



## P157. VIVAX MALARIA RECURRENT IN ASTEST BRONCHITE CARRIER WITH REGION AMAZONICA: CASE REPORT

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### Introduction

Plasmodium vivax is a protozoan parasite. Most common cause of recurrent malaria. In this work, a case of Recurrent vivax malaria in pregnant women, followed during hospitalization at Ary Pinheiro Base Hospital in Porto Velho, Rondônia.

### Objectives

To report a case of recurrent vivax malaria in a pregnant woman with asthmatic bronchitis at a hospital in Porto Velho-RO And review literature on plasmodium transmission.

### Methodology

The present work uses bibliographic research reference, in order to seek information and report this case on reinfection by Plasmodium Vivax in pregnancy.

### Results and Conclusions

D.S.C female patient, G1P0A0, 15 years old, from Porto Velho, came from the home to the obstetric center of the Base Hospital Ary Pinheiro (HBAP) on 11/11/2016, with gestational age (GI) of 21S1D. The patient arrives referring treatment for vivax malaria. Physical examination at normal admission, blood pressure 110/70 mmHg. Obstetric examination revealed a normal tonus uterus, without Dynamic, with 21cm of height, heart beats present 142 bpm. Vaginal touch showing closed cervix. We requested research of plasmodium (PP) obstetric ultrasonography. Confirmed the diagnosis of plasmodium infection Vivax ++ / 4+, started treatment with chloroquine 150mg scheme 4/3/3 and sent to the High Risk Pre-Natal (PNAR). On 03/13/2017 patient with IG 38S4D, returned to the HBAP obstetric center with fever starting weeks ago. Exam Normal physical input, blood pressure 120/70 mmHg. Obstetric examination revealed a normal tonus uterus, 38 cm high, Heart rate present 157 bpm. Unrealized vaginal tap. PP, PCR, EAS and Serologies were requested. Confirmed Diagnosis of reinfection by plasmodium vivax ++ / 4+, SNR and EAS with massive pyuria, initiated antibiotic therapy. The patient was admitted to the HBAP ward and remained for seven days, being transferred to the obstetrical center where the Cesarean section occurred with 39S3D. Procedure without intercurrents. With live newborn males weighing 2,936 g, Being 41cm tall. There were no malformations.

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