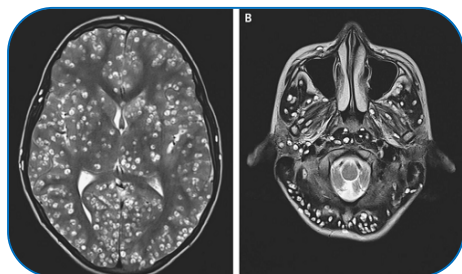




## INFESTATION OF MALARIA OCCURS IN BRAIN



**Karruna Santoshasing Pardeshi**  
Abasaheb Garware College, Pune (M.S), India.

### ABSTRACT

*Malaria is a dread full disease spread all over in the world due to mosquito bites In my paper I am describing its severity and seriousness . My aim is to specialize the the cause of malarial infection in specific space such as brain in my paper infection of malaria occurs due to the presence of Plasmodium vivax , the parasite who lives in the gut of infected Anopheles female mosquito . Malaria is a major health problem in the tropics and estimated 1-1.27 milion deaths each year as a result of severe malaria. Prompt and accurate diagnosis is the key to effective management. It may be different to distinguish it from viral fever arboviral infections, enteric fever or even leptospirosis.*

**KEYWORD :** mosquito bites , Anopheles female mosquito , severe malaria.

### INTRODUCTION

A variety of hematologic & metabolic alterations have been reported in plasmodium falciparum malaria but this case report illustrates a patient who had a protracted course in hospital due to several rare complications of P.vivax we here report a case of subdural hematoma caused due to plasmodium vivax which was successfully diagnosed & treated.

### MATERIAL AND METHODS:

A 40 year old man presented fever with chills, intense headache & intermittent vomiting since 3-4 days on examination the patient had tachycardia on investigating the patient, the platelet count was 17000/cumm suggestive of severe thrombocytopenia, and PBS showed P.vivax because of thrombocytopenia patient developed subdural hematoma in fronto-parietal region of the brain.

### DISCUSSION:

A subdural hematoma is a form of traumatic brain injury in which blood gathers between the dura and arachnoids mater (Meanings) this represents the presence of acute extra- axial hemorrhage overlying the right fronto- parietal convexity due to tearing of bridging cortical veins. Blood collects between dura and arachnoids mater.

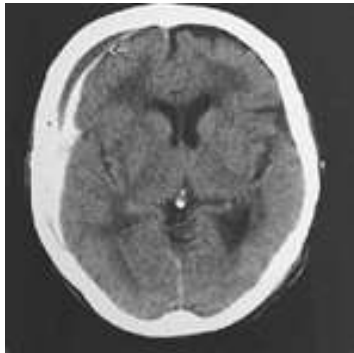
A 27 year old man presented fever with chills, intense headache & intermittent vomiting since 3-4 days on examination the patient had tachycardia.

On investigating the patient, the platelet count was 17000/cumm suggestive of severe thrombocytopenia, PBS showed P.vivax.

SGPT:69U/ml(N:535U/ml),T.Bilirubin:1.3mg/dl(N:1.2mg/dl),AST:79(N:40IU/L),ALT:147(N:40IU/L).CT scan brain showed Subdural Hematoma measuring 9mm in width along left temporal & front parietal lobe. Patient was treated with parenteral ant malarial

(Artisunate), antibiotics (Ceftriaxone) & inj.Mannitol to reduce edema in the brain. The mechanism of subdural hematoma due to thrombocytopenia in malaria is uncertain immunomediated sequestration in the spleen a dyspoietic process in the marrow with diminished platelets production have been postulated.

Abnormalities in platelets have been described as consequence of malaria and in rare instances platelets can be invaded by malarial parasites themselves. The risk factors for recurrence are variable and they appear to be related to the thickness and to neuro-imaging features of the hematoma on CT or MR images as well as surgical treatments are used that affect brain re-expansion.



**A) Subdural hematoma showing in Sonographyreports of the patient**

#### **RESULTS:**

Operation was done; Subdural hematoma was evacuated under general anesthesia. Patient was well responded with Anti malarial (Artisunate), antibiotics (Ceftriaxone) & inj.Mannitol to reduce edema in the brain, as the platelet count was low 14 units of platelets transfused and after that platelet count was improved dramatically.

#### **CONCLUSION:**

Malaria has reported dreaded complications like Splenomegaly, hepatomegaly, thrombocytopenia, Acute Pancreatitis, Renal failure, anemia etc. But this case is a rare case and is of great importance due to the rarity of its complication of subdural hematoma due to p. vivax, which can be diagnosed and treated successfully. Considering the suspicion of malaria in a case even with history of headache, malaria should be ruled out.

#### **Acknowledgement:**

Author is thankful to Dr. Manoj Sarwade, Lalita Pathology, Aurangabad, Dr. Rajendrasing Pardeshi, Jijai Hospital, Aurangabad .

#### **REFERENCES:**

1. Lee MS, Kim WC. Intracranial hemorrhage associated with idiopathic thrombocytopenic purpura: Report of seven patients and a meta-analysis. Neurology 1998; 50:1160-3

- 
2. Miyamoto T, Sasaki K, Ohshima T, Matsumoto K, Itoh J. A case of chronic subdural hematoma associated with idiopathic thrombocytopenic purpura (ITP). *No Shinkei Geka* 1997; 25:157-61.
  3. Seckin H, Kazanci A, Yigitkanli K, Simsek S, Kars HZ. Chronic subdural hematoma in patients with idiopathic thrombocytopenic purpura: A case report and review of the literature. *Surg Neurol* 2006;66:411-4
  4. Samuels MA. Neurologic manifestations of hematologic diseases. *In: Asbury AK, \*McDonald W, editors. Diseases of the Nervous System-Clinical Neurobiology. W.B Sanders Company: Philadelphia; 1992. p. 1516.*
  5. Meena AK, Murthy JM. Subdural hematoma in a patient with immune thrombocytopenic purpura. *Neurol India* 1999; 47:335-7.