

SPSO decision report

Case: 201201993, Greater Glasgow and Clyde NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: not upheld, no recommendations

Summary

Mrs C developed skin plaques on her legs. Biopsies (small samples) were taken for analysis, and at first it was thought these might show signs of squamous cell cancer (SCC). However, a hospital dermatologist then decided that this was hypertrophic lichen planus (HLP - which can look like SCC, but is a non-cancerous common skin disease). When, several years later, Mrs C was diagnosed with cancer in a fallopian tube, she complained that the board did not tell her that the initial biopsy reports had been overturned because of a difference of opinion between clinicians. Mrs C said that her family had a history of cancer, and felt that her health was jeopardised because the hospital dermatology department influenced the diagnosis and so she was denied the opportunity to make informed choices about her options at that time. She was also concerned that as a result of having SCC she also suffered from dermatomyositis (a muscle disease involving inflammation and a skin rash), which had not been appropriately diagnosed.

The board acknowledged that this had been a very distressing time for Mrs C and her family, and that diagnosing her skin condition had been challenging. They said, however, that Mrs C had never been diagnosed with cancer on her legs, but with various forms of eczema. Although dermatology clinicians recognised that the complexities and changes in the status of this condition could be perceived as a conflict in diagnosis, doctors who had treated her were very clear that she did not have SCC, and the samples had confirmed this. They said that the cancer diagnosis was not related to Mrs C's skin problems, but to a gene she carried that meant she was more likely to develop certain cancers. After Mrs C complained, and it was clear she was unhappy with the board's response, staff offered to meet her to discuss their response to her concerns, but she declined.

In investigating Mrs C's complaint, we took independent advice from one of our medical advisers, but we did not uphold her complaints. The adviser noted that Mrs C disagreed with the initial diagnosis she received from the dermatology department, but found no evidence of any failure that prevented Mrs C from making informed choices. Neither did he find any evidence that she suffered from dermatomyositis. He said that interpretation of the biopsies that were taken and differentiating between HLP and SCC is extremely difficult, but that the management of her difficult rash and skin lesions was appropriate and timely. It was not possible to verify exactly what staff said to Mrs C about the biopsies, but we found no evidence of a failure to tell her that the results had been overturned due to conflicts of clinical opinion.