Robib and Telemedicine

November 2003 Telemedicine Clinic in Robib

Report and photos submitted by David Robertson

On Friday, November 21, 2003, Sihanouk Hospital Center of Hope physician assistant Rithy Chau 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.

On November 22, all of this month's patients returned to the Robib Health Clinic. Rithy Chau discussed advice with the patients received via e-mail from the physicians in Boston and Phnom Penh.

Dr. Joseph Kvedar, Heather Brandling-Bennett, and Nancy Lugn from Telepartners of Boston, MA visited Cambodia and were on hand in Robib to observe this month's clinic.

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: Fri, 21 Nov 2003 09:13:42 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD" <pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine" <KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, dmr@media.mit.edu
Cc: "Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>
Subject: Patient #1: THORN KHUN, female, 38 years old

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

We will be sending six cases tonight, four more cases will go out tomorrow morning.

The follow up clinic will be on Saturday morning, November 22 at 9:00am Cambodia time (November 21 @ 9:00pm in Boston.) Please reply before this time if possible. Thanks again for your kind assistance.

Telemedicine Clinic in Robib, Cambodia – 21 November 2003

Patient #1: THORN KHUN, female, 38 years old, follow up patient

Subject: Patient returned for follow up visit for check-up for her pregnancy and possible symptoms of hyperthyroidism? Her previous TSH = 0.02, free T4 = 28, on 13 August 2003 and TSH = 0.02, free T4 = 26, on 11 October 2003 done at SHCH. Patient said that she was feeling better but still experienced palpitations off and on, mild heartburn, and felt a little gassy. Otherwise, no vaginal discharge, weight has been increasing, and baby is kicking. Generally doing well.

Object: No enlarged neck mass on thyroid, no exophthalmos; chest exam clear breath sound, no crackles, no Rhonchi, heart regular rhythm without murmur. No extremity edema.

BP: 138/88
Pulse: 88
Resp.: 18
Temp. : 36.5
Wt.: 67 kg

Assessment: Pregnancy of nine months. Dyspepsia secondary to pregnancy.

Plan: Multivitamin tab once daily, Tums 4 times daily, and Feso4, folic acid 200, 25mg, one tab per day, all meds for 30 days.

Comments: Patient had ultrasound done at the Preah Vihear Hospital and reading normal, male fetus due 5 December 2003 +/- ten days. She can have her blood drawn again in two to three months after delivery for TSH (only) to reevaluate her thyroid function; otherwise she can follow up as needed.

Do you agree?

From: sihosp@online.com.kh
Date: Sat, 22 Nov 2003 10:41:39 +0700
To: David Robertson <dmr@media.mit.edu>
Subject: Re: Telemedicine Replies--from Jennifer

Good morning, Gentlemen and Nancy:

Once again, we find that we are late in the replies to you. Please excuse my delay. Gary will answer some of your queries and I will cover the rest. I hope that Rithy is doing better and is pushing a lot of fluids during the trip.

Thanks for you great work. Have a great day.

Jennifer

My responses:

#1: Thorn Khun, 38yo F with pregnancy and hyperthyroidism. She sounds like things are going well with the pregnancy and I agree to continue to monitor and give no meds other than the MVI and TUMS. We are keeping her a little hyperthyroid for the good of the developing fetus. Good job in her understanding of the situation enough so she does not treat herself with other medications from somewhere else. The more serious situation is hypothyroidism and we would have had to treat that to help her and the

baby. I agree with your follow-up. We look forward to hearing that she had a safe delivery.

From: "Heinzelmann, Paul J." <PHEINZELMANN@PARTNERS.ORG>
To: "Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
Cc: "'dmr@media.mit.edu'" <dmr@media.mit.edu>,
"Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG>,
"Lugn, Nancy E."
<NLUGN@PARTNERS.ORG>
Subject: RE: Patient #1: THORN KHUN, female, 38 years old
Date: Fri, 21 Nov 2003 13:52:18 -0500

Thank you for the update on this interesting patient. I have read her prior history.

To summarize:

This is a 38 year old female in her final month of pregnancy, and that as of last month continues to have laboratory evidence of hyperthyroidism, and occasional episodes of palpitations, in addition to mild dyspepsia. It was apparently decided to avoid treating her with medications in the past, and over the past three months her original neck mass has reduced to the point where it is no longer palpable and is no longer tender. OB ultrasound has shown that the baby is doing well.

It is very reassuring that she seems to be improving, however, we should remember that because of her apparent hyperthyroidism, she remains at a higher risk for thyroid storm, severe preeclampsia, preterm delivery, heart failure, and possibly, miscarriage. Her age also puts her at increased risk of complications. Low birth weight in neonates also can occur.

[Information about thyroid storm: A rare but serious complication of hyperthyroidism. Diagnosis is based on a combination of signs and symptoms: fever, tachycardia out of proportion to the fever, altered mental status (nervousness, restlessness, confusion, seizures), vomiting, diarrhea, and cardiac arrhythmia. An inciting event (e.g., surgery, infection, labor, delivery) may be identified. Untreated thyroid storm can result in shock, stupor, and coma. Serum-free triiodothyronine (FT3), FT4, and TSH levels help confirm the diagnosis, but treatment should not be delayed for test results. A standard series of drugs is used to treat thyroid storm: propylthiouracil or methimazole; saturated solution of potassium iodide or sodium iodide; dexamethasone; and phenobarbital. General supportive measures, such as oxygen, antipyretics, and appropriate monitoring, are also important. Unless deemed necessary, delivery during thyroid storm should be avoided.]

Also, patients with hyperthyroidism (and subclinical hyperthyroidism) remain at increased risk for cardiac abnormalities and bone loss, and strong consideration should be given to initiating treatment and restoring the TSH level to within the normal range if this hyperthyroid state persists after her delivery.

Recommendations:

1. Educate her about the symptoms of worsening hyperthyroidism and thyroid storm, and of the need to receive immediate treatment if symptoms develop.

2. If an option, she should deliver her baby within a medical facility.

3. If no worsening of her symptoms occurs, at minimum, recheck TSH in 6-10 weeks after delivery.

I hope this was helpful. I look forward to any updates on her or her infant's condition as needed.

Thank you.

Paul Heinzelmann, MD

Date: Fri, 21 Nov 2003 09:16:55 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD" <pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine" <KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, dmr@media.mit.edu
Cc: "Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>
Subject: Patient #2: THO CHANTHY, female, 36 years old

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

Telemedicine Clinic in Robib, Cambodia – 21 November 2003

Patient #2: THO CHANTHY, female, 36 years old, follow up patient

Subject: Patient with diagnosis of hyperthyroidism returned for follow up visit. She has been taking Carbimazole, Propranolol, and Aspirin regularly; her symptoms of palpitations, tremor and poor appetite have been improving with medications, sleep is better, and she has gained some weight. No new symptoms and no other problems. Patient ran out of medication about ten days ago.

Object: Has exophthalmos, thyroid enlargement (same size as before,) no neck bruit. Chest exam with clear breath sound, HR = 80, regular rhythm, +2 systolic murmur heard over apex. No extremity edema.

BP: 136/78
Pulse: 80
Resp.: 16
Temp. : 36.5
Weight: 52kg

Assessment: Hyperthyroidism.

Plan: Continue with same medications:

- **Carbimazole, 5mg, one tablet three times daily**
- **Propranolol, 40mg, 1/4 tablet twice daily**
- **Aspirin, 300mg, 1/4 tablet daily**
- **Multivitamin, one tablet daily**

Next month Nurse Montha will draw her blood for both TSH and T4.

Do you agree?

From: "Gary Jacques" <gjacques@online.com.kh>
To: "'David Robertson'" <dmr@media.mit.edu>, <JKVEDAR@PARTNERS.ORG>,
"'Paul Heinzelmann, MD'" <pheinzelmann@PARTNERS.ORG>,
"'Kelleher-Fiamma, Kathleen M. - Telemedicine'"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"'Lugn, Nancy E.'" <NLUGN@PARTNERS.ORG>,
"'Gary Jacques'" <gjacques@bigpond.com.kh>,
"'Jennifer Hines'" <sihosp@bigpond.com.kh>,
"'Rithy Chau'" <tmed_rithy@online.com.kh>,
"'Bunse Leng'" <tmed1shch@bigpond.com.kh>
Cc: "'Brandling-Bennett, Heather A.'"
<HBRANDLINGBENNETT@PARTNERS.ORG>,
<tmed_montha@online.com.kh>, <aafc@forum.org.kh>,
"'Bernie Krisher'" <bernie@media.mit.edu>
Subject: RE: Patient #2: THO CHANTHY, female, 36 years old
Date: Sat, 22 Nov 2003 10:02:16 +0700

SHCH reply:

This hyperthyroid patient now on medical treatment is clinically improved without physical exam evidence of hyperthyroidism. It would be helpful in the future to record when her current treatment was initiated. I agree with continuing current medications and rechecking the thyroid studies in one month.

Gary Jacques, M.D.

From: "Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Subject: FW: Patient #2: THO CHANTHY, female, 36 years old
Date: Fri, 21 Nov 2003 17:31:32 -0500

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

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

> Sent: Friday, November 21, 2003 2:49 PM

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

> Subject: RE: Patient #2: THO CHANTHY, female, 36 years old

>

> Hyperthyroidism

> How long has she been on treatment? It sounds like she is now euthyroid on

> maintenance therapy. I would titrate the carbimazole dose between 5-15 mg to

> maintain euthyroid state. Medicine can be given bid for a total of 12 months

> after achieving euthyroid state.

>

> Exophthalmos

> If she has any chemosis or double vision, she should be referred to an

> ophthalmologist for surgery.

>

> HS

From: "Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Subject: FW: Patient #2: THO CHANTHY, female, 36 years old
Date: Fri, 21 Nov 2003 17:32:27 -0500

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

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

> Sent: Friday, November 21, 2003 2:53 PM

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

> Subject: RE: Patient #2: THO CHANTHY, female, 36 years old

>

> One other thought.

> She may not need to take propranolol if she is euthyroid, unless she is

> taking it for hypertension. By the way, I can see from her picture that

> the proptosis is quite mild and benign.

> HS

Date: Fri, 21 Nov 2003 09:19:43 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD"
<pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, dmr@media.mit.edu
Cc: "Brandling-Bennett, Heather A."

<HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>
Subject: Patient #3: SOM THOL, male, 50 years old

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

We will be sending six cases tonight, four more cases will go out tomorrow morning.

The follow up clinic will be on Saturday morning, November 22 at 9:00am Cambodia time (November 21 @ 9:00pm in Boston.) Please reply before this time if possible. Thanks again for your kind assistance.

Telemedicine Clinic in Robib, Cambodia – 21 November 2003

Patient #3: SOM THOL, male, 50 years old, Follow up patient

Subject: Patient returned for follow up visit, diagnosed with DMII and PNP. He has been out of medications for 2-3 days now, no new symptoms, has left leg numbness from knee down, is thirsty and urinates frequently. No fever, no weight loss; still has mild epigastric pain off and on with burning sensation; no black or bloody stool. Does not smoke or drink alcohol. No foot sore.

Object: No oropharyngeal lesions, no skin rashes, chest exam with clear breath sound, no crackles, no Rhonchi, heart regular rhythm without murmur. Bowel sound in all four quadrants, no HSM, has slight tenderness in epigastric region on deep palpation. No leg edema, numbness pattern remains the same below the knees on both sides, has mild left calf pain on deep palpation, good pedal pulses bilaterally. Urinalysis dipstick glucose 4+.

BP: 94/58
Pulse: 104
Resp.: 16

Assessment:

1. **DMII.**
2. **PNP.**
3. **Muscle spasm.**
4. **Dyspepsia.**

Plan: Prescribe the following meds for the next 30 days:

- **Diamecron, 80 mg, ½ tablet, three times per day**
- **Amitriptilline, 25 mg, one tablet, two times per day.**
- **Famotidine, 40 mg, one tablet daily**
- **Multivitamin tablet twice daily**
- **Paracetemol, 500 mg, four times daily**

Patient to return for next month's clinic on 10 December 2003. Recommend giving him an additional week's supply of meds for this patient. Gave him two tablets of Paracetemol, 500 mg now. Any ideas or comments?

From: sihosp@online.com.kh
Date: Sat, 22 Nov 2003 10:41:39 +0700
To: David Robertson <dmr@media.mit.edu>
Subject: Re: Telemedicine Replies--from Jennifer

Good morning, Gentlemen and Nancy:

Thanks for you great work. Have a great day.

Jennifer

#3: Som Thol, 50M

Please remember that UA is a poor monitor for DM. One can have blood glucose in the range or 250-350 and not have it spill into the urine. It depends on the renal and other metabolic states of the patient. It is difficult that we do not have fingerstick there for such patients. This is a difficult situation because he needs chronic drugs and if Telemedicine does not come as scheduled each month, he was be lacking. I agree with an extra week of medications for this reason. He needs a diet history taken and it would be good to encourage multiple meals with decreasing rice (1/3-`1/2 cup) per meal if that is his main source of calories. We should be promoting more leafy green vegetables that have a lower carbohydrate amount, but rich in vitamins and water. He needs to also drink 2 liters of good water per day, even if he is not thirsty. I agree with renewing his medications as you have stated.

From: "Heinzelmann, Paul J." <PHEINZELMANN@PARTNERS.ORG>
To: "Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
Cc: "'dmr@media.mit.edu'" <dmr@media.mit.edu>,
"Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG>,
"Lugn, Nancy E."
<NLUGN@PARTNERS.ORG>
Subject: RE: Patient #3: SOM THOL, male, 50 years old
Date: Fri, 21 Nov 2003 15:11:44 -0500

Patient #3: SOM THOL, male, 50 years old

This patient is obviously a very poorly controlled diabetic with multiple serious complications including diabetic neuropathy (peripheral and autonomic neuropathy): (I do recall sending a detailed reply with recommendations in the recent past, though I don't see it on the website. I wonder of it was received.

If so, those recommendations are likely still useful.)

Autonomic neuropathy is a group of symptoms caused by damage to nerves supplying the internal body structures that regulate functions such as blood pressure, heart rate, bowel and bladder emptying, and digestion.

Other symptoms typical of diabetic neuropathy also include the following, and can be expected:

- **Numbness**
- **Tingling**

Decreased sensation to a body part

- **Loss of sensation to a body part or area**
- **Diarrhea**
- **Constipation**
- **Loss of bladder control**
- **Impotence**

- **Facial drooping**
- **Vision changes**
- **Dizziness**
- **Weakness**
- **Swallowing difficulty**
- **Speech impairment**
- **Muscle contractions**

Assessment:

1. **DMII poorly controlled**
2. **PNP**
3. **Autonomic neuropathy**

Some suggetions:

1. Tighter control of glucose- which may be difficult as we don't have HgbA1Cs or even glucose readings.

2. Small, frequent meals; sleeping with the head elevated; may help with GI symptoms.

3. Topical pain creams (capcacin)

4. Regular follow up for exams, screening

Best,

Paul Heinzelmann, MD

Massachusetts General Hospital

Date: Fri, 21 Nov 2003 09:23:33 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD" <pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine" <KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, dmr@media.mit.edu
Cc: "Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>
Subject: Patient #4: NGET SOEUN, male, 56 years old

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

We will be sending six cases tonight, four more cases will go out tomorrow morning.

The follow up clinic will be on Saturday morning, November 22 at 9:00am Cambodia time (November 21 @ 9:00pm in Boston.) Please reply before this time if possible. Thanks again for your kind assistance.

Telemedicine Clinic in Robib, Cambodia – 21 November 2003

Patient #4: NGET SOEUN, male, 56 years old, follow up patient

Subject: Patient returned for follow up visit for his Cirrhosis and Ascitis problem. He ran out of medication 10 days ago. He said his symptoms were much improved with less distended abdomen, no more leg edema; sometimes has shortness of breath after walking one kilometer; increased appetite and has gained some weight.

Object: Not icteric, no oropharyngeal lesions, no JVD, no bruit. Chest exam with bilateral coarse crackles lower lung fields, heart regular rhythm without murmur. Active bowel sound, slight distension of abdomen, has 4cm shifting dullness on percussion; no hepathomegalie. No extremity edema.

BP: 100/68
Pulse: 76
Resp.: 18
Temp. : 36.5
Weight: 42 kg

Assessment:

1. **Cirrhosis.**
2. **Ascitis secondary to Cirrhosis**
3. **Pulmonary congestion secondary to Cirrhosis**

Plan: Continue with the same medications.

- **Spironolatone, 50mg, 1/2 tablet twice daily for 30 days**
- **Furosemide, 40 mg, 1/2 tablet daily for 30 days**
- **Propranolol, 40 mg, 1/4 tablet twice daily for 30 days**
- **Multivitamin, one tablet daily for 30 days**

Return next month for follow up and give one week extra supply of medication. Do you agree?

From: "Gary Jacques" <gjacques@online.com.kh>
To: "'David Robertson'" <dmr@media.mit.edu>, <JKVEDAR@PARTNERS.ORG>,
"'Paul Heinzelmann, MD'" <pheinzelmann@PARTNERS.ORG>,
"'Kelleher-Fiamma, Kathleen M. - Telemedicine'" <KKELLEHERFIAMMA@PARTNERS.ORG>,
"'Lugn, Nancy E.'" <NLUGN@PARTNERS.ORG>,
"'Gary Jacques'" <gjacques@bigpond.com.kh>,
"'Jennifer Hines'" <sihosp@bigpond.com.kh>,
"'Rithy Chau'" <tmed_rithy@online.com.kh>,
"'Bunse Leng'" <tmed1shch@bigpond.com.kh>
Cc: "'Brandling-Bennett, Heather A.'" <HBRANDLINGBENNETT@PARTNERS.ORG>,
<tmed_montha@online.com.kh>, <aafc@forum.org.kh>,
"'Bernie Krisher'" <bernie@media.mit.edu>

Subject: RE: Patient #4: NGET SOEUN, male, 56 years old
Date: Sat, 22 Nov 2003 10:14:47 +0700

SHCH Reply:

I agree with your management. This note makes no mention of any lab monitoring. If they have not been checked in the last several months, please check electrolytes, BUN, creatinine at time of next visit.

Gary Jacques, M.D.

From: "Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Subject: FW: Patient #4: NGET SOEUN, male, 56 years old
Date: Fri, 21 Nov 2003 17:32:42 -0500

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

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

> Sent: Friday, November 21, 2003 2:59 PM

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

> Subject: RE: Patient #4: NGET SOEUN, male, 56 years old

>

> Cirrhosis ascites

> He sounds stable on his current medications and can be continued as is.

> Ideally, electrolytes to check sodium, potassium, urea and creatinine will

> help monitor renal response. Monitoring weight clinically is useful. Watch

> out for encephalopathy from GI bleed or excessive meat intake. By the way,

> was it alcoholic, viral hepatitis or cryptogenic cirrhosis? Has he

> received appropriate hepatitis A and B vaccination to prevent

> superinfection?

> HS

Date: Fri, 21 Nov 2003 09:26:05 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD"
<pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,

Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, dmr@media.mit.edu
Cc: "Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>
Subject: Patient #5: SAO PHAL, female, 55 years old

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

Telemedicine Clinic in Robib, Cambodia – 21 November 2003

Patient #5: SAO PHAL, female, 55 years old, follow up patient

Subject: Patient returned for follow up visit for her hypertension and DMII with PNP. She has no new complaint except her eyesight is getting worse with blurry vision. Still has epigastric pain on and off, heartburn, bad taste in mouth in the morning, excessive burping, no bloody or black stool, still has "burning sensation" on her lower extremities, decreased thirst, frequency of urination and not eating so much.

Object: No oropharyngeal lesions, fundi unable to exam, no JVD, clear breath sound, no crackles, no Rhonchi, heart rate regular rhythm without murmur, abdomen soft, active bowel sound, no HSM, mildly obese, no extremity edema, good pulses, no numbness. Urinalysis dipstick within normal limit.

BP: 115/78
Pulse: 80
Resp.: 16
Temp. : 36.5
Weight: 58 kg

Assessment:

1. **DMII (ontrolled)**
2. **Hypertension (controlled)**
3. **Peripheral neuropathy**
4. **GERD**

Plan: 30 days supply of the following meds:

- **Diamecrom, 80 mg, ½ tablet daily**
- **Nifedipine, 20mg daily**
- **Aspirin, 300mg, ¼ tab daily**
- **Amitriptilline, 25mg, ½ tablet twice daily**
- **Famotidine, 40 mg twice daily**

Patient to return next month for follow up. Give her one extra week supply of meds. Do you agree?

From: sihosp@online.com.kh
Date: Sat, 22 Nov 2003 10:41:39 +0700
To: David Robertson <dmr@media.mit.edu>
Subject: Re: Telemedicine Replies--from Jennifer

Good morning, Gentlemen and Nancy:

Thanks for you great work. Have a great day.

Jennifer

#5: Sao Phal, 55F

This lady, as stated above, may actually not have great diabetic control. We need more information about that, but a diet history and increasing exercise for definite weight loss would be important. I agree with the famotidine for the dypepsia, but I would also consider switching her BP medications from nifedipine to HCTZ 25mg po QD. Nifedipine can cause acid reflux because it relaxes the gastroesophageal sphincter. Her blood pressure is not that significant, so switching to something else may improve those symptoms. I would keep the rest of the meds the same.

From: "Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Subject: FW: Patient #5: SAO PHAL, female, 55 years old
Date: Fri, 21 Nov 2003 17:30:59 -0500

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

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

> Sent: Friday, November 21, 2003 2:34 PM

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

> Subject: RE: Patient #5: SAO PHAL, female, 55 years old

>

> Blurred vision

> Is there any obvious cataract on direct illumininationexamination of the eye

> lens? Can she read the vision chart? If the blurred vision is chronic, I would

> suspect cataract or visual refraction problem. If it is transient, it may be

> related to hyperglycemia. Can her fingerstick fasting blood sugar be measured?

> As for treatment, are you able to perform refraction to prescribe eye glasses?

>

> GERD

> If famotidine is ineffective, do you have omeprazole? Using metoclopramide

> supplements may also enhance the effects of famotidine.

> Peripheral neuropathy

> Amitriptyline can be given 25 mg once a day. You could increase to 50 mg qd to

> see whether it will be more effective. Otherwise try carbamazepine 200 mg bid.

>

>

> HS

Date: Fri, 21 Nov 2003 09:29:43 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD" <pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine" <KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, dmr@media.mit.edu
Cc: "Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>
Subject: Patient #6: PEN VANNA, female, 37 years old

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

Following is the last case we will be sending tonight, four more cases will go out tomorrow morning.

The follow up clinic will be on Saturday morning, November 22 at 9:00am Cambodia time (November 21 @ 9:00pm in Boston.) Please reply before this time if possible. Thanks again for your kind assistance.

Telemedicine Clinic in Robib, Cambodia – 21 November 2003

Patient #6: PEN VANNA, female, 37 years old, follow up patient

Subject: Patient returned for follow up visit for her hypertension and DMII; she complained of central chest tightness off and on for one month, especially after having a heavy meal, excessive burping, and epigastric pain. Has headache and sometimes dizziness, her other previous symptoms were much improved, ran out of medication one week ago.

Object: No oropharyngeal lesions, no JVD, chest exam shows clear breath sound, heart rate regular rhythm without murmur, abdomen

unremarkable, no leg edema. Urinalysis dipstick within normal limit.

BP: 158/116
Pulse: 80
Resp.: 16
Temp. : 36.5
Weight: 61 kg

Assessment:

1. **Hypertension**
2. **DMII**
3. **GERD**

Plan: 30 days supply of the following meds:

- **Diamecrom, 80 mg, ½ tablet daily**
- **Propranolol, 40mg, ½ tablet twice daily**
- **Famotidine, 40 mg twice daily**
- **Diet & exercise**

Patient to return next month for follow up. Give her one extra week supply of meds. Gave Propranolol 40mg ½ tablet now and another ½ tablet for bedtime. Will recheck BP tomorrow morning. Do you agree?

From: "Gary Jacques" <gjacques@online.com.kh>
To: "'David Robertson'" <dmr@media.mit.edu>, <JKVEDAR@PARTNERS.ORG>,
"'Paul Heinzelmann, MD'" <pheinzelmann@PARTNERS.ORG>,
"'Kelleher-Fiamma, Kathleen M. - Telemedicine'"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"'Lugn, Nancy E.'" <NLUGN@PARTNERS.ORG>,
"'Gary Jacques'" <gjacques@bigpond.com.kh>,
"'Jennifer Hines'" <sihosp@bigpond.com.kh>,
"'Rithy Chau'" <tmed_rithy@online.com.kh>,
"'Bunse Leng'" <tmed1shch@bigpond.com.kh>
Cc: "'Brandling-Bennett, Heather A.'"
<HBRANDLINGBENNETT@PARTNERS.ORG>,
<tmed_montha@online.com.kh>, <aafc@forum.org.kh>,
"'Bernie Krisher'" <bernie@media.mit.edu>
Subject: RE: Patient #6: PEN VANNA, female, 37 years old
Date: Sat, 22 Nov 2003 10:14:47 +0700

SHCH Reply:

I try to be careful with using beta blockers such as propranol in diabetics because they can mask (hide) the symptoms of hyperglycemia.

Often beta blockers are less effective in women as well. If she has no contraindications, let's try HCTZ 25mg once per day if available. An ACE inhibitor if available would also be a good choice.

I agree with the rest of your plans. Can we check a blood sugar by finger stick next time? (specify fasting or random) Labs such as electrolytes, glucose and creatinine should be checke a few times per year at least.

Gary Jacques, M.D.

From: "Cusick, Paul S.,M.D." <PCUSICK@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Cc: "Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
Subject: Patient #6: PEN VANNA, female, 37 years old
Date: Mon, 24 Nov 2003 08:25:52 -0500

Would agree that she needs medications for hypertension and recheck to determine if blood pressure is effectively maintained below 130 systolic and 80 diastolic.

continue treatement for diabetes mellitus type 2 and GERD.

Date: Fri, 21 Nov 2003 21:06:36 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD"
<pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, dmr@media.mit.edu
Cc: "Brandling-Bennett, Heather A."
<HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>
Subject: Patient #7: MUY VUN, male, 36 years old

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

Thanks again for your kind assistance.

Telemedicine Clinic in Robib, Cambodia - 21 November 2002

Patient #7: MUY VUN, male, 36 years old, follow up patient

Subject: Patient returned for follow up visit for his problem of congenital heart disease. He has been treated with Digoxin 0.25 mg ½ tablet per day and Aspirin 300 mg ¼ tablet per day. He said that the medication was helping him with his symptoms of shortness of breath, palpitations, no syncope, no headache, no dizziness, no chest pain, and he stopped smoking and drinking alcohol one year ago.

Object: Has JVD and it disappeared at 45-60 degree angle of head elevation; chest clear breath sound, no crackles, no Rhonchi; normal heart rate with irregular rhythm, no thrill, opening snap heard over aortic and mitral areas with +1-2 grade diastolic murmur. No clubbing, no cyanosis, no extremity edema. Good pedal pulses.

BP: 105/70
Pulse: 64
Resp.: 18

Temp. : 36.5
Weight: 64 kg

Assessment:

4. **Congenital heart disease with AS and MS?**
5. **A-fib.**

Plan:

1. Digoxin 0.25 mg ½ tablet per day
2. **Aspirin 300 mg ¼ tablet per day**

Patient to return next month for follow up. Give him one extra week supply of medication.

Do you agree?

From: sihosp@online.com.kh
Date: Sat, 22 Nov 2003 10:41:39 +0700
To: David Robertson <dmr@media.mit.edu>
Subject: Re: Telemedicine Replies--from Jennifer

Good morning, Gentlemen and Nancy:

Thanks for you great work. Have a great day.

Jennifer

#7: Muy Vun, 36 M with CHD.

I would continue his current meds. He may have mitral stenosis with atrial fibrillation and just by maintaining a lower heart rate to give more effective contractility to his heart seems to have stabilized him. He may need diuretics in the future should his conditions worsen. I would continue all current meds and give extra to him, as you have suggested.

Date: Fri, 21 Nov 2003 21:11:49 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD" <pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine" <KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, dmr@media.mit.edu
Cc: "Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>
Subject: Patient #8: KHAN NAVOEUN, female, 21 years old

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

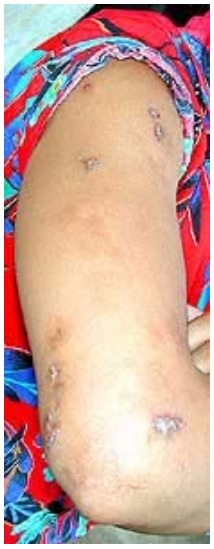
Telemedicine Clinic in Robib, Cambodia – 21 November 2003

Patient #8: KHAN NAVOEUN, female, 21 years old

Chief complaint: Itchy rashes on arms and legs for nine years.

Subject: HPI. 21-year-old female, cleft lip (from birth) presented with complaint of itchy rashes on both legs and arms. Initially, the lesions appeared when she was 12 years old, and during the last two years they appeared on her arms and left flank with "small bumps" and when she scratched them they became scaly and excoriated. No fever, no oral problem, no difficulty swallowing, no shortness of breath, no cardiopulmonary complaint, no GI complaint. No cough, no sputum production.

Past medical history: Repaired cleft lip (1982) at Preah Vihear Provincial Hospital.



Family history: None.

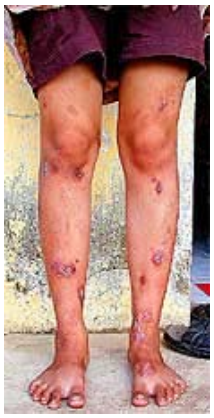
Social history: Does not smoke or drink alcohol.

Allergy: Penicillin (rashes.)

Review of system: Five-month-old baby, irregular menses with little blood flow.

PE: Alert & oriented x 3.
BP: 128/68
Pulse: 84
Resp.: 16
Temp. : 36.5
Weight: 44 kg

Hair, eyes, ears, nose, and throat: No oropharyngeal lesions, no enlarged lymph node.



Chest: Clear breath sound without crackles or rhonchi; heart regular rhythm without murmur.

Abdomen: Soft, not tender, and no HSM.

Extremities: Plaque-like lesions ranging from less than 1cm to 3-4cm with scales and excoriations in random pattern over both legs and arms and left anterior flank; mild erythema. Trunk, face, palms, soles, and scalp spared.

Neuro: Unremarkable.

Assessment:

1. **Lichen planus.**
2. **Sacchoidosis?**

Plan:

1. **Topical steroid (bethamethasone or hydrocortisone cream if**

available locally.)

2. **If not improved with topical steroid, send her for chest x-ray and some blood work at Kampong Thom?**

From: "Gary Jacques" <gjacques@online.com.kh>
To: "'David Robertson'" <dmr@media.mit.edu>, <JKVEDAR@PARTNERS.ORG>,
"'Paul Heinzelmann, MD'" <pheinzelmann@PARTNERS.ORG>,
"'Kelleher-Fiamma, Kathleen M. - Telemedicine'"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"'Lugn, Nancy E.'" <NLUGN@PARTNERS.ORG>,
"'Gary Jacques'" <gjacques@bigpond.com.kh>,
"'Jennifer Hines'" <sihosp@bigpond.com.kh>,
"'Rithy Chau'" <tmed_rithy@online.com.kh>,
"'Bunse Leng'" <tmed1shch@bigpond.com.kh>
Cc: "'Brandling-Bennett, Heather A.'"
<HBRANDLINGBENNETT@PARTNERS.ORG>,
<tmed_montha@online.com.kh>, <aafc@forum.org.kh>,
"'Bernie Krisher'" <bernie@media.mit.edu>
Subject: RE: Patient #8: KHAN NAVOEUN, female, 21 years old
Date: Sat, 22 Nov 2003 10:20:55 +0700

SHCH:

I would add psoriasis to the differential diagnosis in a patient with chronic scaly plaques more on the extensor surfaces of the extremities.

I agree with a trial of topical steroids and would expect to see some improvement without complete resolution.

Gary Jacques, M.D.

Date: Fri, 21 Nov 2003 21:17:16 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD"
<pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, dmr@media.mit.edu
Cc: "Brandling-Bennett, Heather A."
<HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>
Subject: Patient #9: SAO CHHOUN, male, 37 years old

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

Telemedicine Clinic in Robib, Cambodia – 21 November 2003

Patient #9: SAO CHHOUN, male, 37 years old

Chief complaint: Left upper quadrant abdominal pain off and on for three months.

Subject: HPI. 37-year-old male with past medial history of malaria five years ago presented with complaint of left upper quadrant abdominal pain off and on for three months. No fever, no headache, no nausea and vomiting, no shortness of breath, no syncope, no tinnitus, no myalgia, no arthralgia; has cough with "greenish sputum" off and on for one week, has sore throat for one week also. Good appetite, no black or bloody stool. The left side pain occurred after he did heavy lifting for one full day unloading a truck.

Past medical history: Malaria five years ago; accident injury – loss tip of middle finger on left hand.

Family history: Father died of TB at 45 years old.

Social history: Heavy drinker of alcohol, smokes three packs per day for the last five years.

Allergy: No known drug allergy.

BP: 110/64
Pulse: 84
Resp.: 16
Temp. : 37.5

Hair, eyes, ears, nose, and throat: Not icteric, pink conjunctiva; no oropharyngeal lesions; no lymph node enlargement.

Chest: Clear breath sound, heart regular rhythm without murmur.

Abdomen: Soft, positive bowel sound all quadrants, has splenomegaly (two finger breadth below costal margin) with mild tenderness on palpation.

Neuro: Unremarkable

Malaria smear negative 21 November 2003

Assessment:

1. **Splenomegaly.**
2. **Muscle strain?**
3. **Pneumonia?**
4. **Rule out TB.**

Plan:

1. **Send him to Kampong Thom Hospital for CBC, chest x-ray and abdominal ultrasound?**
2. **Paracetemol, 500 mg, one to two times daily for pain**
3. **Ofloxocine, 200mg, two tablets twice daily for seven days.**

Follow up next month?

From: sihosp@online.com.kh
Date: Sat, 22 Nov 2003 10:41:39 +0700
To: David Robertson <dmr@media.mit.edu>
Subject: Re: Telemedicine Replies--from Jennifer

Good morning, Gentlemen and Nancy:

Thanks for you great work. Have a great day.

Jennifer

#9 Sao Chhoun, 37M

I am not quite clear on the history of this man. What is the quality of his left upper quadrant pain? When does it come on and what makes it better? If this musculoskeletal pain or is it internal?

Musculoskeletal pain will produce more of a sharp quality of pain that comes on with movement or direct palpation. Rithy, is this visceral pain? Pain with palpation of the spleen? I am not sure of the significance of this finding.

His respiratory symptoms could just be from a bronchitis and as you may know, the organisms will likely be Gram negative because of his smoking history.

Ruling out TB is okay, but his course is short and he likely has a bacterial infection.

I agree with your management--Ofloxacin 400mg BID for 10 days; paracetamol 500mg 1-2 po Q6h, prn for pain and fever; stop smoking and alcohol intake; and getting a CXR, US of abdomen and CBC are all appropriate.

Date: Fri, 21 Nov 2003 21:23:34 -0500
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD" <pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine" <KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, dmr@media.mit.edu,
Ruth_tootill@online.com.kh, hopestaff@online.com.kh
Cc: "Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
tmed_montha@online.com.kh, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>
Subject: Patient #10: CHHOURN SOKHON, male, 45 years old

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

This is the final case we will be sending this month.

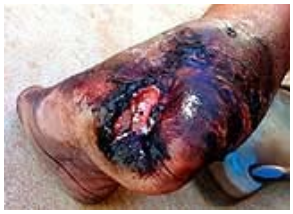
The next Telemedicine Clinic in Robib, Cambodia will be on Wednesday,

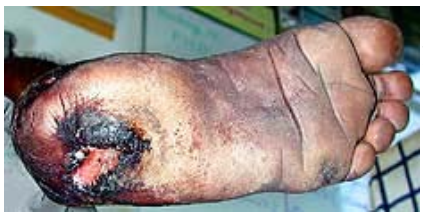
December 10, 2003.

Thanks again for your kind assistance.

Telemedicine Clinic in Robib, Cambodia – 21 November 2003

Patient #10: CHHOURN SOKHON, male, 45 years old





Subject: Follow up patient from May 2002 came in complaining of left heel wound from puncture injury of bamboo debris in 1979. In 1993, he went to Preah Vihear Hospital and got wound care, but not healed because he "walked around too much." He was seen by nurse Montha through our Telemedicine Clinic in Robib in May 2002 and was sent to Kampong Thom Hospital for surgical wound care and debridement; wound became better; but the wound was not completely healed due to not following doctor's instructions. Now he has returned for help. No fever, no groin swelling. Has used penicillin frequently.

Object: Open wound, necrotic with draining pus, tenderness involving tendon and possibly bone; limping gait and shortened Achilles tendon (?) good pedal pulse; no cellulitis; foul smell, shotty left inguinal lymph node without tenderness.

BP: 104/68
Pulse: 80
Resp.: 16
Temp. : 36.5
Weight: 40 kg

Assessment: Left open heel wound with possible osteomyelitis.

Plan:

1. **Paracetemol, 500 mg, two tablets daily for pain.**
2. **Can we refer him to Sihanouk Hospital Center of Hope orthopedic surgeon for aggressive debridement and IV antibiotics? If you agree, can we bring him back to Phnom Penh this trip and take him to SHCH on Monday morning?**

From: "Gary Jacques" <gjacques@online.com.kh>
To: "'David Robertson'" <dmr@media.mit.edu>, <JKVEDAR@PARTNERS.ORG>,
"'Paul Heinzelmann, MD'" <pheinzelmann@PARTNERS.ORG>,
"'Kelleher-Fiamma, Kathleen M. - Telemedicine'" <KKELLEHERFIAMMA@PARTNERS.ORG>,
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<Ruth_tootill@online.com.kh>, <hopestaff@online.com.kh>
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<tmed_montha@online.com.kh>, <aafc@forum.org.kh>,
"'Bernie Krisher'" <bernie@media.mit.edu>
Subject: RE: Patient #10: CHHOURN SOKHON, male, 45 years old
Date: Sat, 22 Nov 2003 10:24:32 +0700

SHCH Reply:

I agree that this chronic wound most likely involves underlying osteomyelitis. Yes, you may bring him to SHCH for aggressive treatment.

I will forward pictures to our surgeons.

Gary Jacques, M.D.

Date: Fri, 21 Nov 2003 23:01:41 -0500
From: David Robertson <dmr@media.mit.edu>
To: sihosp@online.com.kh, Gary Jacques <gjacques@bigpond.com.kh>
Cc: bernie@media.mit.edu, aafc@forum.org.kh,
Rithy Chau <tmed_rithy@online.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, tmed_montha@online.com.kh
Subject: Thank you, all case replies received

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

Dear Dr. Jacques and Dr. Hines,

We received your replies on all the cases, thanks so much.

We should be leaving the village in another hour, and hope to be back to Phnom Penh by 9:00pm or so.

Today we will be transporting two patients plus two relatives to look after them.

Rithy will inform Montha; the patients will come to SHCH on Monday.

Best regards,

David

Follow up Report, Monday, 24 November 2003

Per e-mail advice of the physicians in Boston and Phnom Penh, four patients from this month's clinic and several follow up case were given medication from the pharmacy in the village or medication that was donated by Sihanouk Hospital Center of Hope:

Patient #1: THORN KHUN, female, 38 years old, follow up patient

Patient #2: THO CHANTHY, female, 36 years old, follow up patient

Patient #3: SOM THOL, male, 50 years old, follow up patient

Patient #4: NGET SOEUN, male, 56 years old, follow up patient

Patient #5: SAO PHAL, female, 55 years old, follow up patient

Patient #6: PEN VANNA, female, 37 years old, follow up patient

Patient #7: MUY VUN, male, 36 years old, follow up patient

Patient #8: KHAN NAVOEUN, female, 21 years old

Patient #9: SAO CHHOUN, male, 37 years old

Patient #10: CHHOURN SOKHON, male, 45 years old

October 2003 Patient: YEM PHALA, male, 55 years old

Transported to Phnom Penh on 22 November 2003 by the Telemedicine team for an appointment at Sihanouk Hospital Center of Hope:

October 2002 Patient: LENG HAK, male, 68 years old

Patient #10: CHHOURN SOKHON, male, 45 years old

Transport & lodging arranged for 28 November 2003 follow up appointment at Sihanouk Hospital Center of Hope in Phnom Penh:

April 2003 Patient: PROM NORN, female, 52 years old

Transport arranged to Kampong Thom Provincial Hospital on 22 November 2003 by the Telemedicine team:

Patient #9: SAO CHHOUN, male, 37 years old

Transport & lodging arranged for 28 November 2003 follow up appointment at Kantha Bhopa Children's Hospital in Phnom Penh:

June 2001 Patient: SENG SAN, female, 13-year-old child

The next Telemedicine Clinic in Robib, Cambodia will be on Wednesday,

December 10, 2003.