# Robib and Telemedicine


## July 2002 Telemedicine Clinic in Robib

***Report and photos by David Robertson***

**On Wednesday, July 24, 2002, Sihanouk Hospital Center of Hope nurse Koy Somontha gave the monthly Telemedicine examinations at the Robib Health Clinic. David Robertson transcribed examination data and took digital photos, then transmitted and received replies from Telepartners physicians in Boston and from Dr. Jennifer Hines of the Sihanouk Hospital Center of Hope (SHCH) in Phnom Penh. The data was transmitted via the Hironaka School Internet link. Also joining us on-line was Dr. Srey Sin, Director of Kampong Thom Provincial Hospital.**

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

**Following are the e-mail, digital photos and medical advice replies exchanged between the Telemedicine team in Robib, Telepartners in Boston, and the Sihanouk Hospital Center of Hope in Phnom Penh:**

Date: Tue, 23 Jul 2002 01:35:33 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: reminder - Cambodia, July Telemedicine clinic tomorrow
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh
Cc: "Dr. Srey Sin" <012905278@mobitel.com.kh>, dmr@media.mit.edu,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>,
hironaka school <robibtech@yahoo.com>, seda@daily.forum.org.kh

Please reply to dmr@media.mit.edu.

Dear All,

A quick reminder that the July Telemedicine clinic in Robib, Cambodia is tomorrow (Wednesday, July 24.)

I will send the cases out in two batches, the first group will be sent to you around 3:00pm tomorrow, the second group will go out around 9:00pm tomorrow.

Best for nurse Montha and me to receive your e-mail replies of medical advice by 7:30am on Thursday morning, July 25, Cambodia time (8:30pm on Wednesday evening in Boston.) We will discuss your advice with the patients in a follow up clinic on Thursday morning.

Per the policy of our program, we may give medication or transport to the hospital only to those patients that have received a physician's e-mail advice.

Sincerely,

David

Date: Tue, 23 Jul 2002 20:54:21 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #1: NOURN CHAN, Cambodia Telemedicine, 24 July 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh
Cc: dmr@media.mit.edu, "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>

Please reply to dmr@media.mit.edu

# Telemedicine Clinic in Robib, Cambodia
# 24 July 2002

**Patient #1: NOURN CHAN**, female, 67 years old

**Chief complaint:** Dry cough, mild fever, and weakness for last seven days

**History of present illness:** Seven days ago she had dry cough and felt burning feeling on chest, accompanied by mild fever and weakness. After these symptoms she went to the local pharmacy and bought drugs like Amoxycillin taking 500mg tablet twice per day for three days. She got a little better and cough came down.

**Current medicine:** Amoxycillin taking 500mg tablet twice per day for last two days.

**Past medical history:** Typhoid Fever last year treated with modern medicine by medical assistant at local clinic.

**Social history:** Does not smoke and does not drink alcohol.

**Family history:** Unremarkable

**Allergies:** Unremarkable

**Review of system:** Has dry cough, has mild fever, no abdominal pain, no vomiting, no diarrhea, no chest pain, no weight loss.

**Physical exam**
**General Appearance:** looks mildly skinny.
**BP:** 90/60
**Pulse:** 100
**Resp.:** 24
**Temp. :** 37.2

**Hair, eyes, ears, nose, and throat:** Okay.
**Lungs:** Crackle on 2/3 at apex bilateral lobe
**Heart:** Regular rhythm, no murmur
**Abdomen:** Soft, flat, not tender, positive bowel sound, and no mass.

**Limbs & Joints:** Okay

**Assessment:** Pneumonia, Pulmonary TB? Malaria? Malnutrition.

**Recommend:** Should we refer her to Kampong Thom for chest x-ray, CBC, AFB exam? Or get a malaria test at local health clinic? Or cover her with Amoxycillin 500 mg, 3 times per day for 10 days? And Paracetemol 500 mg, 4 times per day for 10 days? Prescribe some vitamins. Please give me any other ideas.

From: "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>
To: 'David Robertson' <davidrobertson1@yahoo.com>
Cc: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
Subject: RE: Patient #1: NOURN CHAN, Cambodia Telemedicine, 24 July 2002
Date: Wed, 24 Jul 2002 10:06:51 -0400

Hi David,
Possible diagnoses here are viral illness, bacterial pneumonia, or less likely TB given the short duration of symptoms, but possible. Given her abnormal lung exam I would refer her to the hospital and agree with CXR, CBC, AFB. I would add a sputum gram stain and culture. I would ask this patient if she had a sore throat, runny nose, which would be symptoms of a recent upper respiratory infection and suggest that perhaps this is a viral illness. I would still continue the amoxicillin for 10-14 days total course given her abnormal lung exam.

Please e-mail with further questions.
Sincerely,
Iris Kedar, M.D.

From: "Jennifer Hines, MD" <sihosp@bigpond.com.kh>
To: "'David Robertson'" <davidrobertson1@yahoo.com>
Subject: RE: Replies from Jennifer Hines-SHCH
Date: Thu, 25 Jul 2002 07:33:52 +0700

Here are my other recommendations:

1. Nourn Chan, 67 yo F--- Her presentation is very acute and so I would not think of TB in this patient. She seems to have improved on Amoxicillin, so I would continue at 500mg three times a day for a total of 10 days of treatment. She should be drinking a lot of fluids/day and resting. One does not need CBC or even CXR to treat this problem, at least, initially.

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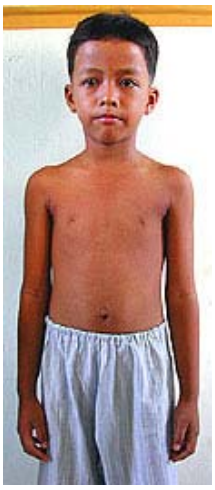
Date: Tue, 23 Jul 2002 21:00:05 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #2: HENG CHANTYKUN, Cambodia Telemedicine, 24July 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh,
"Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: dmr@media.mit.edu, "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>

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

# Telemedicine Clinic in Robib, Cambodia
# 24 July 2002

**Patient #2: HENG CHANTYKUN**, male, 8-year old child



**Chief complaint:** Palpitations. Shortness of breath on exertion for two months.

**History of present illness:** Two months ago he gets symptoms like shortness of breath, palpitations, especially during running or work, sometimes cyanosis all over the body. He does use any medicine at all. His parents took him to a doctor two times and they said he has valvular heart disease.

**Current medicine:** None.

**Past medical history:** One month ago he got Dengue Fever and Typhoid Fever but completed treatment of modern medicine in the local health center.

**Social history:** None

**Family history:** None

**Allergies:** Unremarkable

**Review of system:** Has shortness of breath, has palpitations, no fever, no abdominal pain, no vomiting, has chest pain sometimes.

**Physical exam**
**General Appearance:** Looks well.

**Pulse:** 110
**Resp.:** 26
**Temp. :** 36.5

**Hair, eyes, ears, nose, and throat:** Okay.
**Neck:** No jugular vein distension.
**Lungs:** Clear both sides, symmetric chest.
**Heart:** Regular rhythm, has positive systolic murmur.
**Abdomen:** Soft, flat, not tender, and no mass.
**Limbs:** Okay. No deformity, no edema.

**Assessment:** Valvular heart disease. Mitral Regurgitation?

**Recommend:** Should we refer him to heart center to do consultation with cardiologist? Please give me any other ideas.

From: "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>
To: 'David Robertson' <davidrobertson1@yahoo.com>
Subject: RE: Patient #2: HENG CHANTYKUN, Cambodia Telemedicine, 24July 2002
Date: Wed, 24 Jul 2002 10:10:16 -0400

Hi David,
This young boy's cyanosis and symptoms suggest that he may have a congenital heart defect, such as an atrial or ventricular septal defect. His palpitations and heart rate of 110 suggest a possible arrhythmia. I suggest:
- refer to heart center for EKG, echocardiogram, and cardiology consultation

- low salt diet
- avoid exertion for now.
Please e-mail with further questions. Thanks.
Sincerely,
Iris Kedar, M.D.

From: "Jennifer Hines, MD" <sihosp@bigpond.com.kh>
To: "'David Robertson'" <davidrobertson1@yahoo.com>
Subject: RE: Replies from Jennifer Hines-SHCH
Date: Thu, 25 Jul 2002 07:33:52 +0700

Here are my other recommendations:

2. Heng Chantykun, 8 yo M--- Sounds like this kid may have congenital heart disease and I would refer this boy to the Cardiac Center in Phnom Penh.

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Date: Tue, 23 Jul 2002 21:02:20 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #3: SOURN MARINE, Cambodia Telemedicine, 24July 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh,
"Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: dmr@media.mit.edu, "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>

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

# Telemedicine Clinic in Robib, Cambodia
# 24 July 2002

**Patient #3: SOURN MARINE**, male, 14-year old child

**Chief complaint:** Incontinental urination and difficult to pass urine for ten days.

**History of present illness:** Ten days ago he has difficulty passing urine four to five times per days, accompanied by a little pain and burning while passing urine but no blood in urine. Sometimes he has incontinental urination. His parents have not brought him to see a doctor yet. The symptoms have developed day to day so the mother decided to bring the child to see us.

**Current medicine:** None.
**Past medical history:** Unremarkable
**Social history:** None
**Family history:** None
**Allergies:** None
**Review of system:** Has burning of urination, no abdominal pain, no cough, no vomiting, no fever, no diarrhea, no urine in blood, and no

stool blood.

**Physical exam**
**General Appearance:** Looks well.
**BP:** 100/50
**Pulse:** 100
**Resp.:** 20
**Temp. :** 37

**Hair, eyes, ears, nose, and throat:** Okay.
**Urinalysis:** Protein +1, Blood +1, Urobilingen +1
**Lungs:** Clear both sides.
**Heart:** Regular rhythm, no murmur.
**Abdomen:** Soft, flat, not tender, no HSM, positive bowel sound.
**Limbs:** Okay. No deformity, no edema.
**Genital:** Penis has no phymosis.

**Assessment:** Urinary tract infection.

**Recommend:** Should we cover him with Ofloxacine 200mg two times per day for three to five days? Please give me any other ideas.

From: "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>
To: 'David Robertson' <davidrobertson1@yahoo.com>
Cc: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
Subject: RE: Patient #3: SOURN MARINE, Cambodia Telemedicine, 24July 2002
Date: Wed, 24 Jul 2002 10:15:39 -0400

Hi David,
This boy's symptoms do suggest a urinary tract infection. In a young boy this would fall under a "complicated" urinary tract infection which would warrant treatment for 7 days. The key question to ask is why this boy has a UTI and whether or not he has a structural abnormality in his urinary tract. Recommendations follow:

- ofloxacine 200mg twice a day as you suggest for seven days OR Bactrim twice a day for 7 days. I am not sure which drug is more readily available
- IVP (intravenous pyelogram) to evaluate for urinary tract abnormalities
- cranberry juice can be helpful in preventing further UTIs.

Please feel free to e-mail with further questions.
Sincerely,
Iris Kedar, M.D.

From: "Jennifer Hines, MD" <sihosp@bigpond.com.kh>
To: '"David Robertson"' <davidrobertson1@yahoo.com>
Subject: RE: Replies from Jennifer Hines-SHCH
Date: Thu, 25 Jul 2002 07:33:52 +0700

Here are my other recommendations:

3. Sourn Marine, 14 yo M---- Usually in boys and men, urinary complaints are usually due to STD infections or obstruction somewhere in the GU tract. You can treat this boy with ofloxacin 400mg BID for 7 days, but he will need a work-up in the future if his symptoms recur.
He need to get a rectal exam sometime. Is he sexually active? 14 yo is not so young for this practice to begin.

Date: Wed, 24 Jul 2002 01:53:08 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #4: CHHIM SIBORN, Cambodia Telemedicine, 24July 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh,
"Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: dmr@media.mit.edu, "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>

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

# Telemedicine Clinic in Robib, Cambodia
# 24 July 2002

**Patient #4: CHHIM SIBORN**, female, 27 years old, farmer

**Chief complaint:** Right side abdominal pain and stool with blood for ten days.

**Note: Previous Telemedicine patient, please see earlier data at bottom of this page.**
This patient was seen at Sihanouk Hospital Center of Hope in May 2002 through the Telemedicine program. Dr. Sopheak saw her and covered her with some medications such as:
Cefixime 200mg, two tablets, single dose
Erythromicine 500mg, four times per day for one week
Nystatine 100,000 UI, one suppository daily for two weeks
Metronidazole 500mg, two times per day for one week
Mebendazole 100mg, two times per day for three days
Dr. Sopheak suspected patient had:

1. Euthyroid
2. PID? Clamydia +1

Her Thyroid test was normal. TSH 0.51 UIU/ml, T4 12pml/L

**History of present illness:** Just ten days ago she has right side abdominal pain, dull feeling, not radiating to anywhere in abdomen. Increased pain after a meal. Sometimes stool with blood (fresh blood.) She hasn't taken any medicine for this problem, just came to see us.

**Current medicine:** None.
**Past medical history:** PID? Clamydia +1 diagnosed in our hospital.
**Social history:** None
**Family history:** None
**Allergies:** None
**Review of system:** Right side abdominal pain, has burping, has stool with blood sometimes, has constipation, no chest pain, no fever, no vaginal discharge, no cough, and no dysentery.

**Physical exam**
**General Appearance:** Looks well.

**BP:** 100/50
**Pulse:** 85
**Resp.:** 20
**Temp. :** 36.5

**Hair, eyes, ears, nose, and throat:** Okay.
**Neck:** Has goiter, size about 4 x 2 cm.
**Lungs:** Clear both sides
**Heart:** Regular rhythm, no murmur
**Abdomen:** Soft, flat, not tender, positive bowel sound.
**Limbs:** Okay
**Skin:** Not pale, no edema, warm to touch

**Note:** Has young child and is nursing the baby.

**Assessment:** Dyspepsia, rule out chronic G. I. Bleeding, constipation.

**Recommend:** Should we send her back to our hospital for reevaluation? Or cover her in the village with medication like Famotidine 400mg one tablet a day for three days and then follow up next trip? Will encourage her to eat vegetables and fruit like papaya. Please give me any other ideas.

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# Telemedicine Clinic in Robib, Cambodia
# 23 April 2002

**Patient #1: CHHIM SIBORN**, female, 27 years old, farmer

**Chief complaint:** Palpitations, dizziness and mass on anterior neck for two years.

**History of present illness:** Mass on anterior neck for two years. Sometimes feels severe tightness in throat accompanied by shortness of breath, palpitations and dizziness on and off. Increased shortness of breath and palpitations when she walks, decreases when she takes a rest.

**Current medicine:** None.
**Past medical history:** Ten years ago she had Typhoid Fever.
**Social history:** No smoking and does not drink alcohol.
**Family history:** Unremarkable
**Allergies:** None
**Review of system:** No fever, no cough, no vomiting, no diarrhea, no epigastric pain, weight loss of five kg over the last year.

**Physical exam:**
**General Appearance:** look non-toxic
**BP:** 100/60
**Pulse:** 90
**Resp.:** 24
**Temp. :** 36.5

**Hair, eyes, ears, nose, and throat:** Normal.
**Neck:** Has goiter, size about 6 x 5 cm.
**Lungs:** clear both sides
**Heart:** regular rhythm, no murmur

**Abdomen:** soft, flat, not tender, positive bowel sound.
**Limbs:** mild tremor, no edema
**Joints:** okay

**Assessment:** Hyperthyroidism? Anxiety?

**Recommend:** May we draw blood in the village for thyroid test at SHCH, and then see her next clinic?

From: "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>
To: 'David Robertson' <davidrobertson1@yahoo.com>
Subject: RE: Patient #4: CHHIM SIBORN, Cambodia Telemedicine, 24July 2002
Date: Wed, 24 Jul 2002 10:37:46 -0400

Hi David,
1. Possible causes of the patient's right sided abdominal pain include pancreatitis or gall bladder disease given that it is worse after she eats. In a young woman one always has to consider pregnancy. PID is possible but the patient had very good infectious coverage with her recent antibiotic tx. My suggestions follow:

- urine pregnancy test, if this is negative proceed to further recommendations
- blood tests: amylase, lipase, liver function tests
- right upper quadrant ultrasound to evaluate gallbladder disease

2. Regarding the blood in her stool. A few questions: Is it bright red? How much blood is there? Is it just on the toilet paper? Does she have evidence of hemorrhoids? Given her constipation hemorrhoids are most likely. Since she does not seem to have diarrhea, an infectious cause is unlikely. Other causes of the blood in her stool include polyps, an arteriovenous malformation, or less likely a mass given her young age. I suggest:

- physical exam for hemorrhoids
- high fiber diet for constipation
- if blood still present in 1 month consider sigmoidoscopy/colonscopy.

3. Finally, her burping may be due to gastroesophageal reflux.

- avoid caffeine, chocolate, spicy foods, eating 2 hours prior bedtime
- Agree with famotidine

Please e-mail with further questions.
Sincerely,
Iris Kedar, M.D.

From: "Jennifer Hines, MD" <sihosp@bigpond.com.kh>
To: '"David Robertson"' <davidrobertson1@yahoo.com>
Subject: RE: Replies from Jennifer Hines-SHCH
Date: Thu, 25 Jul 2002 07:33:52 +0700

Hi David and Montha:

First of all, if any established patients are being followed down here and need follow-up

close to the time you are there, yes transport them. We know this is not the best option for chronic care in these patients, but I cannot deny them access under these circumstances.

The following patients I would refer to Kg. Thom for further assessment:

1. Chhim Siborn, 27 yo F-- She needs a rectal exam and evaluation for the constipation. Does she have hemorrhoids? I also wonder about her sexual history. Is there abuse in the home? She should be counseled for HIV testing, too.

Thanks. Jennifer

---

Date: Wed, 24 Jul 2002 01:54:55 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #5: SAO PHAL, Cambodia Telemedicine, 24July 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh,
"Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: dmr@media.mit.edu, "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>

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

# Telemedicine Clinic in Robib, Cambodia
# 24 July 2002

**Patient #5: SAO PHAL**, female, 55 years old

**Chief complaint:** Numbness in both legs, headache, blurred vision, passes urine many times per day for two months.

**Note:** We have seen this patient at the Telemedicine Clinic many times and we transported her once to Kampong Thom Provincial Hospital for her hypertension, BP 200/130. Doctors there covered her with Nifedipine 20mg once daily and Aspirin 500mg per day. She has continued to take these medications faithfully for several months. We check her blood pressure every trip and it's become stable at BP 120/60. She has some signs like numbness in both legs, blurred vision, and passing urine a lot, especially during the night.

**History of present illness:** Two months ago she got numbness in both legs, sometimes pain like a needle sticking both soles, mild headache, blurred vision, and palpitations. She also has increased urine output, especially after eating sweets.

**Current medicine:** Nifedipine 20mg once daily and Aspirin 500mg per day.
**Past medical history:** Hypertension
**Social history:** None
**Family history:** None
**Allergies:** None
**Review of system:** Has blurred vision, has headache, no chest pain, no cough, has numbness in both legs, no diarrhea, no shortness of breath.

**Physical exam**
**General Appearance:** Looks well.

**BP:** 120/60
**Pulse:** 68
**Resp.:** 20
**Temp. :** 37

**Hair, eyes, ears, nose, and throat:** Okay. Eyes: can read eye color chart well.
**Lungs:** Clear both sides.
**Heart:** Regular rhythm, no murmur.
**Abdomen:** Soft, flat, not tender, positive bowel sound, and no mass.
**Limbs:** Numbness in both legs. **Joints:** Okay
**Skin:** Warm to touch, not pale, and no rash.
**Urinalysis:** Glucose +3, Blood sugar 237 mg/dl

**Assessment:** Hypertension (stable.) DMI? PNP?

**Recommend:** Should we continue to cover her with the same drugs and same dosages of Hypertension medication? And cover her with DM drug like Diamecron 50mg per day if we can find in the village? Please let me know if you want her to go to the hospital for more testing and if so, to the hospital in Phnom Penh or Kampong Thom? Please give me any other ideas.

From: "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>
To: 'David Robertson' <davidrobertson1@yahoo.com>
Subject: RE: Patient #5: SAO PHAL, Cambodia Telemedicine, 24July 2002
Date: Wed, 24 Jul 2002 11:44:48 -0400

Hello David,

1. Diabetes. I think this is the patient's major problem which can cause the blurred vision, frequent urination, and the numbness may be diabetic neuropathy. Suggestions:
   - Avoid foods with sugar, please educate patient about what these are
   - Glucose-lowering medication, I am not familiar with Diamecron but if this is what you have fine.
   - Check glucose at next clinic
2. Hypertension. Seems well controlled with current medications, I would continue.
3. Aspirin dose is unusual - more typical is 325mg per day. Why is she on aspirin? Headaches? Prevention of ischemic heart disease?
4. Headache, numbness. I would obtain more history: When does she get the headaches? Character? location? associated symptoms of nausea or light bothering her? How long have they been going on? I would also ask about weakness, gait instability, involuntary loss of urine or stool, nausea or vomitting. And I would preform a more thorough neurologic evaluation to include cranial nerves, strength, and gait. This information will be essential in determining if neurologic imaging of the head or spine is indicated to rule-out a more serious cause of these symptoms.
5. I do not seem urgent need to transport patient to hospital given the information provided.
   Please feel free to e-mail with further questions.
   Sincerely,
   Iris Kedar, M.D.

From: "Jennifer Hines, MD" <sihosp@bigpond.com.kh>
To: "'David Robertson'" <davidrobertson1@yahoo.com>
Subject: RE: Replies from Jennifer Hines-SHCH

Date: Thu, 25 Jul 2002 07:33:52 +0700

Here are my other recommendations:

4. Sao Phal, 55 yo F-- This is the classic history for type 2 DM; older woman, HTN, with classic symptoms. By definition, she needs more than one blood draw to make a diagnosis of DM, but knowing the resources up there, she needs chronic follow-up with someone and Diamicron 40-50mg QD is a good start. She should be on ASA daily because she is at risk for heart disease, too. She should go to the doctor or pharmacist that gives her her BP medications. We don't need to use our drugs for her if she has the money. Nifedipine is okay for her if she is compliant and it works this well to keep her BP down. She needs diet instruction, drink 2-3 liters of water/day and stay on the medicines.

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Date: Wed, 24 Jul 2002 06:59:18 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #6: HOURN SARIM, Cambodia Telemedicine, 24July 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh
Cc: dmr@media.mit.edu, "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>

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

# Telemedicine Clinic in Robib, Cambodia
# 24 July 2002

**Patient #6: HOURN SARIM**, female, 40 years old

**Chief complaint:** Headache, dizziness, weakness, palpitations on and off for three months.

**History of present illness:** Three months ago she got dizziness, weakness, headache, and palpitations on and off. Sometimes she has shortness of breath. Symptoms have developed day to day. She has also fainted “on the spot” two to three times per year. She gets better after receiving massage.

**Current medicine:** Has taken vitamins and unknown antibiotics for one month.

**Past medical history:** Unremarkable

**Social history:** None

**Family history:** None

**Allergies:** None

**Review of system:** Has dizziness, has headache, has palpitations, has vomiting, no diarrhea, no chest pain, no cough, and has shortness of breath sometimes.

**Physical exam**
**General Appearance:** Looks sick.

**BP:** 110/70
**Pulse:** 88
**Resp.:** 22
**Temp. :** 37

**Hair, ears, nose, and throat:** Okay.
**Eyes:** Pale, mild jaundice.
**Lungs:** Clear both sides.
**Heart:** Regular rhythm, no murmur.
**Abdomen:** Soft, flat, not tender, and positive bowel sound.
**Limbs:** No edema and no stiffness.
**Urinalysis:** Urobilinogen +1

**Assessment:** Anemia, secondary vitamin deficiency or secondary iron deficiency? Malnutrition, Parasitis? Hepatitis?

**Recommend:** Should we refer her to Kampong Thom for some blood tests like CBC, peripheral blood smear, liver function, and stool exam? Or cover her in the village with some drugs like multivitamin, iron, and Mebendazole? If you agree to medication, please give me the name of the drug and correct dosage. Please give me any other ideas.

From: "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>
To: 'David Robertson' <davidrobertson1@yahoo.com>
Cc: "'Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
Subject: RE: Patient #6: HOURN SARIM, Cambodia Telemedicine, 24July 2002
Date: Wed, 24 Jul 2002 12:12:39 -0400

Hi David,
The patient's symptoms and her exam finding of jaundice raise several possible diagnoses including infection with malaria or a different parasite. Hepatitis is also possible as you mentioned. I am also concerned about her palpitations and fainting episodes - she may have a heart arrhythmia. Anxiety is possible given that she gets better with massage, but this is a diagnosis of exclusion

- Agree patients needs to be evaluated at Kampong Thom
- CBC, peripheral blood smear, liver function tests, hepatitis blood tests, stool for ova and parasites as you describe
- it seems reasonable to start mebendazole empirically. 100mg twice a day for 3 days.
- iron for ?anemia also reasonable until obtain CBC
- EKG to evaluate for arrhythmia.

Please feel free to e-mail with further questions.
Sincerely,
Iris Kedar, M.D.

From: "Jennifer Hines, MD" <sihosp@bigpond.com.kh>
To: "'David Robertson'" <davidrobertson1@yahoo.com>
Subject: RE: Replies from Jennifer Hines-SHCH
Date: Thu, 25 Jul 2002 07:33:52 +0700

The following patients I would refer to Kg. Thom for further assessment:

2. Hourn Sarim, 40 yo F--- This woman needs orthostatic blood pressures taken--(BP and HR lying, sitting, standing) and may have some hemolysis occurring vs. hepatitis.

Date: Wed, 24 Jul 2002 07:02:18 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #7: CHHIM KENG, Cambodia Telemedicine, 24July 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh
Cc: dmr@media.mit.edu, "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>

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

# Telemedicine Clinic in Robib, Cambodia
# 24 July 2002

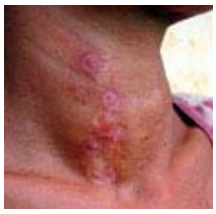
**Patient #7: CHHIM KENG**, female, 45 years old

**Chief complaint:** Has had neck tightness and palpitations on and off for one year.

**History of present illness:** One year ago she got a mass on the neck, size now is 4 x 4 cm. She got neck tightness as the mass grew day to day over one year, accompanied by palpitations and dizziness.

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

**Review of system:** Has headache, has dizziness, has palpitations, no cough, no diarrhea, no chest pain, no stool with blood, and no abdominal pain.



**Physical exam**
**General Appearance:** Looks well.

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

**Hair, eyes, ears, nose, and throat:** Okay.
**Neck:** Goiter, size 4 x 4 cm. No jugular vein distension.
**Skin:** Warm to touch, no rash, no edema, and not pale.
**Lungs:** Clear both sides.
**Heart:** Regular rhythm, no murmur.
**Abdomen:** Soft, flat, not tender, positive bowel sound, and no mass.
**Limbs:** Okay

**Assessment:** Simple goiter.

**Recommend:** Should we draw blood here for Thyroid test to be done in Phnom Penh?

From: "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>
To: 'David Robertson' <davidrobertson1@yahoo.com>
Cc: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
Subject: RE: Patient #7: CHHIM KENG, Cambodia Telemedicine, 24July 2002
Date: Wed, 24 Jul 2002 12:43:06 -0400

Hi David,
I agree with plan - TSH, T4 to be checked in the village. If pt is hypothyroid, i.e. high TSH, low T4 that she should be given T4 and iodine which is the most likely cause of the hypothyroidism. If hyperthyoid will need treatment with radioactive iodine or surgery.
Does the patient have any nodules on the thyoid? This would be an indication for biopsy and would be a reason to send the patient to the hospital. Please feel free to e-mail with questions.
I would greatly appreciate follow-up on the patients from today. Also, are most most patients with goiters in Robib usually hyper or hypothroid?
Thanks.
Sincerely,
Iris Kedar, M.D.

From: "Jennifer Hines, MD" <sihosp@bigpond.com.kh>
To: "'David Robertson'" <davidrobertson1@yahoo.com>
Subject: RE: Replies from Jennifer Hines-SHCH
Date: Thu, 25 Jul 2002 07:33:52 +0700

Here are my other recommendations:

5. Chhim Keng, 45 yo F----Alas, our machine is broken, as of yesterday, so I cannot recommend drawing blood for TFTs. She is not tachycardic or has obvious signs of hyperthyroidism, except for the goiter, so I would observe.

---

Date: Wed, 24 Jul 2002 07:10:04 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #8: ITH SREY TOUCH, Cambodia Telemedicine, 24July 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh
Cc: dmr@media.mit.edu, "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>

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

# Telemedicine Clinic in Robib, Cambodia
# 24 July 2002

**Patient #8: ITH SREY TOUCH**, female, 12-year old child
Student/computer teacher at Hironaka School, orphan from Future Light Orphanage

**Chief complaint:** Fever, diarrhea, abdominal pain last two days.

**History of present illness:** Two days ago she got high fever, abdominal pain and diarrhea two to three times per day after eating a mango. Six days ago she had abdominal pain in the epigastric area not radiating to anywhere. When she got these symptoms, her teacher brought her to

Kampong Thom Provincial Hospital and they gave her some medications like Amoxycillin 500 mg twice per day, Paracetemol 500mg three times per day for two days. Her condition did not get better and she came to see us.

**Current medicine:** Amoxycillin and Paracetemol last two days.

**Past medical history:** Ten days ago she had Dengue Fever but was treated completely. High fever and abdominal pain reappeared two days later.

**Social history:** Not significant
**Family history:** Not sure
**Allergies:** None
**Review of system:** Has high fever, has headache, has diarrhea, no vomiting, has abdominal pain, no cough, no stool with blood.

**Physical exam**
**General Appearance:** Looks mildly sick.

**BP:** 90/50
**Pulse:** 120
**Resp.:** 28
**Temp. :** 39.5

**Hair, eyes, ears, nose, and throat:** Okay.
**Lungs:** Clear both sides.
**Heart:** Regular rhythm, no murmur.
**Abdomen:** Soft, flat, not tender, positive bowel sound.
**Skin:** Warm to touch, no edema, and not pale.
**Malaria Test:** Negative (given today by local medical clinic staff)

**Assessment:** Typhoid Fever?

**Recommend:** Should we take her to Kampong Thom Provincial Hospital for CBC test? Or cover her in the village with medication like Ofloxacine and Paracetemol? If you agree, please give me the right dose and duration.

From: "Ryan, Edward T.,M.D." <ETRYAN@PARTNERS.ORG>
To: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
Cc: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Subject: RE: Patient #8: ITH SREY TOUCH, Cambodia Telemedicine, 24July 2002
Date: Wed, 24 Jul 2002 19:25:58 -0400

Unclear what is the cause of the fever. If malaria smear negative, would give ofloxacin 200 mg orally twice a day for 7 days and paracetamol. If worsens, or if fever does not resolve in 48-72 hours, she should be sent to the hospital.

Edward T. Ryan, M.D., DTM&H
Tropical & Geographic Medicine Center
Division of Infectious Diseases
Massachusetts General Hospital
Jackson 504
55 Fruit Street
Boston, Massachusetts 02114 USA

Administrative Office Tel: 617 726 6175
Administrative Fax: 617 726 7416

Patient Care Office Tel: 617 724 1934
Patient Care Office Fax: 617 726 7653
Email: etryan@partners.org or ryane@helix.mgh.harvard.edu

From: "Jennifer Hines, MD" <sihosp@bigpond.com.kh>
To: '"David Robertson"' <davidrobertson1@yahoo.com>
Subject: RE: Replies from Jennifer Hines-SHCH
Date: Thu, 25 Jul 2002 07:33:52 +0700

Here are my other recommendations:

6. Ith Srey Touch, 12 yo F---She very well may have typhoid fever.
Treating with ofloxacin 400mg BID x 7 days is reasonable.

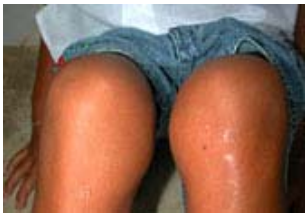
---

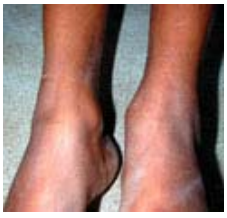
Date: Wed, 24 Jul 2002 07:22:59 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #9: KOL PHYRUN, Cambodia Telemedicine, 24July 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh
Cc: dmr@media.mit.edu, "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>

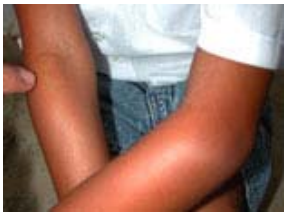
Please reply to <dmr@media.mit.edu>

# Telemedicine Clinic in Robib, Cambodia
# 24 July 2002

**Patient #9: KOL PHYRUN**, male, 8-year old child







**Chief complaint:** Joint pain and swollen on both knees, both ankles, both elbows on and off for five years.

**History of present illness:** Five years ago he got joint pain and swollen on and off starting from the knee joint and then elbow joint. Pain gets worse when he runs or walks but has a decrease in swelling and pain when he gets medication like Aspirin (his mother said.) He also gets these symptoms accompanied by mild fever.

**Current medicine:** Paracetemol 500mg three times per day for the last week.

**Past medical history:** Unremarkable

**Social history:** Unremarkable

**Family history:** Unremarkable

**Allergies:** None

**Review of system:** Has joint pain, mild fever, and no cough.

**Physical exam**
**General Appearance:** Looks well.

**BP:** 90/40
**Pulse:** 84
**Resp.:** 22
**Temp. :** 37.3

**Hair, eyes, ears, nose, and throat:** Okay but blind in the left eye because of an abscess six months ago.
**Neck:** No goiter, no jugular vein distension.
**Lungs:** Clear both sides.
**Heart:** Regular rhythm, no murmur.
**Abdomen:** Soft, flat, not tender, no mass, and positive bowel sound.
**Skin:** Warm to touch, no rash, and no edema.
**Limbs:** Both elbows are painful and swollen, cannot straighten out but no redness and not hot. Both knees are painful and not swollen, with no redness and not hot. Right ankle is painful and swollen, but no redness and not hot. Other joints are okay.

**Assessment:** Polyarthritis? Gout?

**Recommend:** Should we refer him to a pediatric hospital in Kampong Thom for some blood tests like ASLO, CBC and joint x-ray?

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (E-mail 2)" <dmr@media.mit.edu>,
"David Robertson (E-mail)" <davidrobertson1@yahoo.com>
Cc: "'dmr@media.mit.edu.'" <dmr@media.mit.edu>
Subject: FW: Patient #9: KOL PHYRUN, Cambodia Telemedicine, 24July 2002
Date: Wed, 24 Jul 2002 19:26:26 -0400

Hello David:

Here's one more case.

Be well.

Kathy

> -----Original Message-----
> From: Coblyn, Jonathan Scott,M.D.
> Sent: Wednesday, July 24, 2002 6:06 PM
> To: Kelleher, Kathleen M. - Telemedicine
> Subject: RE: Patient #9: KOL PHYRUN, Cambodia Telemedicine, 24July
> 2002
>
He shold be seen. Gout very unlikely in this age group. He may have jta,rheumatic fever, infectious process, etc. He definetly needs a more complete evaluation. Let me know if I can help.

Jonathan Coblyn, M.D.

From: "Jennifer Hines, MD" <sihosp@bigpond.com.kh>

To: "'David Robertson'" <davidrobertson1@yahoo.com>
Subject: RE: Replies from Jennifer Hines-SHCH
Date: Thu, 25 Jul 2002 07:33:52 +0700

The following patients I would refer to Kg. Thom for further assessment:

3. Kol Phyrim, 8 yo M---Very chronic history of joint swelling that can occur in patients with rheumatologic disease, metabolic derangements.
Yes, I would refer to a pediatrician because of my lack of knowledge of
these diseases in this age group.

---

Date: Wed, 24 Jul 2002 19:11:19 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Fwd: RE: Replies from Jennifer Hines-SHCH
To: "Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: dmr@media.mit.edu, bernie@media.mit.edu, aafc@forum.org.kh,
Seng Seda <seda@daily.forum.org.kh>

Dear Dr. Srey Sin,

We may bring the following three patients to your hospital this afteroon as recommended by Dr. Hines at Sihanouk Hospital Center of Hope.

We may also bring one additional patient that was referred last month, SOR THAVOEUN, a 13 year old female, who may be suffering from hepatitis and/or nephrotic syndrome.

We hope to be at the hospital by 12:30pm today (Thursday, July 25.)

Best regards,

David & Montha

> From: "Jennifer Hines, MD" <sihosp@bigpond.com.kh>
> To: "'David Robertson'" <davidrobertson1@yahoo.com>
> Subject: RE: Replies from Jennifer Hines-SHCH
> Date: Thu, 25 Jul 2002 07:33:52 +0700
>
> Hi David and Montha:
>
> The following patients I would refer to Kg. Thom for
> further assessment:
>
> 1. Chhim Siborn, 27 yo F-- She needs a rectal exam
> and evaluation for
> the constipation. Does she have hemorrhoids? I
> also wonder about her
> sexual history. Is there abuse in the home? She
> should be counseled
> for HIV testing, too.
>
> 2. Hourn Sarim, 40 yo F--- This woman needs
> orthostatic blood pressures
> taken--(BP and HR lying, sitting, standing) and may
> have some hemolysis
> occurring vs. hepatitis.

>
> 3.  Kol Phyrim, 8 yo M---Very chronic history of
> joint swelling that can
> occur in patients with rheumatologic disease,
> metabolic derangements.
> Yes, I would refer to a pediatrician because of my
> lack of knowledge of
> these diseases in this age group.
>
> Thanks.  Jennifer
>