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Case report

A CASE OF RECURRENT DYSPAREUNIA: A MATTER OF MEDICAL LIABILITY?

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ABSTRACT

Female sexual pain (FSP) is a disorder that can greatly affect women's health, relationships, work productivity, and quality of life. FSP is characterized by genital pain just before, during, or after sexual intercourse. FSP may depend on many possible causes ranging from anatomical alterations to psychological or social issues. The authors describe a case of a 54-year-old woman, suffering from female sexual pain for nine years. An abdominal echography of the patient was performed and it revealed a retained intra-abdominal foreign body. It was forgotten during a hysterectomy by the surgeon 9 years prior. In cases of injury and/or death caused by a foreign body, the main surgeon and his assistant/subordinate are punishable by law for engaging in markedly imprudent and/or negligent conduct. This conduct includes not scrupulously double-checking the surgical site before its closure to highlight forgotten foreign bodies. Either the circulator nurse or the theatre nurse may be considered liable for this case of malpractice.

1. Introduction

Female sexual pain (FSP) is a disorder that is experienced during or after sexual contact. FSP may depend on many causes, such as anatomical modifications and deformations, infections, hormonal alterations, trauma, inflammatory disorders, tumors, neurological diseases, psychological problems, and relationship stressors. We present a case of persistent dyspareunia. This condition was caused by a retained foreign body in the abdomen for 9 years. We discuss the legal consequences of this event as a result of medical malpractice.

2. Case presentation

The patient was a 54-year-old woman with an endometrial endometrioid adenocarcinoma. For this reason, she had undergone a total hysterectomy, bilateral salpingo-oophorectomy, and pelvic lymphadenectomy. After surgery, she had recurrent dyspareunia and abdominal pain. After 9 years, the woman had persistent dyspareunia and doctors considered such as probable cause a postoperative dyspareunia. This condition may develop after gynecological surgery, such as a hysterectomy [1]. Touching the vaginal apex with the penis may be painful posthysterectomy, even after the area is completely healed [2]. Potential causes of dyspareunia include persistent or recurrent pelvic disease, muscle spasms, and neuropathic pain. An abdominal echography was performed on our patient and it showed fluid collection in the left iliac fossa. Abdominal RX showed a retained foreign body with a length of 16 cm (Klemmer forceps) (Figure 1). A branch of the Klemmer forceps was broken and this was left in the peritoneum. The upper part of the forceps was in the right iliac fossa and the lower part was fixed in the left rectus abdominis. The day after this examination, the woman underwent surgery and the forceps were removed from the abdomen. The upper part of the forceps was adherent to the right colon. The presence of the forceps in the abdomen caused two fistulae. One fistula was from the right colon to the jejunum and the other one was from the sigmoid colon to the jejunum. For this reason, during surgery, the surgeon also removed part of the jejunum with a length of 15 cm in which the fistulae were located.

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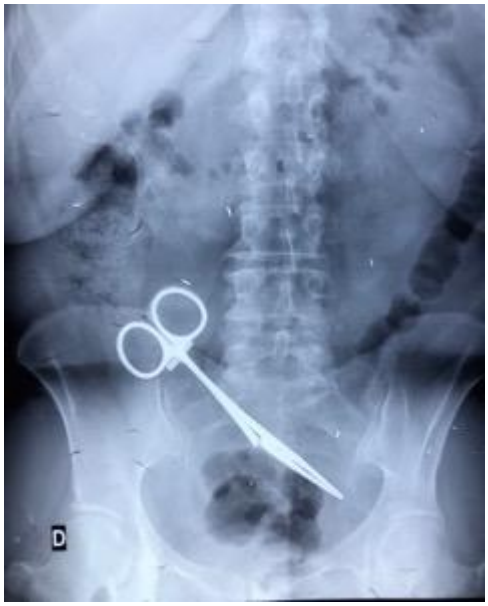

Figure 1. Abdominal RX anterior view of the retained foreign body (Klemmer forceps).

3. Discussion

FSP is defined as pain that is experienced during or after sexual contact, and may be due to an organic and/or psychological cause. Dyspareunia is a type of FSP that is exacerbated during penetrative intercourse. The reported incidence and prevalence of FSP depends on culture, the patient's age, definition of FSP, and outcome measures [3 - 5]. The risk factors for sexual dysfunction include biological, psychological, social, and cultural factors, and they vary with the type of FSP. Risk factors for dyspareunia include pelvic inflammatory disease, depression, anxiety, history of sexual abuse, black race, peri- or postmenopausal status, and age < 50 years [6]. FSP has many causes. Women with FSP may be divided into those with an identifiable cause of their symptoms and those with idiopathic FSP. Causes of FSP are generally considered anatomical alterations, in-fections, hormonal alterations, trauma, inflammatory disorders, pelvic malignancies, neurological diseases, psychological problems, and relationship stressors.

All women with persistent sexual pain need to undergo a detailed history and physical examination. The results of the history and physical examination guide selection of a laboratory or imaging study. If there is not any recognizable cause of pain, FSP is considered idiopathic. In our case, the cause of FSP was iatrogenic.

Retained foreign bodies after abdominal surgeries are a known occurrence and they have been previously reported. The type of released foreign bodies varies and it may include any instrument and/or part of it used during different surgical procedures (gauze, bistoury, needle, catheter, surgical forceps). The most commonly reported foreign bodies are sponges or gauzes [7].

A study from a medical malpractice insurance company reported 40 cases in a 7-year period or approximately 1% of all claims [8].

However, according to a recent review, the prevalence of retained foreign bodies ranges from 1/100 to 1/5000 and the associated mortality ranges from 11% to 35% [9]. The incidence of retained foreign bodies is usually underestimated because of the long time interval required to arrive to a correct diagnosis and to their medicolegal implications [10]. The most common complications of the presence of retained foreign bodies are intraperitoneal infections, perforation of the bowel, or injury to intra-abdominal viscera or vessels [7]. These patients most commonly present with symptoms of abdominal pain, abdominal mass, bleeding, bowel obstruction, fever, diarrhea, and weight loss [11]. In our case, the patient had dyspareunia for 9 years, and during surgery, the surgeon removed part of the jejunum because of the presence of two fistulae. Some adverse outcomes are unavoidable be-cause of the nature of this disease, variation in response to treatment, and diagnostic uncertainty. Every surgical procedure presents with potential complications because of unavoidable risks despite appropriate care. In contrast, when surgeons inadvertently forget to retrieve a foreign object in a patient, and this causes injury and/or death, the presence of a retained foreign body is a case of mal-practice. Malpractice requires the presence of the following four elements: duty to treat, breach of duty, cause, and damages [12 - 15]. Duty to treat follows the establishment of a doctor–patient relationship. Breach of duty occurs when the doctor fails to follow the standard of care for the patient's condition. Finally, the patient must have suffered actual damage or injury as a result of the negligent and/or imprudent conduct of the doctor. According to the current case and the law regarding medical malpractice, in case of a retained foreign body, the main surgeon and the assistant/subordinate are liable for engaging in markedly imprudent and/or negligent conduct. This con-duct includes not scrupulously double-checking the surgical site before its closure to highlight for-gotten foreign bodies. Either the circulator nurse or the theatre nurse may be considered punishable by law when this error occurs, even if they are responsible for counting the instruments used in the course of the surgery. The main surgeon and the assistant are always directly responsible because the nurses' count procedure is an additional factor and it does not substitute the surgeons' required check before closure of the surgical site [16 - 19]. For this reason, a patient who presents with dam-age or injury as a result of negligence has the right to claim damages. The compensation of damages depends on the entity of the lesion, the time interval that the patient suffered symptoms, the con-sequences of the injury, and the age of the patient.

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