

FJVR INFORMATION SHEET
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COUNTY and COURT: Sarasota County, Circuit Civil

NAME OF CASE: Diane Gambini, as Personal Representative of Lawrence Gambini, deceased
v. Charles Hollen, M.D. and Intercoastal Medial Group.

DOCKET NO.: CA-011739 NC **JUDGE:** Honorable Lee Haworth

PLAINTIFF(S) ATTORNEY(S)/TRIAL COUNSEL:

Scott Leeds, Esquire
The Cochran Firm
2541 Southwest 27th Avenue
Miami, FL 33133

DEFENDANT(S) ATTORNEY(S)/TRIAL COUNSEL:

Richard B. Mangan, Esquire
R. Clifton Acord II, Esquire
Rissman, Barrett, Hurt, Donahue & McLain, P.A.
1 North Dale Mabry Highway
11th Floor
Tampa, FL 33609

AGE/SEX/OCCUPATION OF DECEDENT:

64 year old white male –retired.

DATE, TIME and PLACE OF DEATH:

6/14/04

NATURE OF INJURY:

Renal abscess, pyelonephritis and sepsis – death.

CAUSE OF INJURY:

Dr. Hollen is a board certified internist who became Mr. Gambini's primary care physician in April, 2003. At that time Mr. Gambini had a history of hemolytic anemia since childhood treated with Prednisone, prostate cancer, prostate resection, brachytherapy, and recurrent bladder outlet obstructions.

In March 2004 Dr. Hollen referred Mr. Gambini to a urologist, Dr. Ross. Dr. Ross performed a cystoscopy on April 26, 2004. After discharge Mr. Gambini was unable to urinate. He presented to the emergency department on April 27, 2004, where a Foley catheter was inserted to empty his bladder. He was diagnosed with pyelonephritis and discharged on antibiotics.

On April 28, 2004 Mr. Gambini returned to the emergency department where he was diagnosed with acute renal failure. Dr. Ross admitted him to the hospital for dialysis. Mr. Gambini was hospitalized from April 29 through May 15, 2004. Dr. Hollen was not aware of the hospitalization and did not participate in Mr. Gambini's care. A CT scan was performed on May 7, 2004 which suggested a problem around the right kidney.

The urologists felt that Mr. Gambini was obstructed and performed a cystoscopy on May 8, 2004. Upon entering the left ureter Mr. Gambini began to urinate which appeared to relieve the obstruction. However, his right ureter and kidney were not evaluated because the urologist was unable to locate the opening to the right ureter.

While in the hospital, Mr. Gambini's care was coordinated by a hospitalist, Dr. Dubin. In addition to his renal problems he developed staph pneumonia, atrial fibrillation, abdominal pain, respiratory failure and spent time in the ICU. He was followed by several specialists including gastroenterology, infectious disease, urology, nephrology, pulmonology and cardiology. None of the doctors caring for Mr. Gambini diagnosed a renal abscess or pyelonephritis.

Mr. Gambini was discharged by Dr. Dubin on May 15, 2004. He was prescribed oral antibiotics for his pneumonia and orders were written for home health. Mr. Gambini was instructed to follow-up with Dr. Hollen on May 24, 2004 and Dr. Ross in two-to-three weeks.

Mr. Gambini followed up with Dr. Hollen as instructed on May 24, 2004. By this time Dr. Hollen had received his courtesy copy of the discharge summary prepared by Dr. Dubin summarizing the April 29 – May 15 hospitalization. The discharge summary suggested that all of Mr. Gambini's problems were either resolved or stable. The discharge summary specifically stated that Mr. Gambini's obstructive nephropathy was resolved.

Mr. Gambini was in a weakened state and appeared anemic on May 24. Dr. Hollen ordered blood work, a urinalysis and provided Mr. Gambini with a prescription for a beta blocker due to complaints of heart palpitations.

The urinalysis and urine culture were negative. Mr. Gambini's white count was elevated (20.8) which Dr. Hollen attributed to Mr. Gambini increasing his Prednisone dose from 5 mgs. to 20

mgs. The blood work revealed a low hematocrit and hemoglobin for which Dr. Hollen ordered a blood transfusion.

Mr. Gambini had two units of packed red blood cells transfused at Doctors Hospital of Sarasota on June 4, 2004. This corrected his low hematocrit and hemoglobin. At discharge Mr. Gambini was instructed to see Dr. Hollen on June 9, 2004.

Mr. Gambini returned to see Dr. Hollen as instructed on June 9, 2004. He was weak and appeared jaundiced. He also had a new complaint of pain in his right upper abdomen as well as some right flank and back pain. Upon examination, Dr. Hollen found his entire right upper mid-abdomen to be tender with a mass-like effect. He did not complain of any nausea, vomiting, chills or a fever. His vitals were stable and no temperature was recorded.

Dr. Hollen ordered additional blood work, another urinalysis and an ultrasound to be completed within a week. He increased Mr. Gambini's Prednisone from 20 mgs to 60 mgs per day. A follow-up visit was scheduled for June 15, 2004. On Friday June 11, Dr. Hollen's office called Mr. Gambini, to confirm he would be showing for the June 15 appointment.

The ultrasound was scheduled for June 15, 2004. The results of the blood work were available on the morning of Friday June 11, 2004. . The urinalysis became available after the office closed on Friday June 11, 2004. The blood work and urinalysis were abnormal. The white blood cell count had increased to 21.7. with elevated absolute neutrophils, lymphocytes and monocytes. This urinalysis was consistent with UTI. Dr. Hollen did not see the results of either the blood work or the urinalysis until after he learned of Mr. Gambini's death on June 14.

The family arranged for a private autopsy. The pathologist found a right renal abscess, 15 gall stones and a swollen liver among other things. The immediate cause of death was deemed to be portal vein thrombosis as a result of pyelonephritis, which had progressed to systemic inflammatory response syndrome.

Plaintiff contended that Dr. Hollen should have referred Mr. Gambini to the emergency department for an ultrasound on June 9, 2004 due to the new finding of right upper quadrant abdominal pain with mass-like effect. Alternatively, Dr. Hollen could have referred Mr. Gambini for an ultrasound at his office, which had ultrasound capability at a different location. Plaintiff argued that the new finding of a mass effect was a potentially life threatening condition, which proved to be true because Mr. Gambini died before having an ultrasound.

Dr. Hollen's defense was that Mr. Gambini had no signs of pyelonephritis, sepsis, or a renal abscess on June 9, 2004. The most recent urine culture was negative and all urologic problems were resolved at discharge on May 15, 2004 according to Dr. Dubin's discharge summary. In addition Mr. Gambini did not have an acute abdomen or any other signs and symptoms on June 9, 2004 requiring emergent work up. While he did have a new complaint of abdominal pain with mass-like effect which needed further evaluation, it was reasonable to work Mr. Gambini up as an outpatient with a plan to have the work-up completed within a week.

PLAINTIFF'S EXPERT WITNESSES

Angelo Scotti, M.D.
Internal Medicine/Infectious Disease
Little Neck, NJ

DEFENDANT'S EXPERT WITNESSES

Michael Yaffe, M.D.
Internal Medicine
Columbus, OH

CHECK APPROPRIATE SPACE: X Verdict for Defense

DATE OF VERDICT: January 29, 2009

JUDGMENT: Final Judgment entered on February 11, 2009. Plaintiff withdrew her motion for new trial in exchange for a waiver of costs.

DEFENDANT'S OFFER: \$0.00

PLAINTIFF'S DEMAND: \$1,000,000 - Policy limits.