Failure to diagnose – testicular torsion

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Case histories are based on actual medical negligence claims, however, certain facts have been omitted or changed by the author to ensure the anonymity of the parties involved.

Medical negligence claims against general practitioners alleging a 'failure to diagnose' a surgical condition, such as testicular torsion, are relatively common. This article outlines some risk management strategies designed to minimise the possibility of a claim arising from failure to diagnose testicular torsion.

Case history

Joshua, a 16 year old schoolboy, was brought to the surgery by his mother. Joshua's mother told the GP that her son had complained of the sudden onset of scrotal and lower abdominal pain one hour previously. On questioning, Joshua denied any bowel or urinary symptoms. He was otherwise well and had not experienced any similar episodes of pain in the past. The GP, Dr Leonard, asked Joshua's mother to wait outside while she performed a physical examination. On examination, the abdomen was soft and nontender. Both testes were painful to palpation and there was generalised scrotal erythema. On further questioning, Joshua said that he was sexually active and had a new girlfriend. Over the past couple of days, he had had some dysuria but denied any urethral discharge. Dr Leonard made a provisional diagnosis of epididymitis and gave Joshua a pathology request form for a mid stream urine. She gave him a prescription for some antibiotics and asked him to return if the symptoms had not settled within a few days.

The following morning, Joshua's mother rang the practice and asked for another appointment for her son with Dr Leonard. She told the receptionist that her son's pain was worse. The receptionist said that it was Dr Leonard's day off and all the other GPs were fully booked. She offered to fit Joshua in with Dr Johnston at the end of the morning session. At review, Dr Johnston noted Joshua had testicular tenderness and scrotal swelling, more marked on the left than the right. Joshua appeared to be in considerable pain and Dr Johnston was concerned that he may have a testicular torsion. She advised Joshua's mother to take him immediately to the local emergency department for urgent surgical review. She phoned the triage nurse to advise that she was sending a patient with a suspected testicular torsion.

A few weeks later, Dr Johnston received a discharge summary from the hospital. Joshua had undergone a left orchidectomy for an infarcted testis and a right orchidopexy.

Four years after the initial consultation, the patient commenced legal proceedings against Dr Leonard.

Medicolegal issues

In his claim against Dr Leonard, the patient – now a plaintiff – alleged that Dr Leonard – now a defendant – had breached her duty of care and had negligently 'failed to diagnose' his testicular torsion. According to the Statement of Claim, Dr Leonard's failure to diagnose the testicular torsion resulted in Joshua requiring an orchidectomy. This had caused him to suffer from anxiety and depression. The claim alleged that at the initial consultation, Dr Leonard should have considered the possibility of testicular torsion and referred Joshua immediately to the local emergency department. Expert opinion obtained on behalf of Dr Leonard was critical of her failure to consider the possibility of torsion despite the history of recent sexual activity and dysuria. The GP expert stated that 'a GP should consider the possibility of torsion in any adolescent with a painful or swollen scrotum'.

There are three elements that must be satisfied in order to establish negligence:

- the plaintiff must prove that the

defendant owed him/her a duty of care
- there was a breach of this duty of care, and
- the negligent act caused the plaintiff damage or injury.

In claims alleging a failure to diagnose, this element of 'causation' is critical. In this case, the plaintiff had to establish 'on the balance of probabilities' that the delay in diagnosis of the testicular torsion resulted in the loss of the left testis. An expert report from a urologist stated that the 'prognosis for torsion is good if the patient is operated on within 4-6 hours and orchidopexy is performed. A delay of more than six hours often leads to the removal of the testis'. As Joshua had presented to Dr Leonard within one hour of the onset of pain, immediate referral to the emergency department would, in all likelihood, have resulted in successful salvage of the testis.

On the basis of these expert reports, the claim was indefensible and settled out of court for $50 000 inclusive of legal costs.

Discussion

Medical negligence claims alleging 'failure to diagnose' a surgical condition, such as appendicitis, testicular torsion or ectopic pregnancy, are not uncommon. These claims frequently involve GPs.

Every year medical defence organisations manage claims involving 'epididymitis' which is treated with antibiotics until the infarcted testis is removed some time later. Indeed, a review of claims involving an allegation of failure to diagnose testicular torsion revealed that a misdiagnosis of epididymitis (61%) was most commonly cited in the claims.[1] A study involving a review of 238 patients aged from birth to 19 years of age who presented to an Emergency Department with an acute scrotum found that 16% had testicular torsion, 46% had a torsion of an intrascrotal appendage and 35 % had epididymitis.[2] For 11% of the patients with testicular torsion, the diagnosis was missed at the time of the initial presentation. Rates of testicular salvage are dependent on the time from the start of symptoms until surgery. If there is less than six hours from the onset of symptoms the testicular salvage rate is 90%, at 12 hours this decreases to 50% and by 24 hours the salvage rate is less than 10%.[3]

Risk management strategies

An article by Davenport provides useful guidance regarding the diagnosis of testicular torsion:
- symptoms include sudden, severe testicular pain, which may radiate to the groin. There may be nausea and vomiting and, occasionally, a history of similar but self limiting pain
- there are no specific or pathognomonic clinical signs that allow precise differentiation of testicular torsion from epididymitis. The testis may appear normal or be swollen and tender. In some cases, scrotal examination may reveal a high riding or horizontal testis
- successful testicular salvage is highly dependent on the time between the start of symptoms and surgery, and
- if there is any doubt, the diagnosis should be presumed to be testicular torsion and the patient referred for urgent surgical review.[3]

Conflict of interest: none declared.

SUMMARY OF IMPORTANT POINTS

- 'Failure to diagnose' a surgical condition, such as appendicitis, testicular torsion or ectopic pregnancy, is a relatively common source of claims against GPs.
- Testicular torsion should be considered in any adolescent patient presenting with a painful or swollen testis.
- If testicular torsion is suspected, the patient should be referred for urgent surgical review.

References

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