

Chloroquine resistant Plasmodium vivax in Jaffna First reported case in Srilanka

Case report

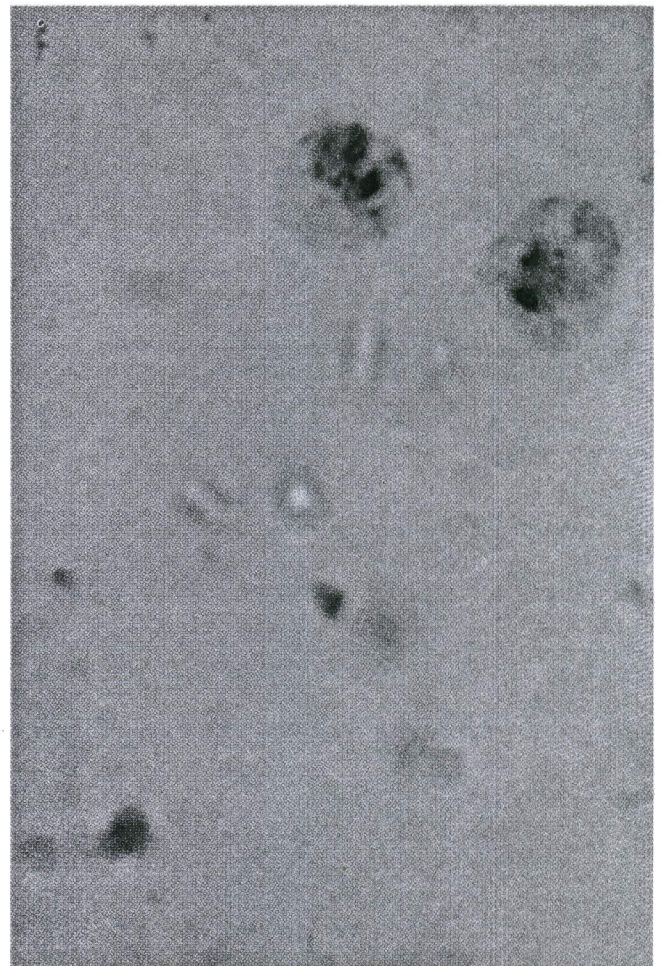
A 64 year old gentleman with a past history of ischemic heart disease was admitted with fever of 4 days duration following a recent travel to Tamil Nadu India three weeks back. It was a high spiking fever with chills, rigors and sweating and associated with cough and pleuritic chest pain. Examination revealed a febrile ill looking gentleman with dyspnoea without cyanosis with bilateral basal crepitations with the oxygen saturation being 92% in room air. As the treatment for a community acquired pneumonia was not responding, a prompt search for the possibility of malaria was carried out considering his clinical picture and his recent visit to India. Blood film revealed plasmodium vivax late trophocytes and gametocytes. The patient failed to respond to the standard Chloroquine therapy. Coartem was started according to the standard practice on the following day of completion of Chloroquine therapy on 0, 8, 24, 36, 48 & 60 hours. The patient had an uneventful recovery and discharged on the 9th day of hospital admission. This is the first reported case of Chloroquine resistant plasmodium vivax found in Srilanka.

Discussion

Plasmodium vivax is the most widely distributed human malarial parasite with an at risk population of 2.5 billion persons. Although the exact burden of disease caused by *P. vivax* infection is still a matter of debate, this parasite causes approximately 100300 million clinical cases each year (1). *P. vivax* mono infection could also be involved in multiple organ dysfunction and severe life- threatening disease as seen in *P. falciparum* infection (2). In Srilanka *P.*

falciparum, resistant to Chloroquine was first reported in 1984(3) A study in the northern Srilanka highlighted the prevalence of Chloroquine resistant *falciparum* malaria among security force personnel in 2004(4) The first Chloroquine resistant isolates of *P. vivax* were reported from Papua, Indonesia, and Papua New Guinea, and cases have also been reported from Myanmar, India and South America. (5, 6, 7) This case indicates the travel related transmission of resistant Plasmodium vivax infection to Srilanka.

Giemsa stain showing *P. vivax* parasite.



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