BOOK REVIEWS

ATLAS OF CLINICAL GYNAECOLOGY, Developed by Cement Medicine, Inc. Philadelphia-1999. Series Editor : Morton A, Stenchever, MD, Professor, Chairman Emeritus, Department of Obstetrics and Gynaecology, University of Washington Medical Center, Seattle, Washington.

The Atlas of clinical Gynaecology is an ambitious 5 volume series covering the field of Gynaecology. Volume topics include paediatric and adolescent gynaecology, oncology, pathology, reproduction endocrinology, urogynaecology and reparative surgery. Each volume contains more than 500 images.

The Atlas series serves as an excellent teaching tool and resource. The information can be used by individual students and by those who

teach; physicians, medical students and other health care professionals. The Atlas may also serve as a valuable patient education tool. The series is designed to expose the clinician to the unfamiliar as well as to update information on more common gynaecologic problems.

Contributed by :-

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IMPROVEMENT OF THE ROUX LIMB FUNCTION USING A NEW TYPE OF "UNCUT ROUX" LIMB. Noh SM, Am J Surg 2000;180:37-40.

The Roux-en-Y gastrojejunostomy is an often used method of reconstruction to prevent postoperative alkaline reflux gastritis or esophagitis after subtotal gastrectomy. The main advantage of the Roux-en-Y operation is that it prevents bile and pancreatic secretions from reaching the gastric mucosa. In spite of its advantages, approximately one third of patients undergoing Roux-en-Y reconstruction subsequently develop the so-called Roux stasis syndrome. The author did a comparison between a new type of uncut Roux-en-Y gastrojejunostomy with the conventional Roux-en-Y gastrojejunostomy after subtotal gastrectomy. In his study 51 patients (31 men and 20 women) had the conventional Roux-en-Y gastrojejunostomy and 54 patients (38 men and 16 women) had the new type of uncut Roux-en-Y gastrojejunostomy. The new type of uncut Roux-en-Y gastrojejunostomy consisted of occlusion of jejunal lumen 25 to 45 cm distal to ligament of Treitz. For this author made 4 or 5 seromuscular stitches with 000 polypropylene around the jejunal wall circularly, and tied the suture material snugly. The site of jejunal occlusion was reinforced with 4 or 5 interrupted seromuscular sutures for the purpose of inducing artificial permanent serosa-to-serosa adhesion. A gastrojejunostomy was constructed at a site 5 cm distal to the jejunal occlusion site by an end-to-side fashion. Approximately 20-30 cm distal to this anastomosis, a side to side jejunojunction was made for diverting duodenal fluid.

This anastomosis was at site on jejunum that corresponds to 10 to 20 cm distal to the ligament of Treitz. The stomal size of the gastrojejunostomy was 5 cm in diameter in both procedures. During follow up the criteria included one of the four conditions : chronic abdominal pain, postprandial fullness, persistent nausea, and intermittent vomiting that are worsened by eating. According to the criteria, the Roux stasis syndrome occurred in 19 patients (37.3%) with conventional Roux-en-Y reconstruction, and in 10 patients (18.5%) with uncut Roux-en-Y reconstruction. Thus, the uncut Roux-en-Y operation maintains the myoneural continuity between the duodenal pacemaker and the Roux limb. Hence it not only alleviates the Roux stasis syndrome but also alkaline gastritis or esophagitis by preserving motility of the Roux limb and diversion of duodenal juice from the gastric remnant. This is a very simple technique that is based on physiology. It can be performed easily at peripheral military hospitals without much expertise and without many complications during and after operation. I highly recommend this new type of uncut Roux-en-Y operation for routine/regular practice in cases having Roux stasis syndrome.

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ORTHODONTICS : CURRENT PRINCIPLES AND TECHNIQUES. Edited by Thomas M, Graber, Robert L, Vanarsdall. Third edition 2000. Published by Mosby incorporated. A Harcourt Health Science Company, 11830 Westline Industrial Drive, St Louis, Missouri 63146, USA. Cost Rs.7000/-, ISBN 0-8151-9363-7. (hard cover).

The latest edition of this well known textbook in orthodontics has 21 chapters out of which 6 are written by new authors on new subjects. These new chapters are : The temporomandibular disorder patient, Biomaterials in orthodontics, Statistics for the orthodontist, Tip edge appliance, Non extraction treatment and Treatment options for sagittal corrections in non compliant patients.

Other chapters have been revised to incorporate advances in

techniques and treatment and some completely redone to incorporate ever expanding developments in the field. Interface of orthodontics and periodontics in Chapter 18 and multidisciplinary care in adult orthodontics have been given extra emphasis. Chapter 20 on orthodontic aspects of orthognathic surgery remains a must-read for all interested in the subject. The comprehensiveness of this book makes it a good text and reference book for all students and teachers of orthodontics.

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