

patients) had oral candidiasis.

Dermatophytic infections are common in HIV infected patients. However, these skin diseases may not occur any more frequently in HIV positive patients than in comparable group.¹⁴ Studies have been few and their results are contrary. In one survey for example, the prevalence of dermatophytosis was not significantly higher in a group of HIV infected patients (37%) than in a paired population of HIV homosexual males (32%). These investigators noted that superficial infections were more common in both groups of homosexual males than in the general population.²⁰ In another study, however, the prevalence of dermatophytosis was four times higher among HIV infected persons.¹⁰ Kumarasamy et al¹⁹ in their study from south India, found 8.0 percent of HIV infected patients having dermatophytosis. Its frequency was 22.2% in the present study, which is much higher than that of Rosatelli et al¹⁵ (17.5%). This could be partially explained by the fact that the cases were also selected from Infectious Disease ward where mostly Group IV patients are admitted.

An increased colonization of *pityrosporum orbiculare* organisms have been reported in patients with HIV infection.¹⁹ The occurrence of seborrheic dermatitis in-patients with AIDS may have some unique features. The presentation is often more explosive in onset, intensely erythematous and clinically more severe than that observed in patients without AIDS. In the present study, the prevalence of pityrosporum infection was 13.5% (25 cases). Of these, seborrheic dermatitis was seen in 14 of cases, tinea versicolor in 10 of cases and pityrosporum folliculitis in 4 of cases, which was less than that of Groisser et al²¹ (80%) but more than that of Singh et al¹⁴ (3.8%).

In HIV infection, 10%-20% of disseminated cryptococcosis patients present with cutaneous involvement.⁹ In our study, cutaneous cryptococcosis was seen, in one patient. Previous study by Singh et al¹⁴ from the same institute did not encounter any case of cutaneous cryptococcosis. In contrast, Moore et al²² (10%-15%) and Murakawa et al²³ (6%) reported higher incidence of cutaneous cryptococcosis.

To conclude, a careful examination of skin and mucosae especially for mucocutaneous fungal infections may be highly rewarding in evaluating the stage of HIV disease.

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BOOK REVIEW

ICU Manual, Dr. AP Jain, Dr. Rajnish Joshi, Dr. Ashish Goel, *Paras Medical Publisher, India, 2004, pages. Rs.225.00*

In this manual the authors provide a ready reference to the ICU staff at all levels. The details of etiology and pathophysiology are intentionally excluded leaving the content to focus on management issues. The authors have provided only the standard care and some of the senior readers may have reservations about some of the management priorities listed in the manual. A potential limitation is the manual's emphasis on medical emergencies. Problems that may develop in postoperative patients or in-patients admitted to the surgical intensive care unit (ICU) are not covered. The manual also does not include pediatric and obstetric issues.

The manual is organized into three sections that cover the Protocols in ICU, Management of emergencies, and Procedures in ICU. Its four appendixes contain important information on laboratory values, formulas, and infusion rates. The first section contains many important and common protocols, which are often needed in any ICU. The Protocols are brief, clear, and easy to read and apply. The next section on management of emergencies provides a brief and concise overview of the many diverse emergencies encountered

in the intensive care unit (ICU). There are chapters on organ systems like cardiac, respiratory, hepatic and renal systems. There are also chapters on metabolic, infective and poisoning emergencies. Each chapter is set up in an efficient and logical outline form with key points accented in boldface text to facilitate ease and speed of use. Algorithmic diagrams are included which give a clear and easily followed management plan. A bibliography of key references accompanies each chapter. Lastly there is a section on common bedside ICU procedures. All chapters in this section have an effective description of the methods and illustrations of the techniques. Resident intensivists will find these chapters invaluable when learning these procedures. There is much to recommend about this manual. The format is excellent for clarity of reading and a methodical approach is preserved throughout the manual. Despite some minor reservations about the limited topics, it is recommended as an excellent resource for its intended audience of medical students and intensivists.

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