

Falciparum Malaria a Unusual Presentation in Foreign Returned (South Africa) Person Infected with Malaria

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Abstract

Plasmodium falciparum is a unicellular protozoan parasite of humans, and the deadliest species of *Plasmodium* that causes malaria in humans. The parasite is transmitted through the bite of a female *Anopheles* mosquito and causes the disease's most dangerous form, falciparum malaria. It is responsible for around 50% of all malaria cases. *P. falciparum* is therefore regarded as the deadliest parasite in humans.

As of the World Health Organization World Malaria Report 2021, there were 241 million cases of malaria worldwide in 2020, resulting in an estimated 627,000 deaths. Nearly all malarial deaths are caused by *P. falciparum*, and 95% of such cases occur in Africa. Children under five years of age are most affected, accounting for 80% of the total deaths. In Sub-Saharan Africa, almost 100% of cases were due to *P. falciparum*, whereas in most other malarial countries, other, less virulent plasmodial species predominate.

Keywords: Fever; Hepatitis; Falciparum; Malaria; Thrombocytopenia; WHO; Thrombocytopenia.

INTRODUCTION

Falciparum malaria was familiar to the ancient Greeks, who gave the general name πυρετός (pyretós) "fever". It was the Romans who named the disease "malaria" mala for bad, and aria for air, as they believed that the disease was spread by contaminated air, or miasma.

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Benign tertian malaria by *Haemamoeba vivax* (now *P. vivax*), and quartan malaria by *Hemamoeba malariae* (now *P. malariae*). The valid genus *Plasmodium* was created by two Italian physicians Ettore Marchiafava and Angelo Celli in 1885. The Greek word plasma means "mould" or "form"; oeidēs meaning "to see" or "to know." The species name was introduced by an American physician William Henry Welch in 1897.¹⁵ It is derived from the Latin falx, meaning "sickle" and parum meaning "like or equal to another".

CASE REPORTS

- A Young male 32 years with no comorbid, presented with fever with chills, had a history of falciparum malaria infestation in South Africa and later on treated with the anti-malarials Artesunate as standard Course and later has been discharged.

- After the discharge the patient again started with fever and chills and evaluated and found to have the deranged LFT.
- Patient admitted and in view of previous Falciparum positive started with Anti-

Malarial and standard supportive care given. Regular LFT monitoring and Platelets monitoring done, patient evaluated and responded well with the proposed line of treatment.

Investigations:

Sr no	Date	SGOT	SGPT	Total Bil	Platelets
1.	20/08	256 Iu/l	278 Iu/L	2.98 mg/dl	56000/ Cumm3
2.	23/08	128Iu/l	184Iu/L	2.18 mg/dl	94000/ Cumm3
3.	25/08	96Iu/l	112Iu/L	1.80 mg/dl	126000/ Cumm3
4.	26/08	42Iu/l	65Iu/L	1.02 mg/dl	145000/ Cumm3

Treatment Given:

1. Inj. Artesunate 120 Mg + 100 ml NS as per standard Protocol.
 2. Inj. Paracetamol 100 ml TDS.
 3. Inj. PPI 40 Mg IV BD.
 4. Inj. Emeset 4 Mg TDS.
 5. Tab Doxycycline 100 mg TDS.
 6. Intravenous Fluids Maintenance
 7. Supportive Treatment.
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DISCUSSION

Even after the much of developments and medical advancements the malaria is one among the infectious agents and causing mortality. Throughout the globe. The case discussed here suggestive of incidence and prevalence of the Malaria most common type Falciparum in South Africa. Timely diagnosis and management still holds goods at that part to manage the patient.

CONCLUSION

The case presented here shows the significance of malarial infection and importance of the anti-protozoal in the case which is drug of choice. Case discussed here suggestive of malarial infestation along with significant thrombocytopenia and disarranged LFT.

Patient managed with standard antiprotozoal and responded well and planned for discharged with regular follow up.

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