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Characteristics of malpractice lawsuits involving nail disorders in the United States from 1977 to 2019



To the Editor: Three of 4 dermatologists are projected to face a malpractice claim by age 65.¹ No information currently exists on nail disorder medical malpractice. Nail conditions such as onychomycosis are widely prevalent, resulting in pain and decreased quality of life, while nail unit melanomas and squamous cell carcinomas are potentially life-threatening. Therefore, our objective was to characterize nail disorder malpractice litigation in the United States.

A retrospective analysis of state and federal lawsuits involving nail conditions in the United States from 1977 to 2019 was performed using the Nexis Uni (LexisNexis, New York, NY) legal database.² Specific search terms are listed in [Table I](#). Cases were excluded if they did not explicitly involve a nail disorder in the lawsuit rationale. Malpractice cases within prisons are more frequent in the database because they automatically proceed to state or federal courts. Monetary payouts were adjusted for inflation.³ Descriptive analyses were performed in Excel software (Microsoft, Redmond, WA).

In total, 40 cases involving nail disorder malpractice were included from 1977 to 2019, with a median year of 2012. Of cases won by defendants, the most common decision reason was no deliberate indifference (85%), and the most common lawsuit rationale was inadequate treatment (51%) ([Table D](#)). Treatments for nail infections are summarized in [Table II](#). For specified onychomycosis therapies, 88% have no data to support use for this indication.⁴ To prove deliberate indifference, the condition must be deemed a serious medical need, and 7 of 33 prison cases (21%) cited that onychomycosis and nail infections do not constitute a serious medical need.

Three cases were decided in favor of the plaintiff: (1) a 2015 case that occurred in a dermatology private practice, involving misdiagnosis of peripheral vascular disease as toenail onychomycosis which led to toe amputations; resulting in settlement, (2) a 1990 federal prison case involving delayed and improper diagnosis and treatment of a toenail infection in a patient with diabetes that eventually required a below-the-knee amputation, resulting in \$1,007,688 payout, and (3) a 2000 case at a university hospital against a plastic surgeon and dermatopathologist involving misdiagnosis of a finger verruca as squamous cell cancer leading to unnecessary amputation, resulting in \$1,574,322 payout.

Only 3 of 40 malpractice cases (7.5%) involving nail disorders were decided in favor of the plaintiff or settlement compared with 51% for melanoma and 13.1% for psoriasis cases.^{2,5} Both cases in this study with payout information resulted in more than \$1 million indemnities, much greater than the average dermatology malpractice payout of \$117,832.¹ Several cases had severe adverse outcomes due to delayed diagnosis and treatment. Therefore, it can be argued that some nail disorders can be legally considered a serious medical need. Moreover, most cases were seen by general prison physicians who may not have formal dermatologic training to properly treat nail disorders.

This study was limited by its small sample size and variability of medical information across cases. Nonetheless, this study highlights the importance of dermatologic education for both patients and physicians and aims to improve care by reducing misdiagnoses and morbidity associated with nail disorders.

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Table I. Characteristics of nail disorder malpractice cases from 1977 to 2019

Variable	Won by defendant (n = 37), No. (%)	Won by plaintiff (n = 3), No. (%)
Search terms for "disease" and malpractice		
Onychomycosis/nail fungus	24 (65)	1 (33)
Nail infection/paronychia	10 (27)	1 (33)
Nail melanoma/subungual melanoma	2* (5)	0 (0)
Nail squamous cell carcinoma/Bowen nail	1 (3)	1 (33)
Nail psoriasis	0 (0)	0 (0)
Melanonychia	0 (0)	0 (0)
Geographic location		
West	7 (19)	0 (0)
South	16 (43)	0 (0)
Northeast	8 (22)	3 (100)
Midwest	6 (16)	0 (0)
Lawsuit reason		
Failure to adequately treat, leading to continued and/or worse suffering	19 (51)	0 (0)
Failure to treat	7 (19)	0 (0)
Delay in treatment	4 (11)	0 (0)
Failure to prevent disease [†]	2 (5)	0 (0)
Caused nail disorder	3 (8)	0 (0)
Misdiagnosis	2 (5)	2 (67)
Failure to test and/or diagnose	1 (3)	1 (33)
Treatment caused complications	1 (3)	0 (0)
Decision reason		
Won by defendant		
No deliberate indifference	32 (86)	...
Unable to prove negligence	1 (3)	...
No impact (failure to prove causation)	2 (5)	...
Statute of limitations expired	1 (3)	...
Failure of patient to exhaust remedies	1 (3)	...
Elder abuse did not apply	1 (3)	...
Won by plaintiff		
Evidence of causation	—	3 (100)
Setting		
Prison	33 (89)	1 (33)
University hospital	2 (5)	1 (33)
Veterans Administration	1 (3)	0 (0)
Nursing home	1 (3)	0 (0)
Private practice	0 (0)	1 (33)
Defendant specialty		
Prison physicians and other nonphysician staff	33 (89)	1 (33)
Dermatologist/dermatopathologist	1 (3)	2 (67)
Plastic surgeon	0 (0)	1 (33)
Family medicine/internal medicine	2 (5)	0 (0)
Podiatrist	1 (3)	0 (0)
Sex of plaintiff		
Male	35 (95)	2 (67)
Female	2 (5)	1 (33)
Anatomic site		
Fingernails	12 (32)	1 (33)
Toenails	24 (65)	2 (67)
Unspecified	1 (3)	0 (0)

* (1) In a 1977 case, a plaintiff's estate sued physicians at family care centers and an Iowa university hospital for misdiagnosis of her nail melanoma as a fungal infection which led to a 2-year delay in treatment during which her cancer was stage III and continued to spread until her death. The lawsuit was decided in favor of the physicians due to failure to prove that earlier treatment would have changed her outcomes, claiming that "melanoma is unpredictable and there are no methods of determining a tumor's growth or progression at any specific point in time prior to being seen or biopsied." (2) A 1984 case involving malignant melanoma of the nail was decided in favor of the defendant because the statute of limitations expired (2 years postdiagnosis).

[†] "Failure to prevent disease" was cited as a lawsuit reason in addition to "failure to treat" and "delay in treatment" in 2 separate cases. Both cases occurred in prisons in which inmates complained of use of contaminated communal nail clippers and shower floors.

Table II. Medications prescribed for fungal and bacterial nail infections

Medication	No. (%)
Onychomycosis/nail fungus*	(n = 25)
Topical antifungal creams (nonspecific)	9 (36)
Clotrimazole	3 (12)
Tolnaftate	4 (16)
Itraconazole [†]	2 (8)
Griseofulvin, 500 mg ^{†,‡}	1 (4)
Terbinafine [†]	1 (4)
Carmol cream	1 (4)
Bacitracin	1 (4)
Selenium sulfide, 2.5%	1 (4)
Corticosteroids	1 (4)
Vick's VapoRub [§]	1 (4)
No medication was prescribed	5 (20)
Unspecified	3 (12)
Nail infection/paronychia	(n = 11)
Bactrim DS ^{,¶}	1 (9)
Keflex ^{,¶}	1 (9)
Doxycycline	1 (9)
Bacitracin	1 (9)
Antibiotic (nonspecific)	1 (9)
Pain medication	1 (9)
No medication was prescribed	4 (36)
Unspecified	1 (9)

*Four patients specifically requested terbinafine (Lamisil, Novartis Pharmaceuticals Corp, Hanover, NJ), and 1 requested griseofulvin for their onychomycosis but were denied the medication because defendants claimed their condition was either untreatable and/or "cosmetic." They were given other antifungal creams or no medication was prescribed.

[†]United States Food and Drug Administration approved for onychomycosis.

[‡]The plaintiff suffered an allergic reaction to griseofulvin and sued the defendant for failing to test for allergies to griseofulvin before use and to warn the plaintiff of possible adverse effects.

[§]Procter & Gamble, Cincinnati, Ohio.

^{||}Prescribed for a suspected methicillin-resistant *Staphylococcus aureus* infection and tinea pedis in 1 patient.

[¶]Sun Pharmaceutical Industries Inc, Cranbury, New Jersey.

[#]Fera Pharmaceuticals, Locust Valley, New York.

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Reprints not available from the authors.

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The current landscape of dermatology podcasts: A descriptive analysis



To the Editor: Podcasts—audio or video recordings distributed via the Internet and platforms such as web pages, iTunes, and other apps¹—have become popular in the general population and medical community. The field of dermatology has embraced podcasting, with considerable excitement surrounding podcast use in trainee education and continuing medical education for clinicians.^{2,3} However, the overall state of podcasting in dermatology has not been well-characterized recently. We sought to describe the current landscape of publicly available dermatology-related podcasts.

We searched the popular podcast broadcasting platforms of Spotify, Stitcher, Google Play Music, and Apple Podcasts for dermatology-related podcasts available as of August 2019 using "dermatology," "dermatologist," and "skin" as search terms. Results (n = 1277, including 254 duplicates) were screened to identify unique English-language, playable podcasts that met the following inclusion criteria: (1) substantial coverage of dermatology-related topics, defined as clinical dermatologic conditions, procedures offered by dermatologists, matters related to running a dermatology practice, or the dermatology training process, and (2) at least 3 episodes. Show notes (descriptions that accompany episodes) were reviewed, and at least 2 episodes of included podcasts were played to further characterize content. We excluded 62 non-English podcasts, 893 nondermatology podcasts, and 35 dermatology-related podcasts with fewer than 3 episodes.

We found 33 unique podcasts that met inclusion criteria (Table 1). All podcasts were free. Several institutions, dermatology journals, and specialty organizations produced their own podcasts,