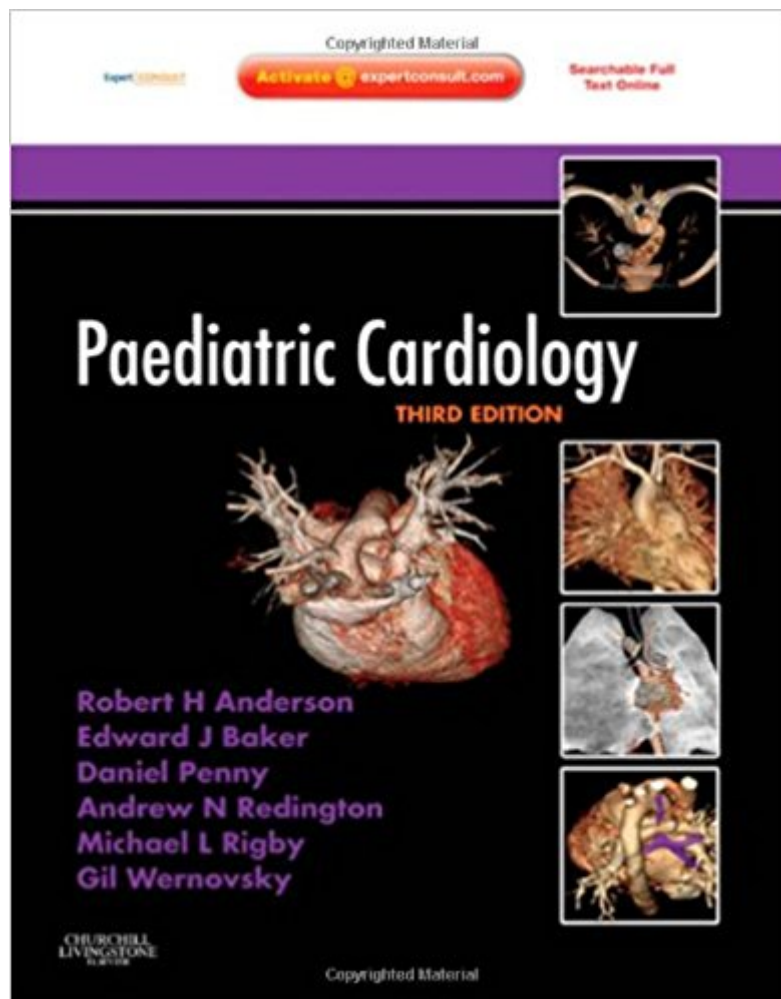




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Paediatric Cardiology: Expert Consult - Online And Print, 3e



Synopsis

As patients live longer and need to be treated over the long term and the management of pediatric cardiology problems and congenital heart disease moves more into the mainstream, turn to Pediatric Cardiology for current clinical guidance. Trust Dr. Robert Anderson, godfather of cardiac morphology, to bring you coverage of potential cardiovascular anomalies, all potential diseases related to anomalies or developmental problems, and methods for management and treatment. New contributors from all over the worldâ€•including 70% new to this editionâ€•present the latest challenges in the field and emphasize the adolescent and post-operative outcomes for management. Now, in full color, this leading reference offers you everything you need to treat and manage pediatric heart conditions. A comprehensive and exhaustive reference of fundamental and clinical aspects of heart disease in infancy and childhood. The contributors are well-known experts in the field and the editors are a world class group who have published extensively in the field. Emphasizes the treatment of corrected congenital heart disease for coverage of the clinical management of cardiac problems in the adolescent and young adult. Integrates development in chapters on lesions to make physiology clinically relevant for the specific cardiac lesions. Provides the latest clinical perspectives on neonate cardiac development management issues so you can offer the best long-term care. Presents the contributions of 70% new authors, from all over the world, in a consistent format to make referencing global perspectives quick and easy. Captures the nuances of the anatomical structure of lesions through full-color illustrations depicting morphologic, congenital, and surgically corrected examples for exceptional visual guidance.

Book Information

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Customer Reviews

So be cheery my lads, let your hearts never fail While the bold harpooner is striking the whale -- Nantucket Song from Moby Dick It is not obvious why Moby Dick, a classic American novel, should be juxtaposed with a leading textbook of pediatric cardiology from England. Yet when the reader is slowly and, in general, joyfully plodding through this heavy, two-volume textbook, the analogy to Moby Dick might come to mind. Moby Dick is not just a book about whaling adventures. It is also an exhaustive essay on cetology and the whaling industry, written by a man who had spent years on the briny decks of whaling vessels before compiling his masterpiece. Anderson's Paediatric Cardiology, which takes a methodical approach not unlike that of Melville's novel, is written from the perspective of a cardiac pathologist who paid his dues in the formaldehyde trenches of the pathology laboratory before becoming one of the recognized leaders of the field. This approach worked in the first edition, published in 1987, and here, Anderson and company return to navigate familiar waters. Anderson has assembled an expert crew; all the coeditors, like Anderson, hail from London, and most of the other contributors are from the United Kingdom. The book starts with a lively new chapter by Catherine A. Neil and Edward B. Clark on the history of pediatric cardiology, with quotations from the classic texts of Etienne-Louis Arthur Fallot, Victor Eisenmenger, and other pioneers. In the next two chapters, "Terminology" and "Anatomy," Anderson sets out the basics that he has helped to establish. He also introduces his main rival, Richard Van Praagh from Boston, who reappears throughout the text to drive Anderson to nearly Ahab-like obsession. These two leviathans have been battling for years over the language and methods used to describe congenital heart disease, and between them, they have made enormous contributions to our understanding of cardiac pathology and subsequently to the clinical practice of pediatric cardiology. As a result, the pediatric-cardiology community has been divided into self-proclaimed Andersonians and Van Praaghians, although most of us probably fall somewhere in the middle. Here and throughout the text, Anderson tells us his side of the story and, in methodical Melvillean detail, describes congenital heart disease through his system of "sequential segmental analysis," which "categorizes recognizable anatomical facts, avoiding speculative embryological assumptions." Anderson wrote or coauthored more than half the chapters on congenital heart lesions and thus is by far the best represented author. Other contributors reinforce the book's strength in providing anatomical detail, although they do not belabor the past to the same degree as Anderson does: "It is not appropriate

here to go into the tortuous semantic debate that continued through the 20th century, with regard to the use of the term transposition," writes Wilkinson, in his chapter on the double-outlet ventricle. Anderson is not frugal with words or pathology photographs and generously splashes his chapters with good-quality, albeit black-and-white, images of cardiac specimens. The standard sections on physiology, clinical presentation, investigations, and medical and surgical management follow in sequence. Anatomy, presentation, diagnosis, and treatment are discussed for each of the heart lesions, with a uniform emphasis on fundamental principles, which is one of the major strengths of this book. Arthur Garson, a member of the first generation of pediatric electrophysiologists, contributes 80 pages -- extracted nearly intact from his 1987 chapter -- on the basic principles of electrocardiology, including somewhat neglected if not forgotten methods of vector analysis. Arnold Wenink again contributes a solid chapter on embryology of the heart, adding to this edition beautiful scanning-electron micrographs of the developing heart. Daniel Penny has contributed a chapter on ventricular function, a topic that is often skimmed over in pediatric textbooks and left to internal-medicine cardiologists. This chapter includes classic pressure-volume loops and curves showing the rate of change in left ventricular pressure over time but neglects newer modes of measuring ventricular function, such as tissue Doppler imaging and magnetic resonance imaging (MRI). The material added to this edition is not emphasized. The chapter on molecular biology is basic, and molecular concepts surface only briefly throughout the text. The section on MRI is cursory, with images of marginal quality, and the MRI images in other parts of the book are hazy. The echocardiographic images have improved in number and quality from the last edition, but many remain grainy, and several images that no longer reflect the current state of the art in ultrasonography have been reproduced from the first edition. A brief, segregated section containing color plates now precedes each volume but in reality adds little to the book. An excellent updated chapter on congenital heart disease in adults stands in contrast to the chapters on childhood cardiovascular risk factors and management of congenital heart disease in pregnancy, which are nearly identical to the earlier versions. This is not a book to pick up for a quick answer between patients seen in the clinic (although the index is complete), nor is it at the trendy or cutting edge of the field. Rather, it is like an old sea novel, a book for readers who have the time and energy to pore over it in order to emerge with a deeper understanding -- in this case, of anatomy and the fundamental principles of pediatric cardiology. David J. Sahn, M.D. Copyright © 2003 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS. --This text refers to an out of print or unavailable edition of this title.

"This new two-volume work covers pediatric cardiology in its entirety. It will be an excellent textbook and reference source for the pediatric cardiologist and all others dealing with the cardiac problems of children with congenital heart defects that remain into adult life. There are excellent sections of general pediatric cardiologic diseases such as rheumatic heart disease, hypertension, non-rheumatic inflammatory heart diseases... the book is a valuable complement to any of the more traditional textbooks of pediatric cardiology. It provides some new and stimulating discussions of this complex and continually changing field." --New England Journal of Medicine --This text refers to an out of print or unavailable edition of this title.

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