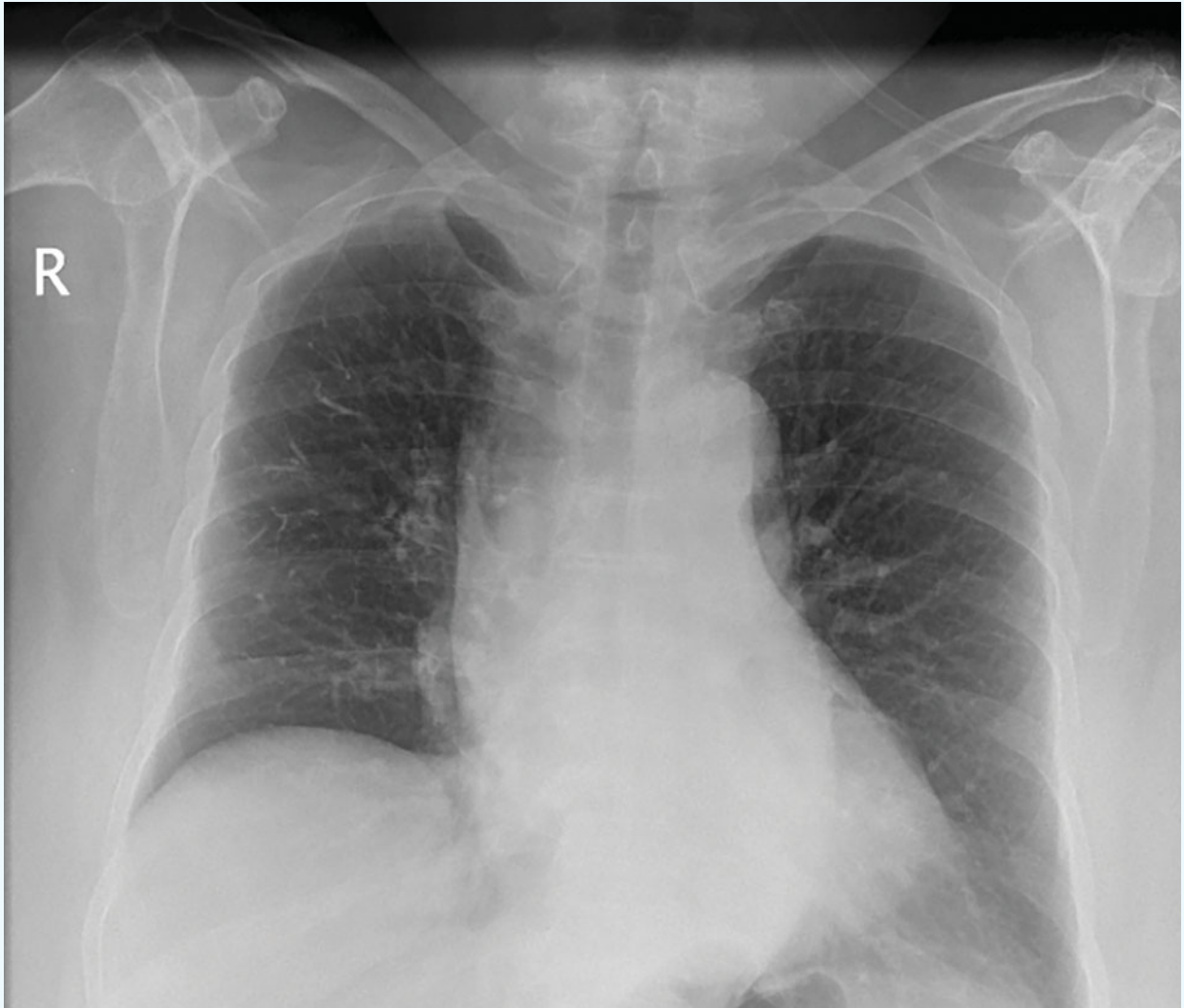




This feature will challenge your diagnostic acumen with a glimpse of x-rays, electrocardiograms, and photographs of conditions that real urgent care patients have presented with.

If you would like to submit a case for consideration, please e-mail the relevant materials and presenting information to [editor@jucm.com](mailto:editor@jucm.com).

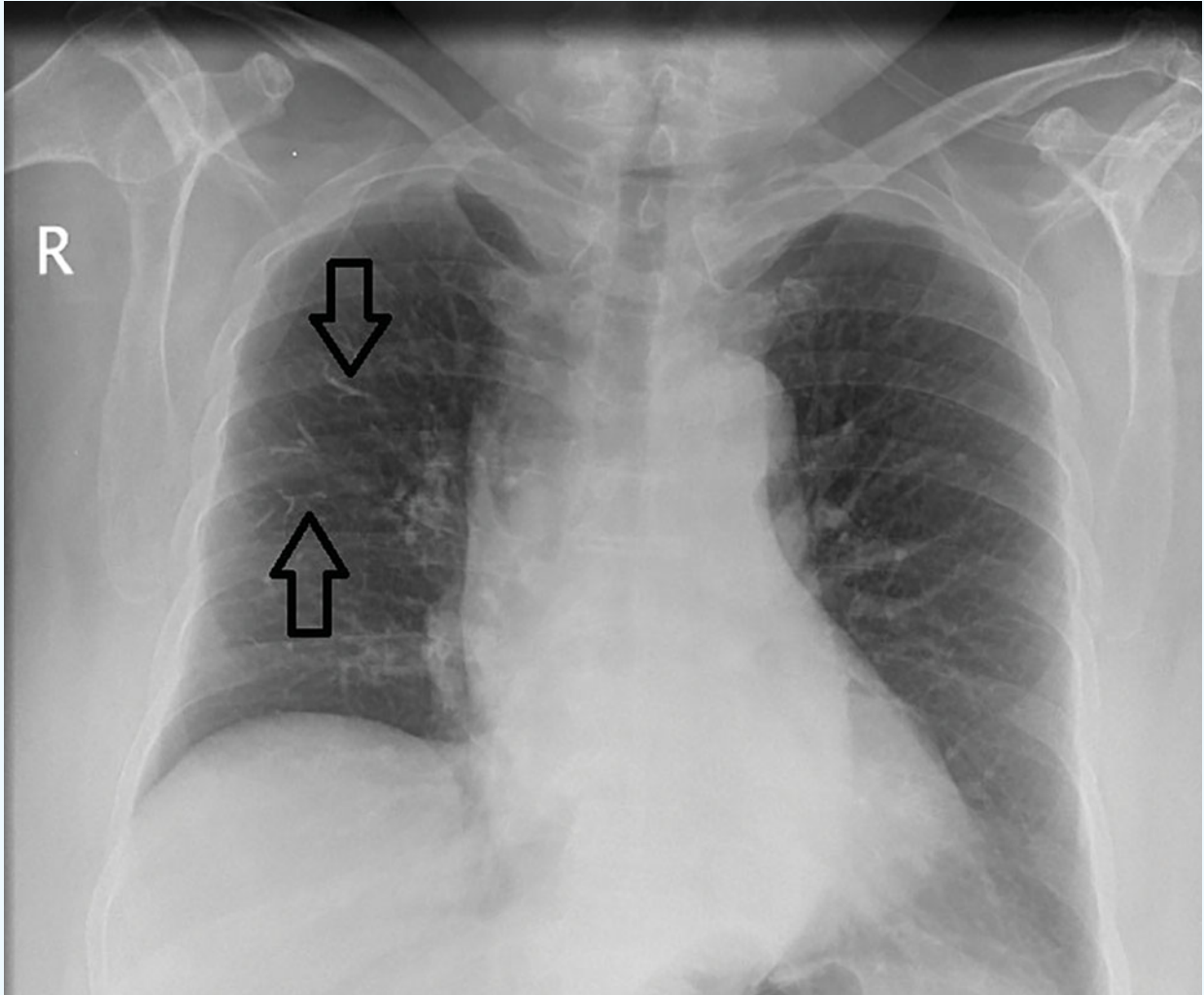


The patient presented with an upper respiratory infection after vertebroplasty. A chest x-ray was ordered to rule out pneumonia.

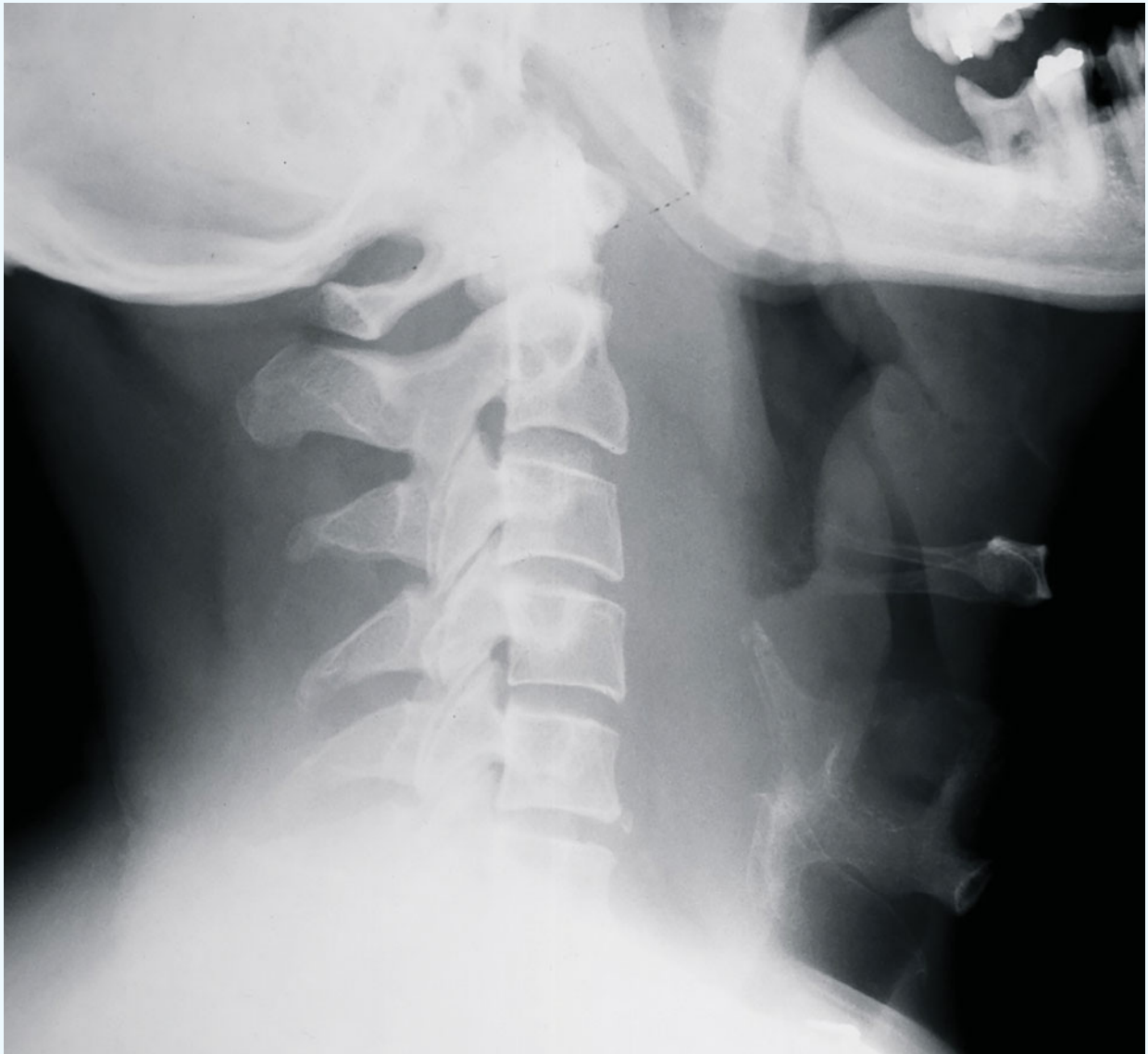
View the image taken (**Figure 1**) and consider what your diagnosis would be.

Resolution of the case is described on the next page.

## THE RESOLUTION



Diagnosis: Cement embolus. Note the several thin linear densities in the right mid-lung (**Figure 2**). These represent vertebroplasty cement particles that have embolized into distal pulmonary artery branches. Patients are usually asymptomatic, and treatment is supportive, though some require anticoagulation or embolectomy. Most cases resolve within 1 year. Computed tomography chest x-rays should be obtained to rule out cardiac complications, including perforation.



The patient presented with fever and difficulty swallowing. He was visibly anxious, leaning forward on the examination table and spitting into a cup.

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: Epiglottitis. The film (**Figure 2**) demonstrates the classic thumbprint sign associated with epiglottitis. There has been a recent resurgence of cases of this condition that was largely eliminated in the vaccine era. Vaccine avoidance because of concern over adverse effects has been identified as one contributor. Early airway management and emergency transfer are indicated when there is an underlying systemic abnormality.