

# New Books

## Challenging Cases in Pneumology

Ed Massoud Mahmoudi. Springer. ISBN: 978-1-4419-7097-8  
Price:\$219.00 Pub Date: Oct 5, 2011

From acute respiratory diseases to chronic lung conditions, pulmonology is a vital area of clinical medicine. Due to a wide array of respiratory diseases, clinical presentation of pulmonary conditions can be complex and oftentimes challenging. In addition to recognizing common characteristics of lung diseases, identifying unusual clinical presentation of pulmonary conditions remains an important educational experience. This concise and easy-to-read title provides that experience in practical context, using a case-based system of learning where a unique case is presented and discussed and questions are provided to challenge the learner and reinforce the transmission of knowledge. Challenging Cases in Pulmonology is not an exhaustive review but rather focuses on common and important problems, with emphasis on evaluation and treatment. The book offers 16 chapters consisting of two or more cases followed by five to ten multiple choice questions. A valuable resource for pulmonologists, allergists, primary care physicians, internal medicine, fellows in allergy and pulmonology, and residents in training, this practical title will also be of interest to nurses, physician assistants, and medical students studying pulmonology. Challenging Cases in Pulmonology complements two previously published case-based titles edited by Dr. Mahmoudi: Challenging Cases in Allergy and Immunology (Humana Press, 2009) and Challenging Cases in Allergic and Immunologic Diseases of the Skin (Springer, 2010).

- Concise resource and teaching tool containing numerous practical points

- Written by leading physicians, providing their own opinions based on their experience in clinical practice
- Covers full range of common respiratory disorders, with a focus on common, everyday problems
- Offers helpful multiple choice questions to reinforce learning.

## Atlas of Dermatology in Internal Medicine

Ed Sánchez, Néstor P. Springer. 2012, XIV, 148 p. 129 illus. in color. Softcover, ISBN 978-1-4614-0687-7

Atlas of Dermatology in Internal Medicine is the only concise text-atlas to cover the most common and most important cutaneous manifestations of systemic disease in children and adults. It features more than 150 clinical photographs that are accompanied by format-driven, clinically focused text on the diagnosis and management of cutaneous manifestations of connective tissue, pulmonary, renal, GI, endocrine, malignant, infectious, and HIV disease. There is also a separate chapter on skin diseases commonly seen in the ICU. A special feature is its systematic coverage of clinically relevant dermatopathology. The book is a helpful tool for physicians and trainees in internal medicine, family medicine, pediatrics, emergency medicine, and critical care medicine, as well as family, emergency, and critical care nurse practitioners.

- Most common and most important cutaneous manifestations of systemic disease
- Systematic discussion of clinically relevant dermatopathology
- Coverage of adults and children
- Separate chapter on skin diseases commonly seen in the ICU
- Format-driven text for quick access of information

## ERRATA

### Consensus Statement on the Diagnosis, Management, and Treatment of Angioedema Mediated by Bradykinin. Part I. Classification, Epidemiology, Pathophysiology, Genetics, Clinical Symptoms, and Diagnosis

Spanish Study Group on Bradykinin-Induced Angioedema (SGBA) (Grupo Español de Estudio del Angioedema mediado por Bradicicina: GEAB) T Caballero, ML Baeza, R Cabañas, A Campos, S Cimbollek, C Gómez-Traseira, T González Quevedo, M Guilarte, J Jurado-Palomo, JI Larco, MC López-Serrano, M López-Trascasa, C Marcos, JM Muñoz-Caro, I M Pedrosa, N Prior, M Rubio, A Sala-Cunill. *J Invest Allergol Clin Immunol.* 2011;21:333-47.

Page 337:

Section: Angioedema With C1-INH Deficiency. Paragraph 6, line 2:

“C1-INH is the most potent inhibitor ... [45]. It produces uncontrolled activation of FXII ...”

should read

“C1-INH is the most potent inhibitor ... [45]. Its lack produces uncontrolled activation of FXII ...”

Page 340, Figure 2:

In the right-hand box on the second level of the diagram, C4 should be C4↓

### Consensus Statement on the Diagnosis, Management, and Treatment of Angioedema Mediated by Bradykinin. Part II. Treatment, Follow-up, and Special Situations

Spanish Study Group on Bradykinin-Induced Angioedema (SGBA) (Grupo Español de Estudio del Angioedema mediado por Bradicicina: GEAB) T Caballero, ML Baeza, R Cabañas, A Campos, S Cimbollek, C Gómez-Traseira, T González Quevedo, M Guilarte, J Jurado-Palomo, JI Larco, MC López-Serrano, M López-Trascasa, C Marcos, JM Muñoz-Caro, I M Pedrosa, N Prior, M Rubio, A Sala-Cunill. *J Invest Allergol Clin Immunol.* 2011;21: 422-41.

Page 430.

Section 2.4.2. Long-term prophylaxis. Paragraph 3, line 2:

“If AFs are not effective or contraindicated, they can be replaced with AAs. AFs have been associated with androgenization, ...”

should read

“If AFs are not effective or contraindicated, they can be replaced with AAs, which have been associated with androgenization, ...”