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**Associated Medical Evaluators**

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INDEPENDENT MEDICAL EVALUATIONS

ST. PAUL FIRE AND MARINE  
May 26, 1987 INSURANCE COMPANY

JUN - 9 1987

St. Paul Property and Liability Insurance Co.  
14600 Detroit Ave.  
Lakewood Cnt., No. Bldg.  
P.O. Box 6009  
Cleveland, OH 44101

RECEIVED  
CLINICAL DEPARTMENT  
CLEVELAND SERVICE CENTER

Attn: **Ms.** Jacquelyn McCroskey

Dear **Ms.** McCroskey:

RE: **Mr.** Scott Fleischer  
Claim #HK03400037-34A303  
Insured: **St. John Hospital**

In reply to **your** letter concerning the claimant, Scott Fleischer, I trust the following information will be helpful to you. The records of the claimant have been reviewed by me.

It **is** my opinion that the physicians caring for Scott Fleischer at both the Clifton Immediate Care facility and **St. John** Hospital met the standard of care expected in treating what was apparently felt to be originally bronchitis and pneumonia complicated by lymphadenopathy. The delay in diagnosis is at least partially related to the fact that the claimant did not have a primary physician following this claimant's illness from the onset. If this were the case, recognition of persistent lymph gland enlargement would have resulted in possibly a biopsy at an early period rather than a delay **of** four months. However, there **is** insufficient information from the records to determine whether or not a single lymph node persisted throughout the course of the illness with progressive enlargement. In general, if a lymph node is at **Least 1cm** in diameter and persists for several weeks, **i.e.**, at least **six** to eight weeks, it would warrant biopsy. I cannot determine **from** the available records whether such a condition existed. During the hospitalization at **St. John Hospital** in July of **1985** a **"mass"** in **the** right side of the neck which was slightly tender and movable **was** noted and, upon discharge **from the** hospital, the claimant was advised to **use warm** compresses with the **assumption** that this was an infectious process. A physician would not be negligent **in not** recommending a biopsy at **that time**. Lymphadenopathy **"on the right side"** **had been noted** by a physician previously in the **note of 6-28-85**, but it **is not clear** that the **mass** subsequently noted was **a** progression of the **node** described earlier.

In **a** young patient with fever and lymphadenopathy, infectious mononucleosis **would** be strongly **considered** and **it is noted** that at **least on one** occasion a positive **"mono"** spot test consistent **with** infectious mononucleosis

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RE" Mr. Scott Fleischer

was established, according to the admission note by Dr. Martin at Fairview General Hospital on 10-21-85.

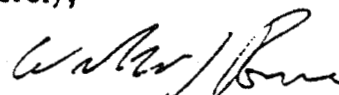
As to the treatment of bronchitis and pneumonia, the antibiotics selected were appropriate both at the Clifton Immediate Care facility and at St. John Hospital. The care provided by the nurses at St. John Hospital also meet the professional standards expected.

It is my opinion, furthermore, that if the diagnosis had been established by a biopsy of the lymph node earlier in the course of the disease, i.e., back in June of 1985, that the prognosis would not have been appreciably affected. At the outset of his illness, Dr. Martin noted that the claimant experienced fever, chills and malaise with recurrence of fever a few weeks later. When Hodgkin's disease at the onset is characterized by systemic symptoms rather than asymptomatic lymphadenopathy, the prognosis is often poor.

In summary: a) there were several different physicians examining this claimant rather than one physician; b) lymphadenopathy at one stage regressed; c) a positive spot test for infectious mononucleosis was present on one occasion in a young patient; d) remission of fever in response to antibiotic, i.e., Keflin, during treatment at St. John Hospital during the July admission (7-20 - 7-24-85). A delay of four months in the diagnosis of Hodgkin's disease under these circumstances is not indicative of negligence by the various attending physicians.

If you have any questions concerning this case, please do not hesitate to let me know.

Sincerely,



William J. Rowe, M.D.

## **CURRICULUM VITAE**

**William J. Rowe, M.D.**

### **Professional Address:**

3900 Sunforest Court  
Toledo, Ohio 43623

### **EDUCATION:**

Graduate: **University of Cincinnati** College of Medicine, 1954

Internship: **St. Joseph Hospital, Denver, Colorado, 1954-1955**

Residency: **University of Iowa**  
Residency Internal Medicine, **1957-1959**  
**St. Vincent Medical Center, Toledo, Ohio**  
**Third Year Residency, Internal Medicine, 1959-1960**

### **LICENSE & CERTIFICATION:**

Certified American **Board** of Internal Medicine,  
April 6, 1962

### **PRESENT POSITIONS**

Private Practice Internal Medicine, since 1960

Assistant Clinical Professor of Medicine, Medical  
**College of Ohio at Toledo**

### **PAST POSITION:**

Former Chairman of the Department of Medicine,  
**St. Vincent Medical Center, Toledo, Ohio, 1979-1983**

Chief, Advisory Committee **for** Cardiac Rehabilitation for  
**Northwest Ohio Heart Association, 1981-1983**

### **SOCIETIES:**

American Association of Fitness Directors in Business  
**America College of Sports Medicine**

### **MILITARY SERVICE:**

**United States Air Force, Flight Surgeon, 1955-1957**