

## BOOK REVIEWS

*Intravenous Immunoglobulins in the Third Millennium*, edited by Dalakas MC, Späth PJ. 2004, 420 pages. ISBN 1-84214-258-5. Hardcover. Price £75. Parthenon Publishing, New York.

Intravenous immunoglobulins (IVIGs) are an expensive and scarce resource, which need to be used appropriately. This book of proceedings from a symposium held in Interlaken, Switzerland, in September 2003, covers updated information on manufacturing, pathogen safety, mechanisms of action and clinical use in various specialities, including dermatology. The chapters are based on lectures by invited speakers, supplied with appropriate references, as well as summaries of poster sessions. The immunomodulatory and anti-inflammatory potential of high-dose IVIGs might be useful in several dermatological conditions. The main current dermatological uses are Kawasaki syndrome, autoimmune bullous disease, dermatomyositis and toxic epidermal necrolysis (TEN).

A.R. Ahmed (Boston) summarizes published experiences of treating 125 patients with severe autoimmune mucocutaneous blistering diseases (AMBD) at one centre in the USA. These data form part of the background for the consensus statement published recently (*Arch Dermatol* 2003; 139: 1051–1059) saying that high-dose IVIG has the potential to produce a good clinical outcome in patients with severe AMBDs who cannot tolerate and/or are not benefited by conventional therapy. L.E. French (Geneva) gives a short review on IVIG in TEN and Stevens-Johnsons syndrome, highlighting the inhibitory effect on Fas-mediated keratinocyte apoptosis. Other short reviews of dermatological interest cover dermatomyositis, vasculitis, atopic dermatitis, chronic urticaria and psoriasis. However, apart from dermatomyositis, double-blind, randomized studies are missing, which requires well-conducted, multi-centre studies funded by pharmaceutical companies. Furthermore, IVIG treatment has to be compared with newer biologics (effect and pharmacoeconomy) in some severe diseases. Owing to the high cost of IVIGs only

those patients with severe treatment-resistant disease or unacceptable side effects are likely to be selected for therapy.

This book would suit interested specialists, including clinical immunologists and dermatologists responsible for treatment of severe, potentially life-threatening cases. The symposium was sponsored by ZLB Bioplasma AG, Bern, Switzerland, a major manufacturer of IVIGs.

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*Rook's Textbook of Dermatology*, 7th edn, edited by Tony Burns, Stephen Breathnach, Neil Cox and Christopher Griffiths. ISBN 0-632-06429-3. Hardcover: 4 volumes, 4568 pages. Price \$695.00, £450.00. Blackwell Publishing, Oxford, UK, 2004.

The seventh edition of the Rook-book (4 volumes) has been placed on my nearest bookshelf, ready for regular translocation (3½ kg per volume!) to the writing desk. This classical textbook has been my favourite source of professional wisdom since the second edition (2 volumes) and publication of a new edition, at intervals of 6 years, is an event.

A revised editorial team has succeeded in a comprehensive revision and refreshing of the text. The number of contributors has been expanded from 71 to 107 since the sixth edition, including 13 outstanding dermatologists from abroad, among them 5 Americans. However, this textbook primarily still reflects the high standard of British dermatology and medical education in the spirit of Arthur Rook.

The chapters have been revised and updated, and new chapters on immunodeficiencies and 'AIDS and the skin' have been included. The comprehensive chapters

on atopic dermatitis and psoriasis are up-to-date including treatment options with immuno-modulators and biologics. The kaleidoscopic great quantity of disease entities has been grouped with the emphasis on a correct diagnosis, and a balanced consideration for lumpers and splitters. Several new drawings showing complicated structures and molecular interactions have been added, e.g. in the new chapter on anatomy and organization of human skin. The excellent collection of about 2300 high quality clinical photographs, photomicrographs, tables and drawings is of great teaching value to the clinician. The pagination has been changed from consecutive to chapter-wise with a table of contents at the opening of each chapter for easy access to information.

This textbook is essential for established dermatologists and trainees as a comprehensive, balanced, basic source of knowledge prior to searching the internet.

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*Handbook of Psoriasis*, 2nd edn, edited by C Camisa. ISBN 1405109270. Paperback: 284 pages. Price £37.50, \$52.95. Blackwell Publishing, 2004.

This book is the second updated edition of *The Handbook of Psoriasis* from 1994 by the same author. It is a comprehensive and thorough overview of psoriasis covering clinical aspects, pathogenesis and treatments. In particular, the chapters on treatment options are detailed and give an interesting historical perspective and also include a valuable chapter on novel immunotherapy using biologicals written by a colleague, Dr Kenneth Gordon, who has substantial experience with such therapy.

As the preface indicates, the book is intended to be a complete reference work on psoriasis. The field of psoriasis research and therapy moves rapidly and in

addition to the introduction of high-profiled treatments, current research in psoriasis genetics, immunobiology and epidemiology makes it a cumbersome and challenging task to present a clear picture of the field. The reviewer feels that in certain aspects the author has not been able to present such a clear picture. Selected topics with questionable significance have received excessive space – such as, for example, amyloidosis associated with psoriasis – whereas other topics of probably much higher relevance such as cardiovascular disease and metabolic disturbances in psoriasis are lacking. One single mention of cardiovascular morbidity is found under the heading ‘Internal cancer’, where such an association is negated and relevant references are lacking. In general the text is wordy and the disposition lacks clarity in some sections. For example, the association between psoriasis and inflammatory bowel disease is *not* found under the heading ‘Gastrointestinal tract’ but interspersed in other sections. Genetics of psoriasis would have deserved its own chapter given the present focus on such research and its key role in psoriasis aetiology.

Despite these limitations, the book contains some highlights. It is especially informative concerning currently established systemic treatments, information that will be important to keep updated in the new biologic era. The chapter on drugs exacerbating psoriasis is also clear and well-written. Thus, even though the book does not stand on its own as a reference book for psoriasis, for selected areas it may be worthy of a place in a comprehensive dermatological library.

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