# Table of Contents

## From the Editor

**Potential systemic benefits of shocking or blocking nerves** 119  
What has really caught my attention is the expanding research on controlled regional neuromodulation and its impact on systemic physiology and inflammation.  
Brian F. Mandell, MD, PhD

## The Clinical Picture

**Unilateral pulmonary edema** 124  
Three weeks after discharge from hospitalization for COVID-19, the patient noted progressively worsening exertional dyspnea and fatigue.  
Yoshihiro Harano, MD; Mikio Nakajima, MD, MPH, PhD

## 1-Minute Consult

**Does my patient need an allergy evaluation for penicillin allergy?** 126  
In patients with reported penicillin allergy, obtaining a detailed allergy history directly from the patient is the essential first step.  
Jennifer A. Ohtola, MD, PhD; Sandra J. Hong, MD

## Symptoms to Diagnosis

**Microangiopathic hemolytic anemia in a female patient with systemic lupus erythematosus** 130  
evaluation of a patient presenting with worsening swelling of the lips and legs, decreased oral intake, intermittent pleuritic chest pain, and exertional dyspnea.  
Mohammad A. Sohail, MD; Peter Luong; John Sedor, MD; Roop Kaw, MD

## Review

**Breast cancer risk evaluation for the primary care physician** 139  
The authors offer a systematic approach to the assessment and management of patients at risk of breast cancer.  
Christine L. Klassen, MD; Elizabeth Gilman, MD; Aparna Kaur, MD; Sara P. Lester, MD; Sandhya Pruthi, MD

## Upcoming Features

- Capsule endoscopy in GI disease
- Glycemic control in critically ill patients
- Update in palliative medicine
CONTINUED FROM PAGE 116

REVIEW

Stellate ganglion block as a treatment for vasomotor symptoms: Clinical application

Hormone therapy is the mainstay of treatment, but there is a clear need for safe and effective nonhormonal options. The authors review data on the use of stellate ganglion block in perimenopausal and postmenopausal patients.

Yoonsoo Sara Lee, BS; Christopher Wie, MD; Scott Pew, MD; Juliana M. Kling, MD, MPH

Vitamin D supplementation: Pearls for practicing clinicians

A review of how to assess and counsel patients on the use of vitamin D, with patient scenarios clinicians are likely to encounter, and an overview of current recommendations for vitamin D supplementation.

Susan E. Williams, MS, RD, MD, CCD, FACE, FAND

Common skin signs of COVID-19 in adults: An update

Cutaneous findings can be clues to the diagnosis and infection severity in viral illnesses, including COVID-19.

Samantha Polly, MD; Anthony P. Fernandez, MD, PhD

DEPARTMENTS

CME Calendar

CME/MOC Instructions

121

168

Changed your address? Not receiving your copies?

To receive Cleveland Clinic Journal of Medicine, make sure the American Medical Association has your current information. Cleveland Clinic Journal of Medicine uses the AMA database of physician names and addresses to determine its circulation. All physicians are included in the AMA database, not just members of the AMA. Only YOU can update your data with the AMA.

- If your address has changed, send the new information to the AMA. If you send the update by mail, enclose a recent mailing label. Changing your address with the AMA will redirect all of your medically related mailings to the new location.
- Be sure the AMA has your current primary specialty and type of practice. This information determines who receives Cleveland Clinic Journal of Medicine.
- If you ever notified the AMA that you did not want to receive mail, you will not receive Cleveland Clinic Journal of Medicine. If you wish to reverse that decision, simply notify the AMA, and you will again receive all AMA mailings.
- Please allow 6 to 8 weeks for changes to take effect.

To contact the American Medical Association:

- PHONE 800-621-8335
- FAX 312-464-4880
- E-MAIL dpprodjira@ama-assn.org
- US MAIL
  Send a recent mailing label along with new information to:

American Medical Association
AMA Plaza
Data Verification Unit
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885