

VERDICTS & SETTLEMENTS

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PERSONAL INJURY**MEDICAL MALPRACTICE**
Negligence

VERDICT: Defense.

CASE/NUMBER: Zemorod Sassounian v. Yung-Hsi Joseph Wen, M.D. / EC046327.

COURT/DATE: Los Angeles Superior Burbank / Feb. 3, 2009.

JUDGE: Hon. Michael S. Mink.

ATTORNEYS: Plaintiff - Steven C. Glickman (Glickman & Glickman, Beverly Hills).

Defendant - Kent T. Brandmeyer (Law + Brandmeyer, LLP, Pasadena).

MEDICAL EXPERTS: Plaintiff - Jay Schapira, M.D., cardiology, Los Angeles; Edgar Aleman, M.D., cardiology, Glendale.

Defendant - Raj Makkar, M.D., interventional cardiology, Los Angeles; Michael Chaikin, M.D., cardiology, Los Angeles.

FACTS: On Dec. 9, 2005, plaintiff Zemorod Sassounian, 57, presented to Glendale Memorial Hospital with a recent onset of severe chest pain. She was seen by defendant cardiologist Dr. Joseph Wen, who diagnosed acute coronary syndrome.

The plaintiff was given anticoagulation medication, including 60 mg of Lovenox, in the emergency room. The patient then proceeded to angiogram. Dr. Wen found that plaintiff had a 95 percent occlusion of the left anterior descending artery and also had a 95 percent occlusion in the right coronary artery.

Dr. Wen proceeded to angioplasty. At the beginning of the case, while he was flushing the guide catheter, the patient suddenly exclaimed that she was having severe chest pain. The flushing was occurring in or near the left coronary artery distribution. EKG tracings also indicated a strong suspicion for complete blockage of the right coronary artery.

Dr. Wen moved the equipment to the right coronary artery so that lesion could be opened with a balloon and stent. At this time, while attempting to open this blockage, the patient developed ventricular tachycardia and went into full cardiac arrest. CPR was initiated and administered. An emergency room physician assisted on the Code. After about 20 minutes, the patient was stabilized.

Dr. Wen completed opening the artery on the right side, he then moved back to the left arterial distribution. At this time, he discovered that all three major left coronary arteries had clotted off. Dr. Wen then placed balloons and stents in each of these coronary arteries, opening them back up. Dr. Wen placed a total of four stents during this procedure.

The plaintiff was transferred to the intensive care unit and was discharged two weeks later from the hospital.

PLAINTIFF'S CONTENTIONS: The

plaintiff contended that Dr. Wen violated the standard of care by under anticoagulating her. He gave 60 mg of Lovenox, when the standard of care required 70 mg, as the standard dosing was 1 mg per kg and the plaintiff weighed 70 kg. Therefore, because she received 60 mg, she only received .85 mg per kg of weight. This was not enough. As a result of this under anticoagulation, the plaintiff developed clots in the left arterial tree, causing a massive heart attack and death of about one-third of her heart muscle.

The plaintiff further contended that, during the angioplasty, Dr. Wen misinterpreted the EKG tracings and angiographic imaging, which showed the acutely clotted left arterial tree. Dr. Wen stayed over on the right side and treated this during the 45 minutes the left was occluded off, resulting in the death of a substantial portion of the plaintiff's heart muscle.

DEFENDANT'S CONTENTIONS:

Dr. Wen contended that this was an emergency and he acted appropriately between life and death circumstances. The patient had advanced disease and chest pain and certainly, the angiogram and angioplasty were indicated. During the procedure, the patient acutely blocked off arteries and went into cardiac arrest. This is an exceedingly rare, "once in a career" type of complication. Dr. Wen reacted and made split-second decisions to work on the arteries he felt were closing off. The arteries on the left side were closing off when he moved to the right side. He did not know this at the time. All things considered, he restored blood flow to the plaintiff's heart by opening up all the major coronary arteries, which had closed off. The intervening heart damage that occurred was unavoidable.

INJURIES: The plaintiff alleged that, because of her compromised heart, she would in all medical probability need a heart transplant. The cost of a heart transplant was introduced into evidence as \$787,000.

DAMAGES: Death to about 30 percent of plaintiff's heart muscle, resulting in significant compromise and disability to her activities of daily living.

SPECIALS IN EVIDENCE: MEDS: \$40,000 Medi-Cal lien.

JURY TRIAL: Length, seven days; Poll, 9-3 (no negligence); Deliberation, 15 minutes.

RESULT: Defense verdict.