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## FROM THE EDITOR

**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

## THE CLINICAL PICTURE

**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. Poetzscher; 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

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**Upcoming Features**

- Reducing breast-cancer risk: The role of chemoprevention
- Benign paroxysmal positional vertigo: Effective diagnosis and treatment

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THE CLINICAL PICTURE

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, fingernail, and nail beds.

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

COMMENTARY

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

MEDICAL GRAND ROUNDS

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

REVIEW

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

REVIEW

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

DEPARTMENTS

CME Calendar

CME/MOC Instructions