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Atlas of fiberoptic bronchoscopy, R. Prasad [Jaypee Brothers Medical Publishers (P) Ltd., New Delhi] 2014. 143 pages. Price: Not mentioned.

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This book is eruditely written and is extensively illustrated in 17 chapters. One of the key highlights is the presence of 64 case reports illustrated not only with bronchoscopic findings but also the case history and the relevant radiologic (X-ray, CT) investigations for a comprehensive understanding for the reader. Each chapter is well referenced and is easy to read and written in a student friendly manner.

The first chapter deals with the brief history of bronchoscopy and how it has evolved over more than a century. The first introduction of the commercial fibreoptic bronchoscope revolutionized the field of bronchology and led to rapid advancements in this field. The second chapter deals with the normal bronchial anatomy and takes the reader through the visualization of the various divisions of the lobar and the segmental bronchi and is well illustrated. It also describes the Jackson and Huber nomenclature of the tracheobronchial tree and the categorization of the various bronchoscopic findings with 73 video-bronchoscopic images. The third chapter briefly describes the abnormal patterns of bronchial anatomy bronchial isomerism. tracheobronchial including diverticulae, accessory bronchus and bridging bronchus.

The fourth chapter deals with the machine, instrumentation and accessories available for the bronchoscopist with illustrations. The next chapter describes the cleaning, disinfection and sterilization of the bronchoscopes and other accessories, knowledge of which is vital for the bronchoscopist to prevent contamination of their instrument and nosocomial transmission of infections especially during bronchoscopic procedures in patients who are positive for HIV or hepatitis.

The sixth chapter describes the indications and contraindications for fiberoptic bronchoscopy (FOB). Most of the bronchoscopists in India limit themselves to diagnostic bronchoscopies and only a few centers for therapeutic bronchoscopies equipped are including endobronchial obstruction. managing actively managing haemoptysis, performing difficult intubations, closure of the broncho-pleural fistula and resection of tumours. The seventh chapter deals with the pre-requisites for performing FOB including the pre-bronchoscopic evaluation, patient preparations including pre-medications. The subsequent chapter describes the various options for topical anaesthesia during the FOB. The toxicity that needs to be anticipated with these topical anaesthetic agents is necessary for every bronchoscopist to be aware of.

Chapter nine deals with the procedure of the FOB including the proper positioning of the patient, position of the operator and how to hold the FOB, routes for the insertion and manipulation of the FOB. The importance of each of these aspects in performing FOB cannot be emphasized enough. Subsequent sections carry the reader through the steps on how to perform an actual FOB and how to visualize the openings of the various bronchopulmonary segments. The tenth chapter deals with the various specimen collection procedures including the brush biopsy, bronchial washings and their collection, endobronchial forceps biopsy, curette biopsy and transbronchial needle aspiration (TBNA). The last two sections discuss the two most important specimen collection procedures for diagnostic FOB, the bronchoalveolar lavage (BAL) and the transbronchial lung biopsy (TBLB) in detail. Subsequent chapters deal with the staging of bronchogenic carcinoma by bronchoscopy, complications of the FOB procedure with a separate chapter on bronchoscopy-induced haemorrhage, which when uncontrolled is a veritable nightmare for every bronchoscopist. Paediatric bronchoscopy has been dealt with in chapter 14, however, it lacks the extensive illustrations found in other chapters. Advances in FOB also finds mention in a separate chapter, again some illustrations and figures would have been beneficial for the reader.

The last two chapters deal with an extensive collection of case reports of both benign and malignant pulmonary diseases from the author's own collection of more than 2000 bronchoscopies. Inclusion of case history and relevant radiologic investigations with more than 330 images in these two chapters alone provides exhaustive information to the reader. A CD/DVD with actual videos of a few of the bronchoscopic procedures would have further complemented the information presented.

Overall, the book s is a must read for every postgraduate interested in pursuing bronchoscopy,

however, practicing clinicians from chest and general medicine and thoracic surgeons would find it useful as well.

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