CASE REPORT

MALARIA IN AN INFANT AGED SIX WEEKS*

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An infant, male, aged six weeks, was admitted to the Chittaranjan Sishu-Sadan, Calcutta, on the 29th November, 1941, for the following complaints: 1. Irregular fever since the third day after birth. 2. Occasional vomiting, and 3. Increasing pallor.

Family History.—This is the second of two children, born at full term, and breastfed. The other child is healthy, so also the parents. They live in Behala, suburb of Calcutta, a highly endemic malarial district.

History of Present Illness.—The baby had an attack of fever on the third day of his birth, associated with vomiting. The temperature rose to 102°F, which dropped to normal in about three days. During this course of fever he looked very ill, was restless and vomited every feed. No special treatment was given. A few days later he had a second attack of fever and had several such relapses before admission to the hospital. His abdomen became prominent, he was constipated, looked extremely pale and the pallor increased from day to day.

Examination.—The infant seemed to be gravely ill, was moaning all the time. He looked profoundly anaemic, the complexion was sallow, there was dusky discolouration of the face.

He weighed 6 lbs. 13 ozs., was fairly nourished. There was no cough, nor any dyspnœa, on auscultation no abnormality was detected. Pulse rate was 100 per minute, volume full, tension fair, no adventitious sounds were heard. Abdomen was prominent, the liver was just palpable, the spleen was enlarged 2 fingers' breadth below the costal margin, it was not tender. There was nothing abnormal in the nervous or genito-urinary systems.

Laboratory findings.—Blood on November 29, 1941, R.B.C.—1,380,000 per cemm., haemoglobin (Sahli) 20%, W.B.C.—19,890 per cemm., Polymorphonuclear 81%, lymphocytes 19%, anisocytosis, and normoblasts present. Benign tertian malaria parasites (Schizonts) present.

On 9-12-41 R.B.C.—2,250,000 per cemm., haemoglobin (Sahli) 49%, W.B.C.—2,784 per cemm., polymorphonuclear 38%, lymphocytes 62%. No malaria parasite found.

*From the Chittaranjan Sishu-Sadan (Children's Hospital), Calcutta.
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Urine.—Reaction acid, specific gravity 1010, albumen present a trace only, a few pus cells and epithelium found on microscopic examination.

Stool.—Greenish in appearance, mucoid, alkaline in reaction, a few pus cells, no ova nor any parasite was detected.

Course and Treatment.—During the first two days after admission the temperature varied from 97° F. to 98.4° F.; on the third day it rose to 100.2° F. and remained afebrile except on the seventh day. On this day the temperature was 99.2° F. His urine was free and he passed one or two stools daily. He was given half cow’s milk and half water with 3% sugar every 4 hours, 2½ oz. in each feed. Ferri et Ammon. Citras gr. 2½ thrice daily, quinine sulph. gr. § every 3 hours (7 doses) throughout the day and night for 7 days and then 5 doses for 7 days. Livogen (B. D. H.) 15 drops twice daily, 5% glucose in normal saline rectally by drop method, was administered. His general condition improved, the weight increased to 7 lbs. 12 ozs., his pallor was much less and as was already noted haemoglobin rose to 40% from 20%. The spleen was reduced in size. He was taken away from the hospital against medical advice on the 18th December, 1941, three weeks after admission.

COMMENT

"Children can be infected with malaria soon after birth and a congenital form, due to direct infection through the placenta has been established by a number of observers. Children are particularly susceptible to malaria. It is characteristic that both shivering and sweating may be entirely absent as also any marked rise in temperature, the fever often occurring at night and thus escaping notice. The children are lethargic, quarrelous and apathetic with a grey unhealthy look but the skin is cold, so that the paroxysms are often unobserved. Such children become thoroughly run down and anaemic and subsequently considerable splenic enlargement occurs. Examination of the blood usually shows an abundance of parasites."—State Nocht and Mayer.

All these classical features are present in the case reported above. It is necessary to emphasise that malaria in infants often run an atypical course and if there is a history, as in this case, of the child coming from a malarial district, the blood should be invariably examined for malaria parasites.

The incubation period of malaria is generally 8 to 10 days, though it can be as long as 50 days. As the infant had fever on the third day after birth, it is highly probable that malaria in this instance is of congenital origin. V. L. Campagne