
The topic of non-neoplastic lung disease continues to be one of the most difficult and vexing areas in pulmonary medicine. Of the many good monographs, atlases, and other media that have attempted to tackle this vast topic, most are limited in depth and breadth and lack correlation of the clinical, radiology, and pathology findings. Until now there has not been a solitary reference book that can be used to wade through these deep and treacherous waters. Fortunately, this magnificent work fills that void admirably.

This hardbound book is the second fascicle in a new series of monographs that continues on the excellent tradition of the Atlas of Tumor Pathology, published by the Armed Forces Institute of Pathology (AFIP). Like its soft-covered counterparts on neoplastic disease, this new work is an extremely comprehensive and encyclopedic treatise that covers all aspects of non-neoplastic lung disease.

There are 18 chapters, covering an extremely broad array of topics. The first 2 chapters set the tone of the book. Chapter 1 succinctly covers embryology, anatomy, and histology. It is in the best interest of the reader not to overlook this most informative review of normal structure, which is critical to understanding the other topics that follow. Chapter 2 covers the importance of the clinical-radiology-pathology correlation and details the handling and processing of bronchoalveolar lavage and lung biopsy specimens. This chapter also includes a very important discussion of the general principles of lung biopsy interpretation, an overview of diverse histopathologic lung injury patterns, and tissue artifacts and incidental lesions that may occur in lung biopsy specimens.

The next 16 chapters cover a wide spectrum of topics in non-neoplastic lung and pleural diseases. The approach is multidisciplinary, as each topic is subdivided with the following key headings: definition, clinical features, radiology findings, pathology findings, and differential diagnosis. Some chapters also include pathogenesis, treatment, and prognosis.

One of the greatest strengths of this book is in its lavish illustrations. The text is rich with tables, diagrams, and superb illustrations, of which the majority are in color (1,185 color and 284 black-and-white). This is no surprise to devotees of the soft-covered Atlas of Tumor Pathology, since the photographic and medical illustration departments at the AFIP are world-renowned. The majority of gross and microscopic photographs are in full color, razor sharp, and superbly reproduced. However, the chest radiographs, high-resolution computed tomosgrams, magnetic resonance scans, and ultrasound images are not as well utilized for each topic, and the quality of these images is quite variable.

Each chapter ends with a complete set of references, in alphabetical order and broken into subheadings. The majority of references are up to date, with a few citations from 2002, as well as classic articles from the mid-20th century. The index is easy to use, and the illustrations and tables are emphasized with boldface type.

A feature of this book is that its entire contents are available on the Internet. The original purchaser of the book is provided with a unique identifier code that allows for free Internet access to this virtual text. The on-line version features pop-up thumbnail illustrations (which are expandable to a full-screen view), a “smart index” that features more in-depth searches, and references that link directly to MEDLINE for retrieval of literature citations. Moreover, electronic access allows for easy cross-indexing within the various AFIP neoplastic and non-neoplastic fascicles that will be published in the near future.

This book is more expensive than the other AFIP fascicles, at a price of $195. Discounts of up to 30% are available to residents/fellows, subscribers of various AFIP series, and selected military personnel. Considering the costs of producing a hardbound book of this size with color plates, this price is not excessive and is competitive with other textbooks of pulmonary pathology.

In summary, Non-Neoplastic Disorders of the Lower Respiratory Tract continues the excellence in the series of text-atlases produced by the AFIP. It would be most useful for pathologists, pulmonologists, thoracic surgeons, radiologists, and others interested in a comprehensive, multidisciplinary approach to the study of non-neoplastic lung diseases.

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Management of Respiratory Tract Infections, by John Bartlett, now in its third edition, is a very brief but surprisingly complete textbook of common infections of the respiratory tract. The book is very well outlined and referenced, with 5 main chapters: “Pneumonia,” “Acute and Chronic Cough Syndromes,” “The Common Cold,” “Streptococcal Pharyngitis,” and “Sinusitis.” At just over 270 pages (including references and tables), this book can easily be read in its entirety in just a few sittings. In fact, this is probably the best use of the book, as an educational tool for those beginning their careers in health care. The information presented is so elemental to the practice of medicine that it should be little more than a review to the experienced practitioner.

Each chapter is organized into sections, each of which is introduced by a “snapshot summary” that highlights, in a bullet format, the main points of the ensuing text. The book has clear and concise text and
easily holds the reader’s attention. Tables are employed throughout the book and greatly enhance the communication of concepts by being every bit as clear as the text. The chapter outline was somewhat awkward, since at least half of the book is dedicated to the important topic of pneumonia. Sections within this chapter cover major concepts (eg, community-acquired pneumonia), each of which is undoubtedly at least as worthy of chapter status as the narrowly focused chapters that follow. That said, one of the great strengths of the book is its willingness to address topics such as the common cold, which are often ignored as trivial in other textbooks.

The chapter on pneumonia is organized into sections, including community-acquired pneumonia, hospital-acquired pneumonia, pneumonia in the compromised host (including in patients with acquired immune deficiency syndrome), aspiration pneumonia, and empyema. The clinical utility of this book is enhanced by the fact that it is organized around clinical syndromes, rather than specific pathogens, as is often the case in textbooks. Unfortunately, the scope of the book is sufficiently narrow that it leaves important but less common problems (eg, tuberculosis, fungal pneumonias) largely unaddressed. Omissions such as those limit the book’s utility as a reference tool.

Strengths of the pneumonia chapter include a very complete discussion of diagnostic techniques, cogent management algorithms, and a table of the doses and modes of delivery of relevant antibiotics. Exhaustive lists of causal agents and the classes of antibiotics to which they should be sensitive are reminiscent of, and add nothing to, the pocket handbooks that are in common use today.

The discussion of acute and chronic cough syndromes was adequately covered, but I found it odd that the author used this opportunity to discuss pathogens, including *Chlamydia pneumoniae*, *Mycoplasma pneumoniae*, and influenza in some detail. Though these discussions were excellent, they were conspicuously absent in the pneumonia chapter and would’ve been more appropriately placed there. The focus of the chapter appeared to wander at the end, with a somewhat superficial discussion of the noninfectious causes of cough.

My favorite chapter was the one on the common cold. This chapter represents the most scholarly discussion of this common annoyance that I have encountered to date.

My interest was probably piqued by the fact that I was actually suffering from a cold at the time that I read it. In that light it is probably not surprising that I found the sections on prevention and treatment most interesting, though the paucity of data from which the author had to draw was somewhat discouraging. Sinusitis is covered, with similar aplomb and limitations, in the last chapter of the book. The chapter on streptococcal pharyngitis is a bit of a non sequitur in that the discussion was so in-depth that it seemed out of step with the more general nature of the rest of the book. As a result the book does serve as an excellent reference tool on streptococcal pharyngitis.

In summary, this book provides a nice overview of common respiratory tract infections. The author is to be congratulated for his clear and concise descriptions of clinical syndromes affecting both the upper and lower respiratory tracts. However, the overview nature of the presentation, coupled with the relatively narrow scope of the subject matter, limits this book’s utility as a stand-alone textbook; the material would be more appropriately presented in a textbook of general medicine. In a sense this book suffers from an identity crisis: not small or succinct enough to function as a handbook but not detailed enough (with the exception of streptococcal pharyngitis) to serve as a reference tool. I might be inclined to make this book required reading for medical students. However, as an experienced physician, I doubt the book will leave its perch on my bookshelf before the next edition is available.

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Definitive diagnosis of non-neoplastic disorders depends on the histology of biopsied tissue. All three disorders are treated with topical corticosteroid ointments of varying potency. Lichen sclerosus and lichen planus are not routinely treated with surgery, which is necessary only in patients who have a malignancy or advanced scarring that causes dyspareunia or clitoral phimosis. Lichen sclerosus, lichen planus, and lichen simplex chronicus are three of the most common non-neoplastic epithelial disorders of the vulva. Lichen sclerosus is characterized by intense vulvar itching and can affect men and women of all ages, but it manifests most commonly in postmenopausal women. Definitive diagnosis of non-neoplastic disorders depends on the histology of biopsied tissue. All three disorders are treated with topical corticosteroid ointments of varying potency. Lichen sclerosus and lichen planus are not routinely treated with surgery, which is necessary only in patients who have a malignancy or advanced scarring that causes dyspareunia or clitoral phimosis. The level of CD4+/CD8+ T-lymphocytes and SOD in the blood of the patients with vulvar non-neoplastic epithelial disorder was significantly lower than that in control subjects, but the level of MDA was higher as compared with normal women. There is increased immune activation and lipid peroxidation in patients with vulvar non-neoplastic epithelial disorder, which could contribute to destruction of vulvar tissue. Start by marking "Non-Neoplastic Disorders of the Lower Respiratory Tract" as Want to Read: Want to Read saving… Want to Read. Let us know what’s wrong with this preview of Non-Neoplastic Disorders of the Lower Respiratory Tract by William D. Travis. Problem: It’s the wrong book It’s the wrong edition Other. Details (if other): Cancel. Thanks for telling us about the problem. Return to Book Page. Not the book you’re looking for? Preview "Non-Neoplastic Disorders of the Lower Respiratory Tract" by William D. Travis. Non-Neoplastic Disorders of the Lower Respiratory Tract. by. William D. Travis, Armed Forces Institute of Pathology (Editor). 0.00 · Rating details · 0 ratings · 0 reviews. Disorders of the esophageal musculature appear to be the cause of middle and lower diverticula. DIVERTICULAFACT SHEET. Definition.  Outpouchings of esophagus of acquired nature; localized in upper, middle, and lower esophagus. Incidence and location. Systemic disorders such as scleroderma, muscular dystrophies, amyloidosis, and Chagas disease also affect the normal peristaltic mechanism.