

Robib and Telemedicine



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August 2002 Telemedicine Clinic in Robib

Report and photos submitted by David Robertson

On Wednesday, August 28, 2002, 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 Dr. Graham Gumley, Director of the Sihanouk Hospital Center of Hope (SHCH) in Phnom Penh. The data was transmitted via the Hironaka School Internet link.

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: Tue, 27 Aug 2002 02:55:48 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Reminder, Cambodia Telemedicine, 28 August 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>, ggumley@bigpond.com.kh
Cc: dmr@media.mit.edu, "Kedar, Iris, M.D." <IKEDAR@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>

Please reply to dmr@media.mit.edu

Hello from Robib, Cambodia.

A quick reminder, the next Telemedicine Clinic in Robib, Cambodia is this Wednesday, 28 August 2002. I'll send out the cases in a few batches (hopefully late morning, late afternoon, and in the evening, Cambodia time.)

We have the follow-up clinic with the patients on Thursday morning (8:00am, 29 August 2002, Robib time.) Best if we could receive your e-mail advice before this time (Wednesday, 9:00pm, 28 August 2002, in Boston.)

Thanks again for your help.

Best regards,

David

Date: Wed, 28 Aug 2002 01:23:31 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: reminder, Cambodia Telemedicine
To: "Dr. Srey Sin" <012905278@mobitel.com.kh>
Cc: bernie@media.mit.edu, dmr@media.mit.edu

Dear Dr. Srey Sin:

A quick reminder that nurse Montha and I are in Robib village today, conducting the Telemedicine

Clinic.

If we are advised by the physicians in Boston and at Sihanouk Hospital Center of Hope to refer any patients to your hospital, I will e-mail you their case information tomorrow morning.

Montha is planning to depart the village around 12:00pm Thursday which means if we have patients for you, they would arrive in Kampong Thom between 2-3:00pm on Thursday, August 29. I will e-mail you again tomorrow morning.

Best regards,

David

From: "Dr. Srey Sin" <012905278@mobitel.com.kh>
To: "David Robertson"
Subject: Re: reminder, Cambodia Telemedicine
Date: Wed, 28 Aug 2002 19:48:11 +0700

Dear David,

I have received your e-mail. My doctors will waiting for you in the hospital tomorrow if you have any patient to refer to my hospital. Any ways, I would like to inform you that I'm going to Bangkok, Thailand on the 1st September for attending the training course with the duration of three months. So, during my absence, my deputy will take care for the hospital. Please contact them with the telephone number below for our collaboration:

1- Dr. Nget Bo Chum, Tel: 012 947932

2- Dr. Yong Ay, Tel: 092 814998

Sincerely yours,

Dr. Srey Sin

Date: Wed, 28 Aug 2002 01:27:28 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Cambodia Telemedicine, 28 August 2002, Patient #1: KIM NOR, female, 66 years old
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>, ggumley@bigpond.com.kh
Cc: "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
telemedicine_cambodia@yahoo.com

Telemedicine Clinic in Robib, Cambodia - 28 August 2002

Patient #1: KIM NOR, female, 66 years old, farmer

Chief complaint: Cough with a little sputum, shortness of breath, on and off for two months.

History of present illness: Two months ago she had cough with a little sputum and shortness of breath. Shortness of breath increases during sleep at night. She sleeps with two or three pillows, especially in rainy season. She gets these symptoms accompanied by chest tightness, weakness, and cold extremities. She went to a local medical clinic that gave her an unknown medicine to take for one month which she says helped her feel a little bit better.



Current medicine: An unknown medicine taken for one month that she finished three days ago.

Past medical history: Chronic Asthma since 1979.

Social history: Unremarkable

Family history: Unremarkable

Allergies: Unremarkable

Review of system: Has cough, shortness of breath, chest tightness, no diarrhea, no vomiting, no abdominal pain, and has a headache.

Physical exam

General Appearance: looks stable

BP: 140/80

Pulse: 100

Resp.: 22

Temp. : 36.5

Hair, ears, nose, and throat: Okay.

Eyes: Not pale, no jaundice.

Neck: No goiter, no lymph node, and no JVD.

Lungs: Rhonchi at left lower lung, both sides decreasing breath sound at base, no wheezing.

Abdomen: Soft, flat, not tender, and positive bowel sound.

Heart: Regular rhythm, no murmur

Limbs: Not swollen, not stiff, no pain, and no deformity.

Assessment: Chronic Asthma by history. COPD?

Recommend: Should we refer her to Kampong Thom for chest x-ray? Or keep her in the village to observe next month? Please give me any other ideas.

From: "Graham Gumley" <ggumley@bigpond.com.kh>

To: "David Robertson" <davidrobertson1@yahoo.com>

Subject: RE: Cambodia Telemedicine, 28 August 2002, Patient #1: KIM NOR, female, 66 years old

Date: Wed, 28 Aug 2002 22:58:00 +0700

SHCH Reply: Agree with referral. Should have ECG if Chest x-ray not clearly diagnostic.

G. Gumley

From: "Gere, Katherine F." <KGERE@PARTNERS.ORG>

To: "dmr@media.mit.edu" <dmr@media.mit.edu>

Subject: FW: Cambodia Telemedicine, 28 August 2002, Patient #1: KIM NOR, female, 66 years old

Date: Wed, 28 Aug 2002 15:39:33 -0400

-----Original Message-----

From: Guiney, Timothy E.,M.D.

Sent: Wednesday, August 28, 2002 3:23 PM

To: Gere, Katherine F.

Subject: RE: Cambodia Telemedicine, 28 August 2002, Patient #1: KIM NOR, female, 66 years old

We haven't been told about whether she is a smoker. Although she looks quite healthy, she is having some difficulties breathing. The use of pillows at night does not necessarily indicate heart failure.

I'd favor moving ahead with a chest X-ray. While she's having that, it might be useful to obtain a CBC and differential count. These should help differentiate CHF from infectious or inflammatory processes.

-----Original Message-----

From: Gere, Katherine F.

Sent: Wednesday, August 28, 2002 10:03 AM

To: Guiney, Timothy E., M.D.

Subject: FW: Cambodia Telemedicine, 28 August 2002, Patient #1: KIM NOR, female, 66 years old

Please comment on diagnosis, suggestions for treatment, should/could she be treated in the village or do you think she needs to be seen in a hospital. Thanks

Date: Wed, 28 Aug 2002 01:30:27 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

Subject: Cambodia Telemedicine, 28 August 2002, Patient #2: PROM YIM, female, 56 years old

To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,

"Gere, Katherine F." <KGERE@PARTNERS.ORG>, ggumley@bigpond.com.kh

Cc: "Kedar, Iris, M.D." <IKEDAR@PARTNERS.ORG>,

Jennifer Hines <sihosp@bigpond.com.kh>, aafc@forum.org.kh,

Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,

telemedicine_cambodia@yahoo.com

Telemedicine Clinic in Robib, Cambodia - 28 August 2002

Patient #2: PROM YIM, female, 56 years old, farmer



Chief complaint: Upper abdominal pain and excessive saliva for one month.

History of present illness: One month ago she got abdominal pain, just localized pain, not radiating to anywhere, pain like cramping, increased pain during nighttime, and also has strong bowel sound. Decreased pain after taking antacid bought at the pharmacy (like TUMS or Almac.) She only took the antacid when she had pain. She gets these symptoms accompanied by excessive saliva and sometimes nausea.

Current medicine: None.

Past medical history: Hypertension in the last year, BP was 170/?

Social history: Unremarkable

Family history: Her husband died five years ago from pulmonary TB.

Allergies: None.

Review of system: Has upper abdominal pain, no fever, no diarrhea, no cough, no dyspnea, no weight loss, has nausea, no stool with blood.

Physical exam

General Appearance: looks stable.

BP: 140/80

Pulse: 88

Resp.: 20

Temp.: 36.5

Hair, ears, nose, and throat: Okay.

Eyes: Not pale, no jaundice.

Neck: No goiter, no lymph node, and no JVD.

Lungs: Clear both sides.

Heart: Regular rhythm, no murmur

Abdomen: Soft, flat, not tender, no HSM, and positive bowel sound.

Limbs: Not swollen, not stiff, no pain, and no deformity.

Assessment: Dyspepsia. Parasitosis?

Recommend: Should we cover her with medication that nurse Montha has like:

- **Tums, 500mg, three times daily, for one month**
- **Albendazole, 100mg, twice a day for three days**

Please give me any other ideas.

From: "Graham Gumley" <ggumley@bigpond.com.kh>

To: "David Robertson" <davidrobertson1@yahoo.com>

Subject: RE: Cambodia Telemedicine, 28 August 2002, Patient #2: PROM YIM, female, 56 years old

Date: Wed, 28 Aug 2002 23:00:36 +0700

SHCH Reply: Agree with recommended medications. Review next month to assess response.

G. Gumley

From: "Gere, Katherine F." <KGERE@PARTNERS.ORG>

To: "dmr@media.mit.edu" <dmr@media.mit.edu>

Cc: "Kvedar, Joseph Charles, M.D." <JKVEDAR@PARTNERS.ORG>

Subject: FW: Cambodia Telemedicine, 28 August 2002, Patient #2: PROM YIM, female, 56 years old

Date: Wed, 28 Aug 2002 16:52:20 -0400

-----Original Message-----

From: Goldszer, Robert Charles, M.D.

Sent: Wednesday, August 28, 2002 4:46 PM

To: Gere, Katherine F.

Subject: RE: Cambodia Telemedicine, 28 August 2002, Patient #2: PROM YIM, female, 56 years old

Sounds like this could be reflux of acid. As she is afebrile and has no diarrhea it seems that parasites is less likely.

I would treat with antacids (TUMS three times daily) for four weeks and then re evaluate. I would hold off on parasites treatment unless there is other signs of infection or this has been known to improve other patients in the community with similar symptoms

RCGoldszer

Date: Wed, 28 Aug 2002 03:06:47 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

Subject: Cambodia Telemedicine, 28 August 2002, Patient #3: CHHOURB LEUT, female, 37 years old

To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,

"Gere, Katherine F." <KGERE@PARTNERS.ORG>, ggumley@bigpond.com.kh

Cc: "Kedar, Iris, M.D." <IKEDAR@PARTNERS.ORG>,

Jennifer Hines <sihosp@bigpond.com.kh>, aafc@forum.org.kh,

Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,

telemedicine_cambodia@yahoo.com

Telemedicine Clinic in Robib, Cambodia - 28 August
2002

Patient #3: CHHOURB LEUT, female, 37 years old, farmer



Chief complaint: Mass on the anterior neck for two years.

History of present illness: Two years ago she got a goiter on the anterior neck, developing day to day, accompanied by neck tightness, palpitations, and difficulty swallowing. When she got these symptoms, she went to traditional doctors and let them burn on the mass. It did not get better at all and she decided to see us.

Current medicine: None.

Past medical history: None.

Social history: Unremarkable

Family history: Unremarkable



Allergies: None

Review of system: Has neck tightness, has palpitations, no shortness of breath, has dizziness, no cough, no headache, no fever, no diarrhea, and no abdominal pain.

Physical exam

General Appearance: Looks stable.

BP: 100/60

Pulse: 84

Resp.: 20

Temp. : 36.5

Hair, nose, and throat: Okay.

Neck: Has goiter on anterior, size about 4 x 6 cm, it's mobile, has some old scar burns on it, no JVD, and no lymph node.

Lungs: Clear both sides.

Heart: Regular rhythm, no murmur

Abdomen: Soft, flat, not tender, and positive bowel sound.

Limbs: Not swollen, not stiff, no deformity.

Assessment: Simple Goiter?

Recommend: Should I draw blood here for TSH, T4 tests in Phnom Penh?
Refer her to Sihanouk Hospital Center of Hope for evaluation? Please give me any other ideas.

From: "Graham Gumley" <ggumley@bigpond.com.kh>

To: "David Robertson" <davidrobertson1@yahoo.com>

Subject: RE: Cambodia Telemedicine, 28 August 2002, Patient #3: CHHOURB LEUT, female, 37 years old

Date: Wed, 28 Aug 2002 23:03:22 +0700

SHCH Reply: Agree with drawing blood for Thyroid function tests. Should refer to SHCH at time when lab results will be available for Surgical Clinic. The difficulty swallowing, dizziness and chest tightness are concerning and will require review and treatment.

G. Gumley

From: "Gere, Katherine F." <KGERE@PARTNERS.ORG>

To: "dmr@media.mit.edu" <dmr@media.mit.edu>

Cc: "Kvedar, Joseph Charles, M.D." <JKVEDAR@PARTNERS.ORG>

Subject: FW: Cambodia Telemedicine, 28 August 2002, Patient #3: CHHOURB LEUT, female, 37 years old

Date: Wed, 28 Aug 2002 16:51:37 -0400

-----Original Message-----

From: Goldszer, Robert Charles, M.D.

Sent: Wednesday, August 28, 2002 4:33 PM

To: Gere, Katherine F.

Subject: RE: Cambodia Telemedicine, 28 August 2002, Patient #3: CHHOURB LEUT, female, 37 years old

This is a VERY PROMINENT GOITER. She definitely needs lab work for TSH, cbc, sed rate. She will most likely need thyroid hormone replacement treatment. She might be able to be treated locally depending on the lab results. If she is just hypothyroid (high TSH, > 5 in our lab) then she should be treated with T4 orally. She might require surgery for such a large goiter.

1. Check thyroid function blood tests (TSH)
2. If she is HYPOTHYROID (HIGH TSH) start T4. If thyroid does not rapidly shrink she should see an endocrinology specialist
3. If she is HYPERTHYROID (LOW TSH) she should see an endocrinology specialist
4. She should be followed closely as she is put on medication ideally with blood tests about every two weeks for one month, then monthly

RCGoldszer

Date: Wed, 28 Aug 2002 03:35:02 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

Subject: Cambodia Telemedicine, 28 August 2002, Patient #4: CHHUM SEM, female, 64 years old

To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,

"Gere, Katherine F." <KGERE@PARTNERS.ORG>, ggumley@bigpond.com.kh

Cc: "Kedar, Iris, M.D." <IKEDAR@PARTNERS.ORG>,

Jennifer Hines <sihosp@bigpond.com.kh>, aafc@forum.org.kh,

Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,

telemedicine_cambodia@yahoo.com

Telemedicine Clinic in Robib, Cambodia - 28 August 2002

Patient #4: CHHUM SEM, female, 64 years old, farmer.



Chief complaint: Abdominal burning, dry cough, on and off for one year.

History of present illness: For one year, she's had abdominal burning and a dry cough, on and off, especially abdominal burning after eating something. Increased coughing during the night accompanied by weakness, headache, dizziness, weight loss of five kg in the last year, and mild sweating at night. After she got these symptoms, she went to a local medical person and they gave her some unknown medicine. Her condition has not gotten better so she came to see us.

Current medicine: None.

Past medical history: None.

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: Has abdominal burning, has mild fever, has weight loss, has dry

cough, no diarrhea, no shortness of breath, has chest burning, has sweating at night.

Physical exam

General Appearance: looks mildly skinny.

BP: 120/50

Pulse: 80

Resp.: 20

Temp. : 36.5

Hair, ears, nose, and throat: Okay.

Eyes: Not pale, no jaundice.

Neck: No JVD, no goiter, no lymph node.

Lungs: Crackle from top to base on the right lung.

Heart: Regular rhythm, no murmur

Abdomen: Soft, flat, not tender, and positive bowel sound.

Limbs: No stiffness, not swollen, and no pain.

Assessment: Pulmonary TB? Malnutrition. Dyspepsia.

Recommend: Should we refer her to Kampong Thom for chest x-ray, AFB exam, and evaluation for any other problems?

From: "Graham Gumley" <ggumley@bigpond.com.kh>

To: "David Robertson" <davidrobertson1@yahoo.com>

Subject: RE: Cambodia Telemedicine, 28 August 2002, Patient #4: CHHUM SEM, female, 64 years old

Date: Wed, 28 Aug 2002 23:04:49 +0700

SHCH Reply: Agree with referral to K. Thom for TB workup.

G. Gumley

From: "Gere, Katherine F." <KGERE@PARTNERS.ORG>

To: "dmr@media.mit.edu" <dmr@media.mit.edu>

Subject: FW: Cambodia Telemedicine, 28 August 2002, Patient #4: CHHUM SEM, female, 64 years old

Date: Wed, 28 Aug 2002 15:03:53 -0400

-----Original Message-----

From: Ryan, Edward T.,M.D.

Sent: Wednesday, August 28, 2002 1:32 PM

To: Gere, Katherine F.

Subject: RE: Cambodia Telemedicine, 28 August 2002, Patient #4: CHHUM SEM, female, 64 years old

yes, refer her for evaluation of pulmonary TB

Edward T. Ryan, M.D., DTM&H
Tropical & Geographic Medicine Center
Division of Infectious Diseases
Massachusetts General Hospital
Jackson 504
55 Fruit Street
Boston, Massachusetts 02114 USA

Administrative Office Tel: 617 726 6175

Administrative Fax: 617 726 7416

Patient Care Office Tel: 617 724 1934

Patient Care Office Fax: 617 726 7653

Email: etryan@partners.org or ryane@helix.mgh.harvard.edu

Date: Wed, 28 Aug 2002 06:30:20 -0700 (PDT)

From: David Robertson <davidrobertson1@yahoo.com>

Subject: Cambodia Telemedicine, 28 August 2002, Patient #5: HOURN CHHUN, male, 23 years old

To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>, ggumley@bigpond.com.kh
Cc: "Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
telemedicine_cambodia@yahoo.com

Telemedicine Clinic in Robib, Cambodia - 28 August 2002

Patient #5: HOURN CHHUN, male, 23 years old, farmer



Chief complaint: Upper abdominal pain and nausea for ten days.

History of present illness: For ten days ago he's had upper abdominal pain and nausea, pain radiating to back, pain worse after a meal, pain is like cramping. He gets these symptoms accompanied by excessive saliva and vomiting sometimes, so he came to see us.

Current medicine: None.

Past medical history: Unremarkable

Social history: Does not smoke but does drink alcohol.

Family history: Unremarkable

Allergies: None

Review of system: Has upper abdominal pain, no fever, no diarrhea, no cough, no shortness of breath, and no chest pain.

Physical exam

General Appearance: Looks well.

BP: 100/60

Pulse: 80

Resp.: 20

Temp. : 36.5

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

Neck: No JVD, no goiter, and no lymph node.

Lungs: Clear both sides.

Heart: Regular rhythm, no murmur

Abdomen: Soft, flat, not tender, positive bowel sound, and no mass.

Limbs: No stiffness, not swollen, and no pain.

Assessment: Dyspepsia. Parasitosis?

Recommend: Should we cover him with medication that nurse Montha has like:

- Tums, 500mg, three times daily, for one month
- Albendazole, 100mg, twice a day for three days

Educate patient how to diet with Dyspepsia. Please give me any other ideas.

From: "Graham Gumley" <ggumley@bigpond.com.kh>

To: "David Robertson" <davidrobertson1@yahoo.com>

Subject: RE: Cambodia Telemedicine, 28 August 2002, Patient #5: HOURN CHHUN, male, 23 years old

Date: Wed, 28 Aug 2002 23:06:04 +0700

SHCH Reply: Agree with medication trial as you have noted and review next clinic.

G. Gumley

From: "Gere, Katherine F." <KGERE@PARTNERS.ORG>
To: "dmr@media.mit.edu" <dmr@media.mit.edu>
Subject: FW: Cambodia Telemedicine, 28 August 2002, Patient #5: HOURN CHHU
N, male, 23 years old
Date: Wed, 28 Aug 2002 15:40:23 -0400

-----Original Message-----

From: Guiney, Timothy E., M.D.
Sent: Wednesday, August 28, 2002 3:33 PM
To: Gere, Katherine F.
Subject: RE: Cambodia Telemedicine, 28 August 2002, Patient #5: HOURN CHHUN, male, 23 years old

If he drinks enough, this could be pancreatitis. but a posterior penetrating ulcer could cause similar symptoms.

Does he have blood in the stool? Can a serum amylase and a CBC be obtained?

The simplest short term approach, absent any definite evidence of parasitic infestation, would be observation, Tums and abstinence from alcohol. He should adopt a bland diet, or whatever he can eat without causing recurrent symptoms.

Date: Wed, 28 Aug 2002 06:32:25 -0700 (PDT)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Cambodia Telemedicine, 28 August 2002, Patient #6: KIM CHANDA, female, 20 years old
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>, ggumley@bigpond.com.kh
Cc: "Kedar, Iris, M.D." <IKEDAR@PARTNERS.ORG>,
Jennifer Hines <sihosp@bigpond.com.kh>, aafc@forum.org.kh,
Bernie Krisher <bernie@media.mit.edu>, dmr@media.mit.edu,
telemedicine_cambodia@yahoo.com

Telemedicine Clinic in Robib, Cambodia - 28 August 2002

Patient #6: KIM CHANDA, female, 20 years old

Chief complaint: Difficult to pass urine on and off for one month.

Note: We saw this patient in March 2001 and took her to Kampong Thom Provincial Hospital where she was admitted for TB Lymph node treatment. She was covered with TB medication completely and finished her treatment five months ago.

History of present illness: One month ago she got difficulty to pass urine on and off, and burning pain during urination. She went to meet a local medical person who gave her some unknown medication that did not help her very much so she came to see us.

Current medicine: None.

Past medical history: TB Lymph node last year. Completed treatment.

Note: Patient departed clinic today before she could be photographed. Attached photo is from March 2001. All the wounds from her TB in attached photo have cleared up completely. Attached: Kim_499.jpg

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: No fever, has pain during urination, pubis pain, no cough, no diarrhea, has cloudy urine.

Physical exam

General Appearance: Looks well.

BP: 100/50

Pulse: 80

Resp.: 20

Temp. : 36.5

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

Neck: Has old scar of TB wound around neck but no JVD and no goiter.

Lungs: Clear both sides.

Heart: Regular rhythm, no murmur

Abdomen: Soft, flat, mild pain on pubis area, and positive bowel sound.

Limbs: Okay

Back: Deformity because of TB complication.

Urinalysis: Blood +1, Protein +2

Assessment: Urinary tract infection.

Recommend: Should we cover her with Ofloxacin 200 mg, two tabs twice daily for five days?
Please give me any other ideas.

Following data and attached photo from March 2001 Telemedicine Clinic.

Available at:

http://www.camnet.com.kh/cambodiaschools/villageleap/telemedicine/telemedicine_khmer_march_1.htm

Patient #5: Kim Chin Da, female, 20 years old



Chief complaint: same as last visit: lymph nodes on both sides of neck and both armpits are growing off and on for two years. Back deformity started 8 years ago

BP: 80/40

Pulse: 100

Resp.: 24

Temp. : 27

Past history: Fell from tree 10 years ago

Lungs: clear both sides

Heart: normal sound

Abdomen: soft and not tender

Bowel sound: positive

Skin: not pale, no edema, sweats at night, lesions around ears, neck, groin

Assessment: TB lymph node and Pott's disease?

Recommend: chest X-ray, spinal x-ray, blood tests, take pus of lymph node for gram stain and culture (TB.)

Additional: Refer patient to Hospital to evaluate diagnosis, and prescribe correct medicine.

From: "Gere, Katherine F." <KGERE@PARTNERS.ORG>
To: "dmr@media.mit.edu" <dmr@media.mit.edu>
Subject: FW: Cambodia Telemedicine, 28 August 2002, Patient #6: KIM CHANDA
, female, 20 years old
Date: Wed, 28 Aug 2002 15:04:22 -0400

-----Original Message-----

From: Ryan, Edward T.,M.D.
Sent: Wednesday, August 28, 2002 1:36 PM
To: Gere, Katherine F.
Subject: RE: Cambodia Telemedicine, 28 August 2002, Patient #6: KIM CHANDA, female, 20 years old

Yes, Would treat with ofloxacin 200 mg po bid x 5 days. If symptoms persist may need a better urological evaluation (ultrasound) for evaluation of urinary obstruction (TB can cause scarring and blockage in the urinary tract).

Edward T. Ryan, M.D., DTM&H
Tropical & Geographic Medicine Center
Division of Infectious Diseases
Massachusetts General Hospital
Jackson 504
55 Fruit Street
Boston, Massachusetts 02114 USA

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Administrative Fax: 617 726 7416
Patient Care Office Tel: 617 724 1934
Patient Care Office Fax: 617 726 7653
Email: etryan@partners.org or ryane@helix.mgh.harvard.edu

The next Telemedicine dates in Robib village will be Tuesday and Wednesday, September 24-25, 2002.