SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee (the Committee)
(Information is available about the complaints process here and about the Committee here)

Dr. Rita Matthews (CPSO #83134)
Family Medicine (Emergency), Family Medicine
(the Respondent)

INTRODUCTION

The Complainant contacted the College on behalf of her family member, the Patient.

The Respondent saw the Patient in the Emergency Department (ER) for complaints of scrotal swelling and pain a few hours after he had been assessed in the same ER for abdominal pain. The Respondent discharged the Patient after an assessment and urinalysis and blood tests to rule out infection, with instructions to return in the morning for a scrotal ultrasound.

The Patient did as instructed and the ultrasound revealed an infarcted testicle. The Patient required surgery—orchiectomy—to remove the testicle.

COMPLAINANT'S CONCERNS

The Complainant is concerned that the Respondent:

- **Failed to conduct an appropriate assessment of the Patient during his second ER visit, resulting in a delayed diagnosis of testicular torsion. The Patient subsequently required an orchiectomy the next day**
- **Failed to communicate in a professional manner by dismissing the Patient's concerns (i.e., dismissing the pain and refusing to investigate testicular torsion further, stating that ultrasound was closed although it was not)**
- **Failed to appropriately document and assess the Patient's pain, stating that his pain was mild without reviewing his ER visit from earlier the same day and dismissing the amount of morphine administered.**

COMMITTEE'S DECISION

A Family Practice Panel of the Committee considered this matter at its meeting of December 10, 2020. The Committee required the Respondent to appear before it to be cautioned with respect to failure to diagnose testicular torsion. The Committee also requested that the Respondent submit homework on the diagnosis and management of testicular torsion.

COMMITTEE'S ANALYSIS

The Committee noted that in young men of the Patient's age who present to the ER with scrotal pain and swelling, especially associated with nausea, recent abdominal pain, no urinary symptoms, and a firm, enlarge testicle, testicular torsion is the one diagnosis that must be ruled out given the serious harm that can result if it is missed. The Committee noted that this is emphasized repeatedly to physicians during training in emergency medicine.

The Committee noted that although aspects of the Respondent's assessment were appropriate (such as scrotal examination), the next step would have been to order an emergency ultrasound and/or request immediate consultation with the urologist on call, given that testicular torsion is the one diagnosis that needs to be excluded and considering that time is of the essence in so doing.

The Committee agreed with the Complainant that that the Respondent's management of the Patient's care failed to diagnose or act with a high enough index of suspicion to make the diagnosis of testicular torsion. The Respondent failed to make the diagnosis despite the Patient's own concerns that he reportedly expressed about such a diagnosis, and despite the imperative to rule out such a diagnosis in patients who present to the ER in the Patient's condition.

The Committee noted that although the Respondent does not have a significant history with the College and appeared to have reflected on this case and the outcome for the Patient in her response to the complaint, nevertheless the outcome of this case for the Patient was significant and highly distressing. In the circumstances, therefore, the Committee determined that it was reasonable to require the Respondent to appear before a panel of the Committee to be cautioned and to complete homework in this regard.