was intubated and paralysed and unable to answer questions. Her husband did not know her pregnancy status or her menstrual history. Finally, her obese body habitus hid her parturient abdomen. It was only when a urine pregnancy test was undertaken that it became known that she was pregnant and a diagnosis of pre-eclampsia with pulmonary oedema was considered.

Urine pregnancy tests are part of the standard work-up for any woman of childbearing age presenting with abdominal pain. They are not typically seen as part of the work-up for respiratory distress or diffuse bilateral infiltrates. The case described above clearly demonstrates the value of obtaining a

urine pregnancy test in obese women who present with unexplained respiratory failure during their childbearing years.

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IMAGES IN EMERGENCY MEDICINE

Vacuum phenomenon in a dislocated joint

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A vacuum phenomenon is a radiolucent collection of gas that is present at the sites of negative pressure. When traction is applied to a joint or when a joint dislocates, blood gases composed primarily of nitrogen leak out of the solution due to a reduced intra-articular pressure.¹

A man in his 20s fell off scaffolding, landed on his everted foot and came to the emergency department with a deformed ankle. Computed tomographic (CT) scans revealed subtalar and calcaneocuboid fracture dislocation with presence of gas, although there was no break in the skin. We believe this was due to a vacuum phenomenon (fig 1).

Because of the low attenuation values of gas, the vacuum phenomenon is readily identifiable on CT scans. In the absence of penetrating trauma, the intra-articular gas seen on CT is a

reliable indicator of recent dislocation and sometimes may be the only objective finding of the injury. The emergency medicine staff should be aware of this finding.

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Figure 1 Computed tomographic scan showing presence of vacuum phenomenon.

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