



Reporting on Odd and Unusual Injuries

A methodical approach is the key to writing high-quality reports on even the strangest of medical phenomena, says Dr Mark Burgin

There is a systematic approach for the personal injury (PI) medical expert who is asked to write a report on an odd or unusual injury (see box one).

The lawyer gathers evidence, both that the injuring event occurred and that the claimant was exposed to that event, then the medical expert considers if the pattern is consistent with a syndrome.

'Syndrome' is a term used by medical practitioners to describe a logically associated pattern of symptoms and signs that is thought to comprise a single cause.

In classical cases, experts are likely to confidently identify the pattern, but doubt may exist where

there is an atypical syndrome. Atypical syndromes are more common in susceptible individuals or where there are other factors that could have caused or contributed to the syndrome.

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Psychosomatic Injuries

Psychological distress generally has a more atypical pattern than other types of injuries.

In PI psychological syndromes can include worsening depression and anxiety, fear of something going wrong in pregnancy or contamination with needle stick injury.

Some claimants describe their distress as somatic (physical) symptoms rather than psychological. Examples are blurred vision, enuresis (bedwetting), smoking, poor concentration, headaches, chest pain, irritable bowel syndrome, sexual dysfunction, hair loss and breathing problems.

All these various syndromes can be dealt with in a report as emotional symptoms associated with psychological trauma from any cause, including the accident.

The expert should recognise the psychological distress and recommend an appropriate expert for that psychological pattern.

Different physical agents such as heat, chemicals, radiation, smoke and mould may cause similar injuries through irritation or destruction to the area of exposure, for example, skin, lungs or gut.

The severity of reaction may be a guide to the severity of exposure, but there are recognised cases where the reaction is not proportionate. Where exposure is repeated or extends over a length of time, the description in the report should include the entire time and consider any other possible sources

Flare Ups

Accident-related flare ups include asthma, indigestion, skin disease, swelling of ankles, Raynaud's syndrome and peripheral vascular disease. Minor illnesses are common with or without a preceding accident and include nose bleeds, chest infections, shingles, gastroenteritis and vaginal bleeding in pregnancy.

To logically associate a flare up with an injury event a mechanism must be postulated, for instance, stress. Stress could lead to poorer compliance with medication with worsening of the condition or cause a change to the immune system function.

Where the treatment of the injury event involves nonsteroidal anti-inflammatory drugs (NSAIDs), the recognised side effects can cause worsening of many conditions.

Flare ups will often fail on causation or remoteness and the expert should carefully assess both issues using the 'but for' test.

The case study shows how the courts have dealt with post-concussion syndrome from head injury and how a clear medical explanation of the syndrome can simplify the court's deliberations.

Similar cases include chronic regional pain syndrome, stroke, fibromyalgia, repetitive strain injury, leg ulcers and hernia.

A common feature is that the complication can occur either in the absence of an apparent precipitating cause or result from an injury event.

In a single case, different experts might consider that the same connection is medically unlikely, so a range of opinion should always be included where there is a significant complication.

Box one: questions for the expert in odd and unusual injuries

- Was the event sufficient to cause that injury
- Could that type of injury event cause that syndrome?
- Has the chronological progression been consistent?
- Was the claimant unusually susceptible?
- Were any other causes present? continuing headache.

Case Study: Head Injury

Some head injuries result in post-concussion syndrome with symptoms such as prolonged confusion, dizziness, headaches and tinnitus.

The material issues in head injury are:

- severity of the initial injury;
- recovery period;
- extent of continuing symptoms;
- headache.

Headaches following a closed head injury may be due to local bruising, migraine type, sinus problems, muscle tension, medication overuse or radiation from neck.

The expert can inform the court's decision by diagnosing the exact type of continuing headache.