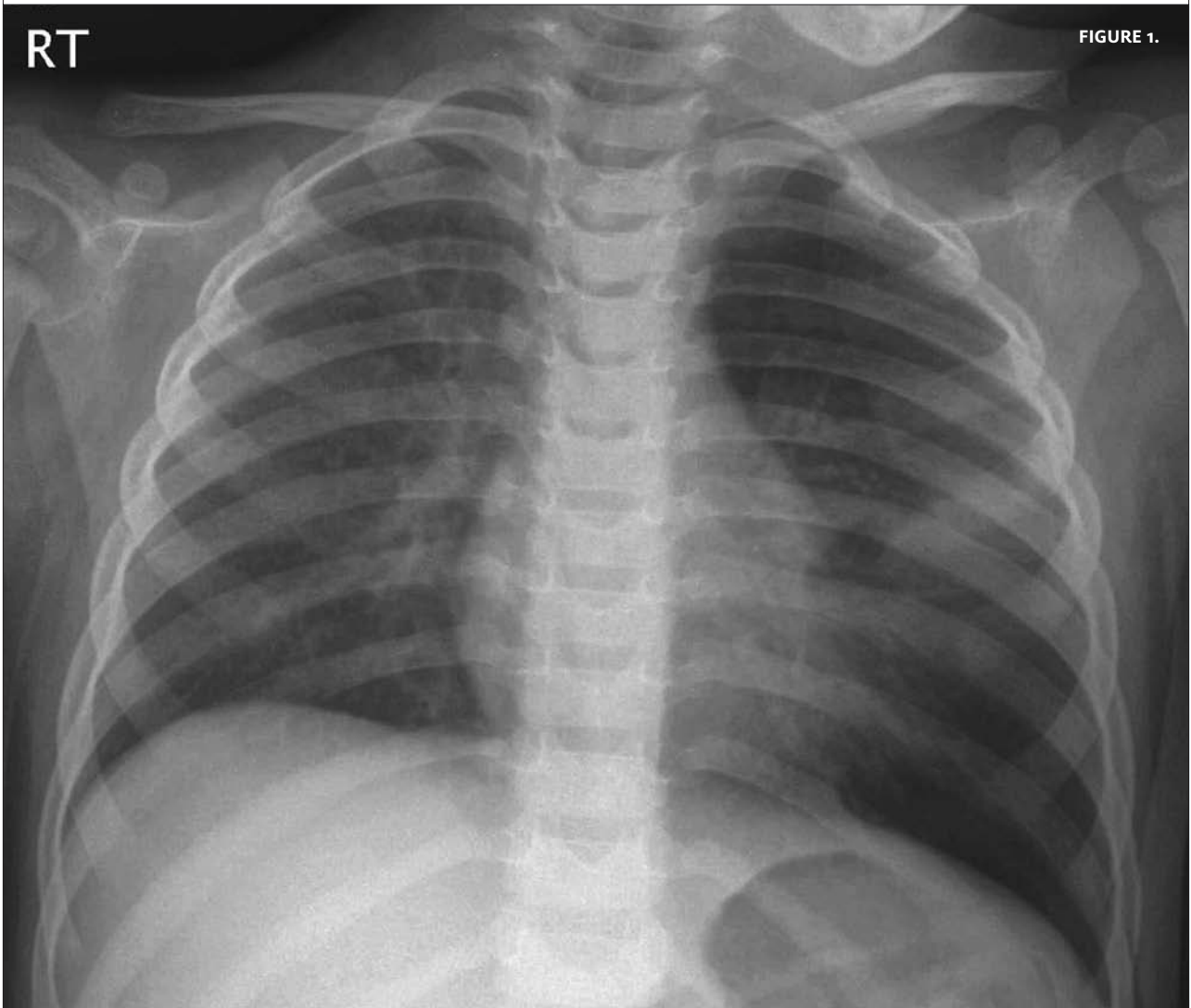




In each issue, *JUCM* will challenge your diagnostic acumen with a glimpse of x-rays, electrocardiograms, and photographs of dermatologic conditions that real urgent care patients have presented with.

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



A 2 ½-year-old child presents with a three-day history of cough but no fever.

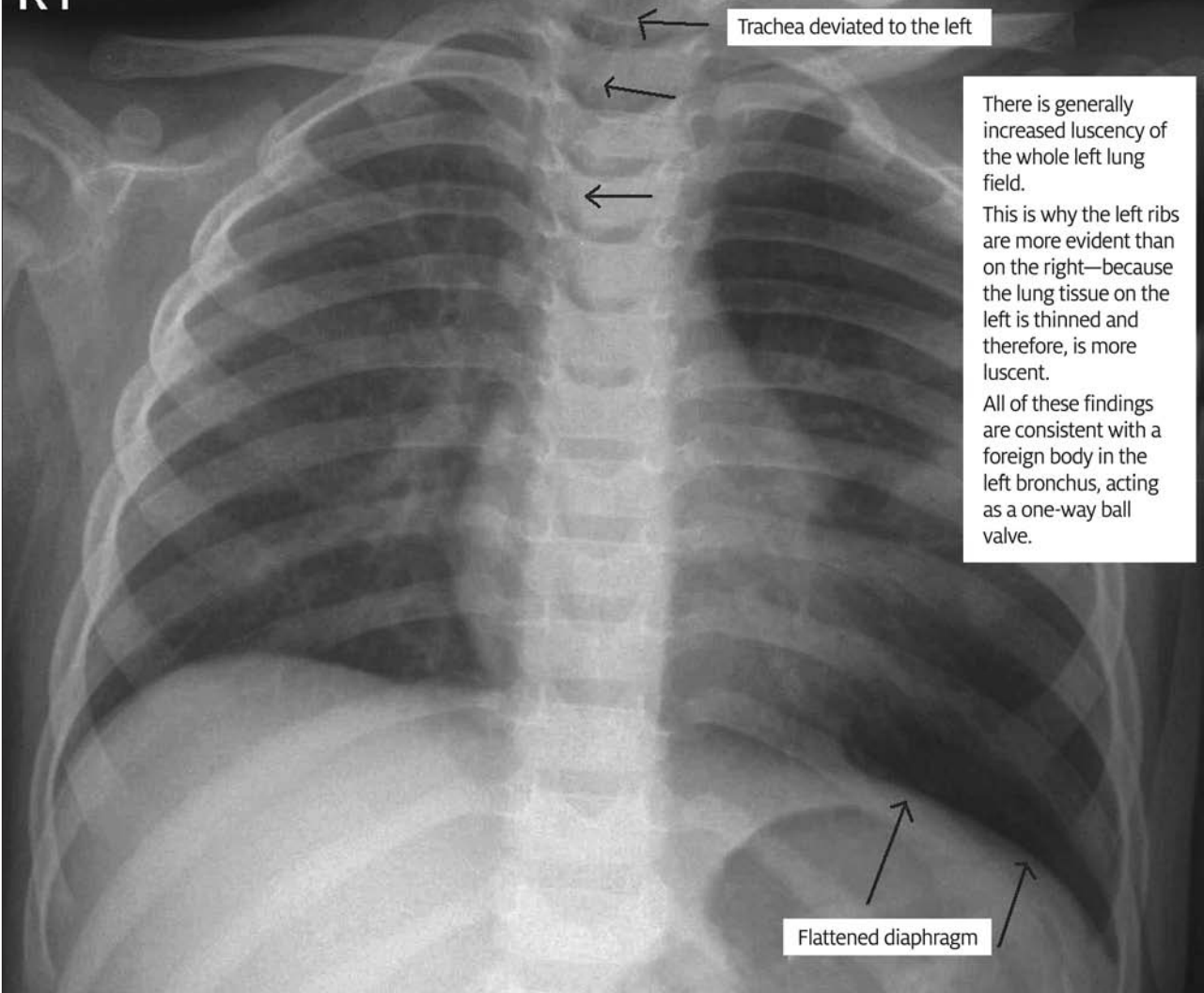
Upon examination, you find:

- Oxygen percent saturation 95%
- Resting respiration 31/min
- Pulse 145/min

■ Decreased air entry over the left chest
View **Figure 1**, take these findings into account, and consider what your next steps would be. Resolution of the case is described on the next page.

XP
RT

FIGURE 2



THE RESOLUTION

The reading of the chest x-ray was “suspected foreign body in the left main bronchus.” This reading was based on overinflation of the left lung with deviation of the trachea, increased lucency of the left lung area, and flattening of the left diaphragm. The increased lucency makes the ribs and scapula more prominent on the left.

The child was sent to the ER and was bronchoscoped. No foreign body was found, although there was inflammation along the main bronchus. The initial impression of the ER physicians was that a foreign body had been present but since been expelled. The child is still under observation.

Acknowledgment: Case managed by Drs. Scott Fields (radiologist) and Aryeh Poms (primary physician).



FIGURE 1.



A 53-year-old female presents after experiencing a fall with a blow to the knee several hours earlier.

Upon examination, you find:

- No fluid in the knee
- The knee is stable
- Patient is able to put weight on the affected knee
- Mildly decreased range of motion due to generalized pain in the area (though not over the patella)

View **Figure 1**, take these findings into account, and consider what your next steps would be. Resolution of the case is described on the next page.

FIGURE 2



THE RESOLUTION

The diagnosis of the orthopedist who saw this case was bipartate patella. However, the radiologist suspected that this was in fact a fracture.

Nonetheless, the orthopedist felt that it was not a fracture because (a) the pain was not over the patella and (b) comparison with old films (which the radiologist had not seen) showed that nothing had changed on the new films.

This is a perfect example of the need to have as much relevant clinical information as possible, and the importance of accessing old films when

available. Without this information, neither the orthopedist nor the radiologist could have given an absolute final diagnosis. This case also reminds us of the need to provide all of the clinical information to the radiologist in all cases.

Interestingly, both the orthopedist and the radiologist noted that the patient should have a CT to confirm the status of the patella.

Acknowledgment: Case managed by Drs. Rafold Livshin (orthopedist), Uri Frankl (orthopedist), and Scott Fields (radiologist).