

Urinary Stones – Diagnosis, Treatment and Prevention of Recurrence. 2nd ed. By A. Hesse, H.-G. Tiselius, A. Jähnen. Pp. 228. 32 figs. Softcover. US\$ 49.75. Basel: Karger. ISBN 3-8055-7370-7.

The book is written in a clear, concise manner. While primarily targeted at the medical fraternity, it is written in a style that is accessible and understandable to other individuals with an interest in urolithiasis. The print, use of tables and study guide format together with a unique cross-referencing system on each page covering the various diagnostic and therapeutic options for each stone group allows for easy referencing.

Each stone type is covered in terms of a checklist, investigations, treatment and prevention. This exhaustive list provides a comprehensive and complete approach for most stone types. It is in the metabolic evaluation that this guide is exceptionally useful. It includes stones such as Indinavir stones which are becoming more common with the present increased HIV/AIDS prevalence and the use of antiretrovirals in a South African context.

In the section on imaging, a brief overview of the various radiological investigative modalities is given without any recommendation for a protocol. The trend towards the increasing use of a non-contrast spiral CT scan as the investigative modality of choice with its low morbidity needs to be emphasised in the context of emergency diagnostics. While briefly discussing the limitations of each modality, it could expand on the expected radiological findings in the context of the non-contrast spiral CT scan.

Routine investigations in the book in terms of the metabolic evaluation of patients with a first episode of uncomplicated urolithiasis include a 24-hour urine biochemical profile irrespective of stone composition. This is usually reserved for patients with recurrent urolithiasis of a high risk profile in most non-research practices.

The book advises a maximum calcium intake not exceeding 1 000 mg a day in patients with calcium oxalate stones. This contradicts existing practice, which suggests that a higher intake of dietary calcium is strongly associated with a decreased risk of kidney stones. Current practice strongly suggests that dietary calcium restriction is inappropriate in patients with recurrent calcium nephrolithiasis and may even be potentially dangerous by increasing the risk of osteoporosis.

In summary this is a comprehensive text and quick reference on the biochemical, diagnostic and metabolic aspects of urolithiasis. Noting its limitations as outlined above and potential areas of controversy the book remains a useful text for any practice dealing with the complexities of urolithiasis on a daily basis.

Mohamed Haffejee