Robib *Telemedicine* Clinic

Preah Vihear Province

S E P T E M B E R 2 0 1 1

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

On Monday, September 5, 2011, SHCH staff Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), September 6 & 7, 2011, the Robib TM Clinic opened to receive the patients for evaluations. There were 6 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, September 7 & 8, 2011.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston, SHCH, Nurse Sovann managed and treated the patients accordingly. There were also patients who came for refills of medications. Finally, the data of the patient concerning final diagnosis and treatment/management would then be transcribed and transmitted to Nurse 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: Robibtelemed
To: Rithy Chau ; Cornelia Haener ; Kruy Lim ; Kathy Fiamma ; Joseph Kvedar ; Paul Heinzelmann
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach ; Savoeun Chhun ; Robib School 1
Sent: Monday, August 29, 2011 7:53 AM
Subject: Schedule for Robib TM Clinic September 2011

Dear all,

I would like to inform you that Robib TM Clinic for September will be starting from September 5 - 9, 2011.

The agenda for the trip is as following:
1. On Monday September 5, 2011, Driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday September 6, 2011, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as word file and sent to both partners in Boston and Phnom Penh.
3. On Wednesday September 7, 2011, the activity is the same as on Tuesday
4. On Thursday September 8, 2011, download all the answers replied from both partners then treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday September 9, 2011, 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: Rithy Chau ; Kruy Lim ; Cornelia Haener ; Kathy Fiamma ; Joseph Kvedar ; Paul Heinzelmann
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, September 06, 2011 6:06 PM
Subject: Robib TM Clinic September 2011, Case#1, Chhun Sem, 61M

Dear all,

There are three new cases for the first day of Robib TM Clinic September 2011. This is Case number 1, Chhun Sem, 61M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

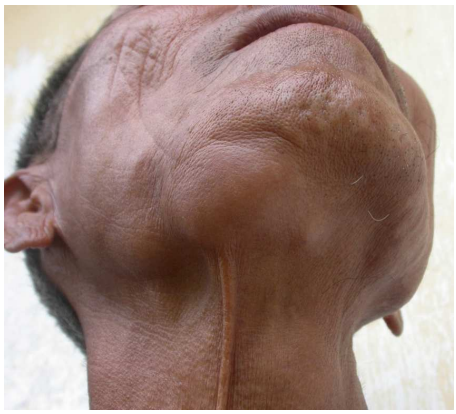
Sihanouk Hospital Center of HOPE and Partners Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Chhun Sem, 61M (Rovieng Tbong Village)**

Chief Complaint (CC): Submental mass x 15d

History of Present Illness (HPI): 61M presented with a mass about 2 x 3cm on submental without pain, no warmth. In the past few months, he reported of tooth aches before the present of mass. He bought medicine from local pharmacy but the mass not better. He denied of trauma and insect bite.



Past Medical History (PMH): Unremarkable

Family History: None

SH: Smoking 5cig/d, casual alcohol drinking

Current Medications: 4 kinds of medicine (unknown name) from local pharmacy

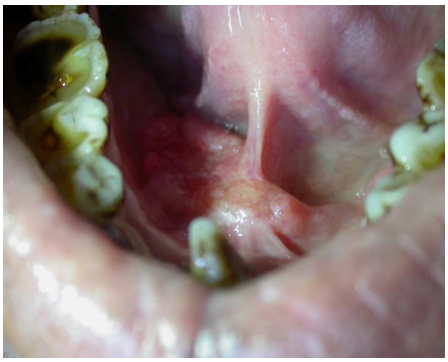
Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:
Vitals: BP: 113/68 P: 64 R: 20 T: 37°C
Wt: 48Kg

General: Stable

HEENT: Mass about 2 x 3cm on submental, firm, fixed, smooth border, no tender, Ulcerated lesion on the floor of the mouth (photos), pink conjunctiva, no icterus



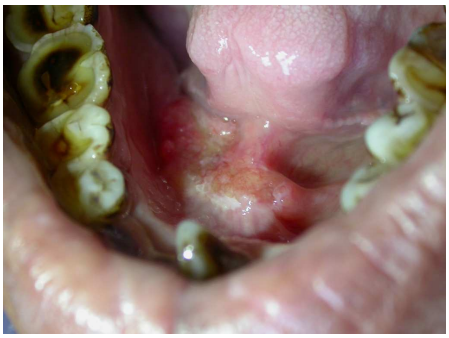
Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

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

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

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

Lab/study: None



Assessment:

1. Abscess of tooth root??
2. Salivary gland tumor??

Plan:

1. FNA for Cytology at SHCH
2. Ibuprofen 200mg 2t po bid prn
3. Augmentin 600mg/5cc 10cc bid for 10d

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: September 6, 2011**

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

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim' ; 'Cornelia Haener'
Sent: Wednesday, September 07, 2011 9:56 AM
Subject: RE: Robib TM Clinic September 2011, Case#1, Chhun Sem, 61M

Dear Sovann,

This is a surgical case. Dr. Cornelia will be best to answer you.

In my opinion, if you do FNA and stick a needle into the mass and get pus, then I would take the pus or cloudy fluid for culture, Gm stain, AFB, Abx sensitivity, etc. and can treat with Augmentin plus Cotrim for the nature of chronic infection accounting that it may be melioidosis. But if solid, then do cytology and no need for Abx. Advise hin to stop smoking because this maybe an oral tumor/cancer resulting from his tobacco use. By the way, from the images you sent, it looked more like right submandibular, not submental (which is more directly under the chin). Can you have him do an US of the mass, CBC, a CXR (if he can afford) and get AFB sputum smear at local HC to rule out TB?

Some information that you should include in your HPI➔ fever, weight change, appetite change, tumor bleed easily or not, the progression of mass growth, etc.

Hope this is helpful.

Rithy

From: Cornelia Haener
To: 'Robibtelemed' ; 'Rithy Chau' ; 'Kruy Lim' ; 'Kathy Fiamma' ; 'Joseph Kvedar' ; 'Paul Heinzelmann'
Cc: 'Bernie Krisher' ; 'Thero So Nourn' ; 'Laurie & Ed Bachrach'
Sent: Wednesday, September 07, 2011 12:36 PM
Subject: RE: Robib TM Clinic September 2011, Case#1, Chhun Sem, 61M

Dear all,

It looks like a metastatic oral cancer with lymph node metastasis. It would be best to refer this patient to the oncology department of the Khmer Soviet Hospital for radiotherapy.

Kind regards
Cornelia

From: Robibtelemed
To: Paul Heinzelmann ; Joseph Kvedar ; Kathy Fiamma ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, September 06, 2011 6:07 PM
Subject: Robib TM Clinic September 2011, Case#2, Meas Phorn, 58M

Dear all,

This is case number 2, Meas Phorn, 58M and photo.

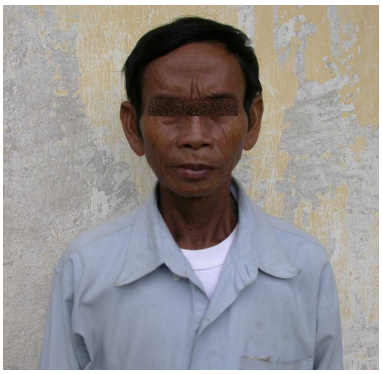
Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

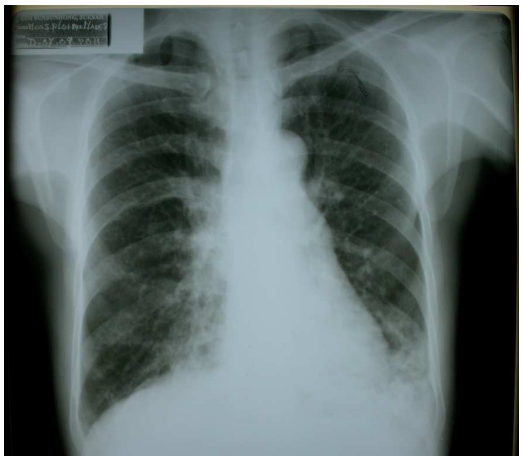
History and Physical



Name/Age/Sex/Village: **Meas Phorn, 58M (Ke Village)**

Chief Complaint (CC): Chronic cough x 1y

History of Present Illness (HPI): 58M presented with symptoms of chronic productive cough, yellow color, anorexia, asthenia, wt loss about 10kg/y, fever, and night sweating and SOB. He went to consult at provincial hospital and told he had acute respiratory tract infection and treated with some medicine for 7d with having AFB smear or CXR done. When he come back home, he have AFB smear done in local health with negative result and treated with some medicine but his condition seem not better. He denied of hemoptysis, chest pain, GI problem, extremity edema.



Past Medical History (PMH): Unremarkable

Family History: None

SH: No cig smoking, no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 101/64 P: 88 R: 20 T: 37^{o}C Wt: 38Kg O2sat: 95%

General: cachexia

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

Chest: Decreased breathing sound 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, no rashes

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

Lab/study:

BS: 96mg/dl

Assessment:

1. PTB?
2. Cachexia

Plan:

1. Send patient to Kg Thom for CXR tomorrow
2. Repeat AFB smear in local health center
3. MTV 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: September 6, 2011**

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

From: Tan, Heng Soon,M.D.
Sent: Tuesday, September 06, 2011 1:44 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic September 2011, Case#2, Meas Phorn, 58M

Diagnostic considerations:
[1] Middle aged man with chronic productive cough and shortness of breath suggests chronic bronchitis or bronchiectasis, but he is not a smoker. Is there a history of past pneumonia?
[2] Asthenia, weight loss, fever, night sweats suggests malignancy like lymphoma, but physical exam does not reveal enlarged lymph nodes, liver or spleen.
So combining symptoms from [1] and [2] makes pulmonary tuberculosis most likely given that tuberculosis is endemic in Cambodia. Is there a family or personal history of exposure to tuberculosis? A tuberculin test is not so helpful in an endemic area. First morning sputum collection is best for AFB smear. The CXR is also very useful. Upper lobe infiltrates, cavities and nodular lesions would suggest tuberculosis. Sometimes melioidosis and silicosis may mimic tuberculosis on CXR so AFB smear is best for confirming the diagnosis.

Care considerations:
In the meantime, he should wear a mask when coughing pending workup. A careful review of family history would be useful to identify any other active or latent cases of tuberculosis.

Heng Soon Tan, MD

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Wednesday, September 07, 2011 10:09 AM
Subject: RE: Robib TM Clinic September 2011, Case#2, Meas Phorn, 58M

Dear Sovann,

You may want to tx him with Clarithromycin for pneumonia since his sputum is yellow. He may be past smoker. His O2 sat is only 95%, is he SOB? So no suspicion on cancer anywhere or cardiac problem? We can wait for CXR—will he get this done and be sent to us today? How is his HIV status?

Can you do a finger stick for Hb? Can also give him some Xango powder bid daily.

Rithy

From: Robibtelemed
To: Radiology Boston ; Rithy Chau ; Kruy Lim ; Paul Heinzelmann ; Kathy Fiamma ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, September 07, 2011 4:55 PM
Subject: CXR of Case#2, Mease Phorn, 58M

Dear all,

This is the CXR of case number 2, Mease Phorn, 58M. He has it done in Kg Thom referral hospital in this morning.

Best regards,
Sovann

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, September 08, 2011 8:07 AM
Subject: RE: CXR of Case#2, Mease Phorn, 58M

Dear Sovann,
Thanks for sending the CXR. It looks like a COPD lungs, some opacity in both lower lobes with possible PTB lesions or infiltrate in left corner. What is his RTV status? You can also give salbuterol inhaler and treat for Pneumonia with Clarithromycin for 10-14d while await for AFB smear results.

Rithy

From: Tan, Heng Soon,M.D.
Sent: Wednesday, September 07, 2011 1:13 PM
To: Fiamma, Kathleen M.
Subject: RE: CXR of Case#2, Mease Phorn, 58M
I see an infliltrate in the left lower lobe possibly with some honeycombing. There may be a small infiltrate in the right middle lobe as well. Upper lobes are clear. No mediastinal or hilar lymphadenopathy. No pleural effusions. Location of infiltrate is not classical for tuberculosis but is possible. Given the chronicity of the cough, an acute bacterial pneumonia seems unlikely unless there was a recent flare of symptoms. The CXR does not suggest chronic pulmonary fungal infections like cryptococcosis. The diagnostic key would be the sputum examination. Besides AFB staining, the sputum specimen should be sent of bacterial and AFB cultures as well.

Heng Soon Tan, MD

From: "Garry Choy" <garryc@gmail.com>
To: "Robibtelemed" <robibtelemed@gmail.com>
Cc: "Radiology Boston" <radiologyexchange@gmail.com>; "Rithy Chau" <rithychau@sihosp.org>; "Kruy Lim" <kruylim@sihosp.org>; "Paul Heinzelmann" <paul.heinzelmann@gmail.com>; "Kathy Fiamma" <KFIAMMA@partners.org>; "Joseph Kvedar" <jkvedar@partners.org>; "Bernie Krisher" <bernie@media.mit.edu>; "Thero So Nourn" <thero@cambodiadaily.com>; "Laurie & Ed Bachrach" <lauriebachrach@yahoo.com>
Sent: Friday, September 09, 2011 8:39 PM
Subject: Re: CXR of Case#2, Mease Phorn, 58M

Dear all,

From the radiology perspective, the CXR demonstrates left basilar and right medial basilar consolidation concerning for pneumonia and if AFB positive, TB possible.

Best regards,
Garry Choy

From: Robibtelemed
To: Kathy Fiamma ; Joseph Kvedar ; Paul Heinzelmann ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, September 06, 2011 6:09 PM
Subject: Robib TB Clinic September 2011, Case#3, Tay Kimseng, 54F

Dear all,

This is case number 3, Tay Kimseng, 54F 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 Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Tay Kimseng, 54F (Taing Treuk Village)**

Chief Complaint (CC): HA and fatigue x 4d

History of Present Illness (HPI): 54F in March 2011, she presented with symptoms of fatigue, HA and neck tension and BP taken by local health care worker 160/? and treated with antihypertesive 1t po qd prn. A few month later she developed weakness on right side of the body, so she went to consult with

doctor in Siem Reap and treated antihypertensive (unknown name). In these 4d, she developed with HA, neck tension and fatigue and BP checked 180/? and treated with HCTZ 50mg 1/2t bid by local health center. She denied of fever, SOB, chest pain, palpitation, GI problem, oliguria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No cig smoking, no alcohol drinking

Current Medications:

1. HCTZ 50mg 1/2t po bid

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: Lt: 164/103 Rt: 175/110 P: 98 R: 20 T: 37^{o}C Wt: 70Kg BMI:33

General: Stable

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

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

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

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

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

Lab/study:

BS: 101mg/dl
U/A: protein trace, no glucose, no leukocyte, no hematuria, no ketone

Assessment:

1. HTN
2. Obesity

Plan:

1. HCTZ 25mg 1t po qd
2. Amlodipine 5mg 1t po qd
3. Draw blood for Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH
4. Eat low fats diet and do regular exercise

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: September 6, 2011**

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

From: Crocker, J.Benjamin,M.D.
Sent: Tuesday, September 06, 2011 11:33 AM
To: Fiamma, Kathleen M.
Subject: RE: Robib TB Clinic September 2011, Case#3, Tay Kimseng, 54F

Agree with assessment and plan. She has h/o obesity, HTN which is under poor control. Would be interested in any family h/o HTN, DM or stroke. She should have fundus exam (to look at optic disc and vessels) esp in context of HTN and headache. Given proteinuria, screening for DM is important, and consideration of ACE-inhibitor or ARB would be prudent.

Benjamin Crocker, MD

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Wednesday, September 07, 2011 10:20 AM
Subject: RE: Robib TB Clinic September 2011, Case#3, Tay Kimseng, 54F

Dear Sovann,

I agree with your assessment. Advise her to do regular aerobic exercise at least 3x/wk and at least 20-30mins each time. Low fat and less sodium diet. More veggie and fish. Tell her to expect losing 1-2kg by next month and no diet pill, tea or herbal med to do quickly.

Concerning her HTN med, I would switch her to Atenolol 50mg ½ po bid (since her HR is a bit high) and return in one month. At this point, she can do the lab as you requested in K Thom or in Thbeng Meanchey if she can afford and bring next visit. Let her know that she can contact you to report her BP every week until you return. Let me know if her BP will be uncontrolled with Atenolol.

Rithy

From: Robibtelemed
To: Rithy Chau ; Kruy Lim ; Kathy Fiamma ; Joseph Kvedar ; Paul Heinzelmann
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, September 07, 2011 4:41 PM
Subject: Robib TM Clinic Case#4, Ek Toeu, 18M

Dear all,

There are three new cases and one follow up case for seconday day of Robib TM clinic September 2011. This is case number 4, continued from yesterday, Ek Toeu, 18M 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: **Ek Toeu, 18M (Ke Village)**

Chief Complaint (CC): Fatigue and weight loss x 3 months

History of Present Illness (HPI): 18M, farmer, presented with symptoms fever, fatigue, poor appetite. He consulted with local health care worker and told he has thyphoid fever and treated with some medicine (unknown name) and got better for a while then the symptoms presented again and again. In this one month, his condition was with fever, fatigue, white sputum cough, and weight loss. He denied of SOB, Chest pain, palpitation, GI problem, stool with blood/mucus, oliguria, hematuria, edema.

Past Medical History (PMH): Unremarkable

Family History: Mother with PTB was diagnosed in February 2011

SH: no cig smoking, no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: 90/52** **P: 100** **R: 24** **T: 36.5^{o}C** **Wt: 35Kg**

General: Cachexia

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, 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, no abdominal bruit

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

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

Lab/study:

RBS: 157mg/dl
U/A: normal

Assessment:

1. PTB??
2. Cachexia

Plan:

1. Do AFB smear in local health center
2. Send patient to Kg Thom for CXR
3. MTV 1t po bid

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: September 7, 2011**

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

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, September 08, 2011 8:17 AM
Subject: RE: Robib TM Clinic Case#4, Ek Toeu, 18M

Dear Sovann,

Thanks for the second day cases.

In your HPI, I think you meant Typhoid Fever (Kroun Pos Vean), right?

I agree with your assessment to strongly suspect TB and send him for CXR and sputum smears. Also, I would go ahead and give him a course of Clarithromycin or Augmentin to cover for pneumonia. You can give him some Xango powder besides MTV. Can you have him check on RTV status? Did you do Hb finger stick—is he anemic? Can you repeat his BS but fasting? Draw blood if needed.

Rithy

From: Cusick, Paul S.,M.D.
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com
Cc: rithychau@sihosp.org
Sent: Thursday, September 08, 2011 6:03 AM
Subject: RE: Robib TM Clinic Case#4, Ek Toeu, 18M

Thank you for the opportunity to consult

In this 18 yo patient with fever, weight loss, anorexia and a family member who was recently diagnosed with pulmonary tuberculosis, first and foremost is to consider infectious etiology such as pulmonary tuberculosis. It would certainly be less likely that he has a cancer or malignancy, but this is felt to be in the differential in addition, hyperthyroidism could produce many of the symptoms.

I agree with chest x-ray and sputum for AFB smear.

Further management and evaluation will depend on these findings

I wish him well and thank you again

Paul Cusick

From: Robibtelemed
To: Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, September 07, 2011 4:45 PM
Subject: Robib TM Clinic September 2011, Case#5, Lev Malin, 8F

Dear all,

This is case number 5, Lev Malin, 8F and photos.

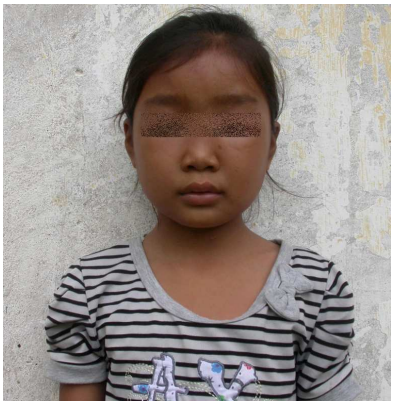
Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

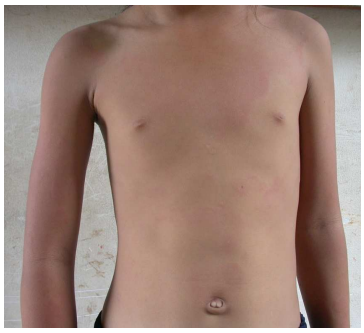
History and Physical



Name/Age/Sex/Village: **Lev Malin, 8F (Thnout Malou Village)**

Chief Complaint (CC): Urticaria x 5d

History of Present Illness (HPI): 8F was brought to Telemedicine clinic by her mother complaining of skin lesion with erythematous and pruritus. It started from the lower extremity then to body and next day with face swelling. She was brought to local health center and was treated wtih Promethazine 25mg 1/2t po bid and Multivitamin but the skin lesion still persist.



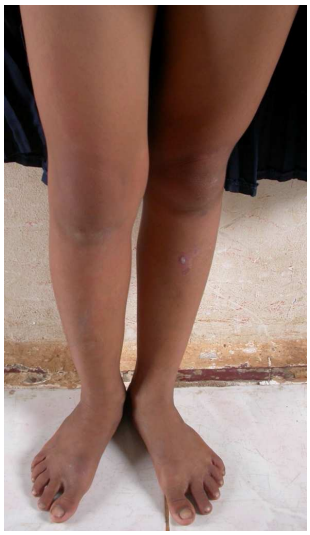
Past Medical History (PMH): Unremarkable

Family History: No family member with skin rash

SH: Complete national vaccination

Current Medications:

1. Promethazine 25mg 1/2t po bid
2. MTV 1t po qd



Allergies: NKDA

Review of Systems (ROS): Unremarkable

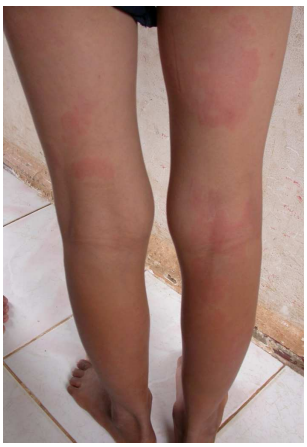
PE:

Vitals: BP: P: 99 R: 24 T: 37^{o}C
Wt: 36Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, 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

Extremity/Skin: circumscribed, raised, erythematous plaque on the extremity, body and face

Lab/study: None

Assessment:

1. Urticaria

Plan:

1. Diphenhydramine 12.5mg/5cc 5cc bid for 5d

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: September 7, 2011**

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

From: Tran, Thanh-Nga T.,M.D.,Ph.D.
Sent: Wednesday, September 07, 2011 12:45 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic September 2011, Case#5, Lev Malin, 8F

Dear Sovann:

Yes, this is a case of urticaria w angioedema. It should respond to antihistamine such as benadryl. Consider a short course of steroids taper if that is available. If there are symptoms of pharyngeal angioedema and difficulty breathing, an epipen should be made available.

I realizie that access to drugs might be difficult in Cambodia, so I think we should just start with benadryl (diphenhydramine)

Thanks!
Thanh nga

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, September 08, 2011 10:59 AM
Subject: RE: Robib TM Clinic September 2011, Case#5, Lev Malin, 8F

Dear Sovann,

Agree with assessment, but give Benadryl 25mg (10cc) qid until rash gone and add 1-2 days after. If it is working but a bit slow, can even give 15cc at a time qid. You can also give cimetidine 400mg or Ranitidine 150mg bid for 1-2 weeks to help suppress the histamine reaction better; can also use calamine lotion to apply qid in addition (don't get into the eyes). If the sx is not improving with suggestion within 3-5 days, refer her to pediatric hospital in PP or SR especially if it starts to involve her respiratory tract. Another thing, if she has not been deworm, the a course of albendazole for 5 days maybe of help to rid of parasitic infection.

Hope this is helpful.

Rithy

From: Robibtelemed
To: Rithy Chau ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, September 07, 2011 4:47 PM
Subject: Robib TM Clinic September 2011, Case#6, Phim Sichorm, 47F

Dear all,

This is case number 6, Phim Sichorm, 47F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

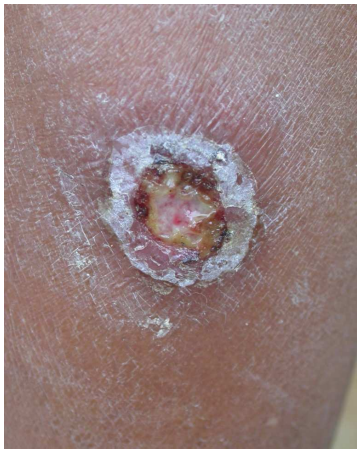
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Phim Sichorm, 47F (Taing Treuk Village)**

Chief Complaint (CC): Lesion on right calf x 1month

History of Present Illness (HPI): 47F, farmer, presented with a small pustule on right calf, which is burst in a few days, the lesion became infected with increased in size, redness, warmth, fever, and enlarged groin lymph node. She brought Amoxicilline taking 1t bid and Paracetamol prn for 5d. The lesion is not better and fever persists, she bought medicine from other pharmacy for several other days but still not better, so she went to consult with local health center staffs and was advised to come to Telemedicine. She denied of trauma, insect bite.



Past Medical History (PMH): Unremarkable

Family History: Mother with HTN, sister with Thallassemia and DMII

SH: No cig smoking, no tobacco chewing, casual alcohol drinking

Current Medications:

- Amoxicillin 500mg bid for 5d then two other medicines for several days

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: 137/82** **P: 95** **R: 20** **T: 39.5^{o}C** **Wt: 45Kg**

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no neck mass, 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

Right calf: Lesion about 2x2cm, ulcerated with necrotizing tissue in the middle and redness around, enlarged lymph node on the right groin

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

Lab/study: None

Assessment:

1. Infected lesion on right calf

Plan:

1. Clean wound every day with NSS
2. Augmentin 600mg/5cc 10cc bid for 10d
3. Ibuprofen 200mg 3t po bid for 5d
4. Paracetamol 500mg 1t po qid prn fever
5. Use the swab to collect specimen from the wound for Culture 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: September 7, 2011**

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

From: chaurithy
To: 'Robibtelemed'
Cc: kruylim@sihosp.org
Sent: Thursday, September 08, 2011 11:17 AM
Subject: RE: Robib TM Clinic September 2011, Case#6, Phim Sichorm, 47F

Dear Sovann,

Agree with assessment Abscess. Increase dosage of Ibuprofen to 600mg tid for 3-5 days and no need to give paracetamol. No need to do cx swap at the moment. If follow up next month, not improving much with Augmentin, then go ahead. Make sure she can express as much as possible to rid of the collected pus and change the dressing daily and keep it clean and dry. Can you do a BS finger stick to assess the blood glucose?

Rithy

From: Smulders-Meyer, Olga,M.D.
To: Fiamma, Kathleen M.
Cc: rithychau@sihosp.org ; robibtelemed@gmail.com
Sent: Thursday, September 08, 2011 2:48 AM
Subject: RE: Robib TM Clinic September 2011, Case#6, Phim Sichorm, 47F

Phim Sichorm is a 47 year old woman with a non healing leg ulcer. She has been treated with Amoxicillin for 5 days which most likely was not adequate treatment time for a leg ulcer/cellulitis. Often Streptococci and Staphylococci are resistant to Amoxicillin alone.

In general, causes of leg ulcers can be either infectious, caused by Diabetes, caused by venous insufficiency, by arterial insufficiency, ischemic ulcers and by malnutrition. Therefore you need to do a good physical examination and check the pulses in her legs and in her feet. That way you exclude the arterial cause. Look at the lower leg and check if there is brownish discoloration which is classic for chronic venous stasis. You can check a fasting blood sugar to rule out Diabetes as well and also check an albumen level to roughly assess her nutrional status.

It looks like she is a healthy middle aged woman with no obvious medical problems, so most likely this is an infectious process. I agree with your choice of antibiotics as Augmentin will cover both Staph and Strep as well as some gram negative bacteria as well. Ten days should be adequate treatment time. If there is no response, the ulcer may need to get debrided by a surgeon to promote healing. I would not be too worried about that swollen lymph node as she is fighting the infection and this should resolve after it has been treated.
I agree with wound cultures and if you can send a wound culture for Clostridium Difficile as well.

I would also make sure that she does not put any other creams/ointments or any other magic local topical treatments in the ulcer. She should just keep the wound clean with Normal saline and keep it exposed to the air when she is home so that the wound can start to close. She should not try to manipulate it, squeeze it. She should be advised to return to clinic if she develops fever and chills or an enlarging cellulitis in which case she will need to be hospitalized with IV antibiotics.

Hope that is helpful.

Warm regards,

Olga Smulders-Meyer MD

From: Robibtelemed
To: Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Rithy Chau ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, September 07, 2011 4:50 PM
Subject: Robib TM Clinic September 2011, Case#7, Chan Oeung, 60M

Dear all,

This is the last case for Robib TM Clinic September 2011, Case number 7, Chan Oeung, 60M and photos.

Please reply to the cases before Thursday afternoon then treatment plan can be made accordingly.

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

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

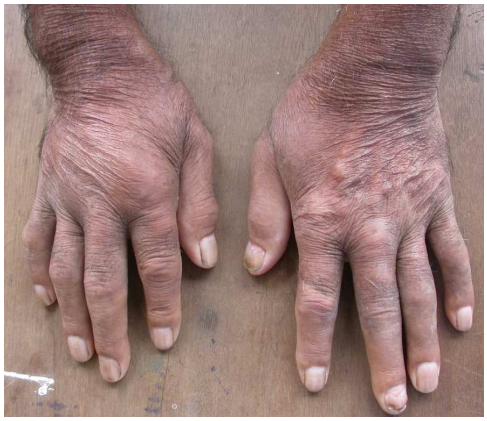
Patient: **Chan Oeung, 60M (Sangke Roang Village)**

Subject: 60M, with diagnosis of HTN, arthritis and renal insufficiency, who missed appointment for 2 months because of severe attack of joint problem. He has swelling, warmth, pain and stiffness of joints as big toes, ankles, knees, PIP, and wrist. Less pain and stiff on shoulder and back joint. The pain and stiffness is not worse with activity. He bought medicine from local pharmacy but seem not better and was treated by local health care worker with Benzathine Penicillin 2.4M UI every weeks. He also complains of nocturia, and fatigue, no polyphgia, no polydypsia.

Medication:

1. Benzathine Penicillin 2.4M UI qw

Allergies: NKDA



Object:

PE:

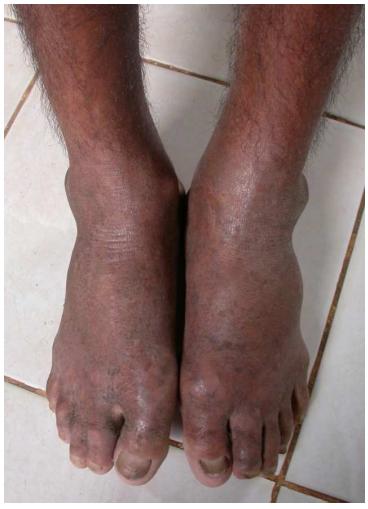
Vitals: BP: 125/72 P: 103 R: 20 T: 37^{o}C Wt: 50Kg

General: Sick

HEENT: No oropharyngeal lesion, mild pale 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 abd bruit



Extremity/Skin: Stiffness and tender on PIP, Wrist, bit toe, ankle and knee; mild stiff and tender on shoulder, elbow and back

Lab/study:

Lab result on February 4, 2011

Creat	=186	[53 - 97]
U Acid	=648	[200 - 420]

Lab result on May 6, 2011

Creat	=256	[53 - 97]

U Acid =714 [200 - 420]

Done today September 7, 2011
RBS: 190mg/dl

Assessment:

1. Gouty arthritis?
2. Renal insufficiency
3. Hyperglycemia

Plan:

1. Prednisolone 5mg 10t po qd for one week
2. Paracetamol 500mg 1t po qid prn
3. MTV 1t po qd
4. Recheck FBS
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc and Uric acid 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: September 7, 2011**

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

From: "Cohen, George L.,M.D." <GLCOHEN@PARTNERS.ORG>
Date: September 7, 2011 8:53:05 PM EDT
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
Subject: RE: Robib TM Clinic September 2011, Case#7, Chan Oeung, 60M

The patient is a 60 year old man with joint pain. He is described as having pain, swelling and warmth of numerous joints including hands, wrists, feet, ankles and knees. The photographs show swelling of the left great toe MTP joint, both ankles, right index finger MCP joint. He has renal insufficiency and elevated serum uric acid level.

The joint swelling and warmth sounds like gout although he may have underlying osteoarthritis as well. Inflammatory joint disease such as rheumatoid arthritis is not ruled out.

The best treatment for acute gout in a patient with an elevated serum creatinine is with a steroid such as prednisone or prednisolone. We usually give it for less than a week starting at a large dose such as 40 mg and then rapidly reducing the dose by 5 -10 mg daily. This will usually lead to resolution of pain and swelling in an affected joint or joints. The definitive treatment is to treat with medicine to lower the serum uric acid level such as allopurinol.

George L. Cohen, M.D.

From: Fang, Leslie S.,M.D.
Sent: Thursday, September 08, 2011 8:11 AM
To: Fiamma, Kathleen M.
Cc: Cohen, George L.,M.D.
Subject: Re: Robib TM Clinic September 2011, Case#7, Chan Oeung, 60M

Please do the urinalysis as well.

It would be critical to the diagnosis of the renal insufficiency

Leslie Fang, MD

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, September 08, 2011 11:40 AM
Subject: RE: Robib TM Clinic September 2011, Case#7, Chan Oeung, 60M

Dear Sovann,

The Dx of this patient is Gouty Arthtitis (attack), HTN, Renal Insufficiency, and hyperglycemia.

Do a fasting BS, agree with the labs, give him if available: 1) Colchicine 0.6mg q3hrs until pain gone, then can continue with 1.2mg qd, 2) Finofibrate 100mg qd, 3) Losartan (ARB) or Cozaar 25mg qd; go slow with NSAIDs since his renal function is not so great.

You can call me up if any other question. Have a safe trip back tomorrow.

Rithy

Thursday, September 8, 2011

Follow-up Report for Robib TM Clinic

There were 6 new patients and 1 follow up patient seen during this month Robib TM Clinic, and other 52 patients came for medication refills only. The data of all 7 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 September 2011

1. Chhun Sem, 61M (Rovieng Tbong Village)
Diagnosis:

1. Abscess of tooth root??
2. Salivary gland tumor??

Treatment: (patient didn't come to get treatment)

1. FNA for Cytology at SHCH
2. Ibuprofen 200mg 2t po bid prn
3. Augmentin 600mg/5cc 10cc bid for 10d

2. Meas Phorn, 58M (Ke Village)
Diagnosis:

1. PTB?
2. Pneumonia
3. Cachexia

Treatment:

1. Erythromycin 500mg 1t po bid for 10d (#20)
2. MTV 1t po qd (#30)
3. Repeat AFB smear in local health center

3. Tay Kimseng, 54F (Taing Treuk Village)
Diagnosis:

1. HTN
2. Obesity

Treatment:

1. Atenolol 50mg 1/2t po bid for one month (#35)
2. Draw blood for Lyte, Creat, Tot chole, TG at SHCH
3. Eat low fats diet and do regular exercise

Lab result on September 9, 2011

Na	=139	[135 - 145]
K	=3.9	[3.5 - 5.0]
Cl	=95	[95 - 110]
Creat	=77	[44 - 80]
T. Chol	=6.2	[<5.7]
TG	=2.9	[<1.71]

4. Ek Toeu, 18M (Ke Village)
Diagnosis:

1. PTB??
2. Pneumonia
3. Cachexia

Treatment:

1. Do AFB smear in local health center
2. Send patient to Kg Thom for CXR
3. MTV 1t po bid (#60)
4. Xango powder bid (#1)
5. Augmentin 600mg/5cc 10cc bid for 10d (#1)

5. Lev Malin, 8F (Thnout Malou Village)
Diagnosis:

1. Urticaria

Treatment:

1. Benadryl 12.5mg/5cc 10cc qid for 5d (#1)
2. Cimetidine 400mg bid for 5d (buy)
3. Calmine lotion apply bid (#1)

6. Phim Sichorm, 47F (Taing Treuk Village)
Diagnosis:

1. Infected lesion on right calf

Treatment:

1. Clean wound every day with NSS
2. Augmentin 600mg/5cc 10cc bid for 10d (#1)
3. Ibuprofen 200mg 3t po tid for 5d (#45)

7. Chan Oeung, 60M (Sangke Roang Village)
Diagnosis:

1. Gouty arthritis
2. Osteoarthritis
3. Renal insufficiency

Treatment:

1. Prednisolone 5mg 8t po qd then tappering dose 5mg every day for one week treatment (#35)
2. Paracetamol 500mg 1t po qid prn (#30)
3. MTV 1t po qd (#30)
4. Allopurinol 100mg 2t po qd (buy)
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc and Uric acid at SHCH

Lab result on September 9, 2011

WBC	=11.6	[4 - 11x10^9/L]	Na	=134	[135 - 145]
RBC	=3.6	[4.6 - 6.0x10^{12}/L]	K	=4.8	[3.5 - 5.0]
Hb	=9.5	[14.0 - 16.0g/dL]	Cl	=96	[95 – 110]
Ht	=30	[42 - 52%]	Creat	=170	[53 - 97]
MCV	=81	[80 - 100fl]	Gluc	=4.4	[4.2 - 6.4]
MCH	=26	[25 - 35pg]	Uric Aci	=639	[200 - 420]
MHCH	=32	[30 - 37%]			
Plt	=469	[150 - 450x10^9/L]			
Lym	=2.2	[1.0 - 4.0x10^9/L]			
Mxd	=2.1	[0.1 - 1.0x10^9/L]			
Neut	=7.3	[1.8 - 7.5x10^9/L]			

Patients who come for follow up and refill medicine

1. Be Samphorn, 73M (Rovieng Cheung Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid for one month (#40)
2. Amlodipine 5mg 1t po qd for one month (#30)
3. Captopril 25mg 1/2t po bid for one month (buy)

2. Chan Him, 63F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

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

3. Chan Khem, 63F (Taing Treuk Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 1t po qd for three months (# 90)

4. Chan Sorya, 50F (Pal Hal Village)
Diagnosis:
1. HTN
2. Dyspepsia
3. Old stroke with right side weakness

Treatment:
1. HCTZ 25mg 1t po qd (#40)
2. Famo/Cal.carb/Mg(OH)2 10/800/165mg 1t po qd for one month (#30)

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

Treatment:
1. Enalapril 5mg 1/2t po qd for three months (#45)

6. Chea Kimheng, 36F (Taing Treuk Village)
Diagnosis:
1. ASD by 2D echo on August 2008

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

7. Chea Sambo, 56M (Rovieng Cheung Village)
Diagnosis:
1. Gouty Arthritis

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

8. Chheng Yearng, 48F (Thkeng Village)
Diagnosis:
1. Tachycardia

Treatment:
1. Propranolol 40mg 1/4t po bid for two months (#30)
2. MTV 1t po qd for two months (#60)

9. Chhim Ho, 56F (Ke Village)
Diagnosis:
1. Gallbladder stone
2. Anemia

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

10. 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 (#140)
5. Glibenclamide 5mg 1t po bid for two months (buy)

11. Chum Chet, 64M (Koh Pon Village)
Diagnosis:

1. HTN
2. Osteoarthritis
3. Renal insufficiency

Treatment:

1. Atenolol 50mg 1/2t po bid for one month (#30)
2. Amlodipine 5mg 1t po qd for one month (#30)
3. Paracetamol 500mg 1-2t po qid prn pain for one month (#30)

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

1. Anemia

Treatment:

1. FeSO4/Folate 200/0.4mg 1t po qd for three months (#90)
2. MTV 1t po qd for three months (#90)

13. Hourn Sok Aun, 48F (Taing Treuk Village)
Diagnosis:

1. DMII
2. Hyperlipidemia

Treatment:

1. Metformine 500mg 1t po bid for one month (#60)
2. Captopril 25mg 1/2t po bid for one month (buy)
3. Simvastatin 10mg 1t po qhs for one month (#30)
4. Fenofibrate 100mg 1t po qd for one month (buy)
5. Draw blood for Tot chole and TG at SHCH

Lab result on September 9, 2011

T. Chol = 8.1 [<5.7]
TG = 12.2 [<1.71]

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

1. HTN

Treatment:

1. HCTZ 25mg 2t po qd for three months (# 180)

15. Khi Ngorn, 65M (Rovieng Cheung Village)
Diagnosis:

1. HTN

Treatment:

1. Nisoldipine 10mg 2t po qd for one month (#60)
2. Draw blood for Creat at SHCH

Lab result on September 9, 2011

Creat =152 [53 - 97]

16. Kim Sam, 85F (Rovieng Tbong Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for one month (#35)
2. ASA 300mg 1/4t po qd for one month (buy)

17. Kin Yin, 35F (Bos Pey Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Methimazole 5mg 2t po bid for one month (#130)
2. Propranolol 40mg 1/2t po bid for one month (buy)

18. Kol Ko, 58F (Taing Treuk Village)
Diagnosis:

1. Skin abscess

Treatment:

1. Augmentin 600mg/5cc 10cc po bid for 10d (#1)
2. Ibuprofen 200mg 2t po bid (#20)
3. Collect pus with swab for Gram stain and Bact culture at SHCH

Lab result on September 9, 2011

Gram stain: Few gram negative bacilli
Bacterial culture: Positive Pseudomonas aeruginosa

Antibiotic susceptibility

Amikacin	Sensitive
Ciprofloxacin	Sensitive
Gentamycin	Sensitive
Meropenem	Sensitive
Ceftazidime	Sensitive

19. Kong Cheang, 19M (Trapang Teum Village)
Diagnosis:

1. Diabetes Mellitus

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po bid for one month (buy)

20. 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. Atenolol 50mg 1t po qd for one month (buy)
4. Amlodipine 5mg 1t po qd for one month (#30)
5. ASA 300mg 1/4t po qd for one month (#8)
6. Fenofibrate 100mg 1t po qd for one month (buy)
7. Draw blood for Creat, TG, LFT, Uric acid and HbA1C at SHCH

Lab result on September 9, 2011

Creat	=175	[53 - 97]
TG	=5.2	[<1.71]
U Acid	=569	[200 - 420]
HbA1C	=10.4	[4.8 – 5.9]
AST	=22	[<37]
ALT	=12	[<42]

21. Kul Chheung, 84F (Taing Treuk Village)
Diagnosis:

1. HTN
2. COPD

Treatment:

1. HCTZ 25mg 1t po qd for one month (#30)
2. Salbutamol Inhaler 2puffs bid for one month (#1)

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

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for two months (#120)
2. ASA 300mg 1/4t po qd for two months (#buy)

23. Lay Lai, 32F (Taing Treuk Village)
Diagnosis:

1. Tachycardia

Treatment:

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

24. Mar Thean, 54M (Rom Chek Village)
Diagnosis:

1. DMII

Treatment:

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

25. Meas Samen, 58F (Koh Pon Village)
Diagnosis:

1. Sciatica

Treatment:

1. Ibuprofen 200mg 2t po bid prn for one month (#30)
2. Paracetamol 500mg 1t po qid prn for one month (#30)

26. Moeung Phalla, 35F (Thkeng Village)
Diagnosis:

1. Tachycardia

Treatment:

1. Propranolol 40mg 1/4t po bid for two months (#30)

27. Nong Khon, 59F (Thkeng Village)
Diagnosis:

1. HTN
2. Dyspepsia

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (#35)
2. Famo/CaCO3/Mg(OH)2 10/800/165mg 1t po qhs (#30)

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

1. Cardiomegaly
2. VHD (MS/TR)

Treatment:

1. Atenolol 50mg 1/2t po qd for one month (# 15)
2. Captopril 25mg ¼ po bid for one month (buy)
3. ASA 300mg 1/4t po qd for one month (# 8)

29. Nung Y, 47F (Taing Treuk Village)
Diagnosis:

1. HTN
2. Dyspepsia

Treatment:

1. HCTZ 25mg 1t po qd for one month (#40)
2. Famo/CaCO3/Mg(OH)2 10/800/165mg 1t po qhs (#30)

30. Pe Chanthy, 51M (Taing Treuk Village)
Diagnosis:

1. Ascitis due to chronic Hepatitis B
2. Liver cirrhosis

Treatment:

1. Spironolactone 25mg 1t po qd for one month (#30)
2. Propranolol 40mg 1/4t po qd for one month (buy)
3. MTV 1t po qd for one month (#30)

31. Pheng Roeung, 64F (Thnout Malou Village)
Diagnosis:

1. HTN
2. Liver cirrhosis

Treatment:

1. Atenolol 50mg 1/2t po qd for three months (buy)
2. Spironolactone 25mg 1t po qd for three months (#90)
3. MTV 1t po qd for three months (#90)

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

1. Liver cirrhosis with PHTN
2. HTN

3. Anemia
4. Hypertrophic Cardiomyopathy
5. Renal Failure with hyperkalemia

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. MTV 1t po qd for two months (#60)

33. Prum Rim, 47F (Pal Hal Village)
Diagnosis:

1. Dyspepsia
2. HA

Treatment:

1. Famo/CaCO3/Mg(OH)2 10/800/165mg 1t po qhs (#30)
2. Paracetamol 500mg 1t po qid prn HA/Fever (#50)

34. Prum Thai, 62F (Rovieng Chheung Village)
Diagnosis:

1. GERD

Treatment:

1. Famo/CaCO3/Mg(OH)2 10/800/165mg 1t po qhs (#30)
2. MTV 1t po qd for one month (#30)

35. Ros Yeth, 58M (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 2t po bid for one month (#120)
3. Captopril 25mg 1/4t po bid for one month (buy)
4. Draw blood for Creat and HbA1C at SHCH

Lab result on September 9, 2011

Creat	=124	[53 - 97]
HbA1C	=7.9	[4.8 – 5.9]

36. Roth Ven, 54M (Thkeng Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

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

Lab result on September 9, 2011

Creat	=95	[53 - 97]
HbA1C	=7.4	[4.8 – 5.9]

37. Sam Sok Chea, 27F (Thnal Keng Village)
Diagnosis:

1. Zoonotic infection
2. Thrombocytopenia

Treatment:

1. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)

38. San Kim Hong, 50M (Taing Treuk Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po qhs for two months (#30)
2. Review on diabetic diet, do regular exercise and foot care

39. Sao Phal, 63F (Thnout Malou)
Diagnosis:

1. HTN
2. Anxiety
3. Hypertriglyceridemia
4. Dyspepsia

Treatment:

1. HCTZ 25mg 1t po qd for two months (# 60)
2. Amitriptylin 25mg 1t po qhs for two months (# 60)
3. Paracetamol 500mg 1t po qid prn pain/HA for two months (#30)
4. MTV 1t po qd for two months (#60)
5. Fenofibrate 100mg 1t po qd (buy)
6. Famo/CaCO3/Mg(OH)2 10/800/165mg 1t po qhs (#30)

40. Say Soeun, 72F (Rovieng Cheung Village)
Diagnosis:

1. HTN
2. DMII
3. Renal insufficiency

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po bid for one month (#60)
3. Enalapril 5mg 1t po bid for one month (#60)
4. Nisoldipine 10mg 2t po qd for one month (#60)
5. Atenolol 50mg 1/2t po qd for one month (#15)
6. MTV 1t po qd for one month (#30)

41. Som Hon, 51F (Thnal Keng Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for one month (#35)

42. Sun Yorn, 50M (Bos Village)
Diagnosis:

1. Severe hypertension
2. Sciatica

Treatment:

1. HCTZ 25mg 1t po qd for one month (#35)
2. Amlopidine 5mg 1t po qd for one month (#35)

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

Treatment:
1. Glibenclamide 5mg 1t po bid for two months (buy)
2. Metformin 500mg 2t po bid for two months (#280)
3. Captopril 25mg 1/4t po bid for two months (buy)
4. ASA 300mg 1/4t po qd for two months (#15)

44. Tann Sou Hoang, 51F (Rovieng Cheung Village)
Diagnosis:
1. DMII

Treatment:
1. Metformin 500mg 2t po bid for two months (#280)
2. Captopril 25mg 1/4t po qd for two months (buy)
3. ASA 300mg 1/4t po qd for two months (buy)

45. Thoang Korn, 38F (Ta Tong Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 1t po qd for one month (#35)

46. Thon Vansoeun, 53F (Backdoang Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 1t po qd for one month (#35)
2. ASA 300mg 1/4t po qd for one month (buy)

47. Thorng Khun, 43F (Thnout Malou Village)
Diagnosis:
1. Hyperthyroidsim
2. Sciatica
3. Vit Deficiency

Treatment:
1. Carbimazole 5mg 2t po bid for two months (buy)
2. Propranolol 40mg 1/4t po bid for two months (#30)
3. Paracetamol 500mg 1t po qid prn pain for two months (#30)
4. MTV 1t po qd for two months (#60)

48. Tith Hun, 58F (Ta Tong Village)
Diagnosis:
1. HTN
2. Dyspepsia

Treatment:
1. Enalapril 5mg 1t po qd for one month (# 30)
2. HCTZ 25mg 1t po qd for one month (#30)
3. Atenolol 50mg 1/2t po qd for one month (#15)
4. Famo/CaCO3/Mg(OH)2 10/800/165mg 1t po qhs (#30)

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

Treatment:

1. Metformin 500mg 2t po bid for two months (#120)
2. Captopril 25mg 1/4t po bid for two months (buy)
3. ASA 300mg 1/4t po qd for two months (#15)

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

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (#60)
2. Metformine 500mg 1t po bid for one month (#30)
3. Captopril 25mg 1t po bid for one month (buy)

51. Yin Hun, 74F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

1. Enalapril 5mg 1t po qd for one month (#30)

52. Yung Thourn, 72M (Rovieng Tbong Village)
Diagnosis:

1. Gouty arthritis
2. HTN
3. Anemia

Treatment:

1. Paracetamol 500mg 1t po qid prn for one month (#30)
2. Amlodipine 5mg 1t po qd for one month (#30)
3. FeSO4/Folate 200/0.4mg 1t po bid for one month (#60)
4. MTV 1t po qd for one month (#30)

The next Robib TM Clinic will be held on October 3 - 7, 2011