ter that describes healthcare-associated pneumonia. I use the term “obligatory” because of the recently formalized recognition of healthcare-associated pneumonia as distinct from community-acquired pneumonia, and the ongoing controversy about the optimal management of patients with healthcare-associated pneumonia. Unfortunately, there is no introductory chapter on nosocomial pneumonia per se—the focus of the entire book.

Subsequent chapters address prevention, microbiology, pathophysiology, an overall clinical approach, pneumonia due to key pathogens (Pseudomonas, Staphylococcus, Acinetobacter, and fungi), overall management strategies, minimally invasive diagnosis, pneumonia in special populations (trauma and acute respiratory distress syndrome), assessment when treatment response is poor, and recurrent pneumonia. The final chapter addresses costs. These chapters are mostly well executed and thoroughly referenced. Unfortunately, only half of the chapters have any figures or illustrations, some of which, such as an image of invasive aspergillosis, are too grainy to be useful. Others, such as the graphs of antibiotic pharmacokinetic and pharmacodynamic principles, are quite good.

For the most part the authors promote well accepted and evidence-based concepts about nosocomial pneumonia. The chapter on healthcare-associated pneumonia is sound and draws important distinctions between pneumonia in that population and in other, community-dwelling people. The prevention and pathophysiology chapters are thorough and comprehensive. The chapter on the role of the microbiology laboratory, although focused almost exclusively on ventilator-associated pneumonia, provides a thorough overview of existing data. Including more specific recommendations would strengthen it. I disagree with the book’s unsubstantiated claim that commensal organisms are generally of no pathological importance.

The chapter on clinical approach is an important one, but in my opinion it is too brief and does not adequately address the debate over when invasive or noninvasive diagnostic approaches are preferred. The fact that this topic is covered again in a later chapter is not at all presaged. The chapters on causative pathogens are helpful, although I am puzzled by the inclusion of rather extensive discussions of endemic mycoses (exceedingly rare causes of nosocomial pneumonia) in the fungal pneumonia chapter.

The chapters on strategies for optimal antibiotic therapy, minimally invasive diagnosis, and poorly resolving or recurrent pneumonia address important and practical clinical concerns. The chapter on the costs of nosocomial pneumonia contains a helpful introduction to cost analysis and uses real-world examples to examine costs and cost savings.

Overall the book holds together reasonably well. There is some unnecessary redundancy in the introductory paragraphs of several chapters, which may be due, in part, to the lack of a real introductory chapter. The chapters on microbial causes break up the logical connection between the chapters on clinical approach and antibiotic treatment. Similarly, the chapters on trauma and acute respiratory distress syndrome fall inexplicably between the chapters on diagnostic techniques and assessment of resolution. The chapters on special organisms and special settings might work best at the end of the book.

Physically, this first-edition text is an attractive, hard-bound, roughly 18 × 25 cm, 296-page book. The cover is glossy, durable, and appropriately dominated by an illustration of a care provider washing his hands. I’m not sure of the symbolism intended by the person in the background viewing the normal chest radiograph (hand-washing prevents pneumonia?). The page stock is thick enough for easy flipping and handling. The font is easy to read and there is effective use of section headers and formatting for emphasis. I did not discover many typographical errors. The author information that should appear on the first page of Chapter 10 was deleted, and Figure 9.1a contains presumably unintended duplicate images of the same computed tomoscan. The index is thorough and helpful.

The book has a relatively few figures, and I would appreciate more algorithms and flow diagrams, such as in Figures 10.7, 11.2, and 12.1. On the other hand, the figures are extensive and well selected.

In summary, this is a useful text that compiles a substantial body of information about nosocomial pneumonia in a convenient source. It should be very helpful to hospital-based physicians, pulmonologists, infectious disease specialists, and intensivists who routinely care for patients with nosocomial pneumonia. It would be useful reading for trainees in those subjects as well. The major strengths of the book are the authoritative international list of contributors and the clear focus on nosocomial pneumonia. Limitations include the lack of an introductory overview, some redundancy between chapters, the broken-up sequence of chapters, and the paucity of illustrations. I expect to refer to this text frequently over the next year or two, but scientific advances and evolving challenges will soon render much of the content outdated.

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Lung cancer continues to be an important health problem worldwide and has a poor prognosis, mainly because of its biologically aggressive nature and the frequently advanced stage at presentation. Consequently, early detection and treatment might improve prognosis, but diagnosing early-stage lung cancer can be very difficult. Conventional diagnostic methods such as chest radiograph and computed tomography are not effective, and conventional bronchoscopy is sometimes insufficient for the early detection of intraepithelial lesions. Indeed, tumor localization is the most important challenge in early detection of lung cancer in the central airways. Conventional bronchoscopy has only a 30% chance of detecting these cancers, because most of them show only subtle changes of the bronchial mucosa. It is therefore necessary to use more sensitive diagnostic methods for localizing such lesions. Autofluorescence bronchoscopy is an advanced bronchoscopic technique that addresses the limitation of conventional white-light bronchoscopy in detecting intraepithelial and microinvasive or pre-invasive lung cancer lesions of the central airways. Autofluorescence bronchoscopy is more sensitive in detecting both early lung cancer and precancerous lesions such as moderate and severe dysplasia.

The book Autofluorescence Bronchoscopy is a well written and authoritative guide.
on this topic. Although pocket-sized and just
96 pages, it is comprehensive and provides
information about pathological, technical, and clinical aspects of autofluorescence bronchoscopy. The authors are world ex-

The book has 6 chapters. The first chap-
ter, “Principles of Autofluorescence Bron-
choscopy,” describes the general features of
central type early-stage lung cancer and dys-
plasia; the need for autofluorescence diag-
nosis; the development of fluorescence imaging; and the sensitivity, specificity, positive and negative predictive values, and
limits of autofluorescence bronchoscopy.

Chapters 2 through 5 describe various
autofluorescence systems: Pentax SAFE-
3000 (System for Autofluorescence Endo-
scopy), Olympus Autofluorescence Video-
Chip Bronchoscope, Storz D-Light, and the
Hemer optical catheter and Wolf DAFE (Di-
agnostic AutoFluorescence Endoscopy sys-
tem. The most complete and longest chap-
ter is Chapter 2, on the evolution of the
Pentax system, which describes the equip-
ment and gives practical notes, including on
the course of examination, tips, and pitfalls.
The main results that have been obtained
with these systems are also reported.

Chapters 3 through 5 are devoted to the
Olympus, Storz, and Wolf DAFE systems,
respectively, and include technical notes, re-
sults of clinical trials, and discussion.

Chapter 6, which is a very short review
about trends in and the outlook for autoflu-
orescence bronchoscopy, comments on sev-
eral very common views against autofluo-
rescence bronchoscopy.

This book is addressed to bronchoscopi-
gists and thoracic surgeons, will also be in-
terested in earlier diagnosis and visualization
of the extent of lung cancer. The clarity of
the text and illustrations will also provide
generalists and medical students with the
necessary background to understand the dif-
ficulty of early diagnosis of lung cancer and
the help that new bronchoscopic technolo-
gies could offer.

The writing is concise and easily read-
able. The book’s many high-quality images
accurately illustrate precancerous lesions
and early-stage cancer identified via
autofluorescence bronchoscopy. Images
from both white-light and autofluorescence
bronchoscopy of a given bronchial area al-

The authors demonstrate that the most
recent and sophisticated autofluorescence
bronchoscopy systems have had the largest
impact on diagnostic bronchoscopy in the
last several decades. I have a few minor criticisms. Some sec-
tions of the book are repeated. For example,
the principles of autofluorescence is the main
subject of the first chapter, but with few
differences those principles are also reported
at the beginning of some other chapters.
Analogously, some clinical trials are cited
more times in the volume. This problem is
probably related to a poor coordination
among the various chapter authors. In gen-
eral, there are more technical data than
clinical data in most of the chapters. Al-
though the technical data are essential for
comprehending the subject, and relatively
few trials have been published, the clinical
implications and the practical usefulness
of this technology don’t seem extensively elucidated. For example, the
potential contribution of autofluorescence bronchoscopy to a complex field such as
lung-cancer screening could have been
discussed. Lung-cancer screening is a con-
troversial topic, and cost-effectiveness is
the main guide for the use of each diag-
nostic tool. In several studies, sputum cy-
tology and low-dose spiral computed to-
mography have been found useful, but no
screening strategy has been unequivocally
demonstrated to reduce lung-cancer mor-
tality. Autofluorescence bronchoscopy
could play a role in selected high-risk pa-
tients. Similarly, the usefulness of
autofluorescence bronchoscopy in the pre-
operative evaluation and follow-up of pa-
tients with resectable lung cancer to even-
tually identify synchronous and metachro-

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Autofluorescence bronchoscopy (right) in comparison to white-light bronchoscopy (left) used for the detection of early intraepithelial neoplasia. A nurse working under strict sterile conditions. Department of Pulmonology Bronchoscopy, including bronchologic intervention (laser therapy of endo-bronchial tumors), pleuroscopy, autofluorescence bronchoscopy (early detection of endobronchial tumors). Understanding and Delivering Solutions for Flexible Bronchoscopy Needs. The treatment possibilities of respiratory diseases are increasingly linked to reliable and effective endoscopic diagnostics. Innovations such as EBUS-TBNA, Narrow Band Imaging (NBI), Autofluorescence Imaging (AFI), and the continuous improvement of white light bronchoscopy broaden the possibilities for interventional pulmonologists. Olympus™ role does not stop here. Modalities including autofluorescence bronchoscopy (AFB) and investigational tools targeted at detecting preinvasive lesions of the airway are discussed in this review. Lung cancer screening and conventional white light bronchoscopy (WLB) are discussed separately. Autofluorescence bronchoscopy (detecting preinvasive squamous lesions). Technical aspects of AFB and its proposed clinical role in the detection of preinvasive squamous lesions are reviewed in this section. Autofluorescence Bronchoscopy, Khanavkar, Barbara M.D. Author Information. In conventional bronchoscopy, detection and localization of dysplasia and carcinoma in situ have been limited to roughly 30% of the total number believed to be present. Using bronchial epithelial autofluorescence in response to blue light illumination, these lesions are detected more readily. Autofluorescence Bronchoscopy The Editors of this book should be complimented for producing a relatively concise publication containing high-quality images on the, for some vocal interventional pulmonologists and (IPs), still controversial topic of autofluorescence and (AF) bronchoscopy. This book is written by world experts, who are active pioneers working in large referral centres performing large numbers of procedures.