



Case Report

Regeneration of Malarial Infection (Geographic changes)

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Patient Details:

Name : Santosh Kumar Payla
Age : 25
Occupation : Room Boy, Catering Company in Abu Dhabi.

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Patient reported to barge clinic with mild fever and headache on 9th March. He was given symptomatic treatment. On 11th March, 2018 patient returned to clinic with vomiting, high grade fever and generalized body ache. Patient was treated for Acute Gastritis as query since there is no option to run any tests.

Treatment:

Inj. Metoclopramide HCl 20mg x I/M
 Inj. Peracetamol 1000mg x I/V infusion
 Inj. Ranitidine 50mg x I/V infusion
 Tab. Metronidazole 500mg x TID
 Cap. Co-Amoxiclave 500mg x TID
 Tab. Metoclopramide HCl 10mg A/C x TID
 Tab. Peracetamol 1000mg x TID

Patient responded well to the treatment and continued his duties 2 days later. Mr. Santosh returned to the clinic on 14th March complaining of flu, cold and fever. He was treated with antihistamine and antipyretic medicines. He remained well for 7 days.

On 21st March, 2018 again patient came to clinic with vomiting, high grade fever and headache. Patient was suspected for Malaria, Typhoid and Viral Fever. He was given a referral for onshore base medical center for further evaluation and treatment. He stayed onboard the barge since weather was not suitable for traveling through the sea via

supply vessels. There are about 20 – 25 passenger accommodations available in supply vessels for crew transportation from one location to another in the sea.

On 23rd March, 2018 patient reported to clinic after vomiting thrice with high grade fever and generalized weakness.

Treatment:

Inj. Metoclopramide 10mg x I/M
 Inj. Ranitidine 50mg x I/V
 Inj. Peracetamol 1000 mg x I/V
 Followed by I/V infusion 0.9% Normal Saline 500ml

MEDEVAC was suggested to Oil Field Complex onboard Medical Practitioner to transfer the patient to Abu Dhabi. But he refused to treat the patient as an emergency and advised to transfer the patient to the city via normal helicopter flight from complex.

As for now, we were treating the patient with cold sponging, I/V infusion, half hourly vital sign monitoring till we managed to find a seat to transfer patient to Abu Dhabi in a normal passenger helicopter.

Flight took off from Offshore Oil Complex at 1340 hours, headed to Das Island. A separate flight took the patient along with other passengers to Al-Bateen Airport, Abu Dhabi. ETA between 1430 hours. Base Medical Center was communicated with ETA to Abu Dhabi to arrange transport for the patient from Al Bateen Airport to NPCC Medical Center for further management.

Patient was immediately transferred to Life Care Hospital in Musaffah Industrial Area, Abu Dhabi. Following blood screening was done.

Blood Screening:

<u>Glucose, Random, Serum</u>	=	5.62	mmol/L
<u>Urea Nitrogen</u>	=	4.40	mmol/L
<u>Creatinine</u>	=	87.00	µmol/L

Electrolytes

Sodium	=	140.00	mmol/L
Potassium	=	4.08	mmol/L
Chloride	=	101.80	mmol/L

Bicarbonate	=	26	mmol/L
Calcium (Ionized)	=	1.11	mmol/L
C - reactive protein	=	170.31	mg/L

Complete Blood Count

HB	=	12.5	L	g/dL
Hct	=	36.6	L	%
RBC	=	4.84		10 ⁶ /μL
MCV	=	75.20	L	fL
MCH	=	25.70	L	pg
MCHC	=	34.20		g/dL
RDW	=	15.20	H	%
Platelets	=	88.00	L	10 ³ /μL
WBC	=	10.23		10 ³ /μL

WBC Differential

Neutrophils %	=	64.30		%
Lymphocytes %	=	10.00	L	%
Monocytes %	=	14.90	H	%
Eosinophil %	=	10.50	H	%
Basophils %	=	0.30		%

Malaria Screen**Positive**Malaria Parasite – Positive (**Plasmodium vivax – Positive**)

Patient has been diagnosed with Malaria Parasite Positive and is being treated by Life Care Hospital, Abu Dhabi. Patient is stable and has been shifted to his room in NPCC Base Camp in Musaffah.

Paracetamol	500mg x TID
CHLOROQUINE PHOSPHATE	250mg/tablet

1st 2100 hours	=	1000 mg
2nd 0400 hours	=	500 mg (7 hours after the first dose)
3rd 2100 hours	=	500 mg (24 hours after 1st dose)
4th 2100 hours	=	500 mg (48 hours after 1st dose)

Investigation: An investigation was carried out as there is no presence of mosquitos in offshore in UAE to rule out the cause of presence of Malaria Plasmodium in patient's blood.

First of all, patient has joined Catering Company recently, 5 months ago. Patient came to United Arab Emirates about five months ago from India. For the last 3 months patient is in offshore. The only reason I can think of is that he must have been a carrier when he joined and in pre-employment medical screening, we do not run tests for Malarial Parasite presence in the body. So, when he became sick on the barge with minor fever it triggered the parasite to become active, hence causing him Malaria.

We know that Pakistan and India are the two countries where Plasmodium Vivax (Malarial parasite) is very common. It remains in the liver for an unlimited period of time and can cause an active infection at any stage of life and at multiple occasions, unless treated till the elimination of the parasite.

There is a treatment to eliminate the parasite permanently from the body. Initially the hospital had prescribed Tab. Chloroquine Phosphate 250mg as per the frequency mentioned above.

In the second stage of treatment, perform a blood test called G6PT. If the result of G6PT is normal, Tab. Primaquine 30mg per day for 15 days should be taken. This will eliminate the parasite from patients' body and will not cause him to have Malaria, until he becomes infected again with plasmodium vivax or any other form of Malarial Parasite.