## BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

\* \* \* \* \*

In the Matter of Charges and Complaint

Against:

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NAUMAN JAHANGIR, M.D.,

Respondent.

Case No. 24-29836-1

FILED

MAR 27 2024

NEVADA STATE BOARD OF

MEDICAL EXAMINERS

BY:

### **COMPLAINT**

The Investigative Committee<sup>1</sup> (IC) of the Nevada State Board of Medical Examiners (Board), by and through William P. Shogren, General Counsel and attorney for the IC, having a reasonable basis to believe that Nauman Jahangir, M.D. (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

- 1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 11295). Respondent was originally licensed by the Board on January 11, 2005.
  - 2. Patient  $A^2$  was a thirty-two (32) year-old female at the time of the events at issue.
- 3. On March 11, 2019, Patient A presented to a gastroenterologist (GI) with complaints of worsening difficulty swallowing (dysphagia).
- 4. On March 19, 2019, the GI physician performed an endoscopic procedure on Patient A, revealing an abnormal narrowing of Patient A's esophagus (esophageal stricture). The

<sup>&</sup>lt;sup>1</sup> The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Bret W. Frey, M.D., Carl N. Williams, Jr., M.D., and Col. Eric D. Wade, USAF (Ret.).

<sup>&</sup>lt;sup>2</sup> Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

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GI physician biopsied the esophageal stricture, which revealed a high-grade presence of abnormal, inflamed tissue (dysplasia) in Patient A's esophagus.

- High grade dysplasia is a known precursor for esophageal cancer. 5.
- Additionally, on January 11, 2019, Patient A underwent a double contrast 6. esophagram, which demonstrated the appearance of an esophageal stricture. On January 28, 2019, Patient A also underwent a computed tomography (CT) of the neck area, which demonstrated a cervical esophageal wall thickening.
- On June 13, 2019, Patient A presented to Respondent, who is a cardiothoracic 7. surgeon, to address the esophageal high grade dysplasia diagnosis. Respondent noted the biopsy taken in March 2019, and determined that Patient A "would most likely require some sort of surgical resection." Respondent further noted that a neck CT scan had already been done, and that Respondent would try to locate the test.
- On July 12, 2019, Patient A underwent a CT of the chest area. The CT report 8. demonstrated some nonspecific thickening of the esophagus.
- On July 29, 2019, Respondent performed an esophageal endoscopy on Patient A 9. and afterwards noted that the esophagus appeared to be without any mass lesion or stricture. However, Respondent also noted that there was "some raw area" in the esophagus possibly related to prior interventions but "definitely no area of stenosis."
- On July 29, 2019, Respondent did not perform a biopsy of Patient A's esophagus 10. area, including the "raw area" that Respondent noted.
- On August 1, 2019, Respondent met with Patient A and diagnosed Patient A with 11. an aberrant right subclavian artery as the cause of the dysphagia, while also noting that "there was nothing inherently wrong with her esophagus." On this date, Respondent felt that a surgical procedure to reposition the subclavian artery would be necessary.
- On February 5, 2020, another GI physician performed an esophageal endoscopy on 12. Patient A, which revealed an extreme narrowing in the cervical esophagus.

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- On May 31, 2020, Respondent met with Patient A. Respondent noted the GI 13. physician's findings from the February 5, 2020, esophageal endoscopy, but disregarded those findings and still recommended surgery for an aberrant right subclavian artery.
- In June 2020, Patient A was diagnosed with near total obstruction of her cervical 14. esophagus secondary to squamous cell carcinoma (esophageal cancer).

### COUNT I

### **NRS 630.301(4) - Malpractice**

- All of the allegations contained in the above paragraphs are hereby incorporated by 15. reference as though fully set forth herein.
- NRS 630.301(4) provides that malpractice of a physician is grounds for initiating 16. disciplinary action against a licensee.
- NAC 630.040 defines malpractice as "the failure of a physician, in treating a 17. patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."
- As demonstrated by, but not limited to, the above-outlined facts, Respondent failed 18. to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A when Respondent failed to perform a biopsy of Patient A's esophagus after noting an abnormality he visualized during his endoscopy of Patient A on July 29, 2019. Additionally, Respondent failed to correlate all corroborating evidence demonstrating that Patient A had a high risk, potentially malignant lesion in her esophagus, including Patient A's history, the esophagram finding from January 11, 2019, the CT neck finding from January 28, 2019, the GI physician's endoscopic finding from March 19, 2019, and the GI physician's endoscopic findings from February 5, 2020.
- By reason of the foregoing, Respondent is subject to discipline by the Board as 19. provided in NRS 630.352.

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### **COUNT II**

### NRS 630.306(1)(b)(2) - Violation of Standards of Practice Established by Regulation

- All of the allegations contained in the above paragraphs are hereby incorporated by 20. reference as though fully set forth herein.
- Violation of a standard of practice adopted by the Board is grounds for disciplinary 21. action pursuant to NRS 630.306(1)(b)(2).
- NAC 630.210 requires a physician to "seek consultation with another provider of 22. health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services."
- Respondent failed to timely seek consultation with the referring GI physician 23. regarding Patient A's medical condition, and Respondent should have consulted with the referring GI physician to address the doubtfulness of the diagnosis of Patient A's medical condition. Such a timely consultation, including discussion of the inconsistencies between Respondent's evaluations and the referring GI physician's evaluations regarding Patient A's esophagus, could have confirmed or denied Respondent's diagnosis and may have enhanced the quality of medical care provided to Patient A.
- By reason of the foregoing, Respondent is subject to discipline by the Board as 24. provided in NRS 630.352.

## WHEREFORE, the Investigative Committee prays:

- That the Board give Respondent notice of the charges herein against him and give 1. him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;
- That the Board set a time and place for a formal hearing after holding an Early 2. Case Conference pursuant to NRS 630.339(3);
- That the Board determine what sanctions to impose if it determines there has been 3. a violation or violations of the Medical Practice Act committed by Respondent;
- That the Board award fees and costs for the investigation and prosecution of this 4. case as outlined in NRS 622.400;

# OFFICE OF THE GENERAL COUNSEL Nevada State Board of Medical Examiners

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- 5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and
- 6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 27<sup>th</sup> day of March, 2024.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

WILLIAM P. SHOGREN

Deputy General Counsel 9600 Gateway Drive

Reno, NV 89521 Tel: (775) 688-2559

Email: <a href="mailto:shogrenw@medboard.nv.gov">shogrenw@medboard.nv.gov</a>
Attorney for the Investigative Committee

## OFFICE OF THE GENERAL COUNSEL Nevada State Board of Medical Examiners 9600 Gateway Drive

### **VERIFICATION**

STATE OF NEVADA	)
	: SS.
COUNTY OF WASHOE	)

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

DATED this 27th day of March, 2024.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

BRET W. FREY, M.D.

Chairman of the Investigative Committee