

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and
Complaint Against
Nicola M. Spirtos, M.D.,
Respondent.

Case No. 16-11486-1

FILED

NOV - 3 2016

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: _____

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board) hereby issues this formal Complaint (Complaint) against Nicola M. Spirtos, M.D. (Respondent), a licensed physician in Nevada. After investigating this matter, the IC has a reasonable basis to believe that Respondent has violated provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively Medical Practice Act). The IC alleges the following facts:

A. Respondent's Licensure Status

1. Respondent was licensed by the Board, pursuant to the provisions of the Medical Practice Act, on March 25, 1997, and is currently licensed in active status (License No. 8131).

B. Respondent's Patient

2. Patient A was a 60-year-old female at the time of the incidents in question. Her true identity is not disclosed in this Complaint to protect her identity, but her identity is disclosed in the Patient Designation contemporaneously served on Respondent with a copy of this Complaint.

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¹ The Investigative Committee of the Nevada State Board of Medical Examiners is composed of Board members Wayne Hardwick, M.D., Chairman, Theodore B. Berndt, M.D., Member, and M. Neil Duxbury, Member.

1 **C. Standards for Medical Record Documentation**

2 3. Medical records should be timely, legible, accurate and complete.

3 4. On June 27, 2013, the Nevada State Board of Medical Examiners requested from
4 Respondent “complete copies of the medical records for this patient.”

5 5. On July 21, 2013, Respondent responded. The medical records provided by
6 Respondent did not include the Pap smear, laboratory results of genotype testing for human
7 papilloma virus, curettage pathology results, or colposcopy cytology.

8 **D. Respondent’s Care and Treatment of Patient A**

9 6. On or about May 15, 2012, Patient A underwent a gynecological exam and Pap
10 smear by a physician other than Respondent. The pathology report for the Pap smear performed
11 on Patient A reported negative for intraepithelial lesion and malignancy with specimen adequacy
12 being satisfactory. Endocervical and/or squamous metaplastic cells were present. Reflex human
13 papilloma virus (HPV) testing was performed for the high risk HPV genotype 18 and HPV
14 genotype 16. The HPV genotype for 18 was positive. The HPV genotype for 16 was negative.

15 7. On or about June 13, 2012, Patient A underwent a colposcopy by a physician other
16 than Respondent for further evaluation of the Pap smear that was normal with a positive for the
17 high risk HPV genotype 18. The colposcopy showed normal cervical endothelium and atrophic
18 vaginitis. An endocervical curettage was taken. Evaluation of the endocervical curettage
19 diagnosed disaggregate fragments of squamous cervical mucosa showing dysplasia, which was
20 difficult to grade. High-grade dysplasia could not be ruled out. Fragments of atypical glandular
21 endocervical mucosa, worrisome for glandular neoplasia, were documented. The majority of the
22 endocervical curettage specimen was largely disaggregated fragments of squamous and glandular
23 cervical mucosa, with both abnormal squamous and glandular components being found. No
24 correlative Pap smear was available.

25 8. On or about June 27, 2012, a physician other than Respondent performed a
26 transvaginal ultrasound and endometrial biopsy on Patient A. No anomalies were observed on
27 Patient A’s endometrium, uterus, or ovaries. The results of biopsy did not show squamous and
28 glandular atypia, but high grade squamous intraepithelial lesions (“HSIL”) could not be excluded.

1 The physician recommended additional sampling of the squamous and glandular mucosa,
2 including a possible cervical conical biopsy, and referred Patient A to Respondent.

3 9. On or about July 10, 2012, Patient A presented to Respondent for examination.
4 Respondent performed a colposcopy and indicated that white epithelium extended into the canal,
5 but he could not see the limits of the lesion.

6 10. Respondent's notes from July 10, 2012 state that the patient elected a radical
7 hysterectomy, rather than a cone biopsy, simple hysterectomy, or modified radical hysterectomy.

8 11. Respondent's dictated surgical report dated August 8, 2012 says that he offered
9 treatment options of a second cone biopsy, simple hysterectomy, or modified radical
10 hysterectomy, which could include lymph node dissection.

11 12. Patient A's medical records do not show that a first cone biopsy was ever
12 performed.

13 13. Respondent's August 8, 2012 surgical report indicates that Patient A opted for the
14 radical hysterectomy with bilateral salpingo-oophorectomy and lymph node dissection in order to
15 ensure she would not require additional surgery based on final pathology.

16 14. The surgical pathology report dated August 14, 2012 showed no evidence of
17 cancer.

18 15. Patient A did not need the surgery that Respondent performed.

19 16. Patient A suffered multiple complications from the surgery, including multiple
20 areas of her bowel that were perforated from the surgery.

21 17. Between August 17, 2012 and September 4, 2012, Patient A underwent several
22 additional surgeries for complications arising from the original surgery, including an uretal
23 resection and reimplantation to address an obstruction of the ureter.

24 18. On or about November 15, 2012, Patient A was discharged to a nursing facility.

25 19. On or about December 7, 2012, Patient A returned to the hospital with
26 thrombocytopenia and anemia, requiring blood transfusion. Patient A was admitted to the
27 intensive care unit. Patient A suffered multi-organ failure and shock, and ultimately died.

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1 to include the Pap smear, laboratory results of genotype testing for human papilloma virus,
2 curettage pathology results, or colposcopy cytology for Patient A.

3 39. By reason of the foregoing, Respondent is subject to discipline by the Board as
4 provided in NRS 630.352.

5 **WHEREFORE**, the IC prays:

6 1. That the Board give Respondent notice of the charges herein against him and give
7 him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2)
8 within twenty (20) days of service of the Complaint;

9 2. That the Board set a time and place for a formal hearing after holding an Early
10 Case Conference pursuant to NRS 630.339(3);

11 3. That the Board determine what sanctions to impose if it finds and concludes that
12 there has been a violation or violations of the Medical Practice Act committed by Respondent;

13 4. That the Board make, issue and serve on Respondent its findings of fact,
14 conclusions of law and order, in writing, to include sanctions to be imposed; and

15 5. That the Board take such other and further action as may be just and proper in these
16 premises.

17 DATED this 3rd day of November, 2016.

18 INVESTIGATIVE COMMITTEE OF THE
19 NEVADA STATE BOARD OF MEDICAL EXAMINERS

20
21 By: Jasmine K. Mehta
22 Robert Kilroy, Esq.
23 General Counsel
24 Jasmine K. Mehta, Esq.
25 Deputy General Counsel
26 Attorneys for the Investigative Committee
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VERIFICATION

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STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

Wayne Hardwick, M.D., hereby deposes and states under penalty of perjury under the laws of the state of Nevada that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the foregoing Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered during the course of the investigation into a complaint against Respondent, he believes the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

Dated this 3rd day of November, 2016.



Wayne Hardwick, M.D.

CERTIFICATE OF MAILING

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I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 3rd day of November 2016; I served a file stamp copy of COMPLAINT, PATIENT DESIGNATION AND Fingerprint Information, by mailing via USPS e-certified return receipt mail to the following:

Nicola M. Spirtos, M.D.
3131 LaCanada St., Ste. 241
Las Vegas, NV 89169

Dated this 3rd day of November, 2016.



Angelia L. Donohoe
Legal Assistant