

# Robib and Telemedicine

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## Robib Telemedicine Clinic February 2005

**Report and photos compiled by Rithy Chau, Telemedicine Physician Assistant at SHCH**

On Monday, January 31, 2005, SHCH staff, Nurse Somontha Koy and Rithy Chau, PA-C, traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (morning), February 1 & 2, 2005, the Robib TM clinic opened to receive the patients for evaluations. There were 1 new cases and 11 follow-up patients. The patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on Wednesday and Thursday, February 2-3, 2005.

On Thursday, replies from SHCH in Phnom Penh and the Partners Telemedicine in Boston were downloaded. Per advice from Boston and SHCH, Nurse Montha managed and treated the patients accordingly. There were also patients who came for refills of medications. Finally, the data of the patient concerning final diagnosis and treatment/management would then be transcribed and transmitted to the PA Rithy Chau at SHCH who compiled and sent for website publishing.

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

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

**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]

**Sent:** Monday, January 24, 2005 2:31 PM

**To:** Rithy Chau; Rithy Chau; bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Nancy Lugn; Jack Middlebrook; Cornelia Haener; Ruth Tootill; Gary Jacques

**Cc:** Laurie & Ed Bachrach; bhammond@partners.org; Vansoeurn Tith; Kiri; Bernie Krisher; Thero Noun; Peou Ouk; Seda Seng; Nancy Lugn

**Subject:** Robib Telemedicine for February 2005

Dear all,

I am writing to inform you about February trip of Robib Telemedicine which will be started from 31st/01/2005 to 03/02/2005.

Here is agenda:

- We will leave Phnom Penh on Monday, 31st/ 01/ 2005
- On 01/02/2005 we will see new cases and also some follow up ones. Clinic starts at 8 o'clock for whole morning, and all patients' data will be transmitted to SHCH and Boston at afternoon.
- On 02/02/2005 we do the same process like on 01/02/2005.
- On 03/02/2005 all answers will be collected and do patient treatment plan after that come back to Phnom Penh.

Note: for this trip, Mr. Chua Rithy will go up to the village with me to see the program.

Please try to send answers to new address ( [robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com) ).But if you can't reach it, please send them to old address ( [tmrural@yahoo.com](mailto:tmrural@yahoo.com) ).

Thank you very much for your patience and strong cooperation to work with me to enhance our program.

Best regards,

Montha

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

**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]

**Sent:** Tuesday, February 01, 2005 8:41 PM

**To:** bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook

**Cc:** Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Thero Noun; Seda Seng

**Subject:** RObib Telemedicine of February, 2005

Dear all,

I would like to inform you that for the first day of Robib Telemedicine we have 6 follow up cases which will be sent through my attachement as the following.

Best regards,

Montha

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Do You Yahoo!?

Tired of spam? Yahoo! Mail has the best spam protection around  
<http://mail.yahoo.com>

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

**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]

**Sent:** Tuesday, February 01, 2005 8:54 PM

**To:** bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Nancy Lugn; Jack Middlebrook

**Cc:** Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Thero Noun; Seda Seng

**Subject:** Patient # 01, Lang Da, 45F (Thnout Malou)

Dear all,

This is patient number one with pictures

Best regards,

Montha

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Robib Telemedicine Clinic  
Sihanouk Hospital Center of HOPE and Partners in Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia

**Patient:** Lang Da, 45F (Thnout Malou)

**Subject:** 45F, returns for her follow up of last month with tachycardia, HTN, and Hyperthyroidism?. Now she feels much



improving with her previous symptoms like decrease palpitation, decrease SOB, after covering her with Propranolol 40mg 1/2t po q12 for one month, and also no fever, no cough, no GI complain, her urination is normal quality as usual. But she still has Malaise, +1 of pitting edema on the both legs.

**Object:**

**VS:** BP 110/50 P 80 R 26 T 36.5C Wt 61kgs



**HHENT:** no oropharyngeal lesion, no pale n conjunctiva

**Neck:** (+) JVD, but no lymphnode palpable

**Lungs:** clear both sides

**Heart:** RRR, (+) diastolic murmur +2/6 with openic snap loudest at Aortic area

**Abdomen:** soft, flat, no tender, (-) HSM, (+) BS for all quadrants

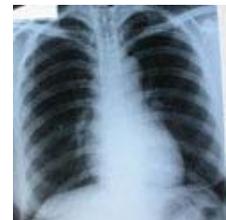
**Limbs:** pitting edema for one plus on both legs.

**Previous Labs/Studies:** THS, T4, Lytes, Uree, Creat, Glycemia are normal range. They were done at SHCH on 07/01/05

**Lab/Study Requests:** BS= 89mg/ml, UA (Negative)

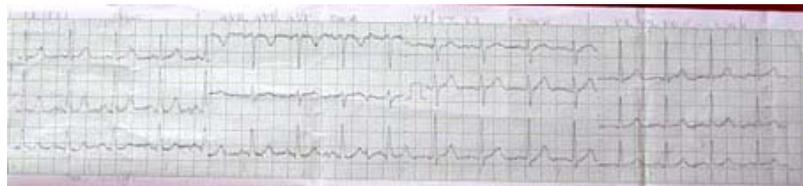
**Assessment:**

1. HTN
2. VHD? (RAH?)
3. CHF?



**Plan: we would like to change her from Propranololo to Moexipril and also add more medications as the following.**

1. Moexipril 75mg 1t po qd for one month
2. Furosemide 40mg 1/4t po q12 for one month
3. Multivitamine 1t po qd for one month
4. We would like to recommend her to do heart ultrasound at Calmette hospital in Phnom Penh



**Comments:** do you agree with my plan? Please give me a good

idea.

**Examined by:** Koy Somontha, RN      **Date:** 01/02/05

Please send all replies to [robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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

**From:** Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]

**Sent:** Wednesday, February 02, 2005 7:59 AM

**To:** 'Telemedicine Cambodia'; bhammond@partners.org; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Nancy Lugn'

**Cc:** 'Laurie & Ed Bachrach'; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'; 'Seda Seng'

**Subject:** RE: Patient # 01, Lang Da, 45F (Thnout Malou)

Dear Montha:

If the patient's symptoms are "much improved," I would continue the propranolol at the same dose. The improved shortness of breath and clear chest x-ray make me less concerned about decompensated heart failure, and an ACEI is unlikely to do much to control her previous complaint of palpitations. I agree with the addition of furosemide, and would suggest checking her serum potassium at the next visit. Given her murmur and previous complaints of palpitations, I also agree with your plan to refer for an echocardiogram.

Jack

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

**From:** Paul [mailto:ph2065@yahoo.com]

**Sent:** Wednesday, February 02, 2005 8:19 AM

**To:** robibtelemed@yahoo.com; tmed\_rithy@online.com.kh; Kathleen M. Fiamma; klacey1@partners.org

**Subject:** Lang Da, 45F (Thnout Malou)

Montha,

I think your idea for an ultrasound of the heart (ECHO) makes sense....she's got a murmur, she's got pitting edema and JVD. Rheumatic heart disease seems like a strong possibility. Her CHF - which seems likely appears to be stable. It is encouraging that her symptoms have improved so I don't think that she's urgently in need.

Obviously she's been started on furosemide, so someone must have suspected it. (Or did you start it?) This of course can deplete potassium so I would be concerned about that so that should be checked if symptoms continue. (note: her T waves would suggest otherwise ) What did her last potassium indicate?

I don't know why you want to stop propranolol if she's improving symptomatically.

Montha, you've done a nice job!!

Best,

Paul

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

**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]

**Sent:** Tuesday, February 01, 2005 8:59 PM

**To:** bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Nancy Lugn; Jack Middlebrook

**Cc:** Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Thero Noun; Seda Seng

**Subject:** Patient # 02, Tan Kim Horn, 56F (Thnout Malou)

Dear all,

This is case number two with picture .

Best regards,

Montha

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Robib Telemedicine Clinic  
Sihanouk Hospital Center of HOPE and Partners in Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia

**Patient: Tan Kim Horn, 56F (Thnout Malou)**



**Subject:** 56F, returns for her follow up of DMII and Dyspepsia. Now she feels much better with her previous symptoms like decrease frequency of urination, no fever, no SOB, no cough, no chest pain, no more GI complain, no peripheral edema or numbness.

**Object:** look well

**VS:** BP 110/50 P 80 R 20 T 36.5C  
Wt 61kgs

**HEENT:** no oropharyngeal lesion, no pale no conjunctiva

**Neck:** no JVD, no lymphnode palpable

**Lungs:** clear both sides

**Heart:** RRR, no murmur

**Abdomen:** soft, flat, no tender, (-) HSM, (+) BS for 4 quadrants

**Limbs:** no peripheral edema, no wounds

**Neuro exam:** unremarkable

**Previous Labs/Studies:** none

**Lab/Study Requests:** FBS= 130mg/dl

**Assessment:**

1. DMII
2. Dyspepsia (Resolved)

**Plan: we would like to keep her with the same medications as the following**

1. Diamecron 80mg 1/2t po qd for two months
2. Captopril 25mg 1/4t po qd for two months

**Comments:** do you agree with my plan? Please give me a good idea.

**Examined by:** Koy Somontha, RN      **Date:** 01/02/05

Please send all replies to [robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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

**From:** Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]

**Sent:** Wednesday, February 02, 2005 8:14 AM

**To:** 'Telemedicine Cambodia'; bhammond@partners.org; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Nancy Lugn'

**Cc:** 'Laurie & Ed Bachrach'; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'; 'Seda Seng'

**Subject:** RE: Patient # 02, Tan Kim Horn, 56F (Thnout Malou)

Dear Montha:

I agree with your plan.

Jack

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

**From:** Miller, Janine, M.D. [mailto:JMILLER14@PARTNERS.ORG]

**Sent:** Wednesday, February 02, 2005 8:20 AM

**To:** robibtelemed@yahoo.com; tmed\_rithy@online.com.kh; Fiamma, Kathleen M.

**Cc:** Paul; Lacey, Kimberly

**Subject:** RE: Patient # 02, Tan Kim Horn, 56F (Thnout Malou)

**Tan Kim Horn, 56F (Thnout Malou)**

**We agree with your findings. Her diabetes seems to be under good**

**control at this time. We recommend that she should continue with the medications that she has currently been taking. You can also take a micro-albumin level before she goes home, so we have a baseline level for her.**

**We also recommend that she has a follow-up appointment in one month where you will take another Fasting blood glucose level. Tell her to continue with these medications. Thank you, this is very good management of this patient. You are doing a great job!**

1. Diamecron 80mg 1/2t po qd for two months
2. Captopril 25mg 1/4t po qd for two months

Paul Heinzelmann, MD and Janine Miller, MD

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

**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]

**Sent:** Tuesday, February 01, 2005 9:05 PM

**To:** bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Nancy Lugn; Jack Middlebrook

**Cc:** Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Thero Noun; Seda Seng

**Subject:** Patient # 03. Som Thol, 56M (Taing Treuk)

Dear all,

This is case number three with pictures .

Best regards,

Montha

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Robib Telemedicine Clinic  
Sihanouk Hospital Center of HOPE and Partners in Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia

**Patient: Som Thol, 56M (Taing Treuk)**



**Subject:** 56F, returns for her follow up of DMII with PNP. Now he feels much better with his previous symptoms by no SOB, no fever, no cough, no chest pain, no GI complain, no peripheral edema, less frequency urination. But in last 4 days ago, on his left foot got burning with hot water, the burning spot became a big blister and then ruptured 2 days later and have some oozing up to now.

**Object:** look well

**VS:** BP 110/60 P 80 R 20 T 36.5C Wt 58kgs

**HEENT:** No oropharyngeal lesion, no pale on conjunctiva

**Neck:** no JVD, no lymphnode palpable

**Lungs:** clear both sides

**Heart:** RRR, no murmur

**Abdomen:** soft, flat, no tender, (+) BS for all 4 quadrants, (-) HSM



**Limbs:** no peripheral, but has small wound on the (L) foot 1.5cmx1.5cm has some sorority come out, wound's edge is pink, no necrosis tissue around it, no smelling, (+) dorsal pulse on both feet

**Neuro exam:**

- Cereballar function I to XII are intact
- Motor: 5/5 are intact
- Reflex: 2/2 are intact
- Sensory: are intact



**Previous Labs/Studies:** none

**Lab/Study Requests:** BS 114mg/ml

**Assessment:**

1. DMII with PNP
2. (L) foot wound



**Plan:** I would like to keep with the same medications, but decrease dose of Amitriptyline and add Antibotic as the following.

1. Diamecron 80mg 1t po q8 for one month
2. Amitriptyline 25mg 1t qsh for one month
3. Cephalexine 500mg 1t po q6h for 2 weeks
4. Clean wound everyday with normal saline

**Comments:** do you agree with my plan? Please, give me a good idea

**Examined by:** Koy Somontha, RN      **Date:** 01/02/05

Please send all replies to [robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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

**From:** Paul Heinzelmann, MD [mailto:pheinzelmann@partners.org]

**Sent:** Wednesday, February 02, 2005 5:30 AM

**To:** robibtelemed@yahoo.com; tmed\_rithy@online.com.kh; Kathleen M. -  
Telemedicine Kelleher-Fiamma

**Subject:** Som Thul

Dear Montha,

This is quite unfortunate for Thul. This will require a great deal of patience on his part. It doesn't appear to be severely infected from the photo. I recommend the following:

**1. Clean the wound:**

- a. Use only Normal Saline
- b. With minimal mechanical force gently cleanse with normal saline 20 to 50 cc using gentle pressure via syringe and catheter-tip or 18 gauge needle
- c. (Avoid antiseptics such as because they are cytotoxic such as povidone iodine or hydrogen peroxide)
- d. Give him a supply of normal saline, syringe and gauze and teach him to do this with each dressing change (twice per day)

**2. Debridement the wound:**

**Sharp debridement** with a scissors or scalpel to remove devitalized necrotic tissue - particularly at the edges. He should have this done now by you if it hasn't been done and at follow-up visits.

**3. Dress the wound:**

**Wet-to-Moist Dressing (change twice per day)**

**First layer: wet 4x4 gauze with saline**

**Second layer: Vaseline Gauze if you have it**

**Third layer: dry 4x4 gauze**

**Kerlix or cling dressing to hold in place**

If the wound becomes infected (or if you feel it is infected now) he will need wet-to-dry dressings

**Wet-to-Dry Dressing**

**Apply topical antiseptic**

**Apply gauze wet with normal saline to wound**

**Allow gauze to dry**

**Remove dressing with attached wound debris**

**Repeat several times daily**

He should be evaluated at least weekly if possible at the health center.

In the mean time he needs to:

- Rest avoid walking (and working)
- Elevate the foot when he can
- Replace poor fitting shoes and wear flip-flops
- Crutches would be ideal, but I suspect that is not an option

I agree with the cephalixin.

Best of luck Montha. (If you can take another photo, please do. The original was out of focus) Contact me with any questions.

Best wishes, Paul

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

**From:** Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]

**Sent:** Wednesday, February 02, 2005 8:19 AM

**To:** 'Telemedicine Cambodia'; bhammond@partners.org; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Nancy Lugn'

**Cc:** 'Laurie & Ed Bachrach'; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'; 'Seda Seng'

**Subject:** RE: Patient # 03. Som Thol, 56M (Taing Treuk)

Dear Montha:

I agree with your plan. As you know, foot wounds in diabetics can be dangerous and the patient needs to have proper care clearly explained. If after starting antibiotics, the wound becomes bigger, the edges become necrotic, or she develops fever, she should return to the doctor. It is also important that she keeps the wound clean-- please supply her with gauze dressings if you have them available. Instruct her to avoid putting pressure on the wound, and do not apply any other medicines-- especially traditional remedies-- to the area.

Jack

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

**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]

**Sent:** Tuesday, February 01, 2005 9:10 PM

**To:** bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Nancy Lugn; Jack Middlebrook

**Cc:** Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Thero Noun; Seda Seng

**Subject:** Patient # 04, Svay Tevy, 41F (Thnout Malou)

Dear all,

This is case number four with picture.

Best regards,

Montha

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Robib Telemedicine Clinic  
Sihanouk Hospital Center of HOPE and Partners in Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia

**Patient:** Svay Tevy, 41F (Tnout Malou)



**Subject:** 41F, returns for her follow up of DMII, she feel much better with her previous symptoms by no fever, no cough, no chest pain, no SOB, less frequency urination, no GI complain, no peripheral edema, but she still has muscle pain on shoulders.

**Object:** look well

**VS:** BP 120/60 P 64 R 20 T 36.5C  
Wt 58kgs

**HEENT:** no oropharyngeal lesion, no pale on conjunctiva

**Neck:** no JVD, no lymphnode palpable

**Lungs:** clear both sides

**Heart:** RRR, no murmur

**Abdomen:** soft, flat, no tender, no HSM, (+) BS for all 4 quadrants

**Limbs:** no peripheral edema, no deformity, no wound

**Neuro exam:** unremarkable

**Previous Labs/Studies:** FBS 250mg/dl

**Lab/Study Requests:** FSB 177mg/dl

**Assessment:**

1. DMII
2. Muscle pain

**Plan:** we would like to cover her with the same medications as the following

1. Diamecron 80mg 1t po qd for one month
2. Paracetamol 500mg 1t po q6h for (PRN)

**Comments:** do you agree with my plan? Please give me a good idea

**Examined by:** Koy Somontha, RN      **Date:** 01/02/05

Please send all replies to [robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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

**From:** Fiamma, Kathleen M.  
**Sent:** Tuesday, February 01, 2005 9:23 AM  
**To:** Tan, Heng Soon,M.D.  
**Cc:** Hammond, Brian D.; Lacey, Kimberly  
**Subject:** FW: Patient # 04, Svay Tevy, 41F (Thnout Malou)

Good Morning Dr. Tan:

Here is a follow up case.

I will send your previous response shortly.

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

**From:** Lacey, Kimberly [mailto:KLACEY1@PARTNERS.ORG]  
**Sent:** Wednesday, February 02, 2005 4:54 AM  
**To:** 'robibtelemed@yahoo.com'  
**Cc:** Fiamma, Kathleen M.; Hammond, Brian D.; 'tmed\_rithy@online.com.kh'  
**Subject:** RE: Patient # 04, Svay Tevy, 41F (Thnout Malou)

Please see response below for pt: Tevy.

Kimberly A. Lacey  
Remote Consultation Coordinator  
Two Longfellow Place, Suite 216  
Boston, MA 02114  
Phone: 617-726-1051  
Fax: 617-228-4608  
<http://www.econsults.partners.org>

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

**From:** Tan, Heng Soon,M.D.  
**Sent:** Tuesday, February 01, 2005 12:49 PM  
**To:** Fiamma, Kathleen M.  
**Subject:** RE: Patient # 04, Svay Tevy, 41F (Thnout Malou)

FBS has not reached target of below 120 mg/dl. Add metformin 500 mg bid.

HS

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

**From:** Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]  
**Sent:** Wednesday, February 02, 2005 8:23 AM  
**To:** 'Telemedicine Cambodia'; bhammond@partners.org; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Nancy Lugn'  
**Cc:** 'Laurie & Ed Bachrach'; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'; 'Seda Seng'  
**Subject:** RE: Patient # 04, Svay Tevy, 41F (Thnout Malou)

Dear Montha:

I agree with your plan.

Jack

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

**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]

**Sent:** Tuesday, February 01, 2005 9:15 PM

**To:** bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Nancy Lugn; Jack Middlebrook

**Cc:** Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Thero Noun; Seda Seng

**Subject:** Patient # 05, Pin Yen, 63F (Reveing Tbong)

Dear all,

This is case number five with picture.

Best regards,

Montha

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Robib Telemedicine Clinic  
Sihanouk Hospital Center of HOPE and Partners in Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia

**Patient: Pin Yen, 63F (Revieng Tbong)**



**Subject:** 63F, returns for her follow up of HTN, (R) stroke with left side weakness, DMII with Hyperchlesteremia. She feels much improving with her with previous symptoms like be able to walk by her own with walking cane, less frequency urination, speak clearer than before, no fever, no limb edema, no cough, no chest pain, no GI complain. But she still have malaise, poor appetite and (+) slight dizziness during sit down, (+) SOB.

**Object:** look stable

**VS:** BP (L) 170/90, ( R) 180/80 P 74 R 20  
T 36.5C Wt 41kgs

**HEENT:** no oropharyngeal lesion, no pale on conjunctiva.

**Neck:** (-) JVD, no lymphnode palpable.

**Lungs:** clear both sides

**Heart:** RRR, murmur

**Abdomen:** soft, flat, no tender, (+) BS for all 4 quadrants

**Limbs:** no peripheral edema, no wound, left hand can move stronger than before.

**Neuro Exam:**

- Cerebellum function are intact
- Motor: 3/5 at (L) forearm, others are intact
- Reflex: 2/2 are intact
- Sensory: are intact

**Previous Labs/Studies:** none

**Lab/Study Requests:** FSB= 122mg/dl, UA (Protein +1)

**Assessment:**

1. HTN
2. ( R) stroke with ( L) side weakness
3. DMII
4. Hypercholesteremia

**Plan: I would like to keep with the same medications but increase dose of Propranolol as the following**

1. Propranolol 40mg 1t po q8 for one month
2. Furosemide 40mg 1/2t po qd for one month
3. Diamecron 80mg 1t po q12h for one month
4. Captopril 25mg 1/4t po qd for one month
5. Finofibrate 100mg 1t po qhs for one month
6. Multivitamin 1t po qd for one month

**Comments:** do you agree with my plan? Please give me a good idea

**Examined by:** Koy Somontha, RN      **Date:** 01/02/05

Please send all replies to [robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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

**From:** Fiamma, Kathleen M.

**Sent:** Tuesday, February 01, 2005 9:24 AM

**To:** Tan, Heng Soon, M.D.

**Cc:** Lacey, Kimberly; Hammond, Brian D.  
**Subject:** FW: Patient # 05, Pin Yen, 63F (Reveing Tbong)

Another follow up

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

**From:** Lacey, Kimberly [mailto:KLACEY1@PARTNERS.ORG]  
**Sent:** Wednesday, February 02, 2005 4:56 AM  
**To:** 'robibtelemed@yahoo.com'  
**Cc:** 'tmed\_rithy@online.com.kh'; Fiamma, Kathleen M.; Hammond, Brian D.  
**Subject:** RE: Patient # 05, Pin Yen, 63F (Reveing Tbong)

Please see opinion below for pt: Yen

Kimberly A. Lacey  
Remote Consultation Coordinator  
Two Longfellow Place, Suite 216  
Boston, MA 02114  
Phone: 617-726-1051  
Fax: 617-228-4608  
<http://www.econsults.partners.org>

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

**From:** Tan, Heng Soon, M.D.  
**Sent:** Tuesday, February 01, 2005 12:54 PM  
**To:** Fiamma, Kathleen M.  
**Subject:** RE: Patient # 05, Pin Yen, 63F (Reveing Tbong)

Hypertension is still not controlled to target of 130/80. Captopril should be given at a much higher dose and at least twice a day. Change it to 25 mg bid. Propranolol can be taken also twice a day, so reduce to 40 mg bid. I don't recall her lipid profile. Are we treating elevated triglycerides with fenofibrate?

HS

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

**From:** Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]  
**Sent:** Wednesday, February 02, 2005 8:33 AM  
**To:** 'Telemedicine Cambodia'; bhammond@partners.org; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Nancy Lugn'  
**Cc:** 'Laurie & Ed Bachrach'; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'; 'Seda Seng'  
**Subject:** RE: Patient # 05, Pin Yen, 63F (Reveing Tbong)

Dear Montha:

I am pleased that the patient is recovering from her stroke. Her blood pressure is still poorly controlled, especially considering that she has DM II. If her creatinine is below 300 and her potassium is normal, I would suggest increasing the captopril to 25 mg 1/2 tab po BID. If she remains hypertensive at her next follow-up, I would suggest increasing the dose to 25 mg po BID. With a pulse of 70, I would be hesitant to increase the beta-blocker for fear of making her bradycardic.

Jack

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

**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]  
**Sent:** Tuesday, February 01, 2005 9:19 PM  
**To:** bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Nancy Lugn; Jack Middlebrook  
**Cc:** Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Thero Noun; Seda Seng  
**Subject:** Patient # 06, Leng Hak, 69M (Thnout Malou)

Dear all,

This is case number six with picture.

Best regards,

Montha

---

Robib Telemedicine Clinic  
Sihanouk Hospital Center of HOPE and Partners in Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia



**Patient:** Leng Hak, 69M (Thnout Malou)

**Subject:** 69M, returns for his follow up of HTN, and stroke. His previous symptom is much improving by no fever, no cough, no head ache, no dizziness, no chest pain, no GI complain, no peripheral edema, but he still has muscle pain on the (L) calf and malaise for sometimes.

**Object:** look stable

**VS:** BP 140/70 P 64 R 20 T 36.5C Wt 48kgs

**HEENT:** no oropharyngeal lesion, no pale on conjunctiva

**Neck:** No JVD, no lymphnode palpable

**Lungs:** clear both sides

**Heart:** RRR, no murmur

**Abdomen:** Soft, flat, no tender, no HSM, (+) BS for all 4 quadrants

**Limbs:** no peripheral edema, no deformity

**Previous Labs/Studies:** none

**Lab/Study Requests:** none

**Assessment:**

1. Stable HTN
2. Stroke

**Plan:** I would to cover him with the same medications as the

**following**

1. Nifedipine 10mg 1t po qd for one month
2. Propranolol 40mg 1/2t po q8h for one month
3. ASA 500mg 1/4t po qd for one month
4. Paracetamol 500mg 1t po q6h for (PRN)
5. Multivitamin 1t po qd for one month

**Comments:** do you agree with my plan? Please give me a good idea.

**Examined by:** Koy Somontha, RN      **Date:** 01/02/05

Please send all replies to [robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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

**From:** Hammond, Brian D. [mailto:BHAMMOND@PARTNERS.ORG]  
**Sent:** Wednesday, February 02, 2005 3:04 AM  
**To:** 'robibtelemed@yahoo.com'  
**Cc:** 'tmed\_rithy@online.com.kh'  
**Subject:** FW: Patient # 06, Leng Hak, 69M (Thnout Malou)

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

**From:** Tan, Heng Soon, M.D.  
**Sent:** Tuesday, February 01, 2005 12:59 PM  
**To:** Hammond, Brian D.  
**Subject:** RE: Patient # 06, Leng Hak, 69M (Thnout Malou)

Blood pressure is reasonably controlled though 130/80 would be better. I don't think nifedipine is a good combination here with propranolol. HCTZ 25 mg qd would be a better supplement. Again propranolol 40 mg bid would be easier to take than tid.

HS

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

**From:** Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]  
**Sent:** Wednesday, February 02, 2005 8:39 AM  
**To:** 'Telemedicine Cambodia'; bhammond@partners.org; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Nancy Lugn'  
**Cc:** 'Laurie & Ed Bachrach'; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'; 'Seda Seng'  
**Subject:** RE: Patient # 06, Leng Hak, 69M (Thnout Malou)

Dear Montha:

I agree with your plan.

Jack

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

**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]

**Sent:** Wednesday, February 02, 2005 8:15 PM

**To:** bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook; Ruth Tootill

**Cc:** Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Thero Noun; Seda Seng

**Subject:** Pateint #07, Ros Chhive, 53F (Taing Treuk)

Dear all,

Today Robib clinic has 6 cases also, bur one amount them is new. Please see as the following. And this is case number seven continuous number from yesterday.

Best regards,

Montha

---

Robib Telemedicine Clinic  
Sihanouk Hospital Center of HOPE and Partners in Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia

**Patient: Ros Chhiv, 53F**



**CC:** Right lower leg swollen x 10 years

**HPI:** 53F with PMH of 2x surgical I&D of right groin abscesses as small child presented with c/o right lower leg swelling x 10years. She stated that initially, about 10 years ago, she got bitten by an insect (not fly, but resemble a wasp) at the interdigital groove of her right foot and followed with fever on and off lasting about a month. During the second day of fever, she noticed that her lower leg (subpatellar area) was heavy and swollen with the same size presented today. She felt no pain, but mainly tightness and discomfort; no numbness or tingling, no decrease ROM, no lymphadenopathy, no wt loss, no joint pain. She sought both traditional healers and modern medical professionals, but none of tx has helped her. No wound or rashes; no more febrile episodes after 1<sup>st</sup> month.

**PMH:** I&D right groin abscesses twice as child

**SH:** No smoke, no EtOH

**FH:** unremarkable

**Allergies:** NKDA

**ROS:** no c/o cardiopulmonary sx, GI or GU sx.

**PE:**

**VS:** BP 100/60 P 100 R 20 T 36.5 Wt 64kg



**Gen:** Pleasant, mildly obese, stable

**HEENT:** No oropharyngeal lesions, no lymphadenopathy, no thyroid enlargement, no JVD or bruits; pink conjunctiva

**Chest:** CTA bilat; HRRR no murmur

**Abd:** Obese, soft, +BS, no tenderness, no HSM, no lymphadenopathy; right inguinal scarring tissue 6-8cm long



**MS/Neuro:** DTRs normal, motor and sensory intact, but sensory to light touch to right LE (below knee) reduced slightly as compared with left side of LE; right LE 2-3x larger in size than left LE; skin over right LE very thickened with bluish patches of discoloration over shin area with rough ruggae/orange peel looking; pedal pulses intact bilat; no open or weeping wounds; ROM normal; right LE edema non-pitting.

**Other:**

**Previous Labs/Studies:** none

**Lab/Study Requests:** CBC, Creat, BUN, gluc, ESR at SHCH

**Assessment:**

**Elephantiasis due to**

1. Lymphatic Filariasis?
2. Onchocerciasis?
3. Loiasis?
4. ideopathic

**Plan:**

1. Diethylcarbamazine 2-3mg/kg single dose or Ivermectin (both not available here in Robib)
2. Albendazole 200mg 2 tab po bid x 5 days
3. Education on hygiene and protecting from mosquito or insect bite
4. Report this to WHO or CDC in Phnom Penh for further investigation in possible strategy for eradication of this problem.

**Comments:** Any other suggestion or comment on this case?

**Examined by:** Rithy Chau, PA-C, and Montha Koy      **Date:** 2 Feb 05

Please send all replies to [robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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

**From:** Paul Heinzelmann, MD [mailto:pheinzelmann@partners.org]

**Sent:** Thursday, February 03, 2005 6:17 AM

**To:** Rithy Chau; Telemedicine Cambodia; Jim Heinzelmann; Kathleen M. Fiamma

**Subject:** Ros Chhiv, 53F

Gentlemen, this is a fascinating case. She indeed appears to have elephantitis or more simply lymphatic obstruction from *some* cause. For this there are multiple causes. The commonest causes of are:

1. Parasitic worm: filariasis [*W. bancrofti* or *Brugia malayi*] (Ochocerciasis and Loiasis are not endemic to Cambodia.)
2. Mycobacterium; tuberculosis lymphadenopathy
3. Bacterial: pyogenic infections
4. Malignant disease(i.e.Kaposi's sarcoma).
5. Idiopathic: unknown cause

A fungal infection called Madura foot can cause swelling like this but it usually has sinus tracts and oozing.

Though I cant tell entirely, her swelling seems to be localized to below the knee. Tuberculous elephantiasis tends to involve the whole limb, whereas pyogenic lymphedema is more often below the knee, involving the foot and lower leg.

Finally damage to her lymphatics from surgery as a child may be responsible at least in part for this.

### **Diagnosing filariasis**

Aspiration of the lymph nodes or biopsy is the best way to establish the diagnosis with accuracy. Blood smears looking for microfilaria (tiny worms in the blood) can be helpful, and should be done between 10pm and 4 am as the filarial have a periodicity. Fixed blood samples can be concentrated to ID microfilaria more easily with sedimentation or passage through a filter. Serological tests are very useful, but they may be negative in the late stages of filariasis. As you mentioned treatment is Diethylcarbamazine

Nonetheless: she should be evaluated at SHCH if we want to explore this.

Finally, the CDC has a Division of Parasitic Diseases (DPD) that uses the Internet to assist laboratorians and pathologists in the diagnosis of parasitic diseases. We could consider sending the case to them at:

<http://www.dpd.cdc.gov/dpdx/HTML/Contactus.htm>

Best of luck

Paul

Paul Heinzelmann, MD, DTM&H

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

From: cornelia\_haener@online.com.kh

[mailto:cornelia\_haener@online.com.kh]

Sent: Thursday, February 03, 2005 8:14 AM

To: Telemedicine Cambodia

Cc: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook; Ruth Tootill; Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Thero Noun; Seda Seng

Subject: Re: Pateint #07, Ros Chhive, 53F (Taing Treuk)

Dear all,

besides the plan mentioned already, I would suggest leg elevation and bandages with stronger compression distally than proximally.

Thanks

Dr. Cornelia Haener

General surgeon

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

**From:** Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]

**Sent:** Thursday, February 03, 2005 10:08 AM

**To:** 'Telemedicine Cambodia'; bhammond@partners.org; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Cornelia Haener'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Ruth Tootill'

**Cc:** 'Laurie & Ed Bachrach'; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'; 'Seda Seng'

**Subject:** RE: Pateint #07, Ros Chhive, 53F (Taing Treuk)

Dear Montha and Rithy:

This patient almost certainly has lymphedema, but the cause is unclear. I have discussed this with Paul, and we both agree that the most likely cause is previous trauma to the lymph system during one of her I&D's. It is possible that the lymphedema is due to filariasis, which is difficult to diagnose, and you have recommended appropriate treatments-- we agree with your plan to treat her empirically. Paul and I do not think it is required to be reported to CDC or WHO.

Hope this is helpful.

Jack

---

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

**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]

**Sent:** Wednesday, February 02, 2005 8:21 PM

**To:** bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook; Ruth Tootill

**Cc:** Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Thero Noun; Seda Seng

**Subject:** Patient #08, Pheng Roeung, 59F (Thout Malou)

Dear all,

This is case number eight and picture.

Best regards,

Montha

---

Robib Telemedicine Clinic  
Sihanouk Hospital Center of HOPE and Partners in Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia

**Patient: Pheng Roeung, 59F (Thnout Malou)**



**Subject:** 59F, returns for her follow up of Hyperthyroidism, medically controlled and HTN. Now she still has dizziness during walking, tingling of limbs, SOB on exertion, mild pitting edema on and off during this three weeks. But she has no fever, no cough, decrease palpitation, decrease chest pain, no GI complaint and also pass urine with normal quantity.

**Object:** look well

**VS:** BP ( R) 170/90, (L) 160/80 P 72 R 22 T  
36.5C Wt 62 kgs

**HEENT:** no oropharyngeal lesion, (+) normal pink color on conjunctiva.

**Neck:** No JVD, no lymphnode palpable, goiter gland is not more enlarge

**Lungs:** clear both sides

**Heart:** RRR, no murmur

**Abdomen:** soft, flat, no tender, (-) HSM, (+) BS for all 4 quadrants

**Limbs:** +1 pitting edema

**Previous Labs/Studies:** T4 is normal range done on 7/01/05

**Lab/Study Requests:** UA (negative)

**Assessment:**

1. Hyperthyroidim, medically controlled
2. HTN

**Plan: I would like to keep the same medications but add Furosemide as the following**

1. Propranolol 40mg 1/2t po q12 for one month

2. Furosemide 40mg 1/2t po q12 for one month
3. Methimazole 100mg 1/2t po q12 for one month
4. Multivitamin 1t po qd for one month

**Comments:** do you agree with my plan? Please give me a good idea.

**Examined by:** Koy Somontha, RN      **Date:** 02/02/05

Please send all replies to [robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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

**From:** Fiamma, Kathleen M.  
**Sent:** Wednesday, February 02, 2005 8:45 AM  
**To:** Tan, Heng Soon, M.D.  
**Subject:** FW: Pateint #08, Pheng Roeung, 59F (Thount Malou)

[Here's another follow up case Dr. Tan.](#)

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

**From:** Lacey, Kimberly [mailto:KLACEY1@PARTNERS.ORG]  
**Sent:** Wednesday, February 02, 2005 10:55 PM  
**To:** 'robibtelemed@yahoo.com'  
**Cc:** Fiamma, Kathleen M.; 'tmed\_rithy@online.com.kh.'  
**Subject:** RE: Pateint #08, Pheng Roeung, 59F (Thount Malou)

[Please see opinion below.](#)

Kimberly A. Lacey  
Remote Consultation Coordinator  
Two Longfellow Place, Suite 216  
Boston, MA 02114  
Phone: 617-726-1051  
Fax: 617-228-4608  
<http://www.econsults.partners.org>

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

**From:** Tan, Heng Soon, M.D.  
**Sent:** Wednesday, February 02, 2005 10:06 AM  
**To:** Fiamma, Kathleen M.  
**Subject:** RE: Pateint #08, Pheng Roeung, 59F (Thount Malou)

If she is euthyroid and has been treated for at least 6-12 weeks, methimazole dose can be reduced to maintenance. I usually start at 60 mg a day and reduce to 30 mg a day then 15 mg a day. In her case, she can be reduced to 30 mg a day for 1-2 months, then 15 mg qd for maintenance for a year. Once a day dosing is as efficacious as twice a day. It's important to continue monitoring TSH every 1-2 months to make sure she remains euthyroid.

Hypertension remains uncontrolled. I prefer HCTZ 25 mg qd rather than furosemide for its hypertensive effect. I would increase propranolol to 40 mg bid.

HS

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

**From:** Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]  
**Sent:** Thursday, February 03, 2005 10:16 AM  
**To:** 'Telemedicine Cambodia'; bhammond@partners.org; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Cornelia Haener'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Ruth Tootill'  
**Cc:** 'Laurie & Ed Bachrach'; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'; 'Seda Seng'  
**Subject:** RE: Pateint #08, Pheng Roeung, 59F (Thount Malou)

Dear Rithy and Montha:

I agree with your plan to add furosemide in an attempt to better control the patient's hypertension.

I would be interested to know more about her dizziness: is it orthostatic? Does she have difficulty walking? Is there any evidence of cerebellar dysfunction on neurologic testing?

Best regards,

Jack

---

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

**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]  
**Sent:** Wednesday, February 02, 2005 8:25 PM  
**To:** bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook; Ruth Tootill  
**Cc:** Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Thero Noun; Seda Seng  
**Subject:** Pateint #09, Nget Soeun, 57M (Thout Malou)

Dear all,

This is case number nine and picture.

Best regards,

Montha

---

Robib Telemedicine Clinic  
Sihanouk Hospital Center of HOPE and Partners in Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia

**Patient:** Nget Soeun, 57M (Thnout Malou)

**Subject:** 57M, returns for his follow up of Liver Cirrhosis and Mulnutrition. Now he feels much better with his previous symptoms



like no SOB, no abdominal distention, no GI complain, no peripheral edema. But he still has poor appetite, dry cough for 4 days, sore throat, sternal chest pain during coughing, low grade fever in last 3 days ago.

**Object:** look stable

**VS:** BP 100/60 P 72 R 20 T 36.5C Wt 40kgs

**HEENT:** no oropharyngeal lesion, (+) pink color on conjunctiva.

**Neck:** no JVD, no lymphnode palpable

**Lungs:** crackle on the both lower lobes, others are clear

**Heart:** RRR, no murmur

**Abdomen:** soft, flat, no tender, (+) BS for all 4 quadrants, (-) HSM

**Limbs:** no peripheral edema.

**Previous Labs/Studies:** none

**Lab/Study Requests:** none

**Assessment:**

4. Liver Cirrhosis
5. Malnutrition
6. Common cold
7. Pneumonia due to Bac? Virus?

**Plan: I would like to cover him with same medications but need to add antibiotic as the following**

1. Furosemide 40mg 1/2t po qd for one month
2. Propranolol 40mg 1/4t po qd for one month
3. Multivitamin 1t po qd for one month
4. Acetaminophen/ Diphenidramine 500/25mg 1t po q12h for 4 days
5. Amoxicilline 500mg 1t po q8h for 7 days
6. Collect sputum for AFB to R/O PTB
7. Encourage him to eat more fruit and vegetable

**Comments:** do you agree with my plan? Please give me a good idea.

**Examined by:** Koy Somontha, RN      **Date:** 02/02/05

Please send all replies to [robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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

**From:** Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]  
**Sent:** Wednesday, February 02, 2005 9:10 PM  
**To:** 'robibtelemed@yahoo.com'  
**Cc:** 'tmed\_rithy@online.com.kh'  
**Subject:** FW: Pateint #09, Nget Soeun, 57M (Thout Malou)

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

**From:** Tan, Heng Soon, M.D.  
**Sent:** Wednesday, February 02, 2005 8:50 AM  
**To:** Fiamma, Kathleen M.  
**Subject:** RE: Pateint #09, Nget Soeun, 57M (Thout Malou)

It's not clear that he has pneumonia with no documented fever. Do the rales clear with coughing? They could represent atelectasis. If he does have an infection, it's likely viral with short course, no fever and nonproductive cough. I would hold off on ampicillin for several more days. Atypical infections like Mycoplasma could start like this. If coughing worsen, and rales persist, I would use doxycycline 100 mg bid. A chest xray could help confirm diagnosis.

Heng Soon, M.D.

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

**From:** Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]  
**Sent:** Thursday, February 03, 2005 10:25 AM  
**To:** 'Telemedicine Cambodia'; bhammond@partners.org; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Cornelia Haener'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Ruth Tootill'  
**Cc:** 'Laurie & Ed Bachrach'; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'; 'Seda Seng'  
**Subject:** RE: Pateint #09, Nget Soeun, 57M (Thout Malou)

Dear Montha:

I do not think this patient has clear evidence of pneumonia: he is afebrile and not tachycardic. Does he have dullness on percussion? If it is possible to obtain a CXR, pulse oximetry or a WBC, I would suggest any of these first to look for better evidence of pneumonia. If he is hypoxic, has an infiltrate, or a high white count, I agree to start antibiotics for pneumonia, although I would recommend something more broad-spectrum than amoxicillin, if available; e.g., azithromycin, clarithromycin, gatifloxacin, amoxicillin/clavulanate, doxycycline.

Hope this is helpful,

Jack

---

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

**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]

**Sent:** Wednesday, February 02, 2005 8:31 PM

**To:** bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook; Ruth Tootill

**Cc:** Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Thero Noun; Seda Seng

**Subject:** Pateint #09, Pang Sidoeun, 31F (Reveing Tbong)

Dear all,

This is case number ten and picture.

Best regards,

Montha

---

Robib Telemedicine Clinic  
Sihanouk Hospital Center of HOPE and Partners in Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia

**Patient: Pang Sidoeun, 31F (Roveing Tbong)**



**Subject:** 31F, turns back foe her follow up of HTN and Hyperthyroidism. Now she feels much improving with her previous symptoms by decreasing head ache, no cough, dizziness, decrease blurred vision, no SOB, no neck tension. no fever, no stool with blood or mucus, no peripheral edema. But she still has epigastric pain likes burning especially after meal and also radiating to the back and chest, sometimes she has burping at night with sour test as well.

**Object:** look stable

**VS:** BP (L) 160/80, ( R)150/80 P 108 R 20 T  
36.5C Wt 37kgs

**HEENT:** no oropharyngeal lesion, (+) pink color on conjunctiva.

**Neck:** (-) JVD, no goiter enlarge

**Lungs:** clear both sides

**Heart:** RRR, no murmur

**Abdomen:** soft, flat, no tender, no HSM, no mass, (+) BS for all 4 quadrants, but pain at epigastric area during deep compression.

**Limbs:** no peripheral edema, no deformity

**Previous Labs/Studies:** T4 and THS are normal range done on 07/01/05 at SHCH

**Lab/Study Requests:** UA (negative), colo check (positive), Hgb=

11g/dl

**Assessment:**

8. HTN
9. GI bleeding through colo check
10. Parasititis?

**Plan: I would like to cover her with some medications and also add another HTN drugs as the following**

1. HCTZ 50mg 1/2t po q12h for one month
2. Propranolol 40mg 1/2t po q12 for one month
3. H. philory eradication for 2 weeks and then continuous Omeprazole 20mg qd for whole month.
4. Mebandazole 100mg 1t po q12h for 3 days
5. Multivitamin 1t po qd for one month
6. Feso4 200mg 1t po qd for one month
7. Avoid eating spicy food, coffee, alcohol

**Comments:** Do you agree with my plan? Please give me a good idea.

**Examined by:** Koy Somontha, RN      **Date:** 02/02/05

Please send all replies to [robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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

**From:** Paul Heinzelmann, MD [mailto:pheinzelmann@partners.org]

**Sent:** Thursday, February 03, 2005 4:15 AM

**To:** robibtelemed@yahoo.com; tmed\_rithy@online.com.kh; Kathleen M. Fiamma; klacey1@partners.org

**Subject:** Pang Sidoeun, 31F (Roveing Tbong)

Montha,

Yes - (as you suggested two months ago in your assessment), you should check her T4 and TSH.

If you stop her propranolol you should not stop abruptly, but rather a taper. It may make more sense to wait for her thyroid studies to be completed however.

Regarding her calf, you say she still has pain but I dont see that mentioned in her last

visit. We would need more history. For example, it would be helpful to know what makes the pain worse, what if anything makes it better, ...Is it tender to touch? Did she have any trauma to her calf? Is there any redness or swelling? Is it both calves? Note: carbimazole can cause myalgias so we should determine if this is the cause. Knowing her TSH and T4 will help us gauge if she needs the carbamizole.

Also, not much to say about the sweating as we don't know anything about how frequently....

Thanks,

Good luck

Paul

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

**From:** Miller, Janine, M.D. [mailto:JMILLER14@PARTNERS.ORG]

**Sent:** Thursday, February 03, 2005 4:36 AM

**To:** Fiamma, Kathleen M.; robibtelemed@yahoo.com; tmed\_rithy@online.com.kh

**Subject:** RE: Pateint #09, Pang Sidoeun, 31F (Reveing Tbong)

**Pang Sidoeun, 31F (Roveing Tbong)**

**Hello, Thank you for your evaluation of this patient. In the future, please tell us the medications that these patients are currently taking, so we can better evaluate your plan .**

**HTN- she is still not well controlled, I am not sure if you want to add another medication at this time. You need to increase the dose of propranolol to make it therapeutic. Her pulse is still high, so you can definitely increase her dose. Have her take 40 mg q 12 hrs of the propranolol, and see if this lowers her blood pressure. If not, then next visit consider adding the HCTZ.**

**GI Bleeding- Please treat her for H pylori with whatever treatment you have available to you there. We are concerned about the possibility of an ulcer, you might want to consider sending her for an endoscopy if her condition does not improve with the H-pylori eradication, or if her condition worsens.**

**Wait and see if she improves after treating for the H-Pylori -before you give her the mebendazole.**

**Also give her:**

5. Multivitamin 1t po qd for one month
6. Feso4 200mg 1t po qd for one month
7. Avoid eating spicy food, coffee, alcohol

**Have her come back to the health center in two weeks for re-evaluation. If she is not any better, consider the mebendazole for the dyspepsia.**

Thank you

Janine Miller MD, Paul Heinzelman MD

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

**From:** Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]

**Sent:** Thursday, February 03, 2005 10:28 AM

**To:** 'Telemedicine Cambodia'; bhammond@partners.org; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Cornelia Haener'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Ruth Tootill'  
**Cc:** 'Laurie & Ed Bachrach'; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'; 'Seda Seng'  
**Subject:** RE: Pateint #09, Pang Sidoeun, 31F (Reveing Tbong)

Dear Montha:

I agree with your plan for both *H. pylori* eradication and the addition of another anti-hypertensive.

Jack

---

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

**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]

**Sent:** Wednesday, February 02, 2005 8:36 PM

**To:** bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook; Ruth Tootill

**Cc:** Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Thero Noun; Seda Seng

**Subject:** Pateint #11, Khean Bory, 42M (Thnal Keng)

Dear all,

This is case number eleven and picture.

Best regards,

Montha

---

Robib Telemedicine Clinic  
Sihanouk Hospital Center of HOPE and Partners in Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia

**Patient:** Khean Bory, 42M (Thnal Keng)



**Subject:** 42M, returns for his follow up of Dyspepsia. He is not better with Cimetidine 1t po qd for last whole months. He still has pain on epigastric area and radiating to the chest and back, burping, but he has no stool with blood, no fever, no cough, o chest pain, n peripheral edema.

**Object:** look well

**VS:** BP 100/50 P 70 R 20 T 36.5c Wt 58 kgs

**HEENT:** n oropharyngeal lesion, conjunctiva is pink coor

**Neck:** no JVD, no lymphnode palpable

**Lungs:** clear both sides

**Heart:** RRR, no murmur

**Abdomen:** soft, flat, no mass, (+) BS for all the quadrants, (-) HSM

**Limbs:** no peripheral edema

**Previous Labs/Studies:** none

**Lab/Study Requests:** none

**Assessment:**

11. PUD?

**Plan: I would like to stop Ranitidine to H. pylori Eradication and then cover with Omeprazole**

1. H. Pylori eradication for two weeks and then continuous with Omeprazole 20mg q 12h for another month
2. Multivitamine 1t po qd for one month
3. Metochlopramide 10mg 1t po q12 for 7 days

**Comments:** Do you agree with my plan? Please give me a good idea.

**Examined by:** Koy Somontha, RN      **Date:** 02/02/05

Please send all replies to [robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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

**From:** Lacey, Kimberly [mailto:KLACEY1@PARTNERS.ORG]  
**Sent:** Wednesday, February 02, 2005 10:54 PM  
**To:** 'robibtelemed@yahoo.com'  
**Cc:** 'tmed\_rithy@online.com.kh.'; Fiamma, Kathleen M.  
**Subject:** RE: Pateint #11, Khean Bory, 42M (Thnal Keng)

[Please see attached opinion on Khean Bory.](#)

Kimberly A. Lacey  
Remote Consultation Coordinator  
Two Longfellow Place, Suite 216  
Boston, MA 02114  
Phone: 617-726-1051  
Fax: 617-228-4608  
<http://www.econsults.partners.org>

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

**From:** Tan, Heng Soon,M.D.

**Sent:** Wednesday, February 02, 2005 9:58 AM

**To:** Fiamma, Kathleen M.

**Subject:** RE: Pateint #11, Khean Bory, 42M (Thnal Keng)

That's a good plan. Treat for H. pylori gastritis and see what happens. Positive serological test for H. pylori would support plan.

HS

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

From: cornelia\_haener@online.com.kh

[mailto:cornelia\_haener@online.com.kh]

Sent: Thursday, February 03, 2005 8:18 AM

To: Telemedicine Cambodia

Cc: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul

Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook;

Ruth Tootill; Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Thero

Noun; Seda Seng

Subject: Re: Pateint #11, Khean Bory, 42M (Thnal Keng)

Dear all,

it might be good to send this patient for a gastroscopy to rule out a malignancy.

Thanks

Dr. Cornelia Haener

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

**From:** Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]

**Sent:** Thursday, February 03, 2005 10:33 AM

**To:** 'Telemedicine Cambodia'; bhammond@partners.org; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Cornelia Haener'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Ruth Tootill'

**Cc:** 'Laurie & Ed Bachrach'; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'; 'Seda Seng'

**Subject:** RE: Pateint #11, Khean Bory, 42M (Thnal Keng)

Dear Montha:

During your initial assessment, I assume you screened the patient for cardiovascular disease: the pain is not worse with exertion, and is not accompanied by other cardiac symptoms. Also, it would be helpful to know if the pain is made better or worse with eating.

Assuming this is dyspepsia, I agree with your plan for empiric treatment for H. pylori eradication.

Jack

---

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

**From:** Telemedicine Cambodia [mailto:robibtelemed@yahoo.com]

**Sent:** Wednesday, February 02, 2005 8:54 PM

**To:** bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Cornelia Haener; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook; Ruth Tootill

**Cc:** Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Thero Noun; Seda Seng

**Subject:** Pateint #12, Tho Chanthy, 37F (Thnout Malou)

Dear all,

This is the last case and picture.

Best regards,

Montha

---

Robib Telemedicine Clinic  
Sihanouk Hospital Center of HOPE and Partners in Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia

**Patient:** Tho Chanthy, 37F (Thnout Malou)



**Subject:** 37F, returns for her follow up hyperthyroidism. She has covered with Carbamazole 5mg qd and Propranolol 40mg 1/4t po qd for one year and a half. Her previous symptoms are so much improving like no SOB right now, decrease palpitation, no cough, no fever, no more eye fatigue. But she still has pain on the calf muscle and sweat for sometimes.

**Object:** look stable

**VS:** BP 100/50 P 60 R 20 T 36.5C Wt 58kgs

**HEENT:** no oropharyngeal lesion, n pale on conjunctiva, eye no exophthalmos

**Neck:** no JVD, goiter glance is not developed size.

**Lungs:** clear both sides

**Heart:** RRR, no murmur

**Abdomen:** soft, flat, no tender, (+) BS for all quadrants, no HSM

**Limbs:** no peripheral edema, no tremor

**Previous Labs/Studies:** none

**Lab/Study Requests:** request to recheck T4 at SHCH

**Assessment:**

12. Stable Hyperthyroidism

**Plan: I would like to stop Propranolol and keep the same dose of Carbimazole**

1. Carbimazole 5mg 1t po qd for one month
2. Draw her blood for recheck T4 because so far 5 months already from her last T4 checking

**Comments:** do you agree with my plan? Please give me a good idea.

**Examined by:** Koy Somontha, RN      **Date:** 02/02/05

Please send all replies to [robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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

**From:** Paul [mailto:ph2065@yahoo.com]

**Sent:** Thursday, February 03, 2005 5:20 AM

**To:** robibtelemed@yahoo.com; Rithy Chau; klacey1@partners.org; Kathleen M. Fiamma

**Subject:** Tho Chanthy, 37F (Thnout Malou) NOT Pang Sidoeun, 31F (Roveing Tbong)

Sorry guys - mixed names....

Montha,

Yes - (as you suggested two months ago in your assessment), you should check her T4 and TSH.

If you stop her propranolol you should not stop abruptly, but rather a taper. It may make more sense to wait for her thyroid studies to be completed however.

Regarding her calf, you say she still has pain but I don't see that mentioned in her last visit. We would need more history. For example, it would be helpful to know what makes the pain worse, what if anything makes it better, ...Is it tender to touch? Did she have any trauma to her calf? Is there any redness or swelling? Is it both calves? Note: carbimazole can cause myalgias so we should determine if this is the cause. Knowing her TSH and T4 will help us gauge if she needs the carbimazole.

Also, not much to say about the sweating as we don't know anything about how frequently....

Thanks,

Good luck

Paul

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

From: cornelia\_haener@online.com.kh

[mailto:cornelia\_haener@online.com.kh]

Sent: Thursday, February 03, 2005 8:22 AM

To: Telemedicine Cambodia

Cc: bhammond@partners.org; Rithy Chau; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Jack Middlebrook; Ruth Tootill; Laurie & Ed Bachrach; Montha Koy; Bernie Krisher; Thero Noun; Seda Seng

Subject: Re: Pateint #12, Tho Chanthy, 37F (Thnout Malou)

Dear all,

I would suggest to check T4 and T3. How long has this patient been euthyroid under treatment? If she is euthyroid, we could consider stopping her medication after 1.5 years of treatment.

Thanks

Dr. Cornelia Haener

General surgeon

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

**From:** Jack Middlebrooks [mailto:jmiddleb@camnet.com.kh]

**Sent:** Thursday, February 03, 2005 10:34 AM

**To:** 'Telemedicine Cambodia'; bhammond@partners.org; 'Rithy Chau'; 'Rithy Chau'; 'Kathy Fiamma'; 'Cornelia Haener'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Ruth Tootill'

**Cc:** 'Laurie & Ed Bachrach'; 'Montha Koy'; 'Bernie Krisher'; 'Thero Noun'; 'Seda Seng'

**Subject:** RE: Pateint #12, Tho Chanthy, 37F (Thnout Malou)

Dear Montha:

I agree with your plan.

Jack

---

**Thursday, February 3, 2004**

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### **Follow-up Report for Robib TM Clinic**

There were 12 patients seen during this month Robib TM Clinic (and other patients came for medication refills only). The data of all cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE (as well as advices from PA Rithy), the following patients were managed and treated as follows:

**NOTE:** [Please note that some blood works was drawn and done at SHCH at no cost and others including studies such as x-rays, U/S, EKG, etc. were done at Kompong Thom Referral Hospital with patients paying own their own. Robib TM clinic **STILL** pays for transportation, accommodation, and other expenses for the patients visiting the clinic **IF** they are from Thnout Malou Village. For those patients who were seen at

SHCH previously and remained stable with medications, the clinic will continue to provide them with appropriate medications from SHCH at no cost for the duration of their illnesses or while supplies lasted. The clinic still provided free medications for all “poor” patients, especially if they are from Thnout Malou Village. Some patients may be listed below if they came by for refills of medications.]

### **Treatment Report for Robib Telemedicine February 2005**

#### **I-Lang Da, 45F (Thnout Malou)**

1)- Diagnosis

- a)- HTN
- b)- VHD (RAE?) MS?

2)- Treatment

- a)- Propranolol 40mg ½t po q12 for one month
- b)- Furosemide 40mg ¼t po q12 for one month
- c)- Multivitamin 1t po qd for one month
- d)- Consider cardiac 2D echo

#### **II- Tan Kim Horn, 56F (Thnout Malou)**

1)- Diagnosis

- a)- DMII
- b)- Dyspepsia (Resolved)

2)- Treatment

- a)- Diamecron 80mg ½t po qd for two months
- b)- Captopril 25mg ¼t po qd for two months

#### **III- Som Thol, 56M (Taing Treuk)**

1)- Diagnosis

- a)- DMII with PNP
- b)- Left Foot Wound

2)- Treatment

- a)- Diamecron 80mg 1t po q8h for one month
- b)- Amitriptyline 25mg 1t po qhs for one month
- c)- Cephalexin 250mg 2t po q8h for 10d
- d)- Clean wound with NSS twice a day.

#### **IV- Pin Yen, 63F (Reveing Tbong)**

1)- Diagnosis

- a)- HTN
- b)- Right Stroke with Left side weakness
- c)- DMII
- d)- Hypercholesterolemia

2)- Treatment

- a)- Captopril 25mg ½t po q12h for one month
- b)- Propranolol 40mg 1t po q12h for one month
- c)- Furosemide 40mg ½t po qd for one month
- d)- Diamecron 80mg 1t po q12h for one month
- e)- ASA 500mg ¼t po qd for one month
- f)- MTV 1t po qd for one month
- g)- Fenofibrate 100mg 1t po q12h for one month

**V- Srey Tevy, 41F (Thnout Malou)**

1)- Diagnosis

- a)- DMII
- b)- Mucle Pain

2)- Treatment

- a)- Diamecron 80mg 1t po qd for two month
- b)- Paracetamol 500mg 1t po q6h prn
- c)- Keep doing exercise

**VI- Leng Hak, 69M (Thnout Malou)**

1)- Diagnosis

- a)- Stable HTN
- b)- Stroke

2)- Treatment

- a)- Nifedipine 20mg ½t po q8h for one month
- b)- Propranolol 40mg ½t po q8h for one month
- c)- ASA 500mg ¼t po qd for one month
- d)- Paracetamol 500mg 1t po q6h prn

e)- MTV 1t po qd for one month

**VII- Pheng Roeung, 59F (Thnout Malou)**

1)- Diagnosis

a)- Hyperthyroidism (medically controlled)

b)- HTN

2)- Treatment

a)- Bisoprolol/HCTZ 5mg/6.25mg ½t po q12h for one month

b)- Methimazole 10mg ½t po q12h for one month

c)- MTV 1t po qd for one month

**VIII- Nget Soeun, 57M (Thnout Malou)**

1)- Diagnosis

a)- Liver Cirrhosis

b)- Malnutrition

c)- Pneumonia? PTB?

d)- Command Cold

2)- Treatment

a)- Furosemide 40mg ½t po qd for one month

b)- Propranolol 40mg ¼t po qd for one month

c)- MTV 1t po qd for one month

d)- Gatifloxacin 400mg 1t po qd for 10 days

e)- Para/diphenhydramine 500/25mg 1t po q12h prn

f)- Encourage him to eat more fruit, vegetable.

**IX- Pang Sideoen, 31F ( Rovieng Tbong)**

1)- Diagnosis

a)- HTN

b)- GI bleeding

c)- Parasitosis?

2)- Treatment

a)- Bisoprolol/HCTZ 5/6.25mg 1t po q12h for one month

b)- H. Pylori treatment for ten days and then go on with Omeprazole

- 20mg 1t po qd for another month
- c)- MTV 1t po qd for one month
- d)- FeSO<sub>4</sub> 200mg 1t po qd for one month
- e)- Mebendazole 100mg 1t po q12h for three days
- f)- Avoid eating spicy, fatty food and alcohol drinking

**X- Khen Bory, 42M (Thnal Keng)**

1)- Diagnosis

- a)- PUD

2)- Treatment

- a)- H. Pylori treatment and then go on with Omeprazole 20mg 1t po q12h for another month
- b)- Priperance 10mg 1t po q12 for 10 days
- c)- MTV 1t po qd for one month

**XI- Tho Chanthy, 37F (Thnout Malou)**

1)- Diagnosis

- a)- Hyperthyroidism become Euthyroide

2)- Treatment

- a)- Methimazole 10mg 1/2t po qd for one month

**XII- Ros Chhiv, 53F (Taing Treuk)**

1)- Diagnosis

Elephantiasis due to

- a)- Lymphatic Filatiasis?
- b)- Onchocerciasis?
- c)- Loiasis?
- d)- Idiopathic
- e)- TB?
- f)- Malignacy (e.g. Kaposi's sarcoma)?

2)- Treatment

- a)- Apply elastic bandage for compression on the leg and keep elevate when not moving.
- b)- Consider tx with Albendazole 200mg 2 po bid x 5d +

Diethylcarbamazine 2-3 mg/kg or Stromectol 150mcg/kg po single dose;  
check AFB and RTV next visit

c)- Report to WHO/CDC in Phnom Penh

**Patient comes to refill medications**

**I- Sok Piseth, 12F (Kam Pot)**

1)- Diagnosis

a)- Chronic Asthma

b)- VHD (MR? MS?)

2)- Treatment

a)- Digoxin 0,25mg ½t po qd for two months

b)- MTV 1t po qd for two months

c)- Azthmacort and Albuterol inhalers (still have)

---

**The next Robib TM Clinic will be held on  
March 1-3, 2005**