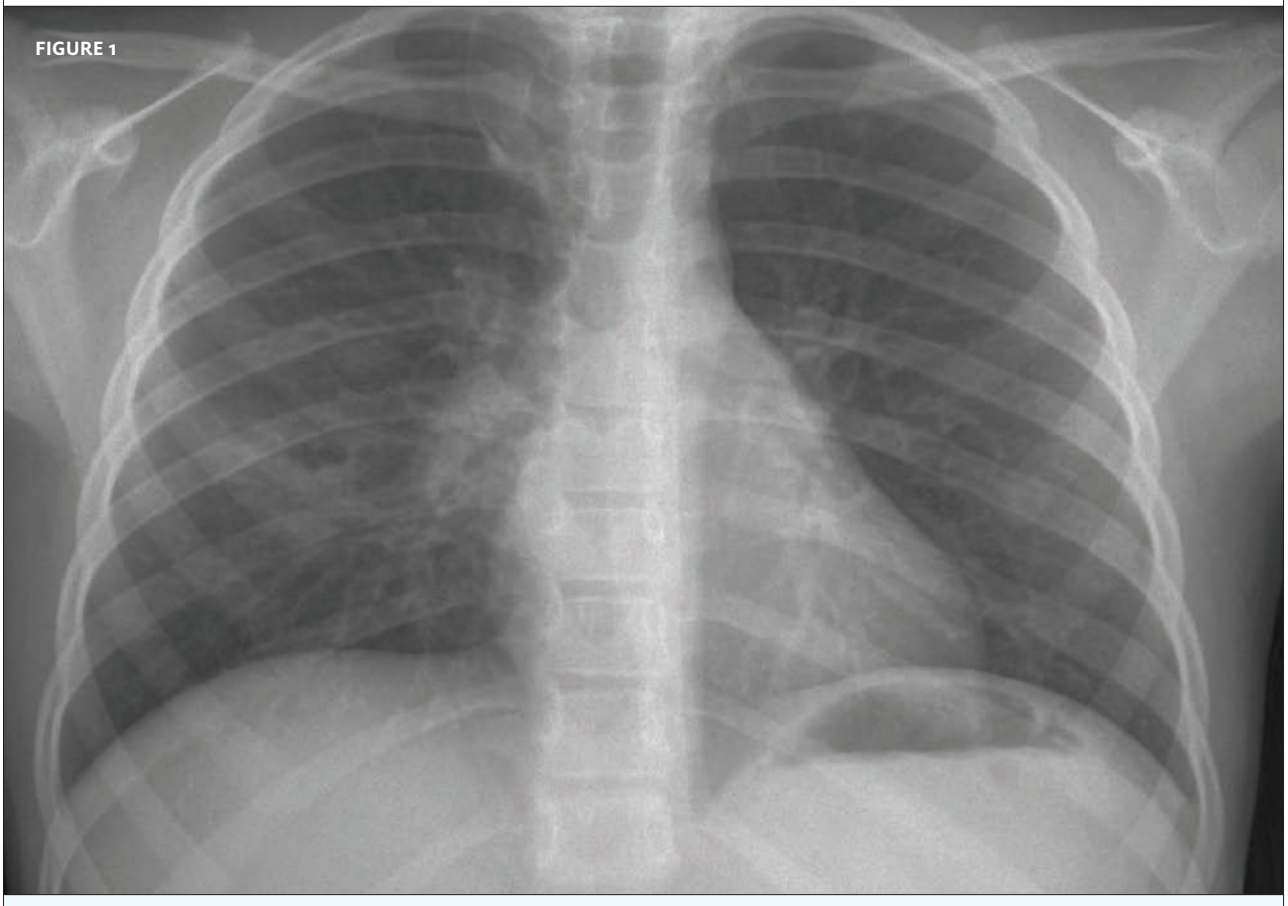
INSIGHTS IN IMAGES

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 9-year-old girl who fell and received a blow to her right chest.

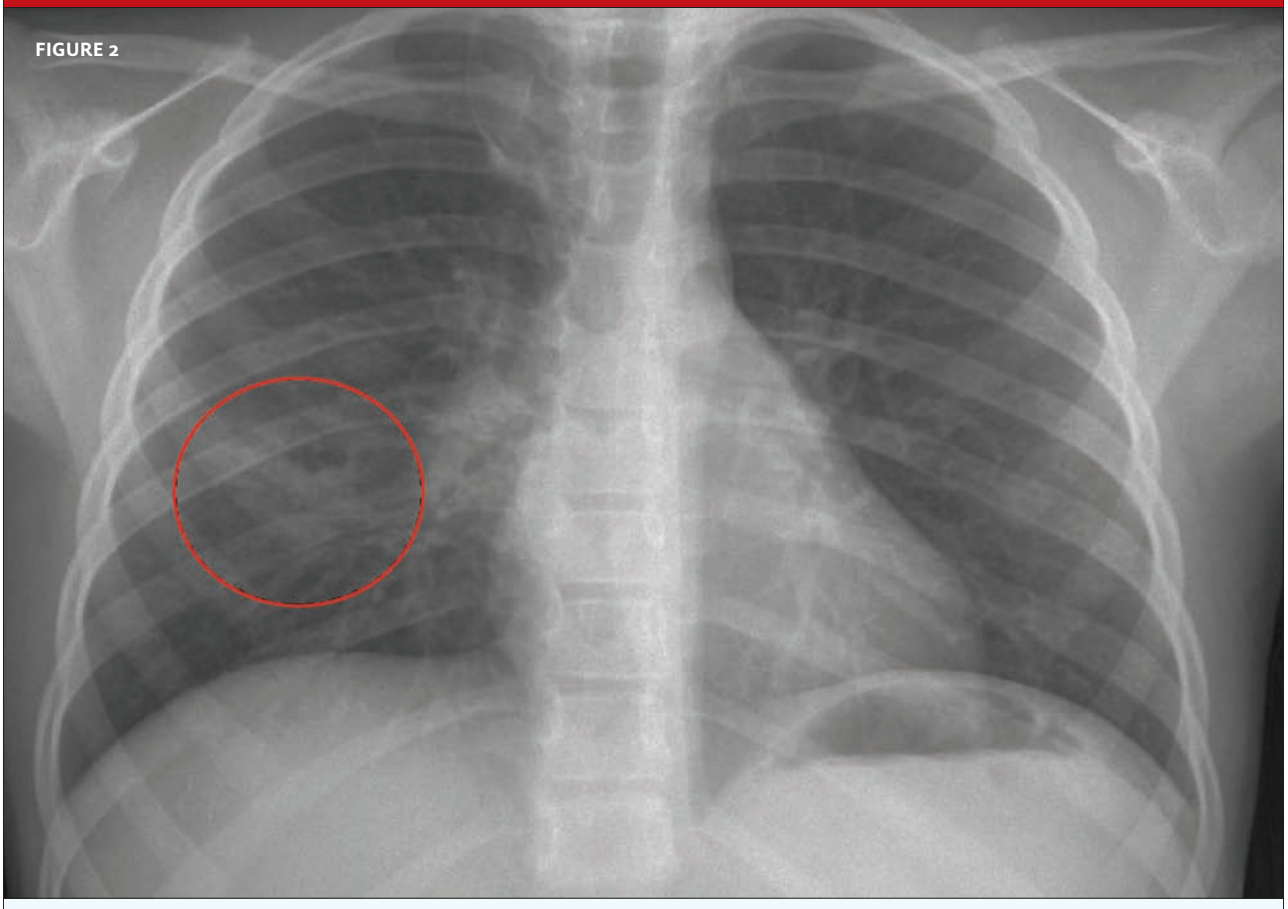
A few hours later, she presented to urgent care complaining of pain on deep breathing.

On exam, you find a pulse of 103, and SAT of 96. She is not in respiratory distress; her chest exam was clear and she has an abrasion over her right chest. She is generally healthy, is on no medications, and has no significant past medical history.

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 x-ray shows increased markings in the right mid-lung, which may be the first signs of a pulmonary contusion. This patient needs close follow-up.

The film reveals infiltrate in middle of right lung field suggestive of hematoma; no rib fracture was perceived.

The patient was discharged home with instructions to:

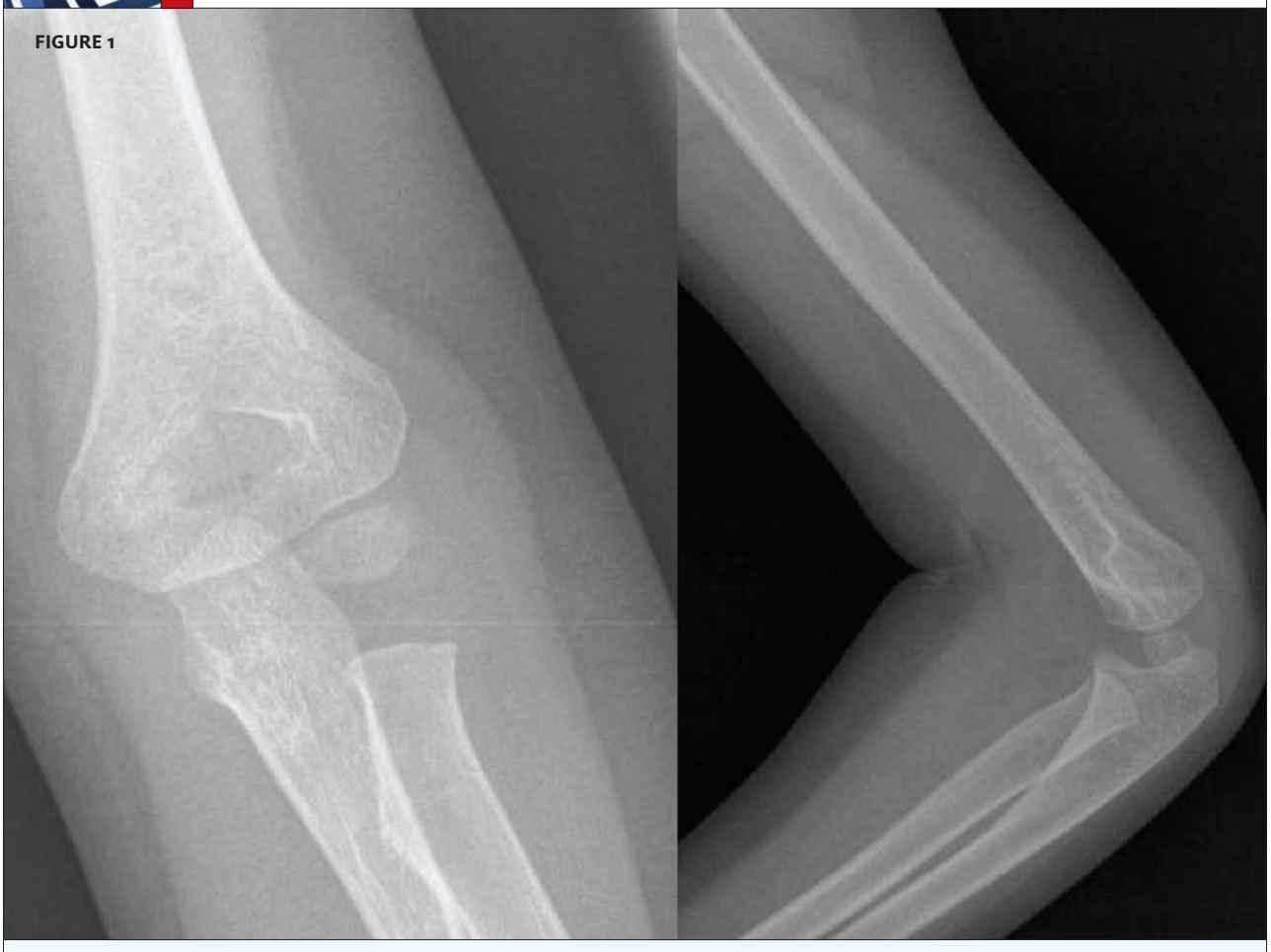
- rest
- follow up with her family physician the next day
- r/u CXR to recheck status of x-ray finding
- return immediately in the event of increased chest pain or dyspnea.

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

INSIGHTS IN IMAGES

CLINICAL CHALLENGE: CASE 2

FIGURE 1



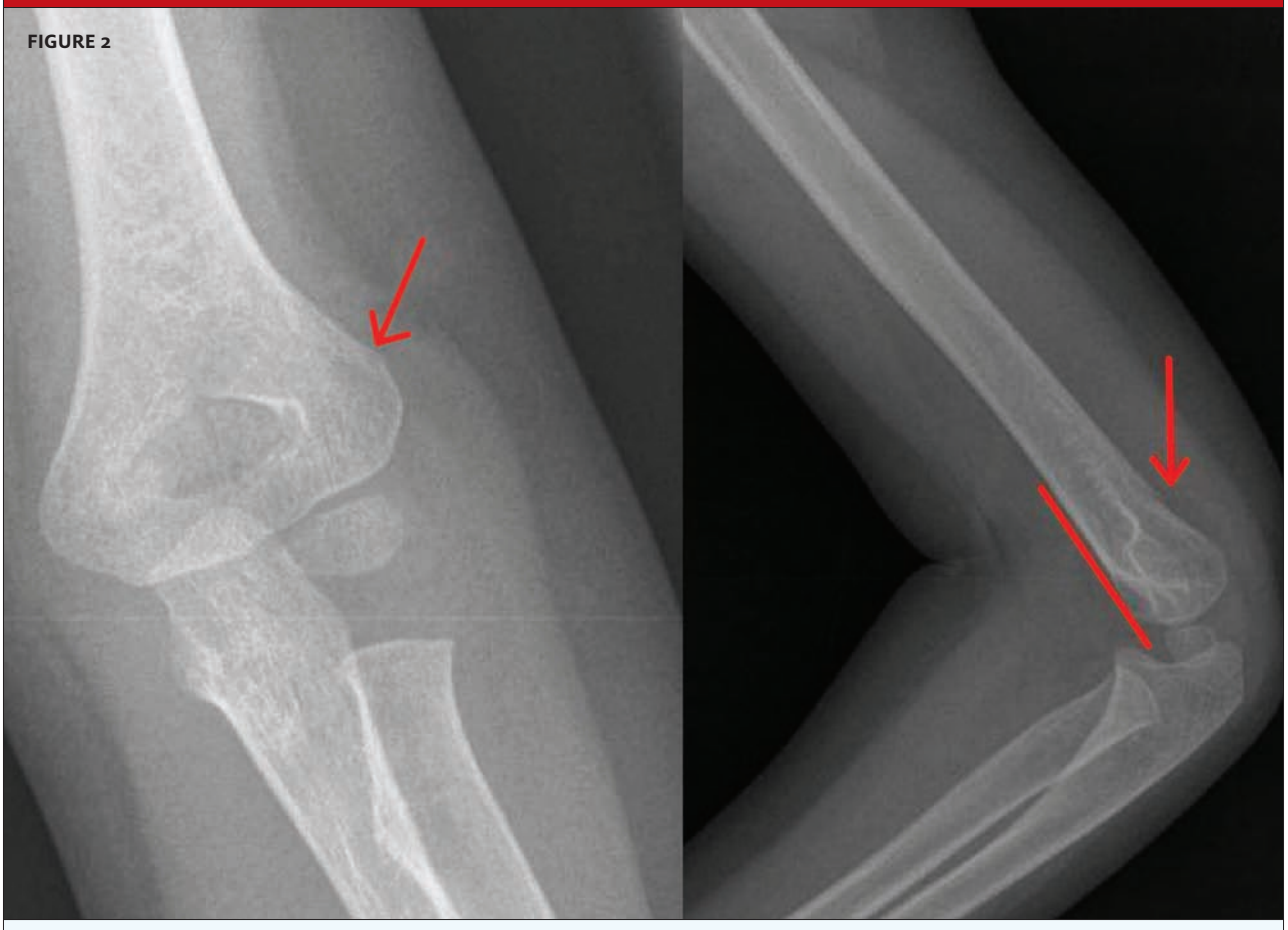
The patient is a 3 ½-year-old girl who fell from a bicycle, receiving a blow to the elbow a short time before presentation. She had marked swelling and local tenderness over the elbow.

The only other remarkable finding was a pulse of 132.

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 AP film is suggestive of a supracondylar fracture.

On the lateral, one sees a straightening of the distal humerus, as well as a discontinuity in the posterior humerus and increased fat pads.

This is a stable fracture that required a posterior plaster splint from upper arm to wrist, with orthopedic follow-up the next day.

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