

Missed meningitis— mother and twins die

A 46-year-old woman pregnant with twins presented to a high-risk ObGyn because of her age. She complained of having a fever for several days, cold-like symptoms, headache, and coughing. The ObGyn diagnosed an upper respiratory infection, prescribed Reglan, Pepcid, and Tussin, and asked her to return in 3 weeks. Her headache and fever continued. After a couple of weeks, she called the ObGyn three times on different days complaining of headache and fever and was advised to take over-the-counter medications. After another 2 days, she called again and was told to take Advil. The following day she died. The twins, at 30 weeks' gestation, also died. An autopsy indicated that the woman died from untreated streptococcal meningitis.

Patient's claim The ObGyn (1) failed to properly monitor, diagnose, and treat the patient's condition; (2) failed to properly conduct testing that would have detected the bacterial infection; and (3) allowed her condition to worsen without treatment.

Doctor's defense Not reported.

Verdict Florida defense verdict.

Undetected injury leads to extensive surgery

A 37-year-old woman with endometriosis that was causing pelvic pain underwent diagnostic laparoscopic surgery. During the surgery, a trocar perforated her right common iliac artery. The injury was noticed immediately, and assistance was requested. Following vascular repair surgery, the patient experienced a

more complex recovery than expected.

Patient's claim The physician was negligent in perforating the artery.

Doctor's defense This type of injury is a known risk of the procedure. Its repair was properly handled.

Verdict \$312,645 Tennessee verdict.

Alleged substance abuse hurts her infant

A 15-year-old girl with a history of smoking cigarettes, drinking alcohol, and using marijuana and crack was found to be pregnant. It was unclear if she had used the substances early in her pregnancy. When she was admitted to the hospital for delivery, oxytocin was administered over 1½ days until the infant was delivered using vacuum extraction. Neurological damage was apparent soon after delivery. The child suffers from cerebral palsy and microcephalia.

Patient's claim Protracted labor and slow descent of the baby indicated cephalopelvic disproportion. A cesarean section should have been performed.

Doctor's defense There was no negligence. As this was a first pregnancy, the slow progress of delivery was not unusual. The child's neurological problems resulted from (1) maternal drug use early in the pregnancy and (2) maternal viral infection at the time of delivery.

Verdict Nebraska defense verdict.

Fetal distress or viral infection? Baby has CP

A pregnant woman several days past her due date was admitted to the hospi-

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tal for induction of labor with oxytocin. Initially, the fetal heart tracing indicated no signs of distress. After a few hours, however, the heart rate pattern became irregular, and a significant deceleration occurred. As instructed, the mother began pushing. This continued for 4 hours. About 12 hours after admission, the mother gave birth to a severely depressed infant, whose Apgar score was 0 at 1 and 5 minutes. The child was resuscitated at 12 minutes and was later determined to have suffered severe asphyxia. He has cerebral palsy and spastic quadriplegia and needs 24-hour care.

Patient's claim The defendants responded improperly to fetal distress and failed to perform a cesarean section.

Doctor's defense Brain damage was caused by a prenatal viral infection. Also, the fetal heart tracings did not show fetal distress.

Verdict \$18 million Illinois settlement: \$14.5 million from the hospital; \$1 million each from the obstetrician and her employer; and \$1.5 million from the delivery nurse's employer.

Second surgery rules out injury

A 51-year-old woman with a host of medical and physical problems—osteoarthritis, rheumatoid arthritis, ruptured and displaced spinal discs, irritable bowel syndrome—was taking 30 prescriptions each day, including eight for pain from providers other than her Ob-Gyn, Dr. A. When she complained of postmenopausal bleeding and pain, but wanted to continue hormone therapy, Dr. A said that her only option was a hysterectomy. The surgery was performed. Immediately afterward, Dr. A left the practice and Dr. B, a second ObGyn, assumed the patient's care. Following the hysterectomy, the patient suffered a postoperative abdominal hematoma, of which Dr. B was aware. For 2 to 3 days after the surgery, the patient

was given hemoglobin and her blood count increased. On day 4, she began to show signs of confusion. A surgeon was called because septic infection from a perforated bowel was suspected. Laparoscopy was performed. As no source of bleeding was found in the abdomen or pelvis, her confusion was believed to be due to withdrawal from the pain medications. She acquired a hospital infection during her second hospitalization and required several weeks of inpatient therapy to recover.

Patient's claim Dr. A injured a major artery, resulting in a hematoma. The second surgery should have been done sooner, or may even have been unnecessary.

Doctor's defense There was no artery injury or bowel perforation. In order to rule out any bleed, the second surgery was necessary. Also, hospital infection is a known complication of surgery.

Verdict Michigan defense verdict.

Foot drop follows transvaginal taping

A 53-year-old woman underwent a transvaginal taping to correct urinary incontinence. Following surgery, she complained of pain along the side of her right leg—from her hip down to her foot. Right foot drop was diagnosed. She needs an ankle brace and cane to walk.

Patient's claim The injury was a result of inappropriate positioning during surgery that caused pressure on her common peroneal nerve.

Doctor's defense Most likely, the injury was secondary to a preexisting sciatic nerve dysfunction.

Verdict Illinois defense verdict. ■

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