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## FROM THE EDITOR

**Balancing the myths of corticosteroid therapy**

No class of drug has more mythical attributes, interfaces with different medical specialties, or clinical street lore than corticosteroids.

Brian F. Mandell, MD, PhD

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## THE CLINICAL PICTURE

**Widespread skin-thickening and hyperpigmentation**

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**

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**

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**

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

CLEVELAND CLINIC JOURNAL OF MEDICINE  VOLUME 89  • NUMBER 9  SEPTEMBER 2022

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THE CLINICAL PICTURE

**Hyperpigmentation as a clue to Addison disease** 498

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

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**Diversifying medical humanities: The case for Jay-Z** 501

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

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**Steroids in the acutely ill: Evolving recommendations and practice** 505

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

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**Primary and secondary prevention of atherosclerotic cardiovascular disease: A case-based approach** 513

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

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**Cirrhotic coagulopathy: A rebalanced hemostasis** 523

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

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