COMMENTARY PROVIDED BY
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CT scan wasn't ordered, diagnosis was delayed

A 9-YEAR-OLD BOY fell and hit the left side of his head on a coffee table while playing at a friend's house. His father, who was present, applied ice to the child's head and took him home. The child subsequently vomited and complained that his jaw hurt. He was given ibuprofen and taken to the emergency department (ED).

The ED physician determined that he needed stitches in his left ear. After the ear was sutured, the child was discharged, even though he had vomited in the examination room.

The child vomited again around midnight, then awoke around 2:30 am and went back to sleep. Around 5:00 am he vomited again and was gasping for air and breathing with difficulty. A call to 911 resulted in the child being airlifted to a trauma center, where a computed tomography (CT) scan revealed a massive hematoma. The brain was herniated and protruding from the bottom of the skull.

After undergoing emergency surgery, the patient spent 3 days in the ICU, some of that time on a ventilator, and several weeks in the hospital. After discharge, he underwent intensive therapy to relearn how to eat and talk. He suffered cognitive losses, emotional difficulties, left-sided weakness, and hemiparesis.

PLAINTIFF'S CLAIM The ED physician should have ordered a CT scan, which would have revealed the hematoma and prompted emergency surgery to relieve the pressure. The physician didn't tell the parents how to observe the child for a head injury.

THE DEFENSE A CT scan wasn't necessary. The patient appeared fine in the ED and was neurologically intact with a perfect Glasgow coma score of 15. Hematoma was a low possibility. The parents were told to watch the child and received head injury instructions.

VERDICT $2.4 million Ohio verdict.

COMMENT *A variety of decision support tools would suggest CT in the face of vomiting 2 or more times, even with a Glasgow coma score of 15 (see the discussion of the Canadian CT Head Rule and New Orleans Criteria at http://guidelines.gov/content.aspx?id=13670&search=neuroimaging+children+head+trauma). Clinical judgment alone may be insufficient to detect potentially catastrophic injury—particularly in younger children.*

On the one hand, the head trauma patient had a perfect Glasgow coma score. On the other, he'd vomited in the exam room.

Stroke symptoms blamed on food poisoning

AN ISCHEMIC, LEFT-SIDED STROKE with left inferior frontoparietal lobe, occipital lobe, and cerebellar infarcts left a 33-year-old man with unclear speech, difficulty walking, major headache, and other stroke symptoms. He was taken by ambulance to a hospital within 1 hour of the onset of symptoms.

Hospital staff diagnosed food poisoning and discharged the man even though he couldn't walk or speak coherently. The patient suffered brain damage resulting in cognitive impairment with memory loss and confusion.

PLAINTIFF'S CLAIM A proper neurologic work-up wasn't done; hospital staff should have consulted a neurologist. The patient should have received tissue plasminogen activator (t-PA).

THE DEFENSE The history provided at the hospital mentioned that the patient had eaten chocolate cake before the onset of symptoms; the symptoms weren't significant enough to consider stroke in the differential diagnosis. The plaintiff couldn't prove that his condition would have been significantly better even if he'd received t-PA.

VERDICT $2.1 million California arbitration award.

COMMENT *This story is difficult to believe—food poisoning causing trouble speaking, difficulty walking, and a headache?! One can only wonder whether better documentation of medical decision making would have produced a more understandable response.* 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.