

Delayed diagnosis of *Plasmodium vivax* malaria in an elderly Sri Lankan pilgrim in India

Abstract

Background

Sri Lanka has been declared free of transmission of malaria since 2015 by the WHO where it was rampant two decades ago. However, neighboring India still has high incidence of malaria and visitors to India carry high risk of contracting it. Despite eradication of the indigenous cases of malaria in Sri Lanka, a fair number of cases are detected from travelers coming from endemic regions of the globe. Delay in diagnosis happens due to lack of awareness among medical community and forgetting to take travel history as we have observed in this case scenario.

Case Presentation

A 71-year-old previously healthy Sri Lankan male developed a febrile illness after sixteen days of travelling in India in a pilgrimage. He had arthralgia, myalgia and other nonspecific complaints with dry cough. After 6 days he returned to Sri Lanka and it took another 7 days to consider malaria as a possibility. Malaria antigen was positive in a blood sample and had a parasite density of 3479/microliter. The thick and thin films revealed both the trophozoites and gametocytes of *Plasmodium vivax*. He was treated with chloroquine and recovered slowly with clearing parasitaemia.

Conclusion

Delay in diagnosis of malaria happens in Sri Lanka due to lack of experience of health care personnel and lack of awareness in the society today. This report is an eye opener to consider malaria as a diagnosis and clinical dilemma and to take a detailed travel history. Correct diagnosis and close liaison with the Anti malaria campaign did help in the successful management of our patient. Further, travelers need education on prevention and prophylaxis against malaria.

Malaria, Plasmodium vivax, chloroquine