

## Book report

# Neurological and Neurosurgical Intensive Care, 4th edition

Paul Vespa

Associate Professor of Neurosurgery and Neurology, Director of Neurocritical Care, David Geffen School of Medicine at UCLA, UCLA Medical Center, University of California, Los Angeles, California, USA

Corresponding author: Paul Vespa, [PVespa@mednet.ucla.edu](mailto:PVespa@mednet.ucla.edu)

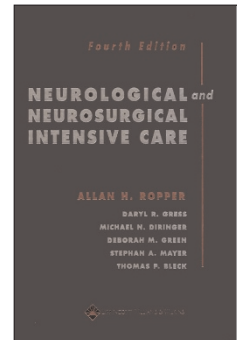
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Ropper AH, Gress DR, Diringner MN, Green DM, Mayer SA, Bleck TP: *Neurological and Neurosurgical Intensive Care*, 4th ed. Philadelphia: Lippincott Williams & Wilkins, 2004. ISBN 0-7817-3196-8. 391 pp. Hardback.



The latest installment of *Neurological and Neurosurgical Intensive Care* by Ropper and colleagues is a well written and concise textbook on neurocritical care. The textbook is aimed at a beginner-level audience and is quite helpful for residents and fellows who are novices in critical care or medical intensivists who need a refresher in the basic principals of neurointensive care. The book is organized into two main parts, the first covering basic principals of neurologic intensive care and the second being problem based, focusing on the most common clinical problems in neurointensive care. The strengths of this textbook, now in its fourth edition, is that all of the basic elements are covered and the reader will acquire a fundamental knowledge upon which to base sound clinical decisions in the management of patients encountered in routine practice. For example, the third chapter deals with the principals of elevated intracranial pressure and outlines the main indications for monitoring, current concepts on treatment options, and the basic tenets of sedation, osmotic therapy, hyperventilation, and the modern use of jugular venous saturation monitoring. Most of the recommendations and discussion in these chapters seem quite reasonable with exceptions. Special topics such as brain death and the persistent vegetative state are also outlined.

Part 2 of the textbook outlines each of the major diagnoses for which neurointensive care is required. Topics such as stroke, brain trauma, subarachnoid hemorrhage, status epilepticus, and Guillain-Barré syndrome occupy a chapter each. In total, 13 main diagnoses are covered quite well. The use of diagnostic imaging and other testing is integrated into the textbook. For example, the modern use of magnetic resonance imaging FLAIR (fluid-attenuated inversion recovery) and diffusion-weighted imaging to diagnose hypoxic-ischemic injury are outlined. In addition, somewhat controversial topics such as the hypothermia protocol for

hypoxia-ischemia are covered. This attempt to review the latest developments and controversies makes this edition of the book much better than previous versions, and will provide even the experienced clinician with a useful update.

An important weakness of the textbook is that specific detail that is crucial to implementation of primary principals is somewhat lacking. For example, the chapter on electroencephalographic monitoring mentions criteria for electrographic seizures in table 8.1, but it stops short of providing visual examples that could better guide the clinician. Another example is the lack of information about intracranial pressure waveforms from monitoring equipment and how they are altered by changes in compliance, and a lack of practical information about other brain monitors (e.g. brain tissue oxygen and microdialysis). Conspicuously absent is a discussion of the controversy surrounding steroids in spinal cord injury. These weaknesses are a manifestation of trying to be too broad and too general.

Nonetheless, this fourth edition remains a standard reference for all beginning neurointensivists and will probably keep getting better with each new edition.

### Competing interests

The author(s) declare that they have no competing interests.