Book Reviews

VASCULAR DEMENTIA

Edited by John Stirling Meyer, Gaiane M. Rauch, Helmut Lechner, and Carlo Loeb. 310 pp., illustrated. Armonk, N.Y., Futura, 2001. $88. ISBN 0-87993-425-5.

THIS book summarizes the latest information on the diagnosis and treatment of patients with vascular dementia. The authors, experts in the field, wrote this updated edition for neurologists and others who care for our growing elderly population. Vascular dementia is potentially more amenable to treatment than Alzheimer's disease.

Experts in dementia do not agree on basic diagnostic criteria, which makes discussing vascular dementia inherently difficult. Since Hachinski defined the original criteria for multi-infarct dementia in the 1970s, several additional sets of diagnostic criteria have been developed. All are useful, but they vary substantially. As a result, many physicians feel uncomfortable making the diagnosis of vascular dementia. The authors should be commended for their authoritative manual, which summarizes clearly the growing body of information on this disorder. After reading the book, physicians will have an improved sense of what vascular dementia is and how to identify its major subtypes.

The book has other strong points. It emphasizes management by medication and through the aggressive identification and modification of risk factors. Although one could argue with some of the recommendations, it is refreshing to see a book on dementia that stresses management. Individual chapters are easy to read, and there is little contradictory information in the different chapters — a plus in a multiauthored book. However, the excessive overlap between chapters can be annoying, and the topics do not flow into one another easily. The book would have been improved by the addition of an overview at the beginning of the book to summarize the subtypes of vascular dementia and describe their classification. The chapters on clinical diagnosis and disease classification appear in the middle of the book (chapters 10 and 11), which means that the reader comes on subtypes of vascular dementia before understanding how these subtypes fit into the overall picture.

The chapter on Binswanger's disease is a well-written basic description of a confusing condition. However, some other sections could use greater depth. The introduction to cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy is informative, but it should be expanded to include more information about the basis of this curious genetic disease. Since physicians often review neuroimaging studies to help them make a diagnosis, quantitative information about the severity of cerebrovascular changes that is necessary to cause dementia would be helpful. For example, many patients may have periventricular lesions or small infarcts and dementia. How severe must each abnormality be to determine that a patient's dementia has a vascular cause? A detailed discussion of each of the major lipid classes would help the clinician understand which levels to monitor. Does the evidence indicate that, for patients with vascular dementia, low-density lipoprotein, total cholesterol, or high-density lipoprotein should be adjusted, or is there an independent protective effect of administering lipid-lowering agents? The section on differential diagnosis would be stronger if it discussed more fully ways to distinguish vascular dementia from non-Alzheimer's types of dementia, including dementia with Lewy bodies and the less common subtypes of subcortical dementia.

The authors recommend a bold approach to the management of vascular dementia in their chapters on plasmapheresis and estrogen replacement. They give the reader the impression that these treatments are indicated, whereas many would argue that they are interesting ideas in need of further study. Since plasmapheresis is not used routinely for vascular dementia, this chapter should have included a more thorough discussion of the costs and risks associated with plasmapheresis, as well as any data that independently confirm their findings. In the chapter on the use of estrogens as neuroprotective agents in the treatment of dementia, the discussion of the potential risks associated with prolonged estrogen therapy is incomplete. The value of estrogen for this purpose is unproven, and given the risks involved, most physicians do not routinely recommend its use. The authors should have emphasized that there are no large studies supporting the use of estrogen for established dementia. Finally, the quality of all of the figures showing neuroimaging and histopathological findings could be improved, and there are more typographical errors than in most textbooks.

Nevertheless, I recommend the book for neurologists and other physicians with an interest in geriatric neurology, dementia, or cerebrovascular disease.

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NEURO-OPHTHALMOLOGY: DIAGNOSIS AND MANAGEMENT

By Grant T. Liu, Nicholas J. Volpe, and Steven L. Galetta. 756 pp., illustrated. Philadelphia, W.B. Saunders, 2001. $125. ISBN 0-7216-6533-0.

READING this book was a pleasure. The three authors have a wealth of experience, and their book is uniformly high in quality, authoritative, cohesive, down to earth, and easy to read. It has none of the unevenness and missing or overlapping topics so common in multiauthored books. It is probably the best-illustrated, most comprehensive single-volume textbook on neuro-ophthalmology available today.

The book is divided into four sections. It opens with a practical review of the neuro-ophthalmic history and examination. The next section, on disorders of the afferent visual pathways, begins with an overview of the topical diagnosis and diagnostic testing of diseases of this system. Subsequent chapters cover disorders of the retina, the optic nerve, and the intracranial visual pathway that cause visual dysfunction. The chapters entitled "Retinal Disorders," "Disorders of Higher Cortical Function," "Functional Visual Loss," and "Visual Hallucinations and Illusions" are par-

ticularly good. The third section, on efferent neuro-ophthalmic disorders, covers the pupils, facial-nerve dysfunction, cranial-nerve and gaze palsies, nystagmus, and abnormal eye movements. There is an excellent chapter on diseases of the orbit as they relate to neuro-ophthalmology. The last section discusses headache, facial pain, and disorders of facial sensation, all of which are common symptoms in nearly every field of medicine.

Each chapter follows a well-organized outline, in which a review of the relevant neuroanatomy, symptoms, and signs is followed by detailed discussions of presentation, pathophysiology, diagnosis, neuroimaging, diagnostic studies, and management of the diseases. The numerous tables allow for quick reference to entities more or less likely to be encountered. The authors venture outside of neuro-ophthalmology to list detailed endocrine, systemic, and imaging characteristics of the various disorders. The book is illustrated with high-quality, clearly labeled neuroimages and images of the fundus. There is an extensive list of up-to-date references (most from the late 1990s) at the end of each chapter; they include both the original sources and review articles for those who want to delve deeper into the subject.

There are two minor irritants, which I suspect are related to attempts to keep the price down. The figures and tables are commonly one page and occasionally two pages ahead of the related text, resulting in a certain amount of flipping of pages. The photographs of the fundus would have been more useful had they been reproduced in color. A minority of the black-and-white photographs of the fundus scattered throughout the text are reproduced in a central collection of 55 color plates, without any legends for the plates or cross-referencing with the original figures in the chapters. More pages to be flipped!

In their preface, the authors write,

> Our hope was to offer a book that could serve both as a guide for diagnosing and managing patients with neuro-ophthalmic problems and a one-volume textbook containing in-depth discussions of neuro-ophthalmic topics and disorders. With just three authors, our aim was to create a highly organized and uniform textbook, extensively illustrated and referenced, that would bridge the gap between neuro-ophthalmic handbooks containing tables, outlines, and flow-diagrams and neuro-ophthalmic encyclopedias.

This book is everything that they hoped for.

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INTRACTABLE FOCAL EPILEPSY

Edited by John M. Oxbury, Charles E. Polkey, and Michael Duchowny. 878 pp., illustrated. Philadelphia, W.B. Saunders, 2000. $225. ISBN 0-7020-2428-7.

THERE is a vast difference between focal and generalized epilepsy, and even within these categories there are extensive differences in symptoms, causes, and treatments. *Intractable Focal Epilepsy,* the first book of its kind, deals with one major category of epilepsy in depth. It has been long awaited by epileptologists, since it deals with one of the greatest challenges in the field: the fact that most patients with medically intractable epilepsy have focal epilepsy.

The main objective of the editors was to review the field in one volume. They hoped to provide adequate information for the nonspecialist and to help specialists set up comprehensive epilepsy programs. The book largely achieves those goals.

After several introductory chapters, the first section of the book discusses nomenclature and causes. In addition to the common causes of focal epilepsy, such as mesial temporal sclerosis, cortical malformations, vascular disease, tumors, and infections, the book has insightful chapters on esoteric causes, particularly in children.

In the next three sections the book discusses diagnostic evaluation, medical management, and surgical treatment. The section on medical management is limited to an overview of treatment strategies and discusses only a few old and new antiepileptic drugs. The section on surgical treatment is much more comprehensive, describing in detail surgical options from curative procedures to palliative treatments. The book ends with a discussion of the economics of intractable epilepsy, addressing the cost and the benefits of aggressive surgical treatment.

The organization of the section on diagnostic studies, particularly the discussion of neuroimaging, is disappointing. There is no question that our ability to detect focal structural or metabolic abnormalities has changed therapeutic options tremendously. Unfortunately, the book presents neuroimaging in a confusing way. Initially, the authors discuss neuroimaging incompletely in the section on diagnostic evaluation, providing few details about current methods that may be helpful in patients with nonlesional neocortical disturbances. With respect to magnetic resonance imaging (MRI), there is no mention of T_2 relaxometry or spin–echo density in MRI sequences. The authors provide a brief description of fluid-attenuated inversion recovery and diffusion-weighted imaging, but no discussion of how these sequences are used in the evaluation of epilepsy. Ictal and interictal single-photon-emission computed tomography is mentioned only briefly, and functional MRI and magnetic resonance spectroscopy are conspicuously missing.

Discussions of some of these methods appear later in the book, in the section on the surgical workup, with emphasis on the evaluation of mesial temporal sclerosis. However, there is no discussion of the detection of extratemporal lesions, a diagnostic challenge for epileptologists. No doubt, an updated edition will be called for in the next few years, with the advent of gamma-knife surgery, deep-brain stimulation, and intrathecal drug delivery.

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