

BOOK REPORT

Acute Exacerbations of Respiratory Diseases

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Steven Sahn: *Acute Exacerbations of Respiratory Diseases*. New Delhi: Jaypee Brothers Medical Publishers, 2012, 196pp., ISBN 978-9-3502-5267-3

This is an interesting monograph pulling together into one volume disparate pulmonary diseases that have in common only that they are primarily pulmonary and may present with acute exacerbations. The chapters cover the primary diseases chronic obstructive pulmonary disease (COPD), asthma, pulmonary fibrosis, bronchiectasis, idiopathic pulmonary fibrosis, sarcoidosis, hypersensitivity pneumonitis, lung transplantation and drug-induced respiratory disease. The chapters tend to be concise, easy to read and with nice case presentations to underscore specific principles of management. There is no uniform structure to all the chapters, but they all tend to include pathophysiology, diagnosis and treatment. Given that these different processes have profoundly different time courses in which the acute phase may be from a few hours to several weeks, the overall flow of the volume is solid. References are current and focused. Figures, though sparse, are good and to the point. This volume will be of interest primarily to resident and fellow trainees, practicing internists and pulmonologists. The scope is too broad and the size too small to be of practical use to most transplant physicians, critical care physicians and immunologists.

A few of the chapters deserve special interest. The first chapter on COPD is very well documented for evidence-based recommendations. However, it only briefly mentions acute respiratory failure and then mentions primarily face mask non-invasive ventilation and not mechanical ventilation. Since this is the most common acute exacerbation of lung disease to require ventilatory support and since mechanical ventilation of such patients is problematic, some discussion on mechanical ventilation would have been useful. For example, the next

chapter on asthma addresses specific mechanical ventilatory problems with that select patient group. The chapter on idiopathic pulmonary fibrosis is the specific interest of Dr Sahn and the quality of the discussion reflects this seasoned level of expertise. The final lecture on drug-induced lung disease is very complete in terms of listing potential drugs causing various pathological processes. This chapter is potentially the most useful for its separation of drugs according to specific pathological processes. On a minor note, Table 6-1, relating to sarcoidosis, includes a drug dosing error that is probably a typographical error. The table lists prednisone 20 to 40 mg/dl when the authors probably meant 20 to 40 mg/d. This is not a serious error because one could not order prednisone as a concentration without also defining a dose. In summary, this volume is a useful overview of all the potential acute exacerbations of the major types of lung disease that may present to a pulmonary clinic or emergency department. It will be of primary interest to out-patient internists and pulmonologists as well as trainees looking to acquire an overview of these fields.

Abbreviations

COPD, chronic obstructive pulmonary disease.

Competing interests

The author(s) declare that they have no competing interests.

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