

Robib and Telemedicine

February 2003 Telemedicine Clinic in Robib

Report and photos submitted by David Robertson

On Tuesday, February 18, 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. Data was transmitted via the Nicholas and Elaine Negroponte School Internet link.

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

Following are 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, 17 Feb 2003 05:52:24 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Reminder, Cambodia Telemedicine, 18 February 2003
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>,
telemedicine_cambodia@yahoo.com

please reply to dmr@media.mit.edu

Dear All:

A quick reminder that the next Telemedicine clinic in Robib, Cambodia takes place this Tuesday, 18 February 2003.

We'll have the follow up clinic at 8:00am, Wednesday 19 February (8:00pm, Tuesday, 18 February in Boston.) Best if we could receive your e-mail advice before this time.

Thanks again for your kind assistance.

Sincerely,

David

Date: Mon, 17 Feb 2003 23:47:55 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #1: TON SUN HENG, Cambodia Telemedicine, 18 February 2003
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>

Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>, aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>

please reply to dmr@media.mit.edu

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Sincerely,

David

Telemedicine Clinic in Robib, Cambodia - 18 February 2003

Patient #1: TON SUN HENG, male, 34 years old, soldier



Chief complaint: Palpitations, neck tenderness, and blurred vision for one month.

History of present illness: One month ago he got neck tenderness, blurred vision, and palpitations, on and off, and accompanied by headache and dizziness, especially in the morning. He went to the local health center for a consultation and they gave him some unknown medicine. He got a little bit better but when he stopped using the medicine a little more than one month ago, all the signs reappeared so he came to see us.

Current medicine: None

Past medical history: In 1988 he had malaria but was treated well by modern medicine.

Social history: Drinks alcohol and does not smoke.

Family history: His father has hypertension.

Allergies: None

Review of system: No dyspnea, no diarrhea, has palpitations, no chest pain, no cough, and no fever.

Physical exam

General Appearance: Looks well.

BP: 120/70

Pulse: 84

Resp.: 20

Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Neck: No goiter, no lymph node, and no JVD.
Skin: Warm to touch and no rash.
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, and positive bowel sound.
Limbs: Not stiff and no pain.

Assessment: Vertigo due to etio? Anxiety.

Recommend: May we cover him with Promethazine 25mg twice daily for seven days and educate him on how to release stress? Please give me any other ideas.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: <dmr@media.mit.edu>
Subject: FW: Patient #1: TON SUN HENG, Cambodia Telemedicine, 18 February 2003
Date: Tue, 18 Feb 2003 15:46:19 +0700

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

From: Gary Jacques [mailto:gjacques@bigpond.com.kh]
Sent: Tuesday, February 18, 2003 3:43 PM
To: David Robertson
Cc: Graham Gumley
Subject: RE: Patient #1: TON SUN HENG, Cambodia Telemedicine, 18 February 2003

SHCH reply: Please include a neuro exam because patient has blurry vision and dizziness. Unable to diagnose with symptoms given . Send to hospital for screening lab test such as fasting glucose and assessment. Perhaps a TSH --Gary Jacques

Date: Mon, 17 Feb 2003 23:50:55 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #2: PANN SOPHANY, Cambodia Telemedicine, 18 February 2003
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>

please reply to dmr@media.mit.edu

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Sincerely,

David

Telemedicine Clinic in Robib, Cambodia

18 February 2003

Patient #2: PANN SOPHANY, female, 50 years old, teacher



Chief complaint: Patient complains of headache, dizziness, neck tenderness, and upper abdominal pain on and off for two years.

History of present illness: For two years she's had a headache, dizziness and neck tenderness on and off. Symptoms are accompanied by chest pain on precordial area that lasts about 20 minutes each time with chest pain radiating to upper back. Pain subsides after massage on chest. Sometimes she sweats and she has had upper abdominal pain after a meal and excessive saliva in the morning.

Current medicine: None

Past medical history: Hypertension for about two years.

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: Has headache, no diarrhea, has upper abdominal pain, no stool with blood, no dyspnea, no fever, no cough, and has chest pain.

Physical exam

General Appearance: Looks well.

BP: 180/80

Pulse: 120

Resp.: 20

Temp. : 36.5

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

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

Lungs: Clear both sides, no crackle and no wheezing.

Heart: Regular rhythm, no murmur

Abdomen: Soft, flat, not tender, and positive epigastric pain.

Limbs: Okay

Assessment: Hypertension. Ischaemic heart disease? Dyspepsia.

Recommend: May we cover her with medicines like:

- Propranolol, 10mg twice daily for 30 days
- Cimetidine, 400mg twice daily for 30 days.

Please give me any other ideas. Should she go to the hospital for tests like EKG or blood work?

From: "Gary Jacques" <gjacques@bigpond.com.kh>

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

Cc: <dmr@media.mit.edu>, "Graham Gumley" <ggumley@bigpond.com.kh>

Subject: RE: Patient #2: PANN SOPHANY, Cambodia Telemedicine, 18 February 2003

Date: Tue, 18 Feb 2003 15:51:32 +0700

SHCH reply: Agree with your plan and medications. Send to hosp for baseline Ekg. Follow up blood pressure and symptoms in 2 weeks. Gary

Date: Mon, 17 Feb 2003 23:55:50 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #3: CHHEANG SOR, Cambodia Telemedicine, 18 February 2003
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>

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Sincerely,

David

Telemedicine Clinic in Robib, Cambodia 18 February 2003

Patient #3: CHHEANG SOR, female, 34 years old, housekeeper



Chief complaint: Painful on the left shoulder after falling down to the ground about forty days ago.

History of present illness: Forty days ago she fell strongly to the ground hitting her left shoulder and it became swollen immediately. She could not raise up her left hand or move as well. She heard a cracking sound when she moved her hand a bit and then went to a traditional doctor. They treated her with traditional medicine and techniques for two weeks but it did not help her. Then she went to meet a doctor in a private clinic in Phnom Penh who did a left shoulder joint x-ray and gave her some medicine. Now she has come to see us.



Current medicine: Vitamins and Paracetamol.

Past medical history: Unremarkable

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: Has no fever, no chest pain, no diarrhea, no cough and no dyspnea.

Physical exam

General Appearance: Looks well.



BP: 100/60
Pulse: 68
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Skin: Warm to touch, no rash, and not pale.
Neck: Okay.
Lungs: Okay.
Heart: Okay.
Abdomen: Okay.

Shoulder: Not symmetric, left shoulder is higher than right side. Left shoulder joint painful when we touch it. She can't move and straighten and raise up but has good sensitivity. Radial and brachial pulse is okay.



Assessment: Humerus head dislocation? Humerus head fracture?

Recommend: Should we refer her to Sihanouk Hospital Center of Hope for re-x-ray and evaluation by our surgeon? Please give me any other ideas.



From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>, "Graham Gumley" <ggumley@bigpond.com.kh>
Subject: RE: Patient #3: CHHEANG SOR, Cambodia Telemedicine, 18 February 2003
Date: Tue, 18 Feb 2003 15:59:33 +0700

SHCH reply: The XRAYs show a humeral head fracture. Send to SHCH for orthopedic care. --Gary Jacques

Date: Tue, 18 Feb 2003 00:06:38 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #4: KHIM BAN, Cambodia Telemedicine, 18 February 2003
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>

please reply to dmr@media.mit.edu

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Sincerely,

David

Telemedicine Clinic in Robib, Cambodia 18 February 2003

Patient #4: KHIM BAN, male, nine-month-old child
Mother's name is ENG THAN, 25 years old



Chief complaint: Shortness of breath and coughing for ten days.

History of present illness: Ten days ago he got shortness of breath and a cough accompanied by a fever, sneezing and a runny nose. His mother took him to the local pharmacy and bought some medicine like Amoxycillin and Paracetamol that the child took for ten days. The drugs only helped him a little bit so his mother brought him to see us.



Current medicine: Amoxycillin, 250mg three times daily for eight days. Paracetamol, 250mg twice daily for ten days

Past medical history: Unremarkable

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: Has no diarrhea, has a mild fever, has a cough, has no abdominal pain, and has mild dyspnea.



Physical exam

General Appearance: Looks mildly sick.

BP: -

Pulse: 130

Resp.: 28

Temp. : 37.5

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

Neck: No lymph node and no mass.

Lungs: Left side crackle from top to lower base. Right side wheezing on the 1/3 lobe.

Heart: Regular rhythm, no murmur

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

Limbs: Since birth all fingers on both hands are joined together except small finger and thumb. Some toes are also joined together.

Skin: No cyanosis, warm to touch, and not pale.

Assessment: Pneumonia? Chronic bronchitis? Chronic asthma?

Congenital abnormality with joined fingers and toes.

Recommend: Should we continue the pharmacist's treatment with:

- Amoxicillin, 250mg, three times daily for ten more days
- Paracetamol, 250mg, four times daily for ten more days

Should we refer him to a pediatric hospital for consultation with physician? Please give me any other ideas.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>, "Graham Gumley" <ggumley@bigpond.com.kh>
Subject: RE: Patient #4: KHIM BAN, Cambodia Telemedicine, 18 February 2003
Date: Tue, 18 Feb 2003 16:07:54 +0700

SHCH reply: Take patient to local hospital to rule out pneumonia with a chest Xray. I recommend that the hospital MD switch to a different antibiotic if patient has been compliant for 8 days with amoxicillin. --Gary Jacques

Date: Tue, 18 Feb 2003 05:51:51 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #5: BEAR NEANG, Cambodia Telemedicine, 18 February 2003
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris, M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>

please reply to dmr@media.mit.edu

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Sincerely,

David

**Telemedicine Clinic in Robib, Cambodia
18 February 2003**

Patient #5: BEAR NEANG, male, 23 years old, teacher

Chief complaint: Patient has epigastric pain on and off for five months.



History of present illness: Five months ago he got epigastric pain on and off, pain like dull feeling, after meal, radiating to upper back. Sometimes he has a headache and excessive saliva. He hasn't consulted with any medical people and just came to see us.

Current medicine: None

Past medical history: Unremarkable

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: Has epigastric pain, no dyspnea, no fever, and no chest pain, has mild muddy stool, has no stool with blood, and has no cough.

Physical exam

General Appearance: Looks well.

BP: 130/80

Pulse: 80

Resp.: 20

Temp. : 36.5

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

Neck: No goiter, no mass, and no lymph node.

Lungs: Clear both sides.

Heart: Regular rhythm, no murmur

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

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

Limbs: Okay

Assessment: Dyspepsia. Parasitosis?

Recommend: May we cover him with Tums, one gram three times per day for one month and Mebendazole 100mg twice daily for three days? Please give me any other ideas.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>, "Graham Gumley" <ggumley@bigpond.com.kh>
Subject: RE: Patient #5: BEAR NEANG, Cambodia Telemedicine, 18 February 2003
Date: Wed, 19 Feb 2003 09:12:14 +0700

SHCH reply: Agree with your plan. Does this patient drink alcohol? If so he should cut down or quit.
---Gary Jacques

Date: Tue, 18 Feb 2003 05:54:54 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #6: CHHENG PHEARN, Cambodia Telemedicine, 18 February 2003
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>

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Thanks again for your kind assistance.

Sincerely,

David

Telemedicine Clinic in Robib, Cambodia 18 February 2003

Patient #6: CHHENG PHEARN, female, 45 years old, farmer



Chief complaint: Patient complains of headache and epigastric pain for one month.

History of present illness: One month ago she got headaches, epigastric pain accompanied by burping, poor sleeping, and dizziness. The pain is like burning and localized pain, not radiating to anywhere. She hasn't used any medicine yet, just came to see us.

Current medicine: None

Past medical history: Unremarkable

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: Has epigastric pain, no dyspnea, no fever, no stool with blood, no cough, and no chest pain.

Physical exam

General Appearance: Looks well.

BP: 140/90

Pulse: 80

Resp.: 20

Temp.: 36.5

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

Neck: No goiter, no mass, and no lymph node.

Lungs: Clear both sides.

Heart: Regular rhythm, no murmur

Abdomen: Soft, flat, not tender, positive bowel sound, and has mild epigastric pain.

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

Limbs: Okay

Assessment: Dyspepsia.

Recommend: May we cover her with Tums, one gram three times per day for one month? Please give me any other ideas.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>, "Graham Gumley" <ggumley@bigpond.com.kh>
Subject: RE: Patient #6: CHHENG PHEARN, Cambodia Telemedicine, 18 February 2003
Date: Wed, 19 Feb 2003 09:18:07 +0700

SHCH reply: agree with your plans. Paracetamol occasionally prn significant headache should be fine as well. --Gary jacques

Date: Tue, 18 Feb 2003 05:58:47 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #7: MUY VUN, Cambodia Telemedicine, 18 February 2003
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>

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Sincerely,

David

Telemedicine Clinic in Robib, Cambodia 18 February 2003

Patient #7: MUY VUN, male, 45 years old, teacher



Chief complaint: Shortness of breath and palpitations for the last 15 days.

History of present illness: We saw this patient in October 2002. He received diagnosis of atrial fibrillation and cardiomegaly due to valvular heart disease through EKG and chest x-ray. We sent him to Kampong Thom Hospital then and the doctors there covered him with Aspirin 500mg per day. He has continued taking the Aspirin until now. Just 15 days ago the palpitations and shortness of breath increased on exertion. He has a dry cough also so we should reassess him.

Physical exam

General Appearance: Looks mildly sick.

BP: 100/60

Pulse: 120

Resp.: 26

Temp. : 36.5

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

Neck: No JVD and no goiter.

Lungs: Clear both sides, symmetric.

Heart: Irregular rhythm, no murmur

Abdomen: Has epigastric pain, soft, flat, and positive bowel sound.

Skin: Mild pale, warm to touch, and no rash.

Limbs: Okay.

Assessment: Atrial fibrillation due to valvular heart disease (from EKG). Gastritis due to Aspirin?

Recommend: May we try covering him with Digoxin 0.25mg per day for 30 days? Reduce Aspirin to 75mg per day for 30 days? Reevaluate next trip. Or do we refer him back to Kampong Thom Hospital for evaluation and some tests? Please give me any other ideas.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>, "Graham Gumley" <ggumley@bigpond.com.kh>
Subject: RE: Patient #7: MUY VUN, Cambodia Telemedicine, 18 February 2003
Date: Wed, 19 Feb 2003 09:22:26 +0700

SHCH reply: Start digoxin 0.125 po q day. Reduce asa to 75mg q day as you suggest. follow up next visit --Gary Jacques

Date: Tue, 18 Feb 2003 06:04:20 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #8: SAO PHAL, Cambodia Telemedicine, 18 February 2003
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>

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Sincerely,

David

Telemedicine Clinic in Robib, Cambodia

18 February 2003

Patient #8: SAO PHAL, female, 55 years old, farmer



Chief complaint: Palpitations and sometimes neck tenderness.

History of present illness: Last month we sent this patient to Sihanouk Hospital Center of Hope in Phnom Penh. Dr. Kruy saw her, who discussed the case with Dr. Hines and Dr. Jacques, and the diagnosis was DMII and peripheral neuropathy, hypertension, and dyspepsia with gastritis. Our doctors referred her back to the Telemedicine program and did not schedule a follow up visit to Sihanouk Hospital. Now her blood sugar is 356 mg/dl after eating. She feels her condition is improving.

Physical exam

General Appearance: Looks well.

BP: 140/70

Pulse: 80

Resp.: 20

Temp. : 36.5

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

Lungs: Clear.

Heart: Regular rhythm, no murmur

Abdomen: Soft, flat, and not tender.

Recommend: Should we cover her with the same medicines that Dr. Kruy suggests:

- Nifedipine, 20mg per day, for 30 days
- Aspirin, 75mg per day, for 30 days
- Amitryptilline, 12.5mg, three times per day, for 30 days
- Famotidine, 40mg twice daily, for 30 days
- Diamecrom, increase dose to 40 mg, three times daily, for 30 days

Please give me any other ideas.

From: "Gary Jacques" <gjacques@bigpond.com.kh>

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

Cc: <dmr@media.mit.edu>, "Graham Gumley" <ggumley@bigpond.com.kh>

Subject: RE: Patient #8: SAO PHAL, Cambodia Telemedicine, 18 February 2003

Date: Wed, 19 Feb 2003 09:32:45 +0700

SHCH reply: agree with your suggestions. follow up next visit. she will need blood sugar monitoring to adjust her diabetic meds. Get a fasting blood sugar next time. Please send me a list of what medications you have available to use. do you have metformin? does this patient have a chart from her visit to SHCH? Did she get lab tests? renal function? If so, please include in your next note. She should have some regular periodic follow up with a clinic or hospital even if it is only a few times a year. A local hospital if appropriate or SHCH. --Gary Jacques

Date: Tue, 18 Feb 2003 06:08:29 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #9: SEK CHANTHA, Cambodia Telemedicine, 18 February 2003
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>

please reply to dmr@media.mit.edu

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Thanks again for your kind assistance.

Sincerely,

David

Telemedicine Clinic in Robib, Cambodia 18 February 2003

Patient #9: SEK CHANTHA, female, 26 years old



Note: We saw this patient last year and found out she had dyspepsia. We covered her with Tums, 1 gram three times daily for one month. She felt much better after taking the Tums.

History of present illness: This time she has epigastric pain and nausea, accompanied by burping and excessive saliva, so she came to see us again.

Physical exam

General Appearance: Looks well.

BP: 100/70

Pulse: 80

Resp.: 20

Temp. : 36.5

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

Lungs: Clear both sides.

Heart: Regular rhythm, no murmur

Abdomen: Soft, flat, feels tender on epigastric area, and positive bowel sound.

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

Assessment: Dyspepsia.

Recommend: May we cover her again with Tums, one gram three times daily for one month? Please give me any other ideas.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>, "Graham Gumley" <ggumley@bigpond.com.kh>
Subject: RE: Patient #9: SEK CHANTHA, Cambodia Telemedicine, 18 February 2003
Date: Wed, 19 Feb 2003 09:37:56 +0700

SHCH reply: agree with your plans. If symptoms recur, she should have an eradication regimen for H. pylori (prilosec, amoxicillin etc.) do you have these meds? --Gary jacques

Follow up Report, Thursday, 19 February 2003

Per e-mail advice of the physicians in Boston and Phnom Penh, the following patients were given medication that came from the pharmacy in the village or was donated by Sihanouk Hospital Center of Hope:

May 2001 Patient: SOM THOL, male, 49 years old

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

October 2002 Patient: PEN VANNA, female, 37 years old

November 2002 Patient: KEUN NOEUM, male, 46 years old

Transport arranged for 13 March to Kantha Bhopa Children's Hospital in Phnom Penh:

Patient SENG SAN, female, 13 year old child, Telemedicine patient (June 2001,) for medication and chronic care for Polyarthritis.

Patients from this month's clinic:

Patient #1: TON SUN HENG, male, 34 years old, soldier

PATIENT REFERRED TO HOSPITAL, TRANSPORT ON THEIR OWN.

Patient #2: PANN SOPHANY, female, 50 years old, teacher

PATIENT GIVEN MEDICATION FROM SHCH & REFERRED TO HOSPITAL, TRANSPORT ON THEIR OWN.

Patient #3: CHHEANG SOR, female, 34 years old, housekeeper:

WIFE OF PATIENT MUY VUN. THIS PATIENT REFERRED TO SHCH, TRANSPORT SUBSIDY PROVIDED BY TELEMEDICINE, HOUSING IN PHNOM PENH PROVIDED BY HER RELATIVE.

Patient #4: KHIM BAN, male, nine-month-old child

PATIENT & MOTHER TRANSPORTED TO KAMPONG THOM PROVINCIAL HOSPITAL WITH TELEMEDICINE TEAM ON 20 FEBRUARY 2003. CHILD ADMITTED TO THE HOSPITAL.

Patient #5: BEAR NEANG, male, 23 years old, teacher

MEDICATION PROVIDED BY SHCH.

Patient #6: CHHENG PHEARN, female, 45 years old, farmer

MEDICATION PROVIDED BY SHCH

Patient #7: MUY VUN, male, 45 years old, teacher

MEDICATION PROVIDED BY SHCH AND MEDICATION ALSO PURCHASED AT THE LOCAL PHARMACY.

Patient #8: SAO PHAL, female, 55 years old, farmer

MEDICATION PROVIDED BY SHCH AND MEDICATION ALSO PURCHASED AT THE LOCAL PHARMACY. PATIENT AGREES TO MONTHLY FOLLOW UP AT ROBIB TELEMEDICINE CLINIC AND WILL ALSO VISIT SHCH A FEW TIMES PER YEAR AS SUGGESTED BY DR. JACQUES.

Patient #9: SEK CHANTHA, female, 26 years old

MEDICATION PROVIDED BY SHCH.

Telepartners in Boston was not able to reply this month. Boston was digging out from a blizzard. It was the largest recorded snowfall, over 27.5 inches at Boston Logan's Airport, since weather records have been kept (the year 1892.) But all the cases will be triaged in Boston and their advice will be added to this report at a later date. In Cambodia, the temperature is over 90 degrees with no snow or rain in sight.

The next Telemedicine Clinic in Robib is scheduled for March 12 & 13, 2003.
