July 2004 Telemedicine Clinic in Robib

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

On Monday, July 5, 2004, SHCH staff, Nurse Koy Somontha traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following day, Tuesday, July 6, 2004, the Robib TM clinic opened to receive the patients for evaluations. There were 2 new cases and 9 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 the next day.

On Thursday, July 8, 2004, replies from both the Sihanouk Hospital Center of HOPE in Phnom Penh and the Partners Telemedicine in Boston were downloaded. Per advice from these two locations, Nurse Koy Somontha managed and treated the patients accordingly. There were also 5 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, June 28, 2004 2:31 PM
To: Ruth Tootill; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Jennifer Hines; Gary Jacques; Joseph Kvedar; Bunse Leang; Jack Middlebrook
Cc: Thero Noun; Peou Ouk; Seda Seng; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: Robib Telemedicine of July 2004

Dear all,

I would like to inform you about the Robib Telelmedicine trip of July 2004.

Here is the agenda

- On 05/07/04 travel from PP to the village
- On 06/07/04 do the clinic for whole day, it will be started at 8 0'clock.
- On 07/07/04 will be transmitted all the cases to Teleparner at PP (Hope Center) and Boston.
- On 08/07/04 will collect all answers, manage something to follow the instruction and also come back to PP.

Thanks for your good cooperation and be patient to work with me.

Beast Regards,

Montha

-----Original Message-----
From: TM Team [mailto:tmrural@yahoo.com]
Sent: Wednesday, July 07, 2004 2:25 PM

To: Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Jennifer Hines; Joseph Kvedar; Bunse Leang; Jack Middlebrook
Cc: Thero Noun; Laurie & Ed Bachrach; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: Robib Telemedicine July 2004

Dear all,

I am writing to inform you for this month (July) we have 11 patients.

Thnaks for your best cooperation.

Best regards,

Montha

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

Patient: Sek Chantha, 27F Famer (Thnout Malou)

CC: Chest tightness and epigastric pain on and off for 15 days

HPI: 27F, Farmer, in 15 days presented with chest tightness and epigastric pain. All these symptoms become worse when she works or long distension walking, and she also accompany by another signs like burping, excessive saliva in the morning, sometimes vomit after meal, poor appetite, and muscle pain. She has never gone to see doctor or taking medicine in recently, she just come to see us.

PMH: Gastritis in the last 2 years ago and he also was admitted to Reuvieng helth center for 4 days.

SH: Unremarkable

FH: Unremarkable

Allergies: NKA

ROS: no weigh loose, no sore throat, no fever, no cough, no palpitation, no SOB, no stool with blood, no peripheral edema.

PE:

VS: BP 100/60 P 100 R 20 T 36.5 C Wt 38 kgs

Gen: look stable

HEENT: no oropharyngeal lesion, no exophalmous. Neck: no JVD, no goiter gland seen, no lymph node.

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

Abd: soft, flat, no tender, no HSM, (+) BS, but mild on epigastric pain during palpable.

MS/Neuro: Limbs no peripheral edema, no deformity

Other:

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1. Gerd?
2. Parasitis?
3. Anxiety?
4. Muscle Pain

Plan: We would cover her with some drugs like

1. Omeprazole 20mg 1t po bid for one month
2. Metochlopramide 10mg 1t po tid (PRN) for 10 days
3. Mebendazole 100mg 1t po bid for 3 days
4. Paracetamol 500mg 1t po q6 (PRN) for 10 days

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

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, July 07, 2004 3:26 PM
To: Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Jennifer Hines; Joseph Kvedar; Bunse Leang
Cc: Thero Noun; Laurie & Ed Bachrach; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: RE: Patient # 01, Sek Chantha, 27F

Dear Montha:

Some more information would be helpful: How was the patient diagnosed with gastritis two years ago? Was she treated? Does the burping accompany the chest pain, or do they occur separately? Are the symptoms positional-- worse when she lies down? How many times has she vomited? Has that also been for only fifteen days? Does she have dysphagia-- difficulty swallowing? Why was she admitted to the health center? It would also be helpful to know if she has a positive hemaccult.

While exertional chest pain is always concerning for an MI, the patient is very young to have atheroscleosis. Is it possible to perform an EKG? If not, my suspicion for MI is low enough that I would treat empirically for GI symptoms, and then refer for an EKG is they do no imporve in a week.

Asking about difficulty swallowing (dysphagia) is also very helpful-- if it is difficult for her to eat food or drink liquids, we would have to consider a problem with the esophagus, either infectious or a mass.

A diagnosis of GERD would be likely if the pain and burping is positional, especially if it's worse in bed.

Given the high incidence, I would also treat for H. Pylori infection-- especially if she has a positive hemaccult.

Hope this is helpful!

Jack

-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, July 08, 2004 1:03 AM
To: 'tmrural@yahoo.com'
Cc: 'tmed_project@online.com.kh'; 'tmed_rithy@online.com.kh'
Subject: FW: Patient # 01, Sek Chantha, 27F

-----Original Message-----
From: Cusick, Paul S.,M.D.
Sent: Wednesday, July 07, 2004 1:51 PM
To: Fiamma, Kathleen M.
Subject: RE: Patient # 01, Sek Chantha, 27F

Thank you for the consult.

Her symptoms sound like acid reflux or gastritis. A motility agent like metoclopramide would be helpful.

In addition, she should eat a diet low in acid.

treating muscle pain is fine a short course of antiparasitic medications is fine.

thanks

Paul Cusick

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

Patient: Chhay Chanthy,41F (Thnout Malou)

Subject: 41F, farmer, come back for her follow up of relapsed Hyperthyroidism? She still has mild palpitation and chest tightness on exertion. These symptoms happened one time a day, chest tightness lasts about 20mn/ time and also subside when she does slight massage on her chest. She has no fever, no cough, no GI complain, no peripheral edema.

Object:

VS: BP 120/70 P 80 R 20 T 36.5C Wt 41KGs

Look: Stable

HEENT: Unremarkable

Neck: No JVD, no lymphnode, Goiter is the same size from last visit.

Lungs: Clear both sides

Heart: RRR, no murmur.

Abdomen: Soft, flat. No tender, no HSM, (+) BS

Limbs: Not tremor, no edema.

Neuro Exam: Unremarkable

Previous Labs/Studies: her thyroide function test done on 10/06/04 at SHCH

T4= 15pml/L

TSH= 0.21micro IU/ml

Lab/Study Requests: none

Assessment:

1. Low TSH

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

1. Multivitamine 1t po qd for one month
2. Fer/ Folicacide 200/0.40mg 1t po qd for one month
3. Observer her function test every 3 months

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

Examined by: Koy Somontha, RN **Date: 06/07/04**

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh and tmed_project@online.com.kh. If unable to send to the first address, please send replies to tmed_ruralcam@yahoo.com as an alternative address.

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-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Thursday, July 08, 2004 9:37 AM
To: TM Team
Subject: RE: Patient # 02, Chhay Chanthy, 41F (Thnout Malou)

Dear Montha:

I agree with your plan.

Jack

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

Patient: Thorng Khun, 39F Farmer (Thnout Malou)

Subject: 39F farmer, return for her follow up of Hyperthyroidism. She has been feeling better with her prevous

symptoms a lot like decrease palpitation, decrease SOB, no fever, no cough, no GI complain, but has dizziness, mild body weakness.

Note: This patient still has breastfeeding her child (8 months old).

Object:

VS: BP100/60 P88 R20 T36.5 Wt 55 kgs

Look stable

HEENT: Unremarkable

Neck: NO JVD, no lympnode enlarge, Thyoride gland not increase size

Lung: Clear both sides

Heart: RRR, no murmur

Abdomen: Soft, flat, no tender, (+) BS, no HSM

Limbs: No peripheral edema

Previous Labs/Studies: Her Thyoride Function test done on 13/05/04 (TSH< 0.02 micro IU/Ml, T4= 39pml/L)

Lab/Study Requests: none

Assessment:

1. Hyperthyroidism with 8 months of child breastfeeding
2. Dizziness

Plan: We want to cover her with some medications like

1. Multivitamine 1t po qd for one month
2. Stop Fer/ Folic Acid
3. Promethazine 25mg 1t po qd for 10 days
4. Observe her Thyroide function test.

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

Examined by: Koy Somontha, RN **Date: 06/07/04**

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh and tmed_project@online.com.kh. If unable to send to the first address, please send replies to tmed_ruralcam@yahoo.com as an alternative address.

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-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, July 07, 2004 3:26 PM
To: TM Team; Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Jennifer Hines; Joseph Kvedar; Bunse Leang
Cc: Thero Noun; Laurie & Ed Bachrach; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: RE: Patient # 03, Thorng Khun, 39F

Dear Montha:

As she does not have significant symptoms and her pulse is normal, I would not treat her hyperthyoidism as long as she is breastfeeding.

How significant is her dizziness? How long has she had it? Is it positional? I am hestitant to recommend promethazine unless she really needs it.

I agree with your plan except for the promethazine.

Jack

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

From: Paul [mailto:ph2065@yahoo.com]

Sent: Thursday, July 08, 2004 2:18 AM

To: tmrural@yahoo.com; kkelleherfiamma@partners.org; ph2065@yahoo.com

Cc: tmed_rithy@online.com.kh; tmed_project@online.com.kh.

Subject: Patient: Thorng Khun, 39F Farmer (Thnout Malou)

Patient: Thorng Khun, 39F Farmer (Thnout Malou)

I am glad we finally completed the TSH and T4. The dizziness may very well be a manifestation of her hyperthroid state. She may benefit from propanolol at 20 to 40 mg BID. It is considered safe in breastfeeding women.

This medication should never be stopped abruptly so you would want to have regular follow-up. Eventually it ay be best to have her on PTU for hyperthyroidism, but this is definitely unsafe for fetuses if she were to become pregnant again.

The promethazine may be helpful for any nausea or motion-sickness, but is not safe for use in breastfeeding women.

Best of luck with this patient.

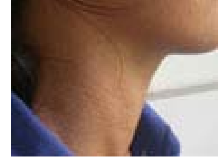
Paul Heinzelmann, MD

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

Patient: Chan Sokny, 25F Farmer (Thnout malou)

Subject: 25F farmer, she returns for her follow up of Euthyroide. She much improve with her previous symptoms by decreasing palpitation, decrease SOB, increase appetite, no fever, no headache, no chest pain, no GI complain, no peripheral edema, but still has slight chest tightness on exertion and mild blurred vision sometimes.

Object:



VS: BP100/60 P76 R20
T36.5C Wt 55 kgs

Look: Stable

HEENT: no oropharyngeal lesion, no pale

Neck: No JVD, no lymphnode, goiter gland not increase size

Lungs: Clears both sides

Heart: RRR, no murmur

Abdomen: Soft, flat, not tender, no HSM, (+) BS

Limbs: OK

Neuro Exam:

- CN I to XII good intact
- Motor: normal 5/5
- Sensory: normal
- Reflex: hyper reflexive on the legs, elbows, another good intact

Previous Labs/Studies: Her Thyroide Function test done on 11/02/04 (T4= 12pml/L, TSH = 0.20 micro IU/ml)

Her T4= 18pml/L done on 10/06/04

Lab/Study Requests: none

Assessment:

1. Euthyroide

Plan: We would like to continuous with some medications like

1. Propranolol 40mg ¼ tpo bid for one month
2. Fer/ Folic Acide 200/0.40mg 1t po qd for one month

Comments: do yoou agree with my plan? Please give me good idea.

Examined by: Koy Somontha, RN **Date: 06/07/04**

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh and tmed_project@online.com.kh. If unable to send to the first address, please send replies to

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-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, July 07, 2004 3:26 PM
To: TM Team; Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Jennifer Hines; Joseph Kvedar; Bunse Leang
Cc: Thero Noun; Laurie & Ed Bachrach; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: RE: Patient #04, Chan Sokny, 25F

Dear Montha:

The patient appears adequately controlled-- I agree with your plan.

Jack

-----Original Message-----
From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, July 08, 2004 1:33 AM
To: Fiamma, Kathleen M.; 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'; 'project@online.com.kh'
Subject: RE: Patient # 04, Chan Sokny, 25F

Thank you for the consultation,

Currently, your management is fine.

The propanolol will control her palpitations. However, given the normal Thyroid function tests, I would suggest to start decreasing the propanolol to 1/4 pill daily for the next month and then try to stop the propanolol unless her symptoms return.

iron and folic acid would be fine for an anemia/multivitamin. .

also, in the future, it would be helpful if you could include the normal range of the laboratory values so that it is easier to determine if the values are elevated, low or normal.

thanks

Paul Cusick

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

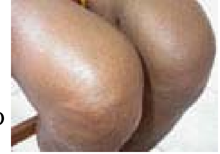
Patient: Som Doeum, 65F Farmer (Thnout Malou)

Subject: 65F farmer, she comes back for her follow up of Polyarthritis and Tension Headache. She much improves with her all joints pain, except her both knees. Knees still have more painful during walking, mild warm to touch, mild swelling. In this 5 days she start

having mild fever a body weakness, but no chill, no cough, no chest pain, no GI complain, no peripheral edema.

Object:

VS: BP100/50 P 80 R 20 T 37.5C Wt 35 Kgs



Look: Stable

HEENT: No oropharyngeal lesion, no pale, no jaundice

Neck: No JVD, no lymphnode enlarge, no goiter

Lungs: Clear both sides.

Heart: RRR, no murmur

Abdomen: Soft, flat, no tender, (+) BS, (-) HSM

Limbs: Both knees mild swelling, mild warm to touch, pain during moving, but no redness.

Previous Labs/Studies: Malaria negative done at health center in last 2 days ago

Lab/Study Requests: none

Assessment:

1. Rhumartoide Arthritis?
2. Polyarthritis

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

1. Nabometone 75mg 1t po bid for 1 month
2. Increase dose of Chloroquine 250mg 1t po bid for 1 month
3. Draw blood for her Rhumatoide test, CBC, ESR, Lytes, Creat, Bun. All the tests will be done at SHCH. And also follow up her next visit

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

Examined by: Koy Somontha, RN **Date: 06/07/04**

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh and tmed_project@online.com.kh. If unable to send to the first address, please send replies to tmed_ruralcam@yahoo.com as an alternative address.

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received this e-mail in error, please contact the sender and delete material from any computer.

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, July 07, 2004 3:47 PM
To: TM Team; Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Jennifer Hines; Joseph Kvedar; Bunse Leang
Cc: Thero Noun; Laurie & Ed Bachrach; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: RE: Patient # 05, Som Doeum, 65F

Dear Montha:

It is important to note WHICH joints were affected when you are considering a diagnosis of arthritis, as the distribution of rheumatoid arthritis and osteoarthritis are different. A description of her hands would be very helpful. Arthritis in the knee, hip, and first and third finger joints suggest osteoarthritis. Arthritis in the thumb, elbow, knee and ankle are more common in rheumatoid arthritis, especially when bilateral. RA also tends to cause prolonged morning stiffness-- does she complain of this? Why was the diagnosis of rheumatoid arthritis made?

If possible, plain X-rays of her hands and knees would be helpful in addition to the labs you suggest.

As she seems to be improving on her current management, I agree with continuing her medications as you describe.

Hope this is helpful.

Jack

-----Original Message-----
From: Fiamma, Kathleen M.
Sent: Wednesday, July 07, 2004 8:50 AM
To: Crocker, Jonathan T., M.D.
Subject: FW: Patient # 05, Som Doeum, 65F

Good Morning Dr. Crocker:

Here is a follow up patient for you. I will send the previous material in another email. Also, if you are unable to help, please let me know.

Many thanks,

Kathy

-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, July 08, 2004 2:32 AM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'; 'tmed_project@online.com.kh'
Subject: FW: Patient # 05, Som Doeum, 65F

Kathy Fiamma
617-726-1051

-----Original Message-----
From: Crocker, Jonathan T., M.D.
Sent: Wednesday, July 07, 2004 3:25 PM
To: Fiamma, Kathleen M.
Subject: RE: Patient # 05, Som Doeum, 65F

Koy,

She is afebrile when you saw her. Are the fevers she reports subjective or actually measured?. I agree with your plan. I would recommend you also check ANA with your laboratory work. If persistent fevers, she should have further work-up and possibly aspiration of the joints.

Many thanks,

Jon Crocker, MD

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

Patient: Pheng Roeung, 58F Farmer (Thnout Malou)

Subject: 58F farmer, return for her follow up of Euthyroide. She much improve with her previous symptoms by decreasing palpitation, decrease SOB, decease chest tightness, no fever, no cough, and no stool with blood. But she has (+) epigastric pain, (+) nausea after meal.

Object:

VS: BP 120/60 P 80 R 20 T 36.5 Wt 56 kgs

Look: Stable

HEENT: Unremarkable

Neck: No JVD, no lymphnode, goiter gland is the same size

Lungs: clear both sides

Heart: RRR, no murmur

Abdomen: Soft, flat, no tender, (-) HSM, (+) BS

Limbs: No tremor, no peripheral edema

Neuro exam: Not significant

Previous Labs/Studies:

HerThyroide function test done on 10/01/04(TSH less than 0.02 micro IU/ml, and T4= 23pml/l)

Her CBC done on 17/03/04 (WBC= 4, RBC=4, Hgb= 11.1, Hct= 32, MCV= 81, MCH 28, MCHC= 35, platelet= 122)

Lab/Study Requests: none

Assessment:

1. Euthyroide
2. Dyspepsia

Plan: We would like to cover with same medications as the following

1. Carbimazole 5mg 1t po bid for one month

2. Propranolol 40mg ¼ t po bid for one month

3. Tums 1g 1t bid for one month

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

Examined by: Koy Somontha, RN **Date: 06/07/04**

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh and tmed_project@online.com.kh. If unable to send to the first address, please send replies to tmed_ruralcam@yahoo.com as an alternative address.

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-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, July 07, 2004 3:58 PM
To: TM Team; Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Jennifer Hines; Joseph Kvedar; Bunse Leang
Cc: Thero Noun; Laurie & Ed Bachrach; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: RE: Patient # 06, Pheng Roeung, 58F

Dear Montha:

It seems as though her hyperthroid symptoms are well controlled, but I would still check a TSH as it's been six months since her last. I agree with your plan for carbimazole and propranolol.

Again, more information would be helpful in sorting out her epigastric pain. How long has she had it? Is it positional? Occur at certain times of the day? How intense is it? Has she vomited? Has she been eating less? A hemacult should also be performed to evaluate for GI bleeding. A trial of TUMS is reasonable, but if the epigastric pain does not improve by her next visit, I would consider H. pylori eradication.

Jack

-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, July 08, 2004 1:30 AM
To: 'tmrural@yahoo.com'
Cc: 'tmed_project@online.com.kh'; 'tmed_rithy@online.com.kh'
Subject: FW: Patient # 06, Pheng Roeung, 58F

Kathy Fiamma
617-726-1051

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Wednesday, July 07, 2004 2:20 PM
To: Fiamma, Kathleen M.
Subject: RE: Patient # 06, Pheng Roeung, 58F

So she is clinically euthyroid. Has she regained weight? Presumably her pulse is 80/m and regular and she is not in atrial fibrillation. Could a followup blood thyroxine and TSH test be done to ensure that methimazole dose is correct for her? Do you plan to treat her with methimazole for 6 months or 1 year after she becomes euthyroid? Propranolol can be stopped since she is now euthyroid.

As for dyspepsia, especially recurrent dyspepsia, could you distinguish between gastritis, ulcer or GERD? Postprandial pain and bloating suggests gastritis, recurrent or progressive hunger or nocturnal pain suggests peptic ulcer, postprandial nocturnal pain upon recumbancy associated with heartburn suggests reflux esophagitis. These benign problems tend to be recurrent and start when she is younger. If her current symptom

is new, severe and progressive in frequency and duration, I would be concerned about malignant gastric ulcer at her age. Does she have risk factors of smoking and alcohol use? I would check serology for H. pylori, and arrange for UGI endoscopy or barium swallow with UGI if pain recurs or persists. TUMS, ranitidine will be fine initially, then move up to omeprazole if necessary.

Of course, postprandial pain with nausea in the right upper quadrant with radiation to shoulder could go along with gallstones as well. So a liver ultrasound could be helpful. I don't think methimazole is likely cause of gastritis.

Heng Soon Tan, M.D.

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

Patient: Sao Phal, 57F Farmer (Thnout Malou)

Subject: 57F farmer, returns for her follow up of stable HTN and DMII with PNP. She still has slight dizziness, body weakness, but no chest pain no fever, no cough, no GI complain, no peripheral edema.

Object:

VS: BP 120/60 P 100 R 20 T 36.5 Wt 58 Kgs

Look: Stasble

HEENT: No oropharyngeal lesion, no pale

Neck: No JVD, no lymphnode, no goiter seen

Lungs: Clear both sides

Heart: RRR, no murmur

Abdomen: Soft, flat, no tender, (+) BS, (-) HSM

Limbs: Unremarkable

Neuro exam: Unremarkable

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1- DMII with PNP

2- HTN (Controlled)

plan: we would keep the same medications

1. Diamecron 80mg ½ t po qd for one month

2. HCTZ 50mg ½ t po qd for one month
3. Captoprile 25mg ¼ tpo qd for one month
4. Amitriptillline 25mg 1t po qhs for one month
5. ASA 500mg ¼ t po qd for one month

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

Examined by: Koy Somontha, RN **Date: 06/07/04**

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh and tmed_project@online.com.kh. If unable to send to the first address, please send replies to tmed_ruralcam@yahoo.com as an alternative address.

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-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, July 07, 2004 4:08 PM
To: TM Team; Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Jennifer Hines; Joseph Kvedar; Bunse Leang
Cc: Thero Noun; Laurie & Ed Bachrach; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: RE: Patient # 07, Sao Phal, 57F

Dear Montha:

Her BP appears well-controlled. Is her dizziness orthostatic? Is so, I would advise her to wait a minute between lying flat and standing. Since she is on a diurectic and complains of weakness, I would also check a Na and K level.

Otherwise, I agree with your management.

Jack

-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, July 08, 2004 1:06 AM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'; 'tmed_project@online.com.kh.'
Subject: FW: Patient # 07, Sao Phal, 57F

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Wednesday, July 07, 2004 2:02 PM
To: Fiamma, Kathleen M.
Subject: RE: Patient # 07, Sao Phal, 57F

Blood pressure is well controlled. Ideally, blood testing for renal function: BUN, creatinine, electrolytes should be done at least once a year. Furthermore, if blood pressure is well controlled, go with captopril alone and stop HCTZ. She may not need both. Captopril will provide renal protection from diabetes too.

As for monitoring Type II diabetes, monitoring A1c every quarter will be ideal. If that is not available, a fingerstick fasting blood sugar will be helpful at each followup. I see that she has lost some weight, so that's good for diabetes. We should have her height, so we can calculate her body mass index to confirm that she is overweight [as evident in her photo]. Reviewing her diet and activity level at followup will reinforce proper self care for diabetes. If she has no further neuropathy, amitriptyline can be stopped.

Heng Soon Tan, M.D.

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

Patient: Som Thol, 57M Farmer (Bak Kdeung)

Subject: 57M farmer, returns for his follow up DMII. He still has feeling burning sensation on the both soles, lower back pain. But no fever, no cough, no chest pain, no IG compain, no peripheral edema.

Object:

VS: BP 120/60 P 100 R 20 T 36.5C Wt 56 kgs

Look: Stable

HEENT: Unremarkable

Neck: NO JVD, no goiter seen, No lymphnode

Lungs: Clear both sides

Heart: RRR, no murmur

Abdomen: Soft, flat, no tender, no HSM, (+) BS

Limbs: No peripheral edema, no tremor

Neuro exam:

- CN I to XII good intact
- Motor normal
- Sensory normal, strong pedal pulse on feet
- Reflex decrease at both legs, but other good intact

Previous Labs/Studies: none

Lab/Study Requests: UA (Glucose +3)

Assessment:

1. DMII with PNP

Plan: We would continuous with the same medications

1. Diamecron 80mg 1 ½ t po qd for one month
2. Captopril 25mg ¼ t po qd for one month

3. Increase dose of Amitriptilline 25mg 1t po bid for one month

4. ASA 500mg ¼ t po qd for one month

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

Examined by: Koy Somontha, RN **Date: 06/07/04**

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh and tmed_project@online.com.kh. If unable to send to the first address, please send replies to tmed_ruralcam@yahoo.com as an alternative address.

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-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, July 07, 2004 4:19 PM
To: TM Team; Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Jennifer Hines; Joseph Kvedar; Bunse Leang
Cc: Thero Noun; Laurie & Ed Bachrach; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: RE: Patient # 08, Som Thol, 57M

Dear Montha:

The patient has 3+ glucose in his urine, which is not a sign of good blood sugar control. Did you discuss compliance with his medication and diet on this visit?

I would not change the dose today, but if it remains elevated next month, I would consider increasing the Diamecron. I agree with the other elements of your plan.

Finally, it is important to include an examination of the feet in EVERY diabetic patient, especially those with PNP.

Jack

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

From: Paul [mailto:ph2065@yahoo.com]

Sent: Thursday, July 08, 2004 2:29 AM

To: tmrural@yahoo.com; kkelleherfiamma@partners.org; ph2065@yahoo.com

Cc: tmed_rithy@online.com.kh; tmed_project@online.com.kh

Subject: Patient: Som Thol, 57M Farmer (Bak Kdeung

Patient: Som Thol, 57M Farmer (Bak Kdeung)

His urine tells us that his glucose is still high...this needs to be lowered..............

You can try increasing the amitrptyline as you havesuggested.

As I noted in my last email:

In March we were somewhat concerned about his elevated BUN, Creatinine, and potassium and we were concerned about dehydration and possible loss of kidney function _ both likely due to poor control of diabetes.

His blood sugar was reported in March as as 9 mmol/l (162 mg/dl) Was this a fasting glucose? Is it possible to

increase his Diamecron? If you decide not to, please let me know why you choose not to.

This patient needs to have frequent lab testing to monitor his status. (glucose, potassium, BUN/creatinine, Hgb A1C...)

A hemoglobin A1C would be very valuable in this patient- at least twice a year, (it is typically done on a 3-month basis.)

Best of luck

Paul Heinzelmann, MD

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

Patient: Lay Neung, 35F Farmer (Sleing Toul)

Subject: 35F farmer retunes for her follow up of Euthyroide and Dyspepsia. She still has palpitation, neck tender, but decrease SOB, decrease blurred vision, decrease chest tightness, no headache, no fever, no cough, no GI complain, no peripheral edema, good appetite.

Object:

VS: BP 100/60 P 76 R 20 T 36.5C Wt didn't weight

Look: Stable

HEENT: Unremarkable

Neck: No JVD, no Lymphnode enlarge, goiter gland is the same size.

Lungs: Clear both sides

Heart: RRR, no murmur

Abdomen: Soft, Flat, not tender, (+) BS, no HSM

Limbs: Unremarkable

Neuro exam: Unremarkable

Previous Labs/Studies: Done on 08/04/04 (TSH= 0.06microIU/ML, T4= 14pml/L)

Lab/Study Requests: none

Assessment:

1. Euthyroide
2. Muscle pain
3. Anxiety

Plan:

1. Propranolol 40mg ¼ t po qd for one month
2. Amitriptilline 25mg ½ t po qhs for one month
3. Paracetamol 500mg 1 t po q6 for one month

Comments: Do you agree with myplan? Please give good idea.

Examined by: Koy Somontha, RN **Date: 06/07/04**

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh and tmed_project@online.com.kh. If unable to send to the first address, please send replies to tmed_ruralcam@yahoo.com as an alternative address.

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-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, July 07, 2004 4:19 PM
To: TM Team; Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Jennifer Hines; Joseph Kvedar; Bunse Leang
Cc: Thero Noun; Laurie & Ed Bachrach; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: RE: Patient # 09, Lay Neung, 35F

Dear Montha:

I agree with your plan for continuing the same dose of propranolol.

There is no mention of muscle pain in your history or physical exam-- why is it included in your assessment? I cannot agree with paracetamol without more information.

There is no mention of anxiety in your history or physcial exam-- why is it included in your assessment? I cannot agree with amitriptyline without more information.

I'm happy to discuss this patient again if more information can be provided.

Thanks!

Jack

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

From: Paul [mailto:ph2065@yahoo.com]

Sent: Thursday, July 08, 2004 2:44 AM

To: tmrural@yahoo.com; kkelleherfiamma@partners.org; ph2065@yahoo.com

Cc: tmed_rithy@online.com.kh; tmed_project@online.com.kh

Subject: Patient: Lay Neung, 35F Farmer (Sleing Toul)

Patient: Lay Neung, 35F Farmer (Sleing Toul)

propanolol is OK in my opinion. You can increase if palpitations continue to 40 mg twice per day - if she has no history of asthma.

I must agree with Jack Middlebrooks in that it is difficult to comment an anxiety and muscle pain when they are not described in the history or exam.

In general, for minor aches the paracetemol is fine. More information would be helpful. I hope we can be of further assistance to this patient in the future.

Paul Heinzelmann, MD

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

Patient: Eam Neut, 54F Farmer (Taing Treuk)

Subject: 54F farmer, follow up for her mild HTN and Left Knee Pain. She feels much improve with her previous symptoms by decreasing pain on left knee, less left sole burning, no cough, no chest pain, no GI complain, and no peripheral edema. But still have slight neck tender, headache.

Object:

VS: BP 160/80 P 89 R 20 T 36.5C Wt 55 kgs

HEENT: Unremarkable

Neck: No JVD, no goiter, no lymphnode

Lungs: Clear both sides

Heart: RRR, no murmur

Abdomen: Soft, flat, no tender, no HSM, (+) BS

Limbs: no swelling, no redness for all, but still has mild pain and slight crepitating on the left knee during moving.

Previous Labs/Studies: none

Lab/Study Requests: none

Assessment:

1. HTN
2. Left Knee Pain (Osteoarthritis?)

Plan: we would like to start covering her with Anti HTN drug

1. HCTZ 50mg ½ t po bid for one month
2. Nabumetone 75mg 1t po bid (PRN) for another month

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

Examined by: Koy Somontha, RN **Date: 06/07/04**

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh and tmed_project@online.com.kh. If unable to send to the first address, please send replies to tmed_ruralcam@yahoo.com as an alternative address.

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-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Thursday, July 08, 2004 7:56 AM
To: TM Team; Heather Brandling Bennett; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Jennifer Hines; Joseph Kvedar; Bunse Leang
Cc: Thero Noun; Laurie & Ed Bachrach; Somontha Koy; Bernie Krisher; Nancy Lugn
Subject: RE: Patient # 10, Eam Neut, 54F

Dear Montha:

A systolic blood pressure of 160 is too high for someone you're treating for hypertension-- the goal is 120. Since she's already on the maximum dose of HCTZ, I would suggest adding another antihypertensive, either propranolol or an ACEI, depending on what's available. Start her at the lowest possible dose, (for example propranolol 20 mg BID) and we can follow-up next month.

Jack

-----Original Message-----
From: Fiamma, Kathleen M.
Sent: Wednesday, July 07, 2004 10:38 AM
To: Cusick, Paul S.,M.D.
Subject: FW: Patient # 10, Eam Neut, 54F

Good Morning Dr. Cusick:

Here is one additional case. Dr. Patel gave a management strategy about a month ago, but he is out of the office and also, this seems more appropriate for an internist.

Many thanks and if this is problematic, please let me know.

Best,

Kathy

-----Original Message-----
From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, July 08, 2004 12:57 AM
To: Fiamma, Kathleen M.; 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'; 'tmed_project@online.com.kh'
Subject: RE: Patient # 10, Eam Neut, 54F

Thank you for the followup consultation.

She needs better blood pressure control and using the diuretic HCTZ 50mg ½ t po bid for one month is a good start.

You can make it simpler for the patient and she can take HCTZ 50 mg once daily.

In addition to namebutone for neck spasm, she should use a warm, wet towel to her neck for

20 minutes 2-3 times daily to help to relax her muscles.

Good luck

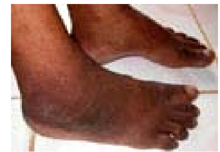
Paul Cusick

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

Patient: Chhum Mao, 56M Reuvieng District official (Thnout Malou)

CC: Both ankles swelling and pain for 13 days

HPI: 56M, for 13 days start having pain and swelling on the right ankle. These symptoms become worse from day to day especially when he walks. 4 days after right ankle start, the left ones also have the same problem. In this he also has mild fever. He tried to use some pain killer like Analgin 1 tab po bid for no and off to release his pain, but it didn't help him much.



PMH: Unremarkable

SH: Drinking alcohol and smoking for 40 years. He just drop out alcohol in last two month ago.

FH: Unremarkable

Allergies: NKA

ROS: No weight loose, mild fever, no headache, no cough, no chest pain, no GI complain.

PE:

VS: BP 120/50 P 80 R 20 T 37.5C Wt 54 Kgs

Gen: Look stable

HEENT: NO oropharyngeal lesion, no pale. Neck: no JVD, no lymphnode

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

Abd: Soft, flat, no tender, no HSM, (+) BS

MS/Neuro:

Other: Limbs: On both ankles mild swelling, pain during moving, no redness, (+) warm to touch, (+) both side pedal pulse.

Previous Labs/Studies: none

Lab/Study Requests: UA (Protein +1)

Assessment:

1. Rhumatoide Arthritis?

Plan: we would like to give him some medicine as the following

1. Nabumetone 75mg 1 t po bid for one month
2. Paracetamol 500mg 1 t po q6 for (PRN)
3. Draw blood for Lytes, Bun, Ceeat, CBC, ESR, Uric Acide, And Rhumatoide factor. These will be done at SHCH and follow up him in next visit.

Comments: Do you agree with my plan? Please give me goo idea

Examined by: Koy Somontha, RN **Date: 06/07/04**

Please send all replies to tmrural@yahoo.com and cc: to tmed_rithy@online.com.kh and tmed_project@online.com.kh. If unable to send to the first address, please send replies to tmed_ruralcam@yahoo.com as an alternative address.

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-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Thursday, July 08, 2004 8:16 AM
To: TM Team
Subject: RE: Patient # 11, Chhum Mao, 56M

Dear Montha:

It would be helpful to have more information: has the patient had joint pain before? Does he have complaints or physical examination findings involving joints other than his ankles? Is the pain worse in the morning? Worse at night?

It is difficult to make a diagnosis of rheumatoid arthritis with the recent onset of pain in only one joint. I agree with your plan to treat symptomatically with nambumetone and paracetamol. It is reasonable to check electrolytes and creatinine, as well as rheumatoid factor. I would not check a uric acid level, as it is not helpful in diagnosing gout.

Finally, it is important to remember that gonorrhea can present with pain and swelling in a joint, especially the ankle. Does the patient have a history of risky sexual behavior or recent symptoms of gonorrhea?

Jack

-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, July 08, 2004 1:47 AM
To: 'tmrural@yahoo.com'
Cc: 'tmed_rithy@online.com.kh'; 'tmed_project@online.com.kh'
Subject: FW: Patient # 11, Chhum Mao, 56M

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Wednesday, July 07, 2004 2:41 PM
To: Fiamma, Kathleen M.

Subject: RE: Patient # 11, Chhum Mao, 56M

If ankles are painful [to weight bearing], swollen and warm [despite absence of redness], it sounds like he has bilateral ankle inflammatory arthritis rather than just arthralgia. So he is unlikely to have osteoarthritis. In a late middle aged man I would consider gouty arthritis and reactive arthritis. If the ankle has no obvious joint effusion, it may not be easy to tap it to look for uric acid crystals under a polarizing microscope. Uric acid testing will have to do, though false negatives may occur during acute attacks. He did have risk factor of recent change in pattern of alcohol use.

He has no recent sore throat to suggest acute rheumatic fever with arthritis. He's also a wee old for that. There was no viral febrile exanthem to suggest rubella. He had no recent gastroenteritis or urethritis to suggest other causes of reactive arthritis. He does not have previous low back pain to consider ankylosing spondylitis with peripheral arthritis. Neither does he have a psoriatic rash.

It would be unlikely to be rheumatoid arthritis without typical history of early morning stiffness and involvement of other small joints. I imagine rheumatoid arthritis is rare among Cambodians like in other South East and East Asians.

Presumptive treatment for gout.

Nabumetone would be fine. I usually use colchicine 0.6 mg bid together with indomethacin 50 mg tid for acute gout. This should cover reactive arthritis as well.

Heng Soon Tan, M.D.

Thursday, July 8, 2004

Follow-up Report for Robib TM Clinic

There were 11 patients seen during this month Robib TM Clinic (and 5 other patients came for medication refills only). The data of all 11 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.]

1- Sek Chanthy, 27F (Thnout Malou)

Diagnosis

1) PUD?

2) Parasititis?

3) Anxiety?

4) Muscle Pain

Treatment

1) H Pylori treatment

2) Metochlopramide 10mg 1t po q8 (PRN) for 7 days.

3) Mebendazole 100mg 1t po q12 for 3 days.

4) Paracetamol 500mg 1t po q6 (PRN) for 10 days.

2- Chhay Chanthy, 41F (Thnout Malou)

Diagnosis

1) Low TSH

Treatment

1) Multivitamin 1t po qd for one month

2) Fe/Folic 200/0.04mg 1t po qd for one month

3- Thorng Khun, 39F (Thnout Malou)

Diagnosis

1) Euthyroid

2) Dizziness

Treatment

1) Multivitamin 1t po qd for one month

2) Stop Fe/Folic

3) Observe her Thyroid Function test

4- Chan Sokny, 25F (Thnout Malou)

Diagnosis

1) Euthyroid

Treatment

1) Propranolol 40mg 1/4t po q12 for one month.

2) Fe/Folic 200/0.04mg 1t po qd for one month.

5- Som Doeum, 65F (Thnout malou)

Diagnosis

1) Polyarthritis

Treatment

1) Nabumetone 750mg 1t po q12 for one month

2) Chloroquine 250mg 1t po qd for one month

3) Draw blood for ESR, CBC, Lyte, BUN, Creat. These tests will be done at SHCH.

6- Pheng Roeung, 58F (Thnout Malou)

Diagnosis

1) Euthyroid

2) Dyspepsia

Treatment

1) Carbimazole 5mg 1t po q12 for one month.

2) Propranolol 40mg 1/4t po q12 for one month.

3) Tums 1g 1t po q12 for one month.

7- Sao Phal, 57F (Thnout Malou)

Diagnosis

1) Stable HTN

2) DMII with PNP

Treatment

1) Dimecron 80mg 1/2t po qd for one month.

2) HCTZ 50mg 1/2t po qd for one month.

3) Captopril 25mg 1/4t po qd for one month.

4) Amitriptyline 25mg 1t po qhs for one month.

5) ASA 500mg 1/4t po qd for one month.

6) Draw blood for some test like Creat, Lyte, and Bun. These tests will be done at SHCH.

8- Som Thol, 57M (Bak Kdeung)

Diagnosis

1) DMII with PNP

Treatment

1) Diamecron 80 mg 1/2t po qd for one month.

2) Captopril 25mg 1/4 t po qd for one month.

3) Increase Amitriptyline 25mg 1t po q12 for one month.

4) ASA 500mg 1/4t po qd for one month.

9- Lay Neung, 35F (Sleing Toul)

Diagnosis

1) Euthyroide

2) Anxiety?

3) Mucle Pain

Treatment

1) Propranolol 40mg 1/4 t po qd for one month.

2) paracetamol 500mg 1t po q6 (PRN) for one month.

10- Eam Neut, 54F (Taing Treuk)

Diagnosis

1) HTN

2) Left Knee Pain (Osteoarthritis?)

Treatment

1) HCTZ 50mg 1/2 t po q12 for one month.

2) Captopril 25mg 1/4 t po qd for one month.

3) Nabumetone 750mg 1 t po q12 (PRN) for one month.

11- Chhum Mao, 56M (Thnout Malou)

Diagnosis

1) Rheumatoid Arthritis?

Treatment

1) Nabumetone 750mg 1t po q12 for one month.

2) Paracetamol 500mg 1t po q6 (PRN) for 10 days

3) Draw blood for some tests like Rheumatoid Factor, ESR, CBC, Lyte, Creat, and Bun. These tests will be done at SHCH.

Patients came for refill medication:

1- Muy Vun, 38M (Thnout Malou)

Diagnosis

1) Valvular Heart Disease (MR, MS)

2) A-fib

Treatment

1) Digoxin 0.25mg 1t po qd for one month.

2) ASA 500mg 1/4t po qd for one month.

2- Tan Kim Horn, 55F(Thnout Malou)

Diagnosis

1) DMII

2) Dysepsia

Treatment

1) Diamecron 80mg 1/2t po q12 for one month.

2) Captopril 25mg 1/4t po qd for one month.

3) Tums 1g 1t po q12 for one month.

3- Nget Soeun, 59M (Thnout Malou)

Diagnosis

1) Liver Cirrhosis

Treatment

1) Spironolactone 50mg 1/2t po qd for one month.

2) Propranolol 40mg 1/4t po qd for one month.

3) Multivitamin 1t po qd for one month

4- Tho Chanthy, 37F (Thnout Malou)

Diagnosis

1) Hyperthyroidism

2) Dyspepsia

Treatment

1) Carbimazole 5mg 1t po qd for one month.

2) Propranolol 40mg 1/4t po qd for one month.

3) Tums 1g 1t po q12 for one month.

5- Pen Vanna, 38F (Thnout Malou)

Diagnosis

1) Stable HTN

Treatment

1) HCTZ 50mg 1/2t po q12 for one month.

2) KCL 600mg 1t po q8 for one month.

The next Robib TM Clinic will be held on
August 3-5, 2004