

**THE WEST BENGAL CLINICAL ESTABLISHMENT
REGULATORY COMMISSION.**

Present: Justice Ashim Kumar Roy, Chairperson.

Dr. Sukumar Mukherjee, Member.

Dr. Abhijit Chowdhury, Member.

Dr. Madhusudan Banerjee, Member.

Shri. S.K. Thade, Member.

COMPLAINT ID: KOL/2017/000266.

Mr. Manish Bajoria.....Complainant.

-versus-

Apollo Gleneagles Hospital & others.....Respondents.

Date of judgment: 26th June, 2018.

J U D G M E N T.

The case of the complainant and service recipient Mr. Manish Bajoria, as emanated from his letter of complaint and the complaint in the form of affidavit runs as follows,

The complainant/ service recipient, aged about 38 years met with an accident on November 1, 2017 while participating in a cycling event organized by Air India held at Newtown, Kolkata. In the accident, the complainant suffered an injury on his left wrist. On the very day of the accident (November 1, 2017), the complainant consulted Dr Tathagata Das, an

Orthopaedic Consultant at Apollo Gleneagles Hospital (hereinafter, refer to as "Apollo"). Dr Das suspected a clinical scaphoid fracture in the left anatomical snuff box and advised to get 'X-ray wrist' done at Apollo itself and to show him the plate. Accordingly, X-ray was done (November 1, 2017) at Apollo and report was normal... "bone density and bony alignment are normal", "soft tissue is unremarkable", "joint space is normal". However, Dr. Das on November 2, 2017, on the basis of his clinical judgement, scaphoid fracture on left wrist put the patient on plaster for 6 weeks and further advised to come for review after 6 weeks and to get the CT scan done within 10 days. On November 22, 2017, the complainant got his CT scan done at Apollo and on the next day, he collected the report. The findings of CT scan report was "no cortical break seen in any bones under review". Thereafter, the CT scan report was shown to Dr Tathagata Das, and Dr Das reconfirmed the fracture on scaphoid.

It was the further case of the complainant that due to callous and negligent study of the plates and incompetency of the Technicians of Radiology Department of Apollo, the wrong findings of both of X-ray and CT scan were reported by them. Unless Dr Tathagata Das been vigilant enough, it would have ruined his professional career as a cyclist apart from rendering him physically handicap.

2. In response to the notice, the Clinical Establishment presented its case in the form of affidavit, disputing the case of the complainant.
3. In their affidavit, it was contended on behalf of the Clinical Establishment,

On November 1, 2017, clinically suspecting scaphoid fracture on left wrist of the complainant, Dr. Das advised X-ray. After going through the X-ray plate, since the same was not inconclusive, Dr. Das advised the complainant to immediately have a C.T Scan done on the same day to confirm the diagnosis of scaphoid fracture. Such advised was noted on the prescription but was not followed and finally C.T. Scan was done on November 22, 2017. After going through the C.T. scan report on November 23, 2017, Dr. Das once in writing, noted on the C.T. scan report itself advised the complainant to approach the Radiologist Dr. Srijita Ghosh Sen

to carry out a focus review of the C.T. scan with special attention to scaphoid with magnification and inverted images, however, such advice was not followed.

It was contended that scaphoid fractures are not always easily located upon an X-Ray or C.T. Scan examination being carried out, especially if the scaphoid fracture that occurred was undisplaced, unicortical and hairline in nature. The X-Ray and the C.T. scan had been advised by Dr. Tathagata Das in the best interest of the patient and it is the complainant who has failed to act on the considered medical advice given by Dr. Das to –(a) carry out a C.T. scan immediately on November 1, 2017; and (b) seek an appropriate review of the C.T. scan report as advised in writing by Dr. Das on November 23, 2017.

It was further contended detection of scaphoid fractures through X-Rays or C.T. scans, there is usually a substantial range of variation on account of intra-observer and inter-observer reliability as also a high false-positive rate arising from the possibility of misinterpretation of unicortical fracture as a vascular channel. This is supported by widely accepted medical literature on this aspect.

It is added in the medical field, it is widely accepted that scaphoid fractures are not easily detectable through X-Ray or CT scan, especially if it is un-displaced. In the instant case, CT scan was requested by the patient more than 3 weeks after he was actually advised to carry out such CT scan. This delay greatly reduced the possibility of a confirmed detection of any possible scaphoid fracture suffered by the complainant as in the interregnum the scaphoid fracture would have healed to a large extent. Partially healed scaphoid fractures with sclerosed margin often simulate a vascular channel, leading to problems in detection of the fracture. In so far as X-Ray is concerned, plain radiographs (X-Rays) are poor at identifying scaphoid fractures immediately after the injury.

It is further contended since appropriate treatment was given by Dr Tathagata Das, the injury suffered by the complainant, had healed to a large extent by November 22, 2017 and there was no negligence whatsoever on the part of either the attending doctor or the hospital authority. In fact, the complainant has not suffered on any account due to any act on the part

of any of the hospital staff or any doctor of the hospital. This is, in fact, admitted even in the complaint and affidavit filed by the complainant. The complainant has failed to demonstrate or prove any harm or loss suffered by him and has also failed to demonstrate or show any negligence on the part of the medical staff.

4. At the time of hearing, the complainant/service recipient, the respondent, namely, the authorized representative of the Clinical Establishment Dr. Tathagata Das, Consultant-Orthopedics, Dr. Sujata Ghosh, Consultant-Radiologist, Dr. Srijita Ghosh Sen, Consultant-Radiologist and their Learned Counsels were present.

The parties were heard at length. The materials on record and the medical literatures are considered.

5. According to Radiologists by whom X-ray and CT scan were done, in their respective submissions contended that it is not very uncommon to miss the scaphoid fracture on plain X-ray and even on CT scan more particularly when it is undisplaced. Although advised to do the CT scan on November 1, 2017 by Dr Tathagata Das, but such advice was not followed and CT scan was done on November 22, 2017 and this delay greatly reduced the possibility of a confirmed detection of any possible scaphoid fracture suffered by the complainant as in the interregnum the scaphoid fracture would have healed to a large extent. In this regard, they referred and relied on the literature, a) Fracture in Adults by Rockwood and Green, b) Current Methods of Treatment of scaphoid Fractures by Steven J Rhemrey et al published in International Journal of Emergency Medicine, c) The Clinical Scaphoid Fracture: Early Computed Tomography as a Practical Approach by Q Nguyen et al published in Annals, d) Diagnosing Scaphoid Fractures: Radiographs cannot be used as a gold standard by Tiel-van Buul et al, e) Clinical scaphoid fracture: Is it time to abolish this phrase? By S. Shetty.

6. According to the literature relied upon by the respondents (Current methods of diagnosis and treatment of scaphoid fractures- Steven J Rhemrey Emergency Med 2011 4.4) scaphoid fractures are often missed with the use of conventional radiographs alone in 30-40%

patients. Initial radiographs can detect only 70% of scaphoid fractures (Bhat M et al J. Bone Joint Surgery 2004; 86 (5), 705-13). There is still no consensus regarding the different types of conventional radiographs. Even on repeated radiography exam after 10/14 days propagated by many clinicians in case of an occult fracture, a scaphoid fracture is often missed, since the additional sensitivity is low although in case of sclerosis it could confirm suspected diagnosis.

In the *Fractures in Adults* by Rockwood and Green, it is noted ... "some non distressed fractures of the scaphoid are not visible on radiographs taken at the time of injury (occult scaphoid fracture). Patient radial sided wrist pain and tenderness after a fall are often suspected of having an occult scaphoid fracture. The suspected scaphoid fracture remains a problematic clinical scenario despite advances in both knowledge and radiologic imaging. The mind set and thrust of research in recent years has been aimed to find the optimal radiological testing diagnosis thus limiting immobilization, restriction, and the number of further clinical assessment. However, despite advocates for the various secondary imaging modalities, a clear answer to the problem has not emerged".

Similarly, in *The Clinical Scaphoid Fracture: Early Computed Tomography as a Practical Approach* by Q Nguyen et al published in *Annals* (September 2008, pp 488-491), the authors on the issue concluded... *an extremely high false negative rate for plain X-rays has been identified and demonstrated that the appropriate use of CT at initial fracture clinic attendants with "clinical scaphoid" leads to an earlier diagnosis..... Scaphoid fractures are the most problematic to diagnose in a clinical setting because it can take up to 6 weeks for scaphoid fractures to become conclusive on plain X-ray films. It is estimated that upto 40% of scaphoid fractures are missed at first presentation."*

7. Furthermore, Dr. Ghosh Sen also mentioned that despite the high resolution of multiplanar reconstruction, the difficulty of interpretation of a CT scan lies in the distinction between channels in the trabecular bone pattern and fracture. This restricts the specificity of the CT scan. Magnetic resonance examination is recommended as diagnostic modality for occult scaphoid fracture.

The CT scan of this left scaphoid was done on November 22, 2017, almost 3 weeks after the occurrence of fracture. The fracture line is getting healed up by that time with some callous formation. This led to confusion and 3 weeks old fracture was thus missed. Under the circumstances, the missing fracture on conventional X-ray is not a failure of service on the part of the radiologist. However, the radiologist could have mentioned the callous formation as a hint of past fracture.

8. In view of error in detection of scaphoid fracture with the use of conventional radiographs as highlighted in the scientific literatures, missing of such fracture on plain x-ray cannot be ruled out. CT scan showed a linear white line in the scaphoid bone which could be either a callous or trabecular bone pattern. This restricts the specificity of CT scan (Brederveld RS et al J.Trauma 2004 57 (4) 851-4 Ring DJ. Healed surgery Ann 2008; 33 (6) 954-57. The CT report by Radiologist remained ambiguous under the circumstances. However, the Orthopaedic Surgeon did his best to help healing of clinical scaphoid fracture and the complainant got better and recovered.

In the above backdrop, we do not find any deficiency in patient care service on the part of the Clinical Establishment which they rendered through their radiologist and despite technological fallacies, it is not proved due to that patient suffered any harm.

This case accordingly stands disposed of.

Sd/-

Dr. Sukumar Mukherjee, Member.

Sd/-

Dr. Abhijit Chowdhury, Member.

Sd/-

Dr. Madhusudan Banerjee, Member.

Sd/-

Shri. S.K. Thade, Member.

Sd/-

Justice Ashim Kumar Roy
Chairperson.

Authenticated
[Signature]
29/6/2018