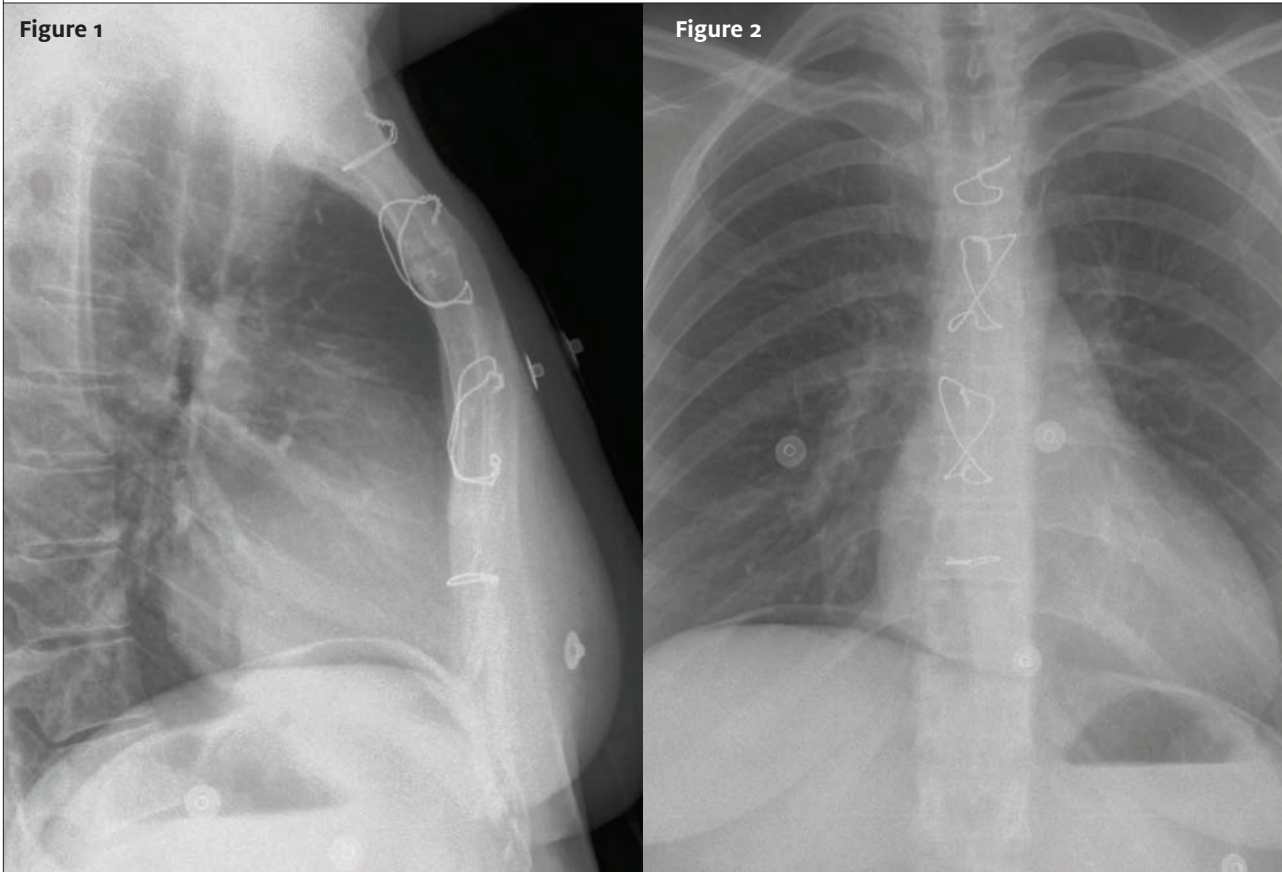




In each issue, *JUCM* will challenge your diagnostic acumen with a glimpse of x-rays, electrocardiograms, and photographs of dermatologic conditions that real urgent care patients have presented with.

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



The patient is a healthy 38-year-old who presents with progressive abdominal pain. There is no fever, vomiting, or diarrhea.

Upon examination, you find:

- No peritoneal signs
- Pulse is 55
- Blood pressure is 118/50

The only remarkable finding when the history is taken is that the patient had corrective heart surgery as a child.

View the x-rays taken (**Figure 1** and **Figure 2**) and consider what your next steps would be. Resolution of the case is described on the next page.

INSIGHTS IN IMAGES: CLINICAL CHALLENGE

Figure 1

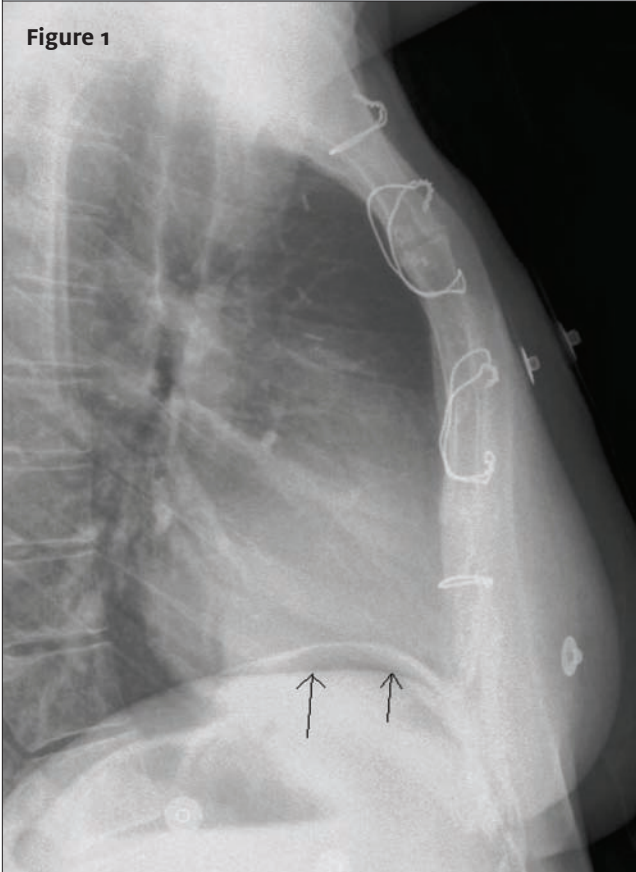
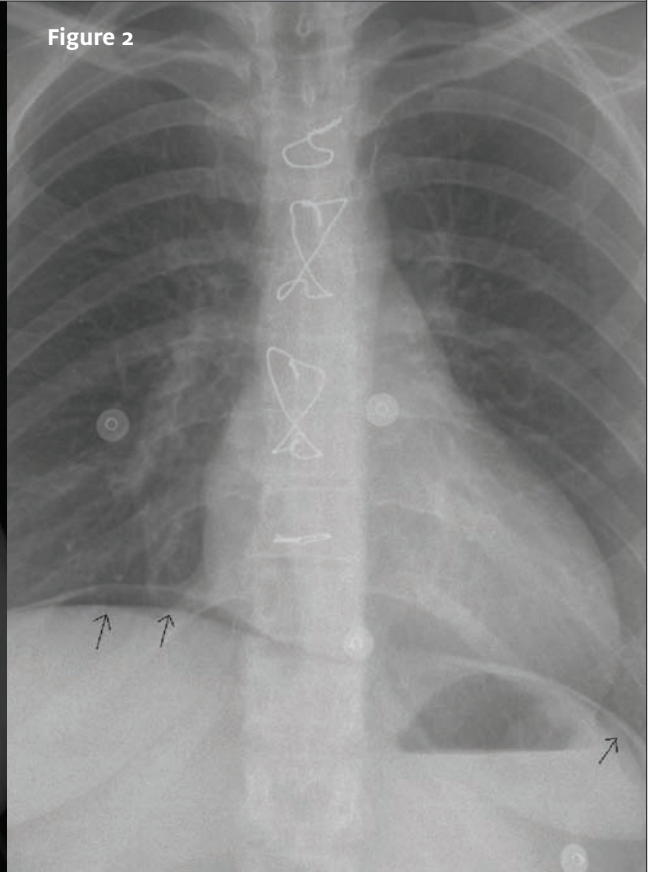


Figure 2



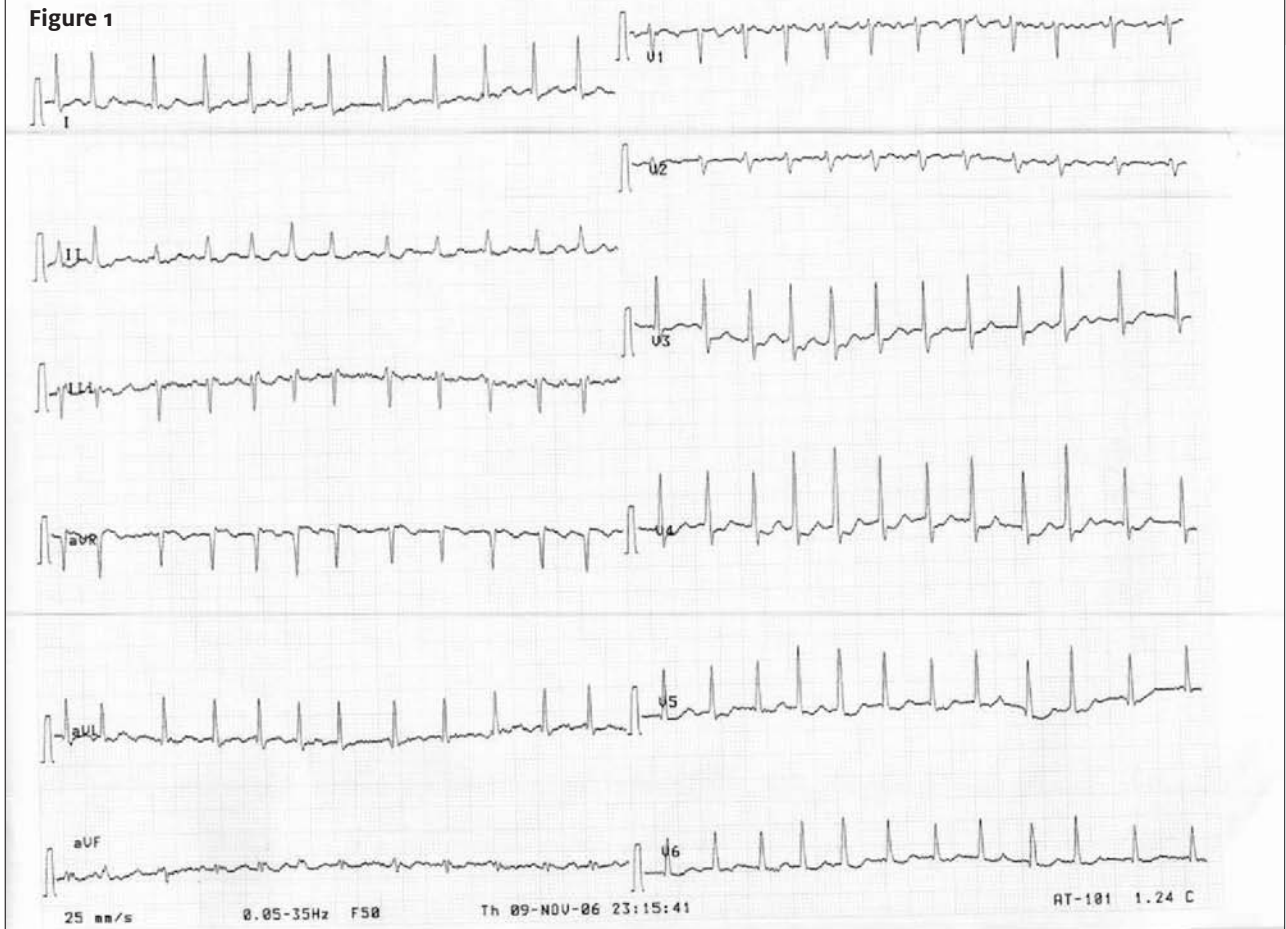
THE RESOLUTION

The patient has free air under the diaphragm. Given the history, the suspicion was that this was from a perforation secondary to peptic ulcer disease. The patient was referred to hospital.

Acknowledgment: Case presented by Dr. Ohad Sheffi, who treated and referred the patient described.



Figure 1



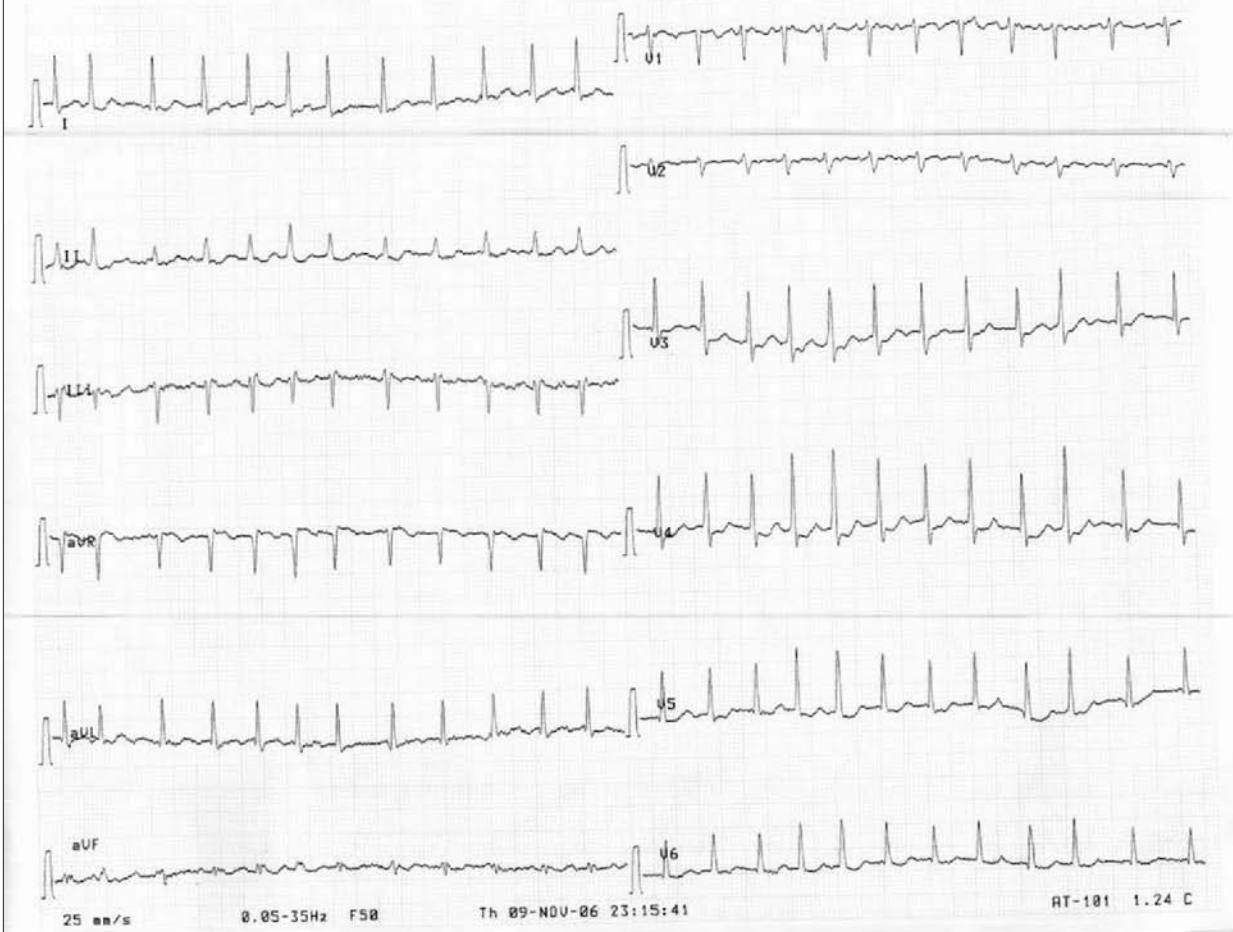
A 78-year-old woman presents to your urgent care clinic with new onset palpitations that began a few hours before presentation.

Upon examination, you find:

- Pulse is 123
- Blood pressure is 152/83
- The only existing issue she admits is hypertension, for which she is taking thiazides as directed.

Consider **Figure 1**, above, and what your possible diagnosis might be, based on the evidence available. Resolution of the case is on the next page.

INSIGHTS IN IMAGES: CLINICAL CHALLENGE



THE RESOLUTION

The patient is experiencing irregular supraventricular rhythm, with a variable rate 125-175; most probably, atrial fibrillation (though it could be atrial flutter with variable block). The ST changes seen are most probably rate related.

However, if the clinical picture is highly suggestive, ischemia must be ruled out

Acknowledgment: Drs. Todd Zalut and Michale Baum presented this case and referred the patient.