Original Research Article

To correlate clinical profile & laboratory parameters with final outcome in Plasmodium vivax (Pv) and Plasmodium falciparum (Pf) malaria

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A R T I C L E   I N F O

Article history:
Received 21-08-2020  
Accepted 22-08-2020  
Available online 29-09-2020

Keywords:
Clinical  
Plasmodium Vivax  
Plasmodium Falciparum  
Malaria

A B S T R A C T

Materials and Methods: A total of 230 confirmed cases of malaria were taken up for the study from the admitted patients in MGM Medical College & M. Y. Hospital, of which 141 were falciparum positive, 69 were vivax positive & 20 patients were positive for both Pf & Pv.

Result: Comparison of duration of stay in Plasmodium falciparum and Plasmodium vivax malaria P value < 0.001 highly significant; < 0.05 significant; > 0.05 not significant, Comparison of hematological parameters in Plasmodium falciparum and Plasmodium vivax malaria P value < 0.001 highly significant; < 0.05 significant; > 0.05 not significant.

Conclusion: Cerebral malaria is the most lethal entity of severe malaria and children are more prone than other susceptible groups. Encephalopathy, shock and renal failure at the time of presentation were poor prognostic factors, while anemia and thrombocytopenia were not found to be associated with adverse outcome.

Thrombocytopenia is a key indicator of malaria infebrile patients. Nature of thrombocytopenia in malaria is benign, mostly recovering with antimalarials without platelet transfusions. In our study, mortality rate of malaria was found to be 4.7%. Pf was associated with higher mortality rate as compared to Pv. Complications were more common with Pf group, though they were also seen in Pv group.

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2. Materials and Methods

A total of 230 confirmed cases of malaria were taken up for the study from the admitted patients in MGM Medical College & M.Y. Hospital and CNBC over 2 years from Oct 2010 to Sep 2012, of which 141 were falciparum positive, 69 were vivax positive & 20 patients were positive for both Pf & Pv.

2.1. Inclusion criteria

1. Children <14 years of age with fever admitted to M.Y. Hospital & Chacha Nehru Bal Chikitsalya Avum Anusandhan Kendra, who were tested positive for plasmodium vivax/falciparum.
2. Presence of malarial parasite on thick and thin peripheral smear and/or positive rapid malaria antigen test (rapid immuno-chromatogenic test) was considered as diagnostic for malaria.
3. RDT was performed according to the manufacturer’s instructions.
4. Categorization into severe malaria and their treatment was as per
5. WHO guidelines. Admission laboratory values were used for patient classification and data analysis.
6. Parental consent was not taken, because the study was done following standard hospital practice without introduction of any experimental procedures.

2.2. Exclusion criteria

1. All patients were investigated for other co-existent infections including enteric fever, dengue and hepatitis, whenever deemed relevant. Patients having another infection with plasmodium such as enteric fever and hepatitis were excluded.
2. Patients affected with chronic hemolytic anemia & chronic liver disease were excluded.

3. Results and Discussion

This is in line with the conclusion of UM Jadhav et al \(^7\) that presence of thrombocytopenia is not a distinguishing feature between vivax and falciparum malaria. Profound thrombocytopenia is a well-recognized complication of Pf malaria but has been less well described in Pv malaria. A recent study from Venezuela by Rodriguez-Morales AJ, Sanchez E, Vargas M, et al \(^8\) reported thrombocytopenia in 58.9% cases with Pv malaria. Another series on adult patients with Pv monoinfection by Kochar DK \(^6\) reported severe thrombocytopenia in 12.5% cases. Krishnan, Anand MD, Dilip R MD et al \(^9\) in 2003 reported thrombocytopenia in 40% patients diagnosed with malaria. Sharma SK et al \(^10\) in their study of 30 cases of falciparum malaria concluded that 90% of the cases had thrombocytopenia. The high prevalence of thrombocytopenia observed in malaria patients establishes thrombocytopenia as a key indicator of malaria in febrile patients, Laura M Erhart, Kritsanai Y , Niphan C, Buathong et al \(^11\) in 2004 concluded in their study that patients with platelet count less than 1.5 lakh were 12-15 times more likely to had malaria.

4. Conclusion

Cerebral malaria is the most lethal entity of severe malaria and children are more prone than other susceptible groups. Encephalopathy, shock and renal failure at the time of presentation were poor prognostic factors, while anemia and thrombocytopenia were not found to be associated with adverse outcome.

Thrombocytopenia is a key indicator of malaria infebrile patients. Nature of thrombocytopenia in malaria is benign, mostly recovering with antimalarials without platelet transfusions. In our study, mortality rate of malaria was found to be 4.7%. Pf was associated with higher mortality rate as compared to Pv. Complications were more common with Pf group, though they were also seen in Pv group.

5. Source of Funding

None.

6. Conflict of Interest

None.

References


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Cite this article: Goyal P, Choudhary PK. To correlate clinical profile & laboratory parameters with final outcome in Plasmodium vivax (Pv) and Plasmodium falciparum (Pf) malaria. *IP Int J Med Paediatr Oncol*. 2020;6(3):118-120.