

# **Telemedicine Clinic**

## *Rattanakiri*

### **Referral Hospital**

### **November 2007**

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

On Tuesday and Wednesday November 13-14, 2007, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 5 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 November 15, 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:

Date: Tue, 6 Nov 2007 18:21:51 -0800 (PST)  
From: Rattanakiri Referral Hospital <kirihospital@yahoo.com>  
Subject: November TM clinic at Rattanakiri Referral Hospital  
To: Rithy Chau, Cornelia Haener, Brian Hammond, Paul Heinzelmann, Kathleen M. Kelleher, Joseph Kvedar, Kruy Lim  
CC: Ed & Laurie Bachrach, Cora, HealthNet International, Bernie Krisher, Noun SoThero

Dear All,

Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Wednesday, November 14, 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, November 15, 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, November 14, 2007 3:18 PM  
**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathleen M. Kelleher; Kruy Lim; Cornelia Haener  
**Cc:** Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach  
**Subject:** Ratanakiri TM Clinic November 2007, Case#1, SV#00256, 43M (Village I)

Dear all,

There are five cases for Ratanakiri TM Clinic November 2007. This is case number one, SV#00256, 43M and photo.

Best regards,  
Sovann/Rithy/Channarith

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



**Patient:** SV#00256, 43M (Village I)

**Chief Complaint:** swelling, Unable to retract the foreskin of penis x 2y

**HPI:** 43M, police, came to us complaining of swelling of glans and unable to retract the foreskin for 2y. He presented with symptoms of swelling, redness, pruritus, no discharge, he went to a private clinic, treated with some medicine (unknown name) but it didn't help him. He can normally pass urine, still presented with swelling, pruritus and unable to retract foreskin; he denied of mass, discharge, fever, weight loss, and sexual intercourse during these two years.

**PMH:** DMII with Chlorpropramide 250mg 1t po qd

**Family Hx:** Mother with HTN

**Social Hx:** drinking beer 4cans/d, no smoking, single

**Medication:** Chlorpropramide 250mg 1t po qd

**Allergies:** NKDA

**ROS:** no fever, no palpitation, on chest pain, no polyuria, no dysuria, no polyphagia, no edema, no cough, no weight loss, no numbness and tingling

**PE:**

**Vital Signs:** BP: 126/80 P: 96 R: 20 T: 36.5°C Wt: 54Kg

**General:** Look stable

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

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

**Genitalia:** on the glans, swelling, no redness, no mass palpable, no pustule or vesicle, no discharge, couldn't retract foreskin because the end of foreskin is too small, normal urethral orifice

**Lab/Studies done:** (On November 13, 2007)

RBS: 382mg/dl; UA: Protein trace, Gluc 4+

**Assessment:**

1. Phimosi
2. Balanitis?
3. DMII

**Plan:**

1. Fluconazole 100mg 1t po qd once
2. Naproxen 375mg 1t po bid for 15d
3. Paracetamol 500mg 1t po qid prn pain
4. Chlorpropamide 250mg 1t po bid for one month
5. Educate on diabetic diet, hypoglycemia sign, do regular exercise and foot care
6. Drinking alcohol cessation
7. Draw blood for CBC, Lyte, BUN, Creat, Gluc, and HbA1C at SHCH

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

**Examined by: Nurse Sovann Peng**

**Date: November 13, 2007**

Please send all replies to [kirihospital@yahoo.com](mailto:kirihospital@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** Lim kruy [mailto:kruylim@yahoo.com]

**Sent:** Wednesday, November 14, 2007 3:44 PM

**To:** Rattanakiri Referral Hospital; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathleen M. Kelleher; Cornelia Haener

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

**Subject:** Re: Ratanakiri TM Clinic November 2007, Case#1, SV#00256, 43M (Village I)

Dear Sovann and Rithy,

I do agree with you plan. One question Why you put him on Single dose of Fluconazole

Regards

Kruy

**From:** cornelia\_haener [mailto:cornelia\_haener@online.com.kh]

**Sent:** Wednesday, November 14, 2007 10:22 PM

**To:** 'Rattanakiri Referral Hospital'; 'Rithy Chau'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kathleen M. Kelleher'; 'Kruy Lim'

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

**Subject:** RE: Ratanakiri TM Clinic November 2007, Case#1, SV#00256, 43M (Village I)

Dear all,

This patient would clearly benefit from a circumcision and histology of the specimen. We need to keep in mind that he could have an underlying penile cancer as well. It is very common in this age group.

Kind regards

Cornelia

**From:** Fang, Leslie S.,M.D.

**Sent:** Thursday, November 15, 2007 2:06 PM

**To:** Fiamma, Kathleen M.

**Subject:** RE: Ratanakiri TM Clinic November 2007, Case#1, SV#00256, 43M (Village I)

Agree completely

Probable ballanitis related to type II DM

Need to control blood sugars and treat ballanitis

Les

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

**Sent:** Wednesday, November 14, 2007 4:43 PM

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

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

**Subject:** Ratanakiri TM Clinic November 2007, Case#2, KS#00257, 30F (Village IV)

Dear all,

This is case number 2, KS#00257, 30F and photo.

Best regards,

Sovann/Rithy/Channarith

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



**Patient:** KS#00257, 30F (Village IV)

**Chief Complaint:** Left breast mass for 2 months

**HPI:** 30F, housewife, come to us complaining of left breast mass for 2 months. One month after she gave her delivery, she presented with symptoms of pain, redness on left breast, fever, no nipple retraction, she bought some medicine from pharmacy for a few days then she noticed a firm mass with sharp pain radiated to scapular, swelling, redness. She still feed her baby with that breast. She denied of multiple mass, lymph node, weight loss, trauma.

**PMH:** No past surgical history

**Family Hx:** Mother with HTN, DMII, VHD, no family history of cancer

**Social Hx:** No smoking, drinking alcohol-traditional medicine during delivery, 3 children with 3 months baby

**Medication:** Traditional medicine

**Allergies:** NKDA

**ROS:** History of using injection contraceptive x 6 months, oral contraceptive, no menstrual period

**PE:**

**Vital Signs:** BP: 98/60 P: 96 R: 20 T: 37°C Wt: 47Kg

**General:** Look stable

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

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

**Breast:** left breast mass 4 x 5cm, firm, smooth, mobile, regular border, mild tender, no nipple retraction, no axillary lymph node

**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

**Lab/Studies done:** (November 13, 2007)

Breast mass Ultrasound attached

**Assessment:**

1. Left mastitis
2. Left breast mass



**Plan:**

1. Cephalexin 250mg 2t po tid for 10d
2. Naproxen 375mg 1t po bid for one month
3. Paracetamol 500mg 1t po qid prn pain

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

**Examined by: Nurse Sovann Peng**

**Date: November 13, 2007**

Please send all replies to [kirihospital@yahoo.com](mailto:kirihospital@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** cornelia\_haener [mailto:cornelia\_haener@online.com.kh]

**Sent:** Wednesday, November 14, 2007 10:19 PM

**To:** 'Rattanakiri Referral Hospital'; 'Rithy Chau'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kathleen M. Kelleher'; 'Kruy Lim'

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

**Subject:** RE: Ratanakiri TM Clinic November 2007, Case#2, KS#00257, 30F (Village IV)

Dear all,

As DDx, it could be an accumulation of milk due to duct obstruction. It might be good to encourage the mother to feed the baby with the other breast and try to empty the other breast by manual massage for a few days. If the mass gets bigger and more fluctuant, I would suggest puncture. I&D only if clear pus collection.

Kind regards

Cornelia

From: Paul Heinzelmann [mailto:paul.heinzelmann@gmail.com]

Sent: Thursday, November 15, 2007 1:14 AM

To: Fiamma, Kathleen M.; kirihospital@yahoo.com; tmed\_rithy@online.com.kh

Subject: Patient: KS#00257, 30F (Village IV)

Dear Sovann,

As you noted, her history and symptoms suggest mastitis. Blocked milk ducts can lead to this - early stage is mild discomfort, but can become infected in which case this results in redness, warmth and tenderness to the touch and fever. In the photo, her L breast appears slightly redder than the R. Cephalexin is appropriate for this. If infected, 1/10 turn into an abscess which may require I&D.

Massage and heat are also recommended to encourage milk flow in the affected breast, and although it may be uncomfortable, it is generally OK to continue breastfeeding as well.

Tylenol for pain may be helpful.

Best,

Paul Heinzelmann, MD

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

**Sent:** Wednesday, November 14, 2007 4:49 PM

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

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

**Subject:** Ratanakiri TM Clinic November 2007, Case#3, SS#00258, 61F (Village III)

Dear all,

This is case number 3, SS#00258, 61F and photo.

Best regards,

Sovann/Rithy/Channarith

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



**Patient:** SS#00258, 61F (Village III)

**Chief Complaint:** Fatigue and dizziness x 1y

**HPI:** 61F came to us complaining of fatigue and dizziness x 1y. She presented with the symptoms of fatigue and dizziness, blurred vision, palpitation, polydypsia, and polyuria and weight loss, she didn't seek medical care and only took traditional medication, but she still presented with the same symptoms. In last two months, she had the blood test for glucose, it was high and bought Chlopropramide 250mg 2t qd. She got better but the symptoms still presented for sometime so she come to us for consultation. She denied of fever, cough, SOB, chest pain, GI problem, hematuria, dysuria, numbness/tingling, edema.

**PMH:** Unremarkable

**Family Hx:** None

**Social Hx:** No alcohol drinking, no smoking

**Medication:** Chlorpropramide 250mg 2t qd and traditional medication

**Allergies:** NKDA

**ROS:** Unremarkable

**PE:**

**Vital Signs:** BP: 120/60 P: 97 R: 20 T: 36.5°C Wt: 45Kg

**General:** Look stable

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

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

**Lab/Studies done:** (on November 13, 2007)

RBS : 227mg/dl

UA: normal

**Assessment:**

1. DMII

**Plan:**

1. Chlorpropramide 250mg 2t po qd for one month

2. Captopril 25mg 1/4t po qd for one month
3. ASA 300mg 1/4t po qd for one month
4. Educate on diabetic diet, hypoglycemia sign, do regular exercise, foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, and HbA1C at SHCH

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

**Examined by: Nurse Sovann Peng**

**Date: November 13, 2007**

Please send all replies to [kirihospital@yahoo.com](mailto:kirihospital@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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No answer reply

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

**Sent:** Wednesday, November 14, 2007 4:54 PM

**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathleen M. Kelleher; Kruey Lim; Cornelia Haener

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

**Subject:** Ratanakiri TM Clinic November 2007, Case#4, CK#00259, 35F (Phnom Kok Village)

Dear all,

This is case number 4, CK#00259, 35F and photos.

Best regards,

Sovann/Rithy/Channarith



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



**Patient:** CK#00259, 35F (Phnom Kok Village)

**Chief Complaint:** Right breast mass x 1y

**HPI:** 35F, housewife, came to us complaining of right breast mass for 1y. She presented with a mass about a thumb size with sharp pain, swelling, redness, fever, no nipple retraction, discharge, she went to provincial hospital and treated her with some medicine (unknown name) for a few days, and also apply with herbal traditional medicine but she still presented with above symptoms. One month later she went to Phnom Penh and diagnosed her with breast abscess, and do incision and drainage. She got better with symptoms but feel a mass on that breast, pain with radiation to scapular, and a lymph node on right armpit. She denied of developing size of the mass, weight loss.

**PMH:** February 28, 2007, incision and drainage of breast Abscess

**Family Hx:** No family history of cancer

**Social Hx:** no smoking, no alcohol drinking

**Medication:** Traditional medicine

**Allergies:** NKDA

**ROS:** Use injection contraceptive for 3months then change to oral contraceptive for 2y, and stop 1y, regular menstrual period, no cough, no palpitation, no chest pain, no GI complaint, no polyuria, no dysuria, no edema

**PE:**

**Vital Signs:** BP: 112/60 P: 86 R: 20 T: 37°C Wt: 48Kg

**General:** Look stable

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

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

**Breast:** on right breast, mass 3 x 5 cm, soft, smooth, regular border, mobile, mild tender, no nipple retraction, old scar, one small lymph node on right axillary

**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

**Lab/Studies done:** (On November 13, 2007)

Right breast mass Ultrasound attached



**Assessment:**

1. Right breast mass
2. Right breast abscess recurrent

**Plan:**

1. Cephalexin 250mg 2t po tid for 10d
2. Naproxen 375mg 1t po bid for one month
3. Paracetamol 500mg 1t po qid prn pain for one month

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

**Examined by: Nurse Sovann Peng**

**Date: November 13, 2007**

Please send all replies to [kirihospital@yahoo.com](mailto:kirihospital@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** cornelia\_haener [mailto:cornelia\_haener@online.com.kh]

**Sent:** Wednesday, November 14, 2007 10:10 PM

**To:** 'Rattanakiri Referral Hospital'; 'Rithy Chau'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kathleen M. Kelleher'; 'Kruy Lim'

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

**Subject:** RE: Ratanakiri TM Clinic November 2007, Case#4, CK#00259, 35F (Phnom Kok Village)

Dear Rithy,

According to your description, it could also be a fibroadenoma. If it fast growing and has irregular border, you would have to think about a malignancy as well. As you describe it as around 5 cm big, I would suggest to bring her to P.P. for an excision biopsy.

Kind regards

Cornelia

From: Paul Heinzelmann [mailto:paul.heinzelmann@gmail.com]

Sent: Thursday, November 15, 2007 12:53 AM

To: Fiamma, Kathleen M.; kirihospital@yahoo.com; tmed\_rithy@online.com.kh

Subject: Patient: CK#00259, 35F (Phnom Kok Village)

Patient: CK#00259, 35F (Phnom Kok Village)

Sovann,

Your assessment is good. As you have noted, this could likely represent a recurrent abscess - the US is difficult to interpret but seems it is cystic.

Most breast masses are benign fibroadenomas - this is usually smooth and mobile with a well-defined border so this is also a likely possibility in this patient. Cancer is often hard, and immobile (though this is not always the case).

In the US, the first step is FNA (FINE NEEDLE ASPIRATION) but I suspect that there are few if any doctors trained to do this or process these kind of tissue samples in Cambodia. Core needle biopsy and excisional biopsy could be considered if other measures have failed in the past. Can a new US or biopsy be done at SHCH? If so, this would be my recommendation if you have any question.

Paul Heinzelmann, MD

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

**Sent:** Wednesday, November 14, 2007 5:03 PM

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

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

**Subject:** Ratanakiri TM Clinic November 2007, Case#5, KC#00260, 44F (Village)

Dear all,

This is the last case for Ratanakiri TM Clinic November 2007, case number 5, KC#00260, 44F and photo.

Please reply to the cases before Thursday afternoon in Cambodia time.

Thank you very much for your cooperation and support in this project.

Best regards,

Sovann/Rithy/Channarith

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



**Patient:** KC#00260, 44F (Village V)

**Chief Complaint:** Fatigue and dizziness x 9 months

**HPI:** 44F, housewife, came to us complaining of fatigue, dizziness for 9 months. She presented with symptoms of fatigue, dizziness, palpitation, polydypsia, polyuria, and noticed the ants around her urine, she went to private clinic and had glucose test, it was 309mg/dl so she took Chlorpropramide 250mg 1t po bid. 15d later she seek treatment in Kosamak hospital in Phnom Penh and diagnosed her with DMII and treated her with Metformin 500mg 1t po bid since then she got much better but still presented with above symptoms for sometime. She denied of fever, cough, chest pain, GI complaint, dysuria,

hematuria, edema, numbness and tingling.

**PMH:** Unremarkable

**Family Hx:** None

**Social Hx:** Drinking alcohol 1L/delivery, 3 children, no smoking

**Medication:** Metformin 500mg 1t po bid

**Allergies:** NKDA

**ROS:** Unremarkable

**PE:**

**Vital Signs:** BP: 110/70 P: 80 R: 20 T: 37°C Wt: 54Kg

**General:** Look stable

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

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

**Lab/Studies done:**

On November 14, 2007

RBS: 240mg/dl; UA: protein 2+

On July 28, 2007

RBS: 216mg/dl

**Assessment:**

1. DMII

**Plan:**

1. Metformin 500mg 2t po qhs for one month
2. Glibenclamide 5mg 1t po qd for one month
3. Captopril 25mg 1/4t po qd for one month
4. ASA 300mg 1/4t po qd for one month
5. Educate on diabetic diet and hypoglycemia sign, do regular exercise, and foot care
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

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

**Examined by: Nurse Sovann Peng/Dr. Leng Sreng**

**Date: November 14, 2007**

Please send all replies to [kirihospital@yahoo.com](mailto:kirihospital@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh) .

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**No answer reply**

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# Thursday, November 15, 2007

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## Follow-up Report for Rattanakiri TM Clinic

There were 5 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 5 cases was transmitted and received replies from both Phnom Penh and Boston, other 21 patients came for follow up and refill medication, and 30 patients (8 female and 22 male) seen by PA Rithy for minor problem. 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 Ratanakiri TM Clinic November 2007

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

##### Diagnosis:

1. Phimosi
2. Balanitis?
3. DMII

##### Treatment:

1. Fluconazole 100mg 1t po qd x 5d (#5)
2. Ibuprofen 400mg 1t po tid for 10d (buy)
3. Glibenclamide 5mg 1t po bid for one month (buy)
4. Educate on diabetic diet, hypoglycemia sign, do regular exercise and foot care
5. Drinking alcohol cessation
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, and HbA1C at SHCH

#### Lab result on November 16, 2007

Na	=141	[135 - 145]
K	=4.0	[3.5 - 5.0]
Cl	=108	[95 - 110]
BUN	=2.0	[0.8 - 3.9]
Creat	=98	[53 - 97]
Gluc	=11.1	[4.2 - 6.4]
HbA1C	=10.4	[4 - 6]

#### 2. KS#00257, 30F (Village IV)

##### Diagnosis:

1. Left mastitis
2. Left breast mass?

##### Treatment:

1. Cephalexin 500mg 1t po tid for 10d (buy)

- Ibuprofen 400mg 1t po tid for 5d (buy)

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

**Diagnosis:**

- DMII

**Treatment:**

- Chlorpropamide 250mg 2t po qd for one month
- Educate on diabetic diet, hypoglycemia sign, do regular exercise, foot care
- Draw blood for CBC, Lyte, BUN, Creat, Gluc, and HbA1C at SHCH

**Lab result on November 16, 2007**

WBC	=5.3	[4 - 11x10 <sup>9</sup> /L]	Na	=137	[135 - 145]
RBC	=4.5	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=3.9	[3.5 - 5.0]
Hb	=12.4	[12.0 - 15.0g/dL]	Cl	=107	[95 - 110]
Ht	=38	[35 - 47%]	BUN	=1.3	[0.8 - 3.9]
MCV	=85	[80 - 100fl]	Creat	=83	[44 - 80]
MCH	=28	[25 - 35pg]	Gluc	=11.8	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	HbA1C	=8.5	[4 - 6]
Plt	=194	[150 - 450x10 <sup>9</sup> /L]			
Lym	=2.5	[1.0 - 4.0x10 <sup>9</sup> /L]			

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

**Diagnosis:**

- Right breast mass
- Right recurrent breast abscess
- Dyspepsia

**Treatment:**

- Cephalexin 250mg 2t po tid for 10d (buy)
- Ibuprofen 400mg 1t po tid for 5d (buy)
- Mg/Al(OH)<sub>3</sub> 250/120mg 1t po bid prn (buy)

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

**Diagnosis:**

- DMII

**Treatment:**

- Metformin 500mg 2t po qhs for one month (buy)
- Glibenclamide 5mg 1t po qd for one month (buy)
- Educate on diabetic diet and hypoglycemia sign, do regular exercise, and foot care
- Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

**Lab result on November 16, 2007**

Na	=139	[135 - 145]
K	=4.2	[3.5 - 5.0]
Cl	=109	[95 - 110]
BUN	=1.8	[0.8 - 3.9]
Creat	=76	[44 - 80]
Gluc	=6.6	[4.2 - 6.4]
HbA1C	=6.0	[4 - 6]

**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 bid (#200)
2. Propranolol 40mg ¼t po bid
3. Draw blood for Free T4 at SHCH

**Lab result on November 16, 2007**

Free T4=8.22 [9.14 - 23.81]

**2. NH#00010, 53F (Village III)**

**Diagnosis:**

1. HTN
2. DMII
3. LVH
4. Aorta Insufficiency?
5. Aorta Stenosis?

**Treatment:**

1. Atenolol 50mg 1t po bid (#200)
2. Chlorpropramide 1t po qd (buy)
3. ASA 300mg 1/4t po qd (buy)
4. Captopril 25mg 1t po tid (#300)
5. HCTZ 50mg 1t po qd (#100)
6. Fenofibrate 100mg 1t po qd (buy)

**3. EB#00078, 41F (Village IV) , KON MOM**

**Diagnosis:**

1. CHF
2. Incompleted RBBB

**Treatment:**

1. Captopril 25mg 1/2tab po qd (#50)
2. Digoxin 0.25mg 1tab po qd (#100)
3. Furosemide 40mg ½tab po bid (#100)
4. Spironolactone 25mg 2tab po bid (#400)
5. MTV 1tab po bid (#100)

**4. NS#00089, 17F (Village I)**

**Diagnosis:**

1. Subclinical Hyperthyroidism

**Treatment:**

1. Draw blood for Free T<sub>4</sub> at SHCH

**Lab result on November 16, 2007**

Free T4=16.89 [9.14 - 23.81]

**5. UP#00093, 52F (Village III)**

**Diagnosis:**

1. Hyperthyroidism



**Treatment:**

1. Carbimazole 5mg 1t po bid (#200)
2. Propranolol 40mg 1/4t po bid
3. Draw blood for Free T4 at SHCH

**Lab result on November 16, 2007**

Free T4=**6.75** [9.14 - 23.81]

**6. MS#00144, 52F (Thmey village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1tab po bid (#200)
2. Metformin 500mg 1t po qhs (#100)
3. Captopril 25mg ¼ tab po qd (#25)
4. ASA 300mg 1/4t po qd (buy)
5. Draw blood for Lyte, BUN, Creat, Gluc and HbA1C at SHCH

**Lab result on November 16, 2007**

Na	=142	[135 - 145]
K	= <b>5.3</b>	[3.5 - 5.0]
Cl	= <b>111</b>	[95 - 110]
BUN	=1.3	[0.8 - 3.9]
Creat	=76	[44 - 80]
Gluc	=6.0	[4.2 - 6.4]
HbA1C	= <b>6.3</b>	[4 - 6]

**7. PO#00148, 67F (Village III)**

**Diagnosis:**

1. HTN
2. DMII with PNP

**Treatment:**

1. Captopril 25mg ¼t po bid (#50)
2. Metformin 500mg 1t po qhs (#100)
3. Glibenclamide 5mg 1t po bid (#200)
4. ASA 300mg ¼t po qd (buy)
5. Amitriptylin 25mg ½t po qhs (#50)
6. Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH

**Lab result on November 16, 2007**

Na	= <b>146</b>	[135 - 145]
K	=4.4	[3.5 - 5.0]
Cl	= <b>114</b>	[95 - 110]
BUN	=2.0	[0.8 - 3.9]
Creat	=77	[44 - 80]
Gluc	= <b>3.7</b>	[4.2 - 6.4]
HbA1C	= <b>7.9</b>	[4 - 6]

**8. PS#00149, 26F (Village I)**

**Diagnosis:**

1. Euthyroid Goiter

**Treatment:**

1. Carbimazole 5mg 1t po qd (#100)
2. Draw blood for Free T4 at SHCH

**Lab result on November 16, 2007**

Free T4=14.42 [9.14 - 23.81]

**9. OT#00155, 45F (Bor Keo)**

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. Captopril 25mg 1/2t po bid (#100)
2. Metformin 500mg 2t qAM, 3t qPM (#500)
3. Glibenclamide 5mg 2t po bid (#400)
4. ASA 300mg ¼t po qd (buy)
5. Amitriptylin 25mg ½t po qhs (#50)
6. Citirizin 10mg 1t po qd (buy)
7. Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH

**Lab result on November 16, 2007**

Na	=138	[135 - 145]
K	=5.3	[3.5 - 5.0]
Cl	=107	[95 - 110]
BUN	=1.4	[0.8 - 3.9]
Creat	=83	[44 - 80]
Gluc	=11.2	[4.2 - 6.4]
HbA1C	=12.0	[4 - 6]

**10. TV#00157, 55F (Phnom Kok Village)**

**Diagnosis:**

1. Right Total and Left subtotal thyroidectomy

**Treatment:**

1. Draw blood for Thyroid Panel and Ca<sup>2+</sup> at SHCH

**Lab result on November 16, 200**

Ca ionized= 0.87 [1.12 – 1.32]  
Thyroid panel is not done due to insufficient serum

**11. RH#00160, 67F (Village I)**

**Diagnosis:**

1. HTN
2. DMII with PNP
3. OA

**Treatment:**

1. Captopril 25mgmg 1tab po qd (#100)
2. Amitriptylin 25mg ½ tab po qhs (#50)
3. ASA 300mg ¼tab po qd (buy)
4. Draw blood for Lyte, BUN, Creat, Glouc, HbA1C at SHCH

**Lab result on November 16, 2007**

HbA1C =5.8 [4 – 6]  
Lyte, BUN, Creat, Gluc are not done due to insufficient serum

**12. OP#00161, 78M (Village I)**

**Diagnosis:**

1. COPD

**Treatment:**

1. Salbutamol Inhaler 2puffs po bid (#2)

**13. CO#00188, 37F (Village I)**

**Diagnosis:**

1. Nodular Goiter
2. Subclinical Hyperthyroidism?

**Treatment:**

1. Propranolol 40mg 1/4t po bid
2. Draw blood for Free T4 in March 2008

**14. YM#00189, 16F (Village III)**

**Diagnosis:**

1. Asthma

**Treatment:**

1. Salbutamol Inhaler 2puffs bid prn (#2)

**15. SR#00190, 33F (Village I)**

**Diagnosis:**

1. Subclinical hyperthyroidism

**Treatment:**

1. Draw blood for Free T4 in September 2008

**16. TP#00210, 11M (Village III)**

**Diagnosis:**

1. Parasititis
2. Vit Deficiency

**Treatment:**

1. MTV 1t po qd (#100)
2. Mebendazole 500mg 1t po qhs once (buy)
3. Similax Cereal 2scopes/180cc water tid (#2)

**17. PN#00229, 45F (Village VI)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Chlorpropamide 250mg 1t po bid (buy)
2. Metformin 500mg 1t po qhs (#100)
3. ASA 81mg 1t po qd (buy)
4. Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH

**Lab result on November 16, 2007**

HbA1C =7.2 [4 - 6]  
Lyte, BUN, Creat, Gluc are not done due to insufficient serum

**18. OH#00230, 59F (Village III)**

**Diagnosis:**

1. Euthyroid
2. HTN
3. GERD

**Treatment:**

1. Atenolol 50mg 1/2t po bid (#100)
2. Captopril 25mg 1/2t po bid (buy)
3. Omeprazole 20mg 1t po qhs for one month
4. Draw blood for free T4 in September 2008

**19. KK#00231, 45F (Village I)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Chlorpropramide 250mg 1t po bid (buy)
2. Metformin 500mg 1t po qhs (#100)
3. Captopril 25mg 1/4t po qd (#25)
4. ASA 300mg 1/4t po qd (buy)
5. Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH

**Lab result on November 16, 2007**

Na	=139	[135 - 145]
K	=3.8	[3.5 - 5.0]
Cl	=106	[95 - 110]
BUN	=1.5	[0.8 - 3.9]
Creat	=76	[44 - 80]
Gluc	=6.4	[4.2 - 6.4]
HbA1C	=9.0	[4 - 6]

**20. SP#00238, 34F (Village I)**

**Diagnosis:**

1. Hyperthyroidism
2. Pregnancy

**Treatment:**

1. Stop Carbimazole
2. Draw blood for CBC, Free T4 at SHCH

**Lab Result on November 16, 2007**

WBC	=5.5	[4 - 11x10 <sup>9</sup> /L]
RBC	=3.8	[3.9 - 5.5x10 <sup>12</sup> /L]
Hb	=10.7	[12.0 - 15.0g/dL]
Ht	=33	[35 - 47%]
MCV	=88	[80 - 100fl]
MCH	=29	[25 - 35pg]
MHCH	=33	[30 - 37%]
Plt	=153	[150 - 450x10 <sup>9</sup> /L]
Lym	=1.5	[1.0 - 4.0x10 <sup>9</sup> /L]
Mxd	=0.9	[0.1 - 1.0x10 <sup>9</sup> /L]

Neut =3.1 [1.8 - 7.5x10<sup>9</sup>/L]  
Free T4=62.24 [9.14 - 23.81]

**21. SE#00247, 68M (O plong Village)**

**Diagnosis:**

1. DMII
2. HTN
3. Chronic wound on left lower leg

**Treatment:**

1. Glibenclamide 1t po bid (#200)
2. Captopril 25mg 1/4t po bid(#50)
3. ASA 300mg 1/4t po qd (buy)
4. Cephalexin 250mg 2t po tib for one month
5. Cotrimoxazole 960mg 1t po bid for 15d
6. Wound cleaning and dressing
7. Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH

**Lab result on November 16, 2007**

Na =139 [135 - 145]  
K =2.8 [3.5 - 5.0]  
Cl =107 [95 - 110]  
BUN =1.9 [0.8 - 3.9]  
Creat =115 [44 - 80]  
Gluc =13.4 [4.2 - 6.4]  
HbA1C =6.2 [4 - 6]

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**The next Rattanakiri TM Clinic will be Held on  
December 2007**