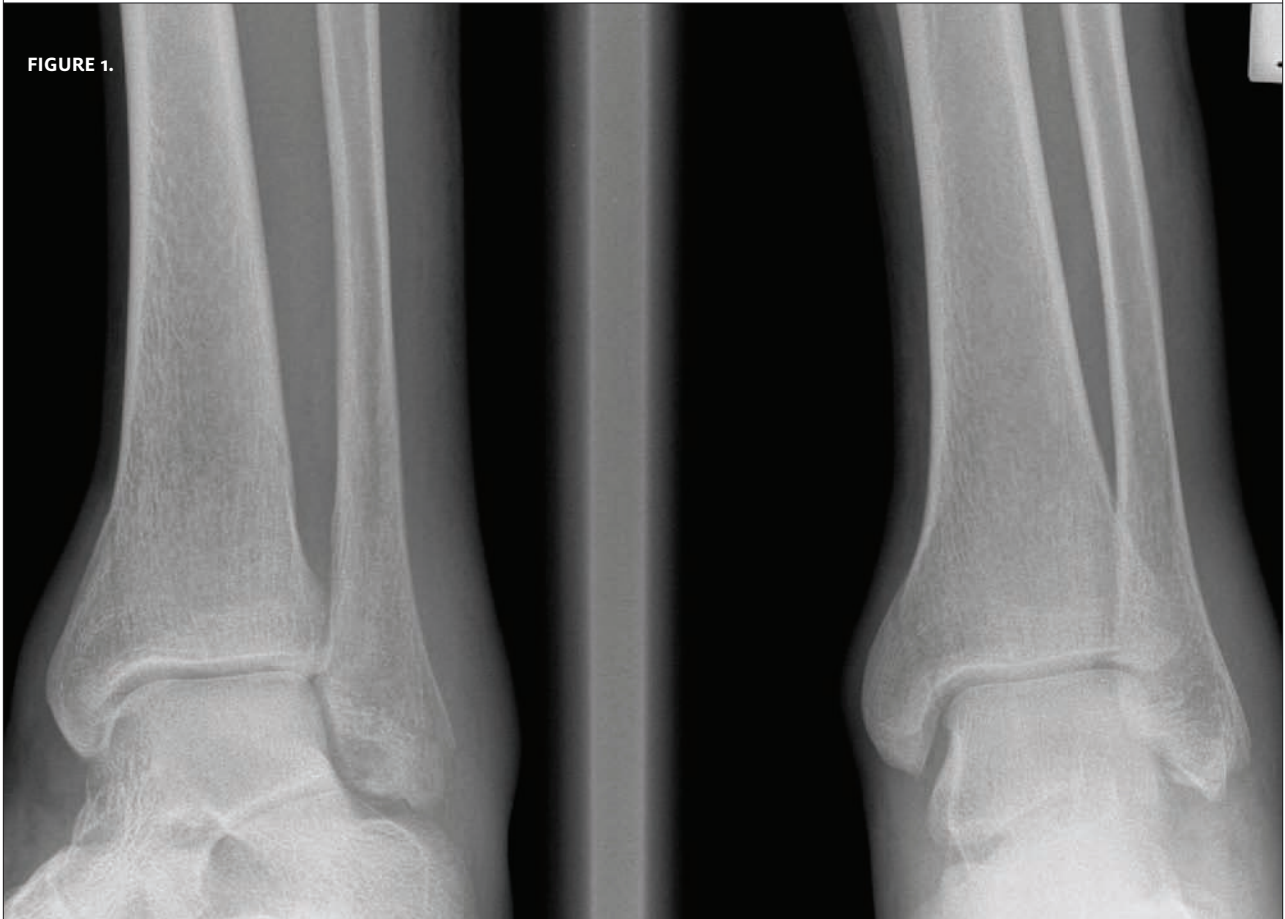




In each issue, *JUCM* will challenge your diagnostic acumen with a glimpse of x-rays, electrocardiograms, and photographs of dermatologic conditions that real urgent care patients have presented with.

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.

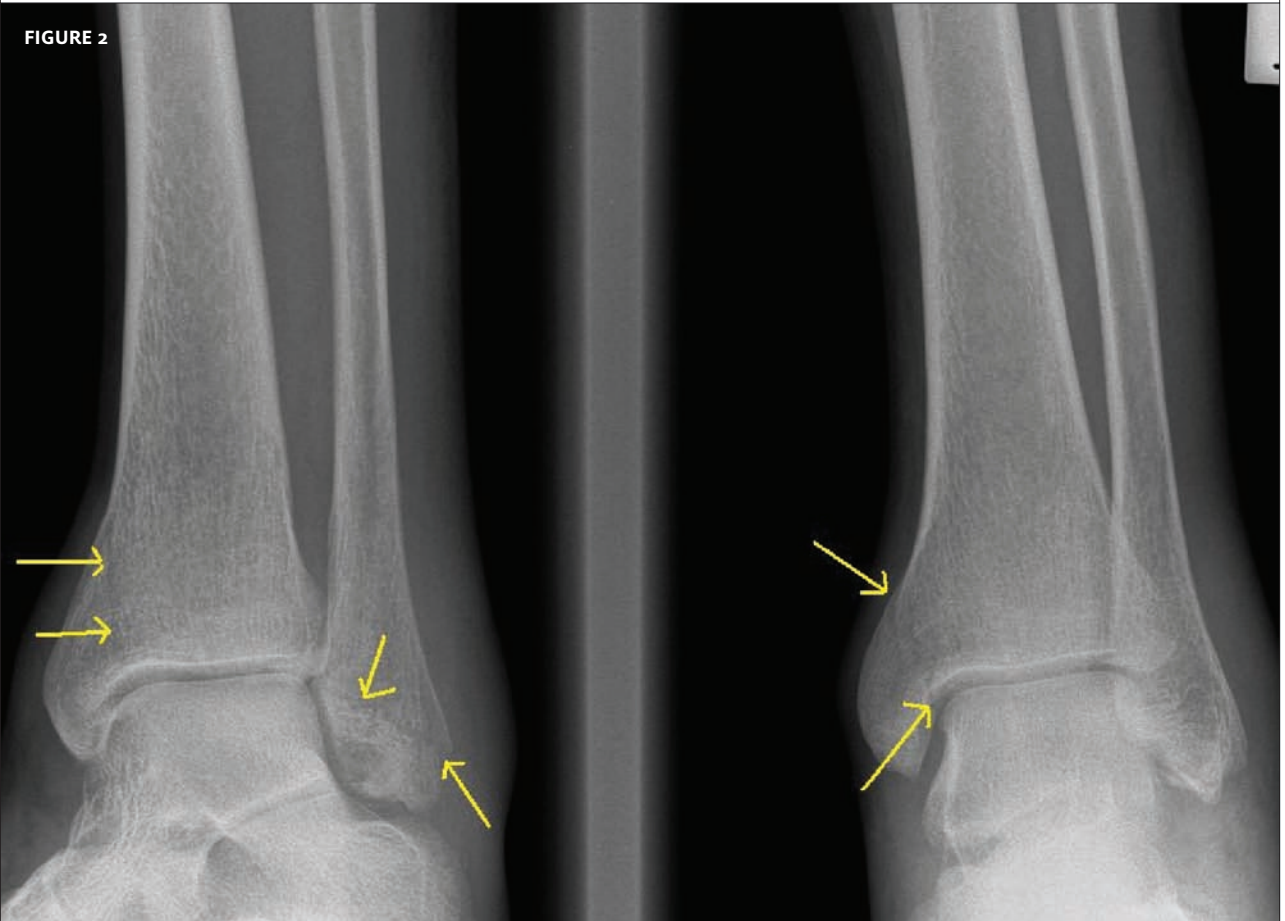


The patient is a healthy 30-year-old male who presents with pain shortly after “twisting” his ankle while playing soccer. Pain is severe enough to prevent him from putting weight on the ankle.

There are no other remarkable findings from exam or patient history.

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

FIGURE 2



THE RESOLUTION

The patient has a fracture of the distal tibia and fibula, as well as an intra-articular fracture of the tibia. He was referred to the hospital.

Ideally, the patient should be casted by an orthopedist; however, one can apply a posterior slab without any weight bearing and direct the patient to follow up the next day with an orthopedist.

Acknowledgment: X-rays taken and fractures identified by radiologist Scott Fields, MD. Case presented by Nahum Kovalski, BSc, MDCM.



The patient is a healthy 37-year-old who reports falling on his hand, with his thumb outstretched.

Upon examination, you find local mild swelling and tenderness and decreased range of motion of the thumb. There is no snuffbox tenderness, however.

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

FIGURE 2



THE RESOLUTION

The patient has a fracture at the base of the metacarpal. The decreased range of motion is probably most attributable to pain, as opposed to being indicative of the severity of the injury.

It was important to note the lack of snuffbox tenderness in this patient. Snuffbox tenderness is highly suggestive of scaphoid fracture, especially among patients who experienced a fall like this patient did. Hence, its absence may alleviate clinical suspicion of that particular injury and help guide the clinician to the true injury site.

The patient was casted by the orthopedist and signed out.

Acknowledgment: X-rays taken and fractures identified by radiologist Scott Fields, MD. Case presented by Nahum Kovalski, BSc, MDCM.