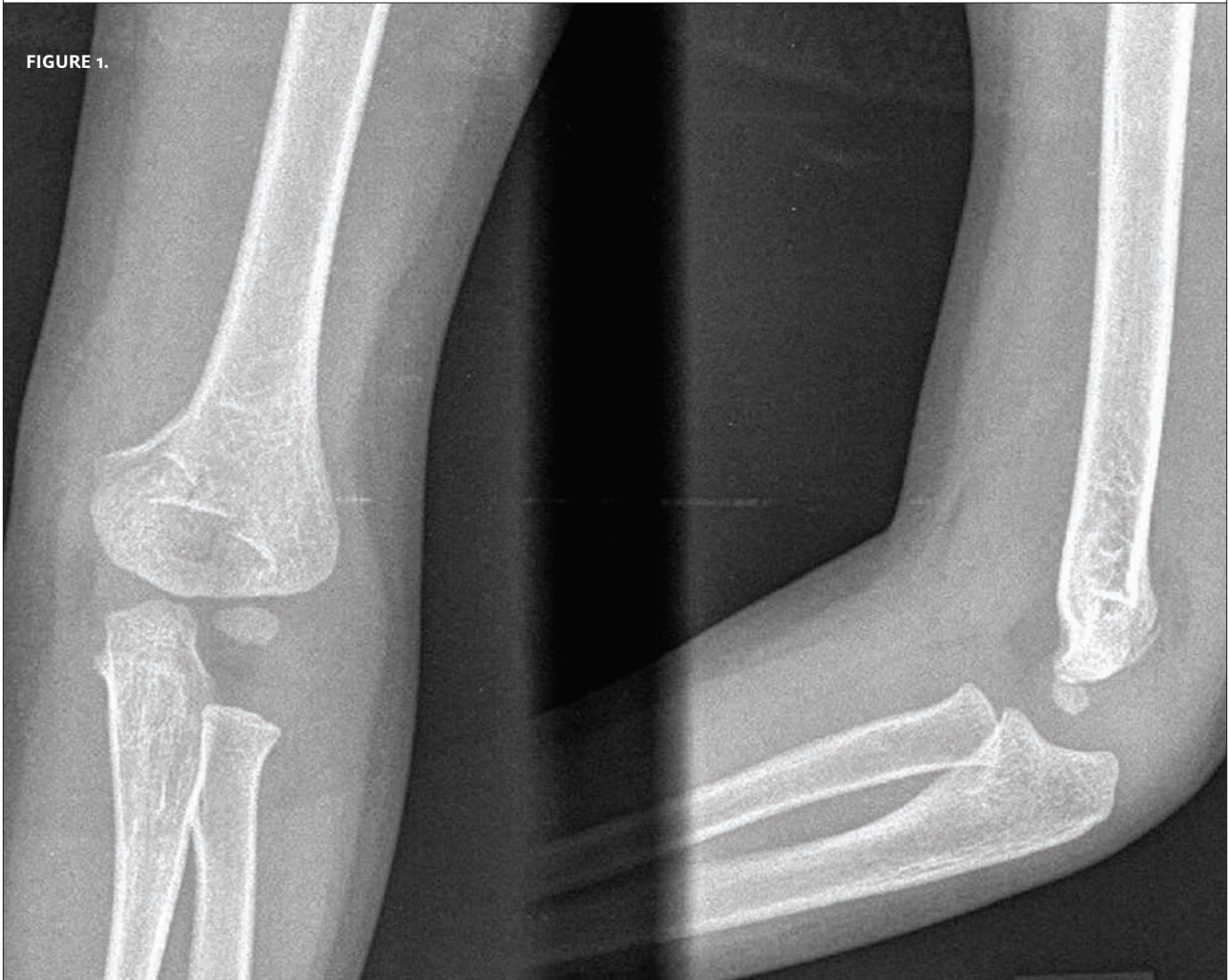




In each issue, *JUCM* will challenge your diagnostic acumen with a glimpse of x-rays, electrocardiograms, and photographs of dermatologic conditions that real urgent care patients have presented with.

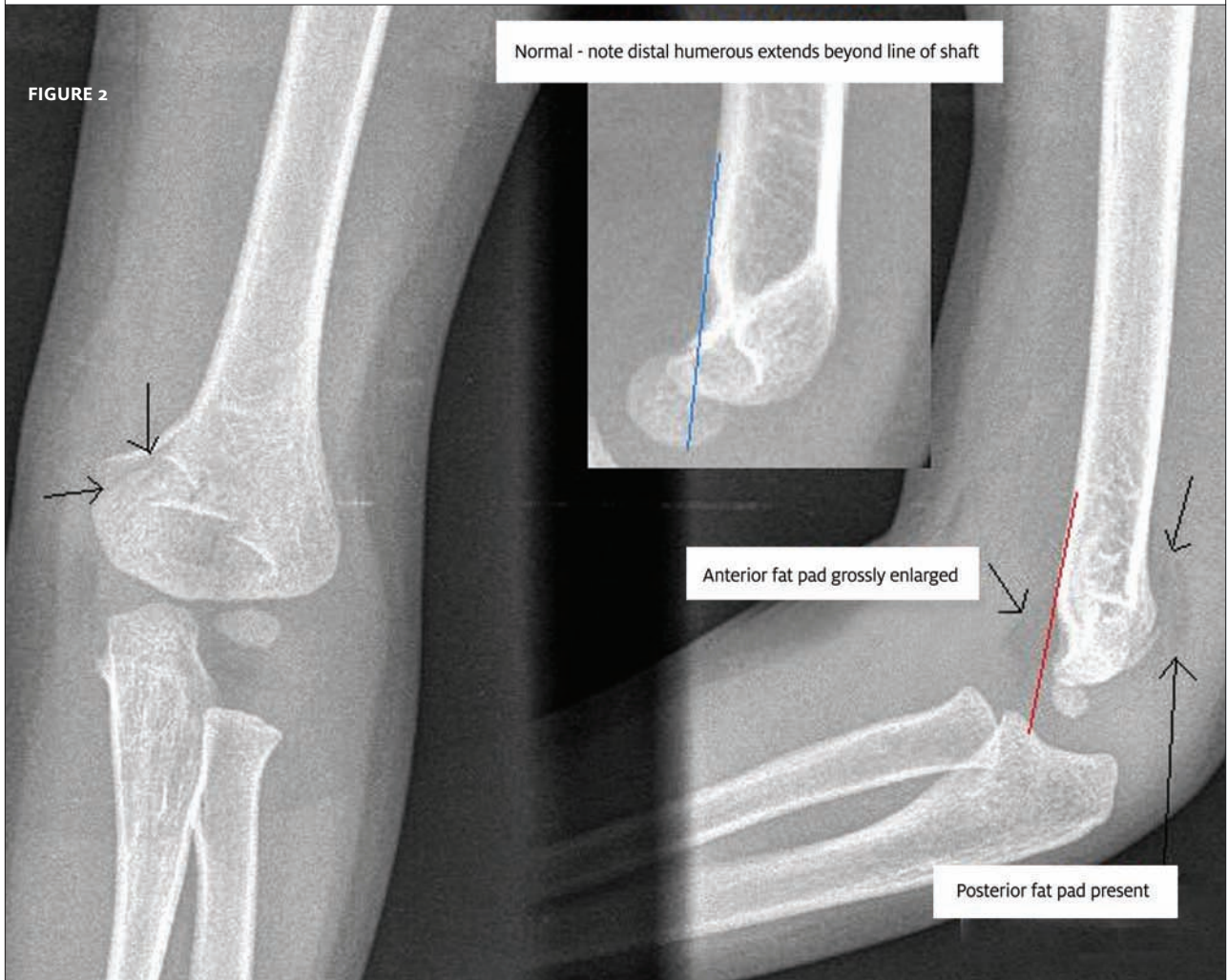
If you would like to submit a case for consideration, please e-mail the relevant materials and presenting information to editor@jucm.com.

FIGURE 1.



A 3-year-old boy presents to your urgent care center two hours after taking a fall of approximately 1.5 feet. He is experiencing pain in his elbow, which is swollen. Distal pulses and sensation and grip strength are normal.

View the x-ray taken (**Figure 1**) and consider what your next steps would be. Resolution of the case is described on the next page.



THE RESOLUTION

The correct diagnosis is supracondylar fracture, a relatively common elbow fracture in children between 2 and 12 years of age. It is most often the result of a fall.

In the inset in **Figure 2**, note the posterior deviation of the distal humerus as compared with the normal image, and that the anterior fat pad is grossly enlarged.

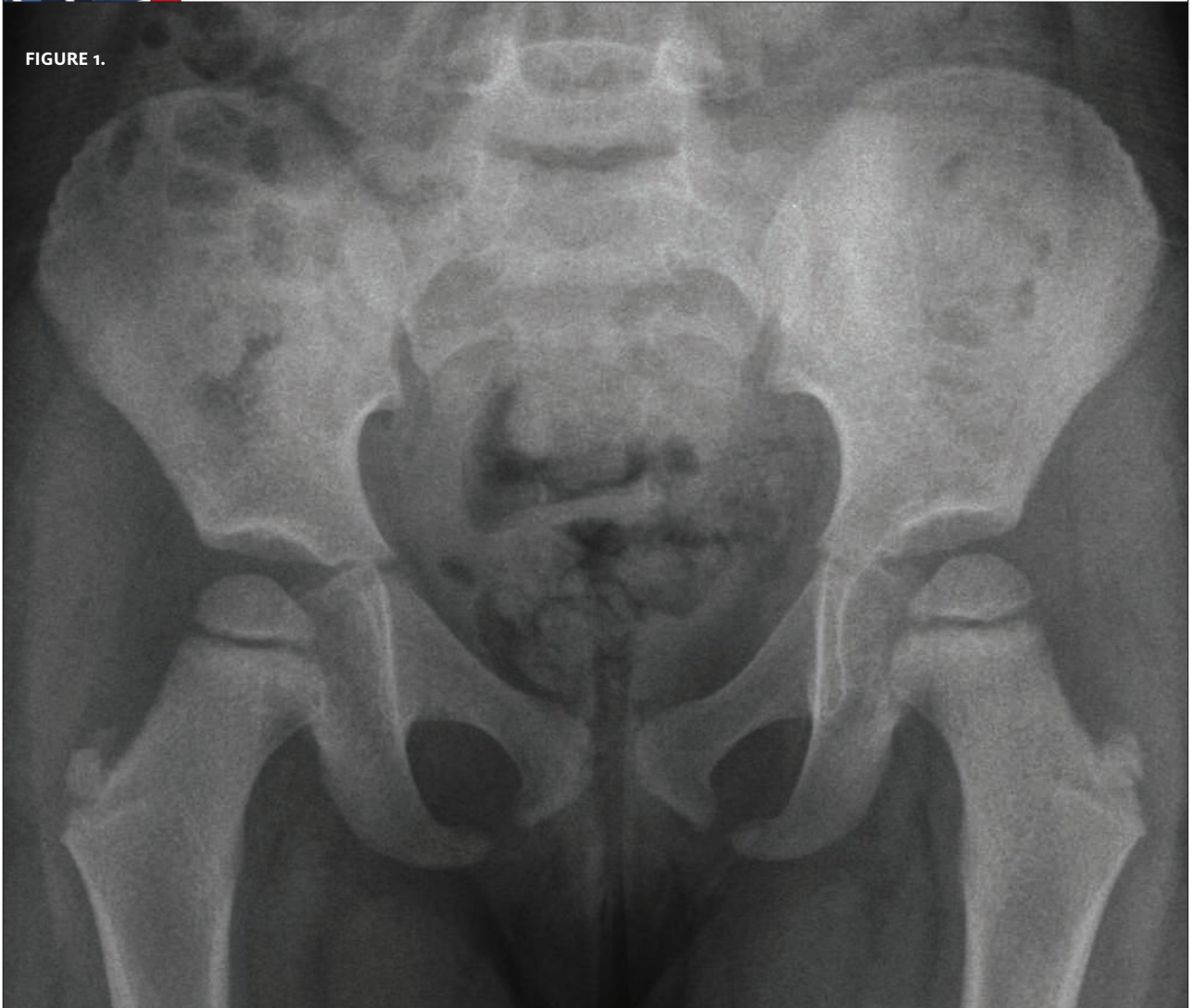
This patient should be referred for immediate orthopedic assessment.

In the absence of displacement of the bone or the fat pads, treatment is usually limited to immobilization of the arm. A splint will probably be used for approximately three weeks. If the fracture is displaced, however, the bones will need to be reduced. Appropriate pain medication may be prescribed depending on the level of the child’s pain. Acetaminophen is often given for mild pain.

Acknowledgment: Case presented by Fred Carol, MD, who treated and referred the patient described.



FIGURE 1.



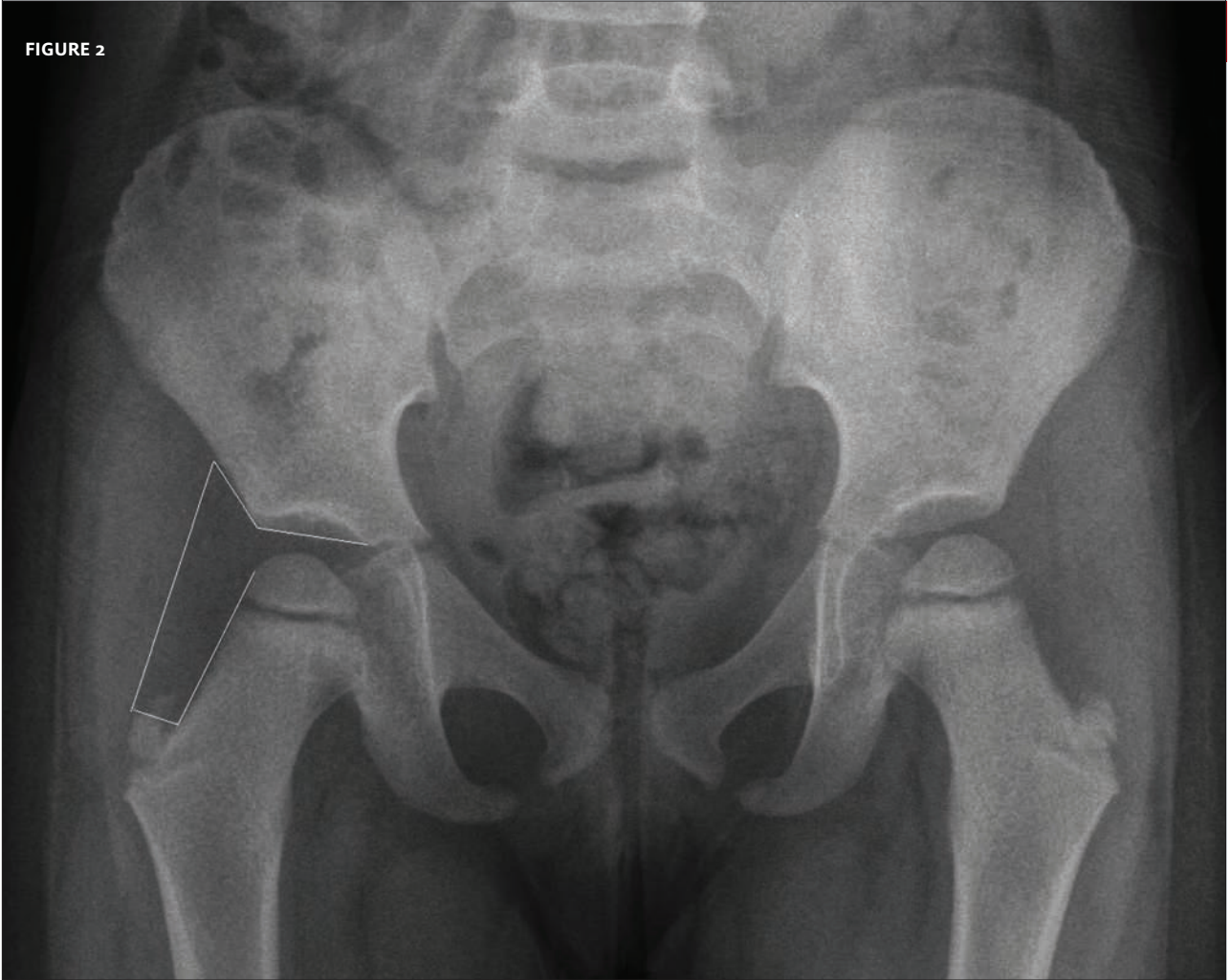
A 3-year-old girl presents to the urgent care center with right hip pain. She has no fever, and the parents report there was no trauma. The child has a limp and reproducible pain on external rotation of the right hip.

White blood count is 11,900 with 40.7% lymphs. The erythrocyte sedimentation rate

(ESR) is 3 mm/hour. The x-ray (**Figure 1**) shows fluid around the right hip joint; this finding was confirmed by ultrasound.

View the x-ray and consider what your next steps would be. Resolution of the case is described on the next page.

FIGURE 2



THE RESOLUTION

The correct diagnosis is transient synovitis. The child was discharged home on ibuprofen with planned follow-up the next day, and clear instructions to return if there was any worsening.

Transient synovitis is a self-limited disease with no expected long-term complications. It tends to occur in children between 2- and 9-years-old. Typically, the patient will complain of hip pain on one side and exhibit a limp. Thigh pain, knee pain, and low-grade fever (<101 degrees F) may also be present.

As indicated on the previous page, appropriate steps for the clinician to take upon presentation include WBC, ESR, x-ray, and ultrasound.

Pain most often resolves within 10 days or less. Treatment may include limiting the child's activity to make him or her more comfortable. However, there is no danger associated with performing normal activities. Nonsteroidal anti-inflammatory medications may be prescribed to reduce pain.

Acknowledgment: Case presented by Scott Field, MD, who treated and referred the patient described.