PULMONARY INFECTION IN THE IMMUNOCOMPROMISED PATIENT
PULMONARY INFECTION IN
THE IMMUNOCOMPROMISED
PATIENT

STRATEGIES FOR MANAGEMENT

Editors

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Preface

The number of immunocompromised patients has increased over the last decade. Improvements in solid-organ and haematopoietic stem cell transplantation techniques, the expanded use of chemotherapeutic treatments and glucocorticoids use, and the appearance of new immunomodulatory therapies are some of the reasons that justify this increase. The success of the different transplant techniques has generated a great deal of interest in the management of immunocompromised patients among clinicians and basic scientists. The recognition and management of pulmonary complications that result from immunosuppression is a challenging task. The lungs may be injured directly through an infectious or toxic insult. Conversely, lung disease may result as a secondary event. Pulmonary complications in these patients require a multidisciplinary approach that often involves different specialists. This includes an appreciation of the epidemiology of post-transplant pulmonary complications, the differential diagnoses for these processes, the appropriate diagnostic explorations, and the specific treatments and potential interactions.

Our goals in this book are to provide an integrated discussion of progress in a comprehensive fashion. The general aspects of the lung immune defences are reviewed by Drs Patel and Koziel. Microbiological diagnosis and respiratory sampling in this population are a very important issues, related to the adequacy of treatment and mortality. Dr Ieven and Dr Baughman have reviewed both chapters in depth. The radiological approach to the diagnosis of respiratory complications is of particular importance and Dr Franquet presents the different tools that we currently have in our hands.

The remaining chapters of the book are dedicated to the review of respiratory infections regarding different types of immunosuppression: HIV infected patients, neutropenia, haematopoietic stem cell transplantation and chronic steroid treatment. Finally, intensive care management, antibacterial, antifungal and antiviral treatments are updated by experts in these subjects.

As in any multi-author book, the success of the endeavour relates to the commitment and creativity of the collaborating authors; we are extremely thankful for the hard and careful work of each of our contributors. We would also like to thank our colleagues at John Wiley & Sons, Ltd who provided outstanding support for this project.

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