



Severe Plasmodium Falciparum Malaria Induced Haemolytic Anaemia in Pregnancy: A Case Report

Dr Audrey Quach-Yan¹

¹. Joan Kirner Women's & Children's Sunshine Hospital, Western Health, St Albans Victoria, Australia



Background

Malaria is the second most common cause of infectious disease related death globally, with malaria in pregnancy contributing to more than 10,000 maternal and 200,000 neonatal deaths per year.

This report aims to highlight the importance of considering this diagnosis early in non-endemic areas secondary to globalisation of disease, with early identification allowing for appropriate management of maternal sequelae and risks of intrauterine demise, premature delivery, foetal growth restriction, congenital infection and maternal/neonatal mortality.

Case Study

A 36-year-old multipara female, presented to a tertiary Hospital in Melbourne, Australia at 31 weeks gestation after having arrived from Uganda one month prior with limited antenatal care on arrival.

She presented with maternal pyrexia 38.8C, tachycardia up to 139bpm with generalised myalgias and was commenced on triple broad-spectrum antibiotics to treat for presumed maternal sepsis. Further investigations subsequently revealed positive blood film for Plasmodium Falciparum and repeat biochemistry revealing a haemoglobin drop from 88g/L on arrival to 46g/L less than 12 hours post with a haptoglobin of <0.10g/L and lactate dehydrogenase of 430 U/L with evidence of ongoing haemolysis.

The patient was subsequently transferred to the Intensive Care Unit requiring a total of 6 packed red blood cell units to be transfused and completion of a course of Artesunate and Riamet. The patient's anaemia resolved following treatment with peak parasite loads of 1.2%.

Results

Subsequent monitoring antenatally with serial growth surveillance and repeat serology was stable. The patient had a term unassisted vaginal birth at 40+2 of a well grown liveborn male with Apgar score of 8+9.

Conclusion

This case demonstrates globalisation of disease and importance of considering uncommon differentials in non-endemic areas to ensure prompt management of severe malaria cases in pregnancy.

References

1. Kovacs S. D., Rijken M. J., Stergachis A. Treating severe malaria in pregnancy: a review of the evidence. *Drug Safety*. 2015;38(2):165–181. doi: 10.1007/s40264-014-0261-9.
2. A. Bardají, B. Sigauque, S. Sanz, M. Maixenchs, J. Ordi, J.J. Aponte, S. Mabunda, P.L. Alonso, C. Menéndez. Impact of malaria at the end of pregnancy on infant mortality and morbidity. *J Infect Dis*, 203 (5) (2011 Mar 1), pp. 691-699,]