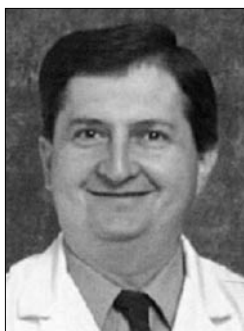




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***Chronic Kidney Disease, Dialysis, & Transplantation, 2nd ed.,* edited by Brian J. G. Pereira, MD, DM, Mohamed H. Sayegh, MD, and Peter Blake, MD**

Philadelphia: WB Saunders, 2005. Hardcover, 912 pp., \$149.00.

For nearly a generation, the standard nephrology textbook has been Brenner & Rector's *The Kidney*, now in its seventh edition. The field of nephrology continues to expand, particularly in the areas of dialysis techniques and transplantation. This expansion has resulted in the mushrooming of textbooks addressing these areas. Pereira et al's *Chronic Kidney Disease, Dialysis, & Transplantation* (now in its second edition) is an attempt to address this need by becoming a companion book to Brenner & Rector's text. This textbook not only

complements Brenner's text by expanding on the topics discussed there but can also stand alone as a textbook on chronic kidney disease (CKD), dialysis, and transplantation.

It has been increasingly recognized that as many as 20 million Americans have some degree of CKD. Earlier intervention and management of patients with CKD by both primary care physicians and nephrologists can help slow the progression of renal disease. Pereira et al have introduced several new chapters into their text focusing on the unique problems associated with managing patients with CKD.

The text nicely defines the five stages of CKD (*Table*) that are now being integrated into internal medicine. This shift of

classifying CKD into different stages instead of relying on a patient's serum creatinine level allows physicians to both better communicate with each other and address problems associated with a particular stage of CKD. For instance, a 24-year-old, 6-foot-4-inch-tall body builder with a serum creatinine level of 1.6 mg/dL does not have the same set of problems that a smaller 78-year-old woman with the same creatinine level has. Pereira et al have included these extra chapters without taking away anything from the textbook; the second edition is about 220 pages longer than the previous edition.

The textbook has four major sections: CKD (one third), hemodialysis and peritoneal dialysis (one third), transplantation (one sixth), and acute renal failure and economic issues (a little less than one sixth). Most chapters are 10 to 20 pages long and are subdivided into well-defined sections. The text is easy to read and has a natural flow. A number of charts and graphs summarize and complement the information in the text. They are helpful in that they allow the reader to quickly review key points about a particular study or topic without having to reread entire sections of the chapter. Color has been added to the second edition. This helps to highlight material and allow distinctions between section headings and charts.

The textbook discusses many significant clinical studies in nephrology that influence how we manage patients with CKD today. These studies are especially important in today's society, where an evidence-based approach toward practicing medicine is stressed more than ever. Sections at the end of many of the chapters discuss ongoing and planned studies. This information

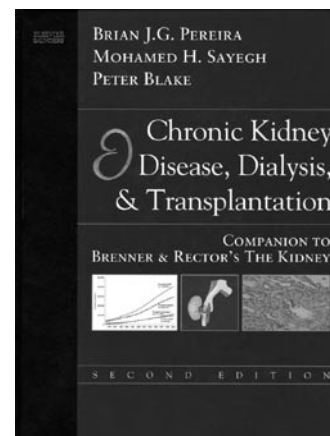


Table. The stages of chronic kidney disease

Stage	GFR	Description	Treatment
1	90+	Normal kidney function, but urine findings, structural abnormalities, or genetic trait point to kidney disease	Observation, control of blood pressure
2	60–89	Mildly reduced kidney function, and other findings (as for stage 1) point to kidney disease	Observation, control of blood pressure and risk factors
3	30–59	Moderately reduced kidney function	Observation, control of blood pressure and risk factors
4	15–29	Severely reduced kidney function	Planning for end-stage renal failure
5	<15	Very severe or end-stage kidney failure (sometimes called established renal failure)	Control of blood pressure, monitoring for uremic symptoms, initiation of renal replacement therapy

GFR indicates glomerular filtration rate. All values are normalized to an average surface area (size) of 1.73 m².

allows the reader to see what is potentially in store in the next several years. The references at the end of each chapter (which go through the end of 2003) cite many respected nephrologists who are considered experts in their field.

For the nonnephrologist interested in learning more about nephrology, this textbook provides a good overview of CKD, dialysis, and transplantation. This textbook explains how to manage important aspects of the care of patients with CKD as well as patients already on dialysis. Since a nephrologist shortage is looming and the population of dialysis patients is constantly growing, we expect that more and more dialysis patients will be cared for by internists and other primary care providers. This book can provide some guidance to those practitioners. It should be noted that the book has several chapters that will

probably appeal only to nephrologists: Biocompatibility of Hemodialysis Membranes, Reprocessing of Hemodialyzers, and Hemodialysis Adequacy.

Although this is a decent textbook for the nephrologist, some important topics are not covered. Anticoagulation strategies associated with dialysis, sexual dysfunction in patients with end-stage renal disease, and the significance of acquired cystic kidney disease in chronic dialysis patients are not discussed. Several other nephrology textbooks on dialysis and/or transplantation cover these topics. Overall, this is a valuable reference textbook for a wide audience.

The reviewers, Steven M. Gieser, MD, and Andrew Z. Fenves, MD, are nephrologists associated with Dallas Nephrology Associates. Dr. Fenves is chief of the Division of Nephrology at Baylor University Medical Center.