COMMENTARY PROVIDED BY
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On 2 occasions, the dermatologist decided against doing a biopsy on the "cyst" on the patient's face. Ultimately, another doctor did the biopsy. The Dx? Liposarcoma.

Failure to biopsy "cyst" delays cancer diagnosis

A 42-YEAR-OLD WOMAN consulted a dermatologist in October about a suspicious lesion on her face. The dermatologist diagnosed a benign cyst. The patient wanted the lesion removed; the dermatologist instead told her to return in the spring. He didn't perform a biopsy or refer the patient to a plastic surgeon for a biopsy.

By the following May, the patient observed that the lesion was growing, comprising 2 lumps instead of 1, and had become inflamed. She immediately consulted the dermatologist, who maintained that the lesion was a cyst and didn't biopsy it. He injected cortisone to shrink the lesion.

When the patient visited her family physician the next day for an unrelated matter, the doctor expressed concern about the facial lesion and referred the patient to a plastic surgeon, who performed a biopsy. The biopsy revealed liposarcoma.

The patient underwent 4 surgeries and extensive radiation therapy. The surgery severely disfigured her face. She subsequently developed necrosis of the cheek bone, necessitating surgical debridement and leading to the loss of 4 teeth. Extensive burns to her mouth, face, and neck as well as scar tissue made it difficult for her to open her mouth to eat and speak. She ultimately underwent 8 reconstructive facial operations.

PLAINTIFF'S CLAIM The dermatologist was negligent in failing to perform a biopsy. If the cancer had been diagnosed in October, it could have been excised easily with 1 surgery; the patient wouldn't have needed extensive radiation or reconstructive surgeries. The delay in diagnosis increased the risk of recurrence and spread of the cancer.

THE DEFENSE Referral to a plastic surgeon was discussed in October, a claim the patient denied. The patient would have required the same treatment even if the cancer had been diagnosed in October because the cancer had been deep in the jaw muscle for several years, and had become more aggressive and appeared as a lesion on the face shortly before the patient's initial visit.

VERDICT $5.35 million Pennsylvania verdict.

COMMENT *Timely biopsy of skin lesions is imperative, particularly at a patient's request or when a change is noted.*

Did history of headaches hinder a thorough evaluation?

A THROBBING HEADACHE that became increasingly worse over 48 hours prompted a 43-year-old woman to go to her doctor's office. She reported nausea, vomiting, and photophobia to the covering physician. The woman had a history of headaches, which she attributed to previous ear surgery. The physician prescribed pain and antinausea medications and told the patient to follow up with her regular primary care physician.

The patient went home and fell asleep on her couch; she subsequently died in her sleep. An autopsy cited bacterial meningitis as the cause of death.

PLAINTIFF'S CLAIM The question of whether the covering physician should have considered bacterial meningitis turned on whether the patient had nuchal rigidity. Witnesses called by the plaintiff testified that the patient couldn't move her neck during the period in question.

THE DEFENSE The physician conceded that if he'd observed nuchal rigidity, he would have considered bacterial meningitis. He testified that the patient didn't have nuchal rigidity but that he hadn't recorded that finding.

VERDICT $1.45 million Massachusetts settlement.

COMMENT *Although most headaches are explained by relatively benign causes, serious problems such as meningitis or hemorrhage should always remain in the differential diagnosis. And complete documentation is key to a successful malpractice defense.* **JFP**

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.