Patient unaware of abnormal scans until it was too late

A COMPUTED TOMOGRAPHY (CT) SCAN of a patient's chest ordered by his physician revealed a cancerous nodule on the right lung. The physician's office received the report but didn't notify the patient of the finding. Nor was the patient informed of the CT report during a visit to the physician 2 months later, or during several visits the following year.

A second CT scan a year after the first showed a larger cancerous area in the lung. The patient and his wife went to the physician several days after the scan to discuss the results. While reviewing the patient's chart, the doctor asked how long the man had been his patient and said, "We should have been on this a year ago." He then left the office, and the building, without speaking further to the patient or his wife or explaining his departure. The patient tried unsuccessfully to get a copy of his medical records from the practice.

Two months later, the patient went to the emergency department (ED) with abdominal pain, shortness of breath, and dizziness. He was diagnosed with stage 4 lung cancer. The patient died about 7 weeks later.

PLAINTIFF'S CLAIM No information about the plaintiff's claim is available.

THE DEFENSE No information about the defense is available.

VERDICT $1 million South Carolina settlement.

COMMENT *Fail-safes to assure the appropriate communication of abnormal test results are essential. I was pleased when my personal physician called recently concerning an abnormal lab test; too often timely communication doesn't occur.*

A cystic mass, then breast cancer

AFTER 6 MONTHS OF BREAST PAIN that became worse during menses, a 36-year-old woman, who had recently come to the United States from Iraq, consulted her family physician. The physician had been recommended because she was female, as the patient had requested, and, like the patient, was Iraqi.

The physician palpated the right breast and documented cystic fullness with no discrete masses or axillary nodes. She ordered a screening mammogram but was told by a radiologist that a 36-year-old woman could have screening mammography only if a mass was present. The physician changed the order to a diagnostic mammogram for a painful cystic mass. At the time of the mammogram, the patient told the technician that the lump came and went with her menstrual period. The results were reported as normal.

The physician continued to see the patient over the next 3 years for various health issues. At the patient's final visit, the physician performed a clinical breast exam, which she documented as negative. The patient claimed that the physician hadn't done any follow-up related to the right breast between her first visit and the final breast exam 3 years later.

Two years afterward, the now 41-year-old patient was diagnosed with cancer in her right breast after a mammogram, ultrasound, and biopsy. According to records at the hospital where she received the diagnosis, she'd discovered the lump 3 months earlier. The patient underwent a right mastectomy with chemotherapy and radiation and was cancer-free at the time of the trial.

PLAINTIFF'S CLAIM An ultrasound and biopsy should have been performed when the patient first consulted the family physician. The family physician didn't perform any follow-up on the right breast until 3 years after she diagnosed the cystic fullness.

THE DEFENSE The family physician claimed that she tried twice to perform breast examinations during office visits in the 3 years she saw the patient, but the patient refused. The claim wasn't documented. The patient's cancer didn't become palpable until after she left

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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.

COMMENTARY PROVIDED BY
Jeffrey L. Susman, MD,
Editor-in-Chief

A CT scan revealed a cancerous nodule on the right lung. The physician's office received the report but never notified the patient.

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the doctor's care. She had a fast-growing tumor, and the location of the cancerous mass differed from the area of cystic fullness the doctor originally discovered.

VERDICT $500,000 Illinois verdict.

COMMENT *Failure to diagnose breast cancer continues to be a frequent and vexing allegation. Better documentation and follow-up could help obviate many of these claims.*

For want of steroids, sight is lost

A 78-YEAR-OLD MAN was diagnosed with polymyalgia rheumatica (painful inflammation of the arteries, usually in the shoulders and hips) by his longtime primary care physician. The doctor treated the condition with low-dose steroids and monitored the patient's erythrocyte sedimentation rate and C-reactive protein.

Two years after diagnosis, the patient complained to the physician of jaw pain and transient vision loss in the left eye. Three days later, he called the doctor to say that he had developed a headache. The physician lowered the steroid dosage but didn't order blood tests or a biopsy. The following day the patient woke up and discovered he'd gone blind.

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PLAINTIFF'S CLAIM The patient had giant cell arteritis and should have been treated with high-dose steroids. Starting treatment even one day earlier would have prevented blindness.

THE DEFENSE No information about the defense is available.

VERDICT $3 million Washington settlement.

COMMENT *Timely diagnosis and appropriate treatment of temporal arteritis remain essential.*

Sudden chest pain, sudden death, but not the usual suspects

SUDDEN ONSET OF CHEST PAIN brought a 41-year-old woman to the ED. Results of an electrocardiogram, chest radiograph, and lab tests were all normal. While in the ED, the patient developed diarrhea and was diagnosed with a gastrointestinal bleed.

She was admitted to the hospital, but no bed was available, so she remained in the ED, where she was found dead 7 hours later. Autopsy revealed a type A dissecting aorta to the level of the renal arteries.

PLAINTIFF'S CLAIM The ED physician failed to rule out all potential life-threatening causes of the chest pain and didn't order a CT scan, which would have showed the aortic dissection.

DOCTOR'S DEFENSE Aortic dissection is a rare condition; the patient didn't fit the profile of an individual at risk. A chest radiograph almost always reveals such abnormalities; no duty existed to rule out aortic dissection.

VERDICT $1.4 million Ohio verdict.

COMMENT *Even though the details of this case are sketchy—and any death is a tragedy—I can't help but sympathize with the defendant. While as physicians we should not chase zebras, we still have to consider the possibility of rare conditions.*

Misdiagnosed cold foot leads to amputation

NUMBNESS IN HER RIGHT FOOT prompted 2 visits to the emergency department by a woman in her early 40s. The foot was cold and discolored. By the second visit, the patient was screaming with pain. A sprain was diagnosed without consulting a vascular surgeon, and the patient was sent home.

Ten days later, the patient had a computed tomography scan at another hospital, which found a blockage of the popliteal artery. Her right leg was amputated below the knee the following day and she was fitted with a prosthesis.

PLAINTIFF'S CLAIM No information about the plaintiff's claim is available.

THE DEFENSE No information about the defense is available.

VERDICT $1.25 million New Jersey settlement.

COMMENT *I have seen a rash of cases in which peripheral vascular disease was inappropriately diagnosed. One wonders how an alert clinician could miss vascular disease and diagnose a sprain when faced with pain and a cold discolored foot.* **JFP**