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## Polymyalgia rheumatica: Not well understood, but important to consider

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Its cause and pathogenesis remain unknown, but it may be accompanied by giant cell arteritis, which must be recognized and treated as a medical emergency.

J.D. CLOUGH

#### 1-MINUTE CONSULT

My patient has elevated prolactin and infertility, but normal periods and a negative pituitary study. What should I do?

Prolactin comes in different sizes. We should consider a diagnosis of macroprolactinemia before embarking on a series of potentially unnecessary and expensive tests and treatments.

I.B. ORIJA AND C. FAIMAN

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REVIEW

## The challenge of valvular heart463disease: When is it time to operate?

Performed too soon, surgery needlessly exposes a patient to operative risks, but inappropriate delay may lead to cardiac damage and worse long-term outcome.

J.P. REGINELLI AND B. GRIFFIN

#### CARDIOVASCULAR BOARD REVIEW ......

## Cardiac sarcoidosis: A cause of infiltrative cardiomyopathy

A 52-year-old man is having frequent episodes of ventricular tachycardia. How should he be treated?

R. FASANO, C.M. RIMMERMAN, AND W.A. JABER

#### MEDICAL GRAND ROUNDS ......

## Polymyalgia rheumatica: Clinical presentation is key to diagnosis and treatment

Diagnosing polymyalgia rheumatica can be likened to the saying, "If it looks like a duck and quacks like a duck, it probably is a duck."

B.F. MANDELL

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V.P. DEENADAYALU AND D.K. REX

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## An appropriate diagnostic workup for suspected vascular birthmarks

Some birthmarks can represent significant vascular anomalies that require a diagnostic workup and treatment.

O. KONEZ AND P.E. BURROWS

## Gynecomastia: 511 Its features, and when and how to treat it

Gynecomastia is common and usually benign, though often distressing. Causes are many.

S.A. BEMBO AND H.E. CARLSON

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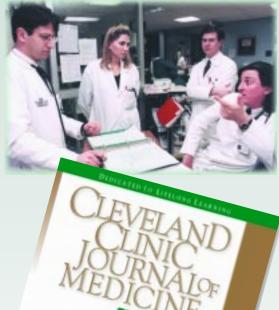
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