



## Septate uterus not corrected until 2 brain-injured babies born

**10 WEEKS AFTER A UTERINE ABNORMALITY** was detected by ultrasonography, a woman conceived. The child was born with a congenital brain malformation that caused impaired articulation, comprehension, and speech. The woman gave birth 5 years later to a second child, who had congenital brain damage that caused hyperactivity. Following the second birth, the patient was given a diagnosis of a septate uterus, which was corrected surgically. She then gave birth to two healthy children.

▶ **PATIENT'S CLAIM** The septate uterus caused congenital injuries to her first two children by limiting the blood and oxygen provided to the children during fetal development. An MRI should have been ordered as soon as the abnormality was found, or soon after the first child's birth.

▶ **PHYSICIAN'S DEFENSE** The uterine abnormality did not require further investigation. Many different things could have caused the children's injuries.

▶ **VERDICT** A \$2.2 million New York settlement was reached: the first child received \$1.45 million; the second, \$500,000; and the mother, \$250,000.

▶ **ESTATE'S APPEAL** After the patient died 2 years later, an appeal trial resulted in finding Dr. B 99% at fault and the deceased 1% at fault. The jury awarded \$2.7 million to the estate.

## ObGyn exonerated in Erb's palsy case

**2 WEEKS BEFORE GIVING BIRTH**, a woman underwent a sonogram. A radiologist evaluated the images and did not report an abnormality. The infant was delivered vaginally by an ObGyn. Later, the child was given a diagnosis of Erb's palsy.

▶ **PATIENT'S CLAIM** The radiologist failed to properly estimate the fetus' weight. The ObGyn used excessive lateral traction during delivery.

▶ **PHYSICIANS' DEFENSE** Both physicians denied negligence.

▶ **VERDICT** The radiologist settled for \$150,000 before trial. A Texas jury returned a defense verdict for the ObGyn.

## Estate of breast cancer victim appeals

**COMPLAINING OF FATIGUE**, a 44-year-old woman went to a university medical center staffed by residents supervised by faculty. Resident Dr. A discovered a 1.5-cm mobile mass in her right breast. Although he never saw the patient, Dr. B, the supervising physician, suggested a mammogram with ultrasonography. Results were reported as benign, and the patient was advised to follow up in 6 months, or earlier if her condition changed.

A month later, the patient returned to the clinic. Resident Dr. C advised her to have a biopsy; the patient declined.

She returned 8 months later, after the clinic sent a reminder. The skin on her breast had the consistency of an orange, and the lump had grown. A diagnosis of metastatic breast cancer was made. Aggressive treatment was recommended, but the patient opted for herbal and other homeopathic remedies.

▶ **PATIENT'S CLAIM** The physicians were negligent for not diagnosing breast cancer in a timely manner. A needle biopsy should have been performed when the lump was first detected.

▶ **PHYSICIANS' DEFENSE** The treatment plan was reasonable. The patient declined the biopsy, and failed to return when her condition changed.

▶ **VERDICT** A Tennessee defense verdict was returned.

## Profuse bleeding; patient dies

**AFTER BLEEDING PROFUSELY** during laparoscopic-assisted vaginal hysterectomy, a 46-year-old woman died.

▶ **ESTATE'S CLAIM** The gynecologist failed to recognize bleeding complications and transfuse blood quickly enough. Type O-negative blood should have been ordered because it would have been available sooner than type-specific blood.

▶ **PHYSICIAN'S DEFENSE** Bleeding is a known complication of the procedure. There was insufficient time to effectively transfuse the patient.

▶ **VERDICT** An Arizona defense verdict was returned. ☺

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