Telemedicine Clinic
Rattanakiri
Referral Hospital
October 2006

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

On Tuesday and Wednesday October 17-18, 2006, Rattanakiri Referral Hospital (RRH) staff began their TM clinic. Patients (7 new cases) were examined, other two 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 October 19, 2006, 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: Tuesday, October 10, 2006 4:20 PM
To: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau; Cornelia Haener
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: October TM clinic at Rattanakiri Referral Hospital

Dear All,
Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Wednesday, October 18, 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, Thursday ,October 19, 2006.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, October 18, 2006 4:05 PM
To: Rithy Chau; Kruy Lim; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathleen M. Kelleher; kmmngtn@yahoo.com; Brian Hammond; Cornelia Haener
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri referral Hospital TM clinic Patient EM#00193

Dear All,

Here is the patient EM#00193 and her photos.

Best regards,

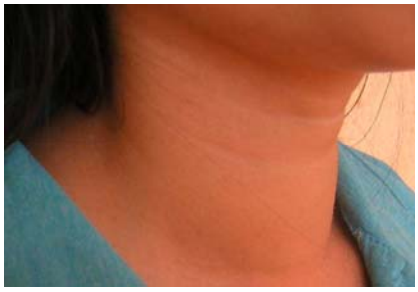
Channarith/Rithy

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

Patient: EM#00193, 22F (Village I)

Chief Complaint: Neck mass for 5y

HPI: 22F came here complaining of neck mass for 5y. In last 5 years, she noticed the anterior neck has become slightly bigger but no any symptoms so she didn't find any care. Until during this month she has developed with symptoms of palpitation, fatigue, diaphoresis, heat intolerance, she bought medicine for the symptoms but not better so she came to us today. She denied of dysphagia, dyspnea, tremor, HA, dizziness, cough, chest pain, nausea, vomiting, oliguria, dysuria, hematuria, edema.



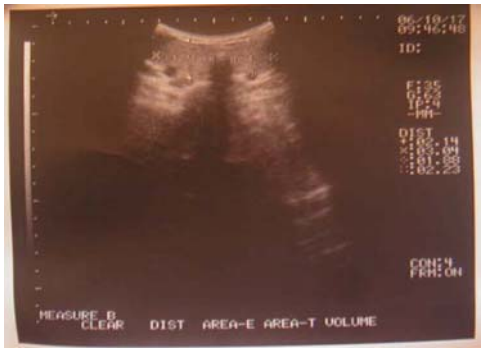
PMH/SH: Unremarkable

Family Hx: Mother with goiter

Social Hx: No EtOH, no smoking

Medication: None

Allergies: NKDA



ROS: Regular period, last on 30 September, 2006

PE:
Vital Signs: BP 110/72 P 86 R 18 T 37^{o}C Wt 48Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 3x5cm on both sides, soft, smooth, no tender, mobile on swallowing, no bruit, no lymph node palpable; no exophthalmos

Chest: CTA bilaterally, no rale, no rhonchi: HRRR, no murmur

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

Extremilty/Skin: No edema, no rash, no lesion

MS/Neuro: MS+5/5, motor and sensory intact, DTRs +2/4, normal gait, no tremor

Lab/Studies: Neck U/S: L lobule 18x22 and R lobule 21x30 (Conclusion: Nodular Goiter)

Assessment:

1. Nodular Goiter

Plan:

1. Draw blood for TSH and Free T4 at SHCH

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

Examined by: Nurse Peng Sovann **Date: October 17, 2006**

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

From: Barbesino, Giuseppe,M.D. [mailto:GBARBESINO@PARTNERS.ORG]
Sent: Wednesday, October 18, 2006 7:00 PM
To: Fiamma, Kathleen M.; kirihospital@yahoo.com; tmed_rithy@online.com.kh
Subject: RE: Rattanakiri referral Hospital TM clinic Patient EM#00193

This young lady has a diffuse goiter and symptoms consistent with hyperthyrioidism. I am not sure why the ultrasound is described as "nodular goiter": no nodule are reported nor visible on the US picture. Her exam does not show findings consistent with hyperthyroidism. Blood tests of her thyroid function are indicated, as you suggested. If hyperthyroidism is confirmed, a thyroid scan should be performed to perform differential diagnosis between Graves' disease and other forms of thyrotoxicosis. If hyperthyroidism is not confirmed, then the differential diagnosis includes euthyroid Hashimoto's thyroiditis versus simple, endemic goiter.

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

From: Cornelia Haener [mailto:cornelia_haener@online.com.kh]
Sent: Wednesday, October 18, 2006 5:30 PM
To: 'Rattanakiri Referral Hospital'; 'Rithy Chau'; 'Kruy Lim'; 'Joseph Kvedar'; 'Paul J. M.D. Heinzelmann'; 'Kathleen M. Kelleher'; kmmngtn@yahoo.com; 'Brian Hammond'
Cc: 'Bernie Krisher'; 'Noun SoThero'; 'Ed & Laurie Bachrach'; 'HealthNet International'
Subject: RE: Rattanakiri referral Hospital TM clinic Patient EM#00193

Dear Channarith and Rithy,
I agree with your plan. If she is euthyroid, I would suggest that she takes iodine salt. It seems too small to be an indication for surgery.
Thanks
Cornelia

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, October 18, 2006 3:55 PM
To: Rithy Chau; Kruy Lim; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathleen M. Kelleher; kmmngtn@yahoo.com; Brian Hammond
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri referral Hospital TM clinic Patient YS#00194

Dear All,

Here is the first case of this month patient YS#00194 and her photos.

Best regards,

Channarith/Rithy

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

Patient: YS#00194, 30F (Village III)

Chief Complaint: Vaginal discharge x 7y

HPI: 30F, housewife, came here complaining of vaginal discharge x 7y. She presented with mild mucus vaginal discharge, fishy smell, vaginal pruritus, but no blood and she went to Local health center and was treated with a few medicine then the discharge still come and also bought medicine from pharmacy for the symptoms but not better. Since then she didn't find other care and came to us today. She also complained of fatigue, dizziness, palpitation, more thinking. She denied of diaphoresis, cough, sore throat, chest pain, nausea, vomiting, oliguria, hematuria, edema.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: No smoking, drink alcohol 5L/delivery (5children)

Medication: None

Allergies: NKDA

ROS: 4 months post partum, she also complained she think more about her family because her husband haven't earned enough money for family and she has dispute with him more often; breastfeeding

PE:
Vital Signs: BP 120/80 P 84 R 18 T 37^{o}C Wt 40kg

General: Look stable, cachexia

HEENT: No oropharyngeal lesion, pink conjunctiva, no mass, no lymph node palpable, no JVD

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

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

Extremity: No edema, no rash, no lesion

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

Lab/Studies: UA: Protein trace, Leucocyte 2+, blood 1+

Assessment:

1. Bacterial Vaginosis
2. UTI
3. Anxiety?
4. Cachexia

Plan:

1. Ceftriaxone 1g IV once
2. MTV 1t po qd for one month
3. Paracetamol 500mg 1t po q6h for one month
4. advice on dealing with stress

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

Examined by: Nurse Peng Sovann **Date: October 17, 2006**

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, October 18, 2006 4:30 PM
To: Rithy Chau; Kruy Lim; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathleen M. Kelleher; kmmngtn@yahoo.com; Brian Hammond
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri referral Hospital TM clinic Patient HS#00195

Dear All,

Here is the patient HS#00195 and her photos.

Best regards,

Channarith/Rithy

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

Patient: HS#00195, 44F (Village I)

Chief Complaint: Vaginal burning sensation x 7d

HPI: 44F, Vegetable seller, came here complaining of vaginal burning sensation for 7d. She told she developed she symptoms of subrapubic discomfort, dysuria, urgency, frequency since 2000 but all symptoms had gone after taking medicine for a few days and usually developed once per year but In last week, she developed with symptoms of dysuria, urgency, frequency, subrapubic discomfort so she bought medicine from private pharmacy (Amoxicillin and Vit C take bid for 3d, and traditional medication) then the symptoms had gone except vaginal burning sensation. She denied of dizziness, diaphoresis, palpitation, chest pain, GI problem, hematuria, vaginal discharge, edema.

PMH: Hospital admission due to Elevated BP in 2000

Family Hx: None

Social Hx: Drink alcohol casually, no smoking

Medication:
1. Amoxicillin 500mg 1t po bid for 3d
2. Vit C 1t po bid for 3d
3. Traditional medication

Allergies: NKDA

ROS: Regular period, last on 14 October 2006

PE:
Vital Signs: BP 140/90 P 80 R 20 T 36.5 Wt 59kg

General: Look stable

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

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

Abdomen: Soft, no tender, no distension, (+) BS, no HSM, no CVA tenderness, suprapubic discomfort

Extremity: No edema, no rash, no lesion

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

Lab/Studies: UA: Protein 1+, Blood 2+

Assessment:
1. UTI
2. Elevated BP

Plan:
1. Ciprofloxacin 500mg 1t po bid for 3d
2. Educate patient eat on low salt diet, regular exercise
3. Recheck BP if still elevated, start HCTZ 50mg 1/2t po qd

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

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

Examined by: Nurse Peng Sovann Date: October 17, 2006

No answer replied from Boston

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, October 18, 2006 4:18 PM
To: Rithy Chau; Kruy Lim; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathleen M. Kelleher; kmmngtn@yahoo.com; Brian Hammond
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri referral Hospital TM clinic Patient YV#00196

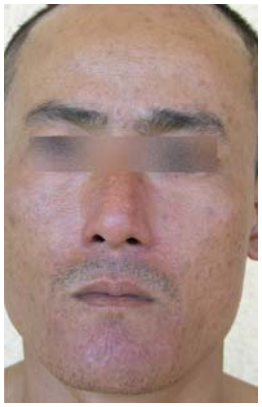
Dear All,

Here is the patient YV#00196 and his photos.

Best regards,

Channarith/Rithy

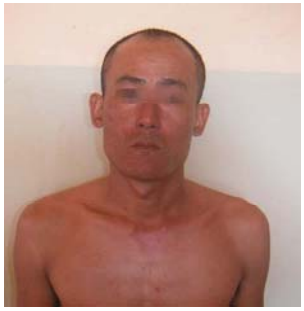
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine



Patient: YV#00196, 39M (Village I)

Chief Complaint: Skin rash x 6y

HPI: 39M, farmer, came here complaining of skin rash for 6y. First the rash has presented on nasolabial area with pruritus, and some rash with pus, vesicle. The rash developed from day to day then to the face, scalp, so he bought steroid and abx cream/ointment medicine applying on the rash and also taken po. The rashes got better, but not completely healed. It also developed to back, armpit, pubic area and groin. He bought medicine from pharmacy and apply on all rashes. Sometime the rash has gone for a few months then appeared in the same places. Now the rash presented more on the face and pubic area. He denied of fever, lymph node swelling, bledding from lesions; no illegal drug use. Denied any allergic dermatitis hx or contact of any unusual products; not been in the fores area. Past few months been using betamethasone+clotrimazole cream and improved some.



PMH: Unremarkable

Family Hx: None

Social Hx: Drink alcohol 1/2L/d, smoking 1pack of cigarette/d (both until now)

Medication: (Betametasone and Clotrimazole cream) apply on the rash prn

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP 120/80 P 76 R 20 T 36.5 Wt 52kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no mass, no lymph node palpable

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

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

Extremity: No edema

Skin: plaque like rash with clear border, +erythema and pruritus, no scaling prominent on nasolabial of face and less obvious on pubic area; scalp area, armpits, and groin without lesion; a few scattered maculopapular rashes with slight pustule heads on upper chest and back area; extremities without lesion.

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

Lab/Studies: Draw blood for CBC, Lyte, BUN, Creat, LFT at SHCH

Assessment:

1. Rosacea
2. Folliculitis (truncal/back)

Plan:

1. Erythromycin 500mg 1t po bid for 4 wks
2. Fluocinolone 0.025% apply bid on the rash 2-4 wks
3. Promethazine 25mg 1 po qhs prn pruritus
4. Loratidine 10mg 1 po qd prn pruritus
5. Alcohol and smoking cessation

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

Examined by: Nurse Peng Sovann/ PA Rithy **Date: October 17, 2006**

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, October 18, 2006 4:50 PM
To: Rithy Chau; Kruy Lim; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathleen M. Kelleher; kmmngtn@yahoo.com; Brian Hammond
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri referral Hospital TM clinic Patient CL#00198

Dear All,

Here is the patient CL#00198 and her photos.

Best regards,

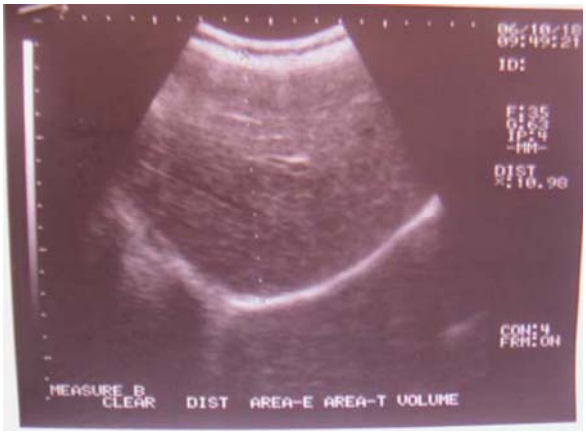
Channarith/Rithy

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

Patient: CL#00198, 40F (Cha Uong Village)

Chief Complaint: Pelvic pain x 10mo

HPI: 40F, farmer, came here complaining of pelvic pain x 10mo. After she gave her 7th child birth, she has felt pelvic pain, like a mass in abdomen, burning sensation, radiate to lower back, both leg, fatigue, dizziness, fever, numbness on both legs then she was brought to private clinic and was told the blood clot still persist in the uterine then was asked to bring her to provincial hospital. She was treated at hospital for 3d then discharge to home, but the symptoms still presented and was brought to hospital for other two times and have abd U/S but show nothing. The symptoms of pelvic pain, lower back, numbness on both legs, weakness, poor appetite, menstrual with black color, less amount, bad smell. She denied of HA, palpitation, chest pain, cough, nausea, vomiting, oliguria, hematuria, edema.



PMH/SH: No surgery history,

Family Hx: No STDs

Social Hx: No EtOH, chain smoking for 3y until now, no birth spacing method using

Medication: Traditional medication, pain killer prn

Allergies: NKDA

ROS: Regular period but with fewer amounts than usual, clot, black color, bad smell; husband without STD hx and no promiscuity hx.

PE:
Vital Signs: BP 100/70 P 86 R 20 T 36.5 Wt 43kg

General: Look sick

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

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

Abdomen: Soft, slightly tender on lower abdomen, no mass, no distension, no scar, (+) striae, (+) BS, no HSM, no rebound tenderness, no rovsing's sign

Extremity/Skin: No edema, no lesion, no rash, no inguinal lymph node

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

GU: Normal female genitalia, no lesion on labia, cervix with cellular change of erythema and granulation about 1cm radius from os at 3-12 O'clock, whitsh/clear d/c without smell, no bleeding upon touching; bilateral adnexal tenderness, right > left and no gross mass palpable.

Lab/Studies: Abd U/S: Conclusion normal; U/A: prot trace

Assessment:

1. PID
2. Cervical dysplasia

Plan:

1. Metronidazole 250mg 2t po bid for two weeks
2. Ciprofloxacin 500mg/5cc 5cc po bid for two weeks
3. Naproxen 375mg 1 po bid prn pain
4. MTV 1 po qd x 1mo
5. Draw blood CBC, Chem, BUN, Creat, Pap smear, Vaginal discharge gram stain

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

Examined by: Nurse Peng Sovann/PA Rithy **Date: October 18, 2006**

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, October 18, 2006 4:53 PM
To: Rithy Chau; Kruy Lim; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathleen M. Kelleher; kmmngtn@yahoo.com; Brian Hammond
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri referral Hospital TM clinic Patient PC#00200

Dear All,

Here is the patient PC#00200 and her photos.

Best regards,

Channarith/Rithy

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

Patient: PC#00200, 24F (Cha'Ong Village)

Chief Complaint: Pelvic pain x 1y

HPI: 24F, farmer, came here complaining of pelvic pain x 1y. She presented with symptoms of pelvic pain, sharp sensation without exact time, radiate to right scapular, shoulder, hand; white vaginal discharge, slightly amount, she went to private clinic, bought some medication but the symptoms still persist. So she went to provincial hospital have abd U/S and it is normal. The pain usually developed every weeks and she bought medicine pharmacy but not cure. So she came to us incase we can help her.She denied of HA, diaphoresis, chest pain, palpitation, dyspnea, cough, nausea, vomiting, oliguria, hematuria, legs numbness, tingling, edema.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: No smoking, no EtOH

Medication: Traditional medication

Allergies: NKDA

ROS: Regular period

PE:
Vital Signs: BP 98/68 P 84 R 20 T 36.5 Wt 40kg

General: Look stable

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

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

Abdomen: Soft, slightly tender on subrapubic area, no mass, no distension, no scar, no striae, (+) BS, no HSM

Extremity/Skin: No edema, no lesion, no rash

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

GU: normal female genitalia, no bleeding, normal cervix, whitish-clear thick mucus d/c from os, no smell; bimanual exam revealed no mass but L adnexal tenderness. No gross mass palpable

Lab/Studies: None

Assessment:
1. PID

Plan:

1. Metronidazole 250mg 2t po bid for two weeks
2. Ciprofloxacin 500mg/5cc 5cc po bid for two weeks
3. Naproxen 375mg 1 po bid prn pain
4. MTV 1 po qd x 1 mo

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

Examined by: Nurse Peng Sovann/PA Rithy **Date: October 18, 2006**

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, October 18, 2006 4:25 PM
To: Rithy Chau; Kruy Lim; Joseph Kvedar; Paul J. M.D. Heinzelmann; Kathleen M. Kelleher; kmmngtn@yahoo.com; Brian Hammond
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri referral Hospital TM clinic Patient OI#00201

Dear All,

Here is the patient OI#00201 and her photos.

Best regards,

Channarith/Rithy

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

Patient: OI#00201, 62F (Village I)

Chief Complaint: Palpitation and chest tightness x 1y

HPI: 62F came here complaining of chest tightness and palpitation for 1y. She presented with symptoms of dyspnea on exertion (walking 100m), palpitation, chest tightness, diaphoresis. The symptoms release after resting about 5mn. So she went to private clinic and was treated with a few medicine (unknown name). She denied of HA, dizziness, orthopnea, cough, sore throat, nausea, vomiting, GI problem, oliguria, hematuria, dysuria, edema.

PMH/SH: Unremarkable

Family Hx: Sister with HTN and DMII

Social Hx: No smoking, no EtOH

Medication: None

Allergies: NKDA

ROS: Rash on lower extremity, 10 post menopause

PE:
Vital Signs: **BP 110/72** **P 86** **R 20** **T 36.5** **Wt 61kg** **Height 1.50m** O2sat 95%

General: Look stable, obesity

HEENT: No oropharyngeal lesion, pink conjunctiva, no mass, no lymph node palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; HRRR with skip beat, no murmur

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

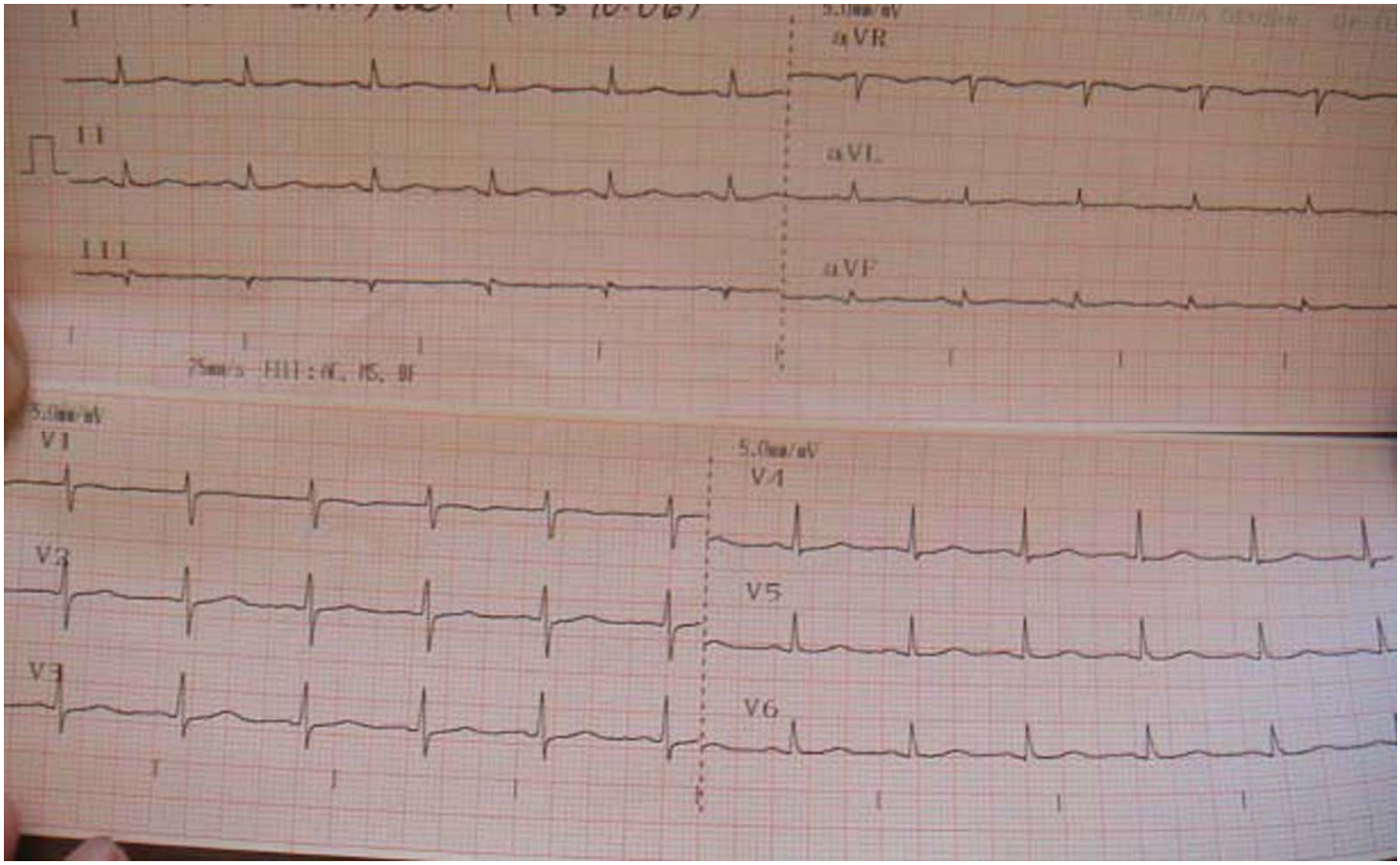
Extremity: No edema, no lesion

Skin: hyperpigementation, slightly scale, slightly erythema around the plague, pruritus, no pustule, no vesicle on both ankles

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

Lab/Studies: EKG attached

Assessment:
1. Overweight
2. Lichen simplex chronicus
3. Lichen planus
4. Atopic dermatitis



Plan:

1. Do regular exercise and lose weight
2. Draw blood for total Chole
3. Fluocinolone 0.025% apply bid on the rash until gone

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

Examined by: Nurse Peng Sovann **Date: October 18, 2006**

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

No answer replied from Boston

Thursday, October 19, 2006

Follow-up Report for Rattanakiri TM Clinic

There were patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 7 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 Clinic October 2006

1. EM#00193, 22F (Village I)

Assessment:

1. Nodular Goiter

Plan:

2. Draw blood for TSH and Free T4 at SHCH

Lab result on October 19, 2006

TSH	=0.37	[0.49 - 4.67]
Free T4	=12.79	[9.14 - 23.81]

Recommendation: Recheck TFT in 2 month.

2. YS#00194, 30F (Village III)

Assessment:

1. Bacterial Vaginosis
2. UTI
3. Anxiety?
4. Cachexia

Plan:

1. Ceftin 250mg 1 po bid x 2wks
2. MTV 1t po qd for one month
3. Paracetamol 500mg 1t po q6h prn HA for one month
4. Techniques for stress reduction

3. HS#00195, 44F (Village I)

Assessment:

1. UTI
2. Elevated BP

Plan:

1. Ciprofloxacin 500mg 1t po bid for 3d
2. Educate patient on low salt/fat diet, regular exercise
3. Recheck BP next follow-up

4. YV#00196, 39M (Village I)

Assessment:

1. Rosacea
2. Folliculitis (truncal/back)

Plan:

1. Erythromycin 500mg 1t po bid for 4 wks
2. Fluocinolone 0.025% apply bid on the rash 2-4 wks
3. Promethazine 25mg 1 po qhs prn pruritus
4. Loratidine 10mg 1 po qd prn pruritus
5. Alcohol and smoking cessation

5. LS#00197, 43M (Village I)

Assessment:

1. Dysentery
2. Dyspepsia
3. Parasititis

Treatment:

1. Mg/Al(OH)3 250/120mg 2t chew qid prn upset stomach
2. Metochlorpramide 10mg 1t po qhs for one month
3. Metronidazole 250mg 2t po tid for 10d
4. Mebendazole 500mg chew 1t qhs for 1d

6. CL#00198, 40F (Cha' Ong Village)

Assessment:

1. PID
2. Cervical dysplasia

Plan:

1. Metronidazole 250mg 2t po bid for two weeks
2. Ciprofloxacin 500mg/5cc 5cc po bid for two weeks
3. Naproxen 375mg 1 po bid prn pain
4. MTV 1 po qd x 1mo
5. Draw blood CBC, Chem, BUN, Creat and Pap smear, Vaginal discharge bacterial identification at SHCH
6. Treat her husband with metronidazole and ciprofloxacin as well

Lab result on October 2006

WBC	=6	[4 - 11x10^9/L]
RBC	=3.9	[3.9 - 5.5x10^{12}/L]
Hb	=11.5	[12.0 - 15.0g/dL]
Ht	=34	[35 - 47%]
MCV	=87	[80 - 100fl]
MCH	=30	[25 - 35pg]
MHCH	=34	[30 - 37%]
Plt	=331	[150 - 450x10^9/L]
Lym	=1.5	[1.0 - 4.0x10^9/L]
Mxd	=0.3	[0.1 - 1.0x10^9/L]

Neut	=4.2	[1.8 - 7.5x10^9/L]
Na	=137	[135 - 145]
K	=2.6	[3.5 - 5.0]
Cl	=105	[95 - 110]
BUN	=1.3	[0.8 - 3.9]
Creat	=70	[44 - 80]
Glu	=5.4	[4.2 - 6.4]

Pap smear conclusion: NILM, PAP II (inflamed cells)
Bacteriology: numerous colonies of Enterococcus faecalis
numerous colonies of Candida non albican

Recommendation: Add Fluconazole 150mg or 200mg 1 tab po qd once.

7. TS#00199, 26F (Village I)

Assemssent:
1. Pharyngitis

Treatment:
1. Augmentin 825mg 1t po bid for a week
2. Para 500mg 1 tab po qid prn fever/pain

8. PC#00200, 24F (Cha'Ong Village)

Assessment:
1. PID

Plan:
1. Metronidazole 250mg 2t po bid for two weeks
2. Ciprofloxacin 500mg/5cc 5cc po bid for two weeks
3. Naproxen 375mg 1 po bid prn pain
4. MTV 1 po qd x 1 mo
5. Vaginal discharge bacterial identification at SHCH
6. Treat her husband with metronidazole and ciprofloxacin as well

Bacteriology: numerous colonies of Candida non albican

Recommendation: Add Fluconazole 150mg or 200mg 1 tab po qd once.

9. OI#00201, 62F (Village I)

Assessment:
1. Overweight
2. Lichen simplex chronicus
3. Lichen planus
4. Atopic dermatitis

Plan:
1. Do regular exercise and lose weight
2. Draw blood for total Chol and TG
3. Fluocinolone 0.025% apply bid on the rash until gone

Lab result on October 2006

T. Chol	=4.9	[<5.7]
TG	=2.14	[<1.71]

Patients who came for follow-up and medication refill

1. PO#00148, 67F (Village III)

Diagnosis:

1. HTN
2. DMII
3. PNP

Treatment:

1. Lisinopril 20mg ¼t po bid x 100d
2. Metformin 500mg 1t po qhs x 100d
3. Glibenclamide 5mg 1t po bid x 100d
4. ASA 300mg ¼t po qd x 100d
5. Amitriptylin 25mg ½t po qhs x 100d

2. MY#00156, 56F (Village I)

Diagnosis:

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

Treatment:

1. Metformin 500mg 1t po qhs x 100d
2. ASA 300mg ¼t po qd x 100d
3. Captopril 25mg 1/4t po qd x 100d
4. Amitriptyline 25mg ¼t po qhs x 100d

3. OT#00155, 45F (Bor Keo)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Lisinopril 20mg ¼t po qd x 100d
2. Metformin 500mg 2t po bid x 100d
3. Glibenclamid 5mg 2t po bid x 100d
4. ASA 300mg ¼t po qd x 100d
5. Amitriptylin 25mg ½t po qhs x 100d

4. RH#00160, 67F (Village I)

Diagnosis:

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

Treatment:

1. Lisinopril 20mg ¼t po qd x 100d
2. Glibenclamide 5mg 1t po qd x 100d
3. ASA 300mg ¼t po qd x 100d
4. Amitriptylin 25mg ½t po qhs x 100d

5. NH#00010, 49F (Village I)

Diagnosis:

1. HTN
2. DMII

3. LVH
4. Aorta Insufficiency?
5. Aorta Stenosis?
6. Gastritis

Treatment:

1. Atenolol 50mg 1t po bid x 100d
2. Chlorpropramide 1t po qAM
3. ASA 300mg ¼t po qd x 100d
4. Mg/Al(OH)3 250/125mg chew 2t qid x 100d

6. CL#00122, 33F (Village III)

Diagnosis:

1. Hypothyroidism

Treatment:

1. Carbimazole 5mg 1t po qd x 1mo
2. Recheck TSH in 2 mo at SHCH

7. CO#00188, 37F (Village I)

Diagnosis:

1. Nodular Goiter
2. Subclinical Hyperthyroidism

Treatment:

1. Recheck TSH and Free T4 in 2 mo at SHCH

8. YM#00189, 16F (Village III)

Diagnosis:

1. Asthma

Treatment:

1. Albuterol Inhaler 2puff bid prn SOB

9. SR#00190, 35F (Village I)

Diagnosis:

1. Thyroid Dysfunction

Treatment:

1. Recheck Free T4 at SHCH

Lab Result on October 19, 2006

Free T4=14.39 [9.14 - 23.81]

10. NS#00177, 40F (Village I)

Diagnosis:

1. Subclinical Hyperthyroidism

Treatment:

1. Stop Carbimazole then recheck Free T4 in 2 mo at SHCH

11. NS#00006, 18F (Village I)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg ½t po tid x 100d
2. Propranolol 40mg ¼t po bid x 100d

12. NS#00089, 16F (Village I)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg ½t po tid x 100d
2. Check Free T4 in 2 mo at SHCH

13. UP#0093, 52F (Village III)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg ½t po tid x 100d
2. Recheck Free T4 in 2 mo at SHCH

14. CC#00182, 23M (Ven Say Village)

Diagnosis:

1. Goiter

Treatment:

1. Draw blood for TSH and Free T4 at SHCH

Lab Result on October 19, 2006

TSH	=4.27	[0.49 - 4.67]
Free T4	=12.44	[9.14 - 23.81]

Recommendation: Follow-up in December 2006 TM clinic for FNA.

15. SR#00186, F (Village I)

Diagnosis:

1. Cachexia
2. Anxiety

Treatment:

1. MTV 1t po qd
2. No follow up

16. SH#00184, 45F (Village I)

Diagnosis:

1. Anxiety
2. Tension HA

Treatment:

1. Amitriptylin 25mg ¼t po qhs for 2 weeks, then ½t po qhs for 3 months

17. YY#00187, 70F (Village I)

Diagnosis:

1. Subclinical Hyperthyroidism

Treatment:

1. Recheck Free T4 in 2 mo at SHCH

18. 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. Recheck TSH and Free T4 in 2 mo at SHCH

19. SP#00081, 52F (Village II)

Diagnosis:

1. HTN

Treatment:

1. Chlorthalidone 15mg 1t po qd x 100d

Lab Result on October 19, 2006

Na	=142	[135 - 145]
K	=3.9	[3.5 - 5.0]
Cl	=109	[95 - 110]
BUN	=1.3	[0.8 - 3.9]
Creat	=41	[44 - 80]
Glu	=6.6	[4.2 - 6.4]
T. Chol	=4.6	[<5.7]
TG	=1.88	[<1.71]

The next Rattanakiri TM Clinic will be Held on December 18 - 22, 2006