

book reviews

Revision notes for the respiratory medicine specialty certificate examination

By Caroline Patterson and Meg Coleman. Oxford: Oxford University Press, 2012. 136pp. £34.99.

Passing the specialty certificate examination (SCE) in respiratory medicine is a pre-requisite for becoming a consultant respiratory physician and this slim volume contains useful notes which certainly serve as the basis of revision for this exam. The specialty training curriculum from the Joint Royal Colleges of Physicians Training Board (JRCPTB) has been used together with recent relevant guidelines as the foundation for the text.

The 'best of five answers' format of the first chapter appropriately reflects that of the exam, and the answers are clear and the explanatory remarks useful. However, the reproduction of the radiological images is of moderate quality and the images may benefit from repetition in the 'best of five answers' section with arrows to indicate the abnormalities.

The short chapters cover all major aspects of the curriculum and are clear and accessible, but, unsurprisingly, one can criticise minor omissions. The final chapter on scoring systems is good (though the chronic obstructive pulmonary disease [COPD] assessment test [CAT] should have been included) and the statistics section is very brief.

The format of relying on guidelines will inevitably tend to lead to some statements being out of date, but this is true of any textbook. Perhaps this is more defensible in an exam primer – will the answers also be out of date?

Throughout the chapters there are a few issues that I would draw attention to, listed below.

- Mannitol has a number of advantages in bronchoprovocation, including a single-use kit made up of dry powder in water. The kit does not require preparation, can be conveniently stored in the laboratory, and is properly licensed for use in humans.
- Inhaled steroid doses should be specified as beclometasone equivalents.
- There should be some mention of immunosuppressive agents and bronchial thermoplasty in the management of chronic severe asthma.
- Aminophylline still has a place in severe asthma and will inevitably, in the UK, be given together with high dose inhaled beta-2 agonists.
- Bronchoscopic lung volume reduction should be mentioned in emphysema.
- Mesothelin, unlike other tumour markers, is gaining diagnostic and practical credibility in pleural fluid.
- The CURB65 tool is undoubtedly useful, but low values can be dangerously reassuring in severe pneumonia in young people.
- Rashes should be included as relatively common side effects of antituberculous drugs.
- Treatment of *Mycobacterium avium* complex (MAC) should be distinguished from other slow growers emphasising the importance of macrolides even in non-HIV patients.
- Inclusion of rare diseases is fine, but important non-pulmonary details also need to be mentioned, eg a section on the spectrum of disease of Langerhans cell histiocytosis (LCH) with discussion of bone disease and diabetes insipidus and perhaps chemotherapy with cladribine (2-chlorodeoxyadenosine).
- Lymphangiomyomatosis (LAM) requires inclusion of something about tuberous sclerosis complex (TSC), renal angiomyolipomas and TSC1 and TSC2 genes.
- Narcolepsy should include mention of the specific human leukocyte antigen (HLA) allele, and gene *DQB1*0602* present in over 85% of all narcoleptic patients with definite cataplexy.
- The stress on transfer factor of the lung for carbon monoxide (TLCO) rather than carbon monoxide transfer coefficient (KCO) is, I think, unfortunate as KCO is the ratio which is actually measured (TLCO being determined by multiplication by accessible alveolar volume [VA]). Conceptually KCO does not simply 'correct' for lung volume (the relationship is more complicated). Reduced KCO tells us about alveolar capillary damage or microvascular injury: reduced VA implies alveolar damage or loss, reduced alveolar expansion or impaired ventilation in air-flow obstruction.

Pet hates or stylistic bugbears unfortunately being propagated to another generation (you can tell they are personal) include the plural 'saturation' and peak expiratory flow 'rate' (flow is necessarily a rate and a flow rate should have the units of time).

There are a number of typos throughout the book, and some of the spelling errors relate to not so recent changes, eg beclometasone and metacholine. If this sounds overcritical then I reiterate my opening; this book 'does what it says on the tin'. I would recommend it to the target audience and it merits a second edition.

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