Telemedicine Clinic
Rattanakiri
Referral Hospital
September 2010

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

On Tuesday September 21 and Wednesday September 22, 2010, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 9 new cases were examined, and the data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh.

The following day, Thursday September 23, 2009, the TM clinic opened again to receive the same patients and other follow-up patients for further evaluation, treatment and management. Finally, the data for treatment and management would then be transcribed and transmitted to Nurse Peng Sovann at SHCH who compiled and sent for website publishing.

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

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Fri, Sep 17, 2010 at 4:21 PM
Subject: September TM clinic at Rattanakiri Referral Hospital
To: "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, Joseph Kvedar <jkvedar@partners.org>, Kruy Lim <kruylim@yahoo.com>, Cornelia Haener <corneliahaener@sihosp.org>, Rithy Chau <rithychau@sihosp.org>
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear All,
Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Wednesday, September 22, 2010 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 afternoon.

Please try to respond before noontime the following day, Thursday ,September 23, 2010. 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: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>
Date: Wed, Sep 22, 2010 at 5:19 PM
Subject: Rattanakiri TM Clinic September 2010, Case#1, CD#RK00348, 50F
To: Cornelia Haener <corneliahaener@sihosp.org>, Lim kruy <kruylim@yahoo.com>, rithychau@sihosp.org, kfiamma@partners.org, jkvedar@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

We have 9 cases for Rattanakiri TM Clinic September 2010. This is case number 1, CD#RK00348, 50F and photos.

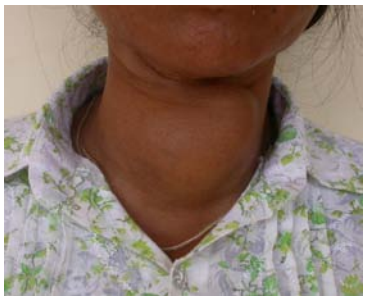
Best regards,
MA Vanthan/Polo

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

Patient: CD#RK00348, 50F (Bake Village, Veun Sai**)**

Chief Complaint: Neck mass x 30y

HPI: 50F, farmer, presented with a thump size neck mass. The mass progressive developed size to about 6 x 7 cm. She denied of palpitation, heat intolerance, tremor, insomnia, dysphagia. She never seek medical consultation and come to Telemedicine today for consultation if it should be removed.



PMH/SH: Unremarkable

Family Hx: None

Social Hx: 6 children, no alcohol drinking, no cig smoking

Medication: None

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 120/77 P: 74 R: 20 T: 37 Wt: 58kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, neck mass about 6 x 7cam, mobile on swallowing, firm, no tender, no bruit, no lymph node palpable

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

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

Extremities/Skin: No leg edema, no lesion

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

Lab/Study: None

Assessment:

1. Nodular goiter

Plan:

1. Draw blood for TSH at SHCH

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

Examined by: Nurse Sovann Peng **Date: September 22, 2010**

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

From: **Barbesino, Giuseppe,M.D.** <GBARBESINO@partners.org>
Date: Wed, Sep 22, 2010 at 8:40 PM
Subject: FW: Rattanakiri TM Clinic September 2010, Case#1, CD#RK00348, 50F
To: kirihospital@gmail.com
Cc: rithychau@sihosp.org, "Fiamma, Kathleen M." <KFIAMMA@partners.org>

This is a large thyroid mass. The patient appears clinically euthyroid. I agree with TSH. While a goiter is clearly most likely, a malignancy is a consideration, even if the growth has been relatively slow. I think that ultrasound is necessary and a biopsy should be performed if the mass is solid. If biopsy is not available, then we should give consideration to removal, if solid.
Please let me know.

Giuseppe Barbesino M.D.

From: **Cornelia Haener** <corneliahaener@sihosp.org>
Date: Thu, Sep 23, 2010 at 12:00 AM
Subject: RE: Rattanakiri TM Clinic September 2010, Case#1, CD#RK00348, 50F
To: Kiri Hospital Telemedicine <kirihospital@gmail.com>, Lim kruy <kruylim@yahoo.com>, rithychau@sihosp.org, kfiamma@partners.org, jkvedar@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear Mr. Vanthan and Mr. Polo,

Thanks for submitting this cases.
I agree with your plan.

Kind regards
Dr. Cornelia

From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>
Date: Wed, Sep 22, 2010 at 5:23 PM
Subject: Rattanakiri TM Clinic September 2010, Case#2, HT#RK00353, 27M
To: "Choy, Garry,M.D." <GCHOY@partners.org>, Lim kruy <kruylim@yahoo.com>, rithychau@sihosp.org, jkvedar@partners.org, kfiamma@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

This is case number 2, HT#RK 00353,27M and Photos.

Best regards,
MA Vanthan/ Polo

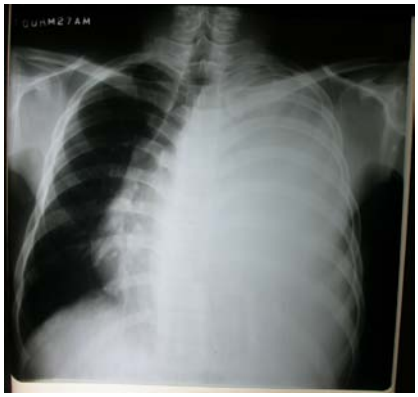
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: HT#RK00353, 27M (Phak Nam Village, Veun Sai)

Chief Complaint: Fever, SOB for 10d

HPI: 27M, farmer, presented with symptoms of fever, SOB, dry cough, chest tightness, he bought medicine from pharmacy (unknown name) but his symptoms no better so on September 17, 2010, he come to referral hospital and admitted to Medicine and treated with IV fluid Lactate Ringer 1L per day, Ampicillin 2g bid IV, Gentamycin 80mg qd, Bromexine 1t po bid, paracetamol 500mg 1t qid prn. CXR show opacity on left lung, pleural aspiration with drainage 1.5L and pleural fluid result numerous WBC and neg TB.

PMH/SH: Unremarkable



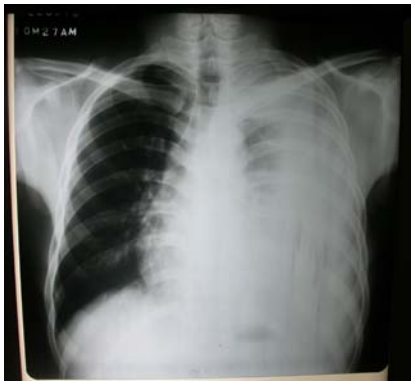
Social Hx: No cig smoking, casual alcohol drinking

Medication: Unknown name medicine at home for a few days

Allergies: NDKA

Family Hx: None

ROS: Unremarkable



PE:
Vital Signs: BP: 140/91 P: 89 R: 20 T: 37
Wt: 51Kg

General: stable, Tachypnea

HEENT: No oropharyngeal lesion, pink conjonctiva, no thyroid enlargement, no JVD

Chest: No BS on left side, dullness to percussion, on right side, CTA, no rales, no rhochi, no rales, no rhonchi; R RRR, no murmur

Abdomen: Soft, flat, no HSM, + BS, no tender, no surgical bruit

Extremity/Skin: No edema, no lesion

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

Lab/Studies Requests:

CXR show opacity on left lung, and other CXR after aspiration show opacity but better than the first one

Assessment:

1. Pleural effusion
2. PTB?
3. Pneumonia

Plan:

1. Aspiration of pleural fluid and send specimen to SHCH for Cell count, Gluc, protein, AFB
2. Erythromycin 500mg 1t po bid for 14d
3. Paracetamol 500mg 1t po qid prn

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

Examined by: MA Lok Vanthan **Date: September 22, 2010**

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

From: **Garry Choy MD** <gchoy@partners.org>
Date: Thu, Sep 23, 2010 at 11:44 AM
Subject: Re: Rattanakiri TM Clinic September 2010, Case#2, HT#RK00353, 27M
To: Kiri Hospital Telemedicine <kirihospital@gmail.com>, Lim kruy <kruylim@yahoo.com>, rithychau@sihosp.org, jkvedar@partners.org, kfiamma@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

Frontal chest radiograph demonstrates a large effusion, likely loculated that could represent empyema or malignant effusion secondary to underlying mass. Pleural fluid aspiration would be helpful to identify if any malignant cells vs. infection.

Garry

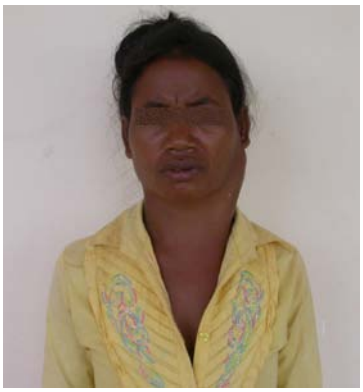
From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>
Date: Wed, Sep 22, 2010 at 5:28 PM
Subject: Case number 3, KR#RK00352, 39F
To: Cornelia Haener <corneliahaener@sihosp.org>, "Choy, Garry,M.D." <GCHOY@partners.org>, rithychau@sihosp.org, Lim kruy <kruylim@yahoo.com>, jkvedar@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, kfiamma@partners.org
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear All,

This is case number 3, KR#RK00352, 38F and photos.

Best regards,
MA Vanthan/Polo

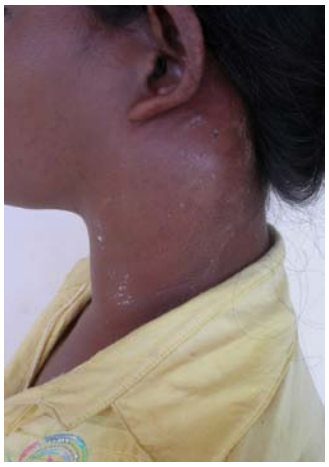
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine



Patient: **KR#RK00352, 38F (Svay Village, Ochhum)**

Chief Complaint: Left neck mass with pain for 2 months

HPI: 38F, farmer, presented with thump size mass on left neck and progressive developed bigger, and fever, pain. One month later, she was admitted to Medicine ward with diagnosis of cervical adenitis and treated Ampicillin 1g tid, Gentamycin 80mg bid, and Paracetamol 500mg 1t po qid prn for 10d then the mass seem not better, so the doctors discussed and decided to refer her to TB ward and treated for TB. She noted other small mass on right side of the neck in these 2 weeks and swallowing with pain.



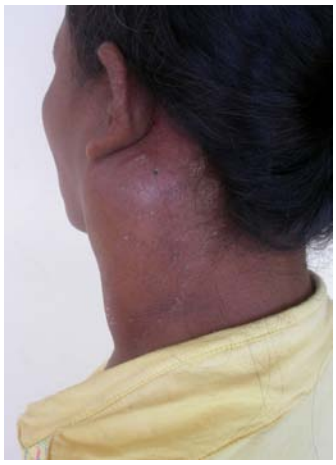
PMH/SH: Unremarkable

Family Hx: None

Social Hx: no cig smoking, drinking alcohol casually

Medication: TB medication

Allergies: NKDA



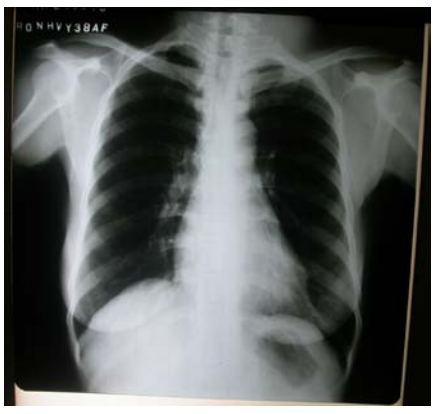
ROS: Unremarkable

PE:
Vital Signs: BP: 93/74 P: 100 R: 22 T: 38.3 Wt: 45kg

General: Look sick

HEENT: No oropharyngeal lesion, pink conjunctiva, neck mass about 8 x 10cm on left side, firm, warmth, erythema, tender, and small mass about 1x2cm on right side

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



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

Extremities/Skin: No leg edema, no lesion

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

Lab/Study:

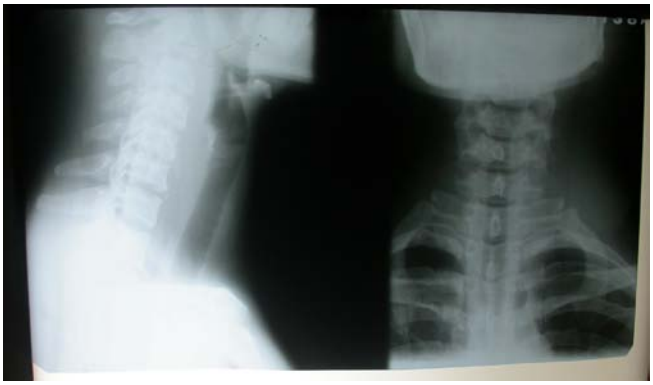
WBC =10100/mm3
RBC =4530000/mm3
Hb =12
Ht =33%
Plt =256000

Assessment:

1. Lymphoma?
2. Melioidosis??
3. TB lymph node?

Plan:

1. Cloxacillin 500mg 1t po qid for one week
2. Indomethacine 25mg 1t po tid for 10d
3. Do FNA for cytology at SHCH



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

Examined by: MA Koh Polo
Date: September 22, 2010

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

From: **Cornelia Haener** <corneliahaener@sihosp.org>
Date: Wed, Sep 22, 2010 at 11:59 PM
Subject: RE: Case number 3, KR#RK00352, 39F
To: Kiri Hospital Telemedicine <kirihospital@gmail.com>, "Choy, Garry,M.D." <GCHOY@partners.org>, rithychau@sihosp.org, Lim kruy <kruylim@yahoo.com>, jkvedar@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, kfiamma@partners.org
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear Mr. Polo,

Thanks so much for this case and your differential diagnosis. I agree that melioidosis is something to be considered.In this case, I would suggest that you try to get material for culture as well and put her rather on Augmentin instead of Cloxacillin. Augmentin is an alternative treatment for Melioidosis.

Kind regards
Dr. Cornelia

From: **Garry Choy MD** <gchoy@partners.org>
Date: Thu, Sep 23, 2010 at 11:42 AM
Subject: Re: Case number 3, KR#RK00352, 39F
To: Kiri Hospital Telemedicine <kirihospital@gmail.com>, Cornelia Haener <corneliahaener@sihosp.org>, rithychau@sihosp.org, Lim kruy <kruylim@yahoo.com>, jkvedar@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, kfiamma@partners.org
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

I reviewed the radiographs of the neck (lateral and frontal views) and CXR (Frontal view) - There is soft tissue swelling in the left neck concerning for enlarged lymph node or other soft tissue mass – FNA would definitely be helpful. Chest x-ray is clear – no obvious masses or consolidations on provided view.

Garry

From: OLGA MEYER <osmuldersmeye@partners.org>
Date: Wed, 22 Sep 2010 17:59:27 -0400
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
Conversation: Case number 3, KR#RK00352, 39F
Subject: Re: Case number 3, KR#RK00352, 39F

When you come across a neck mass you have to decide if the etiology is congenital, Inflammatory or a malignancy.

The patient did not respond to antibiotics in the past and it is very unlikely that her symptoms were consistent with cervical adenitis. Therefore I don't think that you should treat her with more antibiotics. She does not seem to have a Strep of Staph infection.

She is being treated for TB cervical adenitis and that is a possibility. Tuberculous lymphadenitis is among the most frequent presentations of extrapulmonary tuberculosis (TB). Tuberculous lymphadenitis in the cervical region is known as scrofula. This syndrome can also be caused by nontuberculous mycobacteria. The diagnosis would be made with a FNA of this lesion and a culture of fluid that might be present in this lesion. The pt should also be tested for HIV as she is more likely to have TB if she is HIV positive.

The congenital cystic lesions that can arise in this region present at a younger age usually.

She has had a mass which is getting bigger and is now causing dysphagia, which is a worrisome sign. The pt is neither young or old, but in general, the older a patient, especially patients older than 50 years who present with a neck mass, it is more likely it is a malignancy. Often it is metastatic spread from cancers involving the structures of the head and neck, the tongue, tonsils, the throat, the thyroid, the pharynx. Therefore you need to carefully examine her throat to detect any malignancy that might have spread to the neck .The fact that she is developing a lesion on the right side of the neck is worrisome for a malignant process. She could have Lymphoma as well, Hodgkins or Non Hodgkins.

She needs a FNA above anything else to exclude a malignancy and to confirm if she does or does not have TB. Treatment will should be based on the results of that test.

From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>
Date: Wed, Sep 22, 2010 at 5:38 PM
Subject: Case#4, KS#RK0251, 53M
To: Lim kruy <kruylim@yahoo.com>, rithychau@sihosp.org, kfiamma@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, jkvedar@partners.org
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear All.

This is case number 4, KS#RK00351, 53M and Photos.

Best regards,
MA Vanthan/ Polo

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

Patient: KS#RK00351, 53M (Oplong Village, Konmom)

Chief Complaint: Fatigue, polyuria and weight loss x 8 months

HPI: 53M presented with symptoms of fatigue, polyuria, polyphagia, polydypsia, and weight loss. His relative told it is symptoms of diabetes so he tasted his urine and it is sweet. He went to consult with local health center and advised him to referral hospital. He was not able to go. One month later, he presented with increased weight loss and developed swelling, erythema of foreskin of penis and difficult to pass urine. On September 20, 2010, he came to referral hospital and glucose checked with high result and treated with NSS 2L and treated Glibenclamide 5mg 1t po bid, MTV 1t po qd, Paracetamol 500mg 1t po qid prn.

PMH/SH: BKA due to mine explosion in the past 20y; surgery to remove mine shard on thigh in 2009

Social Hx: heavy alcohol Drinking and smoking, he said he stopped both for one month

Medication: No before admission to hospital

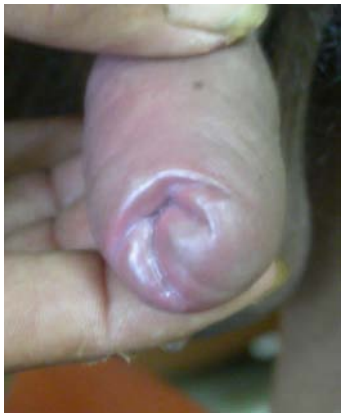
Allergies: NDKA

Family Hx: Unremarkable

ROS: no HA, no cough, no chest pain, no nausea, no vomiting, no hematuria, no oliguria.

PE:
Vital Signs: BP: 90/58 P: 73 R: 20 T: 37 Wt: 40Kg

General: look sick and cachexia



HEENT: No oropharyngeal lesion, pale conjonctiva, no thyroid enlargement, no JVD

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

Abdomen: soft, flat, no HSM, + BS, no mass palpable, no tender.

Extremity/Skin: Weak dorsalis pedis and posterior tibial pulse, BKA stump

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

GU: Swelling, erythema, tender of the foreskin of penis, no discharge

Lab/Studies Requests:

On September 20, 2010

Ca2+	=6.5	[8.1 – 10.4]
Gluc	=316.1	[75 – 115]
TG	=460	[60 – 165]

On September 22, 2010
RBS: high
U/A

Assessment:

1. DMII
2. Infection of foreskin

Plan:

1. Glibenclamide 5mg 1t po bid
2. Ibuprofen 200mg 3t po bid for 7d
3. MTV 1t po qd for one month
4. Paracetamol 500mg 1t po qid prn fever
5. IV fluid 2L per day
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Tot chole and HbA1C at SHCH

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

Examined by: MA Lok Vanthan **Date: September 22, 2010**

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

No answer replied

From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>
Date: Wed, Sep 22, 2010 at 5:41 PM
Subject: Case#5, NT#RK00346, 16F
To: kfiamma@partners.org, jkvedar@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, Lim kruy <kruylim@yahoo.com>, rithychau@sihosp.org
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

This is case number 5, NT#RK00346, 16F and photos.

Best regards,
MA Vanthan/Polo

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

Patient: NT#RK00346, 16F (Sre Chhauk Village, Lumphat**)**

Chief Complaint: Seizure x 10y

HPI: 16F presented with symptoms of seizure for 10y. The seizure started when she was 6 years old and with characteristic of tonic-clonic generalized muscle contraction. The seizure last in about 5mn and attack every 4-5months. Before the seizure attack, she presented with HA, ear ringing and blurred vision. She can remember the event of seizure and the seizure increased duration to about 30mn in these three years. She got treatment with traditional medicine and no trauma history. No seizure attack in these four months.

PMH/SH: Unremarkable

Family Hx: No family history of seizure

Medication: Traditional medicine

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 112/78 P: 111 R: 20 T: 37 Wt: 42kg

General: Look stable

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

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

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

Extremities/Skin: No leg edema, no lesion

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

Lab/Study: None

Assessment:

1. Epilepsy

Plan:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT at SHCH

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

Examined by: Nurse Sovann Peng **Date: September 22, 2010**

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

No answer replied

From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>
Date: Wed, Sep 22, 2010 at 5:43 PM
Subject: Case#6, SP#RK00349, 4F
To: Cornelia Haener <corneliahaener@sihosp.org>, rithychau@sihosp.org, Lim kruy <kruylim@yahoo.com>, kfiamma@partners.org, jkvedar@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

This is case number 6, SP#RK00349, 4F and photos.

Best regards,
MA Vanthan/Polo

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

Patient: SP#RK00349, 4F (Village VI, Labansirk**)**

Chief Complaint: Neck mass x 4y

HPI: 4F brought to consult with Telemedicine clinic complaining of neck mass on the neck on her daughter. First a thumb size lump presented on the left side of the neck, soft, no redness, no warmth when her baby was 1 month. It progressively developed bigger to about 6 x 8cm in four years. She noted a few small lump on the body and sometimes bleed. This year, other small lump presented on the right side of neck and on right arm. She brought to local referral hospital and was advised to seek care at Phnom Penh but she was not able to go.

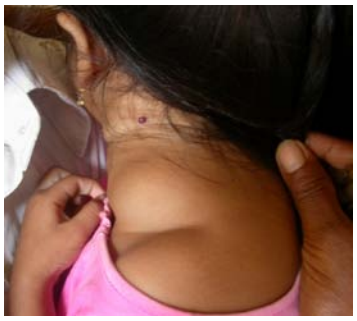
PMH/SH: Unremarkable

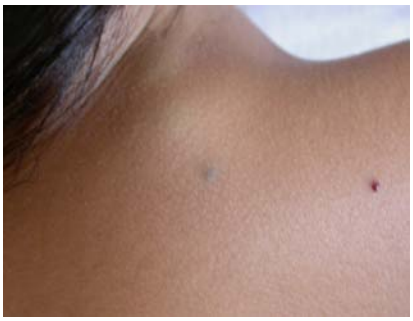
Family Hx: None

Medication: None

Allergies: NKDA

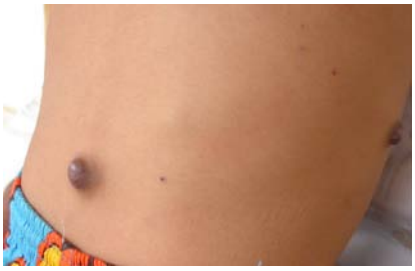
ROS: Unremarkable





PE:
Vital Signs: BP: P: 130 R: 26 T: 37 Wt: 10kg

General: Look stable

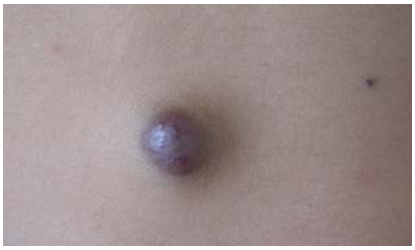


HEENT: No oropharyngeal lesion, pink conjunctiva, fluctuation mass about 6 x 8cm on left side of the neck and about 1 x 1cm on the right side of neck, no tender, no swelling, no erythema, no lymph node palpable.

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

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

Extremities/Skin: Small fluctuation nodule on the back and body



Lab/Study: None

Assessment:

1. Lymphoma??

Plan:

1. Refer to SHCH for consultation

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

Examined by: Nurse Sovann Peng **Date: September 22, 2010**

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

From: **Cornelia Haener** <corneliahaener@sihosp.org>
Date: Wed, Sep 22, 2010 at 11:56 PM
Subject: RE: Case#6, SP#RK00349, 4F
To: Kiri Hospital Telemedicine <kirihospital@gmail.com>, rithychau@sihosp.org, Lim kruy <kruylim@yahoo.com>, kfiamma@partners.org, jkvedar@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,
It would be better to refer her to a pediatric hospital like Kuntha Bopha. As she is only four years old.

Kind regards
Dr. Cornelia

From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>
Date: Wed, Sep 22, 2010 at 5:45 PM
Subject: Case#7, SS#RK00347, 12F
To: Lim kruy <kruylim@yahoo.com>, kfiamma@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, jkvedar@partners.org, rithychau@sihosp.org
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

This is case number 7, SS#RK00347, 12F and photos.

Best regards,
MA Vanthan/Polo

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

Patient: SS#RK00347, 12F (Sre Chhauk Village, Lumphat**)**

Chief Complaint: Seizure x 4y

HPI: 12F, grade 2 student, presented with symptoms of seizure for 4y. The seizure started previous sensation of muscle contraction, HA, ear ringing and blurred vision. It is tonic-clonic muscle contraction, no stool or urinary incontinence, last for about 5mn in each attack with 2 to 3 months interval. The duration of seizure increased from about 5mn to 30mn in this year. Her father bought medicine for seizure from pharmacy taking 1/2t po bid for 10d but the seizure still persists. No seizure attack in these two months.

PMH/SH: Unremarkable

Family Hx: No family history of seizure

Medication: Unknown name medicine for seizure 1/2t po bid, stop 1 month

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 90/64 P: 116 R: 20 T: 37 Wt: 32kg

General: Look stable

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

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

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

Extremities/Skin: No leg edema, no lesion

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

Lab/Study: None

Assessment:
1. Epilepsy

Plan:
1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT at SHCH

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

Examined by: Nurse Sovann Peng **Date: September 22, 2010**

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

No answer replied

From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>
Date: Wed, Sep 22, 2010 at 5:47 PM
Subject: Case#8, SS#RK00350, 35F
To: Cornelia Haener <corneliahaener@sihosp.org>, Lim kruy <kruylim@yahoo.com>, rithychau@sihosp.org, kfiamma@partners.org, jkvedar@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

This is case number 8, SS#RK350, 35F and photos.

Best regards,
MA Vanthan/Polo

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

Patient: SS#RK00350, 35F (Sre Teahean Village, Lumphat**)**

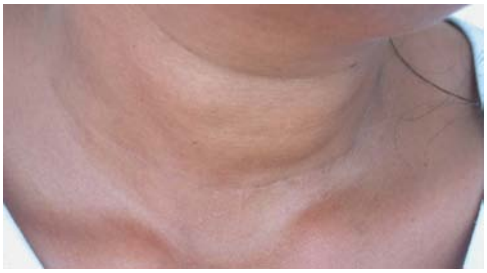
Chief Complaint: Palpitation for 3y

HPI: 35F, farmer, with previous history of thyroid surgery in the past 10 years. After surgery her thyroid symptoms became better and recurred again in these three years with symptoms of palpitation, heat intolerance, tremor and insomnia. She didn't seek medical consultation and these two months, her palpitation increased with frequency and morning sickness, fatigue, poor appetite. She went to consult with local health center and told she has two month pregnancy and given her with FeSO4/Folic acid. She denied of HA, Cough, fever, SOB, stool with blood or mucus, hematuria, oliguria, and edema

PMH/SH: Unremarkable

Family Hx: Brother with goiter

Social Hx: NO alcohol drinking, no cig smoking, 3 children



Medication: None

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 126/87 P: 93 R: 20 T: 37 Wt: 56kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, small neck mass about 1x1cm, smooth, mobile on swallowing, no tender, no bruit, completly healed surgical scar about 8cm, no lymph node palpable

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

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

Extremities/Skin: No leg edema, no lesion

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

Lab/Study:
U/A normal Pregnancy test (+)

Assessment:
1. Thyroid dysfunction
2. Two months pregnancy

Plan:
1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH at SHCH
2. Seek antenatal care with local health center

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

Examined by: Nurse Sovann Peng **Date: September 22, 2010**

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

From: **Cornelia Haener** <corneliahaener@sihosp.org>
Date: Wed, Sep 22, 2010 at 11:54 PM
Subject: RE: Case#8, SS#RK00350, 35F
To: Kiri Hospital Telemedicine <kirihospital@gmail.com>, Lim kruy <kruylim@yahoo.com>, rithychau@sihosp.org, kfiamma@partners.org, jkvedar@partners.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear MA Vanthan and Mr. Polo,

I agree with your plan.

Kind regards
Dr. Cornelia

From: **Kiri Hospital Telemedicine** <kirihospital@gmail.com>
Date: Wed, Sep 22, 2010 at 5:51 PM
Subject: Rattanakiri TM Clinic September 2010, Case#9, TY#RK00245, 13M
To: Lim kruy <kruylim@yahoo.com>, kfiamma@partners.org, rithychau@sihosp.org, Paul Heinzelmann <paul.heinzelmann@gmail.com>, jkvedar@partners.org
Cc: bernie@media.mit.edu, thero@cambodiadaily.com, "Lauriebachrach@Yahoo. Com" <lauriebachrach@yahoo.com>

Dear all,

this is last case for Rattanakiri TM Clinic September 2010, TY#RK00245, 13M and photos.

Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly. Thank you very much for your cooperation and support in this project.

Best regards,
MA Vanthan/Polo

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

Patient: TY#RK00345, 13M (Kalai Village, Lumphat**)**

Chief Complaint: Seizure x 1y

HPI: 13M, grade 4 student, presented with symptoms of seizure for 1y. The patient noted a feeling of HA, blurred vision, ear ringing, then the seizure occurs in a few minutes. The seizure last in about 5mn and attacked every 2 to 3 months. It is tonic-clonic generalized muscle contraction and no foamy from the mouth, no stool or urine incontinence.

He was brought to local HC and treated with IV fluid and the seizure still present. His father denied of previous trauma and seizure attack during these two months.

PMH/SH: Unremarkable

Family Hx: No family history of seizure

Medication: None

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 88/57 P: 64 R: 22 T: 37 Wt: 32kg

General: Look stable

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

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

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

Extremities/Skin: No leg edema, no lesion

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

Lab/Study: None

Assessment:
1. Epilepsy

Plan:
1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT at SHCH

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

Examined by: Nurse Sovann Peng **Date: September 22, 2010**

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

No answer replied

Follow-up Report for Rattanakiri TM Clinic

There were 9 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 9 cases was transmitted and received replies from both Phnom Penh and Boston, other 15 patients came for follow up and refill medication only. 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 September 2010

1. CD#RK00348, 50F (Bake Village, Veun Sai)
Diagnosis:

1. Nodular goiter

Treatment:

1. Draw blood for TSH and Free T4 at SHCH

Lab result on September 24, 2010

TSH	=0.61	[0.27 - 4.20]
Free T4	=14.31	[12.0 - 22.0]

2. HT#RK00353, 27M (Phak Nam Village, Veun Sai)
Diagnosis:

1. Pleural effusion
2. PTB?
3. Pneumonia

Treatment:

1. Aspiration of pleural fluid
2. Erythromycin 500mg 1t po bid for 14d
3. Paracetamol 500mg 1t po qid prn

3. KR#RK00352, 38F (Svay Village, Ochhum)
Diagnosis:

1. Lymphoma?
2. Melioidosis??
3. TB lymph node?

Treatment:

1. Augmentin 600mg/5cc 10cc po bid for 10d
2. Indomethacine 25mg 1t po tid for 10d
3. Do FNA for cytology at SHCH

FNA result on September 24, 2010

Microscopy: the cytology smears of FNA present many red blood cells with neutrophils, lymphoid cells without evidence of atypical cells for malignancy

Conclusion: Non-specific lymphadenitis

4. KS#RK00351, 53M (Oplong Village, Konmom)
Diagnosis:

1. DMII
2. Infection of foreskin

Treatment:

1. Glibenclamide 5mg 1t po bid (#200)
2. Ibuprofen 200mg 3t po bid for 7d
3. MTV 1t po qd for one month
4. Paracetamol 500mg 1t po qid prn fever
5. IV fluid 2L per day

5. NT#RK00346, 16F (Sre Chhauk Village, Lumphat)
Diagnosis:

1. Epilepsy

Treatment:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT at SHCH

Lab result on September 23, 2010

WBC	=7.5	[4 - 11x10^9/L]	Na	=137	[135 - 145]
RBC	=6.2	[3.9 - 5.5x10^{12}/L]	K	=4.3	[3.5 - 5.0]
Hb	=11.3	[12.0 - 15.0g/dL]	Cl	=105	[95 – 110]
Ht	=37	[35 - 47%]	BUN	=2.0	[0.8 - 3.9]
MCV	=60	[80 - 100fl]	Creat	=70	[44 - 80]
MCH	=18	[25 - 35pg]	Gluc	=5.8	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	SGOT	=25	[<31]
Plt	=358	[150 - 450x10^9/L]	SGPT	=24	[<32]
Lym	=1.8	[1.0 - 4.0x10^9/L]			

6. SP#RK00349, 4F (Village VI, Labansirk)
Diagnosis:

1. Lymphoma??

Treatment:

1. Refer to Kantha Bopha hospital for evaluation

7. SS#RK00347, 12F (Sre Chhauk Village, Lumphat)
Diagnosis:

1. Epilepsy

Treatment:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT at SHCH

Lab result on September 23, 2010

WBC	=9.8	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=4.1	[3.9 - 5.5x10^{12}/L]	K	=4.2	[3.5 - 5.0]
Hb	=11.0	[12.0 - 15.0g/dL]	Cl	=105	[95 – 110]
Ht	=35	[35 - 47%]	BUN	=2.0	[0.8 - 3.9]
MCV	=84	[80 - 100fl]	Creat	=75	[44 - 80]
MCH	=27	[25 - 35pg]	Gluc	=6.1	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	SGOT	=24	[<31]
Plt	=263	[150 - 450x10^9/L]	SGTP	=19	[<32]
Lym	=3.6	[1.0 - 4.0x10^9/L]			

8. SS#RK00350, 35F (Sre Teahean Village, Lumphat)
Diagnosis:

1. Thyroid dysfunction
2. Two months pregnancy

Treatment:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH, free T4 and T3 at SHCH
2. Seek antenatal care with local health center

Lab result on September 23, 2010

WBC	=7.6	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=5.0	[3.9 - 5.5x10^{12}/L]	K	=3.9	[3.5 - 5.0]
Hb	=11.3	[12.0 - 15.0g/dL]	Cl	=105	[95 – 110]
Ht	=37	[35 - 47%]	BUN	=0.9	[0.8 - 3.9]
MCV	=74	[80 - 100fl]	Creat	=57	[44 - 80]
MCH	=23	[25 - 35pg]	Gluc	=5.8	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	TSH	=<0.005	[0.27 - 4.20]
Plt	=322	[150 - 450x10^9/L]	Free T4	=62.12	[12.0 – 22.0]
Lym	=2.7	[1.0 - 4.0x10^9/L]	Free T3	=14.90	[2.0 – 4.4]
Mxd	=0.7	[0.1 - 1.0x10^9/L]			
Neut	=4.2	[1.8 - 7.5x10^9/L]			

9. TY#RK00345, 13M (Kalai Village, Lumphat)
Diagnosis:

1. Epilepsy

Treatment:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT at SHCH

Lab result on September 23, 2010

WBC	=8.0	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=4.9	[4.6 - 6.0x10^{12}/L]	K	=4.0	[3.5 - 5.0]
Hb	=11.3	[14.0 - 16.0g/dL]	Cl	=104	[95 – 110]
Ht	=40	[42 - 52%]	BUN	=1.0	[0.8 - 3.9]
MCV	=81	[80 - 100fl]	Creat	=66	[53 - 97]
MCH	=23	[25 - 35pg]	Gluc	=3.7	[4.2 - 6.4]
MHCH	=29	[30 - 37%]	SGOT	=48	[<37]
Plt	=377	[150 - 450x10^9/L]	SGTP	=42	[<42]
Lym	=3.2	[1.0 - 4.0x10^9/L]			

Patients who come for follow up and refill medicine

1. SP#RK00011, 53F (Village I, Yeak Lom)
Diagnosis:

1. Euthyroid

Treatment:

1. Draw blood for TSH and Free T4 at SHCH

Lab result on September 24, 2010

TSH	=<0.005	[0.27 - 4.20]
Free T4	=15.58	[12.0 - 22.0]

2. KY#RK00069, 61F (Village III)
Diagnosis:

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 1t po bid (#200)
2. Metformin 500mg 1t po bid (buy)
3. Captopril 25mg 1/2t po bid (buy)

4. ASA 300mg 1/4t po qd (#25)
5. Amitriptylin 25mg 1/2t po qhs (#50)
6. Draw blood for Gluc and HbA1C at SHCH

Lab result on September 23, 2010

Gluc =13.0 [4.2 - 6.4]
HbA1C =10.9 [4 - 6]

3. OT#RK00155, 45F (Bor Keo)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. Metformin 500mg 2t po bid (#400)
2. Captopril 25mg 1/2t po bid (#buy)
3. Atenolol 50mg 1/2t po bid (buy)
4. ASA 300mg ¼t po qd (#25)
5. Amitriptylin 25mg 1/2t po qhs (#50)
6. Insulin NPH 20UI qAM
7. Draw blood for HbA1C at SHCH

Lab result on September 23, 2010

HbA1C =12.3 [4 - 6]

4. EM#RK00193, 27F (Village I)
Diagnosis:

1. Subclinical hyperthyroidism

Treatment:

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

Lab result on September 24, 2010

TSH =0.38 [0.27 - 4.20]
Free T4 =>100 [12.0 - 22.0]

5. OH#RK00230, 59F (Village III)
Diagnosis:

1. Euthyroid
2. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd (#50)
2. Captopril 25mg 1/2t po bid (buy)

6. SV#RK00256, 43M (Village I)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid (buy)
2. Metformin 500mg 2t po bid (#400)
3. Draw blood for Gluc at SHCH

Lab result on September 23, 2010

Gluc =8.6 [4.2 – 6.4]

7. KC#RK00260, 44F (Village V)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po qhs (#100)
2. Draw blood for Gluc and HbA1C at SHCH

Lab result on September 23, 2010

Gluc	=9.3	[4.2 - 6.4]
HbA1C	=8.5	[4 - 6]

8. VC#RK00268, 66M (Bey Srok Village)
Diagnosis:

1. DMII

Treatment:

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

Lab result on September 23, 2010

Na	=136	[135 - 145]
K	=4.8	[3.5 - 5.0]
Cl	=108	[95 - 110]
BUN	=3.7	[0.8 - 3.9]
Creat	=114	[53 - 97]
Gluc	=11.2	[4.2 - 6.4]
HbA1C	=9.2	[4 - 6]

9. SS#RK00299, 46F (Thmey Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 2tab bid (#400)
2. ASA 300mg 1/4 tab qd (#25)
3. Fenofibrate 100mg 1tb qd (Buy)
4. Captopril 25mg 1/4 tab bid (buy)
5. Draw blood for Gluc and HbA1C at SHCH

Lab result on September 23, 2010

Gluc	=13.4	[4.2 - 6.4]
HbA1C	=8.0	[4 - 6]

10. NV#RK00306, 25M (Thmey Village)
Diagnosis:

1. DM

Treatment:

1. Glibenclamide 5mg 2t po bid (#400)
2. Captopril 1/4t po qd (buy)
3. ASA 300mg 1/4t po qd (buy)

11. SH#RK00311, 57F (Dey Lo Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid (#200)
2. Captopril 25mg 1/4t po qd (#buy)
3. ASA 300mg 1/4t po qd (#25)
4. Draw blood for Lyte, BUN, Creat, Gluc and HbA1C at SHCH

Lab result on September 23, 2010

Na	=139	[135 - 145]
K	=4.7	[3.5 - 5.0]
Cl	=107	[95 - 110]
BUN	=2.1	[0.8 - 3.9]
Creat	=79	[53 - 97]
Gluc	=8.7	[4.2 - 6.4]
HbA1C	=8.8	[4 - 6]

12. CT#RK00318, 31F (Village I)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#200)

13. TS#RK00320, 51M (Village V)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 2t po bid (#400)
2. Draw blood for Lyte, BUN, Creat, Gluc and HbA1C at SHCH

Lab result on September 23, 2010

Na	=138	[135 - 145]
K	=4.1	[3.5 - 5.0]
Cl	=103	[95 - 110]
BUN	=2.3	[0.8 - 3.9]
Creat	=154	[53 - 97]
Gluc	=12.4	[4.2 - 6.4]
HbA1C	=9.7	[4 - 6]

14. SS#RK00340, 47M (Village I, Labansirk commune)
Diagnosis:

1. DMII

Treatment:

1. Metformine 500mg 1t po bid (buy)
2. Glibenclamide 5mg 1t po bid (#200)
3. Review on diabetic diet

15. MC#RK00342, 50F (Village III, Labansirk commune)
Diagnosis:

1. Dyspepsia

Treatment:

1. Famotidine 40mg 1t po qhs

The next Rattanakiri TM Clinic will be held in December 2010