Antituberculosis Chemotherapy

Edited by: Peter R. Donald and Paul D. van Helden; Published by: S. Karger AG, Basel, Switzerland; 2011; Hard Cover; Pages: X+252; Price: USD 221.00/CHF 188.00/EUR 157.00; ISBN 978-3-8055-9627-5 and e-ISBN 978-3-8055-9628-2

In the series of Progress in Respiratory Research, this textbook have been published under the aegis of S. Karger AG, Basel and edited by Chris T. Bollinger, an eminent practicing physician in Cape Town, South Africa. He has been assisted by two associate editors [Peter R. Donald and Paul D. Van Halden] in compiling this multi-authored textbook. It contains 25 chapters contributed by noted authors in the field worldwide. This single volume textbook sets out to provide comprehensive yet concise information on antituberculosis chemotherapy with special emphasis on current standard treatment regimens. One of the explicitly stated goals for the book is to address the needs and expectations of undergraduates, postgraduates and faculties working in the field of respiratory medicine.

The selection of the topics for the chapters is judicious, covering all the present and newer antituberculosis chemotherapy and overall the text is very lucid and well organised. The book begins with a brief review of history of antituberculosis drugs, past and present trials relating to tuberculosis (TB) management. Each chapter on first-line antituberculosis drugs are beautifully illustrated, informative and clear. Separate chapter is dedicated to the role of fluoroquinolones in the management of TB. The inclusion of discussion on second-line antituberculosis drugs with their current knowledge, recent research findings and controversies would have been useful, particularly for postgraduates. The chapters clearly and beautifully provide the information regarding pharmacokinetics and pharmacogenetics of antituberculosis drugs.

The chapters on Drug-resistant TB like “Acquisition, transmission and amplification of drug-resistant tuberculosis” provides elucidated and deep knowledge regarding second-line antituberculosis drugs which help in proper understanding and management of drug-resistant TB. Another beautifully written chapter “Drug resistance in Mycobacterium tuberculosis molecular mechanism and laboratory susceptibility testing” is helpful in further understanding drug resistance mycobacteria in a better way. We would welcome the chapter on treatment of TB in children, especially on “The evaluation of new antituberculosis drugs in children”. The chapters on “Interactions between antituberculosis and antiretroviral agents” and “Diabetes mellitus and tuberculosis treatment” are very much informative and helpful for both the undergraduates and postgraduates while managing TB patient having associated human immuno-deficiency virus infection and diabetes mellitus. The text is well supported by figures, tables and flow charts.

The textbook is an justified compilation of relevant topics in the field of TB and its treatment. The book cogently summarises the current knowledge of antituberculous chemotherapy. The major strength of the book is being comprehensive yet concise. It should be useful to medical students of pulmonary medicine and internal medicine as well as serve as a quick referral for the busy practitioner, physicians and pulmonologist. We recommend this book as a valuable addition to any medical library.

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Obstructive Sleep Apnea in Adults: Relationship with Cardiovascular and Metabolic Disorders

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By: Alan Laurie; Published by S. Karger AG, Basel, Switzerland; 2011; Hard cover; Pages XVI + 272; Price: USD 195.00/CHF 167.00/EUR 139.00; ISBN 978-3-8055-9645-9 and e-ISBN 978-3-8055-9646-6.

“Obstructive Sleep Apnea in Adults: Relationship with Cardiovascular and Metabolic Disorders” by Alan Laurie is a comprehensive book that attempts to review the association between obstructive sleep apnoea (OSA) and cardiovascular and metabolic diseases. Clear and succinct descriptions of definition, clinical features and sequelae, diagnostic methods and treatment strategies pertaining to OSA in adults have been presented in separate chapters. Basic pathogenetic mechanisms by which OSA leads to the occurrence of cardiovascular and metabolic syndrome have been lucidly described. Issues regarding inflammation, oxidative stress, procoagulant and thrombotic activity, association of obesity, glucose metabolism, dyslipidemia, metabolic syndrome, liver injury and endothelial dysfunction and OSA have been appropriately and systematically addressed. Hemodynamic and autonomic changes as well as individual cardiovascular disorders associated with OSA have been described in the ensuing chapters. References have been generously made to relevant current international literature, guidelines of the American Sleep Disorders Association and other global societies.

Of particular interest is the structure of each chapter which makes it very readable. It begins with an abstract, which is followed by textual data. Essential information is summarised in tables, illustrations and figures, which makes it extremely reader-friendly. Key points and take-home messages are outlined for easy assimilation of facts. Contemporary studies have been cited distinctly.

The quality of paper, the print as well as the size of the book are also attractive. All chapters are peer-reviewed and thoroughly readable. Undoubtedly, it is a book that would be of interest not only to the sleep specialist but also to the pulmonologist, cardiologist, internist, neurologist as well as the endocrinologist. The prevalence of obesity, metabolic and cardiovascular diseases in general and obstructive sleep apnea in particular is undergoing a gradual rise and so is the interest in these disorders. It is quite apparent that this book will soon be commonplace in several personal collections and libraries.

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Antituberculosis properties of methyldioxotetrahydropyrimidine sulfonisonicotinoyl hydrazide (MSH) registered in Russia under the name of tubosan of the class of immunotropic agents were investigated with the use of 78 clinical isolates of Mycobacterium tuberculosis (MBT). In concentration of 60 or 80 mcg/ml the drug showed significant antituberculosis activity. The effect of MSH on drug susceptible MBT was bactericidal. The effect of Antituberculosis agents are drugs used to treat tuberculosis, an infectious disease caused by Mycobacterium tuberculosis. This infection mainly affects the lungs but can also affect many other organ systems. Many classes of drugs, with different mechanism of action have activity against Mycobacterium tuberculosis. Tuberculosis chemotherapy involves giving two to four drugs simultaneously. Good response to antituberculosis chemotherapy. TABLE 4. Integrated Etiologic Approach to the Patient With Suspected Tuberculous Pericardial Effusion. LDH indicates lactate dehydrogenase; IFN-γ, interferon-γ; and ADA, adenine deaminase. Fixed-dose combination antituberculosis therapy: a systematic review and meta-analysis. Amr S. Albanna, Benjamin M. Smith, Deanna Cowan, Dick Menzies. European Respiratory Journal 2013 42: 721-732; DOI: 10.1183/09031936.00180612. How drug resistance emerges as a result of poor compliance during short course chemotherapy for tuberculosis. Int J Tuberc Lung Dis 1998; 2: 10â€“15. OpenUrl PubMed Web of Science.