David O. Warner, M.D., Editor

Oh's Intensive Care Manual, 5th edition. Edited by Andrew D. Bersten, Neil Soni. Burlington, MA, Butterworth Heinemann, 2003. Pages: 1,173. Price: $79.95.

Critical care textbooks seem to cohort themselves into pocket "quickie" references, soft-cover manuals, and exhaustive tomes. The fifth edition of *Oh's Intensive Care Manual* breaks the mold by combining elements of all three. Although Professor Teik Oh turns the major editing efforts of this edition over to the able hands of Professor Bersten and Dr. Soni, the basic principles of this expanded soft-cover text are closely maintained. As promised, the authors and editors provide ". . . lucid and easily read information that will assist in the practical management of diseases and problems in the intensive care unit." The latest edition has been significantly revamped with 16 new chapters that address advances and evolving challenges in critical care medicine, such as biologic terrorism, broader coverage of the various causes of shock, and care of compromised parturients and children.

The *Intensive Care Manual* is somewhat uniquely divided into 17 sections ranging from basic organizational aspects of critical care through organ-specific discussions to specialized topics such as pharmacology, transplantation (although there are no specific comments on kidney or pancreas transplantation), and pediatrics. Eighty-nine experts predominantly from Australia, Hong Kong, and the United Kingdom supply state-of-the-art commentary in 104 chapters that average approximately 10 pages (range, 6–50 pages) with approximately 25–75 references each. References as recent as early 2002 are presented but are not meant to be exhaustive and tend to include select sentinel pieces, state-of-the-art commentaries, and those that support recent advances or discuss evolving or controversial topics. Radiographs, figures, and tables are of high quality and fine resolution, and the index is adequate. The book also has eight helpful appendices that cover the gamut from normal laboratory values and therapeutic parameters to physiologic equations to severity of illness scores. Appendix 5, which has the entertaining title Plasma Drug Concentrations and American Nomenclature, facilitates bilingual translation for those purchasing the text here or abroad. Interestingly, Appendix 8 includes tables of several recognized outcome scoring systems, but Acute Physiology and Chronic Health Evaluation and Injury Severity Scores are not included and are discussed only within the text. Some of the terminology used in this book will not be familiar to the American reader, and some topics unique to the U.S. trainee or practitioner such as Health Information Portability and Accountability Act regulations guiding confidentiality and personal health information are not covered.

The chapters in which I knew little or have forgotten much educated me, whereas the chapters that covered areas of day-to-day practice tended to be concise, with a common-sense approach to pathophysiology, diagnosis, and therapeutic interventions. For example, the chapter on acute myocardial infarction was well written, with a clear discussion of the evolution of ischemia/plaque rupture (including diagnostic nomenclature) buttressed by informative graphics, logical therapeutic algorithms, and evidence-based tables. The chapters that contained topics within my areas of greatest experience/expertise were, for the most part, also well done. Surprisingly, the chapter on sedation, analgesia, and neuromuscular blockade did not include the most cogent recent guidelines from the Society of Critical Care Medicine[1,2] and did not address characteristics of specific agents such as the indications/contraindications to suxamethonium (American translation: succinylcholine). Furthermore, suxamethonium is not listed in the index, nor is the use of this drug directly addressed in the chapter on burns. The chapter on meningitis did not include the latest information on the use of steroids in adult patients with bacterial meningitis,[3] and the airway chapter would have benefited from inclusion of the American Society of Anesthesiologists difficult airway algorithm and Web site reference.[4] However, some of the newer additions, particularly the expanded chapter on echocardiography and discussions of bioterrorism and multiple organ dysfunction syndrome were quite worthwhile.

Suggestions for future editions include a bit tighter line editing (there are a fair number of misspellings), inclusion of a table of abbreviations at the beginning of some chapters (particularly the chapter on mechanical ventilation), the addition of an individual chapter on genomics, and an expanded chapter on general radiography in the critically ill that could be readily combined with the fine new presentation on chest radiology. Finally, to keep the text up to date between editions, consideration should be given to on-line access of new and updated references presenting cutting-edge material.[5]

Despite some shortcomings, this is an excellent book that I would recommend as an addition to the library of students, trainees, and practitioners. In fact, reviewing this text has kindled our interest in comparing student impressions and poststudy knowledge base after reading various popular intensive care unit manuals. Presentations in the *Intensive Care Manual* are basic enough to educate the student new to the complex intensive care unit world but of sufficient breadth and depth to be worthwhile for the busy experienced clinician.

Douglas B. Coursin, M.D., University of Wisconsin, Madison, Wisconsin. dcoursin@facstaff.wisc.edu

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(Accepted for publication July 1, 2003.)

Clinical Transesophageal Echocardiography: A Problem-oriented Approach, 2nd edition. By Steven N. Konstadt, Stanton Shernan, Yasu Oka. Philadelphia, Lippincott Williams & Wilkins, 2003. Pages: 452. Price: $199.00.

The use of transesophageal echocardiography (TEE) has increased dramatically over the past few years, and it is now the standard of care for most cardiac surgical interventions. With the introduction of guidelines for certification by the National Board of Echocardiography (Raleigh, North Carolina) and the ability to become board certified in this subspecialty, there is an increasing demand for specialized education and training in the optimal utilization of perioperative TEE. Whereas most of the standard echo literature refers to the transthoracic approach used by cardiologists, this book deals exclusively with the use of TEE in the perioperative period. The editors have combined ele-

ments of two earlier books (Oka and Goldiner[1] and the first edition of this work[2]) and produced an up-to-date review of perioperative echocardiography. It includes the special considerations of modern surgical techniques and of recent technical advances in echocardiography equipment. For example, the authors have integrated new surgical procedures such as minimally invasive aortic repair, and the many pictures in the book consist almost entirely of multiplane TEE views.

The 28 chapters are organized into three sections: (1) Basic Principles, (2) Clinical Applications: Fundamental Concepts, and (3) Problem-oriented Case Discussions: Application of the Fundamental Concepts to Clinical Scenarios. As the title indicates, this book clearly focuses on the clinical aspects of TEE. The first 60 pages about basic principles are more of an introduction to the topic than an in-depth review. The novice reader will need to consult other works for adequate background knowledge. Despite this limitation, the section includes an excellent overview on emerging technologies in echocardiography, such as contrast and three-dimensional echocardiography. It also contains a thorough discussion about the safety of intraoperative TEE, with an extensive review of the current literature.

The second section describes how to systematically evaluate the different anatomical structures. In this part, one can find an excellent description of the echocardiographic evaluation of prosthetic valves, a challenging task even for the most experienced clinicians. Many pictures of valvular dysfunction and 18 case reports aid the understanding of potential problems in these patients. However, some of the material is redundant, with discussions of similar topics in the problem-oriented chapters in the third section of the book. For example, later chapters contain five more examples of valvular dysfunction. Given that different authors have contributed the different chapters, differences in approach are often noticeable.

The unique third section of the book features a selection of frequently encountered clinical situations in which basic knowledge is transferred into clinical practice. Some of the information presented here can otherwise be difficult to find and frequently requires the consultation of several journal articles. Here, the topics are combined with multiple case reports covering many of the common problems that one is likely to encounter in and outside of the operating room. The section starts with the use of echo for the evaluation of cannulas, catheters, intraaortic balloon pumps, ventricular assist devices, and occluders. The chapter about considerations in patients with congestive heart failure or hemodynamic instability includes case reports where TEE is used for differential diagnosis while performing cardiopulmonary resuscitation. In the basic and problem-oriented chapters, many pictures and diagrams on the assessment of the aorta help one to understand the challenges one is likely to encounter when evaluating aortic dissection and aortic atherosclerosis. The specific echo considerations for patients undergoing surgery for hypertrophic obstructive cardiomyopathy and endovascular stent grafting of the aorta are included in the problem-oriented section. There are also case discussions on echocardiography in patients with left ventricular pseudoaneurysm or cardiac trauma. The section ends with a chapter on the special problems of patients undergoing lung transplantation and their echocardiographic evaluation.

This edition is clearly structured and introduces some new tools to help the reader focus on important elements. A new feature is a list of key points that follows each chapter and summarizes the most pertinent information. At the end of each chapter, there is also a comprehensive list of references that includes the most recent literature up to the year 2002. The authors have marked suggested readings in bold letters. One weakness of the book is that the index could have been better cross-referenced. For example, there are separate but unlinked entries for *pulmonary arterial catheter* and *Swan-Ganz catheter*.

In summary, this second edition is aimed at both the novice and the experienced practitioners of TEE, including the basics of echocardiography as well as answers to specialized clinical questions. For each clinical situation, the book explains the role of TEE in the decision-making process and highlights the essentials of a relevant TEE examination. The book contains information essential to clinical practice and preparing for the Perioperative Echocardiography Examination of the National Board of Echocardiography. I highly recommend it.

Jutta Brechmann, M.D., Ph.D., St. Luke's Roosevelt Hospital Center, Columbia University, New York, New York. jbrechmann@chpnet.org.

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(Accepted for publication January 23, 2004.)