



Teladoc Health Personal Case Management Case Stories

Case Story 1

Case Description

A 12-year-old boy had pain and swelling in his left leg for two months. He was diagnosed with bone cancer (osteosarcoma), and it was found that the cancer had already spread to his lungs. His treating doctor recommended surgery to remove the tumor and mentioned that there is a possibility that amputation of the leg would be required. The child's parents sought assistance from Teladoc Health's Personal Case Management service to review the case, confirm the diagnosis and seek advice on the treatment options. The child was assigned a Physician Case Manager, and with the parent's consent, the boy's imaging and medical reports were retrieved and sent for a re-evaluation.

Experts Consulted

Gregory M. Cote, MD, PhD

Assistant Professor of Medicine
Harvard Medical School

Physician-in-Chief

Massachusetts Eye and Ear Hospital
Boston, MA, USA

Dr. Andrew Park

Head of Orthopedic Surgery
Massachusetts General Hospital

Boston, MA, US

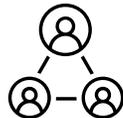
Experts' Recommendation

- Instead of amputation, the patient's leg could be saved by conducting blood vessel and nerve preservation techniques during surgery
- Detailed chemotherapy and surgical plans were outlined for the lung metastasis
- Recommendation of surgical teams with specialized experience in osteosarcoma
- Referral to Physiotherapy post-surgery

The difference Teladoc Health's Personal Case Management service made for the patient



Appointment of a
Dedicated Physician
Case Manager



Access to a comprehensive
network of global quality
accredited specialists



Clear and comprehensive
report with
recommendations of the
various medical experts



Support and guidance
throughout the medical
journey

Case Story 2

Case Description

A 34-year-old woman was diagnosed with a benign left thyroid nodule. Her treating doctors recommended a surgical removal of the thyroid gland (thyroidectomy) based on the size and retrosternal nature of her enlarged thyroid gland. Feeling anxious and unsure about needing to go through surgery, she sought help from Teladoc Health.

Experts Consulted

Anthony N. Hollenberg, MD

Chairman, Department of Medicine
Weill Cornell Medicine

Physician-in-Chief

Massachusetts Eye and Ear Hospital
Boston, MA, USA

Peter M. Mowschenson, MD

Assistant Professor of Surgery
Harvard Medical School

Beth Israel Deaconess Medical Center
Boston, MA, USA

Experts' Recommendation

Based on latest international guidelines, the experts concluded that surgery was not necessary at the point of time as the biopsy and ultrasound suggested a benign lesion. They advised that further evaluation of the nodule with imaging such as CT Scan or Ultrasound could be done, and regular follow-up should be done to continue monitoring the growth of the nodule.

The difference Teladoc Health's Personal Case Management service made for the patient



Avoidance of unnecessary or untimely surgery



Guidance based on latest research and development in the medical world



Regular follow up, on-going assessment and advice on disease progression



Peace of mind and assurance

Case Story 3

Case Description

A 15-year-old suffered a fracture of his left arm bone (distal end of the humerus), and a dislocation of his left elbow joint (radial head). He underwent an open reduction and internal fixation of the humerus bone. Nine months after the surgery, the patient still had reduced range of motions in his left elbow and wrist. His treating orthopedic surgeon recommended him to continue physiotherapy and informed him that further investigations will only be required if there was no improvement in the next 3 to 6 months. The patient and his parents contacted Teladoc Health for the opinion of other experts.

Experts Consulted

Dr. Michael J. Gardner, MD

Professor of Orthopedic Surgery
Stanford University School of Medicine

Vice Chairman, Department of Orthopedic
Surgery

Chief, Orthopedic Trauma Service
Stanford Hospitals and Clinics

Palo Alto, CA, USA

Dr. Ramesh Subramaniam, MD

M.B.B.S, MRCS (EDIN), MMED
(ORTHO), FRCS (EDINBURGH), FAMS
(ORTHO)

Consultant Orthopaedic Surgeon
Avant Sports, Shoulder And Elbow
Surgery Clinic

Singapore

Experts' Recommendation

- The experts agreed that it is normal for patients to experience a reduced range in motion after surgery due to the formation of scar tissue within the joint
- Physiotherapy should be continued for at least 6 to 12 months
- Advice on the correct physical therapy techniques were given
- No urgent investigations or further surgeries are required at this juncture
- Routine x-rays are sufficient to confirm if the fracture has healed

The difference Teladoc Health Personal Case Management service made for the patient



Access to a comprehensive
network of global quality
accredited specialists



Clear and comprehensive report
with recommendations of the
various medical experts



Peace of mind
and assurance

Case Story 4

Case Description

This case concerns a 57-year-old woman with a positive family history of breast cancer. In October 2018, she was diagnosed with a form of breast cancer called Ductal Carcinoma in-situ (DCIS) and underwent a right mastectomy (with negative sentinel lymph node biopsy), followed by treatment with a hormonal therapy drug, Anastrozole. In May 2019, she was found to have a suspicious nodule in her left breast which was then excised. Based on the findings on mammography and histological results, she was recommended mastectomy of the other breast. She contacted Teladoc Health for an expert medical opinion regarding her treatment plan.

Experts Consulted

**Pr. Michael Green,
FRACP, FACP**

Professor of Medicine
University of Melbourne

Consultant Medical
Oncologist
Royal Melbourne Hospital
Melbourne, VIC, AUS

Amber Guth, MD,
Associate Professor of Surgery
New York University School of
Medicine

Director, Multidisciplinary
Breast Cancer Surgical
Fellowship,
NYU Langone Medical Center
New York, NY USA

**Debashis B.
Ghosh,**
Consultant Breast &
Oncoplastic Surgeon

Royal Free London
NHS Trust & UCL
Medical School
London United
Kingdom

Experts' Recommendation

The experts agreed that the proposal for a left mastectomy is appropriate especially in the context of the strong family history as well as the suspicious mammogram of a BI-RADS 4A lesion. If the patient chooses not to proceed with a prophylactic left mastectomy, she should consider having yearly breast MRI. The advantage of a prophylactic left mastectomy would be the elimination of the need for high-risk surveillance screening of mammograms, ultrasounds and MRIs yearly. She would also not need to take Anastrozole anymore if she proceeds with the mastectomy. Genetic testing for her family members was advised.

The difference Teladoc Health's Personal Case Management service made for the patient



Recommendation on best treatment option using a Multidisciplinary approach



Clear and comprehensive report with recommendations of the various medical experts



Regular follow up, on-going assessment and advice on disease progression



Teladoc™
HEALTH