



In each issue, *JUCM* 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 email the relevant materials and presenting information to editor@jucm.com.

A Young Woman with Worsening Abdominal Pain



Case

A 35-year-old woman presents with a 5-day history of worsening abdominal pain and several days of “constipation.”

Review the image taken and consider what the diagnosis and next steps would be. Resolution of the case is described on the next page.

THE RESOLUTION

**Differential Diagnosis**

- Constipation
- Renal colic
- Staghorn calculus
- Urolithiasis

Diagnosis

The patient was diagnosed with constipation and left staghorn calculus. The x-ray shows the obvious diagnosis of constipation as well as the incidental finding of a large calcification shaped like the left renal collecting system.

Learnings/What to Look for

- Staghorn calculi are the result of recurrent urinary tract infections and thus occur more in women and patients with renal collecting system anomalies, urinary reflux, spinal cord injuries/neurogenic bladder, and ideal conduits
- Most are symptomatic, presenting with fever, hematuria, and flank pain and occasionally sepsis

- Staghorn calculi are composed of struvite (magnesium ammonium phosphate) and usually occur with urease-producing bacterial infections (*Proteus*, *Klebsiella*, *Pseudomonas*, and *Enterobacter*)
- Remember to review the entire radiograph rather than simply the structures of concern, as significant incidental findings can be missed

Pearls for Urgent Care Management and Considerations for Transfer

- Staghorn calculi are treated surgically. Untreated, staghorn calculi can cause chronic infection and may progress to xanthogranulomatous pyelonephritis
- Urgent referral to a urologist is warranted for stable patients. Patients with fever should be referred to an emergency department immediately

Acknowledgment: Images and case provided by Experity Teleradiology (www.experityhealth.com/teleradiology).



A 22-Year-Old Female with Frequent Nosebleeds and Abnormalities on Her Lips and Tongue

Figure 1.



Case

The patient is a 22-year-old woman who presents complaining of frequent nosebleeds. On exam, you note bright red macules and spider veins on her lips and tongue. They disappear briefly when you press on them.

Review the image above and consider what your diagnosis and next steps would be. Resolution of the case is described on the next page.

THE RESOLUTION

Figure 2.

**Differential Diagnosis**

- Lobular capillary hemangioma
- Rosacea
- Hereditary hemorrhagic telangiectasia
- CREST syndrome

Diagnosis

This patient was diagnosed with hereditary hemorrhagic telangiectasia (HHT), also known as Osler-Weber-Rendu disease.

Learnings/What to Look for

- HHT is an autosomal dominant hereditary condition (though occasional cases are sporadic) causing mucocutaneous and visceral telangiectasias and arteriovenous malformations
- Telangiectasias of HHT are similar to those seen in CREST syndrome; however, recurring nosebleeds and mucosal hemorrhage are not features of CREST

Pearls for Urgent Care Management and Considerations for Transfer

- Medications containing estrogen can be helpful in treating HHT
- Bevacizumab, pazopanib, and pomalidomide, all of which block blood vessel growth, are promising treatments for HHT
- Drugs that slow the disintegration of clots, such as tranexamic acid, can help stop extreme bleeding in emergencies and may be useful if taken regularly to prevent bleeding

Acknowledgment: Images and case courtesy of VisualDx (www.VisualDx.com/JUCM).