A film with an unexpected twist
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2. Always rule out malaria in an unwell patient if there has been travel to malarious local outbreaks. It is also important to consider risk factors for delayed presentation as well as previous use of chemoprophylaxis.

3. It is reassuring that the laboratory and its standardised practices provide safety net when it comes to establishing a diagnosis.

Malaria is not on the top of the list of differentials when a patient presents with fevers and flank pain. It was a combination of low platelets, that prompted the laboratory to request a blood film leading to the diagnosis. Both thick and thin film, as well as the antigen test confirmed the diagnosis of malaria. This was then subsequently confirmed by the reference laboratory.

Interestingly, delayed onset may be related to whether the patient has previously taken chemoprophylaxis and which drug was taken. The life cycle of the parasite in humans consists of two stages. The first stage is the liver phase, where parasites multiply in hepatocytes and cause them to rupture. The second stage is the blood stage, where parasites are released into the blood stream and invade erythrocytes, which causes critical illness. Drugs can be divided into blood-stage schizonticides (Mefloquine, doxycycline, chloroquine) and liver-stage schizonticides (Primaphine, atovaquone + chloroquine). Late relapses caused by P. ovale and vivax may be attributable to both vivax and ovale having persistent liver stages which can emerge and cause illness months to years after primary infection. Blood-stage schizonticides will not prevent these relapses and may even mask symptoms of initial infection.

1. Take an extensive travel history going beyond a few months and refer to NaTHNaC for local outbreaks. It is also important to consider risk factors for delayed presentation as well as previous use of chemoprophylaxis.

2. Always rule out malaria in an unwell patient if there has been travel to malarious area or where there have been recent outbreaks.

3. It is reassuring that the laboratory and its standardised practices provide safety net when it comes to establishing a diagnosis.

References
9. Learning points
10. Discussion
11. Progression of disease
12. Cases of delayed onset
13. Chemoprophylaxis: a risk factor for delayed presentation
14. Autochthonous Malaria
15. > 200 million cases worldwide in 2016
16. 445,000 deaths attributable to P. falciparum
17. Cases of increased severity of P. vivax
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