Michael J. Avram, Ph.D., Editor

Organ Transplantation: A Clinical Guide.

Edited by Andrew A. Klein, M.B.B.S., F.R.C.A., Clive J. Lewis, Ph.D., Joren C. Madsen, M.D., D.Phil. New York, Cambridge University Press, 2011. Pages: 386. Price: \$135.00.

Ever since the first successful human kidney transplant on identical twins in 1954, solid organ transplantation has made tremendous advancements in surgical technique. Concurrent with this, less toxic antimicrobial therapies and, more importantly, less toxic immunosuppressive therapies have become available. Because of these advancements, transplant recipients are living longer, with a better quality of life. As the life expectancy of transplant patients increases, physicians and other healthcare workers can expect to see more of these patients in their practices, for both surgical and nonsurgical medical care. A general understanding of solid organ transplantation and stem cell transplantation is imperative for today's practicing clinician.

In each of its eight sections, Organ Transplantation: A Clinical Guide provides clinical information and guidance on a specific area of transplantation. The first section includes a historical introduction to transplant followed by a detailed description of immunological principles, including mechanisms of action, clinical effectiveness, clinical application, toxicity, and side effects. The first section ends with a broad overview of the major short-term and long-term complications facing organ transplant recipients. Sections two through seven discuss adult and pediatric heart, lung, liver, kidney, other abdominal organs (pancreas, intestine), and other types of transplants (face, stem cell, corneal). Section eight is the concluding chapter and covers legal and operational frameworks of transplantation in the United States, United Kingdom, and Europe. Each section is thorough and presented by experts in the respective field. The text includes helpful discussions related to recipient and donor selection, preoperative management, management during surgery, postoperative care, and early complications. Important topics involving the evaluation of living donors, brain death donors, and organ donation after cardiac death are also discussed.

There are multiple features that make this clinical guide unique. First, the book is written from a straightforward clinical perspective in such way that both clinicians and anyone involved in the transplantation process, even the general public, would be able to understand and benefit from it. Second, the book provides enough pertinent preoperative and

Copyright © 2013, the American Society of Anesthesiologists, Inc. Lippincott Williams & Wilkins. Anesthesiology 2013; 118:472-3

postoperative clinical information and detail that it could be considered a go-to guide for those working in the surgical theater as a strong review of various transplantation techniques. Understanding and knowing what early and late complications to expect are paramount to providing good care. As a new cardiac anesthesiologist and critical care fellow who is personally involved perioperatively and postoperatively, this book has become the first resource I use when I am in need of a clinical refresher of a respective transplantation procedure. Overall, *Organ Transplantation: A Clinical Guide* provides a concise but comprehensive clinical review of all aspects of transplantation.

As organ transplantation continues to progress and outcomes continue to improve, as they have since the first successful kidney transplant, everyone who works in health care will be involved with these patients' care at some level. Whether one is interested in a broad overview of the transplantation process, a detailed description of the most common expected complications, or what to expect perioperatively, this book is an effective reference. The size of the book is concise and compact and makes a good office reference, but it is too large to be considered a lab-coat style reference. The clinicians who would likely benefit the most from this clinical guide are residents, fellows, and new attendings.

Shane M. Gillespie, M.S., D.O., Mayo Clinic, Rochester, Minnesota. gillespie.shane@mayo.edu

(Accepted for publication October 10, 2012.)

Central Pain Syndrome: Pathophysiology, Diagnosis, and Management, Second Edition. Edited by Sergio Canavero, M.D.; Vincenzo Bonicalzi, M.D. Cambridge, United Kingdom, Cambridge University Press, 2011. Pages: 396. Price: \$ 99.00

Central pain syndrome is a neurological condition caused by damage or malfunction in the central nervous system. Management of central pain syndrome is extremely challenging for both patients and physicians alike because the extent of pain and the areas affected are related to diverse pathological conditions, including trauma, spinal cord injury, tumors, stroke, multiple sclerosis, Parkinson disease, or epilepsy. Pain is either localized to a specific part of the body or may affect the whole body. Burning pain is the most common symptom, but patients may also report symptoms, such as pins and needles, pressure, lacerating, aching, and extreme bursts of sharp pain. Pain is typically constant, may be moderate to severe in intensity, and is often made worse by touch, movement, emotions, and temperature or weather changes.

Since the first description of central pain after thalamic stroke in 1906 by Dejerine and Roussy, significant progress has been made in the neurological mechanisms, diagnostic methods, and therapeutic strategies for the treatment of central pain syndrome. *Central Pain Syndrome: Pathophysiology, Diagnosis, and Management, Second Edition*, is an extremely informative book that synthesizes the most up-to-date research advancements to guide clinical practice. On the basis of the success and reviews of the first edition published 5 yr earlier, the authors have updated the contents, expanded the scope, and completely reorganized the text in this second edition of the book.

There are several distinctive features of this book that expand its utility. First, it provides the fundamental knowledge and skills required to understand and diagnose central pain syndromes (sections 1 and 2). The authors have made it easy and interesting to navigate through the various elements of central pain and its diagnosis by using well-designed tables that capture the core of relevant studies. Second, evidencebased treatment strategies are presented in chapters that are highly synthesized, succinct, and easy to read (section 3). Patients are placed in the center of evidence-based practice and the focus is clinical application of high-quality research findings. Details of a large number of individual studies are clearly tabulated for easy reference. The book provides an excellent means to balance the need of clinicians to quickly grasp key points of important clinical topics and the desire of the inquisitory mind to critically assess the scientific

merits of the evidence presented in the literature. Third, significant efforts to elucidate mechanism-based therapeutic interventions are made whenever possible. For this purpose, the pathophysiology of central pain syndromes (section 4) is discussed in the context of therapeutic interventions. Erroneous theories of central pain syndrome are challenged with clinical observations that are inconsistent, or incompatible, with these theories (Appendix). Fourth, in contrast to some books with many contributors, this book, written by two Italian authors with expertise in neuromodulation, maintains consistency in content, style, and format throughout and provides a coherent presentation of the current status of the understanding and treatment of central pain syndrome. For these reasons, we highly recommend this book to those who are interested in the management and/or research of central pain syndrome. As practicing pain physicians and investigators, we believe Central Pain Syndrome: Pathophysiology, Diagnosis, and Management is an outstanding book on this topic and provides the most comprehensive and updated information in the field. The authors are to be commended for this significant contribution to the field of pain medicine.

Jianguo Cheng, M.D., Ph.D.,* Lokesh Ningegowda, M.D., Pasha Saeed, M.D., Rick Rosenquist, M.D. *Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, and Cleveland Clinic Pain Medicine Fellowship Program, Cleveland, Ohio. chengj@ccf.org

(Accepted for publication October 26, 2012)