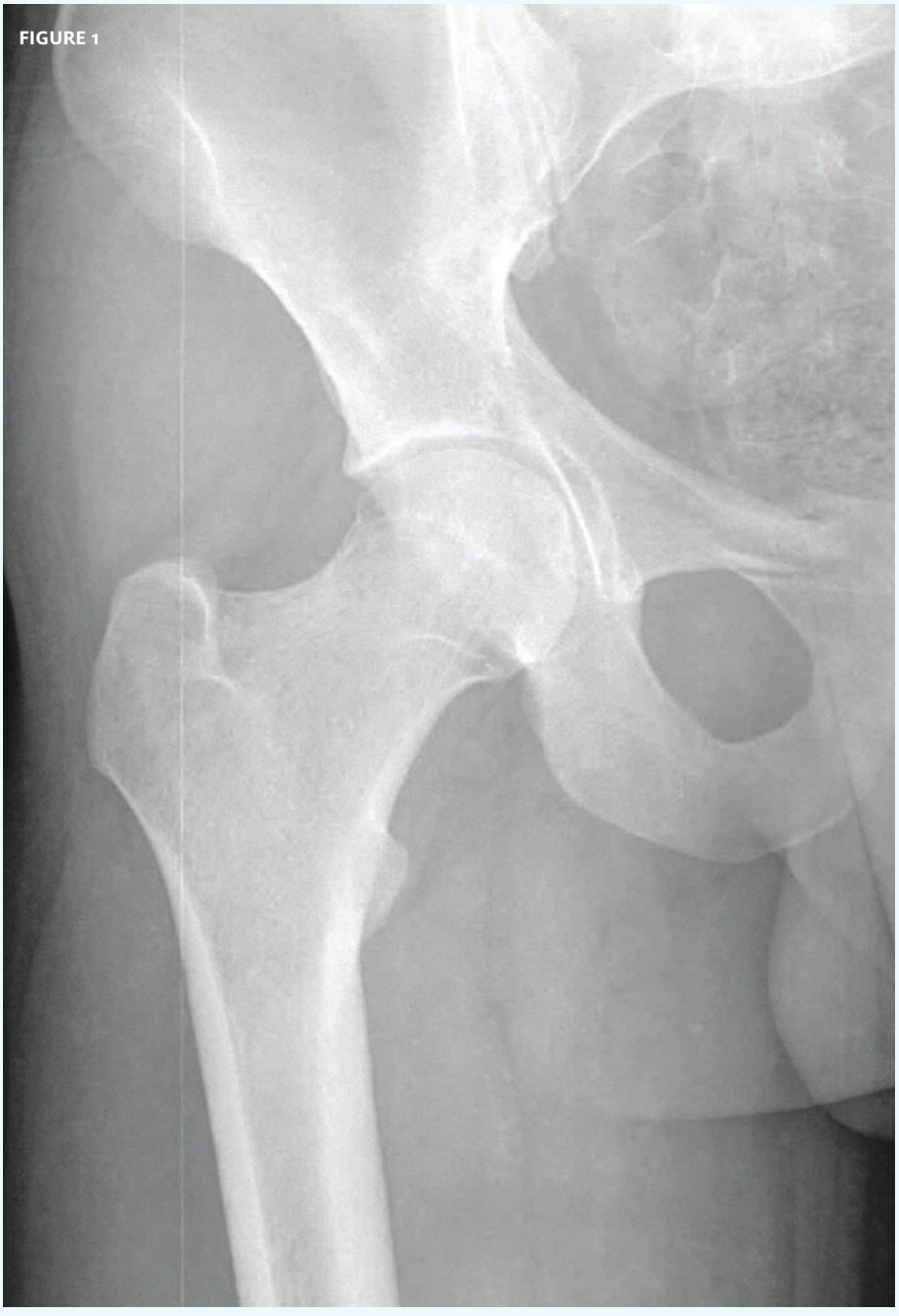
INSIGHTS IN IMAGES

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*.

FIGURE 1



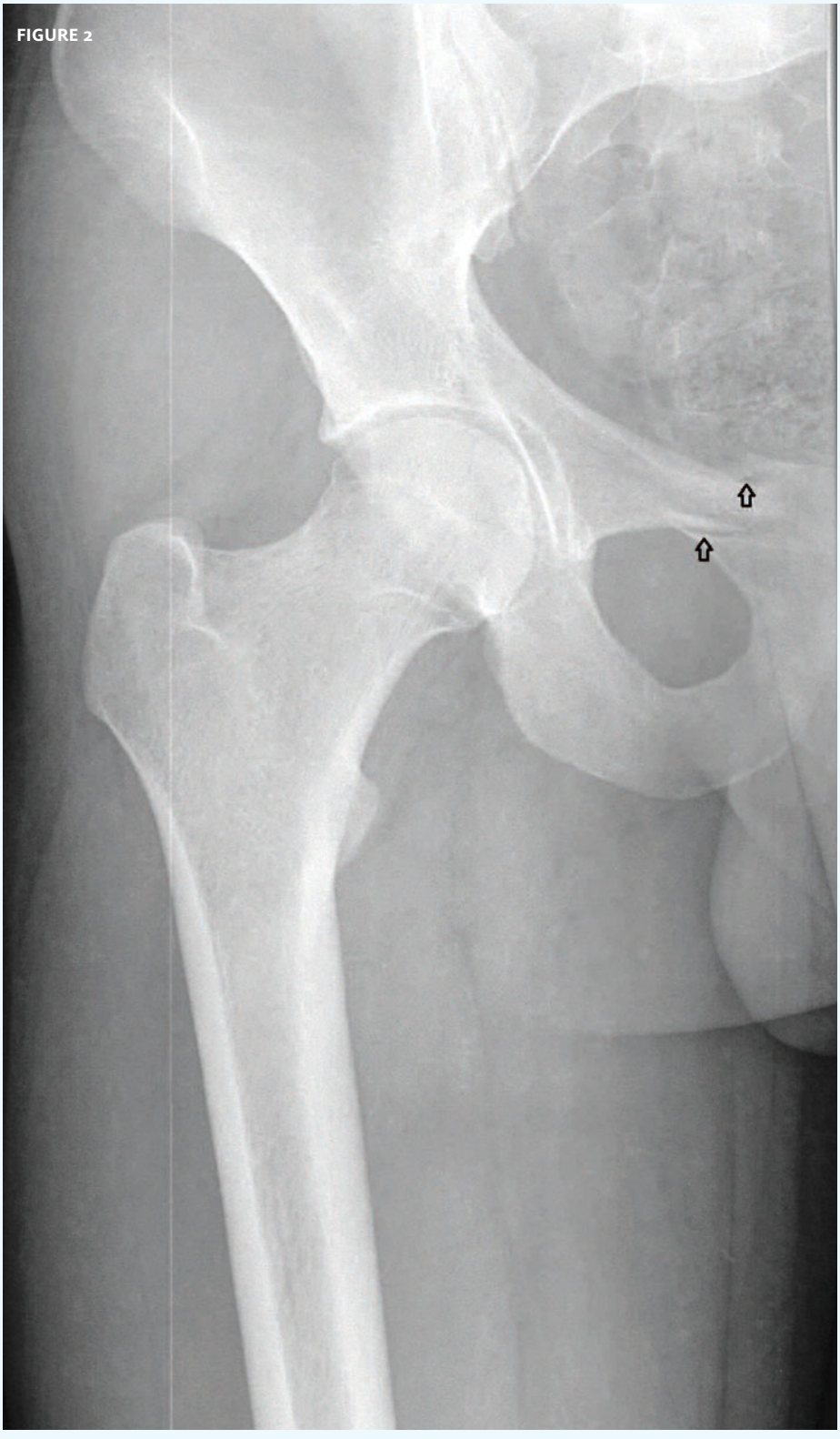
The patient, an 18-year-old male, presented after a fall and blow to the right trochanter. He was ambulating well.

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



Diagnosis: The x-ray reveals fracture of the pelvis. The key in these cases is to rule out matching posterior fractures (and the resulting instability of the pelvis) and internal organ damage. In the event that all further evaluations are normal, this patient can be followed as an outpatient.

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

INSIGHTS IN IMAGES

CLINICAL CHALLENGE: CASE 2

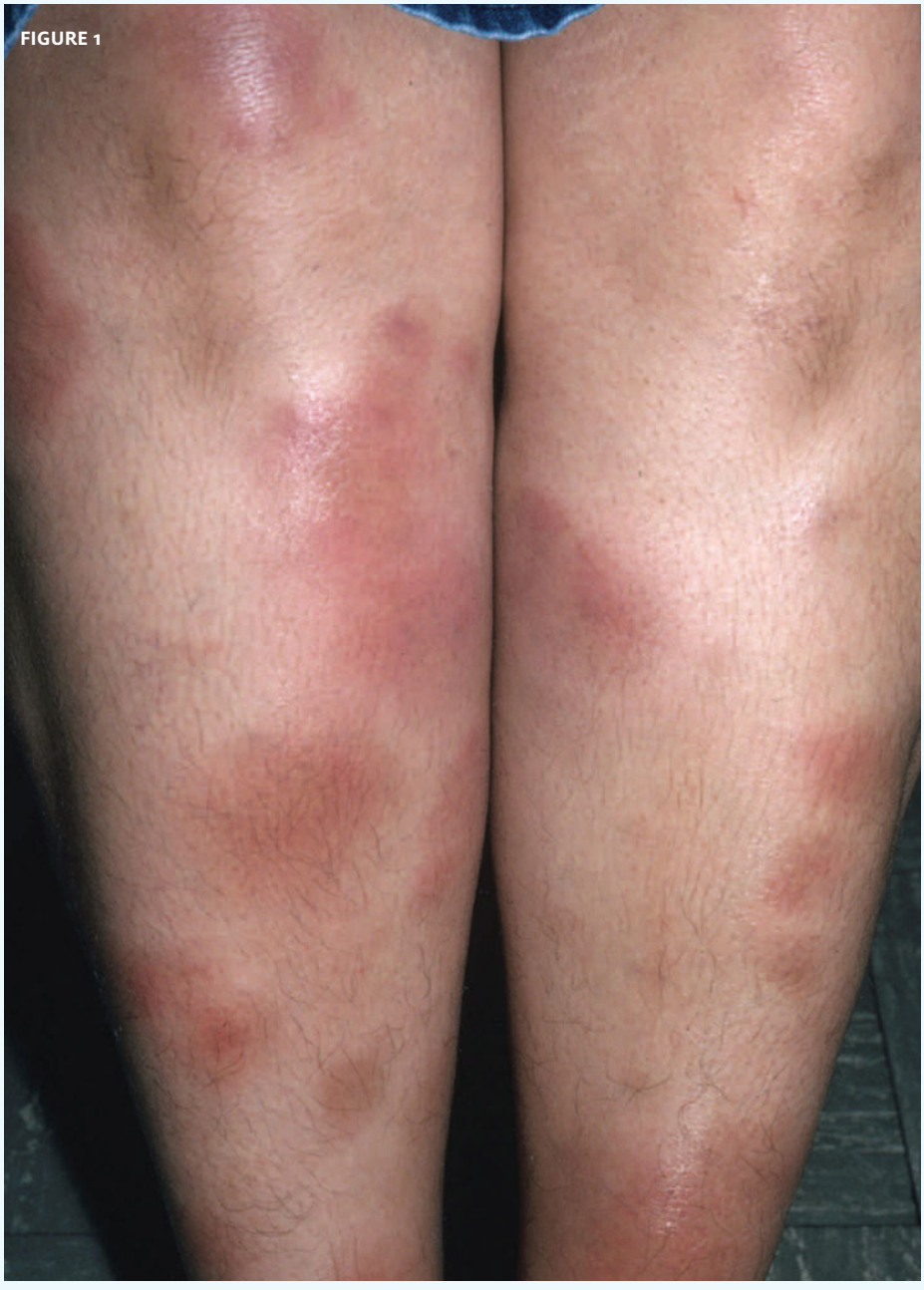


FIGURE 1

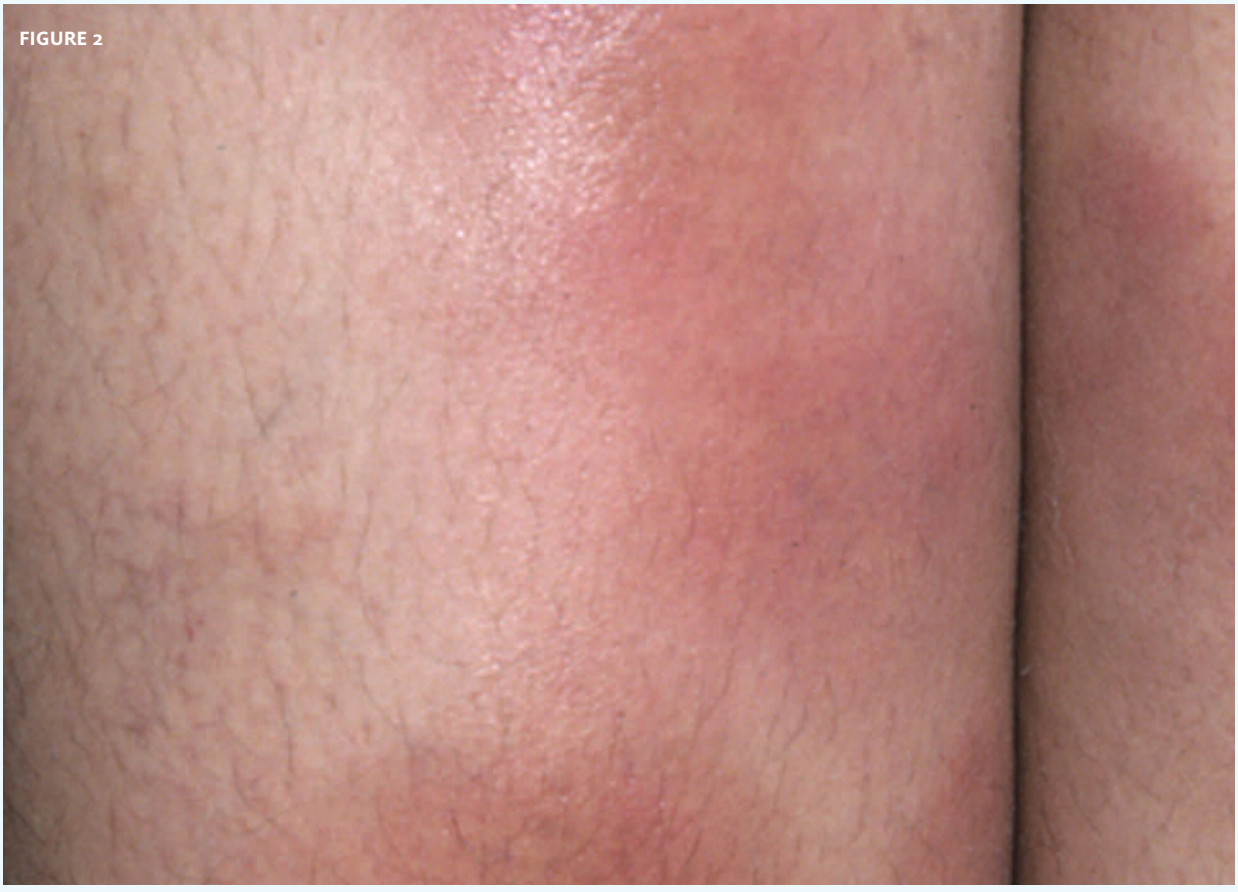
The patient, a 42-year-old female, presented with a complaint of red bumps on her lower extremities that were warm and painful to touch. She reported that the lesions appeared 2 days ago, and she was running a fever and feeling tired and generally ill (headache, joint stiffness, and body aches). The patient denied taking any medication except for ibuprofen for symptom relief.

On exam, multiple poorly defined erythematous nodules and plaques were observed in a bilateral distribution on the knees and shins. The patient was febrile (100.1°F [37.8°C]). On questioning, she recalled having an upper respiratory infection 3 weeks prior.

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

THE RESOLUTION

FIGURE 2



The diagnosis is erythema nodosum, the most common type of inflammatory panniculitis.

Erythema nodosum is characterized by erythematous tender nodules and plaques that are initially bright red and slightly elevated. They are typically symmetrical and located on the pretibial region but can occur elsewhere. Upper respiratory tract infection or flu-like symptoms may precede or accompany the development of the eruption. Streptococcal infections are a common etiologic factor. Sarcoidosis, inflammatory bowel disease, and medications have also been implicated. Patients with malignancies, patients undergoing radiation treatment for malignancies, and those with Behçet's syndrome, reactive arthritis, Sweet's syndrome, ulcerative acne conglobata, and Sjögren syndrome may develop erythema nodosum. Often a cause or trigger is never found.

The eruption typically persists for 3 to 6 weeks and spontaneously regresses without scarring or atrophy. Bed rest and limb elevation are important alleviating measures, and NSAIDs may also be helpful.

It is important to identify and treat any underlying causes of the condition. Investigations may include ASO titers, throat culture, tuberculin skin testing, and/or histoplasmin complement fixation. All patients with erythema nodosum should have a complete blood count and chest x-ray to rule out associated pulmonary tuberculosis, coccidioidomycosis, or sarcoidosis. The need for further investigation depends on the patient's age (child vs. adult) and history.

Acknowledgement: Case reprinted with permission from the Logical Images digital medical image library. For more information, visit http://www.logicalimages.com