March 2003 Telemedicine Clinic in Robib

Report and photos submitted by David Robertson

On Wednesday, March 12, 2003, 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 the Sihanouk Hospital Center of Hope (SHCH) in Phnom Penh.

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

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

Date: Tue, 11 Mar 2003 00:49:06 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: reminder, Cambodia Telemedicine, 12 March 2003
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
"Dr. Srey Sin" <012905278@mobitel.com.kh>, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>

please reply to dmr@media.mit.edu

Dear All:

A quick reminder that the next Telemedicine clinic in Robib, Cambodia is this Wednesday, 12 March 2003.

We'll have the followup clinic at 8:00am, Thursday, 13 March (8:00pm, Wednesday, 12 March in Boston.) Best if we could receive your e-mail advice before this time.

The April 2003 Telemedicine clinic in Robib is scheduled for April 8 & 9.

Thanks again for your assistance.

Sincerely,

David

Date: Wed, 12 Mar 2003 00:33:11 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #1: SOM THOL, Cambodia Telemedicine, 12 March 2003
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,

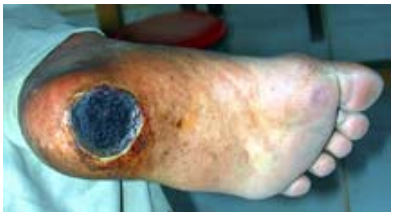
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
"Dr. Srey Sin" <012905278@mobitel.com.kh>, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>

please reply to dmr@media.mit.edu

We'll have the followup clinic at 8:00am, Thursday, 13 March (8:00pm, Wednesday, 12 March in Boston.) Best if we could receive your e-mail advice before this time.

Telemedicine Clinic in Robib, Cambodia
12 March 2003

Patient #1: SOM THOL, male, 50 years old, follow up patient



Chief complaint: Still pain on both soles, especially on the left sole wounds. Patient still has headache and dizziness, but no blurred vision and no chest pain.

Physical exam

General Appearance: Looks well.
BP: 120/70
Pulse: 60
Resp.: 20
Temp. : 37.0
UA: Glucose +3

Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, and positive bowel sound.

Limbs: On the left sole, has a wound; size of wound is about 2 x 2cm. Wound's color is black. It has mild pus coming out with a bad smell. Both soles feel completely numb, but not hot and no redness.

Neuro exam:
a. Good orientation to person, place and date.
b. Sensation by vibration intact but decreases by light touch, felt only dull feeling.
c. Dorsal pulse strong both sides. d. Motor and reflex intact.

Note: We referred this patient to Kampong Thom Provincial Hospital two times already for evaluation by M.D., the last visit was January 2003 for the sole wound problem. The surgeon there removed all the necrosis tissue (debrittement) and admitted him in the hospital for 20 days. He was covered with antibiotic Cloxacilline 2g IV and the wound got better. But it just got worse five days ago so he came to follow up with us.

Assessment: DMII. PNP. Left sole wound secondary

to gangrene?

Recommend: May we ask the medical assistant in the clinic to remove all the necrosis tissue again, then follow up and clean the wound every day? May we cover him with the following medication?

- **Cloxacilline 1g, IV twice daily for ten days**
- **Diamecrom 80mg, ½ tablet twice daily for one month**
- **Amitriptolline 25mg, ½ tablet daily for one month**

Then follow up with the patient next month.

Please give me any other ideas. Do we refer him to Kampong Thom Hospital again for some blood tests or do gram stain with wound?

Note: The medical assistant in charge of the local health center removed the necrosis tissue late this morning and gave the patient a Cloxacilline IV injection. It was necessary to do today and not wait another one or two days. What should be the follow up from here on?

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #1: SOM THOL, Cambodia Telemedicine, 12 March 2003
Date: Wed, 12 Mar 2003 16:17:24 +0700

SHCH reply: This patient needs agressive wound care and diabetes management. Refer him back to the hospital for antibiotics, debridement, and glucose control. He is at risk of losing his foot if the infection spreads. Rule out osteomyelitis with XRAY. Thanks Gary Jacques, M.D.

From: "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>
To: '"David Robertson"' <davidrobertson1@yahoo.com>,
"Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG>,
"Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
Cc: dmr@media.mit.edu, "Qureshi, Abrar A.,M.D." <AQURESHI@PARTNERS.ORG>
Subject: RE: Patient #1: SOM THOL, Cambodia Telemedicine, 12 March 2003
Date: Wed, 12 Mar 2003 16:10:44 -0500

Hi,

This is a 50 year old diabetic male who we are seeing in follow-up for a persistent diabetic heel ulcer that is infected. The most important principles for this wound to heal involve treating the infection, limiting pressure on the wound, and maintaining an adequate blood supply. My recommendations are as follows:

- Debride as you have done.
- Culture the wound – aerobic and anaerobic bacterial cultures, fungal culture
- See if you can probe down to the bone. If so he will need an xray to check for signs of osteomyelitis (bone infection)
- Broaden the antibiotic coverage. This is most likely polymicrobial, and we want to cover gram positive, gram negative, and anaerobes. I am not sure what antibiotics you have, but clindamycin and a fluoroquinolone like levofloxacin would be good. Treat until the wound stops oozing pus, and for one week after. If he does have a bone infection the treatment will be longer
- Wound care is essential. He must keep this wound clean. I would do wet to dry dressings twice a day to debride until there is no pus. I would then do wet to wet dressings twice a day. An alternative is to use silvadene cream with a dry sterile dressing twice a day.
- He should stay off his foot as much as possible. If there is a half shoe or other device available to minimize pressure that would be helpful.
- Treating his diabetes is also important, and he clearly has poor control given the glucose in his urine. I would increase the dose of his diabetes medication.

Please have him FOLLOW-UP NEXT MONTH.

I hope this helps.

Sincerely,

Iris Kedar, M.D.

Date: Wed, 12 Mar 2003 00:36:47 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #2: PROM YOEUN, Cambodia Telemedicine, 12 March 2003
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
"Dr. Srey Sin" <012905278@mobitel.com.kh>, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>

please reply to dmr@media.mit.edu

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Telemedicine Clinic in Robib, Cambodia
12 March 2003

Patient #2: PROM YOEUN, male, 52 years old, local commune official

Chief complaint: Patient complains of shortness of breath and palpitations on and off for four months.

History of present illness: Four months ago this patient got shortness of breath and palpitations on and off when he walks or works. When he sleeps, he uses two pillows to decrease shortness of breath. Last month he got mild edema all over his body. He went to a private pharmacy and bought two tablets of Furosemide and took one 40mg tablet each day for two days. The edema came down and his symptoms stabilized after that. Five days ago his symptoms worsened including increased palpitations and shortness of breath, also accompanied by chest tightness and dizziness. He feels better after getting a massage on his chest. He never consulted with a doctor but three days ago he got an abdominal ultrasound at Preah Vihear Provincial Hospital. They told this patient he has a problem with his heart and liver so he came to see us.

Current medicine: None
Past medical history: Unremarkable
Social history: Does not smoke or drink alcohol.
Family history: Unremarkable
Allergies: None

Review of system: Has no fever, no cough, has palpitations and

weakness, has shortness of breath, no chest pain, no diarrhea, and no stool with blood.

Physical exam

General Appearance: Looks stable.
BP: 90/50
Pulse: 90
Resp.: 28
Temp. : 37.0

Hair, eyes, ears, nose, and throat: Okay.
Neck: No goiter, no JVD, and no lymph node.
Lungs: Clear both sides, symmetrical to each other.
Heart: Regular rhythm and has murmur at apex.
Abdomen: Soft, flat, not tender, and no mass.
Skin: Warm to touch, no rash and not yellow.
Limbs: No edema, no stiffness and no pain.

Assessment: Valvular heart disease?

Recommend: Should we refer him to Kampong Thom Hospital for EKG, heart ultrasound, chest x-ray, and some blood tests like uree, creat., lytes, and CBC? Please give me any other ideas.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #2: PROM YOEUN, Cambodia Telemedicine, 12 March 2003
Date: Wed, 12 Mar 2003 16:23:22 +0700

SHCH reply: Agree with referal to rule out ischemic heart disease or valvular heart disease with congestive cardiomyopathy. May give furosamide 20 mg po q day to help with symptoms while he is being evaluated. Gary Jacques, M.D.

Date: Thu, 13 Mar 2003 03:29:42 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Fwd: RE: Patient #2: PROM YOEUN, Cambodia Telemedicine, 12 March 2003
To: "Dr. Srey Sin" <012905278@mobitel.com.kh>

Dear Dr. Srey Sin,

Following advice is from Sihanouk Hospital Center of Hope for the patient that was admitted at your hospital this afternoon.

Thank you for agreeing to accept this poor patient at no charge.

Best regards,

David

Gary Jacques <gjacques@bigpond.com.kh> wrote:

> From: "Gary Jacques"
> To: "David Robertson"
> Subject: RE: Patient #2: PROM YOEUN, Cambodia Telemedicine, 12 March 2003
> Date: Wed, 12 Mar 2003 16:23:22 +0700
>
> SHCH reply: Agree with referal to rule out ischemic heart disease or valvular heart disease with

congestive cardiomyopathy. May give furosamide 20 mg po q day to help with symptoms while he is being evaluated. Gary Jacques, M.D.

Date: Wed, 12 Mar 2003 00:42:28 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #3: ENG THA, Cambodia Telemedicine, 12 March 2003
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>

please reply to dmr@media.mit.edu

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Telemedicine Clinic in Robib, Cambodia
12 March 2003

Patient #3: ENG THA, female, 25 years old, farmer

Chief complaint: Patient complains of epigastric pain and weakness, on and off, for one year.

History of present illness: One year ago she got epigastric pain on and off, pain like burning, especially after a meal, pain not radiating to anywhere. She has these symptoms accompanied by weakness, dizziness, and excessive saliva. She has never taken any medicine and just came to see us.

Current medicine: None
Past medical history: Had a baby one year ago.
Family history: Her father died of diabetes 10 years ago.
Social history: None
Allergies: None

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

Physical exam

General Appearance: Looks stable.
BP: 120/80
Pulse: 90
Resp.: 20
Temp. : 37.0

Hair, eyes, ears, nose, and throat: Okay.

Skin: Mild pale and not yellow.
Neck: No goiter, no JVD, and no lymph node.
Lungs: Clear both sides.
Heart: Regular rhythm and no murmur.
Abdomen: Soft, flat, not tender, positive bowel sound, and mild pain on epigastric area.

Limbs: No stiffness, no edema and no pain.

Assessment: Dyspepsia. Parasitis? Malnutrition?

Recommend: May we cover her with the following medication?

- **Tums 1g, three times daily for 30 days**
- **Multivitamin, one tablet per day 30 days**
- **Mebendazole 100mg, twice daily for three days**

Please give me any other ideas.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #3: ENG THA, Cambodia Telemedicine, 12 March 2003
Date: Wed, 12 Mar 2003 16:26:08 +0700

SHCH reply: agree with your plans. Gary Jacques, M.D.

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: '"dmr@media.mit.edu"' <dmr@media.mit.edu>
Subject: FW: Patient #3: ENG THA, Cambodia Telemedicine, 12 March 2003
Date: Wed, 12 Mar 2003 19:42:35 -0500

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

> From: Tan, Heng Soon,M.D.

> Sent: Wednesday, March 12, 2003 7:34 PM

> To: Kelleher, Kathleen M. - Telemedicine

> Subject: RE: Patient #3: ENG THA, Cambodia Telemedicine, 12 March 2003

>

> Perhaps she is having gastroesophageal reflux. TUMS could be helpful.

> Do you have anything stronger, like cimetidine or omeprazole, if you need to

> use it?

> Of course with all your patients with potential worm infestation, you could

> give

> all of them mebendazole. And for those who are malnourished, you could always

> offer multivitamins.

> Heng Soon

Date: Wed, 12 Mar 2003 00:46:53 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #4: ROEUN MAKARA, Cambodia Telemedicine, 12 March 2003
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>

please reply to dmr@media.mit.edu

We'll have the followup clinic at 8:00am, Thursday, 13 March (8:00pm, Wednesday, 12 March in Boston.) Best if we could receive your e-mail advice before this time.

Telemedicine Clinic in Robib, Cambodia
12 March 2003

Patient #4: ROEUN MAKARA, male, thirteen-month-old child

Mother's name is PIM CHOEUN

Chief complaint: Fever and coughing for two days.

History of present illness: Two days ago he got a fever and a cough accompanied by shortness of breath and weakness. His mother took him to a local medical person who gave the child Paracetemol 250mg three times daily for two days. His condition was only a little better so his mother brought him to see us.

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

Past medical history: Pneumonia last month but completed treatment with modern medicine.

Social history: None
Family history: None
Allergies: None
Review of system: Has a cough, has no shortness of breath, has a mild fever, no diarrhea, no abdominal pain, and has a runny nose.

Physical exam

General Appearance: Looks mildly sick.

BP: -
Pulse: 120
Resp.: 30
Temp. : 37.4
Hair, eyes, ears, nose, and throat: Okay but throat has mild redness on bilateral of tonsil and mild hypertrophy but no pus on it.

Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, and positive bowel sound.
Skin: Warm to touch and not pale.
Assessment: Pharyngitis. Common cold.

Recommend: May we cover him with:

- **Amoxycillin, 250mg, daily for ten days**
- **Paracetemol, 250mg, four times daily for ten days**

Please give me any other ideas.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #4: ROEUN MAKARA, Cambodia Telemedicine, 12 March 2003
Date: Wed, 12 Mar 2003 16:30:40 +0700

SHCH reply: Does not sound like strep pharyngitis. Lungs clear, no fever so would not give an antibiotic now. If condition worsens pt is to return to hospital to rule out recurrance of pneumonia.
Gary jacques, M.D.

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (davidrobertson1@yahoo.com)" <davidrobertson1@yahoo.com>,
"David Robertson (dmr@media.mit.edu)" <dmr@media.mit.edu>
Subject: FW: Patient #4: ROEUN MAKARA, Cambodia Telemedicine, 12 March 2003
Date: Wed, 12 Mar 2003 15:31:34 -0500

-----Original Message-----
From: Sadeh, Jonathan S.,M.D.
Sent: Wednesday, March 12, 2003 3:30 PM
To: Kelleher, Kathleen M. - Telemedicine
Subject: RE: Patient #4: ROEUN MAKARA, Cambodia Telemedicine, 12 March 2003

This certainly sounds like an upper respiratory track infection--cough, erythmatous throat, runny nose, which is most likely viral but can certainly progress to bacterial. Despite having an episode of pneumonia one moth ago I would treat it as a typical URI now, as long as the child has had no other medical problems in the past 13 months, has developed normally (weight, height, ect'), and he appears relatively well (which he does by your description and the picture). I would treat him with amoxicillin at a dose of 40-50 mg/kg/day devided into 3 doses, paracetamol 3-4 times a day, and encourage the mother to give him as much fluids as possible. If he develpes a third episode of URI in the same season I would suggest going to a different antibiotic and would refer to a pediatrician for evaluation.

Please write back with any other questions.

Jonathan Sadeh.

Date: Wed, 12 Mar 2003 06:11:40 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #5: LAY SEUN, Cambodia Telemedicine, 12 March 2003
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>,

"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>

please reply to dmr@media.mit.edu

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Telemedicine Clinic in Robib, Cambodia
12 March 2003

Patient #5: LAY SEUN, male, 34 years old, Farmer

Chief complaint: Patient complains of epigastric pain for one month.

History of present illness: One month ago he got epigastric pain on and off, pain like cramping, pain in the localized area, especially after a meal. The pain is accompanied by excessive saliva and diarrhea. He hasn't taken any kind of medication yet, just came to see us.

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

Review of system: Has no headache, no chest pain, has diarrhea, has no shortness of breath, no cough, no fever, and has epigastric pain.

Physical exam

General Appearance: Looks well.
BP: 120/80
Pulse: 60
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Skin: Warm to touch and not pale.
Neck: No JVD, no goiter, and no lymph node.
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, and positive bowel sound.
Limbs: Okay
Assessment: Dyspepsia. Parasitis?

Recommend: May we cover him with Tums, one gram three times per day for one month and Mebendazole 100mg twice daily for three days? Please give me any other ideas.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #5: LAY SEUN, Cambodia Telemedicine, 12 March 2003

Date: Thu, 13 Mar 2003 08:32:04 +0700

SHCH reply: Agree with your assessment and plan. --Gary Jacques, M.D.

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Subject: FW: Patient #5: LAY SEUN, Cambodia Telemedicine, 12 March 2003
Date: Wed, 12 Mar 2003 19:49:37 -0500

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

> From: Tan, Heng Soon,M.D.

> Sent: Wednesday, March 12, 2003 7:47 PM

> To: Kelleher, Kathleen M. - Telemedicine

> Subject: RE: Patient #5: LAY SEUN, Cambodia Telemedicine, 12 March 2003

>

> Do you have metoclopramide? That could be an alternative to TUMS to treat

> dyspepsia and irritable bowel symptoms of bloating, burping and gastric

> spasms.

> Why are so many of your patients complaining of dyspeptic symptoms?

> Heng Soon

Date: Wed, 12 Mar 2003 06:16:28 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #6: YORN HAM, Cambodia Telemedicine, 12 March 2003
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>

please reply to dmr@media.mit.edu

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Telemedicine Clinic in Robib, Cambodia
12 March 2003

Patient #6: YORN HAM, male, 50 years old, Farmer

Chief complaint: Patient complains of general joint pain, especially on both ankles, on and off for two years.

History of present illness: Two years ago he got general joint pain, starting from the knee joints to the toe joints to the finger joints. Sometimes it's difficult to straighten his fingers in the morning. Pain increases when he walks or carries something heavy and pain decreases when he has taken some unknown medication. He stopped taking the medicine two months ago and has come to se us.

Current medicine: None
Past medical history: None
Social history: Has smoked cigarettes and drank alcohol for the last 15 years.
Family history: None
Allergies: Penicillin

Review of system: Has no fever, no chest pain, no diarrhea, no abdominal pain, no shortness of breath, no cough, but has general joint pain.

Physical exam

General Appearance: Looks well.
BP: 120/60
Pulse: 80
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Neck: No goiter and no JVD.
Skin: Not pale, not yellow, and warm to touch.
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender and has positive bowel sound.
Limbs: No deformities, all joints not hot, not swollen, no stiffness, just mild pain when moving.

Assessment: Poly arthritis?

Recommend: Should we cover him with Aspirin 500 mg three times daily as needed? Please give me any other ideas.

From: "Gary Jacques" <gjacques@bigpond.com.kh>

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

Subject: RE: Patient #6: YORN HAM, Cambodia Telemedicine, 12 March 2003

Date: Thu, 13 Mar 2003 08:38:08 +0700

SHCH reply: Agree with your plan, but would suggest an NSAID like Ibuprofen 600mg q 8 hours prn instead as perhaps safer on the GI track if you have it. Please rule out active GI disease or recent bleeding history, Gary Jacques, M.D.

Date: Wed, 12 Mar 2003 06:21:21 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #7: SO ON, Cambodia Telemedicine, 12 March 2003
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>

please reply to dmr@media.mit.edu

We'll have the followup clinic at 8:00am, Thursday, 13 March (8:00pm, Wednesday, 12 March in Boston.) Best if we could receive your e-mail advice before this time.

Telemedicine Clinic in Robib, Cambodia
12 March 2003

Patient #7: SO ON, female, 75 years old

Chief complaint: Pain in both knees on and off for two months

History of present illness: Two months ago she got pain in both knee joints, right knee pain is stronger than left knee pain. Pain starts spontaneously, not from touching anything. Pain increases when leg is straightened or when she's standing up for a long time. She took some kind of painkiller on and off but the pain has not gone away so she came to see us.

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

Review of system: Has no fever, no cough, no shortness of breath, and no diarrhea, has pain in both knee joints, and has no chest pain.

Physical exam

General Appearance: Looks well.
BP: 140/70
Pulse: 68
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Skin: Not pale and not yellow.
Neck: No JVD, no goiter, and no lymph node.
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, no mass, and has positive bowel sound.
Limbs: No deformities, no stiffness, has pain on the right knee joint but not swollen, not hot and it has no redness on it.

Assessment: Right knee joint pain.

Recommend: May we try covering her with Paracetemol 500mg four times per day for 20 days? Please give me any other ideas.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #7: SO ON, Cambodia Telemedicine, 12 March 2003
Date: Thu, 13 Mar 2003 10:39:07 +0700

SHCH reply: Agree with your plan. Bilateral knee pain without inflammation at her age probably represents osteoarthritis. Would try to avoid NSAIDs if possible. Gary Jacques, M.D.

Follow up Report, Thursday, 13 March 2003

Per e-mail advice of the physicians in Boston and Phnom Penh, the following patients were given medication that came from the pharmacy in the village or was donated by Sihanouk Hospital Center of Hope:

September 2001 Patient: CHOURB CHORK, male, 28 years old
October 2002 Patient: PEN VANNA, female, 37 years old

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

January 2003 Patient: SAO PHAL, female, 50 years old

Patients from this month's clinic:

Patient #1: SOM THOL, male, 50 years old, follow up patient

MEDICATION PROVIDED BY SHCH AND MEDICATION ALSO PURCHASED AT THE LOCAL PHARMACY. PATIENT WAS ALSO GIVEN ADVICE TO GO TO THE HOSPITAL FOR TREATMENT OF HIS FOOT WOUND BUT HE REFUSED AND SAID HE PREFERS TO BE TREATED IN THE VILLAGE AT THE LOCAL MEDICAL CLINIC.

Patient #2: PROM YOEUN, male, 52 years old, local commune official

PATIENT TRANSPORTED TO KAMPONG THOM PROVINCIAL HOSPITAL WITH TELEMEDICINE TEAM ON 13 MARCH 2003. ADMITTED TO THE HOSPITAL. HOSPITAL DIRECTOR AGREED TO ACCEPT THIS POOR PATIENT AND CHARGE HIM NO FEES. RETURN TRANSPORT AT PATIENT'S OWN EXPENSE.

Patient #3: ENG THA, female, 25 years old, farmer

MEDICATION PROVIDED BY SHCH AND MEDICATION ALSO PURCHASED AT THE LOCAL PHARMACY.

Patient #4: ROEUN MAKARA, male, thirteen-month-old child

MEDICATION PROVIDED BY SHCH.

Patient #5: LAY SEUN, male, 34 years old, Farmer

MEDICATION PROVIDED BY SHCH.

Patient #6: YORN HAM, male, 50 years old, Farmer

MEDICATION PROVIDED BY SHCH.

Patient #7: SO ON, female, 75 years old

MEDICATION PROVIDED BY SHCH.

The next Telemedicine Clinic in Robib is scheduled for April 1 & 2, 2003.
