



Should these complaints have prompted a colonoscopy?

A 45-YEAR-OLD WOMAN went to her primary care physician due to cramping abdominal pain after eating. She hadn't seen her physician in 5 years and noted that her bowel movements were somewhat smaller than usual. Her physician suspected an ulcer and treated her with acid-reducing medication.

A month later, the patient returned with similar symptoms and said that her bowel movements were somewhat loose. The physician increased the dosage of the acid-reducing medication. The patient returned again a month later and reported constipation. The stomach issues continued and she was referred to a gynecologist. Ultimately, she went to a gastroenterologist and underwent a colonoscopy 8 months after her first visit. She was diagnosed with stage IV colon cancer with metastasis to the ovaries. The patient passed away 8 years later.

PLAINTIFF'S CLAIM The physician was negligent in failing to suspect colon cancer and perform a colonoscopy, digital rectal exam, or fecal occult blood test.

THE DEFENSE The decedent's symptoms were inconsistent with cancer and did not indicate the need for a colonoscopy. The cancer was already advanced and the outcome would not have changed.

VERDICT \$2.16 million Massachusetts verdict.

COMMENT *Wow, this is a tough one! I am not at all sure I would have diagnosed this correctly. Is there a lesson here? Perhaps the history was not sufficiently thorough? Perhaps these were totally new symptoms that should have demanded a more thorough investigation? Or perhaps it would have taken 4 to 6 months for any of us to make this diagnosis in a 45-year-old woman.*

Complication of pregnancy goes undetected after delivery

A 31-YEAR-OLD WOMAN went to the emergency department (ED) complaining of tightness in her chest, difficulty breathing, and swelling in her lower legs 4 days after she delivered a child. The ED physician ruled out a pulmonary embolism and discharged her. Three days later, she returned with the same symptoms, but her legs were more swollen and her systolic blood pressure was above 160 mm Hg. She was sent home again. The woman had a seizure 4 days later. In the ambulance on the way to the hospital and following her arrival, she suffered more seizures. A few days later, she was transferred to a different facility and died soon after.

PLAINTIFF'S CLAIM The hospital and 2 ED physicians were negligent in failing to diagnose and treat postpartum preeclampsia during the ED visits. This led to the seizures, brain damage, and death. Antihypertensive and anti-seizure medications would have prevented her death.

THE DEFENSE The actions taken were reasonable, especially because the decedent had no symptoms of preeclampsia during pregnancy or delivery.

VERDICT \$6.9 million Illinois settlement.

COMMENT *This case speaks for itself. The physicians involved appear to have had a knowledge gap since they apparently did not consider preeclampsia in the differential. Primary care physicians and emergency physicians must be trained to recognize complications of pregnancy.* **JFP**

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COMMENTARY
PROVIDED BY

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The patient's legs were swollen and her systolic blood pressure was >160 mm Hg, and yet she was sent home.

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