

Cost-Effective Diagnostic Imaging: The Clinician's Guide

3rd ed, by Zachary D. Grossman, Douglas S. Katz, Edward D. Santelli, Kevin R. Math, and John J. Wasenko, 462 pp, ISBN 0-8151-3440-1, St Louis, Mo, Mosby, 1995.

Once I got over the puzzle of reviewing a book on imaging without any images, it became immediately evident that this compact and easy-to-read book is a very useful tool in urgent care and office practice situations. It reminds this reviewer of Zachary Cope's book on the diagnosis of the acute abdomen, which is a very logical and systematic approach to clinical questions. The difference here, however, is that costs, plans of action with appropriate rationale, and a succinct summary are included.

This 1995 edition is well written, highlights the important clinical

features of each diagnostic inquiry, and flows extremely well. It is written to the level of the generalist physician. It addresses selected chief complaints and diagnostic categories based on their frequency of occurrence in common practice and definition through various imaging mechanisms. Although written in text form, it could easily lend itself to a schematic protocol. The subjects are well referenced and up-to-date.

The authors acknowledge the limitations of cost assessment since no uniform national database exists. They describe in simple terms some of the features of the different imaging modalities as well as their limitations. Both suggested readings and actual subject references are included. The authors also acknowledge that since this is a protocol format for the investigation of a complaint or clinical diagnostic question, there will be instances when questions arise that cannot be answered by these protocols.

This book is an accurate and

useful reference for clinicians faced with the need to determine the most effective diagnostic imaging mechanism to answer a clinical question. However, it should not replace radiologic consultation to plan for the optimal workup method. Radiologists are very willing to provide consultation regarding clinical dilemmas and are frequently more aware of the particular characteristics and efficiencies related to their own environments, which helps to maximize cost and quality.

These cautionary comments notwithstanding, this remains a very useful and timely book that should be included in the resource arsenal of any family practice or emergency department, since many of these clinical questions will come up in the setting of an acutely ill patient being evaluated emergently.

Ricardo G. Hahn, MD
University of Southern California
School of Medicine
Los Angeles

Clinical Pearl

In 100 women aged 15 to 45 years with lower abdominal pain presenting to an emergency department, patient management was affected by the complete blood cell count results in only 2 cases. However, in neither of these cases would a clinically significant diagnosis have been missed if the complete blood cell count had not been done. (*Am J Emerg Med.* 1995;13:304-306.)