

WhatsApp: What an App!

Sir,

Telemedicine, defined as "The use of electronic information and communications technologies to provide and support health care when distance separates the providers of care from their patients."^[1] Telemedicine introduced into specific settings such as rural healthcare system, improved outcomes.^[2] For communication between the members of any division in the field of medicine is perhaps a verbal report via telephones. Telephone communication can be rapid but not objective and precise. To add more accurate

information to verbal report, clinical photographs taken by digital cameras were transmitted in the late 1990's.^[3] WhatsApp (WA) was introduced mainly to text, exchange photos, videos and voice note, and is popular among smart phone users.^[4] However, it can also serve as a medium for doctors to rescue ailing people during the times of emergency, as this case illustrates.

A 45-year-old gentleman operated case of Lt Bite composite resection + PMMC (a case of Left Ca Buccal Mucosa), with no comorbid medical history, other than electrocardiogram (ECG) findings of right bundle branch block with left anterior hemiblock, was admitted to intensive care unit (ICU) on postoperative day 7 postgeneralized tonic-clonic convulsions with bradycardia (38 bpm).

The registrar on-call called up the consultant on-call to inform him about the patient condition. In order to confirm the diagnosis, it was decided to send the ECG changes via WA to the consultant for a diagnosis.

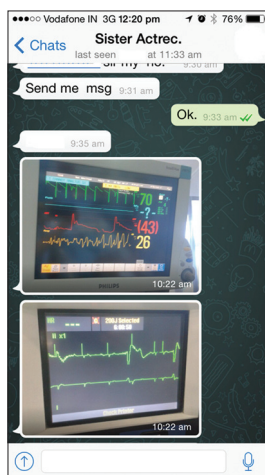


Figure 1: WhatsApp image showing monitor with transvenous pacing with ECG changes



Figure 2: WhatsApp image showing transvenous pacing

Complete heart block diagnosis is made based on the pictures.

The consultant was 40 km away from the center where the patient was located. It was decided to do transcutaneous pacing to tide out the crisis. The images were sent again to the consultant by WA. Transvenous pacing wires were put by the consultant and the patient rhythm stabilized. The images were sent by WA to the senior consultant and intensivist who opined regarding proper placement. We decided to shift the patient to another center, where there were advanced facilities for further management. Changes in ECG patterns were noted on the cardioscope while transferring the patient in an ambulance to referral center [Figure 1]. We immediately sent the images of cardioscope by WA to senior consultant, who advised to withdraw the wire of pacemaker till it senses. The pacing wire was withdrawn till we could see pacing, the images of which were again sent to a senior consultant who concurred with proper placements [Figure 2].

Due to the availability of such a wonderful app and smartphone we could manage the catastrophe and could save the life of the patient. We would like to mention here, since there is an availability of telemedicine and electronic ICU,^[5] at center's world over, in situations like transporting the patient to higher center, such technology is not available. Availability of an application where we can transfer images and videos, during the transportation of patients, plays a crucial role in avoiding mishaps, provided there is an active network of the mobile service provider.

We conclude that, smartphones running applications such as WA play a vital role in transmitting medical information and images in resource-limited situations.

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