PP049

First co-infection of malaria and Hepatitis E diagnosed in Sri Lanka

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Introduction

Imported malaria cases continue to be reported in Sri Lanka. Similarly, hepatitis E is also considered a travel associated imported disease in Sri Lanka. This is a report of the first co-infection of malaria and hepatitis E in Sri Lanka.

Objectives

A 21-year-old European who visited Sri Lanka after a 2 months stay in India, was admitted to hospital with fever, vomiting, abdominal pain, and dark-coloured urine on the 4th day after his arrival. On examination, he had splenomegaly but no hepatomegaly. He had thrombocytopaenia; 89% neutrophils; 9% lymphocytes; elevated liver enzymes and hyperbilirubinaemia. Urine was positive for bile pigment.

Methods

Considering his travel history to India, he was tested for malaria. The rapid diagnostic test became positive for Plasmodium falciparum while microscopy showed P. falciparum ring stages with a parasite density of 120/µl. He was treated as for uncomplicated P. falciparum malaria with oral Artemisinin-based Combination Therapy. The patient became fever-free and blood smears became negative after 13 hours following 2 doses of antimalarials.

Results

However, his liver functions were further deranged with apparent jaundice (ALT: 250 U/L; AST: 175 U/L; ALP: 130 U/L; GGT: 179 U/L; total bilirubin: 10.65 mg/dL; direct bilirubin: 8.08 mg/dL; indirect bilirubin: 2.57 mg/dL). Further blood tests detected hepatitis E-specific IgM antibodies. He was treated with oral ursodiol but no specific antiviral was given. Following the completion of antimalarials, he was discharged from the hospital upon clinical recovery.

Conclusion

Clinicians should be vigilant on travel-associated co-infections in patients who are diagnosed with imported malaria.

Key words: *malaria, hepatitis E, co-infections*