Abstract:

Background: Cerebral malaria caused by *Plasmodium falciparum* infection still imposes a major burden on health care systems in Africa and India. Although Sri Lanka has eradicated endogenous malaria, due to international travel between Sri Lanka and these countries there is a risk of reintroduction. We report a case of cerebral malaria acquired outside Sri Lanka.

Case presentation: Mr. Premanayake, a 35 year old male patient from Ratnapura complained of fever and headache for 4 days on admission. There was no associated photophobia. Gem business was his occupation and he had travelled back to Sri Lanka from Madagascar 3 weeks back. He was warm to touch but not pale or icteric. On day eight of fever his conscious level deteriorated to Glasgow coma score of 10/15. But there was no obvious focal neurological deficit and funduscopy and light reflex were normal. Investigations showed leucopenia, thrombocytopenia, evidence of intra vascular non immune haemolysis and acute kidney injury. Initial differential diagnoses were dengue fever, malaria, meningitis/ encephalitis, typhus and leptospirosis. Dengue Ig M and Ig G antibodies, microscopic agglutination test for leptospirosis and Widal test were negative. Absence of signs of meningism pointed away from a diagnosis of meningitis. Malaria rapid detection tests became positive and microscopy showed *Plasmodium falciparum* with a very high parasitic count. Intravenous artesunate was given at a dose of 2.4 mg/kg followed by Artemether-lumefantrine for 3 days. Patient was transferred to a high dependency unit. A single dose of oral Primaquine was given. With treatment he showed a dramatic clinical, haematological and parasitological response.

Conclusion: In countries free of endogenous malaria travel history to a malaria endemic country is vital to diagnose malaria early. Intravenous artesunate therapy combined with good supportive management lead to an excellent clinical outcome in patients with severe falciparum malaria.