

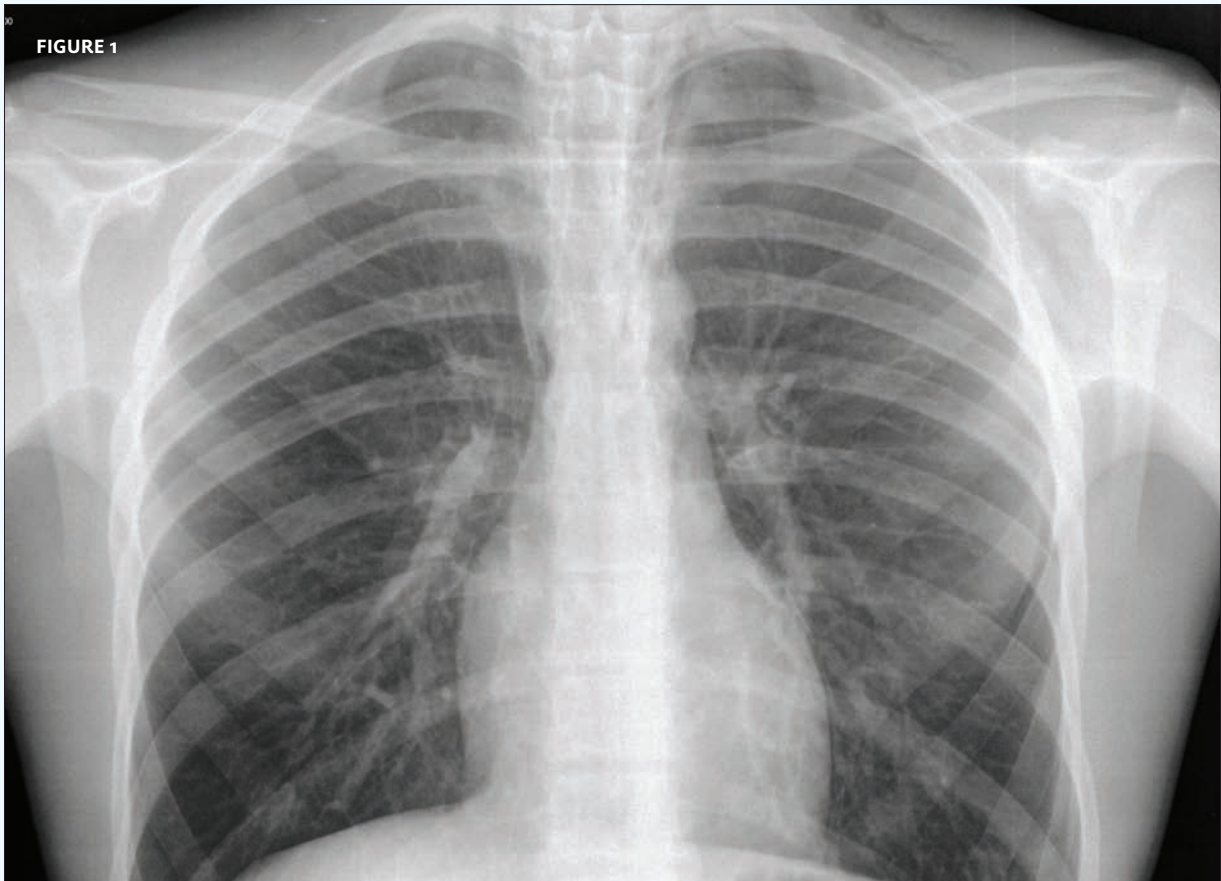


INSIGHTS IN IMAGES

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.

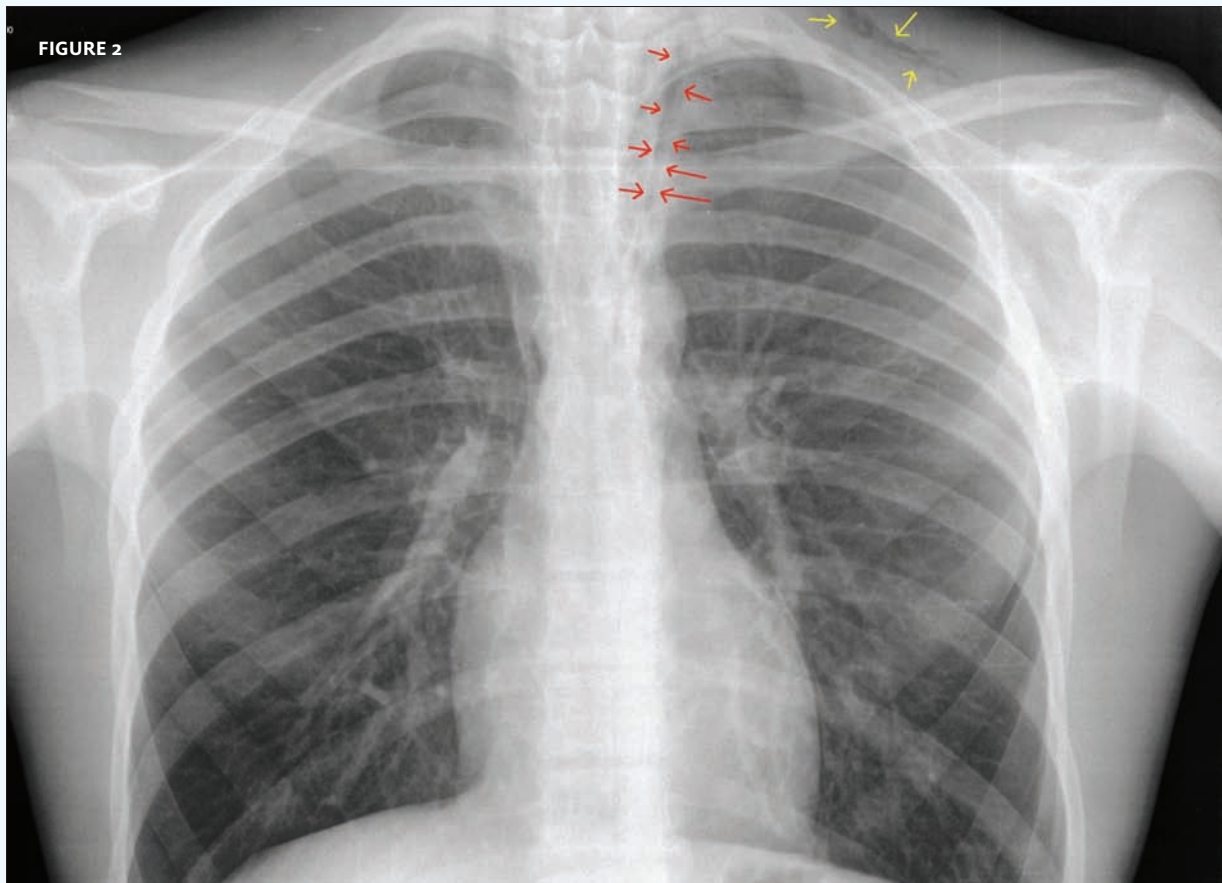


The patient is a 17-year-old male who presents with a complaint of throat pain. He reports a history of colitis, for which he was treated with mesalamine and prednisone, 20 mg/day.

On exam, you discover that he is also experiencing pressure over his chest. Blood pressure is 97/60, pulse is 93 and SAT is 97%. He is afebrile. You find no abnormalities except for crepitations over his left shoulder soft tissue.

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



This is an interesting case.

An x-ray of his chest noted subcutaneous air over his left shoulder (as marked by the yellow arrows). On review with our radiologist, it was also noted that there was a medical pneumothorax (red arrows).

The patient was sent to the ED, given the unusual history and findings. He was observed and discharged the following day.

It is important to note that spontaneous subcutaneous emphysema, pneumothorax and/or pneumomediastinum in the presence of active ulcerative colitis is likely caused by migration of retroperitoneal gas. This should alert the provider to the probability of intestinal perforation. Emergent consultation is indicated.¹

Reference

1. Cohen ME. Pneumomediastinum during relapse of ulcerative colitis. *Am J Gastroenterol.* 1997;92(12):2306-2307.

Acknowledgment: Case presented by Nahum Kovalski, BSc, MDCM, TEREM Immediate Medical Care, Jerusalem, Israel.