Robib and Telemedicine

December 2002 Telemedicine Clinic in Robib

Report and photos submitted by David Robertson

On Thursday, December 12, 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 the Sihanouk Hospital Center of Hope (SHCH) in Phnom Penh. Data was transmitted via the Nicholas and Elaine Negroponte 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: Thu, 12 Dec 2002 01:04:53 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Cambodia Telemedicine, 12 December 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>,
telemedicine_cambodia@yahoo.com

please reply to dmr@media.mit.edu

Dear All,

Sorry for the late notice. Due to a staff shortage at SHCH, nurse Montha had to reschedule the Telemedicine trip to today.

Following messages are the exam notes and photos of the five cases of this morning's Telemedicine Clinic in Robib, Cambodia. There may be a few more cases sent this evening.

We have the follow-up clinic with the patients on Friday morning (8:00am, 13 December 2002, Robib time.) Best if we could receive your e-mail advice before this time (Thursday, 8:00pm, 12 December 2002, in Boston.)

Dates penciled in for the first two Telemedicine Clinics in 2003:

13-16 January, 2003

17-20 February, 2003

Best regards,

David

Date: Thu, 12 Dec 2002 01:08:50 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: patient #1, SAO PHAL,Cambodia Telemedicine, 12 December 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>,
telemedicine_cambodia@yahoo.com

please reply to dmr@media.mit.edu

Patient #1: SAO PHAL, female, 55 years old, follow up patient

Chief complaint: Still has weakness, shortness of breath, and chest tightness radiating to upper back.

History of present illness: We have seen this patient 4-5 times. She has diagnosis of hypertension, DMII and PNP. We put her on Diamecrom 80mg per day and Nifedipine 20 mg per day following the doctor's prescription from Kampong Thom Provincial Hospital. We also followed the ideas of Sihanouk Hospital Center of Hope but her condition is not better. She gets worse and worse, her blood sugar has increased every month; last month 255mg/dl, this month 295mg/dl. She also complains of chest tightness and shortness of breath. Sometimes she faints on the spot with numbness on the limbs and increased urination as well.

Physical exam

BP: 100/50
Pulse: 80
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Lungs: Lungs clear.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, no HSM, and positive bowel sound.
Limbs: Mild numbness.
Blood sugar: 295 mg/dl

Assessment: Hypertension (stable.) DMII, PNP, IHD?

Recommend: I would like suggest referring her back to Kampong Thom Provincial Hospital for some blood tests like CBC, lyte, creat., Bun, BS, plus an EKG. Please give me any other ideas.

Exam data from last month follows----------

Date: Tue, 26 Nov 2002 01:07:21 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Re: Patient #2, SAO PHAL, Cambodia Telemedicine, 26 November 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,

Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>,
telemedicine_cambodia@yahoo.com

Please reply to dmr@media.mit.edu

We have the follow-up clinic with the patients on Wednesday morning (8:00am, 27 November 2002, Robib time.) Best if we could receive your e-mail advice before this time (Tuesday, 8:00pm, 26 November 2002, in Boston.)

Telemedicine Clinic in Robib, Cambodia
26 November 2002

Patient #2: SAO PHAL, female, 55 years old, follow up patient

Chief complaint: Still has chest tightness and neck tenderness.

History of present illness: This patient we have seen many times. She follows up every month for continuing medication. She has hypertension and DMII. We sent her to Kampong Thom Hospital, first time in February 2002. The doctor there agreed to put her on Adalate 20 mg per day and Diamecrom 80 mg half tablet per day, and Aspirin 150 mg daily. We follow this prescription every month. Though her condition is a bit better, she still has chest tightness, sometimes weakness, and frequency of urination.

Physical exam

BP: 120/80
Pulse: 85
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Lungs: Lungs clear.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, positive bowel sound, and no pain.
Limbs: Okay.
Blood sugar: 255 mg/dl

Assessment: Hypertension (stable.) DMII. PNP.

Recommend: I would like suggestions from you. May we put her on the same dose of hypertension medicine and increase the Diamecrom dose from 40 mg per day to 80 mg per day, also give her multivitamins, one tab per day, then follow up at next clinic? 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 #1, SAO PHAL,Cambodia Telemedicine, 12 December 2002
Date: Thu, 12 Dec 2002 16:33:08 +0700

David,

Agree with plan to refer for eval and lab workup. Consider thyroid studies as well. If she getrs there

soon they can consider increasing her diabetes medicine.

Thanks, Gary [Gary Jacques]

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, SAO PHAL,Cambodia Telemedicine, 12 December 2002
Date: Thu, 12 Dec 2002 14:47:56 -0500

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Thursday, December 12, 2002 10:56 AM
To: Kelleher, Kathleen M. - Telemedicine
Subject: RE: patient #1, SAO PHAL,Cambodia Telemedicine, 12 December 2002

What is PNP?
Her diabetes is clearly out of control. I would increase her Diamecron to 80 mg bid.
If that does not control hyperglycemia in a week, I would add Metformin 850 mg bid.
If that fails after a month, I would consider insulin. Is that practical therapy at the village?
As for evaluating the chest pain, I would suggest a chest xray, an ekg, and if possible,
an exercise stress ekg test to sort out chest vs heart disease.
Is she short of breath because of heart failure or lung disease? Your examination does
not indicate heart failure or lung disease. Perhaps the chest xray will help to clarify this.
I would also switch her from Adalat to Lisinopril starting at 2.5-5 mg qd.
So I would agree a visit to the provincial hospital and checking her renal function as well
will be timely.
Heng Soon Tan

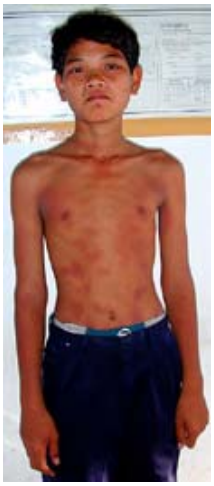
Date: Thu, 12 Dec 2002 01:11:29 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #2, EAM SOR, Cambodia Telemedicine, 12 December 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>,
telemedicine_cambodia@yahoo.com

please reply to dmr@media.mit.edu

Patient #2: EAM SOR, male, 13 years old, Student

Chief complaint: Has had a skin rash all over the body on and off for five years.

History of present illness: For five years he gets dark skin marks all over the body on and off. When he gets high fever accompanied by itchiness, oozing came out. When he got these skin marks, he would go to the pharmacy where they gave him Penicillin to take for five or seven days. After this treatment all signs disappear. This time he came straight to see us.



Current medicine: None

Past medical history: None

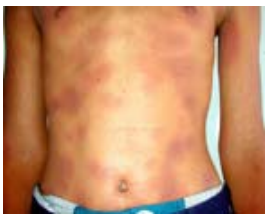
Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: No cough, no diarrhea, no dyspnea, no abdominal pain, no fever.

Physical exam



General Appearance: Looks well.
BP: 100/50
Pulse: 80
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Neck: No lymph node, no goiter, and no JVD.
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, positive bowel sound.
Limbs: No edema, no deformity.
Skin: Dark marks on abdomen and back, warm to touch, and no numbness.

Assessment: Skin allergy? Parasitis?

Recommend: He should try Hydrocortisone cream twice daily and use for five days.

Mebendazole 100mg twice daily for three days. Promethazine 25mg per day for seven 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 #2, EAM SOR, Cambodia Telemedicine, 12 December 2002
Date: Thu, 12 Dec 2002 16:39:58 +0700

SHCH reply: If no other symptoms, I agree with your plans. If fever, sore throat etc would give PCN VK 250mg po
QID for 10 days. Gary J.

Date: Thu, 12 Dec 2002 01:13:37 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #3, SO SOKDOEN, Cambodia Telemedicine, 12 December 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>,

telemedicine_cambodia@yahoo.com

please reply to dmr@media.mit.edu

Patient #3: SO SOKDOEN, female, 28 years old, Teacher at Hironaka School

Chief complaint: Dizziness, headache, right head numbness on and off for three years.

History of present illness: Three years ago she got dizziness, headache, and numbness on the right side of the head on and off. She gets severe dizziness every morning. When she gets these symptoms she goes to the pharmacy to buy some unknown medicine, gets a bit better for a while, then signs just reappear. So she came to see us.

Current medicine: None

Past medical history: Unremarkable

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: No cough, no diarrhea, no abdominal pain, no fever, no dyspnea, and no palpitations.

Physical exam

General Appearance: Looks well

BP: 100/50
Pulse: 80
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Neck: No goiter, no JVD, and no lymph node.
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, and positive bowel sound.
Skin and limbs: Unremarkable
Neuro exam: Unremarkable

Assessment: Tension headache. Dizziness due to Etio? B1 deficiency.

Recommend: I would like to use:

- **Paracetemol, 500mg, four times daily, for ten days**
- **Promethazine, 25mg twice daily, for five days**
- **Vitamin B1, 250mg per day, for one month**

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, SO SOKDOEN, Cambodia Telemedicine, 12 December 2002
Date: Thu, 12 Dec 2002 16:45:15 +0700

SHCH reply: Agree with your plans. Is dizzines every mornig during only headache spells or a chronic condition? Any ear symptoms? --Gary J

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 #3, SO SOKDOEN, Cambodia Telemedicine, 12 December 2002
Date: Thu, 12 Dec 2002 14:46:43 -0500

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Thursday, December 12, 2002 11:13 AM
To: Kelleher, Kathleen M. - Telemedicine
Subject: RE: Patient #3, SO SOKDOEN, Cambodia Telemedicine, 12 December 2002

More details from the history could be helpful.
Could she have migraine headaches? What is the nature of the headache: one sided or generalized? Throbbing or constant? How long does an attack last? Is there any visual aura?
What is the nature of the dizziness? Is it vertigo or lightheadedness? Is symptom postural or positional? Is it triggered by turning from side to side, or lying down or sitting up? Does it precede the headache or follow it? What's the duration of symptoms?
Are there other associated symptoms like tinnitus, hearing loss, nausea or vomiting, clumsiness or weakness?
In the examination, I presume she has no ear drum perforation, scarring or evidence of serous otitis media? Does she have a normal fundoscopic examination of the optic disc and vessels? Is there any eye nystagmus at rest, at extremes of gaze, or upon hyperextension of the head while laying the patient down with head turned 30 degrees to the right or to left [Barany's maneuver to eliciit positional vertigo]?
How about psychosocial sexual history? Are there significant unresolved stresses? Does she report or appear depressed or anxious?
So the differential diagnoses include:
Migraines.
Positional vertigo.
Psychosomatic symptoms from depression or anxiety.

I would check a Hct to make sure she is not anemic.
Heng Soon Tan, M.D.

Date: Thu, 12 Dec 2002 01:15:42 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #4, CHHIM SOLY, Cambodia Telemedicine, 12 December 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>,
telemedicine_cambodia@yahoo.com

please reply to dmr@media.mit.edu

Patient #4: CHHIM SOLY, female, 26 years old

Chief complaint: Mass on the left side of the neck for three months.

History of present illness: Three months ago she got a mass on the left side of the neck, mass develops day to day, accompanied by difficulty in swallowing, sometimes shortness of breath, and palpitations as well. She has never seen a medical doctor, just came to see us.

Current medicine: None

Past medical history: Unremarkable

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: No cough, no diarrhea, no abdominal pain, no fever, sometimes has shortness of breath and palpitations.

Physical exam

General Appearance: Looks well

BP: 120/80
Pulse: 112
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Neck: One goiter on the left side, size about 2cm x 3cm, it's mobile, and no JVD.
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, positive bowel sound, and pregnancy for about three months.
Skin and limbs: Unremarkable

Assessment: Subclinical goiter? Pregnancy.

Recommend: I would like to ask permission from you to draw blood from her for blood work like T4 and TSH at Sihanouk Hospital of Center of Hope to follow up with her next month. 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 #4, CHHIM SOLY, Cambodia Telemedicine, 12 December 2002
Date: Thu, 12 Dec 2002 16:51:06 +0700

SHCH reply: This patient with a presumed thyroid nodule needs evaluation by a medical doctor but

you can schedule it for a month away so that she will have her lab results back by then. Thanks,

Gary J

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 #4, CHHIM SOLY, Cambodia Telemedicine, 12 December 2002
Date: Thu, 12 Dec 2002 17:09:33 -0500

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

From: List, James Frank,M.D.,Ph.D.

Sent: Thursday, December 12, 2002 5:09 PM

To: Kelleher, Kathleen M. - Telemedicine

Subject: RE: Patient #4, CHHIM SOLY, Cambodia Telemedicine, 12 December 2002

Start by getting TSH and T4:

An enlarging thyroid in a patient with tachycardia and palpitations is suggestive of thyrotoxicosis, and thyroid function studies with TSH, T4, and (if available) T3 would make the diagnosis. Graves' disease is common during pregnancy, though the asymmetric nature of the mass raises the possibility of a toxic nodule. In either case, propylthiouricil is safe to use in pregnancy and can be started at a dose of 50 to 100 mg TID and titrated down to a maintenance dose when a normal T4 is achieved, with T4 and TSH levels being monitored every 4 to 6 weeks at a minimum (more frequently initially, as it is important for the brain development of the baby not to overshoot and make the mother hypothyroid - shoot for the high end of the normal range for T4 and realize that the TSH may remain suppressed for some time after the patient is euthyroid). If propylthiouricil is not available, methimazole can be used, though it may be associated in rare circumstances with aplasia cutis, a birth defect of the scalp. The dose of methimazole would be 10 mg BID to TID, with titration to Q day when T4 is normalized.

If the thyrotoxicosis fails to respond well to antithyroid medications, surgery is, of course, curative.

If the patient is not thyrotoxic (i.e. if she has a normal TSH), then I would worry about an fairly aggressive thyroid carcinoma and send her for a biopsy.

James F. List, M.D., Ph.D.

Molecular Endocrinology, Massachusetts General Hospital

Date: Thu, 12 Dec 2002 01:17:43 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #5, PO HEANG,Cambodia Telemedicine, 12 December 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,

"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>,
telemedicine_cambodia@yahoo.com

please reply to dmr@media.mit.edu

Patient #5: PO HEANG, female, 53 years old, Farmer

Chief complaint: Still neck tenderness and headache.

History of present illness: We saw this patient last month and we think she has Hypertension and Parasitis. Dr. Jacques of Sihanouk Hospital Center of Hope prescribed Hydrochlorozazide 25mg daily for one month and Mebendazole 100mg twice daily for three days. But her blood pressure still has not decreased, 160/100, and she still has headache, neck tenderness, and upper back pain.

Review of system: Has headache, no palpitations, no chest pain, no abdominal pain, no diarrhea, and no shortness of breath.

Physical exam

General Appearance: Looks well

BP: 160/100
Pulse: 80
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Unremarkable.
Neck: No lymph node and no goiter.
Lungs: Unremarkable
Heart: Unremarkable
Abdomen: Unremarkable
Skin: Unremarkable

Assessment: Hypertension.

Recommend: Should we increase Hydrochlorozazide to 25mg twice daily for the next month? Or should we change to another anti-hypertension medicine? 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 #5, PO HEANG,Cambodia Telemedicine, 12 December 2002
Date: Thu, 12 Dec 2002 16:55:15 +0700

SHCH reply: Continue current dose of HCTZ. May add a second agent--Atenolol 25 mg po qd if you have it. Send to MD to eval neck and back pain. Thanks Gary J.

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, PO HEANG,Cambodia Telemedicine, 12 December 2002

Date: Thu, 12 Dec 2002 16:44:08 -0500

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Thursday, December 12, 2002 4:35 PM
To: Kelleher, Kathleen M. - Telemedicine
Subject: RE: Patient #5, PO HEANG,Cambodia Telemedicine, 12 December 2002

The headache, neck and back pain suggests osteoarthritis of the neck.
Is the neck pain worse in certain positions? worse at night?
Does exam show tenderness over the cervical spine and spasms in the paraspinous muscles?
Neck osteoarthritis is best treated with physical therapy; for instance, chin tucking exercises to restore proper neck posture and relieve muscle spasm. Perhaps a physical therapist can instruct on how to carry out these exercises [sit or stand upright, take a deep breath in, and while looking straight ahead, tuck the chin in without tilting head up or down, and maintain this posture for 5 seconds before relaxing. Repeat 10 times per set, 3 times a day].
Ibuprofen 600 mg tid or naproxen 500 mg bid will relieve headache and neck pain.
As for hypertension, he needs a second medicine rather than increasing HCTZ dose. I suggest propranolol 40 mg qd for a start.
Heng Soon Tan

Date: Thu, 12 Dec 2002 05:30:30 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #6, OUNG CHREB, Cambodia Telemedicine, 12 December 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>,
telemedicine_cambodia@yahoo.com

please reply to dmr@media.mit.edu

Patient #6: OUNG CHREB, female, 37 years old, Staff at Robib medical clinic

Chief complaint: Abdominal pain and sometimes stool with black color on and off for nine months.

History of present illness: Nine months ago she got abdominal pain on and off around the umbilical area accompanied by black stool sometimes, with weakness and burping. She took some antacids but did not respond at all. So she came to see us.

Current medicine: None

Past medical history: Ten months ago she had an abortion and lost a lot of blood.

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: Has abdominal pain, no fever, no cough, no diarrhea, has black stool, has mild shortness of breath, has palpitations, has headache, has burping.

Physical exam

General Appearance: Looks stable.

BP: 90/40
Pulse: 84
Resp.: 22
Temp. : 36.5

Hair, ears, nose, and throat: Okay.
Eyes: Pale (mild)
Neck: No goiter, no lymph node, and no JVD.
Lungs: Clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, and positive bowel sound.
Limbs: Okay

Assessment: Chronic GI bleeding? Gastritis? Anemia secondary to abortion or GI bleeding? Parasitis?

Recommend: Can we try with:

- **Famotidine, 40mg, twice daily, for one month**
- **Mebendazole, 100mg twice daily, for three days**
- **Multivitamin, one tablet daily for one month**

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 #6, OUNG CHREB, Cambodia Telemedicine, 12 December 2002
Date: Thu, 12 Dec 2002 07:13:41 -0800

SHCH reply: Agree with meds but would also send to md for baseline Hb/Hct and eval. Gary J.

From: "Goldszer, Robert Charles,M.D." <RGOLDSZER@PARTNERS.ORG>
To: "'dmr@media.mit.edu'" <dmr@media.mit.edu>
Cc: "Kelleher, Kathleen M. - Telemedicine" <KKELLEHER@PARTNERS.ORG>
Subject: Patient #6: OUNG CHREB, female, 37 years old, Staff at Robib medi
cal clinic
Date: Thu, 12 Dec 2002 15:49:22 -0500

Patient #6: OUNG CHREB, female, 37 years old, Staff at Robib medical clinic

I am concerned about the recurrence and persistent of the black bowels. I would be concerend about recurrent upper gi bleeding, perhaps from gastritis or ulcer.

Yes it is fine to start the Famotidine, 40mg, twice daily, for one month I

do not think this is related to the prior abortion and unless she is having significant diarhea I am not suspicious of infection.

If possible it would be good to check blood count (hematocrit) and stool for ova and parasite.

She should be monitored for more rapid heart rate or dropping blood pressure

if possible.

If black bowels and pain persist after 3-4 days on famotidine she might need hospital evaluation

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Date: Thu, 12 Dec 2002 05:32:51 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #7, CHHUM PHAY, Cambodia Telemedicine, 12 December 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>,
telemedicine_cambodia@yahoo.com

please reply to dmr@media.mit.edu

Patient #7: CHHUM PHAY, male, 53 years old

Chief complaint: Upper abdominal pain and nausea for the last three weeks.

History of present illness: Three weeks ago he got upper abdominal pain like burning, especially after a meal. Sometimes pain subsides by itself. Pain is accompanied by nausea, vomiting and burping. He has never seen a doctor; he just came to see us.

Current medicine: None

Past medical history: Unremarkable

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

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

Physical exam

General Appearance: Looks well.

BP: 90/50
Pulse: 60
Resp.: 20
Temp. : 36.5

Hair, eyes, ears, nose, and throat: Okay.
Skin: Not pale and warm to touch.
Neck: No JVD and no lymph node.
Lungs: No crackle and clear both sides.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, and positive bowel sound.
Limbs: Okay.

Assessment: Dyspepsia. Parasitis?

Recommend: Can we put him on:

- **Tums, 1 gram, twice daily, for one month**
- **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: Patient #7, CHHUM PHAY, Cambodia Telemedicine, 12 December 2002
Date: Thu, 12 Dec 2002 07:19:53 -0800

SHCH reply: I would dose tums 1-2 tabs po 2 hrs after meals and qhs for several weeks, then qid prn after that. Mebendazole dose is fine. Gary J.

Date: Thu, 12 Dec 2002 05:35:14 -0800 (PST)
From: David Robertson <davidrobertson1@yahoo.com>
Subject: Patient #8, LY SREY KROURCH, Cambodia Telemedicine, 12 December 2002
To: JKVEDAR@PARTNERS.ORG, KKELLEHER@PARTNERS.ORG,
"Gere, Katherine F." <KGERE@PARTNERS.ORG>,
"Kedar, Iris,M.D." <IKEDAR@PARTNERS.ORG>, ggumley@bigpond.com.kh,
Gary Jacques <gjacques@bigpond.com.kh>
Cc: dmr@media.mit.edu, Jennifer Hines <sihosp@bigpond.com.kh>,
aafc@forum.org.kh, Bernie Krisher <bernie@media.mit.edu>,
telemedicine_cambodia@yahoo.com

please reply to dmr@media.mit.edu

Following is the final case for this month's clinic:

Patient #8: LY SREY KROURCH, female, 12 years old

(Mother is LENG POUV)

Chief complaint: Complains of shortness of breath and difficulty in breathing on and off for nine years. Had abdominal pain yesterday.

History of present illness: Nine years ago she got shortness of breath on and off, shortness of breath increases during the cooler weather, decreases when she took some medicine like aminophilline that the local medial clinic staff provided. She gets these symptoms accompanied by cough with white sputum, palpitations and abdominal pain. Her mother brought her to see us.

Current medicine: None

Past medical history: Asthma, admitted to the local medical center in 1993 for seven days.

Social history: Unremarkable

Family history: Unremarkable

Allergies: None

Review of system: Has dyspnea, has mild fever, no abdominal pain, and no diarrhea.

Physical exam

General Appearance: Looks sick.

Pulse: 128
Resp.: 30
Temp. : 37

Hair, eyes, ears, and nose: Okay.
Throat: Mild tenderness on bilateral tonsil.
Skin: Warm to touch and no rash.
Neck: No VD and no lymph node.
Lungs: Wheezing all over lobes.
Heart: Regular rhythm, no murmur
Abdomen: Soft, flat, not tender, and positive bowel sound.

Assessment: Asthma (chronic.) Parasitis and Pharyngitis.

Recommend: Should we refer her to Kampong Thom Provincial Hospital for chest x-ray and some blood work like CBC and stool exam, AFB gram stain? 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 #8, LY SREY KROURCH, Cambodia Telemedicine, 12 December 2002

Date: Thu, 12 Dec 2002 07:23:56 -0800

SHCH reply: Yes, send to hospital. If you have an albuterol or other b abonist inhaler, give it to her: 2 puffs qid Gary J

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 #8, LY SREY KROURCH, Cambodia Telemedicine, 12 December 2002
Date: Thu, 12 Dec 2002 17:25:48 -0500

-----Original Message-----
From: Sadeh, Jonathan S.,M.D.
Sent: Thursday, December 12, 2002 4:39 PM
To: Kedar, Iris,M.D.
Cc: Kelleher, Kathleen M. - Telemedicine
Subject: RE: Patient #8, LY SREY KROURCH, Cambodia Telemedicine, 12 December 2002

The differential diagnosis includes chronic asthma, asthma complicated by an infectious process now, other chronic pulmonary diseases like TB, parasitic infections, chronic immunosuppression predisposing to recurrent infections. The given presentation is most consistant with chrinic asthma (chronic symptoms, induced by cold weather, responds to alupent) and now a respiratory infection exacerbating her asthma. If the girl is otherwise healthy (normal growth so far, active, energetic usually) then I would treat her with a 2 week course of antibiotics for a respiratory infection (not sure what you have available but macrolide, 2nd or 3rd generation cephalosporine or flouroquinolone would be best) and bronchodilators like alupent or albuterol to use as needed. Can also add an inhaled steroid if you have one available. After 2 weeks, if she has improved would re-evaluate need for chronic inhaled steroids or just an inhaled bronchodilator to use on an as-needed basis. If she is otherwise not healthy in terms of growth, energy, etc. I would send her now for a more extensive work-up.

Follow up Report, Friday, 13 December, 2002

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

May 2001 Patient: SOM THOL, male, 48 years old

September 2001 Patient: CHOURB CHORK, male, 28 years old

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

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

Patient #2: EAM SOR, male, 13 years old, Student

Patient #3: SO SOKDOEN, female, 28 years old, Teacher at Hironaka School

Patient #5: PO HEANG, female, 53 years old, Farmer

Patient #6: OUNG CHREB, female, 37 years old, Staff at Robib medical clinic

Patient #7: CHHUM PHAY, male, 53 years old

Blood was taken from the following patients in the village for testing at Sihanouk Hospital Center of Hope in Phnom Penh:

- **Patient #4: CHHIM SOLY, female, 26 years old**

Per e-mail advice of the physicians in Boston and Phnom Penh, the following patients

were given transport or assistance in getting to the hospital:

Taxi fare provided for transported on 16 December to Kampong Thom Provincial Hospital:

Patient #1: SAO PHAL, female, 55 years old, follow up patient

Based on the physician's e-mail advice, we were going to offer transport to the following patient but the child did not return with her mother to the follow-up clinic:

Patient #8: LY SREY KROURCH, female, 12 years old

Transport arranged for 19 December to Kantha Bhopa Children's Hospital in Phnom Penh:

Patient SENG SAN, female, 13 year old child, Telemedicine patient (June 2001,) for medication and chronic care for polyarthritis.
