

**Telemedicine Clinic**  
*Rattanakiri*  
**Referral Hospital**  
**September 2011**

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

On Tuesday September 13 and Wednesday September 14, 2011, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 2 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 15, 2011, 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 9, 2011 at 7:44 AM

Subject: September 2011 Telemedicine Clinic at Rattanakiri referral hospital

To: Rithy Chau <rithychau@sihosp.org>, Cornelia Haener <corneliahaener@sihosp.org>, Kruey Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>

Cc: Bernie Krisher <bernie@media.mit.edu>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear All,

Please be informed that the TM clinic at Rattanakiri Referral Hospital will be held on Wednesday, September 14, 2011 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, September 15, 2011. 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 support in the project.

Best regards,  
Koh Polo

**From:** Hospital Rattanakiri Referral [mailto:[kirihospital@gmail.com](mailto:kirihospital@gmail.com)]

**Sent:** Wednesday, September 14, 2011 3:52 PM

**To:** Cornelia Haener; Kathleen M. Kelleher; Joseph Kvedar; Paul J. M.D. Heinzelmann; Rithy Chau; Kruy Lim

**Cc:** Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

**Subject:** Rattanakiri Telemedicine Clinic September 2011, Case#1, SN#RK00264, 25F

Dear all,

There are two new cases for Rattanakiri Telemedicine Clinic September 2011. This is case number 1, SN#RK00364, 25F and photo.

Best regards,  
Polo/Sovann

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



**Patient:** SN#RK00364, 25F (Village II, Trapang Chres commune)

**Chief Complaint:** Breast mass x 18 months

**HPI:** 24F, presented with a thumb size mass on left breast with pain, she had ultrasound done and advised to keep observe. One year later, she noticed other one mass so she had ultrasound again and told there are five small mass on left breast and 1 mass on right breast. The pain frequent occurs a few days

before menstruation and became less pain after but sometime the pain still present even the menstruation finished.

**PMH/SH:** Unremarkable

**Family Hx:** None

**Social Hx:** Single, no cig smoking, casually alcohol drinking

**Medication:** None

**Allergies:** NKDA

**ROS:** Regular menstrual period, LMP on July 29, 2011; Epigastric burning pain, burping with sour taste, radiate to the back, got worse during hungry and better with medicine (unknown name) she bought from pharmacy

**PE:**

**Vital Signs:** BP: 113/83      P: 85      R: 20      T: 36.5°C      Wt: 48kg

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement

**Breast:** Masses about 2x3cm, one on Upper inner and other one on upper outer of both breasts, firm, regular and smooth surface, mobile, mild tender, no axillary lymph node palpable

**Chest:** Clear to auscultation bilaterally, no rales, no rhonchi; H RRR, no murmur

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

**Extremities/Skin:** No leg edema, no lesion

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

**Lab/Study:**

Breast mass ultrasound conclusion: Fibroadenoma

**Assessment:**

1. Fibroadenoma of both breasts
2. GERD

**Plan:**

1. Keep observe the breast mass
2. Ibuprofen 200mg 2t po bid prn pain
3. Famo/CaCO3/Mg(OH)2 10/800/165mg chew 1t qhs for one month
4. GERD prevention education

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

**Examined by: Nurse Sovann Peng**

**Date: September 14, 2011**

Please send all replies to [kirihospital@gmail.com](mailto:kirihospital@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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From: **Cornelia Haener** <corneliahaener@sihosp.org>

Date: Wed, Sep 14, 2011 at 6:07 PM

Subject: RE: Rattanakiri Telemedicine Clinic September 2011, Case#1, SN#RK00264, 25F

To: Hospital Rattanakiri Referral <kirihospital@gmail.com>, "Kathleen M. Kelleher"

<kfiamma@partners.org>, Joseph Kvedar <jkvedar@partners.org>, "Paul J. M.D. Heinzelmann"

<paul.heinzelmann@gmail.com>, Rithy Chau <rithychau@sihosp.org>, Krui Lim <kruylim@yahoo.com>

Cc: Bernie Krisher <bernie@media.mit.edu>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear Polo and Sovann,

I agree with your assessment and plan. Sometimes, a course of contraceptives helps if the pain is more severe right before menstruation.

Kind regards

Cornelia

**From:** "Hughes, Kevin S.,M.D." <[KSHUGHES@PARTNERS.ORG](mailto:KSHUGHES@PARTNERS.ORG)>  
**Date:** September 17, 2011 3:34:02 AM EDT  
**To:** "Fiamma, Kathleen M." <[KFIAMMA@PARTNERS.ORG](mailto:KFIAMMA@PARTNERS.ORG)>  
**Subject: Re: Rattanakiri Telemedicine Clinic September 2011, Case#1, SN#RK00264, 25F**

I think this approach makes sense but in the US we routinely biopsy these masses ( either cytology or core biopsy).

I am not sure that is a good use of resources but if resources permit, we would biopsy

Kevin S. Hughes, M.D., FACS  
Surgical Director,Breast Screening  
Co-Director, Avon Comprehensive Breast Evaluation Center  
Massachusetts General Hospital  
55 Fruit Street, Yawkey 7  
Boston, Massachusetts 02114

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**From:** Hospital Rattanakiri Referral [mailto:[kirihospital@gmail.com](mailto:kirihospital@gmail.com)]  
**Sent:** Wednesday, September 14, 2011 3:56 PM  
**To:** Cornelia Haener; Kathleen M. Kelleher; Kruiy Lim; Rithy Chau; Joseph Kvedar; Paul J. M.D. Heinzelmann  
**Cc:** Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach  
**Subject:** Rattanakiri Telemedicine Clinic September 2011, Case#2, SB#RK00365, 51F

Dear all,

This is case number 2, SB#RK00265, 51F and photo. Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly.

Thank you very much for you cooperation and support in this project.

Best regards,  
Polo/Sovann

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



**Patient:** SB#RK00365, 51F (Village VI, Labansirk commune)

**Chief Complaint:** Right flank pain x 6 years

**HPI:** 51F, housewife, presented with symptoms of sharp pain on right flank without radiation and consulted with some doctors in province and treated with some medicine not better so she went to see doctor in Viet Nam. She was examined with ultrasound result of stone in (kidney/ureter) and had surgery done to remove stone. Three years later, she have had the same kind of above pain and went to Viet Nam again and found some small stones in kidney, liver and bile duct and treated with some medicine and follow up every month. In August 2011, she noticed enlargement of anterior neck and consult with doctor and lab result show TSH 0.29 (0.4 – 7); Free T4 12.4 (5 – 13), T3: 1.8 (0.8 – 1.9) and treated with antithyroid medicine (unknown name) 3t qd.

**PMH/SH:** Unremarkable

**Family Hx:** None

**Social Hx:** No cig smoking, no tobacco chewing, casually alcohol drinking, 4 children

**Medication:**

1. Antithyroid (unknown name) 3t qd
2. Traditional medicine

**Allergies:** NKDA

**ROS:** 2y post menopause; (+) cold extremity, (+) insomnia, no cold/heat intolerance, no tremor, no fever, no chest pain, no palpitation, no edema. no oliguria, no dysuria

**PE:**

**Vital Signs:** BP: 101/67      P: 75      R: 20      T: 37°C      Wt: 50kg

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no icterus, diffuse thyroid enlargement, smooth surface, mobile on swallowing, no tender, no bruit, no lymph node palpable

**Chest:** Clear to auscultation bilaterally, no rales, no rhonchi; H RRR, no murmur

**Abdomen:** Soft, no distension, (+) BS, no HSM, tender on right side to costovertebral angle, surgical scar about 10cm on right flank

**Extremities/Skin:** No leg edema, no lesion

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

**Lab/Study:**

Done today September 14, 2011

Blood sugar: 109mg/dl

U/A: protein 2+

Abdominal Ultrasound

Several stone (biggest 13mm) in right kidney and several stones in intrahepatic duct

**Assessment:**

1. Kidney stone
2. Hepatic stone
3. Goiter

**Plan:**

1. Drink plenty of water and eat low fats diet and do regular exercise
2. Ibuprofen 200mg 3t po bid prn pain
3. Draw blood for Lyte, BUN, Creat, TSH and Free T4 at SHCH

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

**Examined by: Nurse Sovann Peng**

**Date: September 14, 2011**

Please send all replies to [kirihospital@gmail.com](mailto:kirihospital@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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From: **Cornelia Haener** <corneliahaener@sihosp.org>

Date: Wed, Sep 14, 2011 at 6:13 PM

Subject: RE: Rattanakiri Telemedicine Clinic September 2011, Case#2, SB#RK00365, 51F

To: Hospital Rattanakiri Referral <kirihospital@gmail.com>, "Kathleen M. Kelleher"

<kfiamma@partners.org>, Kruy Lim <kruylim@yahoo.com>, Rithy Chau <rithychau@sihosp.org>, Joseph

Kvedar <jkvedar@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>

Cc: Bernie Krisher <bernie@media.mit.edu>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear Polo and Sovann,

Thanks for submitting this case. The biliary situation is very difficult. Most likely, she has multiple intrahepatic stones due to parasites and chronic cholangitis. These stones are usually pigment stones and do not depend on fat intake. Thus no need for low fat diet unless cholesterol and TG are high. As she has follow up in Vietnam, I suggest that she continues to go there. ERCP might be the only help for her.

Kind regards

Cornelia

**From:** "Fang, Leslie S.,M.D." <[LFANG@PARTNERS.ORG](mailto:LFANG@PARTNERS.ORG)>

**Date:** September 15, 2011 7:52:28 AM EDT

**To:** "Fiamma, Kathleen M." <[KFIAMMA@PARTNERS.ORG](mailto:KFIAMMA@PARTNERS.ORG)>

**Subject: Re: Rattanakiri Telemedicine Clinic September 2011, Case#2, SB#RK00365, 51F**

She is clearly a recurrent stone former

Can we check serum PTH, 24 hour urine collections for urinary calcium, uric acid, citrate and oxalate?

Leslie Fang, MD

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**Thursday, September 15, 2011**

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**Follow-up Report for Rattanakiri TM Clinic**

There were 2 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 2 cases was transmitted and received replies from both Phnom Penh and Boston, and other 8 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 2011**

### **1. SN#RK00364, 25F (Village II, Trapang Chres commune)**

#### **Diagnosis:**

1. Fibroadenoma of both breasts
2. GERD

#### **Treatment:**

1. Keep observe the breast mass
2. Ibuprofen 200mg 2t po bid prn pain (buy)
3. Famo/CaCO<sub>3</sub>/Mg(OH)<sub>2</sub> 10/800/165mg chew 1t qhs for one month (#30)
4. GERD prevention education

### **2. SB#RK00365, 51F (Village VI, Labansirk commune)**

#### **Diagnosis:**

1. Kidney stone
2. Hepatic stone
3. Goiter

#### **Treatment:**

1. Drink plenty of water and eat low fats diet and do regular exercise
2. Ibuprofen 200mg 3t po bid prn pain (#30)
3. Keep follow up with doctor at Viet Nam

## **Patients who came for follow up and refill medicine**

### **1. EB#RK00078, 41F (Village IV), KON MOM**

#### **Diagnosis:**

1. CHF
2. Incompleted RBBB

#### **Treatment:**

1. Captopril 25mg 1/2t po qd (buy)
2. Digoxin 0.25mg 1t po qd (buy)
3. Spironolactone 25mg 1t po bid (#150)

### **2. OT#RK00155, 45F (Bor Keo)**

#### **Diagnosis:**

1. HTN
2. DMII

#### **Treatment:**

1. Metformin 500mg 2t po bid (#240)
2. Captopril 25mg 1/2t po bid (#buy)
3. Atenolol 50mg 1/2t po bid (buy)

4. ASA 300mg ¼t po qd (#16)
5. Amitriptylin 25mg 1/2t po qhs (#30)
6. Insulin NPH 23UI qAM and 5UI qPM

**3. SV#RK00256, 43M (Village I)**

**Diagnosis:**

1. DMII
2. HTN
3. Hypertriglyceridemia

**Treatment:**

1. Glibenclamide 5mg 1t po bid (#60)
2. Metformin 500mg 2t po bid (#200)
3. Captopril 25mg 1/4t po bid (buy)
4. Fenofibrate 100mg 1t po qd (buy)

**4. VC#RK00268, 66M (Bey Srok Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Metformin 500mg 2t po qAM and 3t qPM (#200)
2. Glibenclamide 5mg 2t po bid (#100)
3. Captopril 25mg 1/2t po bid (buy)
4. ASA 300mg 1/4t po qd (#16)

**5. CT#RK00318, 31F (Village I)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid (#200)

**6. TS#RK00320, 51M (Village V)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 2t po bid (#200)
2. Captopril 25mg 1/4t po bid (buy)

**7. HY#RK00341, 41M (Village VI, Labansirk commune)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Metformine 500mg 1t po bid (#120)
2. Glibenclamide 5mg 2t po bid (#200)
3. Atenolol 50mg 1/2t po qd (buy)
4. Captopril 25mg 1/2t po bid (buy)
5. Amitriptylin 25mg 1/4t po qhs (buy)

**8. NS#RK00356, 60F (Village I, Kachagn)**

**Diagnosis:**

1. DMII with PNP
2. HTN

**Treatment:**

1. Glibenclamide 5mg 2t po bid (#200)



2. Metformin 500mg 1t po bid (#120)
  3. Captopril 25mg 2t po bid (buy)
  4. HCTZ 25mg 1t po qd (#60)
  5. ASA 81mg 1t po qd (buy)
  6. Fenofibrate 100mg 1t po qhs (buy)
  7. Amitriptylin 25mg 1/2t po qhs (buy)
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**The next Rattanakiri TM Clinic will be held in  
December 2011**