

## BOOK REVIEW

### SURGICAL PEDIATRIC OTOLARYNGOLOGY

*W.P. Potsic, R.T. Cotton and S.D. Handler (Editors)*

581 pages with 137 black-and-white illustrations in 900 parts, 3 index pages, no references section. Georg Thieme Verlag, Stuttgart, Germany, 1997 (ISBN 3-13-103691-5). Retail price: DM 198.-

The atlas is subdivided into eight parts: Ear; Nose; Nasopharynx, Oral Cavity and Oropharynx; Sinus Surgery; Neck (Larynx, Trachea and Esophagus; Salivary Gland; Endoscopy; and Facial Trauma. These parts are subdivided into 51 chapters, written by the editors, except for the chapters on cochlear implants (by Bruce Gantz) and functional endoscopic sinus surgery (by Rodney Lusk). The authors are very well-known authorities from the U.S.A. Each chapter starts with a short text which describes concisely all the different steps, including the purpose of the surgical procedure, its indications, pre-operative evaluation, operative steps, and complications. Each step of the surgical procedure is clearly demonstrated by a specific drawing. In their preface, the editors define their readership: "...This atlas is intended

to help those surgeons learn (or reacquaint themselves with) the basic steps in the more common procedures performed in pediatric otolaryngology... Our efforts have focussed on the procedures that comprise the majority of surgeries performed by pediatric otolaryngologists. We have left out uncommon procedures intended for esoteric, rare conditions..." The authors state that the procedures described in this atlas are certainly not original or new, but are modifications developed from a combined experience of more than 60 years of surgery. This atlas is so fascinating especially because of Susan Shapiro Brenman's outstanding illustrations, which are reproduced here with an excellent quality of print. These illustrations are ideal for teaching purposes, which also holds true for most of the informative accompanying text. Although "...the adage that one picture is worth a thousand words is demonstrated in this atlas" (quoted from the editors' preface), there is sometimes the risk of simplification when all is cut down to a few illustrations, for instance in the chapters on nasal deformity, nasal fractures and nasopharyngeal angiofibroma.

W. Pirsig

## BOOK SUMMARY

### ASPECTS OF THE INFLAMMATORY RESPONSE AND FORMATION OF POLYPS IN THE NASAL AND SINUS MUCOSA (Ph.D. thesis)

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The aetiology of nasal polyposis is still debated, although bacterial infection may be the initiating factor in a part of the cases. Nasal polyps have traditionally been regarded as confined to humans, although occasionally polyps have been described in chimpanzees. However, polyps in the rat middle ear have also been found after experimental otitis media.

In order to further investigate early stages in infectious mucosal polyps, maxillary sinusitis was experimentally induced in New Zealand White rabbits in the following way: The bony wall of the anaesthetized rabbit was opened with a drill and the sinus ostium was sealed. Bacteria or chemical inflammatory mediators were then injected into the sinus cavity. The rabbits were sacrificed 5 days to 12 weeks later, and the nose and paranasal sinuses were serially sectioned and morphologically analyzed. Macroscopical polyps were also documented post mortem. Mucosal polyps, measuring up to 7 mm, developed in a majority of the infected sinus cavities and to some extent also in the nose.

The process of polyp formation appears to involve epithelial disruption, local proliferation of connective tissue cells and, most importantly, migration of an immature branching epithelium. While part of the migrating epithelium eventually covers the initial mucosal defect, other branches spread into the underlying connective tissue. Intra-epithelial microcavities formed by the rupture and fusion of intracytoplasmic vacuoles result in communication with the intercellular space. These fusing cavities separate the developing polyp body from the adjacent mucosa.

In another study, polyps were experimentally induced in the abovementioned manner in 16 rabbits. Eight of these were given an intramuscular injection of betamethasone prior to polyp induction, while the remaining animals were given a placebo. The number of macroscopical polyps were lower in the group given betamethasone, while there was no difference regarding microscopical stages, presumably because the effect of the corticosteroid was gradually reduced towards the end of the experimental period.

In conclusion, it is possible to induce mucosal polyps in the rabbit nose and paranasal sinuses by experimental infection, and the number of polyps are reduced after pre-treatment with corticosteroids. Polyp formation is initiated in areas of epithelial disruption, and ingrowth of branching epithelial strains appear to play a major role. This process may reflect the initial stages in human nasal polyposis.

## SOCIETY NEWS

### OBITUARY

#### Philip Henry Golding-Wood (1914-1997)

The international rhinological community recently suffered a great loss by the death of Philip Henry Golding-Wood from Maidstone (Kent, United Kingdom). Dr. Golding-Wood was one of the founding members of the European Rhinologic Society and participated in its first meetings at Leyden (The Netherlands) in 1963 and 1964. At these meetings he discussed his so-called vidian neurectomy for vasomotor rhinitis, for which he was very well-known at that time. A more extensive obituary was recently published by P. McKelvie in *The Journal of Laryngology and Otology* (111 (1997): 605-606). Dr. Golding-Wood will be remembered both as a keen and original clinician and a good-humoured colleague.

The Editors

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