BOOK REVIEW


My first reaction on receiving this book was 'Not another book on bile duct stones'. I thought. However, on looking at the large numbers of black and white radiographs of the biliary tree taken by all kinds of techniques: laparoscopy and ERCP in particular. There were also quite a few colour photographs which have captured laparoscopy which could have been of better quality. I scanned one chapter and noted three things that irritated me: the author consistently confused the common bile duct with the common hepatic duct and 'C' with 'F'; B: my irksome was to refer to radiological contrast as a "dye" (visions of my teenage children and what they do to their hair). I put the book to one side.

Later, I went through the list of the 24 multidisciplinary contributors drawn principally from North America but also Europe, Australia and South Africa - it was a distinguished list. I began to feel this book would be useful after all. After digesting several chapters (I rarely read a book in sequence), I realised that my initial unfavourable impressions were misplaced.

Gastroenterologists frequently give the view that the therapeutic revolution of bile duct stones has been widely introduced with the widespread introduction of ERCP. But then at one point (only five years ago) ESWL was believed to be the answer to gallstone disease and laparoscopic cholecystectomy was developed. Then, slowly there emerged laparoscopic bile duct exploration. Many surgeons viewed this as a gimmick. Moreover, gastroenterologists often castigated the innovative or cutting edge techniques of the time, i.e. three undertaking a laparoscopic cholecystolithotomy when this could be done by ERCP in "five minutes". Any such negative views are effectively destroyed by this book.

For the 'theoretical' gastroenterologist this book defines multiple areas in which ERCP should be used and brings together powerful arguments for the primary use of laparoscopic bile duct exploration (nowwithstanding the established roles of ERCP in acute cholangitis and in acute pancreatitis, in elderly unfit patients and in patients with a repaired or recurrent bile duct stone). For the surgeon, it is an outstanding technical manual.

For the practicing gastroenterologist, it is extremely valuable in helping to understand the kind of problems that may be created by laparoscopic surgery and will help to contribute diagnostically or therapeutically by ERCP (as well as defining the roles of other imaging modalities such as computed tomography scanning). The references are remarkably up to date and highlight the enormous advances and accelerating worldwide experience in laparoscopic bile duct surgery. This book needs to be read by every trainee and every surgeon undertaking surgery for gallstones. Several chapters alone


J P NEOPTOLEMOS


Magnetic resonance cholangiopancreatography (MRCP) is relatively new diagnostic investigation that is becoming quite rapidly used in clinical practice. This book aims to convey details of the techniques, results and clinical indications. This is quite a valuable book tree we illustrated both in techniques and clinical evaluation of MRCP, and the information is presented as a distillation of current published work combined with my personal experience and views of the authors.

By large, and their aims are achieved in a series of short chapters that discuss the details of the various MRCP techniques in current use and the place of MRCP in most clinical situations. Only MR radiologists are likely to benefit from the anatomy and techniques chapter, but the other chapters are more widely accessible. The evaluation of jaundice is the area most studied using MRCP and the potential to replace diagnostic ERCP in many situations is illustrated. This is reinforced in the chapter on choledocholithiasis which puts MRCP in the context of other diagnostic techniques, although I was surprised the authors do not castigate the discussion of CT contrast cholangiographic methods. Benign and malignant biliary stenoses are well covered and the particular diagnostic advantages of MRCP in 'mapping' the biliary tree we illustrate is occurring. Although this book receives less attention, reflecting the problems of spatial resolution and of correlating anatomical changes with clinical features of pancreatitis, although pseudocyst demonstration by MRCP may well be of value in clinical practice. The value of MRCP in relation to laparoscopic cholecystectomy is appended somewhat as an afterthought and this is an area still lacking in large trials, preventing proper evaluation.

Strong points are the copious good quality illustrations and the numerous up to date references. A debatable point is the emphasis on the particular technique that is chosen, although this does not detract from their overall conclusions. The infrequent grammatical, translation and spelling errors are irritating and can make the text somewhat challenging to read. An additional chapter on the potential limitations of the technique would have been helpful for the clinician and some feel for the likely future technical developments such as 3D breath-hold and dynamic functional studies would have been useful. Overall, this is a timely snapshot overview of a new diagnostic technique that will be of value to those involved in the investigation and management of pancreatic and biliary disease.

D J LOMAS