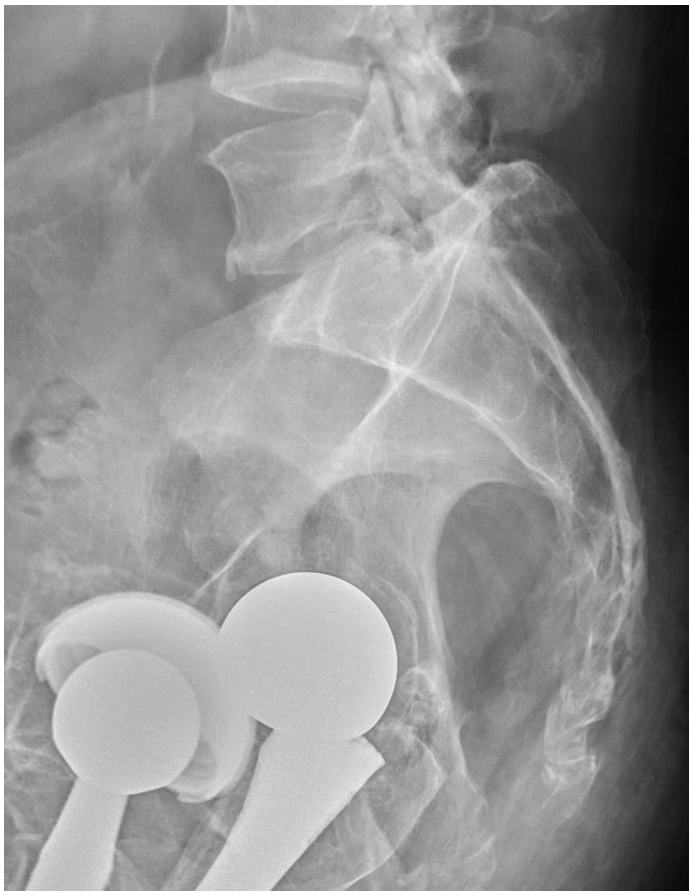
Man Falls on Buttocks

A 75-year-old man presents to the urgent care center for evaluation of pain in his buttocks after a fall. He states he was walking when his "legs gave out" and he hit the ground. He landed squarely on his buttocks, causing immediate pain. He was eventually able to get up with some assistance. He denies any current weakness or any bowel or bladder complaints.

His medical/surgical history is significant for coronary artery disease, hypertension, and bilateral hip replacements. Physical exam reveals an elderly male who is uncomfortable but in no obvious distress. His vital signs are stable. He has moderate point tenderness over his sacrum but is able to move all his extremities well, with normal strength.

Radiograph of his sacrum/coccyx is shown. What is your impression?

see answer on page 22 >>



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hard and do a wonderful job on cruises to maintain the health of passengers and crew. I just don't want anyone caught unaware if they set sail for an adventure and find more than they wanted.

I would love to hear about any experience, positive or negative, that you have had with cruise medicine. Contact me at PAEditor@frontlinemedcom.com. **CR**

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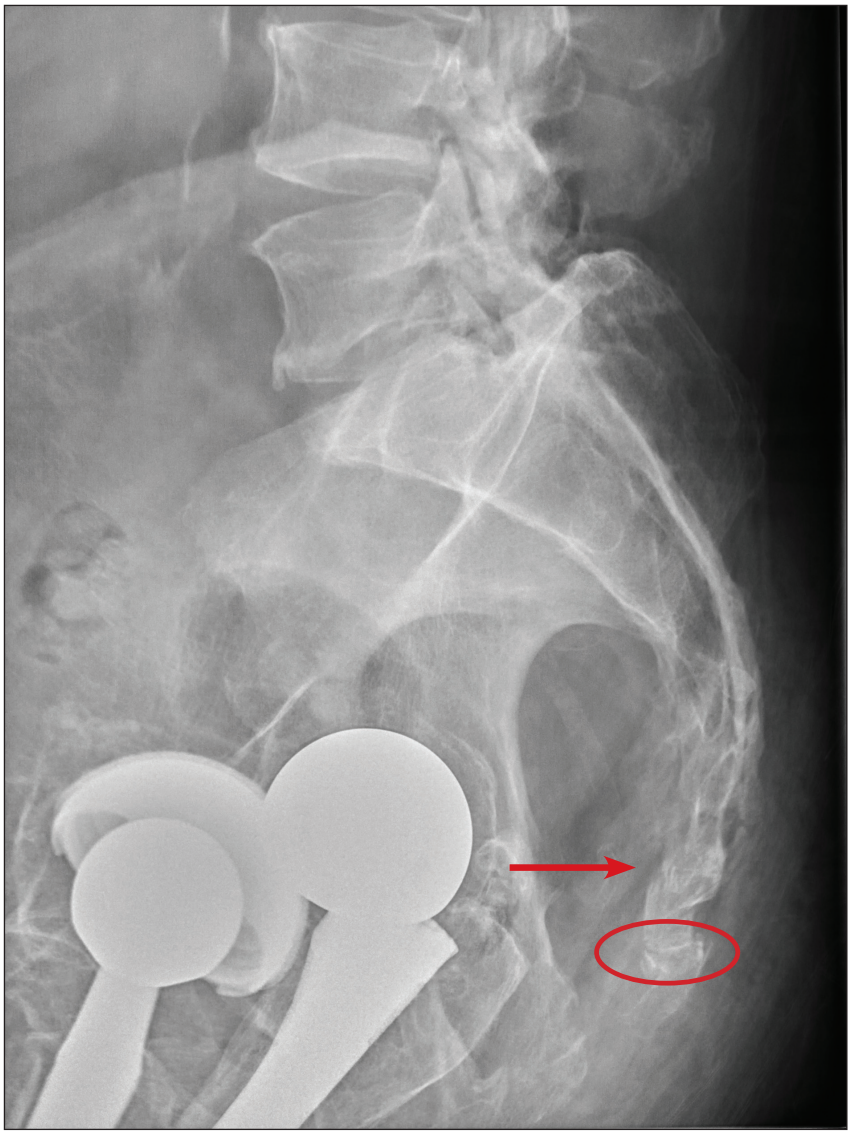
>> *continued from page 13*

ANSWER

There are degenerative changes present. Bilateral hip prostheses are noted. Within the coccyx, there is bone remodeling and angulation that are likely chronic and related to remote trauma or injury (arrow). Below this, some cortical lucency (circled) is noted, most likely consistent with an acute fracture. The patient was prescribed a nonsteroidal medication and a mild narcotic pain medication. **CR**



tantly agree. The ECG shows the following: a ventricular rate of 112 beats/min; PR interval, 132 ms; QRS duration, 756 ms; QT/QTc interval, 326/444 ms; P axis, 59°; R axis, –8°; and T axis, 26°. What is your interpretation?

ANSWER

The correct interpretation of this ECG includes sinus tachycardia and left ventricular hypertrophy.

Sinus tachycardia is evidenced by an atrial rate greater than 100 beats/min with a P wave for every QRS complex and a QRS complex for every P wave.

Left ventricular hypertrophy is present when either the sum of the R wave voltage in lead I and the S wave in lead III is 25 mm or higher *or* the sum of the S wave in lead V_1 and the R wave in either V_5 or V_6 is 35 mm or higher.

In follow-up to these findings, an echocardiogram was recommended and performed. It revealed a normal heart consistent with that of a young athlete.

The patient and his parents were reassured as to the young man's condition but decided to seek a second opinion. **CR**