

# Antithrombotic Therapy

**2<sup>nd</sup> Edition. By Richard C. Becker, Dan J. Fintel, and David Green**  
**352 pages. Caddo, OK; Professional Communications, Inc.; 2002**  
**\$24.95. ISBN 1884735681**

All aspects of antithrombotic therapy are reviewed in this book, ranging from the basic underlying mechanisms involved in the process of thrombosis to major advances at the clinical level in blocking the final common pathway of platelet aggregation—namely the glycoprotein IIb/IIIa receptor in acute coronary syndromes. The text flows logically from one section to the next and is well cross-indexed.

The tables, figures, and algorithms are of excellent quality and the book is most “readable” for the noncardiologist clinician and I am sure would also be extremely valuable to cardiologists and others with an interest in thrombotic disease. Many tables are of great practical use. Table 12.6 summarizes antithrombotic therapy in acute coronary syndromes, a topic that has become quite complex for the noncardiologist to follow. The management algorithm for ischemic chest pain, numbered 12.8, is another gem and will certainly be useful to noncardiologists, post-graduate students, and even to emergency departments.

The section on clinical syndromes was particularly good. Acute coronary syndromes are dealt with briefly but appropriately and very clearly described. Heredi-

tary platelet disorders, which are of such importance in thrombosis, are described with clarity, which assisted in the understanding of this complex and difficult area. The diagnostic approach to thrombophilia was excellent and Table 11.1 provides a very useful summary of the factors involved in thrombophilia.

The inclusion of diagnostic and treatment measures in patients with ST elevation and bundle branch block was an unexpected bonus in a book on antithrombotic therapy. There is also a timely reminder, under complications of fibrinolytic and adjunctive therapy, that the risk of intracranial bleeding is only 0.3% in low-risk patients aged <65. It is 5% in patients aged >75 with additional risk factors. As yet unanswered questions about combinations of the ideal dose of fibrinolytic agents with glycoprotein IIb/IIIa receptor antagonists in acute myocardial infarction are well summarized as requiring further investigation.

I have nothing but praise for this book. The information in the text, the tables, and the figures is very well presented.—*Priscilla S. Kincaid-Smith, MD, Epworth Hospital, Private Consulting Rooms, Epworth Medical Centre, Richmond VIC, Australia*