Robib and Telemedicine

November 2002 Telemedicine Clinic in Robib

Report and photos submitted by David Robertson

On Tuesday, November 26, 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 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: Mon, 25 Nov 2002 03:37:27 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com> Subject: Reminder, Cambodia Telemedicine, 26 November 2002
To: JKVEDAR@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, "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, Jennifer Hines <sihosp@bigpond.com.kh>, aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>, telemedicine_cambodia@yahoo.com

Please reply to dmr@media.mit.edu

Hello from Robib, Cambodia.

A quick reminder that the next Telemedicine Clinic in Robib, Cambodia is this Tuesday, 26 November 2002. I'll send out the cases in a few batches (hopefully late morning, late afternoon, and in the evening, Cambodia time.)

We have the follow-up clinic with the patients on Wednesday morning (8:00am, 27 November 2002, Robib time.) Best if we could receive your e-mail advice before this time (Tuesday, 8:00pm, 26 November 2002, in Boston.)

Thanks again for your help.

Best regards,

David

Date: Tue, 26 Nov 2002 00:59:01 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #1, KEUN NOEUM, Cambodia Telemedicine, 26 November 2002
To: David Robertson <davidrobertson1@yahoo.com>, 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>, telemedicine_cambodia@yahoo.com

Please reply to dmr@media.mit.edu

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Telemedicine Clinic in Robib, Cambodia
26 November 2002

Patient #1: KEUN NOEUM, male, 46 years old, Christian missionary

Chief complaint: Stool with blood and weakness for the last four days.

History of present illness: Four days ago he got abdominal pain on the epigastric area, pain like burning, sometimes like stabbing. Then he had stool with blood, blood comes out approximately 5ml at a time, three or four times per day, increased blood comes out when he eats beef or fat. He hasn't consulted with any medical doctor at all; he just came to see us. He got these symptoms accompanied by dizziness, weakness and poor sleeping.

Current medicine: None

Past medical history: Three months ago he got Typhoid Fever and completed treatment with modern medicine given by the local medical staff.

Social history: None

Family history: None

Allergies: Quinine, gets whole body rash when he takes it.

Review of system: Has abdominal pain, no cough, no chest pain, no fever, mild dyspnea, no vomiting, and has stool with blood.

Physical exam

General Appearance: Looks mildly sick.

BP: 110/50
Pulse: 68
Resp.: 20
Temp. : 36.5

Hair, ears, nose, and throat: Okay.
Eyes: Mild pale, no jaundice.
Neck: No goiter, no lymph node.
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, positive bowel sound, and no mass.
Limbs: No edema, no deformity.
Rectal exam: No mass.

Assessment: GI bleeding, secondary complication of Typhoid Fever.

Gastric ulcer? Anemia secondary of GI bleeding? Proctoragie?

Recommend: Should we refer him to Kampong Thom for blood work like CBC, Bun, creat., and an abdominal ultrasound?

From: "Graham Gumley" <ggumley@bigpond.com.kh>
To: "'David Robertson'" <davidrobertson1@yahoo.com>, <dmr@media.mit.edu>
Subject: RE: Patient #1, KEUN NOEUM, Cambodia Telemedicine, 26 November 2002
Date: Tue, 26 Nov 2002 17:11:22 +0700

SHCH Reply: Is the bleeding bright red, dark or black? Can you see exposed hemorrhoids on PE? Agree with referral to K. Thom for evaluation as you have suggested.

GG

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 #1, KEUN NOEUM, Cambodia Telemedicine, 26 November 20
02
Date: Wed, 27 Nov 2002 05:50:01 -0500

Hi David:

Please confirm receipt of this final consultation.

Many thanks,

Kathy

-----Original Message-----
From: Kaplan, Lee M.
Sent: Wednesday, November 27, 2002 12:37 AM
To: Kelleher, Kathleen M. - Telemedicine
Subject: RE: Patient #1, KEUN NOEUM, Cambodia Telemedicine, 26 November 2002

The major differential diagnosis in this patient would appear to be:

Peptic ulcer disease (gastric or duodenal)
Helicobacter pylori
C. difficile colitis (secondary to the recent antibiotic usage)

Less likely a complication of the typhoid fever itself, though not impossible.

I **would** refer the patient to Kampong Thom for a CBC, BUN, creatinine, and liver and pancreas tests. I would also arrange for a hemoccult test and C. difficile toxin test. If they are normal, I would not do a further evaluation at this time and follow to see if he improves. The CBC will be helpful in determining if the patient has anemia, including iron-deficiency anemia from GI bleeding, or not. I would monitor his progress clinically. If he continues to have medical problems without a clear diagnosis, I agree with proceeding to an abdominal ultrasound followed by an upper endoscopy if the ultrasound is negative.

Thank you for consulting us on this patient.

Sincerely,

Lee Kaplan

Lee M. Kaplan, MD, PhD

Date: Tue, 26 Nov 2002 01:07:21 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Re: Patient #2, SAO PHAL, Cambodia Telemedicine, 26 November 2002
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>,
telemedicine_cambodia@yahoo.com

Please reply to dmr@media.mit.edu

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Telemedicine Clinic in Robib, Cambodia
26 November 2002

Patient #2: SAO PHAL, female, 55 years old, follow up patient

Chief complaint: Still has chest tightness and neck tenderness.

History of present illness: This patient we have seen many times. She follows up every month for continuing medication. She has hypertension and DMII. We sent her to Kampong Thom Hospital, first time in February 2002. The doctor there agreed to put her on Adalate 20 mg per day and Diamecrom 80 mg half tablet per day, and Aspirin 150 mg daily. We follow this prescription every month. Though her condition is a bit better, she still has chest tightness, sometimes weakness, and frequency of urination.

Physical exam

BP: 120/80
Pulse: 85
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Lungs: Lungs clear.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, positive bowel sound, and no pain.
Limbs: Okay.
Blood sugar: 255 mg/dl

Assessment: Hypertension (stable.) DMII. PNP.

Recommend: I would like suggestions from you. May we put her on the same dose of hypertension medicine and increase the Diamecrom

dose from 40 mg per day to 80 mg per day, also give her multivitamins, one tab per day, then follow up at next clinic? Please give me any other ideas.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>, "Graham Gumley" <ggumley@bigpond.com.kh>
Subject: RE: Patient #2, SAO PHAL, Cambodia Telemedicine, 26 November 2002
Date: Wed, 27 Nov 2002 08:12:59 +0700

Agree with plan as stated to increase diamecrom to 80 per day. For other advice I need more history and physical.

Is chest tightness periodic? exertional? she has risk factors for ischemic heart disease. If the answer is yes send her to MD to consider an antanginal medication eg. nitrates. You mention neck soreness in history. What did physical exam of neck show? Explain symptoms of hypoglycemia and see her back next month.

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 #2, SAO PHAL, Cambodia Telemedicine, 26 November 2002
Date: Tue, 26 Nov 2002 14:51:19 -0500

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Tuesday, November 26, 2002 12:51 PM
To: Kelleher, Kathleen M. - Telemedicine
Subject: RE: Patient #2, SAO PHAL, Cambodia Telemedicine, 26 November 2002

Is her chest pain worse with physical effort? Could this be angina? Has an EKG been done?
Adalat is not the best choice for hypertension and diabetes: it may increase risk of ischemic cardiac events.
Lisinopril, or some other ACE inhibitor like Enalapril, would be a better choice for her, starting at 2.5 mg qd.
As for diabetic hyperglycemia, that's probably the reason she is still weak and polyuric.
I would increase the Diamicron to 40 mg bid, then 80 mg bid within 2 weeks if she is not better controlled.
I would monitor the fasting glucose every week, and glycohemoglobin every 1-3 months.
Heng Soon, M.D.

Date: Tue, 26 Nov 2002 01:09:36 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Re: Patient #3, PRUM KORN, Cambodia Telemedicine, 26 November 2002
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>,
telemedicine_cambodia@yahoo.com

Please reply to dmr@media.mit.edu

We have the follow-up clinic with the patients on Wednesday morning (8:00am, 27 November 2002, Robib time.) Best if we could receive your e-mail advice before this time (Tuesday, 8:00pm, 26 November 2002, in Boston.)

Telemedicine Clinic in Robib, Cambodia
26 November 2002

Patient #3: PRUM KORN, male, 45 years old, farmer

Chief complaint: Productive cough, right lower back pain, mild fever on and off for one month.

History of present illness: One month ago he got a productive cough, sputum has green color, increasing cough from day to day. Has shortness of breath during walking or working accompanied by some symptoms like mild fever at night. Lost 10 kg of weight during last two months and feels burning on chest so he came to see us.

Current medicine: Has used an unknown medicine for five days.

Past medical history: Unremarkable

Social history: Smoked cigarettes and drank alcohol for last 25 years. Just quit both two weeks ago.

Family history: Unremarkable

Allergies: None

Review of system: Has productive cough, no abdominal pain, no diarrhea or stool with blood, has right side chest burning, mild dyspnea, and no vomiting.

Physical exam

General Appearance: Mildly skinny.
BP: 110/50
Pulse: 100
Resp.: 24
Temp. : 37

Hair, eyes, ears, nose, and throat: Okay.
Lungs: Crackle on the left side from top to base.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, and positive bowel sound.
Limbs: Okay.
Neck: No goiter and no lymph node.

Assessment: Pulmonary TB? Malnutrition secondary to PTB?

Recommend: Should we refer him to Kampong Thom for chest x-ray, CBC, AFB check? Please give me any ideas.

From: "Graham Gumley" <ggumley@bigpond.com.kh>
To: "'David Robertson'" <davidrobertson1@yahoo.com>, <dmr@media.mit.edu>
Subject: RE: Patient #3, PRUM KORN, Cambodia Telemedicine, 26 November 2002

Date: Tue, 26 Nov 2002 17:16:24 +0700

SHCH Reply: Agree with recommendations and referral to K. Thom hospital for evaluation

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>,
"'davidrobertson1@yahoo.com'" <davidrobertson1@yahoo.com>
Subject: FW: Patient #3, PRUM KORN, Cambodia Telemedicine, 26 November 2002
Date: Tue, 26 Nov 2002 19:53:34 -0500

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

> From: Sadeh, Jonathan S.,M.D.
> Sent: Tuesday, November 26, 2002 6:43 PM

> To: Kelleher, Kathleen M. - Telemedicine

> Subject: RE: Patient #3, PRUM KORN, Cambodia Telemedicine, 26 November

> 2002

>

> I would definately refer him for a chest x-ray and further evaluation. The

> differential diagnosis will include pulmonary TB, as you suspect, especially

> given the chronic nature of his symptoms and the systemic complaints, but

> could also be a bacterial pneumonia or other oppurtunistic infection. I also

> think a cardiac etiology is possible given his complaint of chest burning and

> your finding of crackles throughout the left chest (?congestive heart

> failure). A chest x-ray would make the picture much clearer and narrow the

> differential and treatment.

> Please Email with more questions.

> Jonathan Sadeh.

Date: Tue, 26 Nov 2002 01:12:11 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Re: Patient #4, PO HEANG, Cambodia Telemedicine, 26 November 2002
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>,
telemedicine_cambodia@yahoo.com

Please reply to dmr@media.mit.edu

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Telemedicine Clinic in Robib, Cambodia
26 November 2002

Patient #4: PO HEANG, female, 53 years old, farmer

Chief complaint: Has diarrhea on and off, and blurred vision on and off for two years.

History of present illness: Two years ago she got diarrhea on and off, five times per day. Diarrhea increases when she eats vegetables or sour things. Beside this, she also has some symptoms like headache, blurred vision, sometimes dizziness, and excessive saliva. She hasn't consulted with any medical person at all; she just came to see us.

Current medicine: Uses traditional medicine (herbs) every day for the last two years.

Past medical history: She got malaria in 1976, but completely treated.

Social history: Unremarkable

Family history: Her mother had pulmonary TB and hypertension and died three years ago.

Allergies: None

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

Physical exam

General Appearance: Good
BP: 180/90
Pulse: 100
Resp.: 20
Temp. : 36.5

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

Assessment: Hypertension. Chronic diarrhea due to colitis? Parasitis?

Recommend: Should we cover her with some medicines like:

- **Ofloxacine, 200mg, twice daily, for ten days**
- **Albendazole, 100mg twice daily, for three days**
- **Tums, 500mg, three times per day, for one month**

- **Hydrochlorozazide, 25mg, twice daily, for one month**

Then follow up at the Telemedicine Clinic next month? Please give me any other ideas.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>, "Graham Gumley" <ggumley@bigpond.com.kh>
Subject: RE: Patient #4, PO HEANG, Cambodia Telemedicine, 26 November 2002
Date: Wed, 27 Nov 2002 08:22:44 +0700

SHCH reply: Would advise patient to stop her traditional medicine that she takes daily. Albendazole 100 bid for three days is a good idea. don't start HCTZ based on a single blood pressure reading. You mention headache and blurry vision. Please check a random blood glucose and include a neurologic exam in your physical assessment. Any carotid bruits? If headache and blurry vision recur before her next month appointment with you she should go to local hospital for evaluation. thanks 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, PO HEANG, Cambodia Telemedicine, 26 November 2002
Date: Tue, 26 Nov 2002 14:52:02 -0500

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Tuesday, November 26, 2002 1:03 PM
To: Kelleher, Kathleen M. - Telemedicine
Subject: RE: Patient #4, PO HEANG, Cambodia Telemedicine, 26 November 2002

We need more history about the diarrhea. Differential diagnoses include irritable bowel syndrome, malabsorption, parasitic infection and colitis. Has she lost weight? Does she have abdominal pain with the diarrhea?
How much diarrhea each time? Is it clear watery, mucoid or bloody diarhea? Can you check CBC for anemia, or leucocytosis? Check serum iron, folic acid, albumin for signs of malabsorption? Check stool for fecal leukocytes under a microscope for colitis? Check stools for ova and parasites? Do a barium enema to look for colitis?

Hypertension could cause headaches and dizziness. Blurred vision could be due to refractive error including presbyopia, cataract or glaucoma or diabetes. I would screen for diabetes, then check for visual acuity, do an eye exam for cataract and check eye pressure for glaucoma. As for hypertension, start with hydrochlorthiazide 25 mg qd.

Heng Soon, M.D.

Date: Tue, 26 Nov 2002 02:02:39 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Re: Patient #5, PROM LA, Cambodia Telemedicine, 26 November 2002
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>,

telemedicine_cambodia@yahoo.com

Please reply to dmr@media.mit.edu

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Telemedicine Clinic in Robib, Cambodia
26 November 2002

Patient #5: PROM LA, male, 28 years old, farmer

Chief complaint: Has left leg numbness, sometimes tremor, for the last two months.

History of present illness: Two months ago he got numbness on the left leg, sometimes increasing to numbness of the whole left side of the body accompanied by tremor. But he can walk well. He didn't go to see a medical doctor and has just come to see us.

Current medicine: None

Past medical history: In 1996 he had an operation because of peritonitis.

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: Has no cough, no diarrhea, no chest pain, no abdominal pain, no fever and has no dyspnea.

Physical exam

General Appearance: Looks well.

BP: 110/60
Pulse: 64
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Neck: No goiter, no lymph node.
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, positive bowel sound, and old scar about 13cm in length from an old operation.
Limbs: Left leg numbness, but good senses when we do a neuro exam, others are okay.

Assessment: Left leg numbness due to Vitamin B1 deficiency.

Recommend: Should we put him on B1, 250 mg, twice daily for one month? Please give me any other ideas.

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

To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>, "Graham Gumley" <ggumley@bigpond.com.kh>
Subject: RE: Patient #5, PROM LA, Cambodia Telemedicine, 26 November 2002
Date: Wed, 27 Nov 2002 08:28:47 +0700

SHCH reply: agree with trial of vit B1. Does he have low back pain? or abnormal motor function or deep tendon reflexs in his leg to suggest a radiculopathy. ? thanks Gary Jacques, M.D.

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (dmr@media.mit.edu)" <dmr@media.mit.edu>,
"'davidrobertson1@yahoo.com'" <davidrobertson1@yahoo.com>
Subject: FW: Patient #5, PROM LA, Cambodia Telemedicine, 26 November 2002
Date: Tue, 26 Nov 2002 19:41:11 -0500

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

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

> Sent: Tuesday, November 26, 2002 5:17 PM

> To: Kelleher, Kathleen M. - Telemedicine

> Subject: RE: Patient #5, PROM LA, Cambodia Telemedicine, 26 November

> 2002

>

>

> B12 deficiency (or syphilis or diabetes) is unlikely to produce unilateral

> paresthesias or tremors. Given that he does hard manual labor as an

> agricultural worker, I would consider a nerve root entrapment as a

> possible etiology. This may occur at the spinal disc level (example is

> sciatic nerve entrapment) or peripherally(femoral nerve entrapment).

> further exam would be helpful(does he have pain or numbness in a

> dermatomal distribution?) does he have any pain associated with numbness?

> does he have any deep tendon reflex abnormalities?

> does he have any low back pain? does he have any alteration in Babinski

> sign(upgoing toes), is there any loss of position or vibration sensation?

>

> While B12 is a relatively harmless treatment, further exam will help to

> clarify the diagnosis.

>

> Paul Cusick, M.D.

>

Date: Tue, 26 Nov 2002 02:31:25 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Re: Patient #6, BE SATHYA, Cambodia Telemedicine, 26 November 2002
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>,
telemedicine_cambodia@yahoo.com

Please reply to dmr@media.mit.edu

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We had fewer cases than usual this month, as the village is very busy with the rice harvest. Patient #6 is the final patient this clinic.

Telemedicine Clinic in Robib, Cambodia
26 November 2002

Patient #6: BE SATHYA, male, 36 years old, teacher

Chief complaint: He's had a headache and poor sleeping on and off for two months.

History of present illness: Two months ago he got headache on the right side of the head and poor sleeping, both day and night. Headache increases during the night. He went to meet a doctor in Kampong Thom province. They gave him some medicine but his condition is still the same. He gets these signs accompanied by cold extremities and dizziness so he came to see us.

Current medicine: Diazepam, one tablet per day for four days.

Past medical history: Unremarkable

Social history: None

Family history: His father has hypertension.

Allergies: None

Review of system: Has no diarrhea, no chest pain, no abdominal pain, no cough, no dyspnea, has headache, and has dizziness.

Physical exam

General Appearance: Looks well.
BP: 130/90
Pulse: 84
Resp.: 20
Temp. : 37

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

Assessment: Migraine. Anxiety.

Recommend: Should we treat him with Aspirin 500mg twice daily for ten days? Educate him to release anxiety after a meal. Please give me any other ideas.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>, "Graham Gumley" <ggumley@bigpond.com.kh>
Subject: RE: Patient #6, BE SATHYA, Cambodia Telemedicine, 26 November 2002
Date: Wed, 27 Nov 2002 08:44:03 +0700

SCHC reply: I would treat with aspirin 500mg or paracetamol 500mg every 6 hours **prn** headache. Does this patient have any ear symptoms? See in follow up. Refer to hospital if any other neurologic symptoms or fever develop. Thanks Gary Jacques, M.D.

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "'davidrobertson1@yahoo.com'" <davidrobertson1@yahoo.com>,
"'dmr@media.mit.edu'" <dmr@media.mit.edu>
Subject: FW: Patient #6, BE SATHYA, Cambodia Telemedicine, 26 November 2002
Date: Tue, 26 Nov 2002 19:52:10 -0500

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

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

> Sent: Tuesday, November 26, 2002 5:24 PM

> To: Kelleher, Kathleen M. - Telemedicine

> Subject: RE: Patient #6, BE SATHYA, Cambodia Telemedicine, 26 November

> 2002

>

> the clinical description is insomnia and rt sided headaches for 2 months .(

> nausea,vomiting,photophobia or focal neurological deficits of motor, sensory

> or cerebellar systems are not mentioned). He has borderline diastolic

> hypertension.

>

> Differential diagnosis includes tension headaches and insomnia or migraine

> headaches.

>

> Aspirin will help with pain and will help relieve headaches. this certainly

> could help him to sleep if he does not have pain.

> acetominophen and diphenhydramine given at night would help with headaches and

> insomnia. He should try to learn techniques of relaxation and release tension

> through walking or speaking with close friends or family.

>

> Thanks and good luck

> Paul cusick

>

Follow up Report, Wednesday, November 27, 2002

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

May 2001 Patient: SOM THOL, male, 48 years old

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

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

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

Patient #2: SAO PHAL, female, 55 years old, follow up patient from January 2002

Patient #4: PO HEANG, female, 53 years old, farmer

Patient #5: PROM LA, male, 28 years old, farmer

Patient #6: BE SATHYA, male, 36 years old, teacher

Per e-mail advice of the physicians in Boston and Phnom Penh, the following patients were given transport or assistance in getting to the hospital:

Transported on 27 November to Kampong Thom Provincial Hospital:

Patient #1: KEUN NOEUM, male, 46 years old

Taxi fare to Kampong Thom Provincial Hospital for TB treatment:

Patient #3: PRUM KORN, male, 45 years old, farmer

Taxi fare provided for 13 November to Kantha Bhopa Children's Hospital in Phnom Penh:

Patient SENG SAN, female, 13 year old child, Telemedicine patient (June 2001,) for medication and chronic care for polyarthritis.

The next Telemedicine Clinic is scheduled for November 26, 2002.