

Case Studies in Infectious Disease

Peter M. Lydyard, Michael F. Cole, John Holton, William L. Irving, Nino Porakishvili, Pradhib Venkatesan, and Katherine N. Ward

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The authors have assembled a collection of case studies about the 40 infectious diseases that cause the most illness and death worldwide. Each chapter begins with a brief case presentation. This example is followed by a section on microbiologic aspects of the organism, including the pathophysiology of infection. The host response is then described, followed by a discussion of clinical manifestations, diagnostic methods, and treatment options, including prevention. A summary highlights salient points of each section. References, suggestions for further reading, and websites for additional information are all provided. Chapters conclude with a series of questions (answers are given at the end of the book).

The book is meant for use by medical students in a microbiology course, but it can also be used by any clinician who wants a concise review of the pathogens that cause infectious diseases. The case presentations are short and not presented as conditions having an unknown cause, but rather they serve as a clinical starting point to open discussion. The microbiology sections are geared more toward the student in a microbiology course and tend to have more details than are needed by a practicing clinician. The sections on patient symptoms are generally quite good and are inclusive. The varied clinical manifestations, particularly of the tropical diseases, are presented in an easy-to-understand format. The level of detail given pro-

vides a thorough yet succinct picture of each disease. The sections on diagnosis are generally inclusive, although a few did not mention some available diagnostic options used in the United States; this may have been due to differences in the availability of some tests in the United Kingdom, where many of the authors are based. The treatment sections tend to be abbreviated and frequently do not include the length of therapy and some other details that a practicing clinician would want to know. For those needing specific therapy guidelines, another source will be necessary.

The summary sections are quite good and are an excellent quick reference source if one wants just the highlights and a brief summary about the pathogen and disease. The questions at the end tend to be multiple choice with several possible correct answers for each one; they are not structured to prepare for testing purposes (such as for a board review). The websites are helpful sources for downloadable slides as well as for further information if more details are wanted.

The only chapter that was confusing was that on coxsackie viruses. The authors kept referring to other enteroviruses. The chapter could benefit from either fewer references to other enteroviruses or renaming it to be a section on enteroviruses in general.

Case Studies in Infectious Disease is a valuable compilation of information on the most common diseases that cause illness and death worldwide. The presentation format with distinct sections makes it readable and well suited for either students just learning about the pathogens causing infectious disease or clinicians who need an update. The level of detail is well thought out and gives the reader a useful summary of each pathogen and disease state. The condensed presentations make it a good reference source for those with insufficient time to read through more detailed textbooks.

Philip S. Brachman, Jr.

Author affiliations: Atlanta ID Group, Atlanta, Georgia, USA; Emory University School of Medicine, Atlanta; and Mercer University, Atlanta

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Address for correspondence: Philip S. Brachman, Jr, Atlanta ID Group, Piedmont Hospital, 2001 Peachtree Rd, Ste 640, Atlanta, GA 30309, USA; email: pbrac01@emory.edu

Infectious Disease: Pathogenesis, Prevention and Case Studies

Nandini Shetty, Julian W. Tang, and Julie Andrews, editors

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The organizing vision of this textbook is neither a taxonomic outline of the microbiologic world nor an epidemiologic understanding of our evolving insights into epidemics. Rather it is translational, ecologic, holistic, and distinctly clinical. It is a fun and readable book that engages the imagination and retains the interest of the clinically oriented reader while conveying an understanding of the direct implications of molecular characteristics of infectious agents to the practice of medicine.

The chapters in Part 4, Infections of Global Impact, and Part 5, Emerging and Resurgent Infections, are especially likely to fire the imaginations of students in introductory clinical microbiology or infectious disease classes. The chapters in Part 1, General Principles of Infectious Diseases, will equally effectively assist infec-

Case Control Studies in Infectious Disease Epidemiology. Section A. Background Toxic Shock Syndrome (TSS). Background Toxic Shock Syndrome (TSS). Toxic Shock Syndrome Case Definition (CDC). Reported Cases of Toxic Shock Syndrome, U.S. 1970-80. Toxic Shock Syndrome: Menstrual Cycle. Reported Cases of Toxic Shock Syndrome, U.S., 1970-80. Wisconsin Case-Control Study of Toxic Shock Syndrome. Tampon Use in Studies of Toxic Shock Syndrome. Effect of Treatment with BLRA. Reported Cases of TSS by Quarter, U.S., 1979-1990. Section B. Reye's Syndrome Background. Reye's Syndrome Background. RS Epidemiologic Case Definition, CDC, 1980. Cambridge Core - Infectious Disease - Case Studies in Pediatric Infectious Diseases. This book features 121 case studies intended to provide an approach to the diagnosis and treatment of pediatric infectious diseases. Brief clinical scenarios are followed by discussions and supplemented with tables and photographs. The author considers infections caused by a wide spectrum of viral, bacterial, fungal, and parasitic infectious agents, as well as those affecting specific anatomic sites. The author addresses both common infections and those presenting a greater challenge in diagnosis. on enteroviruses in general. Case Studies in Infectious Disease. is a valuable compilation of information on the most common diseases that cause illness and death worldwide. The presentation format with distinct sections makes it readable and well suited. for either students just learning about. the pathogens causing infectious dis Infectious Disease: Pathogenesis, Prevention and. Case Studies. Nandini Shetty, Julian W. Tang, and Julie Andrews, editors. Wiley-Blackwell, Chichester, UK, 2009. ISBN: 978-1-4051-3543-6. Pages: 664; Price US \$129.95. Human infectious diseases may be characterized by their case fatality rate (CFR). A CFR is the proportion of people diagnosed with a disease who die from the disease (cf. mortality rate). The infection fatality rate (IFR) is the proportion of people infected by a disease-causing agent, including asymptomatic and undiagnosed infections, who die from the disease; it cannot be higher than the CFR and is often much lower. Data are based on optimally treated patients and exclude isolated cases or minor