

# The Leardi Case: A Tragic Manatee County Medical Malpractice Case Settles For \$6 Million

Katherine Martinez and Jack Scarola reached a \$6 million settlement with a hospital and five physicians days before trial was to begin in Manatee County. This settlement, in a historically conservative county, was even more remarkable for the recovery of \$150,000 in excess of the doctors' medical malpractice coverage. During the course of the four-year long litigation, a multitude of medical experts were retained and over fifty depositions were taken.

Lynette Leardi's tragic case began in April of 1990 while a patient at Manatee Memorial Hospital in Bradenton, Florida. She was misdiagnosed with "primary cerebral vasculitis",

a very rare fatal inflammatory disease. There are about 100 reported cases in the medical literature confirming this rare disease. Recurrent cerebral infarction leading to death within a few years is the usual course. Other diseases may, however, present with similar clinical and angio-graphic features. In Lynette's case, she has undergone 10 operations including total shoulder and hip replacements. All of these surgeries occurred before Lynette celebrated her 35th birthday.

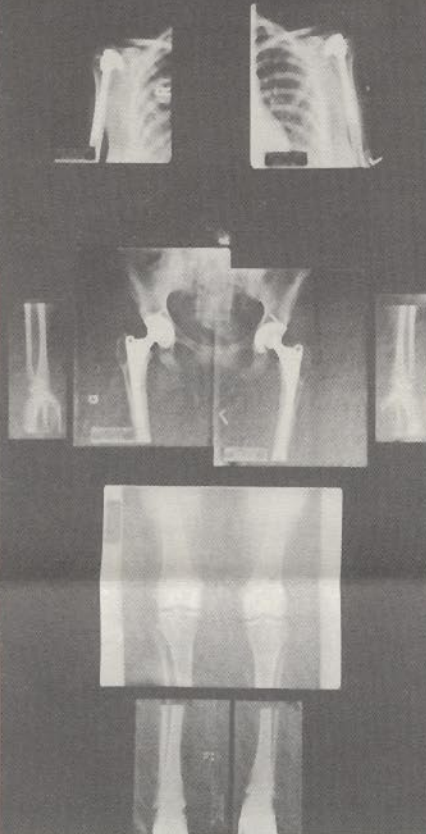
When Lynette went to the emergency room of Manatee Memorial Hospital she had symptoms similar to what she had experienced in the past. **Continued on Page Eight.**

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LEARDI, LYNETTE

JANUARY 10, 1994



**Trial exhibit:  
Full body x-ray indicating  
the hip and shoulder  
prostheses in  
Ms. Leardi.**

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### Leardi Case...

*Continued from Page One*

These included right-sided weakness, numbness, headache, loss of vision, nausea and dysphasia. She repeatedly informed all of her nurses and doctors of her prior medical history, location of her medical records, and the similarities between her current symptoms and those she had experienced since she was 18 years old while living in Ohio. Had any of her physicians bothered to listen, they would have learned about her prior medical history.

It all started 15 years ago when Lynette suffered from episodes of right-sided weakness, numbness, stuttering and occasional right-sided facial weakness. These episodes would last from 20 minutes to several hours, accompanied by severe headaches half of the time. The possibility of migraine was brought up by her Ohio physicians. In 1979, she was placed on a daily dose of Pavabid and did well, suffering only occasional episodes 5-10 times for the first year, with decreasing frequency over subsequent years. Lynette remained episode free for six years leading up to a 1989 incident.

In April of 1989, while at work as an ultrasound technician at Manatee Memorial Hospital, Lynette struck her head on an x-ray machine and suffered a mild concussion. A CT Scan and MRI demonstrated a small infarction in her left temporal pole. Because of this finding and the increase in frequency of the episodes following the blow to her head, she consulted a Board Certified neurologist in Sarasota, Florida. The neurologist concluded that her symptoms may be related to underlying migraine. She was given some medications in an attempt to reduce the frequency of the episodes. She took both drugs for a period of time, showed improvement, and subsequently discontinued all drugs. She was episode free until one year later when she arrived at Manatee Memorial Hospital's Emergency Room and was admitted with similar com-

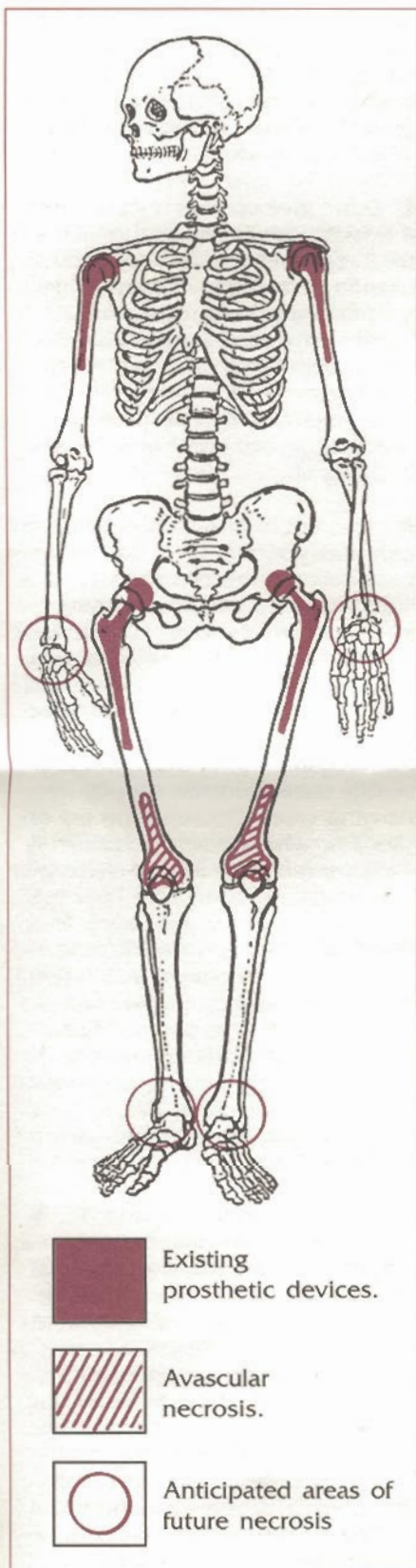
plaints. When Lynette went to the hospital in April of 1990, she was initially seen by an internist on call, Dr. S.R. Kothapalli, and his wife, family practitioner Dr. Manjula Kothapalli. They remained on her case for a substantial part of her admission and agreed with the consultants' diagnosis and treatment. Lynette was evaluated by Dr. W. Alvin McElveen, a neurologist, and Dr. Richard L. Brown, a rheumatologist, both of whom concluded she suffered from a form of vasculitis. A neuro-radiologist, Dr. Steven Ricciardello, performed an arteriogram which he interpreted as consistent with vasculitis. During the course of the litigation there was considerable fingerpointing among these various doctors. The clinicians blamed the radiologist while the radiologist pointed the finger at the clinicians.

Even though Lynette's symptoms had basically resolved within 8 days of admission and the lab work continued to be inconclusive for vasculitis, Lynette's physicians continued to treat her for this extremely rare condition. A treatment regimen of extraordinarily high-dose steroids was instituted. Throughout her admission of 27 days, a battery of diagnostic and lab tests were performed. At no time during her hospitalization did any physicians attempt to obtain any prior medical records or speak with any of her prior physicians. At no time was a diagnosis of migraine properly considered or ruled out. Lynette's proper diagnosis was the relatively common migraine and not the extremely rare primary cerebral vasculitis.

As a result of their misdiagnosis, her physicians started a course of treatment with dangerous drugs which would later prove a disaster. Lynette received 12,741 mg of steroids. This calculates to be a mean daily dose of 554 mg of Prednisone for 23 days. Even assuming she had the rare inflammatory disease, this amount and frequency of steroids was totally unacceptable. The proper treatment for the initial six weeks of therapy includes only 40 to 60 mg of steroids a day.

## Leardi Case...

Continued from Page Eight.



Avascular necrosis (death of bone) is the most serious side effect of long-term corticosteroid therapy. This side effect was never discussed with Lynette. She was simply told that she had a life-threatening condition which had to be treated with massive doses of steroids, or she would probably die.

During her admission, Lynette suffered a number of complications due to the drug therapy she was receiving. Near the end of her admission at Manatee Memorial Hospital Lynette began to suffer from terrible arthralgia (joint pain). At no time did any of her doctors indicate that her arthralgia could be related to the massive steroids she was taking. In fact, when Lynette confronted her physicians about the relationship between the steroids and her arthralgia, they denied the two were related and suggested that she was suffering from pre-existing arthritis.

Because her health continued to deteriorate (blurred/double vision, edema, open sores, thrush, nausea, vomiting, bowel problems, constant headaches), Lynette was referred to Tampa General Hospital. After a brief four day admission during which a detailed review of the records, films and lab results from Manatee Memorial Hospital was undertaken, and following their own tests and evaluations, the physicians at Tampa General Hospital could not conclusively diagnose Lynette with "primary cerebral vasculitis". As a result, they began weaning Lynette off of the high-dose steroids prior to sending her home. Lynette continued to seek treatment from her rheumatologist, Dr. Brown, who continued to give her prescriptions for steroids which she took for approximately six more weeks.

In December of 1990, Lynette suffered another episode requiring admission to Manatee Memorial Hospital. Again, she came under the care of Dr. Brown, Dr. McElveen, and Dr. Ricciardello. Again, they misdiagnosed her and inappropriately started her on high-dose steroids during her three day admission. Lynette has not taken any more steroids since December of 1990 and has not experienced an episode since November of 1991. Lynette sought no medical care for this 1991 episode which resolved within one hour with no residual problems.

Predictably, in January of 1991, Lynette experienced right arm pain. She was evaluated and, on MRI, was found to have bilateral avascular necrosis of the shoulders. She then underwent numerous operations including left and right shoulder joint replacements.

Soon thereafter, Lynette began experiencing bilateral hip pain. Surgeries were performed on the right and left hip. Because her hip pain continued (including a fracture of the right hip), she eventually underwent bilateral total hip replacements. A 1993 MRI of her knees shows signs of avascular necrosis as well. It is just a matter of time before she will undergo bilateral knee replacement surgeries.

Lynette is also expected to need joint replacement surgeries every 10-15 years as each prosthesis wears out. She is facing a future of multiple periodic joint replacement surgeries for the rest of her life. Coping with her pain and disability has been very difficult for Lynette. Hopefully, with the lawsuit resolved, Lynette can feel some closure to this terrible ordeal. ■

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