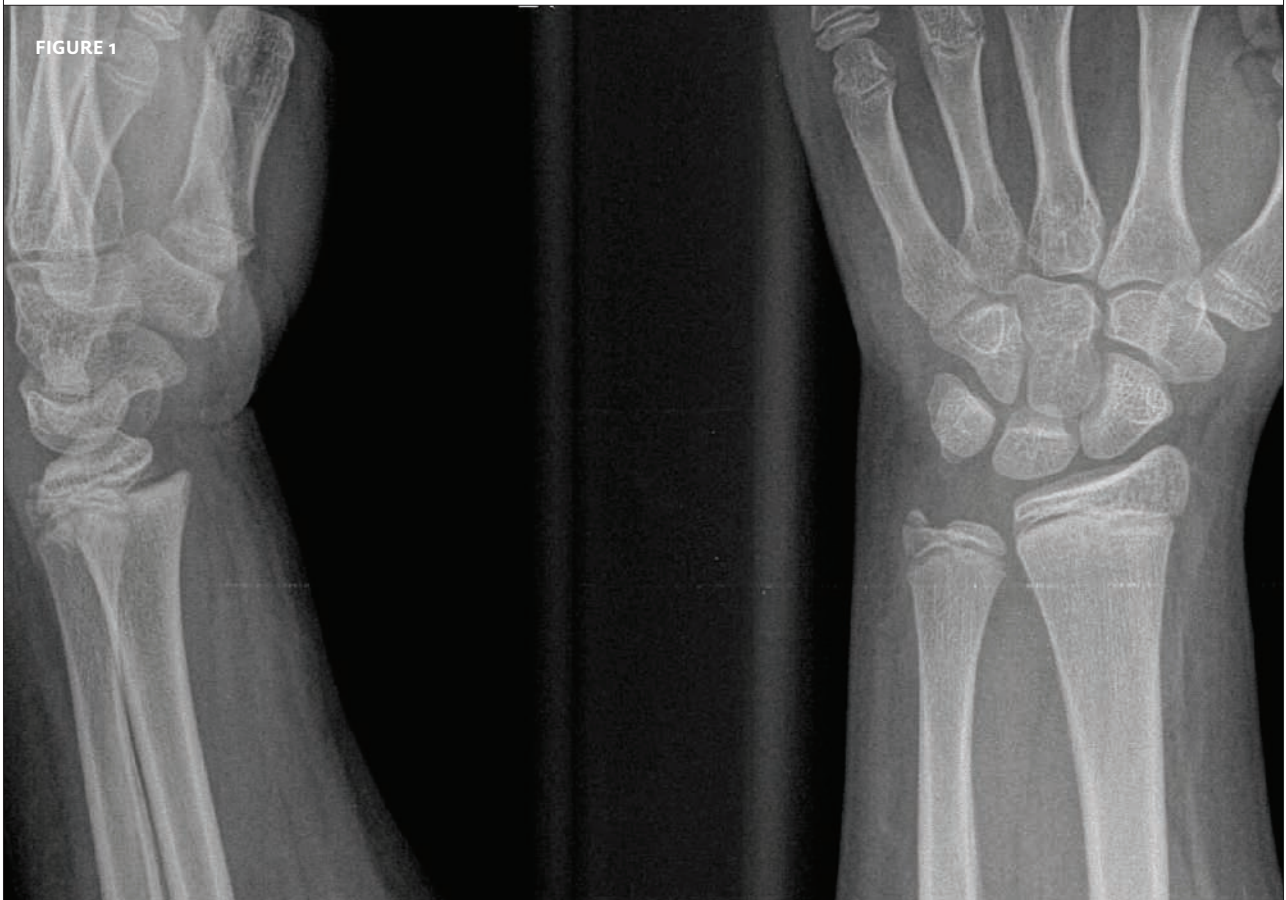




In each issue, *JUCM* will challenge your diagnostic acumen with a glimpse of x-rays, electrocardiograms, and photographs of dermatologic conditions that real urgent care patients have presented with.

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



The patient is a 15-year-old boy who presents with pain in the wrist 40 minutes after stopping a soccer ball with his hand. There is no snuffbox tenderness.

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: fracture of the ulnar styloid and Salter-Harris Type 1 fracture of the distal radius, with significant displacement of the epiphysis.

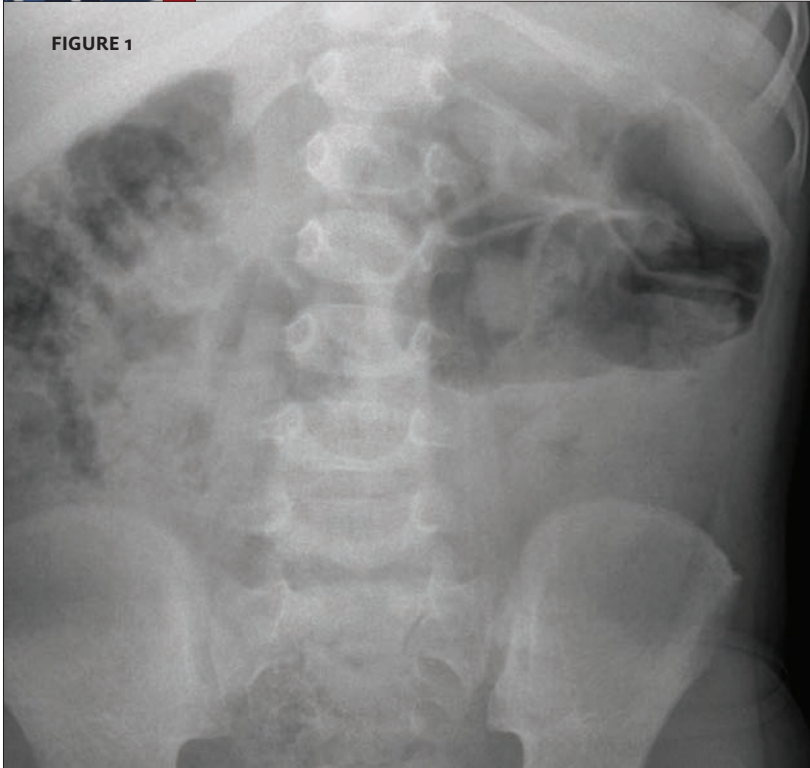
Type 1 Salter-Harris fractures are distinguished by complete separation of the growth plate from the metaphysis; such fractures of the distal radius are common, though ulnar involvement is not.

This patient was referred to the hospital for further evaluation and treatment.

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



FIGURE 1

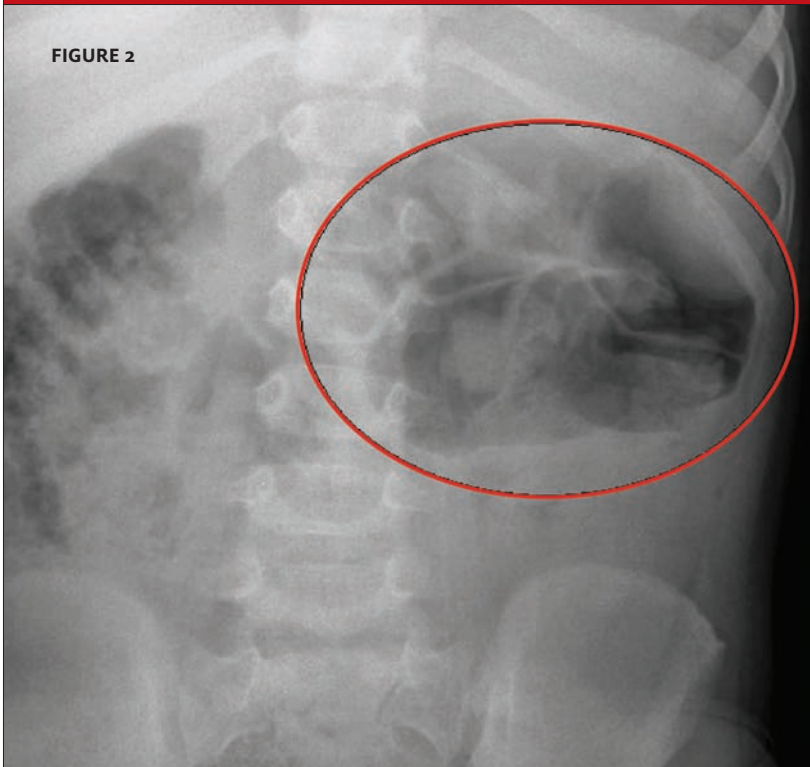


The patient is a young child with three days of constipation with a non-specific history of abdominal pain. On exam, the child was asleep. The abdomen was easily palpable and soft.

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

THE RESOLUTION

FIGURE 2



The finding in the left upper quadrant is a concern. The bowel is dilated and cannot be identified clearly as being the small or large bowel. Also, there is a “loop”-like form to this distended bowel.

This finding is most likely pathological and is consistent with intussusception. With such a finding, even with an asymptomatic child, it is best to refer.

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