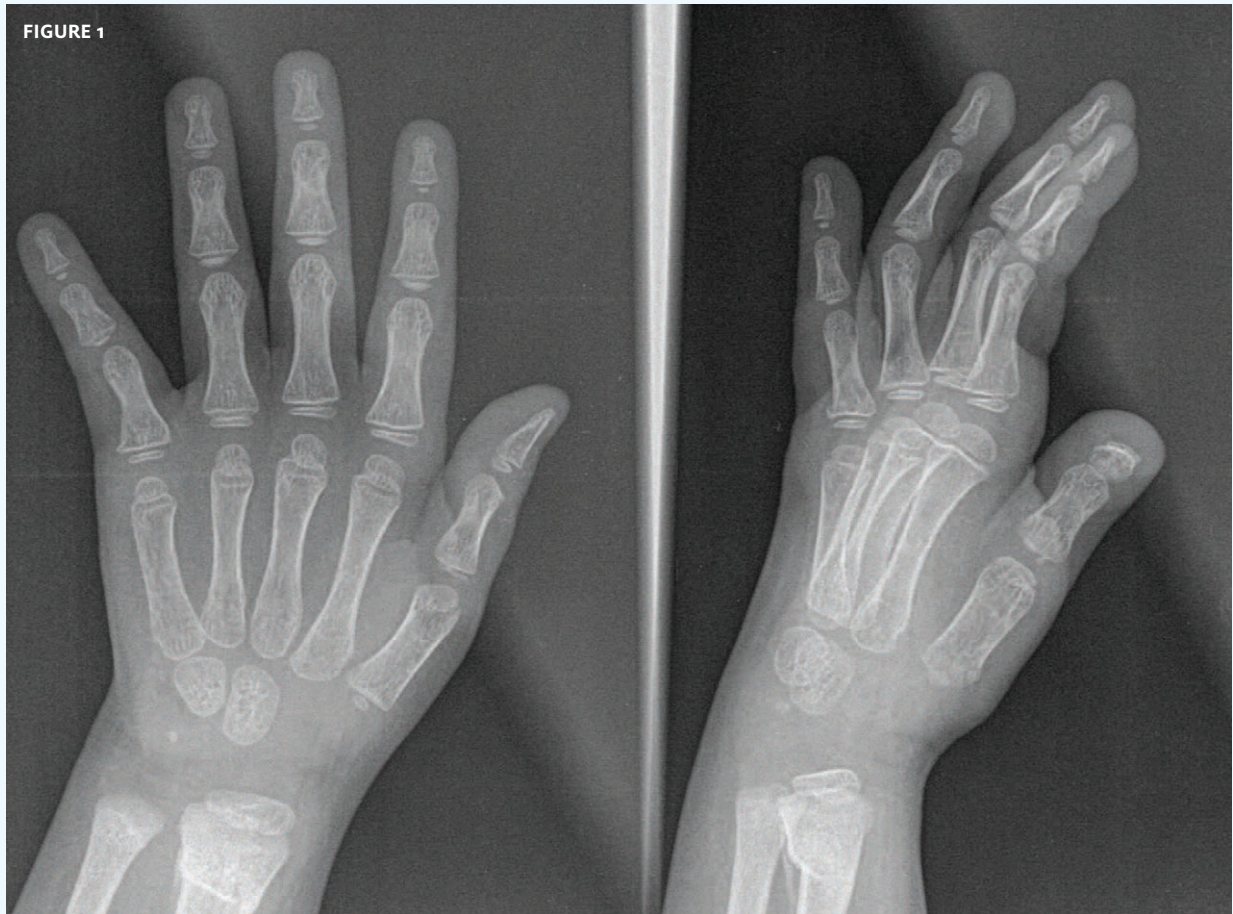


In each issue, *JUCM* will challenge your diagnostic acumen with a glimpse of x-rays, electrocardiograms, and photographs of dermatologic conditions that real urgent care patients have presented with.

If you would like to submit a case for consideration, please e-mail the relevant materials and presenting information to editor@juqm.com.



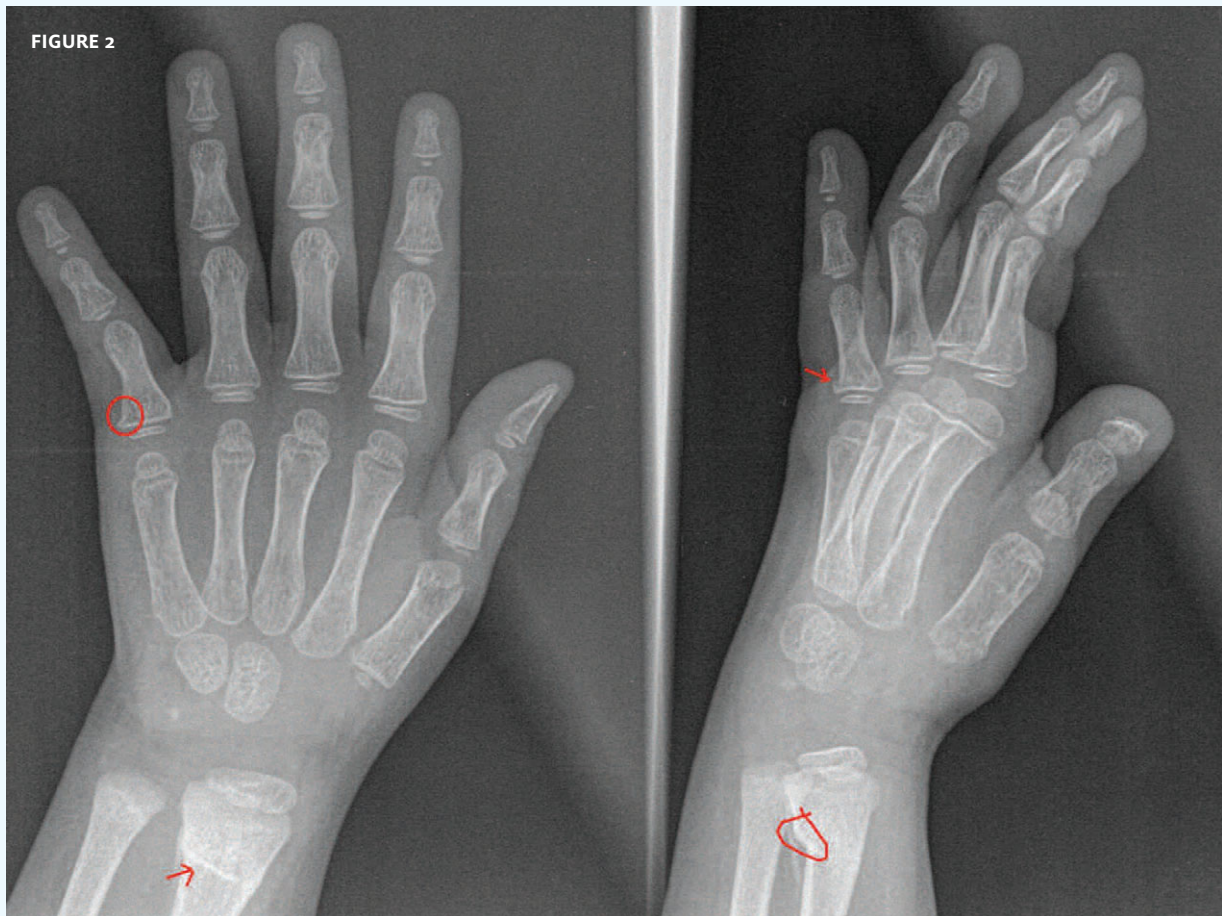
The patient is a 4½-year-old girl who presents with local pain and swelling in the fifth digit of her left hand. The parents report that she experienced a fall.

On examination, you note local swelling at the base of the thumb. The patient confirms this is the site of her pain, as well.

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



The x-ray reveals a fracture at the base of the proximal phalanx and distal radius. The proximal phalanx has some deviation.

One can do a local digital block at the base of the fifth digit and then apply mild traction to reduce the fracture. Given the fracture of the digit *and* distal radius, one would apply a gutter slab that wraps around to the volar aspect of the forearm and advise the parents to follow up with an orthopedist.

This case also presents an opportunity to stress the importance of careful examination and low index of suspicion when evaluating children with injuries.

Often, children do not localize pain well and cannot explain mechanism of action. Inability to use an extremity through the full range of motion should raise suspicion of bony injury to the affected limb segment.

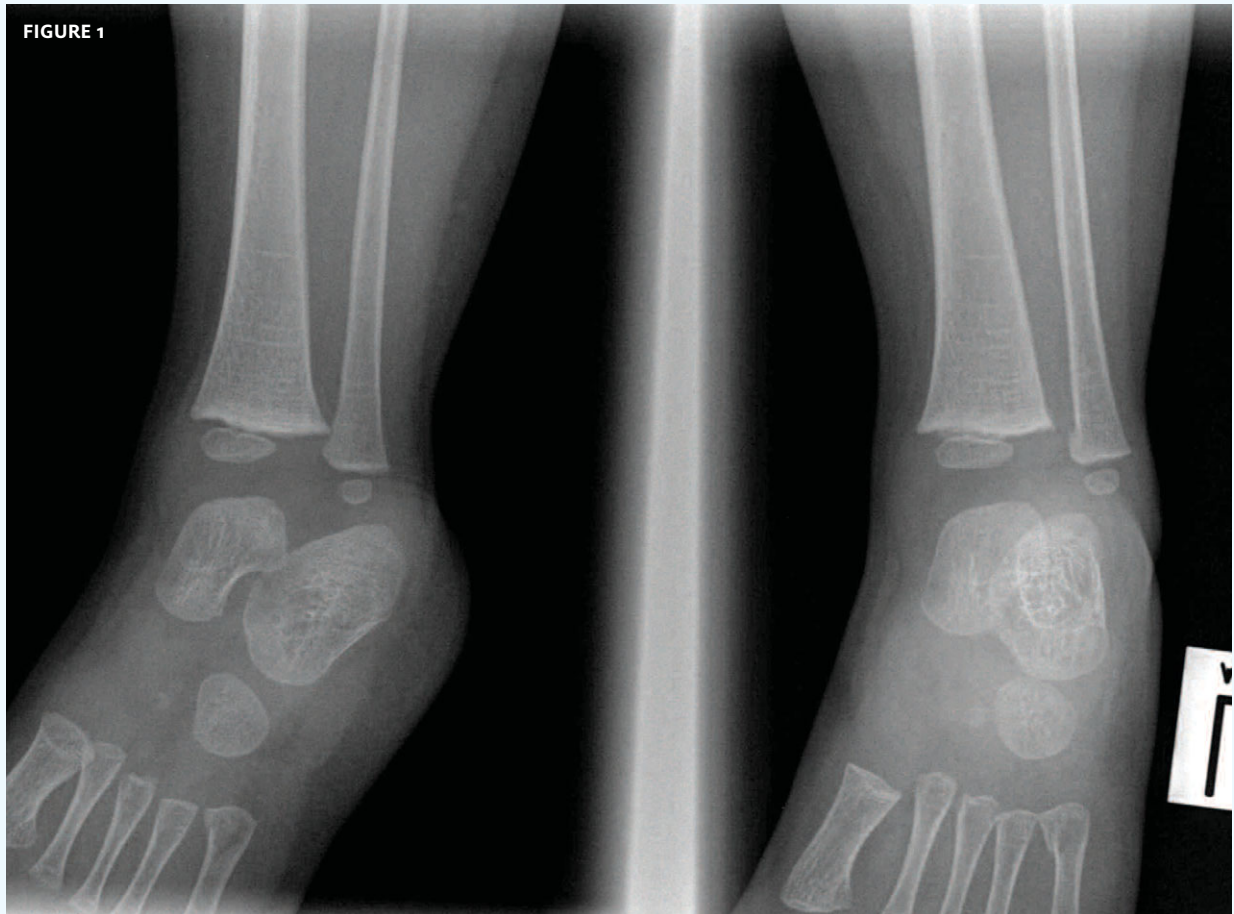
In addition, distraction techniques can often relieve anxiety and allow for a more useful examination. Once anxiety is relieved, any derangement of function should be taken very seriously and imaged as necessary.

Acknowledgment: Case presented by Nahum Kovalski, BSc, MDCM, Terem Emergency Medical Centers, Jerusalem, Israel.



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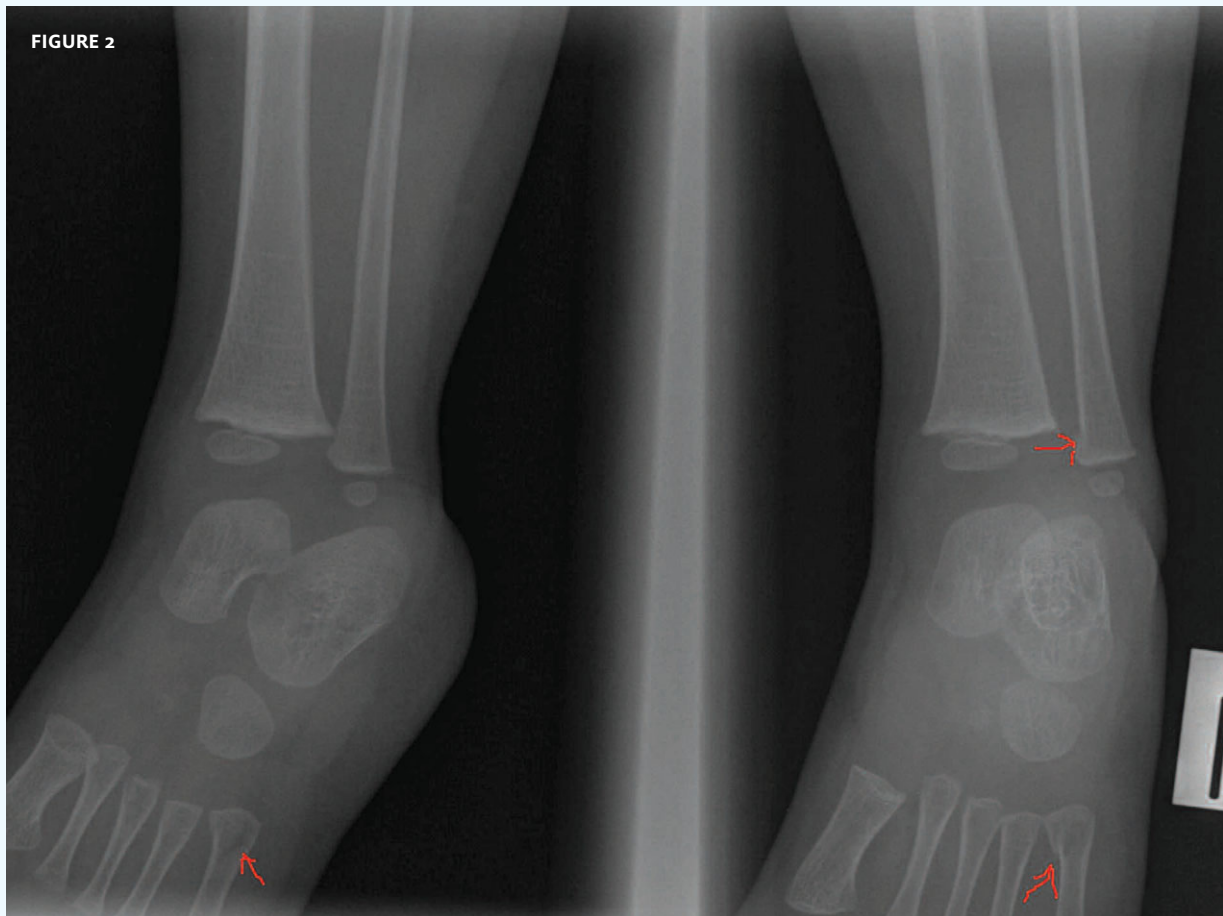


The patient is a 2½-year-old who presents with pain in the left ankle after receiving a blow to the lower leg. You find he is unable to bear weight on that side.

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



The x-ray shows a fracture of the distal fibula *and* of the proximal fifth metatarsal.

This patient was placed in a cast splint. His parents were advised to follow up with an orthopedist.

As it happens, this was one of two cases on the same day at the same facility in which there were fractures of both of the fibula and metatarsal—a reminder that we always need to check both.

Acknowledgment: Case presented by Nahum Kovalski, BSc, MDCM, Terem Emergency Medical Centers, Jerusalem, Israel.

These cases are among hundreds that can be found in Terem's online X-ray Teaching File, with more being added daily. Free access to the file is available at <https://www2.teremi.com/xrayteach/>. A no-cost, brief registration is required.