Robib and Telemedicine

January 2003 Telemedicine Clinic in Robib

Report and photos submitted by David Robertson

On Tuesday, January 14, 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: Sun, 12 Jan 2003 05:59:11 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Cambodia Telemedicine, 14 January 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,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>

please reply to dmr@media.mit.edu

Dear All:

A quick reminder that the next Telemedicine clinic in Robib, Cambodia takes place this Tuesday, 14 January 2003.

We'll have the follow up clinic at 8:00am, Wednesday 15 January (8:00pm, Tuesday, 14 January in Boston.) Best if we could receive your e-mail advice before this time.

Thanks again for your kind assistance.

Sincerely,

David

Date: Tue, 14 Jan 2003 00:08:57 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #1: KONG HAM, Cambodia Telemedicine, 14 January 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:

We'll have the follow up clinic at 8:00am, Wednesday 15 January (8:00pm, Tuesday, 14 January in Boston.) Best if we could receive your e-mail advice before this time.

Thanks again for your assistance.

Sincerely,

David

Telemedicine Clinic in Robib, Cambodia
14 January 2003

Patient #1: KONG HAM, female, 35 years old, farmer

Chief complaint: Upper abdominal pain on and off the last two months.

History of present illness: Two months ago she gets upper abdominal pain on and off, pain like burning, especially after meal. Pain radiates to the back, sometimes radiates to the whole abdomen, and is accompanied by excessive saliva in the morning, burping, headache, and blurred vision as well. She hasn't consulted with any medical people, just came to see us directly.

Current medicine: None

Past medical history: Four years ago she lost a large amount of blood during delivery.

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

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

Physical exam

General Appearance: Looks mildly sick.

BP: 100/60
Pulse: 80
Resp.: 20
Temp. : 36.5

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

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

Assessment: Dyspepsia. Chronic GI? Parasitis?

Recommend: Should we cover her with Famotidine 40mg per day for 30 days and Mebendazole 100mg twice daily for three days? Please give me any other ideas.

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (davidrobertson1@yahoo.com)"
<davidrobertson1@yahoo.com>,
"David Robertson (dmr@media.mit.edu)"
<dmr@media.mit.edu>
Subject: FW: Patient #1: KONG HAM, Cambodia Telemedicine, 14 January 2003
Date: Tue, 14 Jan 2003 15:34:18 -0500

Sounds like gastroesophageal reflux rather than peptic ulcer disease with recurrent complaint. Famotidine will be appropriate. After a month therapy she may use it whenever the pain recurs. There is no reason to suspect parasite infection since the pain is epigastric rather than central. You could do stool microscopy to look for ova and parasites if that is possible.

Tan, Heng Soon,M.D.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #1: KONG HAM, Cambodia Telemedicine, 14 January 2003
Date: Wed, 15 Jan 2003 09:28:33 +0700

SHCH reply:

David,

I agree with your recommendations for famotidine and mebendazole for the dose and duration you suggest. If symptoms persist, I would consider and ultrasound or her gallbladder.

Gary Jacques

Date: Tue, 14 Jan 2003 00:13:14 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #2: SAO PHAL, Cambodia Telemedicine, 14 January 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:

We'll have the follow up clinic at 8:00am, Wednesday 15 January (8:00pm, Tuesday, 14 January in Boston.) Best if we could receive your e-mail advice before this time.

Thanks again for your assistance.

Sincerely,

David

Telemedicine Clinic in Robib, Cambodia
14 January 2003

Patient #2: SAO PHAL, female, 55 years old, follow up patient

Chief complaint: Still weakness, headache, neck tenderness, sometimes chest pain and shortness of breath.

History of present illness: We see this patient every month and have sent her to Kampong Thom Hospital two times. The first time we saw her, her BP was 220/170. She has diagnosis of DMII, hypertension (stable,) and PNP. We put her on Diamecrom 80mg per day and Nifedipine 20 mg per day following the doctor's prescription from Kampong Thom Provincial Hospital. Just last month we sent her back to Kampong Thom Provincial Hospital to evaluate her condition as she was getting worse day to day. The doctors there said she did not have DMII at all so they decided to stop her Diamecrom and Nifedipine. They said she has a mental problem and scheduled her to come back to Kampong Thom Hospital at the end of this month. Since stopping her meds three weeks ago, her blood sugar today is 485mg/dl. Now she also complains of chest pain on and off, limb numbness and frequency of urination, and blurred vision.

Physical exam

BP: 100/50
Pulse: 80
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Lungs: Lungs clear both sides
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, and positive bowel sound.
Limbs: Mild numbness.
Blood sugar: 485 mg/dl

Assessment: Hypertension (stable.) DMII, PNP, IHD?

Recommend: Should we send her to Sihanouk Hospital Center of Hope for some blood tests like CBC, lyte, creat., Bun, glycemie, plus

an EKG. I want to verify her blood work with our hospital. Please give me any other ideas.

Exam Data from 12 December 2002:

Patient #1: SAO PHAL, female, 55 years old, follow up patient

Chief complaint: Still has weakness, shortness of breath, and chest tightness radiating to upper back.

History of present illness: We have seen this patient 4-5 times. She has diagnosis of hypertension, DMII and PNP. We put her on Diamecrom 80mg per day and Nifedipine 20 mg per day following the doctor's prescription from Kampong Thom Provincial Hospital. We also followed the ideas of Sihanouk Hospital Center of Hope but her condition is not better. She gets worse and worse, her blood sugar has increased every month; last month 255mg/dl, this month 295mg/dl. She also complains of chest tightness and shortness of breath. Sometimes she faints on the spot with numbness on the limbs and increased urination as well.

Physical exam

BP: 100/50
Pulse: 80
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Lungs: Lungs clear.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, no HSM, and positive bowel sound.
Limbs: Mild numbness.
Blood sugar: 295 mg/dl

Assessment: Hypertension (stable.) DMII, PNP, IHD?

Recommend: I would like suggest referring her back to Kampong Thom Provincial Hospital for some blood tests like CBC, lyte, creat., Bun, BS, plus an EKG. Please give me any other ideas.

Exam data from November 2002:

Date: Tue, 26 Nov 2002 01:07:21 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Re: Patient #2, SAO PHAL, Cambodia Telemedicine, 26 November 2002
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

We have the follow-up clinic with the patients on Wednesday morning (8:00am, 27 November 2002, Robib time.) Best if we could receive your e-mail advice before this time

(Tuesday, 8:00pm, 26 November 2002, in Boston.)

Telemedicine Clinic in Robib, Cambodia
26 November 2002

Patient #2: SAO PHAL, female, 55 years old, follow up patient

Chief complaint: Still has chest tightness and neck tenderness.

History of present illness: This patient we have seen many times. She follows up every month for continuing medication. She has hypertension and DMII. We sent her to Kampong Thom Hospital, first time in February 2002. The doctor there agreed to put her on Adalate 20 mg per day and Diamecrom 80 mg half tablet per day, and Aspirin 150 mg daily. We follow this prescription every month. Though her condition is a bit better, she still has chest tightness, sometimes weakness, and frequency of urination.

Physical exam

BP: 120/80
Pulse: 85
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Lungs: Lungs clear.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, positive bowel sound, and no pain.
Limbs: Okay.
Blood sugar: 255 mg/dl

Assessment: Hypertension (stable.) DMII. PNP.

Recommend: I would like suggestions from you. May we put her on the same dose of hypertension medicine and increase the Diamecrom dose from 40 mg per day to 80 mg per day, also give her multivitamins, one tab per day, then follow up at next clinic? Please give me any other ideas.

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (davidrobertson1@yahoo.com)"
<davidrobertson1@yahoo.com>,
"David Robertson (dmr@media.mit.edu)"
<dmr@media.mit.edu>
Subject: FW: Patient #2: SAO PHAL, Cambodia Telemedicine, 14 January 2003
Date: Tue, 14 Jan 2003 17:03:40 -0500

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Tuesday, January 14, 2003 11:33 AM
To: Kelleher, Kathleen M. - Telemedicine
Subject: RE: Patient #2: SAO PHAL, Cambodia Telemedicine, 14 January 2003

Can we get the blood test results from her previous visits to the hospital? She must have been tested for electrolytes, renal function, blood sugar and ekg. What is PNP?

She has diabetes and it is out of control. So I would have her resume her Diamicron 80 mg qd.

It will be useful to get an ekg or better still an exercise or stress EKG to confirm whether she has coronary artery disease. If Sihanouk Hospital can do that, then it's worthwhile. Otherwise, one could empirically treat her for unstable angina with nitroglycerin to see whether her chest pain is relieved. If it is, then she could start a beta blocker like metoprolol 25 mg bid, titrating every week to 50 mg bid if necessary to prevent chest pain, while monitoring for bradycardia [pulse less than 50/m] or orthostatic hypotension.

Tan, Heng Soon,M.D.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #2: SAO PHAL, Cambodia Telemedicine, 14 January 2003
Date: Wed, 15 Jan 2003 09:37:19 +0700

SCHC reply:

Restart the diamecrom 80mg/day and place her on an aspirin 1 tablet per day. I am surprised the blood pressure is low off her antihypertensive medication but lets **not** restart nifedipine now. I agree she needs an EKG and lab workup. Send her to the hospital for that. (If she can make the trip to SHCH that would be great) --Gary Jacques

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Date: Tue, 14 Jan 2003 00:23:09 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #3: SOM THOL, Cambodia Telemedicine, 14 January 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:

We'll have the follow up clinic at 8:00am, Wednesday 15 January (8:00pm, Tuesday, 14 January in Boston.) Best if we could receive your e-mail advice before this time.

Thanks again for your assistance.

Sincerely,

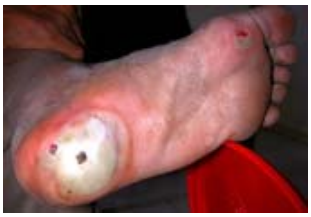
David

Telemedicine Clinic in Robib, Cambodia
14 January 2003

Patient #3: SOM THOL, male, 49 years old, follow up patient

Chief complaint: Wound on the left sole for last four days, and still numbness on the limbs, and sometimes epigastric pain.

History of present illness: We see this patient every month and follow up on his monthly diabetic medication. He has a diagnosis



of DMII and PNP. We cover him with Diamecrom 80mg twice daily and Vitamin B1 250 mg daily following the doctors' e-mail advice. Four days ago he got burnt by fire on the left sole, size of wound is about 4 x 3 cm, wound gets more painful day to day, looks pale on wound, and oozing comes out. Besides this new problem he complains of limb numbness and epigastric pain after a meal. His blood sugar is 493mg/dl after a meal today.

Physical exam

BP: 90/40
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, not tender, positive bowel sound, and has epigastric pain.

Limbs: Mild numbness and on the left sole has a wound, size of wound is about 4 x 3cm.

Blood sugar: 493 mg/dl (after meal)

Assessment: DMII. PNP. Dyspepsia? Left sole wound infection.

Recommend: Should we cover him with the same medication and add cloxacilline 500mg four times daily for ten days and Tums, 1 gram three times daily for 30 days. Clean wound every day and keep restricting sweet diet. Please give me any other ideas.

From: "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>

To: 'David Robertson' <davidrobertson1@yahoo.com>,

"Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG>,

"Qureshi, Abrar A.,M.D." <AQURESHI@PARTNERS.ORG>

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

"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>

Subject: RE: Patient #3: SOM THOL, Cambodia Telemedicine, 14 January 2003

Date: Tue, 14 Jan 2003 14:31:36 -0500

Hello,

The gentleman has several problems.

1. Burn, L foot. This type of wound is very serious in a diabetic, and proper treatment is essential

to preserving this patient's limb. It is not clear that he has an infection, but I would certainly treat him as if he does. If this is an infection, he at risk for developing osteomyelitis (bone infection), which could be life threatening. I recommend the following:

- - Incision and drainage of the lesion under sterile conditions, un-roofing what appears to be a blister

- - Cloxacillin 500mg PO QID is a good choice to cover the most likely organisms, staph or strep. It would be preferable, however, to also cover gram negative bacteria and anaerobes. If you have a second generation cephalosporin and flagyl that would cover all organisms we are worried about.

- - It is imperative that he keep his foot clean. It needs to be washed once a day, covered with a topical antibiotic such as bacitracin, and covered with a dry sterile dressing. Perhaps you can teach him to do this in the village. Please emphasize how important this will be to preserving his limb.

2. Limb numbness. The ddx include peripheral neuropathy due to diabetes, which is most likely, but Hansen's disease and HIV are possibilities.
3. Diabetes. His blood sugar is quite high, placing him at risk for the many complications of diabetes, including poor wound healing. Is he taking his diamecrom? I am not familiar with this medication, but it should either be increased or he should be started on another diabetes medication. Restricting sweets and simple carbohydrates is essential.
4. Epigastric pain. Gastritis or peptic ulcer related pain are most likely. Tums is a good choice. If pain does not remit famotidine would be the next step.
5. PLEASE HAVE HIM FOLLOW-UP AT THE NEXT CLINIC.

I hope this helps.

Sincerely,

Iris Kedar, M.D.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #3: SOM THOL, Cambodia Telemedicine, 14 January 2003
Date: Wed, 15 Jan 2003 09:46:54 +0700

SCHC reply: Agree with your medication choices except I would add ofloxin 400mg bid if you have it. This person is at risk of complications and needs to have the wound and blood supply to the foot evaluated by a physician. Send to regional hospital or SHCH for eval. --Gary Jacques

---

Date: Tue, 14 Jan 2003 00:30:36 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #4: HENG SOK, Cambodia Telemedicine, 14 January 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:

We'll have the follow up clinic at 8:00am, Wednesday 15 January (8:00pm, Tuesday, 14 January in Boston.) Best if we could receive your e-mail advice before this time.

Thanks again for your assistance.

Sincerely,

David

Telemedicine Clinic in Robib, Cambodia
14 January 2003

Patient #4: HENG SOK, female, 34 years old, farmer

Chief complaint: Epigastric pain on and off for more than one month, getting worse the last three days.

History of present illness: For more than one month she has epigastric pain on and off. Just three days ago she got severe abdominal pain on the epigastric area, pain like cramping not radiating to anywhere. Pain increases after meal and is accompanied by burping, nausea, and excessive saliva in the morning, vertigo, and weakness. She has never seen a doctor at all, just came to see us.

Current medicine: None
Past medical history: None
Social history: None
Family history: None
Allergies: None

Review of system: Has upper epigastric pain, no cough, no stool with blood, no chest pain, no fever, no diarrhea, and no shortness of breath.

Physical exam

General Appearance: Looks well
BP: 90/50
Pulse: 120
Resp.: 20
Temp. : 36.5

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

Assessment: Dyspepsia, Parasitis.

Recommend: Should we cover her with some medicines like:

- **Tums, 1 gram, three times per day, for one month**
- **Mebendazole, 100mg twice daily, for three days**

Please give me any other ideas.

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (davidrobertson1@yahoo.com)"
<davidrobertson1@yahoo.com>,
"David Robertson (dmr@media.mit.edu)"
<dmr@media.mit.edu>
Subject: FW: Patient #4: HENG SOK, Cambodia Telemedicine, 14 January 2003
Date: Tue, 14 Jan 2003 17:00:20 -0500

-----Original Message-----
From: dsands@bidmc.harvard.edu [mailto:dsands@bidmc.harvard.edu]
Sent: Tuesday, January 14, 2003 2:13 PM
To: Kelleher, Kathleen M. - Telemedicine
Subject: RE: Patient #4: HENG SOK, Cambodia Telemedicine, 14 January 2003

Impression: This is most likely gastroesophageal reflux disease but other possibilities include biliary colic (gallstones), peptic ulcer disease, pancreatitis, gastrointestinal malignancy, and I suppose parasitic infestation. Has the patient had any weight loss? If so it might make me concerned about a gastrointestinal malignancy. Any melena or blood in the stool? That would support malignancy or bleeding ulcer.

Plan:

1. Elevate head of bed
2. Avoid caffeine, chocolate, caffeine, alcohol
3. Do not recline for 2 hours after meals
4. Magnesium hydroxide (Maalox or Mylanta) 30 cc qid as needed
5. Empiric treatment with mebendazole as you suggest
6. If not improved within few weeks, try avoiding fatty foods
7. If still not improved or if any weight loss or fever send CBC, amylase, liver function tests, helicobacter pylori titer, abdominal ultrasound
8. If ultrasound negative for stones, can add ranitidine 150 mg PO bid

- *Danny* Daniel Z. Sands, MD, MPH V: (617) 667-1510
___/ Center for Clinical Computing F: (810) 592-0716
(__ Beth Israel Deaconess Medical Center
___) Harvard Medical School
http://cybermedicine.caregroup.harvard.edu/dsands

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #4: HENG SOK, Cambodia Telemedicine, 14 January 2003
Date: Wed, 15 Jan 2003 09:50:10 +0700

SCHC reply: Agree with plans. Evaluate gallbladder with ultrasound if symptoms don't resolve after treatment. --Gary Jacques

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Date: Tue, 14 Jan 2003 00:36:23 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #5: SEK LONN, Cambodia Telemedicine, 14 January 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:

We'll have the follow up clinic at 8:00am, Wednesday 15 January (8:00pm, Tuesday, 14 January in Boston.) Best if we could receive your e-mail advice before this time.

Thanks again for your assistance.

Sincerely,

David

Telemedicine Clinic in Robib, Cambodia
14 January 2003

Patient #5: SEK LONN, male, 63 years old, Farmer

Chief complaint: Patient complains that both legs have had numbness on and off for one year and has had epigastric pain on and off more than one year.

History of present illness: For more than one year this patient has had epigastric pain on and off, pain like cramping, not radiating to anywhere, especially pain increases after meal. Patient also has burping and excessive saliva in the morning. Both legs have numbness and weakness. He cannot walk a long distance. This patient has never seen a medical doctor so he came to see us.

Current medicine: None
Past medical history: None
Social history: Does not drink alcohol but has smoked for over forty years.
Family history: None
Allergies: None

Review of system: Has upper epigastric pain, no cough, no fever, no chest pain, no shortness of breath, and has constipation.

Physical exam

General Appearance: Looks well
BP: 130/80
Pulse: 84
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Neck: No goiter, no lymph node and no JVD.
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, positive bowel sound.

Limbs: Okay but on both legs decreasing reflex on both sides when we do neuro test.

Assessment: Dyspepsia. Weakness in both legs due to Vitamin B1 deficiency.

Recommend: Should we cover him with some medicines like:

- **Tums, 1 gram, three times per day, for one month**
- **Vitamin B1, 250mg twice daily, for one month**

Please give me any other ideas.

From: "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>
To: "'David Robertson'" <davidrobertson1@yahoo.com>,
"Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG>,
"Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>,
"Sadeh, Jonathan S.,M.D." <JSADEH@PARTNERS.ORG>
Cc: dmr@media.mit.edu
Subject: RE: Patient #5: SEK LONN, Cambodia Telemedicine, 14 January 2003
Date: Tue, 14 Jan 2003 17:39:24 -0500

Hello,

My assessment of this gentleman's problems follow:

1. Dyspepsia. Likely related to GERD, possibly peptic ulcer disease, or non-ulcer dyspepsia. Tums is reasonable and if pain does not improve I would try famotidine. **Do you have any thoughts on why so many people in the village seen to have epigastric pain? Is h. pylori prevalent to your knowledge?**
2. Leg numbness, weakness. The differential diagnosis is broad. Certainly thiamine deficiency could cause this and supplementation is reasonable. I would ask for more detailed history and exam:
    - what does he have difficulty doing, eg. Getting up from a chair
    - is there weakness on exam? If so it is proximal or distal?
    - Is there impaired sensation on exam?
    - Which reflexes are diminished?
3. Smoking. I would strongly encourage smoking cessation, informing the patient about the risks of lung cancer, heart disease, and peripheral vascular disease.

Please have this patient follow-up next week, and hopefully with more information we can have a neurologist give a thoughtful response.

I hope this helps.

Sincerely,

Iris Kedar, M.D.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>

Subject: RE: Patient #5: SEK LONN, Cambodia Telemedicine, 14 January 2003
Date: Wed, 15 Jan 2003 10:19:05 +0700

SHCH reply: This patient may have a peripheral neuropathy which has many possible causes. I agree with your medications. If you have a multiple vitamin that would be good to add. If patient is no better he will need lab evaluation. --Gary Jacques

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Date: Tue, 14 Jan 2003 03:35:30 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #6: HUY YIM, Cambodia Telemedicine, 14 January 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:

We'll have the follow up clinic at 8:00am, Wednesday 15 January (8:00pm, Tuesday, 14 January in Boston.) Best if we could receive your e-mail advice before this time.

Thanks again for your assistance.

Sincerely,

David

Telemedicine Clinic in Robib, Cambodia
14 January 2003

Patient #6: HUY YIM, female, 49 years old, Farmer

Chief complaint: Patient complains of neck tenderness, poor sleeping, weakness, shortness of breath, and epigastric pain on and off for one year.

History of present illness: For one year this patient has had shortness of breath during walking, and neck tenderness on and off accompanied by headache, epigastric pain, dizziness, weakness, palpitations, and excessive saliva. These signs increase when she has poor sleep and get better when she took some unknown medicine bought at a private pharmacy.

Current medicine: None
Past medical history: None
Social history: None
Family history: None
Allergies: None

Review of system: Has mild shortness of breath, no fever, no cough, no

chest pain, and no stool with blood.

Physical exam

General Appearance: Looks well
BP: 140/70
Pulse: 100
Resp.: 22
Temp. : 36.5

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

Assessment: Dyspepsia. Parasitis. Malnutrition, anxiety?

Recommend: Should we cover her with some medicines like:

- **Tums, 1 gram, three times per day, for one month**
- **Multivitamin, one tablet per day for one month**
- **Mebendazole, 100mg twice daily for three days.**

Please give me any other ideas.

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (davidrobertson1@yahoo.com)"
<davidrobertson1@yahoo.com>,
"David Robertson (dmr@media.mit.edu)"
<dmr@media.mit.edu>
Subject: FW: Patient #6: HUY YIM, Cambodia Telemedicine, 14 January 2003
Date: Tue, 14 Jan 2003 15:32:57 -0500

The differential diagnosis includes chronic diseases like anemia (from parasites, iron deficiency, B12 deficiency) causing weakness, dyspnea on exertion, or malignancy; heart disease causing epigastric pain, SOB, fatigue; dyspepsia causing epigastric pain; but also things like depression--when I see someone complaining of so many different things that don't seem to be connected, I think of depression or of the complaints being somatic in nature. Maybe try to narrow it down--what is the thing that bothers her the most? What is the nature of the headaches; of the neck pains; what did she take that made it better (maybe get the bottle--was it an anti-acid, nitroglycerin?).

For now, I would ask more questions regarding chronic disease, like weight loss, loss of appetite, fevers, night sweats; maybe weigh her today and again on the next visit (in a few weeks). If you can get a hematocrit, that would be good to evaluate anemia. I would prescribe an anti-acid (for dyspepsia symptoms) and a multivitamin (includes iron and B12) and have her return in a few weeks.

Please email back with more questions, follow up.

Jonathan Sadeh，M.D.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>

Subject: RE: Patient #6: HUY YIM, Cambodia Telemedicine, 14 January 2003
Date: Wed, 15 Jan 2003 10:24:18 +0700

SHCH reply: Agree with medications. Not sure why short of breath. Would recommend CBC, maybe CXR if symptoms don't resolve soon. __Gary Jacques

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Date: Tue, 14 Jan 2003 03:38:15 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #7: SOK THON, Cambodia Telemedicine, 14 January 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:

We'll have the follow up clinic at 8:00am, Wednesday 15 January (8:00pm, Tuesday, 14 January in Boston.) Best if we could receive your e-mail advice before this time.

Thanks again for your assistance.

Sincerely,

David

Telemedicine Clinic in Robib, Cambodia
14 January 2003

Patient #7: SOK THON, female, 30 years old, Farmer

Chief complaint: Patient complains of epigastric pain on and off for two months.

History of present illness: For two months she has epigastric pain on and off, pain like cramping, just on epigastric area not radiating to anywhere, accompanied by burping and weakness. She gets more pain after a meal and feels better after taking an antacid like Tums. Because patient lacks money, she discontinued taking Tums a long time ago and can only takes it during increased pain. So she came to see us.

Current medicine: None
Past medical history: None
Social history: None
Family history: None
Allergies: None

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

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 lymph node and no JVD.
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, positive bowel sound, and mild epigastric pain.
Limbs: No edema, no stiffness and no deformity.

Assessment: Dyspepsia. Parasitis. Malnutrition.

Recommend: Should we cover her with some medicines like:

- **Tums, 1 gram, three times per day, for one month**
- **Multivitamin, one tablet per day for one month**
- **Mebendazole, 100mg twice daily for three days**

Please give me any other ideas.

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (davidrobertson1@yahoo.com)"
<davidrobertson1@yahoo.com>,
"David Robertson (dmr@media.mit.edu)"
<dmr@media.mit.edu>
Subject: FW: Patient #7: SOK THON, Cambodia Telemedicine, 14 January 2003
Date: Tue, 14 Jan 2003 16:59:42 -0500

-----Original Message-----
From: dsands@bidmc.harvard.edu [mailto:dsands@bidmc.harvard.edu]
Sent: Tuesday, January 14, 2003 2:43 PM
To: Kelleher, Kathleen M. - Telemedicine
Subject: RE: Patient #7: SOK THON, Cambodia Telemedicine, 14 January 2003

I'm not quite sure why you said she had malnutrition. Has she had weight loss? Did she look thin? I am concerned if her condition is causing her to lose weight.

Did she have any vomiting? Is she eating well? Can you test her stool for blood?

Impressions:

She has dyspepsia. Most likely she has gastroesophageal reflux, peptic ulcer disease, non-ulcer dyspepsia. Possibly pancreatitis, gastrointestinal malignancy, parasitic disease, viral gastroenteritis. Since this is the second case of this I received today, I wonder if there is an epidemic, suggesting a parasitic infestation or helicobacter pylori infection.

Plan:

1. If she has been losing weight since she's been ill, I would transport her to hospital for blood tests, abdominal ultrasound.
2. Elevate head of bed

3. Avoid caffeine, chocolate, caffeine, alcohol
4. Do not recline for 2 hours after meals
5. Magnesium hydroxide (Maalox or Mylanta) 30 cc qid as needed
6. Empiric treatment with mebendazole as you suggest
7. If not improved within few weeks, try avoiding fatty foods
8. If still not improved or fever send CBC, amylase, liver function tests, helicobacter pylori titer, abdominal ultrasound
9. If ultrasound negative for stones, can add ranitidine 150 mg PO bid

If this patient can't afford an antacid, it's going to be hard to get her to feel better, unless she responds to behavioral therapy (#2,3,4,7). If she is indeed malnourished then a multi vitamin won't really help that much.

- *Danny* Daniel Z. Sands, MD, MPH V: (617) 667-1510
___/ Center for Clinical Computing F: (810) 592-0716
(__ Beth Israel Deaconess Medical Center
___) Harvard Medical School
http://cybermedicine.caregroup.harvard.edu/dsands

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #7: SOK THON, Cambodia Telemedicine, 14 January 2003
Date: Wed, 15 Jan 2003 10:29:20 +0700

SHCH reply: Agree with plans. She may have H. pylori and benefit from an eradication regimen if she has funds or access to that (SHCH) --Gary Jacques

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Date: Tue, 14 Jan 2003 03:41:33 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #8: KY CHHENG LAN, Cambodia Telemedicine, 14 January 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:

We'll have the follow up clinic at 8:00am, Wednesday 15 January (8:00pm, Tuesday, 14 January in Boston.) Best if we could receive your e-mail advice before this time.

Thanks again for your assistance.

Sincerely,

David

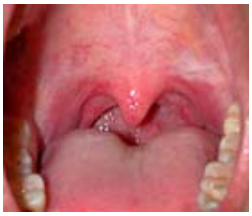
Telemedicine Clinic in Robib, Cambodia
14 January 2003

Patient #8: KY CHHENG LAN, female, 29 years old

Chief complaint: Patient complains of sneezing and headache on and off for three years.

History of present illness: Three years ago this patient started sneezing and got headaches, sometimes gets pain in her nose and it has a bad smell as well. She went to the pharmacy and bought some unknown medication to take but sneezing continued, so she came to see us.

Current medicine: None
Past medical history: None
Social history: None
Family history: None
Allergies: None



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

Physical exam

General Appearance: Looks well
BP: 100/70
Pulse: 80
Resp.: 20
Temp. : 36.5

Hair, eyes, and ears: Okay.
Nose: Mild pain in nostrils.
Throat: Mild redness but no pain. Tonsil is not enlarged.
Neck: No goiter, no lymph node and no JVD.
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, and positive bowel sound.
Limbs: No edema and no stiffness.

Assessment: Sneezing due to allergy. Pharyngitis and Rhinitis due to allergy? Anxiety?

Recommend: Should we cover her with some medicines like:

- **Allergine, 5mg, twice daily for one week**
- **Paracetemol, 500mg, four times daily for one week**

Please give me any other ideas.

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (davidrobertson1@yahoo.com)"
<davidrobertson1@yahoo.com>,
"David Robertson (dmr@media.mit.edu)"
<dmr@media.mit.edu>
Subject: FW: Patient #8: KY CHHENG LAN, Cambodia Telemedicine, 14 January 2003
Date: Tue, 14 Jan 2003 15:42:11 -0500

-----Original Message-----
From: Sadeh, Jonathan S.,M.D.
Sent: Tuesday, January 14, 2003 3:40 PM
To: Kedar, Iris,M.D.
Cc: Kelleher, Kathleen M. - Telemedicine
Subject: RE: Patient #8: KY CHHENG LAN, Cambodia Telemedicine, 14 January 2003

Allergies seem like a very likely diagnosis in a young woman who is otherwise well. Would ask more on when does it get worse, exposures that make it worse (animals, birds, cats, seasons, cold weather); does she have any infectious symptoms to suggest sinusitis--fevers, pain around sinuses, thick secretions. If no infectious symptoms are suspected, I would treat with an anti-histamine (I assume that is what Allergine is) and try to avoid the triggers of her allergies, if possible.

Please email with other questions/follow up.

Jonathan Sadeh，M.D.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #8: KY CHHENG LAN, Cambodia Telemedicine, 14 January 2003
Date: Wed, 15 Jan 2003 10:30:58 +0700

SHCH reply: Agree with your plans. --Gary Jacques

Date: Tue, 14 Jan 2003 03:45:44 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #9: TITH SREY, Cambodia Telemedicine, 14 January 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:

We'll have the follow up clinic at 8:00am, Wednesday 15 January (8:00pm, Tuesday, 14 January in Boston.) Best if we could receive your e-mail advice before this time.

Thanks again for your assistance.

Sincerely,

David

Telemedicine Clinic in Robib, Cambodia
14 January 2003

Patient #9: TITH SREY, male, 75 years old

Chief complaint: Patient complains of epigastric pain on and off for three years.

History of present illness: For three years this patient has had epigastric pain on and off, pain like burning, radiating to whole abdomen, pain increases after meal, pain decreases after taking antacid like Tums. He gets these symptoms accompanied by burping and sometime abdominal distension. This patient has never seen a medical doctor so he came to see us.

Current medicine: None
Past medical history: None
Social history: Does not drink alcohol but has smoked for sixty years.
Family history: None
Allergies: None

Physical exam

General Appearance: Looks well
BP: 140/70
Pulse: 68
Resp.: 20
Temp. : 36.5

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

Assessment: Dyspepsia, Parasitis?

Recommend: Should we cover him with some medicines like:

- **Tums, 1 gram, three times per day, for one month**
- **Mebendazole, 100mg twice daily for three days.**

Educate him for smoking risk. Please give me any other ideas.

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (davidrobertson1@yahoo.com)"
<davidrobertson1@yahoo.com>,
"David Robertson (dmr@media.mit.edu)"
<dmr@media.mit.edu>
Subject: FW: Patient #9: TITH SREY, Cambodia Telemedicine, 14 January 2003
Date: Tue, 14 Jan 2003 17:09:02 -0500

He should be referred to the hospital for UGI endoscopy
or xrays. Gastric symptoms at his age is concerning for gastric cancer presenting
as ulcer. So response to antacids does not ensure that it is not malignancy.
Does he have nausea, vomiting or weight loss to suggest gastric outlet obstruction?

Tan, Heng Soon,M.D.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #9: TITH SREY, Cambodia Telemedicine, 14 January 2003
Date: Wed, 15 Jan 2003 10:32:19 +0700

SHCH reply: Agree with your plans. --Gary Jacques

Date: Tue, 14 Jan 2003 03:47:58 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: all cases sent, Cambodia Telemedicine, 14 January 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:

We sent nine cases this month.

We'll have the follow up clinic at 8:00am, Wednesday 15 January (8:00pm, Tuesday, 14 January in Boston.) Best if we could receive your e-mail advice before this time.

Thanks again for your assistance.

Sincerely,

David

Follow up Report, Wednesday, 15 January 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: MUY VUN, male, 36 years old

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

Patient #1: KONG HAM, female, 35 years old, farmer

Patient #2: SAO PHAL, female, 55 years old, follow up patient

Patient #4: HENG SOK, female, 34 years old, farmer

Patient #5: SEK LONN, male, 63 years old, Farmer

Patient #6: HUY YIM, female, 49 years old, Farmer

Patient #7: SOK THON, female, 30 years old, Farmer

Patient #8: KY CHHENG LAN, female, 29 years old

Patient #9: TITH SREY, male, 75 years old

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

Transported by David and Montha to Kampong Thom Provincial Hospital on Wednesday, 15 January:

- **Patient #3: SOM THOL**, male, 49 years old, follow up patient

Transport arranged for 21 January to Sihanouk Hospital Center of Hope in Phnom Penh:

- **Patient NOUNG KIM CHHANG, male, 46 years old, Telemedicine patient (February 2001,) for medication and chronic care.**

Transport arranged for 31 January to Sihanouk Hospital Center of Hope in Phnom Penh:

- **Patient PHENHG ROEUN, female, 56 years old, Telemedicine patient (August 2001,) for medication and chronic care.**

Transport arranged for 4 February to Sihanouk Hospital Center of Hope in Phnom Penh:

- **Patient #2: SAO PHAL, female, 55 years old, follow up patient**

Transport arranged for 4 February to Calmette Cardiology Hospital in Phnom Penh:

- **Patient PHIM SOPHAN, male, 13 years old, Telemedicine patient (February 2001,) for medication and chronic care.**

Transport arranged for 4 February to Sihanouk Hospital Center of Hope in Phnom Penh:

- **Patient YIN HUN, female, 60 years old, Telemedicine patient (July 2001,) for medication and chronic care.**

Transport arranged for 4 February to Sihanouk Hospital Center of Hope in Phnom Penh:

- **Patient PHIM SICCHIN, female, 30 years old, Telemedicine patient (June 2001 ,) for medication and chronic care.**

Transport arranged for 13 February 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.

Transport arranged for 14 February to Sihanouk Hospital Center of Hope in Phnom Penh:

Patient CHHAY CHANTTY, female, 30 years old, Telemedicine patient (June 2002,) for medication and chronic care.

Transport arranged for 25 February to Calmette Cardiology Hospital in Phnom Penh:

Patient CHHEM LYNA, female, 2 year old child, Telemedicine patient (February 2001,) for medication and chronic care.
