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The suit claims missteps in the meningitis death of Penn's Anne Ryan.

The family of a student who died of bacterial meningitis filed a lawsuit yesterday against the Hospital of the University of Pennsylvania, claiming her death resulted from misdiagnosis and mistreatment.

Anne Ryan, a 19-year-old University of Pennsylvania sophomore from Albion, Pa., went to the emergency room on Sept. 6 complaining of fever, headache, neck pain and nausea, according to the family's lawyer, [Thomas Kline](#).

Those are classic symptoms of meningitis, a rare infection of fluid in the brain and spinal cord.

Doctors ordered a lumbar puncture - the standard test for meningitis, in which a sample of spinal-cord fluid is removed - and sent her home with a form discharge letter saying she had a viral infection and no evidence of a brain infection. She was given anti-nausea medication but nothing else, Kline said.

Ryan - known on campus for her appearance on a cover of the Penn student fashion magazine - was rushed back to the hospital on Sept. 8 and died the next day.

Kline said that when Ryan returned, doctors performed a CAT scan that showed brain swelling.

They then did a second lumbar puncture.

This second puncture was "totally inappropriate," Kline said, and led to brain herniation, a catastrophic side effect of very high pressure within the skull.

In a statement, the university said it was "disappointed" by the lawsuit "as Ms. Ryan received outstanding care," did not have classic meningitis symptoms when she first went to the hospital, and "unquestionably did not have meningitis when she was tested in the emergency department."

"Although her unexpected death is a terrible tragedy and a great loss to the Penn community, the care she received in the emergency department was timely and appropriate," the Penn statement said.

Tom Clark, a meningitis expert at the U.S. Centers for Disease Control and Prevention, said initial diagnostic tests of spinal fluid are not definitive for meningitis. Antibiotics typically are started before a final diagnosis because delaying treatment can be fatal.

With appropriate antibiotics, the risk of death is about 15 percent.