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- Aspirin in primary prevention of cardiovascular events:** **270**

### **Key questions remain**

Are we done with the issue of aspirin in primary prevention? Not quite yet.

Brian F. Mandell, MD, PhD

## THE CLINICAL PICTURE.....

- Chondrodermatitis nodularis helicis** **277**

The patient first noted the mildly tender, nonpruritic lesion on his left ear after he began sleeping on a firmer pillow.

Maggie So, MD, FACP; Randall S. Edson, MD, MACP, FIDSA

## THE CLINICAL PICTURE.....

- Cholesteatoma** **279**

The patient's audiogram showed left-sided conductive hearing loss, and examination revealed an atelectatic tympanic membrane on the left with a retraction pocket and keratin debris.

Malek H. Bouzaher, MD; Suat Kilic, MD; Samantha Anne, MD

## 1-MINUTE CONSULT .....

- Should my elderly hospitalized patient with acute onset of altered mental status undergo stat head CT?** **283**

Clinical acumen and use of delirium scoring tools help narrow the range of possible causes for the individual patient and guide decisions on the need for further testing and imaging.

Gilad Muth, DO; Thomas A. Bayer, MD; Richard Libman, MD

## GUIDELINES TO PRACTICE .....

- Aspirin for primary prevention of cardiovascular disease:** **287**  
**What do the current USPSTF guidelines say?**

A concise overview of the US Preventive Services Task Force recommendations.

Sanjoyita Mallick, DO; Gautam R. Shroff, MBBS; Mark Linzer, MD

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## Upcoming Features

- Celiac disease:  
Who to test and how
- Urine antigen testing for  
*Legionella pneumophila*:  
When is it needed?



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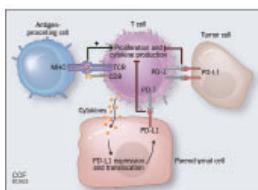
The immediate response is warm or cold compression and assessment of the severity.

Abby Tarpey, PharmD; Shraddha Narechania, MD, FCCP; Mark Malesker, PharmD, FCCP, FCCM, FASHP, BCPS

**COMMENTARY .....****The perfect storm: An unseasonably early RSV annual epidemic, a severe annual flu epidemic, and a smoldering COVID-19 pandemic****297**

The author presents scenarios illustrating the overlapping clinical manifestations of respiratory viral infections that challenge clinical diagnosis.

Sherif Beniameen Mossad, MD, FACP, FIDSA, FAST

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A review of the incidence and severity of each immune checkpoint inhibitor-related endocrinopathy, factors related to toxicity risk, and principles of management.

Randol Kennedy, MD, FACP; Hussein Awada, MD; Naga Vura, MD; Daniela Ciltea, MD; Michael Morocco, MD

**EDITORIAL .....****Reincarnating autoimmunity: Immune-related adverse events as new diseases****318**

The range of adverse events is broad. Any organ can be affected, and any naturally occurring autoimmune process can be mimicked by the massive inflammation generated by checkpoint inhibition.

Pauline Funchain, MD

**LETTERS TO THE EDITOR .....****Resistant hypertension: A stepwise approach****273**

Yehia Yoursri Mishriki, MD

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Leslie E. F. Page, DO, MPH

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