

Books Received

ADVANCES IN NEUROLOGY VOLUME 92. ISCHEMIC STROKE. 2003. Edited by H.J.M. Barnett, Julien Bogousslavsky, Heather Meldrum. Published by Lippincott Williams & Wilkins. 502 pages C\$232.00 approx.

CURRENT PRACTICE OF CLINICAL ELECTROENCEPHALOGRAPHY, THIRD EDITION. 2002. Edited by John S. Ebersole, Timothy A. Pedley. Published by Lippincott Williams & Wilkins. 800 pages C\$220.00 approx.

FIELD OF VISION. A MANUAL AND ATLAS OF PERIMETRY. 2003. By Jason J.S. Barton, Michael Benatar. Published by The Humana Press. 350 pages C\$206.00 approx.

IMAGING IN STROKE. 2003. Edited by Michael G. Hennerici. Published by Remedica. 216 pages C\$70.00 approx.

MENTAL AND BEHAVIORAL DYSFUNCTION IN MOVEMENT DISORDERS. 2003. Edited by Marc-Andre Bedard, Yves Agid, Sylvain Chouinard, Stanley Fahn, Amos D. Korczyn, Paul Lesperance. Published by The Humana Press. 561 pages C\$270.00 approx.

PEDIATRIC NEUROLOGY. FOURTH EDITION. 2003. By Michael E. Cohen, Patricia K. Duffner. Published by Lippincott Williams & Wilkins. 346 pages C\$41.00 approx.

SENSORY TRANSDUCTION. 2002. By Gordon L. Fain. Published by Sinauer Associates Inc. 288 pages C\$89.00 approx.

THE NEUROSCIENCE OF LANGUAGE. 2003. By Friedemann Pulvermuller. Published by Cambridge University Press. 315 pages C\$47.00 approx.

Book Reviews

NEW TRENDS IN CEREBRAL ANEURYSM MANAGEMENT. ACTA NEUROCHIRURGICA SUPPLEMENT 82. 2002. Edited by Y. Yonekawa, Y. Sakurai, E. Keller, T. Tsukahara. Published by SpringerWien New York. 121 pages. C\$125.00 approx.

The prevalence of saccular intracranial aneurysms varies around the world, but in North America it is about 2% of adults, and the incidence of subarachnoid hemorrhage is approximately one per 10,000 of the same population annually. These numbers indicate that aneurysms are a relatively common medical problem, about twice as common as multiple sclerosis or intracranial glioma, for example.

Up until a few years ago, when faced with a patient with an aneurysm somehow diagnosed prior to rupture, that was just about exactly how we considered the situation: the aneurysm was fortuitously discovered before a rupture. In fact, the best information we had, based on a number of fairly small retrospective studies, was that the annual risk of spontaneous bleeding from that aneurysm in such a patient was in the order of 1 or 2%, although we appreciated that was a general risk, and additional factors, such as aneurysm size, local mass symptoms such as cranial nerve compression, and family history of subarachnoid hemorrhage influenced this risk importantly. And there was no question about the devastating consequences of aneurysm rupture, when it did occur.

The first results of the ISUIA study by Weibers et al published in 1998 (a study in which this reviewer participated in), sent shock waves through the profession, since it suggested that aneurysms less than 10 mm in diameter (and, of course, the majority of aneurysms are) found in patients with no prior history of subarachnoid hemorrhage from an aneurysm elsewhere, had an extremely low risk – estimated in that report to be the famous “one-twentieth of one percent” (0.05 %) annual risk of bleeding. That report also informed

us how morbid surgery for unruptured aneurysms can be, even at experienced centers. The percentage of operated patients disabled in some way by their operation in the mid-teens.

Considering the fact that at least the natural history conclusions from this ISUIA report were based entirely on retrospective information gathered from selected patients – selected to not require or undergo surgery – albeit a large number of them from all around the world, it was surprising how quickly the results were disseminated and even accepted by the medical community. What is not surprising is how swift and aggressive the neurosurgical response was, and this supplement to *Acta Neurochirurgica* is part of that reaction. As it turns out, cautions issued to consider ISUIA's results carefully, and to not necessarily conclude that intact aneurysms are only dangerous if surgeons are allowed to operate on them, were correct. The prospective natural history data from ISUIA, known now for over a year but not yet published at the time of this writing, are quite different from the retrospective. Aneurysms which were 7 mm or greater in diameter ruptured at a rate just under 1% per year in that cohort, even in the absence of prior SAH. Given this is still a selected population, and surgeons had the opportunity of operating on patients they considered to be higher risk, it is quite possible that the spontaneous rupture risk is even higher. So we are back where we started from, in terms of understanding unruptured aneurysms, but things have been interesting in the meantime.

That lengthy introduction might help put this slim volume (121 pages) under review into better perspective. It consists of a series of invited papers, all presented at a Swiss-Japanese Joint Conference on Cerebral Aneurysm Management that took place in Zurich in the spring of 2001. The first and largest of two parts deals with unruptured intracranial aneurysms, and most of the 11 papers argue with the 1998 ISUIA results, countering with information from