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Anemia in a child with malaria

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Malaria is a major cause of morbidity and mortality in young children in sub-Saharan Africa. Severe anemia is highly prevalent complications of *Plasmodium falciparum* malaria among children. During their blood stages of infection, *Plasmodium falciparum* causes anemia. Severe malarial anemia is usually due to increased removal of circulating erythrocytes as well as decreased production of erythrocytes in the bone marrow. Severe anemia has also been associated with respiratory distress secondary to lactic acidosis and hypoxia. This metabolic disturbance may further depress the level of consciousness leading to coma at presentation. Urgent laboratory investigation to estimate haemoglobin levels and subsequent blood transfusion as well as administration of intravenous antimalarial drugs are necessary in children presenting with severe malarial anemia. In this case study we report a four years old child who had severe malarial anemia. The child was brought in comatose state with estimated haemoglobin of 4.2 g/dl and Rapid Diagnostic Test (RDT) positive. Intravenous quinine 400 loading dose in dextrose was first given, then blood transfusion 24 hours later. The child's level of consciousness improved significantly shortly after blood transfusion. It is therefore concluded that severe anemia in children with malaria leads to coma.

Biography

Edwin Chansa has completed his Diploma in Clinical Medicine 5 years from Chainama College of Health Science and currently studying Bachelor of Science in Public Health with University of Lusaka (UNILUS). He was in charge of Out-Patient department at Mpongwe Mission Hospital in Zambia. He has published one paper in reputed journals.

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