DMC/DC/F.14/Comp.2375/2/2022/ 27th May, 2022

**O R D E R**

The Delhi Medical Council through its Disciplinary Committee examined a complaint of Smt. Unaiza w/o Shri Mohd. Afzal, r/o 3085, First Floor, Pratap Street, Gola Market, Darya Ganj, New Delhi-110002, alleging negligence in preparation of ultrasound report/examination on the part of Dr. P.D. Gupta, P.D. Gupta Mediscan Center Pvt. Ltd. 70, Darya Ganj, New Delhi.

The Order of the Disciplinary Committee dated 27th April, 2022 is reproduced herein-below:-

The Disciplinary Committee of the Delhi Medical Council examined a complaint of Smt. Unaiza w/o Shri Mohd. Afzal, r/o 3085, First Floor, Pratap Street, Gola Market, Darya Ganj, New Delhi-110002(referred hereinafter as the complainant), alleging negligence in preparation of ultrasound report/examination on the part of Dr. P.D. Gupta, P.D. Gupta Mediscan Center Pvt. Ltd. 70, Darya Ganj, New Delhi.

The Disciplinary Committee perused the complaint, written statement of Dr. P.D. Gupta of P.D. Gupta Mediscan Center Pvt. Ltd and other documents on record.

The following were heard in person:-

1) Smt. Unaiza Complainant

2) Shri Afzal Husband of the complainant

3) Dr. P.D. Gupta Radiologist, P.D. Gupta Mediscan Center Pvt. Ltd.

It is noted that as per the complaint, it is alleged that complainant was under medical treatment of Dr. Hamrah Siddiqui as the complainant was pregnant and at in initial stage. The aforesaid doctor namely Dr. Hamrah Siddiqui while medically treating complainant advised her to have ante natal ultrasound and advised complainant that the said ultra-sound may be got conducted from Dr. P.D. Gupta, P.D. Gupta Mediscan Center Pvt. Ltd. 70, Darya Ganj, Opposite Commercial School, Behind Darya Ganj Police Station, Darya Ganj, New Delhi 110002. Accordingly while the' fetal maturity of the complainant was nine weeks four days, an ultrasound at Dr. P.D. Gupta, P.D. Gupta Mediscan Center Pvt. Ltd. 70, Darya Ganj, Opposite Commercial School, Behind Darya Ganj Police Station, Darya Ganj, New Delhi 110002 was conducted and report dated 10.07.2017 was issued wherein he reported a single live intrauterine pregnancy is seen and the movements and cardiac activity was "reported as normal. In the said report he also reported that liquor is adequate, placenta is anterior and coming till OS. And no separation / blood clot is seen. The said doctor also reported that internal OS is closed, length of cervix is 34 MM (normal) and he further reported in report dated 10.07.2017 that no Fibroid is seen. Subsequently when the pregnancy of complainant was 18 weeks, the said Dr. Hamrah Siddiqui again advised complainant to have ante natal ultrasound. Accordingly the complainant again approached Dr. P.D. Gupta, P.D. Gupta Mediscan Center Pvt. Ltd. and on 12.09.2017 the said Doctor conducted antenatal ultrasound of complainant. After having conducted the said ultra-sound, the said doctor supplied the report dated 12.09.2017 whereby the said Doctor Dr. P.D. Gupta, P.D. Gupta Mediscan Center Pvt. Ltd. reported that estimated fetal weight is 246 GMS and' fetal maturity was found 18 weeks 3 days. He further reported in his report dated 12.09.2017, that no IUGR is seen and liquor is adequate. He further reported that Placenta is anterior and mainly upper segment, grade 0 mature. He also reported that no gross fetal abnormality seen, fetal diaphragm/stomach and urinary bladder appear normal and fetal spine appear regular and no obvios abnormality is seen in fetal long bones, no abnormal calcification is seen in carnial/cardiac/bowel region. He also further reported that interal OS is closed, length of servix is 32 mm (normal) and umbilical cord shows two arteries and one vein pattern and that no fibroid is seen. Lastly the attending doctor of the complainant namely Dr. Samreen Bukhari advised complainant to have ante natal ultrasound and on 15.01.2018 ante natal ultrasound of the complainant was conducted in the 'Said Mediscan Center and Dr. P.D. Gupta, P.D. Gupta Mediscan Center Pvt. Ltd. supplied the report dated 15.01.2018 wherein he reported that a single live intrauterine pregnancy is seen and cephalic presentation, cisterna magna is found normal and that ventricles at level of atria was found normal. He also reported that movements and cardiac activity*J* are normal. FHR: 146 */*MTand regular maintained four chamber view of heart is seen. He further reported that fetal maturity is 36 months, estimated fetal weight is 2.65 Kg and no IUGR is seen and that liquor is adequate, amniotic volume index is 15.5 (normal). That in the said report dated 15.01.2018 the said doctor further reported that placenta is anterior and mainly upper segment, grade 2 mature. He also reported that no gross fetal abnormality is seen, fetal diaphragm/stomarch/kidney and urinary bladder appears normal and that fetal spine appeard regular. He further reported that bio-physical profile score is 10 X10, internal OS is closed, length of cervix is 31 mm (normal). He also reported that on color Doppler examination, evidence of loose cord was seen posterior to the neck of fetus and umbilical cord showed two arteries and one vein pattern. As such in all his aforesaid reports dated 10.07.2017, 12.09.2017 as well as 15.01.2018, Dr. Dr. P.D. Gupta, P.D. Gupta Mediscan Center Pvt. Ltd. 70, Darya Ganj, Opposite Commercial School, Behind Darya Ganj Police Station, Darya Ganj, New Delhi 110002 reported that no abnormality is found in the growth of the body of the un-born child. On 10.02.2018, a female child was born to the complainant in Sanjveean Hospital Darya Ganj, New Delhi and to the shock and surprise of the complainant and her relatives, it was found that the newly born female child was not having one hand. It was a clear case of carelessness, sheer negligence and supplying a misleading, wrong and incorrect reports dated 10.07.2017, 12.09.2017 and 15.01.2018. The aforesaid act on the part of the said Dr. PD Gupta, in furnishing false, misleading wrong and incorrect reports is a clear case of deficiency in the services. The husband of complainant and other relatives approached Dr. PD Gupta, on 18.02.2018 and asked the said Dr. PD Gupta as to why he has furnished wrong, incorrect, false and misleading reports. The said Dr. PD Gupta admitted his mistake and stated that he had committed a mistake and this admission of medical negligence on the part of Dr. PD Gupta was duly video recorded by the husband of complainant. The complainant is suffering irreparable loss which cannot be compensated in terms of money and Dr. PD Gupta is liable to be punished by Delhi Medical Council in accordance with law.

Dr. P.D. Gutpa, P.D. Gupta Mediscan Center Pvt. Ltd in his written statement averred that the complaint filed by the complainant against him is not maintainable as the same is based on false and frivolous grounds. It is admitted that Dr. Hamrah Siddiqui had referred the complainant for ante-natal ultrasound on 10.7.2017 and 12.9.2017. Thereafter, Dr. Samreen Bukhari had referred the complainant for ante-natal ultraousnd on 15.1.2018. The above ultrasounds were Routine Ultrasounds to know the growth and well being of the fetus and the complainant was advised for dedicated aneuploidy scan (NT-NB: Nuchal Translucency- Nasal Bone evaluation) during the first visit for dating scan on 10.07.2017 and was also advised for targeted anomaly scan during the visit for scan on 12.09.2017 . It is stated to this Hon'ble Council that the prenatal detection of isolated non-syndromic limb reduction anomaly(as it was in the case of complainant) is difficult with poor results and may be missed as the fetus is always in a moving position in the womb with variable lie and presentation besides overlapping of fetal anatomical parts, particularly extremities. The same is highlighted in the standard reference text book on obstetric/fetal ultrasonography titled "Ultrasonography in Obstetrics and Gynecology by Peter W. Callen" which quotes as " *In the* *largest study conducted to date, which included 709,030(about seven* *lakhs) births from 20 malformation registries in* 12 *European* countries, the overall detection rate for limb reduction defect was 35.6 % (89/250) “with lesser detection rate in presence of isolated Limb Reduction Defect malformations.(Edition 5th/page number 463) Similar concordant findings were reported in the original research study by Jeffrey M. Dicke Samantha L. Piper, and Charles A. Goldfarb published in journal titled *Prenatal Diagnosis 2015, 35,* 348-353 which states that "data collected from 17 European registries of congenital malformations (European Surveillance of Congenital Anomalies) for births occurring between 1995 and 1999 revealed 694 cases of limb reduction defects (LRD). *Thirty-six percent* were *diagnosed prenatally, and* 7% *were associated with a chromosome* *anomaly. ln a review of prenatal diagnosis of limb reduction* *deficiencies using data from 20 congenital malformation* registries provided by 12 European countries, 250 cases of LRD were identified. The prenatal detection rate of isolated Limb Reduction defects cases was 24.6% versus 49.1% of non-isolated or syndromic Limb reduction defects cases. It is further stated that Ultrasound is not 100% full proof method for diagnosis of congenital anomalies. A study on sensitivity of routine ultrasound screening of pregnancies in the Euro Fighter Database quotes the overall detection rate of congenital anomaly to be 56.2% (in Annals of New York Academy of Sciences, Grand Jeanalive 847 Issue 1 Ultrasound 118 - 124). Another study quotes that ultrasound gave positive result in only 46% cases of chromosomal anomalies with maternal age <35 years (Prenatal diagnostic procedures used in pregnancies with congenital anomalies in 14 regions in Europe (In Prenatal Diagnosis; Author Y Gillerot: Publisher -John Wiley & Sons). **“**Ultrasonography in Obstetrics and Gynecology by Peter W. Callen"also highlights the fact that isolated amputation of an extremity can be due to amniotic band syndrome, exposure to teratogen or a vascular event which can happen at any time during the course of pregnancy (Edition 5th/page number 462). Similar observation is also worth noting in the medical literature which state that amniotic band syndrome can occur in third trimester of pregnancy. Medical Literature related to amniotic band syndrome which is a collection of fetal congenital malformations, affecting mainly the limbs, but also the craniofacial area and internal organs. (Reference: Amniotic band constriction of umbilical cord in third trimester causing stillbirth: E.Q. Barreto, C.S. Chadud, J.L. Lunardelli, M.B. Lopes, F.K. Marques, L.L. Pereira, M.B. Carvalho Ultrasound in Obstetrics & Gynecology 2017; 50 (Suppl. 1): 257-399. The first USG scan dated 10.07.2017 was a dating scan done for USG calculation of the gestation age and the viability of the fetus. Scan done on 12.09.2017 was for routine evaluation and complainant was advised for targeted anomaly scan. USG done at 36 weeks was done for evaluation of the fetal growth and not anomalies. Development of limb defects secondary to idiopathic vascular events cannot be ruled out at any time during the entire course of the pregnancy as stated in the above standard foetal medicine literature and research . Therefore occurrence of such vascular insult cannot be ruled out in the case of complainant as the said deformity may have developed after the sonography evaluation done by him. It is stated to this Hon'ble Council that large number of attendants and relatives of the complainant forcibly entered into his Chamber on 18.2.2018 and manhandled and threatened him with dire consequences and further compelled him to admit his negligence. He had no other option except to accept his fault at that time to save his life. In-fact, there was no negligence or deficiency in service on his part.

In view of the above, the Disciplinary Committee makes the following observations.

1. It is noted that complainant Smt. Unaiza, 21 years female, during her ante natal period, underwent ante natal ultrasound at 09 weeks 04 days on 10th July, 2017 at P.D. Gupta Mediscan Center Pvt. Ltd.which was reported as normal. Thereafter she underwent ante natal ultrasound (Level-II) at the same centre on 12.09.2017 (18 weeks 03 days), and then on 15.01.2018(36 weeks fetal maturity) which were reported as no gross abnormality seen. The complainant subsequently delivered a female baby on 10.02.2018 at Sanjeevan Hospital, Darya Ganj, New Delhi with left forearm absent.
2. The explanation submitted by Dr. P.D. Gupta that prenatal detection of isolated non-syndromic limb reduction anomaly (as it was in the case of complainant) is difficult with poor results and may be missed as the fetus is always in a moving position in the womb with variable lie and presentation besides overlapping of fetal anatomical parts, particularly extremities; is found to be medically tenable. Also the isolated amputation of an extremity can be due to amniotic band syndrome, which is a known occurrence as per medical literature.

In light of the observations made herein-above, it is the decision of the Disciplinary Committee that no medical negligence can be attributed in preparation of ultrasound report/examination on the part of Dr. P.D. Gupta, P.D. Gupta.

Complaint stands disposed.

Sd/: Sd/: Sd/:

(Dr. Maneesh Singhal) (Dr. Anil Kumar Yadav) (Abhinav Jain)

Chairman, Eminent Publicman Expert Member,

Disciplinary Committee Member, Disciplinary Committee

Disciplinary Committee

The Order of the Disciplinary Committee dated 27th April, 2022 was confirmed by the Delhi Medical Council in its meeting held on 29th April, 2022.

By the Order & in the name of Delhi Medical Council

(Dr. Girish Tyagi)

Secretary

Copy to :-

1. Smt. Unaiza w/o Shri Mohd. Afzal, r/o 3085, First Floor, Pratap Street, Gola Market, Darya Ganj, New Delhi-110002.
2. Dr. P.D. Gupta, P.D. Gupta Mediscan Center Pvt. Ltd. 70, Darya Ganj, Opp. Commercial School, New Delhi-110002.
3. National Medical Commission, Pocket-14, Sector-8, Dwarka Phase-1, New Delhi-110075-w.r.t. erstwhile Medical Council of India’s letter No.MCI-211(2)(Gen.)/2017-Ethics./180914 dated 20.03.2018-for information & necessary action.

(Dr. Girish Tyagi)

Secretary