

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

Present: Justice Ashim Kumar Roy, Chairperson.

Dr. Sukumar Mukherjee, Member.

Dr. Makhan Lal Saha, Member.

Dr. Madhusudan Banerjee, Member.

COMPLAINT ID: NPG/2018/000333.

Mr. Atanu Kumar Raha.....Complainant.

-versus-

Suraksha Diagnostic Pvt. Ltd.....Respondents.

Date of judgment: 26th December, 2018.

J U D G M E N T.

On 01.02.2018, the complainant's wife had severe nasal bleeding at night. Immediately, she was taken to an ENT Consultant at Ruby Hospital, Kolkata and was advised for immediate Hb/platelet count test. The blood test report there had shown platelet count report of 60000 and the ENT specialist there decided not to carry out the invasive procedure as the patient was having a very low platelet count. The doctor further advised to check out the platelet count after few days in order to carry out required invasive treatment to stop occasional nasal bleeding. After some days, his wife went to Suraksha Lab for the said blood test on 10.02.2018. The test report there showed a platelet count of 1,50,000. Due to the sudden rise in the platelet count over a period of ten days, the complainant became concern and a second check up was done at Belle Vue Clinic on 13.02.2018. This time the report showed a platelet count at 94,000 and Hb at 8.6, both of which were much below the normal. The complainant, thereafter, wrote to Lab Suraksha Diagnostic on 16.02.2018

pointing to the gross discrepancy in their report dated 10.02.2018 and 12.02.2018. The said Lab instead of taking suitable measures of retesting the blood stuck to their previous report and took no corrective measure. The complainant further tested the blood of his wife on 07.03.2018 at Roy and Trivedi and the platelet count was 61,000. The complainant again took up the matter with the Clinical Establishment through a letter dated 12.03.2018 about the apparent gross irregularity in their reports but the Lab did not accept their mistake. He further submits that such over reporting of platelet count for a patient with diabetes and co-morbidities could have turned fatal and life threatening. As a result, he had to approach the Commission for necessary relief.

Reply of the Clinical Establishment:

The blood sample of Ms. Srilekha Raha, wife of Mr Atanau Raha, had been sent to Suraksha Laboratory for haemoglobin and platelet count tests on 10.02.2018. The sample was received as per standard protocol and analyzed on the automated CBC analyzer. The analyzer provided a value of 8.2gm/dl for haemoglobin and 62,000 for platelet with a flag sing for attention.

The automated CBC analyser (Sysmex XT-4000i) works on the principle of DC Detection/ Hydrodynamic focusing method for platelet count. One limitation of this method is that it is not able to count large platelets o platelet clumps, giving a spuriously low count. This is overcome by direct slide assessment.

Every laboratory has their defined Standard Operating Procedures for reporting CBC parameters. At Suraksha, we have a policy for reviewing slides when the analyzer gives a platelet count of less than 1.5 Lac.

For determining platelet count by slide method, 10 oil immersion fields are carefully examined for platelets, an average is taken, which is multiplied by 15000 a get platelet count by slide method.

Following the procedure, platelet count of Mrs Raha was determined to be 1.5 Lac (from the machine count of 62,000). The result was released on 10.02.2018 on the basis of the slide count, as it is more precise.

As Mr. Raha made a query of the platelet report on 12.02.2018, the Lab, which was having a sample retention period of 48 hours, EDTA vial was taken out from the refrigerator (well maintained at 2-8°C), the sample was reanalyzed and a slide was prepared again for review by other pathologists. This time the machine count for platelet was 66,000. The platelet count appeared well above 1 lac on slide review by other pathologists.

The normal minimum platelet count of 1.5Lac/uL is applicable for Caucasian population, as per studies done in the West. Whereas no large population based data is available for normal platelet count in the Indian population, it is however, well known among medical professionals that the normal platelet count may be much lower than 1.5Lac/uL for normal Indian population. Thus, any platelet count above 1 Lac/uL can be considered as adequate in the Indian population.

It is also a well-known fact that any life saving surgical procedure can be done with a platelet count above 50000/uL. Hence, Mr. Raha's allegation, that a surgical procedure on Mrs. Raha would have proved life-threatening due to low platelet count, also has not ground. (It is noted that an invasive procedure like nasal endoscopy, done on Mrs. Raha on 01.02.2018, despite Ruby hospital reporting platelet count of 60000 on that day, clearly proves the same).

Conclusion

It clearly appears from the materials on record that there is a wide gap of platelet count between the report issued on 12.02.2018 by Suraksha Diagnostic and then the test report of Belle Vue Clinic dated 13.02.2018. While the report of Suraksha shows platelet count 150000/um, the Belle Vue Clinic report shows the same to be of 94000/um. That apart, earlier to the said report of Suraksha referred hereinabove, on several occasions the blood was tested for platelet count and then after the report of Suraksha not only at Belle Vue Clinic but at different pathological laboratories tests were done but the report of Suraksha under reference does not match with the reports preceding or following it. In a patient of thrombocytopenia such huge variation in count is unlikely without any treatment for considerable period. Therefore, it can be safely held that the report of Suraksha under

reference was wrong. It is unfortunate Suraksha instead of drawing fresh sample from the service recipient, stuck on their earlier report on retesting the purported sample of blood on which first report was issued. Be that as it may, it is an admitted position that on the basis of such wrong test report, the course of treatment was not changed nor the wife of the complainant underwent any surgical operation and therefore, suffered no harm.

In the above backdrop the Commission is of the opinion that the justice will be subserved if a sum of Rs.10000/- be paid to the complainant by the clinical establishment a composite amount inclusive of charges for test and the litigation cost. Such amount of compensation shall be paid to the complainant within 15 days from this day by an a/c payee banker's cheque.

Sd/-
Justice Ashim Kumar Roy
Chairperson.

Sd/-
Dr. Sukumar Mukherjee, Member.

Sd/-
Dr. Makhan Lal Saha, Member.

Sd/-
Dr. Madhusudan Banerjee, Member.

Authenticated


ARSHAD HASAN WARSI
WBCS (Ex)
Secretary
W. B. C. E. R. C.