October 2003 Telemedicine Clinic in Robib

Report and photos submitted by David Robertson

On Thursday, October 9, 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, 8 Oct 2003 07:23:36 -0400
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@bigpond.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, dmr@media.mit.edu
Cc: "Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
"Dr. Srey Sin" <012905278@mobitel.com.kh>, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>
Subject: Cambodia Telemedicine - Robib, October 9th, 2003

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

Dear All:

Sorry the October Telemedicine clinic in Robib, Cambodia had to be delayed a few days (due to my travel schedule,) but now we are here in the village and the clinic will take place on Thursday, October 9th.

We'll have the follow up clinic at 8:00am, Friday, October 10th (9:00pm Thursday in Boston.) Best if we could receive your e-mail advice before this time.

We will try to depart the village by 9:00am on Friday as the wet road conditions have made for slower travel (the travel time between Kampong Thom and Robib was double today, four hours instead of the usual two hours.)

Thanks again for your kind assistance.

Sincerely,

David

Date: Thu, 9 Oct 2003 20:55:19 -0400
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: October 2003 Telemedicine Patient #1: NGET SOEUN, male, 56 years old

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

Dear All,

Sorry we were not able to e-mail the cases yesterday. We could connect from the dish in Robib to the satellite above, but there was no connection onward from the satellite to the internet (maybe bad weather on the Thai side of the link.) But we are on-line now.

Because of the longer travel time, we are hoping to depart the village in a few hours. Short replies from SHCH may be best for all in the interest of time. We will also add the Boston replies to our report and follow up with the patients.

Sincerely,

David

Telemedicine Clinic in Robib, Cambodia – 9 October 2003

Patient #1: NGET SOEUN, male, 56 years old, follow up patient

Subject: Patient still has headache, weakness, no cough, has blurred vision, increased appetite, no abdominal distension, no stool with blood, no chest pain, and he has good urination.

Object: Looks stable.

BP: 100/40
Pulse: 80
Resp.: 20
Temp. : 36.5

Weight: 39 kg
Hair, ears, nose, and throat: Okay.
Eyes: Mild pale, no jaundice.
Lungs: Lower bilateral crackle.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, has positive bowel sound all quadrants.
Limbs: No edema..

Assessment: Cirrhosis. Hepatitis? C.O.P.D.?

Plan: Keep the same treatment.

- **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**

Please give me any other ideas. Please note past history from last month attached below:

Telemedicine Clinic in Robib, Cambodia – 2 September 2003

Patient #2: NGET SOEUN, male, 56 years old

Note: We have seen this patient three times, last trip we took him to Kampong Thom Hospital for evaluation. We diagnosed him with Ascitis with cirrhosis and hepatitis. He was admitted to Kampong Thom Hospital for 19 days, just discharged yesterday (after we visited him at the hospital.) The following tests were done:

- CBC (RWC = 6300/mm3, PN = 61%, PE = 03%, PB = 00%,

  Lymphocyte = 36%, MO = 00%

- BS = 70mg/dl
- Malaria = negative
- Transaminase (SGOT = 72ui/l, SGPT = 103 u/l)
- ESR (1h = 90 mm/l, 2h = 105 mm/l)
- UA (Negative)
- Urine microscope (present a few white blood cells and a few epithelial cells.)
- Abdominal ultrasound presented with +3 of Ascitis with cirrhosis
- Chest x-ray (conclusion = normal)
- Ascitis fluid (WBC = 113/mm3, PN = 42%, L = 58%)
- Rivaltat Test (Negative)
- They also did Ascitis drainage of about one litre.)

Medication during hospitalization: The doctors at Kampong Thom covered him with some medications:

- Ampicilline, 500mg, two tablets three times daily for 10 days
- Aldactone, 50mg, one tablet twice daily for seven days
- Atenol, 50mg, 1/2 tablet daily for seven days
- Kel, one tablet twice daily for seven days
- Furosemide, 40 mg, 1/2 tablet daily for seven days
- Multivitamin, one tablet daily for seven days
- IV fluids such as D5%, 500ml, four bags

His condition is much better and he was discharged with prescription for:

- Aldactone, 50mg, one tablet every three days
- Multivitamin, one tablet daily

My assessment today:

Subject: Patient has decreased shortness of breath, sometimes cough, no palpitations, has blurred vision, no fever, has headache, no chest pain, has dizziness, decreasing abdominal distension, no stool with blood, and good appetite.

Object: Looks stable. Alert and oriented x 3.
BP: 100/60
Pulse: 68
Resp.: 20
Temp. : 36.5

Hair, ears, nose, and throat: Okay.
Eyes: Mild pale, mild conjunctiva jaundice
Lungs: Right lower crackle.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, has positive bowel sound all four quadrants,
Limbs: No edema and no deformity.

Assessment: Cirrhosis, Ascitis, Hepatitis, Right lung congestion?

Plan: I want to cover him with:

- **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**

Please give me any other ideas.

From: "Bunse LEANG" <tmed1shch@online.com.kh>
To: "David Robertson" <dmr@media.mit.edu>, <tmed_montha@online.com.kh>
Cc: "Gary Jacques" <gjacques@bigpond.com.kh>,
"Jennifer Hines" <sihosp@bigpond.com.kh>,
"Rithy Chau" <tmed_rithy@online.com.kh>
Subject: RE: October 2003 Telemedicine Patient #1: NGET SOEUN, male, 56 years old
Date: Fri, 10 Oct 2003 11:37:17 +0700

Dear David and Montha,

I am sorry, I did not see the questions and I thought it is just for our information.

The patient is documented liver cirrhosis. If the patient does not have edema on Aldactone 50 mg every three day, I would just continue the same dose of Aldactone and multivitamine, though it seems strenght that liver cirrhosis with aldoctone every 3 days.

Regards,

Jennifer/Bunse

From: "Lacey, Kimberly" <KLACEY1@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Subject: Patient #1: NGET SOEUN, male, 56 years old
Date: Fri, 10 Oct 2003 09:50:57 -0400

Dear David,

Please see below another opinion from Dr. Ed Ryan regarding pt # 1.

Kimberly A. Lacey
Partners HealthCare System, Inc. - Telemedicine
Office: 617-724-9938; Cell: 617-816-5941
Fax: 617-228-4635

http://www.telemedicine.partners.org

-----Original Message-----
From: Ryan, Edward T., M.D.
Sent: Friday, October 10, 2003 9:46 AM
To: Lacey, Kimberly
Subject: RE: October 2003 Telemedicine, RESEND, Patient #6: YIM SOKIN, male, 23 years old

very nonspecific. would consider mild congestive heart failure with bilateral lower lung crackles (vs primary lung process/fibrosis). could try 10 mg furosemide a day for a few days and see if any symptomatic improvement. if no improvement and pulmonary findings persist, would consider CXR.

Edward T. Ryan, M.D., DTM&H
Tropical & Geographic Medicine Center
Division of Infectious Diseases
Massachusetts General Hospital
Jackson 504
55 Fruit Street
Boston, Massachusetts 02114 USA

Administrative Office Tel: 617 726 6175
Administrative Office Fax: 617 726 7416
Patient Care Office Tel: 617 724 1934
Patient Care Office Fax: 617 726 7653
Email: etryan@partners.org or ryane@helix.mgh.harvard.edu

Date: Thu, 9 Oct 2003 21:01:15 -0400
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: October 2003 Telemedicine Patient #2: THORN KHUN, female, 38 years old

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

Telemedicine Clinic in Robib, Cambodia – 9 October 2003

Patient #2: THORN KHUN, female, 38 years old, follow up patient

Subject: Patient still has palpitations, decreased dizziness, decreased shortness of breath, and has neck tenderness, no chest pain, no fever, decreased blurred vision, no abdominal pain, and no diarrhea.

Object: Looks stable. Alert and oriented x 3 (time, place, person.)

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

Wt.: 62 kg
Hair, ears, nose, and throat: Okay.
Eyes: Decreased bilateral exothalsis, decreased pain.
Neck: Goiter the same size as last month, 3 x 6 cm.
Lungs: Clear on both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, positive bowel sound all four quadrants, fetus (good, moving.)

Limbs: No edema and no stiffness.

Assessment: Toxic goiter. Pregnancy of eight months.

Recommend: Should we continue multivitamin tab once daily for another 30 days and add Feso4, folic acid 200, 25mg, one tab per day? Draw blood for T4 and TSH test.

Please give me any other ideas. Please see last month's assessment that follows below:

Telemedicine Clinic in Robib, Cambodia – 2 September 2003

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

Note: We saw this patient previously and followed up with her last month. We diagnosed her with toxic goiter and pregnancy of about 6 months. Rithy Chau of SHCH ordered to draw blood for T4, TSH and the result showed T4=28 pml/l and TSH = 0.02 microIU/ml. Rithy also ordered us to cover her with a multivitamin, 1 tab daily for 30 days, and to draw her blood again this trip for T4. Please see her detailed history from July 2003 & August 2003 attached below.

Subject: Patient still has a little bit of dizziness, decreased palpitations, decreased blurred vision, decreased shortness of breath, decreased neck tenderness, no fever, no cough, no sore throat and no vaginal bleeding.

Object: Looks stable. Alert and oriented x 3 (time, place, person.)
Wt.: 62 kg
BP: 105/80
Pulse: 94
Resp.: 20
Temp. : 36.5

Hair, ears, nose, and throat: Okay. **Eyes:** Pink conjunctiva, not pale, and no jaundice.
Neck: Goiter the same size as last month, 3 x 6 cm (not developing.)
Lungs: Clear on both sides, no crackle and no wheezing.
Heart: Regular rhythm, no murmur
Abdomen: Soft, no pain, positive bowel sound all four quadrants, fetus (good, moving.)
Limbs: No edema and no stiffness.

Assessment: Toxic goiter. Pregnancy of seven months.

Recommend: Should we continue multivitamin tab once daily for another 30 days and draw her blood for T4 as Mr. Rithy suggested, then see her again next visit? Please

give me any other ideas.

History from July 2003:

Date: Thu, 10 Jul 2003 09:26:30 -0400
From: dmr@media.mit.edu
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann (E-mail)" <ph2065@yahoo.com>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>,
Rithy Chau <tmed_rithy@bigpond.com.kh>,
Bunse Leng <tmed1shch@bigpond.com.kh>, telemedicine_cambodia@yahoo.com,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>
Cc: dmr@media.mit.edu, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>,
Somontha Koy <monthakoy@yahoo.com>
Subject: Patient #5: THORNG KHUN, Cambodia Telemedicine, July 10, 2003

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

Telemedicine Clinic in Robib, Cambodia – 10 July 2003

Patient #5: THORNG KHUN, female, 38 years old

Chief complaint: Patient complains of chest pain and palpitations on and off for three months.

History of present illness: Three months ago she got symptoms of chest pain and palpitations, chest pain like stabbing. It lasts about 4-5 minutes at a time, and it happens 3-5 times per two days. Chest pain goes away with massage or when she leans forward on a chair. Sometime she feels worse at nighttime. She gets these symptoms accompanied by sweating, dizziness, headache and sometimes almost fainting. She had never met a doctor, just came to see us.

Current medicine: None

Past medical history: Malaria in 1983.

Family history: Her mother has hypertension. Patient has seven children.

Social history: Unremarkable

Allergies: None.

Review of system: Has no fever, no cough, has chest pain, no diarrhea, has dizziness, and has palpitations.

Physical exam

General Appearance: Looks stable.

BP: 130/60
Pulse: 116
Resp.: 22
Temp. : 36.5

Hair, ears, nose, and throat: Okay. **Eyes:** Mild exothalsis.
Neck: Small mass at anterior neck, mobile, size about 3 x 4 cm.
Skin: Not pale and no jaundice.
Lungs: Clear both sides, symmetrical sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, and has positive bowel sound.
Limbs: Okay

Assessment: Ischaemic heart disease? Toxic goiter?

Recommend: Should we draw her blood for Thyroid test like TSH, T4, T3 and give?

- **Propranolol, 40mg, ½ tablet daily**

Please give me any other ideas.

From: "List, James Frank,M.D.,Ph.D." <JLIST@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Cc: "Kelleher-Fiamma, Kathleen M., Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
Subject: RE: Patient #5: THORNG KHUN, Cambodia Telemedicine, July 10, 2003
Date: Thu, 10 Jul 2003 12:40:32 -0400

To summarize, the patient is a 38 year-old female with 3 months of positional chest pain and palpitations. On examination, she has tachycardia, exophthalmos, and an anterior neck mass.

The most likely explanation is thyrotoxicosis, the chest pain and palpitations representing episodes of atrial fibrillation. I recommend drawing thyroid function tests and starting a beta blocker. Because of its short half-life, propranolol should be started at 10 to 20 mg three times daily.

The positional nature of the chest pain and its duration also raise the possibility of chronic pericarditis. If the patient is found to be euthyroid, this must be further investigated. While there are many potential etiologies of chronic pericarditis, one must place tuberculosis high on the list. I would recommend getting an EKG (which may show diffuse P-R depressions) and a chest X-ray as well as placing a PPD/Mantoux test.

Cardiac ischemia secondary to coronary artery disease is unlikely in the described scenario.

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

Endocrinology, Massachusetts General Hospital

From: "Rithy Chau" <tmed_rithy@online.com.kh>
To: <dmr@media.mit.edu>
Cc: "SoThero Noun" <aafc@camnet.com.kh>,
"Jennifer Hines" <sihosp@online.com.kh>,
"Gary Jacques" <gjacques@online.com.kh>,
"Bunse Leng" <tmed1shch@online.com.kh>,
"Bernard Krisher" <bernie@media.mit.edu>
Subject: RE: Patient #5: THORNG KHUN, Cambodia Telemedicine, July 10, 2003
Date: Fri, 11 Jul 2003 10:44:21 +0700

Dear Montha and David,

Good morning!

This patient may have hyperthyroidism from her symptoms, but to me she does not look like she is having exophthalmos and her thyroid does not look obvious for an enlargement. Can she go to K. Thom for an EKG and CXR and some blood work like CBC, cem with BUN, creat and glucose. Propranolol 10mg bid may help to relieve her symptoms, but I would check the heart first before the thyroid.

Any domestic problems at home? Can you also work up to rule out any GI problem of dyspepsia or GERD? How is her menses? Any GYN complaints?

Thanks,

Rithy (Dr. Jennifer agreed)

History from August 2003:

Date: Tue, 12 Aug 2003 04:44:15 -0400
From: dmr@media.mit.edu
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann (E-mail)" <ph2065@yahoo.com>,
"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: THORNG KHUN, female, 38 years old

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

Telemedicine Clinic in Robib, Cambodia – 12 August 2003

Patient #1: THORNG KHUN, female, 38 years old

Chief complaint: Patient still complains of chest pain sometimes, neck tenderness, and palpitations.

Note: We sent this patient to Kampong Thom Hospital last month for consultation and management of her health problem. Kampong Thom was only able to do something for the stomach problem, for the goiter they could not do anything as they cannot do the thyroid function test. They did an unknown blood test and an EKG. The patient was admitted there for five days and covered with medication and discharged with chronic gastritis diagnosis.

Subject: Patient still has palpitations, shortness of breath, sometimes chest tightness, has a headache, neck tenderness, has no abdominal pain, no fever, has neck tightness, no hair loss, has sweating, and no coughing.

Object: Looks stable.
BP: 110/60
Pulse: 104
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Neck: Small mass at anterior neck, moveable, size 3 x 6 cm (not developing.)

Lungs: Clear both sides and symmetry on bilateral size.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, and has positive bowel sound on all four quadrants. She has been pregnant for six months. She said there is good fetal movement.

Limbs: No stiffness and no edema.

Assessment: Toxic goiter? Pregnancy for six months.

Plan: I think we should draw this patient's blood and do a Thyroid function test at Sihanouk Hospital Center of Hope in Phnom Penh, then follow up with her next month. Please give me any other ideas.

Date: Tue, 12 Aug 2003 20:15:18 -0700 (PDT)
From: Rithy Chau <chaurithy@yahoo.com>
Subject: Robib TM in August
To: dmr@media.mit.edu
Cc: sihosp@online.com.kh, tmed1shch@online.com, gjacques@online.com.kh

Patient #1 Thorng Khun, 38F

We think the patient is clinically euthyroid but we need to rule out this problem. You can draw her blood to do a TSH and free T4 at SHCH. If her symptoms are tolerable without medications, this is better since she is pregnant. Wait for her TSH and free T4 before considering any medication. Her sx could have come from pregnancy itself. What you can give her is multivitamins with iron and folate (prenatal vitamins) taken qd with meal. Find out also what exactly happended at K Thom Hosp. and her lab results, etc.

From: "Kelleher-Fiamma, Kathleen M., Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
To: '"dmr@media.mit.edu"' <dmr@media.mit.edu>
Subject: FW: Patient #1: THORNG KHUN, female, 38 years old
Date: Tue, 12 Aug 2003 21:19:53 -0400

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

> From: Kvedar, Joseph Charles,M.D.

> Sent: Tuesday, August 12, 2003 9:17 PM

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

> Subject: RE: Patient #1: THORNG KHUN, female, 38 years old

>

> Thank you for this interesting case.

>

> Patient #1 38 yo female with chest pain, palpitations

> and neck mass/tenderness.

>

> General recommendations regarding the report:

>

> Review of symptoms and physical exam ; any other

> symptoms consistent with thyroid disease? (ie

> diarrhea, nervousness, trembling, moist skin)

> (hyperrelexia?)

> Was EKG normal?

>

> The constellation of symptoms presented does suggest

> hyperthyroidism of some kind.

>

> 1. Acute thyroiditis (also called DeQuervain's

> throiditis) often presents with pain and often follows

> a viral illness. is therefore quite possible in her.

> 2. Toxic goiter or toxic adenoma are also possible in

> that a nodule was apparently identified on exam.

> 3. Graves disease is usually a diffuse painless goiter

> and is therefore less likely.

>

> If at all possible have thyroid studies completed

> somewhere (TSH, free T4, T3 re-uptake) would be a

> good start. A thyroid scan (radioactive iodine

> uptake)- if available- would be next if she is indeed

> hyperthyroid to differentiate the possible causes -

> BUT SHOULD NOT BE USED IN PREGNANT PATIENTS.

>

> Recommendations:;

> 1. Patients with thyroiditis usually improve on

> their own. Management of non-pregnant patients

> includes treating the symptoms if they are severe

> (tachycardia, nervousness) with beta blockers such as

> propanolol. Also, prednisone 20mg to 40mg for a short

> course often gives rapid relief of pain associated

> with painful thyroiditis but often not recommended

> during pregnancy.

> Propylthiouracil is the drug of choice in pregnant

> patients with hyperthyroidism. Typical initial dose

> is 100mg per day and may increase to three times per

> day. Symptoms usually improve in 2-3 weeks.

> 2. If not done already, rule out anemia as a

> contributing cause with a CBC

>

Joseph C. Kvedar, M.D.

From: "Bunse LEANG" <tmed1shch@online.com.kh>
To: "David Robertson" <dmr@media.mit.edu>, <tmed_montha@online.com.kh>
Cc: "Gary Jacques" <gjacques@bigpond.com.kh>,
"Jennifer Hines" <sihosp@bigpond.com.kh>,
"Rithy Chau" <tmed_rithy@online.com.kh>
Subject: RE: October 2003 Telemedicine Patient #2: THORN KHUN, female, 38 years old
Date: Fri, 10 Oct 2003 10:27:39 +0700

Dear David and Montha,

Rithy is busy with employee health clinic today, so I help him for this month Robib telemed.

The patient has hyperthyroidism and pregnancy (8 months now). T4 = 28 around July 2003. She is on multivitamin, FeSO4/Folic acid.

It is good that she is now better. Usually in pregnant hyperthyroidism, we keep T4 between 20-30 (NL lab in SHCH is < 20), that is a little bit high.

This is to avoid fetal hypothyroid, which is bad. I agree with you to continue only multivitamin and FeSO4/Folic acid, check T4 now and follow-up T4 month 9 and month 10 (after delivery). Where is she going to give birth? I hope at health clinic or hopsital.

Regards,

Jennifer/Bunse

From: "List, James Frank,M.D.,Ph.D." <JLIST@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Subject: FW: October 2003 Telemedicine Patient #2: THORN KHUN, female, 38
years old
Date: Fri, 10 Oct 2003 10:22:53 -0400

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

From: List, James Frank,M.D.,Ph.D.

Sent: Friday, October 10, 2003 10:18 AM

To: 'mailto:dmr@media.mit.edu'; Kelleher-Fiamma, Kathleen M., Telemedicine

Subject: RE: October 2003 Telemedicine Patient #2: THORN KHUN, female, 38 years old

The patient has improving symptoms but still has palpitations and neck tenderness. She is now 6 months pregnant. Her thyroid function tests when checked were indicative of thyrotoxicosis, with an elevated T4 and a suppressed TSH.

It is important to get as close to euthyroid in this patient as possible because of the increased rate of obstetrical complications in hyperthyroid patients, including abortion, stillbirth, and premature labor. Again, the neck tenderness suggests thyroiditis, though Graves' and toxic nodular goiter are possible. If the patient continues to be thyrotoxic at this point, the duration of the thyrotoxicosis would suggest Graves' or toxic nodular goiter.

Recommend: Recheck thyroid function tests. If continued thyrotoxicosis, begin therapy with antithyroid drugs. In the United States, we use propylthioruracil in pregnant patients, but carbimazole and methimazole are commonly used in other countries and are acceptable. The dose depends on the level of thyrotoxicosis, and it is important to recheck thyroid function tests every 1 to 2 weeks until she is stably euthyroid. Optimally, T4, Free T4, T3, and TSH will be checked. At a minimum, T4 and TSH will be checked. Of note, the patient may be found to be euthyroid or hypothyroid on repeat labs (this is possible if the etiology of the thyrotoxicosis was thyroiditis). The former should be followed with laboratory testing over time as a hypothyroid phase may ensue; the latter would need to be treated with L-thyroxine.

In addition, would continue MVI, iron, and folic acid. The case also mentions 25 mg one tab per day, but does not state what the medication is - therefore no recommendation can be made for this. If it is atenolol, it is fine to continue if the patient is thyrotoxic, and should be tapered off if the patient is euthyroid or hypothyroid.

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

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

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

> Sent: Friday, October 10, 2003 6:48 AM

> To: List, James Frank,M.D.,Ph.D.

> Cc: Lacey, Kimberly; Lugn, Nancy E.

> Subject: FW: October 2003 Telemedicine Patient #2: THORN KHUN,

> female, 38 years old

>

> Hi Dr. List:

>

> This case is a follow-up case that you did previously.

>

> If you will be unable to complete, please inform Kim Lacey who is cc'd on

> this message as I will be out of the office.

>

> Best,

>

> Kathy

Date: Thu, 9 Oct 2003 21:06:46 -0400
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: October 2003 Telemedicine Patient #3: MEAS PHARY, female, 38 years old

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

Telemedicine Clinic in Robib, Cambodia – 9 October 2003

Patient #3: MEAS PHARY, female, 38 years old

Chief complaint: Small wound on the left side of the neck for the last two months.

Subject: Patient has small mass on the left side of the neck, mass has become itchy with redness. Patient scratched the area and then bleeding and oozing came out. From that time, it has been bleeding on and off accompanied by pain and hardness around it. She has never consulted with anyone about this problem until now.

Past medical history: In May 2001 she came to see us and Dr. Gumley of Sihanouk Hospital suggested that she go on her own to the hospital to do a Thyroid test (patient did not follow up.)

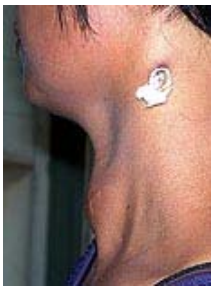
Social history: No smoking and no drinking alcohol.

Family history: Unremarkable.

Allergy: None known.

Current medicine: Took ampicilline one gram twice daily for 12 days and just stopped one week ago.

Review of system: No sore throat, no weight loss, no cough, no fever, no



chest pain, has shortness of breath sometimes, no abdominal pain, and has regular periods.

Object: Looks stable.

BP: 100/60
Pulse: 84
Resp.: 20
Temp. : 36.5

Weight: 51 kg
Hair, eyes, ears, nose, and throat: Okay.

Neck: Mass on the anterior neck, 5 x 6 cm and mobile, no pain. Another small mass on the left side about 1 x 1 cm, has pain and mild redness, but not lymph node.

Lungs: Clear both sides.

Heart: Regular rhythm, no murmur

Abdomen: Soft, flat, not tender, has positive bowel sound all four quadrants.

Limbs: Okay

Assessment: Simple goiter? Small left side neck wound.

Plan: May we refer her to Kampong Thom Hospital for consultation with surgeon? Please give me any other ideas.

From: "Bunse LEANG" <tmed1shch@online.com.kh>
To: "David Robertson" <dmr@media.mit.edu>, <tmed_montha@online.com.kh>
Cc: "Gary Jacques" <gjacques@bigpond.com.kh>,
"Jennifer Hines" <sihosp@bigpond.com.kh>,
"Rithy Chau" <tmed_rithy@online.com.kh>
Subject: RE: October 2003 Telemedicine Patient #3: MEAS PHARY, female, 38 years old
Date: Fri, 10 Oct 2003 10:25:49 +0700

Dear David and Montha,

1. Goiter: It sounds and looks like euthyroid goiter. It looks small and no compression symptoms, probably no need to do anything now.

2. Wound: Interesting. I agree with you to refer to K.Thom. I think they would do biopsy, if this is the case we can provide formaldehyde liquide to store the biopsy tissue and bring to SHCH, and we can ask advice from pathologist through telepathology service (University of Basel).

Regards,

Jennifer/Bunse

From: "Lacey, Kimberly" <KLACEY1@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Cc: "Kelleher-Fiamma, Kathleen M., Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
Subject: FW: October 2003 Telemedicine Patient #3: MEAS PHARY, female, 38

years old
Date: Fri, 10 Oct 2003 15:53:51 -0400

Hello David... please see below one more consult for you...

Kimberly A. Lacey

IS Financial Coordinator

Partners Healthcare System - Telemedicine

Phone: 617-724-9938; Mobile: 617-816-5941

Pager: 617-724-5700, ID# 32799; Fax: 617-228-4635

http://www.telemedicine.partners.org

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

From: Tan, Heng Soon,M.D.

Sent: Friday, October 10, 2003 3:31 PM

To: Kelleher-Fiamma, Kathleen M., Telemedicine

Subject: RE: October 2003 Telemedicine Patient #3: MEAS PHARY, female,

38 years old

She has 2 separate problems. She has most likely a simple goiter if the mass is homogenous [not nodular] and midline. If it is only one enlarged lobe, then it could be a nodule. I would screen for hyperthyroid symptoms [weight loss, smooth skin, glossy hair, increased sweating, insomnia, irritable mood, increased appetite and energy, irregular menstrual pattern, increased bowel frequency, tremors] or hypothyroid symptoms [weight gain, dry skin, dry hair with alopecia, increased sleep, depressed mood, lethargy, heavier menses, constipated bowel habits, muscle aches]. If she has none of these, she is likely euthyroid. Blood testing with TSH will confirm the diagnosis. Suppression of euthyroid simple goiter with l-thyroixine may be useful cosmetically. Iodinated salt should be used.

As for the discharge, I would be concerned about scrofula or tuberculosis with infected underlying lymph node and discharging sinus. The sinus tract could also be draining an apical tooth abscess if she has a toothache. The posterior position of the sinus tract would be against infected branchial cyst sinus.

Besides tuberculosis, actinomycetes and nocardia bacterial infection should be considered. Diagnosis is made by AFB stain, gramstain and culture for TB and bacteria using a swab from the sinus tract. PPD or Mantoux skin test could be useful. Appropriate antibiotics are available once diagnosis is established.

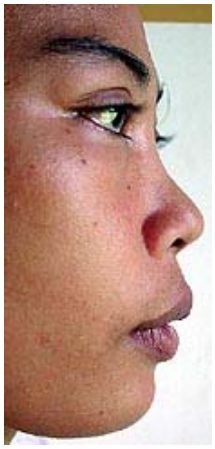
HS

Date: Thu, 9 Oct 2003 21:12:16 -0400
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: October 2003 Telemedicine Patient #4: THO CHANTHY, female, 36 years old

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

Telemedicine Clinic in Robib, Cambodia – 9 October 2003

Patient #4: THO CHANTHY, female, 36 years old, follow up patient



Chief complaint: This patient complains of still having palpitations sometimes and headache.

Subject: Patient sometimes has palpitations and shortness of breath, has a headache, increased weight (5 kg gain in one month,) increased appetite, good sleep, no fever, no chest pain, decreased neck tightness, decreased tremors, no abdominal pain, no diarrhea, increased thirst, decreased tremor in extremities.

Object: Looks stable.

Weight: 49kg
BP: 120/60
Pulse: 84
Resp.: 20
Temp. : 36.5

Hair, ears, nose, and throat: Okay.
Eyes: Less pain, decreased bilateral exothalsis.
Neck: Goiter size, 10 x 8 cm, no JVD.
Lungs: Clear both sides, no crackle or wheezing.
Heart: Regular rhythm, no murmur

Abdomen: Soft, flat, not tender, has positive bowel sound all four quadrants.
Limbs: No edema and less tingling.

Assessment: Toxic Goiter. Afib resolved? Muscle pain.

Plan: Should we cover her with the same meds the next 30 days?

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

Also draw her blood for T4 and TSH to be done at SHCH. Please give me any other ideas and see past history from last month:

Telemedicine Clinic in Robib, Cambodia – 2 September 2003

Patient #5: THO CHANTHY, female, 36 years old

Chief complaint: This patient still complains of palpitations and headache.

Note: We sent this patient to Kampong Thom Hospital last month to begin management of her Hyperthyroidism and Afib. Last month we also drew her blood in the village to test at Sihanouk Hospital Center of Hope for T4 and TSH. T4 = >88pml/l, TSH = < 0.02 micro IU/ml. She was admitted to Kampong Thom Hospital for 19 days and they covered her with following medications:

- Carbimazole, 5mg, one tablet three times daily
- Atenolol, 50mg, 1/2 tablet daily
- Aspirin, 500mg, 1/2 tablet daily
- Almac, 500mg, one tablet three times daily
- Vitamin B, B6, B12, one tablet twice daily

Kampong Thom Hospital did some blood tests for her:

- CBC & cell count
- WBC = 5.200/mm3
- PN = 63%
- PE = 03%
- PB = 00%
- Lymphocyte = 34%
- Monocyte = 00%
- BS = 76mg/dl

Neck Ultrasound: Showed Thyroid gland enlarged, size 64 x 50 x 20 mm, conclusion was diffuse goiter.

EKG: Done on 14 August 03 showed HR about 138/min. and Afib. EKG attached.

Chest x-ray: Showed cardiomegalie.

She was discharged from Kampong Thom Hospital yesterday and the doctors asked her to continue meds as:

- Carbimazole, 5mg, one tablet daily in the morning
- Aspirin, 300mg, 1/2 tablet daily
- Propranolol, 50mg, 1/2 tablet daily

My assessment today:

Subject: Patient still has palpitations, decreasing shortness of breath, increased sleepiness, increased appetite, decreased blurred vision, decreased neck tightness, abdominal pain sometimes, no stool with blood, no edema in legs, increased weight.

Object: Looks stable, alert and oriented x 3.
Weight: 44kg
BP: 120/60
Pulse: 90
Resp.: 22
Temp. : 36.5

Hair, ears, nose, and throat: Okay.
Eyes: Still bilateral exothalsis, decreased pain.
Neck: Goiter the same size, not developing, no JVD.
Lungs: Clear both sides.
Heart: Irregular rhythm, no murmur
Abdomen: Soft, flat, not tender, has positive bowel sound all four quadrants.
Limbs: No edema and no stiffness but still have both hands tingling.

Assessment: Toxic Goiter. Afib.

Plan: Should we cover her for the next 30 days with:

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

Also draw her blood for T4 as Dr. Bunse & Mr. Rithy of SHCH suggest? Follow the prescription that Kampong Thom Hospital suggested. Please give me any other ideas.

From: "Bunse LEANG" <tmed1shch@online.com.kh>
To: "David Robertson" <dmr@media.mit.edu>, <tmed_montha@online.com.kh>
Cc: "Gary Jacques" <gjacques@bigpond.com.kh>,
"Jennifer Hines" <sihosp@bigpond.com.kh>,
"Rithy Chau" <tmed_rithy@online.com.kh>
Subject: RE: October 2003 Telemedicine Patient #4: THO CHANTHY, female, 36 years old
Date: Fri, 10 Oct 2003 10:25:45 +0700

Dear David and Montha,

Hi, I am back from Belgium, after 1 month training course in September 2003 for HIV care, ARV, and telemedicine. It was cold there but not really muddy like Cambodia. How are you in Robib, very busy?

Hyperthyoid patient with irregular heart rhythm. She patient is on carbimazole 5 mg TID with propranolol and aspirin. she is better now with regular heart rhythm, but T4 last month > 88. I would keep her the same mediciation, but I think she does not need multivitamin. You may check her T4 next month, not this month.

Good jobs,

Jennifer/Bunse

From: "List, James Frank,M.D.,Ph.D." <JLIST@PARTNERS.ORG>
To: '"dmr@media.mit.edu"' <dmr@media.mit.edu>,
"Kelleher-Fiamma, Kathleen M., Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>
Subject: RE: October 2003 Telemedicine Patient #4: THO CHANTHY, female, 36
years old
Date: Fri, 10 Oct 2003 11:32:43 -0400

In summary, the patient had thyrotoxicosis and atrial fibrillation with a diffuse goiter. She was started on treatment with carbimazole and propranolol in August. She has had normalization of her heart rhythm, though still has episodes of palpitatons. She has had weight gain. She has muscle pain listed in her assessment (not in her history). Her photos show a large goiter and no stare.

The patient has been successfully treated for Graves' disease with antithyroid medication and

beta-blockade. She will need to continue on antithyroid medication unless she has definitive therapy with radioactive iodine or with surgery. She can taper off the propranolol when she becomes biochemically euthyroid.

The thyroid status of the patient is hard to tell. She has decreased (?but still present) tremor and occasional palpitations. These would argue that she is still thyrotoxic. She has weight gain and muscle pain. These would argue that she has been overtreated and is now hypothyroid. And, of course, she may actually be euthyroid.

TSH and T4 should be checked:

- If TSH low and T4 high, she should maintain her current medication and have her laboratory studies rechecked in 2 to 4 weeks.

- If TSH low or normal and T4 normal, she should taper down to carbimazole 5 mg twice daily, taper off propranolol, and have her laboratory studies rechecked in 2 to 4 weeks

- If If TSH elevated and T4 normal or low, she should taper down to carbimazole 5 mg once daily, taper off propranolol, and have her laboratory studies rechecked in 2 to 4 weeks

Given that she still has palpitations, aspirin should be continued in case this represents paroxysmal atrial fibrillation.

A multivitamin is always a good idea, but make sure it does not also contain supplemental iodine.

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

Endocrinology, Massachusetts General Hospital

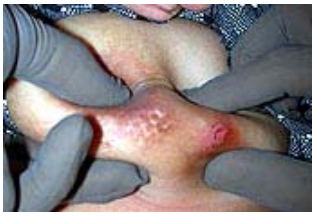
Date: Thu, 9 Oct 2003 21:18:56 -0400
From: David Robertson <dmr@media.mit.edu>
To: JKVEDAR@PARTNERS.ORG, "Paul Heinzelmann, MD"
<pheinzelmann@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M. - Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
"Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
Gary Jacques <gjacques@bigpond.com.kh>,
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: October 2003 Telemedicine Patient #5: SEANG VASNA, female, 31 years old

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

Telemedicine Clinic in Robib, Cambodia – 9 October 2003

Patient #5: SEANG VASNA, female, 31 years old

Chief complaint: Mass on the left breast for three months.



Subject: Patient has known mass on the left breast for three months. She went to a traditional doctor for advice and they told her to steam it with a warm rock. After doing that it decreased in size on and off. Sometimes she has strong pain on it. Mass is not developing and it has a regular border and isn't accompanied by any other signs.

Past medical history: Unremarkable.

Family history: Her mother died of hypertension.

Social history: Widow with two children.

Allergy: None known.

Current medicine: None.

Review of system: No sore throat, no weight loss, no cough, no chest pain, no shortness of breath, no fever, no palpitations, no abdominal pain, and no diarrhea.

Object: Looks stable, oriented x 3 (place, person, and time.)

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

Hair, eyes, ears, nose, and throat: Okay.
Skin: Not pale and no jaundice.
Neck: No goiter and no lymph node.
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur

Abdomen: Soft, flat, not tender, has positive bowel sound all four quadrants.

Limbs: Okay.

Breast: Left breast has mass, size about 3 x 4 cm and mobile, has pain during palpitations, redness on the left side caused by steaming.

Assessment: Left breast mass. Left breast tumor?

Plan: May we refer her to Kampong Thom Hospital for consultation with surgeon and do a breast ultrasound?

From: "Bunse LEANG" <tmed1shch@online.com.kh>
To: "David Robertson" <dmr@media.mit.edu>, <tmed_montha@online.com.kh>
Cc: "Gary Jacques" <gjacques@bigpond.com.kh>,
"Jennifer Hines" <sihosp@bigpond.com.kh>,
"Rithy Chau" <tmed_rithy@online.com.kh>
Subject: RE: October 2003 Telemedicine Patient #5: SEANG VASNA, female, 31 years old
Date: Fri, 10 Oct 2003 10:27:43 +0700

Dear David and Montha,

I agree with you to refer to K.Thom, I would request biopsy if possible for pathology finding. It may be a cancer, but less likely due to the fact that it decreases the size on and off after the

steaming. She should stop that.

It could be mastitis, so meanwhile you may try indomethacine 25 mg P.O TID with food and cloxacilline 500 mg QID for 7 days.

Regards,

Jennifer/Bunse

From: "Heinzelmann, Paul J." <PHEINZELMANN@PARTNERS.ORG>
To: "Lacey, Kimberly" <KLACEY1@PARTNERS.ORG>
Cc: "Lugn, Nancy E." <NLUGN@PARTNERS.ORG>,
"Kelleher-Fiamma, Kathleen M., Telemedicine"
<KKELLEHERFIAMMA@PARTNERS.ORG>,
""dmr@media.mit.edu' '"
<dmr@media.mit.edu>
Subject: RE: October 2003 Telemedicine Patient #5: SEANG VASNA, female, 31 years old
Date: Fri, 10 Oct 2003 20:11:34 -0400

Patient #5 Seang Vasna 31 yo female

Thank you for this interesting patient.

Summary: 31 year old female with a palpable breast mass for the past 3 months. It apparently is variable in size but measures approximately 3X4 cm, intermittently tender, and is mobile.

More complete history might include the following:

* Description of nipple (inverted? Drainage?)
* Secondary signs such as breast asymmetry or skin changes.
* Presence or absence of axillary lymph nodes
* Fever (as with an abcess)
* Relationship of symptoms to her period
* Whether a mammogram was ever done in the past

It appears there may be some breast skin changes on the digital image similar to peau d'orange (orange peel)and that makes it more suspicious for cancer.

Because the most serious consideration is of course breast cancer. Risk factors for breast cancer should be evaluated. These include:
* Age over 50
* Personal or family history of breast cancer or other cancers
* Early menarche (before age 12)
* Late menopause (after 50)
* Overweight
* Childless or first pregnancy after age 30

These could be explored. (I realize she has no children, but I don't know if she was ever pregnant)

Because her mass isn't subtle it may be considered a "dominant mass" - particularly if it persists throughout the menstral cycle. The initial objective is to determine if it is cystic or solid mass.

One approach is to consider initially aspirating the mass with a needle by someone comfortable with this procedure. A simple breast cyst has a low probability of being

malignant and may resolve from this procedure. If there is no resolution of the mass within 7 days or if the mass is appears to be solid, the breast should be evaluated by ultrasound or mammogram as soon as possible. (In women less than 35, breasts may be more difficult to image by mammogram so ultrasound is probably the best way to go.) If aspirated fluid is bloody or if solid, early consult with a surgeon is recommended.

The other approach is to go directly for the ultrasound. If it is cystic, it can be considered low probability for malignancy and may then be treated with either aspiration or by serial breast exams to confirm that it is resolving.

She doesn't seem to have many risk factors for cancer, but because of the size and what appears to be skin changes on the image, the ultrasound to differentiate a cystic from a solid mass sounds like a good first step, with a possible early surgical consult if it appears to be solid seems like a good approach. If needed, the surgeon will likely do either a needle biopsy, or excisional or incisional biopsy.

Please feel free to contact me with any further questions.

Paul Heinzelmann, MD

Date: Thu, 9 Oct 2003 22:59:37 -0400
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: October 2003 Telemedicine, RESEND, Patient #6: YIM SOKIN, male, 23 years old

There was a typo on the original send. Please add "Ascitis?" to the assessment, corrected below.

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

Telemedicine Clinic in Robib, Cambodia – 9 October 2003

Patient #6: YIM SOKIN, male, 23 years old

Chief complaint: Patient complains of abdominal distension and both feet edema for the last three months.

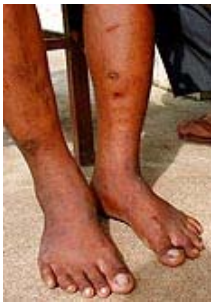
Subject: HPI. 23-year-old mail present with edema. It starts from feet and goes to abdomen to face. From day to day edema develops more and more. He gets this edema accompanied by fever on and off. He has

shortness of breath and low urine output, less than one litre per day; he has weakness, and jaundice of the skin. Two months ago he went to meet the local medical assistant and he was diagnosed with Typhoid fever and Hepatitis B. They gave him some meds like Furosemide, 40 mg, one tablet per day and another unknown medicine. He took the meds for four days but they haven't helped him and he came to see us.

Past medical history: Nine months ago, fell out of a palm tree, height about 6 meters, broke his left tibia bone, which is now completely healed.

Family history: Unremarkable.

Social history: Single. Smoking 24 sticks per day for the last 10 years. Drinking alcohol on and off for seven years. He just quit smoking and drinking about one month ago.

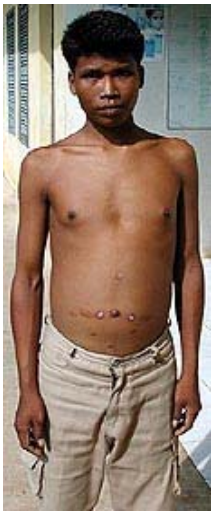


Allergy: None known.

Current medication: Uses traditional medicine for decreasing edema.

Review of system: No sore throat, no cough, has mild fever, has a headache, has substernal chest pain, has upper abdominal pain, sometimes has diarrhea, and has neck tension.

Object: Looks stable, oriented x 3 (place, person, and time.)



Weight: 58 kg
BP: 110/80
Pulse: 120
Resp.: 22
Temp. : 37.7

Hair, eyes, ears, nose, and throat: Okay.
Neck: No goiter, no JVD, and no lymph node.
Lungs: Clear both sides but decreasing breath sound at lower bilateral.
Heart: Regular rhythm, no murmur, but has Tachycardia.
Abdomen: Soft, +2 of distension, no HSM, has positive bowel sound, and has signs of Ascitis.

Limbs: +2 pitting edema on both feet and both shins.

Assessment: Ascitis? CRF? Syndrome Nephrotic? Hepatitis? Lower bilateral pleural effusion? Chronic malaria.

Plan: I would suggest referring him to the hospital for some blood tests like uree., creat, Bun, CBC, Malaria test, glycemie, cholesterol, and live functions tests, plus chest x-ray, abdominal ultrasound, and urine microscope.

Please give me any other ideas.

From: "Bunse LEANG" <tmed1shch@online.com.kh>
To: "David Robertson" <dmr@media.mit.edu>, <tmed_montha@online.com.kh>
Cc: "Gary Jacques" <gjacques@bigpond.com.kh>,
"Jennifer Hines" <sihosp@bigpond.com.kh>,
"Rithy Chau" <tmed_rithy@online.com.kh>
Subject: RE: October 2003 Telemedicine Patient #6: YIM SOKIN, male, 23 years old
Date: Fri, 10 Oct 2003 10:27:48 +0700

Dear David and Montha,

I agree with you to refer to our hospital as soon as possible. Complicated and interesting case.

Jaundice, hepatitis told by his doctor, mild fever, ascites, smoking/drinking, edema, poor urine output not helped by furosemide 40 mg P.O and tachycardia. Could be things like you mentioned.

Also could be from alcohol hepatitis, cirrhosis. Hepatitis B/C causes nephrosis. Clonorchis sinensis (liver fluke) is reported in K. Thom, and can cause inflammation and fibrosis around biliary tree, leading to billiary cirrhosis. Also may present with fever and edema.

Regards,

Bunse

From: "Lacey, Kimberly" <KLACEY1@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Subject: FW: October 2003 Telemedicine, RESEND, Patient #6: YIM SOKIN, mal
e, 23 years old
Date: Fri, 10 Oct 2003 09:36:35 -0400

Dear David,

Please see below the opinion of Dr. Ryan on Pt # 6.

Kimberly A. Lacey
Partners HealthCare System, Inc. - Telemedicine
Office: 617-724-9938; Cell: 617-816-5941
Fax: 617-228-4635
http://www.telemedicine.partners.org

-----Original Message-----
From: Ryan, Edward T., M.D.
Sent: Friday, October 10, 2003 8:27 AM
To: Kelleher-Fiamma, Kathleen M., Telemedicine
Cc: Lacey, Kimberly; Ryan, Edward T., M.D.
Subject: RE: October 2003 Telemedicine, RESEND, Patient #6: YIM SOKIN, male, 23 years old

he needs to be evaluated at the hospital. need to establish whether problem is renal (glomerulonepritis/nephrotic) versus hepatic versus primary peritoneal (TB). agree with BUN/cr, urinalysus/microscopy, LFTS, abdomonal US (to asses liver, portal veins to rule out thrombosis, and renal sizes). once you know which organ is involved, the differential can be generated. agree with the tests listed below. agree with CXR. if you are able, would consider diagnostic paracentesis.

Edward T. Ryan, M.D., DTM&H
Tropical & Geographic Medicine Center
Division of Infectious Diseases
Massachusetts General Hospital
Jackson 504
55 Fruit Street
Boston, Massachusetts 02114 USA

Administrative Office Tel: 617 726 6175
Administrative Office Fax: 617 726 7416
Patient Care Office Tel: 617 724 1934
Patient Care Office Fax: 617 726 7653
Email: etryan@partners.org or ryane@helix.mgh.harvard.edu

Date: Thu, 9 Oct 2003 21:25:06 -0400
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: October 2003 Telemedicine Patient #7: PRUM CHHIN, male, 57 years old

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

Telemedicine Clinic in Robib, Cambodia – 9 October 2003

Patient #7: PRUM CHHIN, male, 57 years old

Chief complaint: This patient feels pain and numbness from his left hip to his left foot for the last two months.

Subject: One year ago he had a moto accident and fell to the ground on his left hip. After that he took a pain killer and could not walk at that time. After taking this painkiller for one month, he felt better to walk. Just recently, two months ago, he got mild numbness and pain on the left hip radiating to the foot. Sometimes it also feels like burning so he came to see us.

Past medical history: Unremarkable.

Family history: Unremarkable.

Social history: Smoking for about 30 years, about 20 sticks per day. Drinks about 300 ml of alcohol per day for the last ten years.

Allergy: None.

Current medication: None.

Review of system: No sore throat, no fever, no weight loss, no shortness of breath, no chest pain, no abdominal pain, and no diarrhea.

Object: Looks okay.

BP: 120/60
Pulse: 100
Resp.: 20
Temp. : 36.5

Weight: 49kg
Hair, eyes, ears, nose, and throat: Okay.
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 all quadrants.
Limbs: Left hip gets pain but is not swollen, has numbness on the left soles, other side is okay, has dorsal pulse.

Assessment: Nerve root pain, left leg numbness.

Plan: Use Ibuprofen 400 mg one tablet twice daily for 15 days and Vitamin B, 2w50 mg twice daily for one month. Please give me any other ideas.

From: "Bunse LEANG" <tmed1shch@online.com.kh>
To: "David Robertson" <dmr@media.mit.edu>, <tmed_montha@online.com.kh>
Cc: "Gary Jacques" <gjacques@bigpond.com.kh>,
"Jennifer Hines" <sihosp@bigpond.com.kh>,
"Rithy Chau" <tmed_rithy@online.com.kh>
Subject: RE: October 2003 Telemedicine Patient #7: PRUM CHHIN, male, 57 years old
Date: Fri, 10 Oct 2003 10:25:38 +0700

Dear David and Montha,

It sounds like nerve root pain. I would suggest lombar spine X-Ray in K.Thom to rule out compression fracture from trauma.

I agree with Ibuprofen 400 mg TID or QID with food or just paracetamole and multivitamine.

Regards,

Jennifer/Bunse

From: "Lacey, Kimberly" <KLACEY1@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Subject: FW: October 2003 Telemedicine Patient #7: PRUM CHHIN, male, 57 ye
ars old
Date: Fri, 10 Oct 2003 10:22:26 -0400

Hi David,

Please see below Dr. Patel's opinion on pt # 7.

Kimberly A. Lacey
Partners HealthCare System, Inc. - Telemedicine
Office: 617-724-9938; Cell: 617-816-5941
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http://www.telemedicine.partners.org

Kathleen,

Reviewed the information:

Two diagnoses
Lumbo sacral disc with radiation Left side
Left hip arthritis

I would get x rays of Hips and Lumbo sacral spine to make sure that there is nothing else Some times

in emerging countries one can get TB and you may get such manifestations

In the meantime Recommendations for treatment
Exercises to maintain abdominal and hip muscles strength
avoid bending over
use cane on right hand
a period of rest in bed
hot packs
abdominal support like corset
high dose of anti-inflammatory medicine for few weeks.

Hopefully this will be helpful Nerve root compression from disc etc some times takes more than 2 months so treat gently thanks Dinesh

---

Date: Thu, 9 Oct 2003 21:28:10 -0400
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: October 2003 Telemedicine Patient #8: YEM PHALA, male, 55 years old

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

Telemedicine Clinic in Robib, Cambodia – 9 October 2003

Patient #8: YEM PHALA, male, 55 years old, Chief of Rovieng District

Chief complaint: This patient feels pain and numbness from his left hip to his left foot for the last two months.

Subject: HPI. Patient has known he has hypertension for seven years, BP = 180/?. He used anti-hypertension PRN for seven years, brand name Maitong (made in China.) His condition gets better on and off. Just recently he gets neck tension, headache, dizziness, muscle pain; the symptoms increase day to day until now.

Past medical history: Unremarkable.

Family history: Unremarkable.

Social history: Smoking and drinking alcohol for about 30 years. He stopped both habits one year ago.

Allergy: None.

Current medication: Has taken “Maitong” on and off for over one year.

Review of system: No sore throat, no fever, no cough, no chest pain, has palpitations, no shortness of breath, no abdominal pain and no diarrhea.

Object: Looks okay.

BP: 170/80
Pulse: 100
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Neck: No goiter and no lymph node.
Skin: Not pale and warm to touch.
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, and has positive bowel sound all quadrants.
Limbs: No stiffness and no edema.

Assessment: Hypertension. Muscle pain.

Plan: May we try to use the following for 30 days?

- **Propranolol, 40 mg, 1/4 tablet twice daily**
- **Paracetemol, 500 mg, four tablets daily**
- **Aspirin, 300 mg, 1/4 tablet daily**

Observe him and follow up next month. **Please give me any other ideas.**

From: "Bunse LEANG" <tmed1shch@online.com.kh>
To: "David Robertson" <dmr@media.mit.edu>, <tmed_montha@online.com.kh>
Cc: "Gary Jacques" <gjacques@bigpond.com.kh>,
"Jennifer Hines" <sihosp@bigpond.com.kh>,
"Rithy Chau" <tmed_rithy@online.com.kh>
Subject: RE: October 2003 Telemedicine Patient #8: YEM PHALA, male, 55 years old
Date: Fri, 10 Oct 2003 10:25:34 +0700

Dear David and Montha,

I agree with your management. May be add a lombar spine X-Ray like in case 7.

Regards,

Jennifer/Bunse

From: "Lacey, Kimberly" <KLACEY1@PARTNERS.ORG>
To: '"dmr@media.mit.edu"' <dmr@media.mit.edu>
Subject: FW: October 2003 Telemedicine Patient #8: YEM PHALA, male, 55 years old
Date: Fri, 10 Oct 2003 15:04:41 -0400

Hi David,

Please see below the opinion of Dr. Benjamin Crocker on pt # 8.

Kimberly A. Lacey

IS Financial Coordinator
Partners Healthcare System - Telemedicine
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Pager: 617-724-5700, ID# 32799; Fax: 617-228-4635
http://www.telemedicine.partners.org

Would prefer to have knowledge on his neuro exam which was not included in the case. that aside, this sounds like a good first step. ideally, would also want electrolytes and ekg. numbness from hip to ankle may be combination of maralgia paresthetica or sciatica, but would need further physical examination to confirm. general back/neck/leg stretching exercises as well as encouragement to remain as active as comfortably possible may also be of benefit. for HTN I would start with propanolol 20mg twice daily as his pulse can probably afford a bit more beta blocker than 10mg bid.

J. Benjamin Crocker, M.D.
Internal Medicine Associates 3
WACC 605
15 Parkman Street
Boston, MA 02114
Phone 617 724-8400
Fax 617 724-0331
Email jbcrocker@partners.org

Follow up Report, Monday, 13 October 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: NGET SOEUN, male, 56 years old, follow up patient

Patient #2: THORN KHUN, female, 38 years old, follow up patient

Patient #4: THO CHANTHY, female, 36 years old, follow up patient

Patient #7: PRUM CHHIN, male, 57 years old

Patient #8: YEM PHALA, male, 55 years old

September 2003 Patient: SOM THOL, male, 50 years old

June 2003 Patient: SOM DEUM, female, 63 years old

January 2003 Patient: SAO PHAL, female, 55 years old

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

October 2002 Patient: PEN VANNA, female, 38 years old

Transported to Phnom Penh on 10 October 2003 by the Telemedicine team for an appointment at Sihanouk Hospital Center of Hope:

Patient #6: YIM SOKIN, male, 23 years old

Transported to Kampong Thom Provincial Hospital on 10 October 2003 by the Telemedicine team:

Patient #3: MEAS PHARY, female, 38 years old

Patient #5: SEANG VASNA, female, 31 years old (patient covering own hospital costs)

Transport & lodging arranged for 05 November 2003 follow up appointment at Sihanouk Hospital Center of Hope in Phnom Penh:

June 2001 Patient: PHIM SICCHIN, female, 35 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