Telemedicine Clinic
Rattanakiri
Referral Hospital
December 2005

Report and photos compiled by Rithy Chau, SHCH Telemedicine

On Tuesday, December 13, 2005, Rattanakiri Referral Hospital (RRH) staff began their TM clinic. PA Rithy was present on site. The patients were examined and the data were transcribed along with digital pictures of the patient, then transmitted (except for some 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/Thursday, December 14-15, 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 :

Kiri Hospital <kirihospital@yahoo.com> wrote:
Date: Wed, 7 Dec 2005 18:40:58 -0800 (PST)
From: Kiri Hospital <kirihospital@yahoo.com>
Subject: December TM clinic at Rattanakiri Referral Hospital
To: Rithy Chau <tmed_rithy@online.com.kh>,
Cornelia Haener <cornelia_haener@online.com.kh>,
Ruth Tootill <ruth_tootill@online.com.kh>,
Brian Hammond <bhammond@partners.org>,
Paul Heinzelmann <ph2065@yahoo.com>,
"Kathleen M. Kelleher" <kfiamma@partners.org>,
Joseph Kvedar <jkvedar@partners.org>
CC: Bernie Krisher <bernie@media.mit.edu>,
Noun SoThero <thero@cambodiadaily.com>,
Ed & Laurie Bachrach <lauriebachrach@yahoo.com>,
HealthNet International <healthni@camintel.com>,
"Fil B. Tabayoyong" <docfil@yahoo.com>, Sovann Nop <sovanrural@yahoo.com>

Dear All,
Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Tuesday, December 13, 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, December 14, 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

Kiri Hospital <kirihospital@yahoo.com> wrote:
Date: Wed, 14 Dec 2005 01:48:30 -0800 (PST)
From: Kiri Hospital <kirihospital@yahoo.com>
Subject: Rattanakiri Hospital TM clinic patient LD#00134
To: Cornelia Haener <cornelia_haener@online.com.kh>,
Ruth Tootill <ruth_tootill@online.com.kh>
CC: Brian Hammond <bhammond@partners.org>,
Paul Heinzelmann <ph2065@yahoo.com>,
"Kathleen M. Kelleher" <kfiamma@partners.org>,
Joseph Kvedar <jkvedar@partners.org>, khamphar@yahoo.com,
Bernie Krisher <bernie@media.mit.edu>,
Noun SoThero <thero@cambodiadaily.com>,
"Fil B. Tabayoyong" <docfil@yahoo.com>,
Ed & Laurie Bachrach <lauriebachrach@yahoo.com>,
HealthNet International <healthni@camintel.com>,
Rithy Chau <tmed_rithy@online.com.kh>, chaurithy@yahoo.com

Dear Ruth and Cornelia,

As I talked to Cornelia on the phone, it was suggested that due to FNA result being nodular goiter with regression, she may be qualify for surgical removal of thyroid mass. She does have some neck compression with partial dysphagia but can still eat and drink. Her neck x-ray showed trachea slightly deviated. She is found to be euthyroid.

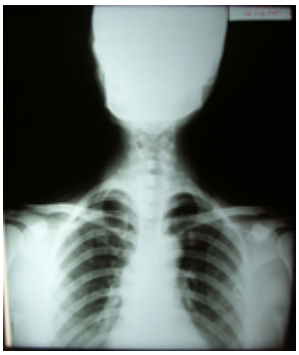
Please give your impression on this case and recommendation as to have her sent to SHCH for surgical procedure or not.

Here is the patient for follow up LD#00134, 35F and photos. Please refer to her H&P on website www.villageleap.com Rattanakiri TM Report August 2005.

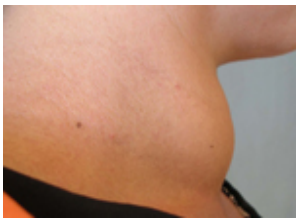
Best regards,

Channarith/Rithy

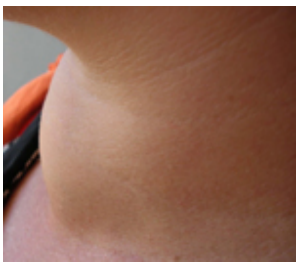
Cornelia haener <Cornelia_Haener@online.com.kh> wrote:
From: "Cornelia haener" <Cornelia_Haener@online.com.kh>
To: "'Kiri Hospital'" <kirihospital@yahoo.com>,
"'Ruth Tootill'" <ruth_tootill@online.com.kh>
CC: "'Brian Hammond'" <bhammond@partners.org>,
"'Paul Heinzelmann'" <ph2065@yahoo.com>,
"'Kathleen M. Kelleher'" <kfiamma@partners.org>,
"'Joseph Kvedar'" <jkvedar@partners.org>, <khamphar@yahoo.com>,
"'Bernie Krisher'" <bernie@media.mit.edu>,
"'Noun SoThero'" <thero@cambodiadaily.com>,
"'Fil B. Tabayoyong'" <docfil@yahoo.com>,
"'Ed & Laurie Bachrach'" <lauriebachrach@yahoo.com>,
"'HealthNet International'" <healthni@camintel.com>,
"'Rithy Chau'" <tmed_rithy@online.com.kh>, <chaurithy@yahoo.com>
Subject: RE: Rattanakiri Hospital TM clinic patient LD#00134
Date: Thu, 15 Dec 2005 12:36:37 +0700



Dear all,
The trachea compression is not very prominent. However, it will most likely increase over time. I would suggest that she is brought down for a thyroid lobectomy soon. She looks very healthy otherwise, and I am wondering, if we could plan her to be admitted right away if she agrees to have an operation. Would you mind talking to her already concerning our plan and also possible complications of an operation like hematoma, hoarseness due to recurrent nerve palsy and hypocalcemia. If you Rithy, think it is a good plan please call me tonight or tomorrow morning so that I can give you a day for admission.
Thanks
Cornelia



Kiri Hospital <kirihospital@yahoo.com> wrote:
Date: Wed, 14 Dec 2005 00:38:21 -0800 (PST)
From: Kiri Hospital <kirihospital@yahoo.com>
Subject: Ratanakiri Provincial Hospital TM clinic Patient KC#00147
To: Rithy Chau <tmed_rithy@online.com.kh>,
Brian Hammond <bhammond@partners.org>,
Paul Heinzelmann <ph2065@yahoo.com>,
"Kathleen M. Kelleher" <kfiamma@partners.org>,
Joseph Kvedar <jkvedar@partners.org>, khamphar@yahoo.com
CC: Bernie Krisher <bernie@media.mit.edu>,
Noun SoThero <thero@cambodiadaily.com>,
Ed & Laurie Bachrach <lauriebachrach@yahoo.com>,
HealthNet International <healthni@camintel.com>,
"Fil B. Tabayoyong" <docfil@yahoo.com>



Dear All,

Here is the patient KC#00147 and 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: KC#00147, 43M, Village V

Chief Complaint: frequent urine and astenia and weight loss .

HPI. He presented with DMii X 8 Y, he treated the GLibenclamide 1 tab po qd and phenformine hydrochloride 1 tab qd , he took all medications when his symptoms appeared , at private clinic. His complaints of frequent urine , tremor of all muscles of full body , asthenia , blurred vision , and burning eyes ,a bit numbness of R leg , and weight loss x 12 kg .no ha , no vo/no, no coma , no convulsion , no fever , no cough .no sob .

PMH/SH: abces of bottom x2 month ago .

Social Hx: 6 cigarettes x day x more than 20 y , alcohol x party

Allergies: none

Family Hx: none

ROS:

PE:
Vital Signs: BP R:80/60, L:90/60 P20 R36.5 T36.5 Wt 40kg

General: alerted and oriented

HEENT: no otitis , no lymphnode .

Chest: lungs: clear both sides
heart : no murmur

Abdomen: soft ,no mass , active BS.

Musculoskeletal: unremarkable

Neuro: motor is intact , numbness of R leg ,

GU: none

Rectal:none

Previous Lab/Studies:
Lab/Studies Requests: fasting BS:298mg /dl, glucose :+4, WBC:6900, CREATININE:1.1 mg/dl, glucose:306mg/dl.

Assessment: 1.DMII, 2. Hypoglycemia from medications .

Plan: 1.glucophase 1 tab po qd
2. education of patient for eating the food
3.MTV 1 tab po qd x one month
4.B.complex 1 tab po qd x one month

Comments/Notes: please give a good idea

Examined by: Dr San **Date: 13/12/05**

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

-----Original Message-----
From: Fiamma, Kathleen M.
Sent: Wednesday, December 14, 2005 12:25 PM
To: Cusick, Paul S.,M.D.
Subject: FW: Ratanakiri Provincial Hospital TM clinic Patient KC#00147

Hello Dr. Cusick:

Is there any possibility that you can help with this case today?

"Cusick, Paul S.,M.D." <PCUSICK@PARTNERS.ORG> wrote:
Subject: RE: Ratanakiri Provincial Hospital TM clinic Patient KC#00147
Date: Wed, 14 Dec 2005 15:24:20 -0500
From: "Cusick, Paul S.,M.D." <PCUSICK@PARTNERS.ORG>
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>,
<kirihospital@yahoo.com>
CC: <tmed_rithy@online.com.kh>

This patient has polyuria and wt loss due to uncontrolled diabetes. His visual symptoms might also be from diabetes. His right leg numbness could possibly be from neuropathy from diabetes, but diabetic neuropathy is usually bilateral and symmetrical in a sock distribution,.

He needs aggressive treatment for his diabetes including dietary information and medications. He needs to have gradual increased in the oral medication that you have in your pharmacy. I would recommend seeing him every 2 weeks to recheck his sugar.
I would maximize his therapy gradually and rapidly.

What are the diabetes medications that you have in your pharmacy/hospital so I can help you to adjust the medications?

He needs to stop smoking.

Thank you.

Paul Cusick

Kiri Hospital <kirihospital@yahoo.com> wrote:
Date: Tue, 13 Dec 2005 23:53:09 -0800 (PST)
From: Kiri Hospital <kirihospital@yahoo.com>
Subject: Rattanakiri Provincial Hospital TM clinic Patient PO#00148
To: Rithy Chau <tmed_rithy@online.com.kh>,
Brian Hammond <bhammond@partners.org>,
Paul Heinzelmann <ph2065@yahoo.com>,
"Kathleen M. Kelleher" <kfiamma@partners.org>,
Joseph Kvedar <jkvedar@partners.org>, khamphar@yahoo.com,
chaurithy@yahoo.com
CC: Bernie Krisher <bernie@media.mit.edu>,
Noun SoThero <thero@cambodiadaily.com>,
Ed & Laurie Bachrach <lauriebachrach@yahoo.com>,
HealthNet International <healthni@camintel.com>,
"Fil B. Tabayoyong" <docfil@yahoo.com>

Dear All,

Here is the patient PO#00148 and photos.

Channarith /Rithy

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

Patient: PO#00148, 67F, Village III

Chief Complaint: Palpitation off and on and blurred vision x every day.

HPI: she presented with HNT X 2-3 year ago .she went to private clinic for buying unknown medicines for antihypertension , her symptoms got better .She presented with DMii X 3 Y and treated with Glucophage 850mg 1tab po x everyday accompanied with Diamicron 30mg 1tab po qd with alphachlormotrypsine42mg 1 1tab po PRN and chinese medicines 1 tab po bid .Her complaint of blurred vision , burning of eyes , occasionally tearing , palpitation off and on , numbness of feet and both hand , frequent urine , HA , tension of neck, burning epigastric , belching and epigastric pain, no weight loss , no vo/ no .no fever .

PMH/SH: HNT, gastric pain

Social Hx: no alcohol x no smoking

Allergies: none

Family Hx: none

ROS:

PE:
Vital Signs: BPR:130/70 , L:140/80 P73/ R20 T37 Wt 67kg

General: alerted and oriented

HEENT: no lymphnod, no mass on neck.

Chest: lungs: clear both sided , no crackle .
heart: no murmur , regular rhythm .

Abdomen: soft, active BS, no mass.

Musculoskeletal: none

Neuro: motor is intact , slightly numbness of feet and both hand .DTR normal

GU: none

Rectal: none

Previous Lab/Studies:

Lab/Studies Requests: ua:glucose :+4,RBC:trace , fasting BS:189mg/dl.CBC:ht:45, wbc :12500, Hb:14.2, RBC:4530000, creatinine:1.2mg/dl, glucose:76.3mg/dl

Assessment: 1.DMII
2.HNT

3. ulcer gastro duodenal ?

Plan: 1.GLUCOPHASE850mg 1 tab po qd
2. Asp 81 mg 1 tab po qd chewing x one month
3.Lisinopril 5 mg ½ tab qd
4. Rantidine 500mg 1 tab po qd x one month.

Comments/Notes: PLease, give a good idea.

Examined by: Dr San **Date: 13/12/05**

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

"Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG> wrote:
Subject: FW: Rattanakiri Provincial Hospital TM clinic Patient PO#00148
Date: Wed, 14 Dec 2005 21:18:51 -0500
From: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
To: <kirihospital@yahoo.com>,
"Rithy" <tmed_rithy@online.com.kh>

From: Tan, Heng Soon,M.D.
Sent: Wed 12/14/2005 4:19 PM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri Provincial Hospital TM clinic Patient PO#00148

Uncontrolled diabetes could explain blurred vision [lens edema], numbness of extremities [sensory neuropathy], dyspepsia [diabetic gastropathy], polyuria [hyperglycemia]. Other symptoms are rather nonspecific. The blood pressure is high, but not high enough to cause headaches. H. pylori serology should be checked since that could present as chronic dyspepsia.

Tests to evaluate extent of diabetes include retinal examination to look diabetic retinopathy, urine microalbumin to look for neuropathy and A1c to ascertain degree of glycemia. Blood lipids if elevated is important to treat.

I would agree with lisinopril for hypertension and renal protection. Metformin could be increased to 1g bid. Diamecron should be continued. However these 2 medicines are not sufficient to control diabetes. One could add Avadian [rosiglitazone 8 mg qd] as a trial. However she will do best by adding NPH insulin starting at 10-15 units at bedtime for glycemia control. Of course diabetic education regarding natural history, glucose monitoring with glucometer, diabetic diet and exercise should be reviewed.

[Heng Soon]

Kiri Hospital <kirihospital@yahoo.com> wrote:
Date: Wed, 14 Dec 2005 02:04:22 -0800 (PST)
From: Kiri Hospital <kirihospital@yahoo.com>
Subject: Rattanakiri Hospital TM clinic patient PS#00149
To: Brian Hammond <bhammond@partners.org>,
Paul Heinzelmann <ph2065@yahoo.com>,
"Kathleen M. Kelleher" <kfiamma@partners.org>,
Joseph Kvedar <jkvedar@partners.org>, khamphar@yahoo.com
CC: Bernie Krisher <bernie@media.mit.edu>,
Noun SoThero <thero@cambodiadaily.com>,
"Fil B. Tabayoyong" <docfil@yahoo.com>,
Ed & Laurie Bachrach <lauriebachrach@yahoo.com>,
HealthNet International <healthni@camintel.com>,
Rithy Chau <tmed_rithy@online.com.kh>, chaurithy@yahoo.com

Dear All,
Here is the patient PS#00149 and photos.

Best regards,

Channarith/Rithy

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

Patient: PS#00149, 26F, Village I

Chief Complaint: Palpitation and neck tension x 2 yrs

HPI: 26F housewife with PMH of hyperthyroidism dx at SHCH 8/05 and has been treated with methimazole and propranolol; her sx has been controlled with these medications and requested two months ago to be followed through the telemedicine clinic at RRH since she had difficulty in finance to travel back and forth Rattanakiri-Phnom Penh. There were agreement between the TM director, SHCH physician and the patient that this should be done as long as her condition is stable without much complication. At the moment, she c/o only difficulty sleeping and heat intolerance; she denied palpitation, CP, SOB, dizziness, tremor, eye problem, constipation; good appetite and regular mense; no plan for pregnancy; pt would like to start on OC for birth control.

PMH/SH: Hyperthyroidism and dyspepsia 8/05

Social Hx: no smoke, casual EtOH; mother of 2 children

Allergies: NKDA

Family Hx: None

ROS: unremarkable

PE:
Vital Signs: BP 104/72 P 80 R 20 T 36.5C Wt 40Kg

General: Stable, thin

HEENT: slightly pale conjunctiva, no exophthalmos, no neck bruit, no lymphadenopathy, no thyromegaly

Chest: CTA bilat, HRRR no murmur

Abdomen: unremarkable

Musculoskeletal: good tone, no gross deformity

Neuro: DTRs +2/4 all, motor & sensory intact, normal gait, good pulses, no tremor.

GU: ND

Rectal: ND

Previous Lab/Studies:

Lab/Studies Requests: Hb = 12g/dL

Assessment: Hyperthyroidism

Plan:
1. Methimazole 10mg ½ tab po bid (#100)
2. Propranolol 40mg ¼ tab po bid (#50)
3. MTV 1 po qd (#100)

Comments/Notes: Draw free T4 to be done at SHCH since last check on 8/05.

Examined by: Rithy Chau, MPH, MHS, PA-C **Date: 13/12/05**

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

"Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG> wrote:
Subject: FW: Rattanakiri Hospital TM clinic patient PS#00149
Date: Wed, 14 Dec 2005 21:38:53 -0500
From: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
To: <kirihospital@yahoo.com>,
"Rithy" <tmed_rithy@online.com.kh>

From: dsands@bidmc.harvard.edu [mailto:dsands@bidmc.harvard.edu]
Sent: Wed 12/14/2005 1:06 PM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri Hospital TM clinic patient PS#00149

To follow hyperthyroidism, you only need to follow a TSH, which is less expensive than a free T4 and more sensitive. In this patient, who has symptoms of hyperthyroidism, you could send both a TSH and a free T4.

No other comments.

- Danny

Daniel Z. Sands, MD, MPH, FACP, FACMI
Assistant Clinical Professor of Medicine, Harvard Medical School
Faculty, Harvard-MIT Division of Health Sciences and Technology
Associate in Medicine, Beth Israel Deaconess Medical Center
Director, American Medical Informatics Association
Advisor, Center for Health Information and Decision Systems, Robert H. Smith School of Business, University of Maryland

Phone: 617-667-1510, 214-370-2267

Mobile: 617-256-4775
dsands@bidmc.harvard.edu

Kiri Hospital <kirihospital@yahoo.com> wrote:
Date: Tue, 13 Dec 2005 19:12:21 -0800 (PST)
From: Kiri Hospital <kirihospital@yahoo.com>
Subject: Rattanakiri Telemedicine Clinic December 2005 Patient VL#00150
To: Rithy Chau <tmed_rithy@online.com.kh>,
Cornelia Haener <cornelia_haener@online.com.kh>,
Ruth Tootill <ruth_tootill@online.com.kh>,
Brian Hammond <bhammond@partners.org>,
Paul Heinzelmann <ph2065@yahoo.com>,
"Kathleen M. Kelleher" <kfiamma@partners.org>,
Joseph Kvedar <jkvedar@partners.org>, khamphar@yahoo.com,
chaurithy@yahoo.com
CC: Bernie Krisher <bernie@media.mit.edu>,
Noun SoThero <thero@cambodiadaily.com>,
"Fil B. Tabayoyong" <docfil@yahoo.com>,
Ed & Laurie Bachrach <lauriebachrach@yahoo.com>,
HealthNet International <healthni@camintel.com>

Dear All,

Here is the Patient VL#00150 and photos.

Best Regards,
Rithy/Channarith

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

Patient: VL#00150, 34F, Village V

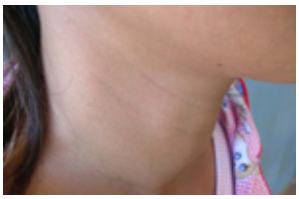
Chief Complaint: Neck mass x 4yrs

HPI: Patient was dx with hyperthyroidism on 12/10/01 at a private clinic in Kampong Cham Province and was tx with Neo-mercazol 1 po bid and propranolol 40mg ½ po bid; she stopped the medicine herself when she became pregnant in 2002 and delivered a premature child 07/02 uneventfully. Due to financial difficulty, she stopped travelling to K. Cham and decided to buy her own medicine prn when she could afford it and recently reduced the thyroid medication to once a day to "keep myself treated longer." She realized that the medication decreased her sx dramatically, but she just could not afford it. She also notice that since taking the medication, the goiter seemed to reduce in size slightly also. She denied eye problem, heat intolerance, palpitation, poor appetite, wt loss, SOB, difficulty sleeping, tremor.

PMH/SH: see HPI

Social Hx: no smoke, casual EtOH, but stopped 3-4 mos ago; has 3 yo child

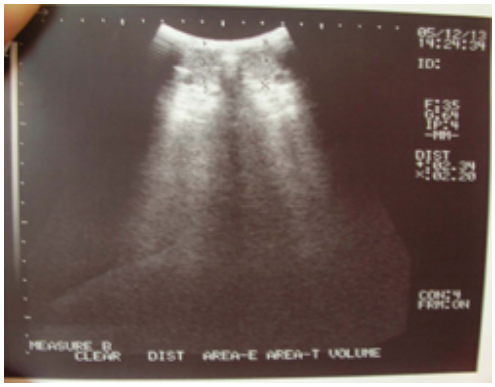
Allergies: NKDA



Family Hx: Aunt 54 with goiter also

ROS: reg periods, LMP28/11/05, uses "old method" for family planning

PE:
Vital Signs: BP 105/70 P 78 R 22 T 36.5 Wt 46kg



General: stable

HEENT: no dry brittle hair, no exophthalmos, no JVD, lymphadenopathy; neck mass 2cm x 3cm bilateral, slightly rough surface, mobile when swallowed, no tenderness, no neck bruit

Chest: CTA bilat; HRRR no murmur

Abdomen: ND

Musculoskeletal: good tone, moist skin, no gross deformity

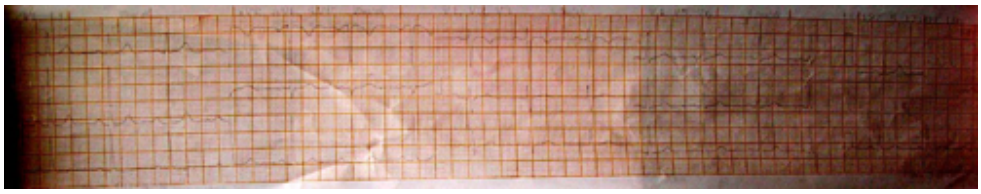
Neuro: DTRs normal, motor and sensory intact, no tremor, good pulses

GU: ND

Rectal: ND

Previous Lab/Studies:

Lab/Studies Requests: EKG, neck US, TSH and free T4 at SHCH



Assessment:
Hyperthyroidism

Plan:
1. Methimazole 10mg ½ po bid
2. Propranolol 40mg ¼ po qd

Comments/Notes:

Examined by: Rithy Chau, MPH, MHS, PA-C **Date: 13/12/05**

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

Ruth Tootill <ruth_tootill@online.com.kh> wrote:
From: "Ruth Tootill" <ruth_tootill@online.com.kh>
To: "Kiri Hospital" <kirihospital@yahoo.com>
Subject: Re: Rattanakiri Telemedicine Clinic December 2005 Patient VL#00150
Date: Wed, 14 Dec 2005 10:36:50 +0700

Dear Rithy,

Looks a good plan. Does she have a diffuse goitre or nodular? If diffuse she may respond to a full course of treatment (up to 2 years) and not need surgery, but if nodular she will probably need surgery once she has been euthyroid for 3 months.

Thanks,
Ruth

"Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG> wrote:
Subject: FW: Rattanakiri Telemedicine Clinic December 2005 Patient VL#00150
Date: Wed, 14 Dec 2005 21:08:39 -0500
From: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
To: <kirihospital@yahoo.com>
CC: "Rithy" <tmed_rithy@online.com.kh>

From: Barbesino, Giuseppe,M.D.
Sent: Wed 12/14/2005 12:48 PM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri Telemedicine Clinic December 2005 Patient VL#00150

Clinical picture presented mostly consistent with Graves' disease, hyperthyroidism and no eye complications. This should be proven with thyroid scan and uptake 6 days off methimazole. Graves disease should show high uptake,

diffuse pattern in the presence of low TSH. If that is confirmed, three options can be offered:
-Methimazole treatment for one year or 18 months, with discontinuation hoping for spontaneous remission. However most patients relapse, this is truer for patient who have already relapsed once. Continuous life-long methimazole is not advised. Patient should be warned on risk of agranulocytosis (1:200) while taking methimazole and educated on stopping methimazole, have CBC checked in case of high fever, sore throat, mouth ulcers.
-Radioactive iodine: would be most effective choice, but would be likely followed by permanent hypothyroidism, requiring life-long thyroxine replacement. This is cheaper than methimazole at least in the US. It can't be done if patient is pregnant.
-Surgery: would also cause permanent hypothyroidism. Risk of complications (dysphonia, hypoparathyroidism) is significant (up to 5%) in operations performed by non-thyroid specialist surgeons.

Giuseppe Barbesino, MD
Thyroid Associates
Massachusetts General Hospital-Harvard Medical School
Wang ACC 730S
55 Fruit St
Boston MA, 02114
FAX 617-726-5905
TEL 617-726-7573

Kiri Hospital <kirihospital@yahoo.com> wrote:
Date: Tue, 13 Dec 2005 20:03:12 -0800 (PST)
From: Kiri Hospital <kirihospital@yahoo.com>
Subject: Rattanakiri Telemedicine Clinic December 2005 Patient SS#00151
To: Rithy Chau <tmed_rithy@online.com.kh>,
Cornelia Haener <cornelia_haener@online.com.kh>,
Ruth Tootill <ruth_tootill@online.com.kh>,
Brian Hammond <bhammond@partners.org>,
Paul Heinzelmann <ph2065@yahoo.com>,
"Kathleen M. Kelleher" <kfiamma@partners.org>,
Joseph Kvedar <jkvedar@partners.org>, khamphar@yahoo.com,
chaurithy@yahoo.com
CC: Bernie Krisher <bernie@media.mit.edu>,
Noun SoThero <thero@cambodiadaily.com>,
"Fil B. Tabayoyong" <docfil@yahoo.com>,
Ed & Laurie Bachrach <lauriebachrach@yahoo.com>,
HealthNet International <healthni@camintel.com>

Dear All,

Here is the Patient SS#00151 and photos.

Best Regards,
Rithy/Channarith

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

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

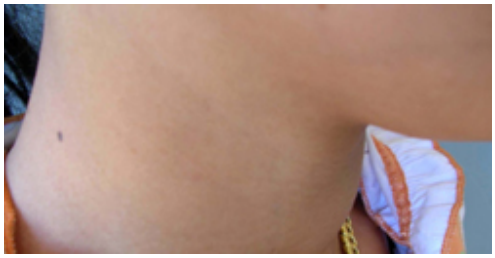
Patient: SS#000151, 22F, Village I

Chief Complaint: a small mass of neck x one year, size 3x4em

HPI: 22 Y F has presented with developing of a small mass on left lateral anterior of her neck x 1 y with palpitation off and on x 5 to 6 months on exertion and other sound, and then weight loss x 2 kg x one last month, and headache off and on .no tremor of extremities, no vo/no .no lymphe node on her neck, no exophthalmia, no insomnia,no fever ,no blurred vision.

PMH/SH: typhoid fever x one month ago, gastritis x this last three months.

Social Hx: alcohol x party, no smoking.

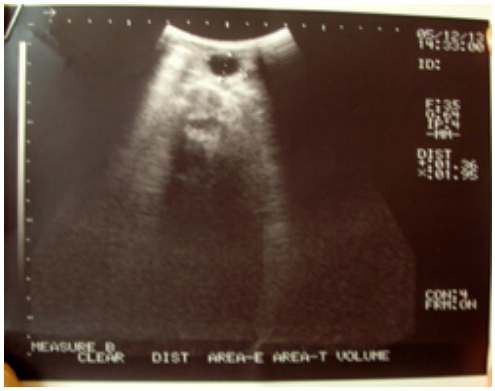


Allergies: none

Family Hx: none

ROS:

PE:
Vital Signs: BP 100/68 P 84 R 20 T 36 Wt 46kg



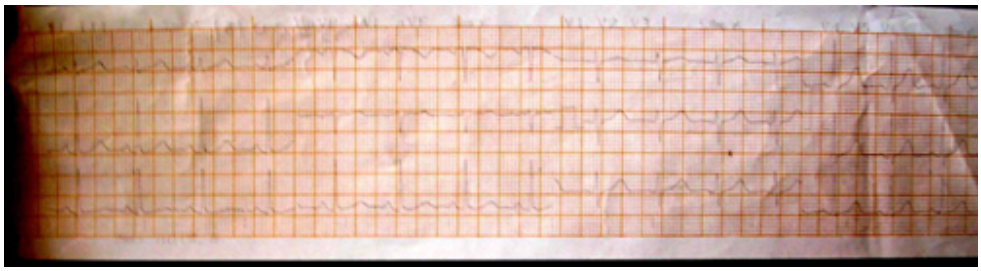
General: alerted and oriented

HEENT: no tinnitus ,no blurred vision , no rhinopharyngitis , a small mass size 3x 4 em , mobile of mass when swallowing of saliva, no pain of mass , no bruit ,no solid , no soft .

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

Abdomen: soft, no mass, active BS , no organomegally .

Musculoskeletal: unremarkable



Neuro: sensory and motor are intact .DTR normal.

GU: none

Rectal: none

Previous Lab/Studies:

Lab/Studies Requests: ultrasound of neck , ECG

Assessment: 1.GOITER
2. Gastritis
3.R/O tumor TB

Plan: 1.Check TSH , free T4 and T3 at SHCH .
2. Ranitidine 500 mg 1 tab po qd x one month.

Comments/Notes: please, give a good idea.

Examined by: Dr San **Date: 13/12/05**

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

"Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG> wrote:
Subject: FW: Rattanakiri Telemedicine Clinic December 2005 Patient SS#00151
Date: Wed, 14 Dec 2005 21:27:12 -0500
From: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
To: <kirihospital@yahoo.com>,
"Rithy" <tmed_rithy@online.com.kh>

From: Tan, Heng Soon,M.D.
Sent: Wed 12/14/2005 4:28 PM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri Telemedicine Clinic December 2005 Patient SS#00151

Her symptoms are suggestive of thyrotoxicosis with palpitations and weight loss. I am uncertain about the description of the thyroid mass. If it is a diffusely enlarged thyroid, it would suggest Grave's disease. If it is only a nodule in the left lobe, then one would have to consider a toxic nodule that would be much less common. Other etiologies include thyroiditis with nonfunctioning left lobe nodule, or multinodular goiter with only one palpable nodule associated with thyroiditis. TSH and T4 will confirm thyroid state. I could not make out the thyroid scan as to whether it's a diffusely enlarged gland, or single or multiple nodules in the gland. Ideally, a radioactive iodine uptake and scan will distinguish the 3 possibilities. Management can then be directed at the underlying cause.

Heng Soon, MD

Kiri Hospital <kirihospital@yahoo.com> wrote:
Date: Tue, 13 Dec 2005 18:49:03 -0800 (PST)
From: Kiri Hospital <kirihospital@yahoo.com>
Subject: Rattanakiri Telemedicine Clinic December 2005 Patient TO#00152
To: Rithy Chau <tmed_rithy@online.com.kh>,
Cornelia Haener <cornelia_haener@online.com.kh>,
Ruth Tootill <ruth_tootill@online.com.kh>,
Brian Hammond <bhammond@partners.org>,
Paul Heinzelmann <ph2065@yahoo.com>,
"Kathleen M. Kelleher" <kfiamma@partners.org>,
Joseph Kvedar <jkvedar@partners.org>, khamphar@yahoo.com,
chaurithy@yahoo.com
CC: Bernie Krisher <bernie@media.mit.edu>,
Noun SoThero <thero@cambodiadaily.com>,
"Fil B. Tabayoyong" <docfil@yahoo.com>,
Ed & Laurie Bachrach <lauriebachrach@yahoo.com>,
HealthNet International <healthni@camintel.com>

Dear All,

Welcome to December 2005 Telemedicine Clinic in Rattanakiri. We appologize for the delay because the internet service was not working late yesterday and early this morning due to electrical line was disconnected by accident by road workers. Also, just to let you know that during this month, Dr. Sovitha traveled to Phnom Penh for his study and Dr. Baramey is no longer participating in this project for the past few months already. Only Dr. San is present with Mr. Channarith for the TM clinic. Since I was on site this month, I took the opportunity help Dr. San care for the 7 TM patients present.

Here is the first case Patient TO#00152 and photos.

Best Regards,
Rithy/Channarith

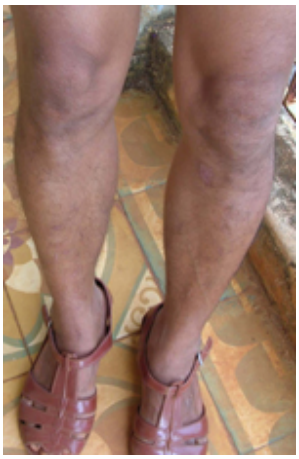
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: TO#00152, 45M, Village II

Chief Complaint: Left knee swelling x >1mo

HPI: 45M motor driver felt onto the ground during a road accident with eversion of left leg bending at the knee joint over 1 mo ago causing pain and swelling in knee joint with bruise and small scrapes below his left knee and foot. He was tx at Rattanakiri .eferral Hospital and found no fx on the x-ray; he was tx with 5d Abx and some pain killer. He denied fever, groin swelling, numbness, tingling and limit ROM at left knee. The pain was gone after 3-4 days, but swelling persisted causing a baggy feeling especially when walking and joint tightness when flexing the knee to squat or kneel. During the past 2 weeks, a physician at RRH did an arthrocentesis of affected joint and aspirated bloody fluid 10cc, 6cc and 3cc on three separate occasions (about 2-3 days apart). He came to TM clinic consulting about his persisted swollen knee.

PMH/SH: None, no previous trauma or accident; no h/o TB



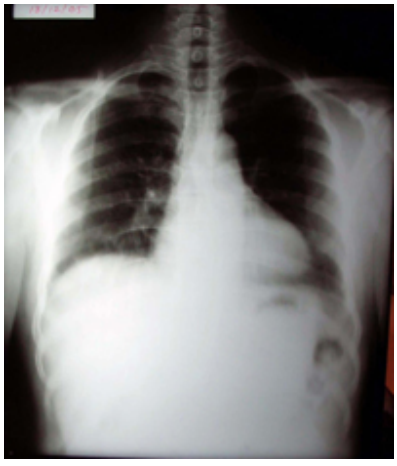
Social Hx: +h/o smoke 2-3cig/d x 20 yrs, stopped 1yr ago, casual EtOH

Allergies: NKDA

Family Hx: None

ROS: +occasional dizziness when bending his head downward and neck tension; no palpitation, no CP, no N/V, no syncope, no SOB, no edema, no cough, no sputum, no blurry vision

PE:
Vital Signs: BP both arms_160/100 in AM P 72 R 18 T 36.5 Wt 57kg Ht 1.55m
both arms_140/90 in PM



General: BMI=25, stable, well-built

HEENT: normocephalic, pink conjunctiva, no lymphadenopathy, no thyroid enlargement, no neck bruit/JVD

Chest: +LLL course crackle; HRRR no murmur

Abdomen: unremarkable

Musculoskeletal: MS+5/5, no deformity, good pulses; L knee: mild edema subpatellar area, no ecchymose, no erythema, no warmth, no tenderness, full active ROM; slight tightness at joint when squatting and flexing knee fully.

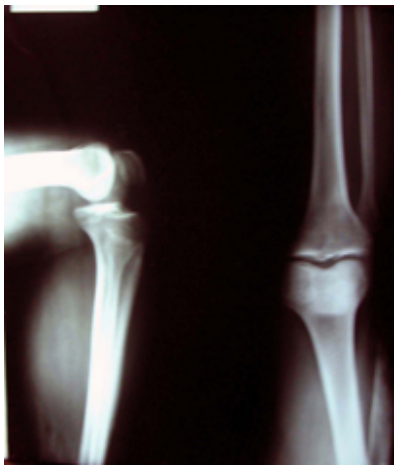
Neuro: normal DTRs both UE and LE, motor & sensory intact, normal gait, no limping, walk without assistance

GU: ND

Rectal: ND

Previous Lab/Studies: joint aspiration of bloody fluid; L knee x-rays showed no fx

Lab/Studies Requests: UA: Normal; CXR: infiltrate at LLL??



Assessment:

1. Left knee hematoma
2. Bursitis
3. elevated BP

Plan:

1. compression with elastic bandage
2. NSAIDs for 3-5 days
3. recheck BP every two weeks until f/u at next TM clinic

Comments/Notes:

Examined by: Rithy Chau, MPH, MHS, PA-C **Date: 13/12/05**

Ruth Tootill <ruth_tootill@online.com.kh> wrote:
From: "Ruth Tootill" <ruth_tootill@online.com.kh>
To: "Kiri Hospital" <kirihospital@yahoo.com>,
"Rithy Chau" <tmed_rithy@online.com.kh>,
"Cornelia Haener" <cornelia_haener@online.com.kh>,
"Brian Hammond" <bhammond@partners.org>,
"Paul Heinzelmann" <ph2065@yahoo.com>,
"Kathleen M. Kelleher" <kfiamma@partners.org>,
"Joseph Kvedar" <jkvedar@partners.org>, <khamphar@yahoo.com>,
<chaurithy@yahoo.com>
CC: "Bernie Krisher" <bernie@media.mit.edu>,
"Noun SoThero" <thero@cambodiadaily.com>,
"Fil B. Tabayoyong" <docfil@yahoo.com>,
"Ed & Laurie Bachrach" <lauriebachrach@yahoo.com>,
"HealthNet International" <healthni@camintel.com>
Subject: Re: Rattanakiri Telemedicine Clinic December 2005 Patient TO#00152
Date: Wed, 14 Dec 2005 10:28:42 +0700

Dear Rithy,

Rest and NSAIDS sounds fine. Does he have any ligament damage - opening of the joint on valgus or varus stressing, cruciate ligament rupture with the tibia sliding forwards or backwards with manual traction with the knee bent to 90 degrees? The lateral X-ray suggests a loose body - does he have locking of his knee (he can't fully extend his knee from time to time) any meniscal tears?

I'll show the case to Tim and see if he has any other suggestions, but it won't be until this afternoon as he is in meeting now.

Thanks
Ruth

Kiri Hospital <kirihospital@yahoo.com> wrote:
Date: Wed, 14 Dec 2005 20:51:50 -0800 (PST)
From: Kiri Hospital <kirihospital@yahoo.com>
Subject: Re: Rattanakiri Telemedicine Clinic December 2005 Patient TO#00152
To: Ruth Tootill <ruth_tootill@online.com.kh>,
Rithy Chau <tmed_rithy@online.com.kh>,
Cornelia Haener <cornelia_haener@online.com.kh>,
Brian Hammond <bhammond@partners.org>,
Paul Heinzelmann <ph2065@yahoo.com>,
"Kathleen M. Kelleher" <kfiamma@partners.org>,
Joseph Kvedar <jkvedar@partners.org>, khamphar@yahoo.com,
chaurithy@yahoo.com
CC: Bernie Krisher <bernie@media.mit.edu>,
Noun SoThero <thero@cambodiadaily.com>,
"Fil B. Tabayoyong" <docfil@yahoo.com>,
Ed & Laurie Bachrach <lauriebachrach@yahoo.com>,
HealthNet International <healthni@camintel.com>

Dear Ruth,

For patient TO#00152, the knee drawer test was negative both side, no instability at left knee joint, patella seemed in place on palpation and on walking and standing, his legs did not give way (ie stable); no locking of his knee, no pain on all ROM at knee joint.

If any other info you need please let me know.

Thank you,
Rithy

Kiri Hospital <kirihospital@yahoo.com> wrote:
Date: Wed, 14 Dec 2005 00:57:00 -0800 (PST)
From: Kiri Hospital <kirihospital@yahoo.com>
Subject: Ratanakiri Provincial Hospital TM clinic Patient KP#00153
To: Rithy Chau <tmed_rithy@online.com.kh>,
Brian Hammond <bhammond@partners.org>,
Paul Heinzelmann <ph2065@yahoo.com>,
"Kathleen M. Kelleher" <kfiamma@partners.org>,
Joseph Kvedar <jkvedar@partners.org>, khamphar@yahoo.com
CC: Bernie Krisher <bernie@media.mit.edu>,
Noun SoThero <thero@cambodiadaily.com>,
Ed & Laurie Bachrach <lauriebachrach@yahoo.com>,
HealthNet International <healthni@camintel.com>,
"Fil B. Tabayoyong" <docfil@yahoo.com>

Dear All,

Here is the patient KP#00153 and 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: KP#00153, 57F, Village III

Chief Complaint: SOB and Palpitation x 2yrs

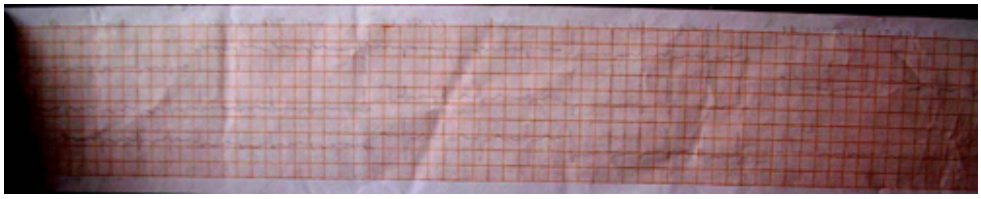
HPI: 57 widow c/o SOBOE and palpitation off and on for 2 yrs; her SOB came on after walking 10-20 m or walking up 4-5 steps; she denied any CP, syncope, dizziness, diaphoresis, edema. Pt did not seek treatment because of financial difficulty and thought she would be ok. Then 3 months ago she became severely SOB while lying down her bed and got admitted to Rattanakiri Referral Hospital. She was tx with digoxin for controlling her heart rate and was given for two weeks at discharge. She felt better with medication but did not return for follow-up because she needed to work to support her children. She did not have medicine for 2.5 months PTC and her sx became worsen, but did not return to the hospital until she heard through her neighbor about the TM clinic.

PMH/SH: None

Social Hx: No smoke, no EtOH

Allergies: NKDA

Family Hx: None

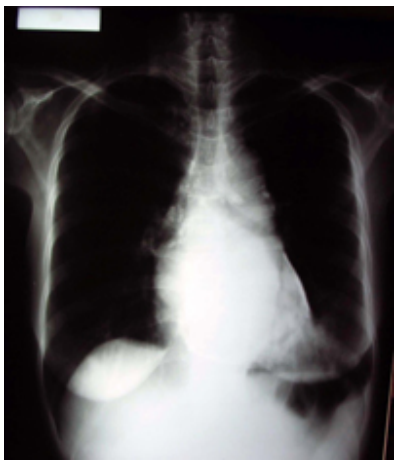


ROS: postmenopause x 11yrs, no fever, no tremor, no jaundice, no HA, no N/V/D; +both sole tingling intermittently, decrease appetite, 10kg wt loss since illness (2yrs), no polydipsia/polyphagia/polyurea.

PE:
Vital Signs: BP L_185/120, R_180/120 P 122 R 30 T 36.5 Wt 50kg O2sat 98%

General: look sick, cachetic, tachypneic, not pale, not cyanotic

HEENT: no thyroid enlargement, no lymphadenopathy, no neck bruit; pink conjunctiva, +JVD



Chest: +rhonchi at LUL?, no crackle/rub/wheeze; heart: irreg HR, irreg rhythm with opening snap, +3 systolic murmur loudest at apex; quiet, but labor breathing

Abdomen: unremarkable

Musculoskeletal: slight decreased tone, MS +5/5, no gross deformity, no mass

Neuro: DTRs +3/4, motor and sensory intact (sharp/light touch), normal gait, good pulses

GU: ND

Rectal: ND

Previous Lab/Studies:

Lab/Studies Requests: random BS=195mg/dL, Hb=11, UA normal, EKG: tachyarrythmia HR=119, CXR=cardiomegaly

Assessment:
1. VHD?
2. A-fib
3. HTN
4. Hyperglycemia with PNP?
5. ASD/VSD??
6. Vit Deficiency?

Plan:
1. Request 2D Cardiac echo at Calmette Center
2. Request CBC, fasting gluc, chem, BUN, Creat, TSH, tot Chol
3. Digoxin 0.25mg 1 po qd
4. Propranolol 40mg ½ tab po bid
5. ASA 300mg ¼ tab po qd
6. Furosemide 40mg ½ tab po qd
7. Amitriptyline 25mg ½ tab po qhs
8. MTV 1 po bid

Comments/Notes:
Since HR varied between 120-169, ¼ tab of propranolol was given at clinic and 15 mins later HR decreased to 93-103 and BP lowered slightly.

Examined by: Rithy Chau, MPH, MHS, PA-C **Date: 13/12/05**

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

"Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG> wrote:
Subject: FW: Ratanakiri Provincial Hospital TM clinic Patient KP#00153
Date: Thu, 15 Dec 2005 15:36:57 -0500
From: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
To: <tmed_rithy@online.com.kh>,
<kirihospital@yahoo.com>,
"Rithy" <tmed_rithy@online.com.kh>

This 57-year-old lady has a number of problems. She has severe hypertension which needs treatment. She may be diabetic. She has severe and limiting dyspnea on exertion. There is a loud systolic murmur at the apex.

The ECG rhythm strip is extremely difficult to read in this form since the tracing is so light. It does look like atrial fibrillation but not much else can be said about it.

The chest film is overpenetrated and the lungs are difficult to evaluate because they are basically black in this image. The heart is mildly enlarged and there is a stripe that could be calcium along the left lateral heart border. It is possible that this

could be calcific pericarditis but it would be unlikely that if she did have pericardial constriction that her blood pressure could possibly be this high.

I believe that Rithy is on the right track. She clearly needs some blood work to determine whether she has renal failure contributing to her problems and she needs an echocardiogram to attempt to distinguish whether she has mitral regurgitation or a ventricular septal defect. The absence of lung markings in the chest film do raise the possibility that she has had a long-standing left to right shunt across a VSD which has now gone on to increasingly severe pulmonary hypertension (Eisenmenger's syndrome). She is described as not being cyanosed and her photograph doesn't suggest cyanosis. Mitral regurgitation remains the best bet.

In the short-term she should be treated symptomatically with digitalis and propranolol to lower the heart rate and furosemide which may help with her dyspnea.

She mostly needs a diagnosis to plan further therapy.

Timothy E. Guiney M.D.

Kiri Hospital <kirihospital@yahoo.com> wrote:
Date: Wed, 14 Dec 2005 03:00:30 -0800 (PST)
From: Kiri Hospital <kirihospital@yahoo.com>
Subject: Rattanakiri Hospital TM clinic patient PV#00154
To: Brian Hammond <bhammond@partners.org>,
Paul Heinzelmann <ph2065@yahoo.com>,
"Kathleen M. Kelleher" <kfiamma@partners.org>,
Joseph Kvedar <jkvedar@partners.org>, khamphar@yahoo.com,
Cornelia Haener <cornelia_haener@online.com.kh>,
Ruth Tootill <ruth_tootill@online.com.kh>
CC: Bernie Krisher <bernie@media.mit.edu>,
Noun SoThero <thero@cambodiadaily.com>,
"Fil B. Tabayoyong" <docfil@yahoo.com>,
Ed & Laurie Bachrach <lauriebachrach@yahoo.com>,
HealthNet International <healthni@camintel.com>,
Rithy Chau <tmed_rithy@online.com.kh>, chaurithy@yahoo.com

Dear All,

Here is the patient PV#00154 case. Thank you for your patience working with us. Again we appologize for problem with internet from our side. Please try to answer all cases even if one or two days late. Thank you.

Best regards,

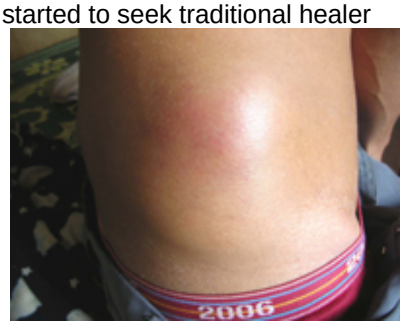
Channarith/Rithy

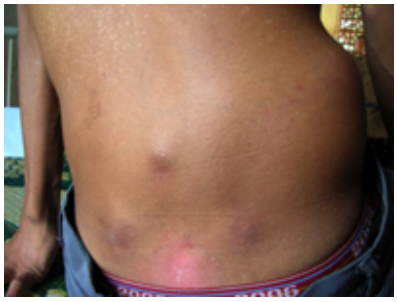
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: PV#00154, 21M, Trapaing Chres Village

Chief Complaint: Right flank mass and LBP x 1yr.

HPI: 21M farmer c/o a large mass developing about 4-5 months ago on right side of his flank with pain, fever, and decreasing ROM at his waist. Initially, he was climbing a tree catching birds to sell for living, but he slipped and did a sudden twist at his waist to one side (?) and was able to grab onto another smaller tree next to it. He did not fall and went home without pain. However, three days later his lower back began to become painful without radiating pain nor numbness. He was able to do usual task (hunting&gathering); though with some pain, he ignored the problem. As it became increasingly painful, he started to seek traditional healer and was given "magic water" to drink, but did not help. In July 2005 he decided to come to Rattanakiri Referral Hospital outpatient consultattion and was dx with bone inflammation; he was prescribed with steroid, vitamin, and unknown abx and discharge home. Patient was informed about the telemedicine clinic, but did not return because they did not have any money to travel to RRH. About 3-4 weeks ago, they met with expat TB workers in their village and his mother them about the son's deteriorating condition. As a result the expat workers brought them to RRH and was admitted on 29/11/05. He was dx with spinal trauma tx with Ampi, Genta, Para, B-complex IM and IV. Fever, but no swollen LN, no cough, no sputum, no N/V/D, no dysuria, no open wound. Lost 3 kg since July 2005.





PMH/SH: mauled by wild hog 1 yr before the tree accident causing wound on left thigh (healed completely)

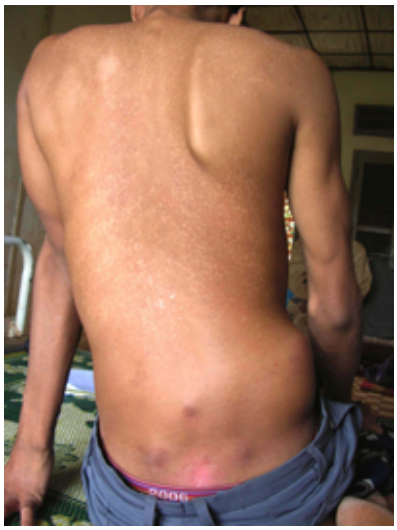
Social Hx: No smoke, no EtOH, mother married twice but both husbands left her

Allergies: NKDA

Family Hx: None

ROS: constipation

PE:
Vital Signs: BP 100/80 P 122 R 20 T 39.5C Wt
O2Sat 99%



General: moderately sick, cachetic, sitting with arm outstretched supporting his body due to pain, able to walk on his own without assistance

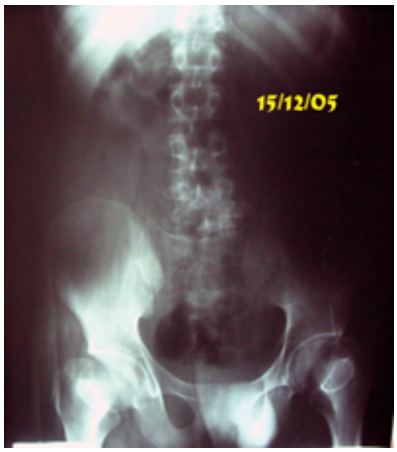
HEENT: PERRLA and EOMI, normocephalic, no lymphadenopathy, no thyromegaly, pink conjunctiva, no oropharyngeal lesions

Chest: CTA and tachycardic reg rhythm no murmur

Abdomen: soft, +BS, non tender, no HSM, no groin LN palpable

Musculoskeletal: no tenderness on palpation of spine, however a bump at L4 or L5 area, ROM for anterior and posterior flexion at waist extremely limited, able to turn shoulder left and right without pain at

hip; UE MS +5/5, LE +4-5/5, slight decrease of muscle tone; right flank mass 7cm x 8cm x 3cm solid rectangular shape, fluctuant, very warm, red on central surface of mass, mild tenderness on palpation, somewhat mobile, smooth surface. healed scars from bedsores perisacral area.



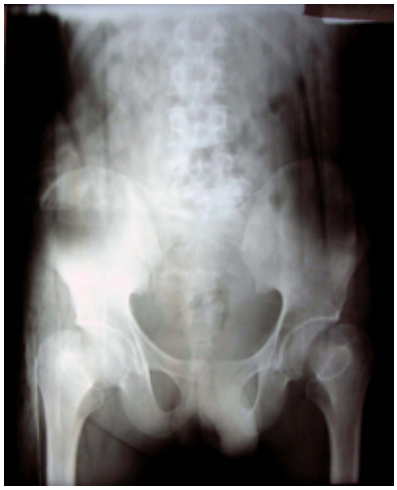
Neuro: DTRs intact +2/4, sensory intact, +sciatica test bilat, straight leg raise test positive with pain from buttock shooting toward bottom of feet, gait with hyperextension of lumbar area, no tremor; point to point intact

GU: ND

Rectal: good tone, stool piece in vault, no other mass, colocheck neg

Previous Lab/Studies: hip x-ray 29/11/05

Lab/Studies Requests: L10-sacral x-ray AP and lat, CXR, US of mass; Hb=10, BS=109

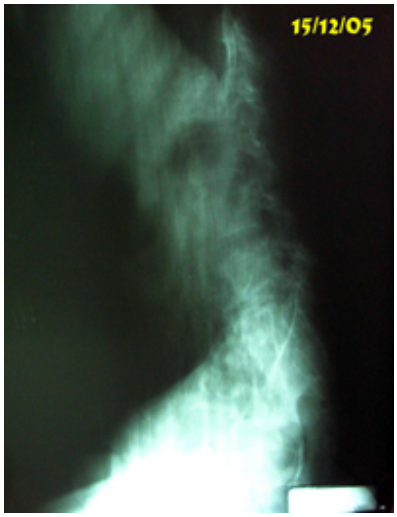


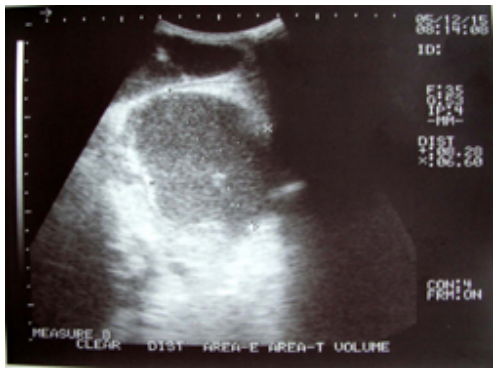
Assessment:

1. Osteomylitis?
2. Myositis??
3. Pott's Dz??
4. Right flank abcess (Psoas Abcess)?
5. Osteosarcoma??

Plan:

1. Augmentin 875mg 1 po bid x 30d or cephalexin 25mg 2 po tid x 30d, if improve tx for 3mos?
2. Diflunizal 500mg 1 po bid x 5d then prn
3. Clarythromycin 500mg 1 po bid x 1 mo
4. Referral to SHCH for surgical evaluation and procedure?
5. Request CBC, chem, creat, CPK, ESR in PP





Comments/Notes: All studies were not performed today because the same staff went into OR to do operation on another patient.

Examined by: Rithy Chau, MPH, MHS, PA-C **Date: 14/12/05**

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

"Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG> wrote:

Subject: FW: Rattanakiri Hospital TM clinic patient PV#00154
Date: Wed, 14 Dec 2005 21:04:45 -0500
From: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
To: "Kirihospital" <kirihospital@yahoo.com>,
<tmed_rithy@bigpond.com.kh>,
"Rithy" <tmed_rithy@online.com.kh>,
"camintel" <kirihospital@camintel.com>

From: Osteen, Robert T.,M.D.
Sent: Wed 12/14/2005 12:53 PM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri Hospital TM clinic patient PV#00154

He appears to have a large soft tissue mass without bone destruction (at least as far as I can tell from the small xray picture). He will probably need management in a mjor center. If this were an abscess that could be managed locally I would expect him to look more wasted.

Robert T Osteen, MD

Cornelia haener <Cornelia_Haener@online.com.kh> wrote:
From: "Cornelia haener" <Cornelia_Haener@online.com.kh>
To: "'Kiri Hospital'" <kirihospital@yahoo.com>,
"'Amphar Khat Ty'" <khamphar@yahoo.com>,
"'Rithy Chau'" <tmed_rithy@online.com.kh>,
"'Ruth Tootill'" <ruth_tootill@online.com.kh>,
"'Brian Hammond'" <bhammond@partners.org>,
"'Paul Heinzelmann'" <ph2065@yahoo.com>,
"'Kathleen M. Kelleher'" <kfiamma@partners.org>,
"'Joseph Kvedar'" <jkvedar@partners.org>,
"'Rithy Chau'" <chaurithy@yahoo.com>
CC: "'Bernie Krisher'" <bernie@media.mit.edu>,
"'Noun SoThero'" <thero@cambodiadaily.com>,
"'Fil B. Tabayoyong'" <docfil@yahoo.com>,
"'Ed & Laurie Bachrach'" <lauriebachrach@yahoo.com>,
"'HealthNet International'" <healthni@camintel.com>
Subject: RE: FW: Rattanakiri Hospital TM clinic patient PV#00154
Date: Thu, 15 Dec 2005 12:30:14 +0700

Dear all,
It looks as if L5 has melted away, DDx TB or bacterial. I would aspirate the abscess in the flanc and get some material for gram stain and TB smear. If gram stain positive, ask the surgeon to do an incision and drainage and start treatment with cloxacillin combined with ciprofloxacin.
Thanks
Cornelia

Wednesday/Thursday, December 14-15, 2005

Follow-up Report for Rattanakiri TM Clinic

There were 8 new 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. Medications and lab tests not available at RRH are provided by SHCH to TM patients at no cost]

Treatment Plan for Rattanakiri TM Clinic December 2005

New cases

1. KC#00147, 43M, Village I
   - Dx:
     1. DMII
     2. Sciatica
   - Tx:
     1. Glibenclamide 5mg 1tab po bid
     2. Diflunasal 500mg 1tab po bid prn pain
     3. ASA 81mg 1 tab po qd
     4. Lisinopril 5mg ¼ tab po qd
     5. Smoking cessation and DMII education and foot care
     6. Check blood sugar q2wks until control

2. PO#00148, 67F, Village III
   - Dx:
     1. DMII
     2. HTN
     3. PNP
     4. GERD
   - Tx:
     1. Metformin 500mg 1tab po qhs
     2. Glibenclamide 5mg 1tab po qAM
     3. Lisinopril 5mg 1/2 tab po bid
     4. Desitramine 100mg ½ tab po qhs
     5. Omeprazole 20mg 1tab po qhs x 2 mo
     6. ASA 81mg chew 1 tab po qd
     7. DMII education and foot care
     8. Check BS q2wks until control

3. PS#00149, 26F, Village I
   - Dx:
     1. Hyperthyroidism

Tx:
1. Carbimazole 5mg 1 tab po bid x 100 d
2. Propranolol 40 mg ¼ tab po bid x 100 d
3. MTV 1tab po qd
4. Draw blood for free T4 at SHCH

4. VL#00150, 34F, Village V

Dx
1. Hyperthyroidism
2. Nodular Goiter

Tx:
1. Carbimazole 5mg 1 tab po bid
2. Check free T4 and TSH at SHCH

5. SS#00151, 22F, Village I

Dx:
1. Diffuse Goiter
2. Dyspepsia

Tx:
1. Draw blood for TSH and free T4 at SHCH
2. MgAl(OH)3 250mg/120mg chew 2 tab po qid

6. TO#00152, 45 M, Village II

Dx:
1. Left knee sprain (with hematoma?)

Tx:
1. Rest and compression with elastic bandage
2. Diflunasal 500mg 1 tab po bid x 3- 5 d (30 tab)
3. Recheck BP in 2 weeks, if elevated consider HCTZ 50 mg ½ tab po qd

7. KP#00153, 57F, Village III

Dx:
1. VHD?
2. A-fib
3. HTN
4. Hyperglycemia with PNP?
5. ASD/VSD?
6. Vit deficiency?

Tx:
1. Request 2D cardiac echo at Calmette Heart Center
2. Request CBC, fasting glucose, electrolyte, BUN, Creat, TSH, tol chol at SHCH
3. Digoxin 0.25mg 1 tab po qd (hold)
4. Propranolol 40mg 1/2 tab po bid (hold)
5. ASA 300 mg ¼ tab po qd
6. Furosemide 40 mg ½ tab po qd (hold)
7. Amitriptylin 25 mg ½ tab po qhs (hold)
8. MTV 1 tab po bid

8. PV#00154, 21M, Trapaing Chres Village

Dx:
1. Ostemyelitis?
2. Pott's disease?
3. Right flank abcess (psoas abcess)?

Tx:
1. Cipro 500 mg 5cc po bid x 1M
2. Cephalexin 250 mg 2 tab po tid x 1 M

3. Diflunasal 500 mg 1 tab po bid (30 tab)
4. Aspiration of abcess for AFB and gram stain at SHCH
5. I&D abcess per local surgeon

Follow up's patients

1. UP#00093, 51F, Village I
   Dx: 1. Hyperthyroidism

   Tx: 1. Methimazol 5mg 1tab po tid x 100 mg
   2. MTV 1 tab po qd x 30 d

2. LH#00116, 59F, Village III
   Dx: 1. HTN
   2. Hyperthyroidism
   3. Cardiomegaly

   Tx: 1. HCTZ 50mg ½ tab po x 35 d
   2. ASA 81 mg 1 tab po chew qd x 35 d
   3. Methimazol 10 mg ½ tab po qd x 35 d

3. EB#00078, 41F, Village I
   Dx: 1. CHF
   2. Incomplete RBBB

   Tx: 1. Lisinopril 5mg ½ tab po qdx100d
   2. Digoxin 0.25mg 1tab po qd x100d
   3. Furosemide 20mg 2 tab po Bid x 100d
   4. Spironolactone25mg 2tab po bidx100d (out of stock, patient to buy on her own)
   5. MTV 1tabpo bid x100d

4. NS#0006, 18F, Village I
   Dx: 1. Hyperthyroidism

   Tx: 1. Carbimazole 5mg 1tab po qd x 100 d
   2. Recheck free T4 at SHCH

5. NS#00089, 16F, Village I
   Dx: 1. Hypothyroidism

   Tx: 1. L- thyroxin 100 mcg 1/4 tab po qd x 100 d
   2. Recheck TSH at SHCH

6. OS#00143, 48F, Tmey Village
   Dx: 1. ASD 2. Dilated Right Atrium

   Tx: 1. Furosemide 40 mg ½ tab po qd (20 tab)
   2. ASA 81mg chew 1 tab po qd

7. CL#00121, 31F, village III

Dx: 1. Goiter

Tx: 1. Recheck free T4 and TSH at SHCH

8. CL#00122, 33F, Village III
   Dx: 1. Subclinical hyperthyroidism
       2. Dyspepsia

   Tx: 1. Carbimazol 5 mg 1 tab po tid x 1 month
       2. MgAl(OH3) 250/12mg 2 tab po chew tid x 60 tab
       3. Recheck free T4 at SHCH

9. HM#00145, 25M, Village V
   Dx: 1. Neck Mass

   Tx: 1. Check TSH at SHCH

10. HV#00132, 2F, Village I
    Dx: 1. Failure to thrive

    Tx: 1. Premilac II 2 cans

From: Rithy Chau [mailto:chaurithy@yahoo.com]
Sent: Tuesday, December 20, 2005 3:30 PM
To: Rattanakiri TM
Cc: Bernie Krisher; Amphar Khatty; Gary Jacques; Cornelia Haener; Ruth Tootill; Fil - Jr. Tabayoyong; So Thero Noun; Ed & Laurie Bachrach
Subject: Rattanakiri TM Clinic December 2005 Lab Results and Follow-up Notes

Dear Channarith/Dr. San,

I am attaching the lab results from our recent TM clinic and some follow-up notes. I will be out of my office from 21/12-26/12, but if there is any urgent matter to discuss you can contact my handphone.

Have a good holiday!

Best Regards,
Rithy

Rithy Chau, MPH, MHS, PA-C
Physician Assistant
Sihanouk Hospital Center of HOPE

The followings are lab results from Rattanakiri TM Clinic December 2005:

1. NS#0006, 18F, Village I
   Dx: Subclinical Hyperthyroidism
   Lab: free T4 = 11.44 [9.14-23.81]
   Tx: continue same tx and recheck her TFT in 3 months

2. NS#00089, 16F, Village I
   Dx: Hyperthyroidism (from medication for her hypothyroidism)
   Lab: TSH > 0.02 [0.49-4.67]
   Tx: Please stop her L-thyroxin and recheck her TFT in 3 months

3. CL#00121, 31F, Village III
   Dx: Euthyroid
   Lab: TSH = 1.15 [0.49-4.67] free T4 = 14.12 [9.14-23.81]
   Tx: no tx and no need for follow up

4. CL#00122, 33F, Village III
   Dx: Subclinical Hyperthyroidism
   Lab: free T4 = 11.86 [9.14-23.81]
   Tx: continue same tx and recheck her TFT in 3 months

5. HM#00145, 25M, Village II
   Dx: 1. Thyroglossal Duct Cyst? 2. Papillary Thyroid Cancer?
   Lab: TSH = 1.83 [0.49-4.67]
   Tx: Please ask him to come in February 2006 during TM Clinic for a FNA

6. PS#00149, 26F, Village I
   Dx: Subclinical Hyperthyroidism
   Lab: free T4 = 10.60 [9.14-23.81]
   Tx: Please reduce her medication, methimazole 10mg 1/2 po qd and recheck her TFT in 3 months

7. VL#00150, 34F, Village V
   Dx: Goiter
   Lab: free T4 = 12.14 [9.14-23.81] not enough sample for TSH
   Tx: please ask her to draw blood for TSH again

8. SS#00151, 22F, Village I
   Dx: Diffuse Goiter with Euthyroidism
   Lab: TSH = 1.25 [0.49-4.67] free T4 = 16.15 [9.14-23.81]
   Tx: no tx and no need for follow up until she becomes symptomatic

9. PV#00154, 21M, Trapaing Chres Village
   Dx: 1. Osteomyelitis? 2. Pott's Dz 3. Right flank abcess
   Lab: Pus from right flank mass drained about 180cc and micro examination showed no AFB, no organism, no yeast/fungus, few WBC
   Tx: continue same tx and consult surgeon to I&D to drain pus and return for follow up in 2 weeks if improving; if not, return sooner

As for patient KP#00153, 57F, Village III, dx with A-fib, VHD/ASD/VSD?, HTN, hyperglycemia with PNP, vit deficiency, please make request for her to do a 2D cardiac echo at Calmette and bring result to me at SHCH. For patient LD#00134, 35F, Fang Village, dx with nudular goiter with regression and euthyroid, is scheduled to be admitted at SHCH surgical ward for preparation of thyroid lobectomy procedure on Sunday, January 15-16 and she two more weeks post-op for follow-up visit to surgical clinic. Please inform her about the risks involving this procedure before sending her over to us. If she disagrees to the procedure, please inform us to cancel the appointment.

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Monday, January 02, 2006 8:33 AM
To: 'Rattanakiri TM'
Cc: 'Bernie Krisher'; 'Amphar Khatty'; 'Gary Jacques'; 'Cornelia Haener'; 'Rithy Chau'; 'Ruth Tootill'; 'Fil - Jr. Tabayoyong'; 'So Thero Noun'; 'Ed & Laurie Bachrach'
Subject: Additional Rattanakiri TM Clinic December 2005 Lab Results and Follow-up Notes

Dear Channarith/Dr. San,

Here are additional follow-up notes for December 2005 TM Clinic:

KP#00153, 57F, Village III

- 2D cardiac echo result done at Calmette Heart Center on 27/12/05 showed 54% EF and conclusion of Ischemic Heart Dz with Aortic Insufficiency and idiopathic left atrial dilitation and lab results done at SHCH on 27/12/05 as follows:
    - Na 148
    - K 4.6
    - Creat 108
    - BUN 4.4
    - Gluc 8.7
    - tot Chol 4.1
    - TG 0.83
    - CBC WNL
- Dx: 1. IHD 2. HTN 3. DMII with PNP 4. A-fib 5. Vit Deficiency?
- Tx:
    - Lisinopril 5mg 1 tab po qd
    - Atenolol 50mg 1/2 tab po qd
    - Glibenclamide 5mg 1/2 tab po qd
    - ASA 300mg 1/4 tab po qd
    - Desitramine 100mg 1/2 tab po qhs
    - MTV 1 tab po qd

As requested per Dr. Kok San, SHCH supplied the medications for 100 days for the following patients:

New cases

1. KC#00147, 43M, Village I
   Dx: 1. DMII
   2. Sciatica

   Tx: 1. Glibenclamide 5mg 1tab po bid (#200)
   2. Lisinopril 5mg ¼ tab po qd (#25)

2. PO#00148, 67F, Village III
   Dx: 1. DMII
   2. HTN
   3. PNP
   4. GERD

   Tx: 1. Metformin 500mg 1tab po qhs (#100)
   2. Glibenclamide 5mg 1tab po qAM (#100)
   3. Lisinopril 5mg 1/2 tab po bid (#100)
   4. Desitramine 100mg ½ tab po qhs (#50)
   5. Omeprazole 20mg 1tab po qhs x 2 mo (#60)

.

3. PS#00149, 26F, Village I
   Dx: 1. Hyperthyroidism

   Tx: 1. Methimazole 10mg 1/2 tab po bid x 100 d (#100)
   2. Propranolol 40 mg ¼ tab po bid x 100 d (#50)
   3. MTV 1tab po qd (#100)

4. VL#00150, 34F, Village V
   Dx 1. Hyperthyroidism
   2. Nodular Goiter

   Tx: 1. Carbimazole 5mg 1 tab po bid (#200)

5. TO#00152, 45 M, Village II
   Dx: 1. Left knee sprain (with hematoma?)

   Tx: 1. HCTZ 50 mg ½ tab po qd (#50)

7. KP#00153, 57F, Village III

Dx:
1. IHD
2. A-fib
3. HTN
4. DMII with PNP
5. Vit deficiency?

Tx:
1. Atenolol 50mg 1/2 po qd (#50)
2. Lisinopril 5mg 1 po qd (#100)
3. Glibeclamide 5mg 1/2 po qd (#50)
4. ASA 300 mg ¼ tab po qd (#25)
6. Desitramine 100mg ½ tab po qhs (#50)
8. MTV 1 tab po qd (#100)

Follow-up patients

1. UP#00093, 51F, Village I

Dx: 1. Hyperthyroidism

Tx: 1. Carbimazol 5mg 1tab po tid x 100 mg (#300)

2. LH#00116, 59F, Village III

Dx:
1. HTN
2. Hyperthyroidism
3. Cardiomegaly

Tx:
1. HCTZ 50mg ½ tab po x 35 d (#50)
2 Carbimazol 5mg 1 tab po qd x 35 d (#100)

3. NS#0006, 18F, Village I

Dx: 1. Hyperthyroidism

Tx: 1. Carbimazole 5mg 1tab po qd x 100 d (#100)

4. CL#00122, 33F, Village III

Dx:
1. Subclinical hyperthyroidism
2. Dyspepsia

Tx: 1. Carbimazol 5 mg 1 tab po tid x 1 month (#300)

5. NS#00089, 16F, Village I

Dx: 1. Hypothyroidism

Tx: 1. L- thyroxin 100 mcg 1/4 tab po qd (#25)

6. EB#00078, 41F, Village I

Dx:
1. CHF
2. Incomplete RBBB

Tx:
1. Lisinoprill 5mg ½ tab po qdx100d (#50)
2. Digoxin 0.25mg 1tab po qd x100d (#100)
3. Furosemide 20mg 2 tab po Bid x 100d (#400)
4. Spironolactone25mg 2tab po bidx100d (out of stock, patient to buy on her own)
5. MTV 1tabpo bid x100d (#100)

If you have any other concern please let me know.

Best Regards,
Rithy

Rithy Chau, MPH, MHS, PA-C
Sihanouk Hospital Center of HOPE

Medications requested and sent from SHCH

New cases

1. KC#00147, 43M, Village I
   - Dx:
     1. DMII
     2. Sciatica
   - Tx:
     1. Glibenclamide 5mg 1tab po bid
     2. Lisinopril 5mg ¼ tab po qd

2. PO#00148, 67F, Village III
   - Dx:
     1. DMII
     2. HTN
     3. PNP
     4. GERD
   - Tx:
     1. Metformin 500mg 1tab po qhs
     2. Glibenclamide 5mg 1tab po qAM
     3. Lisinopril 5mg 1/2 tab po bid
     4. Desitramine 100mg ½ tab po qhs
     5. Omeprazole 20mg 1tab po qhs x 2 mo

.

3. PS#00149, 26F, Village I
   - Dx:
     1. Hyperthyroidism
   - Tx:
     1. Carbimazole 5mg 1 tab po bid x 100 d
     2. Propranolol 40 mg ¼ tab po bid x 100 d
     3. MTV 1tab po qd

4. VL#00150, 34F, Village V
   - Dx
     1. Hyperthyroidism
     2. Nodular Goiter
   - Tx:
     1. Carbimazole 5mg 1 tab po bid

5. TO#00152, 45 M, Village II
   - Dx:
     1. Left knee sprain (with hematoma?)

Tx: 1. HCTZ 50 mg ½ tab po qd

7. KP#00153, 57F, Village III
   Dx: 1. IHD
   2. A-fib
   3. HTN
   4. DMII with PNP
   5. Vit deficiency?

   Tx: 1. Atenolol 50mg 1/2 po qd
   2. Lisinopril 5mg 1 po qd
   3. Glibeclamide 5mg 1/2 po qd
   4. ASA 300 mg ¼ tab po qd
   6. Desitramine 100mg ½ tab po qhs (hold)
   8. MTV 1 tab po qd

Follow-up patients

1. UP#00093, 51F, Village I
   Dx: 1. Hyperthyroidism

   Tx: 1. Carbimazol 5mg 1tab po tid x 100 mg

2. LH#00116, 59F, Village III
   Dx: 1. HTN
   2. Hyperthyroidism
   3. Cardiomegaly

   Tx: 1. HCTZ 50mg ½ tab po x 35 d
   2 Carbimazol 5mg 1 tab po qd x 35 d

3. NS#0006, 18F, Village I
   Dx: 1. Hyperthyroidism

   Tx: 1. Carbimazole 5mg 1tab po qd x 100 d

8. CL#00122, 33F, Village III
   Dx: 1. Subclinical hyperthyroidism
   2. Dyspepsia

   Tx: 1. Carbimazol 5 mg 1 tab po tid x 1 month

The next Rattanakiri TM Clinic will be held on
January 30-31, 2006