**Book Reviews**


The book is written in a clear, concise manner. While primarily targeted at the medical fraternity, it is written in a style that is accessible and understandable to other individuals with an interest in urolithiasis. The print, use of tables and study guide format together with a unique cross-referencing system on each page covering the various diagnostic and therapeutic options for each stone group allows for easy referencing.

Each stone type is covered in terms of a checklist, investigations, treatment and prevention. This exhaustive list provides a comprehensive and complete approach for most stone types. It is in the metabolic evaluation that this guide is exceptionally useful. It includes stones such as Indinavir stones which are becoming more common with the present increased HIV/AIDS prevalence and the use of antiretrovirals in a South African context.

In the section on imaging, a brief overview of the various radiological investigative modalities is given without any recommendation for a protocol. The trend towards the increasing use of a non-contrast spiral CT scan as the investigative modality of choice with its low morbidity needs to be emphasized in the context of emergency diagnostics. While briefly discussing the limitations of each modality, it could expand on the expected radiological findings in the context of the non-contrast spiral CT scan.

Routine investigations in the book in terms of the metabolic evaluation of patients with a first episode of uncomplicated urolithiasis include a 24-hour urine biochemical profile irrespective of stone composition. This is usually reserved for patients with recurrent urolithiasis of a high risk profile in most non-research practices.

The book advises a maximum calcium intake not exceeding 1 000 mg a day in patients with calcium oxalate stones. This contradicts existing practice, which suggests that a higher intake of dietary calcium is strongly associated with a decreased risk of kidney stones. Current practice strongly suggests that dietary calcium restriction is inappropriate in patients with recurrent calcium nephrolithiasis and may even be potentially dangerous by increasing the risk of osteoporosis.

In summary this is a comprehensive text and quick reference on the biochemical, diagnostic and metabolic aspects of urolithiasis. Noting its limitations as outlined above and potential areas of controversy the book remains a useful text for any practice dealing with the complexities of urolithiasis on a daily basis.

**Mohamed Haffejee**


This book fulfils a previously existing hiatus in texts relating to postoperative GI tract appearances.

With the advent of endoscopy, the role of barium studies has shifted from the conventional GI tract examinations to the assessment of post-procedure changes. There is therefore an increased need for radiologists not only to be familiar with the normal anatomy, but to be conversant with the surgical procedures and their impact on the GI tract. This text clearly and precisely explains the more common surgical techniques. As specifically stated by the authors, the topics of abscesses, leaks, collections, imaging of recurrent neoplasm and organ transplantation have been excluded.

The book, I feel, is aimed primarily at those in training — be they from a radiological or surgical discipline — but it also offers a concise easy-to-read text to update and refresh the specialist.

The book deals with generalised topics including the types of contrast media, the assessment of tubes and lines and the appearance of retained surgical implements. It then logically progresses from the oesophagus distally through the GI tract to the colon.

Relevant embryological development is combined with simplified anatomical descriptions to introduce each area. Surgical procedures and post-surgical changes are clearly and succinctly described and complemented by many good-quality photo reproductions of the contrast studies. The pictures are well annotated and numerous, which enhances the ease of reading. Each chapter is extensively referenced throughout.

Illustration is predominantly by means of conventional contrast X-rays, but where relevant, examples of ERCP, sonar, CT and isotope imaging are given. Line diagrams are effectively used to explain surgical procedures. No MRI investigations are described — not surprisingly, as MR imaging does not yet play any major role in the topic of the book.

This easy-to-read book is recommended to anyone involved in GI tract imaging, from junior to senior level, and should be included in any radiological teaching library.

**J. Smilg**


This is a thesis, published as a book. Half of it consists of a review of the consequences of gastrectomy, gastric substitutes, and the use of the ileocaecal segment as a replacement for the oesophagus or stomach. The remainder is devoted to describing the results of 32 patients who underwent ileocaecal replacement of the stomach for malignancy. The last chapter concerns 30 pigs that underwent conventional gastrectomy, ileocaecal replacement, or a sham operation; the animals then underwent extensive testing. The reasoning is that total or subtotal gastrectomy may have crippling results, and interpolation of the ileocaecal segment provides an ideal ‘brake’.

I concede that it is a very good thesis; my first concern is whether it is really needed as a book? Who would want to read it? Should people wish to read about this unusual operation, they would surely refer to the author’s published journal articles. My second concern is with the use of gastric substitutes (particularly an ileocaecal segment) after a gastrectomy. Orthodox opinion is that pouches are not indicated after gastrectomy, and the majority of patients manage perfectly well without them. The use of an ileocaecal segment after gastrectomy, particularly subtotal gastrectomy, is very adventurous indeed.

**D. M. Dent**
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