Book reviews

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Sports injuries of the knee: surgical approaches

Edited by P. T. Simonian, B. J. Cole and B. R. Bach Jr

Pp. 240. New York: Thieme, 2006. ISBN: 3-13-140291-1. € 129.95.

The three editing authors have sought to bring together leading sports injury surgeons, each to write a chapter on a defined subject. The intention is to produce a book which covers the breadth of arthroscopic and reconstructive knee surgery and sports-related injuries. Each author describes the surgical technique that is used to address a particular injury and the problems that might be encountered.

It was perhaps disappointing to see that of the 53 authors used, 51 were from the USA. Whilst it is understood that the USA are certainly leaders in sports injury management, to provide an international flavour, one might consider that the breadth of sports injury experience emanating from Europe and Australasia may have made more of an impact.

The chapters are organised to deal with various pathologies including those of the meniscus, articular surface, ligamentous rupture and finally patellofemoral problems, tendon injuries and fractures around the knee. There is, therefore, a huge amount of information to be imparted to the reader and all encapsulated within 200 pages.

Although the remit of the book is to describe surgical approaches, many of the chapters begin with patient presentation, the indications for surgery and contraindications, some diagnostic tests and the timing of surgery. Other chapters more specifically deal only with the surgical approach. Some chapters are really lists of the presenting pathology. When one comes to the actual description of the surgical approach, we are given one particular surgeon's view of how the operation is performed, or "how I do it".

During training in orthopaedics and attendance at specialist fellowships in sports medicine, the trainee is exposed to a variety of surgical procedures which mould his own approach to the problem. In this book, the reader is given only one author's surgical style which, for someone with very little experience in sports surgery, may give them a false view of the diversity of options. For someone with much experience in sports surgery, one is left disappointed that other aspects of surgical management have been omitted.

The presentation is good with excellent line drawings and full colour surgical photographs, but the book seems to fall between two stools. It tries to impart too much knowledge in too brief a format. Whilst knowledge of the pathology is vital, I believe it should be imparted in full or not at all. Nothing can replace the apprenticeship of a specialist fellowship, attending skills courses where there are many instructors. The depth of knowledge needed

to formulate one's own surgical approach to deal with a particular problem cannot be imparted by such a narrow overview as provided by this book.

D. Bickerstaff

Posterolateral knee injuries: anatomy, evaluation and treatment

Edited by R. F. LaPrade

Pp. 256. New York: Thieme, 2006. ISBN: 3-13-140311-X. € 99.95.

Posterolateral corner injuries of the knee have been a relatively unrecognised problem in the English literature, due partly to the confusion over anatomical nomenclature. Nonetheless, there is now a huge body of information in the English literature; this book brings it together to give us a comprehensive review of the topic. The aim is to make the reader comfortable with anatomical dissection of the posterolateral corner, the clinical examination and appropriate treatment. Lars Engebretsen in his foreword states that this is "*the*" book on posterolateral injuries of the knee, and I concur with this statement. The book is well written in a discursive style which engages the reader. I had the impression that I was in a teaching session, taken by someone who clearly has a profound knowledge of his field and was taking me through the various aspects in an orderly and methodical manner.

The anatomy section is particularly important in view of the changing nomenclature and, as Lars Engebretsen mentions, it reads like a detective novel. It is now well recognised that the short external lateral ligament has been overlooked in the modern anatomical nomenclature which resulted in the *Nomina Anatomica*, published in 1956. The clinical examination section describes the various tests to be used in the diagnosis of posterolateral rotatory instability, though I suspect that the description of the extension/recurvatum test is a tribute to Jack Huston, rather than the first clinical test one would use. If this test is positive then it is blindingly obvious that the posterolateral corner is damaged. LaPrade then goes on to detail the other tests that are used to identify the more subtle injuries in the posterolateral corner, though perhaps more could have been made of the pseudo-Lachman or reverse Lachman test. He stresses the importance of examining the opposite side; instability is more of a feel than a measurement and can only be detected through experience. He mentions the possible injury to the popliteal meniscal fascicle which might call for meniscal suturing. It may occur in a grade I or II posterolateral corner injury which one would otherwise treat conservatively.

With regards to the biomechanics of the posterolateral corner, there are data available in the literature, summarised here, correlating the clinically relevant with the physical findings. In particular, he stresses that early reconstruction is recommended and that anterior or posterior cruciate ligament reconstruction, in the presence of a posterolateral corner injury, may over constrain the knee and therefore mask the posterolateral corner injury. This would

lead to an increased load taken across the cruciate ligaments and result in failure.

LaPrade's preference is for an anatomical reconstruction of the posterolateral corner and he gives a detailed description as to why he has arrived at this conclusion. According to LaPrade, this reflects the natural evolution that we have gone through in cruciate reconstruction of the knee. He then gives a meticulous and comprehensive description of how to manage both acute and chronic injuries. His preference is to use a split Achilles tendon graft in a chronic situation, anatomically to reconstruct all the important posterolateral corner structures. There is little mention of other, older techniques used to reconstruct the posterolateral corner, but great store is placed on corrective osteotomy and the chronic situation for patients with a lateral

thrust. The chapter on rehabilitation is essential. I would recommend all readers to study this chapter and discuss it with their physiotherapists.

Overall, I think this is an excellent book and the only one that I am aware of which adequately and comprehensively covers all aspects of the subject. It should be required reading for all knee surgeons, all trainees who aspire to be knee surgeons and consultants concerned in trauma management. For those of you who do not think that posterolateral corner injuries is a major issue, I would remind you of Jack Huston's quote "you may not have seen posterolateral injuries but I can assure you that they have seen you".

D. Bickerstaff