



**COMMENTARY  
PROVIDED BY**

John Hickner, MD, MSc



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diagnosis for  
shortness of  
breath widens to  
include infection.**

## Failure to spot CHF leads to heart transplant

**A 49-YEAR-OLD MAN SOUGHT TREATMENT AT AN URGENT CARE FACILITY** after having shortness of breath every morning for 2 weeks. His heart rate was 119 beats/min, his blood pressure was 170/101 mm Hg, and he did not have chest pain. An electrocardiogram (EKG) was abnormal and chest x-ray showed fluid in the lung. The patient was diagnosed with pneumonia, prescribed antibiotics, and told to follow up with his physician. A follow-up chest x-ray 2 weeks later showed an enlarged heart and more fluid in the lung. A computed tomography scan indicated congestive heart failure and an EKG showed signs of a heart attack. The patient underwent a heart transplant and requires immunosuppressants.

**PLAINTIFF'S CLAIM** If the physician at the urgent care facility had noticed the patient's enlarged heart, there would have been less heart damage, and the patient might have required a bypass, rather than a transplant.

**THE DEFENSE** No information about the defense is available.

**VERDICT** \$1 million New Jersey verdict.

**COMMENT** *When evaluating shortness of breath, always think lungs and heart until you have a definite diagnosis. Remember that neurological disease can present with shortness of breath, too. Consider amyotrophic lateral sclerosis, Guillain-Barré syndrome, and myasthenia gravis.*

## Infant suffers brain injury after delayed lab results

**PARENTS BROUGHT THEIR 2-WEEK-OLD DAUGHTER TO THE EMERGENCY DEPARTMENT (ED)** after she had missed several feedings and was short of breath. The ED physician ordered blood tests, but discharged the patient before receiving the results and told the parents to follow up with the infant's pediatrician. Blood work subsequently revealed that the child had a *Group B streptococcus* infection, but by the time these results were communicated to the parents and treatment had begun, the

infant had developed meningitis. She suffered brain injury, and was diagnosed with cerebral palsy.

**PLAINTIFF'S CLAIM** There was a delay in the diagnosis and treatment of the infant. Blood test results showing a bacterial infection were available the morning after discharge, but instead of notifying the parents, an additional blood culture was ordered to determine the type of bacteria present. The parents were then contacted 6 hours after the bacteria was identified as *Group B streptococcus*.

**THE DEFENSE** The defendants denied any negligence, although a nurse who cared for the infant claimed she had expressed concerns about the decision to discharge the patient.

**VERDICT** \$7.15 million Maryland verdict.

**COMMENT** *In newborns, the differential diagnosis for shortness of breath widens to include infection. In this case, I suspect the problem was a lack of tight follow-up, which can lead to bad outcomes—especially in newborns.* **JFP**

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