Medical Malpractice and Bilateral Orbital Rhabdomyosarcoma

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Abstract: Orbital rhabdomyosarcoma is a malignant tumor involving the soft tissues particularly the muscles. Without a rapid diagnosis and treatment the prognosis may be compromised. Computerized tomography (CT) and magnetic resonance imaging (MRI) are the reference investigation techniques. Any qualified Radiologist and even ophthalmologist should be able to diagnose it. Any failure to diagnose this tumor is a breach of the patient fundamental rights.

Keywords: malpractice, orbital, rhabdomyosarcoma.

INTRODUCTION

Rhabdomyosarcoma (RMS) is a rare childhood cancer with estimated 250-350 new cases per year. The major anatomic site for RMS is head and neck region, particularly, the orbit. Primary Orbital RMS is mainly a disease of young children. 90% of it occurs before the age of 16 years old with a mean age of onset of 5-7 years old [1].

The reference investigation techniques are computerized tomography and magnetic resonance imaging [2]. Biopsy for histopathologic evaluation is required for the ultimate diagnosis of RMS. CT or MRI imaging studies are helpful for guiding appropriate surgical planning for incisional or excisional biopsy of the orbital tumor [3]. Malpractice infringes the rights of patient to care and may involve the practitioner legal liability.

Malpractice liability affects all medical practitioners. Several studies have identified specific specialties that are at “high-risk” for litigation that include Emergency Medicine, General Surgery, Orthopedic Surgery, Neurosurgery, Obstetrics/Gynecology, and Radiology [4].

CASE REPORT

A 7-year-old boy admitted in the department of pediatric ophthalmology for bilateral proptosis. The child was under steroid tablets prescribed by his ophthalmologist with the diagnosis of inflammatory pseudo tumor. The proptosis was not causing any pain and the child had no pathologic history. According to his mother, the onset of the proptosis occurred one month before and rapidly expanded despite the treatment. The visual acuity was 6/6 in both eyes. The eyelid motility was restricted by the tumor. Besides, the rest of the examination was normal. A computed tomography (CT) scan revealed a well defined area of pseudo tumor.

DISCUSSION

Orbital RMS most commonly appears as a well-circumscribed, albeit irregular, solitary superior or superonasal mass that enhances with contrast on CT. The tumor is non-calciﬁed, most frequently appears isointense to the extracocular muscles and is separate from them. In advanced cases, bony erosion or invasion into the surrounding paranasal sinuses or nasopharynx may be seen [5].

The treatment of orbital RMS is typically done by combination of surgery, irradiation, and chemotherapy [6, 7]. If the diagnosis is overlooked by the medical practitioner, the prognosis is fatal. In case of medical malpractice, the health practitioner can face legal proceedings.
An American survey of physicians reported that 5% of respondents had faced a malpractice claim during the previous year [8].

Medicine is a noble profession, but increasing trends of complaints and lawsuits against doctors have resulted in growing anxiety both within the medical profession and in the community [9].

For doctors, facing a malpractice claim can have serious implications. One clinical implication is the subsequent practice of defensive medicine (medical practice based on fear of litigation rather than patients’ best interests), that can result in increased diagnostic testing, increased referral rates, prescription of unnecessary medication and avoiding treating certain conditions or performing certain procedures [10].

CONCLUSION
Medical malpractice is relatively frequent world while. Though it is not totally avoidable, care should be taken by Doctors to minimize its occurrence lest they can face lawsuit.

REFERENCES