

Chest X-Ray Made Easy, 2nd edition. Jonathan Corne MA PhD MB BS, Mary Carroll MB BS MD, Ivan Brown MB BS, and David Delany MA MB BChir. Edinburgh: Churchill Livingstone. 2002. Soft cover, illustrated, 127 pages, \$19.95.

Basic interpretation of chest radiographs remains an important skill for physicians, nurses, and respiratory therapists. In the foreword to the second edition of **Chest X-Ray Made Easy** Dr John Moxham appropriately states, "The clinical decisions affecting the management of patients are often made before the chest radiograph has been formally reported by radiology departments." With hospitals becoming ever busier, developing this skill remains an important part of the education of health care professionals. **Chest X-Ray Made Easy** addresses this need by providing a simple, concise introductory approach to the interpretation of chest radiographs, as well as giving brief differential diagnoses for common chest radiograph findings.

The book is targeted at medical students rotating on the in-patient medical wards, as well as junior physicians, but it will also serve as a basic review for physicians at later stages of training. In addition, nursing and respiratory care professionals will find the material very manageable and appropriate to their level of expertise.

The book is divided into 10 practical chapters, written primarily in outline format. They are: "How to Look at a Chest X-Ray", "Localizing Lesions", "The White Lung Field", "The Black Lung Field", "The Abnormal Hilum", "The Abnormal Heart Shadow", "The Widened Mediastinum", "Abnormal Ribs", "Abnormal Soft Tissues," and "The Hidden Abnormality."

The first chapter, "How to Look at a Chest X-Ray," discusses a step-by-step approach to chest radiograph interpretation. This includes the common algorithm of checking the name, date, direction in which the image was taken (posteroanterior, anteroposterior, or lateral), and the quality of the image, as well as finding the abnormality. Specific attention is given to the process of "scanning" the posteroanterior radiograph; the authors suggest a comprehensive, systematic approach to identifying abnor-

malities. Despite the myriad of ways to describe abnormalities found on chest radiographs, this book's simplistic system of classifying all abnormalities as "too white," "too black," "too large," or "in the wrong place" is a memorable approach that seems to work well. Chapter 2 describes how to use findings on the posteroanterior and lateral radiograph to anatomically localize specific abnormalities.

Chapters 3 through 9 provide the main substance of the text, illustrating some of the most common abnormalities seen on chest radiographs in medical practice. Each chapter is broken into sections that discuss specific abnormalities. For example, in Chapter 3, "The White Lung Field," pleural effusion and consolidation, among others, are considered in separate sections. Each section shows example chest radiographs that illustrate the specific abnormality in question. A cartoon schematic of the chest radiograph is shown at the top corner of the page with each example, to further illustrate the finding. In an outline format the authors then guide the reader through the diagnostic process, based on the appearance of the abnormality. It is in these sections on the diagnostic process that the book shines. At the end of each section a brief differential diagnosis is presented, usually in table format, for each of the radiographic findings, and although not comprehensive, they include the most common etiologies and provide a starting point in determining the cause of the finding.

Overall, the chapters are brief, full of example radiographs, and have accurate high-yield tips regarding commonly encountered problems such as consolidation, coin lesions (nodular opacities), pulmonary edema, hilar masses, and pneumothorax. A few uncommon diagnoses with "classic" chest radiographs are also touched on, such as varicella pneumonia, Westermark sign in pulmonary embolism, and mesothelioma.

Despite the authors' aim of including commonly encountered findings in chest radiographs, the book does not address the assessment of invasive devices or foreign bodies within the thorax. Devices such as pulmonary artery catheters, nasogastric tubes, central venous catheters, endotracheal tubes, and chest tubes are commonly encountered in many hospitalized patients, and a discussion of these devices would not be

outside the scope of this book. Chest radiographs play a vital role in the correct positioning of these devices, and proper identification is an important skill for all physicians, nurses, and respiratory therapists. Mediastinal wires, surgical staples, and other foreign bodies are also common and could briefly be discussed for a more complete introduction to chest radiography. To their credit the authors do spend a few pages discussing ways to determine the position of prosthetic heart valves.

A self-assessment section would have been a helpful and appropriate addition to the book as well. After having read and digested the approach to radiographic abnormalities in the beginning of the book, readers could then test their knowledge with practice radiographs at the end.

The book is a mere 127 pages and approximately 19 × 12.5 cm, so it can fit into most any laboratory coat pocket. The print is easy to read and the glossy paper is of high quality. The flow of the text is natural and the outline format never inhibits the authors' message. Each of the 55 example radiographs are well reproduced and easily convey the stated abnormality. Most of them have a clinical scenario as a caption below the radiograph. There is a paucity of typographical errors throughout the book.

The book is not referenced, so we are left at the mercy of the authors' expertise to give credence to the material. That being said, the principles presented are basic and grounded in common clinical teaching and will be familiar to most medical students and physicians in training.

Overall, as a resident in internal medicine, I enjoyed the book and found it an easy-to-read, excellent review of an approach to chest radiographs, and applicable to my everyday practice. It nicely summarizes the appropriate way to interpret a chest radiograph, and it reviews (although incompletely) differential diagnoses for common radiographic findings, providing a useful reference for junior physicians.

Colin R Cooke MD
Department of Medicine
Harborview Medical Center
University of Washington
Seattle, Washington

@article{Morassut2003ChestXM, title={Chest X-Ray Made Easy™ 2nd Edition: Jonathan Corne, Mary Carroll, Ivan Brown, and David Delaney, Philadelphia, PA. Churchill Livingstone 2002, 127 pages, 54 illustrations}, author={S. Morassut}, journal={Clinical Imaging}, year={2003}, volume={27}, pages={140} }. S. Morassut. Published 2003. Medicine. Clinical Imaging. View via Publisher. Schaefer-Prokop, MD, PhD, Ronald G. Grainger, MB, ChB(Hons), MD, FRCP, DMRD, FRCR, FACR(Hon), FRACR(Hon) and David J. Allison, BSc, MD, MRCS, LRCP, MB, BS, DMRD, FRCR, FRCP. Long recognized as the standard general reference in the field, this completely revised edition of Grainger and Allison's Diagnostic Radiology provides all the information that a trainee needs to master to successfully take their professional certification examinations as well as providing the practicing radiologist with a refresher on topics that may have been forgotten. The chest X-ray is often central to the diagnosis and management of a patient. By Stephen G. Davies, MA, MB, BChir, MRCP, FRCR. Chest X-Ray Made Easy book. Read 5 reviews from the world's largest community for readers. A small pocketbook that helps in the interpretation of chest X... Let us know what's wrong with this preview of Chest X-Ray Made Easy by Mary Carroll. Problem: It's the wrong book It's the wrong edition Other. Mary Carroll, Jonathan Corne, Ivan Brown. 3.56 Rating details. 43 ratings 5 reviews. A small pocketbook that helps in the interpretation of chest X-rays. It describes the range of conditions likely to be encountered in practice and guides the reader through the process of examining and interpreting the film based on the appearance of the abnormality shown.