

Did misread mammogram result in breast cancer, death?

Kings County (NY) Supreme Court

In October 1996, a 40-year-old woman presented to her physician for a mammogram, which the doctor interpreted as normal.

In September 1997, the woman returned

to her doctor complaining of pain and a mass in her breast. A mammogram revealed cancer, which had metastasized to her bones. She later died.

In suing, the patient's family claimed the physician failed to properly read the 1996 mammogram, thereby delaying diagnosis of her disease. The doctor contended that the mass was aggressive and had developed after the 1996 mammogram.

■ Prior to the return of the jury verdict, the defense agreed to a high/low settlement, with a minimum payment of \$100,000. The jury later returned a verdict for the defense.

Unreported abnormal Pap smear blamed in death

St. Louis City (Mo) Circuit Court

During an annual visit in 1998, a 37-year-old woman was found to have a lesion on her cervix. A biopsy confirmed that she had cancer. The physician determined that the tumor was too large for surgery. The patient therefore underwent radiation and chemotherapy, but died 2 years later.

In suing, the woman's family claimed that a 1994 Pap smear had been improperly read. According to the family, a cytotechnologist had reviewed the Pap smear and reported it as nor-

mal, despite the presence of abnormal cells on the slide. Had a pathologist reviewed the Pap smear, they argued, the atypical cells would have been discovered.

The defendant laboratory contended that there were very few abnormal cells on the 1994 slide and that failure to identify them was not negligent.

■ The plaintiff was awarded \$4 million.

Were post-D&C injections necessary?

Kings County (NY) Supreme Court

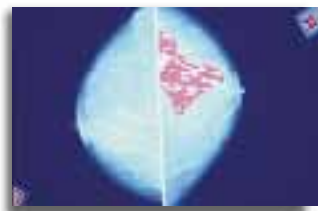
A 39-year-old woman presented to her physician with complaints of vaginal bleeding in March 1997. Upon examination, the physician diagnosed fibroid tumors in the uterus. The doctor recommended dilatation and curettage (D&C), which was performed the same day. Three days later, the patient received a leuprolide acetate injection; in April and May she received 2 follow-up injections of the medication.

In July 1997, the woman underwent a myomectomy. No fibroid tumors were found during this procedure. One week later, the patient was readmitted with complaints of extreme stomach pains. Surgery was performed to remove adhesions that were causing the pain. The woman continues to suffer from nausea, heartburn, vomiting, painful intercourse, and bowel restriction.

In suing, the patient claimed that the physician did not wait sufficient time to see if the D&C alone would have solved the problem. The plaintiff claimed that both the leuprolide injections and the "myomectomy" that revealed no uterine myomas were unnecessary.

The physician maintained that the exam-

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inations and procedures were adequate.

- The jury awarded the plaintiff \$1 million.

Bowel resection necessary after ovarian cyst removal

Queens County (NY) Supreme Court

To determine whether an ovarian cyst was cancerous, a 46-year-old woman underwent a laparoscopic salpingo-oophorectomy. Postoperatively, the woman complained of nausea, vomiting, and pain. She ultimately required surgery to have a portion of her bowel resected.

In suing, the patient claimed that during the laparoscopic procedure her small intestine was burned with a cautery instrument, which doctors failed to diagnose. Further, she argued that a computed tomography scan should have been performed when she returned to the hospital's emergency room. She contended that the physicians' negligence led to increased infection, which ultimately resulted in the surgical resection.

The physicians argued that the patient was informed of her risks and that proper inspection of her bowel was made at the time of surgery. Further, they contended that the burn on her small intestine, which developed into a 2-mm perforation, would not have been detectable during surgery.

- The case settled for \$378,500.

Did failure to treat chlamydia lead to cerebral palsy?

Kings County (NY) Supreme Court

At 27 weeks' gestation, a woman pregnant with twins presented to a hospital with unstoppable preterm labor. While the first twin delivered without complication, the second now suffers from cerebral palsy.

In suing, the mother claimed that she prematurely delivered because the medical staff failed to treat her chlamydia infection.

The medical staff contended that the

mother's failure to attend prenatal visits led to the premature delivery. In addition, they argued that twin-twin transfusion may have caused the second child's complications.

- The case settled for \$2.1 million.

Was infant death a result of vacuum extractor misuse?

Whatcom County (Wash) Superior Court

Awoman at 41 weeks' gestation presented to her Ob/Gyn for the induction of labor. The doctor used a vacuum extractor to rotate and deliver the infant. During delivery, a tight nuchal cord was noted and cut before the delivery of the infant's shoulders. The baby died 2 days later of multiorgan system failure.

In suing, the mother contended that the physician was negligent in using a vacuum extractor to deliver an infant from a persistent posterior position. In addition, the mother claimed that her child's death was due to a subgaleal hemorrhage directly caused by the vacuum extractor.

The physician argued that the infant's hemorrhage and death were caused by viral sepsis and developing disseminated intravascular coagulation.

- The case settled for \$250,000. ■

The cases presented here were compiled by Lewis L. Laska, editor of Medical Malpractice Verdicts, Settlements & Experts. While there are instances when the available information is incomplete, these cases represent the types of clinical situations that typically result in litigation.

In the *works...*

Watch **OBG MANAGEMENT** for these articles in the coming months.

OBSTETRICS

- Cerebral palsy: A look at etiology
- Managing preterm premature rupture of membranes

GYNECOLOGY

- Office evaluation of pelvic floor disorders