

Overall, despite these minor criticisms, *Prosthodontic Treatment of the Edentulous Patient* remains an excellent textbook, packed full of useful information for undergraduate students, experienced practitioners, and even orthodontists!

Jeff Wilson

Controversies in the Management of Salivary Gland Disease

M. McGurk and A. Renehan (Eds)
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'Controversies in the management of salivary gland disease' should alert the non-specialist of the existence of such problems. What better way to publicize this than to bring together leading exponents to present current evidence based opinion, on topics within the field? This book is an account from the proceedings of a salivary gland conference, held in 2001, at Guys and St Thomas's hospitals. Each lecture and the discussion stimulated is faithfully recorded as individual chapters, concluded with an editorial comment.

The book is an eye-catching hardback with 27 chapters of either single or double authorship. There are 328 pages, but the number of illustrations makes progress through the material easy.

The text commences with a preface, where the two editors point out that they have attempted to re-evaluate all the clinical and pathological data relating to salivary gland disease. Challenges to long-held beliefs are made by providing the reader with evidence-based material. The contributors are listed and represent an eclectic group, drawn from the major centres around the UK, mainland Europe, North America and Australia. The book is divided into four main sections, dealing with general issues, benign neoplasms, malignant neoplasms, chronic salivary disease and calculi.

Chapter 1 addresses the issue of epidemiology. Discrepancies in the currently available national data are highlighted. The inevitable effect this will have on the planning of future clinical services is emphasized. Next, aetiological factors such as radiation, viruses and tobacco consumption are considered, although nicely balanced with the impact of molecular biology. There is a good discussion on the classification demands of surgeons balanced against the more inclusive needs of

the pathologist. Arguments for the WHO and the AFIP approaches are made.

Chapter 4 emphasizes the importance of a clinical examination, whilst highlighting the role of ultrasound, CT and MRI in investigating disease. Nuclear approaches are mentioned if only to outline their limited use.

Chapters 5 and 6 provide evidence supporting partial parotidectomy and extra-capsular dissection in contrast to formal superficial parotidectomy, for the treatment of benign tumours such as the pleomorphic adenoma. Tumour spillage management is discussed in terms of radiotherapy versus a watch and wait philosophy. Some evidence is presented that first time recurrence requires surgery with adjuvant radiotherapy. Finally, the concept of malignant change in pleomorphic adenoma is deemed no more than possible although the evidence is far from conclusive. Chapter 10 touches on Warthins tumour responding to standard treatment, although the editor raises the question, unanswered, as to whether this lesion really is a tumour? The reader is warned of the high malignant rate in childhood parotid tumours. To treat such lesions a centralized multi-speciality centre is proposed.

Section three deals with malignant salivary gland neoplasms. A discussion on survival factors opens the section, with emphasis on stage over grade. The reader is advised to remove tumours on the clinical findings, rather than relying too heavily on the pathology. The next chapter (15) discusses the role of radiotherapy as an adjuvant in malignancy management. A special case is made, not to rely too heavily on radiotherapy for sub-mandibular disease. Chapter 16 looks at predictive factors for neck metastases and recommends radical surgery for their treatment. The poor prognosis of salvage surgery is discussed, whilst Chapter 18 looks at distant metastases, a previously poorly investigated topic. Chapter 19 examines in greater detail the adenoid cystic carcinoma, reporting thoughts from pathologists and surgeons. They conclude that the bigger the tumour and the higher the grade the poorer the prognosis. Skin metastases are dealt with in Chapter 20 highlighting the poor prognosis of malignant melanoma in comparison to squamous cell carcinoma, but recommending radical excision for these lesions. Chapter 21 is a real gem with Professor Paul Speight sharing his unique expertise on the salivary lympho-epithelial lesions and Malt Lymphoma.

Section four is dedicated to chronic salivary disease and calculi. Issues dealt with include epidemiology and aetiology of salivary stones, although exact causes

remain elusive. Chapters 23, 24, and 25 look at the role of extra-corporeal lithotripsy and salivary gland endoscopy. Caution is advocated to see if the minimally invasive approaches produce results the equal of the standard, more invasive treatments. Finally, a discussion about the possibility of not removing the submandibular gland, in an effort to avoid surgical complications, is concluded with a series of incisive questions from the audience, which raise the possibility of future problems this approach may lead to.

Overall, this is an excellent book, from a wide range of experts in the field of salivary gland disease. It should be a mandatory inclusion in every maxillofacial specialist registrars' personal library, and should make its way into all departmental or hospital collections.

S. J. Crean

An Atlas of the Transverse Dimensions of the Face

Ahmed Basyouni and Surender Nada
Craniofacial Growth Series.

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In the analysis of facial aesthetics, and as individuals in day to day life, we are generally more conscious of our face from the front as in a mirror, and for centuries, mathematicians as well as artists have examined the face and head from the frontal perspective, rather more than from the profile view. It may therefore be regarded as somewhat surprising that the investigation of the dental skeletal relationship of the craniofacial region tends to use lateral rather than postero-anterior (PA) cephalometry.

In my own clinical practice there are occasions when it is extremely important to me to have a transverse perspective on the facial structures. Not only in cases where there is unilateral or bilateral crossbite but also cases where there is nasal obstruction with mouth breathing and tendency to "the long face syndrome", cases where rapid maxillary expansion (RME) is an option, cases where there is asymmetry, either skeletal or dento-alveolar. Research indications might include cases where the degree of transverse expansion of the arches is to be measured, relapse measurement in the transverse dimension, transverse growth rate (longitudinal) and the

estimation of gender differences during growth in millimetres and/or ratios. These are just a few indications for PA cephalometry and where the information provided in this Atlas may prove invaluable.

Historically, among the limitations of the PA cephalogram, as well as the general lack of interest and experience in investigating the transverse dimension are:

1. The absence of archival data pertaining both to normative and to orthodontically or surgically treated subjects
2. Difficulty in reproducing head posture and orientation of the head such that the transporionic axis is perpendicular to the central ray
3. Landmark identification difficulties
4. Absence of commonly used reference planes for the assessment of vertical and horizontal symmetry.

This Atlas goes a long way towards addressing many of these traditional limitations by the production of normative data. It is unfortunate, however, that no technical details regarding the image acquisition are given, and that the previous publications containing this information are unlikely to be accessed by anyone except the PA cephalometric enthusiast. The need to search for relevant technical details could unfortunately, prejudice PA cephalo-phobes further, against the numerous clinical and research applications of the image format.

One of the major applications for the use of the PA cephalogram is the measurement of asymmetry. Perfect symmetry is the theoretical concept which is rarely, if ever, found in biological systems or organisms. Having said that, however, there has been a revival in interest in symmetry with an implied correlation between craniofacial asymmetry, attractiveness and fertility. In clinical practice however because of inherent asymmetry in the human body and human face, symmetry should be thought of as a spectrum between perfect symmetry through normal or physiologic asymmetry to pathologic asymmetry such as that seen in certain craniofacial abnormalities.

It is important clinically to identify asymmetry as being dental, skeletal or soft tissue, and one of the major difficulties in measurement of asymmetry is identification of a midline reference plane which would be assumed as the biological midline. Because of the difficulty in identifying this, it may be regarded as more satisfactory to compare the magnitude of various independent left and right sided parameters without the use of such a midline reference plane. While the measurement