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June 23, 1994

John V. Jackson II
Jacobson, Maynard, Tuschman & Kalur
Attorneys at Law
1001 Lakeside Avenue, Suite 1600
Cleveland, Ohio 44114-1192

Re: Boyd, etc. vs. Brown, et al.

Dear Mr. Jackson:

At your request, I have reviewed Medical Records in the case of Allan Boyd as well as pathology slides from Marymount Hospital, representing a biopsy taken from the base of his tongue.

Briefly, Mr. Boyd was 33 years old when in November, 1989 he sated a "white pimple" on his tongue. A biopsy performed on this lesion at Marymount Hospital was interpreted as showing hyperplasia and reactive changes.

In September, 1990, Mr. Boyd noticed swelling in the left lower neck, with redness of the overlying skin. He presented to an Urgent Care Center where he was treated with antibiotics becauaa the mass was tender and fluctuant with cellulitis. The cellulitis resolved with antibiotics but the mass persisted and an aspiration was performed. The aspiration yielded purulent material. but culture was negative, The mass failed to resolve and a biopsy was performed on October 2, 1990. The biopsy revealed metastatic moderately differentiated squamous cell carcinoma within lymph node end soft tissue. CT scan performed on October 11th revealed several enlarged cervical lymph nodes, the largest measuring 2.2 cm in diameter. Several clinical notes indicate that the neck mass was approximately 7-8 cm in diameter. Although examination of the oral cavity was clinically negative, a biopsy taken from the area of the previous biopsy revealed squamous cell carcinoma.

My interpretation of the original tongue biopsy (November 1989) is superficially invasive moderately well differentiated squamous cell carcinoma. It must be noted, however, that this diagnosis is made more easily retrospectively. The diagnosis of squamous lesions of the oral cavity is frequently difficult, especially when dealing with small, superficial biopsies. Although diagnosis of the original tongue biopsy performed in November 1989 was made difficult by the superficial nature of the biopsy,

there was, in my opinion, enough atypia to recognize the lesion as being atypical, and at least suspicious.

The more critical question in this case is whether excision of the lesion in November or December, 1989, would have prevented metastasis. It can be stated to a reasonable degree of medical probability that metastasis had already occurred at the time of the original biopsy, which was misinterpreted, was performed. The cervical lymph node metastases were significantly larger than the primary tumor. At the very least, the cervical lymph node metastases were several centimeters in diameter. The neck mass was measured at approximately 7-8 cm and a CT scan of the neck showed several enlarged nodes measuring up to 2.2 cm. Growth to such a size with a moderately differentiated squamous cell carcinoma requires a period of time longer than the approximately 10 months that transpired between the time of the original biopsy in November, 1989 and October, 1990. Therefore, it is my opinion, based on reasonable medical probability, that metastasis had already occurred in November 1989, when the tongue biopsy was performed.

Please do not hesitate to contact me if you have any further questions with regard to this case.

Sincerely,

Geoffrey Mendelsohn

Geoffrey Mendelsohn, M.D.
Director, Department of Pathology
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GM:sml