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Dermatology Sample Case

A mole was excised and eight days later the sutures were removed; the next day the incision opens up, is re-sutured, she develops chronic pain, has therapy and the scar excised.

At age 31, this female patient had an enlarging mole under her right scapula (shoulder blade) and there was a concern for malignant melanoma (aggressive skin cancer). An excisional biopsy was recommended. She signed a detailed informed consent which listed infection and re-excision as known complications, in addition to others. She also smoked, which can interfere with wound healing, and was a carpenter.

Surgery was performed by Dr. #1 and Dr. #2 on 10/7/97 under local anesthesia. The 3 x 1 centimeter (one inch = 2.54 centimeters) lesion was excised by a standard elliptical incision, as confirmed by the pathologist receiving a 1.6 x 6 centimeter ellipse of skin 0.9 centimeters deep. It was benign. No muscle was removed. It was a superficial excision.

On 10/15, eight days later, at the proper time, all the skin sutures were removed and the skin incision reinforced with paper tape strips (Steri-Strips). Again good care. The original incision had also been sutured on the inside with 3-0 chromic sutures which dissolve over weeks. This also is standard care.

The next day, she came to the emergency room with a wound (incision) dehiscence (separation of the previously sutured 8-cm incision). Did she return to work? Did she hurt her back? Did she remove the Steri-Strips? They properly irrigated the wound, sutured it closed (it did not appear infected), and as a precaution gave her an intravenous (by vein) antibiotic (clindamycin) as well as a prescription for a broad spectrum oral antibiotic (Cipro).

She returned to the Hospital #1 Clinic for follow-up care on 10/21. There was redness (erythema) and swelling (induration). She refused to tell them what antibiotic she was taking (she had nausea and vomiting) and refused to be seen by the doctor.

On 11/5, she was seen at the Hospital #2 with a small amount of wound drainage. They noted she had a history of an eating disorder (bulimia). Previously she was very anxious before and after the surgery for the mole. The wound was red and tender. They correctly prescribed hot compresses, a topical antibiotic (neosporin) and an oral antibiotic (Keflex), and instructed her to go to the surgery clinic the next day.

On 11/6, there was no sign of infection and she had a "well-healing wound."

On 11/23/97, she was seen at the Hospital #3 and she had two small stitch abscesses, but "nothing to I&D (incise and drain). She was correctly treated with antibiotics. No change was noted on 11/25, however, "she does seem to have a low threshold to pain…." She received intravenous antibiotics on 11/26 and 11/27.

On 1/22/98, she was assaulted, punched in the face and she fell over backward. She had low back pain.

On 3/23/98, she was seen at the Hospital #4 Emergency Room "complaining of pain upper back in area of scar after door struck scar one and a half weeks ago." There was a "question of scar neuroma" (inflamed piece of nerve trapped in the scar).

On 3/31/98, she had an injection of a local anesthetic and steroid (anti-inflammatory drug) injected into the scar. It was "excruciatingly painful, however, by the end of the procedure, the pain had subsided substantially as would be expected from local anesthetic."

On 1/8/99, Dr. #3 injected both medications deep into "trigger areas" (painful balls of muscle spasm) and adjacent nerves to block the pain. It too had a tentative effect, but justified revisional surgery to excise the scar and to directly insert these medications between her ribs to numb the sixth, seventh and eighth intercostal nerves. This was correctly done by him on 2/18/99. The Pathologist confirmed scar tissue removal.

Based on all of the above, this patient had an indication for surgical removal of her mole which was correctly done under local anesthesia. After eight days, the skin sutures were removed and Steri-Strips applied. The next day the wound split open and was resutured closed, and antibiotics were given. She developed a small local infection that was correctly treated and it resolved. Thereafter, she developed some chronic pain, made

much worse by a new injury. Finally, the scar was excised and medication reinjected to try to control that local pain complication.

I do not see any substandard care as the proximate cause or contributing factor to her complications.

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Accutane for acne prescribed during pregnacy.

The acne treating drug Accutane can cause damage to a developing fetus. The standard of care requires that the treating and prescribing physician determine if the patient is at risk for being pregnant and warn her to take steps to prevent becoming pregnant while taking Accutane.

The basic inquiry consists of asking the patient if she is sexually active, and if so, what method of birth control, if any, she uses. Also, the physician must ask when was her last normal menstrual period (LMP).

If there is any question of pregnancy, the patient must be told not to take Accutane until a pregnancy test is done. The blood pregnancy test (HCG: Human Chorio-Gonadotrophic hormone) is usually positive a few days after conception. The urine morning pregnancy test usually become positive after two weeks.

Her Affidavit stated that she was 6 - 9 weeks pregnant on May 14. Those medical records should be obtained. Assuming that to be true, then on April 30, 1998 when she saw Dr. #1, she would have been 4 to 7 weeks pregnant and would have missed at least one normal menstrual period. Conception occurs at the time of ovulation which is approximately during the mid menstrual cycle (at about 15 days, plus or minus 4 days).

Therefore if she would have been asked when her last normal menstrual period occurred, it would have been more than one month before, which would be a "red flag".

Why did Dr. #1 order the blood pregnancy test? Why did the laboratory and/or the doctor delay until May 7 to get the results to the doctor? Who then called the patient?

Usually laboratory tests are run the day the blood is drawn if received early enough, or the next day, if not received on a weekend or holiday. When was the test run? Obtain all the relevant records from the laboratory including the "log in", testing, and reporting documents. How did they send the reporting documents? How did they send the reports to the doctor (by mail, courier with each pick-up, by fax)?

Assuming the truth of the Affidavit, then Dr. #1 was negligent by not determining the status of the existing pregnancy of her sexually active female patient, and warning her not to take the Accutane until the test results were known.

The doctor is also responsible for the actions of her office staff. Obtain all of Dr. #1's office records, as well as determining how she routinely received, reviewed and documented the laboratory test results she ordered, and what she and her staff did in this case.

Did the patient undergo an abortion? Obtain the records from her gynecologist and facility where the abortion occurred, including the pathology report on the fetus and placenta ("products of conception").

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I would suggest that you authorize us to have all the records (when you receive them) reviewed by one of our Experts in Dermatology. It may also be helpful to have an Expert Report by one of our consulting Gynecologists on the issue of causation.

You may want her examined and tested by a local Psychologist to document the extent of any emotional damages she sustained.