



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 16-year-old male who presents with difficulty breathing and pain in his throat, along with difficulty swallowing and pleuritic chest pain.

All the symptoms began “a couple of hours” prior to presentation. There is no history of trauma or choking, nor of a recent dental procedure.

On exam, the patient looks well, and is quiet and not toxic; there are no sign of distress. Pulse is 75, O₂sat 94 and there is no fever. His chest is normal, with bilateral air entry, no wheeze or crackles. Assessment is hindered by the patient’s inability to take deep breaths, however. His tongue, pharynx, and tonsils all appear normal.

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 multiple radiolucent streaks are consistent with air in the subcutaneous tissues.

This patient was referred to hospital, where he underwent CT that did *not* reveal a possible cause.

At last follow-up, ENT staff planned to scope him to assess for esophageal and/or tracheal pathology.

Acknowledgment: Case presented by Nahum Kovalski, BSc, MDCM, Terem Emergency Medical Centers, Jerusalem, Israel. The patient was treated by Dr. Gavriel Tibber, who saw the film and identified the findings.



FIGURE 1



The patient is a 20-year-old female who presents with pain one day after experiencing a blow to the knee during a fall.

On exam, you reveal no significant findings beyond mild local tenderness. She is able to bear weight fully on both legs.

View the image 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



While there is no injury associated with the presenting complaint, there *is* a lytic lesion in the proximal tibia.

On review by the orthopedist, the patient was advised to get a bone scan.

This was incidental to the injury, but the differential diagnosis warrants further work-up, as described.

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