Doctor Summary

In this case, it appears that the patient, Ms., was not completely worked up to exclude an infrarenal abdominal aortic aneurysm. The vast majority of infrarenal aneurysms are asymptomatic, and given the significant ectasia and eccentric calcification of the thoracic aorta, along with the known 4.9 cm aortic aneurysm at the level of the diaphragm and celiac artery involvement, imaging of the rest of the intra-abdominal aorta should have been done regardless of the patient's symptoms.Had this been done, there is a high probability that the outcome would have been much more favorable. In no uncertain terms, the care which this patient received fell below the standard of care. The Board's allegation of "failure to evaluate a patient with syncope and thoracic aneurysm for abdominal aortic aneurysm" has merit, and the care which this patient received on this point was inadequate.I may add, in no uncertain terms, that the radiologist reading and/or performing the pulmonary artery CT scan should have continued imaging the rest of the aorta at that juncture. I do not think he/she needed an order or permission for same.In conclusion, this is a most unfortunate case, and although the primary focus was on the patient's syncope, which was totally appropriate and wonderfully worked up, when the 4.9 cm aortic aneurysm was discovered at the level of the diaphragm along with celiac artery involvement, the rest of the aorta should have been imaged. Had this been done, there is a high probability that the outcome would have been much more favorable.

Patient Summary

In this case, it appears that the patient, Ms., was not completely worked up to exclude an infrarenal abdominal aortic aneurysm. This is unfortunate as, had the abdominal aorta been imaged in its entirety, the large infrarenal abdominal aortic aneurysm would have been discovered, and the patient's outcome would have been much more favorable.The primary focus was on the patient's syncope, which was entirely appropriate, but when the 4.9 cm aortic aneurysm was discovered at the level of the diaphragm along with celiac artery involvement, the rest of the aorta should have been imaged.The radiologist reading and/or performing the pulmonary artery CT scan should have continued imaging the rest of the aorta at that juncture. The care this patient received fell below the standard of care regarding the evaluation for abdominal aortic aneurysm in a patient with syncope and thoracic aneurysm.