Day 50 - Wednesday, 14 December 2022

Witness statement of DR STAVROS STIVAROS (read)

MR ASTBURY: The next statement, my Lord, is the statement of Stavros Michael Stivaros. In his report Dr Stivaros says this:

"I am Stavros Michael Stivaros. My specialist field is paediatric neuroradiology. I am the lead consultant paediatric neuroradiologist at Royal Manchester Children's Hospital, which is one of the largest paediatric teaching hospitals in Europe.

"I have researched into paediatric neuroimaging and I am professor of paediatric neuroradiology and translational imaging at the University of Manchester. I hold a clinical contract as an honorary consultant paediatric neuroradiologist at the Royal Manchester Children's Hospital. My clinical duties include the routine clinical reporting of paediatric brain and spine scans, of which I routinely report approximately 2,500 per year.

"As part of my duties I report the majority of the neuroradiological imaging pertaining to suspected non-accidental injury that presents to the royal Manchester Children's Hospital as well as supra-regional peer reviews of said imaging due to our role as a tertiary referral centre. I also routinely report

brain imaging looking for abnormalities which may relate to birth asphyxia.

"[Baby G] was born extremely prematurely. Despite this, neuroradiologically, she appeared to be well until the ultrasound scan performed on 8 September 2015. Prior to that scan, no significant brain abnormality had been detected. I defer to my expert neonatal colleagues' opinions in regards to the clinical events that occurred on 7 September 2015.

"From a brain imaging perspective, the imaging from that point onwards was in keeping with [Baby G] having suffered a significant global hypoxic ischaemic injury to her brain.

"The scans cannot determine a cause for this injury. The event that occurred on 21 September 2015 may or may not have contributed to the brain injury that [Baby G] had already suffered from. This cannot be determined from the scans given the extensive nature of the injury already suffered and identified on the MRI scan dated 15 September 2015.

"As evidenced by the scan of 12 August 2016, [Baby G] has suffered a severe and profound brain injury from which she will not recover."

My Lord, I am invited, and will include, the chronology that follows in the statement, which is as follows. It deals with the chronology of [Baby G]'s scans:

"Between birth and 15 September 2015 [this is 2.7],

[Baby G] had multiple cranial ultrasound scans. There was a further ultrasound scan dated 1 June 2015. There was an ultrasound scan dated 4 June 2015. The following day, 5 June, a repeat ultrasound scan was performed by Oliver Rackham. On 6 June 2015, Sarah Thompson performed a repeat scan on [Baby G]. Sixteen images are presented for review from 9 June 2015. These again show no significant change in appearances as reported by Naomi Eastwood as follows:

"'Cranial ultrasound, normal midline. Normal gyral pattern for gestation. No intraventricular haemorrhage. Normal ventricular size. Will repeat scan in 14 days.'

"On 12 June 2015 Pek Wan Lee performed a repeat scan. [Pek Wan Lee] was able to better assess the brain on 14 June 2015. [Baby G] remained stable and as such no further imaging was undertaken until 29 June 2015. The scan was performed as she had a pulmonary haemorrhage.

"[Baby G] did not have any further imaging until 31 July 2015. An ultrasound was undertaken on 3 August 2015. On 13 August 2015 [Baby G] was transferred to the Countess of Chester Hospital. [Baby G] was then re-transferred to Arrowe Park Hospital for full intensive care measures. This occurred at 00.30 hours on 8 September 2015. She had a further ultrasound scan performed later that day.

"An MRI scan of her brain was performed on 15 September 2015. The final brain scan that [Baby G]

had was an MRI scan dated 12 August 2016."

So that's the chronology upon which Dr Stivaros based his opinion.

MR JUSTICE GOSS: Yes.

MR ASTBURY: That concludes the statements to be read.

Day 76 - Thursday, 23 February 2023

Witness statement of PROFESSOR STAVROS STIVAROS (read)

MR JOHNSON: This relates to the brain injury suffered by [Baby M]. It's a further statement, ladies and gentlemen, from Stavros Stivaros, who was the neuroradiologist from whom you have already heard in at least one other case.

"I am Stavros Michael Stivaros. My specialist field is paediatric neuroradiology. I am the lead consultant paediatric neuroradiologist at Royal Manchester Children's Hospital.

"I have been asked to comment on the neuroimaging relating to [Baby M], date of birth 8 April 2016, specifically an MRI scan of his brain dated 27 May 2016 from the Countess of Chester Hospital."

He then sets out the references for the images and other material that he has considered:

"[Baby M] had an MRI scan of his brain performed on 27 May 2016 at the Countess of Chester Hospital.

"Brain appearances: the brain appearances are

abnormal. I think that it is likely that the cause of these imaging findings is the cardiorespiratory collapse suffered by [Baby M] on 9 April 2016. However, the imaging can only describe the brain damage resultant from this episode. It cannot determine the underlying cause of the collapse, about which I defer to clinical opinion."

He then says this:

"Summary/analysis of imaging. Summary of findings: [Baby M] was born prematurely but in very good condition. Although he was transferred to the neonatal intensive care unit, the clinical narrative appears to suggest he was well, with no signs of respiratory distress or illness until his sudden cardiorespiratory collapse on 9 April 2016. I am afraid that this collapse is the most likely cause for the brain imaging changes which are in keeping with such an event. My reading of the clinical history has not identified any other point in time when such neurological injuries are likely or even hypothetically likely to have arisen.

"The damage to [Baby M]'s brain is sadly not recoverable and over time he may well deviate from his peers in regards to attainment and cognitive/motor function. Clinical assessment of his development will be necessary to determine the degree to which this is occurring. The imaging cannot determine the underlying cause for the cardiorespiratory arrest. There are no congenital structural or developmental abnormalities

seen in [Baby M]'s brain that could explain this. Beyond this, I defer to clinical opinion."

So that's the neuroradiological evidence. We're still slightly short of the normal time for the short adjournment, my Lord. I can carry on if you wish me to.

Day 102 - Wednesday, 5 April 2023

Report of DR STAVROS STIVAROS (read)

MR ASTBURY: The next statement, in fact, is a report from Dr Stavros Stivaros, dated 26 October 2020, who is a specialist paediatric neuroradiologist, and provided a detailed report, which we've been able to edit simply to include the summary of his findings, which are at page 45.

In his summary of findings, Dr Stivaros says this:

"[Baby Q] was born prematurely. Although he was transferred to the neonatal intensive care unit, the clinical narrative appears to suggest he was well with no signs of respiratory distress or collapse until the morning of 25 June 2016 when he took a sudden and unexpected deviation in his clinical condition and required ventilatory support to recover.

"I defer to my neonatal expert colleagues' assessment in regards to him having suffered

a significant hypoxic ischaemic event at that time, but the imaging findings could be explained by such an event having occurred. The scan also needs to be taken in the context of a possible infection.

"My understanding of the clinical findings and reports are that no significant infection was seen in [Baby Q], but again I defer to clinical opinion in this regard."