

More Verdicts on the Web

MD fails to check for Ca metastases—what does the jury say? Read this and more “Medical Verdicts” at www.obgmanagement.com

Did gallstones mask perforated bowel?

A woman complained of intermittent gastric pain for 3 days following her abdominal hysterectomy. She also vomited bilious gastric fluid at one point. She was discharged, but was readmitted 30 hours later. A CT scan showed perforation of the small intestine as well as peritonitis.

Patient's claim The perforation occurred during surgery, and the physician was negligent for failing to note it then or during the immediate postoperative period.

Doctor's defense The patient's symptoms were consistent with gallstones, which she had experienced before, and which ultrasonography confirmed during the recovery period. Also, the injury to the bowel was not detectable during surgery and developed after she was discharged.

Verdict An \$860,000 Connecticut verdict was returned: \$110,000 for medical expenses, \$675,000 for noneconomic damages, and \$75,000 for the husband's loss of consortium.

Severe infection, preterm birth—and CP

An 18-year-old woman presented at the hospital at 28 weeks' gestation with obvious rupture of membranes. She was diagnosed with chorioamnionitis because her temperature, white blood cell count, and band count were elevated. She was given antibiotics, epidural anesthesia, and acetaminophen as needed. Delivery was imminent, so steroids were not given. A nurse documented that the fetal monitor tracing showed a change in heart pattern that was not reassuring for fetal well-being, and that the physicians were

aware of this. Oxygen was administered and an internal scalp electrode was placed. A cesarean section was performed an hour later.

The infant, floppy and dusky with no respiratory effort at delivery, was intubated and transferred to the NICU. The placenta was grossly infected; chorioamnionitis with necrosis of the fetal membrane and group B strep were confirmed. A sonogram of the brain indicated Grade-III hemorrhage. The child developed seizure activity and remained metabolically unstable, and was given a diagnosis of cerebral palsy. He is legally blind and significantly developmentally delayed.

Patient's claim The child should have been delivered earlier.

Doctor's defense There was no negligence. Brain damage was due to prematurity.

Verdict \$3 million Massachusetts settlement.

For more on ruptured membranes, see “PROM dilemmas: Choosing a strategy, knowing when to call it quits,” by M. Sean Esplin, MD, [on page 33](#).

Teen's oophorectomy leads to more surgery

A 16-year-old patient underwent left oophorectomy surgery to remove an ovarian cyst. Postoperatively, intra-abdominal bleeding developed but stopped spontaneously. Because of severe infection and abdominal pain, she was readmitted and intra-abdominal abscesses were drained. She was left with pelvic adhesions and impaired fertility.

Patient's claim The physician was negligent for failing to control postoperative bleeding and to timely diagnose postoperative infection.

Doctor's defense Not reported.

Verdict Illinois defense verdict. ■

The cases in this column are selected by the editors of OBG MANAGEMENT from Medical Malpractice Verdicts, Settlements & Experts, with permission of the editor, Lewis Laska, Nashville, Tenn (www.verdictslaska.com). The available information about the cases is sometimes incomplete; pertinent details may be unavailable. Moreover, the cases may or may not have merit. Still, these cases represent types of clinical situations that may result in litigation and are meant to illustrate variation in verdicts and awards. Any illustrations are generic and do not represent a specific legal case.