BOOK REVIEWS

Gary P. Wormser, Section Editor

**Infective Endocarditis: Management in the Era of Intravascular Devices**

Edited by John L. Brusch


The editor considers the increased use of intravascular devices to be a major development, and this point is clearly emphasized by the title of the book. The book is divided into 17 chapters, 3 of which are written by other experts in the field. These chapters detail the pathologic characteristics, echocardiographic characteristics, as well as conditions that mimic endocarditis, and are at the same exceptional level as that of the remainder of the book. The chapter “The Mimics of Endocarditis” (authored by Burke A. Cunha) is especially interesting and extraordinary, because it contains difficult-to-find information and can be very useful for students and clinicians in this field. The book also offers 17 color images and a number of black-and-white illustrations, as well as numerous tables. A few of the chapters include interesting case studies.

The strongest aspect of the book is the extensive knowledge of the authors on the subject. Information is clear and detailed. The management of infective endocarditis requires the clinician to make a number of decisions based more on the “art” than on the “science” of medicine. There is no question where the author stands on each of these gray areas. Moreover, different opinions are also presented, and the pros and cons are weighed.

Numerous references are provided in this book, including references from as recent as 2006. The only points that are not completely up to date pertain to the efficacy of the newer antifungal agents and the recent discussion on the value of antibiotic prophylaxis [2]. This is an accomplishment for a book regarding this rapidly evolving field.

In infective endocarditis, often the devil is in the details, and this book points out these details very nicely. Clinically important information is presented in a critical and fascinating way. For example, on page 156, we are reminded of the multifactorial nature of pericarditis in the context of acute infective endocarditis. On page 193, the authors remind us that rifampin can augment the antistaphylococcal efficacy of glycopeptide (or β-lactam) plus an amphotericin and interestingly, they make the point that, if possible, rifampin therapy should not be initiated until “it is ascertained that the staphylococcus is sensitive to the other 2 antibiotics.” On page 324, the reader is reminded that endocarditis due to Histoplasma species is probably more amenable to medical management than is endocarditis due to other fungi.

I would like to have seen a chapter regarding the surgical treatment of infective endocarditis that was authored by a surgeon. The management of this infection is now based on a multidisciplinary approach, and the presentation of the difficulties and choices from a surgical perspective could enhance this work. This chapter should also cover the surgical management of pacemaker-associated endocarditis, which is essentially not discussed in this book (the authors offer references to published articles on this subject). Also, the unique features associated with the management of this infection in the pediatric population would probably warrant a chapter dedicated to the unique features associated with infective endocarditis in this population.

In summary, this book provides a great resource for clinicians and researchers. I recommend it for persons who are interested in learning more about the management of infective endocarditis in adults.

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References


**Respiratory Infections**

Edited by Antoni Torres, Santiago Ewig, Lionel Mandell, and Mark Woodhead

London: Hodder Arnold, 2006 656 pp., illustrated. $198.50 (hardcover).

Respiratory infections are common illnesses seen in patients visiting physician’s offices. The spectrum of diseases ranges from the common cold to life-threatening cases of pneumonia. Viral respiratory illnesses are also common conditions for

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