# Congenital Malaria

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**Citation**

R Bansal. *Congenital Malaria*. The Internet Journal of Pediatrics and Neonatology. 2013 Volume 16 Number 1.

**Abstract**

Malaria during first few months of life may be due transplacental transfer of parasitized maternal erythrocytes. A twenty day infant is described who presented with fever, jaundice and feeding problems. Peripheral smear showed all stages of Plasmodium vivax. The neonate was successfully treated with chloroquine. We emphasize the need for keeping a differential diagnosis of malaria in suspected cases of neonatal sepsis even in low endemic areas and also the importance of adequate antenatal medical therapy for malaria.

## INTRODUCTION

Malaria is an important vector borne infectious disease. Malaria during first few months of life may be due transplacental transfer of parasitized maternal erythrocytes[1]. Clinically apparent congenital malaria is rare in areas in which malaria is endemic and levels of maternal antibody are high[2]. Congenital malaria has an occurrence rate of 0.3 % in immune mothers and 7.4% in nonimmune mothers[3-5].

The new born child can manifest with fever, irritability, feeding problems, hepatosplenomegally, anemia, jaundice, low birth weight and loose stools. Occasionally, drowsiness, restlessness and cyanosis may be seen. The onset of symptoms is between 10 to 28 days of age with a range from 14 hours of life to eight weeks of age[1,2,6-8].

## CASE REPORT

A full term male baby born to a primi gravida mother by normal vaginal route at home presented at twenty day of life with complaints of fever for last three days, yellowish discoloration of eyes and face since one day and

## DISCUSSION

Malaria kills a child somewhere in the world every minute[9]. According to the latest estimates, there were about 219 million cases of malaria in 2010 and an estimated 660 000 deaths, mostly children in Africa[10].Currently in India, 80.5% of the 1.2 billion population lives in malaria risk areas. Official figures for malaria in India, indicate 1.5

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