4 years of Tx, but diagnosis was wrong

FOR 4 YEARS, STARTING AT AGE 50, A WOMAN COMPLAINED TO HER INTERNIST of a persistent cough, nasal congestion, muscle and joint pain, and respiratory difficulty on exertion. The doctor treated her with allergy shots, massage therapy, vitamins, and a combination of drugs.

A little more than 4 years after the woman's first visit to the internist, another physician diagnosed metastatic bone cancer. By then, the disease had spread from the primary mass in the lungs to the brain, legs, liver, and spine. The patient died 2 months later.

PLAINTIFF'S CLAIM The diagnosis should have been made when the patient first visited the internist; prompt treatment could have saved her life.

DOCTOR'S DEFENSE The patient's respiratory difficulty wasn't persistent and was judged to arise from seasonal allergies. In addition, the respiratory problems resulted from deconditioning caused by chronic fatigue syndrome.

VERDICT $1.2 million New York verdict.

COMMENT *Persistent symptoms should always prompt a reevaluation of the diagnosis.*

Negligence case hinges on penicillin allergy

AN 18-MONTH-OLD GIRL WITH AN EAR INFECTION was seen by a pediatrician, who prescribed amoxicillin clavulanate. The next day she developed puffy eyes and a runny nose. Her parents took her to the emergency room, where the physician diagnosed an allergic reaction to amoxicillin clavulanate and changed her medication to azithromycin. The doctor also prescribed diphenhydramine for the allergic reaction and told the parents to bring the child back the next day for follow-up. After the child took azithromycin, the puffiness and redness around her eyes began to go away. It was more prominent on one side than the other.

When the parents and child returned to the ER the following day, the girl was seen by another doctor, who diagnosed orbital cellulitis without reviewing the chart from the previous visit. He ordered intravenous ceftriaxone, a third-generation cephalosporin with a "known" cross-reactivity with penicillin-based drugs.

Despite the note in the chart about the child's penicillin allergy, the nursing staff administered the drug while the child's father held her in his arms. Within several minutes, the girl's eyes were fixed and she wasn't moving. The mother ran to get the nurses, by which time the child's face was turning blue and she was limp. Resuscitation efforts failed.

PLAINTIFFS' CLAIM The ER physician who saw the child on the second day was negligent in failing to note her history of penicillin allergy. Orbital cellulitis was the wrong diagnosis, unsupported by the symptoms. It should have been confirmed with a computed tomography or magnetic resonance imaging scan. The doctor was negligent in prescribing ceftriaxone, which caused an anaphylactic reaction, acute circulatory collapse, and death. The nurse should have asked the doctor to explain the ceftriaxone order before giving the drug to make sure the doctor was aware of the penicillin allergy. Ceftriaxone should have been administered by IV drip rather than gravity. The child

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Despite the note in the chart about the penicillin allergy, the ceftriaxone was administered.

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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should have been given a green allergy ID wrist band when her parents brought her to the ER the second time.

THE DEFENSE No information about the defense is available.

VERDICT $3 million Illinois settlement.

COMMENT *A poorly managed handoff with resulting discontinuity of care, alleged misdiagnosis, and a dubious assertion of cross-reactivity between penicillin and ceftriaxone (see www.jfponline.com/Pages.asp?AID=3850&issue=February%202006 for details) make for a $3 million settlement!*

Poor follow-up hinders stage 3 cancer Dx

A LUMP IN HER LEFT BREAST prompted a 42-year-old woman to contact her primary care physician. Office staff returned her phone call, advised her to apply warm compresses to the site, and told her that she'd be scheduled for a mammogram and ultrasound examination. The mammogram revealed bilateral asymmetry. An ultrasound wasn't done. The woman's primary care physician didn't perform a physical examination or refer her for surgical consultation.

Eight months after her initial call to her doctor, the woman began to see another physician, who didn't follow-up on her complaints of a lump and tenderness in her breast or refer her to a surgeon. Six months later, she was diagnosed with stage 3 breast cancer. Her prognosis was poor.

PLAINTIFF'S CLAIM No information about the plaintiff's claim is available.

THE DEFENSE No information about the defense is available.

VERDICT $1 million Massachusetts settlement.

COMMENT *Yet another example of inadequate follow-up of a breast mass that turned out to be cancer. It's critical that physicians establish a tickler file to assure appropriate follow-up of all women with breast masses.*

Was lack of regular PSA testing to blame?

A 49-YEAR-OLD MAN HAD A PARTIAL PHYSICAL EXAM and a prostate-specific antigen test. He complained of urinary problems, including frequent urination and a weak stream. The patient didn't complete the second part of the exam.

Five months later, he scheduled a follow-up and acute care visit, at which time he complained of rectal bleeding. The doctor performed a digital rectal exam, which revealed an enlarged prostate. He didn't discuss further PSA testing or follow-up on the previous urinary complaints. He referred the patient to a gastroenterologist.

Six months after the second visit, the patient called to ask about some blood work, including a test for diabetes. The physician ordered a fasting blood sugar test. About a year after that, the patient saw his doctor for a sore throat. The doctor ordered lipid panels, thyroid-stimulating hormone tests, and liver enzyme tests. He didn't order or discuss PSA testing.

Seventeen months later, the patient was diagnosed with stage 4 prostate cancer, which had metastasized to the brain, lungs, spine, and bony extremities. Various treatment protocols failed to help. By the time of arbitration, the patient had been given fewer than 2 weeks to live.

PLAINTIFF'S CLAIM The plaintiff should have had more regular PSA testing.

THE DEFENSE The PSA test done at the time of the initial physical examination was sufficient; even if the patient had been diagnosed at the second doctor visit 5 months later, his chance of survival would have been less than 50%.

VERDICT $3.5 million California arbitration award.

COMMENT *Evidence? What evidence? Here is an arbitration award of $3.5 million for failure to perform PSA testing regularly in* a 49-year-old. *Although this account is incomplete, remember that the courts are sometimes impervious to evidence-based medicine.* ■

FAST TRACK

Remember that the courts are sometimes impervious to evidence-based medicine.