

# Malaria during pregnancy: debut at the end of gestation.

## A case proposal

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### Introduction

Malaria is the most common tropical infectious disease worldwide. Approximately 10.000 pregnancy women and 200.000 infants die because of this infection. The most prevalent subtype, *Plasmodium falciparum*, can cause placental infection by sequestering parasitized erythrocytes within the intervillous space.

A case report of a pregnant woman diagnosed of symptomatic malaria is presented.

### Case report

A 30 year-old primigravida, native from Senegal, living in Spain for 10 years, although referred a trip to Guinea 9 months earlier. At 34.6 weeks' gestation a microcephaly (percentile 5) was detected by ultrasound. TORCH infections were excluded. At 36.5 weeks' the patient was admitted to our center due to night fever peaks. Normal blood pressure remained stable although platelets dropped from 61.000 to 45.000/ $\mu$ l within 4 hours. Antibiotic treatment, fetal lung maturation and platelet's transfusion were initiated.

*P.falciparum* was detected in peripheral blood smear, and its antigen in amniotic fluid. Hence, wide spectrum antibiotic plus quinine were initiated.

Progressively, fetal monitoring showed reduced variability, Doppler-US detected changes compatible with fetal anemia, thus cesarean section was performed. *P.falciparum* was detected in placental analysis, although the newborn was not infected. After birth, platelets rised to normal levels.

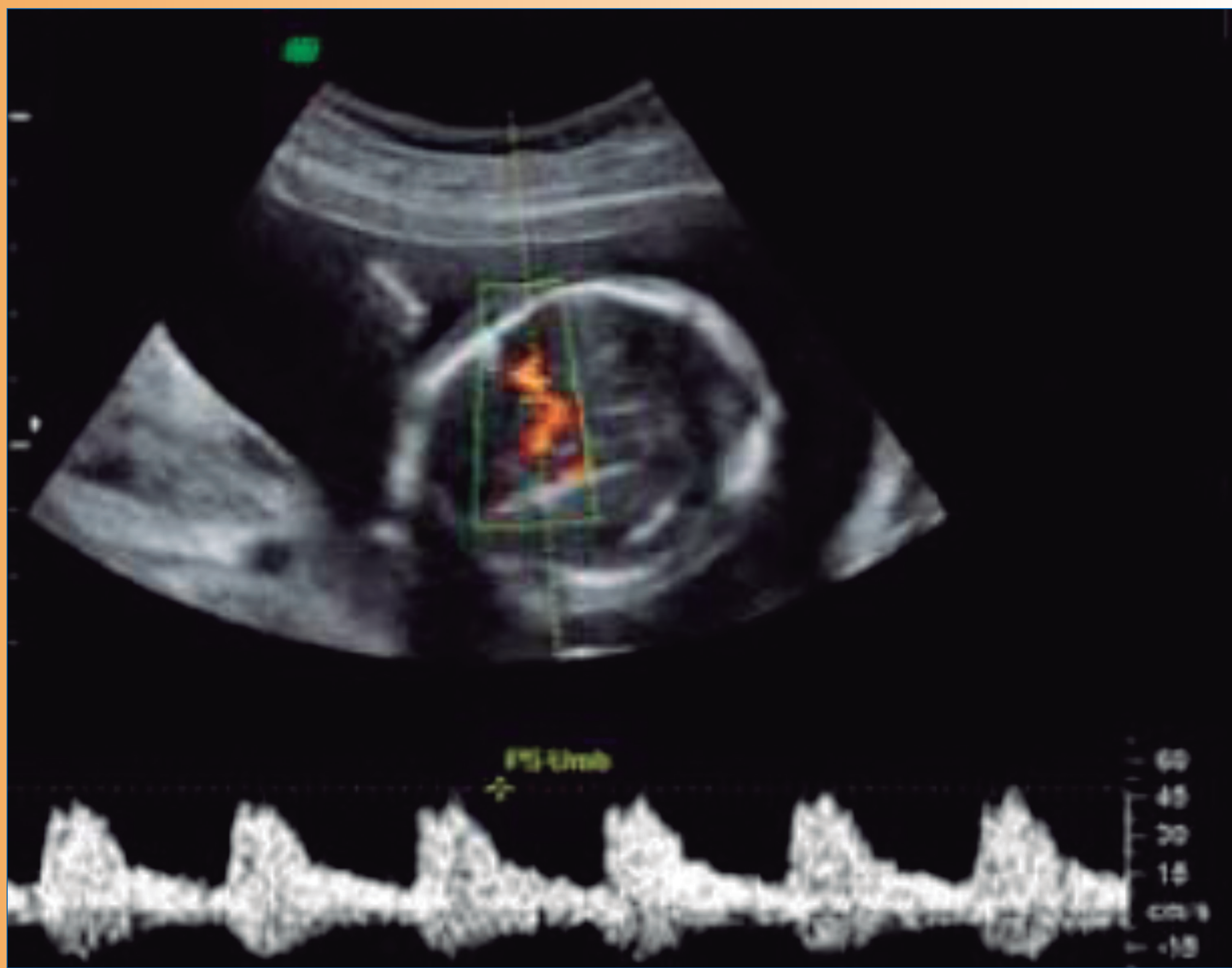


Fig. 1 - Doppler ultrasound of middle cerebral artery in a fetus with severe anemia

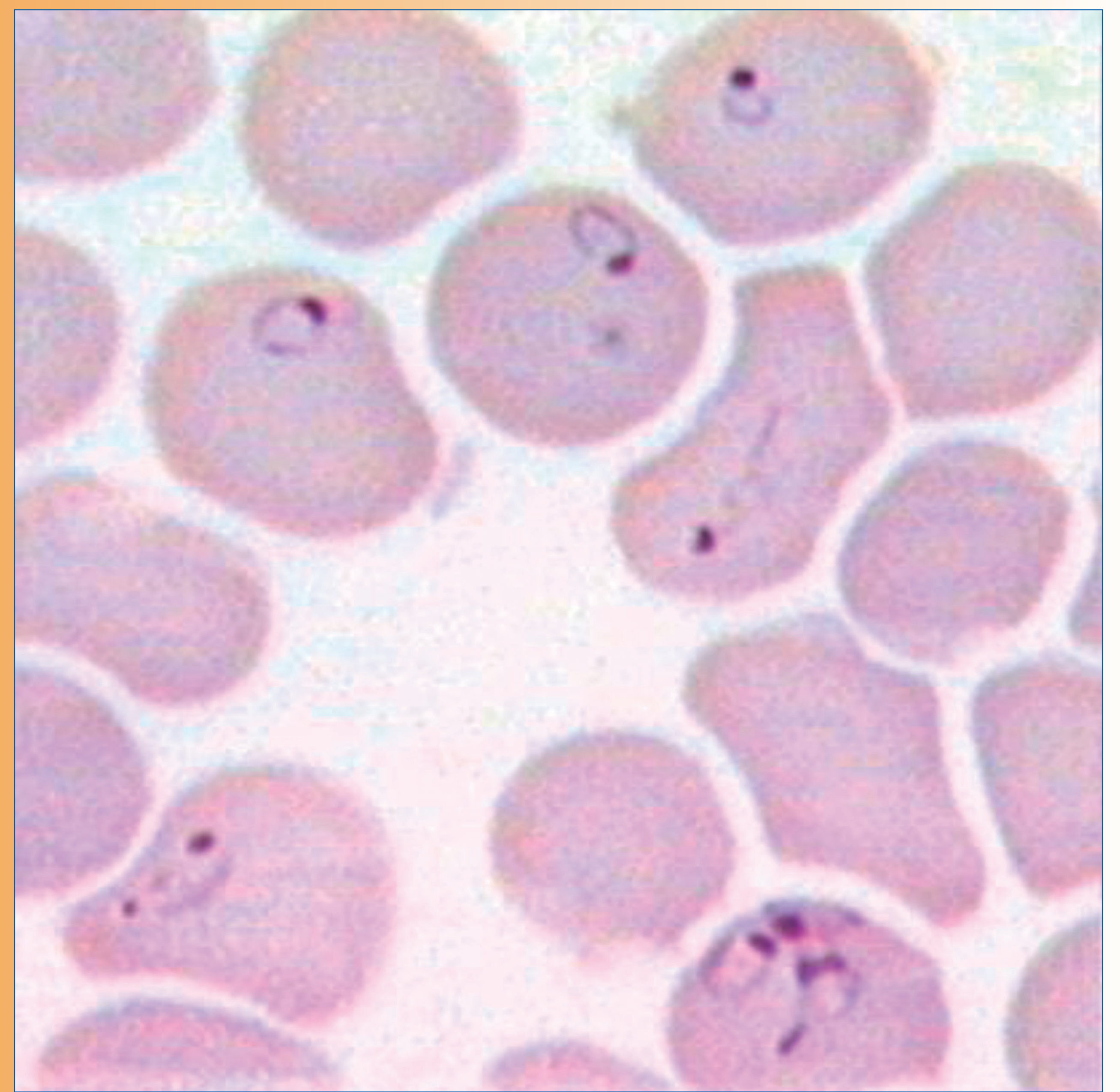


Fig. 2 - Plasmodium falciparum-infected erythrocytes in the microscope

### Discussion

Pregnant women are at greater risk of either *P.falciparum* infection or its recurrence. Most cases are asymptomatic, although severe maternal anemia, prematurity and low birth weight have been described. Due to its low incidence in our population diagnosis may be difficult.

### References

Taylor SM et al, *Lancet Infect Dis* 2012 Mar 22 Christensen DL et al, *Int J Gynaecol Obstet* 2011 Nov;115 Suppl 1:S16-9.