

Amniotic fluid embolus leads to mother's death, infant brain injury

Los Angeles County (Calif) Superior Court

A short while after labor was induced in a 32-year-old gravida, the fetal monitoring strips became nonreassuring and the mother's breathing was impaired.

After attempting to remedy the situation by repositioning the mother and administering oxygen, the nurses called the obstetrician. The physician arrived to find the mother unresponsive, not breathing, and foaming from the mouth.

Emergency personnel began immediate resuscitation efforts, and the obstetrician performed an emergency cesarean. The child suffered an anoxic brain injury, including cerebral palsy, blindness, deafness, and seizure disorder. The mother died 18 hours after delivery.

The defendant argued that the patient suffered an amniotic fluid embolus, an unpredictable and untreatable event.

The woman's family agreed that her death was unavoidable. However, they maintained that the delay in recognizing the mother's condition caused the child's injuries.

- The case settled for \$2.13 million.

'Unsuspecting' breast calcifications followed by mastectomy, chemotherapy

Philadelphia County (Pa) Court of Common Pleas

In reviewing the mammogram of a 36-year-old woman, a radiologist noted a cluster of calcifications in her right breast, but did not consider them suspicious. Two years later, the

patient underwent a mammogram with another radiologist, who noted the calcifications as benign.

The following year another mammogram showed a 2-cm dense lymph node. The patient later claimed she felt a mass under her right armpit and in her right breast. Physicians discovered both the lymph node and breast mass were malignant. As a result, the woman underwent a mastectomy and chemotherapy.

The patient later sued the first 2 radiologists, claiming that her chance of survival would have been 95% had the defendants ordered biopsies.

- The jury awarded the plaintiff \$4 million.

Undiagnosed genetic condition associated with infants' brain damage

Milwaukee County (Wis) Circuit Court

Upon presenting to her obstetrician, a gravida expressed concern about intracranial hemorrhage. A number of years earlier, she had given birth to a child with severe intracranial hemorrhaging, and that child had died at the age of 7.

The obstetrician referred the patient to a geneticist, who determined there would be no complications with the current pregnancy. However, an ultrasound at 37 to 38 weeks' gestation revealed fetal intracranial hemorrhaging. She underwent a cesarean delivery, and the baby was born with severe brain damage.

In suing the obstetrician and geneticist, the woman claimed her infants' brain hemorrhages stemmed from a rare genetic condition that caused fetal platelet dysfunction. She argued that the condition is avoidable with intravenous treatments during pregnancy—

in fact, using this therapy, the woman later delivered a healthy baby.

The obstetrician contended that the mother's condition was so rare that diagnosis could not have been expected. She also pointed out that she had referred the patient to a geneticist. The geneticist maintained that the cause of the problem was unknown.

■ The case settled at mediation with the geneticist and the Wisconsin Patient's Compensation Fund for \$7 million. The suit against the obstetrician was dropped.

Labioplasty performed instead of authorized episiotomy scar revision

Maricopa County (Ariz) Superior Court

During a routine checkup, a 44-year-old woman asked her Ob/Gyn if her labia appeared at all abnormal. She told the physician that a former boyfriend had said her labia had too much laxity for him to enjoy intercourse with her.

The Ob/Gyn recommended an episiotomy scar revision; however, the woman alleged that the doctor instead performed a cosmetic labioplasty.

The patient claimed the physician fell below the standard of care by recommending an unnecessary procedure and then performing an unauthorized procedure. She further contended that the labioplasty was improperly performed, and that as a result she now suffers from abnormal and asymmetrical labia.

The physician admitted performing the wrong procedure, but argued that the patient's labia remained within the norm and that a nonphysician would not be able to tell the difference. The doctor also noted that the patient had not changed her sexual activities, missed any work, or sought counseling; has no functional disabilities; and faces no future medical expenses from the procedure.

■ The jury awarded the plaintiff \$750,000.

Defective bladder sling causes vaginal skin erosion

Philadelphia County (Pa) Court of Common Pleas

A woman with urinary incontinence presented to a specialist, who implanted a bladder sling made by Boston Scientific Corp (*Natick, Mass*).

The woman later sued, claiming the device eroded the skin in her vagina. She contended that the sling material had been tested on other body parts, but not the bladder.

Boston Scientific's bladder sling was voluntarily recalled less than 2 years after it was introduced; more than 600 cases are pending nationwide.

■ The jury awarded the plaintiff \$400,000.

Missed cornual pregnancy blamed for subtotal hysterectomy, infertility

Kings County (NY) Supreme Court

Following a fertility workup, a 43-year-old woman was administered clomiphene citrate along with human chorionic gonadotropin to stimulate ovulation. About 17 months later, she became pregnant. However, the patient had a fetal demise at 14 weeks' gestation.

The woman underwent dilatation and curettage to clear the fetal remains. Shortly thereafter, she returned to the doctor with complaints of abdominal pain and light vaginal bleeding. An examination revealed tenderness in the fundal area. The physician diagnosed incomplete abortion and referred her to the hospital for an additional dilatation and curettage. This was performed the following day, along with an exploratory laparotomy.

During the procedure, it was determined that the patient had a second undiagnosed pregnancy in her cornua that had ruptured. She required a subtotal hysterectomy, losing 50% of her uterus and retaining 1 fallopian tube and ovary.

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The patient sued, arguing that she did indeed exhibit signs of a cornual pregnancy. She maintained that if the physician had detected her condition in a timely fashion, a cornual resection could have been performed. This procedure would have saved 90% of her uterus, she claimed, thereby increasing her chances of achieving pregnancy and carrying a fetus to term.

The doctor contended that the woman's symptoms did not warrant hospitalization or a differential diagnosis of cornual pregnancy. He also claimed that the patient failed to undergo a fertility workup following her subtotal hysterectomy, despite his specific recommendation.

- The jury awarded the plaintiff \$1.25 million.

Was Erb's palsy caused by excessive traction?

Prince William County (Va) Circuit Court

After an unremarkable pregnancy, a 17-year-old woman presented to a hospital for labor induction. When oxytocin was administered, she was 80% effaced and 2 cm dilated. Approximately 10 hours later, the mother was instructed to push. Two hours later, the doctor applied a vacuum and performed an episiotomy. Shoulder dystocia was encountered.

The obstetrician performed the McRobert's maneuver and delivered the infant without difficulty. However, it was soon noted that the newborn showed decreased movement of the right upper extremity. The infant later required brachial plexus exploration and underwent nerve-grafting surgery at 14 months.

In suing, the mother claimed that a vacuum was applied more than twice, with the obstetrician leaving the area to retrieve another vacuum. The patient argued that after 1 failed vacuum attempt, the obstetrician should have performed a cesarean.

She also argued that she was at increased risk for shoulder dystocia because she was only 5'1 and labor was induced at 40.5 weeks' gesta-

tion with an unengaged vertex. In addition, she said that slow dilatation in the first stage of labor and a prolonged second stage should have further alerted the physician to likely shoulder dystocia.

Lastly, she alleged that the physician failed to utilize proper maneuvers to manage the shoulder dystocia, and that excessive traction to the baby's head and neck resulted in Erb's palsy.

The doctor maintained that the brachial plexus injury either occurred in the birth canal during descent or resulted from a turtle mechanism during the shoulder dystocia.

- The case settled for \$450,000.

Undiagnosed CHARGE syndrome leads to multiple birth defects

Passaic County (NJ) Superior Court

Ababy boy was born with CHARGE syndrome, consisting of birth defects that include deformed hands, heart anomalies, and incurable cognitive impairments.

The mother sued, claiming that doctors failed to note the fetus' hand defect in a sonogram performed at 19.5 weeks' gestation. If doctors had detected this abnormality, additional screening tests would have revealed multiple deformities, she alleged, allowing her the possibility of terminating the pregnancy.

The doctor maintained that the hand deformity was not apparent on the sonographic images.

- The case settled for \$1.5 million. ■

The cases presented here were compiled by Lewis L. Laska, editor of Medical Malpractice Verdicts, Settlements & Experts. While there are instances when the available information is incomplete, these cases represent the types of clinical situations that typically result in litigation.

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