Trauma in reproductive-age women

To the Editor: I read with interest the article by Daponte et al.,¹ which discusses the effect of maternal trauma on pregnancy outcome, and provides guidelines for obstetric and surgical management of pregnant trauma victims. Trauma in a parturient remains the leading cause of non-pregnancy-related maternal death, and maternal death remains the most common cause of fetal demise.² The most common aetiologies of trauma in pregnancy include transportation accidents and falls. Sadly, the recent literature documenting surgical, obstetric and anaesthetic management of pregnant trauma victims is very limited. The pregnant trauma victim presents a unique spectrum of challenges to the health care team. However, pregnancy may not always be known to the health care team at the scene of transportation accidents, in the emergency room, or in the operating room. In general the difficulty in medical and/or surgical management of trauma victims increases from no pregnancy present perioperatively to pregnancy present perioperatively. Additionally, the difficulty in medical and/or surgical management of pregnant trauma victims increases from elective, to urgent, to emergent situations.³ The anatomical and physiological changes of pregnancy such as increased oxygen requirements, decreased functional residual lung capacity, and ‘full stomach’ may increase the difficulty of obstetric and anaesthetic management, while decreasing the time available and the margin of safety. In conclusion, the medical and/or surgical management of the reproductive-age female trauma victim should always incorporate an uncertain obstetrical status (possibly pregnant).

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This is one of the rather useful series of books on medical radiology published by Springer. Perhaps the most useful feature of this book is its conciseness. This is not an indication of a lack of substance. The title indicates the scope of the book and it fulfils its promise well, with an emphasis on the role of radiation in multidisciplinary treatment.

The authors select and cover the subject matter well, dealing with the spectrum of disease and problems encountered in an oncology setting. It includes useful chapters on the management of pain and end-of-life issues. They indicate where there may be benefit from treatment with radiation without going into detail on radiation equipment and other technical matters. They clearly indicate the relationship between radiation and the other treatment modalities, viz. surgery, chemotherapy and palliative care. Each chapter is very readable and broken down into the following headings: anatomy and physiology, clinical presentation, diagnostic procedures, patient management, results, compendium and references. The references are well selected for the reader to investigate further.

One cannot expect a book of this size and nature to be exhaustive and further reading will be needed as supplementation. I can endorse it as an extremely useful and practical reference for radiation oncologists, surgeons, gynaecologists, physicians and anyone else involved in the treatment of oncology patients, or who wants and needs a concise reference to the current state of the art and literature.

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