

# **Robib *Telemedicine* Clinic**

## **Preah Vihear Province**

### **D E C E M B E R 2 0 1 2**

**Report and photos compiled by Rithy Chau and Peng Sovann, SHCH Telemedicine**

On Monday, December 3, 2012, SHCH staffs Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), December 4 & 5, 2012, the Robib TM Clinic opened to receive the patients for evaluations. There were 5 new cases and 1 follow up case seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM CCH/MGH in Boston and Phnom Penh on Wednesday and Thursday, December 5 & 6, 2012.

On Thursday, replies from SHCH in Phnom Penh and CCH/MGH Telemedicine in Boston were downloaded. Per advice from Boston, SHCH, Nurse Sovann managed and treated the patients accordingly. There were also patients who came for brief consult and refills of medications. Finally, the data of the patient concerning final diagnosis and treatment/management would then be transcribed and transmitted to Nurse Sovann Peng at SHCH who compiled and sent for website publishing.

**The followings detail e-mails and replies to the medical inquiries communicated between Robib TM Clinic and their TM CCH/MGH in Phnom Penh and Boston:**

**From:** [Robibtelemed](#)

**To:** [Rithy Chau](#) ; [Kruy Lim](#) ; [Cornelia Haener](#) ; [Kathy Fiamma](#) ; [Joseph Kvedar](#) ; [Paul Heinzelmann](#)

**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#) ; [Savooun Chhun](#) ; [Robib School 1](#)

**Sent:** Friday, November 23, 2012 10:56 AM

**Subject:** Schedule for Robib Telemedicine Clinic December 2012

Dear all,

I would like to inform you that Robib TM Clinic for December 2012 will be starting on December 3 to 7, 2012.

The agenda for the trip is as following:

1. On Monday December 3, 2012, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday December 4, 2012, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as the word file then sent to both partners in Boston and Phnom Penh.
3. On Wednesday December 5, 2012, the activity is the same as on Tuesday
4. On Thursday December 6, 2012, download all the answers replied from both partners then treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday December 7, 2012, Draw blood from patients for lab test at SHCH then come back to Phnom Penh.

Thank you very much for your cooperation and support in the project.

Best regards,  
Sovann

**From:** [Robibtelemed](#)

**To:** [Cornelia Haener](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)

**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

**Sent:** Tuesday, December 04, 2012 3:01 PM

**Subject:** Robib TM Clinic December 2012, Case#1, Horn Him, 23M

Dear all,

Tere are two new cases and one follow case for first day of Robib TM clinic December 2012. This is case number 1, Horn Him, 23M and photos.

Best regards,  
Sovann

## Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

### History and Physical



**Name/Age/Sex/Village:** Horn Him, 23M (O Por Village)

**Chief Complaint (CC):** Left groin lump x 1w

**History of Present Illness (HPI):** 23M, farmer, presented with a small lump on the left groin with mild pain, no fever. A few days after, he has had increased pain, erythema and swelling of lump. He got treatment with application on the lump with traditional medicine but seem not better. He denied of trauma, insect bite, lymph node palpable.

**Past Medical History (PMH):** Unremarkable

**Family History:** None

**Social History:** No cig smoking, casually EtOH

**Current Medications:** Traditional medicine application on the lump

**Allergies:** NKDA

**Review of Systems (ROS):** Unremarkable

**PE:**

**Vitals:** BP: 100/59 P: 70 R: 20 T: 37°C Wt: 49Kg

**General:** Stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement, no lymph node palpable

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, no murmur



**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no surgical scar

**Extremity/Skin:** No legs edema, no lesion/rashes, (+) dorsalis pedis and posterior tibial pulse

**Left groin:** lump about 2 x 2cm, swelling, erythema, tender and central fluctuation with discharge

**MS/Neuro:** MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

**Lab/study:** None

**Assessment:**

1. Left groin skin abscess

**Plan:**

1. Ibuprofen 200mg 2t po tid for 5d
2. Erythromycin 500mg 1t po bid for 1w
3. Warmth compression on the lump

**Labs available locally:** Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants:** Do you agree with my assessment and plan?

**Examined by:** Nurse Sovann Peng

**Date:** December 4, 2012

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [chaurithy](mailto:chaurithy)

**To:** '[Robibtelemed](mailto:Robibtelemed)'

**Cc:** '[Cornelia Haener](mailto:Cornelia Haener)'; '[Kruy Lim](mailto:Kruy Lim)'

**Sent:** Wednesday, December 05, 2012 9:27 AM

**Subject:** RE: Robib TM Clinic December 2012, Case#1, Horn Him, 23M

Dear Sovann,

Thanks for the cases this month.

I agree with your assessment, but since the abscess erupted already, there is no need for Abx since no lymphadenopathy or fever. Frequent warm compression will help the wound to be expressed quicker and Ibuprofen 600mg tid for 3-5d then prn will be enough. Clean dressing daily will help to heal better also and ask him to stop applying traditional medicine (since the herb prep sometimes made with dirty utensil or even chewed by mouth). Educate him on healthy living with good hygiene and hand wash will help him a long way for other problems in the future.

Thanks,  
Rithy

## Rithy Chau, MPH, MHS, PA-C

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Sihanouk Hospital Center of HOPE

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**From:** [Cornelia Haener](#)

**To:** '[Robibtelemed](#)'; '[Rithy Chau](#)'; '[Kruy Lim](#)'; '[Kathy Fiamma](#)'; '[Paul Heinzelmann](#)'; '[Joseph Kvedar](#)'

**Cc:** '[Bernie Krisher](#)'; '[Thero So Nourn](#)'; '[Laurie & Ed Bachrach](#)'

**Sent:** Wednesday, December 05, 2012 2:05 PM

**Subject:** RE: Robib TM Clinic December 2012, Case#1, Horn Him, 23M

Dear Sovann,

Thanks for submitting this case. Best to refer to Kg Thom RH for I&D,

Thanks

Cornelia

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**From:** [Robibtelemed](#)

**To:** [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Cornelia Haener](#)

**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

**Sent:** Tuesday, December 04, 2012 3:03 PM

**Subject:** Robib TM Clinic December 2012, Case#2, Prum Y, 40F

Dear all,

This is case number 2, Prum Y, 40F and photos.

Best regards,  
Sovann

## Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

### History and Physical



**Name/Age/Sex/Village:** Prum Y, 40F (Taing Treuk Village)

**Chief Complaint (CC):** Right armpit lump x 2 weeks

**History of Present Illness (HPI):** 40F, farmer, presented with a small lump on right armpit, mild pain and in several days, she noticed it became bigger, moderate pain, erythema without fluctuation and fever. She got treatment with Ampicillin 500mg 1t bid for one day. She denied of trauma, insect bite.

**Past Medical History (PMH):** Unremarkable

**Family History:** Mother with HTN

**Social History:** No cig smoking, no tobacco chewing, no EtOH

**Current Medications:**

Ampicillin 500mg 1t bid for one day

**Allergies:** NKDA

**Review of Systems (ROS):** Unremarkable

**PE:**

**Vital sign:** BP: 131/79 P: 69 R: 20 T: 37°C Wt: 43Kg

**General:** Stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement, no lymph node palpable

Right armpit: lump about 2 x 2cm, mild tender, no fluctuation, no swelling, no erythema, no lymph node palpable

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no surgical scar

**Extremity/Skin:** No legs edema, no lesion/rashes, (+) dorsalis pedis and posterior tibial pulse

**MS/Neuro:** MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

**Lab/study:** None

**Assessment:**

1. Right armpit skin abscess

**Plan:**

1. Ibuprofen 200mg 2t po tid
2. Erythromycin 500mg 1t po bid for one week
3. Warmth compression on the lump

**Labs available locally:** Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants:** Do you agree with my assessment and plan?

**Examined by:** Nurse Sovann Peng

**Date:** December 4, 2012

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [chaurithy](#)  
**To:** 'Robibtelemed'  
**Cc:** 'Kruy Lim' ; 'Cornelia Haener'  
**Sent:** Wednesday, December 05, 2012 9:37 AM  
**Subject:** RE: Robib TM Clinic December 2012, Case#2, Prum Y, 40F

Dear Sovann,

I agree with your assessment.

Again, concerning management of abscess, you do not need Abx if no signs of systemic problem such as fever and lymphadenopathy. This may be an early development of abscess which may result in pus collection in the near future. In any case, giving Abx tx may even prolong the healing process if a patient has no fever or LN swelling. NSAIDs and freq. warm compress should be the standard of care for this kind of problem. Once the abscess erupted, then she needs to apply sterile dressing daily to help heal faster.

As for Abx use with abscess, I prefer Augmentin or Cloxacillin or Cephalexin. But no need in this case.

Thanks,  
Rithy

**Rithy Chau, MPH, MHS, PA-C**

Director Telemedicine/EHC Officer  
Sihanouk Hospital Center of HOPE

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**From:** [Cornelia Haener](#)  
**To:** 'Robibtelemed' ; 'Rithy Chau' ; 'Kruy Lim' ; 'Kathy Fiamma' ; 'Paul Heinzelmann' ; 'Joseph Kvedar'  
**Cc:** 'Bernie Krisher' ; 'Thero So Nourn' ; 'Laurie & Ed Bachrach'  
**Sent:** Wednesday, December 05, 2012 2:03 PM  
**Subject:** RE: Robib TM Clinic December 2012, Case#2, Prum Y, 40F

Dear Sovann,

Thanks for submitting this case. It looks like this abscess needs a small I&D.

Regards  
Cornelia

**From:** [Smulders-Meyer, Olga,M.D.](#)  
**To:** [Fiamma, Kathleen M.](#)  
**Cc:** '[robibtelemed@gmail.com](mailto:robibtelemed@gmail.com)' ; '[rithychau@sihosp.org](mailto:rithychau@sihosp.org)'  
**Sent:** Thursday, December 06, 2012 3:24 AM  
**Subject:** RE: Robib TM Clinic December 2012, Case#2, Prum Y, 40F

Dear Sovann Peng,

I think your diagnosis is correct. It seems that Mrs.. Prum has a superficial cystic lesion that has become infected. There are sebaceous glands in the axilla and at times they can become infected. Patients then develop swelling that is

acutely painful. Usually all you need to do it so make sure these lesions come to a head, break open and drain the pus. It is a focal infection, not a systemic one, so normally we do not use antibiotics. If the lesion does not drain spontaneously, you can apply slightly wet compresses for 12-24 hours to that area, which promotes drainage. Sometimes, if you feel the fluctuance in the swelling you can put a little subcutaneous lidocaine in the area and incise the lesion just 1 cm and then the pus can drain even better and the pain will be virtually gone immediately as the pressure is gone.

I would also do a good physical examination on her and check for lymph nodes in neck and do a thorough breast examination. You don't want to miss a breast cancer that has a metastasis to the axilla. Usually these are not tender though. But the fact that it is tender very much indicates an inflammatory/infectious process. I would stop the Amoxicillin, as it will not really help her.

Opening up these lesions with a simple surgical blade can just bring immediate relief to the area. You do not need a suture after cutting the skin over a 1cm area. It will heal well on its own.

Hope this is helpful to you.

Sincerely Yours,

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**From:** [Robibtelemed](#)

**To:** [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#)

**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

**Sent:** Tuesday, December 04, 2012 3:13 PM

**Subject:** Robib TM Clinic December 2012, Case#3, Chan Oeung, 64M

Dear all,

This is the last case of Robib TM Clinic December 2012, Chan Oeung, 64M (follow up case) and photos. Please wait for other cases which will be sent to you tomorrow.

Thank you very much for your cooperation and support in this project.

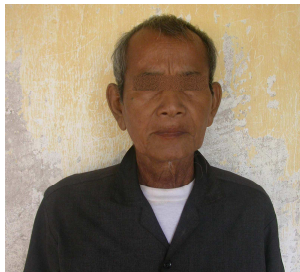
Best regards,  
Sovann

## Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

### SOAP Note



**Name/Age/Sex/Village:** Chan Oeung, 64M (Sangke Roang Village)

**Subject:** 64M with diagnosis of Osteoarthritis, Gouty arthritis (Uric acid: 639), and renal insufficiency (Creat: 170) and got treatment with Pacetamol 500mg 1t po qid prn and Allopurinol 100mg 2t qd (He didn't take Allopurinol regularly because he was not afford to buy this medicine). In November 2012, he didn't come

for follow up and we went to check him at home and found out that he had acute attack of severe joint pain, stiffness, swelling and erythema of hand and feet joints so he was treated with Ibuprofen 200mg 3t tid, Paractemol 500mg 1-2t po qid prn. Now he became a bit better with less pain, swelling and erythema but still stiffness.





**Medication:**

- 1. Ibuprofen 200mg 3t po tid
- 2. Paracetamol 500mg 1-2t po qid prn
- 3. Allopurenol 100mg 2t qd (not regularly taking)

**Allergies:** NKDA

**Objective:**

**PE:**

**Vital sign: BP: 140/63 P: 92 R: 20 T: 37°C Wt: 50Kg O2sat:100%**

**General:** Look sick

**HEENT:** No oropharyngeal lesion, mild pale conjunctiva, no neck mass, no lymph node palpable, no JVD

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no abd bruit

**Extremity/Skin:** Stiffness and tender on PIP, MCP, Wrist, bit toe, ankle and knee; mild stiff and Limited range of motion



**Lab/study:**

Lab result on May 2011 range	September 2012	Normal
Creat =256	Creat: 170,	[53 - 97]
U Acid =714	Uric Acid: 639	[200 - 420]



**Assessment:**

- 1. Osteoarthritis
- 2. Gouty arthritis
- 3. Renal insufficiency

**Plan:**

- 1. Allopurenol 100mg 2t po qd for one month
- 2. Ibuprofen 200mg 3t po tid
- 3. Paracetamol 500mg 1-2t po qid prn
- 4. Draw blood for CBC, Lyte, BUN, Creat, Uric acid at SHCH



**Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test**

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: December 4, 2012**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [chaurithy](#)  
**To:** 'Robibtelemed'  
**Cc:** 'Kruy Lim' ; [rithyakhun@sihosp.org](mailto:rithyakhun@sihosp.org)  
**Sent:** Wednesday, December 05, 2012 10:38 AM  
**Subject:** RE: Robib TM Clinic December 2012, Case#3, Chan Oeung, 64M

Dear Sovann,

I think this was the patient we met when we visited him and his wife at home last month.

Were you able to request some Allopurinol from our hospital or was it not available? For his attack, you can try prednisolone 1mg/kg body wt for 2 weeks and taper him off by half dosage every 2 weeks and hold off NSAIDs. Also, you can increase his Allopurinol dosage to 200mg qd with plenty of water each time taking (total 3L/day). Icing and rest for affected areas will help some.

I forwarded this case to Dr. Rithya who has the specialty in rheumatology at CMC and ask for his advice also.

Thanks,  
Rithy

**Rithy Chau, MPH, MHS, PA-C**

Director Telemedicine/EHC Officer  
Sihanouk Hospital Center of HOPE

[rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [Robibtelemed](#)  
**To:** [chaurithy](#)  
**Cc:** 'Kruy Lim' ; [rithyakhun@sihosp.org](mailto:rithyakhun@sihosp.org)  
**Sent:** Thursday, December 06, 2012 9:45 AM  
**Subject:** Re: Robib TM Clinic December 2012, Case#3, Chan Oeung, 64M

Dear Rithy,

Yes he is the patient we visit at his home last month. I have requested Allopurinol available for him and will start it this month with Prednisolone as commended.

Best regards,  
Sovann

**From:** [chaurithy](#)  
**To:** [rithyakhun@sihosp.org](mailto:rithyakhun@sihosp.org)  
**Cc:** [Robib Telemedicine](#)  
**Sent:** Wednesday, December 05, 2012 9:43 AM  
**Subject:** FW: Robib TM Clinic December 2012, Case#3, Chan Oeung, 64M

Dear Dr. Rithya,

I am forwarding this case to you to review since you have the specialty and may be able to give additional advice to care for this patient better. I will cc: you my reply also to Sovann and if you have any additional comment or opinion how to better manage this patient please advise.

Best Regards,  
Rithy

**Rithy Chau, MPH, MHS, PA-C**

Director Telemedicine/EHC Officer  
Sihanouk Hospital Center of HOPE

[rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [Rithya Khun](#)

**To:** '[Robibtelemed](#)'; '[chaurithy](#)'

**Cc:** '[Kruy Lim](#)'

**Sent:** Thursday, December 06, 2012 9:45 PM

**Subject:** RE: Robib TM Clinic December 2012, Case#3, Chan Oeung, 64M

Dear Rithy

For this gouty attack colchicines and NSIAD work well then prednisolone unless he has renal impair, allopurinol you can start when attack resolved; prednisolone can start 0.5 mg try not to use high dose and taper sooner when attack gone.

---

**From:** [chaurithy](#)

**To:** '[Rithya Khun](#)'

**Cc:** '[Kruy Lim](#)'; '[Robibtelemed](#)'

**Sent:** Friday, December 07, 2012 10:13 AM

**Subject:** RE: Robib TM Clinic December 2012, Case#3, Chan Oeung, 64M

Dear Dr. Rithya,

Thanks for the reply. Since we do not have Colchicine, we will follow your advice on using Prednisolone since he also has renal impairment.

Rithy

**Rithy Chau, MPH, MHS, PA-C**

Director Telemedicine/EHC Officer  
Sihanouk Hospital Center of HOPE

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**From:** [Robibtelemed](#)

**To:** [Kathy Fiamma](#); [Paul Heinzelmann](#); [Joseph Kvedar](#); [Cornelia Haener](#); [Rithy Chau](#); [Kruy Lim](#)

**Cc:** [Bernie Krisher](#); [Thero So Nourn](#); [Laurie & Ed Bachrach](#)

**Sent:** Wednesday, December 05, 2012 2:34 PM

**Subject:** Robib TM Clinic December 2012, Eam Lay, 77M

Dear all,

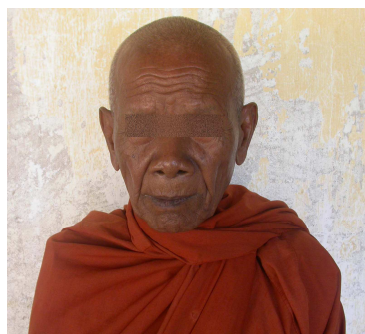
There are three new cases for second day of Robib TM clinic December 2012, and this is case number 4, Eam Lay, 77M and photo.

Best regards,  
Sovann

# Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health  
Rovieng Commune, Preah Vihear Province, Cambodia

## History and Physical



**Name/Age/Sex/Village:** Eam Lay, 77M (Ton Laep Village)

**Chief Complaint (CC):** Rectal skin fold prolapsed x 43 years

**History of Present Illness (HPI):** 77M, Monk, presented with symptoms of rectal fresh blood bleeding when passing stool and noticed skin fold inside the rectum and was told it was hemorrhoid. He got treatment with traditional medicine and about one year later, he noticed skin fold prolapsed out of rectum and need to reduce back manually and put compress around the anus to prevent skin fold

prolapsed which made him discomfort. He denied of bleeding, severe pain during passing stool and never sought medical/surgical consult about hemorrhoid.

**Past Medical History (PMH):** Eyes surgery due to blurred vision in 2001 and 2002

**Family History:** None

**Social History:** Smoking 5cig/d for over 20y, Stopped 10y, Casual EtOH

**Current Medications:** Traditional medicine application and oral

**Allergies:** NKDA

**Review of Systems (ROS):** Unremarkable

**PE:**

**Vitals:** BP: 108/54      P: 91      R: 20      T: 37°C      Wt: 42Kg

**General:** Stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement, no lymph node palpable, no JVD

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, completely healed burning scars, no abdominal bruit

**Extremity/Skin:** No legs edema, no lesion/rashes, (+) dorsalis pedis and posterior tibial pulse

**MS/Neuro:** MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

**Rectal exam:** Prolapsed skin folds about finger size at 11 o'clock with skin ulcer at perineum, no bleeding, no discharge

**Lab/study:** None

**Assessment:**

1. Hemorrhoid

**Plan:**

1. Refer to SHCH for further surgical evaluation

**Labs available locally:** Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants:** Do you agree with my assessment and plan?

**Examined by:** Nurse Sovann Peng

**Date:** December 5, 2012

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [chaurithy](#)

**To:** '[Robibtelemed](#)'

**Cc:** '[Cornelia Haener](#)'; '[Kruy Lim](#)'

**Sent:** Thursday, December 06, 2012 9:27 AM

**Subject:** RE: Robib TM Clinic December 2012, Eam Lay, 77M

Dear Sovann,

Thanks for cases on second day of clinic.

Is there any way for you to get a clear image of the rectal lesion to us because if it is just hemorrhoid problem, the management is different and may not need referral, but if it is a serious problem or malignant lesion then he needs to be referred. What you presented was not enough to advise properly. Always remember that an image/picture worth a thousand words especially doing telemedicine work. I will check my e-mail again this evening and hope to give you a better advice once you send the additional info.

If the lesion you are describing is about the same size for 43 years, then it is most likely benign. If the lesion is recently enlarged in size—is it hard to touch, any tenderness, any sign of inflammation, surface rough or smooth, any bleeding to touch, etc.? Any recent unintentional wt loss, pale, fever, dysphagia, irregular bowel movement, etc.? Can you give the estimated measurement of lesion—e.g. 3cm x 1cm x 0.5cm? How large is the ulcer and has what appearance?

Hope this is helpful.

Rithy

**Rithy Chau, MPH, MHS, PA-C**

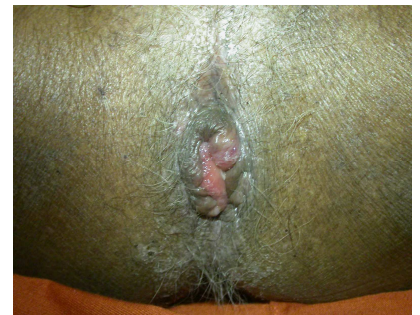
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**From:** [Robibtelemed](#)  
**To:** [chaurithy](#)  
**Cc:** '[Cornelia Haener](#)' ; '[Kruy Lim](#)'  
**Sent:** Thursday, December 06, 2012 3:17 PM  
**Subject:** Re: Robib TM Clinic December 2012, Eam Lay, 77M

Dear Rithy,

This is the picture of rectal lesion of patient Eam Lay, 77M. The lesion is smooth, no tender, no bleeding. He denied of weight loss.

Best regards,  
Sovann



**From:** [chaurithy](#)  
**To:** '[Robibtelemed](#)'  
**Cc:** '[Cornelia Haener](#)' ; '[Kruy Lim](#)'  
**Sent:** Thursday, December 06, 2012 7:27 PM  
**Subject:** RE: Robib TM Clinic December 2012, Eam Lay, 77M

Dear Sovann,

Thanks for the image. I think this may be a partial rectal prolapse with internal hemorrhoid. With his age, it may not be a good idea to send him for surgery (you can wait for Cornelia's recommendation). The occasional BRBPR (bright red blood per rectum) could come from straining during BM and have small rectal tears or due to the hemorrhoid. You can draw CBC to assess for anemia.

Ask him to modify his diet to high fiber food with plenty of water intake (2-3L/d) and some walking exercise. Usually a monk at this age tends to not move around a whole lot and depends on younger monk to walk around and get the daily alms for their meals and most manual labor also done by these younger ones. Ask him to regularly eat ripe banana and/or papaya if possible and to use warm and clean water to clean after BM rather than using toilet paper to wipe. If he can afford, ask him to go to K Thom for a CXR and an Abd US to bring back next month.

You can also provide him with some MTV and Xango powder. He can use NSAIDs prn for pain.

Thanks,  
Rithy

**Rithy Chau, MPH, MHS, PA-C**  
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**From:** [Fiamma, Kathleen M.](#)  
**To:** '[Robibtelemed](#)'  
**Cc:** '[Rithy Chau](#)'  
**Sent:** Thursday, December 06, 2012 3:36 AM  
**Subject:** FW: Robib TM Clinic December 2012, Eam Lay, 77M

Dear Sovann:

Thank you for this referral.

The issue with this case is that it can be many different problems. It can be a hemorrhoid or it can be a rectal cancer. The best way to deal with it from afar is to have the nurse take a picture of it and send it via e-mail

Sincerely,

Dave Berger, MD

**From:** [Robibtelemed](#)  
**To:** [Fiamma, Kathleen M.](#)  
**Cc:** '[Rithy Chau](#)'  
**Sent:** Thursday, December 06, 2012 3:19 PM  
**Subject:** Re: Robib TM Clinic December 2012, Eam Lay, 77M

Dear Kathy,

This is the picture of rectal lesion of patient Eam Lay, 77M. Could you please send this to Dr. Dave Berger for further information for recommendation.

Best regards,  
Sovann

**From:** [Cornelia Haener](#)  
**To:** '[chaurithy](#)'; '[Robibtelemed](#)'  
**Cc:** '[Kruy Lim](#)'  
**Sent:** Saturday, December 08, 2012 1:51 PM  
**Subject:** RE: Robib TM Clinic December 2012, Eam Lay, 77M

Dear Sovann,

I agree with Rithy. In addition to his recommendations, you should advise the patient to use a sitting toilet. It is easy to take a plastic chair and cut out a hole. During his time sitting on the toilet, he can meditate or read a book and relax. Old people often strain themselves too much during squatting for the toilet as they cannot squat for longer time anymore.

Kind regards  
Cornelia

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**From:** [Robibtelemed](#)

**To:** [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#)

**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

**Sent:** Wednesday, December 05, 2012 2:36 PM

**Subject:** Robib TM Clinic December 2012, Case#5, Ngoun Lin, 31F

Dear all,

This is case number 5, Ngoun Lin, 31F and photo.

Best regards,  
Sovann

## **Robib Telemedicine Clinic**

**Sihanouk Hospital Center of HOPE and Center for Connected Health**  
Rovieng Commune, Preah Vihear Province, Cambodia

### **History and Physical**



**Name/Age/Sex/Village:** Ngoun Lin, 31F (Bos Village)

**Chief Complaint (CC):** Epigastric pain x 3months

**History of Present Illness (HPI):** 31F, farmer, presented with epigastric pain with burning sensation starting in the past three months. The pain radiated to the back and got worse with eating. She went to consult with local health center and treated her with Antacid which relieved the pain for several days then the above symptoms presented again and associated with burping with sour taste but denied of vomiting, hematemesis, black or bloody stool, weight loss.

**Past Medical History (PMH):** Unremarkable

**Family History:** None

**Social History:** Tobacco chewing, No cig smoking, no EtOH

**Current Medications:** Injective contraceptive every three months

**Allergies:** NKDA

**Review of Systems (ROS):** Unremarkable

**PE:**

**Vital sign:** BP: 108/75 P: 76 R: 20 T: 37°C Wt: 54Kg

**General:** Stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement, no lymph node palpable

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

**Abd:** Mild tender on epigastric area with deep palpation, Soft, no distension, (+) BS, no HSM, no abdominal bruit, several complete healed burning scars

**Extremity/Skin:** No legs edema, no lesion/rashes, (+) dorsalis pedis and posterior tibial pulse

**MS/Neuro:** MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

**Lab/study:** None

**Assessment:**

1. GERD

**Plan:**

1. Famotidine 40mg 1t po qhs for one month
2. Metoclopramide 10mg 1t po qhs for 10d
3. Mebendazole 100mg 5t po qhs once
4. GERD prevention education

**Labs available locally:** Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants:** Do you agree with my assessment and plan?

**Examined by:** Nurse Sovann Peng

**Date:** December 5, 2012

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [chaurithy](mailto:chaurithy)

**To:** 'Robibtelemed'

**Cc:** 'Kruy Lim'

**Sent:** Thursday, December 06, 2012 9:30 AM

**Subject:** RE: Robib TM Clinic December 2012, Case#5, Ngoun Lin, 31F

Dear Sovann,

I agree.

Rithy

**Rithy Chau, MPH, MHS, PA-C**

Director Telemedicine/EHC Officer

Sihanouk Hospital Center of HOPE

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**From:** [Robibtelemed](#)

**To:** [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#)

**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

**Sent:** Wednesday, December 05, 2012 2:38 PM

**Subject:** Robib TM Clinic December 2012, Case#6, Prum Pheum, 47F

Dear all,

This is the last case of Robib TM clinic December 2012, case number 6, Prum Pheum, 47F and photo. Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly.

Thank you very much for your cooperation and support in this project.

Best regards,  
Sovann

## **Robib Telemedicine Clinic**

**Sihanouk Hospital Center of HOPE and Center for Connected Health**  
Rovieng Commune, Preah Vihear Province, Cambodia

### **History and Physical**



**Name/Age/Sex/Village:** Prum Pheum, 47F (Bakdoang Village)

**Chief Complaint (CC):** Polyuria and fatigue x 1 month

**History of Present Illness (HPI):** 47F, primary school teacher, presented with one month history of symptoms polyuria, polyphagia, polydypsia, fatigue, and numbness of foot and hands. She never sought medical consult and was advised to seek consultation with Telemedicine clinic. She denied of blurred vision, hearing loss, fever, SOB, chest pain, abdominal discomfort, hematuria, dysuria, edema.

**Past Medical History (PMH):** Unremarkable

**Family History:** None

**Social History:** No cig smoking, no tobacco chewing, no EtOH, three children

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Regular menstrual period, LMP on November 15, 2012

**PE:**

**Vital sign:** BP: 120/96 P: 106 R: 20 T: 37°C Wt: 50Kg

**General:** Stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement, no lymph node palpable, no JVD

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

**Extremity/Skin:** No legs edema, no lesion/rashes, no foot wound, (+) dorsalis pedis and posterior tibial pulse

**MS/Neuro:** MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

**Lab/study:**

RBS: 511mg/dl and 2 hours later BS: 457mg/dl

U/A: Glucose 4+, no protien, no blood, no leukocyte

**Assessment:**

1. DMII

**Plan:**

1. Metformin 500mg 1t po bid
2. Educate on diabetic diet, do regular exercise and foot care
3. Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by:** Nurse Sovann Peng

**Date:** December 5, 2012

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [chaurithy](mailto:chaurithy)

**To:** 'Robibtelemed'

**Cc:** 'Kruy Lim'

**Sent:** Thursday, December 06, 2012 9:45 AM

**Subject:** RE: Robib TM Clinic December 2012, Case#6, Prum Pheum, 47F

Dear Sovann,

I agree with the assessment.

You can add ASA 81mg qd and Captopril 25mg ¼ qd. Give Metformin 500mg 2 po bid and if her HbA1C measurement is below 8, then can call and tell her to take as you suggested 1 tab po bid. Add LFT to her lab request also.

Rithy

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## Thursday, December 6, 2012

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### Follow-up Report for Robib TM Clinic

There were 5 new patients and 1 follow up patient seen during this month Robib TM Clinic, and other 43 patients came for brief consult and medication refills. The data of all 6 cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by CCH/MGH in Boston and Phnom Penh Sihanouk Hospital Center of HOPE, the following patients were managed and treated as follows:

**NOTE:** [Please note that some blood works was drawn and done at SHCH at no cost and others including studies such as x-rays, U/S, EKG, etc. were done at Kompong Thom Referral Hospital with patients paying on their own. Robib TM clinic **STILL** pays for transportation, accommodation, and other expenses for the patients visiting the clinic **IF** they are from Thnout Malou Village. For those patients who were seen at SHCH previously and remained stable with medications, the clinic will continue to provide them with appropriate medications from SHCH at no cost for the duration of their illnesses or while supplies lasted. The clinic still provided free medications for all "poor" patients. Some patients may be listed below if they came by for refills of medications.]

#### Treatment Plan for Robib Telemedicic Clinic December 2012

**1. Horn Him, 23M (O Por Village)****Diagnosis:**

1. Left groin skin abscess

**Treatment:**

1. Ibuprofen 200mg 2t po tid for 5d (#30)
2. Suggest to have I&D of abscess at referral hospital
3. Warmth compression on the lump

**2. Prum Y, 40F (Taing Treuk Village)****Diagnosis:**

1. Right armpit skin abscess

**Treatment:**

1. Ibuprofen 200mg 2t po tid (#30)
2. Suggest to have I&D of abscess at referral hospital
3. Warmth compression on the lump

**3. Chan Oeung, 64M (Sangke Roang Village)****Diagnosis:**

1. Osteoathrtis
2. Acute attack of Gouty arthritis
3. Renal insufficiency

**Treatment:**

1. Prednisolone 5mg 5t po qd for 2w then taper in one week for two weeks (#200)
2. Allopurenol 100mg 2t po qd for one month (#70)
3. Paracetamol 500mg 1-2t po qid prn (#50)
4. Draw blood for CBC, Lyte, BUN, Creat, Uric acid at SHCH

**Lab result on December 7, 2012**

WBC	=4.5	[4 - 11x10 <sup>9</sup> /L]	Na	=127	[135 - 145]
RBC	=3.9	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=5.1	[3.5 - 5.0]
Hb	=9.9	[14.0 - 16.0g/dL]	Cl	=98	[95 - 110]
Ht	=32	[42 - 52%]	BUN	=5.9	[<8.3]
MCV	=82	[80 - 100fl]	Creat	=144	[53 - 97]
MCH	=26	[25 - 35pg]	Uric aci	=603	[4.2 - 6.4]
MHCH	=31	[30 - 37%]			
Plt	=442	[150 - 450x10 <sup>9</sup> /L]			
Lymph	=0.8	[1.00 - 4.00x10 <sup>9</sup> /L]			
Mono	=0.0	[0.10 - 1.00x10 <sup>9</sup> /L]			
Neut	=3.7	[1.80 - 7.50x10 <sup>9</sup> /L]			

**4. Eam Lay, 77M (Ton Laep Village)****Diagnosis:**

1. Hemorrhoid
2. Rectal Proplapse

**Treatment:**

1. MTV 1t po qd (#30)

**5. Ngoun Lin, 31F (Bos Village)****Diagnosis:**

1. GERD

**Treatment:**

1. Famotidine 40mg 1t po qhs for one month (#30)
2. Metoclopramide 10mg 1t po qhs for 10d (#10)
3. Mebendazole 100mg 5t po qhs once (#5)
4. GERD prevention education

**6. Prum Pheum, 47F (Bakdoang Village)****Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid (#140)
2. Captopril 25mg 1/4t po qd (buy)
3. ASA 300mg 1/4t po qd (#10)
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for Lyte, BUN, Creat, Gluc, Transaminase, HbA1C at SHCH

**Lab result on December 7, 2012**

Na	=133	[135 - 145]
K	=2.9	[3.5 - 5.0]
Cl	=99	[95 - 110]
BUN	=3.0	[<8.3]
Creat	=59	[44 - 80]
Gluc	=18.2	[4.1 - 6.1]
AST	=16	[<32]
ALT	=14	[<33]



HbA1C =11.8

[4.8 – 5.9]

## Patients who come for brief consult and refill medication

### 1. Chan Thoeun, 52F (Sralou Srong Village)

#### Diagnosis:

1. Mild to moderate Aortic regurgitation
2. Dyspepsia

#### Treatment:

1. Enalapril 10mg 1/2t po qd for four months (#60)
2. Famotidine 40mg 1t po qhs for one month (#30)

### 2. Heng Sokhourn, 42F (Otalauk Village)

#### Diagnosis:

1. Anemia

#### Treatment:

1. FeSO<sub>4</sub>/Folate 200/0.25mg 1t po qd for three months (#90)
2. MTV 1t po qd for three months (#90)

### 3. Keum Heng, 46F (Koh Lourng Village)

#### Diagnosis:

1. Hypothyroidism secondary to Carbimazole
2. HTN

#### Treatment:

1. Reduce Carbimazole 5mg 1t po qd for one month (buy)
2. Propranolol 40mg 1t po bid for one month (#20)

### 4. Theum Sithath, 26F (Kampot Village)

#### Diagnosis:

1. Hyperthyroidism with nodular goiter

#### Treatment:

1. Carbimazole 5mg 1t po bid for one month (buy)

### 5. Nung Chhun, 76F (Ta Tong Village)

#### Diagnosis:

1. DMII
2. HTN

#### Treatment:

1. Metformin 500mg 1 1/2t po bid for one month (#90)
2. Glibenclamide 5mg 1t po bid for one month (buy)
3. Captopril 25mg 1t po tid for one month (buy)
4. HCTZ 25mg 1t po qd for one month (#30)
5. ASA 300mg 1/4t po qd for one month (#8)
6. Review on diabetic diet, and foot care

### 6. Seng Yom, 45F (Damnak Chen Village)

#### Diagnosis:

1. Hypothyroidism due to Methimazole
2. Mod-severe TR/MR, mild AR with normal EF

#### Treatment:

1. Captopril 25mg 1/4t po qd for one month (buy)
2. Furosemide 40mg 1/2t qd for one month (#20)
3. FeSO<sub>4</sub>/Folate 200/0.4mg 1t qd for one month (#30)
4. ASA 300mg 1/4t qd for one month (#8)

**7. Kong Soeun, 31M (Backdoang Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for four months (buy)
2. Captopril 25mg 1/4t po bid for four months (buy)

**8. Prum Chean, 50F (Sangke Roang Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t qAM and 1t qPM for four months (#180)

**9. Prum Norn, 57F (Thnout Malou Village)**

**Diagnosis:**

1. Liver cirrhosis with PHTN
2. HTN
3. Hypertrophic Cardiomyopathy
4. Renal Failure with hyperkalemia
5. Gouty Arthritis

**Treatment:**

1. Spironolactone 25mg 1t po qd for one month (#30)
2. Furosemide 40mg 1/2t po bid for one month (#30)
3. Paracetamol 500mg 1t po qid prn pain one month (#30)
4. Ibuprofen 200mg 2t po tid for one month (#40)
5. Draw blood for Lyte, Creat, Ca<sup>2+</sup>, Uric acid at SHCH

**Lab result on December 7, 2012**

Na	=142	[135 - 145]
K	=5.0	[3.5 - 5.0]
Cl	=112	[95 - 110]
Creat	=185	[44 - 80]
Ca <sup>2+</sup>	=1.50	[1.12 - 1.32]
U Acid	=627	[140 - 340]

**10. Roth Ven, 54M (Thkeng Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 2t po bid for one month (#100)
3. Captopril 25mg 1/2t po bid for one month (buy)
4. ASA 100mg 1t po qd for one month (#30)

**11. Sam Khim, 50F (Taing Treuk Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid for one month (#80)
2. Glibenclamide 5mg 2t po bid for one month (#120)
3. Captopril 25mg 1/4t po bid for one month (buy)

**12. Sam Yom, 62F (Chhnourn Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for three months (#90)
2. MTV 1t po qd for three months (#90)

**13. Sun Ronakse, 40F (Sre Thom Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for three months (#90)

**14. Yin Hun, 74F (Taing Treuk Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. Enalapril 10mg 1t po qd for one month (#35)
2. HCTZ 25mg 2t po qd for one month (#60)

**15. Teav Vandy, 65F (Rovieng Cheung Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for three months (# 90)

**16. Tay Kimseng, 54F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. Obesity

**Treatment:**

1. Atenolol 50mg 1/2t po bid for three months (#50)
2. HCTZ 25mg 1t po qd for three months (#60)

**17. Seng Ourng, 63M (Rovieng Cheung Village)**

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. Captopril 25mg 1t po tid for one month (buy)
2. HCTZ 25mg 1t po qd for one month (#30)
3. Glyburide 2.5mg 1t bid for one month (#70)
4. Review on diabetic diet, do regular exercise and foot care
5. Draw blood for Glucose, Tot chole, TG and HbA1C at SHCH

**Lab result on December 7, 2012**

Gluc	=5.3	[4.1 - 6.1]
T. Chol	=5.7	[<5.7]
TG	=1.8	[<1.71]
HbA1C	=5.8	[4.8 – 5.9]

**18. Chan Him, 63F (Taing Treuk Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for three months (# 60)

**19. Chan Khem, 63F (Taing Treuk Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for four months (#70)

**20. Chan Khut, 64F (Sre Thom Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for four months (#70)

**21. Chhim Bon, 73F (Taing Treuk Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for four months (#70)

**22. Heng Naiseang, 63F (Taing Treuk Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 2t po qd for one month (#60)
2. Captopril 25mg 1/2t po bid for one month (buy)

**23. Kong Sam On, 55M (Thkeng Village)**

**Diagnosis:**

1. DMII
2. HTN
3. Chronic renal failure (Creat: 269)
4. Hypertriglyceridemia
5. Arthritis

**Treatment:**

1. Glibenclamide 5mg 2t po bid for one month (buy)
2. Metformin 500mg 1t po bid for one month (#60)
3. Enalapril 10mg 1/2t po qd for one month (#15)
4. Amlodipine 5mg 2t po qd for one month (#60)
5. ASA 100mg 1t po qd for one month (#30)
6. Fenofibrate 100mg 1t po qd for one month (buy)

**24. Nung Hun, 80M (Thkeng Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for one month (#30)

**25. Srey Ry, 63M (Rovieng Cheung Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for one month (#30)

**26. Kong Nareun, 35F (Taing Treuk Village)**

**Diagnosis:**

1. Moderate MS with severe TR
2. Atria dilation
3. Severe pulmonary HTN

**Treatment:**

1. Atenolol 50mg 1/4t po qd for three months (buy)
2. Spironolactone 25mg 1t po qd for three months (#90)
3. ASA 100mg 1t po qd for three months (#90)

**27. Ek Rim, 47F (Rovieng Chheung Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for three months (#60)

**28. Koy Veth, 38F (Thnout Malou Village)**

**Diagnosis:**

1. Asthma
2. Dyspepsia

**Treatment:**

1. Salbutamol inhaler 2puffs bid prn SOB for four months (#2)
2. Famotidine 40mg 1t po qhs for one month (#30)

**29. Nong Khon, 59F (Thkeng Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for three months (#60)

**30. Nop Sareth, 41F (Kampot Village)**

**Diagnosis:**

1. Cardiomegaly
2. VHD (MS/TR) with Pulmonary hypertension

**Treatment:**

1. Captopril 25mg 1/4t po bid for two months (buy)
2. Furosemide 40mg 1t po bid for two months (#120)
3. ASA 100mg 1t po qd for two months (#60)

**31. Sam Thourng, 30F (Thnal Keng Village)**

**Diagnosis:**

1. Cardiomegaly by CXR
2. Severe MS (MVA <1cm<sup>2</sup>)

**Treatment:**

1. Atenolol 50mg 1t po qd for three months (buy)
2. ASA 100mg 1t po qd for three months (#90)
3. HCTZ 25mg 1t po qd for three months (#90)

**32. Sao Ky, 75F (Thnout Malou Village)**

**Diagnosis**

1. HTN

**Treatment**

1. HCTZ 25mg 1t po qd for four months (#60)

**33. Som Hon, 51F (Thnal Keng Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for three months (#60)

**34. Srey Thouk, 60F (Taing Treuk Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. Atenolol 50mg 1/2t po qd for four months (#30)
2. ASA 300mg 1/4t po qd for four months (buy)

**35. Chourb Kim San, 58M (Rovieng Tbong Village)**

**Diagnosis:**

1. HTN
2. Right side stroke with left side weakness
3. DMII
4. Gouty arthritis
5. Chronic renal failure

**Treatment:**

1. Atenolol 50mg 1/2t po bid for one month (#30)
2. Amlodipine 5mg 1t po qd for one month (buy)
3. ASA 100mg 1t po qd for one month (#30)
4. Metformin 500mg 1t po bid for one month (#30)
5. Glibenclamide 5mg 1t po bid for one month (buy)
6. Draw blood for Glucose and HbA1C at SHCH

**Lab result on December 7, 2012**

Gluc	=17.6	[4.1 - 6.1]
HbA1C	=10.7	[4.8 – 5.9]

**36. Kul Keung, 66F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po bid for one month (buy)
3. Captopril 25mg 1t po bid for one month (buy)
4. ASA 300mg 1/4t po qd for one month (buy)

**37. Prum Rin, 44F (Sangke Roang Village)**

**Diagnosis:**

1. Migraine headache

**Treatment:**

1. Paracetamol 500mg 1t po qid prn HA for two months (#40)

**38. Sok Chou, 60F (Sre Thom Village)**



**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid for one month (#70)

**39. Som Ka, 62M (Taing Treuk Village)****Diagnosis:**

1. DMII
2. Right side stroke with left side weakness

**Treatment:**

1. Metformin 500mg 1t po bid for one month (#60)
2. Captopril 25mg 1/4t po bid for one month (buy)
3. Draw blood for Glucose and HbA1C at SHCH

**Lab result on December 7, 2012**

Gluc	=6.4	[4.1 - 6.1]
HbA1C	=6.1	[4.8 - 5.9]

**40. Svay Tevy, 48F (Sre Thom Village)****Diagnosis:**

1. DMII
2. HTN
3. Hypertriglyceridemia

**Treatment:**

1. Glibenclamide 5mg 2t po bid for one month (buy)
2. Metformin 500mg 2t qAM and 3t po qPM for one month (#90)
3. Captopril 25mg 1/2t po bid for one month (buy)
4. ASA 100mg 1t po qd for one month (#30)
5. Fenofibrate 100mg 1t po bid for one month (buy)
6. Draw blood for Glucose, Tot chole, TG at HbA1C at SHCH

**Lab result on December 7, 2012**

Gluc	=13.8	[4.1 - 6.1]
T. Chol	=4.9	[<5.7]
TG	=2.1	[<1.71]
HbA1C	=10.4	[4.8 - 5.9]

**41. Tann Kim Hor, 57F (Rovieng Cheung Village)****Diagnosis:**

1. DMII

**Treatment:**

1. Glipizide 10mg 1t po qd for one month (#30)
2. Metformin 500mg 2t po bid for one month (#60)
3. Captopril 25mg 1/4t po bid for one month (buy)
4. ASA 100mg 1t po qd for one month (#30)
5. Draw blood for Glucose, HbA1C at SHCH

**Lab result on December 7, 2012**

Gluc	=10.4	[4.1 - 6.1]
HbA1C	=10.2	[4.8 - 5.9]

**42. Thorng Khun, 43F (Thnout Malou Village)****Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Methimazole 5mg 2t po tid for one month (180)
2. Propranolol 40mg 1/4t po bid for one month (buy)
3. Draw blood for Free T4 at SHCH

**Lab result on December 7, 2012**

Free T4=54.59 [12.0 - 22.0]

**43. Un Chhourn, 42M (Taing Treuk Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for three months (buy)
2. Captopril 25mg 1/4t po bid for three months (buy)
3. ASA 100mg 1t po qd for three months (#90)

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**The next Robib TM Clinic will be held on  
January 7 – 11, 2013**