Robib *Telemedicine* **Clinic**

Preah Vihear Province

J A N U A R Y 2 0 1 0

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

On Monday, January 4, 2010, SHCH staff 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), January 5 & 6, 2010, the Robib TM Clinic opened to receive the patients for evaluations. There were 10 new cases and 1 follow up case 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, January 6 & 7, 2010.

On Thursday, replies from SHCH in Phnom Penh and Partners 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 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 partners in Phnom Penh and Boston:

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar ; Kruy Lim ; Cornelia Haener ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Kevin O' brien ; Sutton Whitaker ; Peou Ouk ; Sochea Monn ; Eang Tea ; Samoeurn Lanh
Sent: Monday, December 28, 2009 3:41 PM
Subject: Schedule for Robib Telemedicine Clinic January 2010

Dear all,

I would like to inform you that Robib Telemedicine Clinic January 2010 will be starting from January 4, 2010 and coming back on January 8, 2010.

The agenda for the trip is as following:
1. On Monday January 4, 2010, we will start the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday January 5, 2010, the clinic opens to see the patients (New and Follow up) for the whole morning then patients' data will be typed up into the computer in afternoon and send to both partners in Boston and Phnom Penh.
3. On Wednesday January 6, 2010, the activity is the same as on Tuesday.
4. On Thursday January 7, 2010, download all the answers replied from both partners in Boston and Phnom Penh then the treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday January 8, 2010, 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 this project.

Best regards,
Sovann

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar ; Kruy Lim ; Cornelia Haener ; Rithy Chau
Cc: Bernie Krisher ; Laurie & Ed Bachrach ; Sothero Noun ; Sutton Whitaker
Sent: Tuesday, January 05, 2010 7:59 PM
Subject: Robib TM Clinic January 2010, Case#1, Chun Phallith, 13F (Sre Thom Village)

Dear all,

Today is the first day for Robib TM clinic January 2010 and there are four new cases and this is the case number 1, Chun Phallith and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

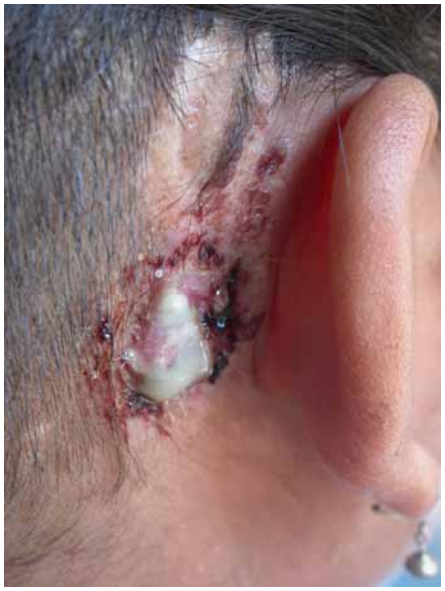
Sihanouk Hospital Center of HOPE and Partners Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Chun Phallith, 13F (Sre Thom Village)**

Chief Complaint (CC): Wound on posterior of right ear x 3 months

History of Present Illness (HPI): 13F, grade 7 student, in 2007 presented with frontal HA, pulsative sensation, she was brought to Kuntha Bopha hospital in Siem Reap and told she had maxillary abscess and got four times of surgery on posterior of right ear and had got complete treatment with TB drug (6 months). In these three months, she developed a lump around operation scar, pain, fever and in a few weeks draining with pus discharge. In these few days, the string of five beads (see picture) came out. I called to my friend working in Kuntha Bopha hospital, he said that is the material being used to help bone healing well in inflammation/infection?



Past Medical History (PMH): Unremarkable

Family History: Sister with Nephrotic syndrome, died three months ago

Social History: grade 7 student

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular menstruation

PE:

Vitals: BP: 112/76 P: 110 R: 20 T: 37°C Wt: 47Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, right ear canal, erythema, swelling, no pustule, no drainage, left ear intact. Wound on right post-auricular, erythema, crust, pustular drainage, no lymph node palpable, surgical scar about 2cm long.

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 edema, no rash, no lesion

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

Lab/study:

Assessment:

1. Chronic Infected wound, possible Amyloidosis?? (Right ear)
2. Right Otitis externa

Plan:

1. Augementin 875mg 1t po bid x 15d
2. Cotrimoxazole 960mg 1t po bid x 1 month
3. Ketoprofen 200mg 1t po qd prn pain
4. Refer back to Kuntha Bopha hospital in Siem Reap

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: January 5, 2009**

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

From: Doody, Daniel P.,M.D.
Sent: Wednesday, January 06, 2010 11:34 AM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic January 2010, Case#1, Chun Phallith, 13F (Sre Thom Village)

The description sounds as though the concern was for mastoiditis as we would not drain a maxillary abscess posterior to the ear.

If this is mastoiditis, culturing the wound would be obviously important as it will help direct antibiotic therapy. Many times, mastoiditis needs to be treated with a prolonged course of intravenous antibiotics. The potential complication of mastoiditis is that the infection will spread to the nearby meninges and cause meningitis.

The diagnosis of melioidosis is a chronic infection secondary to a pseudomonas-like organism (*Burkholderia pseudomallei)* and during the acute phase requires 10 to 14 days of intravenous antibiotics and then a prolonged course up to 12 to 20 weeks of oral antibiotics. I am uncertain if there is a role for both Augmentin (amoxicillin/clavulanate) and trimethoprim-sulfamethoxazole. Without culture data, it would be difficult to make the diagnosis of melioidosis although that problem will often be associated with chronic infection, either in the bone or in the skin.

It may be worthwhile touching base with the ENT group although I believe they will also recommend culturing this wound to direct therapy. Obviously, in our institution we would look with CT or MRI imaging to determine the extent of the infection, and I realize that may be impractical in Cambodia.

With regards to the antibiotic therapy, one of the ID people may be a better resource for you.

If I was in Cambodia in trying to deal with this, I would recommend culturing the wound with the specific recommendation that you are concerned about *Burkholderia pseudomallei* as the lab should culture the specimen on regular culture medium as well as the specific medium for Burkholderia (Ashdown's medium). Also, it would be appropriate to culture for acid-fast bacilli as Mycobacterium is endemic in this area. I would likely start a course of trimethoprim-sulfamethoxazole and plan on continuing that for 4 to 5 months. If at all possible, I would obtain a CT scan of the head extending down to the neck to evaluate the mastoid sinuses.

Dan Doody, MD

From: Robib Telemedicine
To: Cornelia Haener ; Rithy Chau ; Kruy Lim ; Joseph Kvedar ; Paul J. M.D. Heinzelmann ; Kathy Fiamma >
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Tuesday, January 05, 2010 8:02 PM
Subject: Robib TM Clinic January 2010, Case#2, Tey Saven, 24F (Sre Thom Village)

Dear all,

This is case number 2, Tey Saven, 24F 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: **Tey Saven, 24F (Sre Thom Village)**

Chief Complaint (CC): Left facial swelling x 3d

History of Present Illness (HPI): 24F, farmer, presented with pain on left upper molar teeth then left side of her face became swollen with severe pain, she went to consult with local dentist but her problem was not solved because dentist dare not do anything with the teeth during inflammation. She just got treatment with herbal traditional medicine by healer. She denied of insect bite, trauma.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: 1 child 2 years old, no alcohol drinking, no cig smoking, no tobacco chewing

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: 101/73** **P: 99** **R: 20** **T: 37^{o}C** **Wt: 45Kg**

General: Stable

HEENT: Gum around molar teeth became swelling, erythema, pain with ulcerated lesion, no pustule; whitish lesion on eardrum bilaterally, no erythema mucosa, no pustule, no discharge, no lymph node palpable; teeth with black lesion, erosion

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 edema, no rash, no lesion

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

Lab/study: None

Assessment:

1. Teeth abscess?
2. Dental caries

Plan:

1. Augmentin 875mg 1t po bid x 2 weeks
2. Ketoprofen 200mg 1t po qd prn x 2weeks
3. Do consultation with dentist about carry dental

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: January 5, 2009**

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

From: Kaban, Leonard Bruce,D.M.D.,M.D.
Sent: Wednesday, January 06, 2010 11:34 AM
To: Fiamma, Kathleen M.; Troulis, Maria
Subject: RE: Robib TM Clinic January 2010, Case#2, Tey Saven, 24F (Sre Thom Village)

Based on the photos this is a significant infection. They need to make sure that the teeth and not the skin or salivary glands or maxillary sinuses are the cause. In any event, she probably should have intravenous antibiotics; If the swelling is fluctuant, it should be drained i.e. incision and drainage; and then the source should be dealt with i.e. extract the offending teeth. Based on the photos I would not feel comfortable with oral antibiotics without specific and immediate followup.

Leonard B Kaban, MD, DMD

From: Robib Telemedicine
To: Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Tuesday, January 05, 2010 8:07 PM
Subject: Robib TM Clinic January 2010, Case#3, Puth Am, 76F (Sre Thom Village)

Dear all,

This is the case number 3, Puth Am, 76F 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: Puth Am, 76F (Sre Thom Village)

Chief Complaint (CC): Left side weakness x 7d

History of Present Illness (HPI): 76F with the past history of elevated BP 170/? in 2006 and got treatment with antihypertensive drug from local health care worker and continued to take it when presented with symptoms. Since the beginning of 2009 because of no symptoms (feeling well) she didn't take antihypertensive drug and on December 28, 2009, she has had symptoms of muscle contraction, insomnia and in early morning she was not able to move her left extremity with numbness of her left check. Her BP checked with result of 200/? and treated with IV fluid and antihypertensive drug for a few days, then BP decrease to 150/? but she still presented with severe pain on the weak extremity. She denied of fever, cough, SOB, chest pain, palpitation, nausea, vomiting, stool with blood/mucus.

Past Medical History (PMH): Unremarkable

Family History: Daughter with DMII

Social History: Chewing tobacco, no cig smoking, no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 137/90 P: 86 R: 20 T: 37^{o}C Wt: 50Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, anterior neck mass about 3 x 4cm, smooth, soft, no tender, no bruit, no lymph node palpable

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 edema, no rash, no lesion

MS/Neuro: MS + 3/5, DTRs +3/4 on left extremity; MS+5/5, DTRs +2/4 on right extremity, sensory intact

CN: I to XII intact

Lab/study:
RBS: 133mg/dl

Assessment:
1. Right side stroke with left side weakness
2. Goiter

Plan:
1. ASA 300mg 1/2t po qd for one month
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, tot chole, TG and 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: January 5, 2009**

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

From: Schwamm, Lee H.,M.D.
Sent: Wednesday, January 06, 2010 11:14 AM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic January 2010, Case#3, Puth Am, 76F (Sre Thom Village)

The main concern is whether this was an ischemic stroke or a brain hemorrhage. If ischemic, then aspirin daily for life is reasonable. If hemorrhagic, then aspirin should be held to avoid risk of rebleeding. A CT scan of the brain is the only way to tell for sure. Either way, long term BP control is critical. If CT not an option, would wait for 6 weeks and then start daily aspirin. Statin use would be helpful if the patient has elevated LDL and ischemic stroke

Best regards,
Lee

Lee H. Schwamm, MD, FAHA
Vice Chairman, Department of Neurology
Director, TeleStroke & Acute Stroke Services
Massachusetts General Hospital
Professor of Neurology, Harvard Medical School

From: Robib Telemedicine
To: Kruy Lim ; Rithy Chau ; Kathy Fiamma > ; Joseph Kvedar ; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Tuesday, January 05, 2010 8:13 PM
Subject: Robib TM Clinic January 2010, Case#4, Sam Khim, 50F (Taing Treuk Village)

Dear all,

This is the case number 4, Sam Khim, 50F and photo. Please wait 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 Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Sam Khim, 50F (Taing Treuk Village)**

Chief Complaint (CC): HA and dizziness x 3 months

History of Present Illness (HPI): 50F, farmer, presented with symptoms of HA, dizziness, fatigue, polyphagia, polyuria, dysuria, frequency urination, She didn't seek medical consultation just buy medicine from local pharmacy to relieve symptoms. She denied of chest pain, palpitation, fever, SOB, edema, numbness/tingling.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No cig smoking, no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period

PE:

Vitals: **BP: 128/80** **P: 68** **R: 20** **T: 36.5^{o}C** **Wt: 57Kg**

General: Stable

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

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 edema, no rash, no foot wound

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

Lab/study:
RBS: 538mg/dl, drinking 2L of water and 2 hours after RBS: 377mg/dl
U/A glucose 4+, leuk 2+

Assessment:

1. DMII
2. UTI

Plan:

1. Metformin 1000mg (extended release) 1t po qhs
2. Captopril 25mg 1/4t po bid
3. ASA 300mg 1/4t po qd
4. Ciprofloxacin 500mg 1t po bid x 5d
5. Educate on diabetic diet, eat low salt/fats diet, do regular exercise and foot care
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, tot chole, TG and 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: January 5, 2009**

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

From: Tan, Heng Soon,M.D.
Sent: Tuesday, January 05, 2010 5:36 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic January 2010, Case#4, Sam Khim, 50F (Taing Treuk Village)

She has been hyperglycemic for 3 months without acute ketoacidosis despite high blood sugars. She is lucky she is not in a hyperosmolar state saving herself by drinking lots of water. It is possible that the high blood sugar is aggravated by acute cystitis. I don't think metformin 1g daily is sufficient to normalize her blood sugar. Ideally a small but regular dose of NPH insulin could bring her under control rather quickly. However under the present circumstance, oral glyburide or glipizide 10 mg daily can bring her under control within a

few weeks. Captopril to protect her kidneys is reasonable especially if she turns out to have excess microalbuminuria. Statins will also be indicated for primary cardiovascular prevention. On the other hand, I would not rush to use aspirin in a young woman for primary cardiovascular prevention. This recent review from Journal Watch studied aspirin use in diabetic patients and concluded that routine aspirin use in diabetic patients for primary prevention may not be useful.

http://general-medicine.jwatch.org/cgi/content/full/2009/1231/8?q=etoc_jwgenmed

Aspirin for Primary Prevention of Cardiovascular Disease? Still a Very Close Call.

Individual risk assessment might be the best approach.

In patients with established cardiovascular disease, daily aspirin clearly lowers the incidence of adverse cardiovascular events. But do at-risk patients without histories of cardiovascular events also benefit? Several guidelines recommend daily aspirin for primary prevention in subgroups of such patients, but evidence of benefit has been sparse. In 2008 and 2009, two new randomized trials, three new meta-analyses, and a new guideline from the U.S. Preventive Services Task Force (USPSTF) added new information.

In one randomized trial, Scottish investigators assigned 1276 adults with diabetes and asymptomatic peripheral arterial disease (PAD) to receive daily aspirin or placebo for a median 7 years (JW Gen Med Nov 13 2008); in the other, Japanese investigators randomized 2539 patients with type 2 diabetes to receive daily aspirin or placebo for a median 4 years (JW Gen Med Nov 13 2008). In both studies, aspirin and placebo groups had similar incidences of composite cardiovascular endpoints.

In a meta-analysis of 18 trials in which 5269 patients with PAD of any severity were randomized to receive aspirin (with or without dipyridamole) or placebo for 10 days to 7 years, 12% fewer adverse cardiovascular events (a composite endpoint assessment) in the aspirin group than in the placebo group failed to reach significance. A meta-analysis of six randomized trials, in which 10,117 patients with diabetes but no preexisting cardiovascular disease were enrolled, showed no significant difference in any cardiovascular endpoint. In each of these analyses, whether aspirin was ineffective or whether statistical power was insufficient to detect a difference was unclear (JW Gen Med May 19 2009).

In the most definitive meta-analysis to date, researchers pooled patient-level data from six trials in which 95,000 patients without preexisting cardiovascular disease were randomized to aspirin or no aspirin for at least 2 years. In this analysis, the 12% proportional reduction in risk for serious vascular events *did* reach significance, and the aspirin benefit was similar regardless of preexisting risk factors, such as diabetes, hypertension, or high cholesterol level. But the absolute difference in serious vascular events conferred by aspirin was only 0.06% annually in these relatively low-risk patients, and aspirin patients experienced significantly more major extracranial bleeds than did placebo patients. Because most participants did not have access to statins and other minimal-risk therapies that now are used routinely to prevent adverse cardiovascular events, the authors concluded that evidence of net benefit is insufficient to recommend routine aspirin for primary cardiovascular prevention in any patient subgroup (JW Gen Med Jun 18 2009).

The new USPSTF guidelines implicitly embrace this view; they recommend that middle-aged and older men (age range, 45–79) and women (age range, 55–79) take aspirin only if an individualized quantitative risk assessment shows that risk for adverse cardiovascular events exceeds risk for serious bleeding (JW Gen Med Apr 14 2009). This recommendation requires calculations for each patient, but it might be the best approach to a question that remains very close to clinical equipoise.

— ***Bruce Soloway, MD***

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar ; Cornelia Haener ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Wednesday, January 06, 2010 8:25 PM
Subject: Robib TM Clinic January 2010, Case#5, Say Dorn, 59M (Rovieng Cheung Village)

Dear all,

Today is the second day for Robib TM Clinic January 2010 and there are 6 new cases and 1 follow up case. This is case number 5, continued from Yesterday, Say Dorn, 59M and phtos.

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: **Say Dorn, 59M (Rovieng Cheung Village)**

Chief Complaint (CC): Neck mass x 7 months

History of Present Illness (HPI): 59M presented with a few masses on right lateral neck, about thump size, and progressive enlarged from day to day, with pain and decreased hearing on right ear. He went to provincial hospital, was treated with TB drugs and advised to seek evaluation on this mass at Khmer Soviet Friendship hospital in Phnom Penh but he didn't go.

Past Medical History (PMH): Unremarkable

Family History: None

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

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: 106/62** **P: 90** **R: 20** **T: 37^{o}C** **Wt: 52Kg**

General: Stable

HEENT: The mass about 8 x 10cm on right lateral neck, nodular surface, firm, tender on palpation, movable, right oropharyngeal mass; another mass about 2x2cm on left lateral neck, no lymph node palpable, normal ear and nose

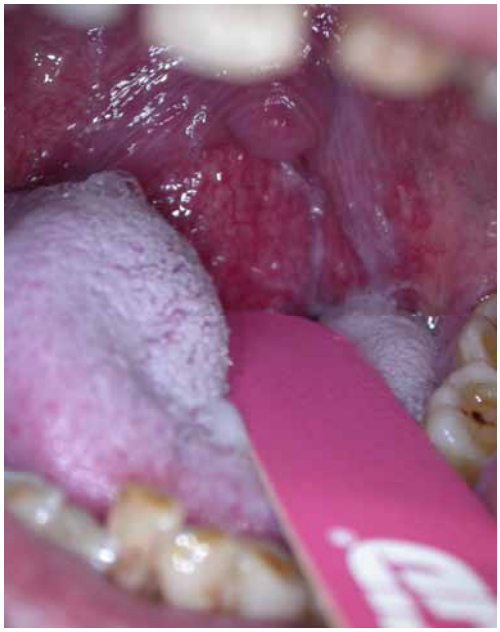
Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

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

Extremity/Skin: No edema, no rash

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

Lab/study: None



Assessment:

1. Parotid gland tumor?
2. Lymphoma?

Plan:

1. Refer to SHCH for surgical consultation for biopsy, possible mass removal
2. 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: January 6, 2010**

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

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Paul J. M.D. Heinzelmann' ; 'Kathy Fiamma >' ; 'Joseph Kvedar' ; 'Kruy Lim' ; 'Rithy Chau'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Sutton Whitaker'
Sent: Friday, January 08, 2010 2:47 PM
Subject: RE: Robib TM Clinic January 2010, Case#5, Say Dorn, 59M (Rovieng Cheung Village)

Dear all,

Thanks for submitting this case. It is most likely a malignant lymphoma. We would only be able to confirm the diagnosis by biopsy, but not be able to provide any treatment.

Thanks
Cornelia

From: Barbesino, Giuseppe,M.D.
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com ; rithychau@sihosp.org
Sent: Wednesday, January 06, 2010 10:54 PM
Subject: RE: Robib TM Clinic January 2010, Case#5, Say Dorn, 59M (Rovieng Cheung Village)

I do agree that the presentation of this gentleman is very worrisome for a malignancy, such as a lymphoma, rhino pharyngeal carcinoma or salivary gland tumor. An excisional biopsy of one of these masses is the best next step, as a fine needle biopsy alone may not be sufficient to diagnose a lymphoma. However a fine needle biopsy would be able to show an epithelial malignancy so it could be a reasonable first step if an excision biopsy is not readily available.

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: Robib Telemedicine
To: Cornelia Haener ; Joseph Kvedar ; Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Wednesday, January 06, 2010 8:29 PM
Subject: Robib TM Clinic January 2010, Case#6, Ung Keo, 35M (Bang Korn Village)

Dear all,

This is case number 6, Ung Keo, 35M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

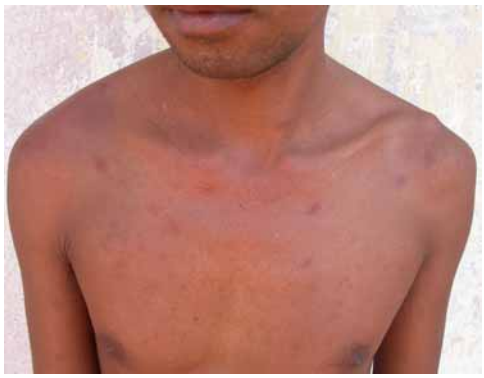
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Ung Keo, 35M (Bang Korn Village)

Chief Complaint (CC): Right side weakness x 4 months

History of Present Illness (HPI): 35M, farmer, with history of falling from an ox cart one year ago and the wheel of ox cart ran on top of his back from right buttock to shoulder on with laceration on lower back. During that time he only sought treatment from traditional healer for about one week then he became better. He carried heavy logs to continue to build his house and these two months he presented with progressive weakness making him difficult to walk and raise his right arm up. The symptoms became worsen during the last 4 months. He went to Kg Thom hospital and was treated with a few unknown medicines for one month with discharging on the same day. He has normal bowel movement, normal urination, and can wear clothes by himself. No fever, no weight loss, no cough, no syncope, no HA. No insect or wild animal bite.



Past Medical History (PMH): Unremarkable

Family History: None

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

Current Medications: Traditional medicine used after accident

Allergies: NKDA

Review of Systems (ROS): Unremarkable

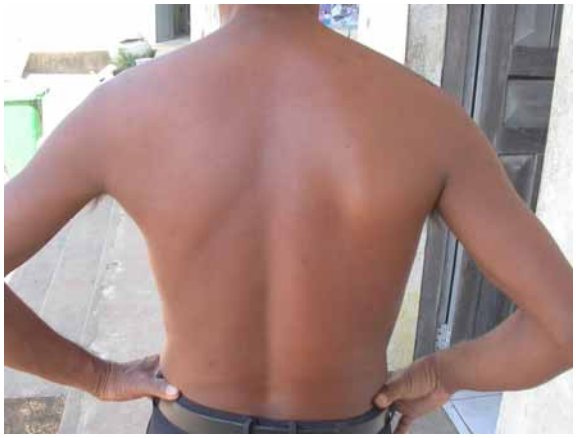
PE:

Vitals: BP: 104/77 P: 99 R: 20 T: 37^{o}C Wt: 50Kg

General: Stable, able to button his own shirt on his own, no resting tremor; able to walk on his own without assistant for short distance but limping gait.

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable, normal ear and nose exam.

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 edema, no rash, no foot wound, (+) posterior tibial and dorsalis pedis pulse

MS/Neuro: Asymmetrical clavicle and shoulder lines (see images);right scapular winging (see image); Right lattissimus dorsimuscle bulging; Full pelvic ROM; unable to raise arm fully forward, upward and outward (see image), but can move backward; DTRs +4/4 of bilateral upper and lower extremities; (+) clonus on right foot; sensory intact; good pulses upper and lower ext. bilat. +5/5 left side U/LE, +4/5 right LE, +2/5 right UE; no crepitus; **CN:** I to XII intact

Lab/study: None

Assessment:

1. Post-Traumatic Nerve Compression
2. Motor Neuron Dysfunction (from lesion compression)
3. Right Shoulder Dislocation
4. Rotator Cuff Tear
5. Hyperreflexia (thyroid dysfunction, electrolyte abnormality, brain lesion???)

Plan:

1. Refer to SHCH for surgical evaluation (all labs and studies can be done there)

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: January 6, 2010**

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

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Joseph Kvedar' ; 'Kathy Fiamma >' ; 'Paul J. M.D. Heinzelmann' ; 'Rithy Chau' ; 'Kruy Lim'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Sutton Whitaker'
Sent: Friday, January 08, 2010 2:49 PM
Subject: RE: Robib TM Clinic January 2010, Case#6, Ung Keo, 35M (Bang Korn Village)

Dear all,

Thanks for submitting this case. It is most likely a neglected plexus injury, and the patient should be presented to Dr. Phot, our orthopedic surgeon at SHCH.

Thanks
Cornelia

From: Paul Heinzelmann
To: Robib Telemedicine
Cc: Fiamma, Kathleen M. ; rithychau@sihosp.org
Sent: Thursday, January 07, 2010 6:49 AM
Subject: Re: Robib TM Clinic January 2010, Case#6, Ung Keo, 35M (Bang Korn Village)

Sovann,

excellent assessment. Winged scapula likely from damage to long thoracic nerve.... I agree that he needs to be assessed at SHCH.

Sorting out what are likely multiple problems will take some time. True shoulder dislocations are often excruciating, so not likely in my opinion.

Best
paul

Paul Heinzelmann, MD

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kathy Fiamma > ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Wednesday, January 06, 2010 8:33 PM
Subject: Robib TM Clinic January 2010, Case#7, Khorn Davy, 20F (Backdoang Village)

Dear all,

This is case number 7, Khorn Davy, 20F 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: **Khorn Davy, 20F (Backdoang Village)**

Chief Complaint (CC): Joint pain x 5y

History of Present Illness (HPI): 20F presented with symptoms of pain, warmth, stiffness on lower back joint, shoulder, elbow, wrist, knee and ankle without swelling, erythema, deformity. The pain and stiff is worse in morning and better in afternoon. She got treatment with IM injection (unknown name medicine) by local health care worker and steroid injection into left knee joint. In this year, her joint pain, stiff became worse. She denied of trauma, skin rash.

Past Medical History (PMH): Unremarkable

Family History: Mother with HTN

Social History: Stopped study 3y ago because of severe joint pain

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Normal appetite, normal bowel movement, normal urination

PE:

Vitals: **BP: 102/64** **P: 86** **R: 20** **T: 36.5^{o}C** **Wt: 48Kg**

General: 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: No edema, no rash, no lesion, all joints are normal, no erythema, no swelling, no stiffness, no warm

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

Lab/study: None

Assessment:

1. Rheumatoid arthritis?

Plan:

1. Paracetamol 500mg 1t po qid prn pain
2. Ketoprofen 200mg 1t po qd prn severe pain
3. Do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Gluco, Uric acid, RF 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: January 6, 2010**

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: Sunday, January 10, 2010 8:34 PM
Subject: RE: Robib TM Clinic January 2010, Case#7, Khorn Davy, 20F (Backdoang Village)

Thank you for this consult.

This young woman has a history of multiple joints with warmth and stiffness that are not symmetrical without trauma for 5 years. By the description below, the symptoms are monarticular (not multiple joints at the same time).
The symptoms are significant enough that she has stopped school. This could be consistent with juvenile rheumatoid arthritis, This could be a number of inflammatory arhritis conditions.

I agree with the paracetamol and ketoprofen and await the outcome of the testing.

Best of luck.

Paul Cusick

From: Robib Telemedicine
To: Rithy Chau ; Kruy Lim ; Joseph Kvedar ; Kathy Fiamma > ; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Wednesday, January 06, 2010 8:35 PM
Subject: Robib TM Clinic January 2010, Case#8, Ros Sunkun, 41F (Taing Treuk Village)

Dear all,

This is the case number 8, Ros Sokun, 41F 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: **Ros Sokun, 41F (Taing Treuk Village)**

Chief Complaint (CC): HA and neck tension x 1y

History of Present Illness (HPI): 41F presented with symptoms of HA, neck tension, dizziness, fatigue, and noticed the ants come around the urine. She didn't seek medical consultation just come to the clinic today and denied of chest pain, palpitation, blurred vision, numbness/tingling, edema, hematuria, dysuria.

Past Medical History (PMH): Unremarkable

Family History: Mother and father with HTN and DMII

Social History: No alcohol drinking, no cig smoking, 3 children

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular menstruation period, LMP on December 22, 2009, epigastric pain, burning sensation after full eating, radiate to the back, no burping, no black stool

PE:

Vitals: **BP: 128/84** **P: 82** **R: 18** **T: 36.5^{o}C** **Wt: 60Kg**

General: 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, no surgical scar

Extremity/Skin: No edema, no rash, no foot wound, (+) posterior tibial and dorsalis pedis pulse

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

Lab/study:

RBS: 296mg/dl on January 5, 2010
FBS: 257mg/dl on January 6, 2010
U/A prot 1+, gluc 2+

Assessment:

1. DMII
2. Dyspepsia

Plan:

1. Metformin 1000mg (extended release) 1t po qhs
2. Captopril 25mg 1/4t po bid
3. ASA 300mg 1/4t po qd
4. Famotidine 40mg 1t po qhs x 1month
5. Educate on diabetic diet, low salt/fats, do regular exercise and foot care
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG and 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: January 6, 2010**

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

From: Smulders-Meyer, Olga,M.D.
Sent: Thursday, January 07, 2010 11:03 PM
To: Fiamma, Kathleen M.
Subject: Re: Robib TM Clinic January 2010, Case#8, Ros Sunkun, 41F (Taing Treuk Village)

Ros Sokun is a 41 year old woman with new onset Diabetes Type 2. She is overweight, and the most important advice you should give her is to lose weight and start some aerobic exercise program to reduce her bloodsugar.
It is okay to start her on Glucophage now, as patients do not develop hypoglycemia while taking this medication.

However, if she cuts out all sugar and sweets, she might really improve her bloodsugar levels. You may need to spend a lot of time on education, but it might really pay off and control her bloodsugars so she does not have to take so many medications.

She is not hypertensive and I would not start her on a antihypertensive regiment yet, for you might cause her to be more dizzy as she becomes more hypotensive. She does have a family history of hypertension so she might become hypertensive with time, but you can just follow her. Check her Creatinine and if she has a somewhat elevated Creatinine, that might be a good reason to start Captopril then.

It will be important to make sure that het LDL is below 100, the current guideline for patients with Diabetes.

Her fatigue might well be related to her diabetes and should improve as her blood sugars are better controlled.

I am not sure what you mean when you write" she notices her ants coming out of her urine".

I agree with a trial of Famotidine for gastritis related symptoms. Can also use Tums of course. If symptoms persist, consider checking for H.Pylori and treating it if positive.

Her neck tension for one year most likely is not related to her current DM, but must be due to her work or her stress. She can take Ibuprofen or Tylenol for that.

From: Robib Telemedicine
To: Rithy Chau ; Paul J. M.D. Heinzelmann ; Kruy Lim ; Joseph Kvedar ; Kathy Fiamma >
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Wednesday, January 06, 2010 8:38 PM
Subject: Robib TM Clinic January 2010, Case#9, Seung Samith, 63M (Sre Thom Village)

Dear all,

This is the case number 9, Seung Samith, 63M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

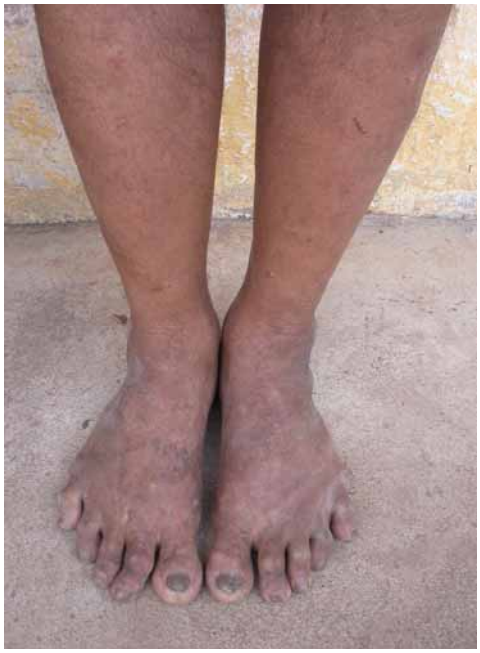
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Seung Samith, 63M (Sre Thom Village)

Chief Complaint (CC): Joint pain x 6y

History of Present Illness (HPI): 63M, farmer, presented with bilateral knee joint pain, swelling, warmth, erythema, and stiffness, he bought medicine from local pharmacy then it became better in a few weeks. The above symptoms presented to other joints as ankle, elbow, wrist and small joint as fingers and toes. He didn't seek medical consultation but only bought medicine from pharmacy when his symptoms were worse. In these two years, he has took RHUMDOL and DICLODOL at lease a few days per week to release attack and noticed that his face became swell and increased weight. He denied of fever, cough, SOB, stool with blood/mucus, dysuria, oliguria, and edema.



Past Medical History (PMH): Unremarkable

Family History: Father with joint disease

Social History: Drinking alcohol 1/2L/d, stopped 6y; smoking 20cig/d, stopped 2months

Current Medications: 1t of each drug per day

RHUMADOL (R) contains :

1. Dexamethasone 0.5mg
2. Indomethacin 25mg
3. Vit B1 50mg
4. Vit B6 25mg
5. Vit B12 100mg
6. Mg trisilicate 200mg

DICLODOL (R) contains :

1. Paracetamol 500mg
2. Diclofenac 50mg

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 130/704 P: 70 R: 20 T: 37^{o}C Wt: 76Kg

General: 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, no surgical scar

Extremity/Skin: No edema, no lesion; all joints no erythema, no swelling, no warmth, no stiffness, deviated toes, (+) dorsalis pedis and post tibial pulse

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

Lab/study: None

Assessment:

1. Gouty arthritis

Plan:

1. Paracetamol 500mg 1t po qid prn pain
2. Ketoprofen 200mg 1t po qd prn severe pain
3. Eat low protein/salt/fats diet and do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, Uric acid, ESR and RF 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: January 6, 2010**

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

No answer replied

From: Robib Telemedicine
To: Rithy Chau ; Kruy Lim ; Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Wednesday, January 06, 2010 8:43 PM
Subject: Robib TM Clinic January 2010, Case#10, Tep Tam, 74M (Bos Village)

Dear all,

This is case number 10, Tep Tam, 74M 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: Tep Tam, 74M (Bos Village)

Chief Complaint (CC): Retrosternal burping pain x 1month

History of Present Illness (HPI): 74M, farmer, presented with symptoms of retrosternal burning pain about one hour after eating, radiating upward and back, relived by antacid and accompanying symptoms of HA, neck tension, dizziness, and denied of SOB, fever, orthopnea, edema, dysuria, oliguria, stool with blood/mucus.

Past Medical History (PMH): Unremarkable

Family History: Brother with abdominal mass, died 3y

Social History: Alcohol drinking 1/2L/d, stopped 8y, smoking 10cig/d

Current Medications: Antacid

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 160/90 (bilateral) P: 71 R: 20 T: 36.5^{o}C Wt: 43Kg

General: 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 surgical 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:

U/A prot trace

Assessment:

1. Dyspepsia
2. HTN

Plan:

1. Famotidine 40mg 1t po qd for one month
2. HCTZ 50mg 1/2t po qd
3. Eat low salt/fats diet, do regular exercise
4. 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: January 6, 2010**

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>
Cc: <robibtelemed@gmail.com>
Sent: Sunday, January 10, 2010 8:35 PM
Subject: RE: Robib TM Clinic January 2010, Case#10, Tep Tam, 74M (Bos Village)

Thank you for the consult.

This patient's symptoms sound like non ulcer dyspepsia (gastric irritation) or gastroesophageal reflux.
In addition to the famotadine, he needs to stop smoking, avoid spicy food, caffeine, alcohol and to eat bland foods.

I also agree with treating his hypertension with the diuretic.
He needs to eat a diet low in sodium/salt.

Best of luck. Paul Cusick

From: Robib Telemedicine
Date: Wed, Jan 6, 2010 at 8:54 PM
Subject: Robib TM Clinic January 2010, Case#11, Kong Nareun, 34F (Taing Treuk Village)
To: Kruy Lim; "Paul J. M.D. Heinzelmann"; Kathy Fiamma; Joseph Kvedar; Rithy Chau
Cc: Bernie Krisher; Sothero Noun; Laurie & Ed Bachrach; Sutton Whitaker

Dear all,

This is the last case for Robib TM Clinic January 2010, Kong Nareun, 34F and photos. The previous EKG, CXR and Cardiac echo and patient data also sent to you.

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

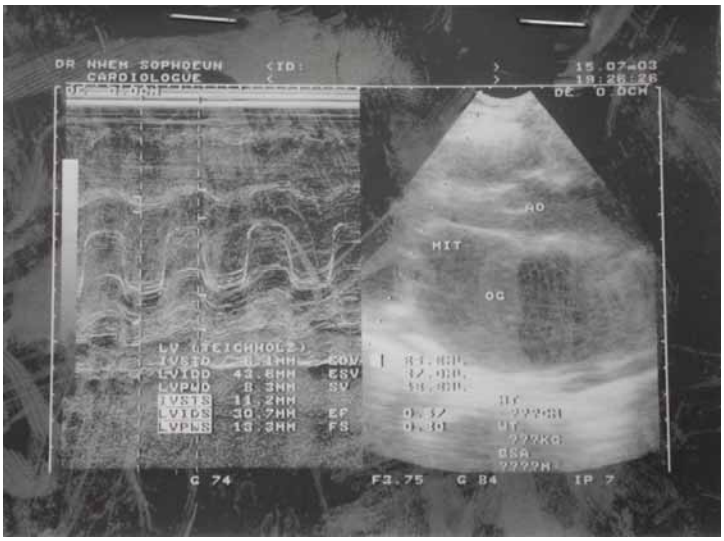
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Kong Nareun, 34F (Taing Treuk Village)

Subjective: 34F with diagnosis of Moderate MS with severe TR, Biatrium dilation, Severe pulmonary HTN per 2D echo on October 2006 and has being treated with Atenolol 50mg 1/2t po bid, Furosemide 20mg 1t po bid. In these three months, she has presented with frequent dizziness, cold extremity, diaphoresis, palpitation and sometimes her heart beat really slow, she went to get treatment from local health care worker with some injection when her symptoms really worse, She denied of orthopnea, fever, cough, dysuria, oliguria, edema.



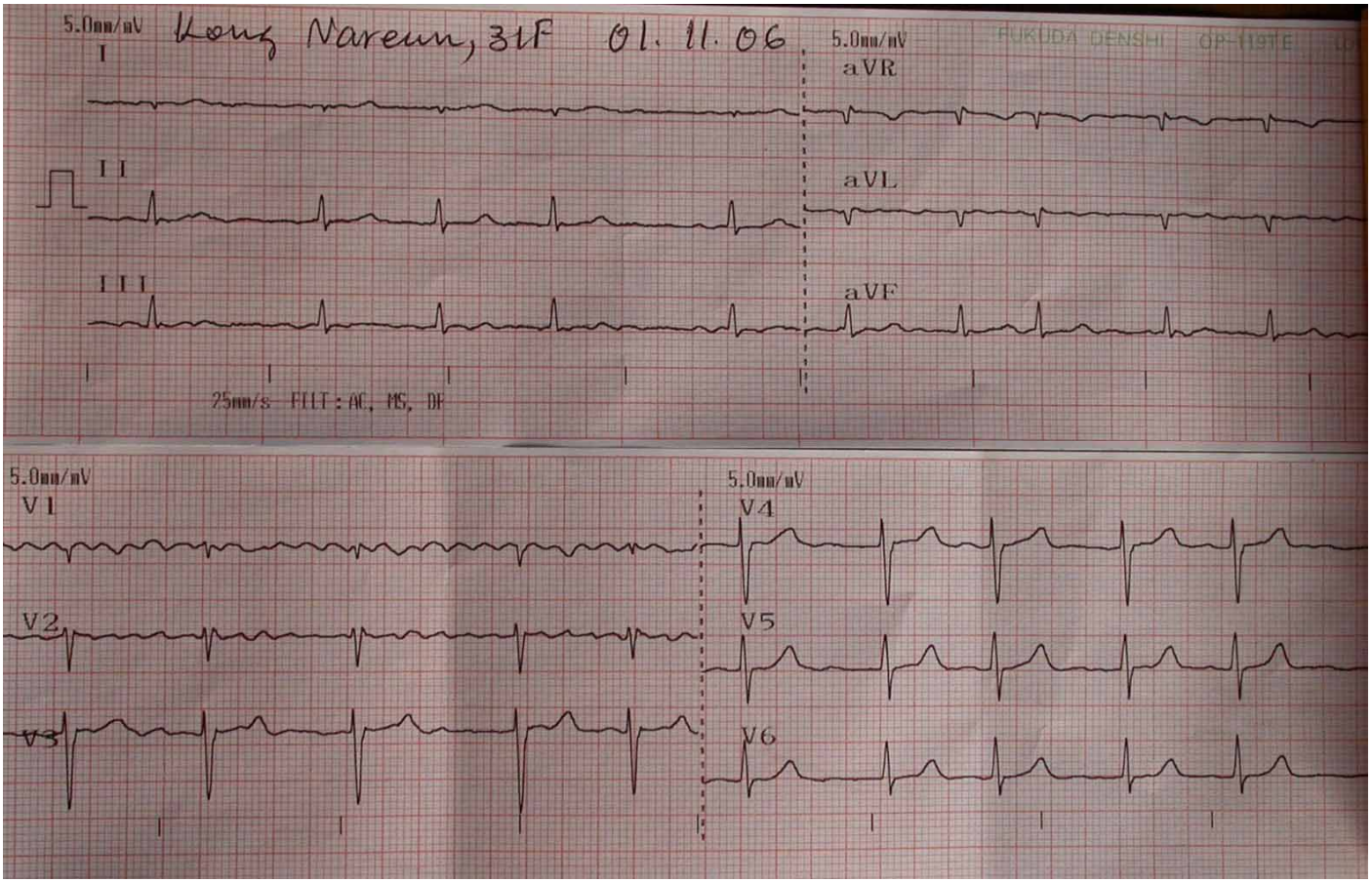
Allergies: NKDA

Objective:

VS: BP: 91/70 P: 68 R: 20
T: 36.5 Wt: 50kg

PE (focused):

General: Look stable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Kong Nareun, 31F 01.11.06
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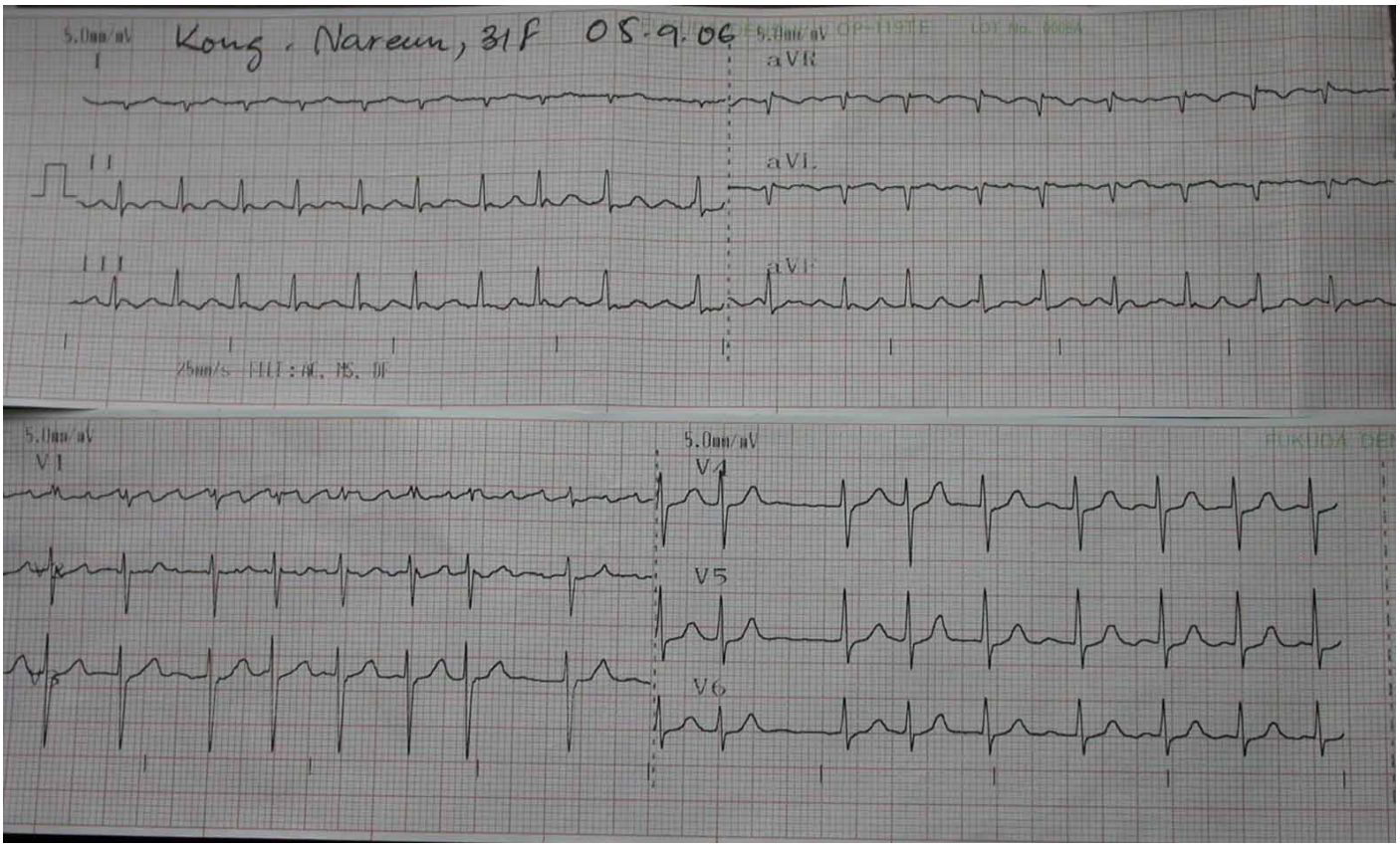
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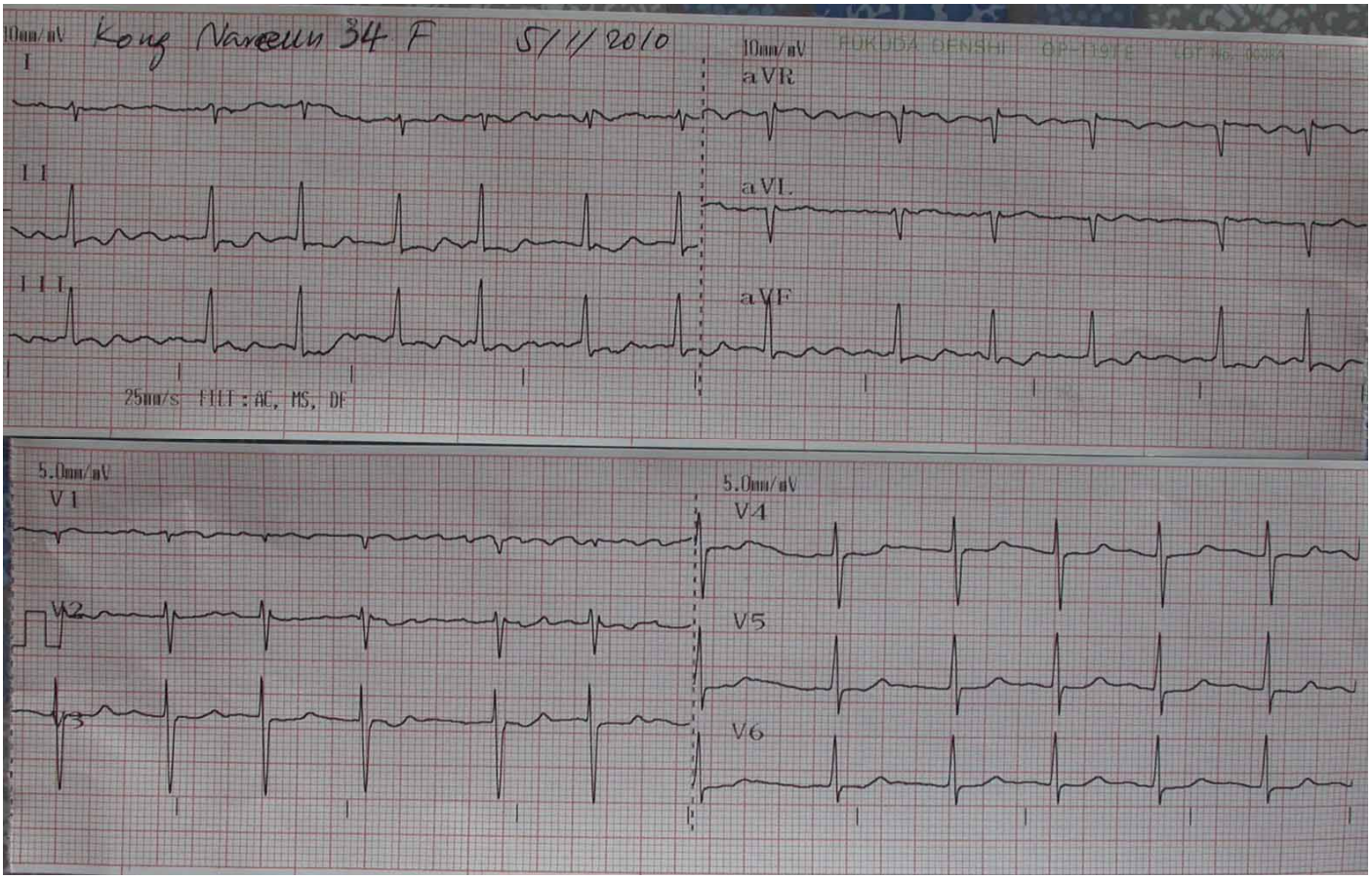
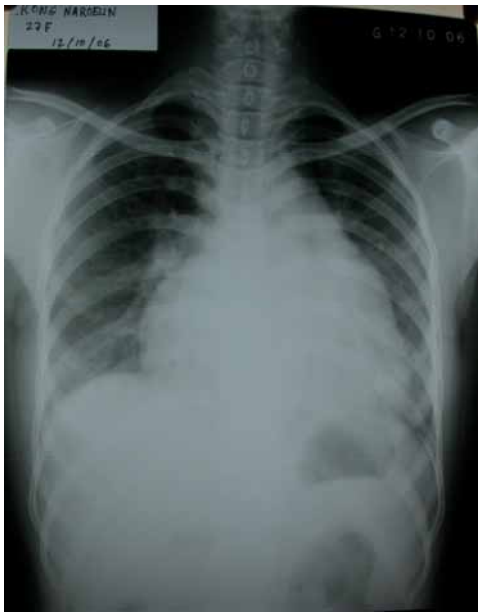


HEENT: No oropharyngeal lesion, pink conjunctiva, no mass, no lymph node palpable, no bruit, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; H regular rate, irregular rhythm 2 normal beats with one slow beat, strong and weak beat, no murmur



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

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

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

Labs/Studies:

Photos of Previous and current EKG, CXR and 2D echo attached

Assessment:

1. Moderate MS with severe TR
2. Biatrium dilation
3. Severe pulmonary HTN

Plan:

1. Digoxin 0.25mg 1t po qd

2. Spironolactone 25mg 1/2t po qd
3. ASA 300mg 1/4t po qd
4. Furosemide 20mg 1t po bid
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

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

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

Examined by: Nurse Peng Sovann **Date: January 6, 2010**

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

No answer replied

From: Robib Telemedicine
To: Kathy Fiamma >
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Rithy Chau
Sent: Thursday, January 07, 2010 9:06 PM
Subject: Cases received for Robib TM Clinic January 2010

Dear Kathy,

I have received the answer of 6 cases from you and below are cases received:
Case#1, Chun Phallith, 13F
Case#2, Tey Saven, 24F
Case#3, Puth Am, 76F
Case#4, Sam Khim, 50F
Case#5, Say Dorn, 59M
Case#6, Ung Keo, 35M

Please send me the answer of remaining cases. Thank you for the answer to the cases of Robib TM Clinic January 2010.

Best regards,
Sovann

Thursday, January 7, 2010

Follow-up Report for Robib TM Clinic

There were 10 new and 1 follow up patients seen during this month Robib TM Clinic, other 55 patients came for medication refills only and 35 new patients seen by PA Rithy for minor problems without sending data. The data of all 11 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 January 2010

1. Chun Phallith, 13F (Sre Thom Village)
Diagnosis:

1. Chronic Infected wound, possible mastoiditis vs. Meilioidosis?? (Right ear)
2. Right Chronic Otitis Media (with TM perforation)

Treatment:

1. Augmentin 875mg 1t po bid x 15d (#30)
2. Cotrimoxazole 960mg 1t po bid x 1 month (#60)
3. Ketoprofen 200mg 1t po qd prn pain (#20)
4. Refer back to Kuntha Bopha hospital in Siem Reap

2. Tey Saven, 24F (Sre Thom Village)
Diagnosis:

1. Tooth abscess with 2nd cellulitis?
2. Dental caries

Treatment:

1. Augmentin 875mg 1t po bid x 2 weeks (#28)
2. Ketoprofen 200mg 1t po qd prn x 2weeks (#14)

3. Puth Am, 76F (Sre Thom Village)
Diagnosis:

1. Right side stroke with left side weakness
2. Goiter

Treatment: (Patient didn't come for blood drawing)

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, tot chol, TG and TSH at SHCH

4. Sam Khim, 50F (Taing Treuk Village)
Diagnosis:

1. DMII
2. UTI

Treatment:

1. Metformin 1000mg (extended release) 1t po qhs (#35)
2. Captopril 25mg 1/4t po bid (#20)
3. Ciprofloxacin 500mg 1t po bid x 5d (#10)
4. Educate on diabetic diet, eat low salt/fats diet, do regular exercise and foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc and HbA1C at SHCH

Lab result on January 8, 2010

WBC	=10.0	[4 - 11x10^9/L]	Na	=134	[135 - 145]
RBC	=3.9	[3.9 - 5.5x10^{12}/L]	K	=2.7	[3.5 - 5.0]
Hb	=12.0	[12.0 - 15.0g/dL]	Cl	=104	[95 - 110]
Ht	=35	[35 - 47%]	BUN	=1.3	[0.8 - 3.9]
MCV	=89	[80 - 100fl]	Creat	=89	[44 - 80]
MCH	=31	[25 - 35pg]	Gluc	=22.3	[4.2 - 6.4]
MHCH	=35	[30 - 37%]	HbA1C	=12.7	[4 – 6]
Plt	=207	[150 - 450x10^9/L]			
Lym	=4.5	[1.0 - 4.0x10^9/L]			
Mxd	=0.3	[0.1 - 1.0x10^9/L]			
Neut	=5.2	[1.8 - 7.5x10^9/L]			

5. Say Dorn, 59M (Rovieng Cheung Village)
Diagnosis:

1. Parotid gland tumor?
2. Lymphoma?
3. Rhinopharyngeal carcinoma?

Treatment:

1. Refer to SHCH for surgical consultation for biopsy, possible mass removal
2. Paracetamol 500mg 1t po qid prn pain (#30)

6. Ung Keo, 35M (Bang Korn Village)
Diagnosis:

1. Post-Traumatic Nerve Compression
2. Motor Neuron Dysfunction (from lesion compression)
3. Rotator Cuff Tear
4. Hyperreflexia (thyroid dysfunction, electrolyte abnormality, brain lesion???)

Treatment:

1. Refer to SHCH for surgical evaluation (all labs and studies can be done there)

7. Khorn Davy, 20F (Backdoang Village)
Diagnosis:

1. Rheumatoid arthritis?

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (#30)
2. Ketoprofen 200mg 1t po qd prn severe pain (#20)
3. Do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Gluco, Uric acid, RF at SHCH

Lab result on January 8, 2010

WBC	=5.2	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=4.9	[3.9 - 5.5x10^{12}/L]	K	=3.3	[3.5 - 5.0]
Hb	=10.8	[12.0 - 15.0g/dL]	Cl	=113	[95 - 110]
Ht	=34	[35 - 47%]	BUN	=1.2	[0.8 - 3.9]
MCV	=70	[80 - 100fl]	Creat	=70	[44 - 80]
MCH	=22	[25 - 35pg]	Gluc	=6.1	[4.2 - 6.4]

MHCH	=32	[30 - 37%]	Uric acid	=254	[140 – 340]
Plt	=338	[150 - 450x10^9/L]	RF	= negative	
Lym	=1.7	[1.0 - 4.0x10^9/L]			

8. Ros Sokun, 41F (Taing Treuk Village)
Diagnosis:

1. DMII
2. Dyspepsia

Treatment:

1. Metformin 1000mg (extended release) 1t po qhs (#35)
2. Captopril 25mg 1/4t po bid (#20)
3. Famotidine 40mg 1t po qhs x 1month (#30)
4. Educate on diabetic diet, low salt/fats, do regular exercise and foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc and HbA1C at SHCH

Lab result on January 8, 2010

WBC	=10.0	[4 - 11x10^9/L]	Na	=137	[135 - 145]
RBC	=4.1	[3.9 - 5.5x10^{12}/L]	K	=4.4	[3.5 - 5.0]
Hb	=12.0	[12.0 - 15.0g/dL]	Cl	=106	[95 - 110]
Ht	=35	[35 - 47%]	BUN	=1.3	[0.8 - 3.9]
MCV	=86	[80 - 100fl]	Creat	=69	[44 - 80]
MCH	=29	[25 - 35pg]	Gluc	=13.9	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	HbA1C	=9.7	[4 – 6]
Plt	=310	[150 - 450x10^9/L]			
Lym	=3.7	[1.0 - 4.0x10^9/L]			
Mxd	=1.9	[0.1 - 1.0x10^9/L]			
Neut	=4.4	[1.8 - 7.5x10^9/L]			

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

1. OA?
2. RA?
3. Gouty arthritis?

Treatment: (patient didn't come for blood drawing)

1. Paracetamol 500mg 1t po qid prn pain (#30)
2. Ketoprofen 200mg 1t po qd prn severe pain (#20)
3. Eat low protein/salt/fats diet and do regular exercise
4. Send for hands/feet x-rays in K Thom
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chol, TG, Uric acid, ESR and RF at SHCH

10. Tep Tam, 74M (Bos Village)
Diagnosis:

1. Dyspepsia
2. HTN

Treatment:

1. Famotidine 40mg 1t po qd for one month (#30)
2. HCTZ 50mg 1/2t po qd (#20)
3. Eat low salt/fats diet, do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chol, TG at SHCH

Lab result on January 8, 2010

WBC	=7.6	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=5.3	[4.6 - 6.0x10^{12}/L]	K	=4.4	[3.5 - 5.0]
Hb	=13.6	[14.0 - 16.0g/dL]	Cl	=108	[95 - 110]
Ht	=42	[42 - 52%]	BUN	=2.2	[0.8 - 3.9]

MCV	=78	[80 - 100fl]	Creat	=108	[53 - 97]
MCH	=26	[25 - 35pg]	Gluc	=5.3	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=4.8	[<5.7]
Plt	=179	[150 - 450x10^9/L]	TG	=2.2	[<1.7]
Lym	=2.9	[1.0 - 4.0x10^9/L]			

11. Kong Nareun, 34F (Taing Treuk Village)
Diagnosis:

1. Moderate MS with severe TR
2. Atria dilation
3. Severe pulmonary HTN
4. Dyspepsia (hx)

Treatment:

1. Atenolol 25mg 1/2t po qd (#20)
2. Spironolactone 25mg 1t po qd (#30)
3. ASA 300mg 1/4t po qd (#10)
4. Furosemide 20mg 1t po bid (#60)
5. Famotidine 40mg 1t po qhs (#30)
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on January 8, 2010

WBC	=7.4	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=4.8	[3.9 - 5.5x10^{12}/L]	K	=4.4	[3.5 - 5.0]
Hb	=11.6	[12.0 - 15.0g/dL]	Cl	=107	[95 - 110]
Ht	=36	[35 - 47%]	BUN	=1.5	[0.8 - 3.9]
MCV	=76	[80 - 100fl]	Creat	=105	[44 - 80]
MCH	=24	[25 - 35pg]	Gluc	=4.8	[4.2 - 6.4]
MHCH	=32	[30 - 37%]			
Plt	=262	[150 - 450x10^9/L]			
Lym	=2.7	[1.0 - 4.0x10^9/L]			

Patients who come for follow up and refill medicine

1. Ban Lay, 34F (Koh Pon Village)
Diagnosis:

1. Diffuse goiter
2. Euthyroid goiter

Treatment:

1. Propranolol 40mg 1/2t po bid for three months (#90)
2. Carbimazole 5mg 1/2t po bid for three months (#90)

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

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45)

3. Chan Oeung, 57M (Sangke Roang Village)
Diagnosis:

1. HTN
2. Arthritis

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (#45)

2. Ketoprofen 200mg 1t po qd prn severe pain for three months (# 50)
3. Paracetamol 500mg 1t po qid prn pain for three months (# 50)

4. Chan Khem, 58F (Taing Treuk Village)
Diagnosis
1. HTN

Treatment
1. HCTZ 50mg 1/2t po qd for four months (# 60)

5. 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 25mg 1t po qd for three months (#90)

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

Treatment
1. Metformin 1000mg 1t po qhs for one month (#30)
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 Gluc and HbA1C at SHCH

Lab result on January 8, 2010

Gluc	=7.5	[4.2 - 6.4]
HbA1C	=10.6	[4 - 6]

7. Chheng Soth, 29F (Trapang Reusey Village)
Diagnosis:
1. Pericanalicular fibroadenoma of Left breast (histology on Dec 23, 2009)

Treatment:
1. Follow up prn

8. Chhim Paov, 50M (Boeung Village)
Diagnosis:
1. GOUT
2. HTN

Treatment:
1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. Ketoprofen 200 mg 1t po qd prn for three months (#50)
3. Paracetamol 500mg 1t po qid prn pain for three months (#50)

9. 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 bid

10. Chourb Kimsan, 56M (Rovieng Tbong Village)
Diagnosis:

1. HTN
2. Right Side stroke with left side weakness
3. DMII

Treatment:

1. Atenolol 50mg 1/2t po bid for two months (buy)
2. Captopril 25mg 1t po tid for two months (buy)
3. ASA 300mg 1/4t po qd for two months (#15)
4. Metformin 1000mg 1t po qhs for two months (#60)
5. Glibenclamide 5mg 1t po qd for two months (buy)

11. 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. Ketoprofen 200mg 1t po qd prn severe pain for three months (# 50)
4. Paracetamol 500mg 1t po 1q6h prn pain/fever for three months (# 50)
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chol, TG at SHCH

Lab result on January 8, 2010

WBC	=8.5	[4 - 11x10^{9}/L]	Na	=143	[135 - 145]
RBC	=4.7	[4.6 - 6.0x10^{12}/L]	K	=4.7	[3.5 - 5.0]
Hb	=14.0	[14.0 - 16.0g/dL]	Cl	=114	[95 - 110]
Ht	=43	[42 - 52%]	BUN	=4.0	[0.8 - 3.9]
MCV	=92	[80 - 100fl]	Creat	=150	[53 - 97]
MCH	=30	[25 - 35pg]	Gluc	=5.9	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=8.5	[<5.7]
Plt	=216	[150 - 450x10^{9}/L]	TG	=4.7	[<1.7]
Lym	=2.4	[1.0 - 4.0x10^{9}/L]			

12. Heang Norm, 64F (Ta Tong Village)
Diagnosis:

1. COPD

Treatment:

1. Salbutamol Inhaler 2puffs bid for two months (#1)

13. Heng Chan Ty, 49F (Ta Tong Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1/2t po bid for two months (#60)

14. Kim Sam, 84F (Rovieng Tbong Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (#30)
2. ASA 300mg 1/4t po qd for two months (buy)

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

1. DMII
2. HTN

Treatment:

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

Lab result on January 8, 2010

Gluc	=5.5	[4.2 - 6.4]
HbA1C	=6.6	[4 – 6]

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

1. HTN
2. DMII

Treatment:

1. HCTZ 50mg 1/2t po qd for four months (# 60)
2. ASA 300mg ¼ t po qd for four months (# buy)
3. Captopril 25mg ¼ t po qd for four months (# buy)
4. Glibenclamide 5mg 1t po bid for four months (# buy)
5. Metformin 1000mg 1t po qhs for four months (#120)

17. Lay Lai, 28F (Taing Treuk Village)
Diagnosis:

1. Tachycardia

Treatment:

1. Propranolol 40mg 1t po bid for two months (# 120)

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

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

Treatment:

1. Amlodipine 5mg 1t po qd for two months (# 60)
2. Atenolol 50mg 1t po q12h for two months (# 120)
3. HCTZ 50mg 1/2t po qd for two months (# 30)
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 (# 50)

19. Meas Lam Phy, 57M (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 1000mg 1t po qhs (#30)

20. Moeung Srey, 42F (Thnout Malou Village)
Diagnosis

1. HTN

Treatment

1. Captopril 25mg 1t po bid for two months (# 120)

21. Nung Bopha, 45F (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

1. Gliburide/Metformin 2.5mg/500mg 2t po bid for three months (#360)
2. Captopril 25mg 1/4t po bid for three months (#buy)
3. ASA 300mg 1/4t po qd for three months (#buy)

22. Nung Chhun, 70F (Ta Tong Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for four months (# 240)
2. Metformin 1000mg 1t po qhs for four months (#120)
3. Enalapril 5mg 1/2t po qd for four months (# 60)
4. ASA 300mg 1/4t po qd for four months (buy)

23. Nong Kim Chheang, 57M (Rovieng Cheung Village)
Diagnosis:

1. IHD
2. MR
3. Kidney stone

Treatment:

1. Captopril 25mg 1/4t po bid for two months (#30)
2. Atenolol 50mg 1/2t po qd for two months (#30)
3. ASA 300mg 1/4t po qd for two months (#15)

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)
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chol, and TG at SHCH

Lab result on January 8, 2010

WBC	=7.2	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=4.6	[3.9 - 5.5x10^{12}/L]	K	=3.8	[3.5 - 5.0]
Hb	=12.9	[12.0 - 15.0g/dL]	Cl	=110	[95 - 110]
Ht	=39	[35 - 47%]	BUN	=1.8	[0.8 - 3.9]
MCV	=85	[80 - 100fl]	Creat	=90	[44 - 80]
MCH	=28	[25 - 35pg]	Gluc	=6.2	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	Tot chol	=4.2	[<5.7]
Plt	=201	[150 - 450x10^9/L]	TG	=1.3	[<1.7]
Lym	=2.3	[1.0 - 4.0x10^9/L]			

25. Pang Sidoeun, 31F (Rovieng Tbong Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (#30)

26. Pech Huy Keung, 48M (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for four months (#120)
2. Captopril 25mg 1/4t po bid four months (#30)
3. ASA 300mg 1/4t po qd four months (#15)

27. Phim Sichin, 35F (Taing Treuk Village)
Diagnosis:

1. DMII with PNP
2. LVH
3. TR/MS
4. Thalassemia

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (#240)
2. Metformin 500mg 3t qAM, 2t po qPM for two months (#300)
3. Captopril 25mg 1/4t po bid for two months (#30)
4. MTV 1t po bid for two months (#120)
5. Amitriptylin 25mg 1/2t po qhs (#35)

28. Prum Norn, 56F (Thnout Malou Village)
Diagnosis:

1. Liver cirrhosis with PHTN
2. HTN
3. Hypocromic Microcytic Anemia
4. Hypertrophic Cardiomyopathy
5. Renal Failure

Treatment:

1. Spironolactone 25mg 1t po qd for two months (#60)
2. FeSO4/Folate 200/0.25mg 1t po qd for two months (#60)
3. Folic acid 5mg 1t po qd for two months (#60)
4. MTV 1t po qd for two months (#60)

29. Prum Vandy, 49F (Taing Treuk Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po bid (#70)
2. Propranolol 40mg 1/4t po bid (#20)

30. Prum Maly, 53F (Backdoang Village)
Diagnosis:

1. Euthyroid goiter

Treatment:

1. Draw blood for TSH and Free T4 at SHCH

Lab result on January 8, 2010

TSH	=0.56	[0.27 - 4.20]
Free T4	=18.81	[12.00 - 22.00]

31. Rim Sopheap, 32F (Doang Village)
Diagnosis:

1. Dilated Cardiomyopathy with EF 32% with PR

Treatment:

1. Captopril 25mg 1/4t po bid for two months (#30)
2. ASA 300mg 1/4t po qd for two months (buy)
3. MTV 1t po qd for two months (#60)
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chol and TG at SHCH

Lab result on January 8, 2010

WBC	=6.6	[4 - 11x10^{9}/L]	Na	=138	[135 - 145]
RBC	=5.0	[3.9 - 5.5x10^{12}/L]	K	=3.7	[3.5 - 5.0]
Hb	=13.1	[12.0 - 15.0g/dL]	Cl	=109	[95 - 110]
Ht	=39	[35 - 47%]	BUN	=1.3	[0.8 - 3.9]
MCV	=79	[80 - 100fl]	Creat	=100	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=5.1	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	Tot chol	=4.2	[<5.7]
Plt	=276	[150 - 450x10^{9}/L]	TG	=1.8	[<1.7]
Lym	=2.9	[1.0 - 4.0x10^{9}/L]			

32. Ros Oeun, 50F (Thnout Malou Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 11/2t po bid for one month (buy)
2. Metformin 1000mg 2t po qd 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 (buy)
5. Draw blood for Gluc and HbA1C at SHCH

Lab result on January 8, 2010

Na	=138	[135 - 145]
K	=4.2	[3.5 - 5.0]
Cl	=106	[95 - 110]
BUN	=1.3	[0.8 - 3.9]
Creat	=93	[44 - 80]
Gluc	=12.0	[4.2 - 6.4]
T. Chol	=5.2	[<5.7]
TG	=6.7	[<1.71]
HbA1C	=3.8	[4 – 6]

33. Roth Ven, 53M (Thkeng Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Metformin 1000mg (extended release) 1t po qhs for two months (#60)
3. Captopril 25mg 1/4t po qd for two months (#15)
4. ASA 300mg 1/4t po qd for two months (#15)

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

1. Cardiomegaly by CXR
2. MR
3. Right kidney stone by ultrasound

Treatment:

1. Atenolol 50mg 1t po qd for three months (buy)
2. ASA 300mg 1/4t po qd for three months (#23)

35. 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 1t po bid 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 Gluc and HbA1C at SHCH

Lab result on January 8, 2010

Gluc	=5.3	[4.2 - 6.4]
HbA1C	=6.7	[4 - 6]

36. So On, 80F (Thnout Malou Village)
Diagnosis:

1. HTN
2. Joint pain
3. Anemia

Treatment:

1. HCTZ 50mg 1/2t po po qd for three months (# 45)
2. Paracetamol 500mg 1t po qid prn pain/fever for three months (# 30)
3. MTV 1t po qd for three months (#90)
4. FeSO4/Folate 200/0.25mg 1t po qd for three months (#90)

37. Som An, 50F (Rovieng Tbong)
Diagnosis

1. HTN

Treatment

1. Atenolol 50mg 1/2t po bid for four months (# 120)
2. HCTZ 50mg 1t po qd for four months (# 120)

38. Som Thol, 59M (Taing Treuk Village)
Diagnosis:

1. DMII with PNP
2. Right foot wound

Treatment:

1. Glibenclamide 5mg 11/2t po qAM and 1t po qPM for one month (#80)
2. Metformin 500mg 2t po bid for one month (#120)
3. Enalapril 5mg 1/2t po qd for one month (#15)
4. ASA 300mg ¼t po qd for one month (#8)

39. 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)

40. Srey Reth, 51F (Kampot Village)
Diagnosis:

1. Migraine HA

Treatment:

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

41. So Hourt, 74M (Thkeng Village)
Diagnosis:

1. GERD

Treatment:

1. Omeprazole 20mg 1t po qhs for one month (#30)

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

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (#45)

43. So Se, 37F (Trapang Toeum Village)
Diagnosis:

1. Dyspepsia

Treatment:

1. Famotidine 40mg 1t po qhs for one month (#30)

44. So Sok San, 24F (Thnal Keng Village)
Diagnosis:

1. Nephrotic Syndrome

Treatment:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chol, Albumin, Prot at SHCH

Lab result on January 8, 2010

WBC	=6.7	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=4.5	[3.9 - 5.5x10^{12}/L]	K	=3.5	[3.5 - 5.0]
Hb	=13.5	[12.0 - 15.0g/dL]	Cl	=114	[95 - 110]
Ht	=39	[35 - 47%]	BUN	=3.1	[0.8 - 3.9]
MCV	=87	[80 - 100fl]	Creat	=77	[44 - 80]
MCH	=30	[25 - 35pg]	Gluc	=4.8	[4.2 - 6.4]
MHCH	=35	[30 - 37%]	T. Chol	=21.3	[<5.7]
Plt	=449	[150 - 450x10^9/L]	Prot	=42	[66 - 87]

Lym =2.4 [1.0 - 4.0x10^9/L] Albu =21 [38 - 54]

45. Sok Tem Ra, 25M (Thnal Keng Village)
Diagnosis:
1. Anemia

Treatment:
1. FeSO4/Folate 200/0.25mg 1t po bid (#60)
2. MTV 1t po bid (#60)

46. Tann Kim Hor, 56F (Rovieng Cheung Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po bid for one month (#60)
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 January 8, 2010

Gluc =9.7 [4.2 - 6.4]
HbA1C =7.6 [4 - 6]

47. Thon Vansoeun, 52F (Backdoang Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 50mg 1/2t po qd for two months (#30)
2. ASA 300mg 1/4t po qd for two months (#15)

48. Thorng Khun, 43F (Thnout Malou Village)
Diagnosis:
1. Hyperthyroidsim
2. Sciatica
3. Vit Deficiency
4. Right buttock infected wound

Treatment:
1. Carbimazole 5mg 1/2t po bid (#40)
2. Paracetamol 500mg 1t po qid prn pain (#20)
3. Ketoprofen 200mg 1t po qd prn severe pain (#20)
4. MTV 1t po qd (#30)

49. Tith Hun, 56F (Ta Tong Village)
Diagnosis:
1. HTN

Treatment:
1. Enalapril 5mg 1t po qd for one month (# 30)
2. Atenolol 50mg 1/2t po bid for one month (# 30)

50. Tith Pov, 70F (Taing Treuk Village)
Diagnosis:
1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 1t po bid for three months (#180)
2. Captopril 25mg 1/4t po bid for three months (#45)
3. ASA 300mg 1/4t po qd for three months (#23)
4. Amitriptyline 25mg 1/4t po qhs for three months (#23)

51. Toun Keun, 23F (Bang Korn Village)
Diagnosis:

1. VHD (Severe MS/TR/TS)
2. Mild MR with EF 45%

Treatment:

1. Digoxin 0.25mg 1t po qd (#40)
2. Furosemide 40mg 1t po qd (#30)
3. MTV 1t po qd (#40)
4. FeSO4/Folate 200/0.25mg 1t po bid (#70)
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, tot chol and TG at SHCH

Lab Result on January 8, 2010

WBC	=4.5	[4 - 11x10^9/L]	Na	=141	[135 - 145]
RBC	=3.8	[3.9 - 5.5x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=9.4	[12.0 - 15.0g/dL]	Cl	=108	[95 - 110]
Ht	=31	[35 - 47%]	BUN	=2.5	[0.8 - 3.9]
MCV	=82	[80 - 100fl]	Creat	=91	[44 - 80]
MCH	=25	[25 - 35pg]	Gluc	=5.1	[4.2 - 6.4]
MHCH	=31	[30 - 37%]			
Plt	=139	[150 - 450x10^9/L]			
Lym	=1.3	[1.0 - 4.0x10^9/L]			
Mxd	=0.7	[0.1 - 1.0x10^9/L]			
Neut	=2.5	[1.8 - 7.5x10^9/L]			

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

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformine 500mg 1t po bid for one month (#60)
3. Draw blood for Gluc and HbA1C at SHCH

Lab result on January 8, 2010

Gluc	=12.6	[4.2 - 6.4]
HbA1C	=9.2	[4 - 6]

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

1. HTN

Treatment

1. Atenolol 50mg 1/2t po bid for three months (#90)
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab Result on January 8, 2010

WBC	=4.8	[4 - 11x10^9/L]			
RBC	=4.0	[3.9 - 5.5x10^{12}/L]			
Hb	=12.0	[12.0 - 15.0g/dL]			
Ht	=37	[35 - 47%]	BUN	=1.5	[0.8 - 3.9]
MCV	=91	[80 - 100fl]	Creat	=89	[44 - 80]

MCH	=30	[25 - 35pg]	Gluc	=7.9	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=5.7	[<5.7]
Plt	=228	[150 - 450x10^9/L]	TG	=1.6	[<1.71]
Lym	=2.2	[1.0 - 4.0x10^9/L]			

54. Vong Yan, 72F (Boeung Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 50mg 1t po qd for two months (#60)

55. Yin Hun, 72F (Taing Treuk Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 50mg 1/2t po qd for three months (#45)

Patients seen by PA Rithy Chau without sending data

1. Thean Sophea, 24M (Anlong Svay Village)
Diagnosis:
1. PUD
2. Parasititis

Treatment:
1. Amoxicillin 500mg 2t po bid x 14d (#56)
2. Metronidazole 250mg 2t po bid x 14d (#56)
3. Omeprazole 20mg 1t po bid x 14d (#28)
4. Metoclopramide 10mg 1t po bid x 14d (#28)
5. Mebendazole 100mg 5t chew qhs (#5)

2. So Sarim, 73F (Koh Pon Village)
Diagnosis:
1. Elevated BP
2. Cachexia
3. Parasititis

Treatment:
1. MTV 1t po qd (#100)
2. Mebendazole 100mg 5t chew qhs (#5)

3. Chhim Vichara, 17F (Koh Pon Village)
Diagnosis:
1. Pneumonia
2. GERD
3. Parasititis

Treatment:
1. Erythromycin 100/2.5cc 12.5cc po bid (#5)
2. Paracetamol 500mg 1t po qid prn (#30)
3. Omeprazole 20mg 1t po qhs x 30d (#30)
4. Metoclopramide 10mg 1t po qhs x 15d (#15)
5. Mebendazole 100mg chew 5t qhs (#5)
6. FeSO4 200mg 1t po qd (#60)

4. Kong Kum, 26F (Taing Treuk Village)
Diagnosis:

1. Tinea Versicolor?
2. Vertiligo

Treatment:

1. Ciclopirox 0.77% apply bid (#4)
2. Sunblock

5. Yim Sophon, 27F (Damnak Chen Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Constipation
4. Tinea Versicolor

Treatment:

1. Ranitidine 300mg 1t po qhs (#30)
2. Mebendazole 100mg chew 5t qhs (#5)
3. Increased fiber and water 2-3L/d
4. Ciclopirox apply bid (#3)

6. Phon Rom, 53F (Oh Village)
Diagnosis:

1. Dysentery
2. Cachexia

Treatment:

1. Metronidazole 250mg 2t pot id (#60)
2. Metoclopramide 10mg 1t po qhs (#10)
3. Mebendazole 100mg 5t po qhs (#5)
4. MTV 1t po qd (#60)

7. Seng Hourn, 57F (Oh Village)
Diagnosis:

1. Vit def
2. Parasitis

Treatment:

1. MTV 1t po qd (#60)
2. Mebendazole 100mg chew 5t po qhs

8. Chea Sok, 47F (Taing Treuk Village)
Diagnosis:

1. Dyspepsia
2. Parasititis

Treatment:

1. Ranitidine 300mg 1t po qhs (#60)
2. Metoclopramide 10mg 1t po qhs (#15)
3. Mebendazole 100mg chew 5t po qhs (#5)

9. Bon Son, 27F (Chamback Phaem Village)
Diagnosis:

1. Allergic Rhinitis

Treatment:

1. Acet/Chlor/Dext 650/4/30mg 15cc qhs (#1)
2. Diphenhydramine 25mg 1t po qd (#40)

10. Lim Hean, 50F (Ta Tong Village)
Diagnosis:

1. Dyspepsia
2. Parasititis

Treatment:

1. Ranitidine 300mg 1t po qhs (#60)
2. Metoclopramide 10mg 1t po qhs (#15)
3. Mebendazole 100mg chew 5t po qhs (#5)

11. Chea Soeun, 37F (Chamback Phaem Village)
Diagnosis:

1. Dysentery
2. Parasititis

Treatment:

1. Metronidazole 250mg 2t po tid (#41)
2. Mebendazole 100mg chew 5t po qhs (#5)
3. Pepcid complete chw 1t po qid prn (#30)

12. Kim Sunny, 30F (Anlong Svay Village)
Diagnosis:

1. Dyspepsia
2. Parasititis

Treatment:

1. Cimetidine 400mg 1t po qd (#60)
2. Albendazole 200mg 2t po bid (#4)

13. Hean Sin, 38M (Chamback Phaem Village)
Diagnosis:

1. GERD
2. Parasititis
3. Tinea Versicolor

Treatment:

1. Cimetidine 400mg 1t po qhs (#60)
2. Metoclopramide 10mg 1t po qhs (#15)
3. Albendzole 200mg 2t po bid (#4)
4. Ciclopirox cream apply bid untill rash gone x 2d more (#4)

14. Doung Norng, 42F (Anlong Svay Village)
Diagnosis:

1. Dyspepsia
2. Dysentery

Treatment:

1. Albendazole 200mg 2t po bid (#4)
2. Cimetidine 400mg 1t po qhs (#60)

15. Khem Rin, 52F (Thkeng Village)
Diagnosis:

1. Dysentery
2. Cachexia
3. BV

Treatment:

1. Mebendazole 100mg 5t po qhs (#5)
2. MTV 1t po qd (#30)
3. Ranitidine 300mg 1t po qhs (#25)
4. Metronidazole 250mg 2t po tid (#42)

16. Chey Sovannary, 22M (Thkeng Village)
Diagnosis:

1. Malaria (Vivax) recurrent resistance to Chloroquine
2. Dyspepsia

Treatment:

1. Quinine 300mg 2t po tid x 7d (#42)
2. Ranitidine 300mg 2t po qhs (#60)
3. MTV 1t po qd (#60)
4. Paracetamol 500mg 1t po qid prn (#30)
5. Mebendazole 100mg 5t chew qhs (#5)

17. Noun Nary, 45F (Anlong Svay Village)
Diagnosis:

1. Dysentery
2. BV
3. Dyspepsia

Treatment:

1. Metronidazole 250mg 2t po tid (#40)
2. Mebendazole 100mg 5t chew qhs (#5)
3. Cimetidine 400mg 1t po qhs (#60)
4. Metoclopramide 10mg 1t po qhs (#15)

18. Mon Kong, 65F (Thnout Malou Village)
Diagnosis:

1. Arthritis
2. IBS

Treatment:

1. Ketoprofen 200mg 1t po qd prn (#50)
2. Pepcid complete chew 1t po qid prn (#11)

19. Sok Raridein, 46F (Rovieng Cheung Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Muscle pain

Treatment:

1. Cimetidine 400mg 1t po qhs (#60)
2. Mebendzole 100mg 5t chew qhs (#5)
3. Paracetamol 500mg 1t po qid prn (#30)

20. Bun Sameth, 20F (Damnak Chen Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Tension HA

Treatment:

1. Cimetidine 400mg 1t po qhs (#30)
2. Mebendazole 100mg chew 5t po qhs (#5)
3. Paracetamol 500mg 1t po qid prn (#30)

21. Lim Lay Sang, 22F (Damnak Chen Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Tension HA

Treatment:

1. Cimetidine 400mg 1t po qhs (#30)
2. Mebendazole 100mg chew 5t po qhs (#5)
3. Paracetamol 500mg 1t po qid prn (#30)

22. Koy Sophy, 40F (Bos Pey Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Tension HA

Treatment:

1. Cimetidine 400mg 1t po qhs (#30)
2. Mebendazole 100mg chew 5t po qhs (#5)
3. Paracetamol 500mg 1t po qid prn (#30)

23. Khim Samen, 30F (Ta Tong Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Tension HA

Treatment:

1. Cimetidine 400mg 1t po qhs (#30)
2. Mebendazole 100mg chew 5t po qhs (#5)
3. Paracetamol 500mg 1t po qid prn (#30)

24. Prum Leign, 30F (Damnak Chen Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Tension HA

Treatment:

1. Cimetidine 400mg 1t po qhs (#30)
2. Mebendazole 100mg chew 5t po qhs (#5)
3. Paracetamol 500mg 1t po qid prn (#30)

25. Chark Tola, 25F (Damnak Chen Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Tension HA

Treatment:

1. Cimetidine 400mg 1t po qhs (#30)
2. Mebendazole 100mg chew 5t po qhs (#5)
3. Paracetamol 500mg 1t po qid prn (#30)

26. Som Son, 47F (Damnak Chen Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Tension HA

Treatment:

1. Cimetidine 400mg 1t po qhs (#30)
2. Mebendazole 100mg chew 5t po qhs (#5)
3. Paracetamol 500mg 1t po qid prn (#30)

27. Bon Sophin, 33F (Ta Tong Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Tension HA

Treatment:

1. Cimetidine 400mg 1t po qhs (#30)
2. Mebendazole 100mg chew 5t po qhs (#5)
3. Paracetamol 500mg 1t po qid prn (#30)

28. Srey Yaun, 32M (Bang Korn Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Tension HA

Treatment:

1. Cimetidine 400mg 1t po qhs (#30)
2. Mebendazole 100mg chew 5t po qhs (#5)
3. Paracetamol 500mg 1t po qid prn (#30)

29. Theng Mao, 27F (Damnak Chen Village)
Diagnosis:

1. Dyspepsia
2. Parasititis
3. Tension HA

Treatment:

1. Cimetidine 400mg 1t po qhs (#30)
2. Mebendazole 100mg chew 5t po qhs (#5)
3. Paracetamol 500mg 1t po qid prn (#30)

30. So Sarim, 73F (Koh Pon Village)
Diagnosis:

1. Cachexia
2. Parasititis

Treatment:

1. MTV 1t po qd (#30)
2. Mebendazole 100mg 5t chew qhs (#5)

31. Soun Phi Rein, 11F (Damnak Chen Village)
Diagnosis:

1. URI

Treatment:

1. Vick 44 15cc qhs (#1bottle)

32. Ling Sovin, 26F (Chamback Phaem Village)
Diagnosis:

1. Cachexia
2. Parasititis

Treatment:

1. MTV 1t po qd (#30)
2. Mebendazole 100mg 5t chew qhs (#5)

33. Srey Lor, 55F (Damnak Chen Village)

Diagnosis:

1. Cachexia
2. Parasititis

Treatment:

1. MTV 1t po qd (#30)
2. Mebendazole 100mg 5t po chew qhs (#5)

34. Khut Vimean, 5M (Bang Korn Village)
Diagnosis:

1. Eczema
2. Impetigo

Treatment:

1. Augmentin 875mg 1/2t po tid (#8)
2. Mometasone cream apply bid (#4)
3. Diphenhydramine 25mg 1/2t po qid prn (#30)

35. Hout Rottana, 3M (Ta Tong Village)
Diagnosis:

1. Bronchitis

Treatment:

1. Amox 250mg/5cc 5cc bid (#1bot)
2. Tylenol cold syrup 5cc bid prn (#1bot)

The next Robib TM Clinic will be held on February 1 - 5, 2010