

cyst and alveolar microlithiasis, which are more “fascinomias” and not practical for the general clinician. Discussion of lung cancer is limited to a section on carcinoma, which does not detail characteristic radiographic differences between small-cell carcinoma, bronchoalveolar carcinoma, and bronchogenic squamous carcinoma. This degree of generalizing of findings has little clinical utility for the pulmonologist, but may be somewhat useful to the general practitioner and possibly to the respiratory technician and nurse.

There is also sparse discussion of pulmonary infections. The only infections included are varicella pneumonia and tuberculosis; there is no discussion of fungal infection. A section on calcified granuloma in the text does even not mention endemic fungi as a possible cause, which is a glaring omission. Also missing is discussion of *Pneumocystis* pneumonia and its unique radiographic findings, and the radiographic findings associated with human immunodeficiency virus, such as pulmonary Kaposi sarcoma or atypical mycobacterial infection. Pneumonia is lumped into the section on lung-consolidation, and there is minimal mention of other presentations beyond focal consolidation. Also missing are images of atypical bacterial infections with diffuse infiltrates. Although varicella pneumonia does produce a somewhat unique radiographic image, it is unclear why other more common viral pneumonias such as influenza are not mentioned.

The text is also frustrating in its lack of consistent discussion of CT. For most of the A-Z items, the radiologic features section provides a generalized, vague description of CT findings, occasionally with CT images, but the coverage is spotty and missing important distinguishing features. For example, the description of the CT findings in lymphangioleiomyomatosis says “numerous random thin-walled cysts of varying size and shape,” but the CT findings of lymphangioleiomyomatosis are more distinctive than that, notably in their diffuse distribution. Similarly, the summary of CT findings in extrinsic allergic alveolitis reads: “progression to the chronic form leads to interstitial thickening, honeycombing, and traction bronchiectasis,” which neglects to mention the predominance of the disease in the upper lobes. Because the focus of this pocket guide appears to be plain radiographs, given the initial primer, the CT bullet-points appear to be an after-thought. There is also

occasional mention of magnetic-resonance-imaging findings, included sporadically, for unclear reasons. The indiscriminate discussion and limited specific information provided makes the text of limited value as a reference for chest CT. The book might have been better without any discussion of CT, rather than such a piecemeal version.

It might also have been best to leave out the sections on management. For the clinician these bullet points lack sufficient detail to be useful; they provide only a simplistic overview, and many are out-dated. For managing chronic obstructive pulmonary disease the book suggests “nebulized ipratropium bromide” and to consider “albuterol infusion.” It neglects to mention long-acting inhaled bronchodilators, which are the mainstay of treatment for advanced disease. The management sections also commonly include diagnostic and prognostic information instead of treatment information. For example, the discussion of mesothelioma management includes “confirm diagnosis with biopsy. Give radiation to biopsy site . . . survival is poor.” It neglects to mention the only treatment for cure, which is surgical resection. For nonclinicians, such as radiologists, these abbreviated key points may be helpful.

Although there is a list of abbreviations at the start of the text, nonstandard terms such as “M C & S” and “NBM” will distract American readers. The book lacks an index; there is only a table of contents for the A-Z headings. No references are cited. Respiratory therapists and nurses may find interesting the management guidelines for the rarer pulmonary disorders for which they do not commonly provide therapy.

Overall, **A-Z of Chest Radiology** functions very well as ready reference book for the novice interpreter of chest radiographs. It serves as a handbook for respiratory therapists, nurses, primary-care practitioners, and physicians in training. It is well organized and structured, with clear illustrations and diagrams, especially in the primer on chest radiograph interpretation. Each A-Z item has bulleted clinical and radiographic findings, which are concisely written and provide key “take-home” points, and the images illustrate those points. The inclusion of a differential diagnosis allows the reader to see similarities in imaging of clinically distinct disorders. The text is not too dense or cluttered; the pages are nicely laid out. I would recommend this guide to the apprentice interpreter of chest radiographs but not

to an experienced radiologist or pulmonologist.

Martha E Billings MD

Division of Pulmonary
Critical Care Medicine
Department of Medicine
University of Washington
Seattle, Washington

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

Management of Acute Pulmonary Embolism. Stavros V Konstantinides MD, editor. Foreword by Samuel Z Goldhaber MD. *Contemporary Cardiology* series, Christopher P Cannon MD, series editor. Totowa, New Jersey: Humana Press. 2007. Hard cover, illustrated, 271 pages, \$149.

Acute pulmonary embolism is a common and complex medical condition that, as stated in this book’s foreword, “causes dread among physicians and patients.” Its symptoms are nonspecific, diagnosis is difficult and requires a high degree of suspicion, and treatment is often controversial. Understanding the nuances and controversies when diagnosing and treating pulmonary embolism is critical for providers in both the in-patient and out-patient settings. **Management of Acute Pulmonary Embolism**, edited and written by the world’s foremost experts on venous thromboembolism, is a remarkably readable and thorough summary of the diagnosis and treatment of pulmonary embolism. This text would be an excellent reference tool for medical students, residents, fellows, physicians, nurses, respiratory therapists, primary-care providers, and subspecialists.

This medium-sized text contains many well-done tables and figures, including flow diagrams, color micrographs, and photographs. The 3 main sections, Diagnostic Approach to the Patient With Suspected Pulmonary Embolism, Treatment and Secondary Prophylaxis of Venous Thromboembolism, and Specific Aspects, each consist of several chapters. The chapters are concise, easy to find in the text, and an ideal kind of reference to use when wanting some immediate knowledge relating to a current clinical problem. Each chapter concludes with a detailed but not overwhelming reference list.

The section on diagnosis covers crucial topics, including clinical probability scor-

ing tools, the utility of D-dimer testing, chest imaging, leg-vein evaluation, and risk stratification with echocardiogram. Each chapter appropriately discusses the limitations and pitfalls of diagnostic modalities. For example, the chapter on D-dimers accurately describes why D-dimer testing should be performed only when clinical suspicion of pulmonary embolism is low. There is a nice discussion of modalities other than compression ultrasonography (such as contrast computed tomography, and magnetic resonance venography) for detection of deep venous thrombosis. This section also presents 2 elegant diagnostic algorithms for pulmonary embolism: one for hemodynamically stable patients, the other for hemodynamically unstable patients. These are presented as flow diagrams for rapid reference and are also systematically discussed in the text.

The second section on therapy includes a chapter on anticoagulation, with both unfractionated heparin and low-molecular-weight heparin; the caveats to using low-molecular-weight heparin, such as renal failure and severe obesity, are reviewed. Following the heparin chapter is a discussion of thrombolysis in pulmonary embolism, which is a particularly controversial issue. The debates on thrombolysis are presented fairly and openly, without bias, and the lack

of robust evidence for using thrombolysis outside of pulmonary embolisms that cause hypotension or severe hypoxemia is appropriately mentioned. The section on therapy for pulmonary embolism also discusses management of patients with hemodynamic collapse from pulmonary embolism, special approaches to pulmonary embolism treatment (such as surgical embolectomy), and there is a separate chapter on novel anticoagulants.

The third and final section covers special topics, including hereditary and acquired hypercoagulation disorders, pulmonary embolism in other medical conditions (such as pregnancy and cancer), and chronic thromboembolic pulmonary hypertension. The chapter on venous thromboembolism associated with air travel answers some commonly asked questions. Like the entire book, these chapters are concise, accurate, and easy to read.

There are a couple of limitations to this text. First, it does not contain any patient cases to provide examples of diagnostic and treatment modalities. In my opinion this doesn't necessarily detract from the text, but some readers may find it disappointing. Second, there is no discussion of the epidemiology of pulmonary embolism or of primary prophylaxis. For example, you will

not find information about how to provide prophylaxis to a patient who is having a knee replacement. In fairness, however, the title **Management of Acute Pulmonary Embolism** implies that primary prophylaxis was not intended to be within the book's scope.

Overall, this book is an outstanding reference and teaching tool, and I highly recommend it. It is very clear that the editor and authors put extensive effort into the text. I think it summarizes the data in the literature extraordinarily well and appropriately points out where data are lacking and further studies are needed. I will certainly keep this book in my reference library and will use it both as a refresher when I encounter a complicated case of pulmonary embolism and as a guide for preparing brief didactic sessions for medical students, residents, and fellows.

Renee D Stapleton MD
Department of Pulmonary
and Critical Care
University of Vermont
Burlington Vermont

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