Telemedicine Clinic
Rattanakiri
Referral Hospital
August 2005

Report and photos compiled by Rithy Chau, SHCH Telemedicine

On Tuesday, August 23, 2005, Rattanakiri Referral Hospital (RRH) staff began their TM clinic. PA Rithy Chau was present during this month clinic. The patients were examined and the data were transcribed along with digital pictures of the patient, then transmitted (except for 4 follow-up patients who came for medication refills and/or further instruction on referring to PP) and received replies from their TM partners in Boston and Phnom Penh.

The following day, Wednesday, August 24, 2005, the TM clinic opened again to receive the same 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: Kiri Hospital [mailto:kirihospital@yahoo.com]
Sent: Monday, August 15, 2005 9:44 AM
To: Rithy Chau; jmiddleb@camnet.com.kh; Cornelia Haener; Ruth Tootill; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Sovann Nop; Ed & Laurie Bachrach; HealthNet International; Bernie Krisher; Noun SoThero; Fil B. Tabayoyong
Subject: August TM clinic at Rattanakiri Referral Hospital

Dear All,

Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Tuesday, August 23,2005 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, Wednesday, August 24, 2005.The patents will be asked to return to the hospital that afternoon on Wednesday 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: Kiri Hospital [mailto:kirihospital@yahoo.com]
Sent: Tuesday, August 23, 2005 6:55 PM
To: Rithy Chau; jmiddleb@camnet.com.kh; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach; HealthNet International; Fil B. Tabayoyong
Subject: Rattanakiri Referral Hospital TM August 2005 patient LH#00116

Dear All,

This is the last one, patient LH#000116 and her photos.

Best regards,

Channarith/Rithy

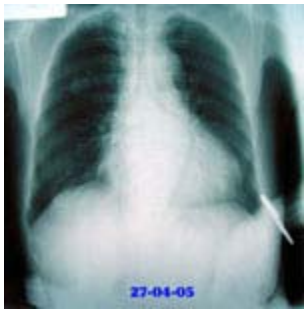
Please send all replies to kirihospital@yahoo.com and cc: to tmed_rithy@online.com.kh .

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

Patient: LH#00116, 59F, Village IV

Subject: 59F loss to f/u for 4 months since first seen at TM clinic April 2005; PMH included HTN x 5yrs using meds at pharmacy prn "when not feeling well," remote hx of pneumonia, and recently dx by Dr. Baramey at TM clinic as having nephrotic syndrome and glomerulonephritis and was tx with cipro, albendazole, paracetmol, MTV and FeSO4/folate. Results of blood tests on 29/4/05 shown TSH=0.35 (0.49-4.67), free T4=20.92 (9.14-23.81), tot chol=6.8 (6.7=high risk), Alb=45 (38-54), CXR shown cardiomegaly. Methimazole 5mg qd was added and was asked to be followed weekly for her elevated BP with hx of HTN?, but patient did not come back until today's consultation because "my sx were much improved and the edema disappeared."

Now she came in complaining of slight facial swelling with occasional extremity edema, coughing occasionally with whitish sputum intermittently, occasional SOB w/o exertion especially lying down flat, malaise, and occasional diffused, throbbing HA x 1 month. She denied using any other medication except the methimazole given for her thyroid problem. No herbal or traditional medicine; no smoke, no CP, syncope, N/V, GI c/o, freq urination, oliguria, extremity numbness/tingling, palpitation, tremor, insomnia, fever or weight loss.

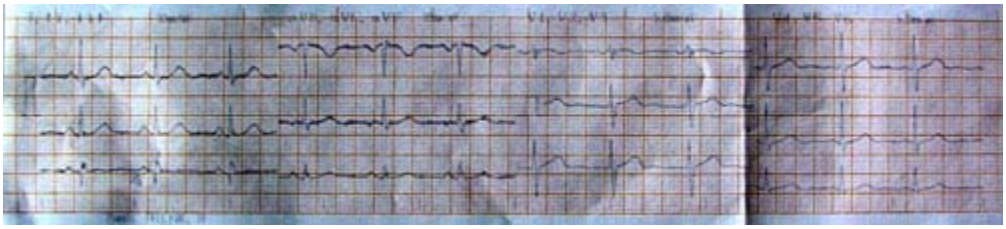


Object:

Vital Signs: **BP** Right=160/85, left=162/83 **P** 68 **R** 20 **T** 36.5C **O2 sat** 98% **Wt** 39Kg
Appeared stated age, facial puffiness, not tachypneic, not diaphoretic; pink conjunctiva, no lymphadenopathy, JVD?, no neck mass or bruit; chest +coarse crackles in left lower lobe, no wheeze, no rub; HR reg, rhythm with skip beat, diastolic, crescendo +1-2 murmur loudest at pulmonic area; abd unremarkable; no extremity edema.

Previous Lab/Studies: see above; U/A normal, urine albumin=neg; CXR=unable to have done due to mechanical malfunctioning, but previous CXR from 04/05 included, EKG: HR=80, biphasic P-wave in V1, flattened P in V2-6, deep Q in III, P in II ok??

Lab/Studies Requests: chem, BUN, creat, gluc, TFT, CBC, AFB sputum smear, 2D echo

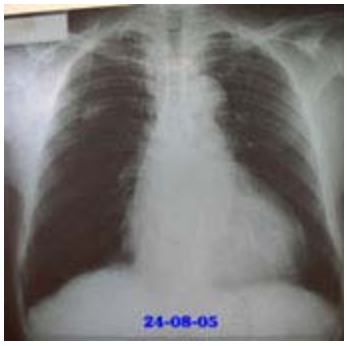


Assessment:

1. HTN
2. Atrial enlargement
3. VHD?
4. MI???
5. Hyperthyroidism
6. Pneumonia?
7. PTB?
8. Tension HA

Plan:

1. Request for 2D cardiac echo at Calmette Cardiac Center
2. HCTZ 50mg ½ po qd
3. Methimazole 5mg 1 po qd
4. ASA 81mg chew 1 po qd
5. Clarithromycin 500mg 1 po bid x 10d ?
6. Para 500mg 1 po qid prn HA
7. MTV 1 po qd



Comments/Notes: Any other thought?

Examined by: Rithy Chau, PA-C **Date: 23/08/05**
Please send all replies to kirihospital@yahoo.com and cc: to tmed_rithy@online.com.kh .

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: 24 August, 2005 9:35 AM
To: 'Kiri Hospital'; 'Rithy Chau'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'
Cc: 'Bernie Krisher'; 'Noun SoThero'; 'Ed & Laurie Bachrach'; 'HealthNet International'; 'Fil B. Tabayoyong'
Subject: RE: Rattanakiri Referral Hospital TM August 2005 patient LH#00116

Hi Rithy:

My first priority for this patient would be to get her blood pressure under better control. HCTZ is a reasonable first choice. If she has cardiomegaly, she probably also has hypertensive renal disease. Measuring her creatinine would help confirm this. If her creatinine is below 300, I would suggest adding an ACEI to her medications. I do not know how any diagnoses from the echocardiogram would change our management-- I think aspirin and good blood pressure control is going to be the plan for any problem we find....

With a normal pulse, respiratory rate and oxygen saturation, my suspicion for pneumonia is low. If you are concerned for PTB, a checking three sputum AFB's would be reasonable.

I hope this is more helpful than confusing (I haven't seen Boston's response yet...)

Jack

From: Kiri Hospital [mailto:kirihospital@yahoo.com]
Sent: Tuesday, August 23, 2005 6:02 PM
To: Rithy Chau; jmiddleb@camnet.com.kh; Cornelia Haener; Ruth Tootill; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Ed & Laurie Bachrach; HealthNet International; Bernie Krisher; Noun SoThero; Fil B. Tabayoyong
Subject: Rattanakiri Referral Hospital TM August 2005 patient KS#00133

Dear All,
In this month,there are 5 new cases and one for follow up. This is the first one patient KS#00133 and her photos.

Best regards,

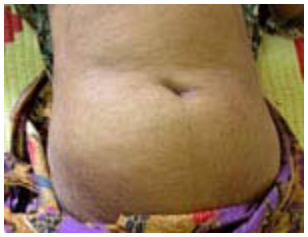
Channarith/Rithy

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

Patient: KS#00133,47F,SRE ANGKRING Village.

Chief Complaint: a development mass in abdomen x3 M and right hip joint pain x more months

HPI: The first time, she complaint of right hip join pain x 10 days association with a difficult walking and extension of right leg, fever on and off with a small mass in abdomen which located in RLG ,and she came to treated in Rattanakiri hospital x more days with antibiotic and antipyritic but she could not resolve to her symptoms .she went back to her home .The last three months , she complain of a large mass in abdomen and right hip join pain association with a difficult walking and extension of right leg and fever off and on , weigh loss , asthenia .no coma ,no HA .

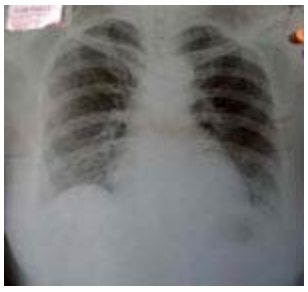


PMH/SH: unremarkable

Social Hx: beetle nut x 5 days

Allergies: unremarkable

Family Hx: unremarkable



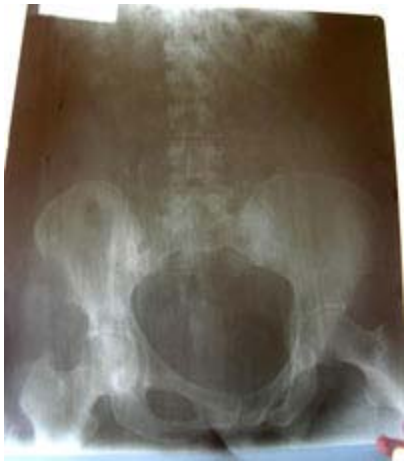
ROS:

PE:
Vital Signs: **BP100/60** **P65** **R20** **T37.5** **Wt** 50kg

General: alerted and oriented

HEENT: unremarkable

Chest: Lungs: clear both sides,.
Heart : no murmur , rhythm regular.



Abdomen: a large mass in abdomen :22em x 12 em locate in RLG , which characterized by pain on palpitation , neither solid no soft , regular surface , a little immobile mass on palpation , mass move with the cervix uterine movement .

Musculoskeletal: pain of right hip , no edema of hip , extension of right leg is hip pain and is a little , abduction and adduction are impossible because making pain .no weaken of muscle .

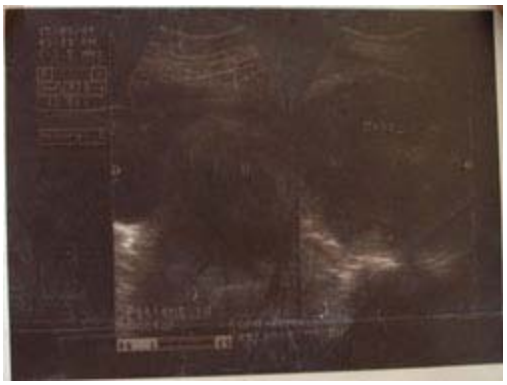
Neuro: motor and sensory are intact.

GU: speculum on cervix uterine showed inflammatory cervix .

Rectal: none

Previous Lab/Studies: none

Lab/Studies Requests: x ray of hip join : lesion on right hip join , ultrasound : to show the uterine fibroid differential counting : Eo:04%,Neu 55%,Ly :38%,M: 03%,Ba:00%.



Assessment: 1.Uterine fibroid 2. Overian cyst? 3.overian TB ? ,4.Inflammation of Right hip join ,5.righ hip join TB

Plan: 1.To refer to SHCH ,Hospital at PP

Comments/Notes: Please ,give a good idea

Examined by: Dr kok san **Date: 23/8/05**

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

From: Smulders-Meyer, Olga,M.D. [mailto:OSMULDERSMEYE@PARTNERS.ORG]
Sent: Wednesday, August 24, 2005 4:27 AM
To: tmed_rithy@online.com.kh
Cc: kirihospital@yahoo.com
Subject: FW: Rattanakiri Referral Hospital TM August 2005 patient KS#00133

-----Original Message-----
From: Smulders-Meyer, Olga,M.D.
Sent: Tuesday, August 23, 2005 5:23 PM
To: Fiamma, Kathleen M.
Cc: 'kirihospital@yahoo.com'
Subject: RE: Rattanakiri Referral Hospital TM August 2005 patient KS#00133

Case: KS # 00133

dear Dr. Kok San

The patient is a 47 year old woman with a mass in her RLQ.
She complains of pain in her right hipand has difficultly walking.

I presented the images you sent me to the Massachusetts General Hospital radiologist, as I am not a radiologist but an internist.

They concluded:
1. her right hip shows some mild degenerative changes consistent with mild osteoarthritis. No blastic, lytic lesions were noted.
2. The ultrasound images showed a large right sided pelvic mass, most consistent with a muceous cystadenoma or a muceous cyst carcinoma of the right ovary.

Impression: the patient has a pelvic mass, most probably ovarian cancer., but possibly a large benign cystadenoma. She needs urgent surgical exploration to get a primary diagnosis. She needs a laparotomy and biopsies of the mass and the surrounding tissues to ensure it is not cancer.

Her pain in her right hip is most likely caused just by the weight of the mass on her arthritic joint. There is no evidence of cancer in her bones.

Olga Smulders-Meyer, MD

From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, August 24, 2005 8:38 AM
To: 'Kiri Hospital'; 'Rithy Chau'; 'Cornelia Haener'; 'Ruth Tootill'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'
Cc: 'Ed & Laurie Bachrach'; 'HealthNet International'; 'Bernie Krisher'; 'Noun SoThero'; 'Fil B. Tabayoyong'
Subject: RE: Rattanakiri Referral Hospital TM August 2005 patient KS#00133

Dear Dr. San:

My first suggestion is to perform a pregnancy test. It would also be helpful to know if the patient is having abnormal uterine bleeding or abnormal menses. It would also be helpful to know her white blood cell count and hemoglobin or hematocrit.

I do not see any lesion of the right hip joint on the X-ray.

The fever and weight loss are concerning for tuberculosis, and I agree with your assessment of likely TB arthritis. I would recommend a chest X-ray, sputum AFB and starting TB treatment.

Dr. Ruth in the SHCH surgical department may have more recommendations.

Best regards,

Jack

From: Kiri Hospital [mailto:kirihospital@yahoo.com]
Sent: Tuesday, August 23, 2005 6:12 PM
To: Rithy Chau; jmiddleb@camnet.com.kh; Cornelia Haener; Ruth Tootill; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach; HealthNet International; Fil B. Tabayoyong
Subject: Rattanakiri Referral Hospital TM August 2005 patient LD#00134

Dear All,

This is the patient LD#000134 and her photos.

Best regards,

Channarith/Rithy

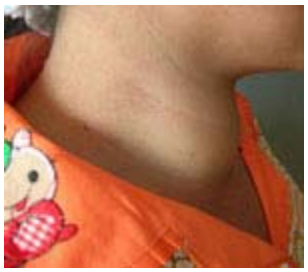
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: LD#00134,35F,FANG Village,VEONSEY

Chief Complaint: a mass development on neck x 3 years

HPI: 35F presented with progressively development of a mass on neck for three years and association with dizziness off and on blurry vision, palpitation off and on and she was treated the unknown drugs 1 tab po qd x 4 months at private clinic ,her symptoms did not get getter . She came to RH by complaining of a mass on neck which develops the bigger than before association with palpitation ,blurry vision , tremor of extremities , and dizziness off and on ,and weigh loss. no coma , no exophthalmia .

PMH/SH: unremarkable



Social Hx: none

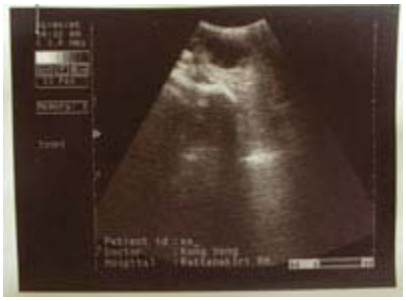
Allergies: none

Family Hx: none

ROS:

PE:
Vital Signs: **BP110/70** **P70** **R20** **T3.5** **Wt** 59kg

General: alerted and oriented



HEENT: a large mass on neck, swallowing mobile ,soft mass on palpation, no pain , no bruit , no dysphasia, no otitis ,no rhinopharyngitis .

Chest: lungs: clear both sides
heart : no murmur ,regular rhythm
Abdomen: soft , active BS , no mass , no oranganomegaly

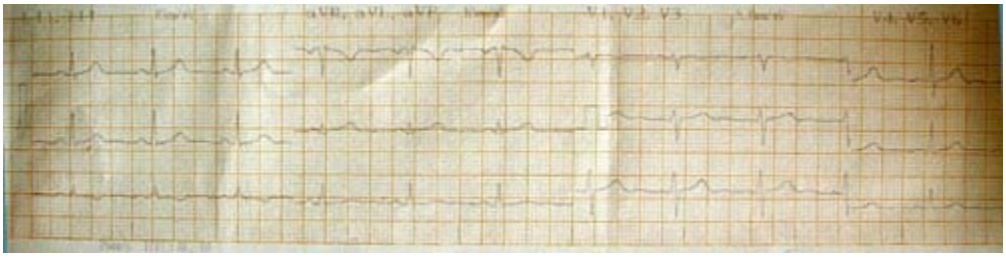
Musculoskeletal: unremarkable

Neuro: motor and sensory are intact

GU:none

Rectal: none

Previous Lab/Studies: none



Lab/Studies Requests: chest x ray : the machine can not do , ultrasound

Assessment: 1.hyperthoidism 2.hypothyroidim

Plan: 1.check the free T4 , T3 and TSH at SHCH

Comments/Notes: PLease ,give a good idea

Examined by: Dr Kok San **Date: 23/8/05**

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

From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, August 24, 2005 8:16 AM
To: 'Kiri Hospital'; 'Rithy Chau'; 'Cornelia Haener'; 'Ruth Tootill'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'
Cc: 'Bernie Krisher'; 'Noun SoThero'; 'Ed & Laurie Bachrach'; 'HealthNet International'; 'Fil B. Tabayoyong'
Subject: RE: Rattanakiri Referral Hospital TM August 2005 patient LD#00134

Dear Dr. San:

I agree with your plan to check thyroid function tests. If the patient is hyperthyroid, as her symptoms suggest, she should be treated medically. Since she has no difficulty swallowing, I think there is no need for surgery right now. Dr. Ruth in the SHCH surgical department may have another opinion.

Best regards,

Jack

From: Kiri Hospital [mailto:kirihospital@yahoo.com]
Sent: Tuesday, August 23, 2005 6:41 PM
To: Rithy Chau; jmiddleb@camnet.com.kh; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach; HealthNet International; Fil B. Tabayoyong
Subject: Rattanakiri Referral Hospital TM August 2005 patient KS#00135

Dear All,

This is the patient KS#000135 and photos.

Best regards,

Channarith/Rithy

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

Patient: KS#00135,50F,SKENG VILLAGE

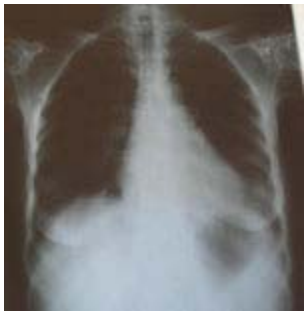
Chief Complaint: right lateral pain and lymph nodes on neck x 6 M

HPI: She presented with a small lymph nodes on right lateral neck ,which characterized by lymph node pain with moderate fever off and on at afternoon .she came to referral hospital ,they gave her antibiotic x more days. She did not get better and she went back to her home and treated unknown drugs at health center . She came back to RH for lymph nodes pain on right lateral neck association with weight loss , moderate fever , swallowing pain and cough off and on and development of lymph nodes are slowly,no ha ,no blurry vision , no tinnitus ,no rhinorrhea , no sob , no dizziness.

PMH/SH: unremarkable

Social Hx: smoking cigarette x young age , traditional alcohol x young age

Allergies: none



Family Hx: none

ROS:

PE:
Vital Signs: **BP100/80** **P70** **R20** **T37.5** **Wt** 33 kg

General: alerted and oriented

HEENT: lymph nodes on right lateral neck , which characterized by pain , mobile on palpation ,no solid , soft ,no adherence of lymph nodes , no other lymph nodes on neck .no otitis , no sore throat .

Chest: lungs: clear both sides
heart: no murmur , regular rhythm

Abdomen: soft ,no mass , active BS

Musculoskeletal: normal

Neuro: motor and sensory are intact

GU: none

Rectal: none

Previous Lab/Studies:

Lab/Studies Requests: chest x ray show normally , ht:28%,hb: 9.1g/dl ,WBC:8300/mm3.plaquelet:175000/mm3,RWC: 2 755000/mm3,NFL:03 ,65 , 30 ,02 ,00

Assessment: 1.lymph nodes TB , 2 .upper respiratory tract infection ?3.r/o thyroidism 4.r/o pneumonia

Plan: 1.Amoxillin 500mg 2 tab po tid x 10 days (overdose)
2.paracetamol 500 mg 1 tab po tid x 10days when prn , fever
3.after treating the medicines above is not get better , should give her antiTB drugs x 6 month?

Comments/Notes: please ,give a good idea

Examined by: San **Date: 23/8/05**

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

From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, August 24, 2005 9:02 AM
To: 'Kiri Hospital'; 'Rithy Chau'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'
Cc: 'Bernie Krisher'; 'Noun SoThero'; 'Ed & Laurie Bachrach'; 'HealthNet International'; 'Fil B. Tabayoyong'
Subject: RE: Rattanakiri Referral Hospital TM August 2005 patient KS#00135

Dear Dr. San:

I agree with your plan.

With best regards,

Jack

From: Kiri Hospital [mailto:kirihospital@yahoo.com]
Sent: Tuesday, August 23, 2005 6:47 PM
To: Rithy Chau; jmiddleb@camnet.com.kh; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach; HealthNet International; Fil B. Tabayoyong
Subject: Rattanakiri Referral Hospital TM August 2005 patient SS#00136

Dear All,

This is the patient SS#000136 and her photos.

Best regards,

Channarith/Rithy

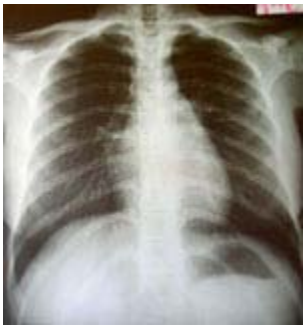
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: SS#00136, F 17 y.o, Village THMEY

Chief Complaint: Thoracic oppression, Chest pain

HPI: 5 year ago she felt thoracic oppression, palpitation, insomnia, dizziness from time to time, no cough.
One month before she come the hospital she felt chest pain and dyspnea from time to time, thoracic oppression is progressively increasing.

PMH/SH: Urine tract infection treated at Kunthabopha hospital when she was young, no surgery no accident



Social Hx: no smoking, no drinking alcohol, single, irregular menstrual period (Frequency: one or two months, during: 3 days)

Allergies: none

Family Hx: none

ROS:

PE:
Vital Signs: BP 110/70mmHg P 90/min R 16/min T 37 C Wt 40 kg

General: Normal consciousness, no cough, no sputum, no fever with weight loss (kg?)

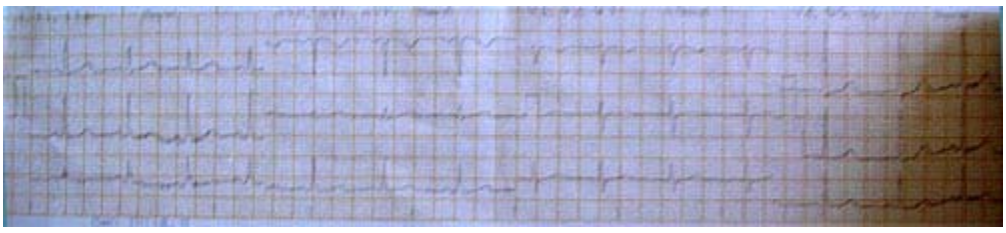
HEENT: Head normal, conjunctive no icteric, no pallor, ENT normal, neck soft, no enlarged LN, no bruit

Chest: normal breath sound, no crackle, no wheezes, HRRR, no murmur

Abdomen: BS positive, no tenderness, no abdominal pain, no hepato-splenomegaly

Musculoskeletal: unremarkable

Neuro: Eye ball movement normal, corneal reflex normal, pupuils 3mm, face no paralysis, reflex normal, motor and sensory normal both sides



GU: not examined

Rectal: not examined

Previous Lab/Studies:
23.08.2005: Glucose 91mg/dl

Hb 12g/dl
EKG not permission to do by the patient

Lab/Studies Requests:

Assessment: Panic disorder
Anxiety
Depression

Plan: Amitriptyline25mg ¼ tablet at night
Practice controlled breathing
Examined by: Dr Tho Sovitha **Date: 08/23/2005**

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Tuesday, August 23, 2005 10:54 PM
To: kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: FW: Rattanakiri Referral Hospital TM August 2005 patient SS#00136

-----Original Message-----
From: Medoff, Benjamin D.,M.D.
Sent: Tuesday, August 23, 2005 10:13 AM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri Referral Hospital TM August 2005 patient SS#00136

I agree that a panic attacks/anxiety disorder should be a strong consideration in this patient given the reported normal physical exam and her history. However, I would want to fully rule out lung pathology such as chronic infections and asthma. Pulmonary hypertension would also be a consideration (although this is an uncommon diagnosis). If possible I would try to obtain a chest X-ray, pulmonary function tests, and oximetry (both at rest and with exertion) on the patient. In addition I would try to convince her to have an EKG done to rule out signs of right heart strain. If these are unrevealing a trial of Amitriptyline would be reasonable. I would continue to see her periodically to monitor the efficacy of the medication and to monitor for any new signs of disease. Good luck!

Benjamin D. Medoff, MD
Center for Immunology and Inflammatory Diseases
Pulmonary and Critical Care Unit
Massachusetts General Hospital

From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, August 24, 2005 8:47 AM
To: 'Rithy Chau'
Cc: 'Paul Heinzelmann'
Subject: RE: Rattanakiri Referral Hospital TM August 2005 patient SS#00136

Hi Rithy:

This is a perfect example of the poor history taking that we developed the H&P template for... the patient complains of both dizziness and chest pain, and yet very little information is collected to help understand either of these complaints.

If you could help the doctors understand how to use the templates to make their submissions more complete, I think it will result in much better answers.

Thanks and good luck!

Jack

From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: Wednesday, August 24, 2005 8:56 AM
To: 'Kiri Hospital'; 'Rithy Chau'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'
Cc: 'Bernie Krisher'; 'Noun SoThero'; 'Ed & Laurie Bachrach'; 'HealthNet International'; 'Fil B. Tabayoyong'
Subject: RE: Rattanakiri Referral Hospital TM August 2005 patient SS#00136

Dear Dr. Sovitha:

It would be helpful to know more history: How often do the symptoms occur? What is the patient doing when the symptoms start? How long does each episode last? Is the patient still able to work and study normally?

For the information you give, I agree that the patient may have either depression or anxiety. What does she mean by "insomnia?" Is she eating normally? Has she lost wieght? Does she feel sad or scared often? Does she cry often? A social history is very important-- are then any problems with her parents, her siblings, her boyfriend, her co-workers? Is there abuse at home?

Why did the patient refuse an ECG? For modesty? Perhaps she is hiding bruises or other signs of abuse under her clothes?

If the symptoms seems like depression, I agree with your plan for amitryptiline. If she has panic disorder, a low-dose beta blocker may be more helpful.

Best regards,

Jack

From: Kiri Hospital [mailto:kirihospital@yahoo.com]
Sent: Tuesday, August 23, 2005 6:22 PM
To: Rithy Chau; jmiddleb@camnet.com.kh; Cornelia Haener; Ruth Tootill; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach; HealthNet International; Fil B. Tabayoyong
Subject: Rattanakiri Referral Hospital TM August 2005 patient KM#00137

Dear All,

This is the patient KM#000137 and his photos.There will be more photo to be sent later.

Best regards,

Channarith/Rithy

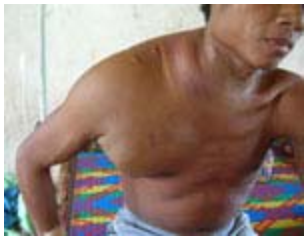
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: KM#00137,M 30 y.o, Village III

Chief Complaint: Right tumor chest + dyspnea

HPI: 4 months ago he felt right back chest pain (Scapula area) and appear tumefaction progress increase on the axillary area associate anorexia, dyspnea, no cough, moderate pain, limited movement right hand and no fever, no weight loss. He was treated with modern medicine but didn't help. He was sent to Rattanakiri Hospital on 16.08.2005 and he has been cured with some drug such as Cloxacilline 1g tid IV, Gentamycine 80mg IV bid but didn't help.

PMH/SH: no surgery no accident



Social Hx: no smoking, drinking alcohol from time to time

Allergies: none

Family Hx: none

ROS:

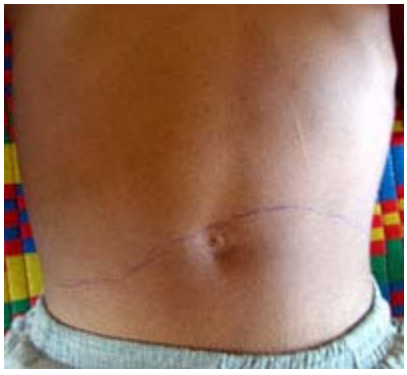
PE:
Vital Signs: BP 120/80mmHg P 80/min R 24/min T 37 C Wt 58 kg

General: Normal consciousness, no cough, no sputum, no weight loss

HEENT: Head normal, conjunctive icteric, no pallor, ENT normal, neck soft, enlarged LN on the both side of his neck, no bruit

Chest: Breath sound decrease on right side, no crackle, no wheezes, HRRR, no murmur

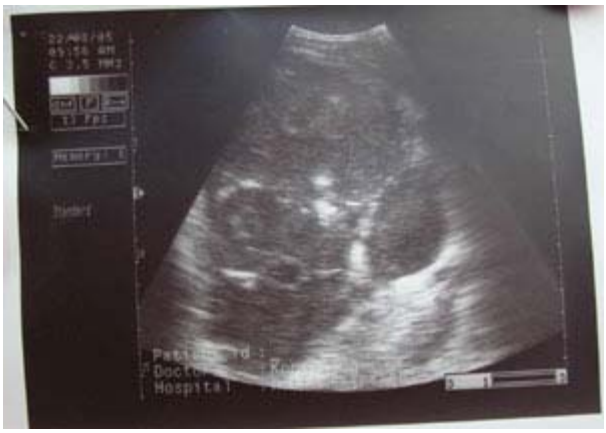
Abdomen: BS positive, tenderness, abdominal pain on the upper region, hepato-splenomegalies and stiff liver

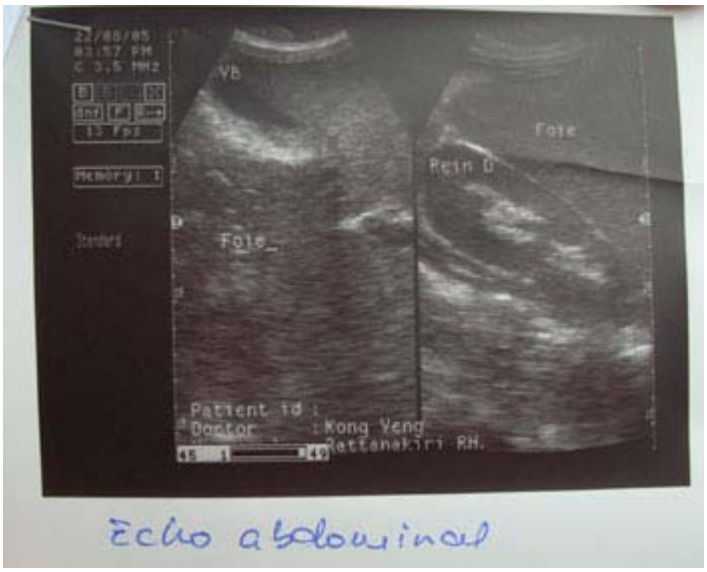


Musculoskeletal: Right chest tumefaction, moderate pain and increase pain during moving right hand, stiff tumor, chest tumor no fluctuation

Neuro: Eye ball movement normal, corneal reflex normal, pupuils 3mm, face no paralysis, reflex normal, motor and sensory normal both sides

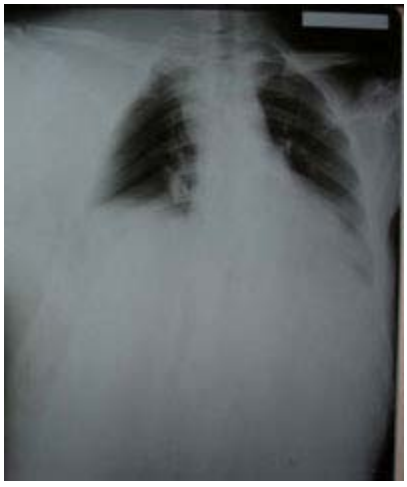
GU: not examined





Rectal: not examined

Previous Lab/Studies: 22.08.2005 Hz negative
WBC 5400/mm3
RBC 4500000/mm3
Ht 44%
Platelet 125000/mm3
Total bilirubin 7,7mg/dl
Direct bilirubin can't do
Creatinine 0,8 mg/dl
SGOT 81 U/l
SGPT 179,3 U/l
Abdominal ultrasound: foie homogène, échogenicité bord régulier mais augmenté de volume, voie billiare de paroi épaissie
Rate augmenté de volume, Reins, vessie, prostate sont normaux
Tumor ultrasound: Image d'un grand mass hétérogène echogénicité pas de lobe abcédée
Chest Rx can't do



Lab/Studies Requests: Tumor biopsy and examined at Phnom Penh

Assessment: Right Pleuritis
Liver cancer
Malignency tumor
Lungs cancer
Hypertrophic pneumic osteoathropathy
Abscess, TB

Plan: Indometacine 25mg tid
Multivit 1 tablet bid

Comments/Notes:

Examined by: Dr Tho Sovitha **Date: 08/23/2005**

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

-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, August 24, 2005 7:55 AM
To: kirihospital@yahoo.com
Cc: Rithy
Subject: FW: Rattanakiri Referral Hospital TM August 2005 patient KM#00137

From: Tan, Heng Soon,M.D.
Sent: Tue 8/23/2005 1:55 PM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri Referral Hospital TM August 2005 patient KM#00137

This 30 year old man developed a progressive swelling in the right axilla over the past 4 months. Unfortunately the physical examination did not clarify whether this is an axillary lymph node mass, or a mass arising from the chest wall. A chest xray could have made the distinction, so it's unclear why the xray was unsuccessful. The history suggests a malignant process rather than infection. The location and his age suggests lymphoma rather than lung cancer invading into chest wall. Chest wall invasion would have caused severe pain as opposed to discomfort from axillary lymph node mass effect. Biopsy of the axillary mass is the immediate step because lymphoma is eminently treatable and curable.
HS

-----Original Message-----
From: Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]
Sent: 24 August, 2005 9:55 AM
To: 'Kiri Hospital'; 'Rithy Chau'; 'Cornelia Haener'; 'Ruth Tootill'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'
Cc: 'Bernie Krisher'; 'Noun SoThero'; 'Ed & Laurie Bachrach'; 'HealthNet International'; 'Fil B. Tabayoyong'
Subject: RE: Rattanakiri Referral Hospital TM August 2005 patient KM#00137

Dear Dr. Sovitha:

I reviewed this case with the director of surgery at SHCH, and we both agree that whatever the patient's diagnosis, we are unlikely to be able to help him. If the mass became this large in only 4 months, it is very aggressive. The most likely diagnosis is sarcoma.

Unfortunately, all we can recommend is good pain control.

With best regards,

Jack

Wednesday, August 24, 2005

Follow-up Report for Rattanakiri TM Clinic

There were 5 new and 5 follow up patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of all new cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE, 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.]

Treatment Plan for Rattanakiri TM August 2005

1. KS#00133, 47F, Sre Ankrang Village

   dx:
   1. Ovarian cancer?
   2. Cystadenoma?
   3. Uterine fibroid?
   4. TB Arthritis

   tx:
   1. CXR
   2. Sputum AFB (unable to produce)
   3. Refer to PP for GYN surgical consult and possible biopsy of the mass

2. LD#00134, 35F, Fang Village

   dx
   1. Goiter

   tx:
   1. Check TSH and free T4 at SHCH

3. KS#00135, 50F, Sreng Village

   dx:
   1. TB?
   2. URTI
   3. Lymphoma??

   tx:
   1. Amoxilline 500mg 1tab po tid x 14 d
   2. Paracetamol 500mg 1 tab po bid prn
   3. Diflunisal 500mg 1tab po bid x 10d
   4. MTV 1 tab po qd x30 d

4. SS#00136, 17F, Tmey Village

dx:
1. Anxiety disorder
2. Panic attack?

tx:
1. Amitriptyline10mg
   - ¼ tab po qhs x one week
   - ½ tab po qhs x one week
   - 1 tab po qhs
2. Paracetamol 500mg 2 tab po qid prn
3. MTV 1 tab po qd x 30d

5. KM#00137, 30M, Village III

dx:
1. Sarcoma
2. Lung cancer?

tx: Pain mangement (with Paracetamol and/or NSAIDs)

Patients who came for follow-up:

1. UP#00093, 51F, Village I

dx
1. Subclinical hyperthyroidism
2. Osteochondritis (resolved)

tx:
1. Check free T4 and TSH at SHCH
2. MTV 1 tab po qd x 30d

2. CL#00122, 33F, Village III

dx:
1. Hyperthyroidism

tx:
1. Check free T4 and TSH at SHCH

3. LH#00116, 59F, Village IV

dx:
1. HTN
2. Hyperthyroidism
3. Cardiomegaly
4. VHD??
5. PTB?

tx:
1. HCTZ 50mg ½ tab po qd x one month
2. Methimazole 5mg 1 tab po qd x one month
3. MTV 1 tab po qd x 30d
4. ASA 81mg chew 1 tab po qd x 30d
5. AFB sputum smears
6. CBC ,Creatinine, BUN , Electrolyte , glucose
7. TSH and free T4 at SHCH

4. EB#00078, 41F, Village I

dx: 1. CHF
2. Incompleted RBB

tx: 1. Enalopril 5mg ½ tab po qd x 100d
2. Digoxin 0.25mg 1 tab po qd x 100d
3. Furosemide 40mg 1 tab po bid x100d
4. Spironolactone 25mg 2 tab po bid x 100d
5. MTV 1 tab po bid x 100d

5. PC#00113, 40F, Village I

dx: Euthyroid goiter

tx: Refer to SHCH on 01/9/05 for surgical consult

From: Rithy-chau [mailto:tmed_rithy@online.com.kh]
Sent: Monday, September 05, 2005 3:12 PM
To: Rattanakiri TM
Cc: Bernie Krisher; Ed & Laurie Bachrach; Fil - Jr. Tabayoyong; Gary Jacques; HealthNet Rattanakiri; So Thero Noun
Subject: Lab Results from August 2005 TM Clinic

Dear Channarith/Dr. San,

Here are the lab results taken from patients during Rattanakiri TM Clinic August 2005 and the f/u plan:

1. UP#00093, 51F, Village I

TSH	<0.02	[0.49 - 4.67]
Free T4	20.65	[9.14 – 23.81]

- DDx
  - Subclinical Hyperthyroidism
- Tx
  - Please add methimazole 5mg 1 po tid and recheck TFT in 2 months.

2. LH#00116, 59F, Village IV

TSH	1.08	[0.49 - 4.67]
Free T4	12.18	[9.14 – 23.81]

- DDx
  - Euthyroidism (with medication)
- Tx
  - Please continue methimazole 5mg 1 po qd and recheck TFT in 2 months.

3. CL#00122, 33F, Village III

TSH	0.33	[0.49 - 4.67]
Free T4	11.41	[9.14 – 23.81]

- DDx
  - Subclinical Hyperthyroidism
- Tx
  - Please give methimazole 5mg 1 po tid and recheck TFT in 2 months.

4. LD#00134, 35F, Fang Village

TSH	0.94	[0.49 - 4.67]
Free T4	13.91	[9.14 – 23.81]

- DDx
  - Euthyroid goiter
- Tx
  - Please ask her to return in October for possible FNA of mass.

If you have any question concerning these lab results and plan for treatment, please contact me.

Best Regards,
Rithy

The next Rattanakiri TM Clinic will be held on September 14-15, 2005