Case Study: Toxic Gastroenteritis

Background:

The patient was a 74-year-old male with a history of borderline diabetes, hernia repair, and prostate surgery. He weighed 99.8 kg (220 lbs), well developed and well nourished. On 04/26/2009 he developed abdominal cramping and intractable and vehement diarrhea. This event occurred approximately 6 hours after ingesting a fish dinner. He presented to the ER at 0745 hours and had almost continuous diarrhea and exhibited signs of early dehydration.

On examination, his abdomen was protuberant, soft and tender in the mid-epigastric region. He was diagnosed to be having toxic gastroenteritis, dehydration, and borderline hypotension (100/70). He had numerous episodes of diarrhea and vomiting on this day.

On 04/27/2009 the patient had a few episodes of low BP for which normal saline was administered. On transferring the patient to X-ray, he became unresponsive and CPR was started. Code blue was called, intubated and he expired at 1437 hrs.

Expert Analysis & Observations:

Fish bone perforation is an uncommon but not an extremely rare condition.

Morphine was prescribed in this patient for abdominal pain by the doctor over the phone. But the patient also had hypotension, elevated renal parameters, thrombocytopenia, undiagnosed abdominal pain. He was also on Albuterol inhalation (probably due to wheeze) all of which indicated that there was something wrong inside the abdomen apart from just ‘a diarrhea and stomach ache’.

Following intravenous administration of Morphine, the patient suffered from hallucinations, difficulty in breathing and respiratory failure. So, the Physician should not have prescribed Morphine because contraindications far outnumber indications in this patient.

Severe abdominal pain that requires multiple Morphine injection is rare with just the gastroenteritis condition. So the Physician must have thought about something abnormal occurring inside the abdomen other than ‘just’ gastroenteritis.

Even though toxic gastroenteritis is a known complication of food poisoning by fish, perforation of the intestine by fish bone is not an unheard event and should have been included in the differential diagnosis. The Physician did not even suspect this complication and failed to examine, investigate and treat the patient appropriately.

Conclusion:

The patient was in severe ‘acute’ abdominal pain that warranted a surgical evaluation or radiological evaluation in terms of Ultrasound/CT of abdomen etc. Instead of evaluating the cause for pain, the Physician continued to administer morphine which masked the symptoms. This is a deviation in standard of care.

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