PEDIATRIC AIRWAY: CRY, STRIDOR, AND COUGH

By Jenö Hirschberg, Tamás Szende, Peter J. Koltai, and András Illényi
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THIS DETAILED BOOK EDITED BY HIRSCHBERG, SZENDE, KOLTAI, and Illényi presents the results of 45 years of work in the subjective and objective analysis of the pathologic respiratory sounds made by 370 infants and young children. The children were referred to 3 hospitals in Budapest for evaluation of pathologic sound phenomena of respiratory origin. All sounds were preverbal, nonspeech sounds. The case selections were based on the authors' examination of nearly 3000 infants with pathologic sound phenomena. There is no discussion, however, as to how and why the case children were selected for acoustic analysis from this group of 3000 individuals; likewise, there is no discussion if they were selected because they were deemed representative of their condition or whether there was a more random reason for selection, thereby reducing a potential selection bias. The authors have taken care to include a control group of 50 healthy infants but do not indicate how they were selected.

The large period for this study meant inevitable changes to the technology used for sound recording. The authors addressed this problem with a detailed description of the conversion of the earlier original analog recordings to more modern digitized recordings. The authors have gone into painstaking detail to explain the clinical criteria used to diagnose the various medical conditions of the children and have thoroughly covered the genomics of the conditions. They have likewise described the clinical features to an extent that would compare favorably with many comprehensive clinically based books focusing on the diagnosis of the various conditions.

The historical background sets the scene to give a brief but comprehensive review of the quantitative and qualitative analysis of respiratory sounds associated with various difficult conditions. I would have preferred a tabulated summary that grouped the findings of the studies in a more amenable layout. While I praise the detail and care the authors have taken, my main criticism rests on the fact that they make no attempt to evaluate the validity of the sonographic findings as predictors of an established diagnosis. Such a fascinating and exciting study, which implies that the patterns function almost as fingerprints to each condition, would suggest exciting prospects for the use of sonography as a diagnostic tool. The authors explain the high level of skill and training required for the interpretation of sonographic findings. For sonography to become established as a clinically accepted, objective primary or adjunctive diagnostic tool, data must be made available to assess its acceptability, reliability, sensitivity, interpretability, and reproducibility. Unfortunately, nothing in the book suggests that any attempt has been made to calculate interobserver error for skilled sonography assessment. With such a huge amount of information gathered over the years, I would like to see future work by the authors that calculates the sensitivities and specificities of sonography for each clinical condition.

While much care and detail have gone into the descriptions of data collection and diagnostic criteria of the clinical conditions, the inclusion of a single representative sonogram for each clinical diagnosis leaves the reader wondering how representative the patterns are or whether the demonstrated examples are just the best of the bunch. Despite this concern, the examples supplied on the accompanying CD do sound very representative of the conditions. The corresponding sonograms are exceedingly useful in giving a clear picture of how the sounds are represented and complement how sonography patterns are generated.

In essence, *Pediatric Airway* summarizes the sonography findings for cry, stridor, and cough in infants with a range of respiratory diseases. The great detail of the clinical manifestations and diagnostic criteria of the conditions does give the book a clinical feel and likewise may sometimes confuse its purpose. In general, I would like to have seen the book focus more on the direction of the potential use of sonography in the clinical setting rather than on simply providing an overview summary of findings. I look forward to the potential exciting conclusions that could result from this excellent work.

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MASTER TECHNIQUES IN ORTHOPAEDIC SURGERY: PEDIATRICS

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AS THE TITLE SUGGESTS, *MASTER TECHNIQUES IN ORTHOPAEDIC SURGERY: PEDIATRICS* is a 512-page, figure-filled, technique-specific textbook. It focuses primarily on surgical techniques in the lower extremity and spine that are unique to pediatric populations. In general, each chapter focuses on a single technique and its variations. Other than the first 5 chapters, which describe fracture treatment for the upper extremity, all subsequent chapters focus on techniques of the lower extremity (21 chapters) and spine (14 chapters). Several chapters describe newer techniques, such as chapter 17, "Ponseti Technique in the Treatment of Clubfoot," chapter 23, "ACL Reconstruction in the Skeletally Immature Patient," chapter 39, "Growing Spinal Instrumentation," and chapter 41, "Temporary Distraction Rods in the Correction of Severe Scoliosis."

