

ROBERT WILLIAMS, Individually, and  
ROBERT AND KATHERINE WILLIAMS  
as Husband and Wife  
12721 Cunningham Cove Road  
Middle River, MD 21220

Plaintiffs

v.

FRANKLIN SQUARE HOSPITAL  
CENTER, INC.  
9000 Franklin Square Drive  
Baltimore, MD 21237

Serve on: Carl J. Schindelar  
9000 Franklin Square Drive  
Baltimore, MD 21237

Defendant

\* IN THE  
\* CIRCUIT COURT  
\* FOR  
\* BALTIMORE COUNTY  
\* MARYLAND

Case No.:

*Handwritten:* C-09-12036

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BALTIMORE COUNTY

\* \* \* \* \*

**COMPLAINT AND REQUEST FOR JURY TRIAL**

Robert Williams, Individually, and Robert and Katherine Williams, by Kathleen Howard Meredith, David J. Wildberger and Iliff & Meredith, P.C., their attorneys, hereby bring this Claim against the Defendant named herein and in support thereof, state:

1. At all times relevant to this litigation, Franklin Square Hospital Center, Inc. (hereinafter "Franklin Square") was a healthcare entity regularly conducting business in the State of Maryland and holding itself out as a healthcare provider through its agents, servants and employees.

2. At all times relevant hereto, Franklin Square owed a duty to members of

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the public such as Robert Williams to provide medical care and treatment through its actual and apparent agents, servants and employees in a reasonable manner and consistent with prevailing standards of medical care.

3. Derwin Phillip, M.D. (hereinafter referred to as “Dr. Phillip”) is a physician licensed to practice medicine in the State of Maryland and at all times relevant hereto was acting as the agent, servant and employee of Franklin Square.

4. At all times relevant hereto, Dr. Phillip had a duty to provide medical care and treatment to Robert Williams in a manner consistent with prevailing standards of medical care.

5. Venue of this claim is proper in Baltimore County, Maryland pursuant to Maryland Courts & Judicial Proceedings Code Annotated, § 6-201.

6. Katherine Williams is the lawful wife of Robert Williams.

7. The Plaintiffs have complied with the provisions of §3-2A-06B of the Courts and Judicial Proceedings Article, Maryland Annotated Code in bringing this action before the Circuit Court in that a Certificate of Merit, Report and Waiver of Arbitration was filed with Statement of Claim in the Health Claims Alternative Dispute Resolution Office of Maryland.

8. The damages claimed herein exceed the jurisdictional amount for actions before the Circuit Court.

9. On February 12, 2007, Robert Williams, urgently presented to the office

of his personal physician, Dr. Fernando Ferro, with a two day history of worsening pain in his scrotum with left sided scrotal swelling.

10. At the time he presented to Dr. Ferro's office on February 12, 2007, Mr. Williams was 43 years old and had a history of insulin dependent diabetes, obesity and MRSA abscess infections.

11. Upon examination, Dr. Ferro found Mr. Williams' scrotum to be red, indurated and very tender to touch. Based upon his physical examination, Dr. Ferro reached an assessment of "Abscess of the scrotum" and directed that Mr. Williams go to an emergency room for immediate evaluation and treatment.

12. Mr. Williams arrived at the Franklin Square emergency room at approximately 10:30 a.m.

13. At approximately 10:45 a.m., Mr. Williams was triaged in the Franklin Square emergency room. He was characterized as an "emergent" patient and was documented to be experiencing 10 out of 10 testicular pain with swelling, further described as "L groin pain testicle swollen started with small lump last night." he was further documented to have an "F.S. [fasting sugar of] 217" and to be "lightheaded."

14. At approximately 11:20 a.m. Mr. Williams was documented to be experiencing constant testicular pain. A nursing note also timed at 11:20 a.m. documents that Mr. Williams had first noted a lump on his left testicle two days prior and that the condition had become progressively more painful and had become bilateral.

15. Nursing notes document that at approximately 11:30 a.m. "Dr. Phillip in to see pt." At approximately 11:31, Dr. Phillip wrote orders for establishment of an IV line, a prescription for the pain reliever Toradol, urinalysis and, upon information and belief, a scrotal/testicular ultrasound. Dr. Phillip did not order a CBC or any other blood work and failed to perform an adequate and appropriate examination of Mr. Williams' scrotum and testicles.

16. At approximately 11:50 a.m., Mr. Williams pain was still described as "10/10" and at 12:20 p.m. a voice order by Dr. Phillip for the pain medication Dilaudid was entered.

17. Sometime prior to 12:20 p.m., Mr. Williams was taken to ultrasound. The results of the ultrasound, reported at approximately 1:20 p.m., showed "no evidence of complete torsion", "no focal testicular masses" and a "small cyst in the epididymal head on the left measuring 1 cm." An epididymal cyst is a benign, generally painless, condition which would not account for Mr. Williams' signs and symptoms. What was, or should have been, more concerning for Dr. Phillip was the description of "more prominent scrotal wall edema on the left . . ." Plaintiffs allege that scrotal wall edema in a diabetic patient with the acute onset of severe scrotal pain should alert a reasonably competent emergency physician to the possibility of a serious infectious process, in need of full evaluation and treatment. Plaintiffs further allege that such scrotal wall infections in diabetics such as Mr. Williams can progress rapidly and become

life threatening, and demand prompt recognition and treatment. Plaintiffs further allege that, in fact, Mr. Williams was suffering from a serious scrotal wall infection at the time he was seen by Dr. Phillip in the Franklin Square emergency room. Plaintiffs further allege that, under the circumstances, the standard of care required of a reasonably competent emergency room physician demanded that Dr. Phillip take reasonable steps necessary to properly evaluate and treat Mr. Williams, including, but not limited to taking an appropriate history; performing an appropriate examination; ordering necessary tests and studies; arranging appropriate consultations; instituting appropriate therapies; and arranging admission of Mr. Williams to the hospital.

18. Mr. Williams was discharged by Dr. Phillip from the emergency room of Franklin Square at approximately 2:20 p.m. At the time of discharge, Mr. William's pain was described as 9/10 despite administration of Toradol and Dilaudid. Dr. Phillip's discharge diagnosis was "testicular pain."

19. At the time of discharge, Mr. Williams was given a prescription for the oral antibiotic, Ciprofloxacin (Cipro) and a prescription for the pain medication hydromorphone (Dilaudid) and instructed to make an appointment with a urologist. Mr. Williams filled the prescriptions and made an appointment (for February 14) with a urologist that afternoon.

20. On February 13, 2007, Mr. Williams believed he was having an allergic reaction to the Cipro prescribed by Dr. Phillip and therefore his wife called Dr. Ferro's

office, after which a prescription for a different antibiotic, SMZ/TMP (Bactrim) was phoned into Mr. William's local pharmacy. Mr. Williams wife picked up the prescription promptly.

21. On February 14, 2007, a snow storm occurred and Mr. Williams was informed that the urologist's office was closed due to the weather. Because he was still experiencing severe and unremitting pain, Mr. Williams went to the emergency room of St. Joseph Hospital (St. Joseph).

22. Mr. Williams arrived at the St. Joseph emergency room at approximately 10:15 a.m. The initial evaluation performed there, at approximately 11:05 a.m. documented Mr. Williams' history of insulin dependent diabetes, MRSA abscess infection and five day history of sudden onset of left sided scrotal pain which worsened, causing him to be seen in the Franklin Square emergency room two days prior. By 11:20 a.m., IV broad spectrum antibiotics were instituted.

23. A detailed and appropriate examination performed at St. Joseph showed that Mr. Williams' now had a "zone of cellulitis" extending bilaterally into his groin area and had a "markedly swollen scrotum [with] erythematous, dusky blistering with denudation of the epidermis. . . concern about F.G. [Fournier's Gangrene]." A CT scan performed at St. Joseph showed "marked edema of the scrotal tissues and subcutaneous tissues extending into the base of the penis . . . no focal abscess seen."

24. In fact, by February 14, 2007, Mr. Williams was suffering from Fournier's Gangrene of his scrotum and penis. Fournier's Gangrene is a rapidly progressive gangrene of the penis and scrotum and is a form of necrotizing fasciitis. It can be caused by a variety of bacterial organisms. A high index of clinical suspicion, leading to initiation of broad-spectrum IV antibiotics as soon as possible is required in order to forestall rapid progression of this disease.

25. So severe was Mr. Williams' infection by February 14, 2007, that a transfer to University of Maryland Shock Trauma for emergency surgery and hyperbaric oxygen therapy was arranged by 1:35 p.m.

26. At 4:20 p.m., Mr. Williams was admitted to University of Maryland Shock Trauma with a diagnosis of Fournier's Gangrene. An initial evaluation was quickly performed and by 7:00 p.m. Mr. Williams was in surgery, during which large amounts of necrotic scrotal penile and perineal tissue was excised.

27. On February 20, 2007, Mr. Williams was returned to the operating room at Shock Trauma for additional debridement of necrotic tissue from his perineal area and placement of a vacuum assisted wound closure device.

28. On February 22, 2007, Mr. Williams was again returned to the operating room at Shock Trauma for yet additional debridement of necrotic tissue from his perineal area and performance of a bilateral orchiopexy. An orchiopexy is a radical surgical procedure performed when the entire scrotum has become infected and necrotic

and must be surgically removed, leaving no protection for the internal scrotal contents, including the testicles. In such cases, and in Mr. Williams' case, pockets are carved in the upper thighs where the scrotal contents, including the testicles, are placed and covered with a flap of skin. At the time of the third Shock Trauma surgery, so much necrotic tissue had been excised from Mr. Williams' scrotum, penis and perineal area, that a bilateral orchiopexy was required. In fact, so much penile and perineal tissue had by then been excised, that the skin at the base of Mr. Williams' penis could not be closed, and was left open.

29. Mr. Williams was discharged from Shock Trauma on February, 27, 2007 on IV antibiotics and with a large open wound at the base of his penis. On April 3, 2007, Mr. Williams returned to Shock Trauma, where a where an 11 x 5 centimeter split thickness skin graft was performed purposed to cover the open would at the base of his penis.

30. Plaintiffs allege Franklin Square, through the acts and omissions of its agents, servants and employees, including Dr. Phillip, was negligent and in breach of prevailing standards of medical care in providing medical care to Robert Williams on February 12, 2007 in that, among other acts and omissions, its agents, servants and employees

- a) failed to take an adequate and appropriate history from their patient;
- b) failed to perform an adequate and appropriate examination of their patient;

- c) failed to order tests and studies appropriate to their patient's condition and presentation;
- d) failed to seek and ensure medical and surgical specialist consultation appropriate to their patient's condition and presentation;
- e) failed to reasonably and appropriately reach a diagnosis appropriate to their patient's condition and presentation;
- f) failed to institute proper antibiotic therapy appropriate to their patient's condition and presentation;
- g) failed to arrange admission of their patient to the hospital; and
- h) were otherwise negligent in their care and treatment of Robert Williams.

**COUNT I**

31. The Plaintiff incorporates by reference in this count those facts set forth in each and every paragraph above, intending each and every allegation above to be deemed part of this count as if the same were repeated separately.

32. As a consequence of the foregoing breaches in the applicable prevailing standards of care, Robert Williams has and will experience enormous physical disfigurement, conscious pain and suffering, emotional distress, and mental anguish; has and will incur considerable medical expenses associated with his medical and surgical care and treatment; has been prevented in the past and will be prevented in the future from engaging in his duties, occupation, activities and pursuits, and has suffered

significant lost wages, resulting in extensive economic loss and has suffered other damages to be proved at trial.

WHEREFORE, Plaintiffs, Robert Williams, claims compensatory damages against the Defendant in an amount in excess of the jurisdictional limit.

**COUNT II**

Robert and Katherine Williams, as husband and wife, make claim against both Defendants, and in support of this claim, state:

33. The Plaintiffs incorporate by reference in this count those allegations set forth in each preceding paragraph above, intending each and every allegation above to be deemed part of this count as if the same were repeated separately.

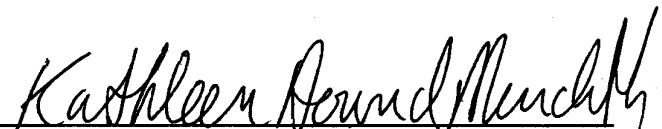
34. At all times pertinent to this litigation, Robert and Katherine Williams were husband and wife.


35. As a result of the Defendant's negligence, Robert and Katherine Williams have suffered and will suffer damage to their marital relationship.


WHEREFORE, Robert and Katherine Williams, as husband and wife, make claim for compensatory damages against the Defendant in an amount in excess of the jurisdictional limit.

**REQUEST FOR JURY TRIAL**

Plaintiffs request that this matter be trial before a Jury.

  
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