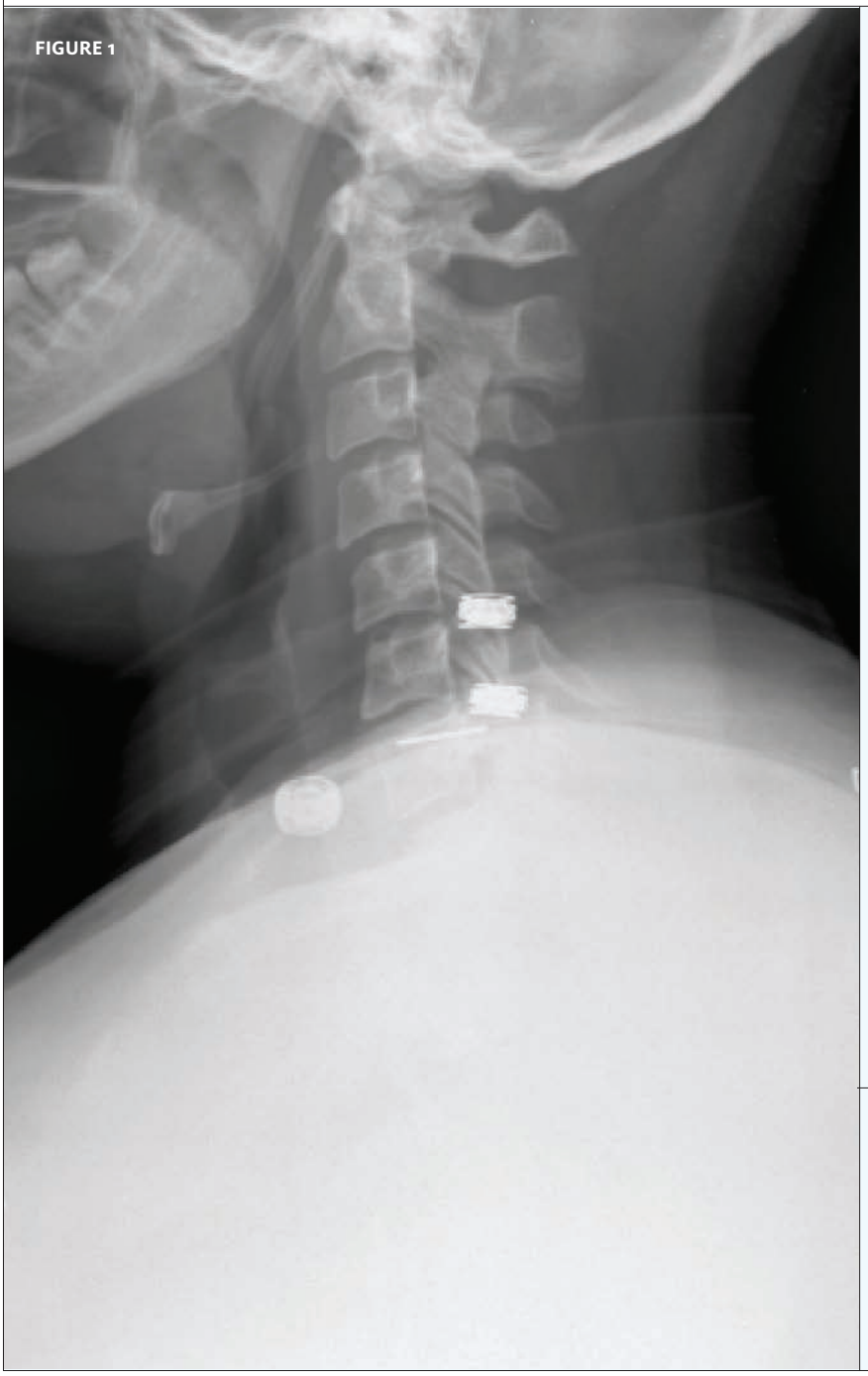
INSIGHTS IN IMAGES

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 35-year-old Caucasian female who presented with dysphagia and progressively worsening neck pain. No history of injury was reported.

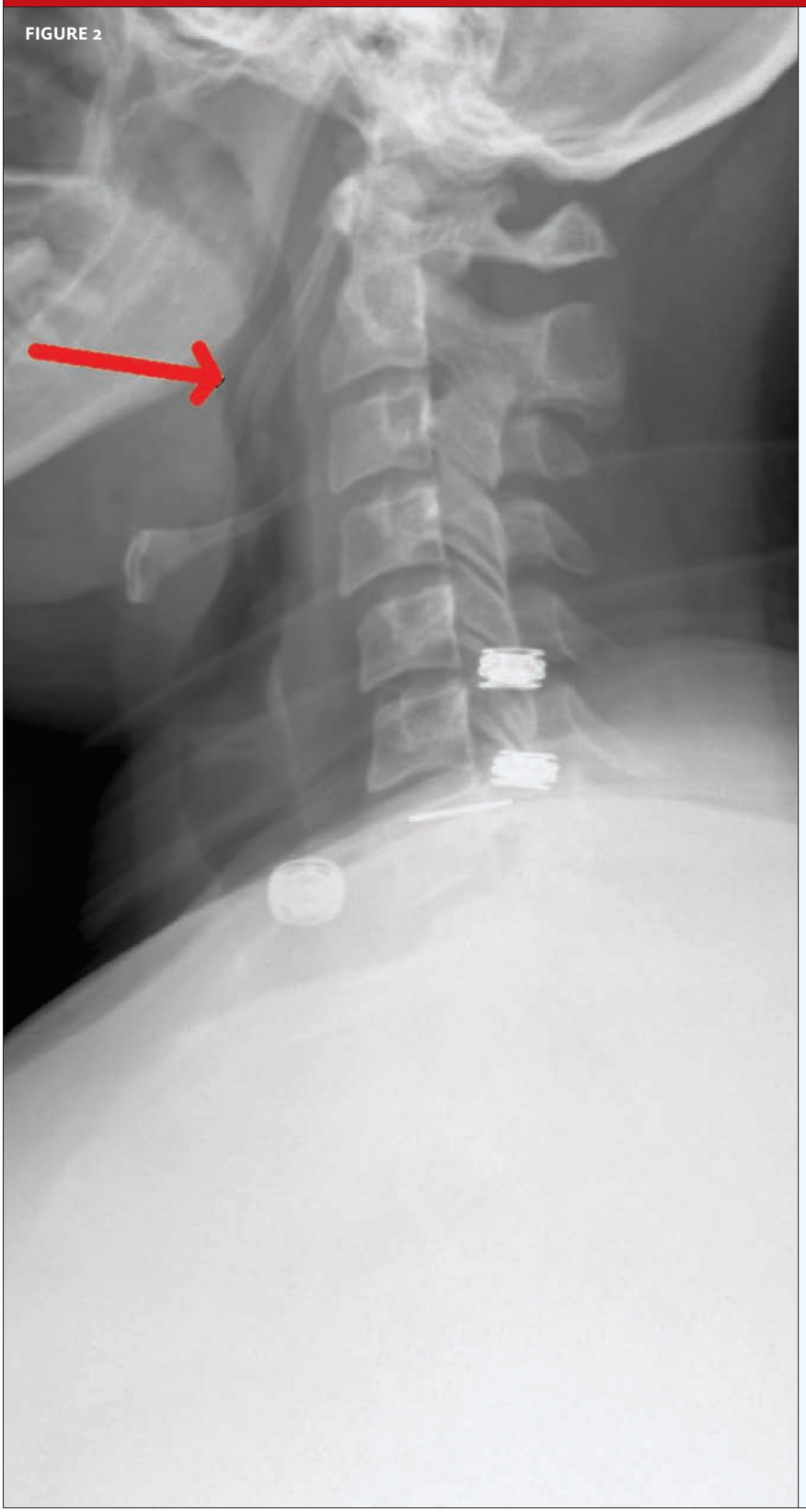
Neurovascular exam was normal.

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

Note: In the September issue of JUCM, *Figure 1 of Clinical Challenge: Case 1 included an x-ray whose key portion was blocked from view. A corrected version can be found at www.jucm.com.*

THE RESOLUTION

FIGURE 2



The correct diagnosis is Eagle syndrome. Lateral view plain radiograph shows calcification of the stylohyoid ligament.

Treatment with non-steroidal anti-inflammatory drugs was initiated, with referral to ENT for further evaluation.

Acknowledgment: The patient was treated and the case presented by Rajesh Davit, MD, chief resident, Family Medicine Residency, Greenville Hospital System University Medical Center, Greenville, SC.

INSIGHTS IN IMAGES

CLINICAL CHALLENGE: CASE 2

FIGURE 1

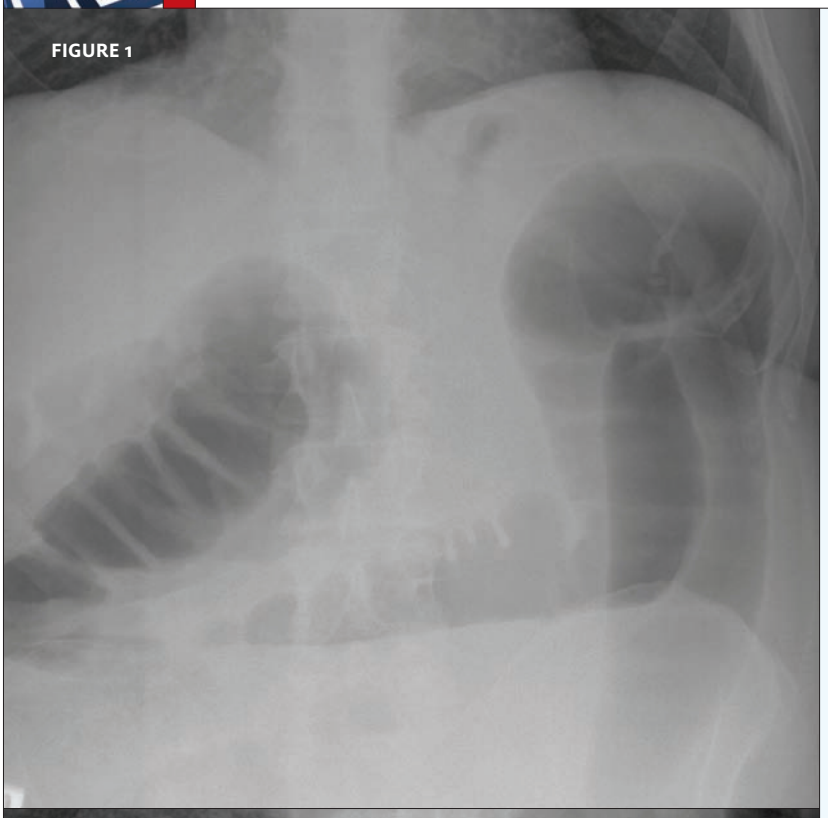
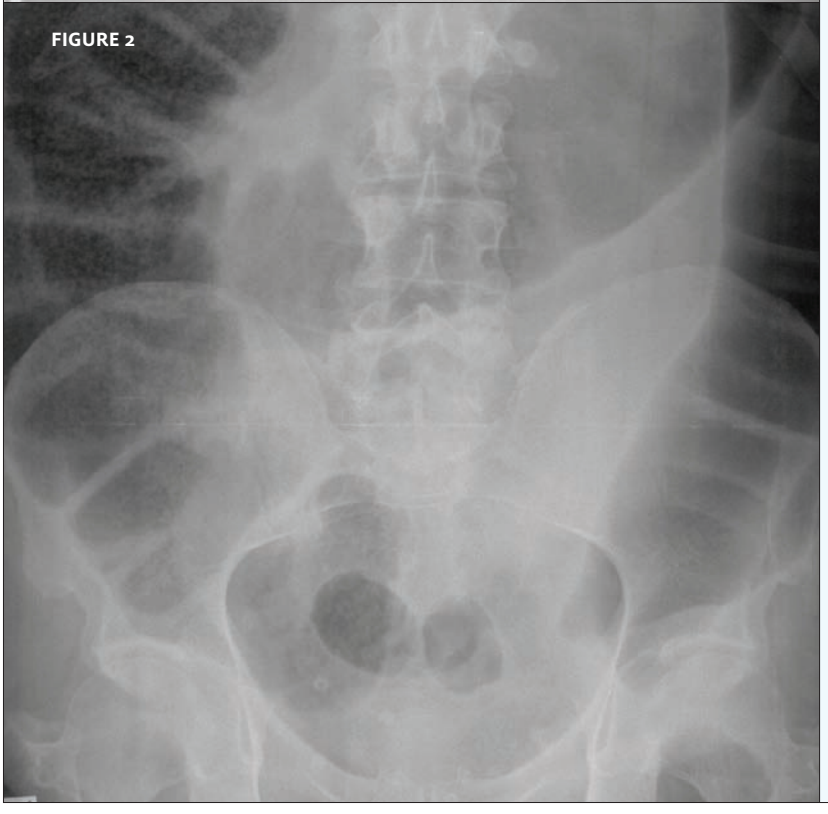


FIGURE 2



The patient is a 52-year-old tourist who presents with a four-day day history of abdominal pain, constipation, *not* passing gas, and nausea. The patient was not comfortable but was hemodynamically stable. Temperature was normal, pulse was 94, BP was 195/99.

The abdomen was markedly distended. WBC was 11.

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

THE RESOLUTION

FIGURE 3

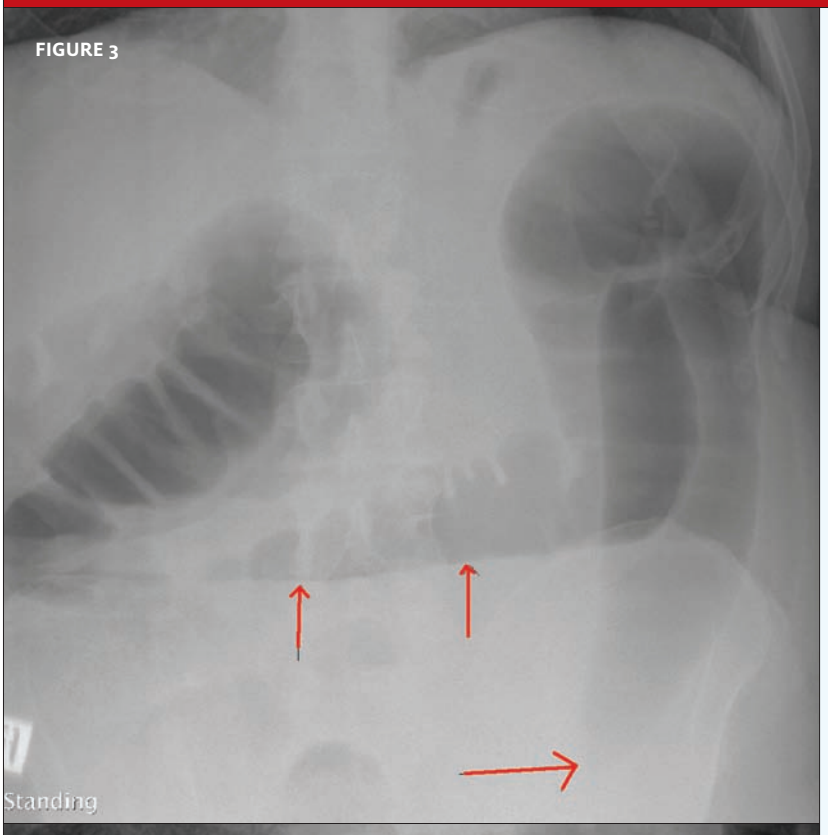
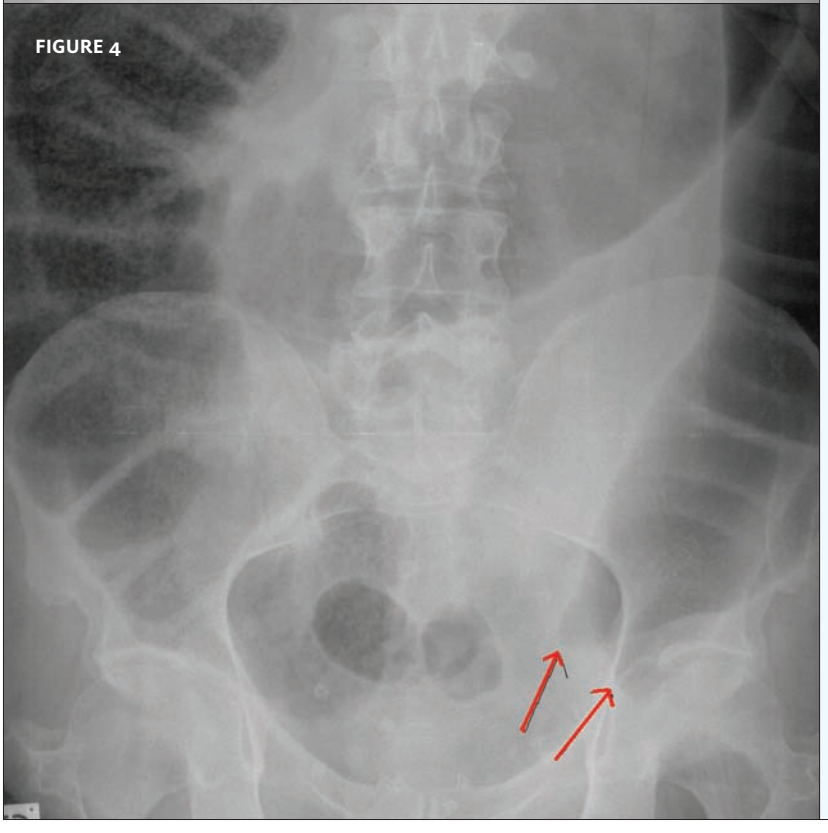


FIGURE 4



Review of the x-ray reveals a great deal of gas and fluid in the large bowel down until the sigmoid. There is no distension of the small bowel. There is no air, nor contents in the rectum. At first glance, one might suspect obstruction at the level of the sigmoid.

The patient was referred to hospital and, initially, a diagnosis of sigmoid volvulus was made. However, CT revealed the symptoms were actually the result of incarcerated inguinal hernia.

Acknowledgment: Scott Fields, MD, was the radiologist on this case, which was presented by Nahum Kovalski, BSc, MDCM.