Robib and Telemedicine

June 2002 Telemedicine Clinic in Robib

Report and photos by David Robertson

On Thursday, June 27, 2002, Sihanouk Hospital Center of Hope nurse Koy Somontha gave the monthly Telemedicine examinations at the Robib Health Clinic. David Robertson transcribed examination data and took digital photos, then transmitted and received replies from several Telepartners physicians in Boston and from Dr. Jennifer Hines of the Sihanouk Hospital Center of Hope (SHCH) in Phnom Penh. The data was transmitted via the Hironaka School Internet link. Also joining us on-line was Dr. Srey Sin, Director of Kampong Thom Provincial Hospital.

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

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

Date: Thu, 27 Jun 2002 00:44:35 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Robib, Cambodia, June Telemedicine
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh,
"Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
hironaka school <robibtech@yahoo.com>, seda@daily.forum.org.kh,
nsothero@yahoo.com

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

Dear All,

Messages regarding the first three patients today follow. I'll be sending more cases out later this evening.

Fri. June 28 8am Telemedicine follow-up clinic

Best for nurse Montha and me to receive e-mail replies of medical advice by 7:30am on Friday, Cambodia time (8:30pm on Thursday evening in Boston.)

We cannot transport patients or give medication without a physician's advice. We are hoping to depart the village late on Friday morning, stopping first in Kampong Thom, then continuing to Phnom Penh.

Best regards,

David

Date: Thu, 27 Jun 2002 01:06:16 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #1: PRUM RETH, Cambodia Telemedicine, 27 June 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh,
"Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
hironaka school <robibtech@yahoo.com>, seda@daily.forum.org.kh,
nsothero@yahoo.com

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

Telemedicine Clinic in Robib, Cambodia
27 June 2002

Patient #1: PRUM RETH, female, 45 years old, farmer

Follow up patient from May 2002 Telemedicine Clinic

Chief complaint: Still has palpitations, neck tenderness, headache

Note: We saw this patient last month. There was a typo on last month's exam notes, BP was stated as 100/80 in May 2002 but in fact it was 160/80. Montha suggested using Propranolol for her hypertension but Dr. Jacques didn't agree because of the typing mistake. Last month Montha suggested that she had dyspepsia and mild hypertension. Dr. Jacques agreed to use Famotidine, 40 mg per day for one month.

Please check next forwarded message: Last month's exam notes on this patient

Review of system: Still has headache, neck tenderness, shortness of breath sometimes. Burping decreasing, no vomiting, decreasing epigastric pain.

Physical exam

General Appearance: looks good
BP: 170/100
Pulse: 88
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, throat: Okay
Neck: Okay
Lungs: Clear both sides
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, positive bowel sound
Limbs: Okay

Assessment: Mild hypertension. Dyspepsia.

Recommend: Should we try Propanolol 40 mg, ¼ tablet 2 times per day for 30 days? Continue Famotidine 40 mg once per day for one more

month? Do we need to send her to Kampong Thom Hospital for further evaluation or continue to treat in the village?

Date: Thu, 27 Jun 2002 01:09:04 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Fwd: Patient #9: PRUM RETH, Cambodia Telemedicine, 29 May 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh,
"Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
hironaka school <robibtech@yahoo.com>, seda@daily.forum.org.kh,
nsothero@yahoo.com

Note: forwarded message attached.

Date: Wed, 29 May 2002 18:00:29 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

Subject: Patient #9: PRUM RETH, Cambodia Telemedicine, 29 May 2002

To: "Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG>,

Graham Gumley <ggumley@bigpond.com.kh>, KKELLEHER@PARTNERS.ORG,

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

Jennifer Hines <sihosp@bigpond.com.kh>, gjacques@ucd.net,

Jacques@bigpond.com.kh

Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,

aafc@forum.org.kh, nsothero@yahoo.com, seda@daily.forum.org.kh

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

Telemedicine Clinic in Robib, Cambodia
29 May 2002

Patient #9: PRUM RETH, female, 45 years old, farmer

Chief complaint: Neck tenderness, dizziness, and palpitations last nine months. Upper abdominal pain on and off for the last nine months.

History of present illness: Last nine months she had neck tenderness, dizziness, and palpitations on and off and accompanied by headache and mild blurred vision. She also has upper abdominal pain radiating to chest, pain like burning, gets worse after a meal. She went got these symptoms, she went to the doctor and received some medicine, it helped some, but now she has stopped taking the medication for two months already.

Current medicine: None.

Past medical history: Knew nine months ago that hypertension diagnosed 180/?

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: No fever, no diarrhea, positiveburping, no nausea, upper abdominal pain, no chest pain, no weight loss, no cough

Physical exam
General Appearance: looks good
BP: 100/80
Pulse: 74
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Neck: No lymph node, no goiter
Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: soft, flat, not tender, positive bowel sound.
Limbs: okay

Assessment: Mild hypertension. Dyspepsia.
Recommend: Should we refer her to the hospital? Or cover her in the village with medication like Famolidine for one month, 40 mg one time per day, and Propranolol 10 mg, two times per day for one month. If you have any ideas, please let me know. If you agree with the assessment to treat with medication in the village, please give me the correct dosage.

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
Sender: "Gere, Katherine F." <KGERE@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Subject: FW: Patient #1: PRUM RETH, Cambodia Telemedicine, 27 June 2002--P
revious Patient #9 from May
Date: Thu, 27 Jun 2002 19:12:12 -0400

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

From: Goldszer, Robert Charles,M.D.

Sent: Thursday, June 27, 2002 5:45 PM

To: Kelleher, Kathleen M. - Telemedicine

Subject: RE: Patient #1: PRUM RETH, Cambodia Telemedicine, 27 June

2002--Previous Patient #9 from May

I am concerned about the thyroid activity in this patient with palpitations and hypertension. I think it would be good to start propanolol 40 mg once a day and I think it would be good to measure blood TSH level.

RCGoldszer

From: "sihosp" <sihosp@bigpond.com.kh>

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

References: <20020627081509.9784.qmail@web10402.mail.yahoo.com>

Subject: Re: Patient #2: SOR THAVOEUN, text, Cambodia Telemedicine, 27 June 2002

Date: Thu, 27 Jun 2002 17:52:58 +0700

#1: Prum Reth, 45 yo Female.

I think that if your blood pressures are accurate and she does have hypertension, yes, I would start Propranolol 40mg at 1/4 tablet po twice a day. This would be a chronic medication, so can the patient afford and medication and does she have access to it? Kg. Thom Hospital would have it on their formulary. The famotidine is used with a limit and patient may want to cut down on tea eat smaller meals more often.

Case # 2

Date: Thu, 27 Jun 2002 01:15:09 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #2: SOR THAVOEUN, text, Cambodia Telemedicine, 27 June 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh,
"Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
hironaka school <robibtech@yahoo.com>, seda@daily.forum.org.kh,
nsothero@yahoo.com

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

Telemedicine Clinic in Robib, Cambodia
27 June 2002

Patient #2: SOR THAVOEUN, female, 13 years old,

(Computer student @ Hironaka School, brother works at the pig farm)

Chief complaint: Edema all over the body on and off. Headache last 14 days. Sometimes shortness of breath on exertion last 14 days.

History of present illness: 14 days ago edema started on and off starting from the face moving down to the legs, and increased edema when she eats salty food. When she got these signs her mother brought her to meet a local doctor. They gave her some medicines but she doesn't know what kind. During that time she got a little bit better, edema decreasing and sometimes it was

accompanied by shortness of breath, sometimes on extertion, sometimes jaundice, with headache and blurred vision.

Current medicine: She stopped taking the unknown medicine one week ago but had taken it for 10 days.

Past medical history: Three years ago she had malaria but got better with modern medicine treatment.

Social history: Unremarkable.

Family history: Unremarkable

Allergies: Unremarkable

Review of system: Mild edema all over the body, shortness of breath on exertion, sometimes jaundice, no cough, no diarrhea, mild right upper quadrant abdominal tenderness.

Physical exam

General Appearance: looks good
BP: 110/70
Pulse: 72
Resp.: 22
Temp. : 36.5

Hair, ears, nose, throat: okay
Eyes & Face: Eyes no jaundice, red pink color
Neck: No goiter, no lymph node
Lungs: Clear both sides
Heart: Regular rhythm, no murmur
Abdomen: Mild right upper quadrant tenderness, soft, flat, positive bowel sound, negative HSM
Limbs: Okay
Weight: 40 kg
Urinanalysis: Urobilinogen +2, Protein +1

Assessment: Hepatitis? Nephrotic Syndrome?

Recommend: Should refer her to Kampong Thom Provincial Hospital for evaluation. Check blood like CBC, Hepatitis, abdominal ultrasound, lyte, creat., Bun.? Any other ideas?

From: "sihosp" <sihosp@bigpond.com.kh>

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

Subject: Re: Patient #2: SOR THAVOEUN, text, Cambodia Telemedicine, 27 June 2002

Date: Thu, 27 Jun 2002 17:52:58 +0700

#2- Sor Thavoeun, 13 yo Female

I am not sure about this patient. You give a history of edema and dyspnea on exertion over just two weeks. Did she have fever, chills, rash, poor urine output before this? How much

fluids does she take in now and how much urine does she pass/ day? Has this changed from before? Any palpitations, cough, chest tightness? What is the change, if any, in her weight recently? Do her clothes, shoes fit normally?

We need more history to help us. The PE was unremarkable. Please try and get a sense of the chronicity of the problem. Any previous episodes? Dies she have any of the medication left that she took or know who can identify it for you?

I wait on your answer. Jennifer

Date: Thu, 27 Jun 2002 18:43:41 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Re: Patient #2: SOR THAVOEUN, text, Cambodia Telemedicine, 27 June 2002
To: sihosp <sihosp@bigpond.com.kh>
Cc: dmr@media.mit.edu

Dear Jennifer,

Montha's reply in CAPS.

sihosp <sihosp@bigpond.com.kh> wrote:

> #2- Sor Thavoeun, 13 yo Female
>
> I am not sure about this patient. You give a history of edema and dyspnea
> on exertion over just two weeks. Did she have fever, chills, rash, poor
> urine output before this?
>
> NO TO ALL.
>
> How much fluids does she take in now and how much
> urine does she pass/ day? Has this changed from before?
>
> NORMAL CONSUMPTION, NORMAL OUTPUT, NO CHANGE FROM BEFORE.
>
> Any palpitations,
> cough, chest tightness?
>
> NONE OF THE ABOVE.
>
> What is the change, if any, in her weight recently?
>
> SLIGHT WEIGHT GAIN.
>
> Do her clothes, shoes fit normally?
>
> NORMAL BUT OCCASIONALLY CLOTHES FIT A BIT TIGHT.
>
> We need more history to help us. The PE was unremarkable. Please try and
> get a sense of the chronicity of the problem. Any previous episodes?
>
> THIS IS A NEW PROBLEM, NOT CHRONIC, ONLY TWO WEEKS.
>
> Dies
> she have any of the medication left that she took or know who can identify
> it for you?
>
> NO MEDICATION LEFT, TYPE UNKNOWN.
>
> I wait on your answer. Jennifer

BEST REGARDS,

DAVID

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (E-mail 2)" <dmr@media.mit.edu>,
"David Robertson (E-mail)" <davidrobertson1@yahoo.com>
Subject: RE: Patient #2: SOR THAVOEUN, text, Cambodia Telemedicine, 27 Jun e 2002
Date: Fri, 28 Jun 2002 09:31:18 -0400

Dear David:

Dr. Ghaleb Daouk, of MGH Pediatric Nephrology and I reviewed this patient's history and photos and Dr. Daouk indicated that Sor Thavoeun should be transported to the hospital and have a complete work-up by both a nephrologist and an infectious disease specialist.

With warm regards,

Kathy Kelleher

Case # 3

Date: Thu, 27 Jun 2002 01:22:07 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #3: SEK TIT, Cambodia Telemedicine, 27 June 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh,
"Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
hironaka school <robibtech@yahoo.com>, seda@daily.forum.org.kh,
nsothero@yahoo.com

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

Telemedicine Clinic in Robib, Cambodia
27 June 2002

Patient #3: SEK TIT, male, 66 years old

Follow up patient from May 2002 Telemedicine Clinic

Insert SEK_TIT_6696.jpg

Chief complaint: Still complaining about numbness on head, neck tenderness, dizziness.

Please check next forwarded message: Last month's exam notes on this

patient

Note: This patient we suspected to have hypertension and peripheral neuropathy. Dr. Jacques suggested we cover him with Propranolol 40 mg, ¼ tablet two times per day for 30 days plus Vitamin B1, 250 mg, one tablet once a day for 30 days. This patient lives outside of the village of our pilot project. He was given the Propranolol from the Sihanouk Hospital Center of Hope allotment and he purchased the B1 on his own. The pharmacy in this village does not have Propranolol.

Review of system: Head numbness, dizziness, neck tenderness, no chest pain, no vomiting, no diarrhea, and no epigastric pain.

Physical exam

General Appearance: looks well

BP: 190/90

Pulse: 68

Resp.: 20

Temp. : 36.5

Hair, eyes, ears, nose, throat: Okay

Neck: Okay

Lungs: Clear both sides

Heart: Regular rhythm, no murmur

Abdomen: Soft, flat, not tender, positive bowel sound

Limbs: Okay

Assessment: Hypertension and peripheral neuropathy.

Recommend: May we cover him with Propranolol but increase dose to 20mg twice per day and continue with Vitamin B1, 250 mg, one tablet once per day, and Aspirin 300 mg 1 tablet 1 time per day, covering all medications for 30 days? We have told this patient that because he lives outside of the village of our pilot project, he will have to purchase these medicines on his own. But may we get him started on medicine from the SHCH allotment this month and then next month he purchases on his own? Any other ideas?

Date: Thu, 27 Jun 2002 01:25:01 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Fwd: Patient #8: SEK TIT, Cambodia Telemedicine, 29 May 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh,
"Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
hironaka school <robibtech@yahoo.com>, seda@daily.forum.org.kh,
nsothero@yahoo.com

Note: forwarded message attached.

Date: Wed, 29 May 2002 17:57:24 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

Subject: Patient #8: SEK TIT, Cambodia Telemedicine, 29 May 2002

To: "Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG>,

Graham Gumley <ggumley@bigpond.com.kh>, KKELLEHER@PARTNERS.ORG,

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

Jennifer Hines <sihosp@bigpond.com.kh>, gjacques@ucd.net,

Jacques@bigpond.com.kh

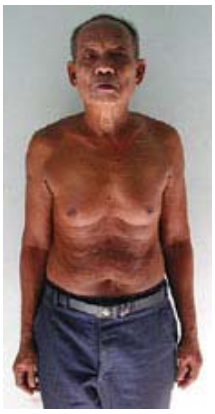
Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,

aafc@forum.org.kh, nsothero@yahoo.com, seda@daily.forum.org.kh

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

Telemedicine Clinic in Robib, Cambodia
29 May 2002

Patient #8: SEK TIT, male, 66 years old, farmer



Chief complaint: Weakness, dizziness. Both feet have numbness on and off for three months.

History of present illness: For three months he has weakness, dizziness, and sometimes neck tenderness accompanied by blurred vision and numbness all over both feet. These symptoms develop when he walks and get better when he rests. After he got these signs he purchased medication at the drug store like anti-hypertension medicine taking on and off for one month. He stopped medication two months ago.

Current medicine: Traditional medicine.

Past medical history: Two years ago hypertension diagnosed 150/?

Social history: Has smoked and drank alcohol for 30 years.

Family history: Unremarkable

Allergies: None

Review of system: Has dizziness, no cough, no chest pain, has diarrhea, no vomiting, no nausea, no fever, no dyspepsia

Physical exam

General Appearance: looks non-toxic
BP: 170/90
Pulse: 78
Resp.: 20
Temp. : 36
Hair, eyes, ears, nose, throat: Normal.
Neck: okay
Lungs: clear both sides
Heart: decreasing regular rhythm, no murmur
Abdomen: soft, flat, not tender, positive bowel sound.
Limbs: numbness both feet, no deformity

Assessment: Hypertension (mild) and PNP (Peripheral neuropathy)

Recommend: Should we cover him with Propranolol 10 mg, two times per day and Vitamin B1, 250 mg, one tab per day? Should we refer him to the hospital? Please give me any ideas.

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
Sender: "Gere, Katherine F." <KGERE@PARTNERS.ORG>
To: "'davidrobertson1@yahoo.com'" <davidrobertson1@yahoo.com>,
"'dmr@media.mit.edu'" <dmr@media.mit.edu>
Subject: FW: Patient #3: SEK TIT, Cambodia Telemedicine, 27 June 2002

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

From: Goldszer, Robert Charles,M.D.

Sent: Thursday, June 27, 2002 5:48 PM

To: Kelleher, Kathleen M. - Telemedicine

Subject: RE: Patient #3: SEK TIT, Cambodia Telemedicine, 27 June 2002

I think it would be fine to increase the propanolol to 40 mg, 1/2 pill twice a day. I would plan to see him at your next visit in 3-4 weeks if possible, or have him seen by another nurse or physician.

RCGoldszer

From: "sihosp" <sihosp@bigpond.com.kh>

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

Subject: Re: Patient #3: SEK TIT, Cambodia Telemedicine, 27 June 2002

Date: Thu, 27 Jun 2002 18:03:14 +0700

Hi David:

About Sek Tit. This man has systolic hypertension and looks like a smoker. He is on propranolol at 10mg twice a day, but I am concerned about increasing the dose with the heart already in the 60's. Beta blockers will be safe down to a heart rate of roughly 60. You may want to try 10mg three times a day or keep the same propranolol dosing and add HCTZ 50mg, 1/2 tablet once a day. He should be able to buy this in the private pharmacy.

Not furosemide, but a thiazide diuretic. If we have this, we can give both for 30 days. Chronic meds. have to be gotten through the patient.

He should stop smoking.

Thanks. Jennifer

Case # 4

Date: Thu, 27 Jun 2002 07:47:07 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #4: CHAN SIVUTHA, Cambodia Telemedicine, 27 June 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh,
"Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
hironaka school <robibtech@yahoo.com>, seda@daily.forum.org.kh,
nsothero@yahoo.com

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

Telemedicine Clinic in Robib, Cambodia
27 June 2002

Patient #4: CHAN SIVUTHA, female, 50 years old, nurse at Robib health clinic

Chief complaint: Upper abdominal pain, right chest tightness, numbness on both hands and both legs for 30 days.

History of present illness: Right chest tightness for 30 days, persistent pain like dullness not radiating to anywhere, and last three hours and especially at night she gets better when she takes Paracetemol. She also has upper abdominal pain especially after meal and accompanied by burping and excessive saliva, numbness both legs and hands. Decreasing upper abdominal pain when she took Almac.

Current medicine: Almac, Paracetemol for seven days.

Past medical history: Unremarkable.

Social history: Does not smoke, does not drink alcohol.

Family history: Her husband died in 2000 because of severe pneumonia.

Allergies: Penicillin

Review of system: No fever, no cough, right chest tightness, no nausea, no vomiting, has burping, has epigastric pain, has diarrhea sometimes.

Physical exam

General Appearance: looks stable
BP: 100/60
Pulse: 80
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay
Neck: Okay
Lungs: Clear both sides
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, positive bowel sound
Limbs: Okay
Urinalysis: Negative

Assessment: Muscle Pain. Dyspepsia, Anxiety?

Recommend: Should we cover her with Tums 500 mg, 3 times per day for 30 days? And Paracetemol 500 mg, 4 times per day for 10 days? Exercise every day.

From: "sihosp" <sihosp@bigpond.com.kh>

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

Subject: Re: Patient #4: CHAN SIVUTHA, Cambodia Telemedicine, 27 June 2002

Date: Fri, 28 Jun 2002 10:16:36 +0700

#4 Chan Sivutha- the nurse

Her symptoms seem nonspecific to me. Montha, remember that onset and timing of symptoms are important. Did her symptoms come on quickly or gradually? Does it limit any of her activities? On PE, does she have tenderness in the area of her chest pain? Is this reproducible?

If she has point tenderness to the chest that you can make happen again and again, this is chest wall pain. Tylenol, heat, Tiger balm or similar, should be tried.

We do not have anymore TUMS to give to you on your trip, so you should use it wisely. If the patient can get Almac, that is okay to continue. Anyone with access to medications, should buy them on their own. You should save your meds for those who have no other source of medicines.

Case # 5

Date: Thu, 27 Jun 2002 07:50:05 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #5: DY SAMOEUN, Cambodia Telemedicine, 27 June 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh,
"Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
hironaka school <robibtech@yahoo.com>, seda@daily.forum.org.kh,
nsothero@yahoo.com

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

Telemedicine Clinic in Robib, Cambodia
27 June 2002

Patient #5: DY SAMOEUN, female, 30 years old, farmer

Chief complaint: Epigastric pain for three days

History of present illness: Three days ago she got severe epigastric pain like dullness radiating to lower back accompanied by burping, vomiting and sometimes nausea. Gets better when she takes antacid, worse after a meal.

Current medicine: Antacid and an unknown antibiotic for three days.

Past medical history: Malaria in 2001.

Social history: Does not smoke, does not drink alcohol.

Family history: Unremarkable.

Allergies: None.

Review of system: No fever, no cough, has epigastric pain, no chest pain, has stool with mucous, has burping, has vomiting, no shortness of breath.

Physical exam

General Appearance: looks mild sick
BP: 100/50
Pulse: 80
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay
Neck: Okay
Lungs: Clear both sides
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, positive bowel sound
Limbs: Okay

Assessment: Dyspepsia. Parasitis?

Recommend: Can we cover her with Famotidine 40 mg once per day

for 30 days? And Mebendazole 100 mg, 2 times per day for 3 days? Please give me any other ideas.

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (E-mail 2)" <dmr@media.mit.edu>,
"David Robertson (E-mail)" <davidrobertson1@yahoo.com>
Subject: FW: Patient #5: DY SAMOEUN, Cambodia Telemedicine, 27 June 2002
Date: Thu, 27 Jun 2002 17:18:41 -0400

Hello David:

Please find the response of Dr. Kvedar below.

Kathy

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

From: Kvedar, Joseph Charles,M.D.

Sent: Thursday, June 27, 2002 5:00 PM

To: Kelleher, Kathleen M. - Telemedicine

Subject: RE: Patient #5: DY SAMOEUN, Cambodia Telemedicine, 27 June 2002

I believe it makes sense to empirically treat with antihelminthics as Montha has suggested. If this is not effective, I would suggest a course of antacid therapy. I would send her to hospital for evaluation if she has fever, bloody diarrhea, or bloddy emesis.

From: "sihosp" <sihosp@bigpond.com.kh>

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

Date: Fri, 28 Jun 2002 10:16:36 +0700

#5- Dy Samoeun 30 yo. F

For symptoms less than 1 week, I would not use famotidine. You could give TUMS for five days at a time. These symptoms are acute and very well could be related to parasites or other organisms. I agree with the mebendazole and limited TUMS use. Someone with chronic abdominal symptoms may need famotidine course, but I don't think in this case, we need to use.

Case # 6

Date: Thu, 27 Jun 2002 07:54:07 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #6: HEM VANNOU, Cambodia Telemedicine, 27 June 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh,
"Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,

hironaka school <robibtech@yahoo.com>, seda@daily.forum.org.kh, nsothero@yahoo.com

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

Telemedicine Clinic in Robib, Cambodia
27 June 2002

Patient #6: HEM VANNOU, female, 51 years old

Chief complaint: Weakness, upper abdominal pain, and dizziness on and off for two months, dry cough on and off for three months.

History of present illness: Dry cough on and off for three months and mild fever at night. Weight loss step by step, about 10 kg, over three months. Sometimes sweats at night. She also has upper abdominal pain especially after meal radiating to back. She gets these signs accompanied by weakness and dizziness. She has never been to a doctor.

Current medicine: None.

Past medical history: Unremarkable.

Social history: Does not smoke, does not drink alcohol.

Family history: Her son-in-law has pulmonary TB and lives with her.

Review of system: Dry cough, mild fever, sweating, weight loss, vomiting, burping, dizziness, no diarrhea, has chest tightness.

Urinalysis: Urobilingen ++

Physical exam

General Appearance: looks skinny
BP: 100/50
Pulse: 120
Resp.: 22
Temp. : 36.5

Hair, eyes, ears, nose, throat: Okay
Neck: No goiter, no lymph node
Lungs: Crackle on right side upper lobe, decreasing breath sound at both
bases.
Heart: Regular rhythm, no murmur, Tachycardia.
Abdomen: Soft, flat, not tender, positive bowel sound
Limbs: Okay

Assessment: Pulmonary TB? Dyspepsia, Malnutrition.

Recommend: Should we refer to Kampong Thom Provincial Hospital for evaluation like chest x-ray, AFB examination, and some blood tests like CBC. Please give me any other ideas.

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (E-mail 2)" <dmr@media.mit.edu>,

"David Robertson (E-mail)" <davidrobertson1@yahoo.com>
Subject: FW: Patient #6: HEM VANNOU, Cambodia Telemedicine, 27 June 2002
Date: Thu, 27 Jun 2002 17:17:44 -0400

Hi David:

Dr. Kvedar's response is below.

Thank you for the referrals.

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

From: Kvedar, Joseph Charles,M.D.

Sent: Thursday, June 27, 2002 5:15 PM

To: Kelleher, Kathleen M. - Telemedicine

Subject: RE: Patient #6: HEM VANNOU, Cambodia Telemedicine, 27 June 2002

I agree that all findings are consistent with pulmonary tb and that work up focused on this condition is the best course.

From: "sihosp" <sihosp@bigpond.com.kh>

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

Date: Fri, 28 Jun 2002 10:16:36 +0700

#6- Hem Vannou 51 yo F---send to rule out TB.

Date: Thu, 27 Jun 2002 18:56:40 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Fwd: FW: Patient #6: HEM VANNOU, Cambodia Telemedicine, 27 June 2002
To: "Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: dmr@media.mit.edu

Note: forwarded message attached.

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

To: "David Robertson (E-mail 2)" <dmr@media.mit.edu>,

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

Subject: FW: Patient #6: HEM VANNOU, Cambodia Telemedicine, 27 June 2002

Date: Thu, 27 Jun 2002 17:17:44 -0400

Hi David:

Dr. Kvedar's response is below.

Thank you for the referrals.

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

From: Kvedar, Joseph Charles,M.D.

Sent: Thursday, June 27, 2002 5:15 PM

To: Kelleher, Kathleen M. - Telemedicine

Subject: RE: Patient #6: HEM VANNOU, Cambodia Telemedicine, 27 June 2002

I agree that all findings are consistent with pulmonary tb and that work up focused on this condition is the best course.

Case # 7

Date: Thu, 27 Jun 2002 07:56:40 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #7: SOK NOEUN, Cambodia Telemedicine, 27 June 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh,
"Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
hironaka school <robibtech@yahoo.com>, seda@daily.forum.org.kh,
nsothero@yahoo.com

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

Telemedicine Clinic in Robib, Cambodia
27 June 2002

Patient #7: SOK NOEUN, female, 38 years old, farmer

Chief complaint: Sore throat and throat tightness on and off for two months. Epigastric pain for three months.

History of present illness: Two months ago on and off she got sore throat and throat tightness, increasing pain during drinking, ice, and salty or fatty food, decreasing pain with the use of Paracetemol. She gets these symptoms accompanied by mild fever, headache, dizziness, and epigastric pain. She's never gone to meet a medical doctor.

Current medicine: None.

Past medical history: Unremarkable.

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

Family history: Unremarkable

Allergies: None

Review of system: Mild fever, throat soreness and tightness, no vomiting, has nausea, no chest pain, no diarrhea, has epigastric pain.

Physical exam

General Appearance: Looks non-toxic.
BP: 140/90
Pulse: 80
Resp.: 20
Temp. : 37

Hair, eyes, ears, nose: Okay|
Throat: Mild redness, some pus at left side of tonsil, but both tonsils no hypertrophy.
Neck: No goiter, no lymph node
Lungs: Clear both sides
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, positive bowel sound, no HSM.
Limbs: Okay

Assessment: Chronic Pharyngitis, dyspepsia.

Recommend: Should we cover her with Amoxycillin 500 mg, 3 times per day for 10 days? And Famotidine, 400 mg, one tablet daily for 30 days? And Paracetemol 500 mg, 4 times per day for 7 days?

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (E-mail 2)" <dmr@media.mit.edu>,
"David Robertson (E-mail)" <davidrobertson1@yahoo.com>
Subject: FW: Patient #7: SOK NOEUN, Cambodia Telemedicine, 27 June 2002
Date: Thu, 27 Jun 2002 17:27:14 -0400

Hello David:

Dr. Kvedar's response is below.

Feel free to contact us with any additional questions/comments.

Kathy

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

From: Kvedar, Joseph Charles,M.D.

Sent: Thursday, June 27, 2002 5:24 PM

To: Kelleher, Kathleen M. - Telemedicine

Subject: RE: Patient #7: SOK NOEUN, Cambodia Telemedicine, 27 June 2002

I agree with the empiric coverage with amoxicillin and famotidine, but am not sure that paracetamol would add much value. I think the others should do the trick.

From: "sihosp" <sihosp@bigpond.com.kh>

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

Date: Fri, 28 Jun 2002 10:16:36 +0700

#7- Sok Noeun 38 yo F

I agree with the Amoxicillin for the pharyngitis, as well as the paracetamol. Use of famotidine here is not needed. She needs to push fluids. The pus from the infected tonsil can cause dyspepsia and nausea. This should get better when we treat the tonsil.

Case # 8

Date: Thu, 27 Jun 2002 08:02:50 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #8: CHOURN CHANTY, Cambodia Telemedicine, 27 June 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh,
"Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
hironaka school <robibtech@yahoo.com>, seda@daily.forum.org.kh,
nsothero@yahoo.com

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

Telemedicine Clinic in Robib, Cambodia
27 June 2002

Patient #8: CHOURN CHANTY, female, 35 years old, farmer

Chief complaint: Headache, dizziness, chest tightness on and off for one month. Upper abdominal pain for two weeks.

History of present illness: She has chest tightness like stabbing on the pericardial area radiating to the lower chest, lasts for five or six minutes at a time, happens twice a day, accompanied by headache and dizziness. She gets better after taking Paracetemol. She also has epigastric pain like burning, increased pain before a meal, better after a meal, pain not radiating to anywhere.

Current medicine: None.

Past medical history: In 1993 she had malaria.

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

Family history: Unremarkable

Allergies: None

Review of system: Mild local chest tightness, no shortness of breath, no diarrhea, no vomiting, has nausea, has epigastric pain, no fever.

Physical exam

General Appearance: looks well
BP: 130/80
Pulse: 80
Resp.: 20
Temp. : 37

Hair, eyes, ears, nose, and throat: Okay
Neck: No lymph node, no goiter
Lungs: Clear both sides
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, positive bowel sound
Limbs: Okay

Assessment: Dyspepsia, muscle pain. Rule out ischaemic heart disease.

Recommend: Cover her with Famotidine 40 mg, one time per day for 3 days. And Paracetemol 500 mg, 4 times per day for ten days? Any other ideas?

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (E-mail 2)" <dmr@media.mit.edu>,
"David Robertson (E-mail)" <davidrobertson1@yahoo.com>
Subject: FW: Patient #8: CHOURN CHANTY, Cambodia Telemedicine, 27 June 2002
Date: Thu, 27 Jun 2002 17:29:31 -0400

Hi David:

Please find Dr. Kvedar's response below.

Kathy

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

From: Kvedar, Joseph Charles,M.D.

Sent: Thursday, June 27, 2002 5:28 PM

To: Kelleher, Kathleen M. - Telemedicine

Subject: RE: Patient #8: CHOURN CHANTY, Cambodia Telemedicine, 27 June 2002

I would go ahead with the famotidine, but again, would not encourage paracetamol because it may mask something more serious. I would also do a careful exam of the costochondral junctions to rule out chostochondritis. If one or more costochondral junctions are tender, I'd add a nsaid to the therapeutic mix.

From: "sihosp" <sihosp@bigpond.com.kh>

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

Date: Fri, 28 Jun 2002 10:16:36 +0700

#8- Chourn Chanty 35 F

This lady has localized, sharp chest tightness on the left chest. This could be chest wall pain or even pericarditis. Does she have a friction rub on exam? How about point tenderness on

the chest wall from palpation? If so, really NSAIDS, like aspirin would be good for the inflammation. If she is having dyspepsia, the medications could be given with food. If this is not possible, give paracetamol.

Your physical findings or history do not point to ischemia. She should stop any activity that might put her at risk for IHD, like smoking.

Thanks, guys!! Jennifer

Case # 9

Date: Thu, 27 Jun 2002 08:06:35 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #9: DOURNG SOK, Cambodia Telemedicine, 27 June 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh,
"Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
hironaka school <robibtech@yahoo.com>, seda@daily.forum.org.kh,
nsothero@yahoo.com

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

Telemedicine Clinic in Robib, Cambodia
27 June 2002

Patient #9: DOURNG SOK, female, 34 years old, farmer

Chief complaint: Left side headache on and off for five years. Palpitations and weakness for one month.

History of present illness: Five years ago her head got knocked into the wall on the left side of the head, then she has gotten pain on and off for three years on the left side of the head. She feels better after taking a painkiller like Paracetemol or Aspirin. Pain accompanied by palpitations and weakness.

Current medicine: Paracetemol for ten days.

Past medical history: Unremarkable.

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

Family history: Unremarkable

Allergies: None

Review of system: No fever, no chest pain, no vomiting or nausea, no abdominal pain, no diarrhea, no cough.

Physical exam

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

Hair, eyes, ears, nose, and throat: Okay, face has no deformity.
Lungs: Clear both sides
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, positive bowel sound
Limbs: Okay

Assessment: Left side tension headache. Anxiety?

Recommend: Should we cover her with Aspirin 300 mg twice daily and encourage her to do exercise?

From: "sihosp" <sihosp@bigpond.com.kh>

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

Subject: Re: Patient #10: CHHIM PAV, Cambodia Telemedicine, 27 June 2002

Date: Fri, 28 Jun 2002 14:55:19 +0700

Hi again:

#9-Dourng Sok 34 F

HA for many years is a bit hard to understand, in general. Did the trauma to the head years ago causes any neurologic or visual deficit? Does she have problems seeing or hearing now?

If you find no real pathology and the episodes of HAs are not changing for the worse, there is nothing that we can do, except have pt. take medication, like paracetamol, prn.

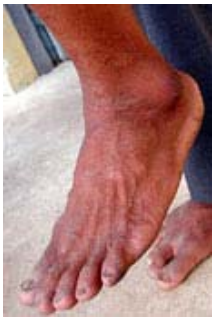
Case # 10

Date: Thu, 27 Jun 2002 08:10:06 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #10: CHHIM PAV, Cambodia Telemedicine, 27 June 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh,
"Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
hironaka school <robibtech@yahoo.com>, seda@daily.forum.org.kh,
nsothero@yahoo.com

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

Telemedicine Clinic in Robib, Cambodia
27 June 2002

Patient #10: CHHIM PAV, male, 47 years old, farmer



Chief complaint: Left ankle pain on and off for one year. Palpitations and weakness for one month.

History of present illness: For one year he has left ankle pain on and off. From day to day, pain develops, sometimes swollen, especially when working hard. Does not use any medication.

Current medicine: None.

Past medical history: Unremarkable.

Social history: Does not smoke but does drink alcohol.

Family history: Unremarkable

Allergies: None

Review of system: No fever, no vomiting, no chest pain, no abdominal pain, no diarrhea, positive left ankle joint pain.

Physical exam

General Appearance: looks well
BP: 120/80
Pulse: 80
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Neck: Okay.
Lungs: Clear both sides
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, positive bowel sound, positive HSM.
Limbs: Left ankle pain but not stiffness, reflexes very good, not swollen.

Assessment: Left ankle joint pain.

Recommend: Should we cover him with Aspirin 300 mg three times daily for two weeks. Please give me any other advice.

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (E-mail 2)" <dmr@media.mit.edu>,
"David Robertson (E-mail)" <davidrobertson1@yahoo.com>
Subject: FW: Patient #10: CHHIM PAV, Cambodia Telemedicine, 27 June 2002
Date: Fri, 28 Jun 2002 10:11:51 -0400

Hello David:

Please find the response of Dr. Dinesh Patel below.

Kathy

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

From: Patel, Dinesh G.

Sent: Friday, June 28, 2002 9:59 AM

To: Kelleher, Kathleen M. - Telemedicine

Subject: RE: Patient #10: CHHIM PAV, Cambodia Telemedicine, 27 June 2002

Kathleen,

I have reviewd the history and the pictures It looks that the patient has swelling on the fibular malleolus. This is very common when patients sit with leg crossed and have direct pressure on the bone.

This is similar to bunion on the feet All that the patient needs is ankle support with foam rubber surrounding fibular malleolus Prominent bone This will take the pressure away from the sore spot.

He may also have sprain ankle ligaments Heat can help as well Rest looks all right No need to do any thing more If still bothers than they can take x rays and send it to us Aspirin or other antiinflammatory medicine can be helpful but I will stay away from any medicine.

Thanks for asking me to review the case

Hopefully this will be helpful to them

Dinesh

From: "sihosp" <sihosp@bigpond.com.kh>

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

Subject: Re: Patient #10: CHHIM PAV, Cambodia Telemedicine, 27 June 2002

Date: Fri, 28 Jun 2002 14:55:19 +0700

#10-Chhim Pav

It is difficult to discuss the ankle problem without any real findings. It could just be some mild arthritis in the ankle and using moist heat and elevation are simple things to do. One can take ASA, but must be careful about the possible stomach upset. This is okay for me to advise him to do.