

BEFORE THE BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint

Case No. 25-11429-1

Against:

KARL BRIAN ROMANESCHI, M.D.,

Respondent.

FILED

SEP 25 2025

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, Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Karl Brian Romaneschi, 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. 7827). Respondent was originally licensed by the Board on June 18, 1996. Respondent is certified by the American Board of Otolaryngology.

2. Patient A<sup>2</sup> was a fifty-one (51) year-old female at the time of the events at issue in this Complaint.

3. Patient A presented to Respondent on February 7, 2023, with complaints of a painful bump, or lesion, under the right side of her tongue. Respondent recommended an excisional biopsy to distinguish between possible early cancer or a benign lesion.

<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 Aury Nagy, M.D., Ms. Maggie Arias-Petrel, and Nick M. Spirtos, M.D., F.A.C.O.G.

<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.

1           4.       On March 2, 2023, Respondent performed, in his office, an excision of sample  
2 lesion tissue on the right side of Patient A's tongue for the purpose of a biopsy. Respondent then  
3 sent the specimen for a pathology evaluation.

4           5.       There is no indication in Patient A's medical records that Respondent obtained  
5 informed consent from Patient A, either written or verbal, prior to performing the March 2, 2023,  
6 excision biopsy.

7           6.       On March 7, 2023, Respondent received a pathology report from the specimen  
8 taken from Patient A. The pathology report described the specimen as "tongue, right inferior  
9 tongue." This report further included a final diagnosis of the tongue lesion, indicating "positive for  
10 malignancy," and "ulcerated, invasive, poorly-differentiated squamous cell carcinoma," as well as  
11 "[i]nvasive carcinoma is present at the peripheral and deep margin of several sections."

12           7.       On March 9, 2023, Patient A returned to Respondent's office for a biopsy follow-  
13 up. Respondent recommended a "re-resection of the lesion." Upon information and belief, the  
14 purpose of a "re-resection" was to remove the remaining squamous cell carcinoma still present in  
15 the original biopsy site, i.e., the right-sided tongue lesion.

16           8.       Patient A then signed a "Consent for Surgical Procedure" form on March 9, 2023,  
17 authorizing Respondent to perform surgery on the "exterior lesion of tongue." However, this form  
18 did not mention the location of Patient A's lesion on the tongue.

19           9.       On April 19, 2023, Patient A presented to the surgery center for a resection, or re-  
20 resection, of the original biopsy site, to be performed by Respondent.

21           10.      Patient A's medical records do not indicate that Respondent performed a detailed  
22 preoperative examination of Patient A prior to the procedure on April 19, 2023. Further, there is  
23 no documentation in Patient A's medical records to indicate that Respondent addressed the  
24 laterality of the surgery, or otherwise specified which side of the tongue the procedure was to be  
25 performed.

26           11.      Additionally, Patient A's medical records do not indicate that Respondent  
27 addressed the "correct side" of the tongue during a pre-surgery timeout.

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1           12. In his operative notes from April 19, 2023, Respondent acknowledged Patient A's  
2 recent medical history, noting that Patient A "was resected with an excisional biopsy, but margins  
3 were positive. The patient was therefore interested in re-excising the original tract." Respondent  
4 further noted that "[a] fusiform excision along the prior incision line was carried out and  
5 removed," and that he "harvested anterolateral, anteromedial, posteromedial, posterolateral, and  
6 deep margins and sent those for frozen section and they came back negative."

7           13. Upon information and belief, at the April 19, 2023, procedure, Respondent  
8 performed an excision and removed tissue on the left side of Patient A's tongue. Conversely,  
9 Respondent did not perform a surgical excision of any portion of the tongue's right side, the side  
10 Respondent had previously been discussed with Patient A, that was previously biopsied, and the  
11 side confirmed to have malignant squamous cell carcinoma.

12           14. Respondent's notes from the April 19, 2023, surgery further do not mention a  
13 lesion on the left side of Patient A's tongue or otherwise indicate the need for excision of the left  
14 side of the tongue.

15           15. On April 26, 2023, Patient A returned to Respondent for a postoperative  
16 appointment. In his notes, Respondent noted that Patient A "had excision of mouth lesion on  
17 4/19/23." Respondent's notes indicated that the "surgical site healing well no sign of persistent  
18 lesion. Patient to call next week for path. I want to follow he[r] monthly to check for recurrence."  
19 Respondent's notes from this appointment did not document which side Respondent had  
20 performed the excision, or that Respondent did not perform an excision on the right side of Patient  
21 A's tongue.

22           16. Respondent's notes from April 26, 2023, further made no mention of addressing  
23 the right-side squamous cell carcinoma, such as scheduling Patient A for an additional procedure.

24           17. After this appointment, Patient A sought medical care elsewhere.  
25 On May 16, 2023, Patient A presented to a physician at Stanford Health Care to address the  
26 squamous cell carcinoma. The physician noted that Patient A had squamous cell carcinoma on the  
27 right side of her tongue, and the excision performed on April 19, 2023, was completed on the  
28 contralateral side.

19. On June 13, 2023, Patient A underwent a partial right glossectomy at Stanford to exercise the original biopsy site located on the right side of Patient A's tongue.

6           20.     A final pathology report from the June 13, 2023, surgery was sent to Stanford,  
7     demonstrating no residual cancer on the right side of Patient A's tongue.

9 || **NRS 630.301(4) - Malpractice**

21. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

12           22.     NRS 630.301(4) provides that malpractice of a physician is grounds for initiating  
13     disciplinary action against a licensee.

23. NAC 630.040 defines malpractice as “the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.”

24. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A because he failed to (1) perform a re-excision of Patient A's right-sided tongue lesion, on or after April 19, 2023, that was previously shown by pathology to be an incompletely excised squamous cell carcinoma; and (2) address, on April 26, 2023, the incompletely excised squamous cell carcinoma present on the right side of Patient A's tongue, such as recommending additional treatment to Patient A, thereby leaving Patient A's residual carcinoma unexcised and untreated.

25           25. By reason of the foregoing, Respondent is subject to discipline by the Board as  
26 provided in NRS 630.352.

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**COUNT II**

**NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records**

26. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

27. NRS 630.3062(1)(a) provides that the “failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient” constitute grounds for initiating discipline against a licensee.

28. Respondent failed to maintain accurate and complete medical records relating to the diagnosis, treatment, and care of Patient A, specifically because he failed to (1) document informed consent from Patient A prior to the March 2, 2023, excision biopsy; (2) document the location of the lesion in the consent form for the April 19, 2023, procedure; (3) document a detailed preoperative examination of Patient A prior to the April 19, 2023, procedure; (4) document that he participated in a pre-surgery “time out” on April 19, 2023, to confirm the location of the lesion; (5) document pre-operatively which side of the tongue the procedure was to be performed on April 19, 2023; (6) document which side of Patient A’s tongue Respondent actually performed the excision on April 19, 2023; (7) document on April 26, 2023, that Respondent did not perform a re-excision on the right side of Patient A’s tongue; and (8) document on or after April 26, 2023, that Respondent scheduled Patient A for an additional procedure to treat the squamous cell carcinoma on the right side of Patient A’s tongue. Therefore, Respondent’s medical records relating to Patient A were not timely, legible, accurate, and complete.

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

**WHEREFORE**, the IC prays:

1. That the Board give Respondent notice of the charges herein against him and give 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;

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

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

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 25<sup>th</sup> day of September 2025.

INVESTIGATIVE COMMITTEE OF THE  
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:



WILLIAM P. SHOGREN

Deputy General Counsel

9600 Gateway Drive

Reno, NV 89521

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*Attorney for the Investigative Committee*

VERIFICATION

STATE OF NEVADA )  
: ss.  
COUNTY OF CLARK )

Nick M. Spirtos, M.D., F.A.C.O.G., 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 25th day of September, 2025.

INVESTIGATIVE COMMITTEE OF THE  
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:



NICK M. SPIRTOS, M.D., F.A.C.O.G.  
*Chairman of the Investigative Committee*

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**CERTIFICATE OF SERVICE**

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 3rd day of October, 2025, I served a file-stamped copy of the foregoing **COMPLAINT** and accompanying **PATIENT DESIGNATION**, via USPS Certified Mail, postage pre-paid, to the following parties:

KARL BRIAN ROMANESCHI, M.D.  
1493 Medical Parkway  
Carson City, NV 89703

Tracking No.: 9489 0178 9820 3045 5225 63

DATED this 3rd day of October, 2025.

  
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MERCEDES FUENTES  
Legal Assistant  
Nevada State Board of Medical Examiners