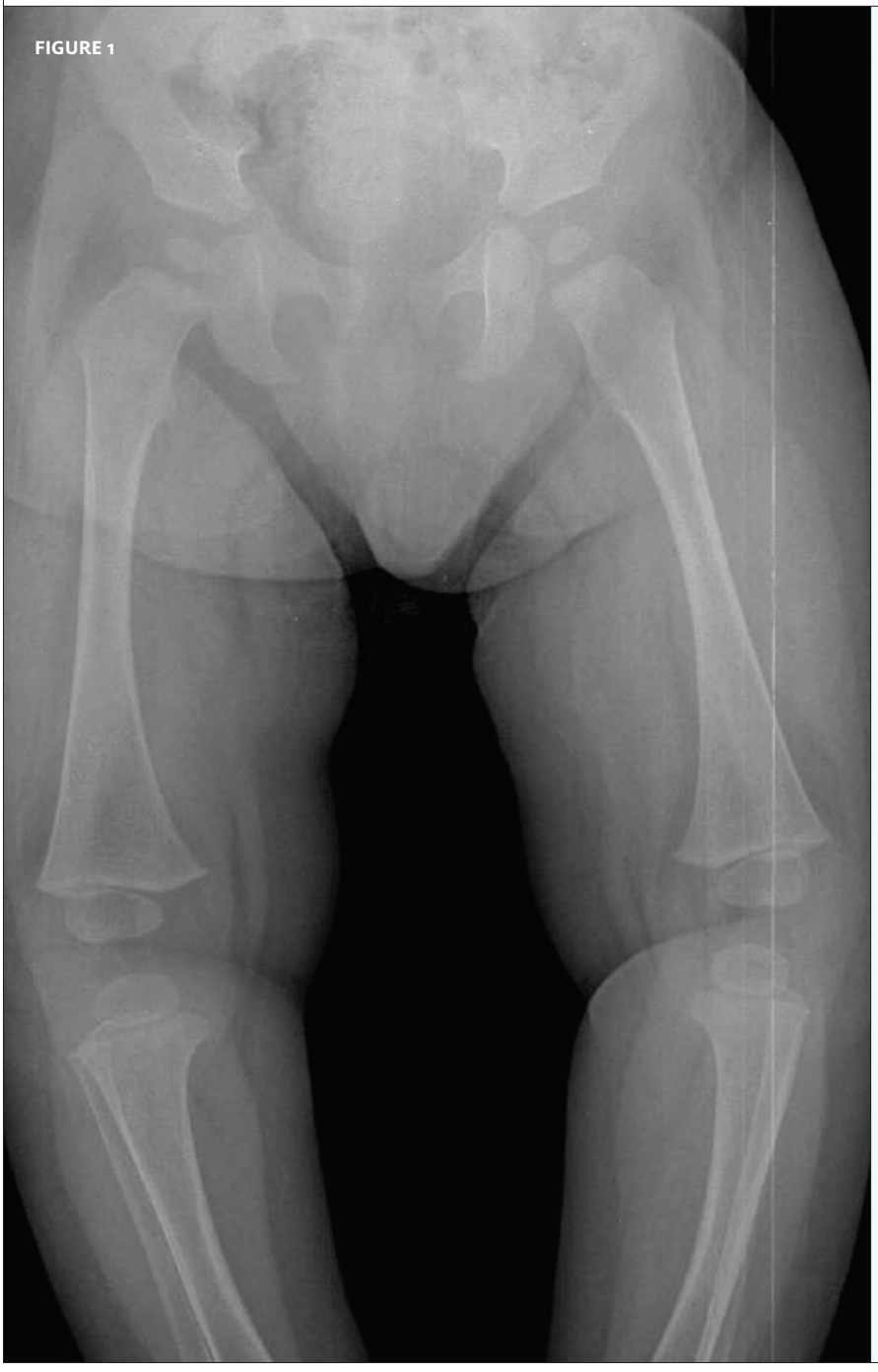
INSIGHTS IN IMAGES

CLINICAL CHALLENGE: CASE 1

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

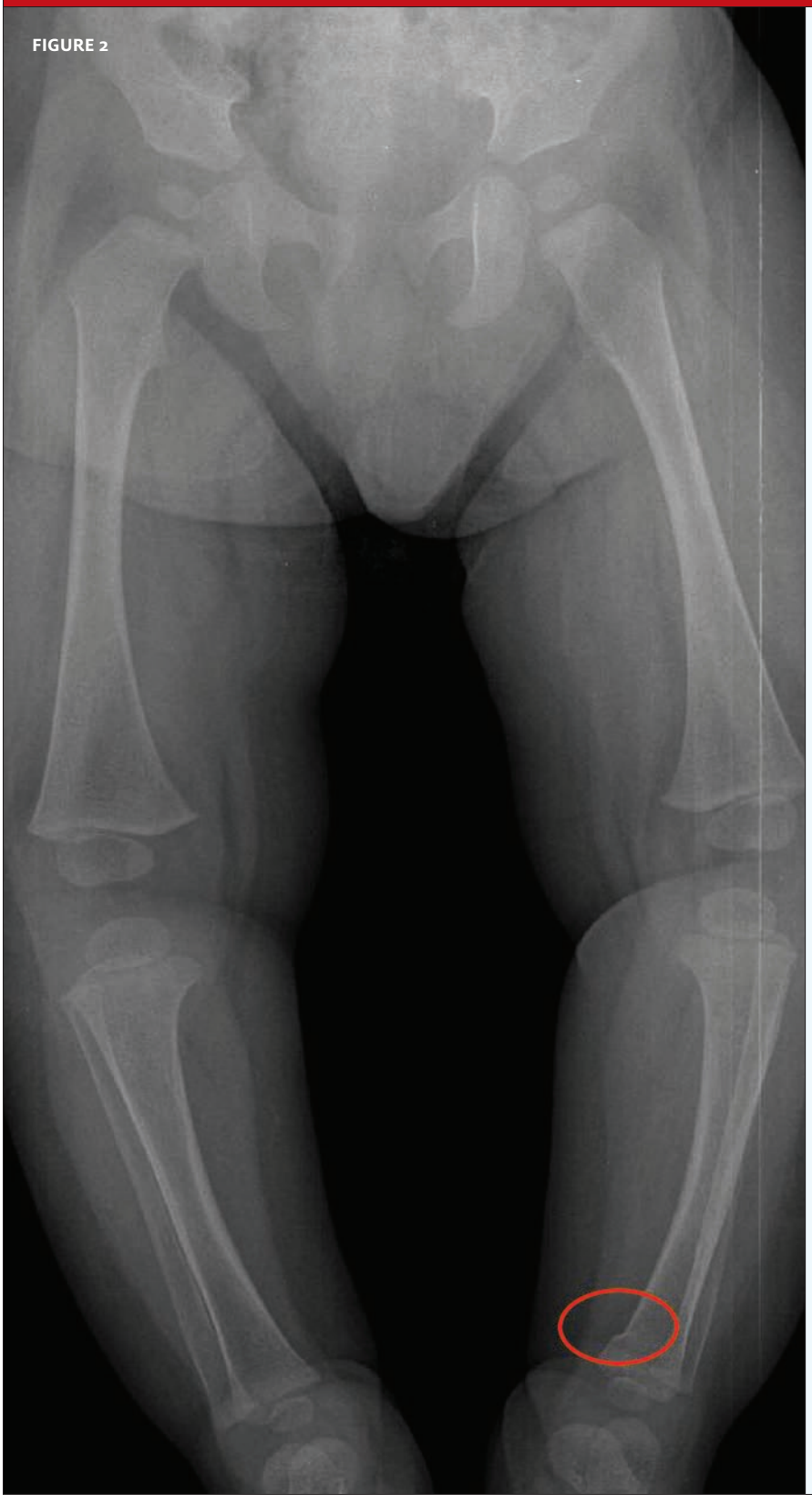


The patient is a 10-month-old child who presents, with the parents upon referral by the pediatrician, with a history of three days of pain, but no history of trauma. The child refuses to stand, presumably due to pain, and resists crawling.

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

THE RESOLUTION

FIGURE 2



The correct reading of the x-ray is: greenstick fracture of the distal tibia.

The x-ray was taken and the fracture identified by the urgent care physician. However, the child was placed in a cast splint after referral to hospital, with advice to follow up with an orthopedist.

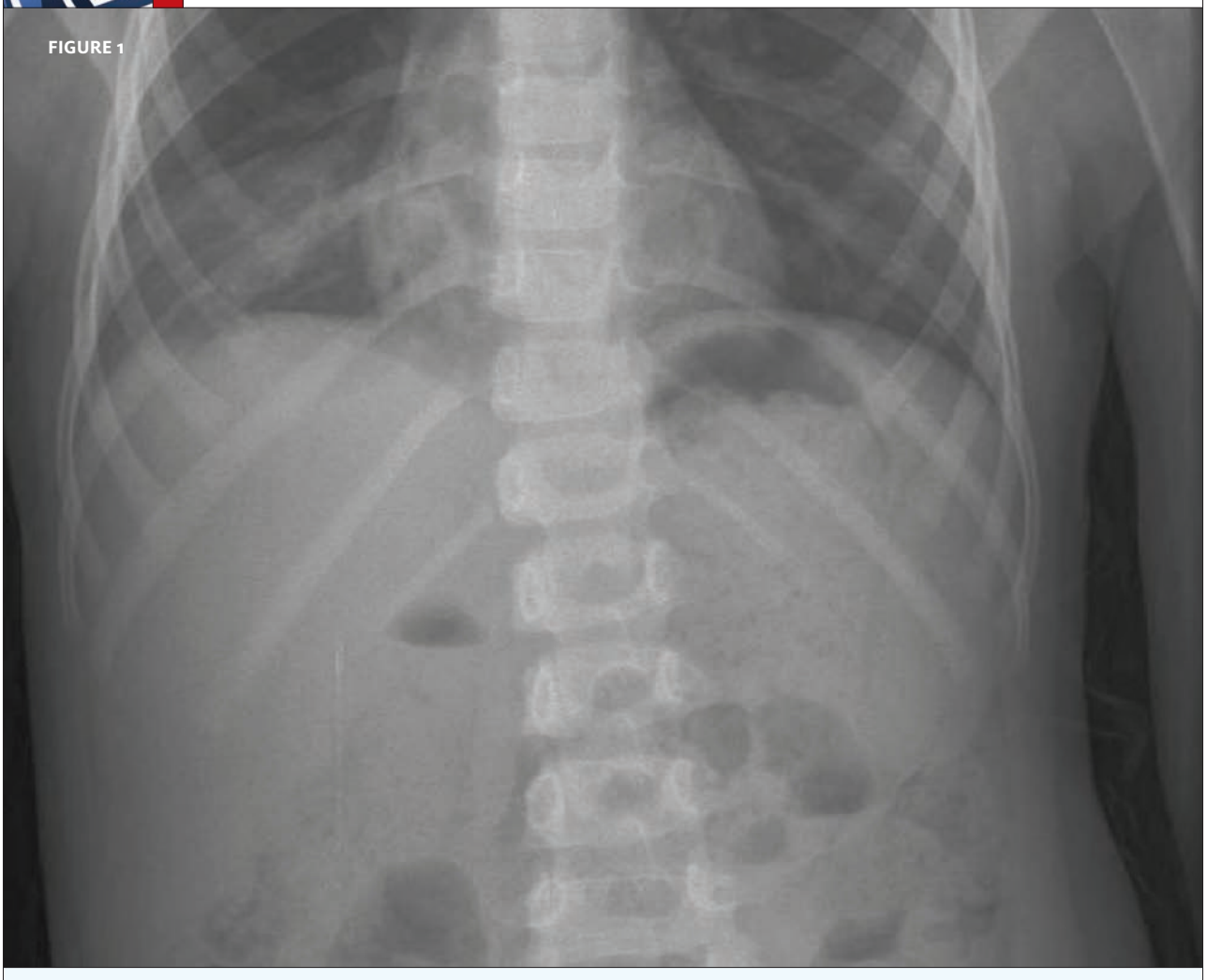
While the patient could have been casted in the urgent care clinic, tibial fractures in such young children are considered higher risk for abuse; as a matter of policy such cases are typically referred to the hospital so social services staff can get involved immediately.

Acknowledgment: Case presented by Nahum Kovalski, BSc, MDCM.

INSIGHTS IN IMAGES

CLINICAL CHALLENGE: CASE 2

FIGURE 1



The patient is a 5-year-old girl who presents with vomiting and abdominal tenderness. However, she first presented a few days earlier for a wound check following a laceration.

The mother also states that the child was coughing and had intermittent fever for five days. Additional history includes:

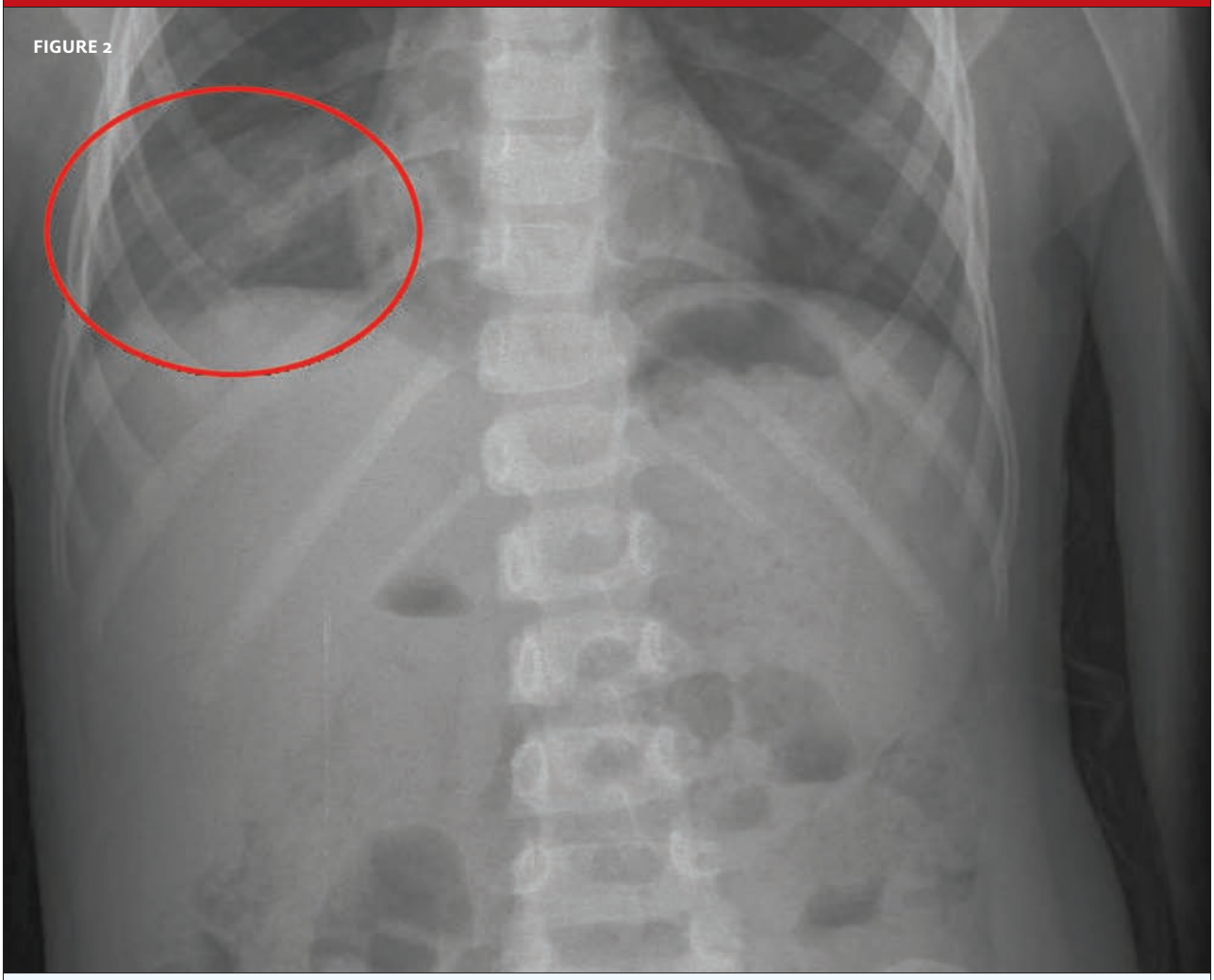
- intermittent abdominal pain for a couple of weeks
- significant constipation
- occasional vomiting, which has grown more frequent in the last couple of days.

Further examination is unremarkable, though you note "fullness" upon abdominal exam.

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

THE RESOLUTION

FIGURE 2



This case is an interesting example of an unexpected finding—specifically, pneumonia.

The x-ray was done on the basis of "fullness" on the abdominal exam. The abdominal film is normal, but it reveals a consolidation in the RLL quadrant of the lung.

As noted previously, further examination turned up no abnormal findings; the child's temperature was slightly elevated at 37.8°C, SAT is 98%, pulse is 113, and there is no respiratory distress. WBC is 8.5 with 40.8% lymphocyte and MONOs of 9.8%. Urinalysis is normal.

The clinical picture presented is far from a classical pneumonia case. Nevertheless, given the significant finding of the chest part of the x-ray, the child was treated with antibiotics.

This case is notable for several reasons:

- The significant medical history was not the presenting problem.
- The WBC was consistent with a viral picture.
- The x-ray finding was incidental and significant.

Acknowledgment: Case presented by Nahum Kovalski, BSc, MDCM.