

Pulmonary Hypertension. Marc Humbert and Joseph P Lynch III, editors. *Lung Biology in Health and Disease* series, volume 236, Claude Lenfant, executive editor. New York: Informa. 2009. Hard cover, 400 pages, \$249.95.

Pulmonary Hypertension, edited by Humbert and Lynch, is volume 236 in the long-standing *Lung Biology in Health and Disease* series. This series had last addressed the topic of pulmonary hypertension 12 years ago. In the interim there have been major advances in the biologic understanding of the disorders, and the number of medications used for treatment has expanded. This volume is a timely addition to the pulmonary hypertension literature. The stated goals are both to provide up-to-date information about pulmonary hypertension pathobiology and treatment and to stimulate directions for further research.

The intended readership is largely clinicians caring for complicated pulmonary hypertension patients and researchers interested in mechanism of disease. Respiratory therapists in general do not have as extensive a role in caring for these patients as they do in other lung diseases because pulmonary hypertension does not primarily involve the airways or alveoli. However, respiratory therapists are involved in assessment of resting and exercise oxygenation.

The chapter authors come from Europe, North America, and South America. The volume has 7 sections: classification, epidemiology, pathobiology, pathogenesis, and genetics; imaging and diagnosis; clinical disorders; medical treatment; atrial septostomy and surgery; difficult pulmonary hypertension; and end-points and clinical trials. The chapters and sections can be read either individually to glean information about a single topic, or sequentially like a textbook.

The authors are recognized experts in their fields. The material is well selected and organized, although it lacks a chapter on pulmonary hypertension in left-heart disorders. Almost all of the individual chapters present detailed information and have extensive reference lists that are quite up to date, but of course don't mention some of the most recent clinical studies, since the field is progressing so rapidly. The chapters

are generally concise (10–15 pages) and readable. When read through as a textbook there is a degree of repetition in the chapters on epidemiology, diagnosis, and treatment. However, if the chapters are accessed individually, then repeating such information in each chapter does become useful.

The quality of the information presented is excellent. Some chapters stand out. The chapter on pathology contains excellent color plates of the histology of the pulmonary vessels. The discussion on the pathogenesis of pulmonary hypertension organizes a wealth of information that is otherwise spread through multiple primary sources. The discussion of prostaglandin treatment is detailed and has a very useful table that summarizes the results of treatment trials. The discussions of pediatric disease and pulmonary hypertension during pregnancy cover especially difficult areas of treatment.

I would have preferred to see additional discussion of adaptive mechanisms in the right ventricle to pressure and volume overload, more uniform use of abbreviations, larger representations of radiographs, more echocardiograms, additional cross-referencing between chapters, and inclusion of clinical trial results in tables in the treatment chapters that discuss endothelin receptor antagonists and phosphodiesterase type-5 inhibitors.

This edition will be a useful reference for many years for clinicians who regularly or intermittently care for pulmonary hypertension patients. The importance of the information to respiratory therapists depends on how often they are involved in evaluating pulmonary hypertension patients.

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The author has disclosed no conflicts of interest.

Chronic Obstructive Pulmonary Disease Exacerbations. Jadwiga A Wedzicha and Fernando J Martinez, editors. *Lung Biology in Health and Disease* series, volume 228, Claude Lenfant, executive editor. New

York: Informa Healthcare. 2009. Hard cover, 456 pages, \$249.95.

Under the executive editorship of Claude Lenfant, former director of the National Heart, Lung, and Blood Institute of the National Institutes of Health, the "White Books" series, *Lung Biology in Health and Disease*, now comprises more than 230 volumes. Since the 1978 publication of the first book in the series devoted to COPD, edited by Petty, there have been more than a dozen volumes dealing with this disorder. This is the second one devoted wholly to COPD exacerbations, the first having been edited by Siafakas, Anthonisen, and Georgopoulos and published in 2004. That another complete monograph on this aspect of COPD should be needed after just 5 years illustrates both the volume of work being done in the field and its importance in respiratory medicine.

This book's editors are internationally respected authorities on COPD exacerbations. They have recruited 80 contributors from 10 countries, with the largest number (30) coming from the United Kingdom. Aspects of the topic are addressed in 6 general subject sections: definitions, epidemiology, and differential diagnosis; mechanisms and pathophysiology; the impact, management, and prevention of exacerbations; and issues for the study of COPD exacerbations. The 37 chapters are mostly uniform in organization and typically 10–12 pages in length, with most citing 30–50 references and incorporating relatively few figures and tables.

In the preface the editors write, "For this book, we have assembled international experts, both clinicians and scientists with an interest in COPD exacerbations, to review critically the current literature and provide up-to-date reviews on the various issues as well as highlight the many controversies and bottlenecks in the study of exacerbations." This is thus a book on the *study* of COPD exacerbations, whose contributors review the available evidence in their respective areas. It is not their purpose to tell the reader how they think exacerbations should be managed. As a result, in most chapters the "bottom line" is a series of statements about what the studies have shown, which fall short of direct guidance for the clinician faced