Robib *Telemedicine* Clinic

Preah Vihear Province

A P R I L 2 0 0 9

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

On Monday, April 06, 2009, SHCH staff Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), April 07 & 08, 2009, the Robib TM Clinic opened to receive the patients for evaluations. There were 6 new cases seen during this month, and 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, April 08 & 09, 2009.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston, and SHCH, Nurse Sovann 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 Nurse Peng Sovann at SHCH who compiled and sent for website publishing.

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

From: Robib Telemed
Date: Mar 30, 2009 7:09 AM
Subject: Schedule for Robib TM Clinic April 2009
To: Rithy Chau; Kruy Lim; Cornelia Haener; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Dan Liu; Peou Ouk; Samoeurn Lanh; Sochea Monn

Dear all,

I would like to inform you that Robib Telemedicine clinic for April 2009 will be starting from 06 April to 10 April 2009.

The agenda for the clinic is as following:

1. On Monday 06 April 2009, driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihea.
2. On Tuesday 07 April 2009, the clinic opens to see the patients for the whole morning, and the patients' information will be typed up into computor in the afternoon then send to both partners in Boston and Phnom Penh.
3. On Wednesday 08 April 2009, the activity is the same as on Tuesday.

4. On Thursday 09 April 2009, download all the answers replied from both partners and the treatment plan will be made accordingly then the medicine will be prepared for the patients in the afternoon.
5. On Friday 10 April 2009, draw blood from the patients for lab test at SHCH then come back to Phnom Penh.

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

Best regards,
Sovann

From: Robib Telemed
Date: Apr 7, 2009 8:25 PM
Subject: Robib TM Clinic April 2009 Case#1, Beth Chanrith, 29M (Taing Treuk Village)
To: Cornelia Haener; Rithy Chau; Kruy Lim; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

Today is the first day for Robib TM clinic for April 2009, there are three new cases and this is the case number 1, Beth Chanrith, 29M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

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

History and Physical

Name/Age/Sex/Village: Beth Chanrith, 29M (Taing Treuk Village)

Chief Complaint (CC): Neck mass x 8y

History of Present Illness (HPI): 29M, taxi driver, presented with a small mass, about little finger size on anterior neck with redness, pain, swelling, fever then the mass burst with sticky fluid come out. A few years later, she mass developed again and bigger, so he went to provincial hospital, he was told it was cyst and got two times of incision and the mass still recurred with pain, redness, swelling, so he came to see us in last months and request to have mass ultrasound and CXR and was treated with Clarithromycin 500ng 1t po bid x 10d, ans AFB sputum smear with neg result.

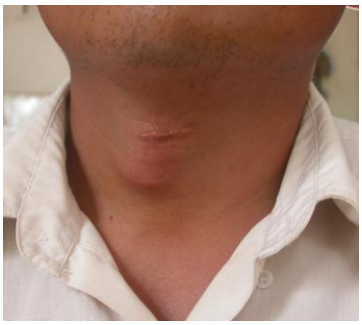
Past Medical History (PMH): Unremarkable

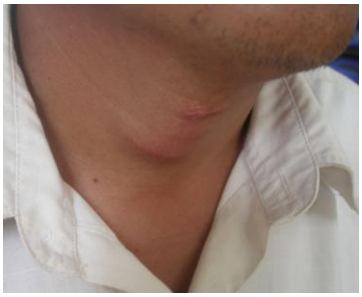
Family History: Grandmother with goiter

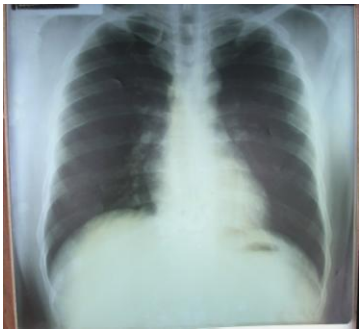
Social History: Drinking alcohol casually, smoking cig 1pack/d, 2 children

Current Medications: None

Allergies: NKDA







Review of Systems (ROS): no fever, no cough, normal bowel movement, normal urination, no insect bite, no trauma

PE:

Vitals: BP: 117/63 P: 87 R: 20 T: 37°C Wt: 63Kg

General: Look stable

HEENT: A mass about 3 x 5cm on anterior neck, soft, smooth, regular border, mobile on swallowing, no tender, no bruit; no oropharyngeal lesion, pink conjunctiva, no lymph node palpable, no JVD, normal ear

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

Abd: Soft, no tender, no distension, (+) BS, no HSM, no scar

Extremity/Skin: no edema, no rash, no lesion

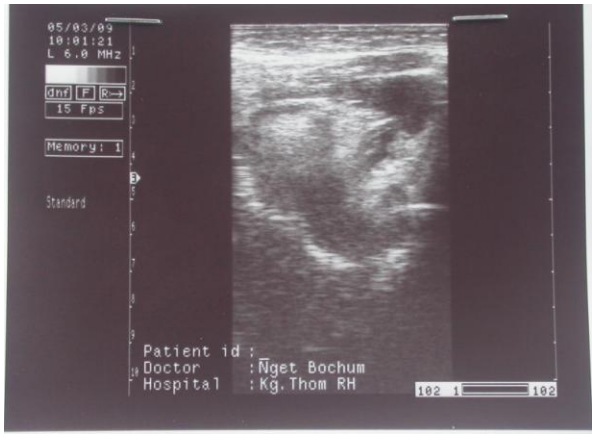
MS/Neuro: MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

Lab/study:

On March 2009

Neck mass ultrasound conclusion: Multiple lobes mass with non-homogen structure

CXR attach



Assessment:

1. Thyroglossal duct cyst?
2. Branchial clecf cyst?
3. Thyroid cyst?

Plan:

1. Refer to SHCH for surgical consultation

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng **Date: April 07, 2009**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

From: Barbesino, Giuseppe,M.D.
Date: Apr 8, 2009 1:02 AM
Subject: Robib TM Clinic April 2009 Case#1, Beth Chanrith, 29M (Taing Treuk Village)
To: "Fiamma, Kathleen M."; robibtelemed@gmail.com; tmed_rithy@online.com.kh

This mass of significant size is possibly unrelated to his thyroid. It is not typical for thyroid masses to become infected or to "burst" as this one did. Is suspect an infected epidermal inclusion cyst if this is adherent to the superficial layers. This also consistent with multiple relapsing infections. Other possibilities include the onse cited. On the US the mass is partially fluid and on exam there is rubor and tumor. I agree with antibiotics, but I would also suggest that depending on the nature of the mass, excision should be considered given multiple relapses after drainage.

Giuseppe Barbesino, MD
Thyroid Associates
Massachusetts General Hospital
Harvard Medical School
Wang ACC 730S
15 Parkman Street-Boston MA 02114
Tel 617-726-7573

From: Cornelia Haener
Date: Apr 8, 2009 4:28 PM
Subject: Robib TM Clinic April 2009 Case#1, Beth Chanrith, 29M (Taing Treuk Village)
To: Robib Telemed; Rithy Chau; Kruy Lim; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

It might be an infected thyroglossul cyst or medial brachial cyst. I would suggest that this patient is sent to the SHCH to be assessed by the surgical department.

Thanks

Cornelia

From: Robib Telemed
Date: Apr 7, 2009 8:30 PM
Subject: Robib TM Clinic April 2009 Case#2, Kong Sam On, 53M (Thkeng Village)
To: Rithy Chau; Kathy Fiamma; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the case number 2, Kong Sam On, 53M and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Kong Sam On, 53M (Thkeng Village)

Chief Complaint (CC): fatigue x 2y

History of Present Illness (HPI): 53M, farmer, presented with symptoms of fatigue, polyuria, polydypsia, dizziness, and numbness/tingling on both extremity but he didn't get consultation or care. In this year, his above symptoms became worse and noticed the ants come around his urine so he went to local private clinic, finger stick blood sugar 434mg/dl and elevated BP and was treated with Glibenclamide 5mg 1t po bid, Metformin 500mg 1t po bid, Atenolol 50mg 1t po qd. Now his above symptoms became better and denied of fever, cough, chest pain, nausea, vomiting, stool with blood or mucus, oliguria, dysuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Drinking alcohol casually, smoking 5cig/d

Current Medications:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid
3. Atenolol 50mg 1t po qd

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 160/98 (both arms) P: 78 R: 20 T: 37^{o}C Wt: 55Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

Abd: Soft, no tender, no distension, (+) BS, no HSM, no scar

Extremity/Skin: no edema, no rash, no lesion, (+) dorsalis pedis and post tibial pulse

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

Lab/study:
On April 7, 2009

U/A: protein 3+, FBS: 114mg/dl

Assessment:

1. DMII
2. HTN

Plan:

1. Metformin 500mg 1t po bid
2. Glibenclamdie 5mg 1t po bid
3. Atenolol 50mg 1t po qd
4. ASA 300mg 1/4t po qd
5. Educate on diabetic diet, low fats and salt, do regular exercise and foot care
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, HbA1C at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng **Date: April 07, 2009**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

From: Rithy Chau
Date: Apr 8, 2009 3:17 PM
Subject: Robib TM Clinic April 2009 Case#2, Kong Sam On, 53M (Thkeng Village)
To: Robib Telemed
Cc: kruylim@yahoo.com

Dear Sovann,

Thanks for the case #2. I agree with your assessment and keep the DM II meds the same. But for his uncontrolled HTN, please add captopril 25 ½ po bid along with the same dose of Atenolol you are suggesting. Do lab tests as suggested.

Rithy

From: Healey, Michael J.,M.D.
Date: Apr 8, 2009 9:07 PM
Subject: Robib TM Clinic April 2009 Case#2, Kong Sam On, 53M (Thkeng Village)
To: "Fiamma, Kathleen M."; robibtelemed@gmail.com
Cc: tmed_rithy@online.com.kh

It looks like the Diabetes is coming under control based on the FSBG, but if the HbA1C is elevated, I would suggest increasing the Metformin dose to at least 1500 mg/day as long as renal function is normal or near normal. His blood pressure is quite elevated, and he has significant proteinuria, so I would recommend starting an ACE-inhibitor if available for both blood pressure control and renal protection. Atenolol, and all other beta blockers, can mask the symptoms of hypoglycemia so I would be cautious about increasing that for blood pressure control (it's also unlikely to be very effective for blood pressure control if used alone).

MJH

From: Robib Telemed
Date: Apr 7, 2009 8:37 PM
Subject: Robib TM Clinic April 2009 Case number 3, Sam Thourng, 29F (Thnal Keng Village)
To: Joseph Kvedar; Kathy Fiamma; "Paul J. M.D. Heinzelmann"; Rithy Chau; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the case number 3, Sam Thourng, 29F and photos. Thank you very much for your cooperation and support in this project.

Best regards,
Sovann

Robib Telemedicine Clinic

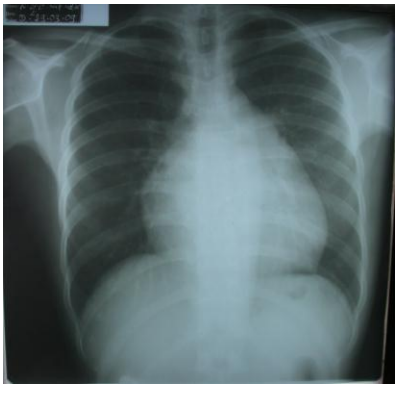
Sihanouk Hospital Center of HOPE and Partners Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Sam Thourng, 29F (Thnal Keng Village)**

Chief Complaint (CC): Chest tightness x 2y

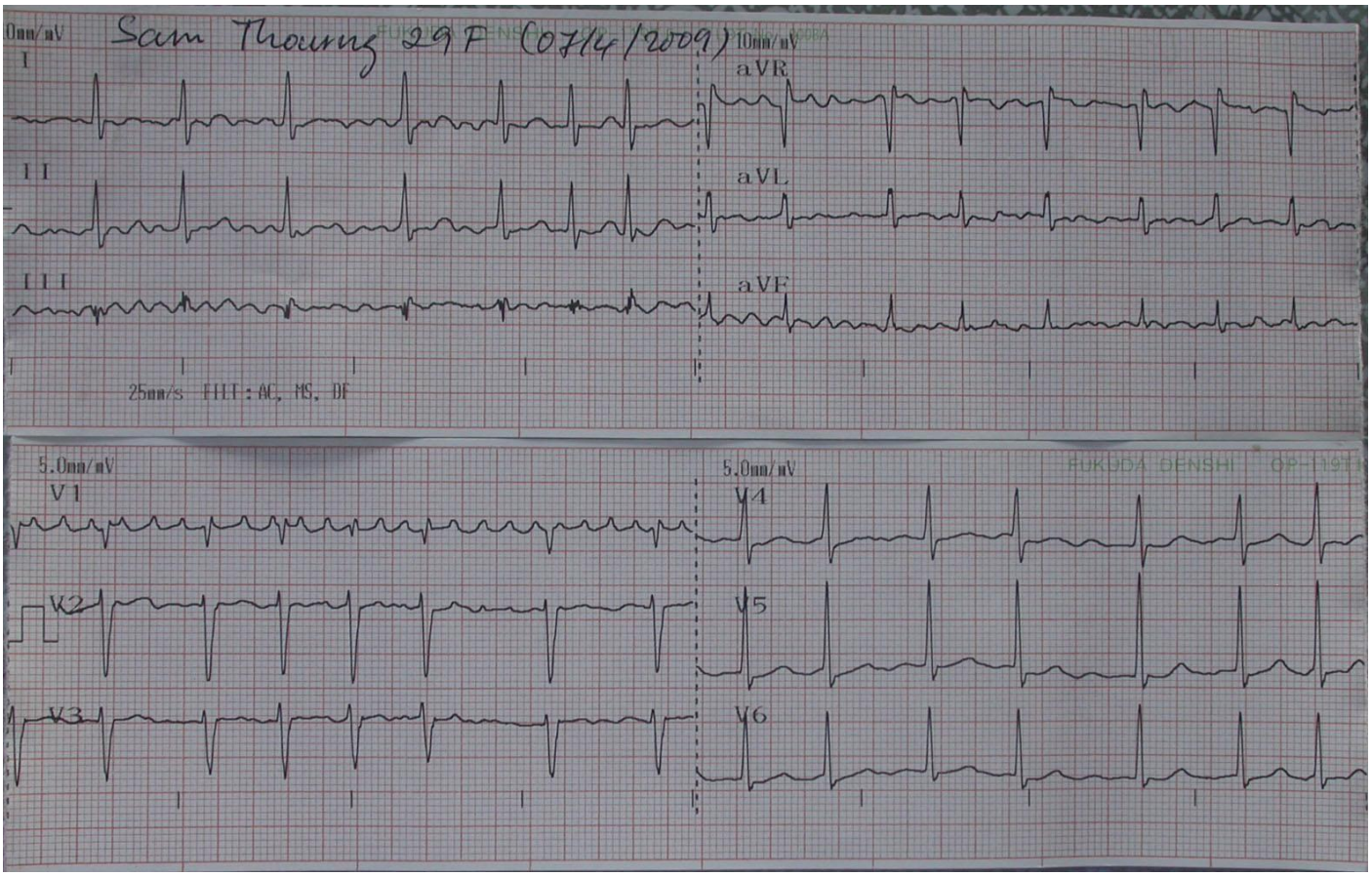
History of Present Illness (HPI): 29F, farmer, presented with symptoms of dizziness, dyspnea on exertion (walking 50m), white productive cough, swelling face, and slightly leg edema, nausea, vomiting, she went to provincial hospital, told she has heart problem, treated with some medicine and advised to seek care at Phnom Penh. A few days later, her symptoms became worse and went to Kg Thom hospital, had CXR and abd U/S, treated with some medicine and advised to Phnom Penh but she doesn't have money to go. She denied of fever, chest pain, syncope, stool with blood or mucus, oliguria, hemturia, dysuria.



Past Medical History (PMH): Unremarkable

Family History: None

Social History: Single, no alcohol drinking, no smoking



Current Medications: None

Allergies: NKDA

Review of Systems (ROS): LMP on 23 March 2009, epigastric pain, burning sensation

PE:

Vitals: BP: 121/105 P: 107 R: 22 T: 37°C Wt: 47Kg O2 sat: 99%

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck lymph node palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; H tachycardia, with skip beat, opening snap loudest at apex

Abd: Soft, no tender, no distension, (+) BS, no HSM, no scar

Extremity/Skin: no edema, no rash, no lesion

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

Lab/study:

Abdominal ultrasound conclusion: Right kidney stone
CXR and EKG attach

Assessment:

1. Cardiomegaly by CXR
2. VHD?
3. Right kidney stone by ultrasound
4. Dyspepsias

Plan:

1. Refer to SHCH for 2D echo of the heart
2. Famotidine 20mg 1t po qhs
3. Mebendazole 100mg 5t po qhs once

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng **Date: April 07, 2009**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

From: Rithy Chau
Date: Apr 8, 2009 3:40 PM
Subject: Robib TM Clinic April 2009 Case number 3, Sam Thourng, 29F (Thnal Keng Village)
To: Robib Telemed
Cc: kruylim@yahoo.com

Dear Sovann,

I agree with your assessment. I would add A-fib on to your list of Dx and give her Atenolol 50mg 1 tab po qd and ASA 300mg ¼ po qd. Yes go ahead and have her come to SHCH for 2D echo when you check availability with Dr. Kruy's schedule.

Rithy

From: Cusick, Paul S.,M.D.
Date: Apr 11, 2009 4:21 AM
Subject: Robib TM Clinic April 2009 Case number 3, Sam Thourng, 29F (Thnal Keng Village)
To: "Fiamma, Kathleen M."; robibtelemed@gmail.com
Cc: tmed_rithy@online.com.kh

I am sorry about the delay in my response.

Her symptoms, EKG and chest xray are consistent with valvular heart disease with atrial fibrillation, Left atrial and left ventricular hypertrophy producing dyspnea.

The most likely cause of her problems is rheumatic valvular heart disease with mitral stenosis.
Other causes of cardiomyopathy are possible such as viral infectious causes that can cause a dilated cardiomyopathy.
Is there Chagas disease in Cambodia?

She needs an echocardiogram to evaluate her heart valves to determine interventions.

From: Robib Telemed
Date: Apr 8, 2009 8:28 PM
Subject: Robib TM Clinic April 2009, Case#4, Puth Ny, 60M (Ton Laep Village)
To: Cornelia Haener; Rithy Chau; Kruy Lim; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

Today is the second day for Robib TM clinic April 2009, there are three new cases and this is the case number 4, continued from yesterday, Puth Ny, 60M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

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

History and Physical

Name/Age/Sex/Village: **Puth Ny, 60M (Ton Laep Village)**

Chief Complaint (CC): Joint pain x 6 months

History of Present Illness (HPI): 60M, farmer, presented with symptoms of fatigue, white productive cough, poor appetite, weight loss, night sweat, he went to local health center, AFB smear done with positive result, so he was treated with TB drug. 3 months after treatment with TB drug, he developed with right should joint pain, burning sensation, radiating down through the arm, no swelling, no redness, no stiffness. He got treatment from local HC and pharmacy but not better. In this month, the swelling, redness, stiffness, severe pain also developed on right wrist. He reported that in 1972 he got affected by explosive with right femoral fx and right wrist dislocation, and got treatment with ORIF of right femoral. He denied of shoulder pain, swelling during that time. Now he has completed his TB treatment.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Smoking 5cig/d, drinking alcohol casually, stopped both

Current Medications: Pain killer for joint pain

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

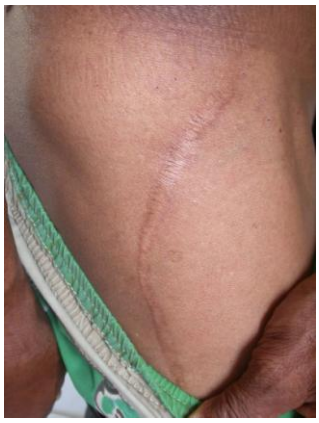
Vitals: BP: 117/72 P: 65 R: 20 T: 37°C Wt: 50Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

Abd: Soft, no tender, no distension, (+) BS, no HSM



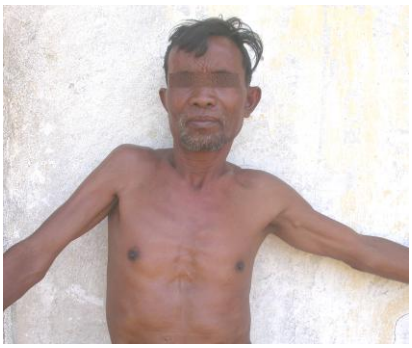
Extremity/Skin: Right wrist, slightly redness, swelling, tender with movement; Right shoulder, no swelling, no redness, tender on palpation; complete healed surgery scar on right thigh; other joint normal

MS/Neuro: Right Shoulder and wrist, limited range of motion due to pain, sensory intact, normal gait

Lab/study: None

Assessment:

1. Post traumatic arthritis?
2. Nerve irritation?



Plan:

1. Ibuprofen 200mg 2t po bid prn pain
2. Paracetamol 500mg 1t po qid prn pain
3. Send to Kg Thom for Right shoulder and wrist x-ray

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng **Date: April 08, 2009**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

From: Cornelia Haener
Date: Apr 8, 2009 10:27 PM
Subject: Robib TM Clinic April 2009, Case#4, Puth Ny, 60M (Ton Laep Village)
To: Robib Telemed; Rithy Chau; Kruy Lim; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

Thanks for the case. The right shoulder problem could also be due to a rotator cuff problem. I agree with your plan to send him for X-rays in Kg Thom.

Kind regards

Cornelia

From: Patel, Dinesh,M.D.
Sent: Wednesday, April 08, 2009 8:06 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic April 2009, Case#4, Puth Ny, 60M (Ton Laep Village)

Thank you for your referral

Patient has a frozen shoulder
It can be from rotator cuff tear and now gotten frozen
I do not know about thigh scar
For frozen shoulder exercises can be of help
Sometimes the frozen shoulder reaches a point where patient has no pain but shoulder is still frozen.
Leave as is

Thanks,

Dinesh Patel, MD

From: Robib Telemed
Date: Apr 8, 2009 8:33 PM
Subject: Robib TM Clinic April 2009, Case#5, Prum Horn, 52F (Thnout Malou Village)
To: Rithy Chau; "Paul J. M.D. Heinzelmann"; Kathy Fiamma; Joseph Kvedar; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the case number 5, Prum Horn, 52F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

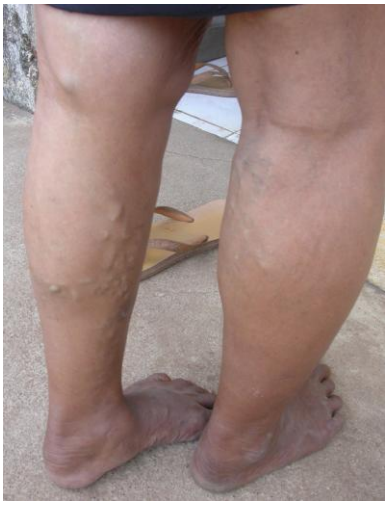
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Prum Horn, 52F (Thnout Malou Village)**

Chief Complaint (CC): Blood vessel dilation on the leg x 1month

History of Present Illness (HPI): 52F, farmer, presented with symptoms of numbness, discomfort, leg swelling with blood vessel dilated on the calf, warmth sensation, she bought herbal medicine from local pharmacy and applied on it. A few days later the leg swelling has gone, but the big vessels still appeared on the legs. She denied of trauma.



Past Medical History (PMH): Unremarkable

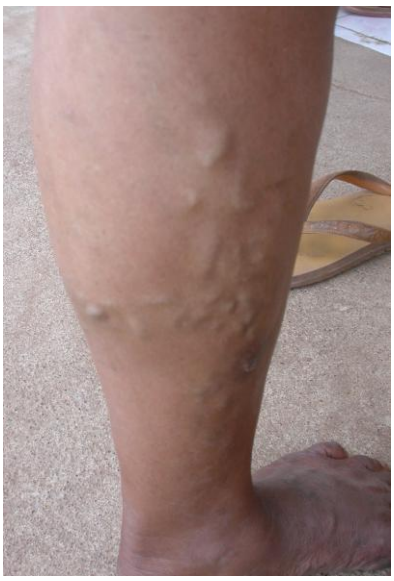
Family History: None

Social History: Chewing tobacco, no alcohol drinking, 5 children

Current Medications: Herbal medicine apply on the leg

Allergies: NKDA

Review of Systems (ROS): 10y post menopausal



PE:

Vitals: **BP: 98/55** **P: 58** **R: 20** **T: 36.5^{o}C**
Wt: 45Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

Abd: Soft, no tender, no distension, (+) BS, no HSM

Extremity/Skin: Dilated and tortuous vein on the left calf, no edema, slightly decreased dorsalis pedis, and posterior tibial pulse on left side

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

Lab/study: None

Assessment:

1. Both legs varicose vein

Plan:

1. Compress on both calf with elastic bandage
2. Both leg elevation during rest time
3. Paracetamol 500mg 1t po qid prn pain

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng **Date: April 08, 2009**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

From: Rithy Chau
Date: Apr 9, 2009 8:45 AM
Subject: Robib TM Clinic April 2009, Case#5, Prum Horn, 52F (Thnout Malou Village)
To: Robib Telemed
Cc: kruylim@yahoo.com

Dear Sovann,

I agree that this patient has varicose veins on her LE. There is not a whole lot to do to help her except cosmetic surgical procedure which she may not afford to have at her own expenses. Do as you suggested. If you are concerned about the "slight" reduction of the pedal pulse of left LE, you can make a judgement to send her for a Doppler at SHCH, but it seems to me that it is not significant enough to refer her at this point. The regular leg compression and some walking exercise may help with this problem. Can recheck her pedal pulses in a few months and see where to go from there. Also, monitor her heart again and see if it gets any slower to be concerned for other problem. Ask her to stop tobacco use so as to help prevent other health problems that may happen for a woman her age. Why are you giving paracetamol? If you want to give anything useful, you can deworm her with mebendazole.

Rithy

From: Crocker, J.Benjamin,M.D.
Sent: Wednesday, April 08, 2009 8:42 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic April 2009, Case#5, Prum Horn, 52F (Thnout Malou Village)

Dear Sovan,

I would agree with your general assessment. These are definitely deep vein varicosities, which appear chronic in nature.

Mild compression stockings, heat application PRN, and leg elevation while seated or lying is generally helpful. I would recommend daily ASA (81mg to 325mg daily) therapy as potential deterent from thrombosis formation. She should be instructed in daily foot/leg self examinations, particularly looking for evidence of superficial skin breakdown/ulceration (most commonly along the area behind the medial malleolus of the ankle), as these varicosities may eventually worsen. She should also be instructed on signs of acute DVT as she is at higher risk of developing deep venous thrombosis.

If this is a generally rapidly developing issue then she needs evaluation for evidence of more central venous (ie, IVC or pelvic/iliac vein) compression. If physical exam (including bimanual pelvic exam) does not suggest mass, an ultrasound could be helpful.

hope this helps.
Dr. Ben Crocker

From: Robib Telemed
Date: Apr 8, 2009 8:41 PM
Subject: Robib TM Clinic April 2009 Case#6, Puth Sang, 19M (Ton Laep Village)
To: "Paul J. M.D. Heinzelmann"; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the last case for Robib TM Clinic April 2009, Case number 6, Puth Sang, 19M and photos. Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly. Thank you very much for your cooperation and support in this project.

Best regards,
Sovann

Robib Telemedicine Clinic

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

History and Physical

Name/Age/Sex/Village: Puth Sang, 19M (Ton Laep Village)

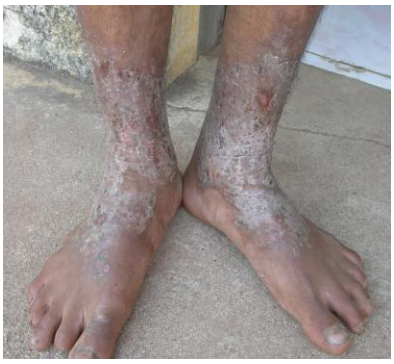
Chief Complaint (CC): Skin rash x 3y

History of Present Illness (HPI): 19M, farmer, presented with symptoms of vesicle skin rash on both ankles, pruritus, he scratched on it, the vesicle break with fluid come out, no pustule, then it became lichenified, scaly skin. He sought care from local health center, pharmacy with oral medicine, ointment but the rash only better and recurred in a few months especially in raining season. He denied of skin rashes on other places.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Single, drinking alcohol casually, smoking 5cig/d



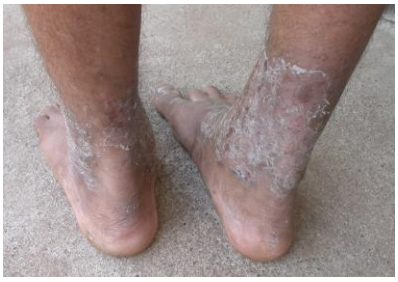
Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 118/74 P: 56 R: 20 T: 37^{o}C Wt: 50Kg



General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

Abd: Soft, no tender, no distension, (+) BS, no HSM, 5 complete healed burning scars

Extremity/Skin: lichenified lesion, scaly skin on both ankles, with some fluid, no pustule, no rash/lesion on other places

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

Lab/study: None

Assessment:

1. Eczema?

Plan:

1. Cephalexin 250mg 2t po tid x 1w
2. Mometasone apply bid until the rashes gone
3. Loratidin 5mg 1t po qd prn pruritus

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng **Date: April 08, 2009**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

From: Kvedar, Joseph Charles,M.D.
Sent: Wednesday, April 08, 2009 5:13 PM
To: Fiamma, Kathleen M.
Subject: Re: Robib deem case for you JCK

It looks most consistent with an irritant contact dermatitis. The treatment plan is solid. If he is not healed in one month he should return. There is a small chance we're missing tinea here. If we are, the mometasone will make it worse and we'll know that when he returns.

From: Rithy Chau
Date: Apr 9, 2009 8:32 AM
Subject: Robib TM Clinic April 2009 Case#6, Puth Sang, 19M (Ton Laep Village)
To: Robib Telemed <robibtelemed@gmail.com>
Cc: kruylim@yahoo.com

Dear Sovann,

Thank you for this case. I would like to know if he has chronic problem of allergic rhinitis since a young boy or not because this rash may be atopic dermatitis. However, your assessment pointed out that it started with vesicular rashes which fitted more into a Dyshidrotic Eczematous Dermatitis problem with obvious secondary skin infection that requires antibiotic. I agree with using Cephalexin for this and when the lesion is more dry up (less weeping) then start applying the steroid cream. An antihistamine will help for the itches and thus helping him not to scratch more which helps to prevent further secondary skin infection. Use Allegra or loratidine daytime and diphenhydramine 25mg 1 or 2 tab po qhs until itch stops, then prn. Ask him to wear socks at night to help to prevent scratching directly onto his skin unintentionally. Once healed, ask him to wear boots during rainy season especially when he goes to the field for rice planting, etc. Tell him to wash his hands with soap each time he applies the steroid medication and avoid touching his eyes or mouth with it. Also ask him to stop smoking because this delay the healing process of his lesions.

Thanks, hope this helps.

Rithy

From: Robib Telemed
Date: Apr 9, 2009 8:26 PM
Subject: Robib TM Clinic April 2009 Cases received
To: Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau

Dear Kathy,

I have just received answers of five cases from you and below are the cases received:

Case#1, Beth Chanrith, 29M
Case#2, Kong Sam On, 53M
Case#4, Puth Ny, 60M
Case#5, Prum Horn, 52F
Case#6, Puth Sang, 19M

Please send me the answer of the remaining case. Thank you very much for the reply to the cases in this month.

Best regards,
Sovann

From: Fiamma, Kathleen M.
Date: Apr 9, 2009 8:28 PM
Subject: Robib TM Clinic April 2009 Cases received
To: Robib Telemed
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau

Hello Sovann:

Thank you for your message.

The remaining case is with Dr. Paul Cusick. He wanted to consult with another physician before providing his opinion.

I suspect we will receive it a little later today.

Best,

Kathy Fiamma
617-726-1051

Thursday, April 09, 2009

Follow-up Report for Robib TM Clinic

There were 6 new patients seen during this month Robib TM Clinic, and other 49 patients came for medication refills only. The data of all 6 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, 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 on 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. Some patients may be listed below if they came by for refills of medications.]

Treatment Plan for Robib Telemedicie Clinic April 2009

1. Beth Chanrith, 29M (Taing Treuk Village)
Diagnosis:

1. Thyroglossal duct cyst?
2. Branchial clecf cyst?

Treatment:

1. Refer to SHCH for surgical consultation

2. Kong Sam On, 53M (Thkeng Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid (#70)
2. Glibenclamdie 5mg 1t po bid (buy)
3. Atenolol 50mg 1t po qd (#35)
4. Captopril 25mg 1/2t po bid (#35)
5. ASA 300mg 1/4t po qd (#8)
6. Educate on diabetic diet, low fats and salt, do regular exercise and foot care
7. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, HbA1C at SHCH

Lab result on April 10, 2009

WBC	=8.2	[4 - 11x10^9/L]	Na	=143	[135 - 145]
RBC	=3.9	[4.6 - 6.0x10^{12}/L]	K	=4.2	[3.5 - 5.0]
Hb	=11.4	[14.0 - 16.0g/dL]	Cl	=111	[95 - 110]
Ht	=33	[42 - 52%]	BUN	=3.4	[0.8 - 3.9]
MCV	=85	[80 - 100fl]	Creat	=156	[53 - 97]
MCH	=30	[25 - 35pg]	Gluc	=5.2	[4.2 - 6.4]
MHCH	=35	[30 - 37%]	T. Chol	=4.7	[<5.7]
Plt	=225	[150 - 450x10^9/L]	TG	=5.3	[<1.71]

Lym	=1.9	[1.0 - 4.0x10^9/L]	HbA1C =6.6	[4 - 6]
Mxd	=1.5	[0.1 - 1.0x10^9/L]		
Neut	=4.8	[1.8 - 7.5x10^9/L]		

3. Sam Thourng, 29F (Thnal Keng Village)
Diagnosis:

1. Cardiomegaly by CXR
2. VHD?
3. A-fib
4. Right kidney stone by ultrasound
5. Dyspepsias

Treatment:

1. Refer to SHCH for 2D echo of the heart
2. Famotidine 20mg 1t po qhs (#30)
3. Mebendazole 100mg 5t po qhs once (#5)
4. Atenolol 50mg 1t po qd (#35)
5. ASA 300mg 1/4t po qd (#10)

4. Puth Ny, 60M (Ton Laep Village)
Diagnosis:

1. Frozen shoulder

Treatment:

1. Ibuprofen 200mg 2t po bid prn pain (#50)
2. Paracetamol 500mg 1t po qid prn pain (#50)
3. Send to Kg Thom for Right shoulder and wrist x-ray

5. Prum Horn, 52F (Thnout Malou Village)
Diagnosis:

1. Both legs varicose vein
2. Parasititis

Treatment:

1. Compress on both calf with elastic bandage
2. Both leg elevation during rest time
3. Mebendazole 100mg 5t po qhs once (#5)

6. Puth Sang, 19M (Ton Laep Village)
Diagnosis:

1. Eczema?

Treatment:

1. Cephalexin 250mg 2t po tid x 1w (#42)
2. Mometasone apply bid until the rashes gone (#3)
3. Loratidin 5mg 1t po qd prn pruritus (#20)
4. Diphenhydramine 25mg 1t po qhs (#20)
5. Wear sock at night time
6. Wear boots in raining season

Patients who come for follow up and refill medication

1. Chan Him, 60F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 12.5mg 2t po qd for three months (# 180)

2. Chan Oeung, 57M (Sangke Roang Village)
Diagnosis:
1. HTN
2. Arthritis

Treatment:

1. HCTZ 12.5mg 2t po qd for three months (#180)
2. Naproxen 375mg 1t po bid prn severe pain for three months (# 50)
3. Paracetamol 500mg 1t po qid prn pain for three months (# 70)

3. Chan Thoeun, 50F (Sralou Srong Village)
Diagnosis:
1. Mild to moderate Aortic regurgitation

Treatment:
1. Captopril 25mg 1/4t po bid for three months (# 45)

4. Chea Kimheng, 34F (Taing Treuk Village)
Diagnosis:
1. ASD by 2D echo on August 2008

Treatment:
1. ASA 300mg 1/4t po qd for three months (#24)
2. Atenolol 50mg 1/2t po qd for three months (#45)

5. Chheak Leangkry, 65F (Rovieng Cheung)
Diagnosis
1. DMII with PNP
2. HTN

Treatment
1. Metformin 500mg 2t po qhs for one month (#60)
2. Glibenclamide 5mg 1t po bid for one month (#60)
3. Captopril 25mg 1/2t po bid for one month (#30)
4. Amitriptyline 25mg 1t po qhs for one month (#30)
5. Draw blood for Lyte, Creat, Gluc, HbA1C at SHCH

Lab result on April 10, 2009

Na	=142	[135 - 145]
K	=6.2	[3.5 - 5.0]
Cl	=108	[95 - 110]
Creat	=128	[44 - 80]
Gluc	=4.3	[4.2 - 6.4]
HbA1C	=8.9	[4 – 6]

6. Chheuk Norn, 53F (Thnout Malou Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po bid for one month (#120)
3. Captopril 25mg 1/4t po qd for one month (#8)
4. ASA 300mg 1/4t po qd for one month (# 8)

Lab result on April 10, 2009

Na	=142	[135 - 145]
K	=4.4	[3.5 - 5.0]
Cl	=103	[95 - 110]
Creat	=84	[44 - 80]
Gluc	=12.2	[4.2 - 6.4]
HbA1C	=12.1	[4 – 6]

7. Chhim Paov, 50M (Boeung Village)
Diagnosis:

1. GOUT
2. HTN

Treatment:

1. HCTZ 12.5mg 2t po qd for three months (# 180)
2. Ibuprofen 200 mg 2t po bid prn for three months (#80)
3. Paracetamol 500mg 1t po qid prn pain for three months (#70)

8. Chin Thary, 27F (Rovieng Cheung Village)
Diagnosis:

1. DMII
2. Obesity

Treatment:

1. Glibenclamide 5mg 1t po qAM for three months (# 90)
2. Metformin 500mg 2t po bid for three months (# 360)
3. Captopril 25mg 1/4t po qd for three months (# 24)
4. ASA 300mg 1/4t po qd for three months (# 24)

9. Chin Thy Ren, 38F (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for one month (#140)
2. Glibenclamide 5mg 1t po qd for one month (#35)
2. ASA 300mg 1/4t po qd for one month (#8)
3. Review on Diabetes diet, foot care and regular exercise

10. Chhin Chheut, 13M (Trapang Reusey Village)
Diagnosis:

1. Renal Rickettsia (per AHC in Siem Reap)
2. Cachexia
3. Nephrotic Syndrome

Treatment:

1. Ca/Vit D_3 500/400 1t po qid
2. Draw blood for Ca^{2+} and Mg^{2+} at SHCH

Lab result on April 10, 2009

Ca^{2+}	=1.03	[1.12 – 1.32]
Mg^{2+}	=1.6	[0.8 – 1.0]

11. Chhit Khian, 67M (Trapang Teum Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for three months (#180)

2. Metformin 500mg 1t po bid for three months (#180)
3. Captopril 25mg 1/4t po qd for three months (#24)
4. ASA 300mg 1/4t po qd for three months (#24)

12. Choeung Thang, 62M (Thnout Malou Village)
Diagnosis:
1. DMII
2. HTN

Treatment:
1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 2t po bid for one month (#130)
2. Captopril 25mg 1t po bid for one month (#60)
3. ASA 300mg 1/4t po qd for one month (#8)

13. Chou Vandy, 42F (Ton Laep Village)
Diagnosis:
1. Eczema

Treatment:
1. Loratidine 5mg 1t po qd prn bruritus (#30)
2. Mometasone lotion 0.1% apply bid (#3)

14. Dourng Sunly, 50M (Taing Treurk Village)
Diagnosis:
1. HTN
2. Gout
3. Hyperlipidemia

Treatment:
1. Captopril 25mg 1/2t po bid for three months (# 90)
2. ASA 300mg 1/4t po qd for three months (# 24)
3. Ibuprofen 200mg 2t po bid prn severe pain for three months (# 80)
4. Paracetamol 500mg 1t po 1q6h prn pain/fever for three months (# 70)

15. Eam Neut, 54F (Taing Treuk)
Diagnosis
1. HTN

Treatment
1. Atenolol 50 mg ½ t po q12h for four months (#120)

16. Horm Somaly, 25F (Thnal Keng Village)
Diagnosis:
1. Adenofibroma

Treatment:
1. Follow up prn

17. Khim Khem, 57F (Chhnourn Village)
Diagnosis:
1. GERD
2. Anemia due to iron def

Treatment:
1. Omeprazole 20mg 1t po qhs x 1m (#30)
2. FeSO4/Folic acid 200/0.25mg 1t po bid x 1m (#60)
3. MTV 1t po qd x 1m (#30)

18. Khoem Sokunthea, 40F (Rovieng Tbong Village)

Diagnosis:

1. Hypothyroidism

Treatment:

1. L-thyroxin 100mcg 1/2t po qd for two months (#30)

19. Kong Hin, 68F (Ton Laep Village)
Diagnosis:

1. HTN

Treatment:

1. Amlodipine 5mg 1t po qd for two months (#60)
2. Eat low salt/fat diet and regular exercise

20. Kul Keung, 61F (Taing Treuk Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. HCTZ 12.5mg 2t po qd for one month (# 60)
2. ASA 300mg ¼ t po qd for one month (# 8)
3. Captopril 25mg ¼ t po qd for one month (#8)
4. Glibenclamide 5mg 1t po bid for one month (#60)
5. Draw blood for Lyte, Creat, Gluc, HbA1C at SHCH

Lab result on April 10, 2009

Na	=142	[135 - 145]
K	=4.0	[3.5 - 5.0]
Cl	=106	[95 - 110]
Creat	=78	[44 - 80]
Gluc	=6.7	[4.2 - 6.4]
HbA1C	=8.0	[4 – 6]

21. Leng Hak, 70M (Thnout Malou Village)
Diagnosis:

1. HTN
2. Stroke
3. Muscle Tension
4. CHF??

Treatment:

1. Amlodipine 5mg 1t po qs for two months (# 70)
2. Atenolol 50mg 1t po q12h for two months (# 120)
3. HCTZ 12.5mg 2t po qd for two months (# 120)
4. ASA 300mg 1/4t po qd for two months (# 15)
5. MTV 1t po qd for two months (# 60)
6. Paracetamol 500mg 1t po qid prn for two months (# 60)

22. Meas Kong, 55F (Rovieng Tbong Village)
Diagnosis:

1. DMII with PNP
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (#120)
2. Metformin 500mg 2t po bid for one month (#120)
3. Captopril 1t po tid for one month (#90)
4. ASA 300mg 1/2t po qd for one month (#15)

5. Amitriptylin 25mg 1/2t po qhs for one month (#15)
6. Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab result on April 10, 2009

Na	=142	[135 - 145]
K	=4.8	[3.5 - 5.0]
Cl	=108	[95 - 110]
BUN	=6.3	[0.8 – 3.9]
Creat	=182	[44 - 80]
Gluc	=7.0	[4.2 - 6.4]
HbA1C	=10.7	[4 – 6]

23. Neth Ratt, 37M (Otalauk Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po bid for one month (#120)
3. MTV 1t po qd for one month (# 30)
4. FeSO4/Folate 200/0.25mg 1t po qd for one month (# 30)

24. Nop Sareth, 38F (Kampot Village)
Diagnosis:
1. Cardiomegaly
2. VHD (MS/TR)

Treatment:
1. Atenolol 50mg ½ t po qd for three months (# 45)
2. Captopril 25mg ¼ po bid for three months (# 45)
3. ASA 300mg 1/4t po qd for three months (# 24)

25. Nung Bopha, 45F (Rovieng Cheung Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po qhs for one month (#30)
2. Captopril 25mg 1/4t po bid for one month (#15)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on April 10, 2009

Gluc	=13.2	[4.2 - 6.4]
HbA1C	=11.1	[4 – 6]

26. Nung Chhun, 70F (Ta Tong Village)
Diagnosis:
1. HTN
2. DMII

Treatment:
1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Metformin 500mg 2t po qhs for one month (#60)
3. Captopril 25mg 1/2t po bid for one month (# 30)
4. ASA 300mg 1/4t po qd for one month (# 8)
5. Draw blood for Gluc and HbA1C at SHCH

Lab result on April 10, 2009

Gluc	=5.8	[4.2 - 6.4]
HbA1C	=6.4	[4 – 6]

27. Pang Sidoeun, 31F (Rovieng Tbong Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 12.5mg 2t po qd for three months (#180)

28. Phim Sichin, 35F (Taing Treuk Village)
Diagnosis:
1. DMII
2. LVH
3. Cardiomegaly
4. TR/MS
5. Thalassemia
6. Cachexia

Treatment:
1. Glibenclamide 5mg 2t po bid for one month (#120)
2. Metformin 500mg 3t qAM, 2t po qPM for one month (#150)
3. Captopril 25mg 1/4t po bid for one month (#15)
4. MTV 1t po bid for one month (#60)

29. Pin Chhourn, 62F (Thnal Keng Village)
Diagnosis:
1. HTN

Treatment:
1. Atenolol 50mg 1t po bid for one month (# 60)
2. ASA 300mg 1/4t po qd for one month (# 8)

30. Ros Yeth, 55M (Thnout Malou Village)
Diagnosis:
1. DMII

Treatment:
1. Metformin 500mg 2t po qd for one month (# 60)
2. Captopril 25mg 1/4t po qd for one month (#8)
3. Draw blood for Gluc and HbA1C at SHCH

31. Sa Horn, 68M (Rom Chek Thmey Village)
Diagnosis:
1. HTN
2. Arthritis

Treatment:
1. HCTZ 50mg 1t po qd for two months (#60)
2. ASA 300mg 1/4t po qd for two months (#15)
3. Paracetamol 500mg 1t po qid prn pain/fever (#50)

32. Say Soeun, 67F (Rovieng Cheung Village)
Diagnosis:
1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Metformin 500mg 2t po qhs for one month (# 60)
3. Captopril 25mg 1t po bid for one month (# 60)
4. Atenolol 50mg 1/2t po bid for one month (#30)
5. ASA 300mg ¼t po qd for one month (# 8)
6. MTV 1t po qd for one month (# 30)
7. Draw blood for Lyte, Creat, Gluc and HbA1C at SHCH

Lab result on April 10, 2009

Na	=143	[135 - 145]
K	=5.1	[3.5 - 5.0]
Cl	=110	[95 - 110]
Creat	=134	[44 - 80]
Gluc	=7.4	[4.2 - 6.4]
HbA1C	=6.6	[4 – 6]

33. Sem Sarun, 68F (Trapang Toem Village)
Diagnosis:
1. COPD

Treatment:
1. Salbutamol inhaler 2puffs qid (#2)
2. Paracetamol 500mg 1t po qid prn (#30)

34. So Putheara, 13M (Thnal Keng Village)
Diagnosis:
1. Nephrotic syndrome

Treatment:
1. Prednisolone 5mg 1t po qd for one month (#30)

35. Sok Khorn, 44M (Ton Laep Village)
Diagnosis:
1. VHD (PR/PS??)
2. Dyspepsia
3. Parasititis

Treatment:
1. Famotidine 20mg 1t po qhs x 1m (#30)

36. Srey Reth, 51F (Kampot Village)
Diagnosis:
1. Migraine HA

Treatment:
1. Paracetamol 500mg 1t po qid prn for three months (#50)

37. Svay Tevy, 42F (Thnout Malou Village)
Diagnosis:
1. MDII

Treatment:
1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po bid for one month (# 120)
3. Captopril 25mg 1/4t po qd for one month (# 8)
4. ASA 300mg 1/4t po qd for one month (# 8)
5. Draw blood for Lyte, Creat, Gluc, Tot chole, TG and HbA1C at SHCH

Lab result on April 10, 2009

Na	=139	[135 - 145]
K	=3.9	[3.5 - 5.0]
Cl	=104	[95 - 110]
Creat	=64	[44 - 80]
Gluc	=11.4	[4.2 - 6.4]
Tot Chol	=8.5	[<5.7]
TG	=10.7	[<1.7]
HbA1C	=11.2	[4 – 6]

38. So Sary, 65F (Koh Pon Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 12.5mg 2t po qd for three months (#180)

39. Som Thol, 57M (Taing Treuk Village)
Diagnosis:

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Metformin 500mg 2t po bid for one month (# 120)
3. Captopril 25mg 1/4t po qd for one month (#8)
3. ASA 300mg ¼t po qd for one month (# 8)
4. Amitriptyline 25mg 1t po qhs for one month (#30)
5. MTV 1t po qd for one month (#30)

40. Srey Hom, 62F (Taing Treuk Village)
Diagnosis:

1. HTN
2. DMII with PNP
3. Renal Failure

Treatment:

1. Glibenclamide 5mg 11/2t po bid for one month (# 90)
2. Nifedipine 20mg 1t po qd for one month (# 30)
3. ASA 300mg 1/4t po qd for one month (# 8)
4. Amitriptylin 25mg 1/2t po qhs for one month (# 15)
5. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (#30)
6. MTV 1t po qd for one month (#30)
7. Draw blood for Lyte, BUN, Creat, Gluc, Tot chole, TG and HbA1C at SHCH

Lab result on April 10, 2009

Na	=143	[135 - 145]
K	=3.2	[3.5 - 5.0]
Cl	=110	[95 - 110]
BUN	=4.0	[0.8 – 3.9]
Creat	=295	[44 - 80]
Gluc	=9.6	[4.2 - 6.4]
Tot Chol	=7.0	[<5.7]
TG	=11.1	[<1.7]
HbA1C	=8.4	[4 – 6]

41. Srey Thouk, 56F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

1. Atenolol 50mg ½ t po qd for four months (#60)
2. ASA 300mg 1/4t po qd for four months (#30)

42. Tann Kin Horn, 51F (Thnout Malou Village)
Diagnosis

1. DMII

Treatment

1. Glibenclamide 5mg 2t po bid for one month (#120)
2. Metformin 500mg 2t po bid for one month (#130)
3. Captopril 25mg 1/4t po qd for one month (#8)
4. ASA 300mg 1/4t po qd for one month (#8)

43. Tann Sou Hoang, 50F (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po qhs for one month (#60)
2. Captopril 25mg 1/4t po qd for one month (#8)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on April 10, 2009

Gluc	=6.3	[4.2 - 6.4]
HbA1C	=8.1	[4 – 6]

44. Thoang Tey, 72F (Rovieng Cheung Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 12.5mg 2t po qd for three months (#180)

45. Thorng Khourn, 70F (Bak Dong Village)
Diagnosis:

1. Liver Cirrhosis
2. Hepatitis C
3. Hypochromic Microcytic Anemia
4. Euthyroid Goiter (Nodular)

Treatment:

1. Spironolactone 25mg 1t po bid for two months (# 180)
2. FeSO4/Folate 200/0.25mg 1t po qd for two months (# 90)
3. MTV 1t po qd for two months (# 90)

46. Tith Hun, 56F (Ta Tong Village)
Diagnosis:

1. HTN
2. Dyspepsia

Treatment:

1. Captopril 25mg 1t po bid for two months (# 120tab)
2. Atenolol 50mg 1/2t po bid for two months (# 60tab)
3. Famotidine 20mg 1t po qhs (#30tab)

47. Uy Noang, 55M (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Draw blood for Gluc and HbA1C at SHCH

Lab result on April 10, 2009

Gluc	=10.3	[4.2 - 6.4]
HbA1C	=10.4	[4 – 6]

48. Vong Cheng Chan, 52F (Rovieng Cheung Village)
Diagnosis

1. HTN

Treatment

1. Atenolol 50mg 1/2t po bid for three months (#90)

49. Vong Yan, 72F (Boeung Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 12.5mg 2t po qd for two months (#120)

50. Yin Hun, 72F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 12.5mg 2t po qd for three months (#180)

The next Robib TM Clinic will be held on May 04 - 08, 2009