Telemedicine Clinic
Rattanakiri
Referral Hospital
February 2006

Report and photos compiled by Rithy Chau, SHCH Telemedicine

On Tuesday, February 21, 2006, Rattanakiri Referral Hospital (RRH) staff began their TM clinic. PA Rithy was present and there were also 2 physicians from Pailin Referral Hospital came to observe and participate in this month TM Clinic. Five new patients were examined and the data were transcribed along with digital pictures of the patient, then transmitted and received replies from their TM partners in Boston and Phnom Penh.

The following day, Wednesday, February 22, 2006, the TM clinic opened again to receive the same patients for further evaluation, treatment and management. Finally, the data for treatment and management would then be transcribed and transmitted to the PA Rithy Chau at SHCH who compiled and sent for website publishing.

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

From: Kiri Hospital [mailto:kirihospital@yahoo.com]
Sent: Tuesday, February 14, 2006 11:13 AM
To: Rithy Chau; Cornelia Haener; Ruth Tootill; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International; Sovann Nop
Subject: February TM clinic at Rattanakiri Referral Hospital

Dear All,

Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Tuesday, February 21, 2006 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, February 22, 2006.The patients will be asked to return to the hospital that afternoon on Wednesday to receive treatment along with a follow up plan or referral.

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

Channarith Ly

From: Kiri Hospital [mailto:kirihospital@yahoo.com]
Sent: Tuesday, February 21, 2006 5:13 PM

To: Rithy Chau; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri Referral Hospital TM clinic Patient MS#00162

Dear All,

There are 5 new cases of this month during TM clinic at Rattanakiri Referral Hospital.
This is the patient MS#00162 and her photos.

Best regards,

Channarith / Rithy

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

Patient: MS#00162, 44F, Thmey Village (Lumphat District)

Chief Complaint: Epigastric pain x 4 years

HPI: 44F with no PMH/SH came in c/o epigastric burning pain and fullness feeling off and on for 4 yrs with increased burping, decreased appetite, malaise and feeling weak; denied any N/V/D, CP, SOB, HA, dizziness, syncope and BM without mucus or blood; no black stool.

PMH/SH: None

Social Hx: Tob 3 cig x >20yrs; 100cc EtOH qd x 1 mo postpartum x 12 children

Allergies: NKDA

Family Hx: Brother 30+ with TB completed tx

ROS: no balance diet due to lack of food

PE:
Vital Signs: BP 123/75 P 62 R 20 T 36.5C Wt

General: Look cachetic, not tachypneic

HEENT: slightly pale conjunctiva, no oropharyngeal lesions, no lymphadenopathy, no thyromegaly, no neck bruit

Chest: CTA and HRRR without murmur

Abdomen: Soft, flat, +BS, slight generalized tenderness with epigastric fullness, no HSM, no CVA tenderness

Musculoskeletal: no edema

Neuro: Normal DTR, motor & sensory intact, normal gait, no tremor

GU: NA

Rectal: NA

Previous Lab/Studies:

Lab/Studies Requests: Hb=12

Assessment:
1. Dyspepsia
2. Parasititis
3. Cachexia

Plan:

1. MgAl(OH)3 250/120mg chew 2 po qid prn
2. Mebedazole 100mg chew 1 po bid x 3d
3. MTV 1 po qd
4. Para 500mg 1 po qid prn pain

Comments/Notes:

Examined by: Chau Rithy, PA-C **Date: 21/2/06**

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

From: Smulders-Meyer, Olga,M.D. [mailto:OSMULDERSMEYE@PARTNERS.ORG]
Sent: Wednesday, February 22, 2006 5:12 AM
To: Fiamma, Kathleen M.; kirihospital@yahoo.com
Cc: tmed_rithy@bigpond.com.kh
Subject: RE: Rattanakiri Referral Hospital TM clinic Patient MS#00162

The patient is a 44 year old woman with chronic epigastric pain and fullness, anemia and malnutrition leading to weightloss. Her past medical history is negative . She is post partum, premenstrual, and so a slightly low Hct is not unusual in her age group.

However, her epigastric complaints could be caused by a number of etiologies:
She is both a smoker and she consumes alcohol daily, which puts her at increased risk for gastritis. She should be advised to stop drinking alcohol completely and preferably she should consider smoking cessation as well. It will be important to make her return for follow up visits to achieve these 2 goals by really educating her on the harmful effects of daily Alcohol intake and daily smoke inhalation.

She could be Vitamin B12 deficient, leading to pernicious anemia. You could ask the lab to check her MCV, and if it is over 100, she has Megaloblastic anemic indicative of pernicous anemia. I think it is a very good idea to give her a daily multivitamin that contains a good dose of Vit. B12 and Folate for that reason. Ask her to take it with her main meal as these pills can be acidic as they contain high dose Vitamin C in them causing more epigastric pain.

She could have plain stress gastritis, and Ranitidine and diet changes would be the treatment as well. You mention excessive burping, which is usually caused by anxiety, so you may want to inquire if she is anxious, depressed or stressed.

I recommend that you start her on Ranitidine 150 mg BID, or Tagamet 300 mg bid, to reduce the acid in her stomach. She should be advised to avoid all high acid drinks, fruits and spicy foods.
If her symptoms are consistent with gastritis, her symptoms should improve in about 4-6 weeks.

If you have any Omeprazole available, 20 mg tablets, I would try her on that Q day for about a month, as this drug suppresses the Acid production in the stomach very well.If symptoms persist, she should return to clinic for further evaluation, which would mean an upper GI series or an Upper Endoscopy to rule out an epigastric malignancy. Particularly patients with Vit B12 deficency are at increased risk for a gastric malignancy.

I don't think her brother's TB is important in her symptoms as TB usually causes enteritis, with diarrhea and malabsorption and this patient has no diarrhea, so i think we can safely assume this is not TB.

I hope this was helpful to you.

Sincerely,
Olga Smulders-Meyer, MD

From: Kiri Hospital [mailto:kirihospital@yahoo.com]
Sent: Tuesday, February 21, 2006 5:41 PM
To: Rithy Chau; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Cornelia Haener; Ruth Tootill
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri Referral Hospital TM clinic Patient CL#00159

Dear All,

This is the patient CL#00159 and her photos.

Best regards,

Channarith / Rithy

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

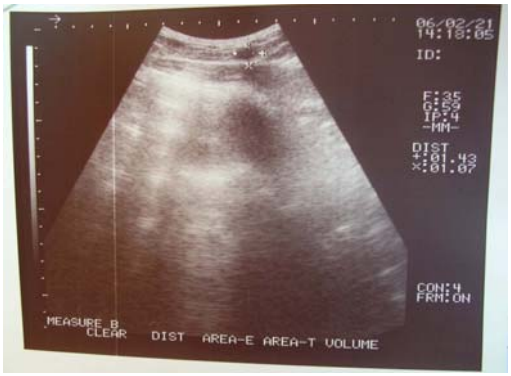
Patient: CL#00159 ,Sex F, age 45 yrs, bafing villag

Chief Complaint: she has one mass on the right breast

HPI: she has a mass on the right breast for one month ago when she think about her breast mass she has headache , she never treat by private clinic, slight pain to touch it, no fever, no redness, no swollen glands in armpits; no other mass in other breast. Mass about size of small finger.

PMH/SH: hypertension**:** hypertension (aldomet(methyldopa) 1 tab P.O bid prn for 10 yrs

Social Hx: no smoking, no drinking.



Allergies: never

Family Hx: never

ROS

PE:
Vital Signs: **BP150/90** **P66** **R26** **T37** **Wt** 50kg

General: look stable , alert and oriented *3

HEENT: no pharyngeal lesion , pink conjunctive , no lymphadenopathy , no thyroid enlargement , no neck bruit , no JVD

Chest: she had one mass on the right breast (smooth, fluctuant, mobile, slight tenderness), no lymphadenopathy, lung clear to auscultation on the both side, HRRR no murmur.

Abdomen: soft , flat , BS normal

Musculoskeletal: unremarkable

Neuro: DTR normal

GU:

Rectal:

Previous Lab/Studies:

Lab/Studies Requests: echo breast mass :u/s of right breast mass: 14mm*10mm cystic mass
BLOOD=HB: CREATININE: GLUCOSE: CHOLESTEROL: K: Na
Assessment: Right breast cyst

Plan: 1/ paracetamol(500mg) 1tablet p.o qid prn pain
2/ HCTZ (50mg) 1/2tab p.o qd

Comments/Notes:

Examined by: SIRK RATTANAK **Date: 21/02/2006**
KHE SOKHOM
CHAU RITHY
Please send all replies to kirihospital@yahoo.com and cc: to tmed_rithy@online.com.kh .

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, February 22, 2006 5:25 AM
To: kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: FW: Rattanakiri Referral Hospital TM clinic Patient CL#00159

-----Original Message-----
From: dsands@bidmc.harvard.edu [mailto:dsands@bidmc.harvard.edu]
Sent: Tuesday, February 21, 2006 1:40 PM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri Referral Hospital TM clinic Patient CL#00159

45 yo female who has hypertension, which is not controlled, and a breast mass, which you've demonstrated to be cystic.

1. Breast Mass. By your ultrasound, this is cystic and is small. She could be seen back in a month and, if still present, should be aspirated, with the aspirate sent to hospital for pathology analysis. Otherwise, pain medication would be fine for now.

2. Hypertension, Poorly controlled. Patient must be told about the importance of taking her medication daily. I don't know if her BP is high because she is not taking her methyldopa or if she needs an additional medication. I don't want to ad medication if she's not even taking the first one. If she is not tolerating the methyldopa, you can change her to something she can better tolerate (for example, enalapril 10mg/day or hydrochlorothiazide 25mg/day). She needs to have BP checked in one month.

Thank you.

- 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

From: Cornelia haener [mailto:Cornelia_Haener@online.com.kh]
Sent: Wednesday, February 22, 2006 9:16 AM
To: 'Kiri Hospital'; 'Rithy Chau'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'; 'Ruth Tootill'
Cc: 'Bernie Krisher'; 'Noun SoThero'; 'Fil B. Tabayoyong'; 'Ed & Laurie Bachrach'; 'HealthNet International'
Subject: RE: Rattanakiri Referral Hospital TM clinic Patient CL#00159

Dear all,
The patient has a very small cyst which does not need any surgical intervention right now. Sometimes, emptying the cyst with aspiration helps to reduce symptoms. If the cyst gets bigger despite aspiration, she might benefit form excision.
Thanks
Cornelia

From: Kiri Hospital [mailto:kirihospital@yahoo.com]
Sent: Tuesday, February 21, 2006 7:56 PM
To: Rithy Chau; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri TM Clinic February 2006 Patient RH#00160

Dear All,

Here is the next case RH#00160 and photos.

Best Regards,
Channarith/Rithy

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

Patient: RH#00160,67F, Villagel

Chief Complaint: R shoulder pain and tension of neck x 1 y

HPI: her complaint of R shoulder pain radiating to neck , and dizziness off and on x one y with L knee and back pain and both knee swallowing ,low appetite , and palpitation off and on . no fever , no convulsion .

PMH/SH: DMii x one y , HTN x one y

Social Hx: no smoking , no alcohol

Allergies: none

Family Hx: no heredity familial disorder,

ROS:

PE:
Vital Signs: BPsitting R:150/100, L:160/110, standing:R:160/90, L:150/110,Lying R:180/100, L:170/120
P:70/mn(pvc) R24 T36.5 Wt

General:

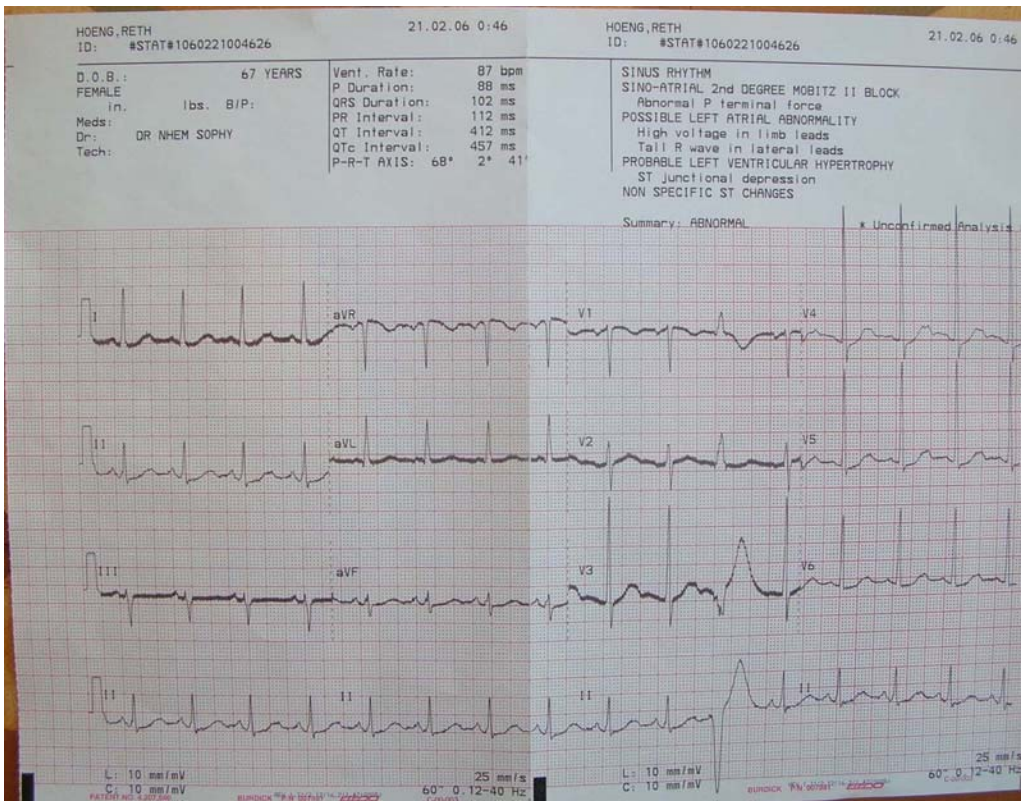
HEENT: eye pale palpebral conjunctival , ptyregium-naral – both eyes , PERLA, tougue slightly , deviated highside

Chest: lungs: clear both side , no ral ,no rhonchi
heart: s1 s2 splitting, no murmur, PMI- HEPT5TH intercostal space, mid clavical line, regular cardio rate .

Abdomen: slightly tympatic , haperperistalsis, kidney not palpable ,

Musculoskeletal: no bipedal pitting edema , both knee swallowing .

Neuro: sensory and motor are intact



GU:

Rectal:

Previous Lab/Studies:

Lab/Studies Requests: CBC , Na , K , fasting glucose , urea , cholesterol , creatinine , aslo , chest x ray, EKG , Ultrasound abdominal.

Assessment: 1.HTN moderate severse
2.DMii
3.Rhumatoid gout article .

Plan: 1.altenolol 50mg 1 tab po qd x 1 week ,to control BP every week
2.metformin 500 mg 1 tab po qd
3.Napren 220mg 1 tab po bid x 15 days

Comments/Notes: please, give a good idea

Examined by: San **Date: 21/2/2006**

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

From: Kreinsen, Carolyn Hope,M.D. [mailto:CKREINSEN@PARTNERS.ORG]
Sent: Wednesday, February 22, 2006 9:27 AM
To: kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: FW: Rattanakiri TM Clinic February 2006 Patient RH#00160

-----Original Message-----
From: Kreinsen, Carolyn Hope,M.D.
Sent: Tuesday, February 21, 2006 9:23 PM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri TM Clinic February 2006 Patient RH#00160

Case Summary:

This 67 year old woman presents with a one year history of right shoulder and neck pain with a radicular component to the neck pain and intermittent dizziness. She also has concerns of occasional palpitations with bilateral knee swelling, left knee pain and back pain. She has a known one year history of diabetes mellitus II and hypertension. On examination, she has moderate to severe hypertension, no orthostasis, a ? laterally displaced PMI, bilateral knee swelling but no distal peripheral edema and a normal neurological exam aside from possible slight tongue deviation.

The attached photo indicates minor bilateral periorbital edema, loss of hair of the lateral eyebrows and possible fullness in her anterior neck. Her EKG shows sinus rhythm with left ventricular hypertrophy, borderline upsloping ST depression in leads V4-V6 and one premature ventricular contraction (PVC).

1. Hypertension: This is poorly controlled. Given her palpitations and facial appearance, it would be worth adding a TSH to her labs to rule out a thyroid source. Has she been taking any medication for her blood pressure over the past year? The atenolol is a good idea. It might be beneficial to consider starting the atenolol at a lower dosage - 25 mg each day - with the addition of enalopril or lisinopril 5 mg, as well, in light of her diabetes. I'd check to make certain that the BUN, creatinine and potassium are normal before starting the enalopril/lisinopril and would recheck those levels again to make certain that there is no rise in renal indices after initiation. She will need her blood pressure to be rechecked in one month, earlier if possible. She has evidence of LVH on her EKGShe should have a urinalysis to rule out proteinuria.

2. Diabetes Mellitus: I'd recommend that liver function tests be checked with start of the metformin. Is it possible to get a hemoglobin A1C if the fasting blood sugar is elevated?

3. Neck/Right Shoulder Pain: This sounds musculoskeletal in nature. If possible, it would be helpful to get cervical spine x-rays. I suspect that she has osteoarthritis and some degenerative disk disease. The Napren should be helpful for pain relief in the short run. Cervical spine disease may be the source of her dizziness.

4. Palpitations: Her EKG showed one PVC. Is her dizziness momentary or persistent? If momentary, it might be due to PVCs. She probably should have an echocardiogram in the future, given her hypertension, LVH on EKG and dizziness. Does she have any chest pain, light-headedness, nausea, shortness of breath or faintness/light-headedness associated with the palpitations?

5. Swollen/Painful Joints: The etiology of this is unclear. When did these symptoms start? Are the joints red or warm? Does she have a known history of gout? It would be helpful to check a sedimentation rate (ESR), ANA, rheumatoid factor and uric acid level, if possible.

Hope this is helpful.

Thanks,

Carolyn

From: Kiri Hospital [mailto:kirihospital@yahoo.com]
Sent: Tuesday, February 21, 2006 8:02 PM
To: Rithy Chau; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri TM Clinic February 2006 Patient OP#00161

Dear All,

Here is the next case OP#00161 and photos.

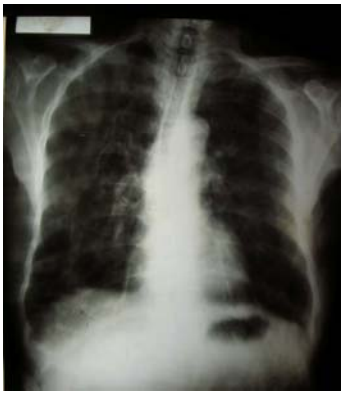
Best Regards,
Channarith/Rithy

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

Patient: OP#00161, 78F, VIllage I

Chief Complaint: productive Cough and dyspnea x 3 months

HPI: his complaints of productive cough and dyspnea wiht low appetite , and low weigh , his dyspnea characterize by when he lie on the bed and walk a long distance and get up the stair .no fever , no chest pain , no dizzness, no tinnitus.



PMH/SH: surgery of hernie x one at Ratakiri hospital.

Social Hx: no alcohol , smoking since he was 17 year old

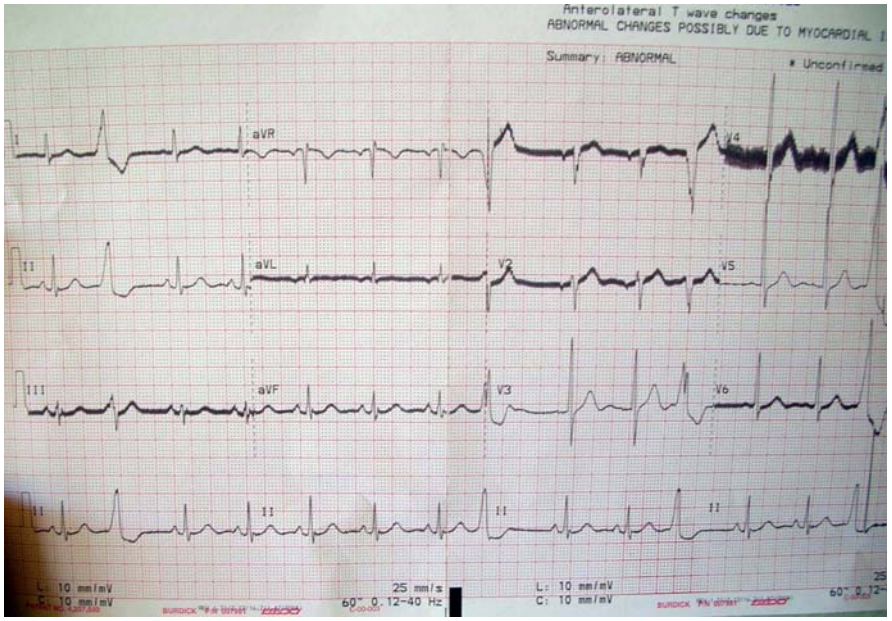
Allergies: none

Family Hx: his son has DMII

ROS:

PE:
Vital Signs: BP 130/90 P 65/mn R, O2 sat 94 T36.0/axill Wt

General: look week, slightly



HEENT: pale palpebral conjonctivae, PERLA,

Chest: Lungs: low breath sound , mid lung – crepitant rales,
Heart:irregular heart rate and rhythm , high S1, holosystolic murmur,

Abdomen: palpable apple –sized mass-mid abdominal.

Musculoskeletal: clabling of fingures on both hand.

Neuro: sensory and motor are intact

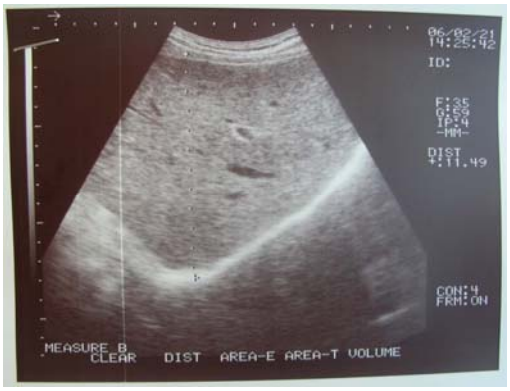
GU:

Rectal:

Previous Lab/Studies: chest –x ray

Lab/Studies Requests: Chest –x ray, EKG, CBC, electrolyte, AFB.

Assessment: 1.COPD
2. PTB
3.pneumona
4.PVC



Plan: 1. Albuterol spray 2 puft bid
2. give the drug TB after smear positive
3.Clarithromycine 500 mg 1 tab po bid x 10 days

Comments/Notes: What is PVC?

Examined by: San **Date: 21/2/06**

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, February 22, 2006 5:24 AM
To: kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: FW: Rattanakiri TM Clinic February 2006 Patient OP#00161

-----Original Message-----
From: Medoff, Benjamin D.,M.D.
Sent: Tuesday, February 21, 2006 2:20 PM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri TM Clinic February 2006 Patient OP#00161

Case Summary:

This 78 year old man with a heavy smoking history presents with 3 months of cough and dyspnea associated with weight loss and anorexia. Evaluation discloses some crackles on exam, clubbing, and an abdominal mass. His chest X-ray demonstrates a right upper and mid lung zone infiltrate (by my read but poor quality reproduction). EKG demonstrates some premature ventricular contractions (PVCs).

Differential diagnosis includes pulmonary tuberculosis, other chronic infectious pneumonias (fungal disease, meliodosis, etc), progressive emphysema, or lung neoplasm. I agree with the treatment plans as outlined. If his AFB smear is negative and the Chest X-ray does not improve with the clarithromycin I would recommend a chest CT scan if possible. The abdominal mass should be fully evaluated. He should also be encouraged to discontinue smoking if possible.

Thanks,
Ben

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

From: Kiri Hospital [mailto:kirihospital@yahoo.com]
Sent: Tuesday, February 21, 2006 8:48 PM
To: Rithy Chau; Cornelia Haener; Ruth Tootill; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Ed & Laurie Bachrach; HealthNet International; Bernie Krisher; Noun SoThero; Fil B. Tabayoyong
Subject: Rattanakiri TM Clinic February 2006 Patient TU#00163

Dear All,

Here is the last case sent to you this month, TU#00163 and photo.

Best Regards,
San/Channarith

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

Patient: TU#00163, 33F, Fang village

Chief Complaint: a small mass (2x5em)on left axillar x 5 months

HPI: the firth time, she felt a small mass on her axillar after giving a baby a small mass did not develop from the day to day and palpitation of mass pain radiating to nipple of breath . no loss weigh, no fever , no edema.

PMH/SH: unremarkable

Social Hx: unremarkable

Allergies: none

Family Hx: none

ROS:

PE:
Vital Signs: BP 100/70 P 65 R 20 T36.5 Wt

General: alerted and oriented

HEENT: unremarkable

Chest: a small mass on her axillar , which characterize by mobile, soft, no smooth , similar fibroid tissue , size about 2x5 em, slightly tenderness on palpitation , no edema , no lymphnod swallowing ,

Abdomen: active BS, no organomegally , no mass .

Musculoskeletal: unremarkable,

Neuro: sensory and motor are intact

GU:

Rectal:

Previous Lab/Studies:

Lab/Studies Requests: CBC normal.Platelet:325000/mm3

Assessment: 1.left axillar fibroid breast tissue

Plan: 1 .Paracetamol 500mg 1 tab po q 6 h pain

Comments/Notes: give a good idea

Examined by: San **Date: 21/2/06**

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, February 22, 2006 5:24 AM
To: kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: FW: Rattanakiri TM Clinic February 2006 Patient TU#00163

-----Original Message-----
From: Healey, Michael J.,M.D.
Sent: Tuesday, February 21, 2006 12:17 PM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri TM Clinic February 2006 Patient TU#00163

If this has been present for 5 months, my assesment is that this needs an excisional biopsy to rule out breast cancer and lymphoma, as well as to assess for infectious etiologies. Ultrasound and mammography may be useful prior to having it excised.

Michael Healey, M.D.

From: Cornelia haener [mailto:Cornelia_Haener@online.com.kh]
Sent: Wednesday, February 22, 2006 9:19 AM
To: 'Kiri Hospital'; 'Rithy Chau'; 'Ruth Tootill'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'
Cc: 'Ed & Laurie Bachrach'; 'HealthNet International'; 'Bernie Krisher'; 'Noun SoThero'; 'Fil B. Tabayoyong'
Subject: RE: Rattanakiri TM Clinic February 2006 Patient TU#00163

Dear all,
I usually try to explain the patients with this problem that there is nothing to worry about because it is a benign disease. Alternative treatment of course is an operation if she is very bothered by this soft tissue mass, but not really needed.
Thanks
Cornelia

Wednesday, February 22, 2006

Follow-up Report for Rattanakiri TM Clinic

There were 5 new and 13 f/u 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 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. Medications and lab tests not available/done at RRH are provided by SHCH to TM patients at no cost]

Treatment Plan for Rattanakiri TM Clinic February 2006

1. CL#00159, 45F, Ban Fang Village
   Dx:
   1. Right breast cyst
   2. HTN

   Tx:
   1. Paracetamol(500mg) 1tab po qid prn pain
   2. HCTZ 50mg ½ tab po qd

2. RH#00160, 67F, Village I
   Dx:
   1. HTN
   2. DMII
   3. OA?
   4. PNP

   Tx:
   1. Check TSH, CBC, Electrolyte, BUN, creatinine, fasting glucose, total cholesterol , TG at SHCH.
   2. Captopril 25mg 1tab po qd x 100 d
   3. Glibenclamide 5mg 1 tab po qd x 100d
   4. Paracetamol500mg 1 tab po qid prn x 50 tab
   5. ASA 81mg 1tab po qd x 100d
   6. Desipramine 75mg ½ tab po qhs

3. OP#00161, 78M, Village I
   Dx:
   1. PTB?
   2. Pneumonia
   3. Emphysema/ COPD?

4. PVCs

Tx:

1. Albuterol inhaler 2 puffs bid prn
2. Start TB medications if smear positive
3. Clarithromycin 500mg 1 tab po bid x 10 d
4. Paracetamol 500mg 1 tab po qid prn
5. Check CXR in 2 weeks
6. Smoking cessation

4. MS#00162, 44F, Thmey Village (Lumphat)

Dx:

1. Dyspepsia
2. Parasititis
3. Cachexia

Tx:

1. MgAl(OH)3 250/120mg chew 2 po qid prn (50 tab)
2. Mebendazol 500 mg chew 1 tab po qhs single dose
3. MTV 1 tab po qd x 60 tab
4. Paracetamol 500mg 1 tab po qid (20 tab)
5. B-complex 1 tab qd po

5. TU#00163, 33F, Fang Village

Dx:

1. Left axilla fibroid (breast) tissue

Tx:

1. Paracetamol 500mg 1tab po qid prn (20 tab)
2. MTV 1 tab po qd x 20 tab

Follow-up Patients

1. LD#00134, 35F, Fang Village

Note: Stable after thyroid lobectomy at SHCH

2. PO#00148, 67F, Village III

Dx:

1. DM II
2. HTN
3. PNP
4. GERD

Tx:

1. Metformin 500mg 1 tab po qhs
2. Glibenclamide 5mg 1 tab po qAM before meal
3. Lisinopril 5mg ½ tab po bid x control BP q2weeks
4. Amitriptyline 25mg ½ tab po qhs
5. ASA 81 mg chew 1 tab qd

3. OT#00155, 45F, Bokeo Village

Dx:

1. DM II

2. HTN

Tx:

1. Glibenclamide 5mg 2tab po bid
2. Desipramine 75mg 1 tab po qhs
3. Metformin 500mg 1 tab bid
4. ASA 300mg ¼ tab po qd
5. Lisinopril 5mg 1 tab po qd
6. Low fat, sugar, and salt diet, regular exercise, DM foot care, drink 2-3 water qd, and check her fasting BS every 2 weeks

4. KP#00153, 57F, Village III

Dx:

1. VHD?
2. A-fib
3. HTN
4. ASD/VSD?

Tx:

1. Lisinopril 5mg 1tab po qd x 100 tab
2. Glibenclamide 5mg ½ tab po qd x 50 tab
3. Atenolol 50mg ½ tab po x 50 tab
4. MTV 1 tab po x 100 tab
5. ASA 81mg 1 tab po qd x 100 tab
6. Desipramine 75mg ½ tab po qd x 50tab

5. UP#00093, 52F, Village I

Dx:

1. Subclinical hyperthyroidism

Tx:

1.Methimazol 10mg ½ tab po tid x 100 d
2. Recheck TSH and free T4 at SHCH

6. NS#00006, 18F, Village I

Dx:

1. Hyperthyroidism

Tx:

1. Carbimazol 5 mg 1 tab po qd x 100d
2. Propranolol 40mg ¼ tab po qd
3. Recheck TSH and free T4 at SHCH

7. PS#00149, 26F, Village I

Dx:

1. Hyperthyroidism

Tx:

1. Carbimazol 5mg 1 tab po qd x 100 d
2. Propranolol 40mg ¼ tab po qd
3. MTV 1 tab po qd
4. Para 500mg 1tab po qid prn
5. Recheck TSH and free T4 at SHCH

8. NS#00089, 16F, Village I

Dx:

1. Hypothyroidism

Tx:

1. Recheck TSH at SHCH

9. MS#00144, 52M, Thmey Village

Dx:

1. DM II

Tx:

1. Glibenclamide 5mg 1 tab po qd x 100d
2. Lisinopril 5mg ¼ tab po qd x 100 d

10. OS#00143, 48F, Thmey Village

Dx:

1. ASD
2. Right Atrial Enlargement

Tx:

1. Furosemide 40mg ½ tab po qd x 50 tab

11. CK#00102, 18F, Village IV

Dx:

1. Cardiac insufficiency
2. Anemia
3. PHTN
4. Bilateral Atrial Enlargement

Tx:

1. Enalopril 5mg ½ tab po qd x 100d
2. Furosemide 40 mg ½ tab po qd x 100d
3. MTV 1 tab po bid x 100 d
4. FeSO4/Folate 200/0.25mg 1 tab po bid x 100d
5. CBC, electrolyte , BUN, creat, SGPT/GOT, Glucose

12. TV#00157, 53F, Phnom Kok Village

Dx:

1. Hyperthyroidism

Tx:

1. Check TSH, free T4 at SHCH

13. KM#00158, 51F, Sre Angkrong Village

Dx:

1. Hyperthyroidism

Tx:

1. Check TSH, free T4 at SHCH

14. PN#00052, 53F, Ban Fang Village

Dx:

1. Hyperthyroidism

Tx:

1. Carbimazole 5mg 1 tab po bid x 100 d
2. Propranolol 40mg ¼ tab po bid
3. Check TSH and free T4 at SHCH

15. EB#00078, 41F, Kon Mom Village

Dx

1. CHF
2. Incompleted RBBB

Tx

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Tuesday, March 07, 2006 4:00 PM
To: 'Kiri Hospital'
Cc: 'Bernie Krisher'; 'Gary Jacques'; 'Nuon So Thero'; 'Fil B. Tabayoyong'; 'Ed & Laurie Bachrach'
Subject: Lab Results and Follow-up Notes for Rattanakiri TM Clinic February 2006 Patients

Dear Channarith/San,
Lab results (on 24/02/06) and follow-up notes for patients seen at Rattanakiri TM February 2006:

1. NS#00006, 18F, Village I

TSH = <0.02 [0.49 – 4.67]
Free T4 = 11.97 [9.14 – 23.81]

Dx:

1. Subclinical Hyperthyroidism

Tx:

1. Carbimazole 5mg 1 po qd

F/U Note: Keep the same treatment plan and ask patient to return for follow-up to check free T4 in two months (April TM)

2. PN#00052, 53F, Fang Village

TSH = <0.02 [0.49 – 4.67]
Free T4 = 38.57 [9.14 – 23.81]

Dx:

1. Hyperthyroidism

Tx:

1. Carbimazole 5mg 1 po bid

F/U Note: Start her on Carbimazole and ask patient to return for follow-up to check free T4 in two months (April TM)

3. NS#00089, 16F, Village I

TSH = <0.02 [0.49 – 4.67]

Dx:

1. Hyperthyroidism (from medication)??

Tx:

1. No medication

F/U Note: No treatment and ask patient to return for follow-up to check TSH and free T4 in two months (April TM)

4. UP#00093, 52F, Village I

TSH = 37.28 [0.49 – 4.67]
Free T4 = 2.65 [9.14 – 23.81]
Dx:

1. Hypothyroidism (from medication)??

Tx:

1. Stop medication

F/U Note: Stop her methimazole and recheck TSH, T3, and free T4 in again as soon as possible within the next two weeks.

5. PS#00149, 26F, Village I

TSH = 6.46 [0.49 – 4.67]
Free T4 = 11.46 [9.14 – 23.81]
Dx:

1. Hyperthyroidism

Tx:

1. Carbimazol 5mg ½ tab po qd
2. Propranolol 40mg ¼ tab po qd
3. MTV 1 tab po qd
4. Para 500mg 1tab po qid prn

F/U Note: Lower her carbimazole as above and ask patient to return for follow-up to check TSH and free T4 in two months (April TM)

6. TV#00157, 53F, Phnom Kok Village

TSH = 0.21 [0.49 – 4.67]
Free T4 = 8.15 [9.14 – 23.81]
Dx:

1. Hyperthyroidism

Tx:

1. Carbimazole 5mg 1 po qd

F/U Note: Start carbimazole low dose and ask patient to return for follow-up to check TSH and free T4 in two months (April TM)

7. KM#00158, 51F, Kon Mom Village

TSH = 2.36 [0.49 – 4.67]
Free T4 = 9.16 [9.14 – 23.81]
Dx:

1. Simple goiter

Tx:

1. No treament

F/U Note: Ask patient to return for follow-up to check free T4 in 2 months (April TM)

8. RH#00160, 67F, Village I

TSH = 1.63 [0.49 – 4.67]

Na = 142 [135-145], K = 4.2 [3.5-5.0], Creat = 52 [44-80], BUN = 1.0 [1.0-4.0], Gluc = 8.0 [4.1-6.1], tot Chol = 6.7 (high risk), TG = 1.73 (moderate risk)

Dx:

1. HTN
2. DMII
3. OA?
4. PNP

Tx:

1. Glibenclamide 5mg 1 tab po qd x 100d
2. Captopril 25mg 1tab po qd x 100 d
3. Desipramine 100mg ½ tab po qhs
4. Paracetamol500mg 1 tab po qid prn x 50 tab
5. ASA 81mg 1tab po qd x 100d
6. Low fat, low sugar, low salt diet, regular exercise, DM foot care

F/U Note: Ask patient to return for follow-up next month (March TM)

RITHY CHAU, MPH, MHS, PA-C
Physician Assistant, Telemedicine Project/EHC

Request for Medicines from SHCH (100d supply)

1. CL#00159, 45F, Ban Fang Village
    1. HCTZ 50mg ½ tab po qd

2. RH#00160, 67F, Village I
    1. Lisinopril 5mg 1tab po qd
    2. Glibenclamide 5mg 1 tab po qd
    3. ASA 81mg 1tab po qd
    4. Desipramine 75mg ½ tab po qhs

3. PO#00148, 67F, Village III
    1. Metformine 500mg 1 tab po qhs
    2. Glibenclamide 5mg 1 tab po qd AM
    3. Lisinopril 5mg 1 tab po qd x control BP 2 weeks
    4. Desipramine 75mg ½ tab po qhs
    5. ASA 81 mg chew 1 tab qd

4. OT#00155, 45F, Bokeo Village
    1. Lisinopril 5mg 1tab po qd
    2. Glibenclamide 5mg 2 tab po bid
    3. Metformin 500mg 1 tab bid
    4. ASA 81mg 1 tab po qd
    5. Desipramine 75mg ½ tab po qd

5. NS#00006, 18F, Village I
    1. Propranolol 40mg ¼ tab po qd

6. PS#00149, 26F, Village I
    1. Carbimazol 5mg ½ tab po qd
    2. Propranolol 40mg ¼ tab po qd

7. MS#00144, 52M, Thmey Village
    1. Glibenclamide 5mg 1 tab po qd
    2. Lisinopril 5mg ¼ tab po qd
    3. ASA 81mg 1 tab po qd

8. OS#00143, 48F, Thmey Village
    1. Furosemide 20mg ½ tab po qd

9. CK#00102, 18F, Village IV
    1. Lisinopril 5mg ½ tab po qd
    2. Furosemide 20 mg 1 tab po qd
    3. MTV 1 tab po bid
    4. FeSO4/Folate 200mg/0.25mg 1 po bid

10. PN#00052, 53F, Ban Fang Village
    1. Carbimazol 5mg 1 tab po bid
    2. Propranolol 40mg ¼ tab po bid

11. EB#00078, 41F, Kon Mom Village
    1. Digoxin 0.25mg 1tab po qd
    2. Lisinopril 5mg ½ tab po qd
    3. Furosemide 40 mg 1 tab po bid
    4. MTV 1 tab po qd
    5. Spironolactone 25mg 2 tab po bid

The next Rattanakiri TM Clinic will be held on
March 28-30, 2006