



INSIGHTS IN IMAGES

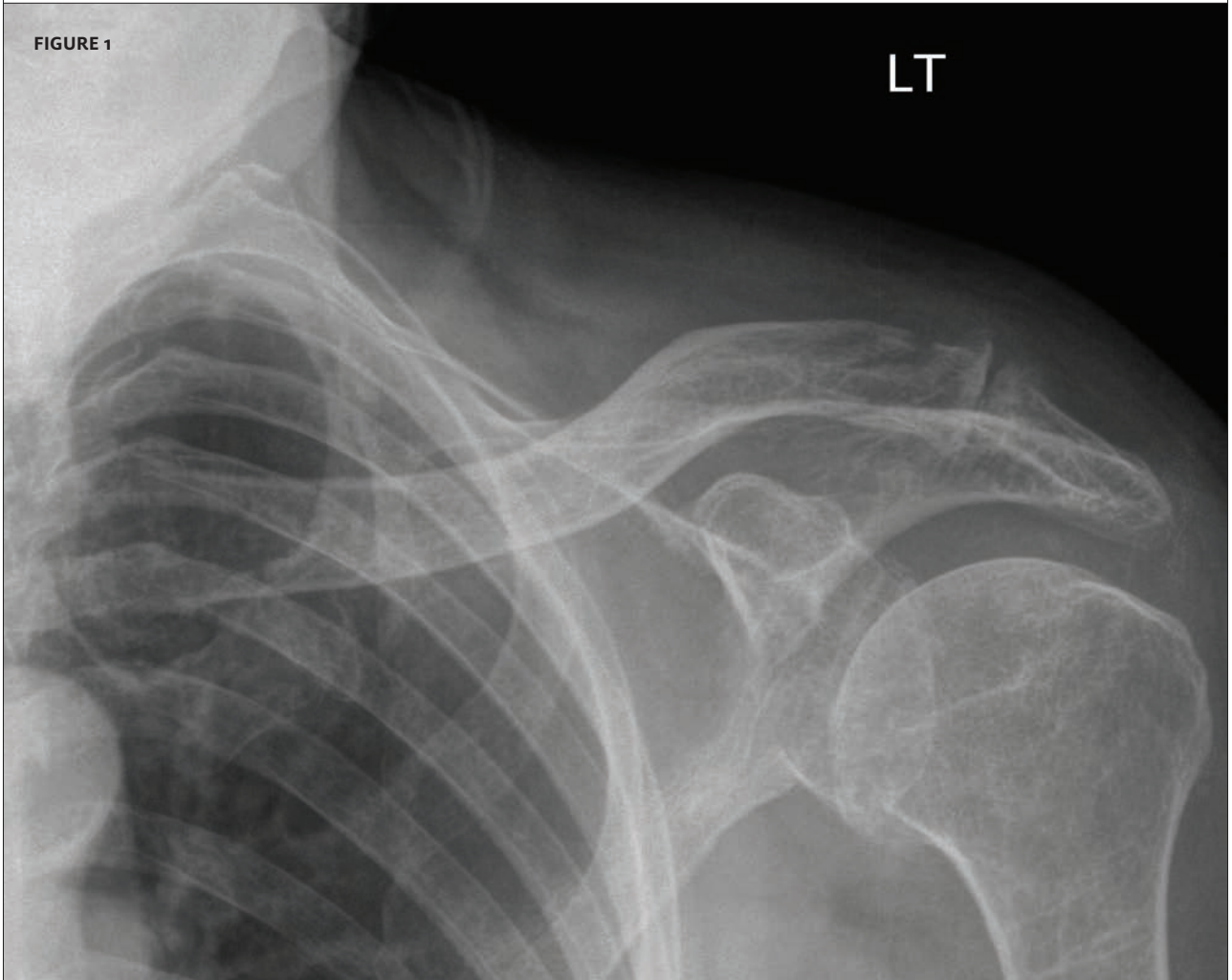
CLINICAL CHALLENGE

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

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The patient is an 82-year-old man who presented after having fallen backwards and landing on his back. He did not lose consciousness; nor did he vomit. The patient entered the clinic using a walker, which he reported using on a regular basis. Examination revealed an abrasion over his forehead and over the anterior right tibia. The neurological exam showed no acute changes.

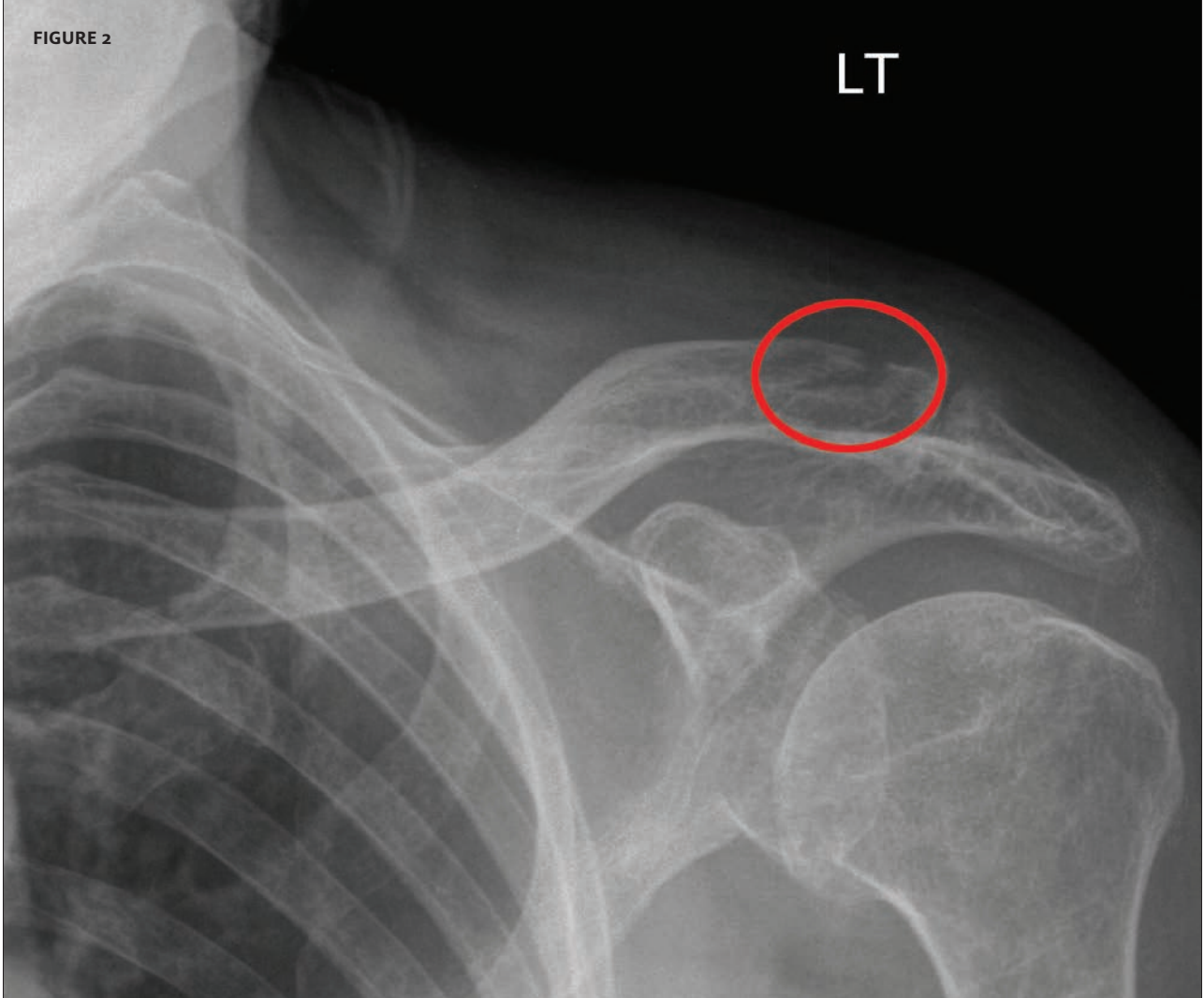
The patient was specifically tender over the shoulder, but there was no spiny tenderness.

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

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The patient experienced a fracture of the distal clavicle. He was placed in a sling, with instructions to follow up with an orthopedist the following day.

As noted in *Wheeless' Textbook of Orthopaedics*, distal fractures account for 10% to 15% of all clavicle fractures. Typically, these have a high incidence of non union; most are asymptomatic, with relatively few requiring surgery.¹

The location of the fracture along the clavicle has a great effect on prognosis. Lateral fractures, such as the one seen here, tend to heal spontaneously and often do not require surgical intervention; medial fractures can be more serious, however.

Reference

1. *Wheeless' Textbook of Orthopaedics*. Clavicle Fractures. Available at www.wheelessonline.com/ortho/clavicle_fractures. Accessed March 14, 2008.

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