Telemedicine Clinic
Rattanakiri
Referral Hospital
December 2008

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

On Tuesday and Wednesday December 02 - 03, 2008, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 6 new cases were examined, and the data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh. PA Rithy Chau saw 3 patients extra for minor illnesses without transmitting the data.

The following day, Thursday December 04, 2008, the TM clinic opened again to receive the same patients and other follow-up patients for further evaluation, treatment and management. Finally, the data for treatment and management would then be transcribed and transmitted to Nurse Peng Sovann 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: Hospital Rattanakiri Referral
Date: Nov 26, 2008 10:51 AM
Subject: December TM clinic at Rattanakiri Referral Hospital
To: Chau Rithy; Kruy Lim; "Paul J. M.D. Heinzelmann"; Brian Hammond; Joseph Kvedar; "Kathleen M. Kelleher"; Chau Rithy
Cc: Bernie Krisher; Ed & Laurie Bachrach; Noun SoThero

Dear All,
Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Wednesday, December 03, 2008 beginning at 8:00am local time for one full day. We expect to enter and transmit the patient data to those of you at SHCH and at Partner in Boston that evening.

Please try to respond before noontime the following day, Thursday, December 04, 2008.The patients will be asked to return to the hospital that afternoon on Thursday to receive treatment along with a follow up plan or referral.

Thank you very much for your cooperation and service.
Best regards,

Channarith Ly

From: Hospital Rattanakiri Referral
Date: Dec 3, 2008 3:53 PM
Subject: Rattanakiri TM Clinic December 2008 case#1, TB#00295, 14F (Kalai Village)
To: Chau Rithy; Kruy Lim; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; "Kathleen M. Kelleher"
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

For Rattanakiri TM Clinic December 2008, there are 6 new cases and this is the case number 1, TB#00295, 14F and photos attached.

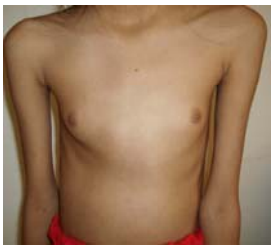
Best regards,
Sovann/Dr. Sreng

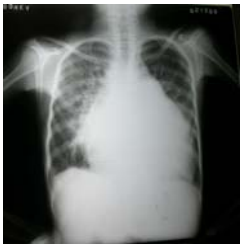
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: TB#00295, 14F (Kalai Village)

Chief Complaint: Cough, dyspnea and chest pain x 2y

HPI: 14F brought to us by her father complaining of cough, dyspnea, chest pain for 2y. When she was 13 year old, she presented with symptoms of fever, dyspnea, cough, and was brought to provincial hospital and admitted to ED for 1d then referred to MW for 7d. She got treatment with Ampicillin 1g tid Gentamycin 80mg bid for 8d. Since then she frequently developed dyspnea on exertion, cough, orthopnea and got treatment with some medicine bought from pharmacy. Her father denied she has had hemoptysis.





PMH/SH: Unremarkable

Social Hx: No smoking, no alcohol drinking

Family Hx: None

Medication:

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 90/60 P: 110 R: 42 T: 37^{o}C O2 sat: 98% Wt: 25kg

General: Sick, cachexia

HEEN: No icterus, no oropharyngeal lesion, pink conjunctiva, no JVD

Chest: Pigeon chest, generalized course crackle on right upper lobe; H tachycardia, holosystolic murmur loudest at apex area, orthopnea

Abdomen: Soft, no tender, no distension, (+) BS

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

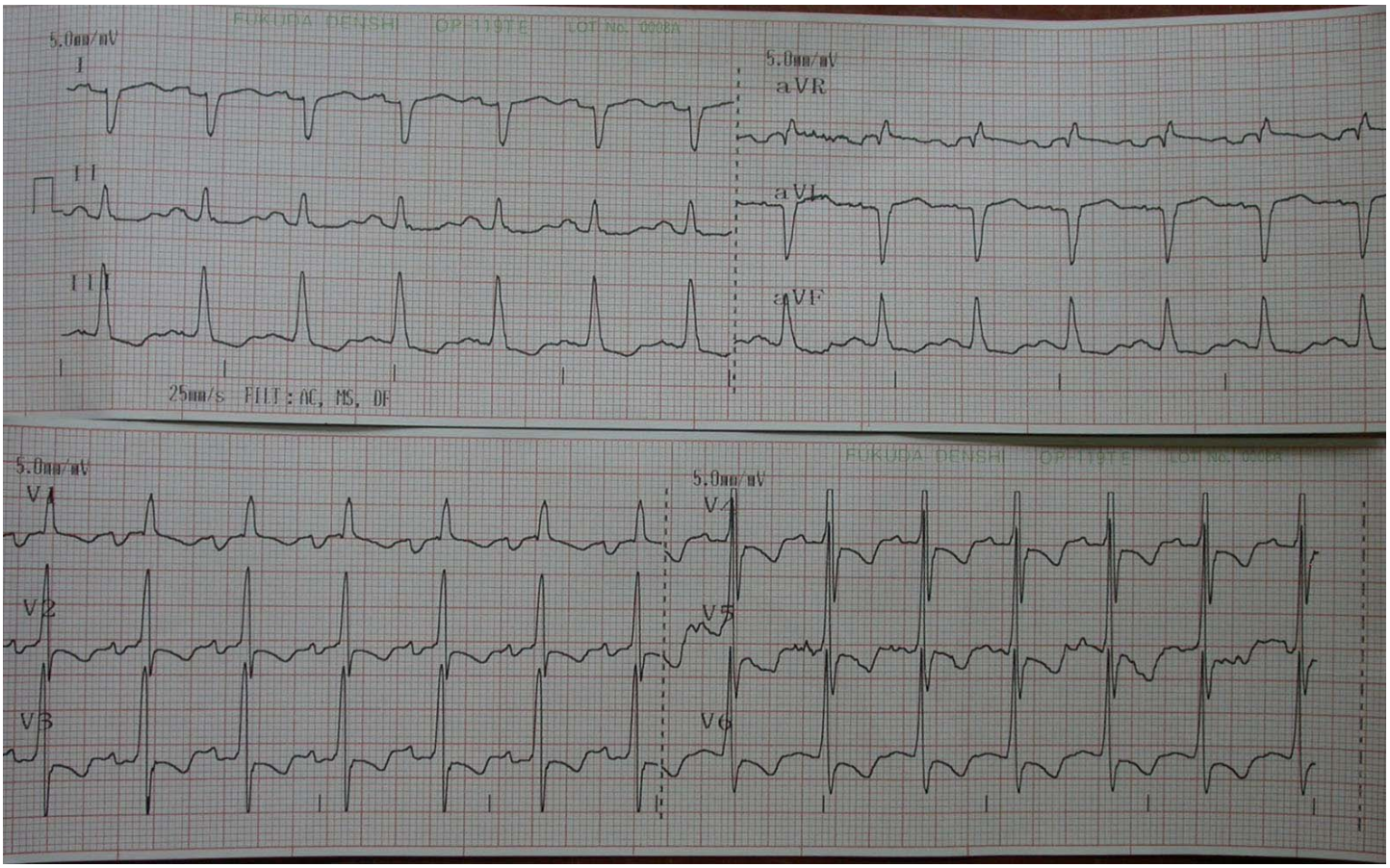
Previous Lab/Studies:
On December 2, 2008

Malaria smear: negative
WBC : 6000/mm3
Ht : 37%
Eosinophil 0.5%

Neutrophil 65%
Lymphocyte 28%
Monocyte 0.2%

BUN : 36.4 [10 – 50]
Creat : 1.8 [0.5 – 0.9]
Gluc : 96 [75 – 115]

CXR: cardiomegaly with hypervascularisation
EKG attached



Assessment:

1. Congestive Heart Failure?
2. VHD (MR/MS)??
3. Dilated cardiomyopathy
4. Pneumonia
5. PTB?

Plan:

1. Do AFB smear in local hospital
2. Atenolol 50mg 1/4t po bid for two months
3. Furosemide 20mg 1t po qd for 2weeks
4. Clarithromycin 500mg 1/2t po bid for 10d
5. MTV 1t po qd for two months
6. Naproxen 375mg 1t po qd prn pain/fever

7. Refer to Phnom Penh for 2D echo of the heart or possible heart surgery

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Dr. Leng Sreng **Date: December 3, 2008**

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

From: Choy, Garry,M.D.
Sent: Saturday, December 06, 2008 10:34 AM
To: Paul Heinzelmann; Fiamma, Kathleen M.
Subject: RE: FW: Rattanakiri TM Clinic December 2008 case#1, TB#00295, 14F (Kalai Village)

Best regards, Garry and Sung

Identifying Information/Clinical History
TB#00295, 14F (Kalai Village); Cough, dyspnea and chest pain x 2y

Technique
Single frontal view of chest

Findings on Provided Images
There are patchy asymmetric opacities and prominent interstitium in the right upper lobe. No large pleural effusions seen. The cardiac silhouette is significantly enlarged suggesting underlying cardiomegaly and/or pericardial effusion. The bony thorax is within normal.

Impression
Right upper lobe patchy opacities and prominent interstitium in setting of significantly enlarged cardiac silhouette.

For right upper lobe opacities, differential considerations include infection (such as tuberculosis or other bacterial pneumonia) versus asymmetric pulmonary edema that can be seen in mitral regurgitation.

Enlarged cardiac silhouette concerning for chronic congestive heart failure or cardiomyopathy. Underlying pericardial effusion may also be present.

Recommendation: Cardiac echocardiogram and further work-up to exclude TB.

Sung Kim, MD
Garry Choy, MD MS
12/4/08

From: Hospital Rattanakiri Referral
Date: Dec 3, 2008 3:56 PM
Subject: Rattanakiri TM Clinic December 2008, Case#2, MS#00296, 52F (Village I)
To: "Paul J. M.D. Heinzelmann"; Joseph Kvedar; "Kathleen M. Kelleher"; Kruy Lim; Chau Rithy
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

This is case number 2, MS#00296, 52F and photos.

Best regards,
Dr. Sreng/Sovann

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

Patient: MS#00296, 52F (Village I)

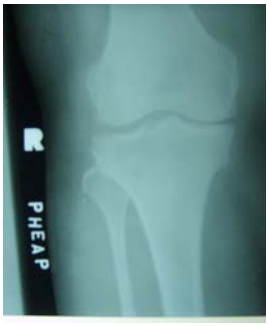
Chief Complaint: Burning pain on her right hand and knee x 5 months

HPI: 52F came with burning pain on her right hand and knee for 5 months. She was examined at private clinic, diagnosed with rheumatoid arthritis and she was treated with Trankal 2t po bid for 1d. She got better and 20d later, she presented with the pain, swelling on the same places so that she came to us.

PMH/SH: Unremarkable

Social Hx: No smoking, no alcohol drinking

Family Hx: Unremarkable



Medication: None

Allergies: NKDA

ROS: 2y post menopause, right eye stye

PE:
Vital Signs: BP: 120/70 P: 70 R: 20 T: 37^{o}C Wt: 70kg

General: Look stable, obesity

HEEN: No icterus, no oropharyngeal lesion, pink conjunctiva

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

Abdomen: Soft, no tender, no distension, (+) BS, no HSM, complete healthed old scar 5cm

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

Previous Lab/Studies:
Malaria smear: negative

WBC :	15000/mm3
Eosinophil	0.3%
Neutrophil	67%
Lymphocyte	25%
Monocyte	0.5%

BUN : 35.2 [10 – 50]

Creat	: 4.4	[0.5 – 0.9]
Gluc	: 79	[75 – 115]
Mg	: 3.1	[2.5 – 3.5]
TG	: 200	[40 – 140]
Uric acid: 5.0		[2.4 – 5.7]

Right Knee x-ray attached

Assessment:

1. Weight bearing arthritis/Osteoarthritis
2. Obesity
3. Right eye stye
4. Elevated Creat due to unknown etiology

Plan:

1. Augmentin 625mg 1t tid for 7d
2. Naproxen 375mg 1t po bid prn
3. Paracetamol 500mg 1t po qid prn for two months
4. Draw blood for Lyte, Creat, Chole, TG at SHCH
5. Do regular exercise to reduce weight

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Dr. Leng Sreng **Date: December, 2008**

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

From: Choy, Garry,M.D.
Sent: Saturday, December 06, 2008 9:13 AM
To: Paul Heinzelmann; Fiamma, Kathleen M.
Cc: sungkim17@gmail.com
Subject: Radiology Report from iRadX.org - RE: FW: Rattanakiri TM Clinic December 2008, Case#2, MS#00296, 52F (Village I)

Dear Kathy and Paul,
Attached is iRadx's impression of this case from the radiology perspective. Thank you for the case and opportunity to help. (Attached is PDF) -- Warm regards, Garry and Sung

Identifying Information/Clinical History
MS#00296, 52F (Village I) - Burning pain on her right hand and knee x 5 months

Technique
Single frontal view of the right knee without comparisons

Findings on Provided Images
There is mild narrowing of the medial weightbearing joint with tiny marginal osteophytes. There is no evidence of fracture or dislocation. There is no evidence of abnormal erosions. There is a focus of high density material just lateral to the fibular head. The soft tissues appear normal.

Impression
1. Mild degenerative disease.
2. Focus of high density material lateral to the fibular head which could represent a foreign body or an overlapping object outside the patient. Examination of the lateral view or clinical correlation is recommended.

If additional imaging is made available, we could issue an addendum.

Sung Kim, MD
Garry Choy, MD MS
12/4/08

From: **Patel, Dinesh,M.D.** <DGPATEL@partners.org>
Date: Dec 4, 2008 12:17 AM
Subject: Rattanakiri TM Clinic December 2008, Case#2, MS#00296, 52F (Village I)
To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>, kirihospital@gmail.com
Cc: tmed_rithy@online.com.kh

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?
Date: December, 2008

Dear **Dr. Leng Sreng/Kathleen**

Reviewed the story and exams and lab data
Right hand and right knee pain
X ray of the knee looks like non standing reveals narrowing of medial compartment indicating medial compartment osteo arthritis
GOOD PLAN WITH ADDITIONS AND QUESTIONS

Plan:

1. Augmentin 625mg 1t tid for 7d
WHY IS THIS GIVEN AS I DO NOT SEE ANY SPECIFIC INDICATION BUT MAY BE
2. Naproxen 375mg 1t po bid prn
I WOULD JUST USE THIS ONLY
3. Paracetamol 500mg 1t po qid prn for two months
WHY FOR TWO MONTHS
USE AS NEEDED
4. Draw blood for Lyte, Creat, Chole, TG at SHCH

ADD SEDIMENTATION RATE
WHY HIGH CREATININE
5. Do regular exercise to reduce weight
YES
USE BRACE AS WELL

THIS DOES NOT LOOK LIKE RHEUMATOID
IT WOULD AFFECT M.P. JOINT AND WRIST AND WOULD ON BOTH HANDS SHE PROBABLY HAS THUMB METACARPAL CARPAL JOINT ARTHRITIS

stay well
thanks
hopefully this will be of help
dinesh

Dr. Dinesh Patel, M.D.
Chief of Arthroscopic Surgery
Massachusetts General Hospital

Associate Clinical Professor
Harvard Medical School

From: Hospital Rattanakiri Referral
Date: Dec 4, 2008 10:20 AM
Subject: Re: Rattanakiri TM Clinic December 2008, Case#2, MS#00296, 52F (Village I)
To: "Patel, Dinesh,M.D."
Cc: "Fiamma, Kathleen M."; tmed_rithy@online.com.kh

Dear Dr. Patel,

Thank you for your reply to the Rattanakiri TM case. In answering your comments on the treatment plan, I think Dr. Sreng tx this pt w/t Augmentin for her stye and I agreed that she did not appear to presented with RA and most likely OA. Concerning giving medication for two months at a time is because we would like for the patient to follow up in two month and will not have enough meds to give out longer time either. This information is not so important in this case to help you help us. The high creatinine may be due to lab error because we saw this in many patients who were requested with this test. I think we will draw her blood and redo again at SHCH in Phnom Penh and we will add ESR to the request.

Again, thank you for your reply.

Best regards,
Rithy

From: Hospital Rattanakiri Referral
Date: Dec 3, 2008 3:59 PM
Subject: Rattanakiri TM Clinic December 2008, Case#3, YT#00297, 47M (Kalai II Village)
To: "Paul J. M.D. Heinzelmann"; Joseph Kvedar; "Kathleen M. Kelleher"; Chau Rithy; Kruy Lim
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

This is case number 3, YT#00297, 47M and photos.

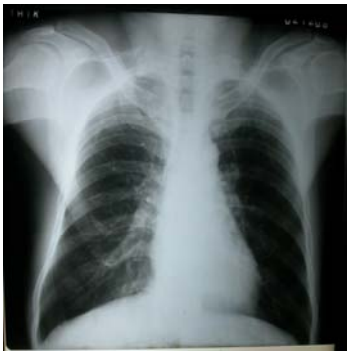
Best regards,
Dr. Sreng/Sovann

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

Patient: YT#00297, 47M (Kalai II Village)

Chief Complaint: Joint pain x 2y

HPI: 47M, farmer, presented with symptoms of lower back joint pain then the pain developed to other joint of left arm and leg. A few months later he presented with right arm and leg joint pain but it is lesser than the left. He didn't seek care at hospital or consultation, just buy pain killer from pharmacy to relived pain. He denied of joint swelling, redness, erythema, stiffness or any trauma.



PMH/SH: Unremarkable

Social Hx: Drinking more alcohol every day; smoking 5cig/day

Family Hx: None

Medication:
1. Pain killer prn

Allergies: NKDA

ROS: productive cough with white sputum, dyspnea, chest tightness, no fever, no hemoptysis, no weight loss

PE:
Vital Signs: BP: 115/83 P: 75 R: 20 T: 36.5 O2 sat: 94% Wt: 47kg

General: Stable

HEEN: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable, no JVD.

Chest: Wheezing on expiration on all lung lobes, no crackle; HRRR, no murmur

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

Extremity/Skin: No joint deformity, no swelling, no redness, no stiffness

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

Previous Lab/Studies:
Hb: 12g/dl
CXR photo attached

Assessment:
1. Pneumonia
2. COPD
3. Arthritis
4. Vit deficiency

Plan:

1. Clarithromycin 500mg 1t po bid x 10d
2. Salbutamol inhaler 2puffs bid prn SOB for two months
3. Paracetamol 500mg 1t po qid prn pain for two months
4. Naproxen 375mg 1t po bid prn severe pain for two months
5. MTV 1t po qd for two months
6. Alcohol and smoking cessation

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng **Date: December 3, 2008**

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

From: Cusick, Paul S.,M.D.
Date: Dec 4, 2008 8:09 PM
Subject: RE: Rattanakiri TM Clinic December 2008, Case#3, YT#00297, 47M (Kalai II Village)
To: "Fiamma, Kathleen M."; kirihospital@gmail.com
Cc: tmed_rithy@online.com.kh

Thank you for this consultation.

His joint pains are not symmetric and there is no swelling. This suggests an overuse arthritis/tendonitis etiology.
You do not describe any radicular pain into the neck or lower extremities so that vertebral disc pathology/herniation is unlikely.
A 47 year old farmer is susceptible for musculoskeletal damage and chronic overuse inflammation.
Warming the joints with a warm/wet towel for 30 minutes after working may help.
treatment with anti inflamatory medication and tylenol are fine.

His xray suggests obstructive lung disease and a possible infiltrate in the Right middle/lower lobe.
antibiotic and salmeterol inhaler are appropriate choices given his wheezing and productive cough.

Alcohol and tobacco cessation would be important.

Hgb is 12. This is below normal I believe. Is there any sign of intestinal bleeding?
You might want to take a stool guiac.

Best of luck.

Paul Cusick (general interest)

From: Choy, Garry,M.D.
Sent: Saturday, December 06, 2008 10:17 AM
To: Paul Heinzelmann; Fiamma, Kathleen M.
Subject: RE: FW: Rattanakiri TM Clinic December 2008, Case#3, YT#00297, 47M (Kalai II Village)

Identifying Information/Clinical History
YT#00297, 47M (Kalai II Village); 47M, farmer, presented with symptoms of lower back joint pain then the pain developed to other joint of left arm and leg. A few months later he presented with right arm and leg joint pain but it is lesser than the left. He didn't seek care at hospital or consultation, just buy pain killer from pharmacy to relived pain. He denied of joint swelling, redness, erythema, stiffness or any trauma.

Technique
Single frontal view of chest

Findings on Provided Images
There is patchy air space opacity in the right lower lobe with air bronchograms. The right upper lung interstitium appears more prominent but this may be due to technique or possible patchy consolidation. There is no associated effusion present. The left lung is clear. There is no pneumothorax. The cardiac and mediastinal silhouettes are normal for age. The bony thorax is within normal.

Impression
Likely right lower lobe pneumonia. In proper clinical setting, tuberculosis is also possible and must be excluded. Atypical pneumonia such as of fungal etiology is also possible but less likely. Follow up to resolution is recommended.

Sung Kim, MD
Garry Choy, MD MS
12/4/08

From: Hospital Rattanakiri Referral
Date: Dec 3, 2008 4:01 PM
Subject: Rattanakiri TM Clinic December 2008, Case#4, CH#00298, 66M (Village IV)
To: "Paul J. M.D. Heinzelmann"; Joseph Kvedar; "Kathleen M. Kelleher"; Kruy Lim; Chau Rithy
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Dear all,

This is case number 4, CH#00298, 66M and photos.

Best regards,
Dr. Sreng/Sovann

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

Patient: CH#00298, 66M (Village IV)

Chief Complaint: HA and neck tension x 2y

HPI: 66M presented with symptoms of puffy on the face, HA, neck tension, fatigue for a few days then BP checked at private clinic was 180/?. He bought Chinese medicine (Antihypertensive) taking 1t po qd. A few weeks later his BP decrease to 150/? and sometime he increase to 2t he felt worse and didn't take it when he became better. He denied of sore throat, chest pain, orthopnea, dyspnea, and edema, hematuria, dysuria.

PMH/SH: Unremarkable

Social Hx: Casually drinking alcohol; smoking 3pack of cig/day stopped for 3y

Family Hx: None

Medication:

1. Combination of Aceclofenac 100mg and Paracetamol 500mg 1t po qd
2. Antihypertensive Chinese medicine 1t po prn
   Contains:

Reserpine	0.032mg
Potassium chloride	3.1mg
HCTZ	3.1mg
Vit B1	1mg
Diazepam	1mg
Promethazine HCl	2.1mg
Dihydralazine sulphate	4.2mg
Calcium pantothenate	1mg
Magnesium Trisilicate	30mg
Vit B6	1mg

Allergies: NKDA

ROS: History of 3y right hip pain radiated to right leg, relived by massage and pain killer, no joint swelling, no redness, no stiffness; echymosis when pressed more or trauma to the skin, echymosis disappeared in a week

PE:
Vital Signs: BP: 154/98 (both arms) P: 75 R: 20T: 37 Wt: 69kg

General: Stable

HEEN: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable, no JVD.

Chest: CTA bilaterally, no rales, no rhonchi; HRRR, no murmur

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

Extremity/Skin: No edema, no lesion, (+) dorsalis pedis pulse

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

Previous Lab/Studies:
On December 2, 2008

Creat : 3.3 [0.5 – 0.9]
Gluc : 106 [75 – 115]
Lyte : not available

Assessment:

1. HTN
2. Sciatica

Plan:

1. HCTZ 12.5mg 2t po qd for two months for two months
2. Paracetamol 500mg 1t po qid prn pain for two months
3. Naproxen 375mg 1t po bid prn severe pain for two months
4. Draw blood for Lyte, Creat, Glcu, TG and Tot chole at SHCH
5. Eat low Na+ diet, do regular exercise

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng **Date: December 3, 2008**

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

From: Tan, Heng Soon,M.D.
Sent: Wednesday, December 03, 2008 2:36 PM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri TM Clinic December 2008, Case#4, CH#00298, 66M (Village IV)

This 66 M has moderate hypertension with renal insufficiency without heart failure, fluid overload, stroke or peripheral vascular disease. Fundoscopy to check for arteriolar narrowing will provide some clues as to the chronciity of hypertension. An EKG will confirm normal heart size and rule out previous cardiac ischemic disease. Since he has renal insufficiency, serum sodium, potassium and bicarbonate are necessary to check for electrolyte and acid base status.

A workup to exclude renal hypertension is necessary in this presentation. Urinalysis to look for white cell casts and proteinuria will rule out chronic gloemerulonephritis as a cause of hypertension. ESR will rule out vasculitis as a cause of renal insufficiency and hypertension. Nothing in the history suggests a systemic rheumatic condition like sarcoidosis [skin nodules] or inflammatory arthritis as a cause of chronic renal disease. FBS and urinalysis will rule out diabetes.

Ideally, other secondary causes of hypertension could be considered: renal artery stenosis [renal artery doppler studies and renal ultrasound to check for renal size], hyperaldosteronism [check serum renin and aldosterone levels], adrenal pheochromocytoma [serum or urine metanephrines].

If indeed it is only chronic untreated essential hypertension that is the cause of renal insufficiency, then he should be treated quite aggressively to lower blood pressure and protect the kidneys from further damage. He should avoid any NSAID like naproxen that could be renal toxic. HCTZ would be a good first choice if he has fluid retention, otherwise pre renal azotemia will occur with HCTZ therapy. In any case, HCTZ will probably not be potent enough to control his hypertension. He should start lisinopril 5 mg daily as well while monitoring serum creatinine and potassium in the first month.

Right hip pain needs to be clarified. How would you distinguish between hip arthritis and sciatica? If hip flexion, internal and external rotations are full and without pain, then there is no hip arthritis. If there is lumbar spine tenderness, positive straight leg raise with neuralgic pain shooting down leg and evidence of decreased sensation in foot, weakness in great toe extension or loss of ankle reflex, then sciatica is more likely. LS spine and hip x-rays could be considered. Since NSAID should be avoided, arthritic pain can be treated with paracetamol as well as with physical therapy to strengthen the joint muscles. If it is sciatica, then again paracetamol and perhaps the addition of codeine for more severe pain could be used. Physical therapy would be useful. If these fail, ideally epidural steroid and lidocaine injections will be the next step.

Heng Soon Tan, MD

From: Hospital Rattanakiri Referral
Date: Dec 3, 2008 4:20 PM
Subject: Rattanakiri TM clinic case #5, SS#00299, 46F (Thmey village)
To: Chau Rithy; Kruy Lim; "Paul J. M.D. Heinzelmann"; "Kathleen M. Kelleher"; Joseph Kvedar
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all

This is case #5 SS#00299, 46F and photos.

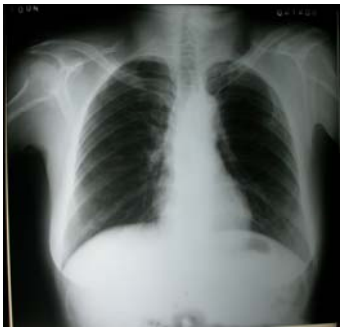
Best regards,
Dr Sreng/Sovann

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

Patient: SS#00299, 46y F (Thmey Village)

Chief Complaint: Polyuria, asthenia and palpitation for 8y

HPI: 46F presented with symptoms of cold extremity, diaphoresis, dyspnea, palpitation, polyuria, weight loss 10kg, she was examined at private clinic and told she has DMII. She didn't got treatment from health care provider, she just bought Chinese medicine (antihyperglycemic) 1t bid but her symptoms seem not better so she come to consult with us.



PMH/SH: PTB with completed treatment in next month

Social Hx: no smoke, no EtOH

Family Hx: Her sister with PTB

Medication: Chinese medication (Glibenclamide combination) 1t po bid

Allergies: NKDA

Family Hx: None

ROS: none

PE:
Vital Signs: BP 118/83 P 93 R 20 T 36.5 Wt 40kg

General: Alert and orientedx3

HEENT: No icteric, pink conjunctiva, no oropharyngeal lesions

Chest: Clear BS bilaterally, no crackle, no ronchi, H RRR without murmur

Abdomen: Soft, non tender, active BS, no organomegaly

Musculoskeletal: no gross masses or lesions or rashes

Extremity/Skin: No edema, no foot wound, no rash

Neuro: Normal DTRs, mortor and sensory intact

Lab/Studies Requests:
December 2, 2008
U/A : Glucose 4+
Total cholesterol 127mg/dl,
Triglyceride : 290mg/dl,
Glucose : 222.5mg/dl
Creatinine : 6.2mg/dl
Chest X-ray attached

Assessment:
1. DMII

Plan:
1. Glibenclamide 5mg 1tb bid for two months
2. Aspirine 300mg 1/4 tab qd for two months
3. Fenofibrate 100mg 1tb qd for 2months
4. Captopril 25mg 1/4 tab bid for two months

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

Examined by: MA Koh Polo **Date: December 3, 2008**

From: Fang, Leslie S.,M.D.
Sent: Wednesday, December 03, 2008 1:37 PM
To: Fiamma, Kathleen M.
Cc: Heinzelmann, Paul J.,M.D.
Subject: RE: Rattanakiri TM clinic case #5, SS#00299, 46F (Thmey village)

1. She does appear to have diabetes mellitus with hypertriglyceridemia and the appropriate treatment has been started
2. I am surprised by the creatinine of 6.2 mg/dl: I hope that this is a typo since there is no reason to expect this degree of renal dysfuntion in this lady. The absence of proteinuria makes diabetic nephropathy not likely.
Can you make sure that the creatinine is correct.

Leslie S.T. Fang, MD PhD

From: Hospital Rattanakiri Referral
Date: Dec 4, 2008 10:30 AM
Subject: Re: FW: Rattanakiri TM clinic case #5, SS#00299, 46F (Thmey village)
To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>
Cc: Rithy <tmed_rithy@online.com.kh>

Dear Kathy,

I hope you are well. The weather there must be very cold by now. It is quite chilly in Rattanakiri, but of course this is Cambodia which is probably warm to you.

Concerning the high creatinine, please inform the physicians on your side that there is a lab problem on this test and we will redo at our hospital SHCH in PP. We apologize for this problem.

Thanks,
Rithy

From: **Fang, Leslie S.,M.D.** <LFANG@partners.org>
Date: Dec 4, 2008 9:41 PM
Subject: Re: FW: Rattanakiri TM clinic case #5, SS#00299, 46F (Thmey village)
To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>, kirihospital@gmail.com
Cc: tmed_rithy@online.com.kh

Thanks
If the creatinine is indeed 6.2 mg/dl, we have a serious kidney issue

Leslie S.T. Fang, MD PhD

From: Choy, Garry,M.D.
Sent: Saturday, December 06, 2008 8:35 AM
To: Paul Heinzelmann; Fiamma, Kathleen M.
Cc: garryc@gmail.com
Subject: RE: FW: Rattanakiri TM clinic case #5, SS#00299, 46F (Thmey village)

Dear Paul and Kathy,
Sung Kim and I looked at the x-ray for case SS 00299

Our opinion based on the provided image is:

iRadX Radiology Report
Clinical history: Polyuria, asthenia and palpitation for 8y.

Technique: Single frontal view of the chest.

Comparison: None available.

Findings: The cardiac and mediastinal silhouettes are normal. There are scattered pleural parenchymal scars in the mid and upper lung. There are no focal consolidations, pneumothorax, or significant effusion. The bony thorax is normal for age.

Impression: No evidence of acute disease.

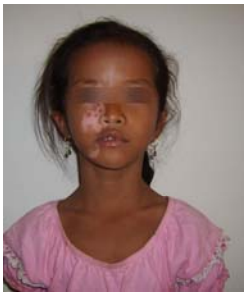
From: Hospital Rattanakiri Referral
Date: Dec 3, 2008 4:34 PM
Subject: Rattanakiri TM clinic last case SS#00300, 9F (village II)
To: Chau Rithy; Kruy Lim; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; "Kathleen M. Kelleher"
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

This is the last case for Rattanakiri TM Clinic December 2008, Case number 6, and photos. Please reply to the case before Thursday afternoon. Thank you very much for your cooperation and support in this project.

Best regards,
Dr. Sreng/Sovann

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



Patient: SS#00300, 9F (Village II)

Chief Complaint: Body and face skin lesion x 4y

HPI: 9F brought to us by her mother complaining of skin lesion. Her mother noticed the hypopigmented skin lesion started on the right waist about 3x4cm without pruritus, erythema, insect bite or trauma, a few month later it developed to other places as chest, left axillary and in these 5 months it developed to the face and neck. She also noticed the eyelash and hair became white where the lesion developed. She brought her child to provincial hospital and treated with ointment but it seems not better.

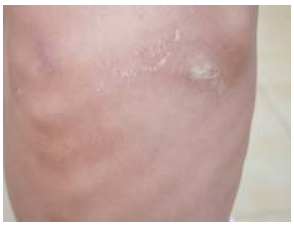
PMH/SH: Malaria in 2006

Social Hx: First child among 3 children

Family Hx: No family of leprosy, no neighbors with leprosy

Medication: None

Allergies: NKDA



ROS: No fever, no cough, normal appetite, normal bowel movement, normal urination

PE:
Vital Signs: BP: 94/50 P: 78 R: 24 T: 37.5 O2 sat: 98%
Wt: 11kg

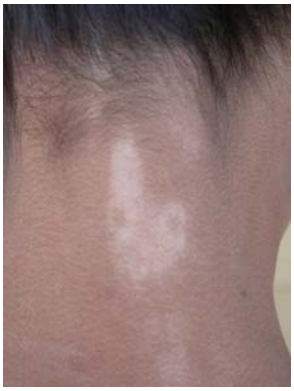
General: Stable

HEEN: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable

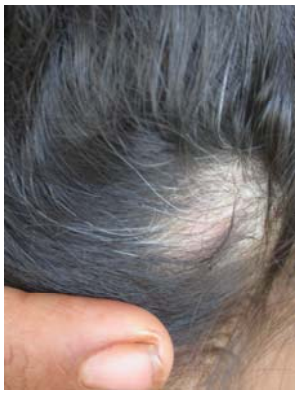
Chest: CTA bilaterally, no rales, no rhonchi; HRRR, no murmur

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

Skin: Hypopigmented skin lesion on right maxilla, neck with soft skin, eyelash and hairs in lesion area turn to white, the dermatome on right waist, left axillary as in the pictures



Neuro: Sensory on lesion is not known due to patient is too young to tell us if we touch her skin or not when we do the test



Previous Lab/Studies:

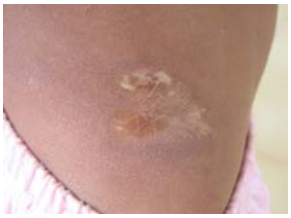
WBC : 6000/mm3
Ht : 37%
Other : Unavailable

Assessment:

1. Leprosy?
2. Vertiligo?
3. Syphilis??

Plan:

1. Zinc oxide cream apply bid for two months
2. Prevent from sun exposure
3. Draw blood for CBC, Lyte, Creat, Gluc and RPR at SHCH



Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng **Date: December 3, 2008**

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

From: Kvedar, Joseph Charles,M.D.
Sent: Wednesday, December 03, 2008 2:22 PM
To: Fiamma, Kathleen M.
Subject:

I agree with the differential and the Rx plan, though it is most likely vitiligo. The big issue for her is going to be keeping it from direct sunlight. Treatment options for vitiligo are limited and include phototherapy (not natural sunlight alone, but photochemotherapy with psoralens) and topical tacrolimus. My guess is that the latter is not available in Cambodia. The

former would be very tricky as the patient would need to take small doses, restrict her time in the sun for two days after, and wear strict eye UV protection.

There are cover-up type make ups one can wear that blend quite well. Also, they will likely be interested in prognosis (how fast will it spread?). This is unpredictable as well.

--
Joseph C. Kvedar, MD
Director, Center for Connected Health
Partners HealthCare System, Inc.
Associate Professor of Dermatology
Harvard Medical School

25 New Chardon Street
Suite 400 D
Boston, MA 02114

www.connected-health.org

Thursday, December 04, 2008

Follow-up Report for Rattanakiri TM Clinic

There were 6 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 6 cases was transmitted and received replies from both Phnom Penh and Boston, other 17 patients came for follow up and refill medication, and 3 patients seen by PA Rithy for minor problems without sending data. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE as well as advices from PA Rithy on site, the following patients were managed and treated per local staff:

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

Treatment Plan for Rattanakiri TM Clinic December 2008

1. TB#00295, 14F (Kalai Village)
Diagnosis:

1. Congestive Heart Failure?
2. VHD (MR/MS)??
3. Dilated cardiomyopathy
4. Pneumonia
5. PTB?

Treatment:

1. Do AFB smear in local hospital
2. Atenolol 50mg 1/4t po bid for two months (#30)
3. Furosemide 20mg 1t po qd for 2weeks (#14)
4. Clarithromycin 500mg 1/2t po bid for 10d (#10)
5. MTV 1t po qd for two months (#60)
6. Naproxen 375mg 1t po qd prn pain/fever (#20)
7. Draw blood for Lyte, Creat, Gluc at SHCH
8. Refer to Phnom Penh for 2D echo of the heart or possible heart surgery

Lab result on December 05, 2008

WBC	=7.9	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=5.3	[3.9 - 5.5x10^{12}/L]	K	=3.2	[3.5 - 5.0]
Hb	=13.5	[12.0 - 15.0g/dL]	Cl	=106	[95 - 110]
Ht	=45	[35 - 47%]	Creat	=70	[44 - 80]
MCV	=84	[80 - 100fl]	Gluc	=4.3	[4.2 - 6.4]
MCH	=26	[25 - 35pg]			
MHCH	=30	[30 - 37%]			
Plt	=144	[150 - 450x10^9/L]			
Lym	=2.0	[1.0 - 4.0x10^9/L]			
Mxd	=0.4	[0.1 - 1.0x10^9/L]			
Neut	=5.5	[1.8 - 7.5x10^9/L]			

2. MS#00296, 52F (Village I)
Diagnosis:
1. Weight bearing arthritis/Osteoarthritis
2. Obesity
3. Right eye stye

Treatment:
1. Augmentin 625mg 1t tid for 7d (buy)
2. Naproxen 375mg 1t po bid prn (#)
3. Paracetamol 500mg 1t po qid prn for two months (#)
4. Draw blood for Lyte, Creat, Chole, TG at SHCH
5. Do regular exercise to reduce weight

Lab result on December 05, 2008

Na	=145	[135 - 145]
K	=4.5	[3.5 - 5.0]
Cl	=111	[95 - 110]
Creat	=74	[44 - 80]
T. Chol	=6.6	[<5.7]
TG	=1.0	[<1.71]

3. YT#00297, 47M (Kalai II Village)
Diagnosis:
1. Pneumonia
2. COPD
3. Arthritis
4. Vit deficiency

Treatment:
1. Clarithromycin 500mg 1t po bid x 10d
2. Paracetamol 500mg 1t po qid prn pain for two months (#60)
3. Naproxen 375mg 1t po bid prn severe pain for two months (#30)
4. MTV 1t po qd for two months (#60)
5. Spirometer using to increase lung capacity
6. Alcohol and smoking cessation

4. CH#00298, 66M (Village IV)

Diagnosis:

1. HTN
2. Sciatica

Treatment:

1. Captopril 25mg 1/2t po bid for two months (buy)
2. Paracetamol 500mg 1t po qid prn pain (#50)
3. Naproxen 375mg 1t po bid prn severe pain (#30)
4. Draw blood for CBC, Lyte, Creat, Glcu, TG and Tot chole at SHCH
5. Eat low Na+ diet, do regular exercise

Lab result on December 05, 2008

WBC	=4.3	[4 - 11x10^9/L]	Na	=146	[135 - 145]
RBC	=4.3	[4.6 - 6.0x10^{12}/L]	K	=4.3	[3.5 - 5.0]
Hb	=13.2	[14.0 - 16.0g/dL]	Cl	=111	[95 - 110]
Ht	=42	[42 - 52%]	Creat	=82	[53 - 97]
MCV	=97	[80 - 100fl]	Gluc	=4.6	[4.2 - 6.4]
MCH	=31	[25 - 35pg]	T. Chol	=5.6	[<5.7]
MHCH	=32	[30 - 37%]	TG	=2.8	[<1.71]
Plt	=187	[150 - 450x10^9/L]			
Lym	=2.5	[1.0 - 4.0x10^9/L]			

5. SS#00299, 46y F (Thmey Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1tb bid for two months (#200)
2. Aspirine 300mg 1/4 tab qd for two months (#20)
3. Fenofibrate 100mg 1tb qd for 2months (BUY)
4. Captopril 25mg 1/4 tab bid for two months (#30)
5. Draw blood for Lyte, Creat, Gluc, HbA1C at SHCH

Lab result on December 05, 2008

Na	=136	[135 - 145]
K	=4.7	[3.5 - 5.0]
Cl	=104	[95 - 110]
Creat	=59	[44 - 80]
Gluc	=18.6	[4.2 - 6.4]
HbA1C	=13.7	[4 – 6]

6. SS#00300, 9F (Village II)

Diagnosis:

1. Leprosy?
2. Vertiligo?
3. Syphilis??

Treatment:

1. Zinc oxide cream apply bid for two months
2. Prevent from sun exposure
3. Draw blood for CBC, Lyte, Creat, Gluc and RPR at SHCH

Lab result on December 05, 2008

WBC	=6.8	[4 - 11x10^9/L]	Na	=141	[135 - 145]
RBC	=4.9	[3.9 - 5.5x10^{12}/L]	K	=3.5	[3.5 - 5.0]
Hb	=11.2	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]
Ht	=35	[35 - 47%]	Creat	=82	[44 - 80]
MCV	=72	[80 - 100fl]	Gluc	=6.9	[4.2 - 6.4]

MCH	=23	[25 - 35pg]	RPR (Syphilis): Non-reactive
MHCH	=32	[30 - 37%]	
Plt	=368	[150 - 450x10^9/L]	
Lym	=2.8	[1.0 - 4.0x10^9/L]	
Mxd	=0.7	[0.1 - 1.0x10^9/L]	
Neut	=3.3	[1.8 - 7.5x10^9/L]	

Patient who come for follow up and refill medication

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

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1t po qd
2. Propranolol 40mg ¼t po bid
3. Draw blood for TFT at SHCH

Lab result on December 05, 2008

TSH	=1.93	[0.49 - 4.67]
Free T4	=10.86	[9.14 - 23.81]
Free T3	=2.97	[1.45 – 3.48]

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

1. HTN
2. DMII
3. LVH
4. VHD (AR/AS??)

Treatment:

1. Atenolol 50mg 1t po bid (#200)
2. Chlorpropramide 1t po bid (buy)
3. ASA 300mg 1/4t po qd (#25)
4. Captopril 25mg 1t po tid (#300)
5. HCTZ 12.5mg 4t po qd (#400)
6. Draw blood for Gluc and HbA1C at SHCH

Lab result on December 05, 2008

Gluc	=6.3	[4.2 - 6.4]
T. Chol	=6.7	[<5.7]

3. MS#00144, 52M (Thmey Village)
Diagnosis:

1. DMII

Treatment:

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

Lab result on December 05, 2008

Na	=141	[135 - 145]
K	=4.5	[3.5 - 5.0]
Cl	=111	[95 - 110]

BUN =1.3 [0.8 - 3.9]
Creat =68 [53 - 97]
Gluc =9.6 [4.2 - 6.4]
HbA1C =7.5 [4 - 6]

4. PO#00148, 67F (Village III)
Diagnosis:
1. HTN
2. DMII with PNP

Treatment:
1. Metformin 500mg 2t po bid (#200)
2. Glibenclamide 5mg 2t po bid (#400)
3. Captopril 25mg ¼t po bid (#50)
4. ASA 300mg ¼t po qd (#25tab)
5. Amitriptylin 25mg ½t po qhs (#50)
6. Draw blood for Gluc, HbA1C at SHCH

Lab result on December 05, 2008

Gluc =3.6 [4.2 - 6.4]
HbA1C =9.3 [4 - 6]

5. RH#00160, 67F (Village I)
Diagnosis:
1. HTN
2. OA

Treatment:
1. Captopril 25mgmg 1tab po qd (#100)
2. Amitriptylin 25mg ½ tab po qhs (#50)
3. ASA 300mg ¼tab po qd (#25)

6. NS#00177, 40F (Village I)
Diagnosis:
1. Euthyroid goiter

Treatment:
1. Draw blood for TSH and Free T4 at SHCH

Lab result on December 05, 2008

TSH =2.18 [0.49 - 4.67]
Free T4 =10.95 [9.14 - 23.81]

7. KK#00231, 45F (Village I)
Diagnosis:
1. DMII

Treatment:
1. Chlorpropramide 250mg 1t po bid (buy)
2. Metformin 500mg 2t po qhs (#200)
3. Captopril 25mg 1/4t po qd (#25)
4. ASA 300mg 1/4t po qd (#25)
5. Draw blood for Gluc and HbA1C at SHCH

Lab result on December 05, 2008

Gluc =6.5 [4.2 - 6.4]
HbA1C =10.4 [4 - 6]

8. SV#00256, 43M (Village I)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 2t po qd (buy)
2. Metformin 500mg 2t po bid (#200tab)
3. Draw blood for Lyte, Creat, Gluc, HbA1C at SHCH

Lab result on December 05, 2008

Na	=142	[135 - 145]
K	=4.0	[3.5 - 5.0]
Cl	=109	[95 - 110]
Creat	=40	[53 - 97]
Gluc	=4.7	[4.2 - 6.4]
HbA1C	=8.0	[4 - 6]

9. HS#00263, 19F (Lum phat)
Diagnosis:

1. Right mammary duct obstruction
2. Right breast mass?

Treatment:

1. Follow up prn

10. TV#00267, 55F (Village II)
Diagnosis:

1. DMII

Treatment:

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

Lab result on December 05, 2008

Na	=142	[135 - 145]
K	=4.1	[3.5 - 5.0]
Cl	=111	[95 - 110]
Creat	=63	[53 - 97]
Gluc	=9.3	[4.2 - 6.4]
HbA1C	=10.7	[4 - 6]

11. VC#00268, 66M (Bey Srok Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid (#400tab)
2. Glibenclamide 5mg 2t po bid (#buy)
3. Captopril 25mg 1/4t po qd (#25tab)
4. ASA 300mg 1/4t po qd (#25tab)
5. Draw blood for Gluc, HbA1C at SHCH

Lab result on December 05, 2008

Gluc	=12.6	[4.2 - 6.4]
HbA1C	=8.2	[4 - 6]

12. OE#00273, 65M (Village I)
Diagnosis:

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 2t po bid (#400tab)
2. Captopril 25mg 1/4t po qd (buy)
3. ASA 300mg 1/4t po qd (#25tab)
4. Amitriptylin 25mg 1/2t po qhs (#50tab)
5. MTV 1t po qd for one month
6. Draw blood for Gluc, HbA1C at SHCH

Lab result on December 05, 2008

Gluc	=2.9	[4.2 - 6.4]
HbA1C	=6.3	[4 - 6]

13. MP#00275, 10M (Village I)
Diagnosis:

1. Tinea Unguium (Onychomycosis)

Treatment:

1. Lotrizone apply bid (#2)

14. OS#00282, 43M (Village III)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 12.5mg 2t qd (#200)

15. SM#00285, 48M (Osean Laer Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamdie 5mg 1t po bid
2. Draw blood for CBC, Lyte, Creat, Gluc, HbA1C at SHCH

Lab result on December 05, 2008

WBC	=6.1	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=4.6	[4.6 - 6.0x10^{12}/L]	K	=5.0	[3.5 - 5.0]
Hb	=13.5	[14.0 - 16.0g/dL]	Cl	=107	[95 - 110]
Ht	=40	[42 - 52%]	Creat	=77	[53 - 97]
MCV	=87	[80 - 100fl]	Gluc	=14.1	[4.2 - 6.4]
MCH	=29	[25 - 35pg]	HbA1C	=11.0	[4 – 6]
MHCH	=34	[30 - 37%]			
Plt	=169	[150 - 450x10^9/L]			
Lym	=2.0	[1.0 - 4.0x10^9/L]			

16. TB#00286, 44M (Lumphat village)
Diagnosis:

1. Nephrotic Syndrome? (Diagnosed previously)

Treatment:

1. Prednisolone 5mg 14tab qd
2. Aspirine 300mg 1/4 tab qd
3. Simvastatine 10mg 1tab qhs 2months
4. Captopril 25mg 1/4 tab bid

17. VC#00287, 48M (Village V)
Diagnosis:

1. Nephrotic Syndrome (hx)
2. Obesity

Treatment:

1. Drink about 1L water per day
2. Follow up next month

The next Rattanakiri TM Clinic will be held in January 2009