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A Case of Malaria in a University Student After Returning from Camping Trip.

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Abstract:

Malaria is a mosquito-borne parasitic infection. In human, malaria is an important one is an potentially mortal mosquito-borne illness characterized by cyclic battles of fever with inflexibility of muscle, shaking and sweating in the tropical countries. Here, the author reports a case of malaria in a university study after returning from camping trip. This case can imply the importance of travel medicine and bring the attention of the physician in the Western in facing up with a case of unexplained fever returning from trips in tropical forest in Southeast Asia.

Key Words: malaria, camping.

Introduction:

Malaria is a mosquito-borne parasitic infection. It can be said that malaria is a very important tropical mosquito-borne infectious disease. Malaria is caused by protozoan parasites of genus *Plasmodium*. Four species of *Plasmodium*, *Plasmodium falciparum*, *Plasmodium vivax*, *Plasmodium ovale* and *Plasmodium malariae* can produce human disease in the various forms. In human, malaria is an important one is an potentially mortal mosquito-borne illness characterized by cyclic battles of fever with inflexibility of muscle, shaking and sweating in the tropical countries^(1,2).

In Thailand, malaria is endemic in the far rural area. Kondrashin noted that rubber garden workers in southern region had high of incident of malaria (46.29 %)⁽³⁾. For Bangkok, the capital, mosquito vectors do not exist and malaria is not endemic. Here, the author reports a case of malaria in a university study after returning from camping trip. This case can imply the importance of travel medicine and bring the attention of the physician in the Western in facing up with a case of unexplained fever returning from trips in tropical forest in Southeast Asia.

Case Report:

A 18 years old male university student visited to the Health Unit complaining of the unexplained high fever for 2 – 3 days. On physical examination, he had flu-like symptoms. His body temperature is about 38.2 Degree Celcius. However, after a complete history taking, he revealed a history of visiting to Umphang District, Tak Province for a camping a week before.

He was suspected himself about malaria and this agreed with the comments of the physician-in-charge. A complete blood count on this patient was performed. The result show normal appearance accepted for presentation of malarial parasite in red blood cell. He was diagnosed for vivax malarial infection and referred to the nearby hospital for proper treatment.

Discussion:

Malaria is an important infectious disease in tropical medicine. For several non-endemic non-tropical countries, imported cases of malaria in returning travelers are documents. With regard to imported malarial patients in Japan, about 45% of patients were *Plasmodium falciparum* and or 45% of infections of *Plasmodium vivax* ⁽⁴⁾.

Kano and Kimura said that the previous species was probable of to be seen in travelers that African countries returned from and the last one was mainly of Asian countries⁽⁴⁾. They proposed that important matter was that patient in Japan had not been diagnosed immediately neither had been appropriate treatments because doctors in Japan are not more long familiarized with tropical medicine⁽⁴⁾. Facing up with the problematic case by the family physician can result in no diagnosis due to the overlooking of malaria.

In this report, a case of malarial infection presenting with flu like symptom is reported. Indeed,

the general symptoms of malaria are unluckily like flu and can lead to misdiagnosis⁽⁵⁾. In this case, the setting is not the endemic area of malaria and the case can be easily misdiagnosis if overlooked. The history of camping in an endemic area in this case is useful clue for further laboratory diagnosis. The camping site is the area between Myanmar and Thailand, where the reported prevalence of malaria is very high⁽⁶⁾. The author hereby would like to draw the attention of the general practitioner to aware for the history of traveling in the returning traveler from Southeast Asia.

References:

1. Chareonviriyaphap T, Bangs MJ, Ratanatham S. Status of malaria in Thailand. Southeast. Asian J Trop Med Public Health. 2000; 31: 225-37
2. Phillips RS. Current status of malaria and potential for control. Clin Microbiol. 2001; 14: 208 – 26.
3. Kondrashin AV. Malaria in WHO Southeast Asia region. Indian J Malariol. 1992; 29: 129-60.
4. Kano S, Kimura M. Trends in malaria cases in Japan. Acta Trop. 2004; 89: 271-8
5. Summer AP, Stauffer WM, Fischer PR. Pediatric malaria in the developing world. Semin Pediatr Infect Dis. 2005;16:105-15.
6. Kamolratanakul P, Butraporn P, Prasittisuk C, Prasittisuk M, Indaratna K. Cost and performance of malaria sector: a case study at Malaria Sector 11, Tak Province, Thailand. Southeast Asian J Trop Med Public Health. 1999;30:421-6.