**Curbsite Consultation in IBD: 49 Clinical Questions, 2nd Edition**
Editors: Rubin, Friedman, Farraye
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*Curbside Consultation in IBD: 49 Clinical Questions* is a follow-up to the 2009 publication. Contributing authors are international experts, not only in the area of gastroenterology, but also in colorectal surgery, dermatology, rheumatology, oncology, nutrition, and psychology. Organized as clinical questions, chapters are typically 3-4 pages long, and contain brief references. Several contain decision-making algorithms, tables, and photographs. Authors incorporate a blend of evidence-based medicine, expert opinion, and personal practice. This format is perfect for the busy practicing gastroenterologist, but also highlights important evidence-based information for GI trainees.

IBD continues to be a rapidly expanding field with complex questions. The editors added 29 questions, and updated prior questions. Timely topics include use of fecal biomarkers, the patient on anti-tumor necrosis factor alpha therapy with a rash, switching to another biologic therapy, communication of risk to patients, and vaccinations. Special clinical scenarios addressed in the book include the use of ursodeoxycholic acid in primary sclerosing cholangitis, the elderly patient, the pregnant woman on immunosuppression, and the patient with a prior malignancy.

Several additional chapters stood out to me as brief yet insightful. The chapter on handling a polypoid lesion includes clear photographs and a short algorithm. When treating pouchitis, the author included newer information regarding *Clostridium difficile*, immune-mediated inflammation, and ischemia. The last chapter on travel considerations could be copied outright for patients.

The critiques I have are minor. First, the chapter on steroid-sparing therapy could include expected onset of efficacy of immunomodulators and biologic agents to aid in limiting steroid use. Second, while the evidence and theoretical information regarding probiotics is similar, the final recommendation regarding usage differs between the topic-specific chapter, compared to the section on the role of diet. Third, instruction on vaccines could include the potential of decreased immunogenicity due to immunosuppression.

Presuming there is a third edition, I anticipate updates in the chapter on alpha-integrin therapy given the recent FDA approval of vedolizumab for both Crohn’s disease and ulcerative colitis. I would also suggest a chapter focused on the pediatric IBD population, given the unique considerations in cancer risk, vaccinations, and growth.

This book is another commendable effort by the editors and contributing authors. They have successfully presented critical topics in IBD in a brief, friendly, and expert manner—perfect for a ‘curbside consult’.

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**Curbside Consultations in Endoscopy: 49 Clinical Questions, 2nd Edition**
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*Curbside Consultation in Endoscopy: 49 Clinical Questions* is a 246-page book structured as a series of 49 clinical cases written by a total of 53 authors. Each case is between 2-7 pages in length and centers on a common consultation request or an endoscopic dilemma. There are seven sections: Upper Endoscopy, Colonoscopy, ERCP, EUS, and Capsule Endoscopy. Each section contains a variable number of clinical consultations followed by a concise but thorough review of the appropriate underlying pathophysiology of the case and the endoscopic techniques required for treatment. The authors have included endoscopic and radiologic images, which serve to enhance the case descriptions. Identification of and treatment of common complications are also reviewed. The authors have included a brief list of references after each case, making it easy to research the topic further if desired.

This book succeeds in covering all aspects of endoscopy including pre-procedure considerations, available procedural techniques, and post-procedure follow up. The responses are in a conversational tone, making the book fast-paced and the concepts straight-forward. Even complex advanced endoscopic procedures and concepts are explained in a simple style.

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Overall, this is a comprehensive overview of a vast and ever-changing field. The editors have accomplished the admirable task of describing common diagnostic and therapeutic procedures with both old and new techniques in a manner that is easy to understand. This book serves as an excellent quick reference for those who are new to the field or want a quick refresher on available endoscopic techniques.

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Challenges in the area of IBD  
Patients of All Ages  
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With the advent of novel high throughput sequencing technology, our understanding of inflammatory bowel disease (IBD) has been greatly advanced. This profound knowledge has laid the foundation for novel and often unanticipated therapeutic targets such as autophagy.

This vast expanding knowledge prompts reflection upon the progress made towards IBD therapeutics as well as future challenges of management of patients in the era of genomic medicine. This book is a collection of articles from the Falk symposium and summarizes (in eight sections) the current body of evidence of IBD therapy among patients of all ages.

Sections 1 and 2 focus on the natural history of IBD bringing to light newer phenotypic concepts, predictors of severity; and closes with our present knowledge of the influence that immunomodulator and biologic therapy have on the natural history of disease. These introductory sections set the stage for the upcoming chapters.

The third section, “Newer concepts”, introduces autophagy as a potential therapeutic target through a review of the available biological evidence.

The articles compiled in sections four through six spotlight current dilemmas and strategies in the management of patients with IBD. Included are measures to optimize efficacy of treatment through drug monitoring, optimizing nutritional support, and approaches to the management of biologic loss of response. The reader should not expect a guideline for management but rather a conceptual framework for specific situations. One of the key sections in the book, “Are We doing Something Wrong”, highlights the importance of appropriate actions clinicians must be mindful of when choosing how to treat their patients, particularly in regards to enhancing current therapy through a tailored approach using available tools.

Over the past decade there has been a growing body of evidence supporting dysbiosis as a significant contributor to IBD pathogenesis. Our understanding of the complex host-microbial interactions that culminate in IBD is still in its infancy. In the chapter “Should We Be Treating the Bugs Instead Of Cytokines and T Cells”, Dr. Wine carefully reviews and summarizes the available literature and notes how microbial manipulation could provide a potential therapeutic target in the near future.

There has been an increased awareness of immunosuppression and the development of neoplasia. This is a particular concern for pediatric patients with IBD, who by virtue of their age will experience far more risk (longer disease duration, longer exposure to immunosuppressive management, potential extensive radiation exposure). Dr. Rufo touches upon all of these considerations in Section 8 and builds a foundation for clinicians to have both appropriate and impactful discussions with their patients.

The book closes with “off the wall insights” into IBD diagnostics and therapeutics. The last chapter brings forward a significant novel approach to management and details potential new targets for therapy through intestinal mucosal barrier manipulation.

Practitioners of pediatric and adult gastroenterology will find an outstanding collection of concepts that will allow them to get updated and concise practical information.

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