The book Clinical and Pathological Aspects of Atopic Dermatitis brings the latest information on atopic dermatitis. The book has 586 pages and 3 relevant parts. The first one is Clinical Aspects with 10 subparts and 29 color pictures, Pathology with 13 color pictures and 13 subparts, and Therapy with 15 subparts and Recommendations for the Treatment of Atopic Dermatitis and recent literature data.

The book includes Abbreviations (7 pages) and Subject Index (14 pages). References follow every subpart in basic chapter: Clinical Aspects with 771 references, Pathology with 276 references, and Therapy with 580 references.

In Clinical Aspects, there are valuable International Epidemiological Data on AD (Ferenc Harangi) in Europe (Norway, Russia, Sweden, Germany, France, Great Britain, Spain, Italy, Turkey), as well as in America (USA, Mexico, Argentina), Africa (Tunisia, Nigeria, Ethiopia, West Africa), Asia (Israel, Iran, Korea, Japan, China, Taiwan, India, Singapore), and Australia. A Survey of the Prevalence of AD in Domestic, Living and Nourishment Conditions of Children in Large Hungarian Population Counties offer highly important data.

Clinical Symptoms (with 29 color pictures) are described in detail, from Major Criteria (Pruritus, Lichenification, Chronic or Chronically Recurrent Dermatitis, Individual or Family Appearance of Atopy); Minor Criteria (IIchthyosis vulgaris, Keratosis pilaris, Eczema of the hand and foot (dyshidrotic; atopic winter feet), Mammillary and lip eczema, and many more clinical aspects to Periorbital pigmentation.

The Course of AD (with 29 color pictures) is divided into Chronic or Chronically Recurring Dermatitis (Infancy, Childhood), Young Adult and Adult Age and other clinical symptoms as well as Assessment of the Clinical Picture and Severity of AD. The histopathology of AD (with 13 color pictures) includes Typical Atopic Dermatitis, Mycosis Fungoides as a Complication of AD, Immunohistologic examination, DNA extraction and Molecular examination, and Case Reviews of three patients with clonal gene rearrangement at 200 bp. The authors proved that some long-lasting therapy-resistant dermatoses like AD may be transformed into mycosis fungoides.

Immunodeficiency and AD is described logically with the Eczema in primary immunodeficiency as well as Independent cutaneous markers in 13 different immunodeficiency diseases, which are presented in detail.

Differential Diagnostics of AD is presented in 7 parts as 1) Immunodeficiencies, 2) Chronic Inflammatory Dermatoses, 3) Dermatoses due to Infections, 4) Congenital Diseases, 5) Immunological Disorders, 6) Metabolic Disorders, and 7) Malignant Processes.

Especially valuable is Chapter 9, Dermatoses Possibly Concomitant with and Disorders Similar to AD...
(AD and Immunodeficiencies) Ectodermal Dysplasias; Respiratory Atopic Symptoms – Bronchial Asthma; Gastrointestinal Symptoms; Cardiovascular System; AD and Disorders of the Nervous System; AD and Ophthalmological Disorders. The Association of AD with Various Syndromes; AD and Endocrine Disorders (Endocrine Impacts, Diabetes Mellitus, Thyroid Gland, Pituitary Gland); AD and Irregularities of the Hair; AD and Intervertebral Disc Degeneration; The Association of AD and Bone Density; AD and Left-Handedness; AD and Olecranon; AD and Pretibial Bursitis; AD and Viral Infections (Pityriasis Rosea, Molluscum Contagiosum; Primary Herpes Simplex) AD and Autoimmune Diseases; AD and Actinic Reticuloid and Lichen Nitidus; AD and Hypersensitivity to Nonsteroidal Antiinflammatory Drugs; AD and Vitiligo; Atopy and Renal Transplant Rejection; Ichthyosis Vulgaris – Xerosis, and many other diseases in patients with AD.

In the AD and Skin Reactivity chapter, the authors classify AD into Allergic (IgE and Non-IgE associated variant), Non allergic AD and Unclassified AD type. The following are described: Prick Test, Intracutan Test, The following of the Positive Test, Food Allergens, Atopy Patch Test, RAST, PRIST, and other Diagnostic Methods (total IgE, RAST, Epicutaneous test, Metal Hypersensitivity, Latex Sensitivity, Natural rubber latex, Corticosteroid and Buxenamc allergy, House-Dust Mite, Mite, and Insects, Sensitivity to the Cockroach allergens, Tree, Grass and Weed Pollen, Yeast and mold fungi, dermatophytes, Cosmetics, Fragrance Mixes, Human dander).

Second Chapter, Pathology (subparts 11 to 23), is written up-to-date, containing the following contributions: Atopic dermatitis and its genetic background; Results of genomic screening related to AD; Candidate gene studies; Interleukin 13 (IL-13) gene; IL-4 receptor alpha (IL-4 Rα) gene; and Serine protease inhibitor gene (SPINK5). The following are described in detail: Stratum corneum (SC) and barrier function in AD; Ceramides, the lipids of SC in AD. Important is subchapter 13: Pruritus and AD; Interrelationship between itch and pain; Peripheral sensitization; Mediators of itch; Opioids and cannabinoids; Interleukins; Neuorphils, Prostanoids, Substance P. Neuropeptides are described in subchapter 14; neuropptides have significant effects and are produced, for example, in the skin nerve endings and in thin C fibers. These polypeptides play a role as neuromodulators, neurotransmitters and neurohormones, which are important in AD.

Subchapter 15 (4 color pictures) provides detailed description of the role of various cells in AD, SAG secretin of Staphylococcus aureus, IL-13-stimulated keratinocytes. The role of bacteria, viruses, fungi and mites in AD is described in subchapter 16. IgE and other antibodies are presented in subchapter 17. Food allergy in the etiology of AD is rather controversial and is described in subchapter 18, along with relevant test methods, food intolerance and prevention. The role of inhalant allergens and AD is explained in subchapter 19. Interesting is subchapter 20 on Experimental AD (animal models) in dogs and mice. Immunologic and allergologic background of AD with clinical picture, adhesion, receptors, molecules, cytokines, LCs, enzymes, chemokines is described in detail in subchapter 21, as well as cyclic AMP, free radicals, prostanoids, heat-shock proteins, environmental damages-factors, and abnormalities in the cutaneous vascular regulation.

Physiological and psychiatric characteristics of AD are presented in subchapter 22.

Subchapter 23 is dedicated to the effects of childhood AD on the family and society and its costs (written by Ferenc Harangi).

Subchapter 24, Therapy, written by Béla Sebök, deals with emollients, humectants, carbamide, glycerol, choice of the vehicle, corticosteroids topical and systemic, antihistamines, immunosuppressants (Cyclosporine A*, tacrolimus (Protopic*), pimecrolimus (Elidel*), azathioprine (Imuran*), mycophenolate mofetil (Cellcept*), leflunomide (Arava*), methotrexate; leukotriene antagonists, interferon-α and -γ, thymopentin, intravenous immunoglobulin, unsaturated fatty acids; vitamin E and B12; Chinese herbal therapy: heliotherapy and climatotherapy; phototherapy; photopheresis; drugs under investigation; recommendations for the treatment of AD; practical considerations of topical corticosteroid treatment and calcineurin inhibitors; and patients unresponsive to topical treatment.

This book gives an overview of all important segments of atopic dermatitis and most recent knowledge on it. This book is useful not only for dermatologists and pediatricians, but also for gastroenterologists, ophthalmologists and family practitioners who must help patients with this ever increasing disease.

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