Written by two dermatologists from the University of KwaZulu-Natal’s Nelson R Mandela School of Medicine, the much-needed 2nd edition of the *Atlas of Skin Conditions in HIV/AIDS* is now available. Immunocompromise in HIV cases results in a large variety of skin findings that significantly differ in quality and extent from those in immunocompetent people.

Acknowledging the fact that dermatological problems are often a challenge to clinicians, this is an important area demanding an easy-to-use atlas to identify the most common diseases. As HIV treatment increasingly becomes a condition to be treated at a general primary health care level, this becomes even more pertinent.

To meet the needs of the clinician, the atlas is put together in a way that makes it a pleasure to use quick reference for clinical findings. The book’s chapters are structured by type of skin eruption rather than nosological disease entity, which adds to the ease with which a specific clinical presentation can be found. These groups of skin conditions are ‘Blisters’, ‘Papulosquamous conditions’, ‘Papules and nodules’, ‘Ulcers’, ‘Nails’, ‘Oral lesions’, ‘Miscellaneous’ and ‘Antiretroviral therapy’. Only the chapter on ‘Antiretroviral therapy’ attempts a more systemic approach, based on the causation rather than the clinical presentation, when it lists a range of conditions that might erupt under antiretroviral treatment. These conditions are presented in the two sections ‘Immune reconstitution inflammatory syndrome’ (IRIS) and ‘Cutaneous manifestations of antiretroviral drugs’.

For each condition, on the left page there are high-quality colour pictures displaying the skin condition. This is complemented by a brief description of the condition and its treatment on the opposite page. This includes a hands-on treatment recommendation with standard dosages and durations for the treatment and explicitly including both EDL (Essential Drugs List for primary health care) and non-EDL items.

With its user-friendly structure, this atlas is a valuable addition to the standard reference in a consultation room in public sector facilities. It is comprehensive enough to include the more common conditions, while at the same time concise enough to serve as a quick reference during or in between consultations. On the wish-list for future editions would be an update of the primary health care EDL reference, as the book refers to the 1998 edition of this list. Having been published before the new antiretroviral treatment guidelines came into effect in 2010, a future edition should possibly also present clinical examples of the skin presentation of the abacavir hypersensitivity syndrome (which is only mentioned in the text), as this drug is now part of the paediatric first-line regimen and skin eruptions following the initiation of this drug are a major point of concern. Similarly, tenofovir, which is now part of the adult first-line regimen, is not mentioned in the book but would probably have shown its dermatological side-effects (if any) by the time the next edition appears.

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