Abdominal sepsis and communication breakdown

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Bill Morrison* presented to the practice with mild abdominal pain and fever. He stated that he had experienced 3–4 days of pain on defaecating and was feeling a 'bit crook'. He had not had any diarrhoea or constipation. He was a little over weight, drank socially, never smoked, had normal blood pressure and was generally well. He lived by himself, was not married and had no children.

Bill who worked as the front office man in a local hotel* that I occasionally had lunch at, was normally an amiable chap with a real zest for life. 'How was your holiday this year Bill?' I asked. Bill came to see me for his travel medical needs before his annual visit to the Philippines where he stayed with family friends. He loved the Philippines, always returning with a smile on his face, but this was not the case today.

'Not very good', he replied. He told me a saga about his best friend's 18 year old son who had been at university studying to be a doctor. Apparently the boy has developed liver cirrhosis secondary to chronic hepatitis, and Bill had helped the family pay for the boy's care, including purchasing medicines, personally feeding the boy in the hospital, and buying blood for transfusions from the local prison. Sadly, the young boy had died. As Bill talked about this, I could see he was heartbroken. 'He was such a great kid. I knew him since he was born and his family are devastated'.

Examination

As I examined Bill, my mind went through possible travel related causes, but it was now a good five months since his return. He didn't look well at all. He was a bit pale, but with flushed cheeks. His temperature was 38.7°C, pulse 88/minute. Abdominal examination revealed slight deep tenderness in the left iliac fossa with some rebound. There were no masses. Liver and spleen, and other organs were normal. Digital rectal examination found slight tenderness in the left side of the pelvis, but no masses palpable. The prostate felt slightly enlarged, but was otherwise normal.

Differential diagnosis

I was concerned there was a pelvic infection or a diverticular abcess, especially because of the fever. I rang the admitting officer of the local hospital who said: 'Don't you think the signs are a bit vague?'

'Not at all, I replied, fever and localised tenderness could mean pus, especially a silent infection in a difficult to reach place. Can you check it out?' And I had an afterthought. 'And let me know what you decide to do. Ring me anytime day or night'. I gave the registrar my private numbers. I had experienced problems with this registrar before and was concerned he was not going to take Bill's problem seriously.

Follow up

Bill was admitted on intravenous antibiotics with no diagnosis being made. I rang the registrar. 'What's the problem? What did the surgeon say?' I asked.

'He hasn't seen him yet. He'll see him in the morning', the registrar said.

'Why not?' I asked.

'Because it'll wait until the morning', he replied dismissively.

'Well can you tell me when you know what's going on?'

I didn't receive any letters about Bill and no further calls and assumed that because

he was in hospital, he would be okay.

About six weeks later, Bill presented to the practice for follow up and repeat prescriptions. He had lost a lot of weight and told me the story of his hospital stay.

'They had me on antibiotics for four days and then I got really sick. They opened me up and found that I had an infection which they cleared up. I'm right as rain now'. He was afebrile, happy enough, but I thought there was a bit of sadness behind the smile. 'How are your spirits? Are you sleeping okay?' I asked.

His answer surprised me. 'I'm sleeping fine doc, but you know, lying there in hospital I could only think about Terry and his problems'. Terry was the young medical student who died of liver disease. 'It broke my heart', he said, suddenly looking quite despondent which he quickly turned back into a smile. 'But I'm off to the footy now doc. See you soon'.

A discharge summary arrived three months later describing the drainage of the peridiverticular abscess. There was no mention of the four day delay between admission and drainage and the description of the process looked routine. However, the arrival of the letter reminded me to check up on Bill.

I passed his workplace most days and decided to drop in to say hello. I found another staff member at the desk.

'Where's Bill?' I asked.

'I'm sorry, Bill died over a month ago. Complications from an operation'.

Discussion

Bill had been diagnosed fairly early on as possibly having an abdominal septic focus, but this did not appear to have been followed through. Was the hospital negligent in leaving the operation so late after diagnosis? Was I negligent for not following up what happened to Bill in hospital after his discharge? Was Bill depressed as a combination of the traumatic events of the Philippines and the subsequent illness, and this led him to neglect his own care? Because he lived by himself, did he not have anyone looking out for him? I suspect all of the above.

There is always a continuum of treatment: assertive versus conservative. But if social conditions conspire that conservative measures are taken every step of the way, I fear that the result may be poor medicine.

Bill taught me that the physical state is not the only cause of illness, but is the result of a complex interplay of the physical diseases, health care system issues, psychological conditions and social support issues. I assumed that Bill was being looked after by the hospital. The hospital assumed that I was looking after Bill. I had not received a discharge summary until after the time of his death. Both he and I and the hospital should have been more proactive in follow up.

I had sensed that Bill might have been depressed but did nothing to follow up. Depressed people often let tell-tale symptoms go, and Bill, living by himself had no one to insist he return to medical care. Would it have made a difference to the outcome? In such a complex condition, probably not, but I think the question is beyond answer.

Two months later, I received another discharge summary from the hospital. Bill had been re-admitted with fever and sepsis and died of cardiac arrest in the emergency department. Could this have been prevented? I guess I will never know.

* All names and occupations have been changed.

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