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

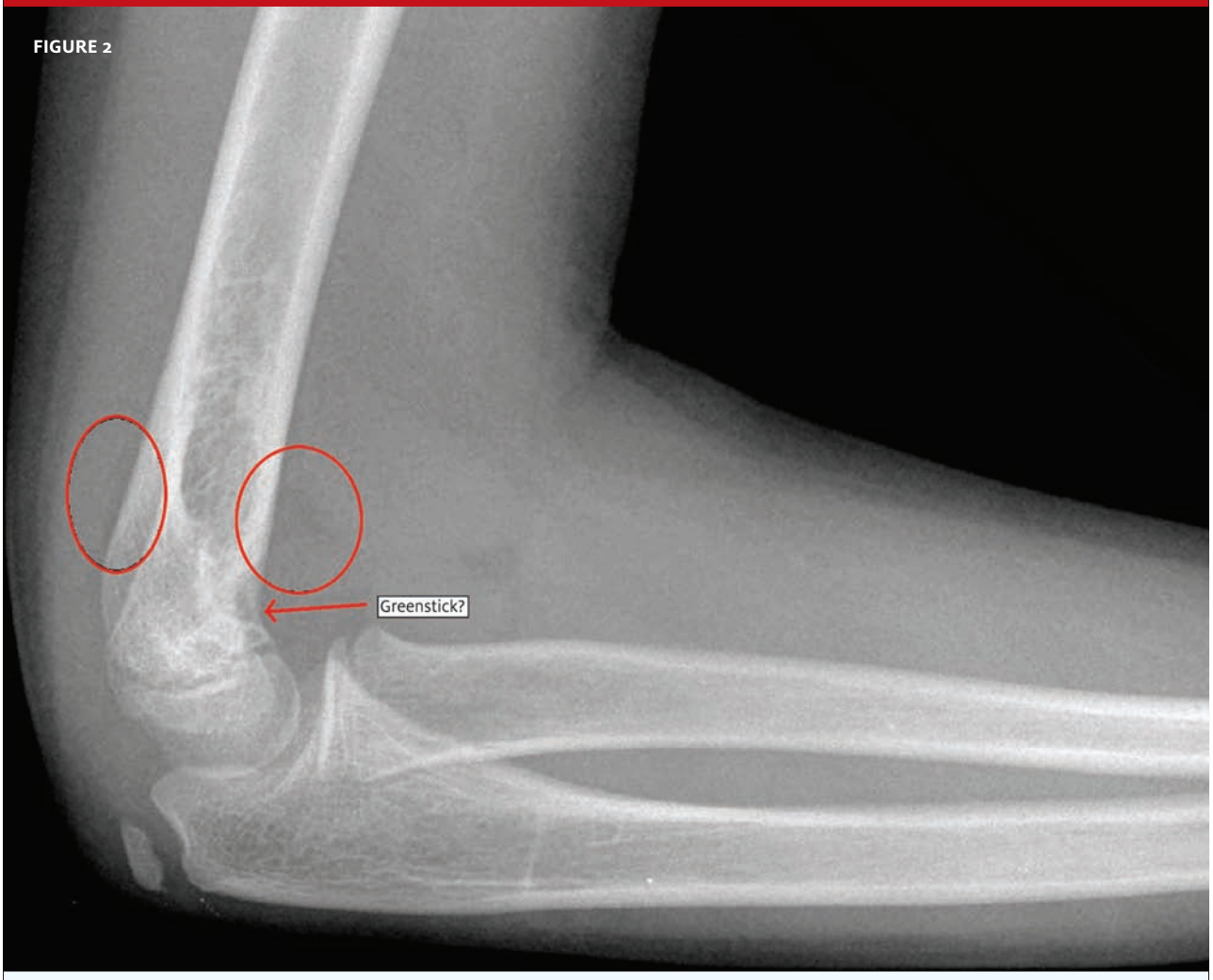
The patient is a 10-year-old boy who experienced a direct blow to the elbow approximately six hours prior to presentation.

He had incomplete range of motion with minimal local swelling and considerable pain.

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



Treatment for this case is based on the clinical picture.

There is an increased fat pad anteriorly and a posterior fat pad (which is pathological). The question is whether this is secondary to a supracondylar fracture or to a radial head fracture (or neither).

There is a question if the angle of the distal humerus is heightened (consistent with a supracondylar fracture), but then this would be a minimally displaced fracture.

If the pain is in the proximal forearm and there is good range of motion, then this is likely a radial head fracture (or even just a contusion) and a sling is sufficient.

If, on the other hand, the pain is more over the elbow and distal upper arm and there is marked swelling, the best approach is a posterior cast splint from the upper arm around the elbow to the forearm.

Given the pain and limitation of range of motion, a posterior slab was applied in the urgent care clinic and the patient was referred to orthopedic follow-up for reassessment of the situation the next day.

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

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CLINICAL CHALLENGE: CASE 2

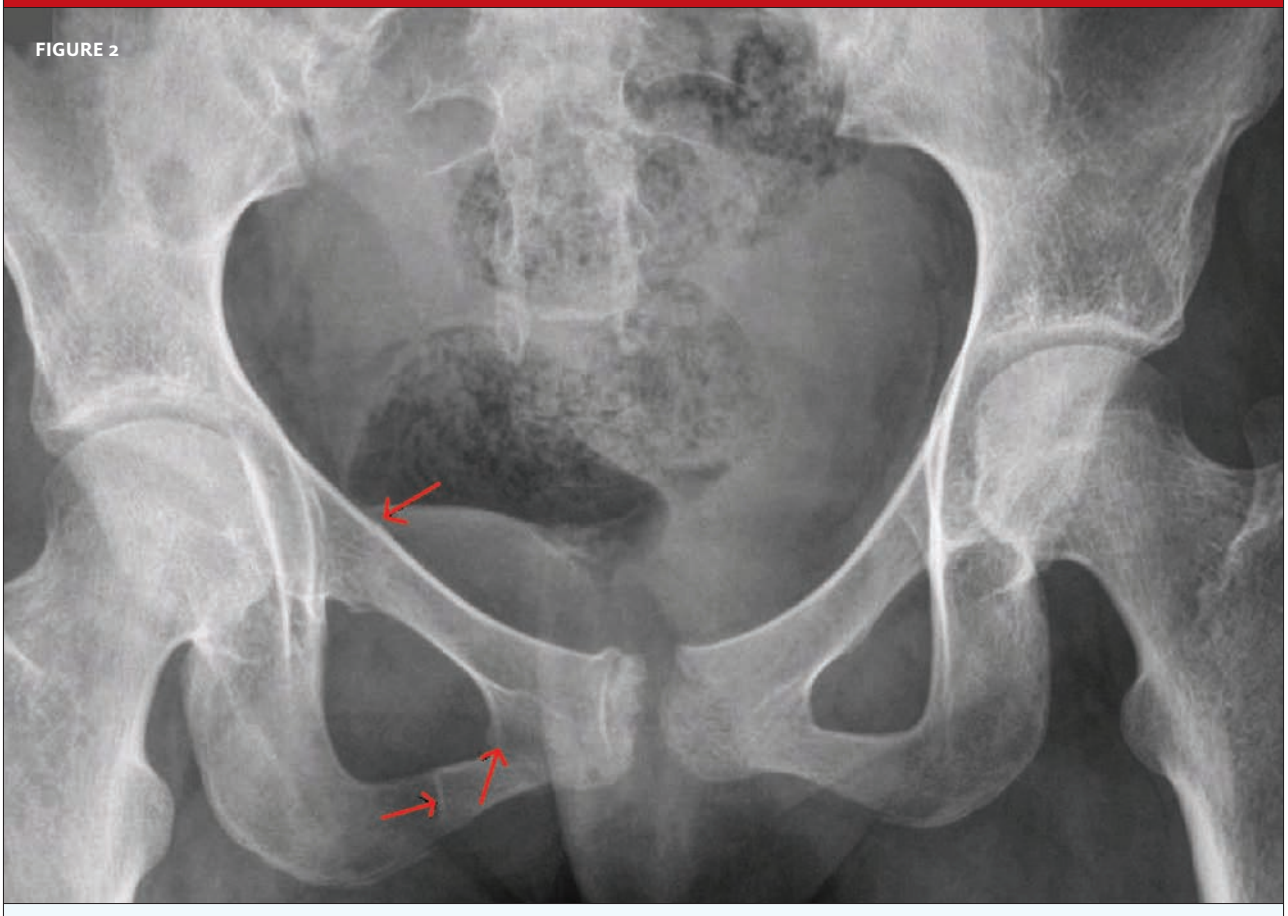
FIGURE 1

The patient is a 16-year-old girl who received a blow to the right hip when she fell in her bathroom at home. She is able to ambulate, albeit with great pain and guarding of her right leg. Her vital signs are stable.

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 diagnosis is a pelvic fracture, along with fractures of the right ischium and the right symphysis pubis.

Given the severe pain, this patient was referred to hospital for further orthopedic evaluation, although it was recognized that this was a stable fracture and the patient would require pain control and orthopedic outpatient follow-up.

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