

Failures to Diagnose Condition in High-Risk Pregnancy Resulted in Mother's Tragic Death

The early months of 2004 represented the most exciting time in the lives of Mr. and Mrs. X and their three young boys. The family had recently relocated to the United States from Sweden and was looking forward to the birth of their fourth child, the little girl they had longed for. In early February, the expectant mother experienced vaginal bleeding and was diagnosed with placenta previa, a condition in which the placenta covers all or part of the cervix. The condition typically requires a cesarean delivery. She was advised to go to the hospital if the bleeding continued. Placenta previa is also a risk factor for a potentially deadly condition called placenta accreta, where the placenta grows beyond the uterine cavity. There are varying degrees of the condition, including circumstances where the placenta extends through the uterine wall and sometimes into other organs. Undiagnosed, placenta accreta can be deadly because of severe bleeding that may occur when the placenta is detached from the uterus.

On February 17, 2004, the expectant mother again noticed that she was bleeding, and she and her husband went to the hospital. The hospital assigned an obstetrician to evaluate the woman and her baby. The obstetrician noted that Mrs. X had major risk factors for placenta accreta – the placenta previa had resulted in the placenta completely covering her cervix; her advanced maternal age; and multiple prior pregnancies including a prior cesarean section. The doctor promptly consulted a perinatologist, a doctor specializing in high-risk pregnancies, who performed an ultrasound-guided amniocentesis and determined that the baby's lungs were mature enough for delivery. He advised the obstetrician that it was safe to proceed with a cesarean section. The perinatologist,

however, had failed to examine the placenta during the ultrasound to determine whether accreta was present. The ultrasound images had also been interpreted by a hospital radiologist, who also failed to make the diagnosis. The obstetrician was led to believe that the woman did not have placenta accreta.

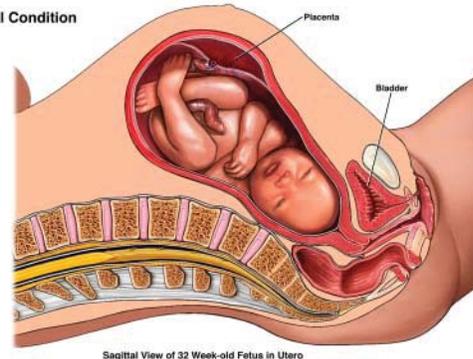
What followed was an operating room catastrophe. The obstetrician began the cesarean section, delivering a healthy baby girl. He then proceeded to remove the placenta. What he did not know was that Mrs. X's placenta had grown through her uterine wall and into her bladder. When the obstetrician removed the placenta, a rush of blood filled her body, resulting in a fountain of uncontrollable bleeding. Mr. X watched in horror, terrified as his wife quickly lost consciousness and went into shock. Doctors were able to temporarily stop the bleeding, but the removal of the placenta had caused large tears in Mrs. X's uterus and bladder. The next day following the tremendous blood loss and shock, Mrs. X died.

Mr. X and their three young boys were devastated. They went from the excitement of welcoming a little girl into the world, to the shock and sadness of losing their beautiful wife and mother. The youngest boy, only three years old, cried all night long for weeks, waiting for his mother to come home. The baby girl never got a chance to meet her mother.

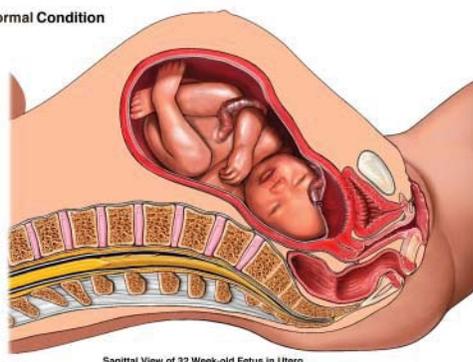
In their quest for answers following their loss, the family sought the assistance of SDSBS attorneys **Sia Baker-Barnes**, **Bill King**, and **Jack Scarola**. Through detailed investigation and prosecution of this complex case, the team established that the woman's death could have been prevented. The team retained renowned experts in the fields of obstetrics, perinatology, and radiology, all of whom

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Normal Condition



Abnormal Condition



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confirmed that placenta accreta could have, and should have, been diagnosed. Had Mrs. X's doctors properly diagnosed her condition, preventive measures could have been taken to limit the bleeding associated with placenta accreta which would have saved the woman's life. Mrs. X's perinatologist, radiologist, and the hospital vigorously defended the case, arguing that the obstetrician had all the information he needed to prepare for the surgery; that placenta accreta cannot be definitively diagnosed prior to surgery; and that even with preventive measures, Mrs. X's condition was so severe that she would have died anyway.

Key to proving liability in this case was the deposition of the obstetrician. The team was able to establish through his testimony that if the perinatologist and radiologist had advised him that Mrs. X had placenta accreta, he would have transferred her to a high-level hospital and would have sought the assistance of surgical specialists including urological and gynecological surgeons and critical care specialists. Following the deposition of the obstetrician, the perinatologist tendered his insurance policy limits. However, the hospital and radiologist continued to defend the case despite the fact that the radiologist had limited insurance coverage. Just days before trial, the hospital and radiologist settled, with the radiologist paying double his policy limit. The case was resolved in total for \$2.5 million despite statutory limitations on the recovery of non-economic damages. While the settlement proceeds will not bring Mrs. X back to her family, they take comfort in the fact that their efforts in pursuing this case uncovered the truth, and resulted in justice. ♦

Potentially Lethal Combination of Drugs Used to Treat Spider Bite Caused Permanent Damage

In September 2005, a 55-year-old Florida man suffered a spider bite to his left ankle. The man reported the bite to his family doctor who recommended that he treat the bite with a topical ointment. At first, the bite wound appeared to improve, but then began to worsen, and the man was referred to a dermatologist. The dermatologist began treating the wound, but the man's condition worsened and the wound became a red, swollen, ulcerated hole in the man's leg. Eventually, he was referred to an internist whose practice was located in the wound care center of a central Florida hospital.

In October 2006, the man began a lengthy period of care at the hospital's wound care center, under the direction of the internist. The diagnosis at this time indicated that the wound was infected. He was treated with various courses of antibiotics, debridements, and wound care monitoring. For the next eight months, the internist continued to manage the man's worsening infection on an outpatient basis, without consulting with an infectious disease specialist. The wound and infection continued to worsen. In May 2007, the internist elected to administer antibiotic therapy intravenously in an attempt to gain control of the advancing infection. The doctor prescribed and monitored this therapy using home care agencies. Again, he chose not to engage an infectious disease expert for consultation.

The internist ordered a dangerous combination of vancomycin and gentamicin intravenous medications in high dosages. Weeks later, the doctor increased the dosages. Not only did the medications fail to treat the infection, they produced toxic systemic damage. The man began to experience dizziness, loss of balance, ringing in his ears, bouncing vision, and severe headaches. He reported the symptoms to the doctor and to the home health care representatives. The medications were eventually discontinued, but the damage had already occurred. A neurologist later confirmed that, as a result of the combination of antibiotics, the man had suffered permanent toxic damage to his inner ear – a bilateral peripheral vestibulopathy. The treatment left him permanently disabled, requiring him to walk with a cane due to his inability to balance. He continues to suffer from the dizziness, loss of balance, ringing in his ears, bouncing vision, and severe headaches. His life changed dramatically, from being a vibrant husband and father, and an energetic, hard-working assistant principal, to someone who cannot walk or stand without assistance.

Believing that it was medical negligence that had caused his permanent disabilities, the man and his wife sought the assistance of SDSBS attorney **Sia Baker-Barnes**. Shortly after filing suit against the doctor and the hospital, Ms. Baker-Barnes was able to obtain a substantial settlement on behalf of the man and his wife. The amount of the settlement and the names of the parties remain confidential. ♦