

Robib and Telemedicine



DANA-FARBER/PARTNERS
CANCERCARE

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HARVARD
MEDICAL SCHOOL

December 2001 Telemedicine Clinic in Robib

Report and photos submitted by David Robertson

Date: Tue, 25 Dec 2001 23:52:08 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Cambodia Telemedicine Clinic - 25 December 2001 text
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh
Cc: dmr@media.mit.edu, bernie@media.mit.edu, aafc@forum.org.kh

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

To: Telepartners & SHCH
Fr: David Robertson
25 December 2001

The following patients were examined by Sihanouk Hospital Center of Hope nurse Montha on December 25 at the local health clinic in Robib. We are looking for your e-mail advice and will discuss your reply with these patients in a follow up clinic that begins on Thursday, December 27 at 8:00am Cambodia time (8:00pm on December 26 in Boston.)

Any advice that could be sent before this time will be most helpful. We can transport the sickest patients to a hospital (Kampong Thom Provincial Hospital, or if necessary, other hospitals that are better equipped in the capital Phnom Penh,) but transport of patients or the purchase of any medicines is authorized only if a physician advises us to do so. We depart the village at 8:00am on Friday, December 28, and will check e-mail at the village school up until our departure. JPGs of the patients will follow in later messages.

Thank you again for your kind assistance and Happy

Holidays.

Best regards,

David

Telemedicine Clinic in Robib, Cambodia – 25 December 2001

Patient #1: SOM TOL, male, 48 years old, previous Telemedicine patient



Chief complaint: Chest pain, feeling numbness on the extremity, especially on both soles, passing urine very frequently.

BP: 90/60
Pulse: 84
Resp.: 20
Temp. : 36.5

Past history: Previous Telemedicine patient. Diabetic Type II. Stopped taking previously prescribed medication 20 days ago because he has no money.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, a little painful on epigastric area.

Bowel sound: positive

Skin: not pale, no rash, normal to touch
Limbs: numbness, no edema, and a wound - size 2 x 2 cm on the right knee.
Urinalysis: Glucose large, Urobilinogen: +
Weight: 51 kg
Assessment: **Diabetes Type II. Ischaemic Heart Disease? Peripheral neuropathy. Dyspepsia.**

Recommend: Should we refer him to Sihanouk Hospital Center of Hope (SHCH) in Phnom Penh for check-up? Check Lytes, urea, creatinine, EKG, chest x-ray. Suggesting SHCH because the patient's condition is worse than before and Kampong Thom Provincial Hospital can't do all the suggested blood tests.

Patient #2: CHAN YEN, female, 53 years old



Chief complaint: Epigastric pain, sometimes pass stool with blood and feels burning when passing urine on and off for 3 months. Has problem on anus about one year.

BP: 100/60
Pulse: 100
Resp.: 20
Temp. : 36.5
Weight: 37 kg

Past history: One year ago she had malaria but cured with modern medicine by medical doctor. Does not smoke or drink alcohol.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, a little painful on epigastric area.

Bowel sound: positive

Skin: not pale, no rash, warm to touch, no edema

Limbs: Normal

Rectal exam: no mass, no blood coming out

Urinalysis: Glucose: +, Protein: trace

Assessment: **Gastritis? Diabetes? Dyspepsia. Malnutrition.**

Recommend: Should we treat this patient in local area with antacid and vitamins?

Patient #3: Sok Noeun, female, 37 years old



Chief complaint: Headache, blurred vision, palpitations on and off for three months.

BP: 120/60
Pulse: 80
Resp.: 20
Temp. : 36.5

Past history: She used drug for hypertension for 20 days (BP 160/?) but doesn't remember name of medication.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender

Bowel sound: positive

Skin: not pale, no rash, warm to touch

Limbs: no edema, no pain

Assessment: Tension headache, mild hypertension by history?

Recommend: Should we treat her in the village for tension headache and observe BP for another month?

Patient #4: TUY DEN, female, 45 years old



Chief complaint: Palpitations, dizziness, shortness of breath on and off for one year. Frequency of urination and thirsty.

BP: 100/70
Pulse: 92
Resp.: 26
Temp. : 37

Past history: 20 years ago, she had malaria. During that time she was cured well by modern medicine.

Lungs: clear both sides

Heart: regular rhythm, a little murmur at apex, loud.

Abdomen: soft, flat, not tender

Bowel sound: positive

Skin: warm to touch, no rash, not pale

Limb: no edema, extremities not cold

Urinalysis: Glucose: ++, Bilirubine: +

Weight: 43 kg

Assessment: **Valvular heart disease? (Mitral Regurgitation and Mitral Stenosis?) Diabetic Type II?**

Recommend: Should we refer her to the hospital for some blood tests, lyte, urea, creat., EKG, heart ultrasound, chest X-ray?

Patient #5: SAM CHAM ROEUN, male, 4 years old



Chief complaint: Abdominal distention, rash all over the body, fever, nose bleeding, gum bleeding, pass stool with blood for 2 days.

BP: -
Pulse: 180
Resp.: 44
Temp. : 37.9

Past history: Unremarkable.

Lungs: clear both sides

Heart: regular rhythm, no murmur, but tachycardia

Abdomen: mild distention, soft, mild pain, and hepatomegaly, approx. 6cm

Bowel sound: positive

Skin: pale, purpura on both legs and both arms, but warm to touch

Limbs: no edema

Assessment: **Dengue fever. Anemia due to bleeding. Rule out typhoid fever. Rule out malaria.**

Recommend: Refer him to the hospital ASAP. I think this patient needs Oxygen and some blood tests quickly like CBC, Lyte, urea, creat, and abdominal ultrasound.

Update: Due to the serious nature of the child's condition, nurse Montha gave the boy a saline IV and we arranged immediate transport to Kampong Thom Provincial Hospital. No update yet on the child's condition but we may hear from the hospital as the Telemedicine project recently arranged e-mail access for this hospital.

Patient #6: CHAY CHANTHY, female, 38 years old

Chief complaint: Mass on the anterior neck, size about 3 x 2 cm, for three years. Palpitations and chest tightness on and off for three years, epigastric pain on and



off for about one month.

BP: 110/60

Pulse: 20

Resp.: 22

Temp. : 37

Past history: Unremarkable.

Lungs: clear both sides

Heart: regular rhythm, no murmur, tachycardia.

Abdomen: soft, flat, no mass, but a little pain on epigastric area.

Bowel sound: positive

Neck: Has one mass on anterior neck, size about 3 x 2 cm, mobile.

Limbs: normal

Assessment: Toxic goiter? Dyspepsia. Tachycardia.



Recommend: We should refer her to Sihanouk Hospital Center of Hope (SHCH) in Phnom Penh for some blood tests like TSH and T4. EKG and neck ultrasound.

Patient # 7: LAY SEUN, male, 34 years old

Chief complaint: Convulsions one time per month on and off during the last ten years.

BP: 120/60

Pulse: 84

Resp.: 20

Temp. : 36.5

Past history: Unremarkable

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, no pain

Bowel sound: positive

Skin: warm to touch, not pale, no edema

Limbs and joints: Normal

Assessment: Epilepsy?

Recommend: Should we refer him to the hospital for observation or see him again at the Telemedicine clinic next month?

Date: Wed, 26 Dec 2001 00:33:03 -0800 (PST)

From: David Robertson <davidrobertson1@yahoo.com>

Subject: Cambodia Telemedicine Clinic - October 2001

To: gumley@bigpond.com.kh

Cc: dmr@media.mit.edu, bernie@media.mit.edu, aafc@forum.org.kh,

[Jennifer Hines <sihosp@bigpond.com.kh>](mailto:sihosp@bigpond.com.kh)

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

Dear Dr. Gumley,

Nurse Montha asked if you would please take a look at the www.villageleap.com Telemedicine page that contains the October cases.

At www.villageleap.com, click on "Telemedicine," then at the bottom of that page, click on "October" for all text, photos, and the MGH replies. I believe you were in the USA and Dr. Hines was in Siem Reap and we did not get any replies from SHCH for the October patients. Telepartners/MGH did reply, but only for a few of the cases. All the October patients are asking us for followup. Even quick 2 or 3 line responses to the October cases would be most helpful

Best regards,

David

From: "Graham Gumley" <ggumley@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>, <JKVEDAR@PARTNERS.ORG>, <KKELLEHER@PARTNERS.ORG>, "Jennifer Hines" <sihosp@bigpond.com.kh>
Cc: <dmr@media.mit.edu>, <bernie@media.mit.edu>, <aafc@forum.org.kh>
Subject: RE: Cambodia Telemedicine Clinic - 25 December 2001 text
Date: Wed, 26 Dec 2001 21:49:23 +0700

Importance: Normal

Dear David and Montha,

Replies attached.

I will be away on the 27th and 28th.

Keep up the great work.

Graham

Dr. Graham J. Gumley Director, Sihanouk Hospital Center of HOPE 25 December 2001
Telemedicine Clinic reply #1.doc
Robib 11 Oct 01 rep;y 27-12.txt
Telemedicine Clinic in Robib, Cambodia – 25 December 2001

Patient #1: SOM TOL, male, 48 years old, previous Telemedicine patient

Chief complaint: Chest pain, feeling numbness on the extremity, especially on both soles, passing urine very frequently.

Assessment: Diabetes Type II. Ischaemic Heart Disease? Peripheral neuropathy. Dyspepsia.

Recommend: Should we refer him to Sihanouk Hospital Center of Hope (SHCH) in Phnom Penh for check-up? Check Lytes, urea, creatinine, EKG, chest x-ray. Suggesting SHCH because the patient's condition is worse than before and Kampong Thom Provincial Hospital can't do all the suggested blood tests.

SHCH Recommendation: Kampong Thom can do an ECG and Blood glucose. Most important to find a way to continue Diabetic medication and have glucose checked regularly. This is best done at Kampong Thom.

Patient #2: CHAN YEN, female, 53 years old

Chief complaint: Epigastric pain, sometimes pass stool with blood and feels burning when passing urine on and off for 3 months. Has problem on anus about one year.

Assessment: Gastritis? Diabetes? Dyspepsia. Malnutrition.

Recommend: Should we treat this patient in local area with antacid and vitamins?

SHCH Recommendation: Kampong Thom Hospital to check Blood glucose and examine abdomen. Begin antacid treatment.

Has there been much weight loss suggestive of Gastric cancer?

Patient #3: Sok Noeun, female, 37 years old

Chief complaint: Headache, blurred vision, palpitations on and off for three months.

Assessment: Tension headache, mild hypertension by history?

Recommend: Should we treat her in the village for tension headache and observe BP for another month?

SHCH Recommendation: Check her BP again 27-12. If normal, do a rough vision check ... if normal see next clinic for BP follow-up.

Patient #4: TUY DEN, female, 45 years old

Chief complaint: Palpitations, dizziness, shortness of breath on and off for one year. Frequency of urination and thirsty.

Assessment: Valvular heart disease? (Mitral Regurgitation and Mitral Stenosis?) Diabetic

Type II?

Recommend: Should we refer her to the hospital for some blood tests, lyte, urea, creat., EKG, heart ultrasound, chest X-ray?

Agree with above recommendation.

Patient #5: SAM CHAM ROEUN, male, 4 years old

Chief complaint: Abdominal distention, rash all over the body, fever, nose bleeding, gum bleeding, pass stool with blood for 2 days.

Assessment: Dengue fever. Anemia due to bleeding. Rule out typhoid fever. Rule out malaria.

Recommend: Refer him to the hospital ASAP. I think this patient needs Oxygen and some blood tests quickly like CBC, Lyte, urea, creat, and abdominal ultrasound.

Update: Due to the serious nature of the child's condition, nurse Montha gave the boy a saline IV and we arranged immediate transport to Kampong Thom Provincial Hospital. No update yet on the child's condition but we may hear from the hospital as the Telemedicine project recently arranged e-mail access for this hospital.

SHCH: Good call. Immediate action clearly required in such a case as this. Well done.

Patient #6: CHAY CHANTHY, female, 38 years old

Chief complaint: Mass on the anterior neck, size about 3 x 2 cm, for three years. Palpitations and chest tightness on and off for three years, epigastric pain on and off for about one month.

Assessment: Toxic goiter? Dyspepsia. Tachycardia.

Recommend: We should refer her to Sihanouk Hospital Center of Hope (SHCH) in Phnom Penh for some blood tests like TSH and T4. EKG and neck ultrasound.

SHCH Recommendation: Agree with recommended plan. Is the pulse really only 20 (Or is it 200 or 120??)

Patient # 7: LAY SEUN, male, 34 years old

Chief complaint: Convulsions one time per month on and off during the last ten years.

Assessment: Epilepsy?

Recommend: Should we refer him to the hospital for observation or see him again at the Telemedicine clinic next month?

SHCH Recommendation: Would require Medical review and initiation of anti convulsant medication. This is important, but not urgent given the length of the illness. Could go the Kampong Thom at a convenient time for initial evaluation.

Telemedicine Clinic in Robib, Cambodia 11 Oct. 2001

Patient # 1: YOU LOR, female, 64 years old

Chief complaint: Big and painful mass on the right side of the face, pain radiating to the whole face, for two years. Difficult to breath.

Assessment: Malignant facial tumor?

Recommend: Should we refer her to hospital for blood tests, x-ray, refer to surgeon? Or should we treat her in the village with painkillers? If treated in the village, please provide the name of the medication.

SHCH Recommendation: Need to now more about prior medical evaluations. Is there any record or x-rays? With 2 year history may not be malignant. Could refer to the ENT clinic at Norodom Sihanouk Hospital, where there is also an Oncology Unit.

Patient # 2: SAO CHHOEUN, male, 55 years old

Chief complaint: Headache, neck tender, blurred vision, on and off for three years.

Assessment: Tension headache, muscle pain.

Recommend: Should we treat him in the village with medication like Paracetamol or Aspirin?

SHCH Recommendation: Needs some vision check to assess this blurred vision ... real or apparent. How much is "on and off"?

Patient # 3: MEAK NATH, male, 37 years old
Chief complaint: Headache, weakness, mouth contractions sometimes for more than one year.
Assessment: Anemia secondary to malaria? Malaria? Dyspepsia. Peripheral neuropathy?
Tensionheadache. Recommend: Refer him to Kampong Thom Hospital for blood tests like CBC, malaria smear and complete neuro exam.

SHCH Recommendation: Agree with the above plan.

Patient # 4: THORNG BUNTHOEUNN, female, 14 years old
Chief complaint: Severe itching on the left side for one month.
Assessment: Scabies.
Recommend: Should we refer her to Kampong Thom Hospital to meet the dermatologist or should we try to treat her in the village by skin medication? If so, please give the name of the medication.

SHCH Recommendation: is it still itchy in December? If so should go the Kampong Thom hospital for assessment.

Patient # 5: SOR KIM SOEUN, male, 27 years old
Chief complaint: Epigastric pain radiating to upper back for three weeks. Stool with black color for three days.
Assessment: Dyspepsia. Gastritis? G.I. bleeding?
Recommend: Should we refer him to the hospital for some blood tests, abdominal ultrasound, and colo check? Or treat him in the village? Please give the name of the medication if you agree.

SHCH Recommendation: Should be referred to Kampong Thom hospital for evaluation.

Patient # 6: PROM NAN, female, 28 years old
Chief complaint: Epigastric pain, vomiting after every meal, on and off for three months.
Assessment: Dyspepsia.
Recommend: Should we treat her in the village? Please give me the name of the medication if you agree.

SHCH Recommendation: Use available antacid (Tums or Mylanta etc.)

Patient # 7: CHAN HAT, male, 43 years old

Chief complaint: Right elbow, shoulder, joint pain, on and off for one year. Epigastric pain on and off for one year.

Assessment: Dyspepsia? Right hand joint pain. Anxiety?

Recommend: Should we treat in the village? Please give me the name of the medication if you agree.

SHCH Recommendation: What is the shoulder movement like? If multiple joints are stiff and painful should go to Kampong Thom for x-rays (not urgent)

Patient # 8: SAIN SOK, male, 18 years old

Chief complaint: Headache and vertigo for three months.

Assessment: Tension headache. Vertigo Etio?

Recommend: Should we treat in the village? Please give me the name of the medication if you agree.

SHCH Recommendation: What is the situation in December? If dizziness still problem should be referred to Kampong Thom for evaluation.

Date: Wed, 26 Dec 2001 07:15:07 -0800 (PST)

From: David Robertson <davidrobertson1@yahoo.com>

Subject: Cambodia Telemedicine - 26 December 2001 - text

To: JKVEDAR@PARTNERS.ORG, kgere@PARTNERS.ORG,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh

Cc: dmr@media.mit.edu, bernie@media.mit.edu, aafc@forum.org.kh,
KKELLEHER@PARTNERS.ORG

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

To: Telepartners & SHCH

Fr: David Robertson

26 December 2001

The following patients were examined by Sihanouk Hospital Center of Hope nurse Montha on December 26th at the local health clinic in Robib. We are looking for your e-mail advice and will discuss your reply with these patients in the follow up clinic for the 26 December patients that begins on Thursday, December 27 at 2:00pm Cambodia time (2:00am on December 27 in Boston.)

Any advice that could be sent before this time will be most helpful but advice that arrives later can be relayed to the local clinic via the village's internet connection and school teachers. We can transport the sickest patients to a hospital (Kampong Thom Provincial Hospital, or if necessary, other hospitals that are better equipped in the capital Phnom Penh,) but transport of patients or the purchase of any medicines is authorized only if a physician advises us to do so. We depart the village at 8:00am on Friday, December 28, and will check e-mail at the village school up until our departure. JPGs will have to follow later as the generator is having problems and we are almost out of electricity tonight.

Thank you again for your kind assistance and Happy

Holidays.

Best regards,

David

Telemedicine Clinic in Robib, Cambodia 26 December, 2001

Patient #1: NHEM TEN, male, 69 years old (monk)



Chief complaint: Nose tightness, sometimes difficult to breath on and off for six years.

BP: 120/80

Pulse: 88

Resp.: 24

Temp. : 36.5



Past history: In 1975 he had nose surgery (removed nasal polyp.)

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, no pain.

Bowel sound: positive

Nose: has a white mass in the left nostril but no pain

Skin: not pale, no rash, warm to touch

Assessment: Nasal polyp. Chronic sinusitis?

Recommend: Should we refer him to an ear, nose and throat doctor for evaluation?

Patient #2: PROM NAVY, female, 55 years old



Chief complaint: Mass on anterior neck, size about 7 x 5 cm, for ten years, sometimes difficult to swallow.

BP: 130/60

Pulse: 96

Resp.: 20

Temp. : 36.5

Past history: Got malaria three times, the last time about three years ago.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, no pain.

Bowel sound: positive

Skin: not pale, no rash, warm to touch

Limbs: Normal

Neck: has a mass, size 7 x 5 cm, mobile

Assessment: Simple goiter.

Recommend: Should we refer this patient to Sihanouk Hospital Center of Hope (SHCH) in Phnom Penh for some blood tests like TSH and T4?

Patient #3: PRANG CHIN, male, 77 years old (monk)



Chief complaint: sore throat, sometimes hoarseness, on and off for five months.

BP: 130/60

Pulse: 84

Resp.: 20

Temp. : 37.4

Past history: Unremarkable
Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: soft, flat, not tender, no pain
Bowel sound: positive
Skin: not pale, no rash, warm to touch
Limbs: no pain, not swollen
Neck: No lymph node, no hyperthyroidism
Throat: mild red and has a few white plaques on tonsil.

Urinalysis: Normal

Assessment: Chronic pharyngitis.

Recommend: Should we cover him with antibiotics here in the village or refer him to the hospital for throat culture and any blood tests? If you agree to cover him with antibiotics, please let me know the name of the medication.

Patient #4: YOEUN SOVY, male, 7 years old



Chief complaint: Palpitations, dizziness, shortness of breath on and off for one year. Frequency of urination and thirsty.

BP: -

Pulse: 86

Resp.: 20

Temp. : 36.5

Past history: Unremarkable.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender

Skin: has dark spots all over the body and itchy on the spots. Not pale and warm to touch.

Assessment: Scabies? Terna?

Recommend: I really don't have expertise in this area. Should we refer him to a dermatologist or is there a medication we could try treating him with in the village?

Patient #5: CHHAM PHAM, female, 31 years old previous Telemedicine patient



Chief complaint: Has a small wound under the right eye and has pus oozing or coming out on an off for seven years.

BP: 120/60

Pulse: 80

Resp.: 20

Temp. : 36.5



Past history: This patient was referred to Kampong

Thom Hospital during a previous Telemedicine clinic. The doctors there did x-ray of the face, gave her some oral medicine, then sent her home. But she is not better, pus is still coming out of the wound. Seven years ago she was shot and the bullet injured her face. At that time, she was admitted to Preah Vihear Provincial Hospital for two months.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender

Bowel sound: positive

Skin: warm to touch, not pale, not itchy

Limbs: normal

Assessment: Chronic wound under the right eye, complicated by possible TB? Osteomyelitis?

Recommend: Should we refer this patient to Sihanouk Hospital Center of Hope (SHCH) in Phnom Penh for reevaluation and tests like x-ray? Take pus and do culture and some blood tests.

Patient #6: YIN HUN, female, 66 years old



Chief complaint: Headache, dizziness, palpitation, neck tender for four days.

BP: 170/70

Pulse: 90

Resp.: 22

Temp. : 37

Past history: She knows she had hypertension about three years ago (BP 200/?) and used nifedipine on and off, for 3 years?

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, no pain

Bowel sound: positive

Skin: warm to touch, no rash and not pale

Limbs: normal

Assessment: Mild hypertension.

Recommend: Should refer her to Kampong Thom Provincial Hospital for some blood tests like bun., lyte, creat., and an EKG.

From: "Gere, Katherine F." <KGERE@PARTNERS.ORG>

To: "dmr@media.mit.edu" <dmr@media.mit.edu>

Cc: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>

Subject: FW: Cambodia case # 2

Date: Wed, 26 Dec 2001 14:11:31 -0500

-----Original Message-----

From: Smulders-Meyer, Olga, M.D.

Sent: Wednesday, December 26, 2001 1:58 PM

To: Gere, Katherine F.

Subject: RE: Cambodia case # 2

Yes, it is probably best to refer her to check a TSH. Her heartrate is quite high and she might be hyperthyroid. Also, since the mass with her swallowing it might be prudent to get an ultrasound of the thyroid to assess for obstruction.

-----Original Message-----

From: Gere, Katherine F.

Sent: Wednesday, December 26, 2001 1:00 PM

To: Smulders-Meyer, Olga, M.D.

Subject: Cambodia case # 2

Patient #2: PROM NAVY, female, 55 years old

Chief complaint: Mass on anterior neck, size about 7 x 5 cm, for ten years, sometimes difficult to swallow.

From: "Gere, Katherine F." <KGERE@PARTNERS.ORG>

To: "dmr@media.mit.edu" <dmr@media.mit.edu>
Cc: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
Subject: FW: Cambodia Case #5
Date: Wed, 26 Dec 2001 14:12:48 -0500

-----Original Message-----

From: Smulders-Meyer, Olga,M.D.
Sent: Wednesday, December 26, 2001 2:07 PM
To: Gere, Katherine F.

Subject: RE: Cambodia Case #5

She needs a catscan of the bony structure surrounding the affected side of her face, to rule out retained parts of a bullet or foreign material near the problematic site. Something is in there which is keeping the infection active. This area may need surgical exploration to clear it up thoroughly, so a referral to an ophthalmologist would be veryhelpful. In the meantime, I would culture the purulent discharge, so you will know the main bacteria involved. Just giving her antibiotics will not clear up this infection. One needs to find the root, probably hidden cause of this problem, most likely through surgical exploration and imaging.l

-----Original Message-----

From: Gere, Katherine F.
Sent: Wednesday, December 26, 2001 1:01 PM
To: Smulders-Meyer, Olga,M.D.
Subject: Cambodia Case #5
Patient #5: CHHAM PHAM, female, 31 years old
previous Telemedicine patient
Chief complaint: Has a small wound under the right eye and has pus oozing or coming out on an off for seven years.

From: "Gere, Katherine F." <KGERE@PARTNERS.ORG>
To: "dmr@media.mit.edu" <dmr@media.mit.edu>
Cc: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>

Subject: FW: Cambodia Case #6
Date: Wed, 26 Dec 2001 14:46:05 -0500

-----Original Message-----

From: Smulders-Meyer, Olga,M.D.
Sent: Wednesday, December 26, 2001 2:42 PM
To: Gere, Katherine F.
Subject:RE: Cambodia Case #6

She is tachycardic and hypertensive and her dizziness is most likely related to that. I would start her on either low dose betablocker or low dose Calcium chaneel blocker. Agree with checking renal function, lytes, and EKG Her thyroid is tender. She needs a TSH, and T4, and a good thyroid exam to rule out thyroid nodules.

-----Original Message-----

From: Gere, Katherine F.
Sent: Wednesday, December 26, 2001 1:02 PM
To: Smulders-Meyer, Olga,M.D.
Subject: Cambodia Case #6

Patient #6: YIN HUN, female, 66 years old
Chief complaint: Headache, dizziness, palpitation, neck tender for four days

From: "Gere, Katherine F." <KGERE@PARTNERS.ORG>
To: "dmr@media.mit.edu" <dmr@media.mit.edu>
Cc: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
Subject: FW: Cambodia Case #3
Date: Wed, 26 Dec 2001 16:01:06 -0500

-----Original Message-----

From: Guiney, Timothy E.,M.D.
Sent: Wednesday, December 26, 2001 3:41 PM
To: Gere, Katherine F.
Subject: RE: Cambodia Case #3
It would be helpful to know the character of the headache:
steady or pounding,increasing in severity or stable,associated with menses or not.Is the blurring
of vision present constantly or just when headache is present? Has she had any simple tests of
visual acuity? BP at the moment seems OK.If she is not presently having visual blurring and the
headache is quiescent,I think she could be followed locally in the village with symptomatic
treatment for the headache such as aspirin or acetaminophen [Guiney, Timothy E.,M.D.] .

From: Gere, Katherine F.
Sent: Wednesday, December 26, 2001 12:17 PM
To: Guiney, Timothy E.,M.D.
Subject: Cambodia Case #3

Patient #3: Sok Noeun, female, 37 years old
Chief complaint: Headache, blurred vision, palpitations on and off for three months.

From: "Gere, Katherine F." <KGERE@PARTNERS.ORG>
To: "dmr@media.mit.edu" <dmr@media.mit.edu>
Cc: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
Subject: FW: Cambodia Case #6
Date: Wed, 26 Dec 2001 16:02:19 -0500

-----Original Message-----

From: Guiney, Timothy E.,M.D.
Sent: Wednesday, December 26, 2001 3:52 PM
To: Gere, Katherine F.
Subject: RE: Cambodia Case #6

Agree that it is difficult to assess palpitations without an EKG or Holter monitor.Absent
evidence on examination of structural cardiac problems(heart murmur,cardiac
enlargement,rhythm abnormalities or hypertension),there is little likelihood of a serious cardiac
problem. I would suggest concentrating on the neck, and pursuing the evaluation you've
outlined.The mass will probably require excisional biopsy.

-----Original Message-----

From: Gere, Katherine F.
Sent: Wednesday, December 26, 2001 12:18 PM
To: Guiney, Timothy E., M.D.
Subject: Cambodia Case #6
Patient #6: CHAY CHANTHY, female, 38 years old
Chief complaint: Mass on the anterior neck, size about 3 x 2 cm, for three years.

Palpitations

and chest tightness on and off for three years, epigastric pain on and off for about one month.

From: "Gere, Katherine F." <KGERE@PARTNERS.ORG>
To: "dmr@media.mit.edu" <dmr@media.mit.edu>

Cc: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
Subject: FW: Cambodia Case #1
Date: Wed, 26 Dec 2001 17:18:59 -0500

-----Original Message-----

From: nicolas_busaba@meei.harvard.edu [mailto:nicolas_busaba@meei.harvard.edu]
Sent: Wednesday, December 26, 2001 5:27 PM
To: Gere, Katherine F.
Subject: RE: Cambodia Case #1

Based on the medical history, patient has nasal blockage that may be caused by the white nasal mass noted on physical examination. The mass may be recurrent nasal polyps. However, it may also represent nasal neoplasms (malignant or benign). I certainly recommend referral to an Otolaryngologist (Ear Nose and Throat Specialist) for evaluation and possible need for biopsy to rule out neoplasm.

Thank you for the consultation. Please feel free to contact me if you need further assistance.

Nicolas Busaba, MD

Department of Otolaryngology

Massachusetts Eye and Ear Infirmary

-----Original Message-----

From: Gere, Katherine F. [SMTP:KGERE@PARTNERS.ORG]
Sent: Wednesday, December 26, 2001 2:07 PM
To: 'nicolas_busaba@meei.harvard.edu'
Subject: Cambodia Case #1

Thank you for reviewing this case for us. Patient #1: NHEM TEN, male, 69 years old (monk)
Chief complaint: Nose tightness, sometimes difficult to breath on and off for six years.

From: "Gere, Katherine F." <KGERE@PARTNERS.ORG>
To: "dmr@media.mit.edu" <dmr@media.mit.edu>
Cc: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>

Subject: FW: Cambodia Case #3
Date: Wed, 26 Dec 2001 17:26:52 -0500

-----Original Message-----

From: nicolas_busaba@meei.harvard.edu [mailto:nicolas_busaba@meei.harvard.edu]
Sent: Wednesday, December 26, 2001 5:33 PM
To: Gere, Katherine F.
Subject: RE: Cambodia Case #3

Based on the history, the patient complains of intermittent sore throat of 5 months duration, not associated with fever. He also complains of intermittent hoarseness. The clinical picture is strongly suggestive of gastroesophageal/laryngopharyngeal reflux. I recommend empiric treatment with H-2 blockers for PPI (proton pump inhibitors) for 6 weeks with diet changes to control reflux (avoid caffeine; avoid spicy, fatty, and fried foods; avoid snacks/eating for 2-3 hours before bedtime). He will need referral to an Otolaryngologist if symptoms persisted after 6 weeks of the above regimen. I do not recommend covering him with antibiotics based on the provided medical information.

Thank you for the consultation. Please feel free to contact me if you need further assistance.

Nicolas Busaba, MD

Department of Otolaryngology

Massachusetts Eye and Ear Infirmary.

-----Original Message-----

From: Gere, Katherine F. [[SMTP:KGERE@PARTNERS.ORG](mailto:KGERE@PARTNERS.ORG)]

Sent: Wednesday, December 26, 2001 2:09 PM

To: 'nicolas_busaba@meei.harvard.edu'

Subject: Cambodia Case #3

Patient #3: PRANG CHIN, male, 77 years old (monk)

Chief complaint: sore throat, sometimes hoarseness, on and off for five months.

From: "sihosp" <sihosp@bigpond.com.kh>

To: <dmr@media.mit.edu>

Subject: More Replies for Telemedicine from SHCH-Dr. Jennifer Hines

Date: Thu, 27 Dec 2001 09:26:58 +0700

Hi David:

Graham Gumley is out of town today, so I am happy to respond to these patients that have been presented.

Patient #1: NHEM TEN with the nasal mass for several years.

This could be recurrent polyps and if he is so symptomatic, he could be sent for ENT evaluation at the area ENT hospital here in Phnom Penh. He is not in distress or has an acute problem, so he could be referred as can be arranged.

Patient #2: PROM NAVY with chronic mass on the anterior neck.

Does she have signs of hyperthyroidism or hypothyroidism on assessment? Has her mass grown over time? How quickly? On exam, you say that the mass is mobile and without lymphadenopathy. The question here is whether she is having compression of the neck by this mass, which we are assuming is a goiter and whether she is fit for surgery to have it removed. This lady could be sent here for evaluation to SHCH, again, in a non-emergent way.

Patient #3: PRANG CHIN, the monk with the recurrent sore throat. The exam could reflect recurrent pharyngitis or a chronic, recurrent sinusitis with drainage into the throat. I would first try antibiotics like amoxicillin 500mg three times a day for 14 days and then reassess next month. He should be drinking a lot of fluids and hopefully, he does not smoke.

Patient #4: YOEU SOVY, the 7 year old boy with the intermittent symptoms over one year. I would like to know if he has had weight loss in the setting of a great appetite and whether he has had infections in the past. The lesions could be tenia and I suspect that he would have to be ruled out for diabetes mellitus. I would refer him to Kantha Bopha Hospital.

Patient #5: CHHAM PHAM, the woman with the oozing facial wound. It is very characteristic that TB of the bone occurs at a place of trauma. It would be important to use good wound care, culture, gram stain and AFB smear of the pus (what color is it?) This AFB smear and gram stain could be sent to Kg. Thom Hospital and their lab should be able to look at it and give an idea. A CXR would also be helpful to find other sites of possible TB.

Patient #6: YIN HUN, the older woman with what looks like systolic HTN. As Montha is aware, many patients are treated in the government hospitals, but then have to buy their own medicines on the outside because the government will not supply chronic drugs. I suspect that this is the case for this woman. Nifedipine is famous for rebound hypertension if stopped abruptly, so I would suggest getting an EKG and electrolytes, BUN and CR (Kg. Thom?) and give the patient propranolol 10mg twice a day or HCTZ 25mg once a day. The problem will be chronic follow up and the patient must be educated that if she can buy her medicines and can find a private doctor in the area that that will help her condition. She must stay on medicines daily to give the drugs that best chance of stabilizing her condition.

Follow up report on 27 December 2001:

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

transported on 27 December to Kampong Thom Provincial Hospital:

- **Patient LAY SEUN**, male, 34 years old, December Telemedicine patient
- **Patient SOM TOL**, male, 48 years old, previous and also a December Telemedicine patient
- **Patient CHHAM PHAM**, female, 31 years old, previous and also a December Telemedicine patient
- **Patient SAM CHAM ROEUN**, male, 4 year old child, December Telemedicine patient.

This child was rushed to Kampong Thom Hospital evening of 25 December. Dengue fever was ruled out, blood tests suggested leukemia, and the child was to be transferred to Kantha Bopha Children's Hospital in Phnom Penh on either 27 or 28 December.

transported on 27 December 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



The first patient of the Telemedicine program from February, 2001, Chhem Lyna had her TB successfully treated by Kantha Bhopa Children's Hospital. The child was also born with a heart defect. At the new cardiology center located at Calmette Hospital in Phnom Penh (where she was the first child in all of Cambodia to be seen by French and Cambodian cardiologists at the new facility,) after several months of hospital visits for tests, it's been determined that it would be too dangerous to operate on her heart at this time. The cardiologists were very willing to perform a free operation if her condition allowed but feel the best course of action is to continue with heart medication for now.

transported on 27 December to Sihanouk Hospital Center of Hope in Phnom Penh:

- **Patient NOUNG KIM CHHANG**, male, 45 years old, previous Telemedicine patient (February 2001,) for medical check-up and refill of heart medication
- **Patient CHAY CHANTHY**, female, 38 years old, December Telemedicine patient
- **Patient CHIM NEANG**, female, 40 years old, previous Telemedicine patient, for medical check-up and refill of heart medication

transported on 27 December to Ang Doun Hospital in Phnom Penh:

- **Patient NHEM TEN**, male, 69 years old (monk,) December Telemedicine patient

transport arranged for 7 January to Phnom Penh (all 4 patients are from the same family):

- **Patient PROM CHHIM**, male, 64 years old, previous Telemedicine patient
for medical check-up and refill of medication at SHCH
- **Patient PHIM SICCHIN**, female, 35 years old, previous Telemedicine patient
for medical check-up and refill of medication at SHCH
- **Patient PHIM SOPHAN**, male, 14 years old, previous Telemedicine patient
for medical check-up and refill of medication at Calmette Hospital Cardiology Center
- **Patient YIM HUN**, female, 66 years old, December Telemedicine patient

transport arranged for 13 January to Phnom Penh:

- **Patient PHENG ROEUNG**, female, 56 years old, previous Telemedicine patient
for medical check-up and refill of medication at SHCH

transport arranged for 22 January to Phnom Penh:

- **Patient TEAM SOKONG**, female, 33 years old, previous Telemedicine patient
for medical check-up and refill of medication at SHCH



Monk Nhem Ten recuperating on January 3, 2002 in his room at Ang Doun Hospital following nasal surgery. After a few days, he recovered well from the removal of his nasal polyp. Before departing Phnom Penh, Nhem Ten visited Sihanouk Hospital Center of Hope for a check up, then returned home to resume his duties as chief monk in the pagoda at Robib village.