

## Endocarditis infecciosa

Vilacosta I., C. Sarriá and J.A. San Román (Eds.)  
 Barcelona: Prous Science, 2002; 367 pages, 182 figures, and 54 tables. ISBN 84-8124-197-0

It is no exaggeration to say that *Endocarditis infecciosa* is an extraordinarily good book and everyone in the Spanish medical community with an interest in this complex disease should welcome it with pride. In its 27 chapters, all aspects of endocarditis are dealt with exhaustively. The major issues—physiopathology, clinical symptoms, embolic complications, echocardiography, diagnosis, medical and surgical management during the active phase—are the work of the editors themselves. And they deal with some more specific aspects too: prosthetic valve endocarditis, endocarditis associated with pacemaker implantation, endocarditis in the elderly and nonbacterial thrombotic endocarditis. Such a wide-ranging contribution by the editors themselves ensures the work is coherent and the presentation is uniform.

In the chapters written by what we might call «guest artists», we find practically all of the Spanish authors who have made a significant contribution to our knowledge of this disease. For example, Dr. Paloma Aragoncillo is co-author of Dr. Vilacosta's chapter on pathologic anatomy, which includes 25 magnificent illustrations; Dr. M. Pilar Tornos offers a commonsense approach with a clear feel for clinical practice in her chapter on prognosis; and the group based at the Reina Sofía Hospital in Córdoba and led by Manuel Anguita gives us the benefit of its experience in a general chapter on left native valve endocarditis, and a more specific one about endocarditis in children. From the field of infectious diseases are more authors who add further prestige to this work. The names of Manuel Fernández Guerrero (epidemiology and microbiology), José M. Miró (endocarditis in drug abusers and immunodeficient patients), José M. Aguado (endocarditis and negative blood cultures) and Benito Almirante (prophylaxis of infective endocarditis) are familiar to all cardiologists because they have written so much about the subject. Other specialists in infectious diseases and internal medicine, perhaps less well known to cardiologists, are Enrique Navas (fungal endocarditis), Joan Gavalda and Albert Pahissa (unusual microorganisms) and Manuel Rodríguez, Luis Manzano and Melchor Álvarez de Mon (immune response in endocarditis). Finally, two clinical microbiologists, Josefina Liñares and Fe Tubau, write about the role of the microbiology laboratory in a chapter we should all read carefully so we can talk to our microbiologist colleagues on equal

terms. The only representative of Spanish cardiac surgery is Carlos A. Mestres who, in the chapter on endocarditis in drug abusers, shares his vast experience on the use of cryopreserved mitral valve homografts in the treatment of tricuspid valve conditions.

The chapter on surgery has been entrusted to Christophe Acar of the Pitié Salpêtrière Hospital, Paris. Not all readers will share some of the recommendations for early surgery, such as the excision of large loose vegetations to avoid the risk of stroke. After all, the ACC/AHA Task Force classifies this as type IIb. Widespread use of plasty to repair lesions to the left atrioventricular valve and the systematic use of homografts in aortic valve replacement are also surprising as they are not normal practice in Spain. These surgical procedures, together with early identification, may well be behind the reported 4% in-hospital mortality rate—a figure that, given our current levels, we can only dream of. Perhaps because he can rely on early identification, that Acar shows no interest in reconstruction techniques for fibrous trigonum destroyed by periannular abscess. This difficult procedure is successfully carried out by various teams of surgeons in Spain, the most important of which has close links with the main author of the book, and a contribution from that quarter would not have been out of place here.

The list of overseas contributors includes Mark Rouse and Robin Patel, researchers at the Mayo Clinic, who offer a brief chapter describing endocarditis in animal models. In addition, the prestigious European Working Group on Rickettsia, headed by Didier Raoult, currently president of the Université de la Méditerranée, Aix-Marseille II, France, discuss Q fever endocarditis.

In general, the book is well written; it is filled with summary tables, and the overall production is of the finest quality, all of which makes it a good read. In the preface, the editors underscore the fact that evaluation of these patients requires a perceptive eye for clinical details. And later they stress that clinical criteria are to the fore in most chapters, pushing the results of any techniques into second place. We fully agree with this position, but the very fact that they repeat themselves makes us suspect that they may, subliminally, be trying to make excuses for the overwhelming display of images evident throughout the book, especially in the chapters they themselves have authored. Of special note are the extraordinary echocardiographic illustrations, some of which are accompanied by the corresponding pathology images. This comes as no surprise to those of us who have followed the professional and scientific careers of Isidre Vilacosta and José Alberto San Román and know of their dedication to clinical echocardiography.

The book is rich in bibliographical references and these are all presented in uniform style, demonstrating the exceptional care taken by the editors. Unfortunately, the only errata we have been able to find (p. 274, ref. 35) has rather spoiled our impression. The name of the late Dr. Gregorio de Rábago, one of the pioneers of cardiovascular surgery in Spain, has been transformed by a typesetting gremlin into de Rabaga, J. The work ends with a practical appendix on diagnostic protocols and the treatment of infective endocarditis. Curiously, the table giving indications of the need for native valve surgery differs both in organization and content from the one that appears as Table 2 (p. 313) of the chapter, also written by the editors, dealing with the same topic. More importantly, the detection of early mitral valve closure accompanied by acute severe aortic regurgitation is, in both places, suggested as an indication of surgery. In our

opinion, in line with ACC/AHA and SEC guidelines on heart valve disease, this is class I or absolute risk. Essentially, it demonstrates a rapid balancing out of blood pressure levels between the ventricle and aorta during diastole and, consequently, is synonymous with a clinically serious hemodynamic problem. Finally, we did miss an index to help the reader search for information on specific issues.

To conclude though, these are minor issues in a major work that we are sure will be highly successful among Spanish language readers. It is a pity that, unless the publishers have in mind the production of an English version, those cardiologists who cannot read Spanish will be deprived of this excellent text.

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