Robib and Telemedicine

August 2003 Telemedicine Clinic in Robib

Report and photos submitted by David Robertson

On Tuesday, August 12, 2003, 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 the Sihanouk Hospital Center of Hope (SHCH) in Phnom Penh.

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 the e-mail, digital photos and medical advice replies exchanged between the Telemedicine team in Robib, Telepartners in Boston, and the Sihanouk Hospital Center of Hope in Phnom Penh:

Date: Mon, 11 Aug 2003 11:52:27 -0400
From: dmr@media.mit.edu
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann (E-mail)" <ph2065@yahoo.com>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@bigpond.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, dmr@media.mit.edu
Cc: "Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
"Dr. Srey Sin" <012905278@mobitel.com.kh>, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>
Subject: Reminder, Cambodia Telemedicine, August 12th, 2003

Please reply to David Robertson <dmr@media.mit.edu>

Dear All:

Another quick reminder that the August Telemedicine clinic in Robib, Cambodia is still scheduled for Tuesday, 12 August 2003.

We'll have the follow up clinic at 8:00am, Wednesday, 13 August (9:00pm, Tuesday, 12 August in Boston.) Best if we could receive your e-mail advice before this time.

Thanks again for your kind assistance.

Sincerely,

David

Media Lab Webmail http://webmail.media.mit.edu

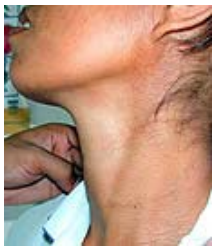
Date: Tue, 12 Aug 2003 04:44:15 -0400
From: dmr@media.mit.edu

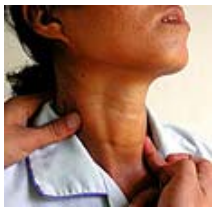
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann (E-mail)" <ph2065@yahoo.com>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, dmr@media.mit.edu
Cc: "Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>
Subject: Patient #1: THORNG KHUN, female, 38 years old

Please reply to David Robertson <dmr@media.mit.edu>

Telemedicine Clinic in Robib, Cambodia – 12 August 2003

Patient #1: THORNG KHUN, female, 38 years old





Chief complaint: Patient still complains of chest pain sometimes, neck tenderness, and palpitations.

Note: We sent this patient to Kampong Thom Hospital last month for consultation and management of her health problem. Kampong Thom was only able to do something for the stomach problem, for the goiter they could not do anything as they cannot do the thyroid function test. They did an unknown blood test and an EKG. The patient was admitted there for five days and covered with medication and discharged with chronic gastritis diagnosis.

Subject: Patient still has palpitations, shortness of breath, sometimes chest tightness, has a headache, neck tenderness, has no abdominal pain, no fever, has neck tightness, no hair loss, has sweating, and no coughing.

Object: Looks stable.

BP: 110/60

Pulse: 104

Resp.: 20

Temp. : 36.5

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

Neck: Small mass at anterior neck, moveable, size 3 x 6 cm (not developing.)

Lungs: Clear both sides and symmetry on bilateral size.

Heart: Regular rhythm, no murmur

Abdomen: Soft, flat, not tender, and has positive bowel sound on all four quadrants. She has been pregnant for six months. She said there is good fetal movement.

Limbs: No stiffness and no edema.

Assessment: Toxic goiter? Pregnancy for six months.

Plan: I think we should draw this patient's blood and do a Thyroid function test at Sihanouk Hospital Center of Hope in Phnom Penh, then follow up with her next month. Please give me any other ideas.

From: "Kelleher-Fiamma, Kathleen M., Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: '"dmr@media.mit.edu"' <dmr@media.mit.edu>
Subject: FW: Patient #1: THORNG KHUN, female, 38 years old
Date: Tue, 12 Aug 2003 21:19:53 -0400

> -----Original Message-----

> From: Kvedar, Joseph Charles,M.D.
> Sent: Tuesday, August 12, 2003 9:17 PM
> To: Kelleher-Fiamma, Kathleen M., Telemedicine
> Subject: RE: Patient #1: THORNG KHUN, female, 38 years old
>
> Thank you for this interesting case.
>
> Patient #1 38 yo female with chest pain, palpitations
> and neck mass/tenderness.
>
> General recommendations regarding the report:
>
> Review of symptoms and physical exam ; any other
> symptoms consistent with thyroid disease? (ie
> diarrhea, nervousness, trembling, moist skin)
> (hyperrelexia?)
> Was EKG normal?
>
> The constellation of symptoms presented does suggest
> hyperthyroidism of some kind.
>
> 1. Acute thyroiditis (also called DeQuervain's
> throiditis) often presents with pain and often follows
> a viral illness. is therefore quite possible in her.
> 2. Toxic goiter or toxic adenoma are also possible in
> that a nodule was apparently identified on exam.
> 3. Graves disease is usually a diffuse painless goiter
> and is therefore less likely.
>
> If at all possible have thyroid studies completed
> somewhere (TSH, free T4, T3 re-uptake) would be a
> good start. A thyroid scan (radioactive iodine
> uptake)- if available- would be next if she is indeed
> hyperthyroid to differentiate the possible causes -
> BUT SHOULD NOT BE USED IN PREGNANT PATIENTS.
>
> Recommendations:;
> 1. Patients with thyroiditis usually improve on
> their own. Management of non-pregnant patients
> includes treating the symptoms if they are severe
> (tachycardia, nervousness) with beta blockers such as
> propanolol. Also, prednisone 20mg to 40mg for a short
> course often gives rapid relief of pain associated
> with painful thyroiditis but often not recommended

> during pregnancy.
> Propylthiouracil is the drug of choice in pregnant
> patients with hyperthyroidism. Typical initial dose
> is 100mg per day and may increase to three times per
> day. Symptoms usually improve in 2-3 weeks.
> 2. If not done already, rule out anemia as a
> contributing cause with a CBC
>
Joseph C. Kvedar, M.D.

Date: Tue, 12 Aug 2003 04:57:50 -0400
From: dmr@media.mit.edu
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann (E-mail)" <ph2065@yahoo.com>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, dmr@media.mit.edu
Cc: "Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>
Subject: Patient #2: NGET SOEUN, male, 56 years old

Please reply to David Robertson <dmr@media.mit.edu>

Telemedicine Clinic in Robib, Cambodia – 12 August 2003

Patient #2: NGET SOEUN, male, 56 years old

Chief complaint: Still has abdominal distension and both legs edema.

Weight: 42 kg

Note: We saw this patient last month. He was covered with:

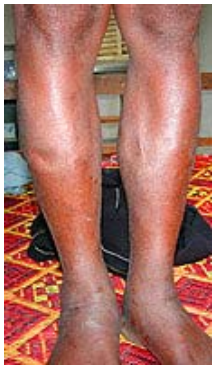
- Furosemide, 20 mg per day
- Tums, 1 gram every 12 hours
- Cotrimoxazole, 960mg every 12 hours for four days

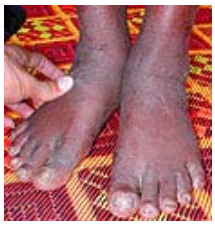
Subject: Still has headache, has shortness of breath, no chest pain, has mild fever, cough on and off with sputum, has palpitations, has abdominal distension and abdominal pain, mild edema both legs, and only passing urine a small amount – one litre per day, and has poor appetite.

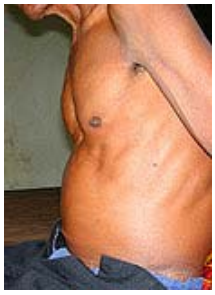
Object: Looks mildly sick. Alert and oriented x 3.

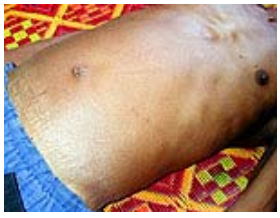
BP: 110/60

Pulse: 88









Resp.: 24

Temp. : 37

Hair, ears, nose, and throat: Okay.

Eyes: Mild jaundice and mild sunken eye.

Lungs: Lower bilateral crackle.

Heart: Regular rhythm, no murmur

Abdomen: Soft, mild distension, pain, has positive bowel sound all four quadrants, Hepathomegalie about 6cm, has pain tapping kidney at lower back, and has pain bilateral and radiating to chest.

Limbs: ++ pitting edema both legs.

Assessment: Ascitis? With cirrhosis? Pulmonary TB? Nephrotic syndrome? Hepatitis?

Plan: Should we refer him to Kampong Thom for some tests like blood work (CBC, lyte, creatinine, Bun, Hepatitis B & C, blood sugar,) and abdominal ultrasound and chest x-ray?

Please give me any other ideas.

From: "Goldszer, Robert Charles,M.D." <RGOLDSZER@PARTNERS.ORG>
To: "Kelleher-Fiamma, Kathleen M., Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"'dmr@media.mit.edu'"
<dmr@media.mit.edu>
Subject: RE: Patient #2: NGET SOEUN, male, 56 years old
Date: Tue, 12 Aug 2003 13:46:10 -0400

This patient should go to hospital for evaluation for test of his heart

liver and kidneys. He will need xchest xray, bun, creatinine, ast, alt,

urinalysis, and abdominal ultraosund,

RCGoldszer

Brigham and Women's Hospital

Boston, Mass, USA

Date: Tue, 12 Aug 2003 05:59:17 -0400
From: dmr@media.mit.edu
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann (E-mail)" <ph2065@yahoo.com>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, dmr@media.mit.edu
Cc: "Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>
Subject: Patient #3: THO CHANTHY, female, 36 years old

Please reply to David Robertson <dmr@media.mit.edu>

Telemedicine Clinic in Robib, Cambodia – 12 August 2003

Patient #3: THO CHANTHY, female, 36 years old, farmer

Chief complaint: Palpitations, neck tightness, and shortness of breath for the last five months.

Weight: 40 kg

Subject: Patient complains she got a mass on her anterior neck, mass develops day to day. She got this mass followed by severe palpitations, shortness of breath, and difficulty in swallowing, neck tightness, weight loss, and sweating a lot. These symptoms have become worse and worse, especially seven months after delivering a baby. She has never seen a doctor at all.

Past medical history: Unremarkable

Review of system: Has dry cough, no fever, no chest pain, has neck tightness, has blurred vision, has palpitations, has shortness of breath, does not have abdominal pain, no diarrhea, no edema on limbs, lost 10 kg weight in the last year, has normal period.

Social history: Does not smoke, drinks alcohol, and during delivery drank 20 litres of alcohol.

Family history: Her mother has hypertension.

Current medication: None

Allergy: No known allergies.

Object: Looks mildly sick. Alert and oriented x 3.

BP: 120/60

Pulse: 150

Resp.: 26

Temp. : 37.4

Hair, ears, nose, and throat: Okay.

Eyes: No jaundice, bilateral exothalsis.

Neck: A moving goiter on anterior neck, size about 10 x 8 cm, and no JVD.

Lungs: Clear both sides, bilateral symmetry.

Heart: Irregular rhythm, no murmur

Abdomen: Soft, flat, not tender, has positive bowel sound all four quadrants, no HSM.

Limbs: Both hands tingling, no edema or stiffness

Neuro Exam:

- CN – I to XII good intact.

- Good orientation to person, place and date
- Cerebella function, good intact with point-to-point, gait.
- Motor, normal 5/5
- Sensory, normal
- Reflex hyper reflexive on both elbows, another good intact

Assessment: Hyperthyroidism. Cardiac arrhythmia with Afib? Or PVC? Tachycardia.

Plan: Should we refer her to Sihanouk Hospital Center of Hope in Phnom Penh for some tests like Thyroid function, CBC, lytes, Bun, blood sugar, creatinine, EKG, and a chest x-ray. Or do we try to give her Propranolol 20 mg twice daily and draw her blood to do Thyroid function test at SHCH and then follow up with her next visit? Please give me any other ideas or comments.

From: "Goldszer, Robert Charles,M.D." <RGOLDSZER@PARTNERS.ORG>
To: "Kelleher-Fiamma, Kathleen M., Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"'dmr@media.mit.edu'"
<dmr@media.mit.edu>
Subject: RE: Patient #3: THO CHANTHY, female, 36 years old
Date: Tue, 12 Aug 2003 14:03:21 -0400

I think plan depends upon how ill she looks.

This sounds like hyperthyroidism but could be other problems causing tachycardia.

IF her pulse is truly 150, that is TOO fast and I would give propanolol 20 mg, BID, draw blood for TSH and CAB and CBC rate, and also have her seen at the hospital for evaluation of severe tachycardia and possible thyroid dysfunction RCGoldszer Brigham and Women's Hospital

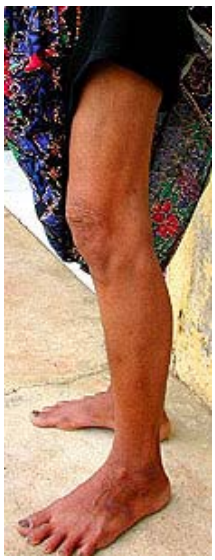
Boston, Mass, USA

Date: Tue, 12 Aug 2003 10:06:41 -0400
From: dmr@media.mit.edu
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann (E-mail)" <ph2065@yahoo.com>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, dmr@media.mit.edu
Cc: "Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>
Subject: Patient #4: PROM MUTH, female, 63 years old

Please reply to David Robertson <dmr@media.mit.edu>

Telemedicine Clinic in Robib, Cambodia – 12 August 2003

Patient #4: PROM MUTH, female, 63 years old



Chief complaint: Left leg pain for five days.

Subject: Patient complains she gets severe pain on the left leg after waking up in the morning. One day before getting the pain, she worked in the rice fields digging a big hole as well as her usual work. She gets these symptoms followed by a burning feeling on the left leg from hip to foot with difficulty walking.

Past medical history: Unremarkable

Social history: None

Family history: None

Allergy: No known allergies.

Current medication: Paracetemol, 2 grams per day for five days.

Review of system: Has no cough, no weight loss, no sore throat, no shortness of breath, no fever, and no upper abdominal pain.

Object: Looks stable, alert and oriented x 3.

BP: 100/50

Pulse: 80

Resp.: 20

Temp. : 36.5

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

Skin: Warm to touch, not pale and no jaundice.

Lungs: Clear both sides, bilateral symmetry.

Heart: Regular rhythm, no murmur

Abdomen: Soft, flat, not tender, has positive bowel sound all four quadrants.

Limbs: Left leg pain from hip to foot, but no redness, not swollen and no stiffness, no numbness, and both leg measurements are equal.

Assessment: Nerve root pain on the left leg.

Plan: Should we give her Aspirin 500mg four times daily and Multivitamin 1 gram daily for 14 days? Please give me any other ideas or comments.

From: "Kelleher-Fiamma, Kathleen M., Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Subject: FW: Patient #4: PROM MUTH, female, 63 years old
Date: Tue, 12 Aug 2003 21:47:46 -0400

> -----Original Message-----

> From: Kvedar, Joseph Charles,M.D.

> Sent: Tuesday, August 12, 2003 9:43 PM

> To: Kelleher-Fiamma, Kathleen M., Telemedicine

> Subject: RE: Patient #4: PROM MUTH, female, 63 years old

My thought on this one is that she should be examined carefully for any evidence of arterial disease, e.g. are the pulses strong in taht leg and equal on both sides.

If there is any hint of vascular disease, it woudl probably be helpful to have either a doppler study or possibly an angiogram, if this is feasible.

Sometimes quinine is helpful for leg cramps. A simple way to dose this is to give the patient 10-12 oz of tonic water daily.

Joseph C. Kvedar, M.D.

Date: Tue, 12 Aug 2003 10:09:55 -0400
From: dmr@media.mit.edu
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann (E-mail)" <ph2065@yahoo.com>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
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Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, dmr@media.mit.edu
Cc: "Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>
Subject: Patient #5: PROM HORN, female, 48 years old

Please reply to David Robertson <dmr@media.mit.edu>

Telemedicine Clinic in Robib, Cambodia – 12 August 2003

Patient #5: PROM HORN, female, 48 years old, Farmer

Chief complaint: Patient complains of neck tenderness, headache, and blurred vision on and off for three months.

Subject: Patient complains she got some symptoms like neck tenderness, headache, and blurred vision on and off. Symptoms develop during nighttime sometimes followed by chest pain, dizziness, and palpitations. She went to a private pharmacy and bought some unknown medications to take for releasing headache on and off and it helped a little bit.

Past medical history: Malaria last year.

Review of system: No fever, no weight loss, has chest tightness, has headache, has palpitations, has neck tenderness, no cough, does not have abdominal pain, no diarrhea, and no limb numbness.

Current medication: Took some unknown medication on and off for three months for releasing headache.

Family history: Unremarkable

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

Object: Looks stable, alert and oriented x 3.

BP: 100/60

Pulse: 80

Resp.: 20

Temp. : 36.5

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

Neck: No lymph node and no JVD.

Skin: No jaundice, not pale, no edema, and warm to touch.

Lungs: Clear both sides, bilateral symmetry.

Heart: Regular rhythm, no murmur

Abdomen: Soft, flat, not tender, has positive bowel sound, and no HSM.

Limbs: Not stiff and no edema.

Neuro Exam:

- Good orientation (place, person and date.)
- Cerebella function, good intact (point-to-point, gait.)
- CN – I to XII good intact.
- Sensory, normal
- Reflex, normal
- Motor, normal

Assessment: Tension headache. Anxiety?

Plan: Give her Paracetemol 500 mg four times daily for ten days. Educate her to do exercise. Please give me any other ideas.

From: "Kelleher-Fiamma, Kathleen M., Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Subject: FW: Patient #5: PROM HORN, female, 48 years old
Date: Tue, 12 Aug 2003 21:41:43 -0400

Case #5 female 48 yo with headache, blurred vision on-off for 3 months, chest pain dizziness, palpitations.

>From the information here, I would agree with your assessment of anxiety could cause nearly all these symptoms. I don't know if you addressed recent psychosocial stressors, but that may lend support to a diagnosis of anxiety.

However, because of chest pain, associated with her dizziness and palpitaions an EKG (during her symptoms if possible) would help identify any coronary syndromes (for example angina. I would also recommend a CBC to rule out anemia as a possible contributing factor.

If non-cardiac causes are ruled out, consider further evaluation of anxiety causes and consider anxiolytics such as lorazepam for a short-term treatment only.

Tan, Heng Soon,M.D.

Date: Tue, 12 Aug 2003 10:44:33 -0400
From: dmr@media.mit.edu
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann (E-mail)" <ph2065@yahoo.com>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, dmr@media.mit.edu
Cc: "Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, aafc@forum.org.kh,

Bernie Krisher <bernie@media.mit.edu>
Subject: Patient #6: CHHIN SAM ONN, female, 20 years old

Please reply to David Robertson <dmr@media.mit.edu>

Telemedicine Clinic in Robib, Cambodia – 12 August 2003

Patient #6: CHHIN SAM ONN, female, 20 years old, Farmer

Chief complaint: Patient complains of frequency of urination on and off for the last two months, and upper abdominal pain on and off for the last five months.

Subject: Patient is married. Two months ago she got frequency of urination, about five times per day in small amounts and also she feels burning during urination. She has another problem, five months of on and off upper abdominal pain, pain like burning, especially after a meal. She got these symptoms accompanied by excessive saliva in the morning and nausea. She has never seen a doctor at all and just came to see us.

Past medical history: Five months ago she had malaria.

Review of system: Has a headache, no sore throat, no cough, no fever, no weight loss, no chest pain, has upper abdominal pain, and no shortness of breath.

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

Family history: Unremarkable.

Allergy: None.

Current medication: Metronidazole, 250 mg four times per day for seven days.

Urinanalysis: Protein +2

Object: Looks stable, alert and oriented x 3.

BP: 100/50

Pulse: 80

Resp.: 20

Temp. : 36.5

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

Neck: No goiter and no lymph node.

Skin: Not pale, no jaundice, and warm to touch.

Lungs: Clear both sides.

Heart: Regular rhythm, no murmur

Abdomen: Has upper abdominal pain, soft, flat, not tender, and has positive bowel sound all four quadrants.

Limbs: Okay.

Assessment: Urinary tract infection. Dyspepsia.

Plan: May we give her:

- **Ofloxacine, 200mg, twice daily for five days.**
- **Tums, 1 gram, ½ tablet twice daily for 30 days.**

Please give me any other ideas.

From: "Kelleher-Fiamma, Kathleen M., Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: '"dmr@media.mit.edu"' <dmr@media.mit.edu>
Subject: FW: Patient #6: CHHIN SAM ONN, female, 20 years old
Date: Tue, 12 Aug 2003 16:15:16 -0400

Dear David:

I agree with the assessment and plan as outlined in the patient's note.

Edward T. Ryan, M.D.

Date: Tue, 12 Aug 2003 11:20:52 -0400
From: dmr@media.mit.edu
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann (E-mail)" <ph2065@yahoo.com>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
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Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, dmr@media.mit.edu
Cc: "Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>
Subject: Patient #7: ROS YANY, female, 46 years old

Please reply to David Robertson <dmr@media.mit.edu>

Following is the final case we will be sending this month. Thanks again for

your kind assistance.

Telemedicine Clinic in Robib, Cambodia – 12 August 2003

Patient #7: ROS YANY, female, 46 years old

Chief complaint: Patient complains of chest tightness and left side headache for the last three months.

Subject: Patient is married. Patient says she knows that for the last eight months she has hypertension. She gets headache and chest tightness that increases during nighttime. This is accompanied by blurred vision, dizziness, and neck tenderness. She went to consult with a private doctor and they gave her some unknown drug to take for hypertension (just takes during episodes of high blood pressure) and the drug helped her a little bit.

Past medical history: Hypertension for the last eight months.

Review of system: Has no sore throat, no weight loss, no cough, no chest tightness, no shortness of breath, and no abdominal pain.

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

Family history: Unremarkable

Current medication: Vastarel, one tablet per day for 10 days.

Allergy: None.

Object: Looks stable, alert and oriented x 3.

BP: 160/80

Pulse: 70

Resp.: 30

Temp. : 36.5

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

Neck: No goiter and no lymph node.

Skin: Not pale, no jaundice, and warm to touch.

Lungs: Clear both sides.

Heart: Regular rhythm, no murmur

Abdomen: Soft, flat, not tender, no HSM and has positive bowel sound.

Limbs: No edema but has stiffness.

Neuro Exam:

- Good orientation (place, person and date.)
- Cerebella function, good intact.
- CN – I to XII good intact except XI, facial droop.
- Reflex, normal
- Motor, normal, except left elbow 4/5 and left knee decreases 3/5.
- Sensory, normal

Assessment: Mild hypertension. Left side weakness due to mild stroke? Ischaemic heart disease?

Plan: May we give her Propranolol 20 mg twice daily for one month and Aspirin 75 mg daily for one month? Please give me any other

ideas.

From: "Kelleher-Fiamma, Kathleen M., Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Subject: FW: Patient #7: ROS YANY, female, 46 years old
Date: Tue, 12 Aug 2003 21:20:54 -0400

> -----Original Message-----

> From: Kvedar, Joseph Charles,M.D.

> Sent: Tuesday, August 12, 2003 9:19 PM

> To: Kelleher-Fiamma, Kathleen M., Telemedicine

> Subject: RE: Patient #7: ROS YANY, female, 46 years old

>

> First off I would like to take a brief moment to offer

> constructive criticism to the report.

> 1. history: The following would be beneficial to know

> a. Length of the L-sided weakness

> b. You say she is taking some unknown BP medication

> when she has episodes of high blood pressure. Does

> she actually take her BP with a BP monitor or does she

> just take it when she has symptoms....if the latter,

> what symptoms prompt her to take that medication?

>

> 2. vitals: if high, should take in both arms for

> comparison and it should be repeated.

> 3. Telemedicine should not be used for potentially

> emergent cases such as stroke, MI.

>

> Well, I agree the group of symptoms suggest

> hypertension. The symptoms of headache, blurred

> vision, rapid respirations, L-sided weakness suggest

> end-organ damage however, as is seen with hypertensive

> crisis (hypertensive emergency) The recorded BP of
> 160/80 however is NOT consistent with hypertensive
> crisis. You said she takes a BP med as needed. If
> this medication is nifedipine, it is quite possible
> that she took this medication and has suffered a
> stroke due to the risk of rapidly lowered BP when
> using this dangerous drug. [sublingual immediate
> release nifedipine is no longer recommended for
> hypertensive urgencies or the routine control of BP
> because of the risk of stroke]
>
> Assessment;
> 1. hypertension (isolated systolic hypertension)
> 2. Chest pain: ischemia (ie angina) is a strong
> possibility, and may be secondary to hypertensive
> emergency (however diastolic pressures are greater
> than 140mm Hg)
> 3. Left-sided weakness: Stroke vs TIA (TIA resolves
> within 24 hours of symptom onset). May be secondary
> to high blood pressure (OR possibly improper use of
> nifedipine if that is the drug she was taking.)
>
> Recommendations:
> 1. Ruling out stroke and MI are priorities. An EKG
> while chest symptoms are occurring would help
> differentiate angina versus MI vs. non-cardiac causes.
> As would cardiac enzymes if there are EKG
> abnormalities. If head imaging is available (for
> example CT scan) it should have been be used
> immediately to rule out stroke or to differentiate

> ischemic from hemorrhagic stroke.

> a. If ischemic stroke

> i. evaluate for carotid artery stenosis or mural

> thromi in the atria if carotid ultrasound or cardiac

> ultrasound is available.

> ii. Consider anticoagulants

> (NOTE: telemedicine is not the way to evaluate for

> stroke, MI or other emergent medical cases.)

>

> 2. Once stroke and MI are ruled out,

> a. begin medicine for high blood pressure very

> gradually. A beta blocker like propanolol is OK, but

> should not be stopped abruptly as a rebound

> hypertension can easily occur after using for just a

> month. Avoid using nifedipine. [Review JNC 7

> guidelines for BP at

> www.nhlbi.nih.gov/guidelines/hypertension/]

> b. Aspirin should be 325mg or 81mg if patient cant

> tolerate

> c. Consider look for possible secondary causes of

> hypertension

> i. Labs: CBC,

> ii. electrolytes, BUN, creatinine, urinanalysis

> (renal disease,)

> iii. CXR (rib notching suggests coartation)

> iv. EKG (LVH suggests long-standing hypertension)

>

> 3. Consider other causes of blurred vision and head

> ache: temporal arteritis, glaucoma, drugs

>

Joseph C. Kvedar, M.D.

Date: Tue, 12 Aug 2003 19:45:34 -0700 (PDT)
From: Rithy Chau <chaurithy@yahoo.com>
Subject: SHCH respopnse
To: dmr@media.mit.edu

Dear David and Montha,

I am writing a quick e-mail to you to inform that our e-mail system broke down this morning and we were unable to respond in time for you guys. I am outside at Internet Cafe now doing this. I will send a short note on each patient after this message. I hope you get this.

Thanks,

Rithy

Date: Tue, 12 Aug 2003 20:15:18 -0700 (PDT)
From: Rithy Chau <chaurithy@yahoo.com>
Subject: Robib TM in August
To: dmr@media.mit.edu
Cc: sihosp@online.com.kh, tmed1shch@online.com, gjacques@online.com.kh

Dear Montha and David,

Here are our replies to the cases you presented this

month:

Patient #1 Thorng Khun, 38F

We think the patient is clinically euthyroid but we need to rule out this problem. You can draw her blood to do a TSH and free T4 at SHCH. If her symptoms are tolerable without medications, this is better since she is pregnant. Wait for her TSH and free T4 before considering any medication. Her sx could have come from pregnancy itself. What you can give her is multivitamins with iron and folate (prenatal vitamins) taken qd with meal. Find out also what exactly happended at K Thom Hosp. and her lab results, etc.

Patient #2 Nget Soeun, 56M

Sounds like cirrhosis. Is/was he a heavy drinker? Go ahead and send him to K. Thom Hosp for work-up abd. US, CXR, and CBC and renal function with electrolytes, etc., and try to get info on him on your next return what they diagnose and treat him with--get copies of all lab and radiology results also.

Patient #3 Tho Chanthy, 36F

possible hyperthyroidism. can give propranolol 10 mg (lower dose due to HR=70) bid and ASA 300 or 500mg 1/4 po qd. Draw blood for TSH and free T4 at SHCH and send patient to K. Thom Hospital for EKG, CXR. Again get results on your return next month if you following her up.

Patient #4 Prom Muth, 63F

Possible sciatica problem. We agreed with treatment of ASA 500mg qid if no dyspepsia.

Patient #5 Prom Horn, 48F

Para 500mg 1-2 tab po qid prn for HA is fine.

Patient #6 Chhin Sam Onn, 20F

Is she pregnant? If not, can give Ofloxacine 200mg 2 tab po bid x 5d, TUM 1-2 tab chew tid or Cimetidine 400mg 1 po tid x 2months.

Patient #7 Ros Yany, 46F

If she was recorded before with high readings of BP, then she does have HTN. Can tx her with Propranolol 10mg bid (will help with her HA also), ASA 300 or 500mg 1/4 qd, and discontinue her Vantarel--she does not seem to have any heart problem.

Last comment, remember that all your reproductive age female patient need to be asked about possible preganancy because management of this patient group is quite diffeerent from non-preganat women.

Thanks,

Rithy Chau (as discussed with Dr. Jennifer and Dr.

Bunse of SHCH)

Follow up Report, Friday, 15 August 2003

Per e-mail advice of the physicians in Boston and Phnom Penh, the following patients from this month's clinic and several follow up case were given medication from the pharmacy in the village or medication that was donated by Sihanouk Hospital Center of Hope:

January 2003 Patient: SAO PHAL, female, 55 years old

January 2003 Patient: SOM THOL, male, 50 years old

October 2002 Patient: MUY VUN, male, 36 years old

October 2002 Patient: PEN VANNA, female, 38 years old

June 2003 Patient: SOM DEUM, female, 63 years old

August 2003 Patient #1: THORNG KHUN, female, 38 years old

August 2003 Patient #5: PROM HORN, female, 48 years old

August 2003 Patient #6: CHHIN SAM ONN, female, 20 years old

August 2003 Patient #7: ROS YANY, female, 46 years old

The following patient did not return to the follow up clinic in Robib so we could not provide her any advice:

August 2003 Patient #4: PROM MUTH, female, 63 years old

Transported to Kampong Thom Provincial Hospital on 13 August 2003 by the Telemedicine team:

August 2003 Patient #2: NGET SOEUN, male, 56 years old

August 2003 Patient #3: THO CHANTHY, female, 36 years old

Transported to Phnom Penh on 13 August 2003 by the Telemedicine team for a follow up appointment at Sihanhouk Hospital Center of Hope on 14 August:

April 2003 Patient: LENG HAK, male, 68 years old

Transport & lodging arranged for August 18th follow up appointment at Kantha Bhopa Children's Hospital in Phnom Penh:

June 2001 Patient: SENG SAN, female, 13-year-old child

Transport & lodging arranged for August 25th follow up appointment at Sihanouk Hospital Center of Hope in Phnom Penh:

September 2001 Patient: CHOURB CHORK, male, 28 years old

Transport & lodging arranged for August 27th follow up appointment at Calmette Cardiology Hospital in Phnom Penh:

February 2001 Patient: CHHEM LYNA, female, 3-year-old child

Transport & lodging arranged for September 1st follow up appointment at Sihanouk Hospital Center of Hope in Phnom Penh:

April 2003 Patient: PROM NORN, female, 52 years old

Transport & lodging arranged for September 5th appointment at Sihanouk Hospital Center of Hope in Phnom Penh:

February 2001 Patient: NOUNG KIM CHHANG, male, 48 years old

The next Telemedicine Clinic in Robib is scheduled for September 2 & 3, 2003.
