**Cardiovascular therapeutics: A companion to Braunwald's heart disease**

Elliott M. Antman; St Louis; 2002; W. B. Saunders Co; 1231 pages; $149.00.

As the title implies, Dr Antman et al have amassed a comprehensive text of cardiovascular disease emphasizing patient management. The book is organized into chapters that have been contributed by well-recognized leaders in academic cardiology, representing many academic institutions, and the scope of issues covered is inclusive.

The book begins with a rather dry but complete introduction to the interpretation of clinical tests and trials. The subsequent chapters focus on cardiovascular disease and the care of cardiac patients in our current era of evidence-based medicine. Most of the chapters are appropriate not only for the practicing cardiologist but for the primary care physician and internist. The contributing authors have made impressive efforts to summarize large and complex clinical trials/data and to present patient care algorithms that reflect available outcomes data. The chapters vary with regard to the amount of primary data presented and reviewed, depending on the author and the topic. However, the inclusive list of references at the conclusion of each chapter allows easy access to the primary data/reports.

With regard to new information, the authors have made an impressive effort to include techniques and reports that are as up to date as can be expected in a textbook format. For example, the chapter on interventional cardiology reviews radiation therapy for stent restenosis, but there is no significant discussion of "coated" stents, as would be anticipated, due to delays in book publication and the rapid accumulation of new data in interventional cardiology.

The chapter on the evaluation of cardiac rhythm disturbance is a good example of the practical approach that many of the chapters demonstrate. The chapter approaches the tools available to evaluate cardiac arrhythmias in an organized fashion, discussing the differential diagnosis, the diagnostic tests likely to be of reasonable yield, and the treatment strategies of choice.

In summary, Dr Antman et al have taken on a huge task and done an admirable job organizing cardiovascular therapeutics into clinical chapters that offer the reader a solid evidence-based therapeutic approach to patient care.

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**Endovascular therapy for atherosclerotic renal artery stenosis: Present and future**

Michael R. Jaff; Armonk, NY; 2001; Futura Publishing; 144 pages; $75.00.

Renal artery stenting and its indications and outcomes remain a hotly debated topic. In practice, the application of this technology varies from treating unilateral asymptomatic 50% lesions to other institutions where it is reserved for the patient with difficult to control hypertension or bilateral renal stenosis with a rising creatinine. Consequently, the publication of this well-edited monograph is welcome. Edited by Dr Michael R. Jaff, an impartial and very respected noncombatant in the interventional wars, the book has contributions from the leading experts in the field. It encompasses prevalence of renal artery stenosis, testing (both noninvasive and invasive), natural history, as well as the performance and outcomes from surgical and endovascular interventions.

Each chapter is heavily data supported and appropriately referenced, making this an important source for those requiring in depth information on renal endovascular interventions. In discussing the evaluation of the patient with suspected renal artery stenosis, Dr Jaffe provides an in depth evaluation of tests, some of historic value, to current imaging modalities (CTA, MRA, duplex scan, and angiography) and their practical application in contemporary practice.

The chapter on techniques for renal artery stenting by Dr Rosenfield is very well written and helpful for those embarking on renal stenting. However, the moving target of technology makes it challenging to be current in a book such as this. New 0.018 systems increasingly improve the ease of renal artery stenting. The potential of rapamycin or taxol-coated stents in control of restenosis tease with the potential to transform the durability of this intervention.

The chapter by the late Dr Eugene Strandness on the Natural History of Renal Artery Stenosis provides a huge amount of data demonstrating the correlation between renal artery stenosis and loss of renal mass and stimulates the reader that “the diagnosis of renal artery stenosis is available if one is willing to look.” Strandness clearly demonstrates which groups are at risk for progression of stenosis, providing a quantitative basis for basing a decision for renal intervention.

There is also a chapter on very focused indications and result of renal stenting: Role of Renal Intervention for Flash Pulmonary Edema and Unstable Angina (Chris White, Stephen Ramee). Although the focus of the book is on endovascular therapy, the surgical options and the possible role for surgical interventions are ably defended by Drs Richard Cambra and Kim Hansen. Overall, this monograph is an excellent source of information, data, practical technique tips, and good advice from the leaders in the field. At a cost of $75, it is primarily of value to those actively engaged in renal interventions or research or to surgeons whose practice encompasses a significant number of renal reconstructive procedures. For those in whom a renal sojourn is an occasional event, this monograph probably has more detail than they would wish to consider.

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**The diabetic foot: Medical and surgical management**

Veves Aristidis, John M. Giurini, Frank W. Logerfo; Totowa, NJ; 2002; Humana Press; 512 pages; $145.00.

This is the first edition of this multiauthored book containing 475 pages divided into a well-illustrated 22 chapters. With the ever-increasing number of diabetics and lower extremity amputations in the United States, this book is a welcome addition to the literature since foot problems are some of the most common and costly complications in diabetic patients. This book deals with the epidemiology, pathophysiology, diagnosis, management, and prevention of diabetic foot complications. It starts with two excellent
Department of Surgery, Section of Vascular Surgery and Surgical Research Section, Boston Medical Center, Boston, MA 02118, USA. View Article. July 2004. Vertebral artery dissection following intravascular catheter placement: a case report and review of the literature.