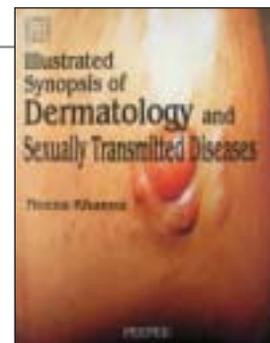


Illustrated synopsis of dermatology and sexually transmitted diseases

Neena Khanna

2005, Peepee Publishers and Distributors (P) Ltd, New Delhi, India.

Pages: 335, Price: Rs. 345.00



I had the privilege of reviewing *Illustrated Synopsis of Dermatology and Sexually Transmitted Diseases*, written by Prof. Neena Khanna. It is indeed a great effort because it involves condensing many volumes in 335 pages. Selecting the relevant is the most difficult task and the author has commendably done this. For further impact, synopses have been added. I wish a few more pages had been written about leprosy, a disease still relevant to us and then the title would have been complete with 'Leprology' added to it.

Though it is easy to read, the book has some deficiencies/errors that are at places, only typographical but at places, more serious. This would need the attention of the author if another edition is planned. Some of the more important errors are elaborated below. Though the description is correct in the text, the apocrine duct in Fig. 7.19 is wrongly shown opening into the hair follicle below the opening of sebaceous duct. The causative organism of genital chlamydial infection has been mentioned as serovars A, B or C instead of the actual serovars D-K (p. 244). The table giving the differentiating features between lichen planus and lichenoid eruption needs corrections (p. 47). Contraception after oral retinoids should preferably be one year and not one month as mentioned on page 91. Similarly, the sentence 'In telogen effluvium, follicles enter the phase of catagen (resting phase)' needs correction (p. 104).

The WHO recommendations (1997) did not mention nerve involvement for deciding the treatment for PB or MB leprosy (p. 206). The doses of various

medications at many places need to be corrected (famciclovir, p. 215; acyclovir for suppressive therapy, p. 242; dithranol concentration, p. 311; fluconazole for dermatophytic infections and pityriasis versicolor, p. 315) and at places, to be mentioned (dose of famciclovir for herpes zoster, p. 316). There is also a discrepancy in the duration of treatment for chlamydial infection in the synopsis (seven days, p. 244) and in the text (2 weeks, p. 245). The concentrations of topical corticosteroids (p. 308), podophyllin and podophyllotoxin (p. 309) need attention. Conceptually, the suggestion to begin with the least potent topical corticosteroid and then graduate to a more potent one is incorrect (p. 308). Also, for candidal genital infections, treatment of sexual partners is not uniformly recommended (p. 247). Lasers are not the best nor are they the only treatment for lymphangioma (p. 286) and rather than minocycline, tetracyclines are the drug of choice for chlamydial infections (p. 312). The probable errors in printing — for instance, '>19% body weight loss' quoted in Table 15.11 (p. 253) in the Expanded WHO Case Definition for AIDS Surveillance and the number of copies of HIV RNA that implies undetectable levels printed as '<500' (p. 257) — call for more vigilant proofreading during the next revision of this book.

This book is a good read for undergraduates and even postgraduates, at the beginning of their career and for a very quick revision.

Bhushan Kumar