Thieme Medical Publishers, 2011
ISBN: 978-3-13-143152-3
576 Pages
$189.99

This is the second edition of a comprehensive textbook on endoscopic ultrasound (EUS). The book uses up-to-date, evidence-based information with contributions from experts in the field to convey to the readers the technical and clinical spectrum in which EUS is utilized today. A DVD is conveniently included which is essential for mastering the concepts, techniques, and clinical applications of endoscopic ultrasound. Captions are included throughout to inform the reader which videos correspond with each section. Each chapter is also accompanied by a plethora of labeled images and illustrations (1280 in total) which are invaluable to understanding the discourse surrounding this discipline.

This 576-page textbook is strategically organized to allow readers to navigate through the text easily and efficiently. The first 8 chapters make up section one and are dedicated to the technique of EUS. These chapters serve not only as an introduction to basic radial and longitudinal EUS but also to familiarize the readers with the newest advances in the field including miniprobes and contrast agents. Discussions regarding the utility of each technique in specific clinical settings are helpful to understand the applicability and limitations of each method.

Chapters 9-12 belong to section two. These four chapters are devoted to reviewing the indications, techniques, clinical applications, and complications of EUS-guided biopsy. Charts summarizing single center and multi-center studies allow the reader to understand the adequacy and sensitivity of EUS for material sampling. The many histologic images are useful for the reader to appreciate the expected results from collected specimens.

Section three includes chapters 13 to 25 and represents the core of the textbook. The book systematically reviews gastrointestinal anatomy and pathology from the esophagus to the rectum, discussing both principles of technique of EUS as well as giving a thorough description of how to approach pathologic findings with EUS. Pictures, charts, graphs, and multiple images with references to the DVD videos are available to correlate lesions seen endoscopically with radiologic findings and characteristic findings on EUS. This aspect is invaluable in learning the differential diagnosis of gastrointestinal lesions and understanding the role of EUS in assessing their distinguishing features.

Finally, sections four and five cover the techniques and applications of endobronchial ultrasound and additional applications of EUS including laparoscopy and applications in portal hypertension.

Whether the reader is entirely new to the discipline of EUS or is already using EUS in clinical practice, Endoscopic Ultrasound: An Introductory Manual and Atlas, 2nd edition is of great value. The book incorporates both practical introductory level information as well as up to date, evidence-based, applications of EUS.

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Diarrhea: Diagnostic and Therapeutic Advances
Humana Press
S. Guandalini and H. Vaziri, Editors
ISBN 978-1-60761-182-0
510 Pages
Price: $201.14

The book “Diarrhea: Diagnostic and Therapeutic Advances” is a concise yet comprehensive look into diarrheal illnesses. This clinically oriented volume has a broad enough base to be useful to practitioners at all levels from novice to sub-specialist taking care of patients of all ages. The concept of diarrhea is concisely introduced in the first chapter approaching it from a general, pathophysiologic perspective, providing readers with the framework on how to clinically classify an unknown diarrheal illness. The last chapters provide an empirical approach to the evaluation and treatment of patients with diarrhea, regardless of cause. The remaining chapters touch upon a large variety of causes of diarrhea from common to rare, with an overview of the cause, the physiology of the process, diagnostic tools, and potential therapies.

One of the key elements to the success of this

(continued on page 68)
book is the even-handedness in which each diarrheal disease is addressed. For more multi-systemic causes in which diarrhea plays a role in the overall symptomatology, there is varying success in keeping with the subject matter. One example of where this is attained is the chapter on inflammatory bowel disease that delves into not only the primary causes of the diarrheal state, but also addresses other factors, such as intercurrent infections and medicines, that can complicate the presentation of the disease process. Other chapters are written with more generalized diagnoses such as congenital disorders of digestion and absorption and protein losing enteropathies. These chapters are equipped with broad differential diagnoses which serve as an aid to those encountering each of these particular diseases. Finally, more elusive diagnoses, either due to rarity or lack of diagnostic tools in which to confirm them, are not shied away from giving the reader ample opportunity to understand the clinical keys for diagnosis and a reasonable approach to treatment.

Overall, the chapters are sufficiently organized to easily access wanted information quickly. In the preparation of this review I have used this guide as a reference to bolster my understanding of several diarrheal illnesses encountered in everyday practice. It will serve as an easy to use stand alone tool for the seasoned clinician and novice alike, with adequate references for those looking for more detail into the management of diarrheal disease.

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GI Emergencies: A Quick Reference Guide
Editors: Robert C. Lowe, Francis A. Farraye
Paperback: 273 pages
Publisher: Slack Incorporated 2012
Price: $42.95

GI Emergencies: A Quick Reference Guide is ideally suited for gastroenterology fellows but is also valuable for residents, students, and staff who may care for patients in the midst of a GI emergency and need efficient access to clinical guidance, such as members of an inpatient primary or consult service as well as those in the emergency department.

This handbook is made up of 13 chapters that cover the majority of GI emergencies that are commonly seen, from GI bleeding to fulminant colitis, liver failure, foreign body ingestion, and the emergencies that occur at our hands, such as complications of endoscopy. Each chapter is written by a GI fellow or resident and a faculty member. In my mind, this provides real-world relevance to the case and expertise to the topic.

The guide is case-based and is set up in much the same way clinicians are involved with patients having a GI emergency, including receiving a consult request to assist in the management of a patient, having a discussion with the referral center to get as much information as possible and provide the best initial advice, and the different management considerations that must be made while in transit to care for the patient. Then, the guide provides background information about the problem and the labs or radiologic studies that might be useful for the initial evaluation. The narrative returns to the case to continue to bring out important clinical pearls, serial questions that need to be addressed, and critical decisions that may need to be made, including the appropriateness and timing of endoscopic procedures. Common obstacles to management are also addressed. Tables, algorithms, figures, and diagrams are thoughtfully used throughout the guide. Each chapter has a “Key Points” box to highlight the most important information and a list of references for when in-depth information is sought.

This guide is not a comprehensive text, nor is it intended to be. It is organized to be a quick and reasonably complete reference to the management of GI Emergencies. It is a perfectly suited, in size and in content, to fit into the pocket of your coat to aid and educate as you help your patient. For this reason, I highly recommend it.

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John Pohl, M.D., Book Editor, is on the Editorial Board of Practical Gastroenterology.
PROBIOTICS OFFER A PROMISING SOLUTION FOR IRRITABLE BOWEL SYNDROME

Beltsville, MD, April, 2012 – April is Irritable Bowel Syndrome (IBS) Awareness Month.

IBS is a chronic condition affecting between 15 and 20 percent of all adults in the Western world. However, IBS is difficult to identify due to the numerous symptoms associated with it. Almost 40 percent of IBS sufferers report symptoms severe and frequent enough to disrupt their daily lives, making it a serious issue.

IBS is not technically a disease but, rather, a series of symptoms, which can often be controlled with a various lifestyle changes, such as diet, stress reduction, hydration, an increase in dietary fiber and a healthy balance of intestinal microflora, which can be achieved by taking Vidazorb® probiotic supplements.

IBS symptoms range from annoying to debilitating, causing severe constipation in some, to chronic diarrhea, bloating, gas, fatigue, heartburn and depression in others. Often IBS is diagnosed by exclusion—more often described by what it is not rather than what it is—which can lead to overuse of the term. While the direct cause of IBS is unknown, most medical professionals agree it stems from dysfunction within the intestines. For the estimated 54 million Americans that it affects—75 percent of them female—the solution often compounds the problem.

Many medical professionals believe that IBS symptoms can be mollified by a course of antibiotics aimed at eliminating bacterial overgrowth. However, antibiotics not only eliminate harmful bacteria, they attack essential and beneficial bacteria as well. While antibiotics may offer some quick relief, it’s not a long-term solution. Reversing the effects of IBS can be a slow process, but with an integrated approach that includes an appropriate probiotic supplement, results can be encouraging and long lasting.

Taking Vidazorb® chewable probiotic supplements will help restore the proper microbial environment in the GI tract. Once achieved, this will help minimize the number and severity of IBS symptoms. The type of probiotic strains used and the amount of viable CFUs (colony forming units) a probiotic supplement contains is critical in providing the most effective results. Vidazorb® uses clinically substantiated strains from Chr. Hansen. In studies on Chr. Hansen L. acidophilus, LA-5® and Bifidobacterium, BB-12®, these strains have been shown to be effective in counteracting antibiotic side effects, treating diarrhea and constipation, and reducing stool frequency in those with collagenous colitis (CC), among other benefits.

About Vidazorb®

Vidazorb® represents a group of superior shelf-stable, chewable probiotic formulations that provide essential support for core health needs. Research and development, together with a commitment to quality and efficacy, defines Vidazorb® as a brand of integrity and excellence. For more information, visit: www.Vidazorb.com.


To learn more about the importance of, and science supporting, probiotics, visit: www.YouAreWhatYouAbsorb.com.

Vidazorb® can be purchased online at drugstore.com and vidazorb.com.
TapeRelief™ Replaces Multiple Products Used for Ostomy, Wound Care and Skin Protection

LAS VEGAS, April 17, 2012 – TapeRelief™, a new topical cream that provides a soothing and effective barrier between human skin and medical tape and adhesives, can replace multiple products commonly used for wound care and skin protection. Regular use of TapeRelief™ has proven to greatly reduce or prevent numerous ailments arising from medical purpose adhesives intended to protect the patient.

“Currently, patients and health care professionals are using a multitude of products together to prevent contact dermatitis and other maladies that simple application of TapeRelief’s formula will solve,” stated Athena Koler, spokesperson for TapeRelief™.

“We continue to discover more and more applications for TapeRelief™ including ostomy settings where it can prevent serious conditions arising from peristomal skin excoriation, mechanical irritation, allergy and sensitivity,” added Koler. “TapeRelief™ can often replace skin barrier paste, which fills in folds or skin irregularities of the abdomen to form a better seal, skin wipes or powders, which protect the skin under the barrier and around the stoma, and tape remover, which makes removing the pouch easier.”

“It’s disheartening that patients are using multiple and expensive products to treat a problem that TapeRelief™ quickly resolves, or worse yet, not using a solution at all and suffering. There’s no reason to add another health concern to a patient already engaged in serious treatment.”

About TapeRelief(TM)

Based in Las Vegas, Nevada, TapeRelief™ is a unique formula guaranteed to alleviate damage to the skin, blistering and rashes by creating a barrier between sensitive skin and the sticky tape or bandage. TapeRelief™ protects skin without interfering with the performance of these products or their adhesive properties all while its proprietary formula soothes and renews. In a 2009 report by the British Medical Journal (BMJ), a wound care study found “events such as maceration, allergic reaction, eczema of periumlcer skin, and infection as bandage related.” Statements herein have not been evaluated by the FDA. This product is not intended to diagnose, treat, cure, or prevent any disease. Results may vary. For the latest news and press, please visit:

http://www.TapeRelief.com

CONTACT: Athena Koler, Director of Sales and Marketing 888-407-5071 info@taperelief.com

Answers to this month’s crossword puzzle:

FOBTS SESSILE C
IIICNA XO
TWO GUAIAC ACID
P MNR F RTE
LESION GENOMES
EYIOS T B
NW DYSPLASIA O
GETTOTE LAB OW
TB STOPS DOSE
HCDCMDKXL
HOMOZYGOITY
EWPUNLS
GDHRY ZEBRA FISH
DEFLS DUO
SENSITIVE ENST

Interactive Crossword and Answers can also be found on our website: www.practicalgastro.com

(continued from page 70)
May 10, 2012
Ohio Viral Hepatitis Summit
Columbus, OH. Join us at the Quest Conference Center for this “must attend” event for anyone working with those who are infected with or affected by viral hepatitis. Continuing education credits for physicians assistants, nurses, social workers, and addictions professionals are available. For reservations, call Pat Snyder at (614) 841-9100 and mention group code “Hepatitis Foundation” www.hepatitisfoundation.org

May 19-22, 2012
Digestive Disease Week
San Diego Convention Center, San Diego, CA. DDW is the largest international gathering of physicians, researchers and academics in the fields of gastroenterology, hepatology, endoscopy and gastrointestinal surgery. An average of 15,000 medical professionals attend the meeting each year. Jointly sponsored by the American Association for the Study of Liver Diseases (AASLD), the American Gastroenterological Association (AGA), the American Society for Gastrointestinal Endoscopy (ASGE) and the Society for Surgery of the Alimentary Tract (SSAT), DDW showcases thousands of abstracts and hundreds of lectures on the latest advances in GI research, medicine and technology. www.ddw.org

July 27-29, 2012
7th Postgraduate Course on Gastrointestinal Motility and Neurogastroenterology in Clinical Practice
Live Demonstrations and Interactive Meeting with the Experts & Young Investigator Forum
Hyatt Regency, Chicago, IL. American Neurogastroenterology and Motility Society. www.motilitysociety.org

September 21 & 22, 2012
2012 Annual Probiotic Symposium Optimizing GI Health: Probiotics, Prebiotics, & Nutritive Factors
Hotel Solamar, San Diego, CA. Attend the sixth Annual Probiotic Symposium for a unique opportunity to learn about holistic integration of probiotics, prebiotics, and other nutritive factors to clinically manage gastrointestinal dysfunction. Approved for a maximum of 11 AMA PRA Category 1 Credits™ Save $100—Register before August 31, 2012 www.ProbioticSymposium.com 866-216-6127 info@ProbioticSymposium.com Hotel Reservation: 877-230-0300 Group rate code: Probiotic Symposium 2012
ACROSS
1 Methods of screening for colorectal cancer, abbr.
4 Having a large flat base, of a polyp
9 Sodium symbol
10 Binary
11 Stool _____ test
12 Low ph liquid
15 Map abbr.
16 Wound or abcess, e.g.
17 Hereditary information of organisms
20 Compass point
22 Abnormal organ enlargement
26 Reach (2 words)
27 Atomic number 52
28 Experimental site
29 Ouch!

30 Atomic number 65
31 End
32 Recommended amount
34 Organization to collect health information and prevent disease
38 Having two identical alleles of the same gene
40 Lower segment, for short
42 Containing no moisture
43 Model for studying human development
45 Fade away
48 _____denum
49 Painful
50 Nervous system within the walls of the intestinal tract

DOWN
1 Test using enzyme immunoassays detecting human hemoglobin
2 Cell examination
3 Visual colon inspection
4 Make an image of
5 Surgical instrument for removing certain tumors
6 Bursa
7 Body waste
8 Billing ____
13 ___ magic!
14 Anatomical depression
16 Linear extent in space
18 Surgical procedure forming an opening for bodily wastes
19 The B in CSBS
21 Type of site
23 ____ tide
24 Disease resulting in muscle atrophy
25 Crohn’s disease, for one
29 Operating system, abbr.
33 Bivalent R-O-R functional group found in ethers
34 Multiple hamartoma syndrome, _____ disease
35 Myotonic dystrophy, for short
36 Word used of homologous chromosomes associated in pairs in synapsis
37 Enzyme that catalyzes the conversion of a proenzyme to an active enzyme
39 Esophagogastroduodenoscopies, abbr.
40 The Tigers football team, abbr.
41 Injection
44 Patient identities, abbr.
46 That is, for short
47 Length measurement, abbr.

(Answers on Page 72)