Robib and Telemedicine

July 2003 Telemedicine Clinic in Robib

Report and photos submitted by David Robertson

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

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

Date: Wed, 9 Jul 2003 09:25:50 -0400
From: dmr@media.mit.edu
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann (E-mail)" <ph2065@yahoo.com>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@bigpond.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, telemedicine_cambodia@yahoo.com,
dmr@media.mit.edu,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>
Cc: "Dr. Srey Sin" <012905278@mobitel.com.kh>, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
"Cataldo, Christine" <CCATALDO@PARTNERS.ORG>,
Somontha Koy <monthakoy@yahoo.com>
Subject: Cambodia Telemedicine, July 10th, 2003

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

Dear All:

Sorry the Robib Telemedicine clinic has been delayed a few days. The satellite links in Robib have been off-line but Dimitri Negroponte kindly got the Internet connection working again.

This is quick reminder that the July Telemedicine clinic in Robib, Cambodia is now scheduled for Thursday, 10 July 2003.

We'll have the follow up clinic at 8:00am, Friday, 11 July (9:00pm, Thursday, 10 July in Boston.) Best if we could receive your e-mail advice before this time.

Thanks again for your assistance.

Sincerely,

David

Date: Thu, 10 Jul 2003 03:48:58 -0400
From: dmr@media.mit.edu
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann (E-mail)" <ph2065@yahoo.com>,

"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@bigpond.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, telemedicine_cambodia@yahoo.com,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
Somontha Koy <monthakoy@yahoo.com>
Subject: Patient #1: HENG VORN, Cambodia Telemedicine, July 10, 2003

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

Telemedicine Clinic in Robib, Cambodia – 10 July 2003

Patient #1: HENG VORN, female, 43 years old

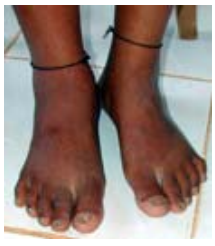
Chief complaint: Patient complains of mild edema all over the body and shortness of breath for one month.

History of present illness: Last month she got high fever and chills. She went to a private hospital and was admitted there for five days. They did a malaria test (result negative.) After fever and chills disappeared, she went back home, then two days later she got edema on both feet, developing to abdomen and then to her face. She is passing less urine, only a little (about 50ml/time) two to three times per day, has shortness of breath, weakness, palpitations, and dizziness. So she came to see us today.

Current medicine: Used unknown modern medicine for five days last month and now she is using traditional medicine to release edema.

Past medical history: Nephritis in 1997, admitted to the hospital in Phnom Penh for seven days.

Social history: Unremarkable



Family history: Has five children.

Allergies: None

Review of system: No cough, no fever, has shortness of breath, has lower back pain, no stool with blood, no diarrhea, and no nausea.

Physical exam

General Appearance: Looks sick.
BP: 100/50
Pulse: 80
Resp.: 28
Temp. : 37
Weight: 44 kg

Hair, eyes, ears, nose, and throat: Okay.
Neck: No goiter, no JVD, and no lymph node.
Skin: Pale, warm to touch, and no rash.
Lungs: Clear both sides.

Heart: Regular rhythm, no murmur
Feet: Pitting edema (++)
Joints: Not swollen but pain on all finger, knee, and elbow joints.
GY: Has mild prolapsed uterus, has vaginal discharge, no pain.
Abdomen: Pain on the left upper quadrant and also lower abdominal pain, no HSM, mild tender, and has positive bowel sound.

Assessment: Cystitis? Nephritis? Anemia secondary to Etio? Uterine prolapse. Arthritis?

Recommend: Should we refer her to Kampong Thom Hospital for abdominal ultrasound, chest x-ray, and some blood tests like CBC, lyte, creatinine, cholesterol, and also Urinalysis and consultation with gynecologist? Please give me any other ideas.

From: "Kelleher-Fiamma, Kathleen M., Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: "David Robertson (davidrobertson1@yahoo.com)"
<davidrobertson1@yahoo.com>,
"David Robertson (dmr@media.mit.edu)"
<dmr@media.mit.edu>
Subject: FW: Patient #1: HENG VORN, Cambodia Telemedicine, July 10, 2003
Date: Thu, 10 Jul 2003 12:43:42 -0400

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

From: Tan, Heng Soon,M.D.

Sent: Thursday, July 10, 2003 12:02 PM

To: Kelleher-Fiamma, Kathleen M., Telemedicine

Subject: RE: Patient #1: HENG VORN, Cambodia Telemedicine, July 10, 2003

Poststreptococcal glomerulonephritis with nephrotic syndrome is likely even in an adult. Of course she could have previous chronic glomerulonephritis with flare from recent infection, and that could be considered if she does not recover well within 4-6 weeks.

I would look for existing strep infection either in throat or skin. Take a throat culture, check ASO [antistreptolysin O] titers, renal function: electrolytes, BUN, creatinine, albumin, and most importantly, the microscopic urinalysis for protein, cells and casts.

She could be treated with bedrest and furosemide for edema, while monitoring blood pressure, weight and urine protein. Use penicillin if strep infection exists. She is not hypertensive, but may need treatment if blood pressure rises. Prognosis should be good unless neprhosis persists, renal function deteriorates, or blood pressure becomes intractable. In that event, referral for renal biopsy will be useful. At this point, she could be treated locally. Other tests queried are not necessary.

Heng Soon Tan, M.D.

From: "Rithy Chau" <tmed_rithy@online.com.kh>
To: <dmr@media.mit.edu>
Cc: "Jennifer Hines" <sihosp@online.com.kh>,
"Gary Jacques" <gjacques@online.com.kh>,
"Bunse Leng" <tmed1shch@online.com.kh>,
"Bernard Krisher" <bernie@media.mit.edu>,
"SoThero Noun" <aafc@camnet.com.kh>

Subject: RE: Patient #1: HENG VORN, Cambodia Telemedicine, July 10, 2003
Date: Fri, 11 Jul 2003 10:36:40 +0700

Dear Montha and David,

Good morning!

You have mentioned in your H&P that this patient has PMH of nephritis--do you mean kidney infection, nephrotic syndrome or other kidney problem?--and may be experiencing another episode of the kidney problem. Was her edema persistent or intermittent? What factors help to alleviate her symptoms and what worsen them? According to your HPI, it seems like she may have problem with her cardiorespiratory system, but your exam does not show this. In the photo, the edema is obvious on right leg (how far up was the edema?), but not on the left side. Was her edema bilateral? And if the medicine she took helped to rid of fluid, then it should be affecting bilaterally. Did her abdomen distend? Did look icteric (yellow eyes/skin)? Any varicose veins on her leg? How about her UA (do you not have this with you or available at the HC) eading of the protein? I agree with you that she needs further evaluation (at Kampong Thom) to determine whether she has nephrotic syndrome or other etiologies of edema--UA to determine protein and glucose hyperexcretion in NS, blood works CBC, chem, BUN, creat, tot chol, tot prot, albumin, Hep B&C, HIV if suspected NS, CXR and abdomen US. FYI, if edema is unilateral (one side) involvement, think of DVT (leg cramp and discoloration), angioedema, or lymphadema (from worm infection or cancer).

Also, did the patient have flank pain (CVA tenderness)--indication for kidney infection? Was the vaginal discharge clumpy or mucousy? What color, smell, with or without blood? The lower abdominal pain may come from her GU infection. Since you are going to send her to K. Thom, then the doctors there can exam more closely and give her treatment there.

Thanks,

Rithy (Dr. Jennifer agreed)

Date: Thu, 10 Jul 2003 03:56:48 -0400
From: dmr@media.mit.edu
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann (E-mail)" <ph2065@yahoo.com>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@bigpond.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, telemedicine_cambodia@yahoo.com,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
Somontha Koy <monthakoy@yahoo.com>
Subject: Patient #2: AN SINAT, Cambodia Telemedicine, July 10, 2003

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

Patient #2: AN SINAT, male, child, 1 year old

Chief complaint: Patient has had cough and fever on and off for nine months.

History of present illness: Four days ago he got a high fever and a cough with white sputum, his mother brought him to the local health center, and they gave him some drugs like Amoxycillin 250mg three times daily for two days and Paracetemol 250mg three times daily for two days. His condition got a little better but he still has a dry cough, shortness of breath, mild fever, diarrhea, and nausea.

Current medicine: Amoxycillin 250mg three times daily for two days and Paracetemol 250mg three times daily for two days.

Past medical history: Pneumonia five months ago.

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: Has mild fever, has cough, has shortness of breath, has diarrhea, no abdominal pain, no chills, and no runny nose.

Physical exam

General Appearance: Looks stable.
Pulse: 120
Resp.: 32
Temp. : 37.5

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

Assessment: Pneumonia?

Recommend: Should we continue with?

- **Amoxycillin 250mg three times daily for seven days**
- **Paracetemol 250mg four times daily for seven days.**

Please give me any other ideas.

From: "Haver, Kenan E., M.D." <KHAVER@PARTNERS.ORG>
To: "'dmr@media.mit.edu '" <dmr@media.mit.edu>
Cc: "Kelleher-Fiamma, Kathleen M., Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
Subject: Patient #2: AN SINAT
Date: Thu, 10 Jul 2003 21:51:51 -0400

Amoxicillin is an appropriate initial choice for this child. I would be certain he is receiving 40 mg/kg/day divided every 8 hours. If he continues to cough and his examination does not improve I would recommend cefuroxime or ceftriaxone to better cover Haemophilus

influenzae.

My greater concern is the duration (9 months) of cough and fever. The crackles may be due to an acute infection but could indicate an underlying chronic lung disease.

I would recommend a PPD be placed. His cough may be a manifestation of asthma so you could try treatment with albuterol. If his cough does not respond I would recommend a CXR looking for evidence of interstitial lung disease.

Have you elicited any history suggestive of gastroesophageal reflux, coughing while feeding (suggesting a TEF or cleft) or chronic aspiration? If so, he may need direct visualization of his airway. Has he had infections other than one prior pneumonia such as chronic ear infections or skin infections? These could suggest an underlying immunodeficiency.

From: "Rithy Chau" <tmed_rithy@online.com.kh>
To: <dmr@media.mit.edu>
Cc: "Jennifer Hines" <sihosp@online.com.kh>,
"Gary Jacques" <gjacques@online.com.kh>,
"Bunse Leng" <tmed1shch@online.com.kh>,
"Bernard Krisher" <bernie@media.mit.edu>,
"SoThero Noun" <aafc@camnet.com.kh>
Subject: RE: Patient #2: AN SINAT, Cambodia Telemedicine, July 10, 2003
Date: Fri, 11 Jul 2003 10:36:43 +0700

Dear Montha and David,

Good morning!

For this 1 yo patient, I gathered from the data presented that this boy may be having a flue or a bad cold rather than a bacterial ARI since the sputum is white and now no more. Viral infection seemed to come and go quickly within a few days especially in children his age group. Since antibiotic (Amox) is alraedy given, I would continue it for another three days so to limit resistant and give only half the dosage (125mg bid or tid). But if the child is having bad diarrhea (which may be from antibiotic), I would not continue. On exam, sometimes a young child like him, the mucous in the brochial areas may sound like inside the lung on auscultation to be mistaken for a pneumonia. Since he did not have any fever now, I would concentrate on treating him with a common cold medicine with elixir to help loosen up his phlegm so that he can breathe better. Using Tiffy Rub (ointment) may help to do this job as well especially at night--the rub can be apply 3-4 times a day and use for maximum of 5 days. Tell the mother to give the child more breast milk or drink. ORS drink can help him with the diarrhea as well if available. If fever persists, consider extending Amox for 5-7 more days with half the present dose and more fluid intake as well.

Thanks,

Rithy (Dr. Jennifer agreed)

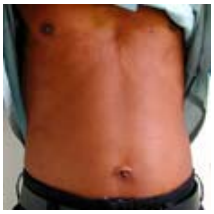
Date: Thu, 10 Jul 2003 09:13:34 -0400
From: dmr@media.mit.edu
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann (E-mail)" <ph2065@yahoo.com>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@bigpond.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, telemedicine_cambodia@yahoo.com,

"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
Somontha Koy <monthakoy@yahoo.com>
Subject: Patient #3: NGET SOEUN, Cambodia Telemedicine, July 10, 2003

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

Telemedicine Clinic in Robib, Cambodia – 10 July 2003

Patient #3: NGET SOEUN, male, 56 years old



Chief complaint: Abdominal distension and upper abdominal pain for the last 11 days.

History of present illness: Eleven days ago he got abdominal distension and upper abdominal pain. He went to the pharmacy to buy some unknown drugs to take for five days; the drugs helped him decrease abdominal pain and distension. Two days later after stopping this medication his symptoms reappeared accompanied by edema in both feet, weakness, burping, and passing urine a little (200ml/day,) and lower abdominal pain. He went to the pharmacy again and bought an antidiuretic drug like Furosemide, taking 40mg daily for three days, and then edema was gone from both feet. Now he has weight loss of about five kg compared to previous healthy time.

Current medicine: Furosemide 40mg daily for three days and Tagamet 400mg three times daily for six days.

Past medical history: Nine months ago, hernia operation.

Social history: Drank alcohol for more than 20 years, smoked for more than 40 years, but quit both about one year ago.

Family history: Unremarkable

Allergies: Vitamin B12.

Review of system: Has no cough, no chest pain, and no fever, has diarrhea, has abdominal distension, has weight loss, no palpitations, and has upper abdominal pain.

Physical exam

General Appearance: Looks mildly sick.
BP: 90/50
Pulse: 80
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Neck: No lymph node and no JVD.
Skin: No jaundice, not pale, and warm to touch.
Lungs: 1/3 bilateral crackle.
Heart: Regular rhythm, no murmur
Abdomen: Mild distension, tender, has positive bowel sound, Hepathomegalie about 4cm, general pain around umbilicus during

palpate.

Limbs: No joint pain and no edema.

Assessment: Dyspepsia? Ascitis? Pneumonia? Pulmonary TB?

Recommend: Should we refer him to Kampong Thom for evaluation and do some other tests like abdominal ultrasound, chest x-ray, CBC, lyte, creatinine, Bun, urinalysis, glucose, and liver function tests?

Please give me any other ideas.

From: "Rithy Chau" <tmed_rithy@online.com.kh>
To: <dmr@media.mit.edu>
Cc: "SoThero Noun" <aafc@camnet.com.kh>,
"Jennifer Hines" <sihosp@online.com.kh>,
"Gary Jacques" <gjacques@online.com.kh>,
"Bunse Leng" <tmed1shch@online.com.kh>,
"Bernard Krisher" <bernie@media.mit.edu>
Subject: RE: Patient #3: NGET SOEUN, Cambodia Telemedicine, July 10, 2003
Date: Fri, 11 Jul 2003 10:44:13 +0700

Dear Montha and David,

Good morning!

This patient may be experiencing dyspepsia or gastritis. The abdominal distension may be from flatus or gas trapped in bowel causing him to burp. The liver enlargement may come from his chronic drinking. Decrease amount of urination may be due to low fluid intake--need to assess this. Please educate you patients especially one like this that it is dangerous to haphazardly use Furosemide when there is any edema--it can cause further damage to his kidneys. Did you take his BP in both arms or even wait for 15 mins to do another reading. If he continue to be hypotensive, I would refer him to K. Thom, but if only one reading, it hard to give recommendation. No sign of fever, lymphadenopathy, chronic cough with sputum, etc., I would not think he has pneumonia or TB. He may have a lungs of a smoker and thus the extra sound.

You can treat his diarrhea with Cotrim 480 2tab po bid x 7-10d, if with mucous use metronidazole 250mg 2 po bid x 10d (no alcohol intake with medicine!) and Al(MgOH)3 to help with his abdominal symptoms. Next month you can follow him up--if still dyspepsia start him on cimetidine or famotidine.

Thanks,

Rithy (Dr. Jennifer agreed)

From: "Kelleher-Fiamma, Kathleen M., Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: "David Robertson (davidrobertson1@yahoo.com)"
<davidrobertson1@yahoo.com>,
"David Robertson (dmr@media.mit.edu)"
<dmr@media.mit.edu>
Subject: FW: Patient #3: NGET SOEUN, Cambodia Telemedicine, July 10, 2003
Date: Fri, 11 Jul 2003 08:00:12 -0400

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

From: Goldszer, Robert Charles,M.D.

Subject: RE: Patient #3: NGET SOEUN, Cambodia Telemedicine, July 10, 2003

Your idea of doing test to try to make a specific diagnosis sounds like a good plan

Recommend: Should we refer him to Kampong Thom for evaluation and do some other tests like abdominal ultrasound, chest x-ray, CBC, lyte, creatinine, Bun, urinalysis, glucose, and liver function tests?

The list of tests you recommend also sounds right

He might not need the furosemide on a daily basis and if hi Blood Pressure is 90/50 he might be dehydrated already. I would consider stopping this and continuing the tagamet until a specific determination of his kidney, liver, and heart function have been completed.

RCGoldszer, M.D.

Brigham and Women's Hospital

Boston, Mass, USA

Date: Thu, 10 Jul 2003 09:19:18 -0400
From: dmr@media.mit.edu
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann (E-mail)" <ph2065@yahoo.com>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@bigpond.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, telemedicine_cambodia@yahoo.com,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
Somontha Koy <monthakoy@yahoo.com>
Subject: Patient #4: CHAN SOTH, Cambodia Telemedicine, July 10, 2003

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

Telemedicine Clinic in Robib, Cambodia – 10 July 2003

Patient #4: CHAN SOTH, female, 59 years old

Chief complaint: Patient complains of lower abdominal pain for the last 15 days.

History of present illness: Fifteen days after digging her land in the rice field, she felt tenderness and lower back pain in the morning. When she woke up, she could not get out of bed, as it was so painful in her lower back. Her family sent her to a private clinic and they gave her some unknown drug injection, pills, and massage. She gets better a little bit (can walk now,) but gets pain during most activities radiating to right leg.

Current medicine: Took unknown medication for 15 days.

Past medical history: Unremarkable

Social history: Unremarkable

Family history: Unremarkable

Allergies: None.

Review of system: Has no fever, no cough, and no chest pain, has bloody urination, has lower back pain, and has no blood in stool.

Physical exam

General Appearance: Looks well.
BP: 100/60
Pulse: 80
Resp.: 20
Temp. : 36.5

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

Neuro exam: Sensation, orientation, motor, and reflexes are okay. During standing left side is lower than right side because of pain but not swollen.

Assessment: Right nerve root pain? Lower muscle back pain secondary to Etio?

Recommend: Should we give her?

- **Ibuprofen, 400mg, three times daily, for 20 days**
- **Vitamin B, 250mg, two times daily, for 20 days**

Please give me any other ideas.

From: "Patel, Dinesh,M.D." <DGPATEL@PARTNERS.ORG>
To: "Kelleher-Fiamma, Kathleen M., Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"'dmr@media.mit.edu'"
<dmr@media.mit.edu>
Subject: RE: Patient #4: CHAN SOTH, Cambodia Telemedicine, July 10, 2003
Date: Thu, 10 Jul 2003 12:57:04 -0400

Dear David,

I have reviewed the medical data and pictures on Chan Soth History suggests that she may have muscle spasm from bending over and stressing the lower back .

Possibility of disc problem arises as well but since the neurological exam is normal one would say it is lesser of the possibilty.The reason she appears to have Left side lower than right could be from muscle spasm , scoliosis or arthritis in hip causing discrepancy.

Arthritis of hip is less likely as she has no pains and able to bend over in the farms

Rarely because of age possibility of osteoporosis and stress fracture of spine is possibility as well I would get x-rays of spine to be sure.

In the mean time she should avoid bending over.

Use Heat

May be abdominal girdle, corset or some such thing for support. If more uncomfortable than flat in bed with pillows under the knee. Ibuprofen 800 mg twice a day to three times day as long as there is no stomach problem

Back pain usually lasts for many months so just watch her Avoid bending over to exert too much in the meantime and if she feels good than on the way

If there is numbness and tingling in the leg than she may need to see Neurologist for further work up for the disc problem

thanks for the consult

Dinesh

From: "Patel, Dinesh,M.D." <DGPATEL@PARTNERS.ORG>
To: "Patel, Dinesh,M.D." <DGPATEL@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M., Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"'dmr@media.mit.edu'"
<dmr@media.mit.edu>
Subject: RE: Patient #4: CHAN SOTH, Cambodia Telemedicine, July 10, 2003
Date: Thu, 10 Jul 2003 12:59:35 -0400

david,

i forgot to mention that there is really no emergency in obtaing any more work including xrays or transferring to other hospital unless she does not get beetr as you said for 20 days or so

dinesh

From: "Rithy Chau" <tmed_rithy@online.com.kh>
To: <dmr@media.mit.edu>
Cc: "SoThero Noun" <aafc@camnet.com.kh>,
"Jennifer Hines" <sihosp@online.com.kh>,
"Gary Jacques" <gjacques@online.com.kh>,
"Bunse Leng" <tmed1shch@online.com.kh>,
"Bernard Krisher" <bernie@media.mit.edu>
Subject: RE: Patient #4: CHAN SOTH, Cambodia Telemedicine, July 10, 2003
Date: Fri, 11 Jul 2003 10:44:19 +0700

Dear Montha and David,

Good morning!

Lower back pain (LBP) involves many things: kidney infections, gynecological problems (in women), muscle strain with or without tendon involvement, spinal disc herniation, TB, tumor

(compression), etc. From the history you presented, the patient presented clearly with a work injury type of LBP due to muscle strain and inflammation and/or disc herniation/compression. Did you exam her back at all? Was there tenderness on percussion on her back or when you palpate and ROM? Any dysuria ? Since no cough, no fever, (any weight loss?), no lymphadenopathy (?), we can rule out Pott dz at this point.

Yes, I agree with you to give her ibuprofen 400mg tid, but only for 3-5 days then prn with paracetamol 500mg 2 tab po tid instead. Make sure that she does not have any GI problems. Warm compress and massage (not aggressive) 4-6 times a day on LB is also helpful. In two weeks, if symptoms better, teach her how to do some back exercise. No vit B needed.

Thanks,

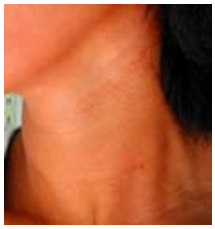
Rithy (Dr. Jennifer agreed)

Date: Thu, 10 Jul 2003 09:26:30 -0400
From: dmr@media.mit.edu
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann (E-mail)" <ph2065@yahoo.com>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@bigpond.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, telemedicine_cambodia@yahoo.com,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
Somontha Koy <monthakoy@yahoo.com>
Subject: Patient #5: THORNG KHUN, Cambodia Telemedicine, July 10, 2003

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

Telemedicine Clinic in Robib, Cambodia – 10 July 2003

Patient #5: THORNG KHUN, female, 38 years old



Chief complaint: Patient complains of chest pain and palpitations on and off for three months.

History of present illness: Three months ago she got symptoms of chest pain and palpitations, chest pain like stabbing. It lasts about 4-5 minutes at a time, and it happens 3-5 times per two days. Chest pain goes away with massage or when she leans forward on a chair. Sometime she feels worse at nighttime. She gets these symptoms accompanied by sweating, dizziness, headache and sometimes almost fainting. She had never met a doctor, just came to see us.

Current medicine: None

Past medical history: Malaria in 1983.

Family history: Her mother has hypertension. Patient has seven

children.

Social history: Unremarkable

Allergies: None.

Review of system: Has no fever, no cough, has chest pain, no diarrhea, has dizziness, and has palpitations.

Physical exam

General Appearance: Looks stable.

BP: 130/60
Pulse: 116
Resp.: 22
Temp. : 36.5

Hair, ears, nose, and throat: Okay. **Eyes:** Mild exothalsis.
Neck: Small mass at anterior neck, mobile, size about 3 x 4 cm.
Skin: Not pale and no jaundice.
Lungs: Clear both sides, symmetrical sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, and has positive bowel sound.
Limbs: Okay

Assessment: Ischaemic heart disease? Toxic goiter?

Recommend: Should we draw her blood for Thyroid test like TSH, T4, T3 and give?

- **Propranolol, 40mg, ½ tablet daily**

Please give me any other ideas.

From: "List, James Frank,M.D.,Ph.D." <JLIST@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Cc: "Kelleher-Fiamma, Kathleen M., Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
Subject: RE: Patient #5: THORNG KHUN, Cambodia Telemedicine, July 10, 2003
Date: Thu, 10 Jul 2003 12:40:32 -0400

To summarize, the patient is a 38 year-old female with 3 months of positional chest pain and palpitations. On examination, she has tachycardia, exophthalmos, and an anterior neck mass.

The most likely explanation is thyrotoxicosis, the chest pain and palpitations representing episodes of atrial fibrillation. I recommend drawing thyroid function tests and starting a beta blocker. Because of its short half-life, propranolol should be started at 10 to 20 mg three times daily.

The positional nature of the chest pain and its duration also raise the possibility of chronic pericarditis. If the patient is found to be euthyroid, this must be further investigated. While there are many potential etiologies of chronic pericarditis, one must place tuberculosis high on the list. I would recommend getting an EKG (which may show diffuse P-R depressions) and a chest X-ray as well as placing a PPD/Mantoux test.

Cardiac ischemia secondary to coronary artery disease is unlikely in the described scenario.

James F. List, M.D., Ph.D.
Endocrinology, Massachusetts General Hospital

From: "Rithy Chau" <tmed_rithy@online.com.kh>
To: <dmr@media.mit.edu>
Cc: "SoThero Noun" <aafc@camnet.com.kh>,
"Jennifer Hines" <sihosp@online.com.kh>,
"Gary Jacques" <gjacques@online.com.kh>,
"Bunse Leng" <tmed1shch@online.com.kh>,
"Bernard Krisher" <bernie@media.mit.edu>
Subject: RE: Patient #5: THORNG KHUN, Cambodia Telemedicine, July 10, 2003
Date: Fri, 11 Jul 2003 10:44:21 +0700

Dear Montha and David,

Good morning!

This patient may have hyperthyroidism from her symptoms, but to me she does not look like she is having exophthalmos and her thyroid does not look obvious for an enlargement. Can she go to K. Thom for an EKG and CXR and some blood work like CBC, cem with BUN, creat and glucose. Propranolol 10mg bid may help to relieve her symptoms, but I would check the heart first before the thyroid.

Any domestic problems at home? Can you also work up to rule out any GI problem of dyspepsia or GERD? How is her menses? Any GYN complaints?

Thanks,

Rithy (Dr. Jennifer agreed)

Date: Thu, 10 Jul 2003 09:30:37 -0400
From: dmr@media.mit.edu
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann (E-mail)" <ph2065@yahoo.com>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@bigpond.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, telemedicine_cambodia@yahoo.com,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
Somontha Koy <monthakoy@yahoo.com>
Subject: Patient #6: PROM SAVEN, Cambodia Telemedicine, July 10, 2003

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

This is the last case for this month's Telemedicine Clinic.

Telemedicine Clinic in Robib, Cambodia – 10 July 2003

Patient #6: PROM SAVEN, female, 18 years old

Chief complaint: Patient complains of dizziness, headache and chest pain on and off for three months.

History of present illness: Three months ago she fell from a motorcycle while driving, she was unconscious for about 24 hours, and admitted to a private clinic for five days. The doctors there gave her some unknown drugs like IV and IM. Now she feels dizziness, headache and chest pain, chest pain like stabbing lasting for one hour at a time, and it happens often like three times per day. Her chest pain is accompanied by cold extremities, palpitations, and sometimes panic. She feels better when someone helps her with massage.

Current medicine: None

Past medical history: Two years ago she got malaria.

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: Has no fever, no cough, has chest pain, no abdominal pain, no diarrhea, and has dizziness.

Physical exam

General Appearance: Looks well.
BP: 100/50
Pulse: 100
Resp.: 20
Temp. : 36.5

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

Assessment: Anxiety? Headache secondary to accident? Muscle Pain.

Recommend: Paracetemol, 500mg four times daily for 15 days and educate her about exercise.

Please give me any other ideas.

From: "Kelleher-Fiamma, Kathleen M., Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: "David Robertson (davidrobertson1@yahoo.com)"
<davidrobertson1@yahoo.com>,
"David Robertson (dmr@media.mit.edu)"
<dmr@media.mit.edu>

Subject: FW: Patient #6: PROM SAVEN, Cambodia Telemedicine, July 10, 2003
Date: Thu, 10 Jul 2003 13:34:35 -0400

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

From: Tan, Heng Soon,M.D.

Sent: Thursday, July 10, 2003 1:27 PM

To: Kelleher-Fiamma, Kathleen M., Telemedicine

Subject: RE: Patient #6: PROM SAVEN, Cambodia Telemedicine, July 10, 2003

Sounds like panic attacks associated with posttraumatic stress disorder from motor vehicle accident. She needs counseling, and probably an SSRI like Paxil or Citalopram to treat anxiety disorder long term.

Heng Soon Tan, M.D.

From: "Rithy Chau" <tmed_rithy@online.com.kh>
To: <dmr@media.mit.edu>
Cc: "SoThero Noun" <aafc@camnet.com.kh>,
"Jennifer Hines" <sihosp@online.com.kh>,
"Gary Jacques" <gjacques@online.com.kh>,
"Bunse Leng" <tmed1shch@online.com.kh>,
"Bernard Krisher" <bernie@media.mit.edu>
Subject: RE: Patient #6: PROM SAVEN, Cambodia Telemedicine, July 10, 2003
Date: Fri, 11 Jul 2003 10:44:23 +0700

Dear Montha and David,

Good morning!

This patient is having a post-traumatic experience symptoms. The best to help this patient is not medication but to have family and community supports of her daily functions in life. If possible get family members or some one she can trust now to take her back on a motorbike even first for a very short distant (a couple of meters) in the ground of their house, then gradually take out a little further to show her the safety of riding motorbike again. Tell them to ask and encourage her not to force her. It might take months to get her to agree to be on a motorbike. Just take it slowly with her until she can adjust herself to riding the motorbike again.

Of course, treat her for any obvious symptom like you suggested of giving Para for HA, etc., but expect much of quick resolution with this patient. Patient education about regaining self-confident also will help. Please do a thorough neurological exam on her since she passed out (became unconscious for 24h.

Thanks,

Rithy (Dr. Jennifer agreed)

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

July Patient #2: AN SINAT, male, child, 1 year old

July Patient #3: NGET SOEUN, male, 56 years old

July Patient #4: CHAN SOTH, female, 59 years old

July Patient #6: PROM SAVEN, female, 18 years old

January 2003 Patient: SAO PHAL, female, 55 years old

January 2003 Patient: SOM THOL, male, 50 years old

October 2002 Patient: MUY VUN, male, 36 years old

October 2002 Patient: PEN VANNA, female, 38 years old

June 2003 Patient #4: NGET SOK NEN, female, 23 years old

June 2003 Patient #6: CHAN HIM, female, 56 years old

June 2003 Patient #7: SOM DEUM, female, 63 years old

Transported to Kampong Thom Provincial Hospital on 11 July 2003 by the Telemedicine team:

July Patient #1: HENG VORN, female, 43 years old (this patient paying for her own care)

July Patient #5: THORNG KHUN, female, 38 years old

Transport & lodging arranged for July 14th follow up appointment at Kantha Bhopa Children's Hospital in Phnom Penh:

June 2001 Patient: SENG SAN, female, 13-year-old child

Transport & lodging arranged for July 17th follow up appointment at Sihanouk Hospital Center of Hope in Phnom Penh:

April 2003 Patient: LENG HAK, male, 67 years old

Transport & lodging arranged for August 10th and August 19th follow up appointments at Sihanouk Hospital Center of Hope in Phnom Penh:

December 2001 Patient: PHENG ROEUNG, female, 57 years old

Transport & lodging arranged for July 31st follow up appointment at Sihanouk Hospital Center of Hope in Phnom Penh:

June 2001 Patient: PHIM SICCHIN, female, 30 years old

Discharged from the hospital:

June 2001 Patient: SENG SAN, female, 13 year old child, care for Polyarthritis, hospitalized at Kantha Bhopa Children's Hospital in Phnom Penh from March 13 to June 10, 2003. She continues monthly follow up appointments for her Polyarthritis condition at

Kantha Bhopa Children's Hospital. We have been following her case for over two years.

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