a heavy emphasis on chronic venous disease, which is clearly the topic of the greatest interest to the authors. In general, the text is very easy to read, well-referenced and has many in-depth literature reviews. The diagrams and illustrations are well presented, as some of the contentious issues are usually presented with balance and logical argument. Where conclusions are contentious, the authors make their opinions very clear, although not necessarily reflecting the most popular consensus.

The approach of the text does have some difficulty in adopting new technology. Phlebology, for example, is used very often, which doesn’t reflect common practice throughout the world where it has been superseded by duplex scanning. Of further interest is that the only radiological study that gives unique information about venous valve structure and function, i.e. descending phlebography, was felt to be obsolete. This investigation is mandatory for repairing venous valves. Duplex scanning is grossly underplayed, with minimal information on venous mapping and little help to sonographers or vascular surgeons confronted with the difficult-venous patient. However, other obsolete diagnostic procedures such as phleborheography (PRG), impedance plethysmography (IPG) and fibrinogen-scanning are described in detail. Other techniques used in modern venous practice, for example venoscopy, intraoperative duplex scanning and the use of automatic Ligaclip applicators are techniques commonly used in practice which are not mentioned. Venous stents, both vascular, which are used as venous valve rings, and intravascular stents are mentioned transiently, but the different types, their material structure and potential are not expanded. Pelvic venous problems are not addressed in any detail. These deficiencies are not critical and represent delayed reporting of such techniques in the literature. The major defect, however, relates to the length of the manuscript, of which a large section could be omitted. Obsolete procedures and investigations, and perhaps reduction in the embryology and pathophysiology sections, would be appropriate and in fact some treatments have been repeated. There are also minor editorial problems, such as the fact that Figure 6.8 is upside-down and the financial conservation factor on page 578 is incorrect.

In conclusion, the manuscript is a good one. It is certainly an essential requirement for the venous enthusiast and certainly for the medical library. It is an expensive book at £165, but in general well worth the investment.

R. J. Lane
New South Wales, Australia

New Trends and Developments in Carotid Artery Disease
A. Branchereau and M. Jacobs, Eds.
Futura, 1998; price £69.

This text is based on a conference on New Trends and Developments in Carotid Artery Disease and is clearly aimed at addressing a number of key issues in the current practice of carotid surgery. However, one would have to assume that a significant part of the conference was devoted to the emergence of carotid angioplasty. That might therefore explain why there was only a 10-page update on the NASCET and ECST results, but 74 pages on the various methods and means of performing carotid angioplasty.

On the positive side, I enjoyed the chapter by Henry Barnett on the final results of the NASCET study and it only serves to emphasise the importance of having a combined overview of both the European and American trials in the future. Similarly, the chapter on carotid trauma is particularly good, although there will always be a tendency for differing opinions to emerge as to optimal management. In the U.K., carotid dissection is almost invariably managed conservatively; however, Alimi and his colleagues have performed a number of operations requiring access to the intrapetrosal internal carotid artery by posterior–inferior tympanotomy and re-routing the facial nerves! It remains unclear whether this confers any additional benefit.

There are a number of notable omissions, not least an index!, and there is relatively little information regarding methods for monitoring patients intra-operatively and the role of quality control. The chapter on recurrent disease had no debate as to who should be offered surgery and why redo carotid surgery should be performed. One must also wonder why there were two chapters on carotid endarterectomy without angiography.

As with all textbooks, one invariably learns new information but, given that the book costs almost £70, I suspect that the people who will remember the most about its contents will be those who attended the conference.

A. R. Naylor
Leicester, U.K.

Ischaemia-reperfusion Injury
P. A. Grace and R. T. Mathie
Blackwell Science, 1999, 384 pages; price not available.

The importance of ischaemic injury as a cause of
disease is undisputed. While survival of ischaemic tissues depends on restoration of vascular supply, reperfusion is widely believed to be a “double-edged sword”, in that it may itself induce additional tissue damage. This phenomenon has come to be known as ischaemia-reperfusion injury (I-R). It has to be said that the existence and clinical effects of I-R in some organs remains difficult to define. However, its putative occurrence in a number of clinical arenas has made it a field of intense research in the last two decades. This book presents the work of a great number of clinicians and researchers, its stated intentions being: firstly, to discuss the clinical features of I-R, its local effect on a number of organs and possible adverse systemic and remote effects; secondly, this book aimed to explore the complex cellular and biochemical pathophysiological processes responsible for I-R; and, finally, to outline some possible treatment strategies.

The contents of the book are clearly described and systematically presented, being divided into sections according to its three-fold aims. The twelve chapters constituting the first section discuss the local consequences of I-R in a number of circulatory beds (skeletal muscle, cardiac muscle, liver, gut, kidney, lung, nervous system, bone and joint) as well as possible systemic consequences attending these local I-R syndromes. The next section covers the pathophysiology of I-R, each chapter describing in turn: the cellular (vascular endothelium and neutrophils) and molecular (free radicals, nitric oxide, endothelin, eicosanoids, complement, cytokines, platelet-activating factor) “players” currently believed to be responsible for I-R. The final section presents various possible strategies for the treatment and prophylaxis of I-R, such as free-radical scavengers, antioxidants, ischaemic preconditioning. As with many multi-author books there is much overlap and, unfortunately, the same cellular and molecular mediators and hypotheses of I-R were repetitively described. An index and standardisation of abbreviations used in the book would have been helpful, especially to readers new to the field. There were a few factual inaccuracies in some chapters.

I found the first chapter describing the histopathology of infarction and I-R disappointing, as it only covers the myocardium. The next chapter presents the case for remote lung and cardiac injury following local I-R in the splanchnic or lower limb circulation. Many of the subsequent chapters entitled “Local consequences of I-R in...” tend to discuss the putative pathophysiological mechanisms of I-R in various circulatory beds based on data from animal models without making sufficient reference to objective clinical or pathological changes of I-R in these organs in humans, the chapter on transplantation being an exception. In the next section, the biochemistry of a host of inflammatory mediators that may play a role in I-R is well-described and can be recommended. The chapter on endothelial physiology is particularly helpful in integrating the many and complex mediators of I-R. Regrettfully, I found the chapter on neutrophils and adhesion molecules to be out-of-date and non-contributory. In the final section, the chapters on ischaemic preconditioning, myocardial protection and organ preservation are particularly interesting and helpful.

Despite my criticisms, this timely and unique book is to be commended for its breadth and depth of coverage of its subject. It will be a valuable resource to both clinicians and researchers, particularly to those new to this field.

P. Tan
Leeds, U.K.

Article No. ejvs.1999.1017

Portal Hypertension – A Multidisciplinary Approach to Current Clinical Management
S. J. Knechtle, Ed.

The book gives an overview on various therapeutic options, for multidisciplinary treatment of this complex disorder. Chapters are written by a number of distinguished specialists in their fields and cover the natural history of oesophageal varices, medical management of portal hypertension, endoscopic treatment, TIPS-procedures, surgical shunts, peritoneovenous shunts, devascularisation procedures and liver transplantation. A special chapter concentrates on paediatric aspects. There is clear focus on therapy, while little information is given on the physiology of portal hypertension, pathology or aetiology of underlying diseases. All chapters include a list of the most relevant literature and there are more than 80 figures, drawings and photographic illustrations, mostly of excellent quality. The layout is adequate and the index detailed.

Readers get compact information on data concerning the time course of both development and progression, staging and classification of varices, pathophysiology of bleeding, predictors of haemorrhage, options for primary prophylaxis of bleeding and data on related mortality. Non-operative treatment principles of active haemorrhage (vasopressin, nitrates and somatostatin) as well as sclerotherapy using different sclerosants, balloon tamponade and ligation are discussed. Brief
Ischemia-reperfusion (I-R) injury after liver transplantation (LT) induces intra- and/or extrahepatic nonanastomotic ischemic-type biliary lesions (ITBLs). Subsequent bile duct stricture is a significant cause of morbidity and even mortality in patients who underwent LT. Although the pathogenesis of ITBLs is multifactorial, there are three main interconnected mechanisms responsible for their formation: cold and warm I-R injury, injury induced by cytotoxic bile salts, and immunological-mediated injury. Raffaele Cursio, Jean Gugenheim, “Ischemia-Reperfusion Injury and Ischemic-Type Biliary Lesions following Liver Transplantation”, Journal of Transplantation, vol. 2012, Article ID 164329, 17 pages, 2012. https://doi.org/10.1155/2012/164329. Show citation. Ischaemia Reperfusion Injury book. Read reviews from worldâ€™s largest community for readers. Ischaemia-Reperfusion Injury is concerned with the consequences of interrupting and restoring blood flow to tissues. Many common clinical conditions are caused by interruption of blood flow to tissues (eg, ischaemic heart disease, peripheral vascular disease, stroke); blood flow is also interrupted deliberately in many surgical procedures (eg, cardiac surgery, arterial sur Ischaemia-Reperfusion Injury is concerned with the consequences of interrupting and restoring blood flow to tissues. Reperfusion of ischaemic tissues is often associated with microvascular dysfunction that is manifested as impaired endothelium-dependent dilation in arterioles, enhanced fluid filtration and leukocyte plugging in capillaries, and the trafficking of leukocytes and plasma protein extravasation in postcapillary venules. Activated endothelial cells in all segments of the microcirculation produce more oxygen radicals, but less nitric oxide, in the initial period following reperfusion. The resulting imbalance between superoxide and nitric oxide in endothelial cells leads to the production and release of ischemia/reperfusion injury in kidney transplantation. By Bulent Gulec. Submitted: October 26th 2010Reviewed: April 9th 2011Published: August 23rd 2011. DOI: 10.5772/18289. The pathophysiological changes associated with ischemia/reperfusion injury in renal transplantation are not yet well defined although it has been studied extensively (Koo et al 1998). However, it is well known that prolonged cold ischemia is associated with delayed graft function with elevated creatinine levels in addition to inferior graft survival on long term follow up (Homer-Vanniasinkam et al.1997; Land 1999). Help us write another book on this subject and reach those readers. Suggest a book topic Books open for submissions. chapter statistics.