

## BOOK REVIEWS

**PATHOLOGY OF THE FEMALE  
REPRODUCTIVE TRACT**

Edited by Stanley J. Robboy, Malcolm C. Anderson,  
and Peter Russell. 929 pp., illustrated. Philadelphia,  
Churchill Livingstone, 2002. \$250.  
ISBN 0-443-05595-5.

THE ROOTS OF PATHOLOGY ARE THOSE OF medicine itself and extend back beyond recorded history. However, surgical pathology as we recognize it is only about 100 years old, born of the union of microscopy and surgical observation. But where does gynecologic pathology fit into surgical pathology and medicine today? Currently, the epidemic of sexually transmitted diseases in the United States results in the discovery of abnormal results on Papanicolaou testing in a million or more women each year, and such results often prompt a cervical biopsy. Abnormal uterine bleeding, either spontaneous or associated with oral contraceptive or hormone-replacement therapy, in tens of millions has made endometrial sampling one of the most common surgical procedures in this country. Consequently, these specimens may actually account for the largest single group encountered in some busy practices, and knowledge of gynecologic pathology is essential to the surgical pathologist.

Not only is the volume of gynecologic specimens great; so is their complexity. The World Health Organization includes more than 120 histologic types in its classification of ovarian tumors. The inherent difficulty in the interpretation of gynecologic specimens is complicated by the fact that in the female genital tract, even the histologic features that define the norm are variable, fluctuating with the reproductive age (premenarche, menarche, the reproductive years, and menopause) and even the menstrual cycle day in some organs, such as the endometrium. Frequently, this diagnostic challenge is further amplified by iatrogenic alterations due to interventions to augment or diminish fertility or to delay menopause. It is hardly surprising that even experienced pathologists may view an endometrial or cervical biopsy with suspicion or anxiety.

Currently available specialized resources in gynecologic pathology include two encyclopedic references (Blaustein's *Pathology of the Female Genital Tract* [New York: Springer-Verlag, 2002] and Haines and Taylor *Obstetrical & Gynaecological Pathology* [Edinburgh: Churchill Livingstone, 2003]), several atlases, and numerous monographs on specific genital tract organs. What need might *Pathology of the Female Reproductive Tract*, edited by Robboy, Anderson, and Russell, fill? The editors' stated objective is to provide a thorough, comprehensive book, written in a style that is easy to read. The authors are experienced, internationally recognized investigators from the United States, the United Kingdom, and Australia. Although eight other contributors have added to various chapters, it is apparent from the seamless and lively literary style that the three editors worked together to generate most of the text. The result represents a thoughtful distillation of the literature and of their and the contributors' experience, with little preexisting knowledge on the part of the reader assumed. The writing is engaging, providing advice where problems are anticipated and pointing out unresolved issues. The flow of the text is not disrupted by citations involving names or the year of publication. Citations of the published literature are about one third as numerous as in more comprehensive books and were for the most part selected from the literature of the past decade.

Most readers will probably respond immediately on opening the book, with its visually arresting use of more than 2000 color photographs, charts, tables, and chapter tabs. Surgical pathologists spend much of their lives making diagnoses relying on the reproducible artifacts of sections stained with hematoxylin and eosin, but they still are likely to read of a medical world that is depicted in black and white. This lavishly illustrated book is both textbook and atlas, and I found the clinical photographs of vulvar disease and those of intact gross surgical specimens particularly compelling. The photomicrographs are generally well selected, but future editions would benefit from digitally enhanced color balancing to achieve a more uniform appearance.

**CONNECTIVE TISSUE  
AND ITS HERITABLE DISORDERS:  
MOLECULAR, GENETIC,  
AND MEDICAL ASPECTS**

Second edition. Edited by Peter M. Royce and Beat Steinmann.  
1201 pp., illustrated. New York, Wiley-Liss, 2002. \$365.  
ISBN 0-471-25185-2.

The subject matter is focused primarily on the pathological criteria on which a diagnosis is based, with only brief descriptions of pathogenesis, clinical presentation, natural history, and treatment. This is not a book for learning about disease, but rather one for learning how to arrive at the correct diagnosis. Immunohistochemical stains and molecular biology are briefly described in selected areas, but the book is grounded in classic gross and microscopical morphology.

Specific strengths include the clinically oriented chapters that depict and describe vulvar dermatologic disease and colposcopic abnormalities, the illustrations of embryologic development and disorders of sexual differentiation, the brief overview of cervical intraepithelial neoplasia, and the simplified tables and schematic diagrams, such as the decision tree for distinguishing among unusual smooth-muscle tumors of the uterus. However, some lesions, such as microinvasion in ovarian serous carcinoma, are only briefly addressed, and the description of the benign vulvar angiofibrosarcoma is not sufficiently detailed to permit confident distinction from the locally infiltrative aggressive angiofibrosarcoma.

This book does not provide all the answers to many basic and clinical questions about the natural history, biologic behavior, or therapy of gynecologic diseases, nor does it serve as a comprehensive source of references for further exploration of the primary literature. Other textbooks serve that function. However, with its striking use of color and its readability, *Pathology of the Female Reproductive Tract* has created a new niche. It represents a pleasing and relatively detailed exploration of gynecologic pathology with a wealth of information and illustrations for the resident in gynecology or pathology or for the practicing pathologist who would like diagnostic assistance when next confronted with a problematic gynecologic biopsy or resection specimen.

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I WAS GENUINELY THRILLED AT THE PROSPECT of reviewing the second edition of this multi-authored work covering the biology and pathology of connective tissues. The second edition, despite being 450 pages longer than the first edition, is a real pleasure for anyone with an interest in the skeleton and associated tissues. In the past 20 years, we have witnessed a remarkable change in our understanding of the intricate processes at work in the connective tissues, both in health and in disease. The view of the skeleton as a somewhat inert structure supporting the other tissues, whose physiology is more interesting, is long gone. Throughout this book, the editors have presented fascinating examples of how our knowledge of these tissues has been enhanced by the application of genetics, biochemistry, and structural biology.

The editors have drawn widely from experts in their field, and there is a strong sense of personal involvement throughout. In a book of this sort, it is unusual to achieve such comprehensive coverage of a wide range of topics. Although not a small book at 1200 pages, it is, nonetheless, physically manageable and logically arranged. The indexing is meticulous and accurate, which facilitates its routine use as a source of reference.

In the first section of the book, the biology of the connective tissues and the extracellular matrix is described in considerable detail. Separate sections detail the different tissues, including the skin, tendons, bones, cardiovascular system, and eyes; thereafter, the important components of the extracellular matrix, such as collagen, elastin, and adhesive glycoproteins, are described in meticulous detail. The descriptions of elastin and the associated microfibrils suffer somewhat by comparison with the two-part chapter on collagens, but only because the latter is simply superb. Any doctoral student will be more than satisfied with the detail and breadth of these accounts. In the second section, the range of heritable disorders affecting these tissues is described comprehensively. It is hard to fault the clinical, radiographic, or metabolic descriptions that accompany each section.

The overall structure of this book is similar to that of the first edition, but useful additions include separate chapters on the eye and cardiovascular system. The section on chondrodysplasias has been substantially expanded to keep pace with the rapid developments in this exciting field. Disorders of sulphate metabolism, fibroblast growth-factor genes, and skeletal morphogenesis now receive separate consideration. There are also small, discrete chapters dealing with a number of miscellaneous disorders, such as the osteoporosis–pseudoglioma syndrome, regarding which important advances have been made.

Because of its size, this book is not one to read at a single sitting, but each chapter is self-contained and comprehensively referenced. A useful feature is the “Recent Developments” summary at the end of most chapters. Perhaps the most obvious omission from an otherwise outstanding book is that of an overview chapter on medical and molecular genetics in the first section. Since genetics is a rapidly developing field that has played an enormous part in enhancing our knowledge of the connective-tissue disorders, this is a somewhat surprising omission.

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## OSTEOPOROSIS: PATHOPHYSIOLOGY AND CLINICAL MANAGEMENT

(Contemporary Endocrinology.) Edited by Eric S. Orwoll  
and Michael Bliziotes. 615 pp., illustrated.  
Totowa, N.J., Humana Press, 2003. \$135.  
ISBN 0-89603-933-1.

**T**WO HUNDRED MILLION WOMEN SUFFER from osteoporosis worldwide (a third of all women between 60 and 70 years of age and two thirds of all women over 80 years of age), with a lifetime risk of fracture between 30 and 40 percent. In men, the lifetime risk of osteoporotic fracture is currently about 13 percent, but the risk is expected to rise with increased life expectancy. The annual incidence of hip fracture is also expected to rise, from 1.7 million in 1990 to 6.3 million in 2050. It is because of these astonishing numbers that osteoporosis has become one of the hottest topics in medicine, with thousands of articles and dozens of textbooks devoted to it every year.

Just as I was becoming more and more convinced that nobody needs another multiauthored textbook on osteoporosis (and enjoying the idea that I would not have to write another review of such a book for a long time), there comes along a handsome book of about 600 pages on the pathophysiology and clinical management of osteoporosis, with a twist: the perspectives of authors with basic-science backgrounds are juxtaposed with those of authors with clinical interests, in pairs of chapters that address a single aspect of osteoporosis. The credit for this innovative and ambitious concept goes to the editors, Eric S. Orwoll and Michael Bliziotes, both clinical endocrinologists and well-respected authorities on the subject.

Some examples of successfully paired chapters are those on the genetics of osteoporosis in mice and humans, the technical aspects of the assessment of peripheral bone mineral density and the use of this measurement in the clinical management of osteoporosis, and mechanical influences on the mass and morphologic features of bone and the role of exercise in the prevention of osteoporosis. Unfortunately, however, there are at least as many instances in which the pairing of basic and clinical presentations of a topic falls apart. For example, after an extensive discussion in chapter 8 about the development of new molecular markers, which, according to the authors, “has greatly enriched the spectrum of serum and urine analytes used in the assessment” of pathologic processes involving the skeleton, we learn in chapter 9 that serum and urine markers are of hardly any use in the diagnosis and management of osteoporosis or, for that matter, most other metabolic bone diseases, with the exception of alkaline phosphatase in Paget’s disease.

Surprisingly, given the title of the book, hardly any of its 28 chapters deal with the pathophysiology of osteoporosis in earnest. Current advances in the molecular biology of bone in general and in the molecular, biochemical, and cellular changes responsible for the development of osteoporosis in particular are largely ignored. In the few instances in which pathogenetic mechanisms are considered (for example, in chapter 12), they are approached only superficially and without consideration of the state-of-the-art understanding of molecular and cellular biology. The attempt in chapter 12 to review basic aspects of the role of calcium in the development of osteoporosis yields little convincing, hard-core scientific evidence, and the model the authors propose for the role of calcium transport in late post-

menopausal bone loss is terribly outdated. In contrast, chapter 13, entitled “Calcium, Bone, and Life,” is beautifully written, insightful, and full of wisdom.

Also outdated and out of touch is chapter 15, on the basic biology of the action of estrogen on bone. All the major breakthroughs that have taken place in this area during the past decade — among them the elucidation of tight links among estrogen, cytokines, and osteoclastogenesis and of the direct role of estrogen in the birth and death of osteoblasts and osteoclasts — are ignored, making the whole discussion of this subject irrelevant. Unfortunately, because of the tardiness inevitable in the publication of a multichapter, multiauthored book, the discussion of the clinical use of estrogens (in chapter 16) is also out of date; it was written before the recent publication of the findings of the Women’s Health Initiative study with respect to hormone-replacement therapy. In contrast, I found both the basic and clinical chapters on the action of androgens on bone much more up to date and informative. Conspicuously absent is a chapter on steroid-induced osteoporosis, the third most common form of the disease after postmenopausal and age-related osteoporosis. To my disappointment, not a single chapter addresses the fundamental concepts of bone remodeling or the fact that osteoporosis is caused not by some exotic, out-of-the-blue pathogenetic mechanism but rather by disturbances in the normal process of periodic regeneration of the adult skeleton by teams of osteoblasts and osteoclasts, which constitute the basic multicellular unit of bone.

In sharp contrast to the lack of attention to pathophysiology, more than 12 chapters deal in considerable detail with various treatments, from sex-steroid replacement to the use of vitamin D and its metabolites, parathyroid hormone, calcitonin, and bisphosphonates. The two chapters on the basic mechanism of action of bisphosphonates and their use in the treatment of osteoporosis, as well as the chapter on the use of parathyroid hormone in the treatment of the disease, are particularly insightful and up to date.

All in all, this book represents an honest attempt at improving the didactic quality of textbooks on osteoporosis. As is inevitable in a multiauthored book, the quality of the information is spotty and uncritical of “the good, the bad . . . and the irreproducible” research in the field. However, I rec-

ommend it because of its innovations and because it is packed with information.

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## HYPERTENSION IN PREGNANCY

Edited by Michael A. Belfort, Steven Thornton,  
and George R. Saade. 384 pp., illustrated.  
New York, Marcel Dekker, 2003. \$165.  
ISBN 0-8247-0827-X.

**I**N AN ERA OF ELECTRONIC MEDIA, DO HARDCOVER monographs still have a role? I believe that works like *Hypertension in Pregnancy* force a reply of yes. The editors have elicited chapters from experts with long experience in research in the field and recent publications — important criteria, if readers are to accept the opinions expressed. The numerous illustrations and tables serve well to summarize many of the topics discussed. All the authors are clearly experienced writers and use a style in which careful documentation does not bog down the text with monotony.

The subjects covered range from updates on the search for the cause and pathogenesis of hypertension to practical matters, such as comparisons of different classification systems and the management of preeclampsia. These will interest physicians who are primarily responsible for the care of pregnant women as well as anesthesiologists, critical care physicians, and clinical investigators. The editors have selected respected authors to present diverse topics. Both the hypertension peculiar to pregnancy and hypertension with different causes which may coexist with pregnancy are covered. The comprehensive coverage of the systems of classification presented early in the book facilitates understanding of the subsequent chapters.

Clinical investigators will be most interested in the chapters that provide up-to-date insights into the complex maze of clues about the origins and mechanisms of a disease that has frustrated them for many decades. After a number of false starts, including the use of catecholamines, corticosteroids, and eicosanoids, the evidence implicating growth factors, lipid peroxides, and microvillus membranes

will provide ample food for thought. The long-recognized genetic links to preeclampsia are presented in detail in a skillful mix of epidemiology and molecular genetics.

Thorough reviews of the management of preeclampsia occurring long before term and of the postpartum hemolysis, elevated liver enzymes, and low platelets (HELLP) syndrome bring the clinician up to date and provide a framework for optimal clinical care. A chapter devoted to the often overlooked subject of transient hypertension of pregnancy provides a useful reminder that this condition is not simply “pre-preeclampsia.”

Obstetricians and internists may make use of several chapters that provide differential diagnoses for symptoms that may either be the key to the diagnosis of a complication of preeclampsia or indicate a separate disease presenting during pregnancy. Even experienced clinicians will benefit from these checklists. Specialists in maternal–fetal medicine may be most interested in what is essentially a primer on how to perform and use maternal echocardiography in the management of preeclampsia.

The preface indicates that the goal of this book is to present the recent additions to the literature. This goal has been achieved — the references include many articles published during 2000 and 2001. Very few readers of *Hypertension in Pregnancy* will not learn anything new or gain greater insight into this important and intriguing disease. I intend to pass this book around to my colleagues and students, and I expect that many others will share it as well.

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## CORRECTION

Eplerenone, a Selective Aldosterone Blocker, in Patients with Left Ventricular Dysfunction after Myocardial Infarction (April 3, 2003; 348:1309-21). On page 1309, in the second line of the Methods section of the Abstract, the number of patients assigned to eplerenone should have been 3319 and the number assigned to placebo 3313, rather than the reverse, as printed. On page 1320, J. Thierer should have been included among the investigators in Latin America listed in the Appendix.

## NOTICES

Notices submitted for publication should contain a mailing address and phone number of a contact person or department. We regret we are unable to publish all notices received. Notices also appear on the Journal's Web site (<http://www.nejm.org/meetings>). The listings can be viewed in their entirety or searched by location, month, or key word.

### RADIOLOGY/IMAGING

The following meetings will be held: “Breast Cancer Update” (Venice, Italy, July 7–10); “Breast Imaging 2003” (Washington, D.C., July 10–13); “MRI of the Musculoskeletal System” (Santa Fe, N.M., Aug. 1–3); “Breast Imaging Update 2003” (Montreal, Aug. 7–10); “The International Skeletal Society Annual Meeting and Course” (San Francisco, Sept. 17–20); “Mt. Sinai 2003 Update: Breast” (New York, Oct. 10–12); “Mt. Sinai 2003 Update: Cardiovascular MR-CT Imaging — State of the Art” (New York, Oct. 13 and 14); “Mt. Sinai 2003 Update: Brain, Spine, Neurovascular, and ENT Imaging” (New York, Oct. 15–19); “23rd Comprehensive Review of Vascular and Interventional Radiology” (San Diego, Calif., Oct.); “27th Annual San Diego Postgraduate Radiology Course” (San Diego, Calif., Oct.); “Breast Imaging and Interventions Update” (San Diego, Calif., Nov.); “Breast Imaging Update” (Nov. 3–6); and “Emergency Radiology” (New York, Nov. 13–16).

Contact Wendy Ryals, Ryals and Associates, P.O. Box 380, Springville, AL 35146; or call (205) 467-3158; or e-mail [info@ryalsmeet.com](mailto:info@ryalsmeet.com); or see <http://www.ryalsmeet.com>; or fax (205) 467-3199.

### NEW ENGLAND EDUCATIONAL INSTITUTE

The “20th Annual Cape Cod Summer Symposia,” 30 different week-long symposia for mental health professionals, will be held in Cape Cod, Mass., June 16–Aug. 22.

Contact New England Educational Institute, 92 Elm St., Pittsfield, MA 01201; or call (413) 499-1489; or fax (413) 499-6584; or e-mail [educate@neei.org](mailto:educate@neei.org); or see <http://www.neei.org>.

### SUPPORTIVE CARE IN CANCER

The “MASCC/ISOO 15th International Symposium” will be held in Berlin, Germany, June 18–21. It is sponsored by the Multinational Association of Supportive Care in Cancer, the International Society of Oral Oncology, and the German Association of Supportive Care in Cancer.

Contact Ms. Julia Böttger, EMC GmbH Event and Meeting Company, Dachauerstr. 44 a, 80035 Munich, Germany; or call (49) 89 54 90 96 73; or e-mail [mascc@emc-event.com](mailto:mascc@emc-event.com); or fax (49) 89 54 90 96 75.

### INTERNATIONAL SOCIETY FOR MINIMALLY INVASIVE CARDIAC SURGERY

The Sixth Annual Scientific Meeting, entitled “Pushing the Science, Pioneering the Practice of Minimally Invasive Cardiac Surgery,” will be held in San Francisco, June 18–21.

Contact ISMICS Meetings Department, 13 Elm St., Manchester, MA 01944; or call (978) 526-8330; or fax (978) 526-7521; or e-mail [ismics@prri.com](mailto:ismics@prri.com); or see <http://www.ismics.org>.

### 23RD ANNUAL OHEP INTENSIVE INTERNAL MEDICINE BOARD REVIEW

The course will be offered in Troy, Mich., June 2–6. Contact Christine Robison, OHEP Center for Medical Education, 21415 Civic Center Dr., Suite 301, Southfield, MI 48076; or call (248) 354-2150.