**BOOK REVIEWS**

**Cholesterol treatment: A guide to lipid disorder management** David A. Leaf; Durant, Okla.; 1997; EMIS; 201 pages.

This pocket-sized book is one of a series arranged with simple text and numerous tables. These books are directed towards the practitioner who wants up-to-date practice guidelines with minimal effort. Given the condensed style, Dr. Leaf has included a surprising amount of data and summarized the argument for lipid-lowering therapy. If one wanted a simplified source for discussing the coronary artery disease risk posed by a given lipid value or the choices for therapy, this book would seem to be a reasonable choice. For example, a consultation of chart 13.1, which details the cost-effectiveness of several 3-hydroxy-3-methylglutaryl coenzyme A reductase inhibitors, could allow patients to save hundreds of dollars per month. However, this book is a pocket reference and should not be confused with a text that is designed to give the inexperienced clinician adequate background to routinely treat patients with hyperlipidemia.

The condensed format has limitations. For example, excellent results in lipid lowering have been reported with combination therapies. These therapies can be inexpensive and well-tolerated but are given short review in this text. In addition, although each of the 28 sections are referenced, these original sources are listed at the end of each section and are not referenced specifically to the text. Obviously, Dr. Leaf had to pick his references carefully from the thousands of papers in the literature that regard lipids and coronary artery atherosclerosis. That these carefully chosen papers are not referenced to specific statements in the text seems odd.

This work is concerned almost exclusively with the association of hyperlipidemia and coronary artery disease and as such will hold only limited interest for clinicians who treat patients with peripheral vascular disease. Although the evidence that lipid disorders promote peripheral disease is clearly less compelling than the evidence for their role in coronary artery disease, certain conditions, such as dysbeta hyperlipidemia and low high-density lipoprotein, are important risk factors for both conditions. Peripheral vascular disease appears to be of little interest to Dr. Leaf.

Finally, the appeal of this work suffers from its requisite myopic scope. The book is well-organized and complete for such a limited work, but lipid disorders are only one of the many factors that have caused patients to develop symptomatic atherosclerotic coronary artery disease. Furthermore, treatment of these disorders requires considerable attention and expertise. This pocket reference should not be considered adequate to allow an inexperienced clinician to initiate such treatment and thus may best serve clinicians in training who will appreciate its ease of use and condensed style.

**Endovascular skills** Peter A. Schneider; St. Louis; 1998; Quality Medical Publishing; 223 pages; $85.00.

*Endovascular Skills* fills a giant gap in the vascular literature in two ways. First, it is a comprehensive reference and instructional book, and second, it provides the balance of a vascular surgeon's perspective.

Dr. Schneider has crafted an excellent introduction for anyone who is interested in endovascular procedures. The book is a "how to do it" guide for both basic and moderately advanced procedures. The text is straightforward, lively, and easy to read. It is concise, yet includes fundamental knowledge and descriptive techniques. The text is accented by simple, easy-to-follow illustrations and includes tables that emphasize pertinent and practical aspects of the topics that are under discussion. The chapters are well-organized and progress from fundamental concepts of guidewire and catheter skills to chapters on imaging equipment, angiography, balloon angioplasty, and stent placement.

The chapter on imaging is limited to a basic understanding of conventional equipment used for most common procedures. Newer advanced imaging techniques, such as intravascular ultrasound scan, spiral computerized tomography, magnetic resonance angiography, carbon dioxide angiography, and angioscopy, are not discussed. Investigational, experimental, and controversial procedures, such as stent graft repair of abdominal aortic aneurysms or stenting for carotid artery occlusive disease, likewise are omitted. Although the section on radiation physics and safety is criticized in the Forward by Dr. Julio Palmaz as incomplete and "very short", it actually contains adequate information for the practicing vascular surgeon, and it conforms to the general format of the book—succinct and to-the-point.

This book easily provides the basic knowledge needed to perform endovascular procedures, which was clearly the author's goal. At a time when the vascular surgery community is beginning to acknowledge and use advancing endovascular technology in both training and everyday practice, this neat work hits the bull's eye. It is a must read for endovascular surgeons in training, interventionalists who need a different perspective, or anyone who is interested in a balanced view of endovascular surgery.

---

**Roger Gregory, MD**

Charles D. Goff, MD

Eastern Virginia Medical School
ations on the management of high blood cholesterol and related disorders. For development of its recommendations, ATP III places primary emphasis on large, randomized, controlled clinical trials (RCTs). ATP III outlines several factors that can be taken into consider-ation to guide clinical judgment for this category. ATP III placed major emphasis on therapeutic lifestyle changes (TLC) as an essential modality in clinical manage-ment for persons at risk for cardiovascular disease (CVD). Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial Lipid-Lowering Trial The primary goal of ALLHAT was to evaluate current modalities of hypertension treatment. Measuring lipid levels. Other topics in this chapter. Cholesterol Disorders. Overview of Cholesterol and Lipid Disorders. Dyslipidemia. Elevated HDL Cholesterol. Fats, such as cholesterol and triglycerides, cannot circulate freely in the blood, because blood is mostly water. To be able to circulate in blood, cholesterol and triglycerides are packaged with proteins and other substances to form particles called lipoproteins. There are different types of lipoproteins. Each type has a different purpose and is broken down and excreted in a slightly different way. Cholesterol Treatment: User Guide to Lipid Disorder Management [Leas, David, Leaf, David, Leaf, David, Leaf, David A.] on Amazon.com. *FREE* shipping on qualifying offers. Select the department you want to search in.