

## SPSO decision report

**Case:** 201200662, Lothian NHS Board  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Outcome:** not upheld, no recommendations

### Summary

Mr C fell and injured his foot while on holiday. Upon returning home, he went to a hospital accident and emergency department (A&E) where his foot was x-rayed. He was told that this showed no problems, but he continued to experience severe pain in the following months. Some six months later, Mr C's GP referred him for further x-rays, which showed that he had a dislocated toe. He was told that, because of the amount of time that had passed, this could not be corrected without surgery. Mr C complained that staff failed to identify the dislocation when reviewing the earlier x-rays.

When investigating Mr C's complaint, the board asked a panel of six consultant radiologists (specialists in analysing images of the body) to review the x-rays. They concluded that the dislocation was not evident on the original x-rays and that Mr C's toe joint must have separated between then and the referral, when the dislocation was obvious. Mr C's consultant orthopaedic surgeon (a specialist in conditions involving the musculoskeletal system) also reviewed the x-rays. He concluded that a slight abnormality was evident on the original x-rays, but did not feel that it was reasonable to expect staff to have diagnosed a dislocation from this at the time, as it was only apparent when comparing the image to the March 2012 x-ray.

We took independent advice from two medical advisers. The first, a consultant radiologist, said that the original x-rays showed a subtle but definite abnormality, which should have led to the dislocation being diagnosed, or to further specialist opinion being sought. However, the second adviser, a consultant orthopaedic surgeon, disagreed and did not consider that staff could reasonably have been expected to diagnose the dislocation at the earlier time.

We did not uphold Mr C's complaint. We found it likely that Mr C's toe had a dislocation when he went to A&E. However, it was clear from the conclusions reached by a number of professional medical personnel that this was not easy to diagnose from the initial x-rays. Although, with the benefit of hindsight and the later x-ray, it was possible to determine that there were abnormalities in the initial x-rays, we considered that the original conclusions reached were reasonable, based on the evidence available at the time.