BOOK REVIEW

Managing Failed Anti-Reflux Therapy. FERGUSON M. K., FENNERTY M. B. 196 pp., with ill., New York, NY, Springer-Verlag, 2006. Price : € 109,95.

Although we have very potent medications and very effective surgery to treat gastro-oesophageal reflux disease, we are still faced with a significant group of patients with diagnostic and therapeutic difficult management issues. *Managing Failed Anti-Reflux Therapy*, Edited by Mark K. Ferguson and M. Brian Fennerty seems therefore touching a subject with great interest in the gastroenterological community.

The list of contributors to this textbook is impressive and arises high expectations.

The first chapter by Kahrilas and Pandolfino nicely synthesizes the current knowledge on the pathophysiology of gastro-oesophageal reflux disease. In the next chapter MK Ferguson describes the progress in the medical and surgical therapy of GERD. In the third chapter DA Johnson nicely underscores the importance of measuring outcome of GERD treatment. At this point we miss a chapter on the controversies on the indications for surgical therapy, as this is, from the gastroenterologist's point of view, the crucial point in all management algorithms. The chapter on complications of GERD appeared too vast the encompass in detail all the points to consider and in addition is not really in relation to the title of this book. The following chapters pertain mainly to surgical considerations in terms of technical principles, acute complications, surgical technical and symptomatic failures and indications for oesophagectomy. The management of these post-surgical failures is matter of debate. Finally a chapter on management of alkaline reflux summarizes the knowledge of surgical treatment of duodeno-gastro-oesophageal reflux.

To summarize, I did not find an answer in this book to the crucial questions we have to face almost daily in our clinical practice: When should we consider operating on PPI resistant patients ? Can patients with coexistent dyspeptic symptoms be operated on safely ? What is the role of add on therapy such as baclofen ? Are there any predictors of post-surgical syndromes such as gas bloat and dumping syndrome ? In other words, how can we prevent failure after surgical treatment of gastro-oesophageal reflux and sent the right patients to the surgeon ?

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