

Robib and Telemedicine

Robib Telemedicine Clinic January 2005

Report and photos compiled by Rithy Chau, Telemedicine Physician Assistant at SHCH

On Monday, January 3, 2005, SHCH staff, Nurse Koy Somontha traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following day, Tuesday and Wednesday (morning), January 4 & 5, 2005, the Robib TM clinic opened to receive the patients for evaluations. There were 3 new cases and 7 follow-up patients. The patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on Thursday, January 6, 2005.

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

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

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

From: TM Team [mailto:tmrural@yahoo.com]

Sent: Monday, December 20, 2004 2:53 PM

To: Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Nancy Lugn; Nancy E. Lugn; Jack Middlebrook; Gary Jacques

Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; bhammond@partners.org; Montha Koy; Bernie Krisher

Subject: Robib Telemedicine for Janaury 2005

Dear all,

I am writing to inform you about Robib Telemedicine for Janaury, 2005

Here is agendy of trip

- On 03/01/2005 we will leave PP to the village.

- On 04/01/2005 we see the new cases in the morning and at afternoon all patients' case will be typed and sent to Boston and SHCH.

- On 05/01/2005 we see the follow up cases in the morning and at the afternoon we will do the same like on the 04/01/2005.

- On 06/01/2005 we will get all the answers in order to manage the patient treatment plan, and come back to PP.

Please, be aware that next month we are going to change Robib Email address from tmrural@yahoo.com to something else. We will inform you all later.

Thank you very much for your strong cooperation with us.

Best regards,

Montha

Do You Yahoo!?
Tired of spam? Yahoo! Mail has the best spam protection around
<http://mail.yahoo.com>

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

From: TM Team [mailto:tmrural@yahoo.com]
Sent: Tuesday, January 04, 2005 7:28 PM
To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: Robib Telemedicine for January, 2005

Dear all,

For this January 2005, the first day of Robib Telemedicine we have 3 new cases and one follow up case. Please, see my attachment one by one.

Best regards,

Montha

Do You Yahoo!?
Tired of spam? Yahoo! Mail has the best spam protection around
<http://mail.yahoo.com>

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

From: TM Team [mailto:tmrural@yahoo.com]
Sent: Tuesday, January 04, 2005 7:35 PM
To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: patient# 01, Lang Da, 45F (Thnout Malou)

Dear all,

This is patient number one with case and picture.

Best regards,

Montha

Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

Patient: Lang Da, 45F (Thnout Malou)



CC: palpitation on and off for one month.

HPI: 45F farmer, in last four weeks ago when she woke up she had strong palpitation like pushing pressure from chest and abdomen, malaise, body muscle pain, and difficult to breath. Her families helped her by massaging; all symptoms were released for a while, two hours later all symptoms reappear. From day to day, all those symptoms happens again and again

especially palpitation become stronger and stronger, sometimes also associated with another signs like SOB on exertion (Claim the steer or walking in 70m distention), tingling of limbs. But she doesn't have weight loss, no headache, no fever, no cough, no chest pain, no GI complaint, no extremities edema.

She not only has never gone to consult with any Drs or medical person but also drug use.

PMH: unremarkable

SH: unremarkable

FH: unremarkable

Allergies: NKA

ROS: no fever, no cough, no chest pain, (+) SOB, (+) palpitation, no GI complaint, n extremities edema

Current Med: None

PE:

VS: BP 150/90 P 130 R 36 T 36.5C Wt 58 Kgs

Gen: look mild anxious

HEENT: no pale on conjunctiva, n oropharyngeal lesion, n oral thrush

Neck: no JVD, no goiter seen, no lymphnode palpable

Chest: Lungs: Clear both sides. Heart: RRR, no murmur, but tachycardia

Abd: Soft, flat, no tender, (+) BS for all quadrants,

MS/Neuro: not done

Other: limbs no edema, but a little bit tremor

Previous Labs/Studies: none

Lab/Study Requests: Hgb= 11g/dl, BS(not fasting)= 386mg/dl, UA (Negative)

Assessment:

1. Tachycardia (SVT? Sinus Tachy?)
2. Toxic goiter?
3. Mild HTN
4. Diabetes?
5. Anxiety?

Plan:

1. we give her Propranolol 20mg po right now and then 20mg q12 for one month
2. Draw blood for Lytes, CBC, BUN, Creat, TSH, and T4 which

- will be done at SHCH
3. Send patient to Kg Thom for CXR and EKG which will be paid by her own.

Comments: if you have any idea or recommend please, give me.

Examined by: Koy Somontha **Date:** 04/01/05

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh.

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, January 06, 2005 3:32 AM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'
Subject: FW: patient# 01, Lang Da, 45F (Thnout Malou)

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

From: Guiney, Timothy E.,M.D.
Sent: Wednesday, January 05, 2005 1:18 PM
To: Fiamma, Kathleen M.
Subject: RE: patient# 01, Lang Da, 45F (Thnout Malou)

As indicated, the patient has been having quite frequent episodes of palpitation which will require some further investigation. If this is indeed happening each day, it should be easy enough to count the pulse and determine whether it is regular or irregular.

There are several findings in the physical and laboratory examination that are of interest. The pulse is described as being measured at 130 beats per minute and blood pressure is elevated to 150/90. The cardiac rhythm is described as being regular. If so, this could either be sinus tachycardia related to anxiety or depression (the patient looks rather depressed to me in the photograph), or supraventricular tachycardia. This will require an electrocardiogram to distinguish the two. It will be important to make sure that the electrocardiogram is being recorded while the patient is actually having her symptom of palpitation, because if the symptom is absent and the electrocardiogram appears normal, it will not be possible to make a proper diagnosis.

The issue of diabetes is also raised. It is hard to understand how the blood sugar can be 386 with a completely negative urinalysis. I would think that there would be some glycosuria at that level of blood sugar. Perhaps the tests were done at different times.

The plans as outlined in the report from Rohib will be likely to lead to a diagnosis. Thyroid hormone and blood sugar are being looked at. A chest film and electrocardiogram should be helpful as well.

Anxiety and depression should certainly be actively considered if none of the studies which are to be ordered provides an answer.

Timothy E. Guiney M.D.

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

From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, January 05, 2005 8:20 AM
To: TM Team; bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn

Subject: RE: patient# 01, Lang Da, 45F (Thnout Malou)

Dear Montha:

I agree with your plan-- sending the patient for an EKG is most important to help determine the cause of her palpitations and tachycardia, and to determine if there is any evidence of ischemia. Checking her thyroid function tests is also a good plan.

Your idea about anxiety is also a good one-- the tingling in the limbs can be associated with anxiety disorder, which can also present with shortness of breath and palpitations. Asking more questions about symptoms of anxiety and depression might help make this more clear: sleeping patterns, her mood (sad, anxious, crying frequently), her family situation, eating and weight loss/gain.

It's strange for her to have a blood glucose of 386 mg/dL with a normal UA-- there should be glucose in her urine if the level in her blood is really that high. It makes me wonder if the blood glucose measurement is correct. I would wait and see the results of the blood tests we perform her before diagnosing her with diabetes.

Hope this is helpful.

Jack

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

From: TM Team [mailto:tmrural@yahoo.com]

Sent: Tuesday, January 04, 2005 7:40 PM

To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook

Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn

Subject: patient# 02, Pin Yen, 63F (Reveing Tbong)

Dear all,

This is patient number two with case and pictures.

Best regards,

Montha

Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

Patient: Pin Yen, 63F (Rovieng Tbong)

Subject: 63F, return for her follow up right stroke with left side weakness, sever HTN, DMII and UTI. Her symptoms seem not to improve from the previous times like still has malaise, dizziness, palpitation, SOB on exertion, increase edema on the left foot and hand. But she has no fever, no cough, no chest pain, decrease frequency of urination, no GI complains.

Object: look stable

VS: BP (L) 220/90, (R) 180/80 P 72 R 20 T



36.5C Wt 41kgs

HEENT: unremarkable

Neck: No JVD, no Lymphnode palpable

Lungs: clear both sides

Heart: RRR, no murmur

Abdomen: soft, flat, not tender, (+) BS

Limbs: pitting edema (+3) on the (L) foot, and (+2) on the left hand

Neuro exam:

- Cerebellum function in tact
- Motor: 3/5 at forearm, and Left left, other are in tact
- Reflex: decrease 1/2 at left hand, other are intact
- Sensory: lose sensation at left sole



Previous Labs/Studies: result blood work done on 02/12/04

WBC= 13	Na= 132 mmol/L
RBC= 4.4	K= 5.2 mmol/L
Hgb= 11.8g/dl	BUN= 3.2mmol/L
Hct= 35	Creat= 117 micro mol/L
MCV= 78	Glycemie= 19.1 mmol/ L
MCH= 27	Cholesterol= 8.0 mmol/L
MCHC= 34	
Platelets= 308	

Lab/Study Requests: FBS= 155mg/dl. UA (+3proteine).
Microalbumine test (positive)

Assessment:

1. Sever HTN
2. Right stroke with left side weakness
3. DMII
4. CRF?
5. Hypercholesterole
6. UTI (Resolved)



Plan: I would like to increase dose of Propranolol and other drugs keep the same dase as the following

1. Propranolol 40mg 1t po q12 for one month
2. Diamecron 80mg 1t po qd for one month
3. Asperine 300mg 1/4t po qd for one month

4. Captopril 25mg 1/4t po qd for one month
5. Sivastatine 40mg 1t po qhs for one month
6. Salt and fattig food restriction
7. Do exercise every morning.

Comments: do you agree wit my plan?

Examined by: Koy Somontha, RN **Date:** 04/10/05

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh.

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Tuesday, January 04, 2005 8:48 PM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'
Subject: FW: patient# 02, Pin Yen, 63F (Reveing Tbong)

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

From: Tan, Heng Soon,M.D.
Sent: Tuesday, January 04, 2005 8:24 AM
To: Fiamma, Kathleen M.
Subject: RE: patient# 02, Pin Yen, 63F (Reveing Tbong)

She does not have chronic renal failure with creatinine in normal range, but does have diabetic nephropathy with microalbuminemia.

Her blood pressure would be better controlled with higher doses of captopril 25-50 mg bid, followed by propranolol 40-80 mg bid. Adding HCTZ 25 mg qd may help reduce edema and potentiate the effects of captopril and propranolol. Diabetes is grossly out of control being 3 times higher than normal value. I would push diamicron to max dose 320 mg qd for 2 weeks. If still uncontrolled, start insulin therapy. Blood cholesterol remains high. Simvastatin is not very efficacious. Lipitor [atorvastatin] would be more effective. If simvastatin is all you have, use the highest dose 80 mg qd. She needs more aggressive treatment for hypertension, diabetes and hyperlipidemia.

Heng Soon Tan, M.D.

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

From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, January 05, 2005 8:30 AM
To: TM Team; bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: RE: patient# 02, Pin Yen, 63F (Reveing Tbong)

Dear Montha:

The patient's persistant hypertension is concerning, especially in light of her recent stroke and diabetes. In addition to increasing her propranolol dose, I would suggest adding a third drug to her antihypertensive regimen. Considering her edema and elevated creatinine, I think a diuretic

like furosemide would be a good choice; I would suggest starting at 20 mg every morning.

Jack

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

From: TM Team [mailto:tmrural@yahoo.com]

Sent: Tuesday, January 04, 2005 7:44 PM

To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook

Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn

Subject: patient# 03, Ros Rin, 68F (An Lung Svay)

Dear all,

This is patient number three with case and picture.

Best regards,

Montha

Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

Patient: Ros Rin, 68F (An Lung Svay)



CC: abdominal pain, fever, and chill for 10 days

HPI: for 10 days, she starts having abdominal pain, fever, chill, and also accompany by another symptoms like vomiting after meal, diarrhea with mucus on and off, poor appetite, headache. When she gets these symptoms she also went to private pharmacy to buy drug like Paracetamol to take for two days to release her fever, but it seems not help her at all. All these symptoms still developed up to from day to day until now.

PMH: unremarkable

SH: unremarkable

FH: unremarkable

Allergies: NKA

ROS: no weight loses no sore throat, (+) fever, no cough, no chest pain, (+) abdominal pain around naval area, no peripheral edema.

Current Med: just Paracetamol 1g/day for two days

PE:

VS: BP 90/50 P 84 R 20 T 37.8 Wt 48 kgs

Gen: stable, but mld dehydration

HEENT: no oropharyngeal lesion, no thrust, but mild pale on conjunctiva.

Neck: no JVD, no goiter seen, no lymphnode palpable

Chest: Lungs: clear both sides. Heart: RRR, no murmur

Abd: Soft, flat, no tender, (+) BS all quadrants, mild pain during palpable around naval area.

MS/Neuro:

Other: no extremities edema on the limbs

Previous Labs/Studies: none

Lab/Study Requests: Malaria Test (Negative) done on 04/01/05, Glycemie= 99mg/dl, Hgb= 10g/dl, UA (proteine +2, specific gravity 1.010)

Assessment:

1. Typhoid fever?
2. Parasititis?
3. Anemia due to (Vit deficiency?, Iron deficiency?)
4. Mild dehydration

Plan: we would like to cover her with some medications as the following

1. GAtifloxacin 400mg 1t po qd for 2 weeks
2. Mebendazole 100mg 1t po q12 for 3 days
3. Multivitamin 1t o mqd for one month
4. Fer 200mg 1t po qd for one moth
5. Paracetamol 500mg 1t po q6 for (PRN)
6. Drink water as need

Comments: do you have any idea or command about this? Please, give me

Examined by: Koy Somontha (Nurse) **Date:** 04/01/05

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh.

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, January 05, 2005 3:39 AM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'
Subject: FW: patient# 03, Ros Rin, 68F (An Lung Svay)

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

From: dsands@bidmc.harvard.edu [mailto:dsands@bidmc.harvard.edu]

Sent: Tuesday, January 04, 2005 2:54 PM
To: Fiamma, Kathleen M.
Subject: RE: patient# 03, Ros Rin, 68F (An Lung Svay)

I agree with your assessment and some of your treatment suggestions.

Her anemia may be due to parasitic infection with either hemolysis or some occult gastrointestinal bleeding.

I would recommend checking stool for occult blood (guaiac test) and checking blood for iron and TIBC, if possible. Perhaps you can check her MCV, as well. If she has a confirmed iron deficiency, then we should treat her with iron at least twice daily. If we just give her the iron without checking, she may get constipated and stop taking the iron anyway.

- 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>

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

From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, January 05, 2005 8:38 AM
To: TM Team; bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar
Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn
Subject: RE: patient# 03, Ros Rin, 68F (An Lung Svay)

Dear Montha:

Checking the malaria smear was a very good idea.

I agree with your plan to treat infectious causes of diarrhea. If you have ciprofloxacin, I would use it instead of gatifloxacin (cipro 500 mg po BID), as the broad spectrum coverage of gatifloxacin is not necessary for infectious diarrhea.

Jack

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

From: Cornelia Haener [mailto:cornelia_haener@online.com.kh]
Sent: Wednesday, January 05, 2005 11:42 AM
To: 'TM Team'; bhammond@partners.org; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Jack Middlebrook'
Cc: 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Laurie & Ed Bachrach'; 'Kiri'; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Nancy E. Lugn'
Subject: RE: patient# 03, Ros Rin, 68F (An Lung Svay)

Dear all,

It might be good to have a rectal exam to rule out a rectal cancer causing obstruction. Did she have change of bowel habits or black stools before or is this a very acute episode?

Thanks

Dr. Cornelia Haener

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

From: TM Team [mailto:tmrural@yahoo.com]

Sent: Tuesday, January 04, 2005 7:47 PM

To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook

Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn

Subject: patient# 04, Khean Bory, 42M, (Thnal Keng)

Dear all,

This is patient number four with case and picture.

Best regards,

Montha

**Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia**

Patient: Khean Bory, 42M, (Thnal Keng)



CC: Eppigastric pain on and off for 8 months

HPI: 42M, farmer, comes to see us with complaining of epigastric pain by radiating to chest and lower back and also pain has characteristic like burning either before meal or after meal. For sometimes, epigastric pain has accompany by nausea, burp in the morning with sour test, and also diarrhea on and off. Pain can be better after taking Cimetidine, but he not taking regularly just for symptoms get worse. He has no fever, no cough, no chest pain, and no peripheral edema.

PMH: Malaria in last 2 years ago (Transfusion for 5 units)

SH: Drink alcohol 50ml/dayeveryday for 10 years, just stopped about one year ago. No smoking

FH: Unremarkable

Allergies: NKA

ROS: No weight loose, no fever, no chest pain, no SOB

Current Med: none

PE:

VS: BP100/60 P 68 R 20 T 36.5C Wt 58Kgs

Gen: look stable

HEENT: no oropharyngeal lesion, no pale on conjunctiva, no jaundice.

Neck: no JVD, no lymphnode palpable

Chest: Lungs: clear both sides. Heart: RRR, no murmur

Abd: soft, flat, no tender, (+) BS, no pain during palpable, (+) BS for all quadrants

MS/Neuro: not done

Other: limbs no peripheral edema

Previous Labs/Studies: none

Lab/Study Requests: Colo check (Negative), UA (Negative)

Assessment:

1. Dyspepsia
2. Gastritis?
3. Parasititise?

Plan:

1. Cimetidine 400mg 1t po q12 for one month
2. Mebendazole 100mg 1t po q12 for 3 days
3. Metochlopramide 10mg 1t po q12 for (PRN)
4. Avoid eating spicy food, coffee,

Comments: do you have any idea or command, please give me.

Examined by: Koy Somontha (Nurse)

Date: 04/01/05

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh.

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Tuesday, January 04, 2005 8:58 PM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'
Subject: FW: patient# 04, Khean Bory, 42M, (Thnal Keng)

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

From: Tan, Heng Soon, M.D.
Sent: Tuesday, January 04, 2005 8:36 AM
To: Fiamma, Kathleen M.
Subject: RE: patient# 04, Khean Bory, 42M, (Thnal Keng)

I would consider UGI endoscopy if he developed persistent nocturnal epigastric pain despite regular cimetidine use, anorexia and weight loss that would suggest a gastric malignancy in an older person. Serology for H.pylori would help define likelihood of gastritis. However, the clinical picture suggests gastroesophageal reflux disease. He is not overweight, does not smoke and has stopped drinking alcohol. He should avoid eating fatty meals within 2 hours of bedtime. Regular use of cimetidine 400 mg bid or 800 mg qd for 4-6 weeks should settle him. Metoclopramide is a good supplement for burping symptoms. If he fails that, use omeprazole 20 mg qd. After that he could use cimetidine for 2 week periods for recurrent flares. However, I would have a low threshold for endoscoping him if symptoms recur frequently. Mebendazole is irrelevant here but may be used for public health reasons.

Heng Soon Tan, M.D.

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

From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]

Sent: Wednesday, January 05, 2005 8:50 AM

To: TM Team; bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar

Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher; Nancy Lugn; Nancy E. Lugn

Subject: RE: patient# 04, Khean Bory, 42M, (Thnal Keng)

Dear Montha:

Patients with GERD frequently have worse symptoms after lying down-- this might be a good question to ask him. Also-- how long has he been having diarrhea? How does he describe his diarrhea? Giardia can cause burping with diarrhea, but it should not last for 8 months; I would consider this only if his diarrhea has been for less than 1 month.

If the diarrhea is not significant, I agree with your plan to treat for GERD/dyspepsia and would counsel the patient about not eating less than three hours before lying down to sleep. If possible, elevating the head and torso slightly while sleeping can also help prevent GERD.

If he does not improve, or the pain is severe, chronic pancreatitis should be considered (especially given his history of alcohol use.)

Jack

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

From: Cornelia Haener [mailto:cornelia_haener@online.com.kh]

Sent: Wednesday, January 05, 2005 11:46 AM

To: 'Jack Middlebrooks'; 'TM Team'; bhammond@partners.org; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'

Cc: 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Laurie & Ed Bachrach'; 'Kiri'; 'Montha Koy'; 'Bernie Krisher'; 'Nancy Lugn'; 'Nancy E. Lugn'

Subject: RE: patient# 04, Khean Bory, 42M, (Thnal Keng)

Dear Montha,

I agree with Jacks assessment. I would like to add gastric cancer to the differential diagnosis. Did the patient have recurrent epigastric symptoms or is this the first episode. How many weeks or months is he complaining already? Did he loose weight?

If he is not improving and loses weight, we might have to consider a gastroscopy.

Thanks

Dr. Cornelia Haener

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

From: TM Team [mailto:tmrural@yahoo.com]

Sent: Wednesday, January 05, 2005 4:01 PM

To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Nancy Lugn; Nancy E. Lugn; Jack Middlebrook

Cc: Thero Noun; Peou Ouk; Seda Seng; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher

Subject: Second day Robib Telemedicine

Dear all,

This second day Robib Telemedicine, today we have 6 more cases of follow up patient. Please see my attachment as the following.

Best regards,

Montha

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

From: TM Team [mailto:tmrural@yahoo.com]

Sent: Wednesday, January 05, 2005 4:09 PM

To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Nancy Lugn; Nancy E. Lugn; Jack Middlebrook

Cc: Thero Noun; Peou Ouk; Seda Seng; Vansoeurn Tith; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher

Subject: patient # 01, Pheng Roeung, 59F (Thnout Malou)

Dear all,

This is patient number one with case and picture.

Best regards,

Montha

**Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia**

Patient: Pheng Roeung, 59F (Thnou Malou)



Subject: 59F, farmer, returns for her follow up of Euthyroid. She feels much improving with her previous symptoms by decreasing SOB, decrease palpitation, increase appetite, effuse no fever, no cough, n chest pain, no GI complain, no peripheral edema. But she still has malaise for sometime, dizzy during stand up quickly, poor sleep, and also get muscle pain at the upper back.

Object: look stable

VS: BP 150/90 P 100 R 20 T 36.5C Wt 59 Kgs

HEENT: n oropharyngeal lesion, no pale on conjunctiva,

Neck: n JVD, thyroid gland not enlarge

Lungs: clear both sides

Heart: RRR, n murmur

Abdomen: soft, flat, no tender, (+) BS

Limbs: o tremor, no edema

Previous Labs/Studies:

Her result of blood work done on 17/03/04 at SHCH
TSH < 0.02 micro IU/mL
T4= 23pml/L

Lab/Study Requests: Glycemie=83mg/dl

Assessment:

1. Euthyroid
2. Mild HTN

Plan: I would like to increase dose of Propranolol

1. Propranolol 40mg 1/2t po q12 for one month
2. Carbimazole 5mg 1t po q12 for one month
3. Recheck T4 at SHCH
4. Encourage her to eat more vegetable and also fruit.

Comments: Do you agree with my plan? Please, give me a good idea.

Examined by: Koy Somontha, RN **Date:** 05/01/05

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh.

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

From: Cornelia Haener [mailto:cornelia_haener@online.com.kh]

Sent: Wednesday, January 05, 2005 4:19 PM

To: 'TM Team'; bhammond@partners.org; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Nancy Lugn'; 'Nancy E. Lugn'; 'Jack Middlebrook'

Cc: 'Thero Noun'; 'Peou Ouk'; 'Seda Seng'; 'Vansoeurn Tith'; 'Laurie & Ed Bachrach'; 'Kiri'; 'Montha Koy'; 'Bernie Krisher'

Subject: RE: patient # 01, Pheng Roeung, 59F (Thnout Malou)

Dear Montha,

I think it is fine to continue the same dose of carbimazole and propranolol. I would suggest changing the diagnosis to "Hyperthyroidism, medically controlled"

Thanks

Dr. Cornelia Haener

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]

Sent: Thursday, January 06, 2005 3:30 AM

To: 'tmrural@yahoo.com'

Cc: 'tmed_rithy@online.com.kh'

Subject: FW: patient # 01, Pheng Roeung, 59F (Thnout Malou)

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

From: Tan, Heng Soon, M.D.

Sent: Wednesday, January 05, 2005 11:18 AM
To: Fiamma, Kathleen M.
Subject: RE: patient # 01, Pheng Roeung, 59F (Thnout Malou)

It's surprising that she still has sinus tachycardia if she is euthyroid and taking propranolol. So it is a good idea to recheck her thyroid status. TSH would be more useful to determine her thyroid status. In the meantime, continue the carbimazole as written. I would increase propranolol to a higher dose 40 mg bid to control blood pressure.

Heng Soon Tan, M.D.

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, January 05, 2005 4:41 PM
To: TM Team
Cc: Thero Noun; Laurie & Ed Bachrach; Bernie Krisher; Rithy Chau; Jack Middlebrook
Subject: RE: patient # 01, Pheng Roeung, 59F (Thnout Malou)

Dear Montha,

It is good to continue her with the Carbimazole in maintainance dose of 5mg bid for her euthyroidism with low TSH and normal free T4. You can recheck her T4 again if last time you check was 6 months ago; if you check less than 6 mo ago, you can wait until about 6 months period to do this.

Give her some MTV with Fe 1 qd may help with her dizziness and you can stop her propranolol (this may be the reason that cause some lightheadedness for her) altogether since no more palpitation. I would not dx her as having HTN from one sitting; assess her again next month doing BP and P both arms a couple times and see if it'll remain high. Watch other symptoms that can produce from HTN also. At this point I would not do anything in tx of the new elevated BP. Please tell her to eat well and drink plenty of clean water and to take easy on standing up.

Regards,

Rithy

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

From: TM Team [mailto:tmrural@yahoo.com]
Sent: Wednesday, January 05, 2005 4:12 PM
To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Nancy Lugn; Nancy E. Lugn; Jack Middlebrook
Cc: Thero Noun; Peou Ouk; Seda Seng; Vansoeurn Tith; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher
Subject: patient #02, Prum Chorm, 66F(An Lung Svay)

Dear all,

This is patient number two with case and picture.

Best regards,

Montha

Robib Telemedicine Clinic

**Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia**

Patient: Prum Chorm, 66F (Anlung Svay)



Subject: 66F, farmer, returns for her follow up of Dyspepsia, Parasititis, and Anemia due to Vit and Iron deficiency. She feels much much improving with her previous symptoms like increasing appetite, sleep well, and effuse for no fever, no SOB, no palpitation, no cough, no GI complain, no peripheral edema.

Object: look well

VS: BP 130/80 P 74 R 20 T 36.5C Wt 40 kgs

HEENT: no oropharyngeal lesion, pink on conjunctiva

Neck: no JVD, no goiter gland enlarge

Lungs: clear both sides

Heart: RRR, no murmur

Abdomen: soft, flat, no tender (+) BS

Limbs: no peripheral edema

Previous Labs/Studies: Hgb= 8g/dl done on 30/11/04

Lab/Study Requests: Hgb= 11g/dl done on 05/01/05

Assessment:

1. Dyspepsia
2. Iron and Vit deficiency
3. Parasititis (Resolved)

Plan: I would like to continuous her with some medications as the following

1. Cimetidine 400mg 1t po q12 for one month
2. Multivitamin 1t po qd for one month
3. Iron 200mg 1t po qd for one month
4. Encourage her to eat ad drink more especially green vegetable and fruit

Comments: Do you agree with my plan? Please, give me a good idea.

Examined by: Koy Somontha, RN **Date:** 05/01/05

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, January 06, 2005 8:25 AM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'
Subject: FW: patient #02, Prum Chorm, 66F(An Lung Svay)

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

From: Smulders-Meyer, Olga,M.D.
Sent: Wednesday, January 05, 2005 5:26 PM
To: Fiamma, Kathleen M.
Subject: RE: patient #02, Prum Chorm, 66F(An Lung Svay)

I completely agree with your plan. The patient is doing well clinically and her Hb is increasing by the patient's intake of iron and vitamins.

I agree with your management, but would probably keep her on iron and multi vitamins for several months in order to replete all of her stores.

Maybe recheck the HcT in 3-6 months to ensure it remains stable.

Sincerely,

Olga Smulders-Meyer, MD

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, January 05, 2005 4:43 PM
To: TM Team
Cc: Thero Noun; Laurie & Ed Bachrach; Bernie Krisher; Rithy Chau; Jack Middlebrook
Subject: RE: patient #02, Prum Chorm, 66F(An Lung Svay)

Dear Montha,

Agree with your plan.

Rithy

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

From: TM Team [mailto:tmrural@yahoo.com]
Sent: Wednesday, January 05, 2005 4:18 PM
To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Nancy Lugn; Nancy E. Lugn; Jack Middlebrook
Cc: Thero Noun; Peou Ouk; Seda Seng; Vansoeurn Tith; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher
Subject: patient #03, Som An, 58F (Rovieng Tbong)

Dear all,

This is patient number three with case and pictures.

Best regards,

Montha

Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

Patient: Som An, 58F (Rovieng Tbong)



Subject: 58F, farmer, returns for her follow up of uncontrolled HTN, and Dyspepsia. She feels much improving with her previous symptoms by refusing for OSB, no palpitation, n fever, no cough, no chest pain, o stool with blood, n peripheral edema. But still has dullness pain epigastric area, and slightly neck tension.

Object: Look stable

VS: BP 180/90 P 68 R 20 T 36.5C Wt 46Kgs

HEENT: no oropharyngeal lesion, no pale on conjunctiva

Neck: no JVD, o thyroid glad enlarge

Lungs: clear both sides

Heart: RRR, no murmur

Abdomen: soft, flat, no tender, n pain during palpable, (+) BS

Limbs: no edema, no deformity



Previous Labs/Studies:

Lab/Study Requests:

CXR done at Kg Thom hospital on 20/12/05. It looks normal, no cardiomegalie, no lesion or cavity.



EKG: PR interval 0.18 secon

QRS complex 0.06 second

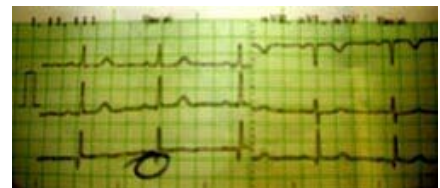
No ST elevated or depress

Q wave on lead III is not significant

HR is about 64b/mn

Assessment:

1. Uncontrolled HTN
2. Dyspepsia



Plan: I would like to increase dose of propranolol

1. Propranolol 40mg 1t po q12 for one month
2. Captopril 25mg 1/2t po q12 for one month

3. Cimetidine 400mg 1t po q12 for another month
4. Continuous to do exercise every morning

Comments: do you agree with my plan? Please, give me a good idea.

Examined by: Koy Somontha, RN **Date:** 05/01/05

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

From: TM Team [mailto:tmrural@yahoo.com]
Sent: Thursday, January 06, 2005 8:50 AM
To: Kathy Fiamma
Cc: Rithy Chau; Rithy Chau
Subject: Patient #03

Dear Kathy,

Thank you very much for your all answers. I did receive all cases except the case of patient number three in the second day. Please, send me again.

Happy new year 2005.

Best regards,

Montha

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, January 06, 2005 8:55 AM
To: 'TM Team'
Cc: Rithy Chau; Rithy Chau
Subject: RE: Patient #03

Hello Montha:

I am so happy to be able to exchange messages "real time".

I am just awaiting the response from Dr. Sands. I will forward it to you as soon as he sends it to me.

Happy New Year to you and your family.

Best regards,

Kathy Fiamma
617-726-1051

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, January 05, 2005 4:56 PM
To: TM Team
Cc: Thero Noun; Laurie & Ed Bachrach; Bernie Krisher; Rithy Chau; Jack Middlebrook
Subject: RE: patient #03, Som An, 58F (Rovieng Tbong)

Dear Montha,

I agree with your plan for her dyspepsia. As for her HTN, I would definitely stop her propranolol since her heart rate is slow 64-68. I would also stop her captopril also since this is a more expensive drug--save this for DMII or CHF type people with HTN. SO you can stop both drugs and instead start her on HCTZ 50mg 1/2 tab po qd. F/u in 1 month and titer dose accordingly.

Regards,

Rithy

I will answer the rest tomorrow.

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

From: TM Team [mailto:tmrural@yahoo.com]

Sent: Wednesday, January 05, 2005 4:22 PM

To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Nancy Lugn; Nancy E. Lugn; Jack Middlebrook

Cc: Thero Noun; Peou Ouk; Seda Seng; Vansoem Tith; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher

Subject: patient #04, Eam Neut, 54F (Taing Treuk)

Dear all,

This is patient number four with case and picture.

Best regards,

Montha

**Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia**

Patient: Eam Neut, 54F (Taing Treuk)



Subject: 54F, farmer, returns for her follow up of HTN, and Left knee arthralgia. She feel much improving with her previous symptoms like no Headache, no SOB, no fever, no cough, no chest pain, no GI complaint, and decrease Left knee pain as well. But she still has slightly upper back pain.

Object: look well

VS: BP 130/50 P 80 R 20 T 36.5 Wt 57 kgs

HEENT: no oropharyngeal lesion, no pale on conjunctiva

Neck: no JVD, no goiter enlargement

Lungs: clear both sides

Heart: RRR, no murmur

Abdomen: soft, flat, no tender, (+) BS

Limbs: decrease feeling burning at both soles, Left knee has less pain, no redness on it. For others are normal

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1. Controlled HTN
2. Muscle pain

Plan: I would like to keep in the same medications as the following

1. HCTZ 50mg 1/2t po q12 for two months
2. Paracetamol 500mg 1t po q6 for (PRN)
3. Do exercise every morning

Comments: DO you agree with my plan? Please, give me a good idea

Examined by: Koy Somontha, RN **Date:** 05/01/05

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

From: Fiamma, Kathleen M.

Sent: Wednesday, January 05, 2005 8:28 AM

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

Subject: FW: patient #04, Eam Neut, 54F (Taing Treuk)

Good Morning Dr. Cusick:

Here is a follow up case for you.

I will send the previously presented material and your response.

Best,

Kathy

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

From: Cusick, Paul S.,M.D. [<mailto:PCUSICK@PARTNERS.ORG>]

Sent: Thursday, January 06, 2005 5:17 AM

To: Fiamma, Kathleen M.; tmrural@yahoo.com; tmed_rithy@online.com.kh

Subject: RE: patient #04, Eam Neut, 54F (Taing Treuk)

I agree with current medications and management for musculoskeletal pain and hypertension.

Best of luck

Paul Cusick

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]

Sent: Thursday, January 06, 2005 8:29 AM

To: TM Team

Cc: Thero Noun; Laurie & Ed Bachrach; Bernie Krisher; Rithy Chau; Jack Middlebrook

Subject: RE: patient #04, Eam Neut, 54F (Taing Treuk)

Dear Montha,

I agree with your plan. You may want to give the HCTZ 50mg 1 tab qd instead of divided dose bid and this may give better compliance from your patient and easier for her to remember.

Regards,

Rithy

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

From: TM Team [mailto:tmrural@yahoo.com]

Sent: Wednesday, January 05, 2005 4:27 PM

To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Nancy Lugn; Nancy E. Lugn; Jack Middlebrook

Cc: Thero Noun; Peou Ouk; Seda Seng; Vansoeurn Tith; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher

Subject: patient #05, Yim Sok Kin, 24M (Taing Treuk)

Dear all,

This is patient number five with case and picture.

Best regards,

Montha

**Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia**

Patient: Yim Sok Kin, 24M (Thnout Malou)



Subject: 24M, farmer, returns for his follow up of Liver Cirrhosis + PHTN and Anemia. He feels much improving with his previous symptoms by decreasing no SOB, no fever, no cough, no chest pain, no nausea, no stool with blood, no peripheral edema. But he has dullness on epigastric area after meal and radiating to the chest, sometimes burping with sour test happening in the morning as well.

Object: look stable

VS: BP 110/50 P 84 R 20 T 36.5C Wt 55 kgs

HEENT: no oropharyngeal lesion, mild pale on conjunctiva

Neck: No JVD, no lymphnode palpable

Lungs: clear both sides

Heart: RRR, no murmur

Abdomen: soft, flat, no distention, (+) BS for all quadrants

Limbs: no peripheral edema

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1. Liver Cirrhosis + PHTN
2. Mild Anemia due to (1)
3. Dyspepsia?

Plan: I would like to cover him with some medication as the following

1. Furosemide 40mg 1/2t po qd for two months
2. Propranolol 490mg 1/4t po q12 for two months
3. Multivitamin 1t po qd for 2 months
4. Cimetidine 400mg 1t po q12 for two months

Comments: do you agree with my lan? Please, give me a good idea.

Examined by: Koy Somontha, RN **Date:** 05/01/05

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, January 06, 2005 4:02 AM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'
Subject: FW: patient #05, Yim Sok Kin, 24M (Taing Treuk)
Importance: High

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

From: Crocker, Jonathan T., M.D.
Sent: Wednesday, January 05, 2005 1:33 PM
To: Fiamma, Kathleen M.
Subject: RE: patient #05, Yim Sok Kin, 24M (Taing Treuk)
Importance: High

Hello Koy,

Yes I agree with your impression that this gentleman is having Gastroesophageal reflux disease.

However, Cimetidine has been reported to increase levels of propranolol by as much as TWO fold, so I would suggest that you give him another H2 blocker like Ranitidine 150mg BID prn (which does NOT affect propranolol).

Thanks for allowing me to participate in this gentleman's care.

Jonathan Crocker, MD

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]

Sent: Thursday, January 06, 2005 8:45 AM

To: TM Team

Cc: Thero Noun; Laurie & Ed Bachrach; Bernie Krisher; Rithy Chau; Jack Middlebrook

Subject: RE: patient #05, Yim Sok Kin, 24M (Taing Treuk)

Dear Montha,

From your H&P, it seemed like this patient recovered from his liver problem. He also looked well in the photo. I would not give him any more medication at this point. Instruct him on the GERD prevention education and tell him to come back next month for f/u. If still severe sx for his dyspepsia/GERD, then we can start medication for him. SO no medication for him, but emphasize on prevention education.

Regards,

Rithy

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

From: TM Team [mailto:tmrural@yahoo.com]

Sent: Wednesday, January 05, 2005 4:31 PM

To: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Nancy Lugn; Nancy E. Lugn; Jack Middlebrook

Cc: Thero Noun; Peou Ouk; Seda Seng; Vansoeurn Tith; Laurie & Ed Bachrach; Kiri; Montha Koy; Bernie Krisher

Subject: patient #06, Sok Piseth, 12F (Kam Pot)

Dear all,

This is patient number six with case and pictures.

Best regards,

Montha

Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

Patient: Sok Piseth, 12F (Kam Pot)

Subject: 12F, Student, return for her follow up of Asthma, VHD. She still has headache, dizziness after waking up, (+) palpitation, but she has n cough, n fever, n SOB, no





running nose, no chest pain, No GI complaint, n peripheral edema.

Object: look stable

VS: BP 100/60 P 108 R 24 T 36.5C Wt 21 Kgs

HEENT: no oropharyngeal lesion, n pale on conjunctiva

Neck: No JVD, no lymphnode palpable, but positive bruise sound

Lungs: clear both sides, no wheezing, no crackle

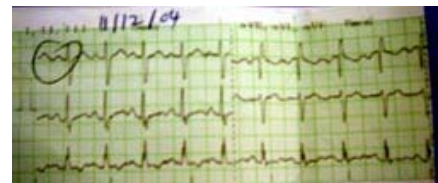
Heart: RRR, (+) systolic 2/3 murmur at apex area

Abdomen: soft, flat, no tenderness, (+) BS

Limbs: no peripheral edema, no cynosis,

Previous Labs/Studies:

- CXR done on 11/12/04 at Kg Thom shows cardiomegalie, please, see through attachment.



- EKG also done on 11/12/04, lease look through attachment

Lab/Study Requests:

Assessment:

1. Chronic Asthma
2. VHD (MS, MR?)



Plan: I would like to cover her with some medications as the following

1. Asthmacort 1 puff q12 for one month
2. Digoxin 0.25mg 1/2t poqd for one month
3. Multivitamin 1t po qd for one mont

Comments: do you agree with my plan? Lease, give me a good idea

Examined by: Koy Somontha, RN **Date:** 05/01/05

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh.

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]

Sent: Thursday, January 06, 2005 4:11 AM

To: 'tmrural@yahoo.com'

Cc: 'tmed_rithy@online.com.kh'
Subject: FW: patient #06, Sok Piseth, 12F (Kam Pot)

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

From: Haver, Kenan E., M.D.
Sent: Wednesday, January 05, 2005 8:54 AM
To: Fiamma, Kathleen M.
Subject: RE: patient #06, Sok Piseth, 12F (Kam Pot)

1. What is the strength of the Asthmacort?
2. I would recommend that you have a cardiologist review the EKG.

Kenan Haver, M.D.

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, January 06, 2005 9:18 AM
To: TM Team
Cc: Thero Noun; Laurie & Ed Bachrach; Bernie Krisher; Rithy Chau; Jack Middlebrook
Subject: RE: patient #06, Sok Piseth, 12F (Kam Pot)

Dear Montha,

I agree with your treatment plan, but also add Albuterol inhaler 2 puffs bid prn during exacerbation of her asthma. If she ran out of the Albuterol, you can give her the Formoterol fumarate powder inhaler instead with dosing of one capsule bid prn.

From the photo you sent, it did not look like she has cardiomegaly and her EKG looked blurred but seemed to be ok. Ask her mom to have 2D cardiac echo done on the daughter if they ever travel to PP (on their own, no TM funding). Then we can be more sure of her heart condition. Else she could have an innocent murmur which is benign and requires no tx. Please tell her to re-run next month for f/u and to bring all med record with her. Thanks.

Regards,

Rithy

Montha, can you please either leave the laptop at the office in the locked cabinet or bring by my home tonight. You can also give back Cynthia her stuff at the office also. I will be leaving for Rattanakiri on Sunday instead because of flight change. Have a safe trip home.

Thursday, January 6, 2005

Follow-up Report for Robib TM Clinic

There were 10 patients seen during this month Robib TM Clinic (and other patients came for medication refills only). The data of all cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE, the following patients were managed and treated as follows:

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

Treatment Report for Robib Telemedicine January 2005

I- Lang Da, 45F (Thnout Malou)

- 1- Diagnosis
 - a)- Tachycardia
 - b)- HTN
 - c)- Toxic Goiter?
 - d)- Anxiety?
 - e)- Hyperglycemia
- 2- Treatment plan
 - a)- Propranolol 40mg 1/2t po q12 for one month
 - b)- Draw blood for Lyte,Uree, Creat, Glycemia, TSH ,and T4 done at SHCH
 - c)- Send her for CXR, and EKG (All hospital fee patient will pay on her own) at Kg Thom Hospital

II- Pin Yen, 63F (Reveing Tbong)

- 1- Diagnosis
 - a)- HTN
 - b)- (R) stroke with (L) side weakness
 - c)- DMII
 - d)- Hypercholesterolemia
 - e)- CRF?
- 2- Treatment plan
 - a)- Propranolol 40mg 1t po q12h for one month
 - b)- Furosemide 40mg 1/2t po qd for one month
 - c)- Diamecron 80mg 1t po q12h for one month
 - d)- Captopril 25mg 1/4t po qd for one month
 - e)- Aspirin 500mg 1/4t po qd for one month
 - f)- Simvastatin 20mg 1t po qd for one month

III- Ros Rin, 68F (An Lung Svay)

- 1- Diagnosis
 - a)- Thyphoid fever
 - b)- Parasititis?
 - c)- Malaria?
 - d)- Anemia due to Vit and Iron deficiency?
- 2- Treatment plan
 - a)- Ciprofloxacin 500mg 1t po q12h for two weeks
 - b)- Mebendazole 100mg 1t po q12h for three days
 - c)- Multivitamin 1t po qd for one month
 - d)- Fe 200mg 1t po qd for one month
 - e)- Paracetamol 500mg 1t po q6h prn pain

IV- Khean Bory, 42M (Thnal Keng)

- 1- Diagnosis
 - a)- Dyspepsia
 - b)- Parasititis
- 2- Treatment plan
 - a)- Cimetidine 400mg 1t po q12h for one month
 - b)- Mebendazole 100mg 1t po q12h for three days
 - c)- Metochlopramide 10mg 1t po q8h
 - e)- GERD education

V- Pheng Roeng, 59F (Thnout Malou)

- 1- Diagnosis
 - a)- Hyperthyroidism, medically controlled

- b)- HTN
- 2- Treatment plan
 - a)- Propranolol 40mg 1/2t po q12h for one month
 - b)- Methimazole 10mg 1t po q12h for one month
 - c)- Multivitamin 1t po qd for one month
 - d)- Fe 200mg 1t po qd for one month
 - e)- Encourage her to eat more fruit and vegetable

VI- Prum Chorm, 66F (An Lung Svay)

- 1- Diagnosis
 - a)- Dyspepsia
 - b)- Iron and Vitamin deficiency
- 2- Treatment plan
 - a)- Cimetidine 400mg 1t po q12h for one month
 - b)- Multivitamin 400mg 1t po qd for one month
 - c)- Fe 200mg 1t po qd for one month
 - d)- Encourage her to drink more fluid, green vegetable and fruit.

VII- Som An, 58F (Roveing Tbong)

- 1- Diagnosis
 - a)- Uncontrolled HTN
 - b)- PUD
- 2- Treatment plan
 - a)- HCTZ 50mg 1t po qd for one month
 - b)- Omeprazole 20mg 1t po qhs for one month
 - c)- Keep doing exercise every morning and also avoid eating fatty, salty food.

VIII- Eam Neut, 54F (Taing Treuk)

- 1- Diagnosis
 - a)- Controlled HTN
 - b)- Muscle Pain
- 2- Treatment plan
 - a)- HCTZ 50mg 1/2t po q12h for one month
 - b)- Paracetamol 500mg 1t po q6h prn
 - c)- Keep doing exercise every morning

IX- Yim Sok Kin, 24M (Thnout Malou)

- 1- Diagnosis
 - a)- Liver Cirrhosis with PHTN
 - b)- Mild Anemia due to a
 - c)- Dyspepsia
- 2- Treatment plan
 - a)- Furosemide 40mg 1/2t po qd for two months
 - b)- Propranolol 40mg 1/4t po q12 for two months
 - c)- MTV 1t po qd for two months
 - d)- Omeprazole 20mg 1t po qhs for two months

X- Sok Piseth, 12F (Kam Pot)

- 1- Diagnosis
 - a)- Asthma
 - b)- VHD (MS, MR?)
- 2- Treatment plan

- a)- Asthmacort inhaler 2 puffs bid
- b)- Digoxine 0.25mg 1/2t po qd for one month
- c)- MTV 1t po qd for one month

For the patient who just come to refill medications

I – Moeung Srey, 42F (Taing Treuk)

- 1- Diagnosis
 - a)- Stable HTN
 - b)- Anemia due to Vit and Iron deficiency
- 2- Treatment plan
 - a)- Captopril 25mg 1/2t po q12h for two months
 - b)- MTV 1t po qd for two months
 - c)- Fe 200mg 1t po qd for two months

II- Sao Phal, 56F (Thnout Malou)

- 1- Diagnosis
 - a)- DMII with PNP
 - b)- Stable HTN
 - c)- Anemia due to Vit and Iron deficiency
- 2- Treatment plan
 - a)- Diamecron 80mg 1/2t po qd for one month
 - b)- HCTZ 50mg 1/2t po qd for one month
 - c)- Amitriptyline 25mg 1t qhs for one month
 - d)- Fe 200mg 1t po qd for one month
 - e)- MTV 1t po qd for one month

III- Pang Sidoeun, 31F (Reveing Tbong)

- 1- Diagnosis
 - a)- HTN
 - b)- Muscle pain
- 2- Treatment plan
 - a)- HCTZ 50mg 1/2t po q12h for one month
 - b)- MTV 1t po qd for one month
 - c)- Paracetamol 500mg 1t po q6h prn pain

IV- Mui Vun, 38M (Thnout Malou)

- 1- Diagnosis
 - a)- VHD (MS, MR)
 - b)- A-fib (Resolved)
- 2- Treatment plan
 - a)- Digoxine 0.25mg 1t po qd for 2 months
 - b)- ASA 500mg 1/4t po qd for 2 months

V- Svay Tevy, 40F (Tnout Malou)

- 1- Diagnosis
 - a)- DMII
- 2- Treatment plan
 - a)- Diamecron 80mg 1t po qd for one month

VI- Som Thol, 55M (Taing Treuk)

- 1- Diagnosis

a)- DMII with PNP

2- Treatment plan

a)- Diamecron 80mg 1t po q8h for one month

b)- Amitriptyline 25mg 1t po q12h for one month

**The next Robib TM Clinic will be held on
February 1-3, 2005**