Robib and Telemedicine

January 2004 Telemedicine Clinic in Robib

Report and photos submitted by David Robertson

On Wednesday, January 7, 2004, Sihanouk Hospital Center of Hope nurse Koy Somontha gave the monthly Telemedicine examinations at the Rovieng Health Center. David Robertson transcribed examination data and took digital photos, then transmitted and received replies from several Telepartners physicians in Boston and from the Sihanouk Hospital Center of Hope (SHCH) in Phnom Penh.

The following day, all patients returned to the Rovieng Health Center. 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: Tue, 6 Jan 2004 00:29:48 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD"
<pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>,
"Dr. Srey Sin" <012905278@mobitel.com.kh>,
Bernie Krisher <bernie@media.mit.edu>
Cc: "Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, Ruth_tootill@online.com.kh,
hopestaff@online.com.kh, aafc@camnet.com.kh,
Sing Seda <seda@cambodiadaily.com>,
David Robertson <dmr@media.mit.edu>, robibtech@yahoo.com
Subject: Reminder - January 2004 Telemedicine - Robib, Cambodia

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

Dear All:

A quick reminder of the Robib, Cambodia Telemedicine schedule for

January 2004.

Best if we can have your replies by 8:00am on Thursday (Wed., January

7, 8:00pm in Boston.)

Sincerely,

David

Tue., January 6 - Travel, Phnom Penh to Robib

Wed., January 7, 8:00am - Clinic
Thu., January 8, 8:00am - Follow up clinic (January 7, 8:00pm in Boston)

Date: Wed, 7 Jan 2004 11:12:01 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD"
<pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
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Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>,
Bernie Krisher <bernie@media.mit.edu>
Cc: "Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, Ruth_tootill@online.com.kh,
hopestaff@online.com.kh, aafc@camnet.com.kh,
Sing Seda <seda@cambodiadaily.com>,
David Robertson <dmr@media.mit.edu>
Subject: Patient #1: THORN KHUN - January 2004, Robib, Cambodia, Telemedicine

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

Dear All:

Best if we can have your replies in time for our follow up clinic by 8:00am on Thursday (Wed., January 7, 8:00pm in Boston.)

Sincerely,

David

Telemedicine Clinic in Robib, Cambodia – 7 January 2004

Patient #1: THORN KHUN, female, 38 years old, follow up patient

Subject: 38-year-old female returned for follow up visit for her hyperthyroidism. She's taken a Thyroid function test twice; TSH = 0.02, free T4 = 28 on 13 August 2003; TSH = 0.02, free T4 = 26 on 11 October 2003; tests done at Sihanouk Hospital Center of Hope. She has been covered with **Multivitamin tab once daily, and Feso4/folic 200/25mg, one tab per day for five months. She just gave birth on 3 December 2003 at Preah Vihear Provincial Hospital with normal delivery. Her baby has good health and was vaccinated for TB. Now she feels back pain, slight headache, decreasing** palpitations, decreasing shortness of breath, decreasing vaginal discharge, no fever and no cough.

Object: BP: 120/70, **Pulse:** 98, **Resp.:** 20, **Temp. :** 36.5, **Wt.:** 57 kg

- Looks stable.
- Her thyroid gland is not enlarged, no exophthalmos
- Lungs clear both sides, no crackle, no wheezing
- Heart regular rhythm without murmur.
- Abdomen: Soft, flat, not tender, positive bowel sound
- Extremities have no edema and no tremor

Assessment: Hyperthyroidism.

Plan: Prescribe following meds for one month.

- **Multivitamin tab once daily**
- **Feso4/folic 200/25mg, one tab per day**

Suggestion: We want to draw her blood in the village to test at SHCH to recheck her Thyroid test. Do you agree? Please give me any other ideas.

From: "Jennifer G. Hines, MD" <sihosp@online.com.kh>
To: "'David Robertson'" <dmr@media.mit.edu>
Cc: <tmed_rithy@online.com.kh>, <tmed1shch@online.com.kh>
Subject: RE: Patient #1: THORN KHUN - January 2004, Robib, Cambodia, Telemedicine
Date: Thu, 8 Jan 2004 07:32:12 +0700

Dear Guys:

Thanks for the follow-up on this patient. Montha, you did a good job managing her and I am glad that the baby is healthy. At this point, she is not clinically hyperthyroid, so I would wait 2-3 months for repeat thyroid tests. She needs to continue with the vitamins and stay on a healthy diet.

Thanks.

Jennifer G. Hines, MD
Medical Director
Sihanouk Hospital Center of HOPE (SHCH)
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PO Box 2318
Phnom Penh, 3 Cambodia
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Fax: 855-23-882-485
Mobile: 855-11-880-315

From: "Heinzelmann, Paul J." <PHEINZELMANN@PARTNERS.ORG>
To: "Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"'dmr@media.mit.edu'"
<dmr@media.mit.edu>
Cc: "Lugn, Nancy E." <NLUGN@PARTNERS.ORG>
Subject: RE: Patient #1: THORN KHUN - January 2004, Robib, Cambodia, Telem
edicine
Date: Wed, 7 Jan 2004 15:16:27 -0500

Patient #1: THORN KHUN, female, 38 years old, follow up patient

I am very happy to hear that her delivery went well and that some of her symptoms have now improved. You have reported that her last free T4 was 26 and her TSH .02. To make sure we are dealing with the same units, please submit the units and the normal ranges you are using.

I am using the following lab ranges:
normal free T4= .8-2.2 ng/dl
normal TSH = .5-5 uU/ml (since 2002 normal TSH =.3-3uU/ml

http://www.aace.com/pub/tam2003/press.php)

If she indeed suffering from hyperthyroidism (or subclinical hyperthyroidism) by these labs,

she remains at increased risk for cardiac abnormalities and bone loss, and strong consideration should be given to initiating treatment and restoring the TSH level to within the normal range.

Recommendations:

1. Educate her about the symptoms of worsening hyperthyroidism and thyroid storm, and of the need to receive immediate treatment if symptoms develop.

2. If no worsening of her symptoms occurs, at minimum, recheck TSH in 6-10 weeks after delivery.

3. I would also continue the multivitamins as long as she is breast feeding.

4. I also see that she is on iron replacement. Was she anemic? If so, plan for a repeat CBC in the future.

I hope this was helpful.

Thank you for this interesting patient.

Paul Heinzelmann, MD, DTM&H

Date: Wed, 7 Jan 2004 11:15:48 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD" <pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine" <KKELLEHERFIAMMA@PARTNERS.ORG>,
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Cc: "Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, Ruth_tootill@online.com.kh,
hopestaff@online.com.kh, aafc@camnet.com.kh,
Sing Seda <seda@cambodiadaily.com>,
David Robertson <dmr@media.mit.edu>
Subject: Patient #2: SOURN SAM ATH - January 2004, Robib, Cambodia, Telemedicine

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

Telemedicine Clinic in Robib, Cambodia – 7 January 2004

Patient #2: SOURN SAM ATH, female, 20 years old, village Trapang Reusey

Chief complaint: Right breast mass for six months.

HPI: 20-year-old single female has known mass on her right breast for six months by her palpation. Mass becomes bigger and bigger from day to day. Sometimes she gets pain on the mass and fever during her strong activities like carrying heavy things. She has never been to a hospital, just came to see us.

Past medical history: Unremarkable

Social history: No smoking and no drinking alcohol.

Family history: Unremarkable.

Allergy: None known.

Current medicine: None.

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

Object: Looks stable.

BP: 110/50, **Pulse:** 90, **Resp.:** 20, **Temp:** 36.5, **Weight:** 49 kg

- Hair, Eyes, Ears, Nose and Throat: Unremarkable
- Neck: No goiter enlargement.
- Chest: Lungs clear both sides, no crackle, no wheezing
- Heart regular rhythm without murmur.
- Right breast has one mass, size about 2 x 1 cm, regular edge, smooth, hard and pain when palpable, moving.
- No lymph node under armpit and neck
- Abdomen: Soft, flat, not tender, and has positive bowel sound.
- Extremities: Unremarkable.

Assessment: Breast tumor?

Plan: Should we refer her to Kampong Thom Hospital for ultrasound and consultation with surgeon? Please give me any ideas.

From: "Jennifer G. Hines, MD" <sihosp@online.com.kh>
To: "'David Robertson'" <dmr@media.mit.edu>
Cc: <tmed_rithy@online.com.kh>, <tmed1shch@online.com.kh>
Subject: RE: Patient #2: SOURN SAM ATH - January 2004, Robib, Cambodia, Telemedicine
Date: Thu, 8 Jan 2004 07:40:41 +0700

Dear Guys:

In this patient, one must think about infection, benign or malignant tumor. I know that breast exams are a little challenging for this culture, but it is good to exam both breasts the same way from the armpit around in circles to the nipple. We will have to review this exam, which can be taught to the patients to do on their own. Getting a picture of the lesion is helpful, too. Where is the mass? Near the nipple? Near the armpit? What about a nipple discharge? Does she have lymphadenopathy in the armpit, neck, chest areas?

I agree with your thought about a surgical evaluation and US of the breast at Kg. Thom hospital. With the mass movable on palpable, it may be an abscess and drainage would need to be done. I would not consider antibiotics here at this time.

Thanks.

Jennifer G. Hines, MD
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PO Box 2318
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Phone: 855-23-882-484, ext. 124
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From: "Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: "David Robertson (dmr@media.mit.edu)" <dmr@media.mit.edu>
Subject:
Date: Wed, 7 Jan 2004 13:32:39 -0500

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

From: Pallin, Daniel Jay,Md,Mph
Sent: Wednesday, January 07, 2004 1:31 PM
To: Kelleher-Fiamma, Kathleen M. - Telemedicine
Subject: Hi Kathy - Please forward to Cambodia

Dear Friends,

Sourn Samath has a breast cyst. This is not a serious problem. It is not a tumor.

The cyst can be drained using an 18-gauge needle and STERILE TECHNIQUE. If it comes back after that, it can be drained again or you could refer her to a surgeon.

Please let me know how she does!

Yours truly,

Danny

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Danny Pallin, MD, MPH
Department of Emergency Medicine
Brigham and Women's Hospital NH-122H
Harvard Medical School
75 Francis St., Boston MA 02115
tel: 617-525-6614
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From: hopestaff@online.com.kh
Date: Thu, 8 Jan 2004 08:39:38 +0700
To: David Robertson <dmr@media.mit.edu>
Cc: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD"
<pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
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"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
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aafc@camnet.com.kh, Sing Seda <seda@cambodiadaily.com>,
David Robertson <dmr@media.mit.edu>
Subject: Re: Patient #2: SOURN SAM ATH - January 2004, Robib, Cambodia,
~~~~~~

Telemedicine

Dear all,

most likely, this young patient has a fibroadenoma or breast cyst. Your plan to

send her to Kg Thom for a surgical consultation is good.

Thanks

Dr. Cornelia Haener

Surgeon, SHCH

Date: Wed, 7 Jan 2004 11:19:11 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD"
<pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
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Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>,
Bernie Krisher <bernie@media.mit.edu>
Cc: "Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, Ruth_tootill@online.com.kh,
hopestaff@online.com.kh, aafc@camnet.com.kh,
Sing Seda <seda@cambodiadaily.com>,
David Robertson <dmr@media.mit.edu>
Subject: Patient #3: OUK SVAY - January 2004, Robib, Cambodia, Telemedicine

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

Telemedicine Clinic in Robib, Cambodia – 7 January 2004

Patient #3: OUK SVAY, male, 52 years old

Chief complaint: Whole body edema, shortness of breath on and off for three months.

HPI: 52-year-old male, married. Patient has general body edema starting from the face and moving down to the feet, accompanied by fever, shortness of breath, abdominal distension, cough, palpitations, poor urine output the last three months. When he got these symptoms, he went to see a medical person in the village and they gave him a diuretic and some unknown drugs for 12 days. The symptoms came down and stopped while taking these drugs. Two weeks later, all the symptoms reappeared and sometimes they get worse at night. He cannot sleep with one pillow and also has a poor appetite and weakness. So he finally came to see us.

Past medical history: Unremarkable

Social history: Drank alcohol for 35 years (one litre per day) but just stopped five months ago. Smoking for 40 years, about seven sticks per

day.

Family history: Unremarkable.

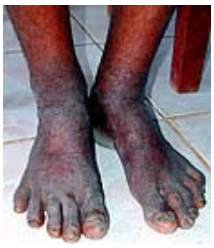
Allergy: None known.

Current medicine: Used a diuretic and unknown modern drugs during the last two months.

Review of system: No sore throat, has dry cough, no chest pain, no fever, has shortness of breath, no abdominal pain but mild distension, no stool with blood.

Physical Exam: Looks stable and oriented x 3 (place, time and person.)

BP: 140/100, **Pulse:** 84, **Resp.:** 28, **Temp:** 36.5, **Weight:** 49 kg



- Hair, Ears, Nose and Throat: Unremarkable. Eyes: Mild pale and not yellow
- Neck: Has JVD 3cm and no goiter enlargement.
- Lungs slight crackle on both sides at the base, decreasing breath sound at right base
- Heart regular rhythm, has murmur 1/3 at apex.
- Abdomen: Soft, mild distension, has positive bowel sound, Hepathomegalie 4cm under costal diaphragm.
- Extremities: Both legs +4 pitting edema.
- Urinanalysis: Protein +2.

Assessment:

1. **Valvular heart disease? MR? CHF?**
2. **Liver cirrhosis?**
3. **CRF?**
4. **Lung congestion?**
5. **Anemia due to Etio?**

Plan: I would like to refer him to Kampong Thom Hospital for:

- **EKG**
- **Abdominal ultrasound**
- **Some blood work like CBC, lytes, creat., Bun, liver function, chest x-ray.**

Please give me any other ideas.

From: "Jennifer G. Hines, MD" <sihosp@online.com.kh>
To: "'David Robertson'" <dmr@media.mit.edu>
Cc: <tmed_rithy@online.com.kh>, <tmed1shch@online.com.kh>
Subject: RE: Patient #3: OUK SVAY - January 2004, Robib, Cambodia, Telemedicine
Date: Thu, 8 Jan 2004 07:54:58 +0700

Dear Montha:

This patient has signs of congestive heart failure----peripheral edema, pulmonary congestion, orthopnea (cannot lie flat in the bed) with poor urine output. Heart failure can be caused by right heart dysfunction, which could cause the elevated neck veins and enlarged liver; or left sided heart dysfunction, causing peripheral edema and fluid in the lungs. Your patient has all of these symptoms. The other possible etiology is renal failure of multiple causes. We don't know if he has ischemic heart disease, hypertensive heart disease or metabolic heart disease with this alcohol history. Does his breath smell bad? Uremia causes bad breath and is a sign

of severe renal failure.

I agree that he should be better evaluated and put on chronic medications for his condition. You did not say that he was cyanotic, so he may be oxygenating well enough for the time being. I think you should refer him to Kg. Thom hospital for a good Hx. And PE, electrolytes, Cr, CXR and EKG. The other tests may not be as important for the time being. The patient should stop smoking. I suspect that he needs to be on diuretics, ASA, fluid restriction, minimum for his problem.

Thanks.

Jennifer G. Hines, MD
Medical Director
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From: "Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: "David Robertson (dmr@media.mit.edu)" <dmr@media.mit.edu>
Subject: FW: Patient #3: OUK SVAY - January 2004, Robib, Cambodia, Telemedicine
Date: Wed, 7 Jan 2004 13:13:57 -0500

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

From: Crocker, J.Benjamin,M.D.
Sent: Wednesday, January 07, 2004 12:44 PM
To: Kelleher-Fiamma, Kathleen M. - Telemedicine
Subject: RE: Patient #3: OUK SVAY - January 2004, Robib, Cambodia, Telemedicine

Very unfortunate. Differential diagnosis includes cardiac disease (CHF, ischemic cardiomyopathy, new/worsening or ischemic valvular disease, post-infectious myocarditis, less likely pericardial disease), renal disease (acute and now worsening renal failure or glomerularnephropathy/nephritis, leading to periorbital and generalized edema), perhaps on top of a compromised liver given his long ETOH history and enlarged liver (? hypoalbuminemia).

Alternatively, this could all be related to worsening liver disease. Dobut primary infectious process, doubt primary heme process (anemia w/ high output CHF). Lung congestion very likely due to CHF +/- pulmonary effusions. Does he have ascitic fluid wave or asterixis? The response to diuretics and improvement in orthopnea suggests CHF or liver disease. Body swelling more suggestive of right sided CHF so would expect JVP to be more than just 3cm.

agree with transfer to hospital for further evaluation to
1) r/o active ischemia
2) assess cardiac function, would check echocardiogram to look for LV function/valvular function
3) assess liver status and renal status -- check LFT's, renal function, 24 hr urine protein to r/o nephrotic syndrome. check hepatitis serologies (as hepatitis and etoh can lead to faster cirrhosis development).

labs: ekg (cardiac enzymes if suspect new ischemic changes), lytes, renal function, urinalysis, liver enzymes, albumin, PT, bilirubin (is he icteric? i can't tell by picture), hepatitis serology, chest x-ray, echocardiogram, and abdominal ultrasound (to assess both hepatic and renal architecture) to start.I would admit someone in this state here in the U.S.

if CHF -- needs diuretics, likely ace-inhibitors, other BP meds (betablocker) dependent on EF. good BP control and eval for CAD. if liver disease, need to r/o infectious hepatitis, consider spironolactone/lasix combination. ETOH cessation a MUST!!! Cigarette cessation a MUST!!! if renal disease -- diuretics, ace inhibitors (if renal function and potassium can tolerate), renal

consultation....

hope this helps,

J. Benjamin Crocker, M.D.
Internal Medicine Associates 3
WACC 605
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Fax 617 724-0331
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Date: Wed, 7 Jan 2004 11:21:17 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD" <pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine" <KKELLEHERFIAMMA@PARTNERS.ORG>,
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Bernie Krisher <bernie@media.mit.edu>
Cc: "Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
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hopestaff@online.com.kh, aafc@camnet.com.kh,
Sing Seda <seda@cambodiadaily.com>,
David Robertson <dmr@media.mit.edu>
Subject: Patient #4: NGET SOEUN - January 2004, Robib, Cambodia, Telemedicine

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

Telemedicine Clinic in Robib, Cambodia – 7 January 2004

Patient #4: NGET SOEUN, male, 56 years old, follow up patient

Chief complaint: Still weakness.

Subject: 56-year-old male returned for follow up visit for his Cirrhosis and Ascitis. His previous symptoms are much improved. Has weakness,

decreased blurred vision, no cough, no chest pain, no fever, no abdominal distension, has good appetite, no black stool, has cramping muscles on both legs, and has normal urination.

Object: BP: 110/70, **Pulse:** 80, **Resp.:** 20, **Temp:** 36.5, **Weight:** 40 kg

- Hair, Eyes, Ears, Nose and Throat: Unremarkable.
- Neck: No goiter enlargement.
- Lungs clear both sides.
- Heart regular rhythm without murmur.
- Abdomen: Soft, flat, no abdominal distension, has bowel sound.
- Extremities have no edema but calves are cramping.

Assessment:

6. **Cirrhosis (stable.)**
7. **Ascitis (resolved.)**
8. **Hypokalenia due to Furosemide?**

Plan: Continue with the same medications.

- **Spironolatone, 50mg, 1/2 tablet twice daily for 30 days**
- **Furosemide, 40 mg, 1/2 tablet daily for 30 days**
- **Propranolol, 40 mg, 1/2 tablet twice daily for 30 days**
- **Multivitamin, one tablet daily for 30 days**
- **Potassium, 600mg, two tablets twice daily for 30 days**

Please give me any other ideas.

From: "Jennifer G. Hines, MD" <sihosp@online.com.kh>
To: '"David Robertson"' <dmr@media.mit.edu>
Cc: <tmed_rithy@online.com.kh>, <tmed1shch@online.com.kh>
Subject: RE: Patient #4: NGET SOEUN - January 2004, Robib, Cambodia, Telemedicine
Date: Thu, 8 Jan 2004 08:07:14 +0700

Dear Montha:

For this patient, I would stop his Furosemide and give only KCL 600mg 2 tabs QD for the next 3 days and then stop, too. I agree with maintaining all of his medications the same. I would be good for the patient to stay on a fluid restriction and watch the amount of protein that he eats. I would suggest that he eat meat 2-3 times/week and focus on fruits, vegetables and rice. He needs to be active and do stretch muscles daily.

As you know, furosemide can cause hypokalemia and Spirolactone can cause hyperkalemia. We don't want him to get too dry at this point, but to try and maintain a certain weight and fluid balance for good balance in his electrolytes, as well. He may be a little low in magnesium, which he can also lose while on diuretics. Good sources of magnesium come from nuts, peas, beans, and leafy green vegetables.

Thanks,

Jennifer G. Hines, MD
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Phnom Penh, 3 Cambodia
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From: "Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Cc: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Subject: FW: Patient #4: NGET SOEUN - January 2004, Robib, Cambodia, Telem
edicine
Date: Wed, 7 Jan 2004 18:55:18 -0500

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

> From: Tan, Heng Soon,M.D.

> Sent: Wednesday, January 07, 2004 5:48 PM

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

> Subject: RE: Patient #4: NGET SOEUN - January 2004, Robib, Cambodia,

> Telemedicine

>

> That sounds great. If there is no further edema, you could hold the lasix

> and potassium and use it periodically like once a week if his weight

> increases again. Monitoring weight twice a week will be critical.

> Heng Soon

>

Date: Wed, 7 Jan 2004 11:23:11 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD"
<pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>,
Bernie Krisher <bernie@media.mit.edu>
Cc: "Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, Ruth_tootill@online.com.kh,
hopestaff@online.com.kh, aafc@camnet.com.kh,
Sing Seda <seda@cambodiadaily.com>,
David Robertson <dmr@media.mit.edu>
Subject: Patient #5: SOM DEUM - January 2004, Robib, Cambodia, Telemedicine

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

Telemedicine Clinic in Robib, Cambodia – 7 January 2004

Patient #5: SOM DEUM, female, 64 years old, follow up patient

Chief complaint: Still both shoulders have joint pain, and still has knee pain.

Subject: 64-year-old female returned for follow up visit of Polyarthritis. Her previous symptoms are improving, but still painful on her shoulder joint and knee joint. She has no cough, no fever, no nausea, no shortness of breath, no chest pain, and has poor appetite, no abdominal pain, and no stool with blood.

Object: Looks stable.
BP: 110/60
Pulse: 98
Resp.: 20
Temp. : 37
Weight. : 34 kg

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

Neck: No JVD and no goiter.

Lungs: Clear both sides, no crackle.

Heart: Regular rhythm, no murmur.

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

Joints: Shoulder joints painful when moving, but no swelling or redness. Knees get painful during moving as well, mild warming on both sides but no swelling. Finger joints mildly stiff and hard to move in the morning.

Assessment: Polyarthritis. Malnutrition.

Plan: Could we continue giving the same drugs like the last four months?

- **Aspirin, 500mg, twice daily for one month**
- **Multivitamin, 1 tablet daily for one month**
- **Chloroquine, 300mg, ½ tablet daily for one month.**

Please give me any other ideas.

From: "Jennifer G. Hines, MD" <sihosp@online.com.kh>
To: "'David Robertson'" <dmr@media.mit.edu>
Cc: <tmed_rithy@online.com.kh>, <tmed1shch@online.com.kh>
Subject: RE: Patient #5: SOM DEUM - January 2004, Robib, Cambodia, Telemedicine
Date: Thu, 8 Jan 2004 08:17:31 +0700

Dear Montha:

Does this patient have symmetric joint pain and decreased movement? Have you ever sent a picture of her hands? Next time I would show us both her hands. I think that she has chronic osteoarthritis and perhaps you may want to try something other than ASA for her problem.

We have a medication here called Nabumetone 500mg that can be used in this patient for polyarthritis. I suppose that RA is still in the differential diagnosis, but I suspect that the chloroquine is not very useful for her.

We can give you some Nabumetone to try with her next time. I would suggest that you try any other NSAID like Ibuprofen or Naproxen for the time being. Ibuprofen dosing could be 200mg twice daily with food. I would stop the chloroquine. Naproxen dosing would be 220mg twice daily with food.

Let's try this temporary option and we will supply her with Nabumetone to try next month.

Thanks.

Jennifer G. Hines, MD
Medical Director
Sihanouk Hospital Center of HOPE (SHCH)
Street 134, Sangkat Vealvong, Khan 7 Makara
PO Box 2318
Phnom Penh, 3 Cambodia
Phone: 855-23-882-484, ext. 124
Fax: 855-23-882-485
Mobile: 855-11-880-315

From: "Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: "David Robertson (dmr@media.mit.edu)" <dmr@media.mit.edu>
Subject: FW: Patient #5: SOM DEUM - January 2004, Robib, Cambodia, Telemedicine
Date: Thu, 8 Jan 2004 09:36:06 -0500

With regards to this patient I would check an ESR, Rhematoid Factor, ANA, and CBC to rule out a systemic arthritis like Rheumatoid Arthritis or Lupus. If possible, discontinue the Aspirin and give her Ibuprofen 600mg up to TID as needed, WITH FOOD and continue the Chloroquine.

Regards,

Jon Crocker, M.D.

Date: Wed, 7 Jan 2004 11:25:02 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD"
<pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>,
Bernie Krisher <bernie@media.mit.edu>
Cc: "Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, Ruth_tootill@online.com.kh,
hopestaff@online.com.kh, aafc@camnet.com.kh,
Sing Seda <seda@cambodiadaily.com>,
David Robertson <dmr@media.mit.edu>
Subject: Patient #6: EM SOKLEY - January 2004, Robib, Cambodia, Telemedicine

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

Telemedicine Clinic in Robib, Cambodia – 7 January 2004

Patient #6: EM SOKLEY, female, 25 years old

Chief complaint: Patient still complains of epigastric pain and nausea.

Subject: 25-year-old female came for follow up visit with Gerd and Parasitis. Last month we covered her with Tums, 1 gram twice daily for one month, and Mebendazole, 100 mg twice daily for three days. Her symptoms improved just a little bit but still has nausea, epigastric pain, excessive saliva, less diarrhea, has hiccups after a meal, no fever, no cough, no shortness of breath, no chest pain, and no weight loss.

Object: Looks stable. Alert and oriented x 3 (place, person, and time.)

BP: 110/70, **Pulse:** 80, **Resp.:** 20, **Temp:** 36.5, **Weight:** 40 kg

Hair, eyes, ears, nose, and throat: Unremarkable

Neck: No enlargement and no JVD

Heart: Regular rhythm, no murmur

Lungs: Clear both sides, no crackle

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

Extremities: Unremarkable

Assessment:

1. **Gerd, PVD?**
2. **Malnutrition**

Plan: We would like to change from:

- **Tums to Omerprazole 20 mg one tablet twice daily for one month**
- **Multivitamin, one tablet daily for one month**

Please give me any other ideas.

From: "Bunse LEANG" <tmed1shch@online.com.kh>
To: "'David Robertson'" <dmr@media.mit.edu>, <tmed_montha@online.com.kh>
Cc: "'Gary Jacques'" <gjacques@bigpond.com.kh>,
"'Jennifer Hines'" <sihosp@bigpond.com.kh>,
"'Rithy Chau'" <tmed_rithy@online.com.kh>,
"'Bernie Krisher'" <bernie@media.mit.edu>
Subject: RE: Patient #6: EM SOKLEY - January 2004, Robib, Cambodia, Telemedicine
Date: Thu, 8 Jan 2004 08:45:59 +0700

Dear David and Montha,

Not better with Tums. Also heart-burn, nausea.

1. How about her menstruation? Please check if she is pregnant.

2. Possible GERD. Agree with your omeprazole 20 mg daily. We would add metoclopramide 5-10mg tid to qid, sleep with bed elevated, avoid chocolate, avoid sleep right after meal, avoid wearing clothes too tight, not to be obesis.

Regards,

Bunse/Jennifer

From: "Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: "David Robertson (dmr@media.mit.edu)" <dmr@media.mit.edu>
Subject: FW: Patient #6: EM SOKLEY - January 2004, Robib, Cambodia, Telemedicine
Date: Wed, 7 Jan 2004 13:11:16 -0500

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

From: Crocker, J.Benjamin,M.D.

Sent: Wednesday, January 07, 2004 12:27 PM

To: Kelleher-Fiamma, Kathleen M. - Telemedicine

Subject: RE: Patient #6: EM SOKLEY - January 2004, Robib, Cambodia, Telemedicine

Yes change to omeprazole twice daily. The epigastric tenderness is concerning for peptic ulcer (duodenal or gastric). Any way to check H. Pylori antibody status? If persistent symptoms, or weight loss, or melena or dysphagia, despite PPI therapy, she warrants an endoscopy. Avoid NSAIDs, dietary irritants. I would also guaiac her stool and check CBC. If positive guaiac or anemic, consider endoscopy earlier.

J. Benjamin Crocker, M.D.
Internal Medicine Associates 3
WACC 605
15 Parkman Street
Boston, MA 02114
Phone 617 724-8400
Fax 617 724-0331
Email jbcrocker@partners.org

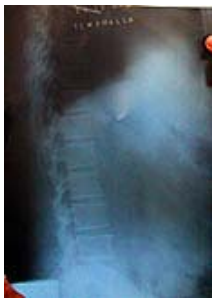
Date: Wed, 7 Jan 2004 11:31:09 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD"
<pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"

<KKELLEHERFIAMMA@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>,
Bernie Krisher <bernie@media.mit.edu>
Cc: "Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, Ruth_tootill@online.com.kh,
hopestaff@online.com.kh, aafc@camnet.com.kh,
Sing Seda <seda@cambodiadaily.com>,
David Robertson <dmr@media.mit.edu>
Subject: Patient #7: YEM PHALA - January 2004, Robib, Cambodia, Telemedicine

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

Telemedicine Clinic in Robib, Cambodia – 7 January 2004

Patient #7: YEM PHALA, male, 55 years old, follow up patient



Subject: 55-year-old male returned for follow up visit of stable hypertension and muscle pain (sciatica?) His symptoms are much improved, less dizziness, decreasing headache, no shortness of breath, no chest pain, no cough, no abdominal pain, and has left muscle pain from hip to thigh, especially during walking. Ten days ago he went to Siem Reap for a spinal x-ray. The doctor says he has a problem with L4, film attached.

Object: Looks stable, alert and oriented x 3..

BP: 130/70
Pulse: 86
Resp.: 20
Temp. : 36.5
Weight. : 77 kg

Hair, eyes, ears, nose, and throat: Unremarkable.
Neck: No goiter and no JVD
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, and has positive bowel sound all quadrants.
Limbs: Unremarkable

Assessment:

1. Stable Hypertension.

2. Muscle pain on left leg (sciatica?)

Plan: May we continue with the same drugs for another month?

- **Propranolol, 40 mg, 1/4 tablet twice daily**
- **Aspirin, 500 mg, 1/4 tablet daily**
- **Vitamin B1, 250 mg daily**

From: "Bunse LEANG" <tmed1shch@online.com.kh>
To: "'David Robertson'" <dmr@media.mit.edu>, <tmed_montha@online.com.kh>
Cc: "'Gary Jacques'" <gjacques@bigpond.com.kh>,
"'Rithy Chau'" <tmed_rithy@online.com.kh>,
"'Jennifer Hines'" <sihosp@bigpond.com.kh>,
"'Bernie Krisher'" <bernie@media.mit.edu>
Subject: RE: Patient #7: YEM PHALA - January 2004, Robib, Cambodia, Telemedicine
Date: Thu, 8 Jan 2004 08:59:54 +0700

Dear David and Montha,

There are osteophytes noted L4-L5 on lateral view, but we cannot see AP view clearly. Exercises, lowering weight, and some pain killer PRN, like paracetamol would do fine.

Good job, agree with the continuation of propranolol.

Regards,

Bunse/Jennifer

From: "Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: "David Robertson (dmr@media.mit.edu)" <dmr@media.mit.edu>
Subject: FW: Patient #7: YEM PHALA - January 2004, Robib, Cambodia, Telemedicine
Date: Wed, 7 Jan 2004 13:48:30 -0500

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

From: Cusick, Paul S.,M.D.

Sent: Wednesday, January 07, 2004 1:47 PM

To: Kelleher-Fiamma, Kathleen M. - Telemedicine

Subject: RE: Patient #7: YEM PHALA - January 2004, Robib, Cambodia, Telemedicine

His hypertension is well controlled at present.

I cannot see significant abnormality in L4 except for some disc space narrowing and degenerative disc disease.

I would continue his current medications. I am not sure why the B12 is being used. I would teach him some stretching exercises for his back and apply a warm wet towel to his leg and lower back twice daily for pain reduction.

Paul Cusick, M.D.

From: hopestaff@online.com.kh
Date: Thu, 8 Jan 2004 08:45:00 +0700
To: David Robertson <dmr@media.mit.edu>
Cc: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD"
<pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>,
Bernie Krisher <bernie@media.mit.edu>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, Ruth_tootill@online.com.kh,
aafc@camnet.com.kh, Sing Seda <seda@cambodiadaily.com>,
David Robertson <dmr@media.mit.edu>
Subject: Re: Patient #7: YEM PHALA - January 2004, Robib, Cambodia, Telemedicine

Dear all,

it is very difficult to evaluate these X-rays on the computer screen. Could you

bring the X-rays to Phnom Penh, so that I can have a look at them?

Thanks

Dr. Cornelia Haener

Surgeon, SHCH

Date: Wed, 7 Jan 2004 11:32:37 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD"
<pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>,
Bernie Krisher <bernie@media.mit.edu>
Cc: "Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, Ruth_tootill@online.com.kh,
hopestaff@online.com.kh, aafc@camnet.com.kh,
Sing Seda <seda@cambodiadaily.com>,
David Robertson <dmr@media.mit.edu>
Subject: Patient #8: CHAN SENG - January 2004, Robib, Cambodia, Telemedicine

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

Telemedicine Clinic in Robib, Cambodia – 7 January 2004

Patient #8: CHAN SENG, male, 68 years old

Chief complaint: Patient complains of shortness of breath, abdominal distension, and cough for four months.

HPI: 68-year-old male married farmer patient has abdominal distension, shortness of breath and productive cough the last ten days. In the last four months, all symptoms get worse day to day and are accompanied by edema both legs, poor sleeping, palpitations, poor urination, and epigastric pain, so he went to see a local medical person. They covered him with some unknown drugs such as a diuretic, antibiotic, and vitamins via IM, IV or PO for four months. His symptoms release some. Now he still has abdominal distension, shortness of breath and palpitations so he came to see us.

Past medical history: Malaria in the last six months but completely treated.

Social history: Drank alcohol 50ml/day for 20 years. Smoking for about 50 years, four sticks per day. But now he has stopped smoking for four months and alcohol for four years.

Family history: Unremarkable.

Allergy: None known.

Current medicine: Was covered with some unknown diuretic, antibiotic, and vitamins for four months.

Review of system: No sore throat, weight loss of about 10 kg during four months, has mild fever, has shortness of breath, has palpitations, has chest pain sometimes, has productive cough, has abdominal distension, and no stool diarrhea.

Object: Looks skinny. Alert and oriented x 3.

BP: 90/40, **Pulse:** 126, **Resp.:** 28, **Temp:** 37, **Weight:** 55 kg

Hair, ears, nose, and throat: Unremarkable **Eyes:** Not pale

Neck: Has JVD about 8 cm. No goiter.

Lungs: Crackle on the 1/3 left lobe, other side okay.

Heart: Irregular rhythm, no murmur, Tachycardia

Abdomen: Mild distension, soft, has positive bowel sound all four quadrants, Hepathomegalie about 5cm under costal.

Extremities: +2 pitting edema, and no deformity

Urinanalysis: Protein +2, Urobilonogen +2

Assessment:

9. **Cirrhosis?**
10. **Ascitis due to Cirrhosis?**
11. **Heart arrhythmia (PVC?) Valvular heart disease?**
12. **CHF?**

13. **PTB?**
14. **Malnutrition.**

Plan: We would like to refer him to Kampong Thom Hospital for EKG, abdominal ultrasound, chest x-ray, and blood work like CBC, lytes, Bun, creat, and liver function.

Do you agree with this plan? Please give me any other ideas.

From: "Bunse LEANG" <tmed1shch@online.com.kh>
To: "'David Robertson'" <dmr@media.mit.edu>, <tmed_montha@online.com.kh>
Cc: "'Bernie Krisher'" <bernie@media.mit.edu>,
"'Gary Jacques'" <gjacques@bigpond.com.kh>,
"'Jennifer Hines'" <sihosp@bigpond.com.kh>,
"'Rithy Chau'" <tmed_rithy@online.com.kh>
Subject: RE: Patient #8: CHAN SENG - January 2004, Robib, Cambodia, Telemedicine
Date: Thu, 8 Jan 2004 09:27:39 +0700

Dear David and Montha,

Interesting case. Could be multiple problems like you mention.

Agree with you for referral to Kg. Thom, please make a good referral, adding also sputum AFB. Because he is alcoholic, it is OK with us to give high dose vit B1 and MTV in the meantime, like in case 3.

Regards,

Bunse/Jennifer

From: "Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Cc: "Lugn, Nancy E." <NLUGN@PARTNERS.ORG>
Subject: FW: Patient #8: CHAN SENG - January 2004, Robib, Cambodia, Teleme
dicine
Date: Wed, 7 Jan 2004 18:57:08 -0500

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

> From: Tan, Heng Soon,M.D.

> Sent: Wednesday, January 07, 2004 6:22 PM

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

> Cc: 'Chang, Ann Lee'

> Subject: RE: Patient #8: CHAN SENG - January 2004, Robib, Cambodia,

> Telemedicine

>

> It sounds like he is in biventricular heart failure by history and physical

> exam, perhaps in atrial fibrillation. The etiology is not obvious. Did he have
> coronary artery disease? Was he hypertensive previously? A reliable cardiac
> exam that confirms no murmurs will exclude valvular heart disease. It does not
> sound like he has cor pulmonale from advanced emphysema. Perhaps he has
> idiopathic dilated cardiomyopathy.
>
> It will be worthwhile to exclude pulmonary tuberculosis, but by itself, it
> does not explain the heart failure. However tuberculous chronic pericardial
> effusion with tamponade should be considered. I don't think he has cirrhosis
> since you describe hepatomegaly. Furthermore you do not describe jaundice and
> other skin stigmata of cirrhosis. More likely he has liver congestion and even
> ascites from heart failure. Of course leg edema could be aggravated by
> nutritional deficiency. I wonder about the proteinuria. He may have concurrent
> renal disease with nephrotic syndrome aggravating leg edema.
>
> So to sort these out, I agree he needs:
> A detailed cardiac exam to look for paradoxical pulse, pulse volume, pattern
> of irregular pulse, to examine neck vein pulsations, determine cardiac apex,
> right ventricular heave, intensity of heart sounds, presence of S3 or S4
> gallops, and heart murmurs may help sort out the differential diagnosis.
>
> Lab tests to include CBC to exclude anemia.
> Renal function [BUN, Creatinine, albumin] and repeat urine to check for
> nephritis and nephrotic syndrome.
> TSH and T4 to exclude thyroid disease.
>
> EKG to confirm atrial fibrillation. Q waves may confirm coronary artery
> disease. There may be changes of chamber enlargement. Low voltages may raise
> possibility of dilated cardiomyopathy or pericardial tamponade.
> Echocardiogram to check heart size, wall contractility, valvular function and

> exclude pericaridal effusion.

> Chest xray to exclude pulmonary tuberculosis, check heart size and confirm

> heart failure. A globular heart would raise possibility of pericardial

> tamponade.

>

> In the meantime, he would benefit from a small dose of lasix and potassium,

> while monitoring his vital signs to avoid hypotension.

>

> Heng Soon

>

Date: Wed, 7 Jan 2004 21:26:44 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD"
<pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>,
Bernie Krisher <bernie@media.mit.edu>
Cc: "Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, Ruth_tootill@online.com.kh,
hopestaff@online.com.kh, aafc@camnet.com.kh,
Sing Seda <seda@cambodiadaily.com>,
David Robertson <dmr@media.mit.edu>
Subject: Patient #9: KHAN NAVOEUN - January 2004, Robib, Cambodia, Telemedicine

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

Dear All:

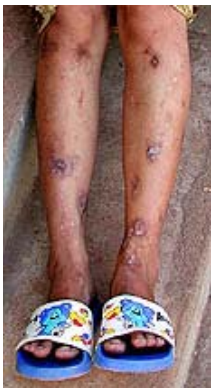
This is our last case for this month. Thank you so much for your earlier replies on the other cases.

Sincerely,

David

Telemedicine Clinic in Robib, Cambodia – 7 January 2004

Patient #9: KHAN NAVOEUN, female, 21 years old, follow up patient



Subject: 21-year-old female follow up case with lichen planus and sacchoidosis? She was covered with Bethamethazone cream for one and a half months, her symptoms improved a little bit, but she still feels itchy on both calves with some black old scars and on the right thumb. No fever, no cough, no GI problem, no pulmonary problem.

Object: Looks stable

Hair, eyes, ears, nose, and throat: Unremarkable

Lungs, heart, abdomen: Unremarkable

Extremities: Both shins have some old black scars

Assessment:

1. Lichen planus.
2. Sacchoidosis?

Plan: Please give me some other ideas. Or let me continue the same drug for another month.

1. Topical steroid (bethamethasone.)

From: "Bunse LEANG" <tmed1shch@online.com.kh>
To: "'David Robertson'" <dmr@media.mit.edu>, <tmed_montha@online.com.kh>
Cc: "'Gary Jacques'" <gjacques@bigpond.com.kh>,
"'Jennifer Hines'" <sihosp@bigpond.com.kh>,
"'Rithy Chau'" <tmed_rithy@online.com.kh>,
"'Bernie Krisher'" <bernie@media.mit.edu>
Subject: RE: Patient #9: KHAN NAVOEUN - January 2004, Robib, Cambodia, Telemedicine
Date: Thu, 8 Jan 2004 11:21:18 +0700

Dear David and Montha,

I have discussed this case with my colleague, Dr. Lavath, who have more experience in Derma. The patient could also have prurigo nodularis.

You may want to replace with a more potent steroid ointment Clobetasol. If severely itch and active nodules, a short course of oral steroid could also try. Start her with 50 mg prednisolone and devrease 5 mg every 3 days till gone. Stay on same ointment.

She may get benefit from UV of the sun. A shorter trouser like skirt would do fine.

Have a nice day!

Bunse

Follow up Report, Friday, 9 January 2004

Per e-mail advice of the physicians in Boston and Phnom Penh, two patients from this month's clinic agreed to go to the hospital:

Patient #3: OUK SVAY, male, 52 years old. Nurse Montha was concerned this patient might not survive the three and a half hour pick-up truck ride from the village to the hospital in Kampong Thom. But the prospect of remaining in the village was worse. Nurse Montha gave him medication via IV before we departed the health center. The patient seemed to be in critical condition with the earlier described symptoms plus increased difficulty in breathing (no oxygen is available at the Rovieng health center.) He was kneeling on the ground outside the health center gasping for air. Fortunately he survived the trip to the hospital and was taken to Kampong Thom Provincial Hospital by the Telemedicine team on Thursday, 8 January 2004. He was admitted to stabilize his condition and underwent testing.

Patient #8: CHAN SENG, male, 68 years old. Transported to Kampong Thom Provincial Hospital by the Telemedicine team on Thursday, 8 January 2004. He was admitted for testing.

Following patient went to the follow up clinic and agreed to have her breast cyst examined at Kampong Thom Provincial Hospital. But she left the clinic saying she wanted to go to the market and would return shortly. Unfortunately she did not return in time for the Telemedicine team's departure:

Patient #2: SOURN SAM ATH, female, 20 years old, village Trapang Reusey

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

Patient #1: THORN KHUN, female, 38 years old, follow up patient

Patient #3: OUK SVAY, male, 52 years old

Patient #4: NGET SOEUN, male, 56 years old, follow up patient

Patient #5: SOM DEUM, female, 64 years old, follow up patient

Patient #6: EM SOKLEY, female, 25 years old

Patient #7: YEM PHALA, male, 55 years old, follow up patient

Patient #9: KHAN NAVOEUN, female, 21 years old, follow up patient

November 2003 Patient: MUY VUN, male, 36 years old, follow up patient

December 2003 Patient: PEN VANNA, female, 37 years old, follow up patient

December 2003 Patient: SAO PHAL, female, 56 years old, follow up patient

December 2003 Patient: THO CHANTHY, female, 36 years old, follow up patient

December 2003 Patient: SOM THOL, male, 50 years old, follow up patient

December 2003 Patient: SUM SOKNA, female, 20 years old, follow up patient

Transport arranged for two follow up appointments in late January at Sihanouk Hospital Center of Hope in Phnom Penh:

September 2001 Patient: PHENG ROEUNG, female, 58 years old

This patient will stay with one of her relatives in Phnom Penh.

November 2003 Patient CHHOURN SOKHON, male, 45 years old. He returned to the Telemedicine clinic this month. Amazingly, his foot wound, open for more than 20 years, is beginning to fill in and heal. Nurse Montha inspected the patient's wound and advised him to keep cleaning the wound daily and to return to the Telemedicine clinic if there were any complications.

The schedule for the next Telemedicine Clinic in Robib:

Mon. February 9 - Travel - Phnom Penh to Robib

Tue. February 10 - Clinic

Wed. February 11 - Morning follow up clinic. Travel - Robib to Phnom Penh with a stop at Kampong Thom Provincial Hospital.
