

ter that describes healthcare-associated pneumonia. I use the term “obligatory” because of the recently formalized recognition of healthcare-associated pneumonia as distinct from community-acquired pneumonia, and the ongoing controversy about the optimal management of patients with healthcare-associated pneumonia. Unfortunately, there is no introductory chapter on nosocomial pneumonia per se—the focus of the entire book.

Subsequent chapters address prevention, microbiology, pathophysiology, an overall clinical approach, pneumonia due to key pathogens (*Pseudomonas*, *Staphylococcus*, *Acinetobacter*, and fungi), overall management strategies, minimally invasive diagnosis, pneumonia in special populations (trauma and acute respiratory distress syndrome), assessment when treatment response is poor, and recurrent pneumonia. The final chapter addresses costs. These chapters are mostly well executed and thoroughly referenced. Unfortunately, only half of the chapters have any figures or illustrations, some of which, such as an image of invasive aspergillosis, are too grainy to be useful. Others, such as the graphs of antibiotic pharmacokinetic and pharmacodynamic principles, are quite good.

For the most part the authors promote well-accepted and evidence-based concepts about nosocomial pneumonia. The chapter on healthcare-associated pneumonia is sound and draws important distinctions between pneumonia in that population and in other, community-dwelling people. The prevention and pathophysiology chapters are thorough and comprehensive. The chapter on the role of the microbiology laboratory, although focused almost exclusively on ventilator-associated pneumonia, provides a thorough overview of existing data. Including more specific recommendations would strengthen it. I disagree with the book’s unsubstantiated claim that commensal organisms are generally of no pathological importance.

The chapter on clinical approach is an important one, but in my opinion it is too brief and does not adequately address the debate over when invasive or noninvasive diagnostic approaches are preferred. The fact that this topic is covered again in a later chapter is not at all presaged. The chapters on causative pathogens are helpful, although I am puzzled by the inclusion of rather extensive discussions of endemic mycoses (ex-

ceedingly rare causes of nosocomial pneumonia) in the fungal pneumonia chapter.

The chapters on strategies for optimal antibiotic therapy, minimally invasive diagnosis, and poorly resolving or recurrent pneumonia address important and practical clinical concerns. The chapter on the costs of nosocomial pneumonia contains a helpful introduction to cost analysis and uses real-world examples to examine costs and cost savings.

Overall the book holds together reasonably well. There is some unnecessary redundancy in the introductory paragraphs of several chapters, which may be due, in part, to the lack of a real introductory chapter. The chapters on microbial causes break up the logical connection between the chapters on clinical approach and antibiotic treatment. Similarly, the chapters on trauma and acute respiratory distress syndrome fall inexplicably between the chapters on diagnostic techniques and assessment of resolution. The chapters on special organisms and special settings might work best at the end of the book.

Physically, this first-edition text is an attractive, hard-bound, roughly 18 × 25 cm, 296-page book. The cover is glossy, durable, and appropriately dominated by an illustration of a care provider washing his hands. I’m not sure of the symbolism intended by the person in the background viewing the normal chest radiograph (hand-washing prevents pneumonia?). The page stock is thick enough for easy flipping and handling. The font is easy to read and there is effective use of section headers and formatting for emphasis. I did not discover many typographical errors. The author information that should appear on the first page of Chapter 10 was deleted, and Figure 9.1a contains presumably unintended duplicate images of the same computed tomogram. The index is thorough and helpful.

The book has relatively few figures, and I would appreciate more algorithms and flow diagrams, such as in Figures 10.7, 11.2, and 12.1. On the other hand, the references are extensive and well selected.

In summary, this is a useful text that compiles a substantial body of information about nosocomial pneumonia in a convenient source. It should be very helpful to hospital-based physicians, pulmonologists, infectious disease specialists, and intensivists who routinely care for patients with nosocomial pneumonia. It would be useful reading for trainees in those subjects as well. The major

strengths of the book are the authoritative international list of contributors and the clear focus on nosocomial pneumonia. Limitations include the lack of an introductory overview, some redundancy between chapters, the broken-up sequence of chapters, and the paucity of illustrations. I expect to refer to this text frequently over the next year or two, but scientific advances and evolving challenges will soon render much of the content outdated.

**David R Park MD**

Division of Pulmonary and  
Critical Care Medicine  
University of Washington  
Harborview Medical Center  
Seattle, Washington

The author reports no conflict of interest related to the content of this review.

**Autofluorescence Bronchoscopy.** Manfred Wagner and Joachim H Ficker. Bremen, Germany: Uni-Med Verlag. 2007. Hard cover, illustrated, 96 pages, €44.80.

Lung cancer continues to be an important health problem worldwide and has a poor prognosis, mainly because of its biologically aggressive nature and the frequently advanced stage at presentation. Consequently, early detection and treatment might improve prognosis, but diagnosing early-stage lung cancer can be very difficult. Conventional diagnostic methods such as chest radiograph and computed tomography are not effective, and conventional bronchoscopy is sometimes insufficient for the early detection of intraepithelial lesions. Indeed, tumor localization is the most important challenge in early detection of lung cancer in the central airways. Conventional bronchoscopy has only a 30% chance of detecting these cancers, because most of them show only subtle changes of the bronchial mucosa. It is therefore necessary to use more sensitive diagnostic methods for localizing such lesions. Autofluorescence bronchoscopy is an advanced bronchoscopic technique that addresses the limitation of conventional white-light bronchoscopy in detecting intraepithelial and microinvasive or pre-invasive lung cancer lesions of the central airways. Autofluorescence bronchoscopy is more sensitive in detecting both early lung cancer and precancerous lesions such as moderate and severe dysplasia.

The book **Autofluorescence Bronchoscopy** is a well written and authoritative guide

on this topic. Although pocket-sized and just 96 pages, it is comprehensive and provides information about pathological, technical, and clinical aspects of autofluorescence bronchoscopy. The authors are world experts working in important centers in Europe and Japan.

The book has 6 chapters. The first chapter, "Principles of Autofluorescence Bronchoscopy," describes the general features of central type early-stage lung cancer and dysplasia; the need for autofluorescence diagnosis; the development of fluorescence imaging; and the sensitivity, specificity, positive and negative predictive values, and limits of autofluorescence bronchoscopy.

Chapters 2 through 5 describe various autofluorescence systems: Pentax SAFE-3000 (System for Autofluorescence Endoscopy), Olympus Autofluorescence Video-Chip Bronchoscope, Storz D-Light, and the Hemer optical catheter and Wolf DAFE (Diagnostic AutoFluorescence Endoscopy) system. The most complete and longest chapter is Chapter 2, on the evolution of the Pentax system, which describes the equipment and gives practical notes, including on the course of examination, tips, and pitfalls. The main results that have been obtained with these systems are also reported.

Chapters 3 through 5 are devoted to the Olympus, Storz, and Wolf DAFE systems, respectively, and include technical notes, results of clinical trials, and discussion.

Chapter 6, which is a very short review about trends in and the outlook for autofluorescence bronchoscopy, comments on several very common views against autofluorescence bronchoscopy.

This book is addressed to bronchoscopists and interventional pulmonologists, but pulmonologists in general and many physicians of other specialties, such as oncolo-

gists and thoracic surgeons, will also be interested in earlier diagnosis and visualization of the extent of lung cancer. The clarity of the text and illustrations will also provide generalists and medical students with the necessary background to understand the difficulty of early diagnosis of lung cancer and the help that new bronchoscopic technologies could offer.

The writing is concise and easily readable. The book's many high-quality images accurately illustrate precancerous lesions and early-stage cancer identified via autofluorescence bronchoscopy. Images from both white-light and autofluorescence bronchoscopy of a given bronchial area allow comparison of the 2 modalities, and the images immediately show the advantages of autofluorescence. Several clear tables and figures in each chapter will help readers to comprehend the text's arguments. The tables summarize both technical characteristics of the autofluorescence bronchoscopy systems and the clinical study results. The figures explain general principles of tissue fluorescence and illustrate the several components of the different autofluorescence bronchoscopy systems.

The authors demonstrate that the most recent and sophisticated autofluorescence bronchoscopy systems have had the largest impact on diagnostic bronchoscopy in the last several decades.

I have a few minor criticisms. Some sections of the book are repeated. For example, the principles of autofluorescence is the main subject of the first chapter, but with few differences those principles are also reported at the beginning of some other chapters. Analogously, some clinical trials are cited more times in the volume. This problem is probably related to a poor coordination among the various chapter authors. In gen-

eral, there are more technical data than clinical data in most of the chapters. Although the technical data are essential for comprehending the subject, and relatively few trials have been published, the clinical implications and the practical usefulness of this technology don't seem extensively elucidated. For example, the potential contribution of autofluorescence bronchoscopy to a complex field such as lung-cancer screening could have been discussed. Lung-cancer screening is a controversial topic, and cost-effectiveness is the main guide for the use of each diagnostic tool. In several studies, sputum cytology and low-dose spiral computed tomography have been found useful, but no screening strategy has been unequivocally demonstrated to reduce lung-cancer mortality. Autofluorescence bronchoscopy could play a role in selected high-risk patients. Similarly, the usefulness of autofluorescence bronchoscopy in the preoperative evaluation and follow-up of patients with resectable lung cancer to eventually identify synchronous and metachronous cancer could be better described.

Despite those minor limitations, this book is useful, well written, and very helpful in comprehending autofluorescence bronchoscopy, which provides new opportunities for early diagnosis of the world's most common cancer.

**Leonello Fuso MD**  
Respiratory Disease Unit  
Catholic University  
Rome, Italy

The author reports no conflict of interest related to the content of this review.