- 1 Maternal and Neonatal Haemostasis Working Party of the Haemostasis and Thrombosis Task. Guidelines on the prevention, investigation and management of thrombosis associated with pregnancy. *J Clin Pathol* 1993;46:489-96.
- 2 Manoharan A. Heparin-induced skin reaction with low-molecular-weight heparin. *Eur J Haematol* 1992;48:234.

Changes in numbers of epidermal cell adhesion molecules caused by oral cyclosporin in psoriasis

We read with interest the article by Edwards and colleagues,¹ reporting the variable expression of CD54 in active psoriatic plaques which changes unpredictably after cyclosporin treatment. Our current experience of CD54 expression in psoriasis (unpublished observations) is similar in terms of keratinocyte staining, but we have also identified CD54 expression in epidermal dendritic cells. The authors make no comment on CD54 staining of epidermal dendritic cells. The CD54 positivity of contiguous epidermal basal cells at the apex of a rete peg, illustrated in fig 3A, is clearly keratinocyte staining. Fig 1A, however, is unclear, but the CD54 positive cells illustrated are isolated cells without a basal distribution. These features are similar to those of the dendritic cells seen in our study.

The authors express CD18 and CD54 positive cells as cell numbers per unit length of epidermal basement membrane. Keratinocyte staining is logically expressed in terms of numbers of positive cells per total number of keratinocytes. Total keratinocyte number would be a function of epidermal cross sectional area. As keratinocyte staining with CD54 tends to have a wholly basal distribution, the numbers of positive cells could be expressed per unit length of epidermal basement membrane. The number of epidermal dendritic cells is probably not a function of keratinocyte number, and is best expressed as a function of unit epidermal surface length rather than cross sectional area or basement membrane length. The latter could be influenced by the pattern of epidermal acanthosis, which differs in the course of the disease.

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- 1 Edwards BD, Andrew SM, O'Driscoll JB, Chalmers RJG, Ballardie FW, Freemont AV. Changes in numbers of epidermal cell adhesion molecules caused by oral cyclosporin in psoriasis. *J Clin Pathol* 1993;46: 713-7.

Dr Edwards comments:

Payne *et al* wonder whether CD54 staining was present on epidermal dendritic cells in our study. Our definition of what we call dendritic cells is described in the section "Quantitation" and illustrated in fig 1b. As mentioned in the text, these CD18 positive cells stain sparsely for CD54. Thus the cells described as dendritic by Payne *et al* do not fit our definition.

The lack of a gold standard for quantifying the number of cells on an epidermal section is a problem in dermatopathology. We agree that the methods described in their letter are equally valid with our own. We think, however, that because epidermal

cells may vary in size, measuring the basement membrane may be more reproducible. By this method we could semiquantitatively express the number of C18 and CD54 cells in each section.

Book reviews

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(The price and availability are occasionally subject to revision by the Publishers.)

Thrombosis and its Management. Ed L Poller and JM Thomson. (Pp 272; £43.) Churchill Livingstone. 1993. ISBN 0-443-04797-9.

This slim volume is a concise review of the aetiology, pathophysiology, and management of thrombosis. This is, effectively, the proceedings book of the symposium on thrombosis and its management held in Manchester in the summer of 1992 to mark Professor Leon Poller's retirement. Written by a distinguished international panel of authors, edited with commendable speed by Poller and Thompson, and published within a year, it is remarkably up to date. The sections on aetiology and risk factors include authoritative, scientific reviews of the molecular genetics of thrombosis, investigation of the prethrombotic state, thrombophilia, the lupus anticoagulant, the fibrinolytic system, and the role of von Willebrand factor.

Chapters on management and therapeutic approaches occupy two thirds of the book, reflecting the longstanding interests of the editors. These include reviews of the diagnosis and management of thrombosis and prophylaxis in most clinical situations. All the currently available treatment modalities are also reviewed, but there is little reference to newer anticoagulants currently under development, such as hirudin. The pharmacokinetics and relative merits of low molecular weight heparin are particularly well described by several authors.

This is a generally very readable and useful review of the current "state of the art" in thrombosis aetiology and management. Areas of every day clinical concern for every haematologist are covered as comprehensively as is possible in a book of this size. It deserves a place on the shelf of every haematology departmental library.

CRM HAY

Genitourinary tract pathology. A condensed updated version of the Atlas of Genitourinary Tract Disorders (1988). Mark A Weiss, Stacey E Mills. Price:

£99.00. Gower Medical Publishing. 1992. ISBN 1-56375-0260.

All the illustrations in this updated work are in colour, and many of the macroscopic photographs are truly excellent. (There is a slide atlas of the illustrations which can be purchased separately). The photomicrographs, however, are of variable colour intensity (perhaps derived from a pre-existing collection of photomicrographs) and this is a disadvantage, although it does not greatly detract from their educational value. A useful and novel addition is the use of the line diagrams to elucidate and explain many of the microscopic illustrations.

The coverage is wide and encompasses adrenal pathology. There is also an extensive discussion of congenital and developmental abnormalities of the urinary tract. These are topics which some might consider to be the province of the paediatric pathologist rather than the uropathologist—roles which are rarely combined in the United Kingdom.

There are references to each section, but these are grouped together at the end of the book and are not separately mentioned in the text. It is therefore impossible to identify which reference relates to statements made in the chapter concerned. I suspect that these references have originated from a computer disc as in chapter 15, "Non-neoplastic lesions of the testis," three references to sclerosing adenosis of the prostate are included.

Notwithstanding the above, I enjoyed reviewing this book, with its helpful and instructive attempt to match up the clinical, radiological, and pathological features of the conditions considered. It is difficult to know what readership the authors are targeting. It is certainly a useful text for pathologists and urologists in training, but not comprehensive enough to act as a definitive reference book and it does not supplant any of the larger books on this subject which have recently been published.

ID ANSELL

Basic Pathology. 5th edn V Kumar, RS Cotran, SL Robbins. (Pp 772; £29.95.) Harcourt Brace Jovanovich Ltd. 1992. ISBN 0-7216-3732-9.

This is almost exactly a half size version of Robbins's *Pathological Basis of Disease*, which has come to be regarded as a first postgraduate textbook rather than the undergraduate's bible. *Basic Pathology* is a reflection of the editors' recognition that the test of an undergraduate textbook is in its reading by the student body, as opposed to its decoration of their bookshelves.

Nevertheless, the format is similar, with copious diagrams, good quality black and white gross pictures, and occasional photomicrographs. It is unclear whether the paragraphs of morphological description are highlighted to attract or deter the student reader. Thankfully, the book does not descend into the parrot-like series of lists and synopses of the "pocket companion" to Robbins.

After a fairly static period in the undergraduate pathology textbook market an increasing number of attractive options has appeared. The format of *Basic Pathology* is less colourful and cheerful than Underwood's *General and Systemic*