Scottish Parliament Region: North East Scotland

Cases 200602833 & 200603448: Tayside NHS Board and a Medical Practice, Tayside NHS Board

Summary of Investigation

Category

Health: Hospital; General medical; Clinical treatment/diagnosis
Health: Family Health Services – GP & GP Practice; Clinical treatment/ diagnosis

Overview

Mrs C was concerned that her late husband, Mr C, was only diagnosed as suffering from non-Hodgkins Lymphoma shortly before his death.

Specific complaint and conclusion

The complaint which has been investigated is that there was a delay in the diagnosis of Mr C's non-Hodgkins Lymphoma (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. Mr C, a 77-year-old man, was admitted to Ninewells Hospital (the Hospital) on 24 August 2006. He deteriorated rapidly and died in the Hospital on 4 September 2006. At post mortem he was found to have been suffering from an aggressive form of non-Hodgkins Lymphoma.

2. Mr C's wife, Mrs C, said she felt that his condition should have been diagnosed earlier. Mr C had had contact with a number of medical professionals in the period preceding this admission. He been attending at Dundee Dental Hospital (the Dental Hospital) for some time and had reported a number of symptoms including a dry mouth, salty discharge and a swelling in his parotid gland. Mr C had also attended at his GP practice (the Practice) regularly and been admitted to the Hospital briefly in June 2006.

3. The complaint from Mrs C which I have investigated is that there was a delay in the diagnosis of Mr C's non-Hodgkins Lymphoma.

Investigation

4. In investigating this complaint, I have obtained the background documentation relating to the complaint and Mr C's medical records from the Hospital, the Practice and the Dental Hospital. Advice was also obtained from clinical advisers to the Ombudsman, a Hospital and GP adviser (Advisers 1 and 2 respectively). The abbreviations used in the report are explained in Annex 1 and the medical terms used in the report are explained in Annex 2.

5. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mrs C, Tayside NHS Board (the Board) and the Practice were given an opportunity to comment on a draft of this report.

Background

6. Non-Hodgkin's Lymphoma (NHL) is a term used to describe a group of cancers which all begin in the lymphatic system. They are all caused when a lymphocyte, a white blood cell, becomes abnormal and begins to reproduce. Symptoms can include swollen lymph nodes, fever, night sweats, coughing, weakness, chest pain, unexplained weight loss and abdominal pain. The forms of NHL are generally grouped into three types, according to how quickly they

are likely to grow and spread. These are indolent or low grade; aggressive or medium grade; and high-grade or highly aggressive.

Complaint: There was a delay in the diagnosis of Mr C's non-Hodgkins Lymphoma

7. Mr C had a number of pre-existing conditions including spondylitis (an inflammation of the spine), angina and myocardial infarction (destruction of heart tissue caused by an obstruction). He had also had a swelling in his parotid gland which had been investigated by the Hospital and the Dental Hospital in 2000/2001 and found to be normal.[1] In May 2006 Mr C was undergoing routine therapy in the periodontal department at the Dental Hospital. A doctor referred Mr C to a consultant (the Consultant) to review the swelling which had recurred.

8. On 28 June 2006 Mr C was admitted to the Hospital with chest pain. He was sent home after tests showed he was not suffering another heart attack. He also had blood tests. These showed a haemoglobin (or Hb) level of 11.6 and a platelet count of 123 – normal ranges are Hb of 13-18 and platelets of around 115-400. Mr C had had blood tests previously: in April 2006 he had had a normal Hb of 14.7 and 225 platelets; on 10 January 2006 Hb 12.5 platelets 351; and on 7 November 2005 Hb 11.4 and platelets 124.

9. On 3 August 2006 Mr C attended at the Dental Hospital for the review by the Consultant requested in May (see paragraph 7). The Consultant made a request to the Hospital for an ultrasound examination of the parotid gland. On 14 August 2006 Mr C went to his GP. He was in pain and said he had recently experienced significant weight loss. Blood tests were taken on 16 August 2006 and Mr C re-attended on 24 August 2006. The GP noted he looked 'awful' and was 'pale and sweating'. The results of the blood test showed anaemia with an Hb of 8.8 and reduced platelets of 99. There were also abnormal changes in the red and white blood cells. The GP arranged admission to the Hospital that day. When he was admitted on 24 August 2006 Mr C was noted to have an Hb count of 6.4.

10. Mr C's condition deteriorated and he was diagnosed as suffering from renal failure. While in the Hospital, on 29 August 2006 an ultrasound

[1] The swelling recurred and this was reviewed again by the Dental Hospital in 2002/2003 but no action taken in light of the findings.

examination of the parotid gland was carried out. This showed the glands were normal and the swelling lay in the fat above the gland and was likely benign. Mr C was also investigated for suspected lymphoma and on 31 August 2006 a blood film showed clear abnormalities in the red blood cells. A bone marrow test on 1 September 2006 confirmed that Mr C was almost certainly suffering from a lymphoma. Also on 1 September 2006, Mr C was transferred to an Intensive Treatment Unit (the ITU) as he had developed severe renal failure and required dialysis. While his condition initially stabilised, he then began to deteriorate again. Mr C was in the ITU when he died on the morning of 4 September 2006.

11. Following Mr C's death in the Hospital, a post-mortem examination was undertaken. The pathologist noted that there was no evidence of 'visceral malignancy' (tumours of the soft tissues). There was, though, marked enlargement of the spleen. Tissue samples were taken and when these were examined they showed evidence of malignant change. The cause of Mr C's death was given as a 'Disseminated high grade non-Hodgkin B cells lymphoma'. This was described as predominantly 'intravascular' (within the blood cells).

12. Mr C's records were reviewed by Adviser 1. He said that the lymphoma from which Mr C was suffering was the most aggressive form of NHL which could progress very rapidly. He also said that Mr C almost certainly developed lymphoma only a few months before he died. In particular, he noted that the blood tests taken in January and April 2006 were normal.

13. Adviser 1 added that the blood results were low in June 2006 and, with hindsight, this could have been an early sign of Mr C's NHL. However, Adviser 1 also noted that these were only slightly reduced and Mr C had had similar results in November 2005. Mr C's results had returned to normal in January and April 2006 (see paragraph 8). Mr C had also presented with chest pain and, given his previous history of heart problems, there were no clear signs which suggested a new diagnosis was required. Adviser 1 also pointed out that the diagnosis of lymphoma was only made after a week of tests in the Hospital in August 2006. In conclusion, Adviser 1 said that the blood test in June 2006 had not provided enough evidence to necessitate further investigations at the time and that, in his opinion, there had been no undue delay in diagnosing Mr C's NHL. There was nothing specific in Mr C's previous history which would have pointed to a malignancy until the last few weeks of his life.

14. In reviewing the GP records, Advisers 1 and 2 both said that Mr C had been appropriately tested by his GP when he was obviously unwell in August 2006. She had also arranged to see him again to discuss the results. Adviser 1 added that when Mr C attended for tests on 16 August he was not noted to have deteriorated since 14 August 2006 and, in his view, it was not unreasonable for the GP to wait until she saw Mr C on 24 August 2006 to discuss the results with him. Once she was aware of the results and of Mr C's subsequent deterioration, she arranged an immediate admission to the Hospital.

Conclusion

15. Mr C deteriorated rapidly after admission to the Hospital and, sadly, died some days later. Mrs C is concerned that Mr C's condition was not diagnosed before the Hospital admission in August 2006. Given that Mr C had been complaining of a swollen gland and night sweats, had been attending his GP and the Dental Hospital regularly and been admitted to the Hospital in June 2006, this concern is understandable. The advice I have been given, however, is that Mr C suffered from an aggressive form of NHL which he was unlikely to have had for long before his death, particularly given the normal blood test results in January and April 2006.

16. The blood test result for June 2006 was low and, according to Adviser 1, was probably the first sign of Mr C's illness. Further investigations were not undertaken but the advice I have received is that this decision was reasonable[2]: the Hb level was only slightly low; Mr C had had similar results before; and he had presented with chest pain. Advisers 1 and 2 have said that, in August 2006, the GP responded to Mr C's worsening condition appropriately (see paragraph 14). On the basis of the clinical advice I have received, I do not uphold this complaint.

17. This is a very sad case. Mr C was very unfortunate to have had such an aggressive form of NHL, which progressed extremely rapidly. I have said that Mrs C's concern, given his previous symptoms, was understandable and I hope that the advice I have received provides her and her family with some reassurance that Mr C had not been suffering from undiagnosed NHL for any

[2] By reasonable I mean the decisions and actions taken were within the boundaries of what would be considered to be acceptable practice by the medical profession in terms of knowledge and practice at the time.

significant period of time and that the treatment he received was appropriate and timely.

24 October 2007

Annex 1

Explanation of abbreviations used

Mr C	Mrs C's late husband
The Hospital	Ninewells Hospital
Mrs C	The complainant
The Dental Hospital	Dundee Dental Hospital
The Practice	Mr C's GP practice
Adviser 1	Hospital Adviser to the Ombudsman
Adviser 2	GP Adviser to the Ombudsman
The Board	Tayside NHS Board
NHL	Non-Hodgkins Lymphoma
The Consultant	The consultant who reviewed Mr C's parotid gland
Hb	Haemoglobin
ITU	Intensive Treatment Unit

Annex 2

Glossary of terms

Anaemia	A condition of the blood where red blood cells are in some way not operating to their required optimum level
Angina	A severe constricting pain, often indicating an interference of the oxygen supply to the heart
B-cell	A type of lymphocyte involved in the body's immune response of synthesising antibodies - often differentiated from T-cells, which play a different role in immune response
Disseminated	Widespread
Haemoglobin	An oxygen carrying substance found in blood
High-grade	Category of the most aggressive form of NHL
Intravascular	Within one or more blood vessels
Lymphocyte	A lymph cell: lymph is a thin fluid which contains white blood cells and circulates through the lymphatic system
Lymphatic system	The system by which lymph passes through the body
Myocardial Infarction	The destruction of heart tissue resulting from obstruction of the blood supply to the tissue
Non-Hodgkins Lymphoma	A term used to describe a group of cancers which all begin in the lymphatic system
Parotid	A large salivary gland that is located in front of

	and below each ear
Periodontal	Referring to the gums and structures that support the teeth
Platelet	A minute, irregularly shaped, disklike body found in blood plasma that promotes blood clotting
Spondylitis	Inflammation of the spine
Visceral malignancy	Malignancy relating to the soft tissues of the body