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An Investigation into The Aetiology Of Severe Anaemia After Malaria Treatment- A Case Report from Turkey

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Abstract

Anaemia constitutes one of the main clinical manifestations of severe falciparum malaria, interestingly, anaemia may also be due to Artesunate related drug toxicity. A 42-year-old male patient with complaints of fever, difficulty in speaking, loss of balance and light headedness is presented to the clinic, extensive work up leads to a diagnosis of severe malaria. Initial parasitaemia is 20%. Upon receiving the treatment which is Artesunate, the patient witnesses massive improvement in his condition and parasitaemia is cleared. However, seven days post treatment and discharge, he returns to the hospital with classical signs of severe anaemia. Several aetiologies are suspected in the differential diagnosis, such as autoimmune haemolytic anaemia; a complication of severe malaria, the possibility of hemophagocytic syndrome is also taken into consideration. However, the final diagnosis was given as post Artesunate delayed haemolysis.

Introduction: Malaria can be a leading cause of mortality and morbidity in tropical regions and has been presenting a significant global health burden. Plasmodium falciparum is responsible for the most fatal type of Malaria infecting humans with having a mortality rate as high as 500 000 deaths each year. To gain better knowledge of the clinical course of severe malaria, one must first recognise what distinguishes severe malaria from other types of malaria. In this case report, we look at the clinical manifestations reported in this specific patient, treatment regimens and what consequences and complications the treatment can carry# ADDIN EN.CITE # ADDIN EN.CITE.DATA #[1]. One of the main clinical manifestations of severe malaria is anaemia with Hb levels falling below 8mg/dL # ADDIN EN.CITE # ADDIN EN.CITE.DATA #[2]. However, this complication can also be a case of drug adverse effects# ADDIN EN.CITE # ADDIN EN.CITE.DATA #[3].

Case Report: A 42-year-old Turkish male was admitted with fever and chills, headache, difficulty in speaking, loss of balance and light headedness. His symptoms had started a week earlier with the fever being intermittent in nature. Physical examination revealed a noticeable level of somnolence and mild hepatomegaly. The patient reported a history of travelling to Africa which led us to perform a peripheral thin blood film microscopy and its result confirmed the presence of plasmodium falciparum with the 1544 parasites per µL. The rapid plasmodium antigen test was also positive for P. falciparum. The definitive diagnosis was severe malaria based on the given to data. On day one, the patient had creatinine values of 3.86 mg/dL, indicative of acute kidney failure. Furthermore, he also had severe jaundice confirmed by his bilirubin levels of 13 mg/dL with the direct bilirubin level being at a level 10 mg/dL. The patient was started on intravenous Artesunate (2.4 mg/kg) (first two days)/ Arthemeter-lumefantrin (5 days) in addition to doxycycline (7 days), additionally, in addition to this, supportive care was provided. On day three, severe malaria was persistent. And the patient was now complaining of a serious headache. Cranial MRI was performed, and it showed cortical oedema localized in the occipitotemporal gyrus and inferior temporal gyrus, T2-weighted diffusion revealed hyperintense signal changes- cerebral malaria was the final diagnosis . Day seven was the third day with the patient being fever-free, he did however have rectal bleeding (history of haemorrhoid). No significant finding was reported in the colonoscopy and haemorrhoid treatment was initiated. On day eight, the patient was discharged with a 10 g/dL haemoglobin level. On day 17, the patient was returned and fatigue was worsened, and, his severely pale status led to his re-admission to the hospital. Gastrointestinal haemorrhage is discarded. The patient had severe anaemia. Malaria related anaemia, gastrointestinal bleeding, hemophagocytic syndrome and drug-related anaemia were included in the differential diagnosis.

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