Robib *Telemedicine* Clinic

Preah Vihear Province

A U G U S T 2 0 1 2

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

On Monday, August 6, 2012, SHCH staffs PA Rithy, Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), August 7 & 8, 2012, the Robib TM Clinic opened to receive the patients for evaluations. There were 7 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 CCH/MGH in Boston and Phnom Penh on Wednesday and Thursday, August 8 & 9, 2012.

On Thursday, replies from SHCH in Phnom Penh and CCH/MGH Telemedicine in Boston were downloaded. Per advice from Boston, SHCH and PA Rithy on site, Nurse Sovann managed and treated the patients accordingly. There were also patients who came for brief consult and refills of medications. Finally, the data of the patient concerning final diagnosis and treatment/management would then be transcribed and transmitted to Nurse Sovann Peng 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 CCH/MGH in Phnom Penh and Boston:

From: Robibtelemed
To: Rithy Chau ; Kruy Lim ; Cornelia Haener ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach ; Savoeun Chhun ; Robib School 1
Sent: Friday, July 27, 2012 10:00 AM
Subject: Schedule for Robib Telemedicine Clinic August 2012

Dear all,

I would like to inform you that Robib TM Clinic for August 2012 will be starting on August 6 to 10, 2012.

The agenda for the trip is as following:

1. On Monday August 6, 2012, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday August 7, 2012, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as the word file then sent to both CCH/MGH in Boston and Phnom Penh.
3. On Wednesday August 8, 2012, the activity is the same as on Tuesday
4. On Thursday August 9, 2012, download all the answers replied from both CCH/MGH then treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday August 10, 2012, Draw blood from patients for lab test at SHCH then come back to Phnom Penh.

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

Best regards,
Sovann

From: Robibtelemed
To: Cornelia Haener ; Paul Heinzelmann ; Joseph Kvedar ; Kathy Fiamma ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, August 07, 2012 3:51 PM
Subject: Robib Telemedicine Clinic Augst 2012, Case#1, Lourn Lai Him, 10M

Dear all,

In the first day of Robib Temedicine clinic August 2012, there are three new cases and this is case number 1, Lourn Lai Him, 10M and photos.

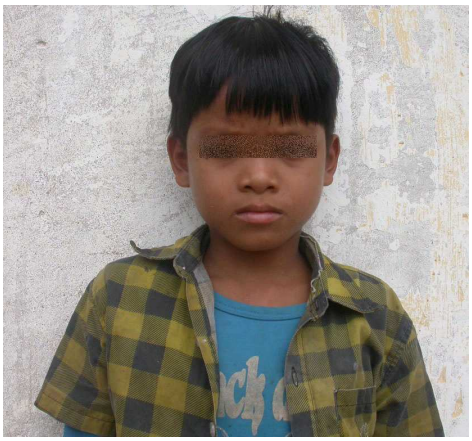
Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: **Lourn Lai Him, 10M (Samrith Village)**

Chief Complaint (CC): Foreskin swelling x 4d

History of Present Illness (HPI): 10M, grade 1 student, was brought to Telemedicine complaining of foreskin swelling x 4d. He first feeling of itchy on the foreskin, then scratched and noticed of erythema with swelling and pain, his mother apply with baby powder and noticed the swelling increased from day to day. He denied of insect bite and can pass urine normally.

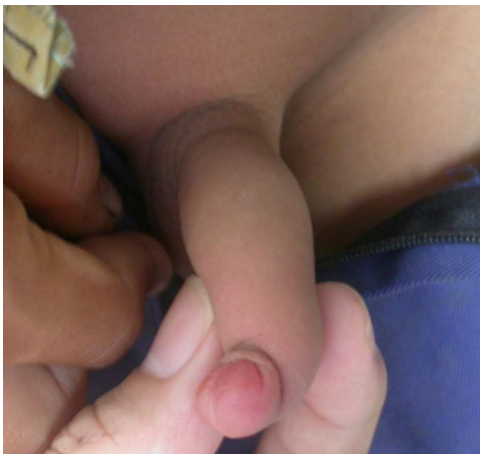
Past Medical History (PMH): Unremarkable

Family History: None

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

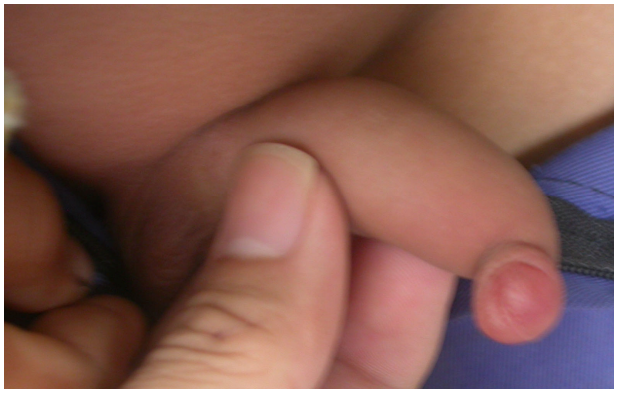


PE:

Vitals: BP: 96/58 P: 92 R: 22 T: 36.5oC Wt: 20Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus



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

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

Extremity/Skin: No legs edema, no lesion/rashes

Genitalia: Erythema and swelling of foreskin with unable to retract the foreskin (see photos), no groin lymph node

Lab/study: None

Assessment:

1. Phimosis
2. Foreskin dermatitis (allergy)

Plan:

1. Augmentin 625mg/5cc 5cc bid for 7d
2. Ibuprofen 200mg 1t po bid for 5d
3. If not better with above treatment, refer for further surgical evaluation

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: August 7, 2012**

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

From: Cornelia Haener
To: 'Robibtelemed' ; 'Paul Heinzelmann' ; 'Joseph Kvedar' ; 'Kathy Fiamma' ; 'Rithy Chau' ; 'Kruy Lim'
Cc: 'Bernie Krisher' ; 'Thero So Nourn' ; 'Laurie & Ed Bachrach'
Sent: Thursday, August 09, 2012 7:15 PM
Subject: RE: Robib Telemedicine Clinic Augst 2012, Case#1, Lourn Lai Him, 10M

Dear Sovann,
It rather looks like paraphimosis as you cannot retract the foreskin anymore. He should be sent to the surgeon in Kg Thom as soon as possible.

Kind regards
Cornelia

From: Robibtelemed
To: Paul Heinzelmann ; Joseph Kvedar ; Kathy Fiamma ; Rithy Chau ; Kruy Lim ; Cornelia Haener
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, August 07, 2012 3:53 PM
Subject: Robib Telemedicine Clinic August 2012, Case#2, Som Davong, 16M

Dear all,

This is case number 2, Som Davong, 16M and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Som Davong, 16M (Pal Hal Village)**

Chief Complaint (CC): Left groin lump x 15d

History of Present Illness (HPI): 16M, grade 8 student, presented with a lump about 2x2cm on left groin with pain and fever, no trauma, no insect bite, no dysuria, no abdominal pain, no foot wound. He got treatment from local pharmacy with 3 kinds of medicine (unknown name) bid just for one day, which relieved the fever and took medicine for 6 times during these 15 days. He didn't have any consultation and come to Telemdicine clinic today.

Past Medical History (PMH): Unremarkable

Family History: Sister with eczema

Social History: No cig smoking, casual EtOH, no sexual contact

Current Medications: 3 kinds of medicine (unknown name) bid

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: 114/47** **P: 78** **R: 20** **T: 37oC** **Wt: 51Kg**

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no cervical and axillary lymph node palpable; normal ear mucosa, intact eardrum, no discharge

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

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

Extremity/Skin: On left groin, a lump about 2x2cm, smooth, regular border, firm, erythema, tender on palpation, no foot wound

Genitalia: normal genitalia without lesion, tender, or urethra discharge

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

Lab/study: None

Assessment:

1. TB lymph node?
2. Left groin cyst/tumor?
3. Left groin adenitis?

Plan:

1. Ibuprofen 200mg 2t po tid x 5d
2. Do blood testing for HIV
3. Send patient to Kg Thom for CXR, and left groin lump ultrasound

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: August 7, 2012**

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

From: Doody, Daniel P.,M.D.
Sent: Tuesday, August 07, 2012 4:30 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib Telemedicine Clinic August 2012, Case#2, Som Davong, 16M

Sounds like lymphadenitis with the tenderness and pain. Tuberculous lymphadenitis is classically nontender and not erythematous.

Although the description sounds away from the area where an inguinal hernia would present, inguinal hernia would have to be in the differential diagnosis. If there is omentum or part of the bowel wall incarcerated (Richter hernia), the mass will be tender.

Vascular malformations may present with the sudden appearance of a groin mass and those can be tender and erythematous if the malformation is infected or if there is hemorrhage into the malformation.

Finally there are rare bone and muscle tumors that may present as a mass on the extremity, which can be tender. They can present anywhere although by description ("groin") I would think a tumor would be a much less likely cause of this problem.

With the broad potential differential diagnosis, US is certainly an appropriate initial imaging evaluation. A physician might be able to eliminate some of the potential diagnoses by physical examination, but by description alone, I would be limited as to the best recommendation without more information.

So I would recommend an ultrasound of the area.

Daniel Doody, MD

From: Cornelia Haener
To: 'Robibtelemed' ; 'Paul Heinzelmann' ; 'Joseph Kvedar' ; 'Kathy Fiamma' ; 'Rithy Chau' ; 'Kruy Lim'
Cc: 'Bernie Krisher' ; 'Thero So Nourn' ; 'Laurie & Ed Bachrach'
Sent: Thursday, August 09, 2012 7:16 PM
Subject: RE: Robib Telemedicine Clinic August 2012, Case#2, Som Davong, 16M

Dear Sovann,
It is difficult to make an assessment without picture of the groin. It is certainly good to refer him to kg Thom.

Kind regards
Cornelia

From: Robibtelemed
To: Kathy Fiamma ; Rithy Chau ; Kruy Lim ; Paul Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, August 07, 2012 3:55 PM
Subject: Robib Telemedicine Clinic August 2012, Hourn Tann, 73F

Dear all,

This is the case number 3, Hourn Tann, 73F and photo. Please waiting for other cases which will be sent to you tomorrow.

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

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Hourn Tann, 73F (Thnout Malou Village)

Chief Complaint (CC): Generalized weakness x 5 months

History of Present Illness (HPI): 73F presented with symptoms of feeling fatigue, no HA, no neck tension, no blurred vision, no palpitation, no chest pain, no cough, no SOB, no edema, no oliguria, and got treatment with traditional method (coining on the upper chest and back); a few hours later, she became unconscious and was brought to referral hospital and admitted over there for 1w. She was discharged from hospital (unknown diagnosis and treatment) but she said she became weaker than previous and need assistance to help her walk. She got treatment from local health care worker with Amlodipine 10mg qd (unknown blood pressure) and was advised to make herself active. In these 2 months, she became better with ability to walk on herself with walingstick. She said she missed Amlodipine sometimes because she felt good and want to save it for next time.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No cig smoking, tobacco chewing, previous casually EtOH

Current Medications: Amlodipine 10mg 1t qd on/off

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 132/85 (both arms) P: 88 R: 20 T: 36.5oC Wt: 58Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement, 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 surgical scar, no abdominal bruit

Extremity/Skin: No legs edema, no lesion/rashes, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study:

RBS: 173mg/dl
U/A: normal (no glucose, no protein, no blood)

Assessment:

1. HTN
2. Hyperglycemia

Plan:

1. Recheck fasting blood sugar tomorrow
2. Amlodipine 5mg 1t qd
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG 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: August 7, 2012**

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

No answer replied

From: Robibtelemed
To: Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, August 08, 2012 4:49 PM
Subject: Robibb Telemedicine Clinic August 2012, Case#4, Keum Heng, 46F

Dear all,

There are other four new cases for Telemedicine August 2012 and this is case number 4, continued from Yesterday, Keum Heng, 46F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

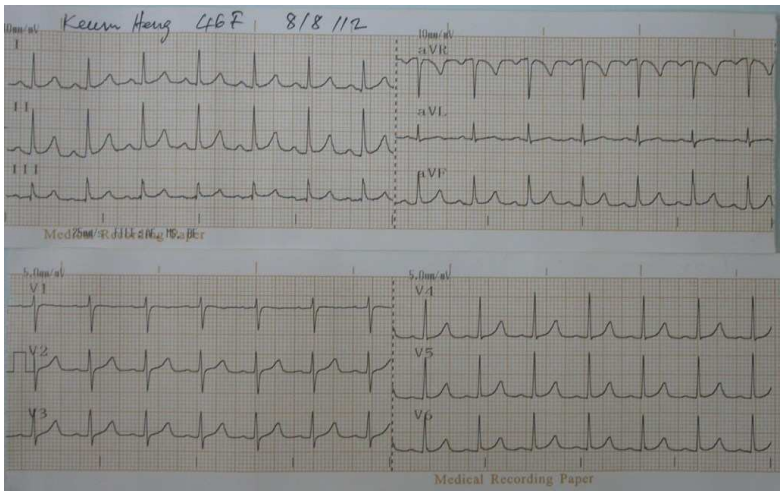
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Keum Heng, 46F (Koh Lourng Village)**

Chief Complaint (CC): Palpitation x 7 months

History of Present Illness (HPI): 46F, farmer, presented with symptoms of palpitation (fast heart beat, no skip), which frequently occur when she heard a loud sound, get angry with someone and stress situation. She also had HA, neck tension and insomnia but denied of fever, cough, SOB, CP, nausea, vomiting, oliguria, hematuria, edema, tremor, heat intolerance, weight loss. In the past two months, she had blood pressure checked with local health care worker and was treated with Amlodipine 5mg qd but took only for several days.



Past Medical History (PMH):
Unremarkable

Family History: None

Social History: No cig smoking, no EtOH**,** 3 children

Current Medications:

1. Amlodipine 5mg qd

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: 178/109 (both arms)** **P: 190bpm** **R: 24** **T: 37oC** (she was treated with Atenolol 50mg 1t)

2 hour later, BP: 146/115, 106 **Wt: 50kg**

General: Stable

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

Chest: CTA bilaterally, no rales, no rhonchi; H Tachycardia, Regualr Rhythm, no murmur

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

Extremity/Skin: No legs edema, no lesion/rashes, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study:

EKG attached

Assessment:

1. Tachycardia due to thyroid dysfunction?
2. HTN
3. Anxiety

Plan:

1. Atenolol 50mg 1t po qd
2. Do regular exercise and stress release
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH 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: August 8, 2012**

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

From: "Guiney, Timothy E.,M.D." <TGUINEY@PARTNERS.ORG<mailto:TGUINEY@PARTNERS.ORG>>
Date: August 8, 2012 8:40:10 PM EDT
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG<mailto:KFIAMMA@PARTNERS.ORG>>
Subject: RE: Robibb Telemedicine Clinic August 2012, Case#4, Keum Heng, 46F

There is not much to go on here.She is hypertensive with no cardiac findings.Looks rather depressed or even angry.

It is unfortunate that the electrocardiogram was not recorded when her pulse was 190. At about 100 BPM the tracing is normal.She may have atrial flutter or some other type of arrhythmia to account for a heart rate of 190

Let's see what the lab studies show and try to capture an electrocardiogram when the heart rate is fast.

From: Robibtelemed
To: Rithy Chau ; Kruy Lim ; Paul Heinzelmann ; Joseph Kvedar ; Kathy Fiamma
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, August 08, 2012 4:50 PM
Subject: Robib Telemedicine Clinic August 2012, Case#5, Mao Mon, 57M

Dear all,

This is case number 5, Mao Mon, 57M and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Mao Mon, 57M (Thnout Malou Village)

Chief Complaint (CC): Dizziness x 1 year

History of Present Illness (HPI): 57M, farmer, presented with symptom of dizziness when he immediately stand up and hard working and associated with palpitation but denied of HA, fever, cough, dyspnea, CP, edema. He took traditional medicine for treatment and never sought medical consultation. In the past month, he drank beer and developed abdominal pain with nausea and vomiting so he was brought to referral hospital and told he had liver disease and diabetes. He was treated with LIVOLIN (Essential phospholipids 30mg, Vit B1 10mg, Vit B2 6mg, Vit B6 10mg, Vit B12 10mg, Nicotinamide 30mg, Vit E acetate 10mg) and Biphanyl Dicarboxylate 25mg and advise to stop alcohol drinking. Now she became better but still presented with fatigue.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Smoking 1pack of cig per year for 10y, stopped 1y; alcohol drinking about 1/2L per day for 10y, stopped 1month

Current Medications:

1. LIVOLIN (Essential phospholipids 30mg, Vit B1 10mg, Vit B2 6mg, Vit B6 10mg, Vit B12 10mg, Nicotinamide 30mg, Vit E acetate 10mg) po qd
2. Biphanyl Dicarboxylate 25mg po qd

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 134/89 (both arms) P: 74 R: 20 T: 36.5oC Wt: 55Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no thyroid enlargement, 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 surgical scar, no abdominal bruit

Extremity/Skin: No legs edema, no lesion/rashes, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study:

June 24, 2012, Abd ultrasound: liver irregular border, non echogen structure and granule (conclusion: liver cirrhosis)

Today August 2012, FBS: 96mg/dl

Assessment:

1. Liver cirrhosis

Plan:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Transaminase at SHCH
2. Stop alcohol drinking and avoid hepatotoxic drug

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: August 8, 2012

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

From: "Cusick, Paul S.,M.D." <PCUSICK@PARTNERS.ORG>
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>; <robibtelemed@gmail.com>
Cc: <rithychau@sihosp.org>
Sent: Thursday, August 16, 2012 7:18 AM
Subject: RE: Robib Telemedicine Clinic August 2012, Case#5, Mao Mon, 57M

So sorry for the delay.

His dizziness sounds like postural dizziness after squatting and standing without any red flag symptoms like

loss of consciousness, chest pain, shortness of breath or breathing problems. Does not sound like symptoms are sustained and resolve spontaneously after a short time.

Agree that he needs to avoid alcohol due to the negative health consequences of alcohol.

Is LIVOLIN a popular supplement or vitamin in Cambodia

Thanks for your help.

Paul

From: Robibtelemed
To: Kruy Lim ; Rithy Chau ; Paul Heinzelmann ; Kathy Fiamma ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, August 08, 2012 4:52 PM
Subject: Robib Telemdicine Clinic August 2012, Case#6, Prum Reum, 64F

Dear all,

This is case number 6, Prum Peum, 64F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Prum Reum, 64F (Pal Hal Village)**

Chief Complaint (CC): Dizziness x 7 days

History of Present Illness (HPI): 64F presented with symptoms of fever, dizziness, generalized muscle and joint pain and poor appetite, but denied of cough, SOB, CP, diaphoresis, nausea, vomiting, diarrhea, oliguria, hematuria, and edema. She was seen by local health care worker and told she had Chikungunya infection, treated with oral and IM injection medicine for five days. She became better with no fever, less muscle/joint pain but still fatigue, poor appetite and dizziness.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Tobacco chewing, no cig smoking, no EtOH

Current Medications: Oral and IM injection medicine for 5 days

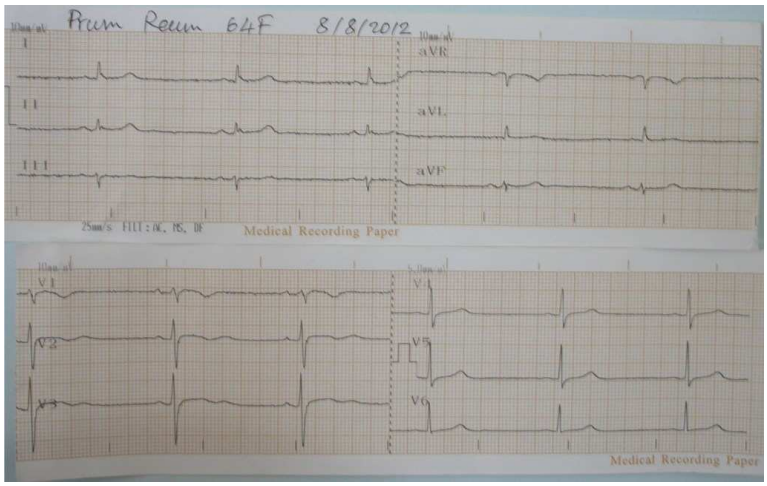
Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 114/59 P: 42 R: 20 T: 37oC Wt: 38Kg

General: Stable



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

Chest: CTA bilaterally, no rales, no rhonchi; H bradycardia, Regular Rhythm, no murmur

Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal mass, no abdominal bruit

Extremity/Skin: No legs edema, no lesion/rashes, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study:

EKG attached

Assessment:

1. Bradycardia due to lyte disorder/thyroid dysfunction?
2. Post viral infection?

Plan:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Ca2+, Mg2+ and TSH at SHCH
2. Multivitamin 1t po qd

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: August 8, 2012

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, August 16, 2012 7:45 AM
To: Fiamma, Kathleen M.; robibtelemed@gmail.com
Cc: rithychau@sihosp.org
Subject: RE: Robib Telemdicine Clinic August 2012, Case#6, Prum Reum, 64F

Sorry about the delay in my response.

This patient has symptomatic bradycardia.
It is not clear if this bradycardia is new or chronic.

This bradycardia could be ischemic from
coronary disease (especially Right coronary artery disease), intrinsic electric cardiac disease bundle branch, AV,sinus node dysfunction, complete heart block.
viral cardiomyopathy can depress heart function and could lead to arrhythmias. I do not know what Chikungunya infection is and am not familiar with the complications of this disese.
Electrolyte abnormalities cn predispose to arrhythmia.
Thyroid function studies are reasonable

It would be important to review an EKG to determine the underlying rhythm.
If she continues to be dizzy or lose Consciousness she will need evaluation with cardiology for possible pacemaker.

Best of luck

Paul Cusick

From: "chaurithy" <rithychau@sihosp.org>
To: "'Cusick, Paul S.,M.D.'" <PCUSICK@PARTNERS.ORG>
Cc: "'Fiamma, Kathleen M.'" <KFIAMMA@PARTNERS.ORG>; <robibtelemed@gmail.com>
Sent: Thursday, August 16, 2012 10:12 AM
Subject: RE: Robib Telemdicine Clinic August 2012, Case#6, Prum Reum, 64F

FYI:

Chikungunya

Chikungunya is a viral disease (genus Alphavirus) which is transmitted to humans by infected mosquitoes - including Aedes aegypti and Aedes albopictus. The name chikungunya originates from a verb in the Kimakonde language, meaning 'to become contorted'. This refers to the 'stooped' appearance of those suffering with joint pain.

Symptoms

Symptoms appear between 4 and 7 days after the patient has been bitten by the infected mosquito and these include:
High fever (40°C/ 104°F)
Joint pain (lower back, ankle, knees, wrists or phalanges)
Joint swelling
Rash
Headache
Muscle pain
Nausea
Fatigue

Chikungunya is rarely fatal. Symptoms are generally self-limiting and last for 2-3 days. The virus remains in the human system for 5-7 days and mosquitoes feeding on an infected person during this period can also become infected. Chikungunya shares some clinical signs with dengue and can be misdiagnosed in areas where dengue is common.

Chikungunya can be detected using serological tests. Recovery from an infection will confer life-long immunity.

Geographical range

Chikungunya has been identified in nearly 40 countries. Map of countries at risk available here

Countries having documented, endemic, or epidemic chikungunya are:

Asia: Human chikungunya virus infection has been documented in Cambodia, East Timor, India, Indonesia, Laos, Malaysia, Maldives, Myanmar, Pakistan, Philippines, Réunion, Seychelles, Singapore, Taiwan, Thailand and Vietnam.

Africa: Chikungunya occurs in Benin, Burundi, Cameroon, Central African Republic, Comoros, Congo (DRC), Equatorial Guinea, Guinea, Kenya, Madagascar, Malawi, Mauritius, Mayotte, Nigeria, Senegal, South Africa, Sudan, Tanzania, Uganda and Zimbabwe.

Europe and the Americas: Aside from minor incidence rates caused by imported cases from travelers, Italy is the only European country which has had an outbreak. The Americas have not had any major outbreaks so far.

Recent outbreaks

Chikungunya was first identified in Tanzania in the early 1952 and has caused periodic outbreaks in Asia and Africa since the 1960s.

Outbreaks are often separated by periods of more than 10 years. Between 2001 and 2011, a number of countries reported on chikungunya outbreaks.

2005-2006: More than 272 000 people were infected during an outbreak of Chikungunya in the Indian Ocean islands of Réunion and Mauritius where Ae. albopictus was the presumed vector.

2006: Outbreak in India, more than 1 500 000 cases of chikungunya were reported with Ae. aegypti implicated as the vector.

2007: Migration of infected people introduced the infection in a coastal village in Italy. This outbreak (197 cases) confirmed that mosquito-borne outbreaks by Ae. albopictus are plausible in Europe.

Prevention and control

In areas where the vector of chikungunya is Ae. aegypti and Ae. albopictus, vector prevention and control can be combined with dengue control efforts.
See "Control strategies".

http://www.who.int/denguecontrol/arbo-viral/other_arboviral_chikungunya/en/index.html

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From: Robibtelemed
To: Kathy Fiamma ; Paul Heinzelmann ; Rithy Chau ; Kruy Lim ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, August 08, 2012 4:54 PM
Subject: Robib Telemedicine Clinic August 2012, Case#7, Sok Sear, 75F

Dear all,

This is the last case of Robib TM Clinic August 2012, Case#7, Sok Sear, 75F and photo. 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 Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Sok Sear, 75F (Pal Hal Village)**

Chief Complaint (CC): Vertigo x 8 months

History of Present Illness (HPI): 75F, farmer, had motor crash accident in the past 8 months, when she presented with symptoms of vertigo, which occurred with lying supine (mild vertigo) and left lateral decubitus (severe vertigo) so she had to sleep with right lateral decubitus since then. She denied of any hemorrhage or fracture seen during the accident and noticed of left ear ringing sensation and hearing loss. In the past two months, she went to consult at referral hospital and told she had psychological problem and treated her with a kind of medicine, which help her sleep but her vertigo still persist.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Tobacco chewing, no cig smoking, no EtOH

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Epigastric burning pain, burping with sour taste, worse with full eating, no radiation, and never get treatment

PE:

Vitals: BP: 153/78 (both arms) P: 78 R: 20 T: 37oC Wt: 42Kg

General: Stable

HEENT: No oropharyngeal lesion, no uvula deviation, no facial paralysis, pink conjunctiva, no icterus, no thyroid enlargement, no lymph node palpable, no JVD; normal ear mucosa and intact tympanic membrane

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

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

Extremity/Skin: No legs edema, no lesion/rashes, (+) dorsalis pedis and posterior tibial pulse

MS/Neuro:

- MS +5/5
- Motor intact
- Sensory (light touch and position sense) intact
- CN II – XII intact
- DTRs +2/4
- Finger to nose test, alternative movement and Tandem gait are normal

Lab/study: None

Assessment:

1. Vertigo due to Labyrinthitis/Vestibular disorder?
2. HTN
3. GERD

Plan:

1. Ibuprofen 200mg 2t po bid prn
2. Promethazine 25mg 1t po qhs
3. HCTZ 25mg 1t po qd
4. Cimetidine 200mg 1t po qhs for one month
5. Mebendazole 100mg 5t po qhs once

6. GERD prevention education
7. Draw blood for CBC, Lyte, BUN, Creat, Gluc 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: August 8, 2012**

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

From: Fiamma, Kathleen M.
To: 'Robibtelemed'
Cc: 'Rithy Chau'
Sent: Tuesday, August 14, 2012 2:54 AM
Subject: FW: Robib Telemedicine Clinic August 2012, Case#7, Sok Sear, 75F

I am sorry to hear she continues feeling unwell. It is always hard to diagnose the cause of vertigo, even when examining people. It seems that she was well before the car accident. In view of left ear ringing (tinnitus), hearing loss, and vertigo, as well as what is described as normal coordination and reflexes, I suspect her vertigo is peripheral, coming from the left ear. Were you able to examine that ear? Did she have a fracture with bleeding into it? Is it painful to palpation? Is there evidence of bleeding when looking at the tympanic membrane?

I would suggest trying Brandt-Daroff exercises [http://www.webmd.com/brain/brandt-daroff-exercise-for-vertigo-16844] to see if they help. It would be great if she could see an ear doctor (otolaryngologist) so that they could examine her ear and evaluate if there's any structural damage that they could repair as she was in the car accident.

Hope this is helpful.

Nicte I. Mejia, M.D. M.P.H.
Massachusetts General Hospital
Department of Neurology
Movement Disorders Unit | General Neurology Unit

Thursday, August 9, 2012

Follow-up Report for Robib TM Clinic

There were 7 new patients seen during this month Robib TM Clinic, and other 58 patients came for brief consult and medication refills, and 70 new patients seen by PA Rithy for minor problem without sending data. The data of all 7 cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by CCH/MGH 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 August 2012

1. Lourn Lai Him, 10M (Samrith Village)
Diagnosis:

1. Phimosis
2. Foreskin dermatitis (allergy)

Treatment:

1. Augmentin 625mg/5cc 5cc bid for 7d (#1)
2. Ibuprofen 200mg 1t po bid for 5d (#10)

2. Som Davong, 16M (Pal Hal Village)
Diagnosis:

1. TB lymph node?
2. Left groin cyst/tumor?
3. Left groin adenitis?

Treatment:

1. Ibuprofen 200mg 2t po tid x 5d (#30)
2. Do blood testing for HIV
3. Send patient to Kg Thom for CXR, and left groin lump ultrasound

3. Hourn Tann, 73F (Thnout Malou Village)
Diagnosis:

1. HTN
2. Hyperglycemia

Treatment:

1. Amlodipine 5mg 1t qd (#35)
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

Lab result on August 10, 2012

WBC	=4.7	[4 - 11x109/L]	Na	=135	[135 - 145]
RBC	=3.8	[3.9 - 5.5x1012/L]	K	=3.7	[3.5 - 5.0]
Hb	=10.8	[12.0 - 15.0g/dL]	Cl	=103	[95 – 110]

Ht	=34	[35 - 47%]	BUN	=4.5	[<8.3]
MCV	=89	[80 - 100fl]	Creat	=80	[44 - 80]
MCH	=29	[25 - 35pg]	Gluc	=7.0	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=6.4	[<5.7]
Plt	=234	[150 - 450x109/L]	TG	=3.0	[<1.71]
Neut	=2.4	[1.80 - 7.50x109/L]	HbA1C	=7.0	[4.8 – 5.9]
Lymph	=1.6	[1.0 - 4.0x109/L]			
Mono	=0.7	[0.1 - 1.0x109/L]			

4. Keum Heng, 46F (Koh Lourng Village)
Diagnosis:

1. Hyperthyroidism
2. HTN
3. Anxiety

Treatment:

1. Atenolol 50mg 1/2t po bid (#35)
2. Carbimazole 5mg 2t po tid (buy)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH, Free T4 at SHCH

Lab result on August 2012

WBC	=3.1	[4 - 11x109/L]	Na	=135	[135 - 145]
RBC	=5.5	[3.9 - 5.5x1012/L]	K	=3.2	[3.5 - 5.0]
Hb	=12.4	[12.0 - 15.0g/dL]	Cl	=105	[95 – 110]
Ht	=39	[35 - 47%]	BUN	=3.1	[<8.3]
MCV	=72	[80 - 100fl]	Creat	=53	[44 - 80]
MCH	=23	[25 - 35pg]	Gluc	=6.6	[4.1 - 6.1]
MHCH	=32	[30 - 37%]	TSH	<0.005	[0.27 – 4.20]
Plt	=278	[150 - 450x109/L]	Free T4	>100	[12.0 – 22.0]
Neut	=1.1	[1.80 - 7.50x109/L]			
Lymph	=1.3	[1.0 - 4.0x109/L]			
Mono	=0.7	[0.10 - 1.0x109/L]			

5. Mao Mon, 57M (Thnout Malou Village)
Diagnosis:

1. Liver cirrhosis

Treatment:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Transaminase at SHCH
2. Stop alcohol drinking and avoid hepatotoxic drug

Lab result on August 10, 2012

WBC	=4.3	[4 - 11x109/L]	Na	=137	[135 - 145]
RBC	=3.9	[4.6 - 6.0x1012/L]	K	=3.1	[3.5 - 5.0]
Hb	=11.7	[14.0 - 16.0g/dL]	Cl	=105	[95 – 110]
Ht	=34	[42 - 52%]	BUN	=5.3	[0.8 - 3.9]
MCV	=89	[80 - 100fl]	Creat	=79	[53 - 97]
MCH	=30	[25 - 35pg]	Gluc	=4.7	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	AST	=22	[<40]
Plt	=158	[150 - 450x109/L]	ALT	=12	[<41]
Lymph	=1.6	[1.0 - 4.0x109/L]			

6. Prum Reum, 64F (Pal Hal Village)
Diagnosis:

1. Bradycardia due to lyte disorder/thyroid dysfunction?
2. Post viral infection?

Treatment:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Ca2+, Mg2+ and TSH at SHCH
2. Multivitamin 1t po qd (#30)

Lab result on August 10, 2012

WBC	=5.2	[4 - 11x109/L]	Na	=135	[135 - 145]
RBC	=4.1	[3.9 - 5.5x1012/L]	K	=3.4	[3.5 - 5.0]
Hb	=10.8	[12.0 - 15.0g/dL]	Cl	=102	[95 – 110]
Ht	=35	[35 - 47%]	BUN	=4.1	[<8.3]
MCV	=85	[80 - 100fl]	Creat	=67	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=4.8	[4.1 - 6.1]
MHCH	=31	[30 - 37%]	Ca2+	=0.99	[1.12 – 1.32]
Plt	=174	[150 - 450x109/L]	Mg2+	=0.73	[0.80 – 1.00]
Neut	=2.6	[1.80 - 7.50x109/L]	TSH	=1.68	[0.27 – 4.20]
Lymph	=1.5	[1.0 - 4.0x109/L]			
Mono	=1.1	[0.10 - 1.0x109/L]			

7. Sok Sear, 75F (Pal Hal Village)
Diagnosis:

1. Vertigo due to Labyrinthitis/Vestibular disorder?
2. HTN
3. GERD

Treatment:

1. Ibuprofen 200mg 2t po bid prn (#30)
2. Cetirizine 10mg 1t po qhs (#20)
3. HCTZ 25mg 1t po qd (#35)
4. Cimetidine 200mg 1t po qhs for one month (#30)
5. Mebendazole 100mg 5t po qhs once (#5)
6. GERD prevention education
7. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on August 10, 2012

WBC	=8.2	[4 - 11x109/L]	Na	=135	[135 - 145]
RBC	=4.8	[3.9 - 5.5x1012/L]	K	=2.8	[3.5 - 5.0]
Hb	=11.5	[12.0 - 15.0g/dL]	Cl	=98	[95 – 110]
Ht	=37	[35 - 47%]	BUN	=3.9	[<8.3]
MCV	=78	[80 - 100fl]	Creat	=69	[44 - 80]
MCH	=24	[25 - 35pg]	Gluc	=4.9	[4.1 - 6.1]
MHCH	=31	[30 - 37%]	T. Chol	=6.4	[<5.7]
Plt	=414	[150 - 450x109/L]	Ca2+	=0.88	[1.12 - 132]
Lymph	=2.3	[1.0 - 4.0x109/L]	Mg2+	=0.59	[0.80 – 1.00]

Patients who come for brief consult and refill medicine

1. Kao Nheb, 29F (Sre Thom Village)
Diagnosis:

1. Dyspepsia

Treatment:

1. Cimetidine 200mg 1t po qhs for one month (#30)

2. Kong Kin, 60M (Chan Lorng Village)
Diagnosis:

1. Osteoarthritis
2. HTN

Treatment:

1. Paracetamol 500mg 1t po qid prn for one month (#30)

2. Amlodipine 5mg 1t po qd for one month (#30)
3. Do regular exercise

3. Mar Thean, 54M (Rom Chek Village)
Diagnosis:
1. DMII
2. Hyperlipidemia

Treatment:
1. Metformin 500mg 2t po bid for two months (buy)
2. Glyburide 2.5mg 2t po bid for two months (#240)
3. ASA 300mg 1/4t po qd for two months (#15)
4. Fenofibrate 100mg 1t po bid for two months (buy)

4. Pen Sim, 73M (Ta Tong Village)
Diagnosis:
1. Post Herpes zoster neuralgia

Treatment:
1. Ibuprofen 200mg 2t po tid for one month (#30)

5. Phourng Rina, 4F (Sangke Roang Village)
Diagnosis:
1. Eczema
2. Scabies

Treatment:
1. Fluticasone cream apply bid (#2)
2. Mebendazole 100mg 2t qd once (#2)
3. Cetirizine 10mg 1/4t po qd (#10)

6. Pen Uk, 66F (Doang Village)
Diagnosis:
1. GERD
2. HTN

Treatment:
1. Cimetidine 200mg 200mg 1t po qhs for one month (#30)
2. HCTZ 25mg 1t po qd for one month (#30)
3. Do regular exercise, eat less salt/fats diet

7. Som Ka, 61M (Taing Treuk Village)
Diagnosis:
1. DMII
2. Right side stroke with left side weakness

Treatment:
1. Metformin 500mg 1t po bid for four months (#120)
2. Captopril 25mg 1/4t po bid for four months (buy)

8. Svay Tevy, 46F (Sre Thom Village)
Diagnosis:
1. DMII
2. HTN
3. Dyslipidemia

Treatment:
1. Glibenclamide 5mg 2t po bid for two months (buy)

2. Metformin 500mg 2t qAM and 3t po qPM for two months (#150)
3. Captopril 25mg 1/2t po bid for two months (buy)
4. ASA 300mg 1/4t po qd for two months (#15)
5. Fenofibrate 100mg 1t po bid two months h (buy)

9. Tann Kim Hor, 57F (Rovieng Cheung Village)
Diagnosis:
1. DMII

Treatment:
1. Glipizide 10mg 1t po qd for two months (#70)
2. Metformin 500mg 2t po bid for two months (#60)
3. Captopril 25mg 1/4t po bid for two months (buy)
4. ASA 300mg 1/4t po qd for two months (#15)

10. Top Voeun, 50F (Anlung Svay Village)
Diagnosis:
1. Nodular goiter
2. Dyspepsia

Treatment:
1. Cimetidine 200mg 1t po qhs for one month (#30)
2. MTV 1t po qd for one month (#30)
3. Draw blood for TSH at SHCH

Lab result on August 10, 2012

TSH =1.22 [0.27 - 4.20]

11. Yung Seum, 68F (Taing Treuk Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 1t po qd for one month (#30)
2. Do regular exercise and eat less salt and fats diet

12. Prum Koeun, 39M (Samrith Village)
Diagnosis:
1. Eczema (Dyshidrotic)

Treatment:
1. Cetirizine 10mg 1t po qhs prn itchy (#30)
2. Calmine lotion apply qid

13. Yin Hun, 74F (Taing Treuk Village)
Diagnosis:
1. HTN

Treatment:
1. Enalapril 10mg 1/2t po qd for one month (#20)
2. HCTZ 25mg 2t po qd for one month (#60)

14. Chum Chet, 64M (Koh Pon Village)
Diagnosis:
1. HTN
2. Osteoarthritis
3. Renal insufficiency
4. Generalized urticaria

Treatment:

1. HCTZ 25mg 1t po qd for one month (#30)
2. Draw blood for Lyte and Creat at SHCH

Lab result on August 10, 2012

Na	=136	[135 - 145]
K	=5.9	[3.5 - 5.0]
Cl	=112	[95 - 110]
Creat	=452	[53 - 97]

15. Hear Khorn, 51F (Bos Village)
Diagnosis:

1. Urticaria

Treatment:

1. Cetirizine 10mg 1t po qhs (#30)

16. Keth Chourn, 58M (Chhnourn Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 2t po qd for one month (#60)
2. Amlodipine 5mg 1t po qd for one month (#30)

17. Chan Choeun, 55M (Sre Thom Village)
Diagnosis:

1. Gouty arthritis
2. HTN
3. Hyperlipidemia

Treatment:

1. Paracetamol 500mg 1t po qid prn for one month (#20)
2. Amlodipine 5mg 1t po qd for one month (#20)
3. Fenofibrate 100mg 1t po qd for one month (buy)

18. Chourb Kim San, 57M (Rovieng Tbong Village)
Diagnosis:

1. HTN
2. Right side stroke with left side weakness
3. DMII
4. Gouty arthritis
5. Chronic renal failure

Treatment:

1. Atenolol 50mg 1/2t po bid for two months (#60)
2. Amlodipine 5mg 1t po qd for two months (buy)
3. ASA 300mg 1/4t po qd for two months (#15)
4. Metformin 500mg 1t po bid for two months (#60)
5. Glibenclamide 5mg 1t po bid for two months (buy)

19. Chum Chandy, 54F (Ta Tong Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 850mg 1t po bid for two months (#60)
2. Educate on diabetic diet, and foot care

20. Dourng Sopheap, 37F (Thnal Keng Village)
Diagnosis:
1. Euthyroid goiter

Treatment:
1. Carbimazole 5mg 1t bid for three months (buy)
2. Propranolol 40mg 1/2t po bid for three months (#40)

21. Eam Neut, 56F (Taing Treuk)
Diagnosis
1. HTN

Treatment
1. Amlodipine 5mg 1t po qd for three months (#60)

22. Heng Naiseang, 63F (Taing Treuk Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 2t po qd for one month (#60)

23. Keo Kun, 53M (Thnal Keng Village)
Diagnosis:
1. Chronic hepatitis
2. Anemia

Treatment:
1. Spironolactone 25mg 1t qd for one month (#30)
2. MTV 1t qd for one month (#30)
3. FeSO4/Folate 200/0.4mg 1t po bid for one month (#60)

24. Kheum Im, 42F (Thkeng Village)
Diagnosis:
1. Tinea pedis

Treatment:
1. Clotrimazole cream apply bid (#2)

25. Kong Sam On, 55M (Thkeng Village)
Diagnosis:
1. HTN
2. DMII
3. Chronic renal failure
4. Hypertriglyceridemia
5. Arthritis

Treatment:
1. Glibenclamdie 5mg 2t po bid for one month (buy)
2. Metformin 500mg 1t po bid for one month (#60)
3. Enalapril 10mg 1/2t po qd for one month (#15)
4. Amlodipine 5mg 2t po qd for one month (#60)
5. ASA 300mg 1/4t po qd for one month (#8)
6. Fenofibrate 100mg 1t po qd for one month (buy)

26. Meas Thoch, 85F (Ta Tong Village)
Diagnosis:
1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for one month (#30)

27. Nung Chhun, 74F (Ta Tong Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. Metformin 500mg 1t po tid for one month (#100)
2. Glipizide 10mg 1/2t po bid for one month (#35)
3. Captopril 25mg 1t po tid for one month (buy)
4. HCTZ 25mg 1t po qd for one month (#30)
5. ASA 300mg 1/4t po qd for one month (buy)
6. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on August 10, 2012

Creat	=132	[44 - 80]
Gluc	=3.3	[4.1 - 6.1]
HbA1C	=9.7	[4.8 – 5.9]

28. Prum Chean, 50F (Sangke Roang Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t qAM and 1t qPM for one month (#60)

29. Prum Sourn, 71M (Taing Treuk Village)
Diagnosis:

1. Heart Failure with EF 27%
2. LVH
3. VHD (MR, AR)
4. Renal Failure

Treatment:

1. Enalapril 10mg 1/8t po qd for one month (#5)
2. Furosemide 40mg 1t po qd for one month (#60)
3. ASA 300mg 1/4t po qd for one month (#8)

30. Sam Bunny, 25F (Thnout Malou Village)
Diagnosis:

1. Nephrotic syndrome
2. Dyspepsia

Treatment:

1. Cimetidine 200mg 1t po qhs for one month (#30)
2. Calcium lactate 300mg 1t po qd for two months (#60)
3. Simvastatin 10mg 1t po qhs for two months (buy)
4. ASA 300mg 1/4t po qd for two months (#15)
5. Draw blood for Tot chole, Albumin and Protein at SHCH

Lab result on August 10, 2012

T. Chol	= 7.3	[<5.7]
Albu	= 41	[38 - 54]
Protein	= 67	[66 – 87]

31. Sath Roeun, 58F (Taing Treuk Village)
Diagnosis:

1. HTN
2. Hyperlipidemia

Treatment:

1. Captopril 25mg 1t bid for one month (buy)
2. HCTZ 25mg 1t qd for one month (#30)
3. Simvastatin 20mg 1t po qhs for one month (buy)
4. Do regular exercise, and eat less fats and salt diet

32. Seng Ourng, 63M (Rovieng Cheung Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. Captopril 25mg 1t po bid for one month (buy)
2. Glyburide 2.5mg 1t bid for one month (#60)
3. Educate on diabetic diet, do regular exercise and foot care

33. Som Theara, 14F (Pal Hal Village)
Diagnosis:

1. Eczema

Treatment:

1. Fluocinonide cream 0.1% apply bid until the rash gone (#2)

34. Un Rady, 49M (Rom Chek Village)
Diagnosis:

1. DMII
2. HTN
3. Hyperlipidemia

Treatment:

1. Metformin 500mg 2t po bid for two months (#200)
2. Captopril 25mg 1/2t po bid for two months (buy)
3. ASA 300mg 1/4t po qd for two months (#15)
4. Fenofibrate 100mg 1t po bid for two months (buy)

35. Chan Khem, 63F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for four months (#60)

36. Chan Khut, 64F (Sre Thom Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for four months (#60)

37. Chan Sorya, 50F (Pal Hal Village)
Diagnosis:

1. HTN
2. Old stroke with right side weakness

Treatment:

1. HCTZ 25mg 1t po qd for one month (#30)
2. ASA 300mg 1/2t po qd for one month (#15)

38. Chan Thoeun, 52F (Sralou Srong Village)
Diagnosis:
1. Mild to moderate Aortic regurgitation

Treatment:
1. Enalapril 10mg 1/2t po qd for four months (#60)

39. Chhim Bon, 73F (Taing Treuk Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 1t po qd for four months (#60)

40. Chhourn Khi, 51F (Trapang Teum Village)
Diagnosis:
1. DMII with PNP

Treatment:
1. Metformin 500mg 1t po bid for one month (#30)
2. Amitriptylin 25mg 1/2t po qhs for one month (#15)
3. Draw blood for glucose and HbA1C at SHCH

Lab result on August 10, 2012

Gluc = 9.6 [4.1 - 6.1]
HbA1C = 8.4 [4.8 – 5.9]

41. Heng Chan Ty, 50F (Ta Tong Village)
Diagnosis:
1. Hyperthyroidism

Treatment:
1. Carbimazole 5mg 1t po tid for one month (buy)
2. Propranolol 40mg ¼ t po bid for one month (#15)
3. Draw blood for Free T4 at SHCH

Lab result on August 10, 2012

Free T4 = 36.88 [12.0 – 22.0]

42. Heng Sokhourn, 42F (Otalauk Village)
Diagnosis:
1. Anemia

Treatment:
1. FeSO4/Folate 200/0.25mg 1t po qd for two months (#60)
2. MTV 1t po qd for two months (#60)

43. Kin Yin, 35F (Bos Pey Village)
Diagnosis:
1. Hyperthyroidism

Treatment:
1. Carbimazole 5mg 1t po bid for two months (buy)
2. Propranolol 40mg 1/2t po bid for two months (#30)

44. Kor Khem Nary, 33F (Trapang Reusey Village)
Diagnosis
1. Hyperthyroidism

Treatment

1. Carbimazole 5mg 1t po bid for one month (buy)
2. Propranolol 40mg 1/2t po bid for one month (#30)
3. Draw blood for F T4 at SHCH

Lab result on August 10, 2012

Free T4 = 12.86 [12.0 – 22.0]

45. Koy Veth, 38F (Thnout Malou Village)
Diagnosis:

1. Asthma

Treatment:

1. Salbutamol inhaler 2puffs bid prn SOB for four months (#2)

46. Kun Ban, 53M (Thnal Keng Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for one month (#60)
2. ASA 300mg 1/4t po qd for one month (#buy)
3. Draw blood for Glucose and HbA1C at SHCH

Lab result on August 10, 2012

Gluc =9.4 [4.1 - 6.1]
HbA1C =8.9 [4.8 – 5.9]

47. Meas Ream, 88F (Taing Treuk Village)
Diagnosis:

1. HTN
2. Left side stroke with right side weakness

Treatment:

1. HCTZ 25mg 1t po qd for two months (# 60)

48. Nop Sareth, 41F (Kampot Village)
Diagnosis:

1. Cardiomegaly
2. VHD (MS/TR) with Pulmonary hypertension

Treatment:

1. Captopril 25mg 1/4t po bid for two months (buy)
2. Furosemide 40mg 1t po bid for two months (#120)
3. ASA 300mg 1/4t po qd for two months (#15)

49. Preum Proy, 52M (Thnout Malou Village)
Diagnosis:

1. DMII
2. HTN
3. Hyperlipidemia

Treatment:

1. Glyburide 2.5mg 2t po bid for two months (#240)
2. Metformin 850mg 1t po bid for two months (#120)
3. Captopril 25mg 1/2t po bid for two months (buy)
4. ASA 300mg 1/4t po qd for two months (#15)

5. Simvastatin 20mg 1t po qhs for two months (buy)

50. Prum Vandy, 50F (Taing Treuk Village)
Diagnosis:
1. Hyperthyroidism

Treatment:
1. Carbimazole 5mg 1t po bid for two months (buy)
2. Propranolol 40mg 1/4t po bid for two months (#30)

51. Ros Oeun, 55F (Thnout Malou Village)
Diagnosis:
1. HTN
2. DMII
3. Hypertriglyceridemia

Treatment:
1. Glibenclamide 5mg 2t po bid for one month (buy)
2. Metformin 500mg 2t po bid for one month (#120)
3. Captopril 25mg 1/2t po bid for one month (buy)
4. ASA 300mg 1/4t po qd for one month (#8)
5. Fenofibrate 100mg 1t po bid for one month (buy)
6. Draw blood for glucose, TG and HbA1C at SHCH

Lab result on August 10, 2012

Gluc	= 13.5	[4.1 - 6.1]
TG	= 4.6	[<1.71]
HbA1C	= 11.1	[4.8 – 5.9]

52. Ros Yeth, 58M (Thnout Malou Village)
Diagnosis:
1. DMII
2. HTN

Treatment:
1. Glyburide 2.5mg 2t po bid for one month (#120)
2. Metformin 500mg 2t po bid for one month (#100)
3. Captopril 25mg 1t po bid for one month (buy)
4. Draw blood for glucose, and HbA1C at SHCH

Lab result on August 10, 2012

Gluc	= 12.4	[4.1 - 6.1]
HbA1C	= 10.7	[4.8 – 5.9]

53. Roth Ven, 54M (Thkeng Village)
Diagnosis:
1. DMII
2. HTN

Treatment:
1. Glipizide 10mg 1t po qd for three months (#100)
2. Metformin 500mg 2t po bid for three months (#200)
3. Captopril 25mg 1/2t po bid for three months (buy)
4. ASA 300mg 1/4t po qd for three months (#23)

54. Sao Ky, 75F (Thnout Malou Village)
Diagnosis
1. HTN

Treatment

1. HCTZ 25mg 1t po qd for four months (#60)

55. Seung Samith, 63M (Sre Thom Village)
Diagnosis:

1. Gouty arthritis
2. Renal insufficiency

Treatment:

1. Allopurinol 100mg 1t po bid for two months (buy)
2. Paracetamol 500mg 1t po qid prn pain for two months (#30)

56. Srey Thouk, 60F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

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

57. Tann Sou Hoang, 51F (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for one month (#100)
2. Captopril 25mg 1/4t po bid for one month (buy)
3. ASA 300mg 1/4t po qd for one month (buy)
4. Draw blood for Glucose and HbA1C at SHCH

Lab result on August 10, 2012

Gluc	=7.2	[4.1 - 6.1]
HbA1C	=7.8	[4.8 – 5.9]

58. Uy Noang, 59M (Thnout Malou Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (#80)
2. Metformine 500mg 2t po bid for one month (#100)
3. Captopril 25mg 1t po bid for one month (buy)
4. Draw blood for glucose and HbA1C at SHCH

Lab result on August 10, 2012

Gluc	=10.0	[4.1 - 6.1]
HbA1C	=9.5	[4.8 – 5.9]

The next Robib TM Clinic will be held on September 3 – 7, 2012