



This feature will challenge your diagnostic acumen with a glimpse of x-rays, electrocardiograms, and photographs of 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@jucm.com.

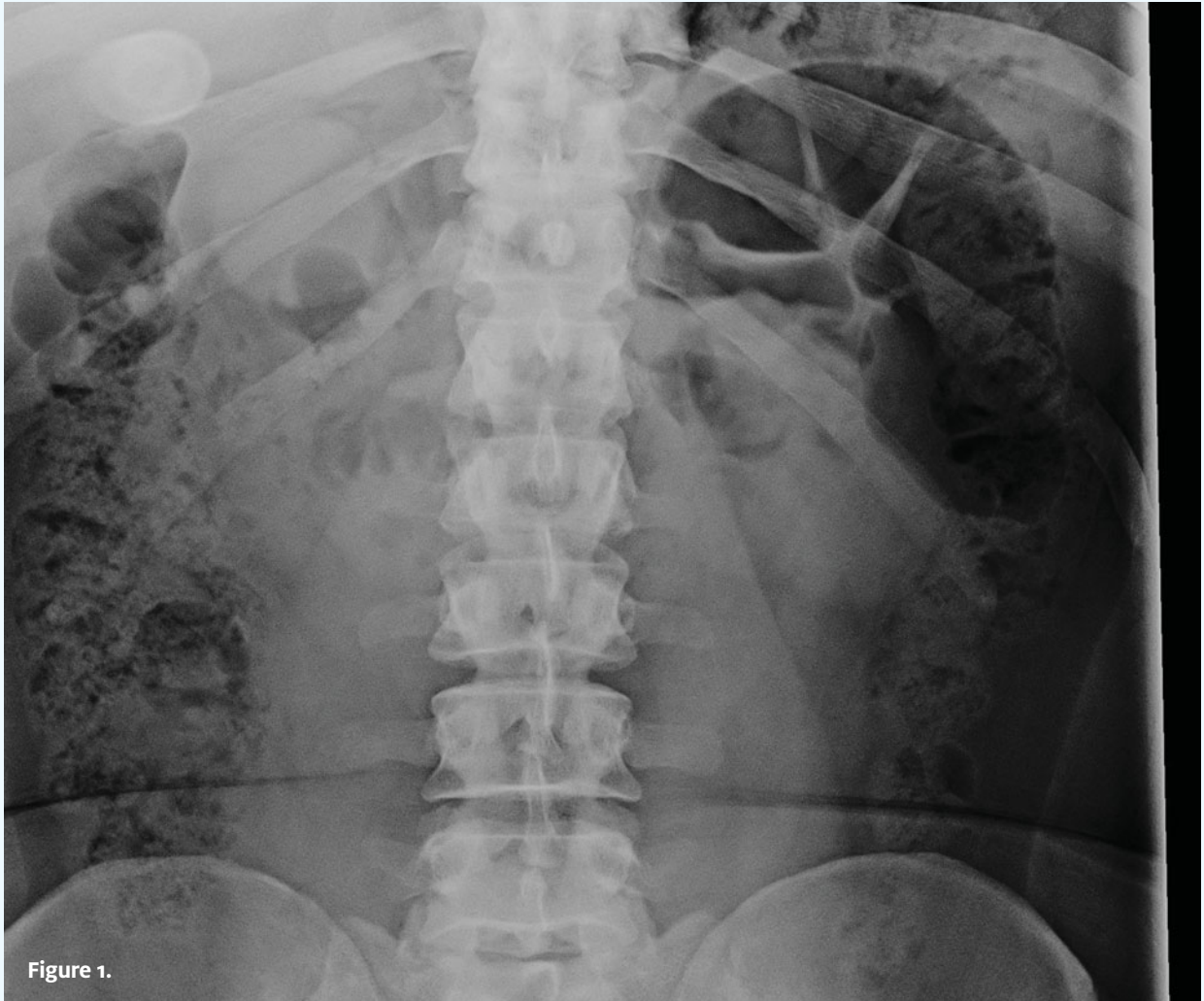


Figure 1.

Man with Left-Flank Pain

Case

A 41-year-old man presents with left-flank pain. His past medical history is unremarkable. An incidental finding is evident on images of the kidney, ureter, and bladder.

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

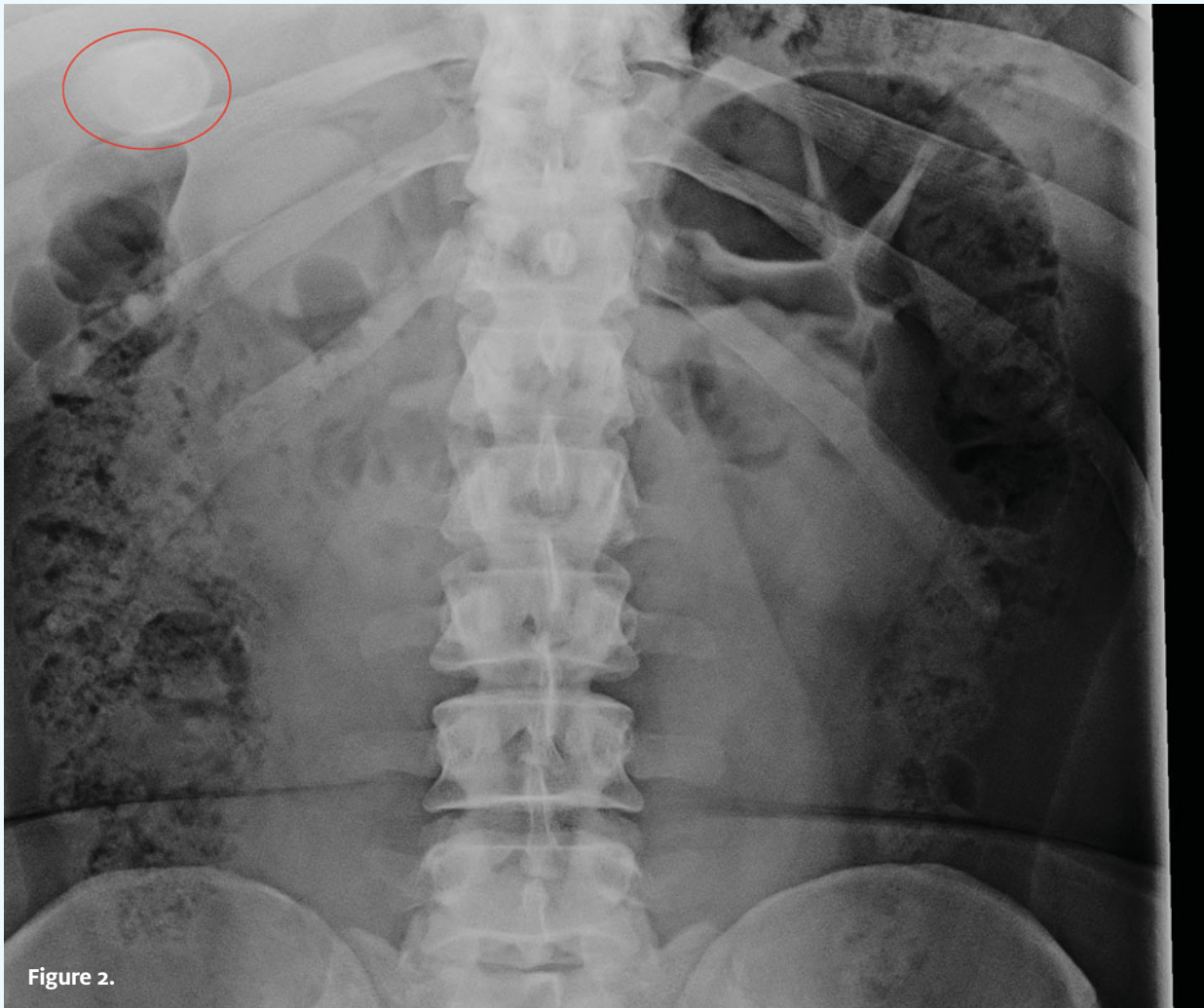


Figure 2.

Diagnosis

The patient has asymptomatic cholelithiasis. Note the 3.6-cm lamellated gallstone in the right upper quadrant (*circle, Figure 2*). A subsequent computed tomography scan confirmed the presence of a 3.3-cm gallstone and revealed bilateral uncomplicated fat-containing inguinal hernias.

Learnings

Gallstones are rarely appreciated on plain film because most do not contain enough calcium for visualization. Prophylactic cholecystectomy is not usually indicated for asymptomatic gallstones, with the following exceptions:

- Gallstones >2 cm in diameter
- Patients at risk for gallbladder carcinoma

- Patients with spinal cord injuries or sensory neuropathies affecting the abdomen
- Patients with comorbidities (sickle cell anemia, cirrhosis, portal hypertension) or who have undergone transplantation
- Children, pregnant women, and patients with diabetes, all of whom require close follow-up

Future complications of gallstones >2 cm in diameter include possible biliary-enteric fistulas, as in gallstone ileus with co-existing Mirizzi syndrome.

Acknowledgment: Case presented by Linda-Michelle Ledesma, DO, Urgent Care Extra, Phoenix, Arizona.



Figure 1.



Patient with Severe Thumb Pain

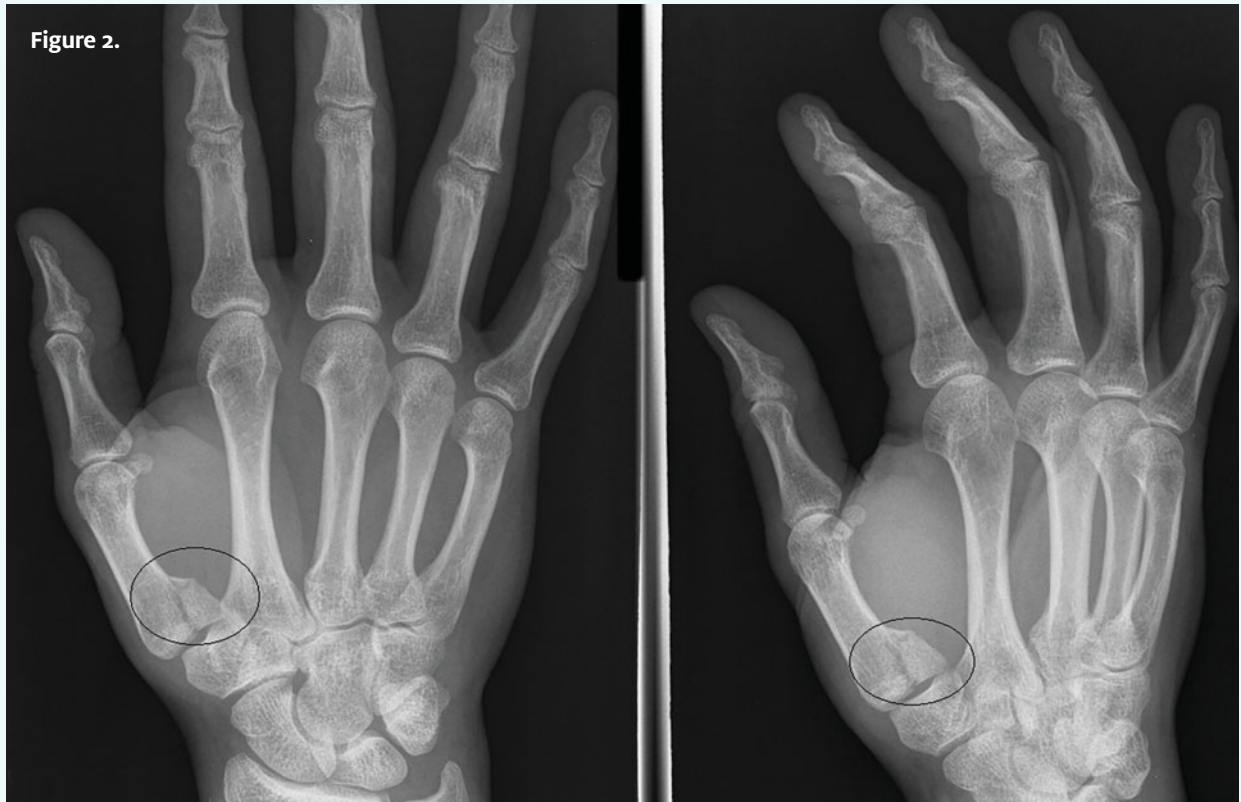
Case

A patient presents after a fall during a soccer game, reporting severe pain in one thumb and difficulty grasping anything between the thumb and forefinger.

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

**Diagnosis**

Bennett fracture (*circles, Figure 2*). Such a fracture occurs in axial loading of a flexed thumb, often from a fall or blow from an object.

Learnings

Closed reduction and thumb spica cast immobilization are effective in the treatment of Bennett fractures if the reduction can be maintained. The closed reduction technique consists of

thumb traction combined with metacarpal extension, pronation, and abduction. Direct downward pressure is applied to the dorsal radial metacarpal base. The strong pull of the abductor pollicis longus muscle frequently leads to displacement, necessitating open reduction and internal fixation or closed reduction with percutaneous pinning. Articular incongruity of >1 mm or persistent subluxation of the carpometacarpal joint after closed reduction indicates the need for surgical treatment.