

- quence of B19 virus DNA persisting in human synovial tissue. *J Gen Virol* 2000;81:1017–25.
27. Arnett FC, Edworthy SM, Bloch DA, McShane DJ, Fries JF, Cooper NS, *et al*. The American Rheumatism Association 1987 revised criteria for the classification of rheumatoid arthritis. *Arthritis Rheum* 1988;31:315–24.
 28. Cotmore SF, McKie VC, Anderson LJ, Astell CR, Tattersall P. Identification of the major structural and nonstructural proteins encoded by human parvovirus B19 and mapping of their genes by procaryotic expression of isolated genomic fragments. *J Virol* 1986;60:548–57.
 29. Shade RO, Blundell MC, Cotmore SF, Tattersall P, Astell CR. Nucleotide sequence and genome organization of human parvovirus B19 isolated from the serum of a child during aplastic crisis. *J Virol* 1986;58:921–36.
 30. Cooling LLW, Koerner TAW, Naides SJ. Multiple glycosphingolipids determine the tissue tropism of parvovirus B19. *J Infect Dis* 1995;172:1198–205.
 31. Imai Y, Sato T, Yamakawa M, Kasjima T, Suda A, Watanabe Y. A morphological and immunohistochemical study of lymphoid germ centers in synovial and lymph node tissues from rheumatoid arthritis patients with special reference to complement components and their receptors. *Acta Pathol Jpn* 1989;39:127–34.
 32. Modrow S, Dorsch S. Antibody responses in parvovirus B19 infected patients. *Pathol Biol (Paris)* 2002;50:326–31.
 33. Kurtzman GJ, Ozawa K, Cohen B, Hanson G, Oseas R, Young NS. Chronic bone marrow failure due to persistent B19 parvovirus infection. *N Engl J Med* 1987;317:287–94.
 34. Lundquist A, Tolfvenstam T, Brytting M, Stolt CM, Hedman K, Broliden K. Prevalence of parvovirus B19 DNA in bone marrow of patients with haematological disorders. *Scand J Infect Dis* 1999;31:119–22.
 35. Cassinotti P, Siegl G, Michel BA, Bruhlmann P. Presence and significance of human parvovirus B19 DNA in synovial membranes and bone marrow from patients with arthritis of unknown origin. *J Med Virol* 1998;56:199–204.

Book Review

Sangüeza OP, Requena L: *Pathology of Vascular Skin Lesions: Clinicopathologic Correlations*, 336 pp, Totowa, NJ, Humana Press, 2003 (\$135.00).

Cutaneous vascular lesions comprise a significant proportion of the daily workload of many pathology practices. While many of us are content to classify them into hemangiomas, lymphangiomas, and angiosarcomas, there has been a veritable explosion of new vascular lesions described in the past decade. In addition, widely used terms such as “cavernous hemangioma” and “capillary hemangioma” are rapidly becoming obsolete. Some vascular proliferations that were originally classified as malignant are now thought to be benign. I would hazard that many of us are unaware of these new developments and are in need of edification.

If this sounds like you, Drs. Sangüeza and Requena have a book for you. They have written a short yet complete text reviewing currently accepted cutaneous vascular proliferations. They incorporate these into a new classification based on traditional pathologic definitions of hamartoma, hyperplasia, malformation, neoplasm, and dilation of preexisting vessels. Each section is subdivided into chapters devoted to each entity. The chapters are logically arranged into a historical review, clinical features, histopathologic features, and treatment. Drs. Sangüeza and Requena deserve special kudos for devoting equal space to the clinical features of the described vascular proliferations; in my experience, an understanding of the clinical features of a particular vascular lesion is often critical to definitive diagnosis.

The book is comprehensive without being unwieldy. It covers the breadth of vascular lesions from the common (infantile hemangioma) to the obscure (phakomatosis pigmentovascularis). The text is complemented by numerous clinical and histologic illustrations. The illustrations are generally excellent, although they are all in black and white. The authors compensate for this by providing a companion CD with color versions of all the illustrations in the book. I found this to be a very helpful tool for review and self-testing.

My criticisms are few. In the chapter describing their classification of cutaneous vascular proliferations, the authors argue persuasively that infantile hemangiomas are hyperplasias and not neoplasms because they regress spontaneously. Yet they persist in classifying infantile hemangiomas as benign neoplasms in their proposed classification. I found this confusing. The chapters on spider angiomas and cutis marmorata telangiectatica congenita lack histologic illustrations to accompany the fine clinical photographs.

Drs. Sangüeza and Requena are to be applauded for their efforts. In the short time I have had this book, I have found myself referring to it repeatedly both to expand my knowledge of common vascular proliferations and to assist in the diagnosis of rare lesions. I highly recommend this book to dermatologists, pathologists, and dermatopathologists.

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