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Books, Software, and Other Media

Oxford American Handbook of Pulmonary Medicine. Kevin K Brown MD, Teofilo Lee-Chiong MD, editors. New York; Oxford University Press. 2009. Soft cover, 900 pages, $42.95.

The **Oxford American Handbook of Pulmonary Medicine** provides a succinct summary of important topics in pulmonary and critical care medicine. It is primarily geared toward pulmonary and critical care physicians, and it can serve as a great resource for pulmonary fellows and medical residents. Shortly after I received it for review I took it with me on clinical rounds for a test run. Despite its 900 pages, it was sufficiently small to fit comfortably in my coat pocket. I found it easy to navigate for specific topics regarding patient care, it was easy to read, and I found the boxed items particularly concise reference guides.

The authors aimed to provide a general summary of pulmonary medicine topics and some basic aspects of critical care medicine. The handbook is divided into 4 sections: Clinical Presentations, Clinical Conditions, Supportive Care, and Practical Procedures. The sections have anywhere from 10 to 34 chapters. The first section provides a systematic approach to evaluating the most common pulmonary signs and symptoms, including dyspnea (in all patients and in pregnant or postoperative patients), cough, hemoptysis, respiratory failure, pleural effusion, parenchymal disease (including alveolar hemorrhage and pulmonary infiltrates in both immunocompetent and immunocompromised patients), and sleep disorders. The chapter on pleural disorders, however, did not clearly present the traditional Light criteria (pleural fluid protein/serum protein ratio > 0.5, pleural fluid lactate dehydrogenase [LDH]/serum LDH ratio > 0.6, pleural fluid LDH $>$ two thirds the upper limit of the laboratory's normal serum LDH) or modified criteria (pleural fluid protein > 2.9 g/dL, pleural fluid cholesterol > 45 mg/dL, pleural fluid LDH > 0.45 times the upper limit of the laboratory's normal serum LDH) that are currently used in clinical practice to distinguish exudates from transudates. The preoperative assessment section is a very useful reference for evaluating surgical patients; however, it would benefit from additional information regarding preoperative assessment of lung cancer patients and evidence-based clinical practice guidelines for evaluating lung cancer patients being considered for resection surgery.

The second section provides a very useful reference for specific clinical conditions. The chapters on asthma and COPD are comprehensive, include recent expert-based and evidence-based guidelines on diagnosis and management, and have reference charts and illustrations that are easy to read. The chapter on pneumothorax provides a very easy to read flow-chart algorithm for managing pneumothoraces. In the chapter on pulmonary thromboembolic disease, box 32.1, which summarizes the Wells criteria, requires revision. Using the modified Wells criteria, 4 points makes a pulmonary embolus likely if any of the following are met: 3 points for symptoms of deep venous thrombosis and no alternative diagnosis better explains the illness; 1.5 points for tachycardia with pulse > 100 beats/min, immobilization of 3 days, or surgery in the previous 4 weeks, or history of deep venous thrombosis or pulmonary embolism; and 1 point for hemoptysis or malignancy.

The chapter on lung cancer presents the 6th edition of the TNM (tumor, nodes, metastases) classification for non-small-cell lung-cancer staging, but acknowledges that the 7th edition is forthcoming. The chapter on interstitial lung diseases was easy to read and provides a succinct review. The chapter on vasculitis and the lung also provides very useful summaries. The chapter on altitude sickness, though accurate, would benefit from including consensus criteria for the diagnosis of chronic mountain sickness and high-altitude pulmonary hypertension. The last two sections and the appendix contain very useful and practical information, and summarize quite nicely the essential acid-base formulas and provide easy-to-follow steps for determining acid-base disturbances. I also found the computed tomograms of thoracic anatomy a quite useful, quick visual reference.

Overall, I believe this handbook reaches what it sought to achieve: a practical, succinct reference guide for the practicing pulmonary physician. The book is easy to carry and read; I found no typographical errors; the figures are also very easy to read; the boxes and tables provide very useful, concise summaries; and the table of contents and index are easy to navigate. Although an online or mobile-device version would make the information more accessible, I plan to keep my paper copy in my coat pocket.

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Paediatric Bronchoscopy. Kostas N Priftis, Michael B Anthracopoulos, Ernst Eber, Anastassios C Koumbourlis, Robert E Wood, editors. (*Progress in Respiratory Research* series, volume 38. CT Bolliger, series editor.) Basel, Switzerland: S Karger. 2010. Hard cover, 212 pages, $188.

Pediatric bronchoscopy is a relatively young procedure that has rapidly evolved over the past 30 years into a fundamental diagnostic tool in the evaluation of respiratory disease in children. The first flexible fiberoptic bronchoscope small enough to be useful in infants and children was introduced in 1980, roughly the same time that pediatric pulmonology emerged as a distinct subspecialty in pediatrics. Over the subsequent 3 decades, flexible fiberoptic bronchoscopy matured as a technique and is now indispensible in pediatric clinical practice and research, and is a core competency required of pediatric pulmonary medicine trainees around the world. It is also used by pediatric anesthesiologists, otolaryngologists, and critical-care physicians as an adjunctive diagnostic tool, and it requires skilled assistance from pediatric respiratory therapists and nurses. **Paediatric Bronchoscopy**, the 38th volume in the *Progress in Respiratory Research* series, is a first-edition review and the first English-language review dedicated exclusively to bronchoscopy in children.

The editors' stated goal is to present a state-of-the-art review, rather than a traditional textbook. To accomplish this aim the editors assembled an international group of

recognized experts in the field to author 19 chapters that are divided into 3 sections: techniques and technical issues; airway anatomy and abnormalities; and flexible bronchoscopy for specific clinical conditions. Although the international authorship, with a predominance of European authors and editors, led to some spellings that differ slightly from those used in the United States, this 212-page text is easy to read, very well organized, and carefully edited. Each chapter is comprehensively referenced with up-to-date publications that support its contents. In addition, contact information for the primary author of each chapter is provided at the conclusion of the reference section of each chapter. The target audience is pediatric pulmonologists and otolaryngologists, particularly pediatric pulmonary medicine trainees and those new to fiberoptic flexible bronchoscopy. It will also serve as an excellent review for respiratory therapists who assist in the procedure.

A major strength of this text is the large number of high-quality photographs and illustrations throughout. The editors did a particularly good job of including excellent photographs of both normal anatomy and examples of the vast majority of both common and unusual entities. Furthermore, this text includes access to an innovative online repository of 48 high-quality videos of normal and abnormal anatomy. These are particularly useful to the clinician or assisting technologist new to flexible bronchoscopy, because common dynamic airway abnormalities (eg, tracheomalacia and laryngomalacia) can be difficult to appreciate from still photographs.

The first chapter, authored by Bush, provides an excellent overview of the rationale and indications for bronchoscopy in children with undiagnosed respiratory disease. Subsequent chapters in the first section detail pediatric bronchoscopic procedures, the clinical and research indications, and the necessary equipment. The chapter on currently available bronchoscopes and image acquisition and processing equipment will be very useful to clinicians and therapists who wish to establish new or modernize existing pediatric bronchoscopy programs. One chapter thoroughly reviews medications and monitoring protocols that reflect the current internationally recognized standard of care for sedation and anesthesia in pediatric bronchoscopy, and potential complications. The chapter on rigid bronchoscopy and the frequent references to rigid bronchoscopy throughout the text, are quite useful. Although rigid bronchoscopy is typically performed by otolaryngologists, flexible and rigid bronchoscopy are often complementary, so the pediatric pulmonologist must understand both.

Bronchoalveolar lavage indications and conduct as a technique to rule out lower-airway or alveolar infection is nicely reviewed. However, a limitation of this chapter is the relative paucity of data or opinion on bronchoalveolar lavage in immunocompromised children to diagnose opportunistic infections. For instance, there is little discussion of the strengths or weaknesses of evolving molecular approaches (eg, polymerase chain reaction or galactomannan assay) for diagnosing pulmonary fungal disease in immunocompromised children. Furthermore, there is little discussion about the diagnosis of pulmonary nodules in immunocompromised children, which is a relatively common problem in tertiary-care centers. Two chapters are dedicated to the discussion of specialized and more invasive procedures, including endobronchial and transbronchial biopsies, and endobronchial ultrasound. Although these procedures are currently performed primarily in adults, when the equipment is further improved and miniaturized, it is likely that their utility in children will increase.

An excellent chapter discusses the indications for and performance of flexible bronchoscopy in the intensive care unit, with a review of the safety issues, including the potential detrimental effects on ventilation during bronchoscopy through an established endotracheal tube. Wood authored a very practical review of the whole-lung-lavage technique, which is a potentially life-saving non-bronchoscopic method to clear excessive proteinacious debris, and which pediatric pulmonologists, intensivists, anesthesiologists, and respiratory therapists may be asked to assist with in the management of children with alveolar proteinosis.

The second section includes chapters on normal airway anatomy and congenital and acquired airway abnormalities in children. Overall, these chapters are well written and illustrated and will be very useful to pulmonary medicine trainees. However, the photographs of lower-airway lesions are of much higher quality than the photographs of upper-airway lesions.

The final section reviews the utility of bronchoscopy in the management of various important specific clinical conditions, specifically, atelectasis, plastic bronchitis, suppurative lung diseases such as cystic fibrosis and primary ciliary dyskinesia, endobronchial tuberculosis, and lung-transplant recipients. These well written chapters should prove useful to trainees and experienced clinicians alike. The final chapter is an eloquent review of the history of flexible fiberoptic bronchoscopy in children, authored by Wood, the "father" of pediatric fiberoptic bronchoscopy.

The primary intended audience seems to be pulmonary medicine and otolaryngology trainees, although experienced pulmonologists will also find many chapters quite useful. The book is also well suited for respiratory therapists and nurses who assist in pediatric fiberoptic bronchoscopy. The text is succinct, well organized, and has high-resolution photographs throughout, which will provide any interested clinician an excellent and efficient introduction to or review of the art of pediatric flexible fiberoptic bronchoscopy.

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Paediatric Intensive Care. Peter Barry, Kevin Morris, Tariq Ali, editors. (*Oxford Specialist Handbooks in Pediatrics* series.) Oxford: Oxford University Press. 2010. Soft cover, 896 pages, $79.50.

Paediatric Intensive Care is a concise yet broad-based, fundamental resource for those encountering critically ill children. The book is well suited for its target readership, which is stated to include primary pediatricians, emergency-department staff, pediatric intensive-care trainees and consultants, anesthetists, nurses, and paramedics.

The editors "aimed to provide a comprehensive, practical guide to the care of the critically ill child, both on an intensive care unit and in other clinical areas…. It is a book to be picked up to find answers to specific problems and for guidance on how to manage specific issues." The book does indeed fulfill these objectives exceptionally well.