



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](mailto:editor@jucm.com).

FIGURE 1



The patient is an otherwise healthy child, age 11, who presents with acute pain to the wrist following a blow.

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

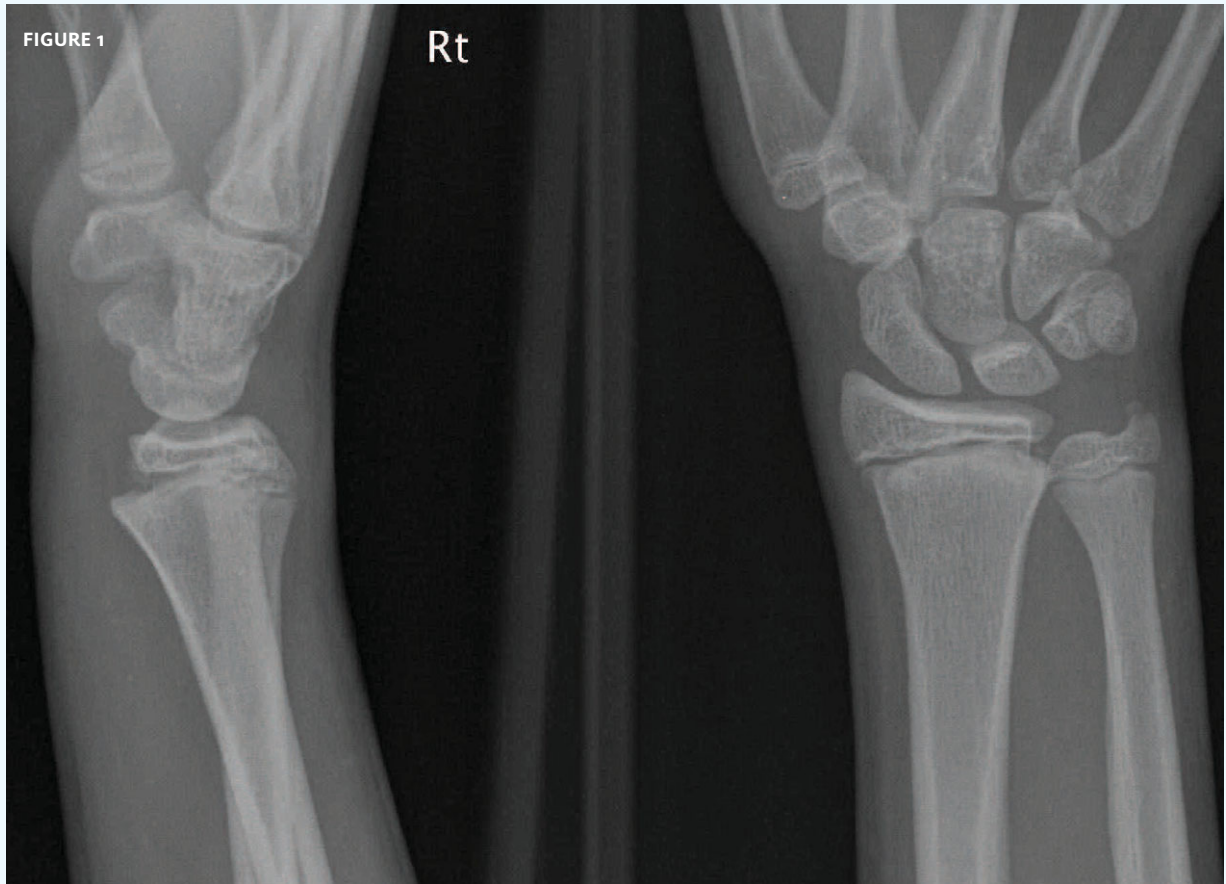
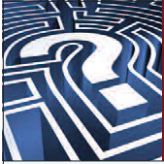
FIGURE 2



The patient's problem list includes trauma. The diagnoses are: Fx, Fx radius distal.

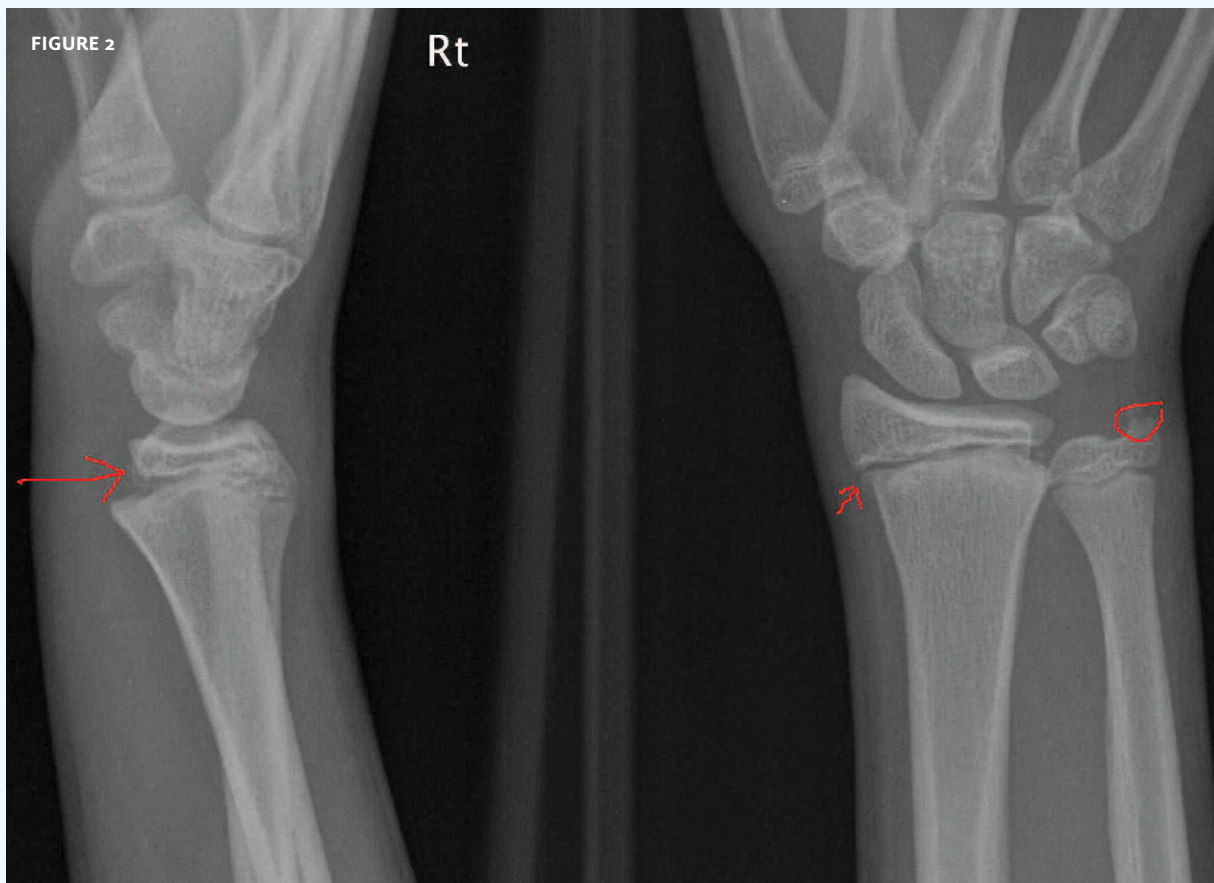
This is a Salter II fracture of the distal radius. The fracture is stable and can be splinted and referred.

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



The patient, an otherwise healthy 16-year-old, fell and suffered a blow to the wrist one hour prior to presentation.

THE RESOLUTION



The patient's problem list includes trauma. Diagnoses are Fx, Fx radius distal, Fx ulna distal.

There is a Salter I fracture of the distal radius. Note the slippage of the epiphysis. This requires reduction. There is also a distal ulnar styloid fracture.

Near total displacement of the radial physis is not uncommon and often requires operative fixation.

Refer to hospital for orthopedic management.

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