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## From the Editor

**Corticosteroids: Giving and taking away**

Two articles this month highlight opposite ends of the treatment spectrum, one on introducing adjunctive corticosteroids when treating *Pneumocystis pneumonia*, and the other on syndromes associated with glucocorticoid withdrawal.

Brian F. Mandell, MD, PhD

## The Clinical Picture

**Acquired reactive perforating collagenosis in a patient with diabetes**

A 47-year-old woman presented with a 2-month history of pruritic eruptions on the left ankle and a complaint of thirst and polyuria for the past year.

Li-wen Zhang, MD; Juan Wu, MD, PhD; Rong-hua Xu, MD; Tao Chen, MD, PhD

**Microscopic colitis: What is it, and what are the treatment options?**

Budesonide, first-line therapy for this inflammatory disorder characterized by chronic diarrhea, improves symptoms and quality of life.

Katherine E. Westbrook, DO; Ari Garber, MD, EdD, MS, EdM

**When should I give corticosteroids to my patient with Pneumocystis pneumonia?**

Patients with HIV infection who are hypoxemic should receive corticosteroids. Evidence for patients without HIV infection is limited.

Simran Gupta, MD; Lisa M. Bebell, MD, MSc, FIDSA

## Upcoming Features

- Functional dyspepsia: How to manage the burn and the bloat
- Do I always need a central venous catheter to administer vasopressors?
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Severe hyponatremia: Are you monitoring the urine output? 221
A 52-year-old woman presented with confusion and a 1-month history of drastically increased alcohol intake and mild nausea and anorexia, resulting in a 15-lb weight loss.
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A review of the 2021 updated guidelines of the American College of Chest Physicians including risk factors, supportive management, choice of anticoagulation therapy, and treatment considerations.
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