

Ventilatory Support for Chronic Respiratory Failure. Nicolino Ambrosino, Roger S Goldstein, editors. *Lung Biology in Health and Disease* series, volume 225, Claude Lenfant, executive editor. New York: Informa Healthcare. 2008. Hard cover, illustrated, 640 pages, \$249.99.

This is the 225th volume in the well-known and respected series *Lung Biology in Health and Disease* series, edited by Lenfant, a former Director of the National Heart Lung and Blood Institute of the National Institutes of Health. I am usually hesitant to review books from this series, as these tomes tend to be dense and difficult to read. Not so in this case! I enjoyed reading it and learned some new facts and approaches.

The book has 9 sections, 45 chapters, and 75 authors. Having so many authors has benefits and liabilities. In this case the positive is that there are representatives from around the globe, which leads to a very nice comparison of the different approaches to long-term ventilation in different countries. The usual down side of multi-author books is that differences in writing and organizational style can make the reading somewhat difficult, but in this book I did not find this a problem. Overall, about this book I would say that "more is more."

The editors did an excellent job of organizing a difficult topic. Ventilatory support for chronic respiratory failure is a broad topic that encompasses everything from weaning from invasive ventilation after a prolonged intensive-care course, to noninvasively managing patients with chronic neuromuscular disease, to treating chronic obstructive pulmonary disease with intermittent ventilation and pulmonary rehabilitation. The 9 sections are logical and appropriate for the topic. On small criticism about the sections is that, although they are identified in the table of contents, there is no visual or physical division in the book. I found myself looking back to the table to figure out if I had moved to a new section.

Some of the shorter chapters I wished were longer. For example, Vitacca's chapter on weaning protocols (a very important topic, on which there has been much research in the past 10 years) is only 4 pages long, including references. It is well written, but I would have liked more graphics and comparisons between the studies. Although all of the chapters were helpful information-wise, there were several that stood out for me. Epstein prepared the chapter on

the epidemiology and natural history of prolonged ventilation. He elegantly summarized and compared the numerous studies on the topic in a beautiful table that includes survival outcomes in individuals on prolonged ventilation. I also very much enjoyed the chapter on pulmonary rehabilitation by Field; it is very well organized and presents a thoughtful explanation of an approach and techniques physical therapists can use with ventilated patient in the intensive care unit.

The chapter by Rochester, on transcutaneous muscle stimulation for individuals with respiratory failure and muscle weakness, particularly chronic obstructive pulmonary disease, presents novel ideas and data.

Occasionally there is some content overlap between the chapters (eg, Chapters 18 and 24 had similar discussions about NIV interfaces), but less than I have seen in similar books.

Overall, I highly recommend this book for respiratory therapists, nurses, physicians, and other providers, to learn about invasive and noninvasive long-term ventilation. I will keep it readily accessible on my bookshelf at work.

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Allergy and Asthma: Practical Diagnosis and Management. Massoud Mahmoudi DO PhD, editor. New York: McGraw-Hill. 2008. Soft cover, illustrated, 385 pages, \$43.15

Weighing in at less than 400 pages, and with a width of about 1.5 cm, this is one of the sleekest allergy textbooks available. An electronic version is available at <http://www.mobipocket.com>. The typeset of the paper version is easy to read, and the text is arranged in 2 columns per page. There are meaningful tables, figures, and flow charts in every chapter, which translate quite well into the electronic version. The book is intended for a broad audience, including medical students, primary and specialty physicians, nurses, and allied providers. There

are unique chapters that would interest many allergists as well. The book addresses the common traditional topics of asthma, allergic rhinoconjunctivitis, contact and atopic dermatitis, urticaria/angioedema, food and latex allergy, anaphylaxis, and venom hypersensitivity. It also has chapters on less common conditions, such as immunodeficiency, hypersensitivity pneumonitis, and allergic bronchopulmonary aspergillosis. The chapters on sick-building syndrome, pseudo-asthma, and complementary medicine may interest allergists. The chapters on therapy cover antihistamines, glucocorticoids, immunotherapy, monoclonal anti-immunoglobulin E, environmental control measures, and bronchodilators.

The clinical topics reflect the "bread and butter" of an allergy and asthma practice and are arranged in the easy-to-follow, standardized Lange series format, which consists of: definition, classification and epidemiology; pathogenesis; clinical symptoms and diagnosis; management; and related literature. This format works extremely well, although I wish the chapter on history and physical examination was larger and combined with the chapter on diagnostic tests, as they are excellent chapters that deserve more space. Often people have symptoms in several body systems, and the flow-chart in the wonderful chapter on cough lays the groundwork for the chapters on specific topics.

Asthma is covered in 6 chapters (pediatric, adult, exercise-induced, occupational, pregnancy, and pseudo-asthma), which give a very comfortable platform for managing most asthma. The chapter on pseudo-asthma will be much appreciated when initiating the investigation of an alternative diagnosis. The flow-volume loop from a patient with vocal-cord dysfunction leaves a lasting visual impression. Some of the chapters reference the 2002 National Heart, Lung, and Blood and Institute asthma guidelines, and readers should consult the more recent, 2007 guidelines (<http://www.nhlbi.nih.gov/guidelines/asthma/asthsumm.htm>), which provide a programmed diagnostic approach and updated information on asthma management.

The chapter on allergic rhinitis has a very useful figure and table that describe a step-wise treatment approach, which puts the various treatment options in perspective. Specific recommendations are, naturally, subject to differences in opinion. This book recommends topical azelastine for mild

asthma, but other sources (eg, Clinical Medicine Consult 2008, <http://www.clinicalmedconsult.com>) recommend that azelastine be considered for moderate and severe asthma, in conjunction with nasal steroids. This book also recommends immunotherapy for severe asthma, but the world health initiative on allergic rhinitis group (Allergic Rhinitis and its Impact on Asthma [ARIA] guidelines (<http://www.wheai.org>) indicate that immunotherapy may be appropriate for moderate or even mild asthma. Doses and detailed information on the nasal medications discussed can be found in databases such as Epocrates (<http://www.epocrates.com>) or Pepid (<http://www.pepid.com>). The “Is It Allergy?” Web site (<http://www.isitallergy.com>) provides detailed instructions on in vitro allergy testing, laboratory locations, and test codes (<http://www.isitallergy.com/knowforsure/allergytesting/orderthetest.html>).

Allergic skin disease can frustrate patient and provider. An example of the clinical pearls you’ll find in this book is the suggestion that a topical calcineurin inhibitor is a first-line agent for the early signs and symptoms of atopic dermatitis. Another is dosing topical corticosteroids with “fingertip units.” Using the body map that displays the distribution of rash can help narrow the list of possible contact allergens. Readers will often refer to the recommended diagnostic tests and treatment plan for chronic idiopathic urticaria. The suggested articles on urticaria in the section on evidence-based medicine will help providers better counsel patients.

The chapters on food, insect, latex, and drug allergies continue to dispense pearls and useful clinical tools. There is a food cross-reactivity chart that counsels parents on the probability of clinical reaction to related foods. Providers are instructed to retest patients who raise high clinical suspicion of venom hypersensitivity if the first set of tests are negative. A sample modified latex “glove-use” test is described, because in vitro immunoglobulin latex tests are the only commercially available tests. Radiocontrast pretreatment and drug desensitization protocols are also provided.

Also included are discussions on less common allergy and asthma topics, such as hypersensitivity pneumonitis, effects of pollution, immunodeficiency, human immunodeficiency virus (HIV), and complementary medicine. The table on hypersensitivity pneumonitis antigen is helpful for review

for examinations. The table on immunodeficiency lists typical infections that occur with a given dysfunction and the appropriate laboratory tests. In our community, primary HIV care is not typically provided by allergists, so the chapter that overviews HIV is appreciated. The chapters on complementary medicine make the case for not sidelining this aspect of patient care. A table lists the mechanisms of, symptoms addressed by, and adverse effects of common medicinal herbs. There are even chapters on serum sickness, complement disorders, and geriatrics.

I am amazed how the authors and editor covered so much material in this relatively small book. Clear organization and writing partially explain this feat. Assessing the relative contributions of allergy, infection, structural abnormalities, and nonallergic conditions to a patient’s symptoms is a core diagnostic goal in allergy care, and is facilitated by the material and tools in this text. I am already looking forward to the second edition!

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Airway Management in Emergencies.

George Kovacs MD and J Adam Law MD. New York: McGraw Hill Medical. 2008. Soft cover, illustrated, 298 pages, \$69.95.

The management of airway emergencies has, unfortunately, become somewhat of a battlefield among specialties. In my hospital the disciplines of anesthesia, emergency medicine, and pulmonary critical care all vie for control of the emergency airway. But airway emergencies occur in various settings, so practitioners in several specialties encounter patients with airway difficulties. If a clinician is not equipped with the knowledge base and skills to rapidly assess and control airway problems, disaster can rapidly ensue. Many textbooks that deal with the emergency airway are geared toward a specific specialty or are too basic to be useful to a particular specialty. It is refreshing, then, to read **Airway Management in Emergencies**, which will be appreciated by a very broad audience.

This book evolved from the manual from a one-day airway course for Canadian emergency physicians. The book lends itself to reading in its entirety, unlike texts used primarily as occasional references. The content is general enough to appeal to nurses, medical students, respiratory therapists, and general practitioners, yet the details are deep enough to hold the interest of specialists such as anesthesiologists. I read it a month, before returning to the operating room to refresh my intubation skills, and felt as if I had recently completed a short but rigorous airway course.

The chapters progress in a relatively conventional fashion, beginning with basic techniques and airway physiology/anatomy, and progressing to direct laryngoscopy, alternative intubation techniques, difficult airways, rescue oxygenation, and special emergencies. The chapters all begin with a “Key Points” section, which, surprisingly (since these sections often lack substance), pack in useful details and practical points. Interspersed through the chapters are realistic clinical vignettes, which highlight particular airway concerns. These concerns are explored fully, with frequent reference back to the clinical scenarios. One of the more impressive features of the text is the numerous photographs and illustrations, which are detailed and extremely useful. The authors incorporate fluoroscopic images, photographs of real and simulated intubation, photographs of equipment, and step-by-step illustrations of technique.

The first 4 chapters lay a solid foundation for assessing the airway and making the decision to intubate, and stress the commonly overlooked importance of the bag-valve-mask. Chapter 2, “Definitive Airway Management: When is it Time?,” sets the tone for the rest of the text; it presents 5 complex but realistic cases in which we must decide whether to intubate. Bulleted text highlights the most pressing indications for intubation, but Kovacs and Law are careful to emphasize that the decision to intubate incorporates several clinical variables, including the potential for later clinical deterioration. This is a particularly important perspective, which, in my own practice I have found challenging to explain to medical students, residents, and nurses, who often want a concrete answer to the question “What are the indications for intubation?” Kovacs and Law go a long way toward explaining how nuanced airway problems can be, and in the case-review section at the end