
Fatal delayed diagnosis in a patient with falciparum malaria

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A 55-year old Italian, male, was referred to our hospital for the evaluation of fever of unknown origin (F.U.O.) associated with jaundice and a severe multiorgan failure. This expatriate worker had returned from Nigeria three days earlier with some prodromal symptoms: malaise, headache, myalgia, anorexia; he developed a very high temperature at once ranging between 40 to 41°C (105 to 106°F) associated with progressive cerebral and pulmonary complications. This clinical picture was misinterpreted as a viral infection and only when, 48 hours later, the patient developed a severe dyspnea and a deep unrousable coma he was referred to our department. His complete blood count showed Hb 5.1 g/dL, white cell count $25.1 \times 10^9/L$, and platelet count $50 \times 10^9/L$. Serum haptoglobins were undetectable, blood urea 240 mg/dL, serum creatinine 4.6 mg/dL, unconjugated plasma bilirubin concentrations 62.1 mg/dL, glycaemia 32 mg/dL. Thin blood smears showed ring stages of *P. falciparum* with multiple infections of some cells (Figure 1). Two hours after recovery the patient died from a pulmonary edema. This is a classical case of blackwater fever which is one of the most serious hematologic com-

Figure 1.

plications of falciparum malaria. The clinical manifestations of this acute intravascular hemolytic anemia are fulminating and delayed diagnosis is an important cause of mortality.

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