



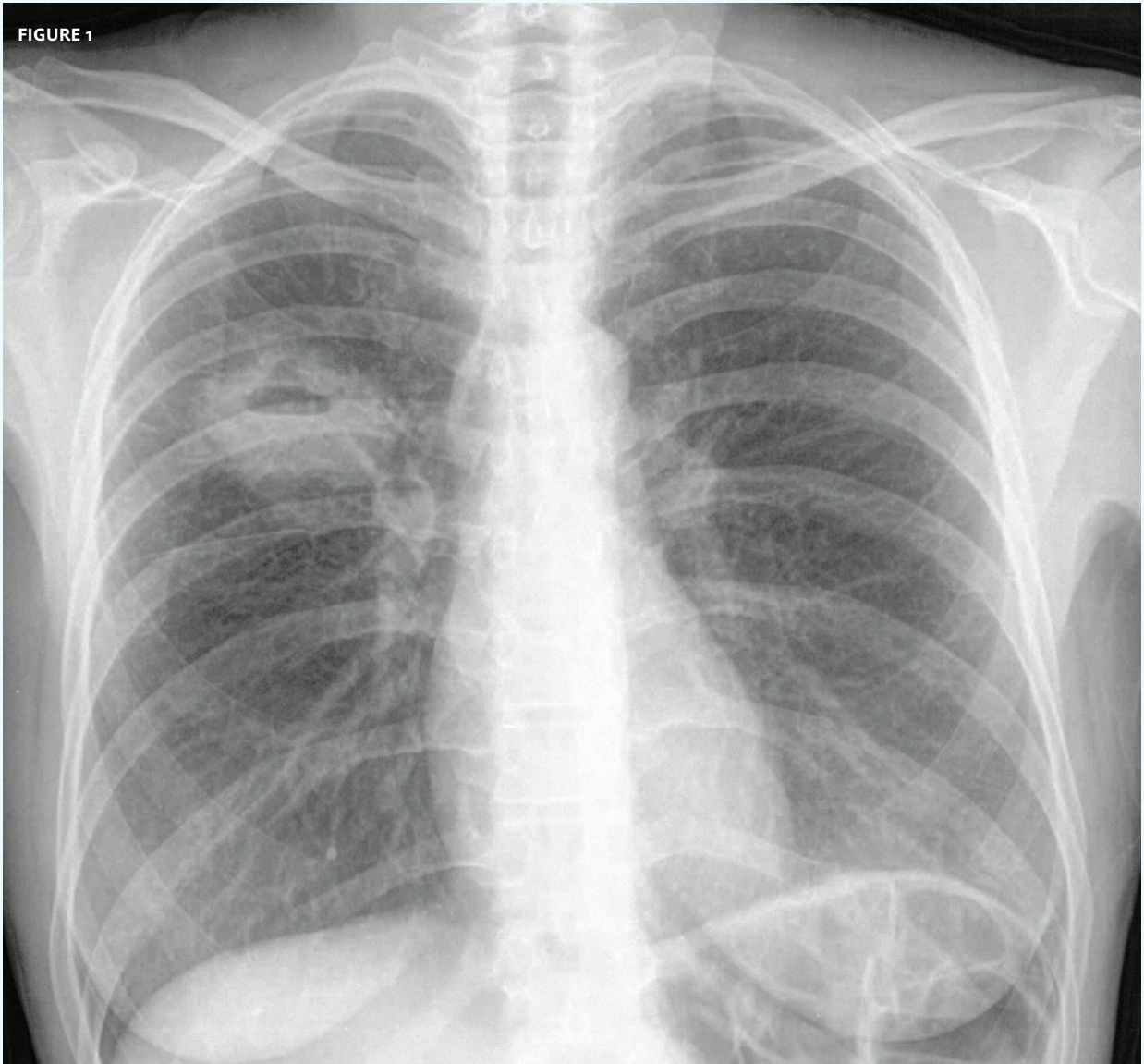
## INSIGHTS IN IMAGE

# CLINICAL CHALLENGE: CASE 1

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).

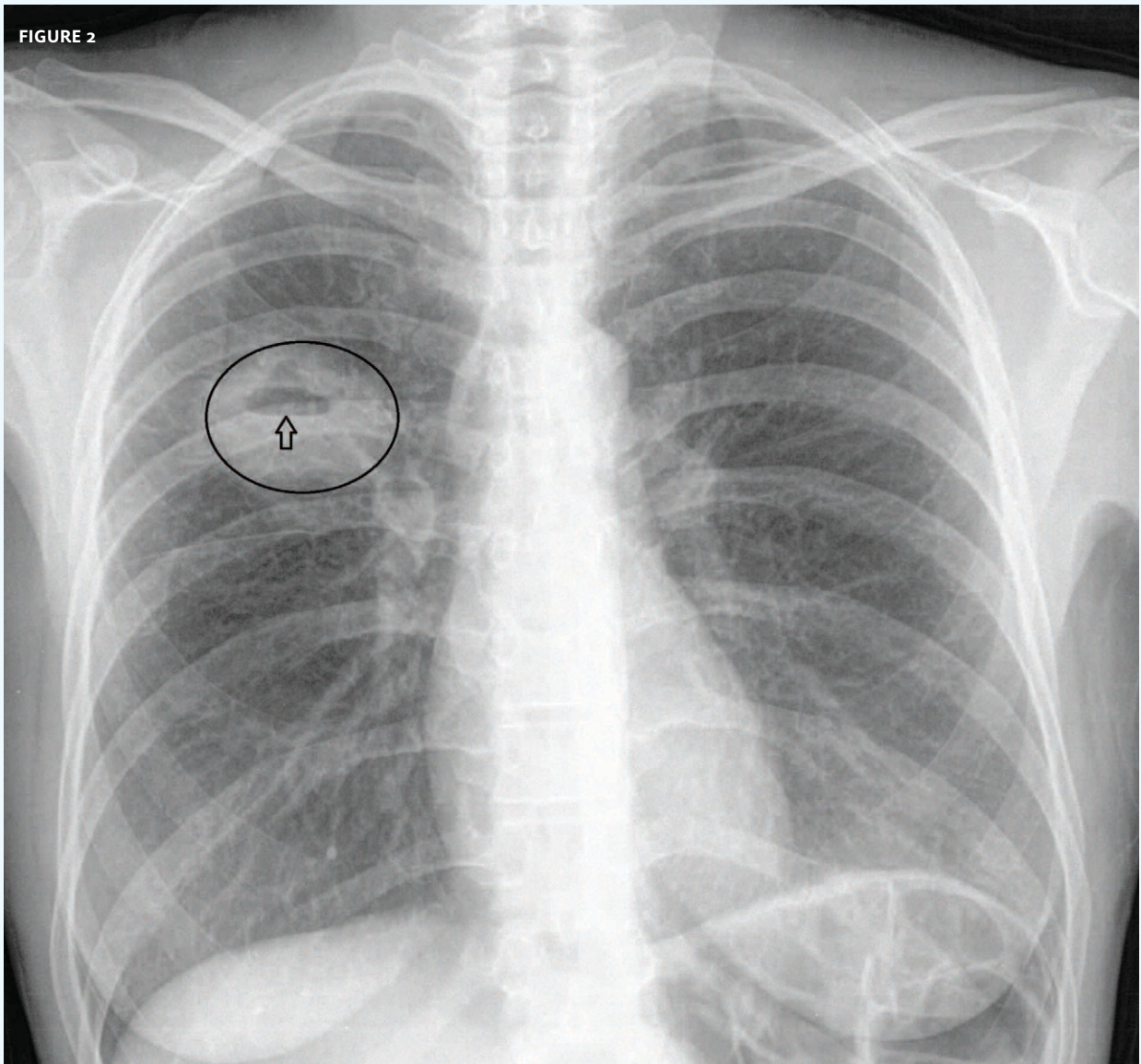
FIGURE 1



The patient, an otherwise healthy 70-year-old, presented with a fever and cough on the right side of the chest. View the image taken (**Figure 1**) and consider what your diagnosis would be. Resolution of the case is described on the next page.

THE RESOLUTION

FIGURE 2



The diagnosis is a cavitary lesion in the right upper lung. The following mnemonic can be used for differential diagnosis:

**C** = Carcinoma

**A** = Autoimmune (Wegener's granulomatosis, rheumatoid nodules)

**V** = Vascular (emboli)

**I** = Infection (lung abscess, bacterial pneumonia, fungal pneumonia, tuberculosis, pneumatocele)

**T** = Trauma (pulmonary laceration)

**Y** = Young (congenital) (congenital cystic adenomatoid malformation, pulmonary sequestration, bronchogenic cyst)

Refer for CT and further evaluation.

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





## INSIGHTS IN IMAGES

# CLINICAL CHALLENGE: CASE 2

FIGURE 1



The patient, a 66-year-old male, presented with a twisted right foot, with lateral tenderness.

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

Resolution of the case is described on the next page.

## THE RESOLUTION

FIGURE 2



The diagnosis is a true Jones fracture involving the metaphyseal-diaphyseal junction of the fifth metatarsal, which should not be confused with the more proximal avulsion fracture involving only the tuberosity (**Figure 2**).

Jones fractures are managed either operatively or with a non—weight-bearing (NWB) cast for 6 to 8 weeks. Therefore, immobilization, a NWB cast, and orthopedic follow-up are indicated for this patient. For simple avulsion fractures of the proximal tuberosity, usual management is a bulky dressing, postoperative shoe, and weight bearing as tolerated.

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