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BOOK REVIEW

Medical Thoracoscopy/ Pleuroscopy: Manual and Atlas

Editors: R. Loddenkemper, P.N. Mathur, M. Noppen, P. Lee; Thieme
Medical Publishers; 192 pages;
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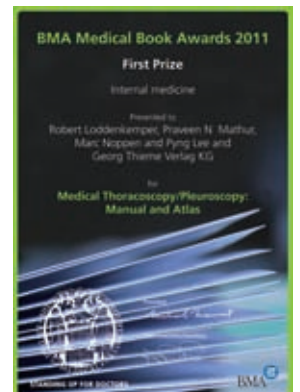
Medical Thoracoscopy/Pleuroscopy: Manual and Atlas, published in September 2010, is edited by well-known experts in the field of thoracoscopy from Europe, Asia and the USA. This international cooperation has led to a complete work of reference.

Although computed tomography- and ultrasound-guided needle biopsy of the pleura has been developed in the past decade as an alternative diagnostic technique, thoracoscopy remains the gold standard to obtain a diagnosis in pleural disease, and pleural exudates of unknown origin. However, the skill of performing thoracoscopy as a routine is not standard for all pulmonologists, and not every fellow in pulmonary medicine is able to perform thoracoscopy without supervision at the end of his training. This is unsatisfactory, as in this reviewer's opinion the diagnosis of pleural exudates belongs to the field of the pulmonologist. This includes obtaining pleural biopsies, which should in general not be left to the surgeon or radiologist.

In order to keep thoracoscopy as a diagnostic tool in the daily practice of the pulmonary physician, two things are necessary: hands-on teaching courses, which are given throughout Europe (the UK, France, Greece, the Netherlands) endorsed by the European Respiratory Society, and an adequate book. This Manual and Atlas meets the requirements of a complete teaching book: information on the theory (Manual), images (Atlas), and a DVD with instructive thoracoscopy videos.

The introduction chapter clearly describes the role of thoracoscopy in respiratory medicine, today and in the past. The second chapter deals with the difference between thoracoscopy performed by the surgeon and the pulmonologist. Throughout the book, the terms “medical thoracoscopy” and “pleuroscopy” are used to describe thoracoscopy performed by the pulmonologist. This is one of the very few disadvantages of this book: introduction of different terms for the same procedure can be confusing. In this reviewer's opinion, diagnostic thoracoscopy has been developed and performed for more than 100 years by pulmonary physicians, has been called thoracoscopy from the start, and should be called thoracoscopy in the future. When surgeons started to perform VATS (video-assisted thoracoscopic surgery), thoracoscopy was suddenly renamed medical thoracoscopy in the USA. This term is misleading and should not be used, as thoracoscopy is an invasive procedure, and therefore not medical by definition. The term pleuroscopy is also undesirable, as the inspection of intrathoracic organs during thoracoscopy is not limited to the pleura.

The third chapter describes the role of thoracoscopy in the work-up and treatment of pleural effusions, pneumothorax, and diffuse lung diseases extensively. The alternative treatment options for pleural effusions of malignant origin are discussed in detail.



An important part of the manual is the 30-page chapter on the technique of thoracoscopy. The rigid and semi-flexible equipment for thoracoscopy is described in detail, and the same is true for positioning of the patient and how to gain access to the pleural space. The technique of thoracoscopic talc pleurodesis is described, and chest tube management is extensively discussed.

The Atlas consists of 50 pages of high-quality thoracoscopic images of malignant and benign pleural diseases, common and rare.

The Manual and Atlas includes a DVD with a complete 11-minute step-by-step video demonstration of the technique of thoracoscopy, and videos of eight clinical cases.

This very complete book is highly recommended to every fellow or pulmonologist who wants to learn thoracoscopy, and to every thoracoscopist who wants to keep up with recent developments and new techniques in the exciting field of diagnosis and treatment of pleural diseases.