

Brief clinical history:

A 48 year old male is brought by ambulance to the ED of Targu Mures Clinical Emergency County Hospital (the largest tertiary care center in the central region of Romania) for the suspicion of acute hepatitis. The patient was referred from a secondary care center 40 km away, with no gastroenterology line on call. The patient explained he has fever for the last 5 days, shivers, headache, muscle pain and drowsiness. At the time of presentation he has a GCS 15 points, temperature of 36,5 degrees Celsius, BP 96/62 mmHg, HR 126, saturation of O₂ 96%, with a tender abdomen, jaundice and sweaty skin.

Misleading elements:

His most recent blood work (at the referring center) shows normal white and red blood cells but severe thrombocytopenia, elevated liver enzymes and bilirubin levels. The values are confirmed by repeated blood work. Abdominal sonography shows a markedly enlarged spleen. Flu rapid test negative.

Helpful details:

The patient reports he had travelled to Sierra Leone for one week during the previous month and later on to Italy where he had spent the previous week. This prompts for a telephonic consult for infectious diseases, which raises the suspicion for possible hemorrhagic fever, Ebola or malaria. Following the assumptions protective measures were taken (one nominated consultant and one nurse with specific protective suit) with evacuation of the department and isolation of the ambulance for transport.

Differential and actual diagnosis:

The actual diagnosis of malaria established with further blood work at the tertiary center which confirms the positive identification of Plasmodium malariae. Yellow fever, leptospirosis, mononucleosis and acute drug poisoning are excluded given the reported travel history and the identification of the causing agent.



<https://pixnio.com/science/microscopy-images/malaria-plasmodium>

Further evolution of the case:

The patient is immediately referred to Victor Babes Clinical Hospital for Infectious and Tropical Diseases in Bucharest where he spends two weeks in ICU with a good recovery later on.



Photo: Zsuzsa Asztalos



Clinical relevance of the case:

Malaria is an extremely rare encounter in Romania due to the geographical location of the country and the low frequency of travel to African countries. Nonetheless, positive diagnosis for diseases specific to that region may be reached as long as the suspicion is raised, especially given the fact that in most cases the diagnostic equipment and materials are readily available.