

# Robib and Telemedicine

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## May 2003 Telemedicine Clinic in Robib

### *Report and photos submitted by David Robertson*

On Thursday, May 1, 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: Wed, 30 Apr 2003 01:42:52 -0700 (PDT)  
From: David Robertson <davidrobertson1@yahoo.com>  
Subject: Cambodia Telemedicine, May 1st, 2003  
To: JKVEDAR@PARTNERS.ORG, "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, <KKELLEHER@PARTNERS.ORG>, "Gere, Katherine F." <KGERE@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](mailto:dmr@media.mit.edu)

Dear All:

A quick reminder that the next Telemedicine clinic in Robib, Cambodia is this Thursday, 1 May 2003.

We'll have the follow up clinic at 8:00am, Friday, 2 May (9:00pm, Thursday, 1 May in Boston.) Best if we could receive your e-mail advice before this time.

The June 2003 Telemedicine clinic in Robib is penciled in for June 10 & 11.

Thanks again for your assistance.

Sincerely,

David

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Date: Thu, 1 May 2003 00:24:37 -0700 (PDT)  
From: David Robertson <davidrobertson1@yahoo.com>  
Subject: Patient #1: KEUN NOEUM, Cambodia Telemedicine, May 1st, 2003

To: JKVEDAR@PARTNERS.ORG, "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, KKELLEHER@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>, "Cataldo, Christine" <CCATALDO@PARTNERS.ORG>

Please reply to [dmr@media.mit.edu](mailto:dmr@media.mit.edu)

## Telemedicine Clinic in Robib, Cambodia – 1 May 2003

**Patient #1: KEUN NOEUM**, male, 47 years old, Christian missionary



**Chief complaint:** Pass stool with blood for two weeks.

**Note:** We saw this patient in November 2002 with symptoms of GI bleeding and gastric ulcer. We sent him to Kampong Thom Hospital for tests and evaluation. The doctors there covered him with Cimetidine 400mg twice daily and Tums 500mg twice daily for two months and then he got better within two weeks.

**History of present illness:** Now he's gotten abdominal pain and passing stool with blood again, color like light brown. When the symptoms reappeared, the patient went to the pharmacy and bought some medication like Maalox 500mg twice daily for five days. After that, abdominal pain and stool with blood decreased. He decided to see us again.

**Current medicine:** Maalox 500mg twice daily for three days

**Past medical history:** GI bleeding in November 2002. Admitted to Kampong Thom Hospital for eight days.

**Social history:** Not significant

**Family history:** Not significant

**Allergies:** Quinine

**Review of system:** Has abdominal pain, weakness, has stool with blood, no chest pain, no fever, no dyspnea, and no fever, has headache, no dizziness, and has a cough.

### Physical exam

**General Appearance:** Looks okay.

**BP:** 120/60

**Pulse:** 70

**Resp.:** 20

**Temp. :** 36.5

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

**Neck:** No JVD, no lymph node, and no goiter.

**Lungs:** Clear both sides with no decreasing breath sound.

**Heart:** Regular rhythm, no murmur

**Abdomen:** Upper abdominal pain, soft, flat, not tender, and no mass.

**Limbs:** No edema, no stiffness.

**Rectal exam:** No mass, no hemorrhoids, and no pain.

**Assessment: Chronic GI bleeding, gastric ulcer relapse?**

**Recommend: Should we cover him with Cimetidine 400mg twice daily for one month and Maalox one tablet twice daily for one month?**

**Follow up next trip. Or send him back to Kampong Thom Hospital for reevaluation and some blood work and an abdominal ultrasound?**

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

To: <davidrobertson1@yahoo.com>

Subject: Telemedicine replies from SHCH

Date: Fri, 2 May 2003 08:27:19 +0700

Good evening, Gentlemen. I will be answering your medical questions this evening. I have received five patients to make comments on. Thanks. Jennifer Hines

#1 Keun Noeum, 47 male

This is an old patient and I want to know if he has been treated for Helicobacter pylori infection. If not, he should be treated now. You may be limited with medication choices, but you could use Amoxicillin 1 gram twice a day + Metronidazole 500mg three times a day + Cimetidine 400mg twice a day or Omeprazole 20mg twice a day, all for 14 days.

Does the patient see bloody stool with the blood on the outside of the stool or is the blood mixed in with the stool. If he is having bloody, mixed stool, one should consider parasites or GI pathology higher than the rectum.

From: "Tan, Heng Soon,M.D." <HTAN@PARTNERS.ORG>

To: "Kelleher, Kathleen M., Telemedicine" <KKELLEHER@PARTNERS.ORG>

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

Subject: RE: Patient #1: KEUN NOEUM, Cambodia Telemedicine, May 1st, 2003

Date: Thu, 1 May 2003 18:26:48 -0400

Differential diagnoses:

Recurrent bleeding peptic ulcer, r/o Helicobacter pylori infection.

Less likely gastritis with hemorrhoidal bleeding,

Or inflammatory colitis with bleeding.

Tests:

Ideally UGI endoscopy to confirm bleeding peptic ulcer disease.

If negative, consider colonoscopy.

CBC to assess blood loss.

Serology for Helicobacter pylori.

Anoscopy to rule out hemorrhoidal bleeding.

Stool guaiac to test for occult blood.

Treatment:

Cimetidine 800 mg qd for a month.

Consider empiric treatment for H. pylori gastritis:

Cimetidine 800 mg qd for a month.

Bismuth subsalicylate [peptobismol] 525 mg qid 2 wks

Metronidazole 500 mg qid 2 wks

Tetracycline 500 gm qid 2 wks

If hemorrhoids: use Anusol-HC bid per rectum.

If anemic: use iron supplements.

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Date: Thu, 1 May 2003 00:28:29 -0700 (PDT)  
From: David Robertson <davidrobertson1@yahoo.com>  
Subject: Patient #2: NGET SOK NEN, Cambodia Telemedicine, May 1st, 2003  
To: JKVEDAR@PARTNERS.ORG, "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, KKELLEHER@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>, "Cataldo, Christine" <CCATALDO@PARTNERS.ORG>

Please reply to [dmr@media.mit.edu](mailto:dmr@media.mit.edu)

## Telemedicine Clinic in Robib, Cambodia – 1 May 2003

**Patient #2:** NGET SOK NEN, female, 23 years old



**Chief complaint:** Feels numbness all over the body after delivering baby three months ago.

**History of present illness:** Three months ago she got numbness all over her body starting from face to feet, three months after normal delivery of her baby. When she gets these symptoms, she also has dizziness, neck tenderness and a headache. She hasn't seen any doctor, just came to see us directly.

**Current medicine:** None.

**Past medical history:** None.

**Social history:** Not significant

**Family history:** Not significant

**Allergies:** None

**Review of system:** Has numbness all over her body especially feet and

palms, has a headache, dizziness, no chest pain, no cough, has palpitations, no dyspnea, no stool with blood, no fever, and has no abdominal pain.

## Physical exam

**General Appearance:** Looks stable.

**BP:** 160/100

**Pulse:** 120

**Resp.:** 20

**Temp. :** 37.3

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

**Neck:** No JVD, no goiter, and no lymph node.

**Skin:** Warm to touch, no rash and not pale.

**Lungs:** Clear both sides.

**Heart:** Regular rhythm but has tachycardia, and no murmur

**Abdomen:** Soft, flat, not tender, no pain and no mass.

**Legs and arms:** No stiffness and not swollen.

**Neuro exam:** Good reflex and sensation.

**Assessment:** Mild hypertension? Vitamin deficiency after partum?

**Recommend:** Should we cover her with Vitamin B complex one tablet per day for one month and educate her about a low salt and low fat diet for hypertension? See her next month. Please give me any other ideas.

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

To: <davidrobertson1@yahoo.com>

Subject: Telemedicine replies from SHCH

Date: Fri, 2 May 2003 08:27:19 +0700

Good evening, Gentlemen. I will be answering your medical questions this evening. I have received five patients to make comments on. Thanks. Jennifer Hines

#2 Nget Sok Nen, 23 female.

This patient needs a better history and a full neurologic assessment. I still do not know what is meant by "numbness." She needs to have repeat vital signs taken on another day and if still elevated, I would consider giving propranolol (10-20mg twice a day). I think that she may be hyperthyroid and a stress like pregnancy can bring this out. She may need a CBC and I would advise good nutrition. Follow-up should be in a month.

From: "List, James Frank,M.D.,Ph.D." <JLIST@PARTNERS.ORG>

To: "dmr@media.mit.edu" <dmr@media.mit.edu>

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

Subject: RE: Patient #2: NGET SOK NEN, Cambodia Telemedicine, May 1st, 2003

Date: Thu, 1 May 2003 11:59:52 -0400

With the patient's tachycardia, palpitations, warmth to the touch, and good reflexes one possible diagnosis is thyrotoxicosis. Post-partum thyroiditis is a common cause of thyrotoxicosis without goiter, though symptoms generally do not last longer than a couple of months. Graves' disease is another possibility, and is more common in onset during pregnancy than at other times. Her thyroid may seem normal in size, given that she lives in an area of endemic goiter, and still by hyperfunctioning. I would check her TSH.

Though less common, one must also consider pheochromocytoma. This patient has the classic triad of hypertension, palpitations, and headache. If her TSH is normal, a 24 hour urine for metanephrines should be performed.

B vitamins and salt restriction seem reasonable as further measures. Thyrotoxicosis does not explain her hypertension. As for her numbness, it is not clear to me what this represents given that her sensation is intact on exam, and given that her numbness goes from face to feet and is, if I understand the history correctly, episodic (i.e. is not the typical symmetric distal polyneuropathy of B deficiency). Again, episodic spells of abnormal sensation could be explained by pheochromocytoma.

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

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Date: Thu, 1 May 2003 00:34:49 -0700 (PDT)  
From: David Robertson <davidrobertson1@yahoo.com>  
Subject: Patient #3: SOM DEUM, Cambodia Telemedicine, May 1st, 2003  
To: JKVEDAR@PARTNERS.ORG, "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, KKELLEHER@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>, "Cataldo, Christine" <CCATALDO@PARTNERS.ORG>

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## Telemedicine Clinic in Robib, Cambodia - 1 May 2003

**Patient #3: SOM DEUM**, female, 63 years old



**Chief complaint:** Patient complains of general joint pain, sometimes swollen on and off, for more than three years.



**History of present illness:** Last year we saw this patient one time with severe arthritis. We sent her to Kampong Thom Hospital for evaluation. The doctors there covered her with aspirin after discharge. We kept seeing her each month and giving her aspirin for five months, patient then felt better and stopped medication. Within ten days patient got severe joint pain again, especially both wrist joints and both knees. Pain was bad enough that she could not walk and was accompanied by fever. She doesn't take any medication now and came to see us.

**Current medicine:** None.

**Past medical history:** Polyarthritis in 2002.

**Social history:** None

**Family history:** None

**Allergies:** None

**Review of system:** Has fever, no cough, no dyspnea, no abdominal pain, no stool with blood, and has general joint pain.

### Physical exam



**General Appearance:** Looks sick.

**BP:** 140/70

**Pulse:** 80

**Resp.:** 20

**Temp. :** 37.3

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

**Neck:** No JVD and no goiter.

**Skin:** Warm to touch, not pale, and has mild dehydration.

**Lungs:** Clear both sides.

**Heart:** Regular rhythm, no murmur

**Abdomen:** Soft, flat, not tender, and no mass.

**Limbs:** All fingers deformed and cannot squeeze.

**Joints:** Mildly swollen on both wrists but no redness.

Has pain on knee, wrist, ankle, shoulder, and elbow joints. Sometimes cannot straighten leg joints.

**Assessment:** Polyarthritis. Gout?

**Recommend:** Should we refer her to Sihanouk Hospital Center of Hope for reevaluation and some blood work like aslo. Rheumatoid factor, CBC, lyte, Bun., creat., joint x-rays, and chest x-ray. Please give me any other ideas.

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

To: <davidrobertson1@yahoo.com>

Subject: Telemedicine replies from SHCH

Date: Fri, 2 May 2003 08:27:19 +0700

Good evening, Gentlemen. I will be answering your medical questions this evening. I have received five patients to make comments on. Thanks. Jennifer Hines

#3 Som Deum, 63 female

The history, response to ASA and findings of the hammer fingers are all consistent with osteoarthritis. I would not do a big work-up here. She needs to resume the ASA with Cimetidine 400mg twice a day.

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 #3: SOM DEUM, text, Cambodia Telemedicine, May 1st, 2003

Date: Thu, 1 May 2003 11:19:23 -0400

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

**From:** Sadeh, Jonathan S.,M.D.

**Sent:** Thursday, May 01, 2003 10:43 AM

**To:** Kelleher, Kathleen M., Telemedicine

**Subject:** RE: Patient #3: SOM DEUM, text, Cambodia Telemedicine, May 1st, 2003



There are a few worrisome aspects to this patient's presentation--symptoms lasting for more than a year, polyarthritis, her sick appearance by your description, and fevers. The differential diagnosis includes rheumatoid arthritis (usually symetric joints, which sounds like she has), inflammatory osteoarthritis (probably most common), or vasculitis affecting joints (like SLE). Gout is less likely--usually resolves in 2-3 days even with no therapy. I would ask her some more questions on the symptoms--does the pain improve with walking; is it worst in the morning; how often does she get fevers; has she lost weight; the first 2 questions suggest osteoarthritis, the second 2 question associated with more systemic diseases like rhuematoid arthritis. I think it is worth sending her to a hospital where things like her sedementation rate, antibodies and films can be checked. In the mean time I would prescribe a pain medication like motrin at doses of 400-800 mg every 4-6 hours and give her a H2 blocker (like pepcid) to prevent gastritis with all the anti-inflammatories she has taken and will have to take in the future.

Jon Sadeh

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Date: Thu, 1 May 2003 03:01:46 -0700 (PDT)  
From: David Robertson <davidrobertson1@yahoo.com>  
Subject: Patient #4: DOURNG CHHEN, Cambodia Telemedicine, May 1st, 2003  
To: JKVEDAR@PARTNERS.ORG, "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, KKELLEHER@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>, "Cataldo, Christine" <CCATALDO@PARTNERS.ORG>

Please reply to [dmr@media.mit.edu](mailto:dmr@media.mit.edu)

## Telemedicine Clinic in Robib, Cambodia - 1 May 2003

**Patient #4: DOURNG CHHEN**, male, 22 years old



**Chief complaint:** Patient complains of upper abdominal pain on and off for the last three months.

**History of present illness:** Three months ago he got abdominal pain on and off, pain like burning, especially after a meal. He also has nausea and excessive saliva in the morning. When he gets severe abdominal pain, he went to the local pharmacy and bought medication like antacid drug Tums, one tablet per day for one week, then he stopped for a while. Later on he started using Tums again when he has these symptoms. Now he came to see us.

**Current medicine:** None

**Past medical history:** None

**Social history:** None

**Family history:** None

**Allergies:** None

**Review of system:** Has abdominal pain, has no cough, no fever, no dyspnea, no stool with blood, and no headache.

### Physical exam

**General Appearance:** Looks stable.

**BP:** 120/80

**Pulse:** 80

**Resp.:** 20



**Temp. :** 36.5

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

**Skin:** Warm to touch and not pale.

**Neck:** No goiter and no lymph node.

**Lungs:** Clear both sides.

**Heart:** Regular rhythm, no murmur

**Abdomen:** Soft, flat, not tender, no mass, and has positive bowel sound.

**Assessment:** Dyspepsia. Parasitosis?

**Recommend:** May we cover him with:

- Tums, 1 gram, twice daily for two months
- Mebendazole, 100mg, twice daily for three days

**Please give me any other ideas.**

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

To: <davidrobertson1@yahoo.com>

Subject: Telemedicine replies from SHCH

Date: Fri, 2 May 2003 08:27:19 +0700

Good evening, Gentlemen. I will be answering your medical questions this evening. I have received five patients to make comments on. Thanks. Jennifer Hines

#4 Dourng Chhen, 22 female.

I have no other comments for this patient, except a rectal exam needs to be done on her.

From: "List, James Frank, M.D., Ph.D." <JLIST@PARTNERS.ORG>

To: "Kelleher, Kathleen M., Telemedicine" <KKELLEHER@PARTNERS.ORG>

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

Subject: RE: Patient #4: DOURNG CHHEN, Cambodia Telemedicine, May 1st, 2003

Date: Thu, 1 May 2003 17:27:21 -0400

These symptoms - burning epigastric pain after eating, nausea, and water brash - are classic for gastroesophageal reflux. The first measures I would try are reflux precautions. Elevate the head of the bed. Strict avoidance of tobacco, alcohol, caffeine, and chocolate. Maintain upright posture for at least 1 hour after eating. For medical therapy, calcium carbonate (Tums) 500 mg with each meal may be helpful.

James F. List, M.D., Ph.D.

Molecular Endocrinology, Massachusetts General Hospital

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Date: Thu, 1 May 2003 03:04:30 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

Subject: Patient #5: ROS OEUN, Cambodia Telemedicine, May 1st, 2003

To: JKVEDAR@PARTNERS.ORG, "Kedar, Iris, M.D." <IKEDAR@PARTNERS.ORG>,

KKELLEHER@PARTNERS.ORG, ggumley@bigpond.com.kh,

Gary Jacques <gjacques@bigpond.com.kh>

Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,

aaaf@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>,

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

"Cataldo, Christine" <CCATALDO@PARTNERS.ORG>

Please reply to [dmr@media.mit.edu](mailto:dmr@media.mit.edu)

## Telemedicine Clinic in Robib, Cambodia - 1 May 2003

**Patient #5: ROS OEUN**, female, 46 years old



**Chief complaint:** Patient complains of upper abdominal pain and headache for last seven days.

**History of present illness:** For seven days patient has had upper abdominal pain, after meal pain, pain like stabbing accompanied by nausea and sweating. She hasn't taken any medication; she came to see us straight away.

**Current medicine:** None

**Past medical history:** Unremarkable

**Social history:** None

**Family history:** None

**Allergies:** None

**Review of system:** Has no cough, no fever, no chest pain, and no dyspnea, has upper abdominal pain, has no stool with blood, and has dizziness.

### Physical exam

**General Appearance:** Looks okay.

**BP:** 140/80

**Pulse:** 80

**Resp.:** 20

**Temp. :** 37

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

**Skin:** Warm to touch and not pale

**Neck:** No goiter and no JVD.

**Lungs:** Clear both sides.

**Heart:** Regular rhythm, no murmur

**Abdomen:** Soft, flat, has positive bowel sound, and no mass.

**Limbs:** Okay

**Assessment:** Dyspepsia. Musculoskeletal pain. Anxiety.

**Recommend:** May we cover her with:

- Tums, 1 gram, twice daily for two months
- Paracetamol, 500mg, four times daily for ten days

Please give me any other ideas.

From: "Jennifer Hines" <[sihosp@bigpond.com.kh](mailto:sihosp@bigpond.com.kh)>

To: <[davidrobertson1@yahoo.com](mailto:davidrobertson1@yahoo.com)>

Subject: Telemedicine replies from SHCH

Date: Fri, 2 May 2003 08:27:19 +0700

Good evening, Gentlemen. I will be answering your medical questions this evening. I have received five patients to make comments on. Thanks. Jennifer Hines

#5 Ros Oeun, 46 female.

I agree with the conservative approach here with the TUMS or H2 blockers.

From: "Tan, Heng Soon,M.D." <HTAN@PARTNERS.ORG>  
To: "Kelleher, Kathleen M., Telemedicine" <KKELLEHER@PARTNERS.ORG>  
Cc: "dmr@media.mit.edu" <dmr@media.mit.edu>  
Subject: RE: Patient #5: ROS OEUN, Cambodia Telemedicine, May 1st, 2003  
Date: Thu, 1 May 2003 18:15:45 -0400

Differential diagnoses:

Gallstones causing biliary colic.

Peptic ulcer disease.

Gastritis.

Tests:

Liver ultrasound, ideally before treatment.

Treatment:

Try cimetidine 800 mg qd for 2 weeks.

If not improved, must do liver ultrasound.

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Date: Thu, 1 May 2003 03:07:22 -0700 (PDT)  
From: David Robertson <davidrobertson1@yahoo.com>  
Subject: Patient #6: PROM HEN, Cambodia Telemedicine, May 1st, 2003  
To: JKVEDAR@PARTNERS.ORG, "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, KKELLEHER@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>, "Cataldo, Christine" <CCATALDO@PARTNERS.ORG>

Please reply to [dmr@media.mit.edu](mailto:dmr@media.mit.edu)

## Telemedicine Clinic in Robib, Cambodia - 1 May 2003

**Patient #6: PROM HEN**, female, 42 years old

**Chief complaint:** Patient complains of upper abdominal pain and burping on and off for more than two months.

**History of present illness:** Two and a half months ago she got upper abdominal pain on and off, pain like burning, especially feels cramping after a meal. Pain accompanied by burping, nausea, and excessive saliva in the morning. When she got severe pain, she went to the local pharmacy and bought antacid medication. It made her feel better sometimes. A doctor has never seen her; she just came to see us.



**Current medicine:** None

**Past medical history:** Two years ago she had malaria but was completely cured by modern medicine.

**Social history:** Not significant

**Family history:** Not significant

**Allergies:** None

**Review of system:** Has no fever, no cough, no dyspnea, no stool with blood, no chest pain, but has nausea and has upper abdominal pain.

## Physical exam

**General Appearance:** Looks well.

**BP:** 120/80

**Pulse:** 100

**Resp.:** 20

**Temp. :** 36.5

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

**Skin:** Warm to touch and not pale.

**Neck:** No lymph node and no goiter.

**Lungs:** Clear both sides, no crackle, and no wheezing.

**Heart:** Regular rhythm, no murmur

**Abdomen:** Soft, flat, not tender, has positive bowel sound, and no mass.

**Limbs:** Okay

**Assessment:** Dyspepsia. Parasitosis?

**Recommend:** May we cover her with:

- Tums, 1 gram, twice daily for two months
- Mebendazole, 100mg, twice daily for three days

**Please give me any other ideas.**

Date: Fri, 2 May 2003 07:16:05 +0700

To: dmr@media.mit.edu

Cc: davidrobertson1@yahoo.com

Subject: More Telemedicine stuff from SHCH

Dear Men:

I am having some problems staying online here at home in order to answer your case questions, so I will try and be brief. I have sent the first 5 patient comments to the yahoo address.

Here are the comments for patients 6 and 7. Please remember on all of these GI cases to document for us bowel habits (quantity of stool daily; consistency) and nutritional status (What they eat, how much, etc.)

#6 Prom Hen---I agree with your thoughts and I have nothing to add.  
Thanks. Jennifer

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 #6: PROM HEN, Cambodia Telemedicine, May 1st, 2003

Date: Thu, 1 May 2003 11:13:13 -0400

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

**From:** Sadeh, Jonathan S.,M.D.

**Sent:** Thursday, May 01, 2003 10:08 AM

**To:** Kelleher, Kathleen M., Telemedicine

**Subject:** RE: Patient #6: PROM HEN, Cambodia Telemedicine, May 1st, 2003

Sounds very much like dyspepsia--I would recommend antacids (like tums) whenever she gets pain and an H2 blocker (like pepcid or zantac) if available. But also recommend lifestyle modifications--smaller meals, avoid fatty foods, avoid mints, chocolates, coffee, don't eat 4-5 hours before going to bed and elevate the head of the bed a bit (sounds like she is having reflux at night--salivation in the morning). If she improves would tell her to continue anti-acids indefinitely.

Jon Sadeh, MD

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Date: Thu, 1 May 2003 03:35:08 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

Subject: Patient #7: PRANG CHAT, Cambodia Telemedicine, May 1st, 2003

To: JKVEDAR@PARTNERS.ORG, "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, KKELLEHER@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>,

"Cataldo, Christine" <CCATALDO@PARTNERS.ORG>

Please reply to [dmr@media.mit.edu](mailto:dmr@media.mit.edu)

## Telemedicine Clinic in Robib, Cambodia - 1 May 2003

**Patient #7: PRANG CHAT**, female, 44 years old



**Chief complaint:** Weakness, stool with mucus, lower abdominal pain on and off for three months.

**History of present illness:** Three months ago she got lower abdominal pain on and off, pain like stabbing, especially in the morning during passing stool. Pain is accompanied by diarrhea with mucus and nausea. Sometimes she has abdominal discomfort after a meal and excessive saliva. She bought some unknown drugs at the pharmacy but it did not seem to help so she has come to see us.

**Current medicine:** Traditional medicine.

**Past medical history:** Pulmonary TB but completed treatment last year at the local health center in Phnom Dek.

**Social history:** None

**Family history:** None

**Allergies:** None

**Review of system:** Has no fever, no cough, and no chest pain, has headache, has lower abdominal pain, has stool with mucus, and has vomiting.

## Physical exam

**General Appearance:** Looks stable.

**BP:** 120/60

**Pulse:** 104

**Resp.:** 20

**Temp. :** 36.5

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

**Skin:** Mild pale, warm to touch, and no rash.

**Neck:** No goiter and no lymph node.

**Lungs:** Clear both sides.

**Heart:** Regular rhythm, no murmur

**Abdomen:** Soft, flat, not tender, and has positive bowel sound.

**Limbs:** Okay.

**Assessment:** Chronic colitis? Vitamin deficiency? Dyspepsia. Parasitosis?

**Recommend:** Should we cover her with some drugs like:

- Tums, 1 gram, twice daily for two months
- Ofloxacin, 400mg, twice daily for seven days
- Mebendazole, 100mg, twice daily for three days
- Vitamin B complex one tablet per day for one month

**Please give me any other ideas.**

Date: Fri, 2 May 2003 07:16:05 +0700

To: dmr@media.mit.edu

Cc: davidrobertson1@yahoo.com

Subject: More Telemedicine stuff from SHCH

Here are the comments for patients 6 and 7. Please remember on all of these GI cases to document for us bowel habits (quantity of stool daily; consistency) and nutritional status (What they eat, how much, etc.)

#7: This lady may very well have parasites. I would agree with using the Mebendazole and Ofloxacin. Stool examination here would be important and getting a CBC, too. Giving iron and folic acid daily will help, but food is good to give as well. I would reassess her next visit, if possible. She has a chronic, yet stable condition.

Thanks. Jennifer

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## Follow up Report, Friday, 2 May 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:*

**January 2003 Patient: SOM THOL**, male, 50 years old, chronic care patient

**January 2003 Patient: SAO PHAL**, female, 55 years old, chronic care patient

**October 2002 Patient: PEN VANNA**, female, 37 years old

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

**March 2003 Patient: LAY SEUN**, male, 34 years old

*Transport & lodging arranged for 5 May appointment at Sihanouk Hospital Center of Hope in Phnom Penh:*

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

*Transport & lodging arranged for 5 May appointments at Calmette Hospital in the morning and Sihanouk Hospital Center of Hope in Phnom Penh in the afternoon:*

**April 2003 Patient: PRUM NORN**, female, 52 years old, Farmer

*Transport & lodging arranged for 5 May appointment at Calmette Cardiology Hospital in Phnom Penh:*

**February 2001 Patient: PHIM SOPHAN**, male, 13 years old

*Transport & lodging arranged for 9 May appointment at Sihanouk Hospital Center of Hope in Phnom Penh:*

**February 2001 Patient: NOUNG KIM CHHANG**, male, 46 years old

*Transport & lodging arranged for 26 May appointment at Sihanouk Hospital Center of Hope in Phnom Penh:*

**September 2001 Patient: CHOURB CHORK**, male, 28 years old

*Still in the hospital:*

**June 2001 Patient: SENG SAN**, female, 13 year old child, care for Polyarthrititis, hospitalized at Kantha Bhopa Children's Hospital in Phnom Penh since March 13, 2003

*Patients from this month's clinic:*

**Patient #1: KEUN NOEUM**, male, 47 years old

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

**Patient #2: NGET SOK NEN**, female, 23 years old

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

**Patient #3: SOM DEUM**, female, 63 years old

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

**Patient #4: DOURNG CHHEN**, male, 22 years old



MEDICATION PROVIDED BY SHCH.

**Patient #5: ROS OEUN**, female, 46 years old

MEDICATION PROVIDED BY SHCH.

**Patient #6: PROM HEN**, female, 42 years old

MEDICATION PROVIDED BY SHCH.

**Patient #7: PRANG CHAT**, female, 44 years old

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

**The next Telemedicine Clinic in Robib is scheduled for June 10 & 11, 2003.**

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