COMMENTARY PROVIDED BY
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The doctor attributed a Q wave on an EKG to an old infarct. He didn't order cardiac enzymes because his office couldn't do the test. The patient died an hour later.

When an atypical presentation is missed

A 50-YEAR-OLD MORBIDLY OBESE MAN went to his family physician with complaints of back pain radiating to the chest, episodic shortness of breath, and diaphoresis. He had a history of uncontrolled high cholesterol. An electrocardiogram showed a Q wave in an inferior lead, which the physician attributed to an old infarct. The doctor didn't order cardiac enzymes because his office couldn't do the test.

The physician discharged the patient with a diagnosis of chest pain and a prescription for acetaminophen and hydrocodone. He was scheduled to see a cardiologist in 10 days, but no further cardiology workup was done.

The man died an hour later.

PLAINTIFF'S CLAIM The doctor was negligent in failing to recognize acute coronary syndrome resulting from obstructive coronary artery disease.

THE DEFENSE The patient was discharged in stable condition; cardiac arrest so soon after discharge increased the likelihood that the patient would have suffered sudden cardiac death even if he'd received emergency treatment.

VERDICT $825,000 Virginia settlement.

COMMENT *Common, serious problems can present in atypical ways. A high index of suspicion for coronary artery disease in high-risk patients with thoracic pain and shortness of breath—as well as a rapid, thorough evaluation—should keep you out of court (and your patients alive).*

Treatment delayed while infection spins out of control

VOMITING, DIARRHEA, AND PAIN AND SWELLING IN THE RIGHT HAND led to an ambulance trip to the emergency department (ED) for a 31-year-old woman. The ED physician diagnosed cellulitis and sepsis. Later that day, the patient was admitted to the intensive care unit, where the admitting physician noted lethargy and confusion, tachycardia, and blueness of the middle and ring fingers on the woman's right hand. Her medical record suggested that she might have been bitten by a spider.

The patient spent the next 3 days in the ICU in deteriorating condition. She was then transferred to another hospital for treatment of necrotizing fasciitis. She underwent a number of surgeries, including amputation of her right middle and ring fingers, which resulted in significant scarring and deformity of her right hand and forearm.

PLAINTIFF'S CLAIM The defendants were negligent in failing to diagnose necrotizing fasciitis promptly.

THE DEFENSE The defendants who didn't settle denied any negligence.

VERDICT $80,000 Indiana settlement with the defendant hospital and 1 physician; Indiana defense verdict for the other defendants.

COMMENT *When serious infections don't resolve in a timely manner, expert consultation is imperative.*

Inattention to history dooms patient to repeat it

HEADACHES, FEVER, CHILLS, AND JOINT AND MUSCLE PAIN prompted a 42-year-old man to visit his medical group. He told the nurse practitioner (NP) who examined him that his mother had died of a ruptured cerebral aneurysm. The NP diagnosed a viral syndrome, ordered blood tests, and sent the patient home with prescriptions for antibiotics and pain medication. The patient didn't undergo a neurologic examination.

About 2 weeks later, while continuing to suffer from headaches, the man collapsed and was found unresponsive. A computed tomography scan of his brain showed a sub-

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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.

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arachnoid hemorrhage and intercerebral hematoma. Further tests revealed a ruptured complex aneurysm, the cause of the hemorrhage. Despite aggressive treatment, the patient fell into a coma and died 3 months later.

PLAINTIFF'S CLAIM The NP should have realized that the patient was at high risk of an aneurysm.

THE DEFENSE No information about the defense is available.

VERDICT $1.5 million New Jersey settlement.

COMMENT *I provided expert opinion in a similar case a couple of years ago. The lesson: Pay attention to the family history!*

At a routine check-up 5 months later, the patient continued to complain of breast lumps. Yet, no breast exam was done.

Persistent breast lumps, but no biopsy

ABOUT 3 YEARS AFTER GIVING BIRTH, a 38-year-old woman, who was still breastfeeding, went to her primary care physician complaining of pain, a dime-sized lump in her breast, and discharge from the nipple. The patient's 2-year-old breast implants limited examination by the nurse practitioner (NP) who saw her. Galactorrhea was diagnosed and the woman was told to stop breastfeeding, apply ice packs, and come back in 2 weeks.

When the patient returned, her only remaining complaint was the lump, which the primary care physician attributed to mastitis. At a routine check-up 5 months later, the patient continued to complain of breast lumps. No breast exam was done, but the woman was referred to a gynecologist. An appointment for a breast ultrasound was scheduled for later in the month, but the patient said she didn't receive notification of the date.

Metastatic breast cancer was subsequently diagnosed, and the woman died about 3 years later.

PLAINTIFF'S CLAIM The NP and primary care physician should have recommended a biopsy sooner.

THE DEFENSE The care given was proper; an earlier diagnosis wouldn't have changed the outcome.

VERDICT $750,000 Massachusetts settlement.

COMMENT *Failure to recommend biopsy of breast lumps is a leading cause of malpractice cases against family physicians. All persistent breast lumps require referral for biopsy—regardless of the patient's age.*

A red flag that was ignored for too long

A MAN IN HIS EARLY 30S consulted an orthopedist for mid-back pain. The doctor took radiographs of the man's lower back and reported that he saw nothing amiss. When the man returned 3 months later complaining of the same kind of pain, the orthopedist examined him, prescribed a muscle relaxant, and sent him for physical therapy. The physician did not take any radiographs.

Four months later, the patient came back with pain in his mid-back and ribs. The orthopedist ordered radiographs of the ribs, which were read as normal.

After 18 months, the patient consulted another orthopedist, who ordered a magnetic resonance imaging scan and diagnosed a spinal plasmacytoma at levels T9 to T11. The tumor had destroyed some vertebrae and was compressing the spinal cord.

The patient underwent surgery to remove the tumor and insert screws from T6 to L2 to stabilize the spine. He wore a brace around his torso for months and had a bone marrow transplant. The patient couldn't return to work.

PLAINTIFF'S CLAIM The tumor was clearly visible on the radiographs taken at the patient's third visit to the first orthopedist; thoracic spine radiographs should have been taken at the previous 2 visits.

THE DEFENSE No information about the defense is available.

VERDICT $875,000 New Jersey settlement.

COMMENT *Current guidelines recommend a red flags approach to imaging. This patient had a red flag—unremitting pain. When back pain persists unabated, it's time for a thorough evaluation.* **JFP**