NEW

Testing confusion delays breast cancer Dx

A WOMAN NOTICED A HARD SPOT IN HER LEFT BREAST in April and reported it to her physician in June. The doctor referred the 47-year-old patient to another physician, who performed a mammogram in early August. Four days later, the woman received a call directing her to return for imaging of her right breast. The patient claimed that when she told a radiology technician that she was concerned about her left breast, the technician replied that the order called for a right breast exam. Shortly thereafter, the patient received a letter informing her that everything was fine and instructing her to come back in a year.

She was still feeling the mass in her left breast when she returned for her annual exam the following August. A few weeks later, she was diagnosed with breast cancer. When the case went to trial, the patient had been told she had 2 years to live.

PLAINTIFF'S CLAIM: The plaintiff's claim centered on the delay in her diagnosis, though the specifics were not detailed in the case summary.

DOCTORS' DEFENSE: The defendants blamed each other for the delay; they also claimed that the patient should have kept complaining if she felt a mass. They further maintained that the required treatment would have been the same if the cancer had been diagnosed the previous year.

VERDICT: $4.5 million Missouri verdict (second physician, 85% at fault; radiology technician, 15% at fault).

COMMENT: *What can go wrong does go wrong: A slip in communication and follow-up led to this $4.5 million verdict. Failure to make a timely diagnosis of breast cancer remains one of the most litigious areas in medicine.*

Pulmonary disease masks lung cancer

A WOMAN WITH IDIOPATHIC PULMONARY FIBROSIS had been monitored by her physician for 7 years with physical exams, pulmonary function tests, and radiographic studies, including CT scans of the chest. During an office visit in October, the 57-year-old patient complained of increased difficulty breathing. A pulmonary function test and CT scan showed progression of the pulmonary fibrosis.

The following July, a pulmonary function test showed further deterioration of the patient's condition, and the physician quadrupled her corticosteroid dosage. When the patient reported breathing problems again in December, a pulmonary function test showed continued decrease in breathing function.

Five months after that, the patient developed a malignant thigh lesion. A chest CT scan later that month revealed a lobular mass in the lower right lung, which had not appeared on the scan done a year and a half before. A biopsy revealed stage 4 adenocarcinoma. The woman died less than a month later of metastatic lung cancer.

PLAINTIFF'S CLAIM: The physician failed to follow up properly on the worsening fibrosis, allowing the cancer to grow undetected. The physician should have ordered a CT scan in July or December.

DOCTOR'S DEFENSE: No negligence occurred; the patient didn't complain much about her symptoms, and no signs

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The cases in this column are selected by the editors of The Journal of Family Practice *from* Medical Malpractice: Verdicts, Settlements & Experts, *with permission of the editor, Lewis Laska (www.verdictslaska.com). The information about the cases presented here is sometimes incomplete; pertinent details of a given situation may therefore be unavailable. Moreover, the cases may or may not have merit. Nevertheless, these cases represent the types of clinical situations that typically result in litigation.*

COMMENTARY PROVIDED BY
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or symptoms during her visits suggested that more tests should have been ordered. An earlier diagnosis wouldn't have made a difference because the patient would not have been a candidate for surgery.

VERDICT: New York defense verdict.

COMMENT: *Although a defense verdict was returned, we have to be careful not to overlook a serious new problem in the midst of a chronic disease—in this case, lung cancer against a background of pulmonary fibrosis.*

Undiagnosed infection has disastrous results

WHILE HOSPITALIZED FOR ROUTINE POSTPARTUM CARE after the uneventful birth of her second child, a 37-year-old woman developed tachycardia and hypotension along with an expanding, excoriating wound on her labia. She claimed that the wound was treated only by applying ice and monitoring blood counts. The patient's condition deteriorated until, on the third postpartum day, her blood pressure dropped and she coded. She was revived, and necrotizing fasciitis was diagnosed.

The woman spent 4 months in the ICU, during which time she underwent many surgeries to debride the wound as well as a nephrectomy and a permanent colostomy. The surgeries caused extensive scarring in the groin area. For 6 months after discharge from the ICU, the patient couldn't walk without a cane or walker.

PLAINTIFF'S CLAIM: The specifics of the claim—which likely focused on the wound care she received and the delay in her diagnosis—were not detailed in the case summary.

DOCTOR'S DEFENSE: No negligence occurred. Necrotizing fasciitis is rare, and none of the health care providers should have been expected to diagnose it.

VERDICT: Confidential Nebraska settlement.

COMMENT: *This case serves as a potent reminder of the serious nature of this dreaded infection.*

Misdiagnosed chest pain leads to fatal MI

A 43-YEAR-OLD MAN, who smoked cigarettes and had a strong family history of coronary artery disease, had been under the care of a primary care physician for 3 years. The patient's history also included at least 1 episode of chest pain.

The patient visited his physician complaining of intermittent chest pain for several days. He described 2 episodes of nausea, vomiting, and pain in his back teeth, followed by pain radiating down his right chest to the right costal margin. He had no symptoms during the office visit. The physician ordered an in-office EKG, which he interpreted as normal.

The physician diagnosed the chest pain as gastrointestinal in origin and prescribed an antacid. Because of the patient's cardiac risk factors, the doctor scheduled a stress test and EKG for 2 days later.

On the morning of the stress test, the patient's wife found him unresponsive. Resuscitation failed, and he was pronounced dead. An autopsy revealed severe proximal coronary artery disease of the left main coronary artery, left anterior descending coronary artery, and right coronary artery, as well as evidence of "remote and recent myocardial infarction."

PLAINTIFF'S CLAIM: The EKG demonstrated significant changes compared with an EKG performed 3 years earlier and indicated that the patient was suffering an acute coronary episode. The doctor was negligent in failing to diagnose the episode and transfer the patient for proper cardiac care.

DOCTOR'S DEFENSE: The patient's presentation indicated gastrointestinal distress; the EKG was normal.

VERDICT: $1.5 million Massachusetts settlement.

COMMENT: *It's imperative to compare EKGs, chest radiographs, and other tests with baseline results. How many times do you see an EKG that shows subtle but important changes that influence management?*

FAST TRACK

The physician diagnosed the chest pain as gastrointestinal in origin and prescribed an antacid. Two days later the patient was dead