

Robib and Telemedicine



DANA-FARBER/PARTNERS
CANCER CARE

Affiliated with



HARVARD
MEDICAL SCHOOL

October 2001 Cambodia Telemedicine Clinic

Report submitted by David Robertson

Date: Thu, 11 Oct 2001 10:44:37 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

Subject: Cambodia Telemedicine Clinic text - 11 October 2001

To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,

Jennifer Hines <sihosp@bigpond.com.kh>, ggumley@bigpond.com.kh

Cc: dmr@media.mit.edu, bernie@media.mit.edu, aafc@forum.org.kh

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

Dear Dr. Kvedar and Kathleen/Telepartners,

Dear Dr. Gumley & Dr. Hines,

Following and/or attached is the text of Nurse Montha's examinations at today's Robib Telemedicine Clinic in Cambodia.

JPG attachments will follow tomorrow, time permitting.

Thanks for your help.

Best regards,

David

Telemedicine Clinic in Robib, Cambodia 11 Oct. 2001

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

We are looking for advice regarding the following patients. Most helpful if e-mail advice could be

received in Cambodia between 7:00 and 8:00AM, October 12 (8:00-9:00pm, October 11, in Boston.) I'll download e-mail at that time (and will try to check again at 9:00am.) Nurse Montha will discuss your recommendations with the patients during the follow-up clinic that starts at 8:00am on the morning of October 12.

I am sorry this is arriving late but am still having the same computer problems we have every month in this remote location... If you get this message, it is after trying to send this one e-mail to you for over three hours...

We also had a difficult drive from Phnom Penh yesterday, over 12 hours, partly bad road

conditions, partly two vehicle breakdowns, so we plan to depart Robib hopefully no later than 11:30am on October 13.



We will be squeezing people that arrived in two vehicles into one returning vehicle, but could still transport some patients to Kampong Thom Hospital or hospitals in Phnom Penh if a physician recommends by e-mail that we do so.

Patient # 1: YOU LOR, female, 64 years old



Chief complaint: Big and painful mass on the right side of the face, pain radiating to the whole face, for two years. Difficult to breath.

BP: 140/70
Pulse: 100
Resp.: 22
Temp. : 36.5



Past history: Unremarkable. Patient has been to the hospital in Phnom Penh (not sure which one) and others in the provinces. Doctors there said they were unable to help her because “it is too late.”

Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: soft, flat, not tender
Bowel sound: positive
Skin: warm to touch, no edema, no rash, not pale
Face: has big mass, right side, size 25 x 25 cm, not mobile and hard.
Limbs: Normal

Assessment: Malignant facial tumor?

Recommend: Should we refer her to hospital for blood tests, x-ray, refer to surgeon? Or should we treat her in the village with painkillers? If treated in the village, please provide the name of the medication.

Patient # 2: SAO CHHOEUN, male, 55 years old



Chief complaint: Headache, neck tender, blurred vision, on and off for three years.

BP: 100/60
Pulse: 80
Resp.: 20
Temp. : 36.5

Past history (notes from August clinic): Unremarkable.

Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: soft, flat, not tender.
Bowel sound: positive
Skin: not pale, warm to touch, no rash
Limbs: normal
Ear, nose, throat: normal
Urinalysis: normal

Assessment: Tension headache, muscle pain.

Recommend: Should we treat him in the village with medication like Paracetamol or Aspirin?

Patient # 3: MEAK NATH, male, 37 years old



Chief complaint: Headache, weakness, mouth contractions sometimes for more than one year.

BP: 100/70
Pulse: 120
Resp.: 20
Temp. : 36.5

Past history: Six weeks ago he had malaria (plasmodium falciparum.) During that time he was confused for about 20 days. After malaria medication and treatment by medical staff at the Robib Health Clinic, he got much better.



Lungs: clear both sides
Heart: regular rhythm, no murmur, but tachycardia.
Abdomen: soft, flat, not tender, positive Epigastric pain
Bowel sound: positive
Skin: mild pale, warm to touch, no rash
Limbs: no edema, no deformity
Mouth: contractions to the right side when he speaks or smiles
Urinalysis: Urobilinogen +, Protein +
Assessment: Anemia secondary to malaria? Malaria?
Dyspepsia. Peripheral neuropathy? Tension headache.



Recommend: Refer him to Kampong Thom Hospital for blood tests like CBC, malaria smear and complete neuro exam.

Patient # 4: THORNG BUNTHOEUNN, female, 14 years old

Chief complaint: Severe itching on the left side for one month.

BP: 110/60
Pulse: 114
Resp.: 20
Temp. : 36.5



Past history: Five years ago she had malaria. After malaria medication and treatment by medical staff at the Robib Health Clinic, she got better.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender

Bowel sound: positive

Skin: rash on the abdomen, both thighs, but greater on left thigh. Very itchy.

Ear, nose, throat: normal

Limbs: no edema, not stiff



Assessment: Scabies.

Recommend: Should we refer her to Kampong Thom Hospital to meet the dermatologist or should we try to treat her in the village by skin medication? If so, please give the name of the medication.



Patient # 5: SOR KIM SOEUN, male, 27 years old



Chief complaint: Epigastric pain radiating to upper back for three weeks. Stool with black color for three days.

BP: 120/60

Pulse: 80

Resp.: 20

Temp. : 36.5

Past history: In 1998, he had vomiting with blood. He met the doctor in Preah Vihear province and was treated well by modern medicine during his admission in the hospital.

Lungs: clear both sides

Heart: regular rhythm, no murmur

Abdomen: soft, flat, not tender, positive epigastric pain

Bowel sound: positive

Skin: not pale, warm to touch, no rash

Ear, nose, throat: normal

Limbs: normal

Assessment: Dyspepsia. Gastritis? G.I. bleeding?



Recommend: Should we refer him to the hospital for some blood tests, abdominal ultrasound, and colo check? Or treat him in the village? Please give the name of the medication if you agree.

Patient # 6: PROM NAN, female, 28 years old



Chief complaint: Epigastric pain, vomiting after every meal, on and off for three months.

BP: 100/60
Pulse: 80
Resp.: 20
Temp. : 36.5



Past history: Unremarkable.
Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: positive Epigastric pain, soft, flat, and not tender
Bowel sound: positive
Skin: not pale, warm to touch
Ear, nose, throat: normal
Limbs: normal
Assessment: Dyspepsia.

Recommend: Should we treat her in the village?
Please give me the name of the medication if you agree.

Patient # 7: CHAN HAT, male, 43 years old



Chief complaint: Right elbow, shoulder, joint pain, on and off for one year. Epigastric pain on and off for one year.

BP: 110/60
Pulse: 100
Resp.: 20
Temp. : 36.5

Past history: Two years ago he was admitted to Praketomealia Hospital for three months. He had migraine but he got better after hosital treatment.



Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: Soft, flat and not tender. Positive Epigastric pain.
Bowel sound: positive
Skin: not pale, warm to touch, no rash
Joints: right hand has a little pain but not stiff or swollen
Ear, nose, throat: normal
Limbs: normal

Assessment: Dyspepsia? Right hand joint pain.
Anxiety?

Recommend: Should we treat in the village?

Please give me the name of the medication if you agree.

Patient # 8: SAIN SOK, male, 18 years old



Chief complaint: Headache and vertigo for three months.

BP: 90/50
Pulse: 80
Resp.: 20
Temp. : 36.5

Past history: Unremarkable.
Lungs: clear both sides
Heart: regular rhythm, no murmur
Abdomen: soft, flat, not tender
Bowel sound: positive
Skin: not pale, warm to touch, no rash
Ear, nose, throat: normal
Limbs: normal



Assessment: Tension headache. Vertigo Etio?

Recommend: Should we treat in the village?
Please give me the name of the medication if you agree.

DR. GUMLEY SAID OKAY AND REFERRED FOLLOWING PATIENT TO SHCH LAST MONTH, APPOINTMENT DATE WAS TBA.

May she travel to Phnom Penh with another Telemedicine patient on Sunday, then be seen at SHCH this Monday morning, 15 October? She has never traveled to Phnom Penh on her own and if SHCH could see her on Monday, she could share a guesthouse and transport with another Telemedicine patient that already has a SHCH appointment on Monday morning.



A further note on this patient, TEAM SOKUNG, she lost her husband recently. Her husband, Telemedicine patient KHORN SOKHOM, died last month after treatment at Kampong Thom Hospital. TEAM SOKUNG is depressed and hoping to visit your hospital to see a doctor soon.

September 2001 Patient # 9: TEAM SOKONG, female, 33 years old



Chief complaint: Mass on the anterior neck for three years. Tremor, neck tender, headache on and off for three years.

BP: 100/60
Pulse: 100
Resp.: 20
Temp. : 36.5

Past history: Unremarkable.
Lungs: clear both sides
Heart: regular rhythm, no murmur, and no trill
Abdomen: soft, flat, no mass, and not tender
Bowel sound: positive
Skin: not pale, warm to touch, no rash
Neck: has a mass, size 3 x 4 cm.
Legs: normal

Tremor: on head and arm.

Assessment: Toxic goiter?

Recommend: Do some blood work like TSH and T4 in SHCH.
Should we refer her to our hospital or not?

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

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

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

Subject: FW: Cambodia Case #2

Date: Fri, 12 Oct 2001 14:22:10 -0400

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

From: Schwamm, Lee H.
Sent: Friday, October 12, 2001 9:25 AM
To: Gere, Katherine F.
Subject: RE: Cambodia Case #2

There is no neurologic exam given. without this information, no meaningful advice can be given.

Lee H. Schwamm, MD Assistant Professor of Neurology, Harvard Medical School
Associate Program Director, MIT- Clinical Research Center Associate Director, Acute
Stroke Service, MGH and Director, CIMIT National Stroke Program
<http://www.stopstroke.org>

Mailing Address:
Department of Neurology
Massachusetts General Hospital VBK915
55 Fruit Street, Boston MA 02114
voice: 617-724-1597
Fax: 617-724-6834
Pager: 617-726-2241 #21306

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

Patient # 2: SAO CHHOEUN, male, 55 years old

> Chief complaint: Headache, neck tender, blurred

> Vision, on and off for three years.

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

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

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

Subject: FW: Cambodia Patient #3

Date: Fri, 12 Oct 2001 15:42:39 -0400

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

> From: Ryan, Edward T.,M.D.

> Sent: Friday, October 12, 2001 3:39 PM

> To: Gere, Katherine F.

> Cc: Ryan, Edward T.,M.D.

> Subject: RE: Cambodia Patient #3

>

> The problem at hand seems to be headaches and "right sided facial
> contractures when speaks or smile". I'm going to assume that these facial
> contractures are new, and that they represent a facial paralysis. If the
> facial paralysis is old, it's probably just a Bell's palsy (no treatment).
> If new, the differential is quite long. Cerebral malaria (he had malaria
> and altered mental status) can leave permanent neurological damage. If
> that is the case, there is nothing to do (but I doubt this explains it).
> It is also possible his malaria was a red-herring, and that he had
> encephalitis (fever, altered mental status for 3 weeks, which would be
> long for malaria [with cerebral malaria, he should have died or gotten
> better long before 20 days]). If he had encephalitis, there is a long list
> of possibilities, including herpes simplex encephalitis (but strange that
> he recovered without treatment), and Japanese encephalitis (JE). Sept is
> the peak season in SE Asia for JE, if he has rural pig contact, I would
> assume this is JE. 1/3 of effected individuals recover from their
> encephalitis with permanent neurological damage. And probably fewer than
> 1% of individuals with JE have classic full blown encephalitis. Obviously,
> there is a long list of other CNS infections that could cause this
> picture. The most worrisome/treatable, would be a space occupying lesion
> (pyogenic brain abcess, tuberculoma, focal meliodosis, etc). Also, if he
> is HIV positive, CNS toxoplasmosis and CNS lymphoma would be on the list.
> A CNS tumor is also on the list (even if HIV negative) with headaches and
> a focal neuro exam. CNS syphilis and TB can also give chronic headaches
> and cranial nerve abnormalities. Focal neuropathies rarely affect only the

> facial nerve.

>

> I would look for treatable causes, are his discs sharp on fundoscopic exam

> (if papilledema, would strongly suggest CNS space occupying lesion). If LP

> possible, could consider (if no papilledema), to see if any pleocytosis.

>

> What he really needs (unfortunately) is a CT and LP (limitations

> understood). His anemia may very well be from his previous malaria.

>

> Good luck,

>

> Edward T. Ryan, M.D., DTM&H

> Massachusetts General Hospital

> Harvard Medical School

>

> Contact information:

> Division of Infectious Diseases

> Jackson 504

> 55 Fruit Street

> Boston, MA 02114 USA

> Administrative Tel: 617-726-3815/6175

> Administrative Fax: 617-726-7416

> Laboratory Tel: 617-724-3743

> Outpatient Appointments/Clinical Issues Tel: 617-724-1934

> Outpatient Appointments/Clinical Issues Fax: 617-726-7653

> Email: etryan@partners.org (best)

> Email 2: etryan@helix.mgh.harvard.edu

>

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

> From: Gere, Katherine F.

> Sent: Friday, October 12, 2001 3:17 PM

> To: Ryan, Edward T.,M.D.

> Subject: Cambodia Patient #3

>

> Thanks!!

>

> Patient # 3: MEAK NATH, male, 37 years old

>> Chief complaint: Headache, weakness, mouth

>> contractions sometimes for more than one year.

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

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

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

Subject: FW: Cambodia Case #4

Date: Fri, 12 Oct 2001 15:19:13 -0400

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

From: Kvedar, Joseph Charles,M.D.

Sent: Friday, October 12, 2001 3:15 PM

To: Gere, Katherine F.

Subject: RE: Cambodia Case #4

It is challenging to diagnose skin disease without an image or morphologic description. For itch, if 1% hydrocortisone cream is available, that would be a nice start. Also if a tub is available, tepid baths in salt water (0.9% NaCl is a rough guide) can help as well. If an antihistamine such as diphenhydramine or hydroxyzine is available, it can be used in dose of 25-50 mg tid-qid.

Perhaps is the rash is still present on your next visit, we could get some images

Joseph C. Kvedar, M.D.

*Director, Partners Telemedicine
Vice Chair, Department of Dermatology
Harvard Medical School*

One Longfellow Place, Suite 216
P.O. Box 8941
Boston, MA 02114
617-726-4447 (voice)
617-228-4609 (fax)

617-921-3662 (pager/cell)
jkvedar@partners.org
<http://telemedicine.partners.org>

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

From: Gere, Katherine F.
Sent: Thursday, October 11, 2001 3:48 PM
To: Kvedar, Joseph Charles, M.D.
Cc: Kelleher, Kathleen M. - Telemedicine
Subject: Cambodia Case #4

Joe:

Can you do this one?

Patient # 4: THORNG BUNTHOEUNN, female, 14 years old

> Chief complaint: Severe itching on the left side for
> one month.

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

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

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

Subject: FW: Cambodia Case #5

Date: Mon, 15 Oct 2001 10:04:36 -0400

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

> From: Wright, Cameron D., M.D.

> Sent: Monday, October 15, 2001 8:25 AM

> To: Gere, Katherine F.

> Subject: RE: Cambodia Case #5

>

> he needs an egd in the hospital. would put him on a h2 blocker in the

> meantime. cam

>

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

> From: Gere, Katherine F.

> Sent: Thursday, October 11, 2001 4:48 PM

> To: Wright, Cameron D., M.D.

> Cc: Kelleher, Kathleen M. - Telemedicine

> Subject: Cambodia Case #5

>

> Thanks for your assistance.

> Kathy Gere

>

> Patient # 5: SOR KIM SOEUN, male, 27 years old

>>

>> Chief complaint: Epigastric pain radiating to upper

>> back for three weeks. Stool with black color for

>> three days.

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

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

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

Subject: FW: Cambodia case #8

Date: Fri, 12 Oct 2001 14:25:09 -0400

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

From: Schwamm, Lee H.

Sent: Friday, October 12, 2001 9:25 AM

To: Gere, Katherine F.

Subject: RE: Cambodia case #8

[same as before](#)

Lee H. Schwamm, MD

Assistant Professor of Neurology, Harvard Medical School Associate Program Director,
MIT- Clinical Research Center Associate Director, Acute Stroke Service, MGH and Director,
CIMIT National Stroke Program

<http://www.stopstroke.org>

Mailing Address:

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

From: Gere, Katherine F.
Sent: Thursday, October 11, 2001 5:52 PM
To: Schwamm, Lee H.
Cc: Kelleher, Kathleen M. - Telemedicine
Subject: Cambodia case #8

Lee:

Any chance you could take a look at this one as well? If not do the other first.

Thanks

Kathy Gere

Patient # 8: SAIN SOK, male, 18 years old

> Chief complaint: Headache and vertigo for three months.
