Japan Council for Quality Health Care

Project to Collect Medical Near-Miss/ Adverse Event Information

Medical Safety Information

No.71, October 2012

Forgetting to Check the Pathologic Diagnosis Report

Eight cases have been reported involving cases in which treatment was delayed because the report on the results of a pathologic examination was not checked (information collection period: from January 1, 2008 to August 31, 2012; the information is partly included in “Individual Theme Review” (p.98) in the 24th Quarterly Report).

Cases of treatment being delayed because the report on the results of a pathologic examination was not checked have been reported.

Examination	Content of Pathologic Diagnosis not Checked	Timing of Discovery of Results
Cervical cytology	Class V, squamous cell carcinoma	1.5 years later
Histological diagnosis following upper gastrointestinal endoscopy	Group 5 gastric cancer	6 years later
		2.5 years later
		2.5 years later
	Finding of malignancy in stomach	2 years later
	Anaplastic adenocarcinoma of the stomach	1 year later
	Esophageal cancer	Half a year later
Intraoperative cytodiagnosis of ascites during emergency laparotomy for hemostasis	Adenocarcinoma cells	Within 1 month

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Case 1

Due to a CT examination carried out while under observation for another complaint, the patient was suspected of suffering from uterine and ovarian lesions, so was examined by the obstetrics and gynecology department. During the consultation, the obstetrician and gynecologist carried out an ultrasound examination which detected multiple uterine fibroids, but there was no clear finding of malignancy, so cervical cytology was carried out and it was arranged that the patient would be contacted if there was any abnormality. A year and a half later, a PET-CT found a mass in the pelvis and when the patient had another examination in the obstetrics and gynecology department, vaginal cytological examination was carried out. After examining the patient, the physician noticed that the pathologic diagnosis report from the cervical cytology carried out a year and a half earlier, which showed an abnormality (Class V, squamous cell carcinoma), had not been checked.

Case 2

The patient, who was attending the hospital regularly, brought a notice stating that thorough examination was required, following a health screening of the stomach. The physician carried out an endoscopic examination, took a biopsy of the lesion, and made an appointment for the patient's next visit. The pathologic diagnosis report subsequently returned, but the patient did not return to the hospital, so time passed without the patient's record being looked at once. Two years later, the patient sought a consultation once more, because the results of the health screening of his/her stomach had stated that thorough examination was required again. At that point, the physician noticed the finding of malignancy on the pathologic diagnosis report from two years earlier.

Preventive measures taken at the medical institutions in which the events occurred.

- **Build a mechanism for ensuring that the content of pathologic diagnosis results can be checked and a mechanism for ensuring that the results are explained to the patient without fail.**

Complementary comment by the Comprehensive Evaluation Panel

- **Consider a mechanism for communicating serious results to the physician directly.**

* As part of the Project to Collect Medical Near-Miss/Adverse Event Information (a Ministry of Health, Labour and Welfare grant project), this medical safety information was prepared based on the cases collected in the Project as well as on opinions of the "Comprehensive Evaluation Panel" to prevent the occurrence and recurrence of medical adverse events. See quarterly reports and annual reports posted on the Japan Council for Quality Health Care website for details of the Project.
http://www.med-safe.jp/

* Accuracy of information was ensured at the time of preparation but cannot be guaranteed in the future.

* This information is intended neither to limit the discretion of healthcare providers nor to impose certain obligations or responsibilities on them.

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