

Robib and Telemedicine



DANA-FARBER/PARTNERS
CANCERCARE

Affiliated with



HARVARD
MEDICAL SCHOOL

To: Telepartners & Sihanouk Hospital Center of Hope (SHCH)

Fr: David Robertson

Date: 23 April 2002

Subject: cases 1-8

Sihanouk Hospital Center of Hope (SHCH) nurse Montha examined the following patients on Tuesday, April 23rd, at the local health clinic in Robib, Rovieng district, Cambodia. JPG photos will follow in later messages.

We're looking for your e-mail advice and will discuss your reply with these patients in a follow up clinic that begins tomorrow on Wednesday, April 24 at 8:00am Cambodia time (8:00pm on Tuesday, April 23 in Boston.) Any advice that could be sent before this time will be most helpful.

We can transport the sickest patients to a hospital, closest being Kampong Thom Provincial Hospital

approx. 3 hours away, or if necessary, to other hospitals that are better equipped 8 hours drive from the village in the capital city of Phnom Penh. Transport of patients or the distribution of any medicines is authorized by our program only if a physician advises us to do so.

Thank you again for your kind assistance.

Best regards,

David

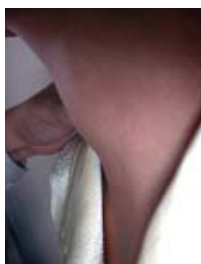
Telemedicine Clinic in Robib, Cambodia - 23 April 2002

Patient #1: CHHIM SIBORN, female, 27 years old, farmer



Chief complaint: Palpitations, dizziness and mass on anterior neck for two years.

History of present illness: Mass on anterior neck for two years. Sometimes feels severe tightness in throat accompanied by shortness of breath, palpitations and dizziness on and off. Increased shortness of breath and palpitations when she walks, decreases when she takes a rest.



Current medicine: None.

Past medical history: Ten years ago she had Typhoid Fever.

Social history: No smoking and does not drink alcohol.

Family history: Unremarkable

Allergies: None

Review of system: No fever, no cough, no vomiting, no diarrhea, no



epigastric pain, weight loss of five kg over the last year.

Physical exam

General Appearance: look non-toxic

BP: 100/60

Pulse: 90

Resp.: 24

Temp. : 36.5

Hair, eyes, ears, nose, throat: Normal.

Neck: Has goiter, size about 6 x 5 cm.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, positive bowel sound.

Limbs: mild tremor, no edema

Joints: okay

Assessment: Hyperthyroidism? Anxiety?

Recommend: May we draw blood in the village for thyroid test at SHCH, and then see her next clinic?

Patient #2: NONG SAROUM, female, 67 years old, farmer



Chief complaint: Palpitations, cold extremities, sometimes chest tightness and headache on and off for two years.

History of present illness: She's had palpitations and chest tightness on and off for two years, accompanied by headache and cold extremities. Chest tightness gets worse when she walks, radiating to upper back. Decreased chest tightness when she lies down. When she got these symptoms, she went to a local doctor in the village who gave her some medication but she doesn't know the name of the drug. She had a little positive response to the medication.

Current medicine: She's used a few kinds of unknown drugs on and off for one month.

Past medical history: She's known she has hypertension for two years, BP 170/?.

Social history: Does not smoke or drink alcohol.

Family history: Unremarkable

Allergies: None

Review of system: No fever, no cough, no vomiting, positive epigastric pain, no weight loss, no sweating

Physical exam

General Appearance: looks good

BP: 150/80

Pulse: 92

Resp.: 20

Temp. : 36.5

Hair, eyes, ears, nose, throat: Normal.

Neck: No goiter, no mass, no lymph node

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: positive epigastric pain, positive bowel sound, soft, flat, not tender.

Limbs: no edema, no deformity

Joints: no pain and no stiffness

Skin: normal

Assessment: Mild hypertension by history? Dyspepsia. Anxiety? Rule out Ischaemic heart disease.

Recommend: Should we cover her with Tums for one month, and then see her next clinic? We will recheck her BP next clinic.

Patient #3: CHHOUN CHHUN, female, 27 years old, farmer



Chief complaint: Upper abdominal pain, burping on and off for three years.

History of present illness: She's had upper abdominal pain on and off for three years, like burning, not radiating to anywhere, and accompanied by burping. She gets more pain in the morning, especially after a meal, gets better when she takes cimetidine that she buys at the market.

Current medicine: Cimetidine on and off for two weeks, 400mg every 12 hours.

Past medical history: Unremarkable.

Social history: Does not smoke and does not drink alcohol.

Family history: Unremarkable

Allergies: None

Review of system: No fever, no vomiting, positive burping, no cough, positive epigastric pain, positive diarrhea on and off.

Physical exam

General Appearance: looks good

BP: 100/60

Pulse: 88

Resp.: 20

Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: positive epigastric pain, soft, flat, not tender, positive bowel sound.

Limbs: no edema, no stiffness

Neck: no goiter, no lymph node

Skin: mild pale but no edema

Assessment: Dyspepsia, Parasitosis?

Recommend: Should we cover her with Ranitidine and Albendazole? If you agree, please give me the correct dosage and for how long. Any other ideas?

Patient #4: SOR KIM SOEUN, male, 27 years old, staff of pig farm



Chief complaint: Right leg pain after getting into a motorcycle accident 8 days ago.

History of present illness: He got into a motorcycle accident 8 days ago, the moto was on top of and pressing against his right leg for three minutes. He did not lose consciousness at all. But now he has right leg pain and it's difficult to walk with right leg, but otherwise can move well.

Current medicine: Taking Penicillin, 1M x 3 times/day, for eight days. Also Paracetamol, 1 tablet, 3 times daily for eight days.

Past medical history: Unremarkable.

Social history: Does not smoke. Drinks alcohol.

Family history: Unremarkable.

Allergies: None

Review of system: No fever, no vomiting, no cough.

Physical exam

General Appearance: looks good

BP: 120/100

Pulse: 70

Resp.: 20



Temp. : 36.5

Hair, eyes, ears, nose, throat: Okay.

Neck: no goiter, no lymph node.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, positive bowel sound

Leg: right leg has two abrasion wounds, dry with redness. Leg can straighten, not stiff.

Skin: okay

Assessment: Right leg wound due to accident. Right leg muscle pain?

Recommend: Should we cover him with Paracetamol for seven more days? Teach him to exercise the right leg every day? Please give me any other ideas.

Patient #5: PHON CHANTHOU, female, 6 year old child



Chief complaint: Cough, sometimes shortness of breath, fever, on and off for one month.

History of present illness: One month ago she got a high fever, cough and shortness of breath on and off. After that, her father brought her to a local doctor who gave her Amoxycillin and Paracetamol for seven days. During that time she got mildly better.

Current medicine: Amoxycillin and Paracetamol.

Past medical history: Six years ago she had measles.

Family history: Unremarkable

Allergies: None

Review of system: Fever, cough, no vomiting, no diarrhea, no epigastric pain.

Physical exam

General Appearance: looks good

BP: -

Pulse: 116

Resp.: 24

Temp. : 37.5

Hair, eyes, ears, nose: okay.

Throat: Mild redness, left tonsil mild hypertrophy but not painful

Lungs: clear



Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender.

Limbs: okay

Skin: okay

Assessment: Pharyngitis? Chronic Tonsillitis?

Recommend: Should we cover her with Amoxicillin and Paracetamol for one more week and give advice to her parents? If you agree, please give me the correct dosage. Any other ideas?

Patient #6: EM YOU, female, 22 years old, farmer



Chief complaint: Abscess on the right neck for one month.

History of present illness: One month ago she got abscess on the right neck. Abscess grew up in size from day to day, accompanied by pain, burning and redness. She went to a drug store to buy antibiotic (Cephalexin) taking 500mg per day. She got mildly better and size of abscess decreased.

Current medicine: Cephalexin 500mg per day for 15 days.

Past medical history: Unremarkable.

Social history: Does not smoke and does not drink alcohol.

Family history: Unremarkable.

Allergies: None

Review of system: No fever, has cough, no sweating at night, lost about 2 kg of weight since getting sick, no vomiting, no diarrhea.

Physical exam

General Appearance: looks non-toxic

BP: 120/50

Pulse: 84

Resp.: 20

Temp. : 36.5

Hair, eyes, ears, nose, throat: okay.

Neck: Has a small abscess on the right side, no lymph node, no goiter

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, no mass, positive bowel sound.

Limbs: Okay

Skin: Okay



Assessment: Right neck abscess due to bacteria?

Recommend: Should we continue Cephalexin 500mg per day for seven more days and Paracetamol? Any other ideas?

Patient #7: ORM CHHOEUN, male, 40 years old, farmer



Chief complaint: Neck tenderness, blurred vision, headache for one month.

History of present illness: He got headache, neck tenderness, and blurred vision on and off for one month. These symptoms get worse when he works, better when he sleeps.

Current medicine: none.

Past medical history: Unremarkable.

Social history: Smokes and drinks alcohol.

Family history: Unremarkable.

Allergies: Penicillin

Review of system: No fever, no nausea, no diarrhea, no epigastric pain, no cough.

Physical exam

General Appearance: looks good

BP: 110/70

Pulse: 80

Resp.: 20

Temp. : 36.5

Hair, eyes, ears, nose, throat: okay.

Neck: no goiter, no lymph node.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, positive bowel sound, no epigastric pain

Limbs: okay

Skin: okay

Urinalysis: Negative

Assessment: Tension headache.

Recommend: Should we cover him with Paracetamol 500mg four times per day for seven days?

Patient #8: SEK THA, female, 22 years old

Chief complaint: Epigastric pain on and off for one year.



History of present illness: She got abdominal pain on and off for one year. Pain like burning, radiating to right and left side of lower abdomen and accompanied by burping, sometimes stool with mucous. She gets worse when she goes to sleep or after a meal, better when she leans over and presses on epigastric area. Has never seen a doctor.

Current medicine: She uses a lot of medicine purchased from local pharmacy but does not know the names of the drugs.

Past medical history: Unremarkable.

Social history: Does not smoke and does not drink alcohol.

Family history: Unremarkable.

Allergy: None

Review of system: Positive epigastric pain, positive burping, no fever, positive stool with mucous, no cough, no nausea.

Physical exam: Looks sick.

BP: 110/60

Pulse: 110

Resp.: 20

Temp. : 37.5

Hair, eyes, ears, nose, throat: Okay.

Neck: No goiter and no lymph node

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: Soft, flat and not tender, positive bowel sound.

Limbs: Okay.

Skin: Not pale and warm to touch.

Assessment: Gastric ulcer? Dyspepsia. Parasitosis?

Recommend: Should we cover her with Ranitidine and Mebendazole for one month? If you agree with my assessment, please give me the correct dosage. Any other ideas?

April 2002 Telemedicine Clinic in Robib

Report and photos submitted by David Robertson

On Tuesday, April 23, 2002, Sihanouk Hospital Center of Hope nurse Koy Somontha gave the monthly Telemedicine examinations at the Robib Health Clinic. David Robertson transcribed examination data and took digital photos, then transmitted and received replies from several Telepartners physicians in Boston and from Dr. Graham Gumley of the

Sihanouk Hospital Center of Hope (SHCH) in Phnom Penh. The data was transmitted via the Hironaka School Internet link.

The following day, all patients returned to the Robib Health Clinic. Nurse "Montha" discussed advice received from the physicians in Boston and Phnom Penh with the patients.

Following are e-mail, photos and medical advice replies exchanged between the Telemedicine team in Robib, Telepartners in Boston, and Dr. Graham Gumley at the Sihanouk Hospital Center of Hope in Phnom Penh:

Date: Tue, 23 Apr 2002 06:33:12 -0700 (PDT)

From: "David Robertson" <davidrobertson1@yahoo.com>

Subject: Cambodia Telemedicine, 23 April 2002, text

To: "Kvedar, Joseph Charles, M.D." <JKVEDAR@PARTNERS.ORG>, "Graham Gumley" <ggumley@bigpond.com.kh>, KKELLEHER@PARTNERS.ORG, "Gere, Katherine F." <KGERE@PARTNERS.ORG>, "Jennifer Hines" <sihosp@bigpond.com.kh>

CC: "Bernie Krisher" <bernie@media.mit.edu>, dmr@media.mit.edu, aafc@forum.org.kh, nsothero@yahoo.com, seda@daily.forum.org.kh

please reply to <dmr@media.mit.edu>

Dear all,

Attached is nurse Montha's examination notes from today's clinic. JPG's follow in later messages.

Best regards,

David

To: Telepartners & Sihanouk Hospital Center of Hope (SHCH)

Fr: David Robertson

Date: 23 April 2002

Subject: cases 1-8

Sihanouk Hospital Center of Hope (SHCH) nurse Montha examined the following patients on Tuesday, April 23rd, at the local health clinic in Robib, Rovieng district, Cambodia. JPG photos will follow in later messages.

We're looking for your e-mail advice and will discuss your reply with these patients in a follow up clinic that begins tomorrow on Wednesday, April 24 at 8:00am Cambodia time (8:00pm on Tuesday, April 23 in Boston.) Any advice that could be sent before this time will be most helpful.

We can transport the sickest patients to a hospital, closest being Kampong Thom Provincial Hospital

approx. 3 hours away, or if necessary, to other hospitals that are better equipped 8 hours drive from the village in the capital city of Phnom Penh. Transport of patients or the distribution of any medicines is authorized by our program only if a physician advises us to do so.

Thank you again for your kind assistance.

Best regards,

Telemedicine Clinic in Robib, Cambodia - 23 April 2002

Patient #1: CHHIM SIBORN, female, 27 years old, farmer



Chief complaint: Palpitations, dizziness and mass on anterior neck for two years.

History of present illness: Mass on anterior neck for two years. Sometimes feels severe tightness in throat accompanied by shortness of breath, palpitations and dizziness on and off. Increased shortness of breath and palpitations when she walks, decreases when she takes a rest.



Current medicine: None.

Past medical history: Ten years ago she had Typhoid Fever.

Social history: No smoking and does not drink alcohol.

Family history: Unremarkable



Allergies: None

Review of system: No fever, no cough, no vomiting, no diarrhea, no epigastric pain, weight loss of five kg over the last year.

Physical exam

General Appearance: look non-toxic

BP: 100/60

Pulse: 90

Resp.: 24

Temp. : 36.5

Hair, eyes, ears, nose, throat: Normal.

Neck: Has goiter, size about 6 x 5 cm.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, positive bowel sound.

Limbs: mild tremor, no edema

Joints: okay

Assessment: Hyperthyroidism? Anxiety?

Recommend: May we draw blood in the village for thyroid test at SHCH, and then see her next clinic?

Patient #2: NONG SAROUM, female, 67 years old, farmer

Chief complaint: Palpitations, cold extremities, sometimes chest tightness and headache on and off for two years.

History of present illness: She's had palpitations and chest tightness on and off for two years, accompanied by headache and cold extremities. Chest tightness gets worse when she walks, radiating to upper back. Decreased chest tightness when she lies down. When she got these symptoms, she went to a local doctor in the village who gave her some medication but she doesn't know the name of the drug. She had a little positive response to the medication.



Current medicine: She's used a few kinds of unknown drugs on and off for one month.

Past medical history: She's known she has hypertension for two years, BP 170/?.

Social history: Does not smoke or drink alcohol.

Family history: Unremarkable

Allergies: None

Review of system: No fever, no cough, no vomiting, positive epigastric pain, no weight loss, no sweating

Physical exam

General Appearance: looks good

BP: 150/80

Pulse: 92

Resp.: 20

Temp. : 36.5

Hair, eyes, ears, nose, throat: Normal.

Neck: No goiter, no mass, no lymph node

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: positive epigastric pain, positive bowel sound, soft, flat, not tender.

Limbs: no edema, no deformity

Joints: no pain and no stiffness

Skin: normal

Assessment: Mild hypertension by history? Dyspepsia. Anxiety? Rule out Ischaemic heart disease.

Recommend: Should we cover her with Tums for one month, and then see her next clinic? We will recheck her BP next clinic.

Patient #3: CHHOUN CHHUN, female, 27 years old, farmer



Chief complaint: Upper abdominal pain, burping on and off for three years.

History of present illness: She's had upper abdominal pain on and off for three years, like burning, not radiating to anywhere, and accompanied by burping. She gets more pain in the morning, especially after a meal, gets better when she takes cimetidine that she buys at the market.

Current medicine: Cimetidine on and off for two weeks, 400mg every 12 hours.

Past medical history: Unremarkable.

Social history: Does not smoke and does not drink alcohol.

Family history: Unremarkable

Allergies: None

Review of system: No fever, no vomiting, positive burping, no cough,

positive epigastric pain, positive diarrhea on and off.

Physical exam

General Appearance: looks good

BP: 100/60

Pulse: 88

Resp.: 20

Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: positive epigastric pain, soft, flat, not tender, positive bowel sound.

Limbs: no edema, no stiffness

Neck: no goiter, no lymph node

Skin: mild pale but no edema

Assessment: Dyspepsia, Parasitosis?

Recommend: Should we cover her with Ranitidine and Albendazole? If you agree, please give me the correct dosage and for how long. Any other ideas?

Patient #4: SOR KIM SOEUN, male, 27 years old, staff of pig farm



Chief complaint: Right leg pain after getting into a motorcycle accident 8 days ago.

History of present illness: He got into a motorcycle accident 8 days ago, the moto was on top of and pressing against his right leg for three minutes. He did not lose consciousness at all. But now he has right leg pain and it's difficult to walk with right leg, but otherwise can move well.

Current medicine: Taking Penicillin, 1M x 3 times/day, for eight days. Also Paracetamol, 1 tablet, 3 times daily for eight days.

Past medical history: Unremarkable.

Social history: Does not smoke. Drinks alcohol.

Family history: Unremarkable.

Allergies: None

Review of system: No fever, no vomiting, no cough. Physical exam

General Appearance: looks good

BP: 120/100

Pulse: 70

Resp.: 20

Temp. : 36.5

Hair, eyes, ears, nose, throat: Okay.

Neck: no goiter, no lymph node.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, positive bowel sound

Leg: right leg has two abrasion wounds, dry with redness. Leg can straighten, not stiff.

Skin: okay

Assessment: Right leg wound due to accident. Right leg muscle pain?

Recommend: Should we cover him with Paracetamol for seven more days? Teach him to exercise the right leg every day? Please give me any other



ideas.

Patient #5: PHON CHANTHOU, female, 6 year old child



Chief complaint: Cough, sometimes shortness of breath, fever, on and off for one month.

History of present illness: One month ago she got a high fever, cough and shortness of breath on and off. After that, her father brought her to a local doctor who gave her Amoxicillin and Paracetamol for seven days. During that time she got mildly better.

Current medicine: Amoxicillin and Paracetamol.

Past medical history: Six years ago she had measles.

Family history: Unremarkable

Allergies: None

Review of system: Fever, cough, no vomiting, no diarrhea, no epigastric pain.

Physical exam



General Appearance: looks good

BP: -

Pulse: 116

Resp.: 24

Temp. : 37.5

Hair, eyes, ears, nose: okay.

Throat: Mild redness, left tonsil mild hypertrophy but not painful

Lungs: clear

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender.

Limbs: okay

Skin: okay

Assessment: Pharyngitis? Chronic Tonsillitis?

Recommend: Should we cover her with Amoxicillin and Paracetamol for one more week and give advice to her parents? If you agree, please give me the correct dosage. Any other ideas?

Patient #6: EM YOU, female, 22 years old, farmer



Chief complaint: Abscess on the right neck for one month.

History of present illness: One month ago she got abscess on the right neck. Abscess grew up in size from day to day, accompanied by pain, burning and redness. She went to a drug store to buy antibiotic (Cephalexin) taking 500mg per day. She got mildly better and size of abscess decreased.

Current medicine: Cephalexin 500mg per day for 15 days.

Past medical history: Unremarkable.

Social history: Does not smoke and does not drink alcohol.

Family history: Unremarkable.

Allergies: None

Review of system: No fever, has cough, no sweating at night, lost about 2 kg of weight since getting sick, no vomiting, no diarrhea.

Physical exam

General Appearance: looks non-toxic



BP: 120/50
Pulse: 84
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, throat: okay.
Neck: Has a small abscess on the right side, no lymph node, no goiter
Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: soft, flat, not tender, no mass, positive bowel sound.
Limbs: Okay
Skin: Okay

Assessment: Right neck abscess due to bacteria?

Recommend: Should we continue Cephalexin 500mg per day for seven more days and Paracetamol? Any other ideas?

Patient #7: ORM CHHOEUN, male, 40 years old, farmer



Chief complaint: Neck tenderness, blurred vision, headache for one month.

History of present illness: He got headache, neck tenderness, and blurred vision on and off for one month. These symptoms get worse when he works, better when he sleeps.

Current medicine: none.

Past medical history: Unremarkable.

Social history: Smokes and drinks alcohol.

Family history: Unremarkable.

Allergies: Penicillin

Review of system: No fever, no nausea, no diarrhea, no epigastric pain, no cough.

Physical exam

General Appearance: looks good

BP: 110/70
Pulse: 80
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, throat: okay.
Neck: no goiter, no lymph node.
Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: soft, flat, not tender, positive bowel sound, no epigastric pain
Limbs: okay
Skin: okay
Urinalysis: Negative

Assessment: Tension headache.

Recommend: Should we cover him with Paracetamol 500mg four times per day for seven days?

Patient #8: SEK THA, female, 22 years old



Chief complaint: Epigastric pain on and off for one year.

History of present illness: She got abdominal pain on and off for one year. Pain like burning, radiating to right and left side of lower abdomen and accompanied by burping, sometimes stool with mucous. She gets worse when she goes to sleep or after a meal, better when she leans over and presses on epigastric area. Has never seen a doctor.

Current medicine: She uses a lot of medicine purchased from local pharmacy but does not know the names of the drugs.

Past medical history: Unremarkable.

Social history: Does not smoke and does not drink alcohol.

Family history: Unremarkable.

Allergy: None

Review of system: Positive epigastric pain, positive burping, no fever, positive stool with mucous, no cough, no nausea.

Physical exam: Looks sick.

BP: 110/60

Pulse: 110

Resp.: 20

Temp. : 37.5

Hair, eyes, ears, nose, throat: Okay.

Neck: No goiter and no lymph node

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: Soft, flat and not tender, positive bowel sound.

Limbs: Okay.

Skin: Not pale and warm to touch.

Assessment: Gastric ulcer? Dyspepsia. Parasitosis?

Recommend: Should we cover her with Ranitidine and Mebendazole for one month? If you agree with my assessment, please give me the correct dosage. Any other ideas?

Date: Tue, 23 Apr 2002 23:31:00 -0700

From: "Graham Gumley" <ggumley@bigpond.com.kh>

Subject: RE: Cambodia Telemedicine, 23 April 2002, text

To: "David Robertson" <davidrobertson1@yahoo.com>, "David Robertson" <dmr@media.mit.edu>

Dear David,

Attached is my reply.

Overall a more healthy group this time? It would be good to see that

the intervention was making some impact of the health of the community.

What is your impression?

Regards.

Graham

Sihanouk Hospital Center of Hope Reply

Telemedicine Clinic in Robib, Cambodia - 23 April 2002

Patient #1: CHHIM SIBORN, female, 27 years old, farmer

Chief complaint: Palpitations, dizziness and mass on anterior neck for two years.

History of present illness: Mass on anterior neck for two years. Sometimes feels severe tightness in throat accompanied by shortness of breath, palpitations and dizziness on and off. Increased shortness of breath and palpitations when she walks, decreases when she takes a rest.

Assessment: Hyperthyroidism? Anxiety?

Recommend: May we draw blood in the village for thyroid test at SHCH, and then see her next clinic?

SHCH Reply: Agree with your assessment and plan. Draw blood for CBC/Thyroid function tests and see next visit.

Patient #2: NONG SAROUM, female, 67 years old, farmer

Chief complaint: Palpitations, cold extremities, sometimes chest tightness and headache on and off for two years.

History of present illness: She's had palpitations and chest tightness on and off for two years, accompanied by headache and cold extremities. Chest tightness gets worse when she walks, radiating to upper back. Decreased chest tightness when she lies down. When she got these symptoms, she went to a local doctor in the village who gave her some medication but she doesn't know the name of the drug. She had a little positive response to the medication.

Assessment: Mild hypertension by history? Dyspepsia. Anxiety? Rule out Ischaemic heart disease.

Recommend: Should we cover her with Tums for one month, and then see her next clinic? We will recheck her BP next clinic.

SHCH Reply: Agree with your assessment. We should repeat her BP measurement again in the morning.

The fact that lying down diminishes her symptoms is more in keeping with heart disease than dyspepsia.

In view of the possibility of Ischaemic Heart Disease she should have an ECG. Can she go the Kampong Thom for evaluation and ECG?

Patient #3: CHHOUN CHHUN, female, 27 years old, farmer

Chief complaint: Upper abdominal pain, burping on and off for three years.

History of present illness: She's had upper abdominal pain on and off for three years, like burning, not radiating to anywhere, and accompanied by burping. She gets more pain in the morning, especially after a meal, gets better when she takes cimetidine that she buys at the market.

Assessment: Dyspepsia, Parasitosis?

Recommend: Should we cover her with Ranitidine and Albendazole? If you agree, please give me the correct dosage and for how long. Any other ideas?

SHCH Reply: Agree with your assessment and plan.

Do you have Mebendazole with you? ... dosage is 100mg per day for three days.

Patient #4: SOR KIM SOEUN, male, 27 years old, staff of pig farm

Chief complaint: Right leg pain after getting into a motorcycle accident 8 days ago.

History of present illness: He got into a motorcycle accident 8 days ago, the moto was on top of and pressing against his right leg for three minutes. He did not lose consciousness at all. But now he has right leg pain and it's difficult to walk with right leg, but otherwise can move well.

Assessment: Right leg wound due to accident. Right leg muscle pain?

Recommend: Should we cover him with Paracetamol for seven more days? Teach him to exercise the right leg every day? Please give me any other ideas.

SHCH Reply: Agree with your assessment and plan.

The abrasion/burn is deep in parts and should be cleaned and dressed daily. It does not appear to be infected at this point, so antibiotics will not be necessary unless an infection arises.

Did he get Tetanus prophylaxis initially?

Patient #5: PHON CHANTHOU, female, 6 year old child

Chief complaint: Cough, sometimes shortness of breath, fever, on and off for one month.

History of present illness: One month ago she got a high fever, cough and shortness of breath on and off. After that, her father brought her to a local doctor who gave her Amoxicillin and Paracetamol for seven days. During that time she got mildly better.

Assessment: Pharyngitis? Chronic Tonsillitis?

Recommend: Should we cover her with Amoxicillin and Paracetamol for one more week and give advice to her parents? If you agree, please give me the correct dosage. Any other ideas?

SHCH Reply: How long has she been on antibiotics? The Tonsils are enlarged and would be a concern if infected; however I cannot see much inflammation and no pus on the photo.

She is afebrile and if she has had a full course of Abx could stop for now. (Keep initial supply on hand so family can start Abx treatment as needed for recurrence rather than having to wait to see local medical providers if they are hard to reach for some reason).

If this becomes recurrent/persistent would need assessment at KB.

Patient #6: EM YOU, female, 22 years old, farmer

Chief complaint: Abscess on the right neck for one month.

History of present illness: One month ago she got abscess on the right neck. Abscess grew up in size from day to day, accompanied by pain, burning and redness. She went to a drug store to buy antibiotic (Cephalexin) taking 500mg per day. She got mildly better and size of abscess decreased.

Assessment: Right neck abscess due to bacteria?

Recommend: Should we continue Cephalexin 500mg per day for seven more days and Paracetamol? Any other ideas?

SHCH Reply: If this is a persistent abscess, despite Antibiotics, it would need to be surgically drained .. I think kampong Thom would be best.

If there is no fluctuance, then there might be some chance of TB and a Chest X-ray and sputum exam would be the best approach.(She has a cough).

Patient #7: ORM CHHOEUN, male, 40 years old, farmer

Chief complaint: Neck tenderness, blurred vision, headache for one month.

History of present illness: He got headache, neck tenderness, and blurred vision on and off for one month. These symptoms get worse when he works, better when he sleeps.

Assessment: Tension headache.

Recommend: Should we cover him with Paracetamol 500mg four times per day for seven days?

SHCH Reply: Is his neck tender? Does he have any restriction of his neck range of motion? Any hand/arm numbness or weakness?.

When you test his vision is it clear or blurred?

Let me know the above and will advise more.

Patient #8: SEK THA, female, 22 years old

Chief complaint: Epigastric pain on and off for one year.

History of present illness: She got abdominal pain on and off for one year. Pain like burning, radiating to right and left side of lower abdomen and accompanied by burping, sometimes stool with mucous. She gets worse when she goes to sleep or after a meal, better when she leans over and presses on epigastric area. Has never seen a doctor.

Assessment: Gastric ulcer? Dyspepsia. Parasitosis?

Recommend: Should we cover her with Ranitidine and Mebendazole for one month? If you agree with my assessment, please give me the correct dosage. Any other ideas?

SHCH Reply: Agree with your assessment and plan. Mebendazole 100mg each day for three days.

If this is not effective we might try Metronidazole next visit. (Plan to bring some up with you).

Date: Tue, 23 Apr 2002 19:33:46 -0700 (PDT)

From: "David Robertson" <davidrobertson1@yahoo.com>

Subject:RE: Cambodia Telemedicine, 23 April 2002, reply, cases 5 & 7
To:"Graham Gumley" <ggumley@bigpond.com.kh>
CC:"David Robertson" <dmr@media.mit.edu>, bernie@media.mit.edu

Dear Dr. Gumley,

--- Graham Gumley <ggumley@bigpond.com.kh> wrote:
> Overall a more healthy group this time?

Yes. the last few months, the groups have been healthier and we haven't transported many new urgent cases, mostly the transport has been for the chronic cases.

> It would be good to see that the
> intervention was making some impact of the health of
> the community. What is your impression?

I think the intervention has been helpful. The urgent cases have been dealt with, the chronic cases are being managed, and Montha is spreading education on how the villagers can better manage their health.

Regarding cases # 5 & # 7:

Case # 5

SHCH Reply: How long has she been on antibiotics?

The first 7 days of illness, no medicine.

The next 7 days of illness, antibiotics.

The last 2 weeks, no medicine.

Case # 7

SHCH Reply: Is his neck tender?

No.

Does he have any restriction of his neck range of motion?

No problem, Montha says he can move very well.

Any hand/arm numbness or weakness?.

No.

When you test his vision is it clear or blurred?

Clear.

Let me know the above and will advise more.

Thanks again for your help.

Best regards,

David & Montha

Follow up report on 25 April 2002:

Per e-mail advice of the physicians in Boston and Phnom Penh, the following patients were given medication donated by Sihanouk Hospital Center of Hope:

Patient #2: NONG SAROUM, female, 67 years old

(In addition to medication, blood pressure rechecked, still 150/80 on 24 April 02.)

Patient #3: CHHOUN CHHUN, female, 27 years old

Patient #4: SOR KIM SOEUN, male, 27 years old

Patient #5: PHON CHANTHOU, female, 6 year old child

Patient #7: ORM CHHOEUN, male, 40 years old

Patient #8: SEK THA, female, 22 years old

Per e-mail advice of the physicians in Boston and Phnom Penh, the following patients were given transport or assistance in getting to the hospital:

Transported on 24 April to the TB Center at Kampong Thom Provincial Hospital:

- **Patient #6, EM YOU**, female, 22 years old

Transported on 24 April to Sihanouk Hospital Center of Hope in Phnom Penh:

- **Patient CHHIM SIBORN**, female, 27 years old. Nurse Montha took a blood sample from this patient for testing in Phnom Penh. The patient remained in the village and will return to the next Telemedicine clinic for the results of the CBC/Thyroid function tests.
- **Patient YIN HUN**, female, 66 years old, previous Telemedicine patient for medical check-up and refill of medication at SHCH

Transport arranged for 28 April to Sihanouk Hospital Center of Hope in Phnom Penh:

- **Patient NOUNG KIM CHHANG**, male, 49 years old, previous Telemedicine patient for medical check-up and refill of medication at SHCH

Transport arranged for 28 April to Ang Doun Hospital in Phnom Penh:

- **Patient H0 SAO SOVANTHA**, male, 14 years old, (son of patient Noug Kim Chhang,) previous Telemedicine patient for evaluation of continuing ear, nose, throat

Transport arranged for 1 May to Calmette Hospital Cardiology Center in Phnom Penh:

- **Patient PHIM SOPHAN**, male, 14 year old child, previous Telemedicine patient (February 2001) for medical check-up and refill of heart medication

Transport arranged on 1 May to Sihanouk Hospital Center of Hope in Phnom Penh:

- **Patient PHIM SICCHIN**, female, 35 years old, previous Telemedicine patient for medical check-up and refill of medication at SHCH

Transport arranged for 6 & 19 May to Sihanouk Hospital Center of Hope in Phnom Penh:

- **Patient CHAY CHANTHY**, female, 38 years old, previous Telemedicine patient, for medical testing and refill of medication at SHCH

Transport arranged for 28 May to Calmette Hospital Cardiology Center in Phnom Penh:

- **Patient CHHEM LYNA**, female, 1 year old child, previous Telemedicine patient (February

2001) for medical check-up and refill of heart medication