

Book reviews

Surgical treatment of rheumatoid arthritis

Thomas P Sculco, 418 pages, Mosby Year Book, St Louis, 1992.

ISBN 0-8016-6279-6

Surgery for rheumatoid arthritis

Mack L Clayton, Charley J Smyth, 414 pages, Churchill Livingstone, New York, 1992.

ISBN 0-443-08217-0

Surgical repair and reconstruction in rheumatoid disease

Alexander Benjamin, Basil Helal, Stephen Copeland, Jo Edwards, 2nd ed, 251 pages, Springer Verlag, Berlin, 1993.

ISBN 3-540-19727-3

Books solely dealing with the surgical treatment of rheumatoid arthritis have been rare. Even if the topic is often dealt with in standard textbooks in rheumatology, texts on operative orthopedics have a tendency to omit or only briefly mention the surgical treatment of chronic arthritis. Not only are a number of surgical procedures specifically designed for the arthritic joint(s), but also a knowledge of the surgical planning of multiple procedures in a patient with polyarthritic disease is important.

3 new books on arthritis surgery have been published during the last year, which makes it natural to review them in one context. The first 2 volumes are newcomers, while the first edition of *Surgical Repair and Reconstruction in Rheumatoid Disease* was published over a decade ago.

Thomas Sculco at the Hospital for Special Surgery in New York, with its well-known Comprehensive Arthritis Program, and his co-authors have produced the superior text. The fortunate owner of their book has no additional information to gain from the other 2. It is a pleasure to read the chapters on surgical considerations, covering almost every aspect including anesthesia, the temporo-mandibular joint, bilateral hip and knee replacements and the special section on rehabilitation. The chapter on the foot is very good, but the possibility of metatarsal osteotomies for treatment of metatarsophalangeal arthritis with (sub)luxation of the lesser toes, according to Helal, should have been mentioned. Otherwise, every possible surgical option is described, with its advantages as well as pitfalls. The references are up-to-date and includes papers besides those written by US surgeons in US journals!

Mack Clayton is well known to all rheumasurgeons, and his and Smyth's book is well worth reading. It is,

however, burdened by frequent case reports, at the expense of a complete coverage of the topic. Those case reports occupy a substantial part of the book and often are too detailed, without giving any general information. They should have been presented in fine print, or even omitted. It is hard to understand that the authors have got the impression from their literature studies that "clinical data are emerging in support of cementless hip systems." I think that most facts today speak in favor of cemented femoral prostheses. On the acetabular side, however, it might still be possible that the use of press-fit metal-backed cups will result in better and more long-lasting fixation to the pelvic bone. Despite the fact that exactly as many pages as in Sculco's book are used, much less information is given. The text is, however, up-to-date and easy to read, but with rather frequent repetitions. The illustrations of different surgical procedures are also rather scanty, in contrast to Sculco's book which contains high-quality line drawings of most procedures.

The book by Benjamin et al. may be considered a historic review of arthritis surgery as it has been performed in Britain. An enormous portion of the text is devoted to osteotomies around almost every possible joint—a surgical procedure almost exclusively used in Britain—and the results of which are astonishingly poorly documented by other centers. The results gained by Benjamin and his followers has, to my knowledge, not been reproduced by any other arthritis surgeon. It seems that time has passed by the authors of this book. In the chapter on the cervical spine it is said that "... stabilization provides a chance for survival, although even in the most experienced hands mortality is significant". The authors have found only 1 series with a mortality rate less than 10 percent!

Many centers, including our own in Lund, have reported an insignificant perioperative mortality from posterior fusion of the upper cervical spine with modern anesthesiological and surgical techniques. It is further said that "... the main problem with MRI is the time the patient has to keep still and the frightening noise of the machine". However, "it is hoped that MRI may permit earlier determination of those patients at high risk". Obviously MR machines in Britain are of a type long ago abandoned in other western countries, in which preoperative MRI with modern equipment has been standard for at least the last 5 years. Ankle arthrodesis is described in 12 lines, and internal fixation with staples(!) recommended. The same difficult and important topic is given 9 full pages in Sculco's book.

The surgical management of juvenile chronic arthritis is covered in both Sculco's and Clayton's books, but not mentioned at all in the British text. This is especially difficult to understand, as one of the best known centers in the world for treatment of JCA is

that associated with Barbara Ansell in London. These examples suffice to show that the British book is not only incomplete, it is also out of date, often misleading and badly referenced.

The choice is thus very simple. Sculco's book should be regarded as compulsory reading for any orthopedic surgeon dealing with rheumatoid arthritis patients. Clayton and Smyth give a good review of the evolution of arthritis surgery, and it is always interesting to learn that much that we do today and consider modern was in fact done many decades ago by orthopedic surgeons with a broad outlook. The British book does not fulfil the demands on a textbook on the subject, but could possibly be of value for those interested in a local history of arthritis surgery.

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The wrist in rheumatoid arthritis. Rheumatology. The interdisciplinary concept vol. 17

B R Simmen, F W Hagen (Eds), 220 pages, Karger, Basel, 1992

ISBN 3-8055-5514-8

The interest in surgery on the rheumatoid wrist has been increasing during the last years. Destruction of the wrist from rheumatoid arthritis is often complex and knowledge of how to handle it surgically is important, as we know that this joint often is attacked in the early stage of the disease, and that it will become symptomatic in most patients. A text on the surgical treatment of the rheumatoid wrist is therefore most welcome. Divided into 4 parts, this book assembles 31 articles written by several authors, representing a lot of experience.

In the section on *Natural History of Rheumatoid Wrist Disease*, we are informed about the epidemiology of arthritic wrist destruction as well as anatomical aspects giving the pathophysiological background to different kinds of deformation.

Conservative Surgery of the Rheumatoid Wrist is a badly-chosen title to a section describing different techniques of synovectomy or tendon transfers for tendon ruptures as well as for relaxation of the wrist.

In the section on *Partial to Total Wrist Arthrodesis in Rheumatoid Arthritis* several authors describe their own techniques and clinical results, with emphasis essentially on total wrist fusion.

In *Arthroplasty of the Wrist* there are many chapters on the results of silastic wrist prostheses from different centers. However, there are also presentations of modern research, aiming at biomechanically more sound and clinically more long-lasting types of joint replacements.

This book gives a good overview of the treatment possibilities for the rheumatoid wrist. It also gives the opportunity to compare rather different ideas from several surgeons. On the other hand, the book shows the inconvenience of a multi-authored text through its lack of structure and consensus. When to use one or another treatment is, unfortunately, seldom discussed.

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