Case Studies in Infectious Disease


Garland Science, New York, NY, USA, 2010
ISBN: 978-0-8153-4142-0
Pages: 608; Price: US $50.00

The authors have assembled a collection of case studies about the 40 infectious diseases that cause the most illness and death worldwide. Each chapter begins with a brief case presentation. This example is followed by a section on microbiologic aspects of the organism, including the pathophysiology of infection. The host response is then described, followed by a discussion of clinical manifestations, diagnostic methods, and treatment options, including prevention. A summary highlights salient points of each section. References, suggestions for further reading, and websites for additional information are all provided. Chapters conclude with a series of questions (answers are given at the end of the book).

The book is meant for use by medical students in a microbiology course, but it can also be used by any clinician who wants a concise review of the pathogens that cause infectious diseases. The case presentations are short and not presented as conditions having an unknown cause, but rather they serve as a clinical starting point to open discussion. The microbiology sections are geared more toward the student in a microbiology course and tend to have more details than are needed by a practicing clinician. The sections on patient symptoms are generally quite good and are inclusive. The varied clinical manifestations, particularly of the tropical diseases, are presented in an easy-to-understand format. The level of detail given provides a thorough yet succinct picture of each disease. The sections on diagnosis are generally inclusive, although a few did not mention some available diagnostic options used in the United States; this may have been due to differences in the availability of some tests in the United Kingdom, where many of the authors are based. The treatment sections tend to be abbreviated and frequently do not include the length of therapy and some other details that a practicing clinician would want to know. For those needing specific therapy guidelines, another source will be necessary.

The summary sections are quite good and are an excellent quick reference source if one wants just the highlights and a brief summary about the pathogen and disease. The questions at the end tend to be multiple choice with several possible correct answers for each one; they are not structured to prepare for testing purposes (such as for a board review). The websites are helpful sources for downloadable slides as well as for further information if more details are wanted.

The only chapter that was confusing was that on coxsackie viruses. The authors kept referring to other enteroviruses. The chapter could benefit from either fewer references to other enteroviruses or renaming it to be a section on enteroviruses in general.

Case Studies in Infectious Disease is a valuable compilation of information on the most common diseases that cause illness and death worldwide. The presentation format with distinct sections makes it readable and well suited for either students just learning about the pathogens causing infectious disease or clinicians who need an update. The level of detail is well thought out and gives the reader a useful summary of each pathogen and disease state. The condensed presentations make it a good reference source for those with insufficient time to read through more detailed textbooks.

Infectious Disease: Pathogenesis, Prevention and Case Studies

Nandini Shetty, Julian W. Tang, and Julie Andrews, editors

Wiley-Blackwell, Chichester, UK, 2009
ISBN: 978-1-4051-3543-6
Pages: 664; Price US $129.95

The organizing vision of this textbook is neither a taxonomic outline of the microbiologic world nor an epidemiologic understanding of our evolving insights into epidemics. Rather it is translational, ecologic, holistic, and distinctly clinical. It is a fun and readable book that engages the imagination and retains the interest of the clinically oriented reader while conveying an understanding of the direct implications of molecular characteristics of infectious agents to the practice of medicine.

The chapters in Part 4, Infections of Global Impact, and Part 5, Emerging and Resurgent Infections, are especially likely to fire the imaginations of students in introductory clinical microbiology or infectious disease classes. The chapters in Part 1, General Principles of Infectious Diseases, will equally effectively assist infec-
Infectious mononucleosis (IM) due to Epstein–Barr virus (EBV) infection is usually self-limited. It presents with fever, pharyngitis, fatigue, and cervical lymph node enlargement. It is common among adolescents and young adults. Of note, recent studies from China in HIV-negative patients with MCD have suggested that the onset of the disease can be observed in younger age than previously thought. If undiagnosed and untreated, the MCD has a poor prognosis and may progress to lymphoma. We present an 82-year-old immunocompetent male patient who was admitted to our department because of low-grade fever, cachexia, anasarca, hepatosplenomegaly, and generalized lymphadenopathy. Case reports submitted to BMC Infectious Diseases should make a contribution to medical knowledge and must have educational value or highlight the need for a change in clinical practice or diagnostic/prognostic approaches. BMC Infectious Diseases will not consider case reports describing preventive or therapeutic interventions, as these generally require stronger evidence. Authors should describe how the case report is rare or unusual as well as its educational and/or scientific merits in the covering letter that will accompany the submission of the manuscript. Case report submissions will be Early latent syphilis (infection < 1 year duration), sometimes with recurrence of infectious lesions. Late latent syphilis (infection \(\geq 1\) year duration), rarely with recurrences; positive serologic tests. Late or tertiary. Patients are often given antibiotics for other disorders, which may cure latent syphilis and may account for the rarity of late-stage disease in developed countries. Late or tertiary syphilis. About one third of untreated people develop late syphilis, although not until years to decades after the initial infection. Case Studies in Infectious Disease. Peter M. Lydyard, Michael F. Cole, John Holton, William L. Irving, Nino Porakishvili, Pradhib Venkatesan, and Katherine N. Ward. Garland Science, New York, NY on enteroviruses in general. Case Studies in Infectious Disease. is a valuable compilation of information on the most common diseases that cause illness and death worldwide. The presentation format with distinct sections makes it readable and well suited.