

Because of migraines, severe preeclampsia diagnosis is delayed

A WOMAN IN HER 35TH WEEK OF PREGNANCY awoke with what she thought was a migraine headache. When home remedies did not provide relief, she called her ObGyn. He sent her to the hospital for testing. The results suggested preeclampsia, and her blood pressure was at a level that would not cause bleeding in the brain, he believed. It was decided to admit the patient overnight, and then reassess her condition and consider a cesarean delivery on the following day. When the patient reported her headache was severe and the pain radiated to the back of her neck, she was administered Demerol. Her blood pressure and pain decreased. Two hours later, she was unresponsive and the fetal heart rate had dropped. An emergent cesarean delivery was performed, resulting in the birth of a healthy infant.

Following transfer of the mother to another hospital, a CT scan indicated acute intracranial bleeding at the left basal ganglia and frontal lobes. An emergency craniotomy left her semicomatose. During a 6-month stay at a rehabilitation hospital, a shunt placed in her head became infected and required several procedures to treat the infection and replace the shunt. At discharge, she required 24-hour care because of cognitive and

These cases were selected by the editors of OBG MANAGEMENT from Medical Malpractice Verdicts, Settlements & Experts, with permission of the editor, Lewis Laska (www.verdictslaska.com). The information available to the editors about the cases presented here is sometimes incomplete. Moreover, the cases may or may not have merit. Nevertheless, these cases represent the types of clinical situations that typically result in litigation and are meant to illustrate nationwide variation in jury verdicts and awards.

physical impairments. She suffers severe memory lapses and poor vision and is unable to walk without a brace.

▶ **PATIENT'S CLAIM** The ObGyn was negligent for failing to diagnose and treat severe preeclampsia in a timely manner.

▶ **PHYSICIAN'S DEFENSE** Considering the patient's history of migraines, the diagnosis and treatment were reasonable. The patient and her husband were informed of the benefits and risks of overnight observation at the hospital. They also wanted to delay the child's delivery to avoid the complications of a premature birth.

▶ **VERDICT** \$6,420,000 Massachusetts verdict.

After removing right ovary, Gyn discovers no ovary on the left

BECAUSE OF A PAINFUL CYST, a gynecologist removed the right ovary of a 33-year-old patient. During the procedure, adhesions were found on the patient's left side—but not the left ovary or fallopian tube. Postoperatively, the patient was found to be menopausal, suggesting the absence of a left ovary.

▶ **PATIENT'S CLAIM** She did not give informed consent. The gynecologist was negligent for removing the right ovary before checking for the presence of the left ovary and for removing the right ovary rather than limiting surgery to removal of the cyst.

▶ **PHYSICIAN'S DEFENSE** It was necessary to remove the right ovary, whether or not the patient had a left ovary.

▶ **VERDICT** Texas defense verdict. Prior to trial, the radiologist settled for an undisclosed amount.

\$11.5 million for waterbirth dystocia case; infant has CP

DURING A WATERBIRTH in a birthing tub, shoulder dystocia was encountered. The child has cerebral palsy as a result of oxygen deprivation and brain damage.

▶ **PATIENT'S CLAIM** The birthing tub was not drained quickly enough to use the standard maneuvers for resolving shoulder dystocia.

▶ **PHYSICIAN'S DEFENSE** The injuries resulted from an infection in the placenta. The maneuvers to resolve the dystocia were performed as quickly as if the mother had not been in a tub.

▶ **VERDICT** \$11.5 million Illinois settlement.

Patient needs vaginal sling, cystocele repair; suffers foot drop

A WOMAN WENT TO THE HOSPITAL for a vaginal sling procedure and repair of a cystocele. Two surgeons, Dr. A and Dr. B, performed the urology part of the surgery. Then an ObGyn, Dr. C, performed the sacrospinous vaginal vault suspension, which included placement of two sutures. Postoperatively, the patient suffered right foot drop. Four days later, Dr. C removed the sutures. The foot drop persisted. At first, she sued several parties. Only Dr. C and his group went to trial.

▶ **PATIENT'S CLAIM** Not reported.

▶ **PHYSICIAN'S DEFENSE** Not reported.

▶ **VERDICT** Confidential Alabama settlement. The first trial ended in a mistrial by the court. The second trial resulted in a \$1 million verdict, but the court set it aside and ordered a new trial. Then the parties settled. ☺