Balancing the myths of corticosteroid therapy 480
No class of drug has more mythical attributes, interfaces with different medical specialties, or clinical street lore than corticosteroids.
Brian F. Mandell, MD, PhD

Widespread skin-thickening and hyperpigmentation 485
A 37-year-old military veteran presented with extensive velvety hyperpigmented plaques over nearly 15% of the total body surface.
India K. Poetzsch; Nikolai Klebanov, MD; Shinjita Das, MD, MPH

Phenytoin-induced gingival overgrowth 488
A young man presented with lower-extremity weakness and slurred speech. He has been on seizure prophylaxis after experiencing a seizure following hemicraniectomy for subdural hematoma.
Mitesh Karn; Ranjan Sah; Shabal Sapkota, MD

Mucinous ascites: Pseudomyxoma peritonei 491
A 59-year-old man presented with progressive abdominal distention that limited daily activities and oral intake. The ascitic fluid was markedly viscous and jelly-like.
Sansrita Nepal, MD; Adam Schwertner, MD; John M. Cunningham, MD

Nasal herpes simplex virus infection 495
Skin changes on the nose in a 37-year-old patient that began after a scratch were concerning for extensive nasal skin necrosis.
Nina L. Tamashunas, MD; Robert Simonds, MD; Sarah Young, MD

CONTINUED ON PAGE 479
Hyperpigmentation as a clue to Addison disease

The 66-year-old woman presented with fatigue, loss of appetite, and hyperpigmentation of the tongue, soft palate, buccal mucosa, lower lip, fingers, and nail beds.

Yusuke Hirota, MD, PhD; Takaya Matsushita, MD, PhD

Diversifying medical humanities: The case for Jay-Z

Physicians carry considerable power in the patient-physician relationship. Opening our minds to the viewpoints of others diffuses some of that power and grounds us in the communities we serve.

Alok A. Khorana, MD

Steroids in the acutely ill: Evolving recommendations and practice

New information has been generated with regard to what causes critical illness-related corticosteroid insufficiency, how to diagnose it, who should receive corticosteroid treatment, and what regimens to use.

Stephen M. Pastores, MD, MACP, FCCP, FCCM

Primary and secondary prevention of atherosclerotic cardiovascular disease: A case-based approach

The authors present commonly encountered clinical scenarios that pose challenges in decision-making in primary and secondary prevention.

Essa H. Hariri, MD, MS; Mazen M. Al Hammoud, BS; Steven E. Nissen, MD; Donald F. Hammer, MD

Cirrhotic coagulopathy: A rebalanced hemostasis

Cirrhosis affects all 3 phases of coagulation, leading to a delicate new equilibrium, easily disturbed and tipped toward either bleeding or thrombosis by acute events such as infection, renal failure, and invasive procedures.

Achintya D. Singh, MD, MBBS; Simon R. Mucha, MD; Christina C. Lindenmeyer, MD

CME MOC Instructions