

## Book reviews

### **Total hip revision surgery**

J O Galante, A G Rosenberg, J J Callaghan (editors) Bristol Meyers Squibb/Zimmer Orthopaedic Symposium Series, New York, Raven Press Ltd, 1995

ISBN 0-7817-0231-3

About 15 years ago, it was generally believed that in the future most resources for hip surgery would be used for revision after aseptic loosening; the rate of loosening of replacements performed during the first half of the seventies and the increasing number of primary operations made the calculation easy. This, however, has not happened. The explanation is most probably the improved cementing technique and the fact that experiments involving “biologic” fixation without cement have been kept at a low figure, at least in Scandinavia. Total hip revision is still a great problem, especially when there is extensive bone loss, and there is a need to prevent loosening and improve revision techniques.

This book is based on a symposium entitled *Current Concepts in Total Hip Revision Surgery* held in Chicago in November 1993 and sponsored by Bristol Meyers Squibb/Zimmer. There are 55 chapters covering basic science, revision techniques and socio-economic aspects of aseptic as well as septic loosening. In the introductory chapter, Herberts and co-workers present important data from the Scandinavian Hip Registers. Most of the contributing authors are from the USA, and there is a strong consensus that failure

of the total hip arthroplasty is caused by particulate debris from all components. Consequently, research about particles, osteolysis and bone resorption is well covered. The importance of early migration and the development of an insufficient bone-cement interface for late clinical failure seems to be unknown. From a European point of view, the lists of references are rather disappointing, as the scientific production from outside the USA does not seem to attract any attention from the American authors.

There are some disadvantages in a book like this. There is a risk that essential parts of it very soon become out of date; it is better to read scientific journals. The chapters are printed lectures, and there is quite a lot of repetition and some truisms—for example: “Thick cement requires more force to crack than thin cement”. Nevertheless, it contains important information for surgeons having a special interest in total hip revision surgery.

**Rolf Önerfält**

*Department of Orthopedics, Lund University Hospital, S-221 85 Lund, Sweden*

### **Rheumatoid arthritis: current trends in diagnostics, conservative treatment, and surgical reconstruction**

H Baumgartner, J Dvorak, D Grob, U Munzinger, B R Simmen (editors), 284 pages, Georg Thieme Verlag, Stuttgart, New York, 1995

ISBN 3-13-102441-0

The publication of this hard-cover book was motivated by the opening of the “New Schulthess Clinic” in Zurich. It attempts to present a “state of the art” approach to the management of rheumatoid arthritis. To this end, the editors have invited contributions from no less than 36 authors spanning Europe and North

America. The contents have been divided into 2 main sections comprising 27 chapters. The first section deals with the diagnosis and nonsurgical management of rheumatoid arthritis, while the second section refers specifically to reconstructions involving the upper and lower extremities and the spine.

The section on conservative treatment opens with an interesting account of the development of rheumatology at the Schultess Clinic, which addresses the various challenges and problems facing the rheumatologist. The personal approach taken by its author, Professor Gschwend, paves the way for the other authors who share their personal experiences and opinions rather than solely providing a didactic account of the subject. In this regard, the contributions from Aeschlimann and Michel on the strategies and future trends in conservative treatment, and Ansell on the interdisciplinary approach to management, are particularly noteworthy. In contrast, the chapter on occupational therapy by Baumgartner and Slatosch was disappointing because of its heavy reliance on jargon and an overly complicated way of highlighting the importance of maintaining function and independence. The chapter by Fassbender entitled *Was Kauko Vainio right after all?* is confusing because at no stage was Kauko Vainio cited by name. The relevance of the title was deduced from the last reference of the chapter referring to an article on synovectomy by Vainio. This chapter, which attempts to present rheumatoid arthritis as a neoplastic disease, seemed out of place.

The section on the lower extremity provided several excellent reviews of the staging and surgery of the lower limb. Mosher's article on the past, present and future status of hip arthroplasty was instructive for its balanced critique of the different arthroplasty techniques available. Mosher highlighted the biomechanical aspects of implants which may account for implant success or failure. Ranawat and Rodriguez provided an excellent review of knee arthroplasty in rheumatoid patients, which reflected their considerable experience in the discipline. By concentrating on their own techniques, a valuable *How I do it* approach was presented which emphasized the pitfalls of surgery and made other suggestions for a successful result. This chapter was well supported by that of Hamelynck on the subject of cruciate-retaining knee arthroplasty.

The section on the rheumatoid spine seemed repetitive and the first 3 contributions referring to assessment, diagnosis and reconstruction could have been combined, without loss of information. Unfortunately,

the problems associated with the rheumatoid spine were not as well addressed as those dealing with other regions, and this probably reflects the complexity of the rheumatoid spine. Grob gave an excellent synopsis on surgical intervention in the cervical spine, where the indications and goals and principles of surgery were clearly enunciated.

The final section on reconstruction of the upper extremity fulfilled the editors aim of providing a "state of the art" collection of articles. This reflects the high frequency in which the upper limb is involved and the solid experience which all contributors have in common. The indications for surgery were thoroughly discussed and the dilemmas of deciding which joint to operate on first were clearly described. In this regard, the value of each author's opinions is underscored. The contributions by Souter on the staging of surgery, Gebber on surgery of the rheumatoid shoulder, and Simmen on the consequences of surgery of the wrist highlighted the use of practical staging systems for guiding surgery. Gschwend's article on elbow arthroplasty and Swanson's on flexible implant resection arthroplasty of the metacarpophalangeal joints, two very difficult areas, gave excellent descriptions of personal experience which stressed sound principles rather than a collage of anecdotes which is so often the case in such articles. Both authors highlight the problems encountered in the development of their expertise and the solutions by which many difficulties have been overcome.

This is a valuable guide to rheumatoid surgery because it brings together in a concise volume the experiences of leaders in the field. Its strength lies in the strong adherence to principles of management and how this relates to each anatomic area. While it is not a reference text, it should provide residents and surgeons with a firm basis for understanding the pathology and management of rheumatoid arthritis.

**Peter Choong**

*Department of Orthopedics, Lund University Hospital, S-221 85 Lund, Sweden*