

MEDICAL REGISTRATION ORDINANCE (Chapter 161)

ORDER MADE BY THE INQUIRY PANEL OF
THE MEDICAL COUNCIL OF HONG KONG

DR SHIH TAI CHO LOUIS (REGISTRATION NO.: M03250)

It is hereby notified that after due inquiry held on 31 August 2022 in accordance with section 21 of the Medical Registration Ordinance, Chapter 161 of the Laws of Hong Kong, the Inquiry Panel of the Medical Council of Hong Kong found Dr SHIH Tai Cho Louis (Registration No.: M03250) guilty of the following amended disciplinary charges:—

“That on or about 7 May 2016, he, being a registered medical practitioner, disregarded his professional responsibility to his patient (“the Patient”) in that he:—

- (a) misdiagnosed the Patient to be suffering from warts;
- (b) failed to properly explain the pros and cons of cryotherapy to the Patient or her mother before commencing treatment of the same;
- (c) failed to properly explain alternative treatment options to the Patient; and
- (d) inappropriately and/or without proper justification treated the Patient with cryotherapy on 24 lesions in one go.

In relation to the facts alleged, either singularly or cumulatively, he has been guilty of misconduct in a professional respect.”

Briefly stated, on 7 May 2016, Ms NG, the Patient’s mother, brought her two daughters, including the Patient (aged 15), to consult Dr SHIH. Dr SHIH diagnosed both of them to have Common Warts. In respect of the Patient, cryotherapy was given to multiple lesions over her fingers and toes for a total of 24 sites. Dr SHIH asked the Patient to circle the lesions to him to deliver the cryotherapy. After the procedure, Dr SHIH provided the Patient a needle for puncturing the blisters followed by application of Fucidin ointment. On her way home, the Patient experienced severe pain over the treated sites that she had a near syncopal attack. She had difficulty in writing and in other daily activities because of the pain.

On the following few days after the cryotherapy, the Patient progressively developed vesicles over the treated sites.

On 12 May 2016, Ms NG brought the Patient to see another dermatologist, a Dr HO who diagnosed the Patient’s vesicles were “Post cryosurgery blistering eruption”. Dr HO also noticed crops of tiny vesicles over the Patient’s fingers which she thought were Pompholyx. The Patient was treated by Dr HO with incision and drainage, topical steroid and oral antihistamine and steroid. The Patient’s condition improved a few days later.

By a letter dated 13 May 2016, Ms NG lodged a complaint against Dr SHIH to the Medical Council.

Dr SHIH admitted the factual particulars of the amended disciplinary charges against him.

Warts are Human Papilloma Virus (HPV) infections of the epidermal keratinocytes and can be in the form of hyperkeratotic papules or nodules as in Finger Warts, Filiform Warts on face or flat top Plane Warts on limbs. They are usually not itchy. The characteristic sign of a Wart is the “black dots” in the lesion which represents thrombosed capillaries.

Pompholyx, on the other hand, are regarded as a kind of eczema which usually develop on the sides of fingers and toes. They are typically very itchy. They are Tapioca-like vesicles along the sides of fingers and toes. They appear in crops.

According to Ms NG’s witness statement dated 5 March 2022, the Patient had developed “itchy erythematous rash” over the waist and the thigh, and there were “crops of vesicles” over the fingers and toes. Ms NG said that during the consultation with Dr SHIH, they had told Dr SHIH that the vesicles over the fingers and toes of the Patient were itchy.

According to the Patient’s witness statement dated 5 March 2022, when she consulted Dr SHIH, she already had developed itchy rash over her waist and thigh. There were tiny vesicles on her fingers and toes, which were transparent with no black dots, and were itchy. She said she had told Dr SHIH that her fingers and toes were itchy.

Dr SHIH wrote in his medical report dated 18 June 2021 that he noted the lesions were “multiple small papules which were solid and skin-coloured” and therefore diagnosed them to be warts. However, according to the opinion of the Secretary’s expert, which the Inquiry Panel accepted, Pompholyx could also look “solid and skin-coloured”, and these features could not be used to distinguish between warts and Pompholyx.

Although it was possible for the Wart to spread to all fingers and toes in a young “atopic” patient, according to the Secretary’s expert, there was no indication from the medical record of Dr SHIH that the Patient was an atopic patient. In Dr SHIH’s medical record, the Patient had a good past health.

From what were described by Ms Ng and the Patient, the Patient’s lesions at the fingers and toes appeared in crops, vesicular in nature, and were itchy. Other evidence that pointed to the diagnosis of Pompholyx were even distribution of the lesions over both hands and feet and the abrupt onset. These were clear evidence that pointed that the Patient’s lesions on the fingers and toes were Pompholyx instead of warts.

The Inquiry Panel was therefore satisfied on the evidence before it that Dr SHIH had misdiagnosed the Patient to be suffering from warts.

In the Inquiry Panel’s view, Dr SHIH’s conduct had fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, the Inquiry Panel found him guilty of misconduct in a professional respect under charge (a).

Dr SHIH wrote in his medical report that he “gave an explanation including on the nature of the wart lesion; that cryotherapy is painful and might result in formation of painful blisters; that alternative treatment of topical medicine is not as effective while surgery can be quite traumatic”.

The Inquiry Panel agreed with the Secretary’s expert that those explanations by Dr SHIH about cryotherapy could barely be acceptable for the treatment of a solitary plantar wart. However, it would be insufficient for treating 24 warts (if assuming Dr SHIH’s diagnosis of warts was correct) over fingers and toes in an adolescent, as pain induced would be more intense and risk of other complications was much higher. Other complications of cryotherapy included pain, blistering/erosion, secondary infection, scarring, dyspigmentation and cosmetic consequence and particular finger warts, nerve damage.

The Inquiry Panel also agreed with the Secretary’s expert that in view of the large number of small lesions distributed over both hands and feet of the Patient, wart paint (Salicylic acid) was an alternative option for the following reasons (though the treatment with cryotherapy in stages after detailed explanation to the parent of the Patient could still be acceptable): mild irritation during treatment; less traumatic and less normal tissue damage; accurate application to small lesions; more suitable for treatment in stages as it could be administered by the Patient at home; less expensive; and less risk of blistering/erosion and hence less chance of secondary infection. The common disadvantage of Salicylic acid treatment is that it may take several weeks of daily treatment for it to work.

As a matter of fact, treating a solitary plantar wart and treating 24 wart lesions over hands and feet in an adolescent were different clinical scenarios as the latter would incur more pain. The pain experienced by the fingers (which have more nerve endings and thinner in thickness compared with the sole) could be intolerable if multiple lesions were treated at one time. The risks of complications could be much higher. Furthermore, the late sequelae could not be anticipated during the first treatment (e.g. an exaggerated blistering response). Accordingly, the amount of information that had to be relayed to the Patient and Ms NG had to be more detailed, but was lacking in the present case.

Further, the alternative treatment options which included Salicylic acid and cryotherapy in stages should also be relayed to the Patient or Ms NG, but Dr SHIH had failed to do so. According to Ms NG, if Dr SHIH had told her about the consequence of cryotherapy or that cryotherapy could be done in stages, she would definitely not have allowed cryotherapy to be done to the Patient in one go. Clearly, the consequence of cryotherapy in one go on all 24 sites was material to the Patient and Ms NG.

Dr SHIH’s explanation to the Patient and Ms NG was clearly not balanced and not sufficient to allow them to make an informed decision.

The Inquiry Panel was satisfied on the evidence before it that (i) Dr SHIH had failed to properly explain the pros and cons of cryotherapy to the Patient or her mother before

commencing the treatment; and (ii) Dr SHIH had failed to properly explain alternative treatment options to the Patient.

In the Inquiry Panel's view, Dr SHIH's conduct had fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, the Inquiry Panel found him guilty of misconduct in a professional respect under charges (b) and (c).

Although there is no strict regulation regarding the number of skin lesions that can be treated with cryotherapy in one session, the doctor has to exercise his own judgment taking into consideration the "aggressiveness" of the treatment (i.e. the number of freeze-thaw cycles and the duration of freezing) as well as the patient's tolerance.

In the present case, treating 24 lesions in one go, on fingers and toes, could run a higher risk of severe pain which might be unbearable for a young patient. This was exactly what happened. On her way home after the consultation with Dr SHIH, the Patient experienced severe pain over the treated sites that she had a near syncopal attack. She had difficulty in writing and in other daily activities because of the pain. Clearly the treatment of 24 lesions in one go was intolerable to the Patient.

Further, according to the Patient, except for one site, Dr SHIH had not confirmed the diagnosis of the rest of the 23 sites before embarking on cryotherapy. Although Dr SHIH had explained that the procedure would cause pain, Dr SHIH had however not properly informed the Patient and Ms NG about the severity of pain and complication of doing cryotherapy in one go on multiple sites. Without informed consent, doing cryotherapy of all 24 sites in one go was inappropriate.

The Inquiry Panel was satisfied on the evidence before it that Dr SHIH had inappropriately and/or without proper justification treated the Patient with cryotherapy on 24 lesions in one go.

In the Inquiry Panel's view, Dr SHIH's conduct had fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, the Inquiry Panel found him guilty of misconduct in a professional respect under charge (d).

Dr SHIH had a clear disciplinary record.

Having considered the nature and gravity of the disciplinary charges for which Dr SHIH was found guilty and what the Inquiry Panel had heard and read in mitigation, the Inquiry Panel made a global order in respect of charges (a) to (d) that a warning letter be issued to Dr SHIH.

The orders are published in the *Gazette* in accordance with section 21(5) of the Medical Registration Ordinance. The full decision of the Inquiry Panel is published in the official website of the Medical Council of Hong Kong (<http://www.mchk.org.hk>).

LAU Wan-ye, Joseph *Chairman, The Medical Council of Hong Kong*