

Telemedicine Clinic

Rattanakiri

Referral Hospital

December 2007

Report and photos compiled by Rithy Chau and Sovann Peng, SHCH Telemedicine

On Tuesday and Wednesday December 25-26, 2007, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 3 new cases were examined, and the data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh.

The following day, Thursday December 27, 2007, the TM clinic opened again to receive the same patients and other follow-up patients for further evaluation, treatment and management. Finally, the data for treatment and management would then be transcribed and transmitted to the PA Rithy Chau at SHCH who compiled and sent for website publishing.

The followings detail e-mails and replies to the medical inquiries communicated between TM clinic at RRH and their TM partners in Phnom Penh and Boston:

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]

Sent: Tuesday, December 18, 2007 11:14 AM

To: Rithy Chau; Cornelia Haener; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Kruy Lim

Cc: Bernie Krisher; Ed & Laurie Bachrach; Cora; HealthNet International; Noun So Thero

Subject: December TM clinic at Rattanakiri Referral Hospital

Dear All,

Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Wednesday, December 26, 2007 beginning at 8:00am local time for one full day. We expect to enter and transmit the patient data to those of you at SHCH and at Partner in Boston that evening.

Please try to respond before noontime the following day, Thursday, December 27, 2007. The patients will be asked to return to the hospital that afternoon on Thursday to receive treatment along with a follow up plan or referral.

Thank you very much for your cooperation and service.

Best regards,

Channarith Ly

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]

Sent: Wednesday, December 26, 2007 4:44 PM

To: Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathleen M. Kelleher; Kruy Lim; Rithy Chau

Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Subject: Ratanakiri TM Clinic Case#1, HT#00261, 14F (Tuy Village)

Dear all,

Rattanakiri Telemedicine Clinic December 2007, there are three new cases. This is case number 1, HT#00261, 14F and photo.

Best regards,

Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine**



Patient: HT#00261, 14F (Tuy Village)

Chief Complaint: Palpitation and dyspnea x 7y

HPI: 14F, 4 grade student, came along with her mother complaining of palpitation, dyspnea x 7 years. In 2000, she presented with symptoms of palpitation, tachycardia, dyspnea, bloating, and nausea, so she was brought to provincial hospital and treated with unknown medication. A few days later these symptoms have gone. These symptoms always attacked her a few times a year without regular time/period or specific activity and it appeared only for haft hour to a few days for one time even she seek treatment or not. In this year, she presented with two times of

symptoms, palpitation, tachycardia, dyspnea, bloating, nausea, choking, paresthesia and sleep attack, so she went to private clinic and treated her with some medication and advised her to see us. She denied of fever, headache, vertigo, sore throat, chest pain, diarrhea, constipation, edema, orthopnea, and trauma.

PMH: Pneumonia in 2000

Family Hx: None

Social Hx: 4 grade student, no smoking, no alcohol drinking, living in the field with her family

Medication: Multivitamin 1t po qd

Allergies: NKDA

ROS: Menarche on June 2007, Last menstrual period 23 December 2007, no fever, no cough, no chest pain, no polyuria, no oliguria, no edema

PE:

Vital Signs: BP: 104/60 P: 76 R: 20 T: 37°C Wt: 45Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck lymph node palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

Abdomen: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar

Extremity/Skin: No edema, no rash, no lesion

MS/Neuro: MS+5/5, motor and sensory intact, DTRs +2/4, normal gait

Lab/Studies done: None

Assessment:

1. Panic disorder

Plan:

1. Valproate 500mg 1/6t po qd for one month
2. Propranolol 40mg 1/4t po qd prn
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, and LFT at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: December 26, 2007

Please send all replies to kirihospital@yahoo.com and cc: to tmed_rithy@online.com.kh.

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]

Sent: Thursday, December 27, 2007 3:04 AM

To: Rattanakiri Referral Hospital; Rithy Chau

Subject: FW: Ratanakiri TM Clinic Case#1, HT#00261, 14F (Tuy Village)

From: De Moor, Michael M.,M.D.

Sent: Wednesday, December 26, 2007 2:42 PM

To: Fiamma, Kathleen M.

Subject: RE: Ratanakiri TM Clinic Case#1, HT#00261, 14F (Tuy Village)

Thank you for your referral.

This child needs at least an ECG and preferably also a Holter

Happy holidays .

Mike de Moor, MD

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]

Sent: Wednesday, December 26, 2007 4:48 PM

To: Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathleen M. Kelleher; Kruy Lim; Rithy Chau

Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Subject: Ratanakiri TM Clinic Case#2, CV#00262, 37M (Village VI)

Dear all,

This is case number 2, CV#00262, 37M and photos.

Best regards,
Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine**



Patient: CV#00262, 37M (Village VI)

Chief Complaint: Headache, dizziness, and extremity numbness on/off x 1y

HPI: 37M presented with headache, dizziness, extremity numbness, polyphagia, polydipsia, polyuria, and was examined at private clinic, diagnosed with DMII for 9 month and treated with Chlorpropamide 250mg 1t po. He took the medication for 6 months then he stopped taking it. And now he presented with symptoms of cough, runny nose with clear discharge, headache, dizziness so he came to see us. He denied of fever, sore throat.

PMH: Surgical excision of left thigh lipoma

Family Hx: None

Social Hx: No smoking, no alcohol drinking

Medication: Chlorpropamide 250mg 1t po qd

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 110/60 P: 64 R: 20 T: 37°C Wt: 70Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, TM clear bilaterally, nasal turbinates swollen and red with whites clear discharge, no lymphadenopathy, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

Abdomen: Soft, no distension, (+) BS, no HSM, abdominal mass on LLQ, 5 – 6 palpable masses ranging 1 cm to 2cm, smooth, mobile, slightly tender, fluctuant

Musculoskeletal: Well healed surgical scars on left posterior thigh

MS/Neuro: MS +5/5, motor and sensory intact, DTRs +2/4, normal gait, good pulses

Lab/Studies done: RBS: 290mg/dl, Normal U/A; Abd mass U/S attached

Assessment:

1. DMII
2. Allergic Rhinitis
3. LLQ lipoma

Plan:

1. Metformin 500mg 1t qhs for one month
2. Captopril 25mg 1/4t po qd for one month



3. ASA 500mg 1/4t po chew qd for one month
4. Allegra 180mg 1t po qd prn
5. Do FNA of abd mass to take to SHCH
6. Diabetic education, foot care and do regular exercise
7. Draw blood for CBC, lyte, BUN, Creat, Gluc, TG, cholesterol, and HbA1C at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Dr. Sreng Leng/PA Rithy Chau

Date: December 26, 2007

Please send all replies to kirihospital@yahoo.com and cc: to tmed_rithy@online.com.kh.

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Friday, December 28, 2007 5:09 AM
To: Rattanakiri Referral Hospital; Rithy Chau
Subject: FW: Ratanakiri TM Clinic Case#2, CV#00262, 37M (Village VI)

From: Tan, Heng Soon, M.D.
Sent: Wednesday, December 26, 2007 3:32 PM
To: Fiamma, Kathleen M.
Subject: RE: Ratanakiri TM Clinic Case#2, CV#00262, 37M (Village VI)

I can't tell from the description or the abdominal ultrasound whether the abdominal masses are in the skin, subcutaneous tissues or within the peritoneal cavity. Multiple masses could be inguinal lymph nodes if they are indeed in the inguinal area. It's unlikely to have a collection of epidermoid cysts or lipomata clustered together as described. Palpable intraabdominal masses could be palpable stools in a constipated colon. This is a case where direct examination of the masses would be most helpful even when the description is more precise.

Additional history of the coryza would be helpful. If acute, could this be a viral URI? Allergic rhinitis could be seasonal [though there are no seasons in Cambodia] or perennial triggered by dust. Sneezing and chronic coryza to dust exposure would support this. If chronic, vasomotor rhinitis triggered by temperature and humidity changes could be considered. In any case, nasal steroid spray would help both perennial allergic or chronic vasomotor rhinitis. Allegra could be helpful for allergic type, but nasal saline spray 2 squirts bid would be better for vasomotor type disorder.

Diabetic education and regular use of metformin and or chlorpropamide are critical elements of diabetic care. I doubt metformin would be strong enough to control the diabetes. RBS of 290 mg/dl would likely require both types of medications together.

Good luck.

Heng Soon Tan, MD

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, December 26, 2007 4:56 PM
To: Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathleen M. Kelleher; Kruey Lim; Rithy Chau; Cornelia Haener
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Ratanakiri TM Clinic Case#3, CV#00263, 19F (Lom Phatt)

Dear all,

This is the last case for Ratanakiri TM Clinic December 2007, case number 2, CV#00263, 19F and photos. Please reply to the cases before Thursday afternoon. Thank you very much for your cooperation and support in this project.

Best regards,
Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine**



Patient: HS#00263, 19F (Lom phatt)

Chief Complaint: Right breast mass x 5 months

HPI: 19F came to us complaining of right breast mass for 5 months. She presented with a small mass about thumb size and developed bigger to about 4 x 7cm during these five months. She came to the provincial hospital because of this mass and treated her with Multivitamin and antibiotic (Amoxillin). She denied of pain, swelling, echymosis, weight loss, fever.

PMH: No past surgery, no injury

Family Hx: Unremarkable

Social Hx: no smoking, no alcohol drinking, 1y old baby

Medication: Amoxillin, and Multivitamin

Allergies: NKDA

ROS: No period yet due to breast feeding, no vaginal discharge, no bleeding

PE:

Vital Signs: BP: 120/80 P: 80 R: 20 T: 37°C Wt: 47Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck and axillary lymph node palpable

Chest: CTA bilaterally, no crackle, no ronchi, HRRR, no murmur

Breast: on right breast, mass soft, smooth, regular border, mobile, no nipple retraction, no swelling, no tender, no echymosis, no pus

Abdomen: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar

Musculoskeletal: unremarkable

MS/Neuro: Unremarkable

Lab/Studies done: (On December 26, 2007)

Right breast mass Ultrasound attached

Assessment:

1. Right breast Fibroma?



Plan:

1. Do FNA for cytology at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Dr. Sreng Leng

Date: December 26, 2007

Please send all replies to kirihospital@yahoo.com and cc: to tmed_rithy@online.com.kh.

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From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Friday, December 28, 2007 12:07 AM
To: Fiamma, Kathleen M.; kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Ratanakiri TM Clinic Case#3, CV#00263, 19F (Lom Phatt)

kathy,
this is not my speciality.

she needs a breast surgical evaluation w/ FNA or open excision.

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Friday, December 28, 2007 5:08 AM
To: Rattanakiri Referral Hospital
Cc: Rithy Chau
Subject: FW: Ratanakiri TM Clinic Case#3, CV#00263, 19F (Lom Phatt)

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

From: Hughes, Kevin S.,M.D.
Sent: Thursday, December 27, 2007 2:05 PM
To: Cusick, Paul S.,M.D.
Subject: RE: Ratanakiri TM Clinic Case#3, CV#00263, 19F (Lom Phatt)

If this is indeed 5 x 7 cm and has caused obvious enlargement of the right breast, I would be more concerned. (Alternatively, her right breast might be naturally bigger and this is actually 5 by 7 mm, in which case I'd be less worried)

So assuming 5 by 7 cm, I'd say do FNA ASAP and stop breast feeding. If mass does not markedly decrease or disappear, then remove mass about 1 month after breast feeding stops. (Best not to do open biopsy during breast feeding as risk of infection and of milk fistula is very high. Do that if urgent, but better to try to wait)

They may find that the mass goes away with breast feeding cessation.

Kevin Hughes, M D

Follow-up Report for Rattanakiri TM Clinic

There were 3 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 3 cases was transmitted and received replies from both Phnom Penh and Boston, other 16 patients came for follow up and refill medication. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE as well as advices from PA Rithy on site, the following patients were managed and treated per local staff:

[Please note that in general the practice of dispensing medications at RRH for all patients is usually limited to a maximum of 7 days treatment with expectation of patients to return for another week of supplies if needed be. This practice allows clinicians to monitor patient compliance to taking medications and to follow up on drug side effects, changing of medications, new arising symptoms especially in patients who live away from the town of Banlung and/or illiterate. Nearly all medications and some lab tests not available/done at RRH are provided by SHCH to TM patients at no cost]

Treatment Plan for Rattanakiri TM December 2007

1. HT#00261, 14F (Tuy Village)

Diagnosis:

1. Panic disorder

Treatment:

1. Haloperidol 10mg 1/2t po qid for one month
2. Propranolol 40mg 1/4t po bid prn for one month
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT, and TSH at SHCH

Lab result on December 27, 2007

WBC	=6.0	[4 - 11x10 ⁹ /L]	Na	=140	[135 - 145]
RBC	=4.0	[3.9 - 5.5x10 ¹² /L]	K	=3.7	[3.5 - 5.0]
Hb	=12.1	[12.0 - 15.0g/dL]	Cl	=107	[95 - 110]
Ht	=36	[35 - 47%]	BUN	=1.0	[0.8 - 3.9]
MCV	=90	[80 - 100fl]	Creat	=50	[44 - 80]
MCH	=30	[25 - 35pg]	Gluc	=4.9	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	SGOT	=21	[<31]
Plt	=178	[150 - 450x10 ⁹ /L]	SGPT	=19	[<32]
Lym	=2.1	[1.0 - 4.0x10 ⁹ /L]	TSH	=2.24	[0.49 - 4.67]
Mxd	=1.6	[0.1 - 1.0x10 ⁹ /L]			
Neut	=2.3	[1.8 - 7.5x10 ⁹ /L]			

SHCH Recommendation: continue medication as treatment plan and follow up next month

2. CV#00262, 37M (Village VI)

Diagnosis:

1. DMII
2. Allergic Rhinitis
3. LLQ lipoma

Treatment:

1. Metformin 500mg 1t qhs for one month (buy)
2. Captopril 25mg 1/4t po qd for one month (buy)

3. ASA 500mg 1/4t po chew qd for one month (buy)
4. Allegra 180mg 1t po qd prn (#30)
5. Diabetic education, foot care and do regular exercise
6. Draw blood for CBC, lyte, BUN, Creat, Gluc, TG, cholesterol, and HbA1C at SHCH

Lab result on December 27, 2007

WBC	=7.5	[4 - 11x10 ⁹ /L]	Na	=140	[135 - 145]
RBC	=4.6	[4.6 - 6.0x10 ¹² /L]	K	=4.0	[3.5 - 5.0]
Hb	=14.5	[14.0 - 16.0g/dL]	Cl	=105	[95 - 110]
Ht	=42	[42 - 52%]	BUN	=1.8	[0.8 - 3.9]
MCV	=91	[80 - 100fl]	Creat	=97	[53 - 97]
MCH	=32	[25 - 35pg]	Gluc	=9.9	[4.2 - 6.4]
MHCH	=35	[30 - 37%]	T. Chol	=4.2	[<5.7]
Plt	=267	[150 - 450x10 ⁹ /L]	TG	=5.6	[<1.71]
Lym	=2.3	[1.0 - 4.0x10 ⁹ /L]	HbA1C	=8.0	[4 - 6]
Mxd	=1.8	[0.1 - 1.0x10 ⁹ /L]			
Neut	=3.4	[1.8 - 7.5x10 ⁹ /L]			

SHCH Recommendation: Continue medication as treatment plan and follow up next month

3. HS#00263, 19F (Lom phate)

Diagnosis:

1. Right mammary duct obstruction

Treatment:

1. Cloxacillin 500mg 1t po q6h for 15d
2. Ibuprofen 400mg 1t po tid for 15d

FNA on December 27, 2007

The breast milk is withdrawn by FNA and Gram stain no microorganism is seen

SHCH Recommendation: Follow up next month

Patient who came for follow up and refill medication

1. NS#00006, 18F (Village I)

Diagnosis:

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1t po qd
2. Propranolol 40mg ¼t po bid

SHCH Recommendation: Follow up next month and draw blood for Free T4

2. PN#00052, 53F (Ban Fang Village)

Diagnosis:

1. Euthyroid Goiter

Treatment:

1. Draw blood for Free T4 at SHCH

Lab result on 03 January 2008

Free T4= 14.4 [9.2 – 23.9]

SHCH Recommendation: Draw blood for Free T4 in two months

3. UP#00093, 52F (Village III)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po qd
2. Propranolol 40mg 1/4t po bid

SHCH Recommendation: Follow up next month and draw blood for Free T4

4. LH#00116, 59F (Village IV)

Diagnosis:

1. Euthyroid
2. Cardiomegaly
3. DMII

Diagnosis:

1. Metformin 500mg 1t po qhs for one month (buy)
2. Draw blood for Gluc, HbA1C and Free T4 at SHCH

Lab result on December 27, 2007

Gluc	=8.6	[4.2 – 4.6]
HbA1C	=8.2	[4 – 6]
Free T4	=15.7	[9.2 – 23.9]

SHCH Recommendation: Draw blood for Gluc, HbA1C in three months

5. PO#00148, 67F (Village III)

Diagnosis:

1. HTN
2. DMII with PNP

Treatment:

1. Captopril 25mg ¼t po bid
2. Metformin 500mg 1t po qhs
3. Glibenclamide 5mg 1t po bid
4. ASA 300mg ¼t po qd
5. Amitriptylin 25mg ½t po qhs

SHCH Recommendation: Draw blood for Gluc, HbA1C in two months

6. PS#00149, 26F (Village I)

Diagnosis:

1. Euthyroid Goiter

Treatment:

1. Carbimazole 5mg 1t po qd

SHCH Recommendation: Follow up next month and draw blood for Free T4

7. KP#00153, 57F (Village III)

Diagnosis:

1. DMII
2. HTN
3. A fib

Treatment:

1. Glibenclamide 5mg ½t po qd (#50)
2. Atenolol 50mg ½tab po bid (#100)
3. Captopril 25mg 1/2t po bid (#100)
4. MTV 1 tab po qd (#100)
5. ASA 300mg ¼tab po qd (buy)
6. Amitriptylin 25mg ½tab po qhs (#50)

SHCH Recommendation: Draw blood for Gluc, HbA1C in two months

8. RH#00160, 67F (Village I)

Diagnosis:

1. HTN
2. DMII with PNP
3. OA

Treatment:

1. Captopril 25mgmg 1tab po qd
2. Amitriptylin 25mg ½ tab po qhs
3. ASA 300mg ¼tab po qd

SHCH Recommendation: Draw blood for Gluc, and HbA1C in two months

9. PN#00229, 45F (Village VI)

Diagnosis:

1. DMII

Treatment:

1. Chlorpropramide 250mg 1t po bid
2. Metformin 500mg 1t po qhs
3. ASA 81mg 1t po qd

SHCH Recommendation: Draw blood for Gluc, and HbA1C in two months

10. OH#00230, 59F (Village III)

Diagnosis:

1. Euthyroid
2. HTN
3. GERD

Treatment:

1. Atenolol 50mg 1/2t po bid
2. Captopril 25mg 1/2t po bid
3. Draw blood for free T4 in September 2008

SHCH Recommendation: Continue medication as treatment plan

11. KK#00231, 45F (Village I)

Diagnosis:

1. DMII

Treatment:

1. Chlorpropamide 250mg 1t po bid
2. Metformin 500mg 1t po qhs
3. Captopril 25mg 1/4t po qd
4. ASA 300mg 1/4t po qd

SHCH Recommendation: Draw blood for Gluc and HbA1C in two months

12. SP#00238, 34F (Village I)

Diagnosis:

1. Hyperthyroidism
2. 5 months Pregnancy

Treatment:

1. MTV 1t po qd (#100)
2. Folic acid 5mg 1t po qd (buy)
3. Antenatal care at health center

SHCH Recommendation: Follow up next month and draw blood for TFT

13. SV#00256, 43M (Village I)

Diagnosis:

1. Phimosis
2. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid (buy)
2. Metformin 500mg 1t po qhs (buy)
3. Refer to SHCH for surgery consultation on January 8, 2008
4. Review patient on diabetic diet, hypoglycemia sign, do regular exercise and foot care

14. SS#00258, 61F (Village III)

Diagnosis:

1. DMII

Treatment:

1. Chlorpropamide 250mg 1t po qd (buy)
2. Review patient on diabetic diet, hypoglycemia sign, do regular exercise, foot care

SHCH Recommendation: Draw blood for Gluc and HbA1C in two months

15. CK#00259, 35F (Phnom Kok Village)

Diagnosis:

1. TB mastitis

Treatment:

1. TB treatment in local health center

Histology result on December 14, 2007

Macroscopy: right breast mass biopsy sizes 1 cm in diameter

Microscopy: The tubulo alveolar component is hyperplastic in some places, but do not show any atypia

The ZN staining is positive for AFB

Conclusion: TB mastitis

SHCH Recommendation: Follow up in three months

16. KC#00260, 44F (Village V)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po qhs (buy)
2. Glibenclamide 5mg 1t po qd (buy)
3. Review patient on diabetic diet and foot care

SHCH Recommendation: Draw blood for Gluc, and HbA1C in two months

**The next Rattanakiri TM Clinic will be Held on
January 2008**