



Postpartum preeclampsia, mother dies: \$6.9M settlement

FOUR DAYS AFTER DELIVERY OF A HEALTHY CHILD, a 31-year-old mother went to the emergency department (ED) reporting tightness in her chest, difficulty breathing, and swelling in her lower extremities.

Pulmonary embolism was ruled out and she was discharged. When she returned 3 days later, her legs were more swollen than before and her systolic blood pressure was 160 mm Hg. She was sent home again. Four days later, she suffered a seizure at home, in the ambulance during transport, and at the hospital. She was transferred to another facility a few days later where she died a week after transfer.

▶ **ESTATE'S CLAIM** The ED physicians and hospital staff were negligent in not diagnosing and treating postpartum preeclampsia. This led to seizures, brain damage, and death. Antihypertensive and antiseizure medications would have prevented her death.

▶ **DEFENDANTS' DEFENSE** The actions taken were reasonable because she had no symptoms of preeclampsia during pregnancy or delivery.

▶ **VERDICT** A \$6.9 million Illinois settlement was reached.

Ovary not removed; cyst develops

A 38-YEAR-OLD WOMAN UNDERWENT what was planned as total hysterectomy with bilateral salpingo-oophorectomy. The procedure was prophylactic: she had been treated for stage 3 breast cancer and her family history put her at high risk for developing ovarian cancer. Two days after surgery, the pathology report noted only 1 ovary.

Two months later, the patient went to the ED with right lower quadrant pain. It was determined that she had an ovarian cyst. She underwent additional surgery to remove the right ovary.

▶ **PATIENT'S CLAIM** The gynecologist was negligent in failing to remove the patient's right ovary.

▶ **PHYSICIAN'S DEFENSE** Failure to

remove the ovary was due to the patient's abnormal anatomy.

▶ **VERDICT** A \$250,000 Missouri verdict was returned.

Microcephaly not detected before birth

AT 19 WEEKS' GESTATION, an ultrasonographic anatomy scan showed that both hands of the fetus were clenched tightly. Amniocentesis results were reported as normal. No further fetal testing was ordered.

At birth, the baby was found to have Dandy Walker Variant, a severe brain malformation. The child has difficulty moving, is cognitively impaired, and requires a feeding tube and 24-hour care.

▶ **PARENTS' CLAIM** Seen on ultrasonography, the fetus' clenched fists were a sign of possible fetal abnormality. The maternal-fetal medicine (MFM)

specialist who evaluated the ultrasound and amniocentesis and the ObGyn should have recommended fetal magnetic resonance imaging, which would have shown the microcephaly. If the parents had known of the abnormality, they would have terminated the pregnancy.

▶ **DEFENDANTS' DEFENSE** The case was settled during trial.

▶ **VERDICT** A \$6 million New Jersey settlement was reached, including \$5 million from the MFM and \$1 million from the ObGyn.

Injury during hydrothermal ablation

WHEN A 41-YEAR-OLD WOMAN underwent hydrothermal ablation to treat menorrhagia, her uterus was perforated and hot saline solution injured her intestines. During repair surgery, 21 inches of bowel were resected and a colostomy was created, which was reversed 8 months later.

▶ **PATIENT'S CLAIM** The gynecologist was negligent in performing the ablation. The manufacturer produced a poorly designed device.

▶ **DEFENDANTS' DEFENSE** The rupture was spontaneous. The procedure was properly performed. The device is safe.

▶ **VERDICT** A \$2 million Kansas verdict was returned. The gynecologist was found 60% at fault and the manufacturer was 40% at fault. The patient's net recovery was \$322,300 due to the state cap.

These cases were selected by the editors of OBG MANAGEMENT from Medical Malpractice Verdicts, Settlements, & Experts, with permission of the editor, Lewis Laska (www.verdictslaska.com). The information available to the editors about the cases presented here is sometimes incomplete. Moreover, the cases may or may not have merit. Nevertheless, these cases represent the types of clinical situations that typically result in litigation and are meant to illustrate nationwide variation in jury verdicts and awards.