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July 19, 2001

Ms. P.J. Malnar
Reminger and Reminger
200 Courtyard Square
80 South Summit St.
Akron, OH 44308

RE: Gortney, et al v. Western Reserve Center, et al

Dear Ms Malnar,

I have had an opportunity to review material forwarded to me for your case for the aforementioned case. In order to prepare this report I have reviewed the following:

1. The medical records of Drs. John Zak and Nicholas Diamantis.
2. The operative report of University Hospitals of Cleveland, dated 5-4-99.
3. The operative report of Lakewood Hospital, 12-21-98.
4. Various letters to Dr. Zak written by Mr. Gortney.
5. Correspondence and treatment related to hyperbaric oxygen treatments for Mr. Gortney.
6. CT scan dated 11-10-98.
7. Various culture and pathology results related to Mr. Gortney's care by Dr. Zak.

Mr. Brian Gortney became a new patient of Dr. John Zak 10-31-98. He was 42 years old at the time. In 1994 Mr. Gortney had cervical diskectomy at C3-4, C4-5 and C5-6 at Doctors Hospital. He also reported a past medical history of sinus surgery at Doctors Hospital in 1994 and a "cavitation" procedure done in Mexico in 1998. He had kidney trouble since 1998 and variable high blood pressure. Mr. Gortney's chief complaint is listed as "ache". The examination report states two large cavitations were found.

A CT was ordered from Mercy Medical Center. This was done 11 -18-98 and showed sinusitis especially of the left maxillary sinus along the inferior aspect. Also noted were a left maxillary tuberosity cystic mass and a left retro molar and ramus cystic mass. Mr. Gortney was then scheduled for surgery.

On 12-21-98 Mr. Gortney was brought to Lakewood Hospital. He underwent a radical Caldwell-Luc with debridement of the left maxillary sinus. He also had biopsies of the left maxillary tuberosity and left retromolar areas. A nasal antrostomy was done to allow the sinus to drain into the nasal cavity. Clinical findings include the possibility of necrotic bone in the left posterior maxillary tuberosity. Specimens were sent for pathological analysis, culture and

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sensitivity, acid fast bacterial culture, and fungal culture. The pathology came back with a report of inflamed sinus mucosa. All of the cultures were negative. A portion of the specimen was sent to the department of biochemistry at the University of Kentucky for enzyme analysis.

Mr. Gortney was followed throughout December of 1998 and January of 1999 where gauze packing from his sinus was gradually removed through the nasal antrostomy. A note 1-8-99 indicated referral to a neurosurgeon to deaden the nerve. Dr. Zak was considering a diagnosis of chronic neuralgia at this point. Mr. Gortney was presumably going to see a surgeon in Kentucky based on an entry dated 1-5-99. I do not know if that consultation took place. An entry dated 2-23-99 indicated that coagulation tests were discussed. This may be referring to the enzyme testing that was done. Report by ALT lab indicated that the enzyme activity in the sinus tissue submitted is in the "severe" range.

As a result of the ongoing pain in the left posterior maxilla and mandible, along with enzyme analysis which showed cavitation syndrome, Dr. Zak brought Mr. Gortney to University Hospitals of Cleveland for additional surgery. An operation was performed 5-24-99 with debridement of the left posterior maxilla and left posterior mandible. A bone graft from the hip was placed into the defect of the left maxilla. The operative report indicated that the mandibular area looked normal after a flap was developed. The maxillary area showed a small area that was possibly necrotic but the adjacent bone was vascular and perfused appropriately. Soft tissue and adjacent muscle was taken for biopsy. The right posterior maxilla was also examined and no defect was found. Pathology reports from that operation indicated unremarkable skeletal muscle and fibrous tissue. There was no unusual bone and no evidence of malignancy.

In preparation for the debridement and bone grafting procedure, Mr. Gortney was referred to Dr. James Kelling for a hyperbaric oxygen consult. Dr. Kelling planned pre-operative and post-operative hyperbaric oxygen dives to maximize vascularity in the area and improve the chances for a good outcome. Twelve pre-operative hyperbaric dives and 10 post-operative hyperbaric dives were completed at Mercy Medical Center. Due to ear pressure problems from hyperbaric treatment, a left ear myringotomy was performed by Dr. Stephen Ossakow approximately 6-3-99.

By 7-28-99 Mr. Gortney continued to have pain and some yellow mucous draining from the lower sinus, after his debridement and grafting operation of 5-24-99. A diagnosis of atypical facial neuralgia was made. Treatment planning included cryosurgery, nerve resection and diagnostic anesthetic blocks of the nerve V-2. Zithromax was prescribed for the sinus drainage.

An entry dated 9-18-99 indicated that the patient had pain and swelling at the left second and third molar area. The patient used a dental probe and reported he had pus draining from the area. Dr. Zak prescribed Clindamycin antibiotic and Peridex. He noted that there was evidence

of patient mutilation of the left tuberosity. At the next visit, 9-29-99 Dr. Zak discussed diagnostic block of the nerve and possible nerve resection.

An entry dated 11-99 indicated that Dr. Zak had a conversation with Mr. Gortney's wife where he was concerned about self mutilation of the area. A referral was recommended to a neurosurgeon for pain management and to ENT doctor. The entry dated October 2000 indicated that the family would like records and x-rays sent to Drs. Roberson and Peshoff.

Prior to his surgery with Dr. Zak, Mr. Gortney wrote an extensive letter December 20, 1998. He wished Dr. Zak to know certain historical perspectives. His first point was that he had wisdom teeth removed in 1982 and has had left sided pain ever since. He also said that his chest was very black and blue when he awoke. It is my experience that this is a condition that I have never seen and I feel is probably inaccurately reported by the patient. Point number three is that Mr. Gortney states that the upper third molar sites feel soft and taste rotten if he pushes on it with his tongue. This is also an unusual and somewhat bizarre finding in my experience. Point four is that Mr. Gortney says his face swells on the left side and breaks out at times. However, I see no documentation of this by a clinician. Point number five is that Mr. Gortney had surgery by Dr. Huggins in Mexico to debride "black, stinking, necrotic bone and tissue from the bone cavitations". It is unusual that a patient would go to Mexico for oral surgery. The findings reported by Mr. Gortney in the maxilla are so unusual that I have never seen pathology that matches this description in an otherwise healthy patient. It would be helpful to have the actual records of Dr. Huggins if they exist.

Point number seven is that Mr. Gortney states that the lower left molar removed six months ago was vital but pus came out when it was removed. This makes no biologic sense because vital teeth would not have a periapical abscess causing pus. A periodontal problem could cause this, but again, I would need to see actual records to determine the validity of point number seven. Point number eight states that the residue removed from the upper left wisdom site was so vile that a doctor got sick and left the operating room. This is also a bizarre and unusual finding. It is possible that an anerobic infection could cause such a stench. But it is also extremely unusual to have such an infection in the maxilla. It may be helpful to have the original records from the wisdom tooth surgery to see if any unusual packing material had been placed in the extraction socket which became infected years later. It is my experience that surgeons generally do not pack the upper wisdom teeth sockets. Toward the end of the letter, on page two, Mr. Gortney states that the operation of Dr. Huggins dropped his white count from twelve to eight thousand and the pain was gone for a short time. Again, I would like to have the actual data regarding this statement. In the PS of the letter, Mr. Gorney states that he was in contact with Dr. Huggins who suggested a sample of the tissue be sent for further analysis at the University of Kentucky. It surprises me that Mr. Gortney would seek the care of Dr. Huggins in Mexico but not make a simple drive to Kentucky for the debridement procedure.

Mr. Gortney wrote another letter to Dr. Zak dated March 7, 1999. This would be after the first operation of Dr. Zak but before the second operation involving grafting. In this letter Mr. Gortney states that the pain in his face is getting worse and he is asking Dr. Zak to again debride the tender areas in his mouth including all four wisdom tooth sites . At the end of page two, Mr. Gortney states that he had root canals at both of the missing upper teeth sites where black necrotic residue was found in Mexico. Again this finding is bizarre. I am concerned that Mr. Gortney is chronically examining and probing the areas with his tongue and possibly his fingers. It is my understanding that Mr. Gortney is a mechanic. If so, chronic contamination of the area, especially when wisdom tooth sockets were present initially, could cause the persistence of black material with necrosis around it.

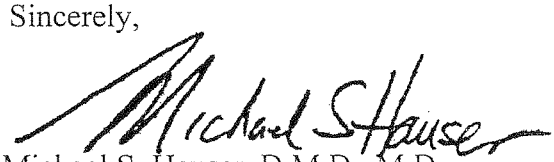
Mr. Gortney composed a letter dated September 21, 1999 where he states he continues to have severe pain and drainage from the upper left molar area. He states that he probed and punctured it last week and thick drainage was relieved. I find this behavior by a patient unusual and potentially damaging to his own condition. Mr. Gortney states that he had pain and problems in this area even prior to the third molar extractions in 1980 and 1981. Dr. Zak cannot be the cause of his ongoing pain since it clearly has existed for almost two decades prior to Dr. Zak's treatment. Mr. Gortney states that he urinates very often with a lot of debris and gas in the urine. These findings are also extremely unusual. The last sentence of the letter states that Mr. Gortney is extremely pleased with the previous work done by Dr. Zak which he states has healed nicely and is pain free.

Mr. Gortney composed another letter dated September 28, 1999. He reiterates the fact that he opened up the swollen area behind the lower second molar again. This caused a decrease in swelling and pain as well as a decrease in the debris in the urine and bladder. Mr. Gortney appears to connect his urinary problem with his oral condition. In my experience I have never seen a direct connection between urinary symptoms and an infection in the oral cavity.

After evaluating the above mentioned records, it is my opinion that Drs. Zak and Diamantis were not negligent in their care of Mr. Gortney. Mr. Gortney presented to them with chronic pain and some potential evidence of diseased bone in the oral cavity. There was clear evidence of left maxillary sinusitis. Tissue samples from the debridement operation did show high levels of enzymatic activity consistent with significant inflammation in the sinus tissue. Dr. Zak performed an exhaustive analysis of Mr. Gortney including repeated clinical examinations, x-rays, C T scans, biopsies, sinus debridement, essays for enzyme activity, and cultures for aerobic organisms, anaerobic organisms, acid fast bacteria and fungal organisms. Dr. Zak even arranged for hyperbaric oxygen treatment to reduce the chance that there is bone necrosis due to a poor or marginal blood supply in the jaws. The fact that Mr. Gortney has chronic pain is not related to any surgery that Dr. Zak did because it is clear that he had chronic pain prior to any intervention of Dr. Zak. At this point, Mr. Gortney most likely has pain of neurologic origin. Dr. Zak suggested appropriate referral for this type of pain condition. From the

available information, it is clear that Drs. Zak and Diamantis performed an exhaustive analysis and treatment plan in order to try to assist Mr. Gortney with his various complaints. They have acted within the standard of care at all times. I state these opinions with reasonable medical certainty.

Sincerely,



Michael S. Hauser, D.M.D., M.D.

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