Robib and Telemedicine

MGH 1811 DANA-FARBER/PARTNERS CANCERCARE Affiliated with HARVARD MEDICAL SCHOOL

June 2001 Telemedicine Clinic in Robib

Report submitted by David Robertson

On Wednesday, June 14, 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 several Telepartners physicians in Boston and Dr. Graham Gumley of the Sihanouk Hospital Center of Hope (SHCH) in Phnom Penh. The data was transmitted via the Hironaka School Internet link.

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

Telemedicine Clinic in Robib, Cambodia – 14 June 2001

We are looking for e-mail advice on the following patients. Any patient records or jpgs not sent is intentional (i.e. non-urgent medical case or unnecessary photos.)

Nurse Montha says the most urgent cases are patient #'s 3, 4, 5, 8, 9, 10, 11, 14, 15, 16, 18 (but answers on any are welcome.) We will assist transport of patients tomorrow if a physician recommends by e-mail that they be seen at a hospital.

Morning:

Patient #1: ENG Nga, male, 51 years old

Chief complaint: Chest tightness, neck tender on and off, cold extremities, thirsty on and off for 3 months.

BP: 120/70
Pulse: 172
Resp.: 20
Temp. : 36.5

Past history: G.I. Bleeding in 1986
Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: soft, flat, not tender or painful
Bowel sound: positive
Skin: not pale, no rash, no edema
Limbs: no stiffness, not swollen, no numbness
Urinalysis: Glucose: ++

Assessment: Diabetes. Ruled out Ischaemic Heart Disease

Recommend: Blood tests, EKG, and chest x-ray.

Patient #3: Bin Heng, female, 51 years old

Chief complaint: Shortness of breath, chest tightness, mild fever at night, white sputum, cough on and off for one year. Epigastric pain last five months.

BP: 120/60
Pulse: 86
Resp.: 24
Temp. : 37.0
Weight: 36 KG

Past history: Unremarkable. Lost 10 KG during the last year..
Lungs: crackle on the right upper lobe, other side clean
Heart: regular rhythm, no murmur
Abdomen: soft, flat, not tender
Bowel sound: positive, but epigastric pain
Skin: warm to touch, no edema, not pale
Limbs: normal

Assessment: Pulmonary TB? Dyspepsia.

Recommend: Chest x-ray, blood tests, EKG, examine sputum.

Patient #4: SENG San, female, 10 years old
Father's name: EM Bour

Chief complaint: Sore throat, fever, all joints painful and swollen last three months. Cannot walk for the last month.

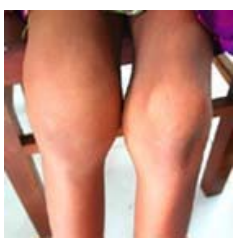
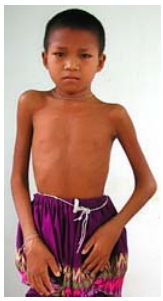
BP: -
Pulse: 176
Resp.: 28
Temp. : 38.7

Past history: not significant
Lungs: clear both sides
Heart: regular rhythm, no murmur, tachycardia
Abdomen: soft, flat, not tender, no pain
Bowel sound: positive
Skin: warm to touch, no rash, mild pale
Limb: left foot edema, both palms edema
Neck: Can't move, small mass size 2 x 2 cm.
Joints: All joints swollen and stiff.

Assessment: Severe pharyngitis, polyarthritis, anemia. Rheumatic Fever?

Recommend: X-ray all joints, throat culture, EKG, blood tests.



Patient #5: BUN Nareth, female, 38 years old

(supervisor of silk weavers)

Chief complaint: Vaginal bleeding, small amount many times for 10 days. She has been pregnant for the last three months.

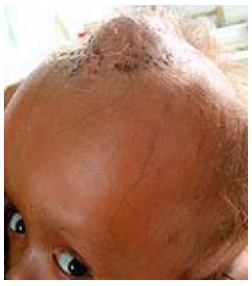
BP: 120/80
Pulse: 68
Resp.: 20
Temp. : 36.5

Past history: 19 months ago had spontaneous abortion.
Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: soft, flat, not tender, high uterus (about 12 cm)
Bowel sound: positive
Skin: mild pale, warm to touch, no edema

Assessment: pre-abortion.

Recommend: Visit gynecologist (at Kampong Thom Hospital.)

Patient # 8: HONG Kim Hak, male, 4 year old child



Chief complaint: Fever, big head with size increasing day-to-day during the last four years.

BP: -
Pulse: 120
Resp.: 24
Temp. : 37.98

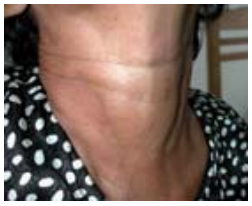
Past history: When he was one month old, got high fever and convulsions, then size of his head began to increase. Mother also mentioned that the child was seen by Kantha Bhopa Hospital previously, they had offered surgery to the child, but she left the hospital against their advice. She said she regrets her "mistake" and would like to get her child medical attention.

Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: soft, flat, not tender,
Bowel sound: positive
Skin: warm to touch, no rash, no edema
Head: Size 65 cm circumference, fontanel soft with appearance of 5 x 4 cm

Assessment: Hydrocephalie?

Recommend: CT scan, head x-ray, some blood tests. Refer to pediatric hospital.

Patient #9, PHENG Roeung, female, 56 years old



Chief complaint: Shortness of breath, tingling of limbs, headache, chest tightness and chest pain.

BP: 160/70
Pulse: 160
Resp.: 20

Temp. : 36.5

Past history: One year ago diagnosed with hypertension, BP 185/?.
Lungs: clear both sides
Heart: regular rhythm, no murmur, HR 160 w/ Tachycardia
Abdomen: soft, flat, no pain
Bowel sound: positive
Skin: warm to touch, no rash, no edema
Neck: has small mass, size 2 x 2 cm on anterior neck.

Assessment: Toxic goiter? Mild hypertension.

Recommend: Blood tests (TSH, T4,) EKG, x-ray, iunogram, BUN, creatinine

Patient #10: PHIM Sichhin, female, 35 years old

Chief complaint: Weakness, palpitations, shortness of breath, sometimes edema all over the body, for the last three years.

BP: 110/60
Pulse: 80
Resp.: 20
Temp. : 36.2

Past history: 10 years ago had malaria but treated well by modern medicine and got resolved.

Lungs: clear both sides
Heart: regular rhythm, positive systolic murmur
Abdomen: soft, flat, not tender
Bowel sound: positive
Skin: warm to touch, no edema, no rash
Urinanalysis: bilirubine +, urobilinogen +

Assessment: Valvular heart disease? Anemia. Chronic Hepatitis.

Recommend: Heart ultrasound, some blood test, chest x-ray, EKG.

Patient #11: KONG Ky, female, 72 years old

Chief complaint: Blurred vision, dizziness, palpitations, for one year.

Left knee and left ankle, pain for 10 months.

BP: 170/80
Pulse: 80
Resp.: 20
Temp. : 36.5

Past history: Five years ago had Pulmonary TB but cured completely with TB medication.

Lungs: clear both sides

Heart: regular rhythm, no murmur
Abdomen: soft, flat, not tender
Bowel sound: positive
Skin: warm to touch, no edema, no rash
Joints: left knee and left ankle joint pain (but no stiffness or swelling)

Assessment: Hypertension? Left knee and left ankle arthritis.

Recommend: Some blood tests, chest x-ray, EKG.

Patient #12: SOR Sovanna, female, 41 years old

Chief complaint: Feels burning on chest, palpitations, epigastric pain, sometimes stool blood last five days.

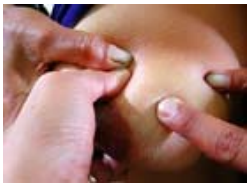
BP: 100/60
Pulse: 86
Resp.: 20
Temp. : 36.5

Past history: One year ago had enterogastritis.
Lungs: Rhonchi on the left base
Heart: regular rhythm, no murmur
Abdomen: positive epigastric pain, not tender, no mass
Bowel sound: positive
Skin: mild pale, warm to touch, no edema, no rash

Assessment: Gastritis? G.I. bleeding? Rule out bronchitis.

Recommend: Fibroscope, colo check, some blood tests, chest x-ray.

Patient #13: SOM Nheb, female, 46 years old



Chief complaint: Mass on the right breast for four months, size 4 x 4 cm.

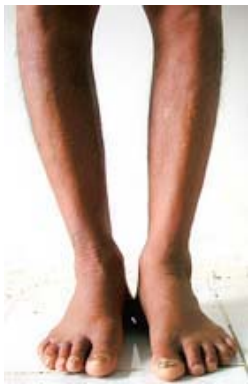
BP: 120/60
Pulse: 80
Resp.: 20
Temp. : 36.5

Past history: Unremarkable.
Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: soft, flat, not tender
Bowel sound: positive
Skin: normal
Breast: right has mass, size 4 x 4 cm and mobile.

Assessment: Benign tumor? Breast cyst?

Recommend: Discuss with surgeon for evaluation.

Patient #14: SONG Kheam, male, 70 years old



Chief complaint: Blurred vision for one year, epigastric pain for three months, all toe joints pain and mild swollen on and off for four years.

BP: 170/90
Pulse: 116
Resp.: 20
Temp. : 36.5

Past history: Hypertension two years ago, BP 200/?.
Lungs: Rhonchi on the left base.
Heart: regular rhythm, no murmur
Abdomen: soft, flat, not tender
Bowel sound: positive
Skin: warm to touch, not pale, no rash
Joints: all toes joints positive pain and stiffeness, mild swollen.

Assessment: Hypertension. Arthritis (all toe joints.) Dyspepsia. Rule out Chronic Obstruction Pulmonary Disease (COPD.)

Recommend: Blood test, chest x-ray, EKG, toes x-ray.

Patient #15: ROS Nheb, male, 74 years old

Chief complaint: Dizziness, headache, blurred vision, neck tender on and off for eight years. Just got worse five days ago.

BP: 170/80
Pulse: 88
Resp.: 20
Temp. : 36.5

Past history: Knows he had hypertension eight years ago, BP 220/?.
Lungs: Rhonchi on both bases, decrease breathing sound
Heart: regular rhythm, no murmur
Abdomen: soft, flat, not tender
Bowel sound: positive
Skin: warm to touch, not pale, no rash
Urinanalysis: Glucose +

Assessment: Hypertension. COPD? DMII?

Recommend: EKG, some blood test, chest x-ray.

Patient #16: SENG Sovann, male, 14 month old child

Chief complaint: Mass on the nose since he was born. Size 4 x 3 cm and painful.

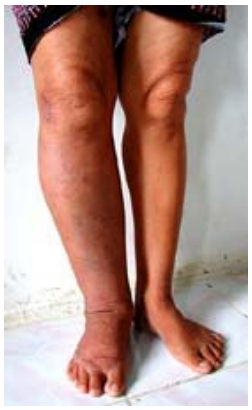
BP: -
Pulse: 120
Resp.: 26
Temp. : 36.5

Past history: Unremarkable.
Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: soft, flat, not tender, no mass.
Bowel sound: positive
Skin: warm to touch, not pale, no rash
Nose: Mass, size 4 x 3 cm, mild tender and pain, not moving.

Assessment: Tumor? Menigosele?

Recommend: Nose x-ray, CT scan, refer to Kantha Bhopa Children's Hospital.

Patient #17: ROS Chhiv, female, 51 years old



Chief complaint: Elephant foot for the last ten years.

BP: 120/80
Pulse: 100

Resp.: 22

Temp. : 36.5

Past history: Unremarkable.

One year ago malaria clinic took photo of her foot and ran in a Cambodian newspaper in Phnom Penh asking for medical help with no response.

Lungs: normal
Heart: normal
Abdomen: soft, flat, not tender
Bowel sound: positive
Skin: warm to touch, feels numbness on the right leg, not pale
Leg: Right leg feels tight and thick, sometimes gets painful.

Assessment: Bilariossis?

Recommend: Refer to hospital for evaluation, check stool microscopic, some blood tests.

Patient #18: SREY Somaly, female, 44 years old

Chief complaint: Mass on the right upper abdomen, cough with sputum for five days.

BP: 170/80
Pulse: 100
Resp.: 22
Temp. : 36.5

Past history: Unremarkable.
Lungs: crackle on upper both sides
Heart: regular rhythm, no murmur
Abdomen: soft, flat, small mass on the right quadrant, size 4 x 4 cm

and mobile
Bowel sound: positive
Skin: warm to touch, no edema, no rash, not pale, sweat at night, weight loss

Assessment: Abdominal tumor? Pulmonary TB?

Recommend: Abdominal ultrasound, some blood test, chest x-ray, examine sputum.

From: "Graham Gumley" <ggumley@bigpond.com.kh>

To: "David Robertson" <davidrobertson1@yahoo.com>

Cc: "David Robertson" <dmr@media.mit.edu>

Subject: RE: Resend: Robib, Cambodia - Telemedicine Clinic - 14 June - message 1

Date: Fri, 15 Jun 2001 07:13:01 +0700

Dear David and Montha,

Replies attached -- brief due to time crunch, but practical.

Great work!

Dr. Graham Gumley

SHCH, Phnom Penh

Patient #1: ENG Nga, male, 51 years old

Chief complaint: Chest tightness, neck tender on and off, cold extremities, thirsty on and off for 3 months.

Assessment: Diabetes. Ruled out Ischaemic Heart Disease

Recommend: Blood tests, EKG, and chest x-ray.

SHCH: Agree with plan above. Should be referred to Kampong Thom Referral Hospital for work up.

We clearly need a significant donation of Urine test strips for patients like this. In the absence of a Lab within hours of the village these multi function strips are vital.

Abbott now make a hand held device that will give us accurate readings on many blood parameters, including Glucose, with only a small blood sample. Perhaps we may be able to source a donation of one of these in time to help such needy people.

Patient #3: Bin Heng, female, 51 years old

Chief complaint: Shortness of breath, chest tightness, mild fever at night, white sputum, cough on and off for one year. Epigastric pain last five months.

Assessment: Pulmonary TB? Dyspepsia.

Recommend: Chest x-ray, blood tests, EKG, examine sputum.

SHCH: Agree with this assessment. Should be seen at Kampong Thom Referral Hospital for above investigation.

We will be meeting with the National TB Center (CENAT) next week in Phnom Penh and I will discuss improved approaches to TB prevention and management in remote areas such as this,

Patient #4: SENG San, female, 10 years old

Father's name: EM Bour

Chief complaint: Sore throat, fever, all joints painful and swollen last three months. Cannot walk for the last month.

Assessment: Severe pharyngitis, polyarthritis, anemia. Rheumatic Fever?

Recommend: X-ray all joints, throat culture, EKG, blood tests.

SHCH: Agree with above plan. This child will need referral to KB who have the necessary equipment/testing for this condition.

Patient #5: BUN Nareth, female, 38 years old

Chief complaint: Vaginal bleeding, small amount many times for 10 days. She has been pregnant for the last three months.

Past history: 19 months ago had spontaneous abortion.

Assessment: pre-abortion.

Recommend: Visit gynecologist (at Kampong Thom Hospital.)

SHCH: Agree with above assessment and plan.

Patient # 8: HONG Kim Hak, male, 4 year old child

Chief complaint: Fever, big head with size increasing day-to-day during the last four years.

Assessment: Hydrocephalie?

Recommend: CT scan, head x-ray, some blood tests. Refer to pediatric hospital.

SHCH: Agree with above plan. This child will need referral to KB who have the necessary equipment/testing for this condition.

Can you tell us more about the child's current motor function, mental capacity and development?

I am sure that Kuntha Bopha will be familiar with the decision made previously by the mother, since this happens so often in this undereducated and frequently illiterate population.

Patient #9, PHENG Roeung, female, 56 years old

Chief complaint: Shortness of breath, tingling of limbs, headache, chest tightness and chest

pain.

Assessment: Toxic goiter? Mild hypertension.

Recommend: Blood tests (TSH, T4,) EKG, x-ray, iunogram, BUN, creatinine

SHCH: Were medications prescribed for the ? Hypertension once diagnoses a year ago? Are they being taken?

The respiratory rate is not high. Ask more about the “shortness of breath”. Is it at rest, while lying down, only on exertion or unpredictable?

I see again that we would do well to have a small portable ECG machine to aid in your evaluation.

Patient #10: PHIM Sichhin, female, 35 years old

Chief complaint: Weakness, palpitations, shortness of breath, sometimes edema all over the body, for the last three years.

Assessment: Valvular heart disease? Anemia. Chronic Hepatitis.

Recommend: Heart ultrasound, some blood test, chest x-ray, EKG.

SHCH: Referral to Kampong Thom would be wise to begin these investigations.

(Cardiac surgery will soon be available in Phnom Penh)

Patient #11: KONG Ky, female, 72 years old

Chief complaint: Blurred vision, dizziness, palpitations, for one year.

Left knee and left ankle, pain for 10 months.

Past history: Five years ago had Pulmonary TB but cured completely with TB medication.

Assessment: Hypertension? Left knee and left ankle arthritis.

Recommend: Some blood tests, chest x-ray, EKG.

SHCH: Cataracts are a common cause of visual impairment in Cambodia. Is there an eye camp anticipated in the area sometime soon?

Tell us more about the dizziness and re-measure the BP a few times today.

Patient #12: SOR Sovanna, female, 41 years old

Chief complaint: Feels burning on chest, palpitations, epigastric pain, sometimes stool blood last five days.

Assessment: Gastritis? G.I. bleeding? Rule out bronchitis.

Recommend: Fibroscope, colo check, some blood tests, chest x-ray.

SHCH: Initial investigations could be arranged at Kampong Thom. Endoscopy usually is best available at Calmette Hospital in Phnom Penh

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Patient #13: SOM Nheb, female, 46 years old

1522-26 jpg

Chief complaint: Mass on the right breast for four months, size 4 x 4 cm.

Assessment: Benign tumor? Breast cyst?

Recommend: Discuss with surgeon for evaluation.

SHCH: This mass requires evaluation and probable biopsy with Histpathology.

Eval. And surgery available at KT. Discuss with Director maens of ensuring adequate Histopath examination.

Patient #14: SONG Kheam, male, 70 years old

1530-34 jpg

Chief complaint: Blurred vision for one year, epigastric pain for three months, all toe joints pain and mild swollen on and off for four years.

Assessment: Hypertension. Arthritis (all toe joints.) Dyspepsia. Rule out Chronic Obstruction Pulmonary Disease (COPD.)

Recommend: Blood test, chest x-ray, EKG, toes x-ray.

SHCH: Agree with assessment.

Re measure BP today.

These conditions do not appear urgent, although in need of basic care. Is there a means for such patients to arrange no urgent transport to KT for routine evaluation?

Patient #15: ROS Nheb, male, 74 years old

Chief complaint: Dizziness, headache, blurred vision, neck tender on and off for eight years. Just got worse five days ago.

Assessment: Hypertension. COPD? DMII?

Recommend: EKG, some blood test, chest x-ray.

SHCH: Requires assessment at KTRH

Patient #16: SENG Sovann, male, 14 month old child

Chief complaint: Mass on the nose since he was born. Size 4 x 3 cm and painful.

Assessment: Tumor? Menigosele?

Recommend: Nose x-ray, CT scan, refer to Kantha Bhopa Children's Hospital.

SHCH: The excellent advice for the child with similar problem last month applies here. Requires referral to KB in Phnom Penh.

Did the similar, but older child return? He did not arrive for transport last time.

Patient #17: ROS Chhiv, female, 51 years old

Chief complaint: Elephant foot for the last ten years.

Assessment: Bilariossis?

Recommend: Refer to hospital for evaluation, check stool microscopic, some blood tests.

SHCH: MGH advice will be valuable. Could be referred to KTRH if room available in vehicle.

Patient #18: SREY Somaly, female, 44 years old

Chief complaint: Mass on the right upper abdomen, cough with sputum for five days.

Assessment: Abdominal tumor? Pulmonary TB?

Recommend: Abdominal ultrasound, some blood test, chest x-ray, examine sputum.

SHCH: Refer to KTRH for surgical evaluation, sputum testing, x-rays.

Following replies are from Boston:

From: "Kelleher, Kathleen M., PHS - Telemedicine" <KKELLEHER@PARTNERS.ORG>

To: "'David Robertson (E-mail)'" <davidrobertson1@yahoo.com>

Subject: FW: Patient #1: ENG Nga

Date: Mon, 18 Jun 2001 10:01:15 -0400

>From Dr. Paul Cusick of MGH.

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

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

> Sent: Friday, June 15, 2001 6:44 AM

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

> Subject: RE: Patient #1: ENG Nga

>

> Based on symptoms and likely diabetes, evaluation for ischemic heart and

> treatment/evaluation of diabetes mellitus is appropriate. Hemoglobin A1C and

> EKG and/or functional stress would be appropriate. PSC

From: "Kelleher, Kathleen M., PHS - Telemedicine" <KKELLEHER@PARTNERS.ORG>

To: "David Robertson (E-mail)" <davidrobertson1@yahoo.com>

Subject: FW: Cambodia Project Patient #7

Date: Fri, 18 May 2001 16:25:10 -0400

Patient #7

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

From: MacCollin, Mia,M.D.

Sent: Friday, May 18, 2001 4:27 PM

To: Kelleher, Kathleen M., PHS - Telemedicine

Subject: Re: Cambodia Project Patient #7

Hi Kathy.

I agree that a formal neurological consultation with a complete exam would

be helpful, along with physical therapy and speech therapy. I also think

it might be worthwhile to consider an EEG and a cranial MRI scan.

Hope this is helpful.

Let me know if there is anything else I can do . . . . .

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

From: "Kelleher, Kathleen M., PHS - Telemedicine" <KKELLEHER@partners.org>

To: <wbutler@bohr.mgh.harvard.edu>

Cc: "Marino, Barbara J." <BMARINO@partners.org>

Sent: Thursday, June 14, 2001 2:53 PM

Subject: Patient # 8: HONG Kim Hak

> Thank you Dr. Butler and Barbara:

>

> Please let me know if you feel that this child should travel to a pediatric

> hospital for care and briefly what you would do if the child presented in your

> office.

>

> Kathy

From: "Kelleher, Kathleen M., PHS - Telemedicine" <KKELLEHER@PARTNERS.ORG>

To: "David Robertson (E-mail)" <davidrobertson1@yahoo.com>

Subject: FW: Patient # 8: HONG Kim Hak

Date: Thu, 14 Jun 2001 16:50:08 -0400

Here's a response from Dr. William Butler of MGH Neurosurgery.

Kathy

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

From: William E. Butler [mailto:wbutler@bohr.mgh.harvard.edu]

Sent: Thursday, June 14, 2001 4:40 PM

To: Kelleher, Kathleen M., PHS - Telemedicine

Subject: Re: Patient # 8: HONG Kim Hak

Kathy,

This child has hydrocephalus. The head is big and the anterior fontanel is bulging way out. When detected early these kids may a decent outlook for normal development. With this kid the condition is relatively advanced even as it is, so the outlook for future good neurologic function is not so hot.

However, the head is going to continue to grow way out of proportion to the rest of the body. With these kids the head can get so large that they can't lift it. So even though the outlook for restoration of good neurologic function is not so hot, treament is mandatory anyway.

This kid would have a head CT and/or brain MRI, then hydrocephalus treatment (VP shunt or endoscopic third ventriculocisternostomy, depending). Some cases of hydrocephalus result from brain tumor, encephalitis, meningitis or other conditions that, if detected, would require treatment in their own right.

As always, I'm happy to take care of the kid should he come here. There are many centers in the world that can care for a kid with hydrocephalus.

BB

From: "Kelleher, Kathleen M., PHS - Telemedicine" <KKELLEHER@PARTNERS.ORG>

To: "David Robertson (E-mail)" <davidrobertson1@yahoo.com>

Subject: FW: Patient #9, PHENG Roeung

Date: Mon, 18 Jun 2001 10:02:19 -0400

>From Dr. Paul Cusick of MGH

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

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

> Sent: Friday, June 15, 2001 6:48 AM

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

> Subject: RE: Patient #9, PHENG Roeung

>

> Goiter needs evaluation w/ thyroid function testing and ultrasound/thyroid

> scan . Tachycardia requires EKG and rhythm strip. HTN needs to be treated and

> controlled. If chest pain is due to Afib, then that would require treatment.

> However, given age and likely postmenopausal status, ishemic workup needs to

> be considered. PSC

From: "Kelleher, Kathleen M., PHS - Telemedicine" <KKELLEHER@PARTNERS.ORG>

To: "David Robertson (E-mail)" <davidrobertson1@yahoo.com>

Subject: FW: Patient #10: PHIM Sichhin

Date: Thu, 14 Jun 2001 15:50:41 -0400

Response from Dr. Gilbert Mudge, BWH Cardiologist

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

> From: Mudge, Gilbert Horton,Jr.,M.D.

> Sent: Thursday, June 14, 2001 3:33 PM

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

> Subject: RE: Patient #10: PHIM Sichhin

>

> With this history and Physical Exam, she certainly needs an echocardiogram

> plus other W/U as suggested. Based upon her vital signs, physical findings and

> two photographs, she seems sufficiently stable to fly by helicopter.

> Unfortunately, I cannot glean much more from the information provided.

From: "Kelleher, Kathleen M., PHS - Telemedicine" <KKELLEHER@PARTNERS.ORG>

To: "David Robertson (E-mail)" <davidrobertson1@yahoo.com>

Subject: FW: Patient #11: KONG Ky

Date: Thu, 14 Jun 2001 17:24:51 -0400

>From Dr. Patel of MGH Department of Orthopaedics.

Kathy

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

> From: Patel, Dinesh G.

> Sent: Thursday, June 14, 2001 5:19 PM

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

> Subject: RE: Patient #11: KONG Ky

>

There is no information about knee or ankle

Do some basics like x rays etc.

Patient needs to consult internist for blurred vision etc.

> dinesh

>

> Dinesh G. Patel, M.D. F.A.C.S.

> Chief of Arthroscopic Surgery

> Massachusetts General Hospital

> Assistant Clinical Professor

> Orthopaedic Surgery

> Harvard Medical School

>

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From: "Goldszer, Robert Charles,M.D." <RGOLDSZER@PARTNERS.ORG>

To: "Gere, Katherine F." <KGERE@PARTNERS.ORG>

Cc: "'davidrobertson1@yahoo.com'" <davidrobertson1@yahoo.com>

Subject: RE: Patient #12: SOR Sovanna

Date: Thu, 14 Jun 2001 19:25:31 -0400

Sounds like GI bleeding is a possibility:

Recomend:

1) CBC, PT/PTT + follow cbc

2) treatement with antacids and/or histamine 2 blockers if possible

3) Endoscopy depending on changes in blood count or observed bleeding

4) Close monitoring of patient: Daily if possible until bleeding is

calrified

RCGoldszer

From: "Kelleher, Kathleen M., PHS - Telemedicine" <KKELLEHER@PARTNERS.ORG>

To: "David Robertson (E-mail)" <davidrobertson1@yahoo.com>

Subject: FW: Patient #13: SOM Nheb

Date: Thu, 14 Jun 2001 16:53:39 -0400

Here's a response from Dr. Yvedt Matory of BWH Dept of Surgery

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

> From: Matory, Yvedt,M.D.

> Sent: Thursday, June 14, 2001 4:17 PM

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

> Subject: RE: Patient #13: SOM Nheb >

> I cant really tell what is going on from the pictures , but from the story,

> she needs ot be seen at a local hospital. Dr. Yvedt Matory

From: "Gere, Katherine F." <KGERE@PARTNERS.ORG>

To: "'davidrobertson1@yahoo.com'" <davidrobertson1@yahoo.com>

Cc: "Kelleher, Kathleen M., PHS - Telemedicine" <KKELLEHER@PARTNERS.ORG>

Subject: FW: Patient #14: SONG Kheam

Date: Thu, 14 Jun 2001 17:38:06 -0400

>From Dr. Timothy Guiney, MGH cardiology.

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

> From: Guiney, Timothy E.,M.D.

> Sent: Thursday, June 14, 2001 5:32 PM

> To: Gere, Katherine F.

> Subject: RE: Patient #14: SONG Kheam >

> 1) blurring of vision: one eye or both? consider cataracts at this

> age.

> 2) pain and swelling in toes: is there also numbness or lack of feeling?

> consider gout, diabetic neuropathy.

> 3) epigastric pain: is it better or worse after a meal? any black or

> bloody stool? any weight loss or change in appetite or bowel

> habits?consider ulcer,gastritis,malignacy.

> Bloodwork should include hematocrit,sedimentation rate,fasting blood

> glucose,Bun, Creatinine and uric acid.

From: "Goldszer, Robert Charles,M.D." <RGOLDSZER@PARTNERS.ORG>

To: "Gere, Katherine F." <KGERE@PARTNERS.ORG>

Cc: "'davidrobertson1@yahoo.com'" <davidrobertson1@yahoo.com>

Subject: RE: Patient #15: ROS Nheb

Date: Thu, 14 Jun 2001 19:20:17 -0400

Blood pressure is slighlty high, ideal is 140/86

Concerns:

Ronchi in chest

Glucose in urine

Suggest:

1) Depending on shortness and breath and lung exam might recomend antibioitcs.

IF not improved then chest xray

2) For Pressure would recomend: hydrochlorthiazide 25 mg po qd, if no allergies

3) Monitoring of glucose by finger stick twice daily for 3-4 days and then again

in a week. If glucose > 150 fasting and > 180 post prandial I suggest further

treatment with diet and possibly pills

RCGoldszer

From: "Goldszer, Robert Charles,M.D." <RGOLDSZER@PARTNERS.ORG>

To: "Gere, Katherine F." <KGERE@PARTNERS.ORG>

Cc: "'davidrobertson1@yahoo.com'" davidrobertson1@yahoo.com

Subject: RE: Patient #18: SREY Somaly

Date: Thu, 14 Jun 2001 19:22:24 -0400

I believe the suggested evaluation is appropriate:

1) blood tests to check CBC, liver and renal function

2) Further assesment of abdominal mass

3) Further assessment for TB or other infection; Chest xray + PPD

RCGoldszer

Please insert word doc: Copy of partners telemedicine case Tann Hoeum12

I've included the original file and the "copy" file has one correction changing the date from 21 Jan 01 to 21 Jun 01. Please try to get the Brigham & Women's / Harvard Medical School lettehead to show up. (Text pasted below.)

Following response from Dr. Neil Bhattacharyya is in response to a patient seen at the May Robib Telemedicine clinic:

21-Jun-01

RE: Tann Hoeum

Cambodian Medical Project

The patient is a nine-year-old young boy from Cambodia. The history is quite limited, but he has had a soft mass present in the nasal dorsum since birth (congenital). A clinical photograph accompanies the limited clinical information. He has a lesion located along the nasal dorsum, somewhat to the right of midline. It appears to have produced some overlying skin change with increased redness. There is pseudo-hypertelorism due to the mass. The left eye appears to be normal. The mass has some impact on the right orbital volume in the single frontal view that is available. The forehead and brow region appear normal.

This appears to be a congenital lesion, as it was present from birth. I do not have any history as to whether or not it is expanding. Several important factors need to be considered in the evaluation of this patient. First, he should have an ophthalmology consultation to assess the status of the right eye. Second, the most important study, if available would be a magnetic resonance imaging study with contrast of the facial skeleton and head. If that is not available, then I would recommend a CT scan of the facial skeleton and head to further delineate the origin and boundaries of this mass. This will narrow the differential diagnosis considerably. Clinically, the patient should be assessed for the presence or absence of cerebrospinal fluid leak from the nose, the status of the nasal air flow, and his sense of smell. Also, the presence or absence of epistaxis should be determined.

The differential diagnosis in this case is somewhat vast. Given that the lesion is probably congenital, and is involving the skin with increased redness and thickening of the skin itself, I would consider arteriovenous malformation as a likely possibility. A cavernous hemangioma is less likely. Importantly, one must consider meningocele or meningoencephalocele. Each of these entities can be well distinguished from one another with MRI imaging. Also included in the differential diagnosis would be congenital lesions such as dermoid cyst and teratoma. As the mass has been present since birth, I think infectious etiologies are much less likely, but possible. These would include syphilitic type infections or other very slowly progressing infections. Finally, neoplastic etiologies should be also considered. These would include soft tissue tumors, angiofibroma, osseous tumors or extracranial meningioma. Given the duration of the lesion, these are also unlikely.

In summary, the patient likely has a lesion since birth, which is unlikely to be a neoplasm, but could likely be a malformation or a very slow growing tumor. The most important element of his evaluation will be the imaging studies. Also, and endoscopic examination of the nose should be performed, with potential biopsy. However, no biopsy should be undertaken until the possibility of a vascular lesion or meningocele has been excluded.

Thank you.

Sincerely,

Neil Bhattacharyya, MD, FACS

Assistant Professor of Otology and Laryngology

Harvard Medical School

Brigham and Women's Hospital

Based on the advice by the doctors in Boston and Phnom Penh, the following patients were transported to the hospital on June 15:

<u>Kampong Thom Hospital:</u>

Eung Nga

Bin Heng

Bun Nareth

Pheng Roeung

Phim Sichhin

Sor Sovanna

Som Nheb

Kong Ky

Ros Nheb

Ros Chhiv

Srey Somaly

Som Tol (patient from May clinic)

<u>Kantha Bhopa Hospital (in Phnom Penh):</u>

Seng San

Hong Kim Hak

Seng Sovann

Tann Hoeum (patient from May clinic)

All four children were accompanied by a parent to this children's hospital in Phnom.