## MALPRACTICE COUNSEL

The defendant maintained that a clinical diagnosis of appendicitis cannot be made on the basis of right lower quadrant pain alone.

## **Outcome**

According to a published account, a defense verdict was returned.

## Comment

This case illustrates two important points. First, the diagnosis of appendicitis can be made clinically, but not by right lower quadrant pain alone. The three signs and symptoms with the highest likelihood ratio for appendicitis are: right lower quadrant pain and tenderness; abdominal rigidity; and radiation of pain from the periumbilical area to the right lower quadrant. While many other signs and symptoms are associated with appendicitis (ie, nausea and vomiting, anorexia, fever, etc), none is significantly sensitive or specific to be of much help. If a patient presents with the classic signs and symptoms of appendicitis, no imaging study is required; Surgery need only be consulted. However, if the diagnosis is less clear (as in the majority of cases), then a CT scan should be ordered (but for pediatric or pregnant patients, graded compression ultrasound is the initial study of choice). We do not have enough information to determine whether it was possible to make a clinical diagnosis of appendicitis in this patient.

The second point involves the role of patient responsibility in their care. The physician did want to obtain an imaging study (we do not know what type; plain radiographs would not be helpful). While it is fine for a patient to refuse a particular test or study, they must realize that by doing so, they may be limiting the ability of their physician to make the correct diagnosis. If a patient refuses a study, the physician should consider whether there is an acceptable alternative. If not, the potential consequences of foregoing the test should be communicated, and reasons to seek additional medical care (as were given to this patient) should be provided.

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