

Multiple Organ Dysfunction in Severe Plasmodium falciparum Malaria: A Case Report

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ABSTRACT

Background: Malaria is a vector-borne infectious disease caused predominantly by Plasmodium falciparum and transmitted by female Anopheles mosquitoes. In South Africa, malaria is endemic in Limpopo, Mpumalanga, and KwaZulu-Natal provinces, with transmission peaking between September and May. Most imported cases originate from Mozambique due to high prevalence and cross-border movement. Severe malaria may progress rapidly and be fatal without prompt treatment.

Case Presentation: We report a 24-year-old male with no significant past medical history who presented with fever (38.5 °C), respiratory distress, weakness, severe headache, chest pain, jaundice, vomiting, diarrhea, and oliguria. The patient had traveled to the Venda region of Limpopo Province two weeks prior to admission. Peripheral blood smear confirmed P. falciparum infection with 22% parasitemia, and a diagnosis of severe malaria with multiorgan dysfunction was made.

Management and Outcome: Initial treatment with intravenous quinine and doxycycline was commenced. Following the development of clinical features suggestive of myocarditis, therapy was switched to intravenous artesunate. The patient developed acute respiratory distress syndrome, acute renal failure, and myocarditis. With intensive supportive care and appropriate antimalarial therapy, the patient made a full recovery.

Conclusion: This case underscores the potential for severe P. falciparum malaria to cause rapid multiorgan dysfunction and highlights the importance of early diagnosis and timely initiation of appropriate therapy.

Keywords: Plasmodium falciparum, Acute renal failure, Artesunate, Myocarditis

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