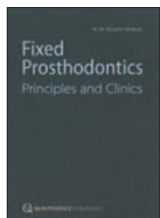


the challenges associated with restoring the worn dentition, the clinical cases demonstrate the stages of management in tooth wear patients from planning to clinical preparation, and laboratory stages to placement of final restorations. The illustrative clinical cases are more specialist in nature and are unlikely to be undertaken by most GDPs but give useful insight into treatment which may be undertaken in a secondary care environment. Overall, the book is a useful adjunct to any dental student or general dental practitioner who wishes to better understand clinical management of tooth wear.

E. Watt

**FIXED PROSTHODONTICS:  
PRINCIPLES AND  
CLINICS**



H. W. Anselm Wiskott  
UK: Quintessence  
price £90.00; pp 768  
ISBN 9781850972082

Written by an American-qualified dentist practising in Switzerland, this is a first edition text, which is comprehensive and easy to read. Although addressed to dental students, it also serves as an excellent resource for postgraduates, general practitioners and those with an interest in restorative dentistry.

The book contains 20 chapters that give the reader a broad summary of fixed prosthodontics and the necessary basic science. Early chapters (1-6) introduce the prosthodontic environment and the oral environment in relation to anatomy, pathophysiology, aesthetic factors, mastication, occlusion, materials and dental structures. Treatment planning is then discussed (chapter 7); the remainder of the book is then organised under the headings 'Pre-prosthetic phase' and 'Prosthetic phase and follow-up'. This layout allows the reader to learn the procedure(s) for the provision of fixed prosthetic restorations sequentially and methodically. In addition to the strategic, operational, and technical levels of prosthodontics, the interdisciplinary relationships between periodontics, orthodontics, operative dentistry and implantology are also discussed under these headings.

Each chapter establishes the relevant scientific background and then builds towards its clinical applications, promot-

ing an understanding of the concepts implemented at each stage of treatment. Both this and the sequence in which the chapters are arranged help introduce the reader to the concepts and terminology in an orderly fashion - something the author aimed to achieve. His vast clinical experience is evident throughout the text, but the style of writing helps simplify the concepts and the clinical stages which less experienced students and young dentists could potentially find difficult.

There are sections that document the historical background of certain topics. Some of these may no longer be clinically relevant, but they can be of interest and show how the profession has evolved should the reader find it appealing.

One of the book's great strengths is its numerous black and white, schematic illustrations which clarify the principles and clinical situations within the text further. Although they are a simplification of reality, they highlight the elements of fixed prosthodontic work in terms of their scientific basis and clinical adaptation. The book also contains radiographs, diagrams, charts, graphs, tables and clinical photographs; perhaps more photographs would be welcome in future editions.

I would highly recommend this reader-friendly book to students, teachers and restorative dentists.

J. Dickie

**MAXILLOFACIAL REHABILITATION:  
PROSTHODONTIC AND SURGICAL  
MANAGEMENT OF CANCER-  
RELATED, ACQUIRED, AND  
CONGENITAL DEFECTS OF THE  
HEAD AND NECK, 3RD EDITION**



J. Beumer III, M. T. Marunick,  
S. J. Esposito  
UK: Quintessence  
price £132.00; pp 468  
ISBN 9780867154986

A well-written, structured and presented text, this book feels comprehensive and solid in your hands. The aim of the authors is to present and discuss the varying and numerous techniques involved in prosthodontics and surgical management of facial defects, providing up-to-date material based on strong evidence and experience. The book is likely to appeal to a readership composed of

prosthodontics specialists, dental technicians, surgeons and those who have a keen interest in facial rehabilitation. As such, I would not recommend this is an undergraduate text.

Ordering the chapters into anatomical locations makes it easy to follow and practical to learn from. At the start of each chapter the supporting and background information is described which refreshes the reader's knowledge and helps to inform the prosthodontic and surgical sections that follow. Summaries at the end of each chapter also help the reader consolidate the main learning points. A strong evidence base is evident, with the supporting references given at the end of the chapter.

A real positive of this book is the number of excellent pictures showing the disease processes, planning and reconstruction phases which are integral and individual to every case. These are vital because maxillofacial rehabilitation is difficult and bland to visualise from text alone, the pictures thus giving weight and enrichment. However, one minor reservation is that the pictures are fairly small, yet one could also argue that the multi-step processes being described would be impossible to arrange on one page if the pictures were much bigger.

It is truly fascinating what is possible to achieve using modern techniques, with large, irregular maxillofacial defects almost made invisible. Indeed, the authors advocate a multi-disciplinary approach to rehabilitation, using prosthodontists, cancer surgeons and oncologists to achieve the best results. All chapters have been revised, reflecting advances over the last few years. To this end, two new chapters - 'Digital technology in maxillofacial rehabilitation' and 'Tissue engineering of maxillofacial tissues' - have been added to the textbook. These chapters are interesting prospects for the future, yet are firmly seated in the specialist field.

In summary, this is a beautifully constructed textbook from start to finish which presents a range of techniques in an accessible and informative manner. A valuable source of referral for anyone involved in maxillofacial rehabilitation, it certainly helps somewhat to diffuse the infamous phrase 'the cure was worse than the disease'.

D. Brierley