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Joseph A. Farchione, Esq.
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RE: Carolyn O. Brown, E/O Robert Brown vs. Summa Emergency Association, et al.
Summit County Common Pleas Court Case No: 2000-05-2409
Reminger File No: 5957-02-1087A-00

July 8, 2001

Dear Mr. Farchione,

Thank you for the opportunity to work with you and your firm on this case. I have reviewed the medical records from Ellet Family Medical Center, Akron City Hospitals, Akron Vascular Associates, Inc., and the Summit County Medical Examiner's Autopsy report. Mr. Robert Brown was a 50-year-old male who suffered from hypertension, insulin dependent diabetes mellitus, and severe peripheral arterial disease. He had an aorto-bifemoral arterial by-pass graft procedure approximately nine months before his presentation to Akron City Hospital in December 1998, (Summa Health Systems) and was managed on anticoagulant therapy with both aspirin and coumadin. Mr. Brown's level of adherence was questionable as he had continued to smoke post operatively, did not follow regular follow up appointments and reportedly did not take his anticoagulant medicine as prescribed.

Dr. Suzana Sarac saw him on April 21, 1998 for a follow up visit where his blood pressure, diabetes, smoking history and anticoagulant medications were reviewed. The care provided at this visit was proper and appropriate. He then acutely developed digestive symptoms and was seen on December 4, 1998, with vomiting, diarrhea and fever of two days duration. He was diagnosed by the clinic physician's assistant with viral gastroenteritis. Laboratory work was done demonstrating normal kidney function, a mildly elevated WBC and elevated Blood Glucose. This laboratory result plus the physical examination that noted a soft abdomen without guarding, was consistent with the diagnosis of gastroenteritis. The patient was placed on a clear liquid diet and instructed to present to the emergency room if he became worse. The care provided to Mr. Brown with this clinical presentation to the Ellet Family Medical Center was correct and in keeping with the standards of primary care.

Following the above presentation, Mr. Brown reportedly improved with his nausea, vomiting and diarrhea and then had recurrent symptoms with lower abdominal cramping followed by tarry and maroon colored stools. He then presented to the Akron City Hospital Emergency Room in septic shock and with complaints of lower extremity discomfort. Renal, respiratory and circulatory failure developed resulting in Mr. Brown's

death. An autopsy was performed and confirmed the presence of atherosclerotic cardiovascular disease. Thrombosis of the distal abdominal aorta and superior mesenteric artery along with severe bronchopneumonia was found. Mr. Brown likely died from complications related to these illnesses perhaps triggered by a viral gastroenteritis that lead to dehydration, thrombophilia and sepsis in this man with general poor health reserves.

I find the care, evaluation and treatment to Mr. Robert Brown, provided by the physicians and staff at the Ellet Family Medical Center to be proper, appropriate and in keeping with the standards of care of a primary care clinic. It is my opinion that Mr. Brown did present with a gastroenteritis syndrome on December 4, 1998 and then subsequently he became more ill and dehydrated. This illness lead to the mesenteric arterial occlusion and thrombosis which then was accompanied by pneumonia and multi-organ failure and death. I do not feel that Mr. Brown could have survived any surgical attempt to treat his mesenteric arterial disease. The prognosis for this condition in the best of circumstances with healthy patients is very poor. Mortality from acute mesenteric arterial occlusion is up to 90%. Therefore, I agree with the medical treatments provided to Mr. Brown and I do not feel his ultimate outcome would have changed with other treatment approaches to his acute vascular disease.

Sincerely,

Michael E. Yaffe, M.D.

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