

Lung Transplantation. Nicholas R Banner, Julia M Polak, and Magdi H Yacoub, editors. Cambridge, United Kingdom: Cambridge University Press. 2007 paperback reissue of 2003 edition. Soft cover, illustrated, 412 pages, \$70.

Despite increasing demand from patients and physicians, and the widespread acceptance of lung transplantation as the “final” treatment for end-stage lung diseases, very few books have been devoted solely to the subject. For this book the editors assembled an impressive group of experts from around the world to cover a wide array of lung transplantation topics, and the book gives a good overview of both the basic science and the practical aspects.

The book’s layout is clear and easy to read, the content and titles allow the reader to locate information easily. With the exception of discussing bronchial complications under the chapter on imaging, the book is very well organized.

Part I of this book provides detailed discussion of various lung diseases, including their genetics, epidemiology, pathogenesis, pathophysiology, histology, and medical and non-transplant surgical therapies. Nine chapters cover most of the major lung diseases, including pulmonary hypertension, emphysema, alpha-1 antitrypsin deficiency, bronchiectasis, cystic fibrosis, and diffuse lung disease. There is one chapter on lung pathology. It may appear unusual that almost a third of a book on lung transplantation is devoted to other lung diseases, but this information is crucial to physicians involved in the first part of a successful transplant, which is patient selection. Through its description of underlying lung diseases, how to assess disease severity, prognosis, and alternative treatments, the book provides the necessary framework of when to refer a patient and at what stage of disease to consider lung transplantation.

The overall information is comprehensive and generally up to date, with the exception of the information on medical therapies for pulmonary arterial hypertension, for which there has been a new therapy almost every year, and it is almost impossible to stay current without a monthly literature search. The impact of newer therapies (eg,

endothelin receptor antagonist, inhaled prostanoïd, and combination therapies) on the timing of transplantation is being evaluated, so readers will need to consult the most recent journal literature for the best and latest answers.

Part II discusses lung transplantation. There is a good discussion on patient-selection guidelines, including glimpses of different transplant practices in different countries. The discussion on types of transplantation is very informative yet concise, and the chapter on anesthesia and immediate postoperative care is very well written, with plenty of practical information for those who take care of post-transplant patients. The book also provides a comprehensive review of long-term transplant management, and the chapters on immunological graft injury, immunosuppression, and post-transplant complications will be especially useful for those interested in the basic science behind post-transplant drug therapies or who manage transplant patients. In particular there is considerable coverage of common complications such as cytomegalovirus and other infections, although some readers may want a more detailed discussion of the less common treatments for chronic rejection, such as inhaled cyclosporine and photophoresis.

There is an excellent review of transplant pathology and a detailed discussion of various psychological issues in pre-transplant and post-transplant patients. I wanted to see more information on the relatively new lung allocation system for organ distribution, adopted in the United States in May 2005, indications for and evaluation of living donor (lobar) transplant, and the role of induction therapy at the time of transplant. Some readers may find it confusing that the discussion on airway complications such as bronchial stenosis and dehiscence is in the chapter on imaging. Bronchial stenosis and dehiscence are common after transplantation, and readers would benefit from more detail on the detection and management of this problem.

Part III introduces several areas of possible future advances, including tissue engineering, xenotransplantation, and artificial lung. These chapters offer great insights into the exciting world of cutting-edge re-

search and provide enough details for a good understanding of the techniques and difficulties of these potential applications. This is the first book I am aware of that has put together these very diverse subjects in one place, written in a way that most readers will understand. Those interested in transplants will find this part enjoyable and thought-provoking.

Overall the book is comprehensive enough to benefit a wide range of readers. Pulmonologists and intensivists who care for transplant patients will find information useful in their day-to-day practice, and nurses can look up concise discussions on complications their transplant patients may have, although the basic-science part may be a little excessive for most. Respiratory therapists will find the chapter on anesthesia and intensive care quite useful, especially the section on management during the post-implant phase of surgery. The rest of the book provides a good reference for lung-transplantation topics for almost anyone interested in the subject.

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Emergencies in Respiratory Medicine.

Robert Parker, Catherine Thomas, and Lesley Bennett, editors. *Emergencies In* series. New York: Oxford University Press. 2007. Soft cover, illustrated, 371 pages, \$39.95.

The “ABCs” mantra for emergency care illustrates the importance of airways and breathing in treating critically ill patients. **Emergencies in Respiratory Medicine** covers both aspects of assessing and managing acute illness as well as acute exacerbations of chronic conditions. As an emergency physician, I was excited to review this book.

The book has 6 sections: “Presentations,” “Clinical Scenarios,” “Acute Respiratory Conditions,” “Chronic Respiratory Condi-