

## Unexpected presentation of Latent Malaria

### Case Report

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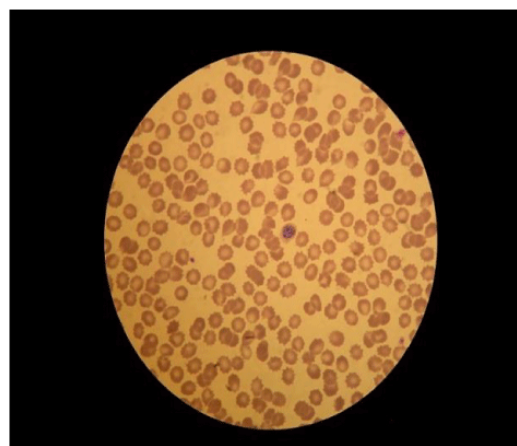
A 71 year old Caucasian lady attended A & E unwell with headache, diarrhoea and vomiting. The only finding on examination was nonspecific abdominal tenderness. Baseline bloods showed WBC  $3.7 \times 10^9/L$ , Hb 111g/L, PLT  $22 \times 10^9/L$ , CRP 216mg/L, ALT 771.U/L, AST 831.U/L, Bilirubin  $27 \mu\text{mol/L}$ , normal renal functions, Total protein 51g/L and Albumin 30g/L. A wide range of differentials including hepatitis, TTP, HUS, infective diarrhoea, sepsis and malignancy were considered. She was admitted under the medical team for conservative management and urgent Haematology review.

(Figure 1). Blood film revealed genuine thrombocytopenia and crenated red cells. Surprisingly, there were a few gametocyte stages of malarial parasites. A malarial antigen test indicated non-falciparum infection. The species was confirmed as Plasmodium Vivax by our regional Tropical School of Medicine.

The patient's history, when re-visited revealed travel all over the world, including India, with no antimalarial prophylaxis.

With urgent antimalarial treatment, she made a complete clinical, haematological and biochemical recovery.

This case of latent malaria, presenting very late, and in an unexpected way, reiterates the importance of taking a good travel history and thorough examination of the blood film. It goes without saying that 'what the eyes saw that the mind didn't know was a life saver in this case.



Figure