

Parties settle for \$11 million after uterine rupture

A PREGNANT WOMAN REPORTED to her local hospital complaining of uterine contractions. Under the supervision of an attending physician, a resident started oxytocin to initiate vaginal delivery. Decelerations in the fetal heart rate were observed, but the plan of delivery did not change. When decelerations became severe, however, cesarean delivery was performed, and uterine rupture was discovered. The infant was later given a diagnosis of cerebral palsy and cognitive and visual impairment. Tube feeding is necessary.

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▶ **PATIENT'S CLAIM** Contractions were weak when she first presented to the hospital, and labor questionable, so oxytocin should not have been administered. Also, the physicians failed to recognize the likelihood of uterine rupture and performed the cesarean too late to prevent it.

▶ **PHYSICIANS' DEFENSE** Not reported.

▶ **VERDICT** \$11 million Illinois settlement.

Radiologist: It's Ca. Gyns: No, it is not. Patient dies—of Ca.

A 65-YEAR-OLD WOMAN with postmenopausal bleeding underwent pelvic ultrasonography (US). The radiologist reported abnormal findings and a primary diagnostic consideration of endometrial cancer. Dr. A, the patient's gynecologist, performed an office biopsy after informing her of concern about abnormal tissue and cancer but never mentioned the US results. The

patient was then referred to Dr. B, a gynecologic oncologist, for a hysteroscopy and dilation and curettage (D & C). Dr. A and Dr. B agreed that all results were negative for cancer, and Dr. B told the patient she did not have cancer.

Six months later, she returned to Dr. A because of postcoital bleeding, and topical estrogen was recommended for vaginal dryness. On vacation the following year, the woman experienced heavy bleeding. Dr. C, another gynecologist, found abnormal tissue and sent her back to her own physicians. Dr. B performed an immediate hysterectomy and gave her a diagnosis of stage 2 endometrial cancer that had spread to the lymph nodes. Nine months later, after two courses of chemotherapy and radiation therapy, the patient died.

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▶ **CLAIM ON BEHALF OF PATIENT'S ESTATE** She should have been informed of the radiologist's concern about endometrial cancer and offered the option of a hysterectomy. If a hysterectomy had been performed within the next year, she would have had a 90% chance of survival. Also, the tissue samples obtained in the office biopsy and the D & C were too small to rule out cancer, and not all the tissue was analyzed.

▶ **PHYSICIANS' DEFENSE** They had informed the patient about the possibility of cancer and then obtained the negative test results; she did not need to be told specific details of the radiologist's report. Also, the cancer was aggressive and developed more than a year after her first visit for bleeding.

▶ **VERDICT** \$1,137,444 Pennsylvania verdict.

\$23 million for failure to test breast lump

A 23-YEAR-OLD WOMAN called her ObGyn in July 2003 to report a lump in her breast and asked to be seen immediately. The physician asked her to wait until her next appointment, which was 2 weeks away. At that time, the patient had to remind the physician to examine the lump. The physician diagnosed the mass as a cyst, without testing, and told the patient it was nothing to worry about. She did not document the lump in the chart or schedule any follow-up for it.

The patient became pregnant and was seen by the ObGyn for prenatal care on 16 occasions, without further evaluation of the lump. After delivery, 2 years after the lump was first reported, the patient complained that it was growing in size. She was seen by her ObGyn's partner, who ordered a mammogram and ultrasonography that revealed a 4-cm mass. A biopsy confirmed breast cancer. Additional imaging revealed metastasis to the liver. The patient underwent chemotherapy, lumpectomy, total hysterectomy, and radiation therapy, but was told a cure was unlikely.

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▶ **PATIENT'S CLAIM** The first ObGyn should have ordered testing when the lump was first reported.

▶ **PHYSICIAN'S DEFENSE** The lump diagnosed as cancer in 2005 was not the lump present in 2003. Even if it were the same lump, it likely had already metastasized, rendering the delay in treatment irrelevant.

▶ **VERDICT** \$23.6 million Tennessee verdict. ☞

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