

鑑別診斷 腦膿瘍與腦腫瘤 有過失判賠3億多日圓

Negligent Differential Diagnosis of
Brain Abscess and Brain Tumor

黃浥昕 Yi-Hsin Huang 編譯

平成28年（ワ）第762號損害賠償請求事件

令和4年4月20日鹿兒島地方裁判所



摘要

原告X於被告Y之A醫院擔任醫師，因主訴頭痛而於A醫院以及同為被告Y經營之鹿兒島大學醫院接受治療。經醫學影像檢查，X被診斷疑似有腦瘤；一週後卻因腦膿瘍而引發腦疝氣，經引流治療後留有意識障礙等後遺症。原告主張，被告醫師解讀醫學影像時，未盡腦膿瘍鑑別診斷之注意義務，投與抗生素與穿刺引流等治療處置上有過失，並認被告醫師未盡注意義務與原告X所受損害間具因果關係。鹿兒島地方法院認為，依照當時醫療水準，被告醫師們應能從X之醫學影像中，高

關鍵詞：因果關係（causality）、注意義務（duty of care）、醫學影像（medical imaging）、鑑別診斷（differential diagnosis）

DOI：10.53106/241553062023040078009

度懷疑X罹患腦膿瘍，是以未盡鑑別診斷之注意義務；其次，由於腦膿瘍必須立即治療，且X之醫學影像已呈現右腦實質病變位於基底核附近，則被告醫師縱然無法確定診斷為腦膿瘍，也應立即治療；又依據醫學文獻，腦膿瘍預後不良之機率為30%、致死率為20%，若及時治療則致死率為0，且雖尚未確定致病菌也能先投與廣效型殺菌劑以及穿刺引流，預防腦疝氣與後遺症。

Plaintiff X worked as a physician at Defendant Y's Hospital A. He received treatment at Hospital A and Kagoshima University Hospital, which was also operated by Defendant Y, for complaints of headaches. One week later, a brain abscess caused a brain hernia, which was treated with drainage and left a residual effect such as consciousness impairment. The plaintiff claimed that the physicians, the defendant, failed to fulfill their duty of care in the identification and diagnosis of brain abscesses when interpreting medical images, and were negligent in the treatment of antibiotics and puncture and drainage, and that there was a causality between the defendant's failure to fulfill their duty of care and the damages suffered by plaintiff X. The Kagoshima District Court held that, according to the medical standard at that time, the defendant doctors should have been able to highly suspect that X was suffering from cerebral abscess from X's medical images, and therefore failed to fulfill their duty of care in identifying and diagnosing it; secondly, since cerebral abscess must be treated immediately, and X's medical images had shown that the actual lesion of the right brain was located near the basal nucleus, the physicians should have treated it immediately even though they could not confirm the diagnosis of cerebral abscess;

and according to medical literature, cerebral abscess should be treated immediately. According to medical literature, the prognosis of cerebral abscess is 30% and the mortality rate is 20%, if treated in time, the mortality rate will be 0%, and even though the causative organism is not yet identified, a wide range of bactericidal agents and puncture drainage can be administered first to prevent brain herniation and sequelae.

壹、事實概要

一、事件概要

原告X（當時25歲）於被告Y法人之A醫院擔任醫師，因主訴頭痛，陸續於自家A醫院及同樣由Y經營的鹿兒島大學醫院（下稱鹿大醫院）接受治療，起先X被診斷為疑似惡性膠質瘤（腦瘤），卻於一週後因腦膿瘍引發腦疝氣（顱內壓增高導致腦組織從原來位置突出），導致意識障礙等後遺症。本件爭點為被告醫師們於解讀醫學影像時，是否怠於腦膿瘍鑑別診斷之注意義務，於抗生素的投與及穿刺排膿等治療方針及處置上是否有過失，以及因果關係及賠償金額。

X的MRI影像中可見環狀強化病灶（contiguous focus），與環狀強化病灶有關的病變包括腦膿瘍、膠質母細胞瘤（glioblastoma）和轉移性腦腫瘤。其中，「腦膿瘍」是由於細菌感染而在大腦中形成膿液的狀態，膠質母細胞瘤則是一種由神經膠質細胞發展而來的「腦瘤」，故「腦膿瘍」與「腦瘤」此兩者的鑑別診斷是重要的。以下為X於A醫院、鹿大醫院之治療經過。