



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.



Ankle Pain After a Misstep

Case

A 56-year-old woman presents to an urgent care center with severe ankle pain after stepping off a curb. The physician obtains a radiograph of her ankle.

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**

Bimalleolar ankle fracture with dislocation (**Figure 2**).

Learnings

Suspect a bimalleolar fracture on the basis of the mechanism of injury, visible deformity, and significant pain. Distinguish between isolated bimalleolar fracture and bimalleolar fracture–dislocation. Check the proximal and distal joint to ensure that there is no Maisonneuve fracture (spiral fracture of the proximal fibula). A bimalleolar fracture is an unstable fracture that requires splinting, avoidance of weight-bearing, and usually surgery. If the patient will be sent home, ensure that the mortise is intact and that there is no dislocation, and arrange with an orthopedist for rapid orthopedic follow-up.



Figure 1.



Constipation and Abdominal Pain

Case

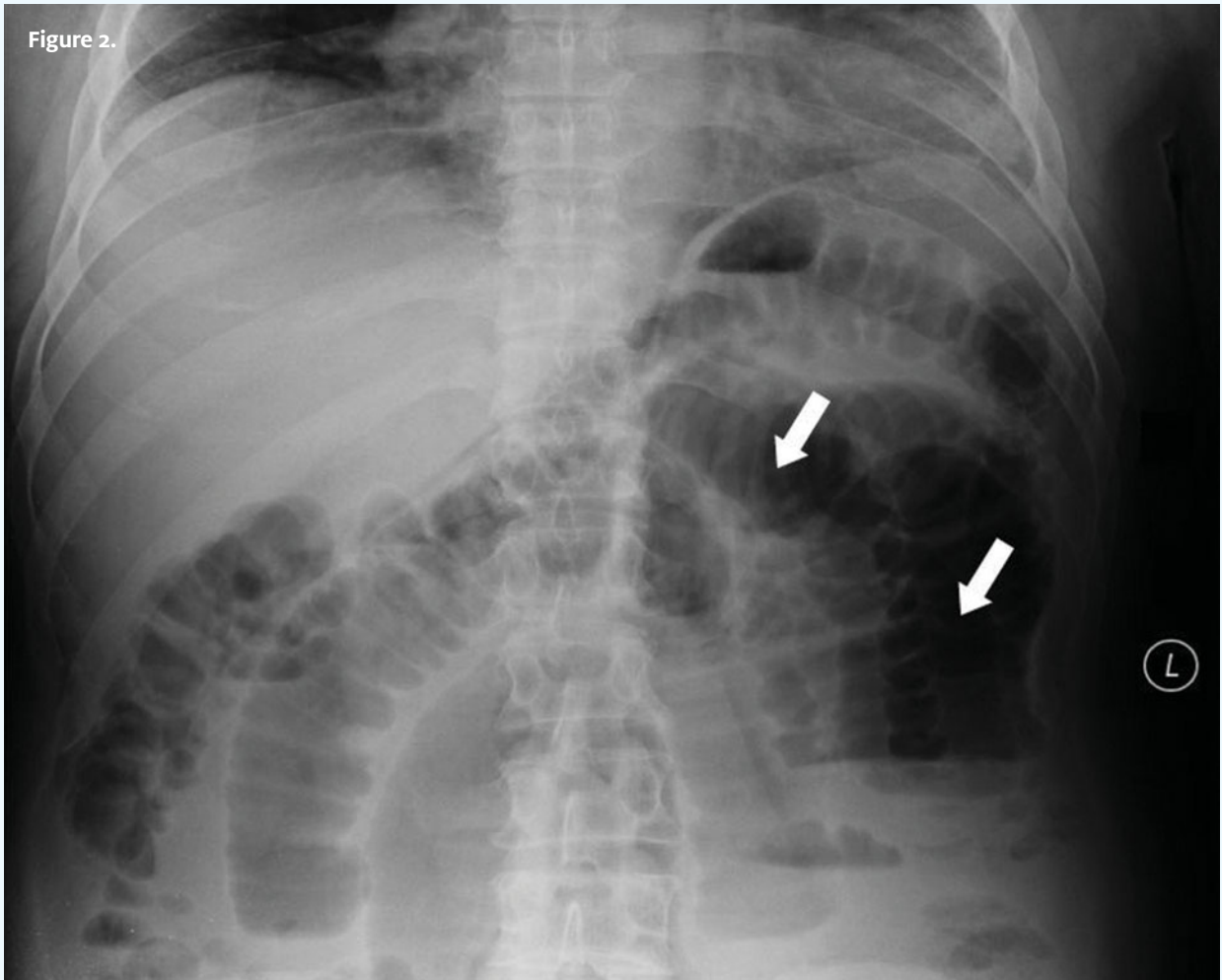
A 67-year-old man presents with constipation and abdominal pain that has been present for the last 2 days.

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

Small bowel obstruction (Figure 2).

Learnings

The most common causes of small bowel obstruction are adhesions (from previous abdominal surgery), malignancy, hernia, and Crohn disease.

Plain abdominal films do not have sufficient sensitivity to detect small bowel obstruction. The treatment of small bowel obstruction should be performed in a hospital setting, so a referral is in order. Often, a nasogastric tube or observation will be all that is required, but sometimes a patient will need surgery. Do not take a patient's self-diagnosis of constipation as accurate; it is important to investigate further.