

Malaria in pregnancy: multidisciplinary approach

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Objective. This case highlights the utility of a multidisciplinary collaboration for good management of malaria in pregnancy, that can have several complications from miscarriage to neonatal malaria.

Materials and Methods. A 24-year-old pregnant Ethiopian woman, living in Italy for two years, developed *P. falciparum* infection in the third trimester of pregnancy after traveling to Ethiopia without receiving antimalarial prophylaxis. A three-day treatment with piperazine tetraphosphate/dihydroartemisinin was administered, with gradual recovery and resolution of thrombocytopenia and anemia. Parasitemia was 2.5% at the end of treatment, 1.8% 10 days after and parasites were still rarely detected after 28 days. Given the clinical and laboratory recovery, treatment was not repeated. Diagnostics for placental and congenital malaria was set-up with a multidisciplinary approach.

Results. At 41+4 g.a. she delivered a male neonate by an emergency C-section for non-reassuring CTG. The Apgar score was 9-10, normal weight. Mother and newborn were fine and they were discharged in 4 days. Parasitemia in maternal blood was negative at delivery, while cord blood showed rare trophozoites. Placental examination revealed only chronic hypoxemia without evidence of parasites or malaria pigment. Peripheral blood of the newborn was tested negative for malaria at 48 hours and 14 days. At 3 months the baby is in good health, breastfed and shows regular growth.

Conclusions. Management of malaria during pregnancy may be challenging in non-endemic settings. A multidisciplinary approach and clear diagnostic procedures are needed to guide therapeutic decisions. Although placental malaria was suspected, based on detection of parasites in the cord blood, the newborn did not develop symptomatic parasitemia.