April 2003 Telemedicine Clinic in Robib

Report and photos submitted by David Robertson

On Tuesday, April 1, 2003, Sihanouk Hospital Center of Hope nurse Koy Somontha gave the monthly Telemedicine examinations at the Robib Health Clinic. David Robertson transcribed examination data and took digital photos, then transmitted and received replies from several Telepartners physicians in Boston and from the Sihanouk Hospital Center of Hope (SHCH) in Phnom Penh.

The following day, all patients returned to the Robib Health Clinic. Nurse "Montha" discussed advice received from the physicians in Boston and Phnom Penh with the patients.

Following are the e-mail, digital photos and medical advice replies exchanged between the Telemedicine team in Robib, Telepartners in Boston, and the Sihanouk Hospital Center of Hope in Phnom Penh:

Date: Mon, 31 Mar 2003 07:45:55 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Reminder, Cambodia Telemedicine, April 1st
To: "Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG>,
ggumley@bigpond.com.kh, Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>,
"Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
KKELLEHER@PARTNERS.ORG, "Gere, Katherine F."
<KGERE@PARTNERS.ORG>,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
AAfC Cambodiathhth <aafc@forum.org.kh>,
"Cataldo, Christine" <CCATALDO@PARTNERS.ORG>

Please reply to dmr@media.mit.edu

Dear All:

A quick reminder that the next Telemedicine clinic in Robib, Cambodia takes place this Tuesday, April 1st, 2003.

We'll have the follow up clinic at 8:00am, Wednesday, April 2nd (8:00pm, Tuesday, April 1st in Boston.) Best if we could receive your e-mail advice before this time.

Thanks again for your kind assistance.

Sincerely,

David

Date: Tue, 1 Apr 2003 05:20:46 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #1: CHOURB CHORK, Cambodia Telemedicine, April 1st
To: "Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG>,

ggumley@bigpond.com.kh, Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>
Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
KKELLEHER@PARTNERS.ORG,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
AAfC Cambodiathhth <aafc@forum.org.kh>

Please reply to dmr@media.mit.edu

Telemedicine Clinic in Robib, Cambodia – 1 April 2003

Patient #1: CHOURB CHORK, male, 34 years old, follow up patient

Chief complaint: Still weakness and difficulty walking.

History of present illness: We see this patient every two months. Last year we sent him to Kampong Thom Hospital. The doctors there discharged him with a diagnosis of hypertension, polyarthritis, and peripheral neuropathy. They prescribed:

- Aldomet 250mg daily
- Aspirin 500mg daily
- Vitamin B1 250mg daily

He's been taking these medications daily and getting better day to day. Every two months we observe vital signs and give a physical exam. In the last two weeks, he's gotten worse, he cannot walk a long distance and cannot stand up for very long, and sometimes he has blurred vision.

Current medicine: Listed above

Past medical history: Pulmonary TB in 1993, and completed treatment with modern medicine.

Social history: None

Family history: His mother has toxic goiter.

Allergies: None

Review of system: Has no cough, no fever, has diarrhea, no chest pain, no stool with blood, no headache, no shortness of breath, has intermittent lower back pain with referred pain to lower abdomen and lower extremities.

Physical exam

General Appearance: Looks stable.

BP: 110/70
Pulse: 80
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.

Skin: Warm to touch and not pale.
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur, but has opening snap at pulmonic area.
Abdomen: Soft, flat, has positive bowel sound, and no mass.
Limbs: No deformity, not swollen, but on the left sole has a wound; size of wound is about 2 x 2cm.
Waist: Limited mobility.

Assessment: Hypertension (stable.) Peripheral neuropathy. Polyarthritis. Rule out Pott's Disease. Vitamin deficiency (re: wound.)

Recommend: May we refer him to Sihanouk Hospital Center of Hope for spinal, joint, and chest x-rays, and also for some blood tests like Bun., lyte, creat., CBC, and also a Rheumatoid test and abdominal ultrasound. Please give me any other ideas.

From: gjacques@bigpond.com.kh
Date: Tue, 1 Apr 2003 22:04:31 +0700
To: David Robertson <davidrobertson1@yahoo.com>
Cc: dmr@media.mit.edu
Subject: Re: Patient #1: CHOURB CHORK, Cambodia Telemedicine, April 1st

SHCH reply: Send to Hospital for medical evaluation. (Kampong

Thom or SHCH) add RPR to lab evaluation.

Gary Jacques, M.D.

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (davidrobertson1@yahoo.com)"
<davidrobertson1@yahoo.com>,
"David Robertson (dmr@media.mit.edu)"
<dmr@media.mit.edu>
Subject: FW: Patient #1: CHOURB CHORK, Cambodia Telemedicine, April 1st
Date: Tue, 1 Apr 2003 16:54:34 -0500

This patient was diagnosed with 'neuropathy". He has been taking a hefty dose of Vit B12 for some time, and his levels should be improving. Ask for a B12 level.

He is getting worse, so either he is not absorbing it, or the cause of his neuropathy is something else. He needs to have a fasting bloodsugar to rule out Diabetes Mellitus . Particularly as he is having a change in his vision as well.

He had TB a decade ago, and needs to be screened for a recurrence in the spine as you suggested, with plain films of the thoracic and lumbar spine, and a sedimentation rate. as well as a chest xray

He has a wound on his foot that could have been the portal of entree for infection, but he does not appear sickly, so that is less likely.

A Ct of the spine would be a good tool to rule out osteomyelitis as well.

he has Hypertension , and his bloodpressure is on the low side.
Given that he has weakness and dizziness I would take him off Aldomet, as it has many side effects including weakness and dizziness, and start him on a low dose diuretic such

as HCTZ 25 mg QD , which is cheap and often effective, and watch his bloodpressure closely over the next few weeks.

But this change in medication might make him feel better.

I agree the focus should be on the spine, as his symptoms are in his lower extremities , and not affecting his entire neurological apparatus.

I would check a TSH as well.

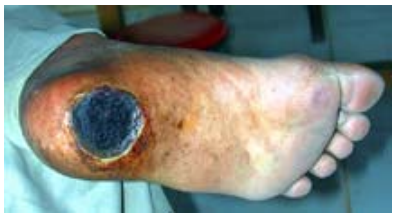
Olga Smulders-Meyer, MD

Date: Tue, 1 Apr 2003 05:25:30 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #2: SOM THOL, Cambodia Telemedicine, April 1st
To: "Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG>,
ggumley@bigpond.com.kh, Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>
Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
KKELLEHER@PARTNERS.ORG,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
AAfC Cambodiathhth <aafc@forum.org.kh>

Please reply to dmr@media.mit.edu

Telemedicine Clinic in Robib, Cambodia – 1 April 2003

Patient #2: SOM THOL, male, 50 years old, follow up patient



Chief complaint: Still blurred vision and chest tightness.

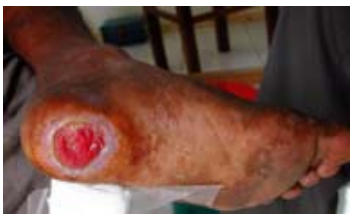
History of present illness: We see this patient every month and have sent him to Kampong Thom Hospital twice in the last four months. Last month we also saw this patient for his left sole wound. Last month we suggested that he go to Kampong Thom Hospital but he refused to go. The medical assistant here in the Rovieng District Health Center took care of the necrosis tissue and sees the patient daily for cleaning the wound and covering the patient with Cloxacillin 1g IV twice daily for the last ten days. Now the wound is getting better, now pink in color, it has no pus and the wound is decreasing in size.

Review of system: Has no cough, no shortness of breath, has chest tightness, no diarrhea, no stool with blood, no fever, and has blurred vision on the right eye.

Physical exam

General Appearance: Looks stable.

BP: 120/80
Pulse: 80
Resp.: 20



Temp. : 36.5
UA: Glucose +1

Hair, eyes, ears, nose, and throat: Okay. Vision in the past has been worse in the left eye but now the right eye has increasingly blurred vision.

Skin: Warm to touch, no rash and not pale.
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, and positive bowel sound.
Limbs: Mild numbness, no stiffness, and no pain.

Assessment: DMII (improving.) Peripheral neuropathy. Left sole wound (improving.)

Recommend: Should we keep him on the same medication?

- **Diamecrom 80mg, 1 tablet daily for next 45 days**
- **Amitriptolline 25mg, ½ tablet daily for next 45 days**

Also, he should clean the wound every day. Please give me any other ideas.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #2: SOM THOL, Cambodia Telemedicine, April 1st
Date: Wed, 2 Apr 2003 07:45:22 +0700

SHCH reply: Agree with your plans to continue medications as written. Is his vision blurrines chrionic and stable? Do you have the means for periodic eye exams?

Gary

From: "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>
To: "'David Robertson'" <davidrobertson1@yahoo.com>,
"Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG>
Cc: dmr@media.mit.edu,
"Kelleher, Kathleen M. - Telemedicine"
<KKELLEHER@PARTNERS.ORG>
Subject: RE: Patient #2: SOM THOL, Cambodia Telemedicine, April 1st
Date: Tue, 1 Apr 2003 15:49:12 -0500

Please reply to dmr@media.mit.edu

Telemedicine Clinic in Robib, Cambodia - 1 April 2003

Hello,

This gentleman has several problems.

1. Foot Wound. It is great to see that this is improving. It is encouraging that he is afebrile and the

wound looks clean. I would continue cleaning the wound daily. What kind of dressings have you been using? Either wet to wet or silvadene cream with dry sterile dressings are good options. I would continue doing whatever dressings you are now since it seems to be working. As far as antibiotics, I would have him complete a two week course. It is ESSENTIAL that the wound stays clean to avoid re-infection. I would also emphasize as I did previously that staying off the foot as much as possible and relieving pressure will help.

2. Diabetes. I am glad to see that his urine glucose is improving, but he still has room for improvement. I would increase his diamecron from 80mg to 120mg daily. He will almost certainly need to continue his diabetes medication forever, not only for 45 days. Are you able to check his blood sugar in the village? That would be helpful. Also, can he go to the district health center to have his blood sugar checked in one week to make sure he is tolerating the medication change?
3. Right eye blurred vision. Hyperglycemia can cause blurred vision, but it is unlikely to be in one eye. Is there an eye doctor he can see?
4. Chest tightness. He needs to be evaluated for coronary artery disease. I would get some more information on when he feels the chest tightness. Is it only when he exerts himself? How long does it last? What makes it better? Does he have associated symptoms of shortness of breath, nausea, or vomiting? He needs an EKG.
5. Why is he on amitryptiline?

Please have him follow-up at the next clinic.

Sincerely,

Iris Kedar, M.D.

Date: Tue, 1 Apr 2003 05:30:07 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #3: SAO PHAL, Cambodia Telemedicine, April 1st
To: "Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG>,
ggumley@bigpond.com.kh, Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>
Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
KKELLEHER@PARTNERS.ORG,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
AAfC Cambodiathhth <aafc@forum.org.kh>

Please reply to dmr@media.mit.edu

Telemedicine Clinic in Robib, Cambodia - 1 April 2003

Patient #3: SAO PHAL, female, 55 years old, farmer, follow up patient

Chief complaint: Still has headache and blurred vision.

History of present illness: Two months ago we sent this patient to Sihanouk Hospital Center of Hope in Phnom Penh. Dr. Kruy saw her, who discussed the case with Dr. Hines and Dr. Jacques, and the diagnosis was DMII and peripheral neuropathy, hypertension, and dyspepsia with gastritis. Our doctors referred her back to the Telemedicine program and did not schedule a follow up visit to Sihanouk Hospital. We follow up with this patient in the village every month.

Review of system: Has no fever, no cough, no shortness of breath, and no diarrhea, decreasing frequency of urination, less thirsty, no stool with blood, and no general edema.

Physical exam

General Appearance: Looks well.
BP: 120/80
Pulse: 84
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Skin: Normal.
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, and has positive bowel sound.
Limbs: Okay.

Assessment: DMII (stable.) Hypertension (stable.) Peripheral neuropathy.

Recommend: Should we cover her with the same medications?

- **Nifedipine, 20mg per day, for next 45 days**
- **Diamecrom, 80 mg per day, for next 45 days**
- **Aspirin, 75mg per day, for next 45 days ys**
- **Amitryptilline, 12.5mg, three times per day, for next 45 days**

Please give me any other ideas.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #3: SAO PHAL, Cambodia Telemedicine, April 1st
Date: Wed, 2 Apr 2003 07:52:23 +0700

SHCH reply: Agree with your medicines. Does she do any regular glucose monitoring? Urine testing or finger sticks to assess control? Please do if you are able.

Gary

From: "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>
To: "'David Robertson'" <davidrobertson1@yahoo.com>,
"Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG>,
ggumley@bigpond.com.kh, Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>
Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
"Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
AAfC Cambodiathhth <aafc@forum.org.kh>
Subject: RE: Patient #3: SAO PHAL, Cambodia Telemedicine, April 1st
Date: Tue, 1 Apr 2003 13:44:14 -0500

Please reply to dmr@media.mit.edu

Telemedicine Clinic in Robib, Cambodia - 1 April 2003

Hi,

I am glad to see that overall this patient seems to be feeling better.

1. Diabetes. What is her blood sugar? Her headache and blurred vision could possibly be caused by hyperglycemia. She is likely to need her diabetes medication forever, not just 45 days. Has she been educated to avoid sweets and simple carbohydrates?
2. Hypertension. Stable. I agree with continuing her current dose of nifedipine. She will likely need this for forever, not just 45 days. Has she been advised to eat a diet low in sodium?
3. Headache. A bit more information would be helpful – location? What does it feel like? Is this a new type of headache? Does she have associated photophobia (the light bothers her) or nausea? Is her gait stable? If the aspiring is for the headache Tylenol is a better choice given her history of gastritis.

I hope this helps. I would have her follow up at the next telemedicine clinic.

Sincerely,

Iris Kedar, M.D.

Date: Tue, 1 Apr 2003 05:32:23 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: tient #4: SOEUNG PHOEUK, Cambodia Telemedicine, April 1st
To: "Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG>,
ggumley@bigpond.com.kh, Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>
Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
KKELLEHER@PARTNERS.ORG,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
AAfC Cambodiathhth <aafc@forum.org.kh>

Please reply to dmr@media.mit.edu

Telemedicine Clinic in Robib, Cambodia - 1 April 2003

Patient #4: SOEUNG PHOEUK, female, 25 years old

Chief complaint: Patient complains of palpitations and epigastric pain on and off for the last two months.

History of present illness: Two months ago she got epigastric pain on and off, excessive saliva in the morning, and nausea. Also, patient felt pain like burning, especially after a meal, pain radiating to both sides of upper quadrant. When she got these symptoms, she went to the local pharmacy and bought medication like antacid. She felt better after using the medication. She used the drugs a short period, four to five days, and then stopped, just stopping five days ago. So she came to see us. She gets these signs accompanied by palpitations, headache, and weakness.

Current medicine: Maalox but stopped five days ago.

Past medical history: Three years ago she had malaria but completed treatment with modern medicine.

Social history: None
Family history: None
Allergies: Unremarkable

Review of system: Has no fever, has a headache, has no cough, has epigastric pain, no stool with blood, and no shortness of breath.

Physical exam

General Appearance: Looks stable.
BP: 100/50
Pulse: 110
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Neck: No JVD, no goiter, and no lymph node.
Skin: Warm to touch and not pale.
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, positive bowel sound, and no mass.

Assessment: Dyspepsia. Parasitis?

Recommend: May we cover her with:

- **Famotidine, 40mg, daily before bedtime for 45 days**
- **Mebendazole, 100mg, twice daily for three days**

Please give me any other ideas.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: tient #4: SOEUNG PHOEUK, Cambodia Telemedicine, April 1st
Date: Wed, 2 Apr 2003 08:00:15 +0700

SHCH reply: Agree with meds. Would do H. pylori eradication if symptoms return after this regimen is complete. Why is she tachycardic?? Does she have any symptoms of hyperthyroidism? If so and puse today is still high, send for some thyroid studies and HCT,

Gary

Date: Tue, 1 Apr 2003 05:35:28 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #5: PRUM NORN, Cambodia Telemedicine, April 1st
To: "Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG>,
ggumley@bigpond.com.kh, Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>
Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
KKELLEHER@PARTNERS.ORG,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
AAfC Cambodiathhth <aafc@forum.org.kh>

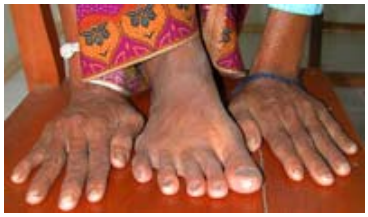
Please reply to dmr@media.mit.edu

Patient #5: PRUM NORN, female, 52 years old, Farmer

Chief complaint: Patient complains of palpitations, weakness, and shortness of breath for two months.

History of present illness: Two months ago she got shortness of breath and palpitations during walking. Last month both feet had edema and a private doctor gave her a diuretic and her edema went away. Sometimes she has chest tightness and dizziness. She was admitted to a private clinic for seven days and they treated her with some unknown medication, it helped her a bit, but now she has come to see us.

Current medicine: Used an unknown medication for one month.



Past medical history: Three years ago she had malaria but completed treatment with modern medicine.

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: Has a headache, has dizziness, has palpitations, has shortness of breath, has weakness, has no stool with blood, no cough, no fever, and has epigastric pain.

Physical exam

General Appearance: Looks sick.
BP: 150/80
Pulse: 110
Resp.: 24
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Neck: Has JVD 2cm, no lymph node, and no goiter.
Skin: Pale but warm to touch and no rash.
Lungs: Clear both sides.
Heart: Systolic murmur, regular rhythm.
Abdomen: Soft, flat, has hepathomegalie about 3cm, has positive bowel sound, and has epigastric pain.

Limbs: No edema, no stiffness, but nails change like spooning.

Assessment: Mild hypertension? Chronic renal failure? Cirrhosis? Anemia? GI bleeding? Mitral regurgitation?

Recommend: Should we refer her to Kampong Thom Hospital for some blood tests like creat., Bun., uree, CBC, SGOT, SGPT, and a hepatitis test as well as EKG, chest x-ray and abdominal ultrasound.

Note: Kampong Thom Hospital cannot check renal

function.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #5: PRUM NORN, Cambodia Telemedicine, April 1st
Date: Wed, 2 Apr 2003 08:05:47 +0700

SHCH reply: Agree with sending her for initial lab evaluation including CXR, EKG, BUN, Cr, lytes and CBC.

Gary

From: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
To: "David Robertson (davidrobertson1@yahoo.com)"
<davidrobertson1@yahoo.com>,
"David Robertson (dmr@media.mit.edu)"
<dmr@media.mit.edu>
Subject: FW: Patient #5: PRUM NORN, Cambodia Telemedicine, April 1st
Date: Tue, 1 Apr 2003 16:31:20 -0500

-----Original Message-----
From: Sadeh, Jonathan S.,M.D.
Sent: Tuesday, April 01, 2003 3:57 PM
To: Kelleher, Kathleen M. - Telemedicine
Subject: RE: Patient #5: PRUM NORN, Cambodia Telemedicine, April 1st

The most likely cause for her symptoms is cardiac ischemia--shortness of breath on exertion, palpitations, and epigastric discomfort are common symptoms of ischemia; she may be in some degree of heart failure which would explain the elevated neck veins on exam, tachycardia, edema and the enlarged liver. The response to diuretics is also suggestive of cardiac etiology as opposed to other less responsive etiologies. Her fingers and toes do not appear clubbed in the picture and I'm not sure what is the abnormality in them. Other possible diagnosis: infectious, although no fever or cough, ?weight loss; hypersensitivity is also possible from exposures to animals (?pigeons); renal or liver failure are less likely.

A chest x-ray would be very helpful, an ECG would also give a lot of information. In the mean time I would give her an aspirin a day and start on diuretics and follow her clinical response; if you have access to nitrates (nitroglycerin or others) I would start her on that as well.

Please contact with any other questions.

Jonathan Sadeh, M.D.

Date: Tue, 1 Apr 2003 18:10:00 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #6: LENG HAK, Cambodia Telemedicine, April 1st
To: "Kvedar, Joseph Charles,M.D." <JKVEDAR@PARTNERS.ORG>,
ggumley@bigpond.com.kh, Gary Jacques <gjacques@bigpond.com.kh>,
Jennifer Hines <sihosp@bigpond.com.kh>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>
Cc: Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
KKELLEHER@PARTNERS.ORG,
"Brandling-Bennett, Heather A." <HBRANDLINGBENNETT@PARTNERS.ORG>,
AAfC Cambodiathhth <aafc@forum.org.kh>

Please reply to dmr@media.mit.edu

Dear All,

Internet went down last night and I had to stop sending after patient #5. Following is the last patient for this month's clinic.

Thank you for your replies on the earlier cases.

Sincerely,

David

Telemedicine Clinic in Robib, Cambodia - 1 April 2003

Patient #6: LENG HAK, male, 67 years old, farmer, follow up patient

Chief complaint: Blurred vision and left foot numbness.

History of present illness: In October 2002 we sent him to Kampong Thom Provincial Hospital with severe hypertension. During his 2-week admission, he became paralyzed on the left side. After six weeks, he can possibly walk. He said he was discharged from the hospital without any medication. This month, he decided to revisit us at the clinic.

Current medicine: None.

Past medical history: Admitted at Kampong Thom Hospital with severe hypertension.

Social history: Smoked cigarettes and drank alcohol for fifty years, but quit smoking and drinking alcohol five months ago.

Family history: Not significant

Allergies: None

Review of system: Has no headache, has blurred vision, no chest pain, has a cough, no fever, no shortness of breath, and no diarrhea.

Physical Exam:

General Appearance: Looks stable.
BP: Left: 280/120, **Right:** 260/100
Pulse: 84
Resp.: 24
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Neck: No JVD, no lymph node, and no goiter.
Lungs: Crackle at both lateral bases.
Heart: Regular rhythm, diastolic murmur at small pulmonic area.
Abdomen: Soft, flat, not tender, positive bowel sound, and no distension.
Limbs: Left leg weakness and numbness, no edema.

Assessment: Severe Hypertension. Left side weakness and numbness. Cardiovascular accident. Rule out lower base pneumonia.

Recommend: Should we cover him with:

- **Nifedipine, 20mg per day, for 45 days**
- **Aspirin, 75mg per day, for 45 days**
- **Amoxycillin, 500mg, three times daily for seven days**

Follow up next trip.

Note: I really want to send this patient to the hospital, especially SHCH, for some blood work (CBC, uree, creat., BUN,) a chest x-ray and an EKG. But the patient doesn't have any relatives that can travel and look after him. The patient says he doesn't want to go to the hospital, even with us, if you suggest that.

From: "Gary Jacques" <gjacques@bigpond.com.kh>
To: "David Robertson" <davidrobertson1@yahoo.com>
Cc: <dmr@media.mit.edu>
Subject: RE: Patient #6: LENG HAK, Cambodia Telemedicine, April 1st
Date: Wed, 2 Apr 2003 10:05:13 +0700

SHCH reply:

1) regarding hypertension: it is severe and optimally pt should go to hospital. If he refuses, I would avoid nifedipine if possible. It's rapid action sometimes can precipitate cardiac or cerebral events. The formulation of nifidipine that you have does not sound like the extended release variety (which comes as 30, 60, or 90 mg) that can be taken once daily. This Nifedipine that you have should be dosed at every 8 hour intervals and started at 10mgs not 20mg. I would prefer a combination of a B blocker, low dose HCTZ (25mg 1/2 or 1 tablet per day) and another agent perhaps Aldomet. Nifedipine 10mg TID could be added if needed for better control.

2) do not give ASA this visit because of the high BP and increased risk of cerebral hemmorage. add it next time if the BP is better controlled (under 180-200)

3) without tachypnea, or fever or shortness of breath, pneumonia is less likely and I would withhold antibiotics. Is this stroke pt at risk of aspiration with decreased gag, choking on food??? If so, education would be useful.

Gary

Follow up Report, Thursday, 3 April 2003

Per e-mail advice of the physicians in Boston and Phnom Penh, the following patients were given medication that came from the pharmacy in the village or was donated by Sihanouk Hospital Center of Hope:

October 2002 Patient: PEN VANNA, female, 37 years old

October 2002 Patient: MUY VUN, male, 36 years old

Patients from this month's clinic:

Patient #1: CHOURB CHORK, male, 34 years old, follow up patient

PATIENT TRANSPORTED TO SIHANOUK HOSPITAL CENTER OF HOPE WITH TELEMEDICINE TEAM ON 2 APRIL 2003.

Patient #2: SOM THOL, male, 50 years old, follow up patient

MEDICATION PROVIDED BY SHCH AND MEDICATION ALSO PURCHASED AT THE LOCAL PHARMACY. PATIENT ALSO CONTINUES TO BE TREATED FOR HIS FOOT WOUD IN THE VILLAGE AT THE LOCAL MEDICAL CLINIC.

Patient #3: SAO PHAL, female, 55 years old, farmer, follow up patient

MEDICATION PROVIDED BY SHCH AND MEDICATION ALSO PURCHASED AT THE LOCAL PHARMACY.

Patient #4: SOEUNG PHOEUK, female, 25 years old

MEDICATION PROVIDED BY SHCH.

Patient #5: PRUM NORN, female, 52 years old, Farmer

PATIENT TRANSPORTED TO SIHANOUK HOSPITAL CENTER OF HOPE WITH TELEMEDICINE TEAM ON 2 APRIL 2003.

Patient #6: LENG HAK, male, 67 years old, farmer, follow up patient

PATIENT ADVISED TO GET FURTHER TESTS AT THE HOSPITAL. OFFERED A RIDE TO SIHANOUK HOSPITAL CENTER OF HOPE WITH THE TELEMEDICINE TEAM ON 2 APRIL 2003 BUT HE REFUSED TO GO SAYING THAT HE DOES NOT WANT TO BE AT THE HOSPITAL ALONE WITHOUT A FAMILY MEMBER. WHEN HIS FAMILY RETURNS TO THE VILLAGE FROM THEIR FARM, HE WILL TRY TO GET ONE OF THEM TO ACCOMPANY HIM TO THE HOSPITAL, POSSIBLE NEXT MONTH WITH THE TELEMEDICINE TEAM WHEN THEY RETURN TO ROBIB. MEDICATION PROVIDED BY SHCH.

The next Telemedicine Clinic in Robib is scheduled for May 13 & 14, 2003.