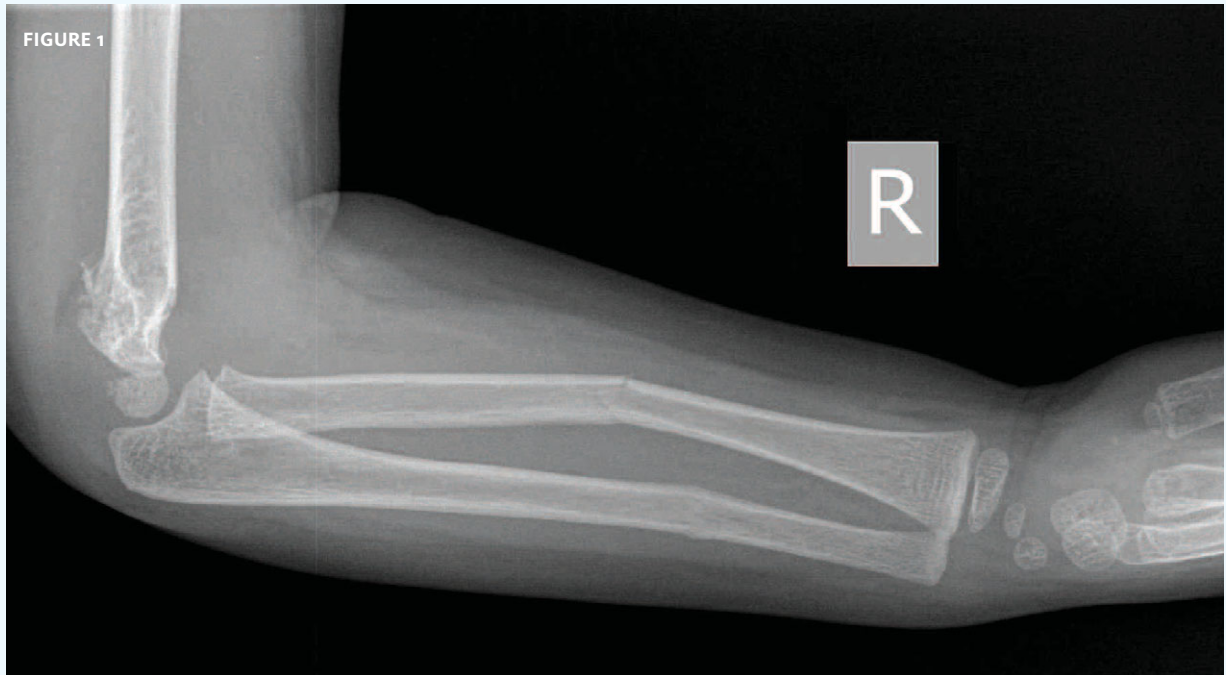


In each issue, *JUCM* will challenge your diagnostic acumen with a glimpse of x-rays, electrocardiograms, and photographs of dermatologic conditions that real urgent care patients have presented with.

If you would like to submit a case for consideration, please email the relevant materials and presenting information to editor@jucm.com.

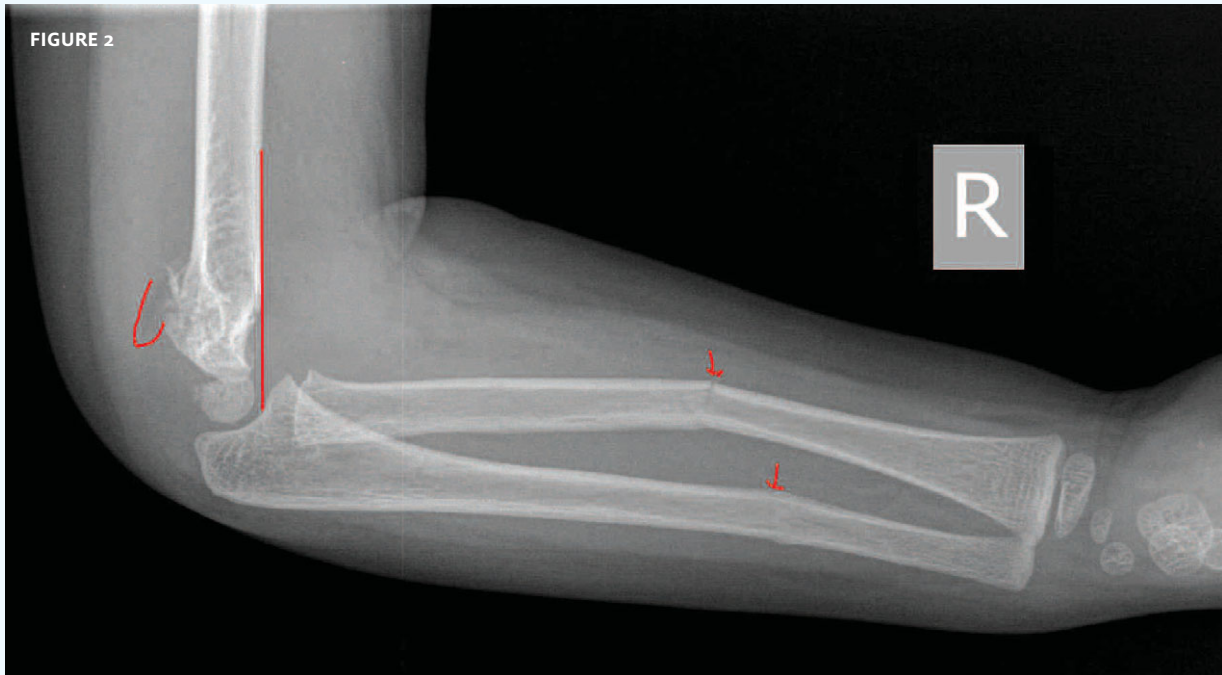


The patient is an otherwise healthy child, 3.5 years of age, who presents with acute pain in his right lower arm to the elbow. Examination reveals multiple fractures.

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.

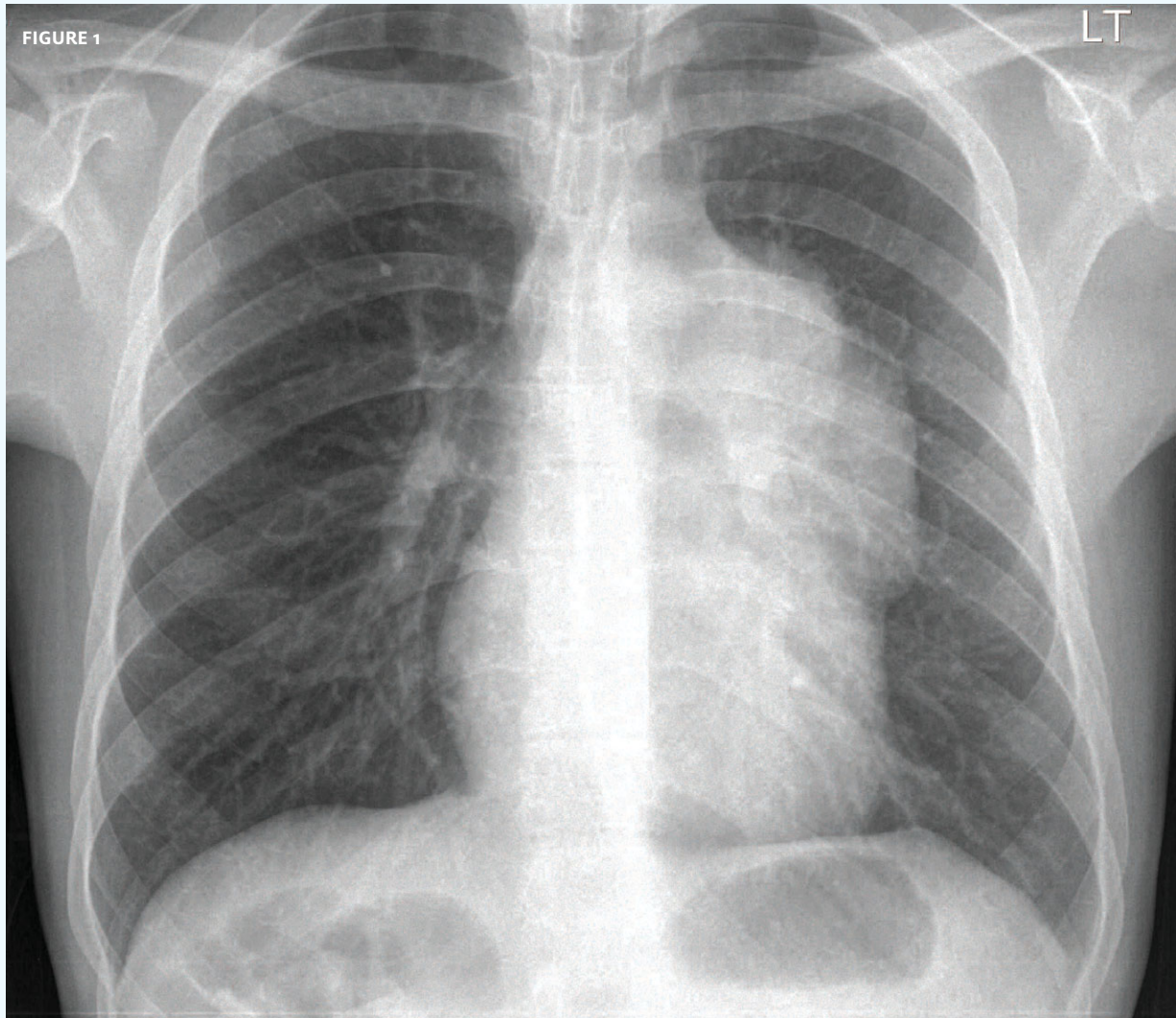
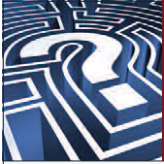
THE RESOLUTION



The patient’s problem list includes trauma and multiple fractures, including the humerus distal (supracondylar) and radius—shaft.

Note that while a supracondylar humerus fracture is evident in this x-ray, it is often occult. In this case, the “anterior humeral line” does not bisect the “capitellum.” This is pathognomonic for supracondylar humerus fracture and requires immediate orthopedic referral. This is an unstable fracture.

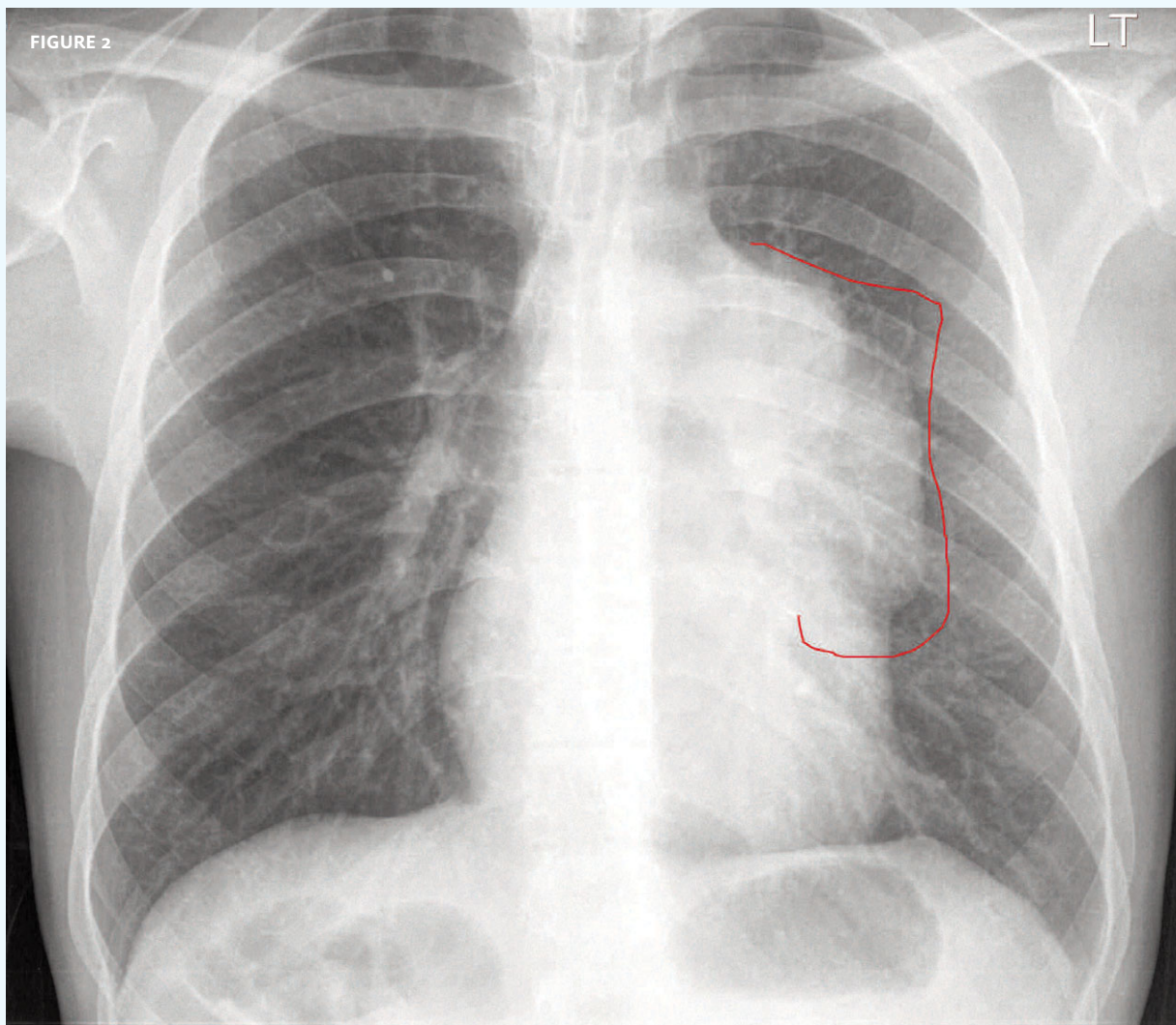
Acknowledgement: Case presented by Nahum Kovalski, BSc, MDCM, Terem Emergency Medical Centers, Jerusalem, Israel.



The patient is an otherwise healthy 22-year-old male who presents with three weeks of cough. He has already been treated with a macrolide.

View the image taken (**Figure 1**) and consider what your diagnosis and next steps would be.

THE RESOLUTION



The x-ray shows a hilar lesion. The next step is to follow up with a CT scan.

Given the patient's age and unilateral hilar enlargement, the most likely causes are vascular, infectious, bronchogenic cyst, non-Hodgkin's lymphoma (Hodgkin's is usually bilateral), or testicular cancer.

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