Telemedicine Clinic
Rattanakiri
Referral Hospital
November 2005

Report and photos compiled by Rithy Chau, SHCH Telemedicine

On Monday, November 28, 2005, Rattanakiri Referral Hospital (RRH) staff began their TM clinic. The patients were examined and the data were transcribed along with digital pictures of the patient, then transmitted (except for follow-up patients who came for medication refills and/or further instruction on referring to PP) and received replies from their TM partners in Boston and Phnom Penh.

The following day, Tuesday, November 29, 2005, the TM clinic opened again to receive the same patients for further evaluation, treatment and management. Finally, the data for treatment and management would then be transcribed and transmitted to the PA Rithy Chau at SHCH who compiled and sent for website publishing.

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

From: Kiri Hospital [mailto:kirihospital@yahoo.com]
Sent: Friday, November 25, 2005 10:36 AM
To: Rithy Chau; Cornelia Haener; Ruth Tootill; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach; HealthNet International; Fil B. Tabayoyong; Sovann Nop
Subject: November TM clinic at Rattanakiri Referral Hospital

Dear All,
Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Monday, November 28, 2005 beginning at 8:00am local time for one full day. We expect to enter and transmit the patient data to those of you at SHCH and at Partner in Boston that evening.

Please try to respond before noontime the following day, Tuesday, November 29, 2005.The patents will be asked to return to the hospital that afternoon on Tuesday 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: Monday, November 28, 2005 3:51 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 Referral Hospital TM clinic Patient HM#00145

Dear All,

There are two new cases of this month . This is the patient HM#00145 and his photos.

Best regards,

Channarith

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

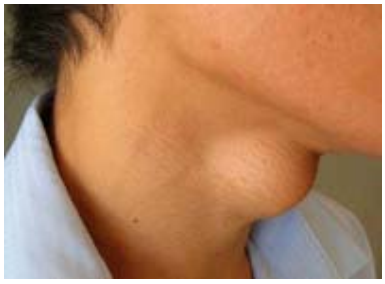
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: HM#00145, 25M, Village I

Chief Complaint: a developing mass on his neck x 4.5x2.5 em x 5 y

HPI: 25 M presented with a mass on neck ,which has progressively developed associated with palpitation off and on, especially on exertion and blurry vision off and on ,and a litter bit tremor occasionally ,no exophthalmia ,no weigh loss, no insomnia ,no vo/no ,no dizziness ,no cough, no HA, no convulsion ,no coma.

Social Hx: no smoking. alcohol off and on (party).



Allergies: none

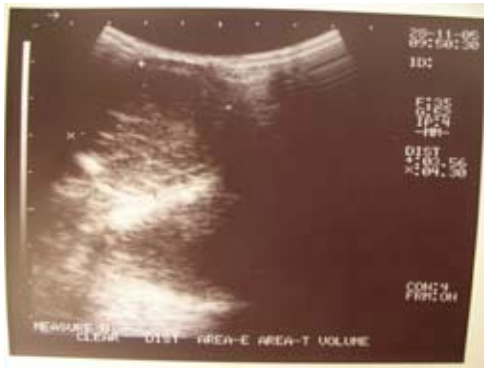
Family Hx: + PTB = his father more years ago

ROS:

PE:
Vital Signs: **BP100/70** **P69** **R20** **T37** **Wt** 46kg

General: alerted and oriented

HEENT: a mobile mass when swallowing the saliva, ferm, no solid , no bruit, no lymph nodes on neck, no tachycardia .



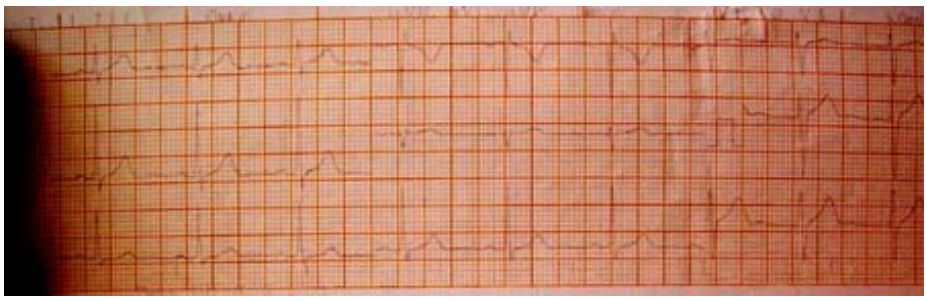
Chest: -lungs: clear both sides ,no crackle .
- Heart: no murmur ,regular rhythm,

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

Musculoskeletal unremarkable

Neuro: sensor and motor are intact

GU: none



Rectal :none

Previous Lab/Studies: none

Lab/Studies Requests: EKG : normal, ultrasound : size :35mmx43mm, thyroid body is increase of volume, regular border of thyroid , content is homogen .

Assessment: 1.euthyroidism goiter
2.tumor benign of neck

Plan 1.check T3, T4 and TSH at SHCH

2.Refer to SHCH for surgery ?

Comments/Notes: please , give a good idea .

Examined by: Dr kok san **Date: 28/11/05**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Tuesday, November 29, 2005 8:45 AM
To: 'Kiri Hospital'
Cc: 'Cornelia Haener'; 'Ruth Tootill'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'; 'Bernie Krisher'; 'Noun SoThero'; 'Fil B. Tabayoyong'; 'Ed & Laurie Bachrach'; 'HealthNet International'
Subject: RE: Rattanakiri Referral Hospital TM clinic Patient HM#00145

Dear Dr. San and Channarith,

Thank you for the two cases today.

For this patient, HM#00145, 25M, how did the mass progressively developed--did it start small and how small? Is there any voice change, dysphagia, tenderness? When did the palpitation start? What do you mean by "especially on exertion"? How did his body respond to heat or cold condition?

In the PE section for HEENT, where do you think the mass located anatomically, especially in relationship to the thyroid glands? When he swallowed, how did the mass move? What did you mean by firm and not solid? Did you do exam for the eyes? In Neuro exam, did you do DTR (deep tendon reflex) because this is helpful for ddx? Did you check to see if he has tremor or not? If tremor, what kind? How about gait or coordination?

Yes, I agree with you with the ddx of thyroid problem vs. other benign neck mass and no need for treatment at this time. I do not think that he need surgery urgently either (and I hope our surgeon can give another opinion on this case also to confirm this). But I do suggest that (if the patient can afford to pay for an x-ray) the patient can have a CXR done to r/o PTB infection since positive history of his father. Once he gets the CXR done, please send an image for me and others. As for the thyroid function test, we do not need to do this right away, but ask him to come back next month.

Regards,
Rithy

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

Rithy Chau, MPH, MHS, PA-C
Sihanouk Hospital Center of HOPE
-----Original Message-----
From: ruth_tootill@online.com.kh [mailto:ruth_tootill@online.com.kh]
Sent: Tuesday, November 29, 2005 9:21 AM
To: Rithy Chau
Cc: 'Kiri Hospital'; 'Cornelia Haener'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'; 'Bernie Krisher'; 'Noun SoThero'; 'Fil B. Tabayoyong'; 'Ed & Laurie Bachrach'; 'HealthNet International'
Subject: RE: Rattanakiri Referral Hospital TM clinic Patient HM#00145

Dear Rithy,

I think all your suggestions are very good. When I look at the patient's neck, the mass looks high in the midline and I think he may have either a mass on the superior part of his isthmus or even ectopic thyroid tissue in a thyroglossal duct. It would be helpful to know if the mass moves when the patient sticks out his tongue. A thyroglossal duct is an embryological remnant from the thryoid gland to the base of the tongue and may have cysts, fistulae or ectopic thyroid tissue.

Otherwise I would do all the things suggested. With the long history I don't think there is any indication for urgent surgery, but in a man there is an increased risk of malignancy. He would need to exclude TB do thyroid function tests first.

Best wishes,
Ruth

From: Cornelia Haener [mailto:cornelia_haener@online.com.kh]
Sent: Tuesday, November 29, 2005 10:52 AM
To: 'Kiri Hospital'
Subject: RE: Rattanakiri Referral Hospital TM clinic Patient HM#00145

Dear all,
Dr. Ruth Tootill and I have just discussed the case and were wondering, if you could do a fine needle aspiration cytology, taking three smears fixed with an alcohol spray or immersed in alcohol, two slides air dried. If it is a papillary thyroid cancer in ectopic position, the cytology might be positive.
Thanks
Cornelia Haener

"Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG> wrote:
Subject: FW: Rattanakiri Referral Hospital TM clinic Patient HM#00145
Date: Thu, 15 Dec 2005 09:44:02 -0500
From: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
To: <kirihospital@yahoo.com>
CC: <tmed_rithy@online.com.kh>

-----Original Message-----
From: Barbesino, Giuseppe,M.D.
Sent: Wednesday, December 14, 2005 12:35 PM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri Referral Hospital TM clinic Patient HM#00145

This young man seems to have an upper neck, midline mass. Both the patient's picture and the thyroid ultrasound suggest a "thyroglossal duct cyst". This is a nodule occurring in a remnant of the embryonic thyroid. Thyroglossal duct cysts can be located anywhere between the base of the tongue and the thyroid bed proper, on the midline. Usually the thyroid is normal in these cases, but occasionally it is entirely dysmorphic. Sometimes the nodule is the only thyroid tissue seen in the neck, although in most cases this causes some degree of congenital hypothyroidism. The neck US pictures do not show the thyroid bed proper, so I cannot draw conclusions on that. In general, removal of these lesions is optional if an adequate fine needle biopsy adequately confirms the nature of the mass and shows no evidence of cancer. However some studies have shown a higher incidence of cancer in these masses. In this case, considering the size of the mass, surgical removal would be reasonable. If there is no malignancy in the mass and if the remaining thyroid is normal that is all is needed. If there is cancer, then the whole thyroid should be removed. Thyroid function tests should be repeated 2 months after surgery to make sure thyroid function remains normal.

Giuseppe Barbesino, MD
Thyroid Associates
Massachusetts General Hospital-Harvard Medical School
Wang ACC 730S
55 Fruit St
Boston MA, 02114

From: Kiri Hospital [mailto:kirihospital@yahoo.com]
Sent: Monday, November 28, 2005 4:19 PM
To: Rithy Chau; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar
Cc: Ed & Laurie Bachrach; HealthNet International; Bernie Krisher; Noun SoThero; Fil B. Tabayoyong
Subject: Rattanakiri referal Hospital TM clinic Patient VC#00146

Dear All,

Here is the patient VC#00146 and his photos.

Best regards

Channarith

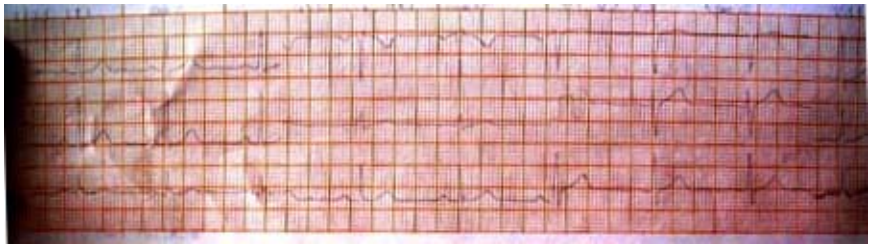
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: VC#00146, 47M, Village V

Chief Complaint: palpitation on exertion off and on x 2 y

HPI: He had the HNT X 7 y. He treated with unknown medicines at private clinic .His symptom of HNT got better. But at last 2 y, his complaint o f palpitation on and off with pick pain on apex without radiated to another place and sob occasionally, blurry vision and tender of neck, cough off and on ,no vo/no ,no dizziness, no coma , no convulsion , no tinnitus ,no fever.

PMH/SH: unremarkable



Social Hx: cigarette x 20 y, alcohol x 20 y

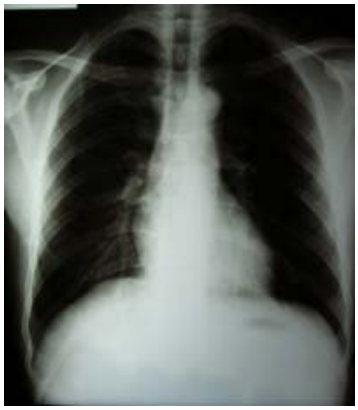
Allergies: none

Family Hx: none

ROS:

PE:
Vital Signs: **BP130/70** **P70** **R23** **T37** **Wt** 63kg

General: alerted and oriented



HEENT: no lymph node , no mass on neck , no rhinopharyngitis .

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

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

Musculoskeletal: UNREMARKABLE

Neuro: sensor and motor are intact

GU: unremarkable

Rectal: none

Previous Lab/Studies: none

Lab/Studies Requests: EKG, chest x ray :

Assessment: 1.hypertension
2.cardiac ischemia ?

Plan; 1. altenolol 50mg ½ tab qd x 15
2.ASP 500 mg ¼ tab qd x 15

Comments/Notes: please, give a good idea

Examined by: Dr Kok san **Date: 28/11/05**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Tuesday, November 29, 2005 9:52 AM
To: 'Kiri Hospital'
Cc: 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'; 'Bernie Krisher'; 'Noun SoThero'; 'Fil B. Tabayoyong'; 'Ed & Laurie Bachrach'; 'HealthNet International'
Subject: RE: Rattanakiri referal Hospital TM clinic Patient VC#00146

Dear Dr. San and Channarith,

For this patient, VC#00146, 47M, smoker/drinker, PMH of HTN x 7yrs, his HPI is vague and incomplete, PE unremarkable. Any sign for JVD? How much did he smoke and drink and for how long? Has he stopped yet and how long ago? Did he receive any treatment and what kind and for how long? Was he on Atenolol before? Any prior lab tests?

During TM clinic, did he take any medication prior to BP measurement since his BP in the upper normal? Although I agree with your initial treatment plan, although I would gather more hx and PE info, esp about his previous tx. His EKG is normal sinus rhythm with early repolarization in several leads. No indication for ischemia or LVH. CXR without abnormality nor cardiomegaly. You may want to ask him to check his CBC, chem, creat, gluc, and chol. Tests readily available to you for TM clinic there (provided via Boston) to use for this patient--UA and BS.

Please provide me with some of the missing info I mentioned above and then I will be able to help you finalize the dx and tx plan for this patient. At this point, we can give him a dx of HTN (by hx).

I hope this is helpful.

Regards,
Rithy

P.S. Please take a look at Chan's *History and Physical Examination*, 10th edition, book I gave to each one of you last month for assistance in write up case presentation for each of the medical problem presented to SHCH and Boston.

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

Wednesday, November 29, 2005

Follow-up Report for Rattanakiri TM Clinic

There were 2 new and two follow-up patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of all new cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE, the following patients were managed and treated per local staff:

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

Treatment Plan for Rattanakiri TM Clinic November 2005

NEW Cases

1. HM#00145, 25M,Village V

   Dx:

   1. Thyroglossal Duct Cyst?
   2. TB LN?
   3. Papillary Thyroid Cancer??

   Tx:

   Draw blood for TSH next month and if normal consider FNA.

2. VC#00146, 46M , Village V

   Dx:

   HTN

   Tx:

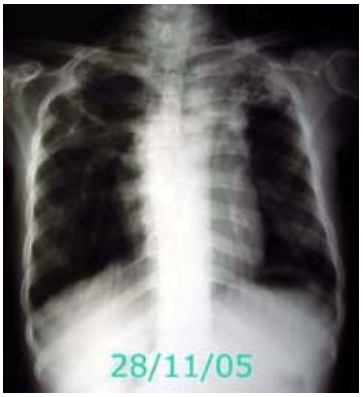
   1. Atenolol 50mg ¼ tab po qd x 14d
   2. Education of smoking and alcohol cessation

Follow-up patients

1. PC#00113, 40F, Village I

   Dx: 1. Nodular goiter
   2. PTB?

   Tx: Repeat chest x-ray 2nd time



2. KS#00135, 56F, Sreng Village
   Dx: 1. Recurrent URTI

   Tx: 1. Ceftin 250 mg 1 tab po bid x 10 d
   2. Paracetamol 500mg 2 tab po qid prn
   3. MTV 1 tab po qd x 10 d

The next Rattanakiri TM Clinic will be held on
December 13 - 14, 2005