

LETTER TO THE EDITOR

Mycobacterium malmoense and carcinoma of lung

We were interested to read the recent case report of Dr Yoganathan *et al* (February 1994; 49: 179–80) describing a case of *M malmoense* infection in an HIV positive patient. The presentation of their case mimicked a bronchial neoplasm, as can be seen with standard *M tuberculosis* infection.

We have recently seen a 72 year old patient, a heavy smoker, who presented with progressive exertional dyspnoea. A chest radiograph showed a large mass at the left hilum with distal cavitating consolidation. At fiberoptic bronchoscopy narrowing of the left upper lobe bronchus was seen, thought to be due to extrabronchial glandular compression. Bronchial brushings and bronchial washings revealed malignant cells (adenocarcinoma). Staining with auramine-phenol of the second and third sputum samples showed acid fast bacilli, and mycobacterial culture of the sputum resulted in the isolation of *M malmoense*. The poor general condition of the patient precluded surgical resection but she was treated with antituberculosis drugs according to the sensitivity pattern. She tolerated this treatment poorly and, as her condition deteriorated, it was thought inappropriate to continue active treatment. She still survives seven months after initial presentation. There were no HIV risk factors and her HIV status has not been checked.

A search of the literature has revealed two previous similar cases.¹ As with standard (*M tuberculosis*) infection it would appear that, not only may *M malmoense* infection mimic a bronchial neoplasm, but on occasion it can coexist with a bronchial neoplasm.

We thank Dr P A Jenkins, the PHLS Mycobacterium Reference Unit, Cardiff for typing the isolate.

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¹ Connolly MJ, Magee JG, Hendrick DJ, Jenkins PA. *Mycobacterium malmoense* in the North East of England. *Tubercle* 1985; 66: 211–7.

BOOK NOTICES

Handbook of Pulmonary Drug Therapy. Samuel V Spagnolo, Richard A Nicklas, Philip Witorsch. (Pp 350; £25.00). Boston: Little Brown, 1993. 0 316 80474 6.

This pocket-sized manual is aimed at the "practising physician, house staff, medical students, nurses and respiratory therapist". It contains 12 chapters written by 21 contributing authors from the George Washington University School of Medicine, Washington, USA. Each chapter provides an overview of disease (definition, incidence, and diagnosis), followed by a description of each individual or class of drugs used for the condition, and a list of references (up to 55). An attempt has been made to reproduce a concise version of a respiratory medicine textbook, but it fails to provide a useful synopsis of the overall approach to management. I had expected a liberal use of flow diagrams to help the busy clinician, but only two are provided (one for work up of suspected pulmonary embolism, and one for sorting out pleural effusion in bacterial pneumonia). I was particularly disappointed by the chapter on asthma (33 pages) in which inhaled corticosteroids occupy only three-quarters of a page while the use of theophylline was prominently described in four pages, perhaps reflecting how practice has not changed in certain parts of the USA. How and when anti-inflammatory treatment should be introduced is not dealt with, and the section on goals of therapy is rather vague. In the chapter on asthma during pregnancy (which is surprisingly separate from the chapter on asthma), the use of inhaled steroids is not even mentioned. I found the handbook at its most useful in checking rapidly on specific drugs (doses, drug interactions, adverse reactions). However, at £25.00 it will not compete favourably with the British National Formulary which is freely available within the NHS for such drug information. – FC

New Perspectives in Lung Cancer. N Thatcher and S G Spiro. (Pp 193; £21.95). London: BMJ Publishing Group, 1994. 0 7279 0786 7.

This book presents a collection of articles on various aspects of lung cancer written by a distinguished collection of UK authors. Some of the chapters are enhanced and extended versions of articles which have previously appeared in *Thorax*, while others have been newly commissioned for this book. The subjects covered range from epidemiological aspects of smoking and lung cancer, through practical issues such as the approach to investigation of the patient with lung

cancer, to biological subjects such as growth factors and neuroendocrine differentiation in lung cancer. The authors of these and other chapters dealing with matters such as genetic changes, growth factors, and antigens show how today's advances in scientific understanding may lead to new approaches to treatment in the future. Other contributions review the results of recent clinical trials and results obtained with new drugs, and discuss the important subjects of quality of life and issues relating to patient participation in clinical trials.

Because of the disparity of the subjects covered an individual reader will probably be more attracted to some chapters than others, but anyone working in the field of lung cancer will find much of interest. The book certainly merits a place in any hospital or medical school library, and it is sufficiently inexpensive to be a worthwhile addition to the personal bookshelf. – RR

Lung Function: Assessment and Application in Medicine. 5th Edition. JE Cotes. (Pp 768; £75.00). Oxford: Blackwell Scientific Publications, 1993. 0 632 03526 9.

The fifth edition of this well established book includes most of the advances made in lung function over the last decade. The previous edition was published in 1979 and this book retains most of its original format. The number of chapters and their headings are essentially unchanged, although many have been extended to include more accurate reference values for indices of lung function in infants, children and adults; improvements in the methods described for measuring the mechanical properties of the lungs; new discoveries relating to the diaphragm and mechanics of upper airways obstruction; the introduction of long term oxygen therapy; and sleep studies.

I was disappointed not to see a larger section devoted to sleep and a more in-depth discussion about the studies which are currently available to help elucidate the problems associated with disordered breathing during sleep.

The case studies presented in this book are very good, but it would have been desirable to have supplemented the numerical results with a relevant example of a typical flow-volume loop that might have been expected with the particular disease process being described.

Readers of this review will want to know whether enough has changed to justify a further purchase. The 1979 edition contained 605 pages and the latest edition now contains 768 pages. I think the new edition contains sufficient new material to necessitate its purchase, and I would suggest that it is an essential reference, although not always particularly easy to read. It should be on every library shelf and, ideally, in every lung function department. – DC