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Case Report of Black Water Fever

Medical Science

KEYWORDS :

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ABSTRACT

In present paper we are trying to study Complications of Malaria and their presentation.

INTRODUCTION: Malaria is a mosquito-borne infectious disease affecting humans and other animals caused by parasitic protozoans (a group of single-celled microorganisms) belonging to the *Plasmodium* type.Malaria causes symptoms that typically include fever, fatigue,vomiting, and headaches. In severe cases it can cause yellow skin, seizures, coma, or death. Symptoms usually begin ten to fifteen days after being bitten. If not properly treated, people may have recurrences of the disease months later.In those who have recently survived an infection,reinfection usually causes milder symptoms.This partial resistance disappears over months to years if the person has no continuing exposure to malaria.

The disease is most commonly transmitted by an infected female Anopheles mosquito. The mosquito bite introduces the parasites from the mosquito's saliva into a person's blood.The parasites travel to the liver where they mature and reproduce. Five species of *Plasmodium* can infect and be spread by humans.Most deaths are caused by *P. falciparum* because *P. vivax*,*P. ovale*, and *P. malariae* generally cause a milder form of malaria.The species *P. knowlesi* rarely causes disease in humans.Malaria is typically diagnosed by the microscopic examination of blood using blood films, or with antigen-based rapid diagnostic tests. Methods that use the polymerase chain reaction to detect the parasite's DNA have been developed, but are not widely used in areas where malaria is common due to their cost and complexity.

The risk of disease can be reduced by preventing mosquito bites through the use of mosquito nets and insect repellents, or with mosquito-control measures such as spraying insecticides and draining standing water. Several medications are available to prevent malaria in travellers to areas where the disease is common. Occasional doses of the medication sulfadoxine/pyrimethamine are recommended in infants and after the first trimester of pregnancy in areas with high rates of malaria. Despite a need, no effective vaccine exists, although efforts to develop one are ongoing.The recommended treatment for malaria is a combination of antimalarial medications that includes an artemisinin.The second medication may beeithermefloquine, lumefantrine, or sulfadoxine/pyrimethamine.Quinine along with doxycycline may be used if an artemisinin is not available. It is recommended that in areas where the disease is common, malaria is confirmed if possible before treatment is started due to concerns of increasing drug resistance. Resistance among the parasites has developed to several antimalarial medications; for example, chloroquine-resistant *P. falciparum* has spread to most malarial areas, and resistance to artemisinin has become a problem in some parts of Southeast Asia.

CASE REPORT:A 8 year old male patient named Dyaneshwar Shivraj resident of Vadgaon brought to our casualty with complains of fever,cough since 3 days and dark coloured urine since 2 days.Fever was associated with chills & rigor with cold & sweating phase.On examination patient was febrile,fever associated with chills heart rate was 120/min,respiratory rate 22/min,per abdomen hepatosplenomegaly is present,spleen was firm & mild enlarged.We investigated the patient for fever and dark coloured urine.reports are normal but CBC show low HB,low Platelet count and low Leucocyte count.tests for dengue and PS for MP is negative, renal function tests shows raised urea and creatinine levels,USG abdomen shows Cholelithiasis.We suspected Malaria on the basis of clinical examination and fever pattern.Started the patient on ACT (Artesunate combination therapy).patient responded to our treatment and fever subsided and urine colour also changed to normal.

CONCLUSION :Irrespective of the lab investigations which are negative for Malaria we started patient on Anti-Malaria on the basis of clinical presentation and examination and patient responded to our treatment and improved of symptoms.

Fever chart: