



P162. MIXED MALARIA IN THE GESTATION IN THE WESTERN AMAZON: CASE REPORT

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Introduction:

Malaria, a disease caused by protozoa of the genus *Plasmodium*, is the most impacted protozoan in the world, putting at risk about 40% of the world's population (about 2.4 billion people) in more than 100 countries. Extensive tropical and subtropical regions, flagellating expressive population contingent, especially in developing and underdeveloped nations. Brazil is the country that concentrates the largest number of cases in the American continent, estimating the occurrence of more than 300,000 cases annually. It is a notifiable disease, also known as malaria, tertiary fever (benign or malignant) fever quartã, shaking, beater or simply, fever.

It occurs mainly in Africa, in the Amazon region of South America and Southeast Asia, and its highest incidence is in the African continent, more precisely south of the Sahara desert.³ In Brazil, it predominantly affects the Legal Amazon, Which encompasses the states of Acre, Amapá, Amazonas, Maranhão, Mato Grosso, Pará, Rondônia, Roraima and Tocantins.

Objectives: to report a case of mixed malaria in a pregnant woman in Porto -Ro and to review the literature on complications during pregnancy.

Methods: The present study uses a bibliographical reference, in order to obtain information about the association of malaria in pregnancy and its maternal-fetal repercussions.

Results: pregnant AMO, 24 years old, Caucasian, married, from the natural home and from Porto-Ro, sent to Ary Pinheiro Base Hospital on July 3, 2017 with a history of fever (39.6 degrees) and headache. In the third gestation with 1 previous abortion, with gestational age at the present time of 30 weeks and 3 days by initial ultrasound of 6 weeks and 4 days.

At the general physical examination of the patient admission with blood pressure of 110x70, presenting a fever of 38 degrees, gestational age of 26 weeks and 3 days, absent uterine dynamics, 26cm uterine height, avoided touch. It had an area with countless cells per field.

The patient was hospitalized for better elucidation of the case, requiring serology tests, complete blood count and plasmodium screening.

On the 5th of July she received the diagnosis of malaria vivax, started treatment with chloroquine, presented an important anemia. Patient remained hospitalized due to non-remission of fever even using medications for urinary tract infection and anti- Malarins.

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She performed a usg on July 06 with topical gestation of 27 weeks, placenta grade2, normal iliac, normal Doppler with fetus of approximately 1192g.

Patient stays hospitalized presenting fever and chills with 20 days of hospitalization where he / she presents an important anemia with alterations of hepatic function and new examination of plasmodium falciparum positive 2 +. He / she already carried out hemotransfusion of 3 concentrados of red blood cells and started treatment with coartem.

Conclusion: Malaria should be diagnosed and treated promptly, emphasizing the importance of intensive therapy for the management of patients. The prognosis of the infection is closely related to the early initiation of treatment and the necessary supportive measures to approach the complications. It is worth mentioning that adequate follow-up, advanced support measures and rapid diagnosis reduce disease-related lethality. However, disease control measures throughout the world should not be replaced or relegated to the background. It is worth mentioning that adequate follow-up, advanced support measures and rapid diagnosis reduce disease-related lethality. However, disease control measures throughout the world should not be replaced or relegated to the background.