# Telemedicine Clinic
## *Rattanakiri*
## Referral Hospital
## February 2007

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

On Tuesday and Wednesday February 20-21, 2007, Rattanakiri Referral Hospital (RRH) staff began their TM clinic. Patients (5 new cases) were examined, other 7 new patients seen by PA Rithy without sending data and the data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh.

The following day, Thursday February 22, 2007, the TM clinic opened again to receive the same patients and other follow-up patients for further evaluation, treatment and management. Finally, the data for treatment and management would then be transcribed and transmitted to the PA Rithy Chau at SHCH who compiled and sent for website publishing.

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

**From:** Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
**Sent:** Friday, February 16, 2007 9:53 AM
**To:** Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau; Cornelia Haener
**Cc:** Ed & Laurie Bachrach; HealthNet International; Bernie Krisher; Noun SoThero
**Subject:** February TM climic at Ratanakiri Referral Hospital

Dear All,
Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Wednesday, February 21, 2007 beginning at 8:00am local time for one full day. We expect to enter and transmit the patient data to those of you at SHCH and at Partner in Boston that evening.

Please try to respond before noontime the following day, Thursday ,February 22, 2007.The patients will be asked to return to the hospital that afternoon on Thursday to receive treatment along with a follow up plan or referral.

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

**From:** Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
**Sent:** Wednesday, February 21, 2007 2:51 PM
**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Kruy Lim; Joseph Kvedar; Kathleen M. Kelleher
**Cc:** Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
**Subject:** Ratanakiri TM Clinic February 2007, Case#1, HN#00220, 51F (Village I)

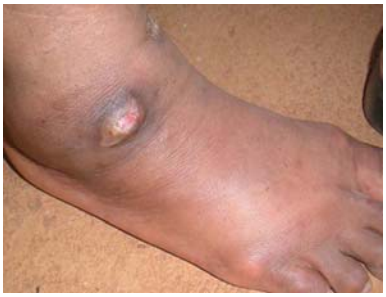
Dear all,
This is the Ratanakiri TM Clinic February 2007, we have 5 new cases. This is case number 1, HN#00220, 51F and photos.
Best Regards,
Sovann

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

**Patient:** **HN#00220, 51F (Village I)**

**Chief Complaint:** HA, leg edema x 2weeks

**HPI:** 51F, seller with history of DMII, came to us complaining of x 2y. Sh e presented with symptoms of HA, fatigue, blurred vision, polyphagia, polyuria, so she went to private clinic and diagnosis with DMII, treated with Glibenclamide 5mg 1t po bid since then she felt better. In December 2006, She restrict herself on diet because she is Islamic so she became coma and was brought to Phnom Penh and treated over there for few days then she came for checking up with local private clinic and took Glibenclamide 5mg1t bid. In two weeks, she presented with HA, fatigue, neck tension, leg edema, so she bought Furosemide taken prn. She denied of chest pain, palpitation, fever, dyspnea, cough, stool with blood or mucus, oliguria, dysuria.

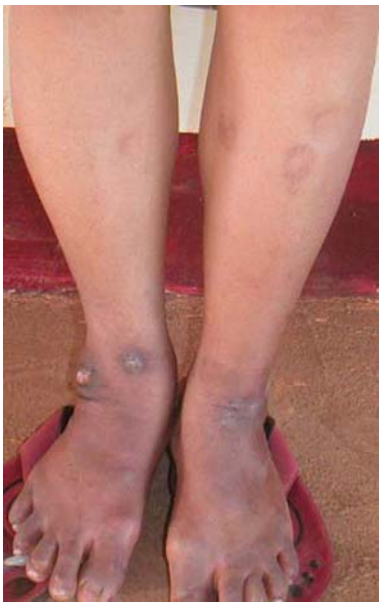


**PMH/SH:** DMII x 2y

**Family Hx:** Brother with DMII

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

**Medication:** Glibenclamide 5mg 1t po bid



**Allergies:** NKDA

**ROS:** regular period last on February 10, 2007

**PE:**
**Vital Signs:** **BP R 200/110, L 190/110** **P: 86** **R: 20** **T: 37** **Wt: 61kg**

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, 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:** 3 - 4+ pitting edema, infected wound on the right foot about 1x2cm side, necrotizing tissue, no puss, no redness, and few other healed scar wounds on both feet

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

**Previous Lab/Studies:** On December 3 - 7, 2006

3 12, 2006 4 12, 2006 5 12, 2006 6 12, 2006 7 12, 2006

| | | | | | | |
|---|---|---|---|---|---|---|
| BUN | = | 0.62 | 16.2 | 0.65 | 16.1 | 14. 1 |
| Creat | = | 16.5 | 0.60 | 14.8 | 0.62 | 0.50 |
| Gluco | = | 1.59g/L | 0.85g/L | 1.26g/L | 1.33 | 1.55 |

**Lab/Studies Requests:** RBS 292mg/dl, UA gluco 4+, protein 4+, blood 2+

| | | | | |
|---|---|---|---|---|
| WBC | = 10500/$mm^3$ | Na | = 151.1 | [135 – 155] |
| RBC | = 3700000/$mm^3$ | K | = 7.3 | [3.6 – 5.5] |
| Hb | = 12.3mm | BUN | = 53 | [10 – 50] |
| Ht | = 36% | Creat | = 2.5 | [0.5 – 0.9] |
| | | Gluco | = 250 | [75 – 115] |

**Assessment:**

1. DMII
2. HTN
3. Right foot infected wound
4. Renal Insufficiency?

**Plan:**

1. Glibenclamide 5mg 1t po bid for two months
2. Metformin 500mg 1t po bid for two months
3. Atenolol 50mg 1t po bid for two months
4. ASA 300mg ¼t po qd for two months
5. Furosemide 40mg 1t po bid for two weeks
6. Cephalexin 250mg 2t po tid for two weeks
7. Amitriptylin 5mg 1/2t po qhs for two months
8. Clean wound with NSS
9. Educate patient eat on diabetic diet, low sugar, low sodium, regular exercise
10. Foot care

**Lab/Test requested:** CBC, Lyte, BUN, Creat, Glu, HbA1C at SHCH

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

**Examined by: Nurse Peng Sovann** **Date: February 21, 2007**

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


**No answer replied from Boston**

**From:** Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
**Sent:** Wednesday, February 21, 2007 2:59 PM
**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Kruy Lim; Joseph Kvedar; Kathleen M. Kelleher
**Cc:** Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
**Subject:** Ratanakiri TM Clinic February 2007, Case#2, SD#00223, 64M (Village I)

Dear all,

This is case number 2, SD#00223, 64M and photo.

Best Regards,
Rithy/Channarith/Sovann

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

**Patient: SD#00223, 64M (Village I)**

**Chief Complaint:** Epigastric pain x 3 months

**HPI:** 64M, farmer, came to us complaining of epigastric pain, burning sensation, burping with sour taste, It happened before and after eating, so he bought antacid from pharmacy and taken prn, he felt better but not cure so he came to us today for help. He denied of vomiting, dysphagia, stood with blood or mucus, fever, dyspnea, chest pain, palpitation, edema.

**PMH:** Unremarkable

**Family Hx:** None

**Social Hx:** Smoking 5cig/d over 20y, alcohol drinking 1/2L/d over 10y

**Medication:** **A**ntacid prn

**Allergies:** NKDA

**ROS:** Unremarkable

**PE:**
**Vital Signs: BP: 100/58 P: 64 R: 20 T: 37 Wt: 53kg**

**General:** Look stable, cachexia

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

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

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

**Extremity/Skin:** no edema, no rash, no wound

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

**Lab/Studies Requests:** None

**Assessment:**
1. GERD
2. Parasititis
3. Cachexia

**Plan:**

1. Omeprazole 20mg 1t po qhs for two months
2. Metochlopramide 10mg 1t po qhs for 10d
3. Mebendazole 100mg 1t po bid for 3d
4. MTV 1t po qd for two months
5. GERD prevention education, alcohol and smoking cessation

**Lab/Test requested:** None

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

**Examined by: Nurse Peng Sovann** **Date: February 21, 2007**

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:** Thursday, February 22, 2007 8:36 PM
**To:** Rithy Chau; Robib Telemedicine
**Subject:** FW: Ratanakiri TM Clinic February 2007, Case#2, SD#00223, 64M (Village I)

**From:** Crocker, Jonathan T., M.D.
**Sent:** Wednesday, February 21, 2007 2:18 PM
**To:** Fiamma, Kathleen M.
**Subject:** RE: Ratanakiri TM Clinic February 2007, Case#2, SD#00223, 64M (Village I)

Hi Peng,

Thank you for letting me participate in the care of this gentleman.

I would at least check a stool guaiac (fecal occult blood testing) AND a hematocrit/hemoglobin to make sure he does not have occult blood loss from a GI tumor, alcoholic gastritis or peptic ulcer disease (you described his chronic alcohol use and cachexia).

If he were anemic OR fecal or occult blood (+) in the stool, I would recommend you treat him with Omeprazole twice daily, and pursue further work-up with endoscopy first.

Other than that, I agree with the rest of your assessment and plan.

Warm regards,
Jon
Jonathan Crocker, M.D.

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**From:** Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
**Sent:** Wednesday, February 21, 2007 4:04 PM
**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Kruy Lim; Kathleen M. Kelleher; Joseph Kvedar
**Cc:** Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
**Subject:** Ratanakirir TM Clinic February 2007, Case#3, CP#00221, 55M (Cha Ung Village)

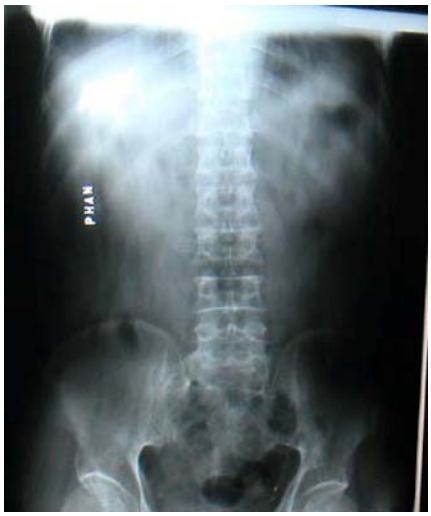
Dear all,
This is case number 3, CP#00221, 55M and photos.
Best regards,
Channarith/Rithy/Sovann

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

**Patient: CP#00221, 55M (Cha Ong Village)**

**Chief Complaint:** Upper and lower extremity weakness x 2y

**HPI:** 55M, farmer with remote h/o falling of a 4m high tree since he was 15 y.o., came to us complaining of upper and lower extremity weakness for 2y. He presented with symptoms of burning pain from the foot to the upper legs, and body then progressively to numbness and tingling. Two months later, he felt from the house about 3-4m high but didn't get serious injury. One year later it became worse and worse with burning pain of the extremities and more weakness on the right side than left, difficult to bend forward; seven months ago, he went to Rattanakiri Referral Hospital and was admitted for 5days, and he was treated with unknown IM medication, but wasn't better so he asked to go back home. The medical record was not available to us to review and he did not know which physician was treating him either. He denied of fever, HA, cough, chest pain, palpitation, tremor, wt lose/gain, stool with blood or mucus, hematuria, dysuria, urinary incontinence, edema.



**PMH:** Falling down from the tree when he was 15 and falling from the house two years ago; no h/o TB

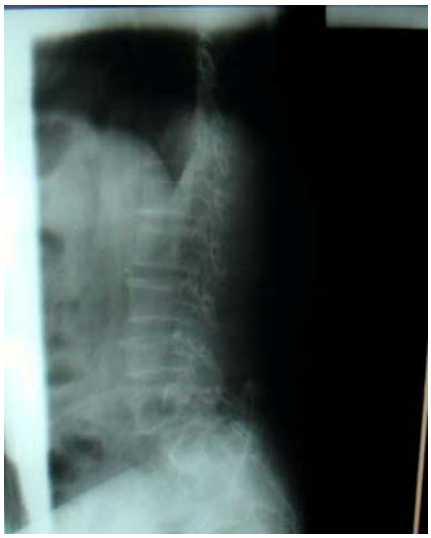
**Family Hx:** None

**Social Hx:** 20cig/d smoking, over 1L/d alcohol drinking over 20y, just stopped last year

**Medication:** None

**Allergies:** NKDA

**ROS:** Rash on both groins



**PE:**
**Vital Signs: BP: 110/76 P: 86 R: 20 T: 37 Wt: 48kg**

**General:** Look sick

**HEENT:** PERRLA, EOMI, No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no lymph node palpable, no JVD, no facial weakness

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

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

**Extremity/Skin:** no edema, scaly maculopapular skin rashes on both groins with central clearing, +puritus, irregular border, no vesicle, no pus**.** +scratching mark

**Back Spine:** no tender, no abnormal detected

**MS/Neuro:** right arm flexion and extension +4/5, right leg flexion and extension +3/5; left ext. +5/5; sensory intact, DTRs +2/4, right leg dragged/shuffling when walking (slowly) with left side favoring (slight limping); good pulses, no edema; bilateral sciatic nerve pain illicit R>L

**Rectal Exam:** good sphincter tone, smooth, no mass detected, (-) colocheck

**Lab/Studies Requests:** T10 – Coccyx X-ray (AP, Lat) attached

**Assessment:**

1. Bilateral Sciatica
2. Tinea cruris
3. Peripheral Neuropathy due to Vit B12 difficiency from chronic alcoholism

**Plan:**

1. MTV 1t po qd for two months
2. Vit B12 10cc IM or IV qd for 3days
3. Diflunisal 500mg 1 po bid prn pain
4. Ciclopirox cream apply on rashes bid unitl gone then 2d additional
5. warm compression
6. smoking and alcohol drinking cessation

**Lab/Test requested:** Draw blood for Lyte, BUN, Creat, Gluc

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

**Examined by: Nurse Peng Sovann/Rithy** **Date: February 20, 2007**

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:** Thursday, February 22, 2007 8:45 PM
**To:** Robib Telemedicine; Rithy Chau
**Subject:** FW: Ratanakirir TM Clinic February 2007, Case#3, CP#00221, 55M (Cha Ung Village)

**From:** Patel, Dinesh,M.D.
**Sent:** Wednesday, February 21, 2007 2:55 PM
**To:** Fiamma, Kathleen M.
**Subject:** RE: Ratanakirir TM Clinic February 2007, Case#3, CP#00221, 55M (Cha Ung Village)

I have reviewd the history and physical exam.
Looks to me that he has some neurolocal problems; either mecahnical or related to some other cause.
Needs more evaluations ; cervical spine x-rays , tough to get MRI etc but would certainly follow this route
His lumbo sacral x-rays as I see makes me feel that he has spondylo at l5 s1 and that may be contributing as well.

Why is he dragging right leg?

Did he have stroke and this is from it ?

In the mean time, continue conservative treatment as done. Patient should be evaluated by neurologist

Thanks

Dinesh

Dinesh Patel M.D.
Associate Clinical Professor
Orthopeadic Surgery -- MGH
Harvard medical school

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**From:** Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
**Sent:** Wednesday, February 21, 2007 4:08 PM
**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Kruy Lim; Kathleen M. Kelleher; Joseph Kvedar
**Cc:** Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
**Subject:** Ratanakirir TM Clinic February 2007, Case#4, SL#00218, 50F(Village I)

Dear all,

This is case number 4, SL#00218, 50F and photos.

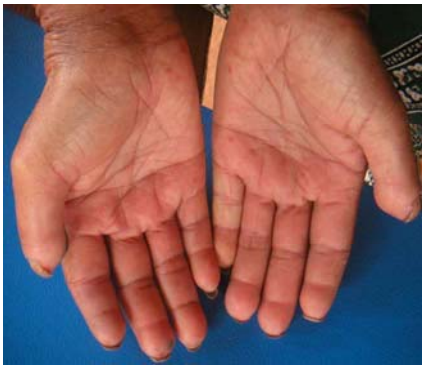
Best regards,
Channarith/Rithy/Sovann

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

**Patient: SL#00218, 50F (Village I)**

**Chief Complaint:** Extremity deformity since 20 years old

**HPI:** 50F, farmer, came to us complaining of extremity deformity since she was 20 years old. She had chronic infection of the nail bed for several years, then the nails became deformed, but no other infection appeared since then. In 1999, she was unable to pass urine so she went to provincial hospital and was inserted with foley catherter every months for four months then she decide to seek treatment at Viet Nam Hospital and discovered she had a mass in the pelvic then had operation to remove the mass but she didn't know what the surgeon removed. Since then she didn't have menstrual period. She denied of chest pain, palpitation, dyspnea, stool with blood/mucus.



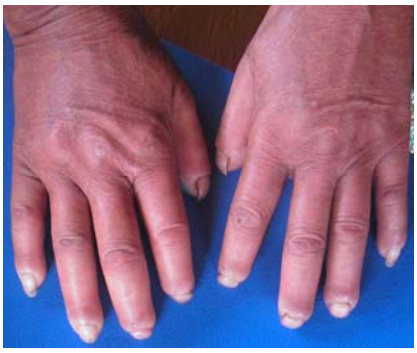
**PMH:** In 1999, Hysterectomy?

**Family Hx:** Unremarkable

**Social Hx:** no smoking, no alcohol drinking, Single, no sexual activity

**Medication:** None

**Allergies:** NKDA



**ROS:** no HA, no fever, dry coughs, sneezing, runny nose, no chest pain, no palpitation, no stool with blood/mucus

**PE:**
**Vital Signs: BP: 108/62 P: 85 R: 20 T: 37 Wt: 58kg O2sat 98%**

**General:** Look stable

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

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

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

**Extremity/Skin:** 1+ pitting edema both legs, no rash, no wound, finger nail clubbing? on all the nail except little finger; skin seem hyperpigmented and somewhat glossy looking

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

**Pelvic Exam:** normal genitila, no uterus palpable, ovaries palpable?

**Lab/Studies Requests:** BS: 139mg/dL, UA: protein trace

| | | | | |
|---|---|---|---|---|
| WBC | = 6800/mm$^3$ | Na | = 145 | [135 – 155] |
| RBC | = 4150000/mm$^3$ | K | = 5 | [3.6 – 5.5] |
| Hb | = 13.3mm | BUN | = 65 | [10 – 50] |
| Ht | = 41% | Creat | = 8.2 | [0.5 – 0.9] |
| | | Gluc | = 72.7 | [75 – 115] |

**Assessment:**

1. Chronic Renal Insufficiency
2. Fingers nail clubbing due to Infection, leprosy?, STDs?
3. Common cold

**Plan:**

1. Furosemide 20mg 1t po qd for two weeks
2. Tylenol PM 1t po bid prn

**Lab/Test requested:** Draw blood for Lyte, BUN, Creat, Gluc at SHCH, Do abdominal, pelvic U/S at provincial hospital when technician available

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

**Examined by: Nurse Peng Sovann** **Date: February 20, 2007**

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: Thursday, February 22, 2007 8:14 PM
To: Robib Telemedicine; Rithy Chau
Subject: FW: Ratanakirir TM Clinic February 2007, Case#4, SL#00218, 50F(Village I)

The patient clearly has significant renal insufficiency. The urinalysis provided showed only low grade proteinuria and little evidence of active inflammation or infection. With the history given, I would be concerned that she might have obstructive uropathy. The possibilities include:

1. Neurogenci bladder with atonic bladder
2. Previous mass effect from ?uterine mass
3. Surgery in that area with adhesions and scar tissue causing bilateral ureteral obstruction

I do believe that a renal and pelvic ultrasound ought to be done expeditiously to differentiate between the above possibilities.

The nail deformity shown looks like fungal infection of the nail

Leslie S.T Fang, MD PHD
Former Chief,
Walter Bauer Firm,
Massachusetts General Hospital
Harvard Medical School

**From:** Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
**Sent:** Wednesday, February 21, 2007 4:15 PM
**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Kruy Lim; Kathleen M. Kelleher; Joseph Kvedar
**Cc:** Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
**Subject:** Ratanakirir TM Clinic February 2007, Case#5, SP#00216, 35F(Trapang Chres Village)

Dear all,

This is last case for Ratanakiri TM Clinic February 2007, number 5 SP#00216, 35F and photos. Thank you very much for your cooperation and support in this project.

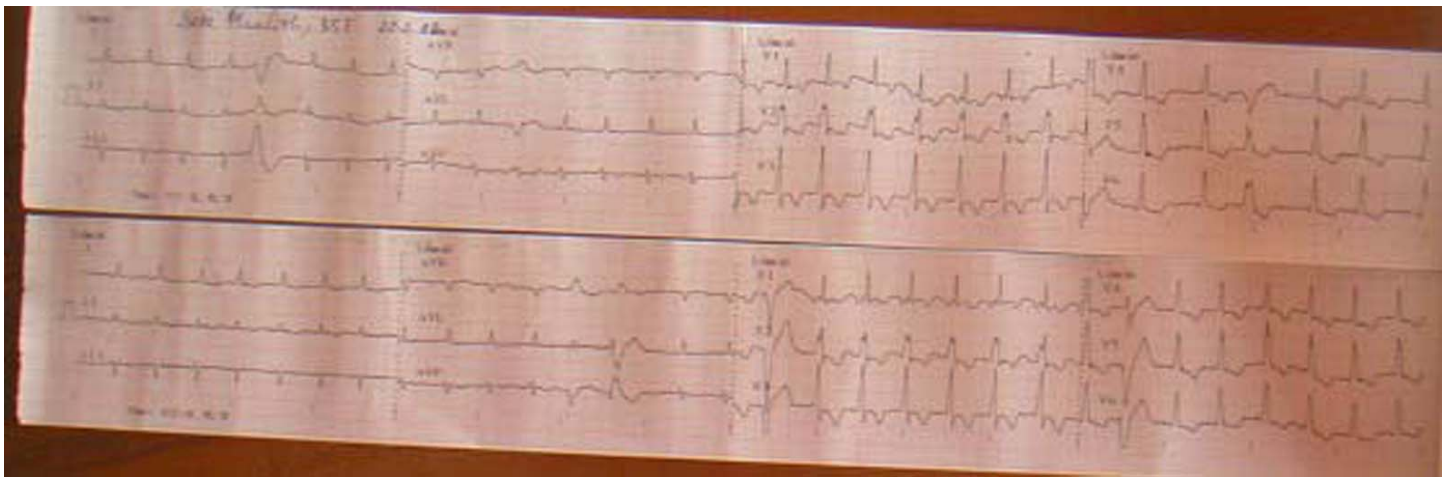
Best regards,
Channarith/Rithy/Sovann

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

**Patient: SP#00216, 35F (Trapang Chres Village)**

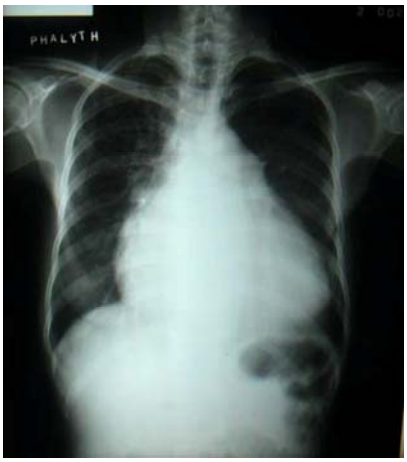
**Chief Complaint:** orthopnea x 5 months

**HPI:** 35F, farmer, came to us complaining of orthopnea x 5 months. She presented with symptoms of fever, dyspnea when lying down, better with sitting up, fatigue, dizziness, so she took paracetamol for fever, she developed worse and worse from day to day, poor sleep. She went to Calmette Hospital in Phnom Penh and diagnosis with heart Disease and treated for few days because she was out of money so she asked to back home and prescribed with Digoxin 0.25mg 1t qd, Aldactone 1t qd, Omeprazole 20mg 1t qhs. She felt better with medication but in these few days she didn't take medicine because out of money, the symptoms of orthopnea, edema, poor appetite, fatigue appeared again so she came to meet us for help. She denied of chest pain, palpitation, GI complaint, stool with blood or mucus.



**PMH:** Oophorectomy 5y due to ovarian tumor; HD diagnosed by doctor in Calmettes Hospital

**Family Hx:** Unremarkable



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

**Medication:** Digoxin 0.25mg 1t po qd,
Omeprazole 1t po qhs
Aldactone 1t qd

**Allergies:** NKDA

**ROS:** no cough, no chest pain, no palpitation, no oliguria, no dysuria, no stool with blood and mucus

**PE:**
**Vital Signs: BP: 92/60 P: 106 R: 22 T: 37.5 Wt: 39kg O2sat 97%**

**General:** Look sick

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

**Chest:** CTA bilaterally, no rales, no rhonchi; H tachycardia, RR, 2+ crescendo systolic murmur, louder at tricuspid area

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

**Extremity/Skin:** 1+ pitting edema, no rash, no wound

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

**Rectal Exam:** Good sphincter tone, no mass detected, (-) colocheck

**Lab/Studies Requests:** CXR and EKG (T wave inversion secondary to Digoxin) attached; UA protein 1+

| | | | | |
|---|---|---|---|---|
| WBC | = 6400/mm3 | Na | = 131 | [135 – 155] |
| RBC | = 3420000/mm3 | K | = 5.2 | [3.6 – 5.5] |
| Hb | = 11.5g/dL | BUN | = 161.3 | [10 – 50] |
| Ht | = 35% | Creat | = 10.1 | [0.5 – 0.9] |
| | | Gluco | = 120 | [75 – 115] |

**Assessment:**

1. Tachycardia
2. Cardiomegaly
3. PVC
4. CHF?
5. VHD???
6. ASD??/VSD??
7. Atrial Enlargement
8. RBBB?
9. Renal Insufficiency
10. Anemia

**Plan:**

1. Atenolol 50mg ¼t po bid for two months
2. Digoxin 0.25mg 1/2t po qd for two months
3. Furosemide 20mg 1t po bid for two months
4. FeSO4/Folic Acid 200/0.25mg 1t po bid for two months
5. Send to SHCH for 2D cardiac echo

**Lab/Test requested:** None

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

**Examined by: Nurse Peng Sovann** **Date: February 21, 2007**

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



**No answer replied from Boston**

# Thursday, February 22, 2007

## Follow-up Report for Rattanakiri TM Clinic

There were patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 5 new cases was 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. 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 February 2007

**1. SP#00216, 35F (Trapang Chres Village)**
**Diagnosis:**

1. Tachycardia
2. Cardiomegaly
3. PVC
4. CHF?
5. VHD???
6. ASD??/VSD??
7. RAE??
8. RBBB?
9. Renal Insufficiency
10. Anemia

**Treatment:**

11. Atenolol 50mg ¼t po bid for two months (buy)
12. Digoxin 0.25mg 1/2t po qd for two months (buy)
13. Furosemide 20mg 1t po bid for two months (# 120)
14. FeSO4/Folic Acid 200/0.25mg 1t po bid for two months (# 120)
15. MTV 1t po qd for two months (# 60)

**Lab/Test requested:** None

**2. SL#00218, 50F (Village I)**
**Diagnosis:**

1. Chronic Renal Insufficiency
2. Fingers nail clubbing due to Infection, leprosy?, STDs?

**Treatment:**

1. Furosemide 20mg 1t po qd for two weeks (# 24)
2. Paracetamol 500mg 1t po qid prn HA/pian (# 30)

**Lab/Test requested:** Draw blood for Lyte, BUN, Creat at SHCH, Do abdominal, and pelvic U/S at provincial hospital when technician available

**Lab result on February 22, 2007**

| | | |
|---|---|---|
| Na | =145 | [135 - 145] |
| K | =5.5 | [3.5 - 5.0] |
| Cl | =106 | [95 - 110] |
| BUN | =1.7 | [0.8 - 3.9] |
| Creat | =67 | [44 - 80] |

**3. HN#00220, 51F (Village I)**

**Diagnosis:**

1. DMII
2. HTN
3. Right foot infected wound
4. Renal Insufficiency?

**Treatment:**

1. Glibenclamide 5mg 1t po bid for two months (buy)
2. Metformin 500mg 1t po bid for two months (buy)
3. Atenolol 50mg 1t po bid for two months (buy)
4. ASA 300mg ¼t po qd for two months (buy)
5. Furosemide 40mg 1t po bid for two weeks (buy)
6. Cephalexin 250mg 2t po tid for two weeks (# 84)
7. Desipramin 75mg 1/4t po qhs for two months (# 13)
8. Clean wound with NSS twice a day then apply Zinc Oxide
9. Educate patient eat on diabetic diet, low sugar, low sodium, regular exercise
10. Foot care

**Lab/Test requested:** Lyte, BUN, Creat, Glu, Tot cholesterol, HbA1C at SHCH

**Lab Result on February 22, 2007**

| | | |
|---|---|---|
| Na | =143 | [135 - 145] |
| K | =4.1 | [3.5 - 5.0] |
| Cl | =108 | [95 - 110] |
| BUN | =3.8 | [0.8 - 3.9] |
| Creat | =196 | [44 - 80] |
| Glu | =7.2 | [4.2 - 6.4] |
| T. Chol | =9.6 | [<5.7] |
| HbA1C | =10.4 | [4 - 6] |

**4. CP#00221, 55M (Cha Ung Village)**

**Diagnosis:**

1. Bilateral Sciatica
2. Tinea cruris
3. Peripheral Neuropathy due to Vit B12 deficiency from chronic alcoholism

**Treatment:**

1. MTV 1t po qd for two months (# 100)
2. Vit B12 10cc IM or IV qd for 3days (buy)
3. Diflunisal 500mg 1 po bid prn pain (# 50)
4. Ciclopirox cream apply on rashes bid unitl gone then 2d additional (# 4)
5. Similac Cereal 3 scopes with warmth water (# 4 cans)
6. warm compression
7. smoking and alcohol drinking cessation

**Lab/Test requested:** Draw blood for Lyte, BUN, Creat, Gluc at SHCH
**Lab result on February 22, 2007**

| | | |
|---|---|---|
| Na | =144 | [135 - 145] |
| K | =3.2 | [3.5 - 5.0] |
| Cl | =105 | [95 - 110] |
| BUN | =2.8 | [0.8 - 3.9] |
| Creat | =80 | [44 - 80] |
| Gluc | =7.1 | [4.2 - 6.4] |

**5. SD#00223, 64M (Village I)**
**Diagnosis:**

1. GERD
2. Parasititis
3. Cachexia

**Treatment:**

1. Omeprazole 20mg 1t po qhs for two months
2. Metochlopramide 10mg 1t po qhs for 10d
3. Mebendazole 100mg 1t po bid for 3d
4. MTV 1t po qd for two months
5. GERD prevention education, alcohol and smoking cessation

**Lab/Test requested:** None

## Patients who came for follow up and refill medication

**1. HS#00202, 37F (Village IV)**
**Diagnosis:**

1. Nodular Goiter

**Treatment:**

1. Draw blood for TSH and Free T4, Total T3 at SHCH

**Lab result on February 22, 2007**

| | | |
|---|---|---|
| TSH | =0.84 | [0.49 - 4.67] |
| Free T4 | =15.92 | [9.14 - 23.81] |
| Tot T3 | =1.63 | [0.78 - 2.5] |

**2. US#00203, 50F (Village IV)**
**Diagnosis:**

1. GERD
2. Hypothyroidism?
3. Right Sciatica

**Treatment:**

1. Paracetamol 500mg 1t po qid prn pain
2. GERD prevention education
3. Draw blood for TSH and Free T4 at SHCH

**Lab Result on February 22, 2007**

| | | |
|---|---|---|
| TSH | =3.95 | [0.49 - 4.67] |
| Free T4 | =16.19 | [9.14 - 23.81] |

**3. PY#00205, 49F (Village I)**
**Diagnosis:**

1. HTN
2. Tension HA

**Treatment:**

1. HCTZ 50mg ½t po qd (# 50)
2. Do regular exercise and eat on low Na diet

**4. NS#00214, 14F (Village III)**
**Diagnosis:**

1. Right Neck Tumor
2. Malignant tumor

**Treatment:**

1. Do FNB for Cytology at SHCH

**FNB result on 28 February 2007**

**Microscopy:** biopsy shows only some normal striated muscle and connective tissue.
**Conclusion:** No possible conclusion
**Comment:** I think we remove the mass or do a bigger biopsy for final diagnosis

**5. EM#00193, 22F (Village I)**
**Diagnosis:**

1. Subclinical Hyperthyroidism

**Treatment:**

1. Propranolol 40mg ¼t po qd
2. Draw blood for T3 and Free T4 at SHCH

**Lab Result on February 22, 2007**

| | | |
|---|---|---|
| Tot T3 | =2.07 | [0.78 - 2.5] |
| Free T4 | =15.46 | [9.14 - 23.81] |

**6. OT#00155, 45F (Bor Keo)**
**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. Lisinopril 20mg ¼t po qd
2. Metformin 500mg 2t po bid
3. Glibenclamide 5mg 2t po bid
4. ASA 300mg ¼t po qd
5. Amitriptylin 25mg ½t po qhs
6. Citirizin 10mg 1t po qd

**7. MY#00156, 56F (Village I)**
**Diagnosis:**

1. DMII with PNP
2. Overweight
3. PVC
4. Hyperlipidemia

**Treatment:**

1. Metformin 500mg 1t po qhs
2. ASA 300mg ¼t po qd
3. Captopril 25mg 1/4t po qd
4. Amitriptyline 25mg ¼t po qhs

**8. NH#00010, 49F (Village I)**
**Diagnosis:**

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

**Treatment:**

1. Atenolol 50mg 1t po bid
2. Chlorpropramide 1t po bid
3. ASA 300mg ¼t po qd
4. Captopril 25mg 1t po bid

**9. UP#00093, 52F (Village III)**
**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg ½t po tid
2. Draw blood for Free T4 and total T3 at SHCH

**Lab Result on February 22, 2007**

Free T4=44.88 [9.14 - 23.81]
Tot T3 =4.68 [0.78 - 2.5]

**10. KM#00158, 51F (Sre Ankrong Village)**
**Diagnosis:**

1. Subclinical Hyperthyroidism

**Treatment:**

1. Redo FNA for Cytology at SHCH

**FNA result on February 22, 2007**

**Conclusion:** no possible conclusion due to no cells seen

**11. SR#00190, 35F (Village I)**
**Diagnosis:**

1. Subclinical Hyperthyroidism

**Treatment:**

1. Draw blood for T4 at SHCH

**Lab result on February 22, 2007**

Free T4=17.70 [9.14 - 23.81]

**12. YV#00196, 39M (Village I)**
**Diagnosis:**

1. Rosacea
2. Folliculitis

**Treatment:**

1. Loratidine 10mg 1t po qd prn (# 30)
2. Diphenhydramine 20mg 1t po qd (# 12)

3. Fluocinolone 0.025% apply bid on the rash until the rash gone

**13. PO#00148, 67F (Village III)**
**Diagnosis:**

1. HTN
2. DMII
3. PNP

**Treatment:**

1. Lisinopril 20mg ¼t po qd
2. Metformin 500mg 1t po qhs
3. Glibenclamide 5mg 1t po bid
4. ASA 300mg ¼t po qd
5. Amitriptylin 25mg ½t po qhs

**14. CL#00122, 33F (Village III)**
**Diagnosis:**

1. Hyperthyroidism
2. BV
3. Vaginal Candidasis

**Treatment:**

1. Fluconazole 1t suppository (# 1)
2. Ciprofloxacin 500mg/5cc 5cc bid for 10d (# 1 bottle)
3. Draw blood for Free T4 and T3 at SHCH

**Lab Result on February 22, 2007**

| | | |
|---|---|---|
| Free T4 | =18.07 | [9.14 - 23.81] |
| Tot T3 | =1.75 | [0.78 - 2.5] |

**15. CO#00188, 37F (Village I)**
**Diagnosis:**

1. Nodular Goiter
2. Subclinical Hyperthyroidism?

**Treatment:**

1. Atenolol 50mg 1/4t po qd for one month
2. Draw blood for TSH and Free T4 at SHCH

**Lab Result on February 22, 2007**

| | | |
|---|---|---|
| TSH | =0.22 | [0.49 - 4.67] |
| Free T4 | =12.20 | [9.14 - 23.81] |

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

1. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg ½t po tid
2. Propranolol 40mg ¼t po bid
3. Draw blood for Free T4 at SHCH

**Lab Result on February 22, 2007**

| | | |
|---|---|---|
| Free T4 | =26.96 | [9.14 - 23.81] |

**17. PS#00149, 26F (Village I)**
**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

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

**Lab result on February 22, 2007**

Free T4 =16.07 [9.14 - 23.81]

**18. KP#00153, 57F (Village III)**
**Diagnosis:**

1. DMII
2. HTN
3. A fib
4. ASD/VSD?
5. Dyspepsia

**Treatment:**

1. Captopril 25mg ½tab po bid
2. Glibenclamide 5mg ½tab po qd
3. Atenolol 50mg ½tab po bid
4. MTV 1 tab po qd
5. ASA 300mg ¼tab po qd
6. Desipramine 75mg ½tab po qhs
7. Mg/Al(OH)3 250/120mg 2t chew bid prn (# 50)

**19. PN#00052, 53F (Ban Fang Village)**
**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg 1t po tid x 100d
2. Propranolol 40mg 1/4t po bid x 100d
3. Draw blood for Free T4 at SHCH

**Lab Result on February 22, 2007**

Free T4=13.98 [9.14 - 23.81]
Tot T3 =1.31 [0.78 - 2.5]

**20. TV#00157, 53F (Phnom Kok Village)**
**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Draw blood for TFT at SHCH

**Lab result on February 22, 2007**

TSH =0.10 [0.49 - 4.67]
Free T4=12.89 [9.14 - 23.81]
Tot T3 =1.78 [0.78 - 2.5]

**21. PC#00200, 24F (Cha Ung Village)**
**Diagnosis:**

1. Nephrolithiasis (microstone) by U/S

**Treatment:**

1. Drink plenty of fluid
2. Hop up and down

## Patients Seen by PA Rithy without Sending Data

**1. CT#00217, 45F (Village III)**
**Diagnosis:**

1. GERD
2. Parasititis

**Treatment:**

1. Omeprazole 20mg 1t po qhs (# 60)
2. Metochlopramide 10mg 1t po qhs (# 30)
3. Mebendazole 100mg 1t po qhs (# 1)

**2. HB#00219, 19M (Village I)**
**Diagnosis:**

1. Migraine HA

**Treatment:**

1. Diflunisal 500mg 1t po bid (# 50)
2. Almotriptine 6.25mg 1t po bid prn severe HA (# 12)

**3. RT#00222, 36F (Cha Ung Village)**
**Diagnosis:**

1. Vit defficiency
2. Anemia
3. Muscle Cramping/pain

**Treatment:**

1. MTV 1t po qd (# 60)
2. Vit B12 2t po bid (# 240)
3. Carisoprodol 350mg 1t po bid prn muscle cramping (# 20)

**4. AC#00224, 28M (Cha Ong Chou Village)**
**Diagnosis:**

1. Anemia
2. Vit Deficiency
3. Parasititis

**Treatment:**

1. MTV 1t po qd (# 60)
2. Vit B12 2t po bid (# 240)
3. Albendazole 200mg 1t po bid for 5d (# 20)

**5. ST#00225, 35F (Village I)**
**Diagnosis:**

1. GERD
2. Parasititis

**Treatment:**

1. Omeprazole 20mg 1t po qhs
2. Merochlopramide 10mg 1t po qhs
3. Mebendazole 100mg 1t po qhs

**6. CK#00226, 27M (Norng Hai Village)**
**Diagnosis:**

1. Anxiety

**Treatment:**

1. Amitriptyline 25mg 1t po qhs
2. MTV 1t po qd (# 60)

**7. BB#00227, 68F (Village I)**
**Diagnosis:**

1. Anemia

**Treatment:**

1. MTV 1t po qd (# 60)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd (# 60)

## Patients, Seen by PA Rithy, came to get medication

**1. KN#00207, 25F (Village VII)**
**Diagnosis:**

1. GERD
2. Pregnancy 2months

**Treatment:**

1. Mg/Al(OH)3 250/120mg chew 2t po bid prn (# 50)
2. MTV 1t po qd (#60)
3. FeSO/Folic Acid 200/0.25mg 1t po qd (#60)
4. GERD prevention education

**2. TM#0215, 13F (Village I)**
**Diagnosis:**

1. Allergic Rhinitis
2. Cachexia

**Treatment:**

1. Allergra-D 60/120mg 1/2t po qd prn
2. MTV 1t po qd
3. Tylenol PM 500/25mg 5cc po qhs prn
4. Children Tylenol chew qid prn

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