingdom

Vascular disease: a multi-specialty approach to diagnosis and management  
Darwin Eton; Austin; 1998; Landes Bioscience; 560 pages; $49.00.

With the rapid growth of newer and increasingly sophisticated diagnostic technologies, the modern approach to patients with vascular disease has become more complicated and involves many different medical disciplines. Vascular disease: a multi-specialty approach to diagnosis and management is a compact, spiral-bound handbook that details the diagnostic evaluation and management of vascular disease from the perspective of various specialists. Although traditional vascular texts are written by vascular surgeons, the contributors to this text represent many nonsurgical fields, which include neurology, pathology, radiology, hepatology, nuclear medicine, and pulmonary medicine.

The initial emphasis of the text is on the continued importance of history and physical examination as the basis of clinical vascular assessment despite recent technologic diagnostic advancements. The main portion of the text is structured in an anatomic fashion and focuses on the evaluation of cerebrovascular disease, preoperative cardiac assessment, pulmonary imaging, aortic and iliac arterial disease, renal and mesenteric vascular disease, portal hypertension, peripheral arterial disease, diabetic foot problems, thoracic outlet syndrome, and venous and lymphatic disease. Although this handbook provides only a brief background on the actual disease processes, most of the detailed information concerns the appropriate diagnostic tests for each general area of vascular disease, which includes chapters on noninvasive vascular testing, nuclear medicine applications, use of computerized tomography and magnetic resonance imaging, and angiography. Technical and interpretive information is provided on many diagnostic tests. However, only a few guidelines are provided on which tests are useful in clinical practice, and