



**COMMENTARY
PROVIDED BY**

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If a patient returns unimproved, start the evaluation over again and think through the entire history; you'll likely find a clue to the correct diagnosis.

Failure to recognize impending MI has tragic consequences

A 55-YEAR-OLD WOMAN WENT TO HER MEDICAL CLINIC because she had heartburn and bilateral arm pain with numbness and tingling in her forearms. She said she'd had intermittent arm pain over the previous 7 to 10 days. A physician's assistant diagnosed gastroesophageal reflux disease, gave the patient an antacid medication, and instructed her to return in 2 to 3 weeks. The patient came back to the clinic 10 days later with increased heartburn and continued arm pain with tingling. Because no clinicians were available to see her at that time, a prescription for ranitidine was called in and the patient was sent home. That evening, the patient died of a myocardial infarction (MI).

PLAINTIFF'S CLAIM There were specific, objective signs of an impending MI that were not recognized. The patient should have been seen by a medical provider on the day of her death or referred to an emergency department.

THE DEFENSE No information about the defense is available.

VERDICT \$275,000 California settlement.

COMMENT *There was clearly an opportunity to make the correct diagnosis for this woman, especially when she returned a second time. The one lesson I have learned from reviewing malpractice cases for 15 years is that if a patient returns unimproved, you must up the ante with the evaluation. Start all over again and think through the entire history very carefully; you are likely to find a clue to the correct diagnosis.*

Pulmonary embolism mistaken for a respiratory infection

A 40-YEAR-OLD MAN SOUGHT TREATMENT FOR SYMPTOMS OF A COLD. He also complained of shortness of breath, dizziness, and pain in his left calf. His family physician (FP) treated him for a respiratory infection. Three days later, the patient returned to the office with continued shortness of breath. The FP sched-

uled a cardiac work-up. Two days before the work-up, the patient died from a pulmonary embolism (PE).

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

THE DEFENSE No information about the defense is available.

VERDICT \$1.1 million Virginia settlement.

COMMENT *PE has clearly unseated syphilis as "The Great Masquerader." We cannot tell from this short synopsis how significant the patient's calf pain was and whether or not there were any physical findings of deep vein thrombosis. However, when the patient returned 3 days later with increasing shortness of breath, PE should have been toward the top of the differential diagnosis.*

Back spasms— or something far more serious?

A 47-YEAR-OLD WOMAN WENT TO THE EMERGENCY DEPARTMENT (ED) seeking treatment for severe back and abdominal pain. The patient had previously undergone gastric bypass surgery. The ED physician diagnosed back spasms, but admitted her to the hospital for observation. The next day, the patient died from a bowel obstruction.

PLAINTIFF'S CLAIM The ED physician failed to order testing and consult with a specialist to diagnose bowel obstruction, which is a known complication of gastric bypass surgery.

THE DEFENSE No information about the defense is available.

VERDICT \$2.4 million Illinois verdict.

COMMENT *Bowel obstruction with back pain only? And dead the next day from bowel obstruction? I can only presume the history was inadequate, which led to a failure to do an abdominal exam.*

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 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.