

MEDICAL MALPRACTICE: Failure to diagnose subacute bacterial endocarditis, leading to stroke and open-heart surgery to replace an infected aortic valve.

PARTIES: G. Bryant Butler v. Mehul Trivedi, M.D., and Alexandria Primary Care Associates

JURISDICTION: Alexandria Circuit Court

VERDICT: \$7 Million

ATTORNEYS:

For the Plaintiff: William E. Artz, Esq.
Andrew J. Waghorn, Esq.

For the Defendants: Jonathan Schraub, Esq.
Michael Marr, Esq.

CASE SUMMARY: Mr. Butler, a 32 year-old attorney, suffered from a dental abscess in July 2005, for which he underwent a root canal. In October 2005, Mr. Butler developed sinus pain, headaches, a runny nose, fatigue, fever, and chills. Alexandria Primary Care Associates (APCA) diagnosed him with a sinus infection, despite Mr. Butler's long history of allergies and the absence of purulent discharge from the nose – the hallmark of a sinus infection. Mr. Butler was treated with a 10-day course of antibiotics. His symptoms improved on the antibiotic, but worsened as soon as they were finished. Mr. Butler returned to APCA on three subsequent occasions, receiving three different courses of antibiotics with the same result – his fatigue, chills, fever, and eventually night sweats always returned. His last visit to APCA resulted in blood work and a head CT. The CT revealed no sinus infection. The blood work revealed anemia, which is inconsistent with a sinus infection, but consistent with a systemic infection. Mr. Butler was never informed of the results of the blood work before he suffered a stroke on January 14, 2006, after which he was taken to Alexandria Hospital. At Alexandria Hospital Mr. Butler was diagnosed with sub-acute bacterial endocarditis – an infection of the heart valve from strep viridans, an organism found in the mouth. Vegetation from the heart infection had broken off and traveled through Mr. Butler's bloodstream to his brain, causing the stroke. To treat his injuries, Mr. Butler required open-heart surgery to replace his aortic valve and a subsequent surgery to insert a pacemaker/ defibrillator. The Plaintiff's experts testified that Mr. Butler's presenting complaints required Dr. Trivedi to order blood cultures, which would have revealed the SBE in time to eradicate it with IV antibiotics before the stroke and the irreversible damage to the aortic valve. According to the Plaintiff's experts, Dr. Trivedi did not appreciate the risk of SBE because he failed to listen to his patient, failed to perform cardiac examinations on the two occasions he evaluated Mr. Butler, and failed to timely review the patient's laboratory results. Mr. Butler testified that he continually complained of increasing fatigue, fevers, chills, and night sweats. Chills and sweats were each recorded once, but on separate occasions. Fatigue and fever were not recorded consistently. Dr. Trivedi

testified that he performed a cardiac examination on both visits with Mr. Butler, but neither examination was recorded in the patient's chart. The Plaintiff's experts testified that a murmur should have been heard had Dr. Trivedi performed a cardiac examination. Partial results of the blood work were available to Dr. Trivedi as early as December 28, 2005, but the practice of Alexandria Primary Care Associates is to print blood work results only after a final report is returned by the laboratory, which did not occur until January 4, 2006. As a result of the Defendant's negligence, Mr. Butler suffered permanent and profound neurological and cognitive deficits, which preclude substantial gainful employment. He is 33 years old and married.