DMC/DC/F.14/Comp.2801/2/2024/ 15th July, 2024

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Shri Ameenuddin, r/o- House No. 9659, Islam Ganj, Azad Market, Delhi-110006, alleging medical negligence on the part of Dr. Ananad Tyagi of Anjuman Medical Centre, 8797, Shidi Pura, Faiz Road, Rani Jhansi Road, Eidgah Chowk, New Delhi-110005, in the treatment administered to the complainant’s mother Smt. Shahista.

The Order of the Disciplinary Committee dated 20th May, 2024 is reproduced herein-below :-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Shri Ameenuddin, r/o- House No. 9659, Islam Ganj, Azad Market, Delhi-110006 (referred hereinafter as the complainant), alleging medical negligence on the part of Dr. Ananad Tyagi of Anjuman Medical Centre, 8797, Shidi Pura, Faiz Road, Rani Jhansi Road, Eidgah Chowk, New Delhi-110005 (referred hereinafter as the said Medical Centre), in the treatment administered to the complainant’s mother Smt. Shahista (referred hereinafter as the patient).

The Disciplinary Committee perused the complaint, police representation, written statement of Dr. Anand Tyagi, Shri Mohd Naqi, Authorised Signatory of Anjuman Medical Centre, additional written statement of Dr. Anand Tyagi, copy of medical records of Anjuman Medical Centre and other documents on record.

The following were heard in person :-

1) Shri Ameenuddin Complainant

2) Dr. Anand Tyagi Consultant Laparoscopic Surgeon,

 Anjuman Medical Centre

3) Mohd. Kamran Office Incharge, Anjuman Medical

 Centre

It is noted that the Delhi Medical Council has also received a representation from Office of the Deputy Commissioner of Police, Central District, whose subject matter is same as that of complaint of Shri Ameenuddin; hence, the Disciplinary Committee is disposing both of these matters by this common Order.

The complainant Shri Ameenuddin alleged that his mother Smt. Shahista (the patient) with stone in gall bladder, was operated by Dr. Anand Tyagi on 09th May, 2018 in Anjuman Medical Centre. After the operation, Dr. Anand Tyagi informed that the surgery was successful and he has removed the gall bladder. Subsequently, his mother had to be admitted on 12th March, 2019 in Hindu Rao Hospital where she was diagnosed as a case of right hemiparesis and was treated conservatively. During the admission on 15th March, 2019, she had undergone an ultrasound abdomen which reported the finding regarding gall bladder as distended with 06 mm calculus. On 19th March, 2019, an ultrasound whole abdomen done at Radiance Diagnostic Centre also reported gall bladder is partially distended and shows an echogenic calculus measuring approximately 05.9 mm with the lumen. They confronted with the ultrasound reports who asked them to get a fresh ultrasound done at Anjuman Medical Centre. The ultrasound reports dated 19th March, 2019 of Anjuman Medical Centre reported gall bladder as post operative status. ? second part of duodenum with gas shadow is seen adjacent to gall bladder fossa. CBD is prominent (5.4 mm). Dr. Anand Tyagi of Anjuman Medical Centre claimed that their report was correct and outside report was wrong and he (Dr. Anand Tyagi) further advised the MRCP test. The MRCP dated 20th March, 2019 of Sant Parmanand Hospital gave the impression of FUC of cholecystectomy showing e/o a ? residual gall bladder, and hepatomegaly. No obvious focal parenchyma pathology is seen in the visualized viscera. He further alleged that the investigations reports have confirmed that Dr. Anand Tyagi did not remove the gall bladder during the surgery done on 09th May, 2018 and strict action be taken against him. He further informed that his mother (the patient) Smt. Shahista is no more alive, as she had expired two years back.

Dr. Anand Tyagi, Consultant Laparoscopic Surgeon, Anjuman Medical Centre in his written statement averred that the patient Smt. Shaista aged 65 years old female, came to Anjuman Medical Centre in his O.P.D. on 03rd May, 2018 as a known case of gall bladder disease with DM and HTN with CAD. The patient was investigated on OPD basis and advised for the admission with the said medical centre. The patient was admitted in Anjuman Hospital on 08th May, 2018 for the surgery. The physician consultation was taken regarding DM/HTN/CAD status of the patient and medical fitness for the surgery. The pros and cons of the surgery were discussed with the patient and the attendants and after written consent, the surgery was performed with the team on 9th May, 2018. The surgical procedure was uneventful. The gall bladder stones were shown to the attendants and gall bladder was sent for biopsy. The post-operative period was also uneventful and the patient was discharged in satisfactory condition on 11th May, 2019 with advice to review in the OPD for dressing and stitch removal. The patient was advised to report to the hospital in case of any problem. The patient came for dressing change which was done on 14th May, 2019 in the OPD and stitch removal was done on 19th May, 2019. The patient’s wound was healthy and she was advised to consult the physician for her other diseases and advised to report him in case of any problem in abdomen or at stitch site. But she never came to him or other consultant of the hospital for any problem thereafter. The patient’s attendant came to him on 20th March, 2023 after approximately eleven months and showed the USG report of Hindu Rao Hospital and said that they did the USG twice and then gave the final report. He advised them to repeat USG at Anjuman Medical Centre free of cost, and also advised in case of any controversary MRCP to be done for final diagnosis. Ultrasound was done at Anjuman Medical Centre. The radiologist reported that there is artefact in gall bladder fossa and duodenum bulb is seen which could be mistaken as gall bladder remnant. Since there were two reports, therefore, he advised them for the MRCP but the attendants had not followed his advice and took the patient to some other centre for USG and later on, after his persistent advice, they took the patient for the MRCP. After getting MRCP report about fifteen persons (relatives of the patient), came to the hospital with records and thrashed him and management personal in the office and made allegations that he did not perform the surgery and just took the money and applied stitches over abdomen and did not removed the gall bladder, as gall bladder is still there in the report. They threatened with dire consequences that they will not allow him to practice in Delhi, they further threatened not to allow the hospital to be run in the locality and further threatened to lodged complaints against him and the hospital. He examined the report and explained to few of the relatives about diagnosis and explained that MRCP report showed remnant gall bladder or remnant cystic duct with retained stone which is a known complication, for which, a surgery is required but that was not an urgent surgery and as the patient suffered a CVA in recent past i.e. 12th March, 2019, for which, she was admitted in Hindu Rao Hospital and, hence, this surgery is not advisable until three to nine months and advised to have consultation with higher centre i.e. Sir Ganga Ram Hospital or G.B. Pant Hospital with all reports as soon as the patient improves of CVA symptoms or the physician permits to do so. After examination of all reports, he concluded that the patient is having post-cholecystectomy syndrome but asymptomatic and there is remnant gall bladder or remnant cystic duct with retained stone as per the MRCP report of the patient, which is a known complication as per the medical literature : REMNANT GALL BLADDER AND CYSTIC DUCT STUMP STONE AFTER CHOLECYSTECTOMY- a cystic duct remnant has been defined as a residual cystic duct greater than 01 cm which can cause post-cholecystectomy syndrome when calculi are present in its interior. This syndrome can occur at any time, from the immediate post-operative period to even years after cholecystectomy, producing symptoms similar to biliary colic and even episodes of cholestatic, as in their case. It is an uncommon cause of post-cholecystectomy syndrome, although, it is now known whether this condition laparoscopic cholecystectomies in recent decades. As per ISJ Internal Surgery Journal, residual gall bladder stones following incomplete gall bladder removal is an important-sequelae after cholecystectomy. Completion cholecystectomy (open or laparoscopic) is the most common treatment modality reported in the literature for the management of residual gall bladder stones. It is stated that he operated upon the patient and removed the gall bladder and calculus. The biopsy report also confirmed the diseased gall bladder. The patient is asymptomatic till date and admitted to Hindu Rao Hospital for the cerebral stone (CVA) and other co-morbid conditions. There is no negligence or deficiency in service on his part. The present complaint deserves to be dismissed after consideration the facts of the case.

Shri Mohd Naqi, Authorised Signatory of Anjuman Medical Centre reiterated the stand taken by Dr. Anand Tyagi.

Dr. Anand Tyagi in his additional written statement, regarding the explanation for the MRCP film dated 20th March, 2019 of Sant Parmanand Hospital stated that he had studied the film himself and discussed with radiologist and concluded that on MRCP it is reported that it is a remnant gall bladder. No calculas was reported in the lumen of the gall bladder on MRCP, while MRCP is the best non invasive available modality for gall bladder stone with very high sensitivity. Artifacts reported in MRCP are the titanium clips used in laparoscopic cholecystectomy, clips are visible in gall bladder fossa indicates that surgery was done and gall bladder along with gall bladder stone was removed at the time of surgery of Smt. Shahista. Ultrasound done of Smt. Shahista, post operatively shows the gall bladder or gall bladder like structure in gall bladder fossa with calculus, on ultrasound the clips used in surgery can be mistaken for gall bladder calculas. In case of Smt. Shahista it may be a case of duplication of gall bladder, which is a congenital anatomical variation and it is reported in literature with incidence of 1 in 3800 in USA, while 1 in 40 in INDIA. Duplication of gall bladder may be just septa inside the gall bladder or folded gall bladder or two or more gall bladder completely separate from each other, classification is given with rate of Incidences. The diagnosis of duplication of gall bladder is difficult on ultrasound and MRCP is best non Invasive modality and intra operative cholangiography is invasive modality for it. In case of duplication of gall bladder, if not diagnosed preoperatively, the chances of leaving another gall bladder or injury to adjacent vital structures are high. After study of MRCP films of Smt. Shahista, it appears to be a case of residual gall bladder with clips in situ or duplication of gall bladder of folded type or V shape type with clips in situ. It is reported in literature that second gall bladder is at high risk of being miss diagnosed during the cholecystectomy of the main gall bladder, especially if it was not diagnosed pre-operatively and as a result second cholecystectomy procedure may be required for accessory gall bladder. With all reports and evidences it is clear that he did the laparoscopic cholecystectomy of Smt. Shahista and removed the gall bladder alongwith the calculus. The gall bladder was sent for histopathology and Calculus was handed over to attendants. The structure visible on ultrasound and on MRCP is either a remnant gallbladder or duplication of gall bladder, which are known complications of the cholecystectomy. Hence, the allegation of not doing the surgery for gall bladder of Smt. Shahista is false, baseless and defaming.

In view of the above, Disciplinary Committee makes the following observations:-

1. It is noted that Smt. Shahista 50 years old female was admitted in Anjuman Medical Centre on 08th May, 2018. She was diagnosed case of cholelithiasis and underwent the surgical procedure of laparoscopic cholecystectomy on 09th May, 2018 under spinal anaesthesia. She was discharged from the Anjuman Medical Centre on 11th May, 2018.
2. The gall bladder specimen which was removed was subjected to histopathology and reported by Immuno Diagnostic Private Limited vide report no. 1805100057 dated 10th May, 2018 as chronic cholecystitis.
3. It is further noted that subsequently an ultrasound whole abdomen was done at Radiance Diagnostic Centre of Smt. Shahista on 19th March, 2019 which reported ‘gall bladder is partially distended and shows an echogenic calculus measuring approx 5.9 mm within the lumen. The wall thickness is normal. No pericholecystic luid is seen. Further, MRCP done on 20th March, 2019 of Smt. Shahista at Civil Lines MRI, Sant Parmanand Hospital gave the impression ‘FUC of cholecystectomy showing e/o a? residual gall bladder, and hepatomegaly as described no obvious focal parenchyma is seen in the visualized viscera’. However, an ultrasound scan of upper abdomen of Smt. Shahista done at Anjuman Medical Centre on 19th March, 2019 reported in respect of gall bladder finding as ‘post operative status? second part of duodenum with gas shadow is seen adjacent to gall bladder fossa’.
4. The main allegation levelled by the complainant is that Dr. Anand Tyagi did not perform the surgery and just took the money and applied stitches over abdomen and did not remove the gall bladder, as gall bladder is still there in the report. The allegation of negligence is based on the reports of the post operative ultrasound and MRCP. A careful examination of the record and statements in the matter reveal as under:
5. The operating surgeon, Dr. Anand Tyagi has stated that he performed the surgery, following which, the gall stones were shown to the attendants and the removed gall bladder was sent for histopathology.
6. The attendants/ complainant have not contested or denied the statement of the surgeon that the stones were shown to them.
7. A histopathology report showing presence of chronic cholecystitis in the resected specimen (gall bladder measuring 5x2cm in size) is on record.
8. The post operative MRCP refers to the presence of the surgical clips in the region of gall bladder.

There is abundant evidence on record to suggest that surgery was performed on the gall bladder by Dr. Anand Tyagi. As such, the primary allegation of negligence, on the ground that Dr. Anand Tyagi did not remove gall bladder and just applied stitches on the abdomen is not made out by the facts of the case.

Regarding the documentation of a gall bladder/ gall bladder like stricture on the ultrasound / MRCP reports, Dr. Anand Tyagi has reasoned out that this could either be due to a remnant gall bladder or a duplicated gall bladder and only one gall bladder was removed. He has submitted further that these are known complications/ entities and there is no deficiency of service on his part. In this regard we are of the opinion that Remnant gall bladder is a rare but well described complication following laparoscopic cholecystectomy. It mostly results from incomplete or subtotal resection of gall bladder, which may be deliberate (in cases where surgeon feels that complete removal may not be feasible due to findings observed in the surgical field) or unintentional. In period following surgery in some instances, free end of cystic duct stump may enlarge and may resemble a gall bladder.

In light of the observations made herein-above, it is the decision of the Disciplinary Committee that no medical negligence can be attributed on the part of Dr. Ananad Tyagi of Anjuman Medical Centre, 8797, Shidi Pura, Faiz Road, Rani Jhansi Road, Eidgah Chowk, New Delhi-110005, in the treatment administered to the complainant’s mother Smt. Shahista.

Complaint stands disposed.

 Sd/: Sd/: Sd/:

(Dr. Maneesh Singhal), (Dr. Alok Bhandari) (Dr. Arun Kumar Gupta)

Chairman, Delhi Medical Association, Expert Member,

Disciplinary Committee Member, Disciplinary Committee

 Disciplinary Committee,

Sd/: Sd/:

(Dr. Lalendra Upreti) (Dr. Anil Agarwal)

Expert Member, Expert Member,

Disciplinary Committee Disciplinary Committee

The Order of the Disciplinary Committee dated 20th May, 2024 was confirmed by the Delhi Medical Council in its meeting held on 24th June, 2024.

 By the Order & in the name

 of Delhi Medical Council

 (Dr. Girish Tyagi)

 Secretary

Copy to:-

1. Shri Ameenuddin, r/o- House No. 9659, Islam Ganj, Azad Market, Delhi-110006.
2. Dr. Ananad Tyagi, Through Medical Superintendent, Anjuman Medical Centre, 8797, Shidi Pura, Faiz Road, Rani Jhansi Road, Eidgah Chowk, New Delhi-110005.
3. Medical Superintendent, Anjuman Medical Centre, 8797, Shidi Pura, Faiz Road, Rani Jhansi Road, Eidgah Chowk, New Delhi-110005.
4. Deputy Commissioner of Police, Office of the Deputy Commissioner of Police, Central District, Darya Ganj, Delhi-110002- (w.r.t. letter No.3690/Complt.(C-II/PG)/C dated 14.06.2019)- **for information.**

 (Dr. Girish Tyagi)

 Secretary

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