the complex critical-care patient population has progressed rapidly in the past 2 decades. Thus, the infectious disease information database with which those who are practicing critical care medicine are obliged to be familiar continues to expand.

For some time, there has been a relative "literature void" with respect to books focusing on infection among patients in the intensive care unit (ICU). The well-regarded encyclopedic infectious disease textbooks often do not provide sufficient depth on this topic or the required ICU perspective. Numerous handbooks on ICU care are available that address fundamental concepts, but these texts also lack the required scope and depth. The value of new literature in these areas needs to be measured by its ability to fill this niche and to be readable for the diverse practitioners who work in ICU practice.

*Infectious Diseases in Critical Care Medicine* is, therefore, an important addition to the literature because it focuses on the common and less-common infections encountered in ICU practice today. It is formatted as 43 chapters by single or multiple authors (both infectious disease specialists and non–infectious disease specialists) and is divided into 4 major sections, which discuss general concepts, clinical syndromes, special problem areas, and therapeutic considerations.

The section on general concepts has separate chapters on fever and sepsis syndrome plus a very broad chapter on physical diagnostic signs and laboratory testing. Each chapter provides valuable insights and well-referenced "pearls" that direct differential diagnosis synthesis. A brief chapter on outbreak investigation is an excellent primer for the less-experienced clinician.

The clinical syndrome section is a comprehensive, detailed presentation of common and less-common infections, organized by anatomic site. The subsections on hospital-acquired pneumonia, infective endocarditis, and intra-abdominal infection are particularly well organized and instructive. The 5 chapters that are dedicated to "mimics" of sepsis (infective endocarditis, CNS infection, pneumonia, and intra-abdominal infection), provide an excellent ICU perspective due to the high prevalence of comorbidities in the ICU patient population.

The section on special problem areas focuses on discrete clinical populations or presentations, from the fairly common (fever/rash, neutropenia, AIDS, and burns/trauma) to the less common (returning travelers). Chapters on renal and fulminant hepatic failure mostly discuss aspects that are not related to infectious diseases. The section on therapeutic considerations, although it is deliberately deemphasized in this text, nicely addresses fundamental recent concepts about antimicrobial selection, resistance, dose adjustment, and drug intolerance. Throughout the textbook, there are tables and summary figures and algorithms to enhance both conceptualization and data retention.

This text has several important shortcomings that deserve mention. It has excess redundancy, the net effect of which may be confusing to the "cover-to-cover" reader; for instance, material on pneumonia is presented in 5 separate chapters, and material on catheter-related infections in 4 chapters. Urinary tract infection in catheterized ICU patients remains a diagnostic enigma and a cause for over-use of antimicrobials, which is glossed over in the chapter on urosepsis. "Colonization vs. Infection in the Critical Care Unit" is used as a chapter heading, yet the material presented strays from and does not address this very common and important topic as a discrete issue, nor does it discuss the limitations of microbiologic data in ICU practice.

The discussion of antimicrobial dosages for patients with renal failure is more a presentation of the system the authors advocate than a balanced review of the subject. Some chapters (e.g., those on neutrophil dysfunction in patients with burns and other trauma, and antibiotic–induced endotoxin release), although well organized and referenced, seem awkwardly placed for such a clinically oriented textbook. Finally, the authors continue to use some terms that are misnomers, such as "septicemia" and "urosepsis."

Any textbook is somewhat dated by the time of publication, because of the lengthy interval between preparation of the manuscript and publication. This textbook, which was published 3 years ago, needs to be complemented with contemporary literature for some subject areas (e.g., catheter-related infection, molecular/gene-based diagnostics, and sepsis therapy) that have rapid information turnover.

This text mostly fulfills its stated mission and is a valuable addition to the literature. It is highly recommended as a core working textbook both for infectious disease specialists and for the various other generalists and specialists who treat the critically ill patient.

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**Management of Infections in Immunocompromised Patients**

Edited by Michel P. Glauser and Philip A. Pizzo

London: W.B. Saunders, 2000. 473 pp., illustrated. $70.00 (cloth).

This volume is edited by a pair of well-known researchers and authors in this field, one American and one European. They have recruited a distinguished in-
The book is likely to be useful for physicians who are not infectious disease specialists and who care for immunocompromised patients. Infectious disease physicians will appreciate the numerous lists of differential diagnoses and the concise suggestions for management, but will need to supplement the book with other sources that provide greater depth and detail regarding the biology of the pathogens, the clinical presentations of specific infections, the characteristics and performance of the diagnostic tests, the pharmacology and use of antimicrobial agents, and the management of complications.

For example, the recommendation is made to diagnose cytomegalovirus infection on the basis of detection of pp65 antigen, virus isolation, or PCR, but no details are given about how these tests are performed, their availability, sensitivity or specificity, or cost. The chapter on infections in patients with solid tumors discusses therapy for infected intravascular catheters without mentioning that the antibiotic lock technique can be used to attempt to avoid having to remove the catheter, nor does it mention that tunnel removal. The chapter on infections in patients with hematologic malignancies does not mention that fludarabine therapy has an adverse effect on T cell function and is associated with opportunistic infections not usually seen after treatment with other cytotoxic agents; the chapter also mentions infections with *Fusarium* or *Trichophyton* species only in passing.

Readers interested in evidence-based medicine will have to rely on other sources, because this book is not intended to document the quality of evidence supporting the authors’ recommendations.

In summary, this book can be recommended as a reference for concise, practical, and specific suggestions regarding diagnosis and management of infections in immunocompromised patients.

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Reference