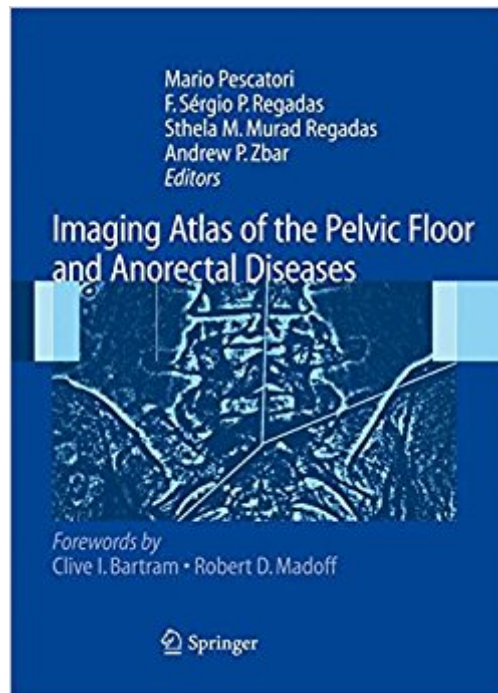




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Imaging Atlas Of The Pelvic Floor And Anorectal Diseases



Synopsis

Imaging is now central to the investigation and management of anorectal and pelvic floor disorders. This has been brought about by technical developments in imaging, notably, three-dimensional ultrasound and magnetic resonance imaging (MRI), which allow high anatomical resolution and tissue differentiation to be presented in a most usable fashion. Three-dimensional endosonography in anorectal conditions and MRI in anal fistula are two obvious developments, but there are others, with dynamic studies of the pelvic floor using both ultrasound and MRI coming to the fore. This atlas provides an easy way to gain a detailed understanding of imaging in this field. The atlas is divided into four sections covering the basic anatomy, anal/perianal disease, rectal/perirectal disease and functional assessment. One of the difficulties with developing an atlas is to strike the right balance between text and images. Too much text and it is not an atlas; too little text and the images may not be understood. The editors of this atlas are to be congratulated on achieving an appropriate balance. The images are all that one expects from an atlas, and the diagrams are excellent. The commentaries at the end of invited chapters are a valuable addition, placing what are relatively short, focussed chapters into context. They add balance and depth to the work and are well worth reading.

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Customer Reviews

Exciting technical advances in US, CT, and MRI over the past decade have greatly enhanced the challenging task of investigating intestinal, pelvic floor, and anorectal function and dysfunction. The

goal of Imaging Atlas of the Pelvic Floor and Anorectal Diseases, edited and authored by internationally respected experts in the field, is to clearly and precisely present indications, techniques, limitations, sources of errors, and pitfalls of these imaging modalities. The concise text expertly describes the abundant, high-quality images that show the normal anorectal anatomy as well as the pathological appearance of the all-too-common large-bowel and pelvic floor functional diseases. The use of radiopaque markers in diagnosing colonic inertia; defecography, 3D US, and MRI in investigating obstructed defecation; 3D US and MRI in differentiating between benign and malignant anorectal neoplasms; CT and MRI in assessing pelviperineal anatomy and identifying pelvic tumors and inflammatory processes; and 2D and 3D US in determining appropriate treatment for fecal incontinence are discussed in depth. One of the atlas's strongest points is illustrating the use of 3D anorectal US with automatic scan in identifying complex anal fistula tracks, staging benign and malignant tumors, and postradiotherapy follow-up. Of particular importance is the description of novel dynamic techniques, such as dynamic transperineal US, in assessing pelvic floor functional diseases. Also importantly, this atlas demonstrates the value of a "team approach" between colorectal surgeons and radiologists for solving complex clinical disorders of the anorectum and pelvic floor.

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