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Book reviews

Advanced Gynecologic Laparoscopy. A Practical Guide
Edited by P.G. Cusumano and J.A. Deprest

Laparoscopic surgery is a promising and fast growing surgical technique. This type of surgery is a challenge for the surgeons who perform it and the companies that make the necessary instruments.

This beautiful publication is easy to read and contains attractive pictures and useful schemes for performing advanced gynecologic laparoscopies.

We have to admire the courage of the editors in opening this publication with a chapter containing critical reflections on advanced gynecologic laparoscopy by Professor Brosens. This chapter must be obligatory literature for those residents and gynecologists who think that they can do everything both by laparotomy and also by laparoscopy.

It is striking — again in a positive way — to see the impressive contribution of our very inventive Belgian colleagues in this book. There are of course some points of concern. We are missing the contributions of the godfathers of the two totally different schools of laparoscopic surgery in Kiel and Clermont — Ferrand. The other concern — but not really in the scope of this publication — is that we lack a critical prospective comparison of the same surgical techniques by laparotomy and by laparoscopy, because at present it is not yet scientifically proven that patient care with laparoscopy is statistically significantly better in certain procedures than laparotomy.

Concerning advanced gynecologic surgery we want to express our wish for:

• more publications like this.
• more and less expensive courses in laparoscopic surgery, accredited by local gynecologic societies.
• more international prospective studies to prove that laparoscopic techniques are not only fascinating but also beneficial for patients.

Wim N.P. Willemsen
Nijmegen, The Netherlands

Transvaginal Sonography in Infertility
B. Yee, G.F. Rosen, D.L. Cassidenti

This is an authoritative slim volume on a subject of increasing interest. The division into sections makes it particularly easy to use as a reference book.

The first section on 'Normal Pelvic Anatomy and Techniques' proves useful and the authors' own description of orientation using an icon of the bony pelvis is interesting. Unfortunately there is an error in page 5 referring to this, where right and left are transposed, which confused initially. The physics review is basic and clear. The second section entitled 'Evaluation and Management of the Infertile Woman' begins with detailed physiology of the menstrual cycle which is well correlated with ultrasound appearances. Uterine and tubal problems are discussed with good ultrasound images.

The third section 'Ultrasound in the Treatment of Infertility' deals with ovulation induction and assisted reproductive techniques. These chapters contained rather too much detail on treatment for a radiologist. However, this was countered by an excellent fourth section on 'Ultrasound in the Diagnosis and Management of Early Pregnancy'. Here, physiology, biochemistry and ultrasound came together in a clear and informative way. The final section includes brief descriptions of the pathology of the pelvic organs with their effect on fertility.

In summary, this is a well conceived book which covers the subject succinctly. The illustrations are relevant and particularly good and it is well referenced. The errors should be remedied in later editions. As a radiologist with a special interest in gynaecological ultrasound I enjoyed reading this book. At a cost of $98.00 I suspect this book is not for individual purchase, but it would be a valuable addition to any ultrasound department library.

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Lippincott had its headquarters in Philadelphia, Pennsylvania, with other United States locations in Baltimore, Maryland, New York City, New York, Hagerstown, Maryland, and Ambler, Pennsylvania, as well as locations in London, Hong Kong, and Sydney. Most of those offices are still in service under Wolters Kluwer. History[edit]. The publisher had its origins in a Philadelphia bookstall opened by Benjamin Warner and Jacob Johnson in 1792. Joshua Ballinger Lippincott assumed control of the firm in 1836. It was later merged with Raven Press in 1995 to become Lippincott-Raven Publishers, which then merged with Williams & Wilkins, ultimately forming Lippincott Williams & Wilkins in 1998. See also[edit]. Journals published by LWW. Transvaginal colour flow imaging of the uterine arteries during the ovarian and menstrual cycles. Hum Reprod 1990; 5(4): 391â€“395. 15. Achiron R, Levran D, Sivan E, Lipitz S, Dor J, Mashiach S. Endometrial blood flow response to hormone replacement therapy in women with premature ovarian failure: A transvaginal Doppler study. 27. Pritts EA, Parker WH, Olive DL. Fibroids and infertility: an updated systematic review of the evidence. Fertil Steril 2009; 91(4): 1215â€“1223. The potential value of magnetic resonance imaging in infertility. Clin Radiol 1995; 50(2): 75â€“79. Periovulatory follicular volume and vascularization determined by 3D and power Doppler sonography as pregnancy predictors in intrauterine insemination cycles. J Clin Ultrasound 2011; 39(5): 243â€“247. P or PP One Or Two Seals. Bearing housings for aligning cylindrical roller bearings metric series. Gg, fg. GG51. GG 51 Plummer Block Housing FG Flanged Housing. 140. Sphere Bore In mm. 2). Immune infertility was diagnosed in 61% of patients prior and 55% after the surgery showing no statistically signi-cant difference (p > 0.05). Changes in the volume, concentration and morphology of the spermatozoa were also statistically insig-nicant (Table 1; p > 0.05). Statistically signicant increase in the amount of spermatozoa with progressive motility (p < 0.05) and in the estimated number of progressively motile and mor-phologically normal spermatozoa in the ejaculate was demon-strated in 67% of patients (p < 0.05). (b) Progressive motile spermatozoa PR. 75. 225. 200 175 p = 0.00006. 60. Â Sizyakin DV. (1996) Mechanisms of infertility in varicocele patients. PhD thesis, The Rostov State Medical University, Rostov-on-Don.
Transvaginal sonography in infertility. Publication date. 1996. Publisher. New York: Raven Press. Collection. inlibrary; printdisabled; internetarchivebooks. Associated-names. Yee, Bill; Rosen, Gregory F; Cassidenti, Denise L. Boxid. IA1803804. Transvaginal Sonography in Infertility book. Read reviews from world’s largest community for readers. This practical reference is the first book to focus... The fourth section discusses the evaluation and management of early pregnancy, complications resulting from infertility treatment, and ectopic pregnancy. The final section covers the evaluation of gynecologic pathology, including ovarian masses and the postmenopausal pelvis. The book contains nearly 300 sonographic images, including 29 in color. Infertility is diagnosed when conception has not occurred following 12 months of unprotected sexual intercourse.2 Infertility is not uncommon and consequently, at some time in their reproductive years, 8â€“15% of North American couples between 15 and 45 years of age may experience subfertility or infertility.3 Physician evaluation typically is initiated after 12â€“18 months have elapsed without conception.4 A transvaginal ultrasound examination of the uterus may be performed in the consultant’s office at the time of an initial infertility consultation.5, 183, 184, 186, 187, 188 An evaluation of the myometrium and endometrium can be performed simultaneously to determine the position of uterine fibroids relative to the endometrium and the oviducts. In the diagnosis of bowel diseases is often not sufficient; evaluation of the diseased segment is performed with a linear or curved high-frequency (7.5–13 MHz) transducer. The differential diagnoses of small-intestinal disease are often the correct diagnosis. The differential diagnoses of small-intestinal disease are often the correct diagnosis. Only may explain why inexperienced investigators view of the literature further summarizes the careful methodic examination of the entire do not feel confident in the sonographic evaluation of the gastrointestinal tract. The gastrointestinal tract.