ing, or interprets such tests will benefit from reading this book. In particular, the key principles listed in the opening chapter are central to the effective use of laboratory tests. This chapter is full of sage advice, and the directives and acronyms will stick in the memory and be beneficial in everyday practice (“when you hear hoofbeats think of a single horse”, “zebras also have hooves”, “avoid the Ulysses syndrome”, “panels of ETKTM” (every test known to man)]. In many places the authors make the crucial point that “test results that are inconsistent with the clinical setting should be interpreted with caution” and “never rely on a single test”. This is important advice that bears repetition. Failure to appreciate these facts has led to unfounded reliance on test results, and this has adversely impacted patients through unnecessary testing.

The book is designed to fit into a pocket so that it can be carried around for easy reference. The style adopted for this book, with its copious, highlighted keywords, is effective and makes scanning chapters for particular topics relatively easy. In addition, there are numerous tabulations and charts summarizing important lists of facts and interrelationships. The chemistry section (12 chapters, 143 pages) covers the major analytes (e.g., electrolytes, lipids, and enzymes) and systems (e.g., liver, kidney, and heart). Some aspects of this section (among many others) that are noteworthy include a step-by-step guide to interpreting acid-base status, enzyme testing variables, advantages and weaknesses for the common enzyme tests, expected laboratory values, causes and differential diagnosis of endocrine abnormalities, and summary tables on tumor markers.

In the Preface, Dr. Jones includes Mies van der Rohe’s famous statement “less is more”. In the context of the design of future editions of this book, I would urge him to follow the advice of another famous architect, Louis Sullivan, who stated that “form follows function”! My sole criticism is that it difficult to keep a book of this thickness open at a specific page without destroying the binding; a spiral binding might be better for a book intended as an easily accessed pocket guide.

In the laboratory, this is a book that will gravitate to a position of easy access for ready reference—valuable to laboratory staff, residents, and medical students in search of a minimalist text.

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This book is based on two meetings held at the Jewish Hospital, University of Louisville (Louisville, KY) in 1998 and 1999 and was published last year. The purpose of the monograph is to give an overview of past, present, and possible future biochemical markers for myocardial injury and to address each marker’s analytical, technical, and clinical performance, as well as outcome assessments, including risk stratification.

In spite of the title, the focus is not cardiology in general, but rather ischemic heart disease [read acute coronary syndromes (ACS)] and, partly, congestive heart failure (CHF). The book is aimed toward cardiologists and laboratorians, in both clinical practice and research, and in part toward primary physicians. It provides a good overview of analytical problems of troponin measurements. The description of degradation and fragments of the troponins provides intensive detail and seems of great importance, not only for understanding the differences among the numerous troponin I (Tnl) immunoassays, but also for their potential use in the early phase of ischemia as well as probable time setting for irreversible ischemia.

Early risk stratification by use of myoglobin, fatty acid binding protein, creatine kinase (CK)-MB isoforms, CK-MB mass, and troponins is fully discussed in several chapters. It is relevant for the laboratorian to know the importance of a rapid turn-around time and the probable use of point-of-care testing if the laboratory is not able to provide rapid service in the setting of ACS. Markers of inflammation, although having poor specificity, seem to play a role for risk-stratifying patients, not only in cases of ACS, but also for primary prevention, similar to the role of lipids. Special attention is drawn to high-sensitivity C-reactive protein and the transcription factor, nuclear factor-κB. The troponins can be used as markers in noncardiac surgery, similar to their use in ACS patients. However, cardiac surgery is much more complex and further studies are needed to refine application to this population. Patients with CHF are a rapidly increasing patient population, and the chapter on the utility of brain natriuretic peptides highlights the potential of these markers in CHF, both as diagnostic tools and for therapeutic guidance. This is one of the few chapters not dealing with ACS.

However, I have a few negative comments. The book lacks a chapter regarding sources of error for the troponins, which is one of the most important questions today. This topic is only sparsely mentioned and then only in relation to the problem of troponin increases in renal failure, pulmonary embolism, and certain drug toxicities. There is a certain overlap among the chapters, especially regarding the pathophysiology of ACS, the basics of the troponins, and risk stratification. It is appropriate to have the latest information regarding the rapidly expanding field of cardiac biomarkers, and this book is a satisfactory introduction, but one has to read it now before it becomes “too old”. This is in especially true for Chapter 7 “WHO criteria: Where do we go from here?”.
This chapter has already been supplanted by the consensus report of the European Society of Cardiology and the American College of Cardiology regarding “Myocardial Infarction Redefined” (J Am Coll Cardiol 2000;36:959–69), a report that has already had worldwide impact.

Only a few books concerning biochemical marker release in cardiology have reached our bookshelves, e.g., Hearse and De Leiris (1977), Thygesen and Kjekshus (1990), and Kaski and Holt (1998). Therefore, this book is highly welcome and recommended as an overview on the use of biochemical markers in ischemic heart disease (in ACS, and the troponins in particular) and, in addition, on what to expect of the future—a future that has already partly arrived.

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