

## BOOK REVIEWS

## CLINICAL MYCOLOGY

Edited by Elias J. Anaissie, Michael R. McGinnis,  
and Michael A. Pfaller. 608 pp., illustrated.  
New York, Churchill Livingstone, 2003. \$145.  
ISBN 0-443-07937-4.

THE DIAGNOSIS AND TREATMENT OF IN-  
vasive fungal infections are no longer relegat-  
ed to a few experts at academic medical centers. On  
the contrary, the increasing incidence of such in-  
fections has made it crucial that a broad spectrum  
of clinicians become knowledgeable about them.  
Moreover, the emergence of infections caused by  
fungi other than candida or aspergillus species un-  
derscores the need for clinicians to be well versed  
in the signs and symptoms, the appropriate diag-  
nostic tests, and the treatment of a range of these  
infections.

The editors of *Clinical Mycology*, who have them-  
selves made substantial contributions to the renais-  
sance in clinical mycology, enlisted an impressive  
group of investigators in order to create this text-  
book. The exceptional strength of the book is that  
all the authors are known not only for their basic  
research, but also for their clinical expertise. This  
dual expertise is evident in the clarity with which  
each chapter is written.

The opening chapters set the stage for this ex-  
ceptional book. After an impressive array of color  
plates, the epidemiology of invasive fungal disease  
is clearly outlined by Pfaller and Wenzel. The data  
presented in the brilliant chapters on the pathogen-  
esis of fungal infections (by Cole) and on the immu-  
nology of these infections (by Harrison and Levitz)  
should form the cornerstone for the determination  
of risks and the treatment of invasive fungal disease  
now and in the future.

Every chapter provides not only clinical pearls,  
but also the rationale for these pearls. The chapter  
on antifungal therapy (by Revankar and Graybill)  
provides a historical perspective. It contains excel-  
lent discussions of testing for susceptibility to anti-  
fungal agents and an appropriate perspective on  
combination therapy — a treatment strategy that is  
still in its infancy, with little more than anecdotal data  
to support it. Two new agents, voriconazole and  
caspofungin, which were licensed within months

of the publication of this book, and other drugs  
now in the pipeline are discussed in this chapter,  
but they receive only limited notice in the chapters  
on the treatment of specific diseases.

The chapters on individual pathogens and dis-  
eases are comprehensive. The discussion of fungal  
infections that can develop subsequent to hemato-  
poietic-cell transplantation, however, is limited. This  
problem accounts for a considerable proportion of  
invasive mold infections. Patients who become in-  
fected with fungi after hematopoietic stem-cell trans-  
plantation have a high mortality despite treatment,  
and the coexisting conditions that are common in  
these patients affect the tolerability of antifungal  
agents. Nevertheless, this deficiency does not dimin-  
ish the overall usefulness of this book. *Clinical Mycol-  
ogy* is definitely a “must read” or, at least, a “should  
have on hand” for all clinicians, pathologists, and  
microbiologists involved in the care of any of the  
growing number of patients who are susceptible to  
invasive fungal disease.

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MUCOCUTANEOUS MANIFESTATIONS  
OF VIRAL DISEASES

Edited by Stephen K. Tyring. 574 pp., illustrated. New York,  
Marcel Dekker, 2002. \$195. ISBN 0-8247-0450-9.

SINCE THE 1980S, HUMAN IMMUNODEFI-  
ciency virus (HIV), viral hepatitis, infection with  
the Ebola and Marburg viruses, and the threat of  
smallpox have had a major effect on world health.  
The increasing rate of travel to and from both eas-  
ily accessible and remote regions of the world, the  
growing number of medically compromised per-  
sons, and the increasing prevalence of previously  
unknown or rare viruses have had a considerable  
effect on clinical practice. Thus, this easy-to-read  
book on viruses is timely and fills a void for prac-  
titioners everywhere. The editor of the book, Dr.  
Stephen K. Tyring, a leader in the field of cutane-  
ous manifestations of viral diseases, has authored  
or coauthored six of the chapters.

In general, each of the 23 chapters is well written and concise. The first two chapters, which introduce the topics of cutaneous virology and cutaneous resistance, will permit clinicians to master the basic concepts of 21st-century virology and viral immunology. Each of the succeeding 21 chapters focuses on one family or species of viruses. The layout of each chapter is user friendly and tailored to the visual as well as the traditional learner. Complex immunologic mechanisms are made clear.

Each chapter begins with a definition of the virus under consideration, followed by a short history and a discussion of the incidence, pathogenesis, and clinical manifestations of the viral disease. Each chapter contains excellent charts and diagrams illustrating the geographic distribution, the taxonomy, and the mechanism of transmission, including host, vector, and animal reservoirs. Tables enhance the concise but comprehensive clinical data and summarize the clinical manifestations, differential diagnoses, key distinguishing features, and treatment. A reference list of useful articles appears at the end of each chapter.

The extensive collection of color photographs is the highlight of this book. For example, the chapter on human herpesvirus 8 illustrates in vivid color not only a dozen clinical presentations of Kaposi's sarcoma but also other conditions that should be considered in the differential diagnosis. The chapter on poxviruses illustrates excellent examples of smallpox and also examples of vaccination-site reactions, localized dissemination, autoinoculation of vaccinia, and eczema vaccinatum.

*Mucocutaneous Manifestations of Viral Diseases* is a clearly written and well-illustrated single-volume textbook. It is ideal for hospitalists, dermatologists, infectious-disease specialists, pediatricians, internists, and family practitioners.

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#### OPPORTUNISTIC INFECTIONS: TREATMENT AND PROPHYLAXIS

By Vassil St. Georgiev. 545 pp. Totowa, N.J., Humana, 2003.  
\$135. ISBN 1-58829-009-3.

**T**HE CHALLENGES IN WRITING A BOOK about opportunistic infections parallel the complexities of treating a patient who is at risk for

such infections. Traditionally, a team of specialists takes on these therapeutic challenges, just as collaborating authors write most of the textbooks about these infections. However, medical care of the immunocompromised patient has increasingly engaged clinicians in primary care or outpatient settings. Information that highlights the basis of treatment needs to be made rapidly available to the busy practitioner in a way that a ponderous book cannot achieve. *Opportunistic Infections* attempts to fill this need.

That the book emphasizes evidence over opinion in its recommendations for treatment is its particular strength. Another strength is the presentation of novel data that elucidate mechanistic associations among host, pathogen, drug, and disease. The book is especially useful in its presentation of pharmacokinetic and pharmacodynamic assessments of new drugs. Certain sections of the book refer to investigational drugs, appropriately reflecting the state of the art in the treatment of many of these infections. Recommendations for treatment and prophylaxis are preceded by overall statements and followed by approaches specific to the broad classes of immunocompromised hosts.

It is inevitable that, if written by a single author, a book on this complex subject will reflect the author's interests and strengths. This 545-page book dedicates more than 300 pages to the fungal pathogens, as compared with 40 pages to the more widespread viral pathogens. The bibliography provided for hyalohyphomycosis, for example, runs to an impressive 582 references, whereas 97 references are presented for tuberculosis. As a consequence, the reader will need to supplement this book on treatment approaches with others that cover additional pathogens and the syndromes they cause, such as hepatitis C and posttransplantation lymphoproliferative syndrome.

Evidence of drug efficacy from clinical trials is presented alongside data from in vitro and animal models. For some of the infections covered in this book, especially those that are rare or that require alternative approaches in specific subgroups of patients, published evidence may have limitations if used as the sole basis for treatment recommendations. Depending only on published data could, for example, highlight older agents even when treatment standards have evolved or when evidence supporting changes is slow to accumulate in the literature. Furthermore, the exclusion of treatment guidelines based on collective, multi-institutional

expert opinion may provide an incomplete perspective, when the basis of such guidance may be as valid as individual case reports of efficacy. The treatment recommendations for endogenous candidal endophthalmitis, for example, ignore consensus guidelines regarding the use of fluconazole (Rex J, et al. Practice guidelines for the treatment of candidiasis. *Clin Infect Dis* 2000;30:662-78).

Equal emphasis on all types of evidence or, alternatively, inconsistency in ascribing importance to similar evidence may not provide the balance needed to guide treatment, especially when little clinical perspective is provided. For example, although the book concludes that “lack of . . . effect . . . virtually precludes . . . azole(s) in the treatment of aspergillosis,” it lists clotrimazole as a treatment for pulmonary aspergillosis and excludes voriconazole, for which similar anecdotal evidence of efficacy existed at the time of the book’s publication. The five-paragraph discussion on anecdotal reports of the efficacy of clotrimazole, without mention of caspofungin (shown to be efficacious in 56 patients with no other treatment options), shows that even recommendations based on published evidence are susceptible to the influence of individual perspective. That the early evidence of efficacy for both voriconazole and caspofungin is supported by the recent literature also illustrates the challenge of writing contemporaneous guidelines for these infections.

The experienced clinician may find this book a useful compendium that summarizes treatment and prophylaxis options and that is a ready source of references to the literature. As a companion to a standard authoritative textbook, the book fulfills its goal of guiding clinicians in the care of immunocompromised patients who have opportunistic infections. The nature of its subject matter and the availability of other sources of information, such as online journals and hand-held computers, require that a book such as this, which highlights novel drug-efficacy data, be updated frequently.

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The opinions expressed in this review do not necessarily reflect those of the Food and Drug Administration.

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## NOTICES

Notices submitted for publication should contain a mailing address and telephone number of a contact person or department. We regret that we are unable to publish all notices received. Notices also appear on the Journal’s Web site (<http://www.nejm.org/meetings>). The listings can be viewed in their entirety or searched by location, month, or key word.

### RADIOLOGY/IMAGING

The following meetings will be held: “The International Skeletal Society Annual Meeting and Course” (San Francisco, Sept. 17–20); “Mt. Sinai 2003 Update: Breast” (New York, Oct. 10–12); “Mt. Sinai 2003 Update: Cardiovascular MR-CT Imaging — State of the Art” (New York, Oct. 13 and 14); “Mt. Sinai 2003 Update: Brain, Spine, Neurovascular, and ENT Imaging” (New York, Oct. 15–19); “23rd Comprehensive Review of Vascular and Interventional Radiology” (San Diego, Calif., Oct.); “27th Annual San Diego Postgraduate Radiology Course” (San Diego, Calif., Oct. 27–31); “Breast Imaging Update” (San Diego, Calif., Nov. 3–6); and “Emergency Radiology” (New York, Nov. 13–16).

Contact Wendy Ryals, Ryals and Associates, P.O. Box 380, Springville, AL 35146; or call (205) 467-3158; or e-mail [info@ryalsmeet.com](mailto:info@ryalsmeet.com); or see <http://www.ryalsmeet.com>; or fax (205) 467-3199.

### NEW ENGLAND EDUCATIONAL INSTITUTE

The “20th Annual Cape Cod Summer Symposia,” 30 different week-long symposia for mental health professionals, will be held in Cape Cod, Mass., through Aug. 22.

Contact New England Educational Institute, 92 Elm St., Pittsfield, MA 01201; or call (413) 499-1489; or fax (413) 499-6584; or e-mail [educate@neei.org](mailto:educate@neei.org); or see <http://www.neei.org>.

### ROOSEVELT ISLAND HISTORICAL SOCIETY

The Roosevelt Island Historical Society is seeking physicians who worked on the New York City island as students, interns, and residents to learn about their experiences. The island was known as Welfare Island until 1973.

Contact Judith Berdy, Roosevelt Island Historical Society, 575 Main St., Roosevelt Island, NY 10044; or call (212) 688-4836; or e-mail [rooseveltislandhistory@usa.com](mailto:rooseveltislandhistory@usa.com).

### OCCUPATIONAL SAFETY AND HEALTH EDUCATION AND RESEARCH CENTER

The following courses will be offered in Chapel Hill, N.C., unless otherwise indicated: “Lead Inspector” (Refresher Course, Aug. 21); “Lead Risk Assessor” (Refresher Course, Aug. 22); “Supervising Asbestos Abatement Projects” (Refresher Course, Sept. 3); “Sampling and Evaluating Airborne Asbestos Dust (NIOSH 582)” (Sept. 15–19); “Comprehensive Industrial Hygiene (CIH) Review Course” (Sept. 22–26); “Supervising Lead Abatement Programs” (Oct. 13–16; Refresher Course, Aug. 20); and “Building Inspection and Management Planning for Asbestos” (Oct. 20–24; Refresher Course, Sept. 4).

Contact Occupational Safety and Health Education and Research Center, University of North Carolina, 3300 Hwy. 54 W., Chapel Hill, NC 27516-8264; or call (888) 235-3320 (national) or (919) 962-2101 (North Carolina); or fax (919) 966-7579; or e-mail [oshercww@sph.unc.edu](mailto:oshercww@sph.unc.edu); or see <http://www.sph.unc.edu/osherc/>.