PP057 *PLASMODIUM KNOWLESI*: AN EMERGING CAUSE OF HUMAN MALARIA IN WEST MALAYSIA

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INTRODUCTION

Plasmodium knowlesi was once endemic in east Malaysia and now become a commonest malaria infection in west Malaysia.

CASE REPORT

A 42-year-old, orang asli lady, no known medical illness, presented with pricking, non-radiating epigastric pain for past 3 days, associated with fever, chills and rigor. On physical examination there was hepatomegaly and tenderness on deep palpation over epigastric region. She was having persistently spiking temperature and tachycardia despite with regular paracetamol and maintenance intravenous normal saline. Full blood count revealed a platelet count 84 x 10^9 L/ and a haematocrit (HCT) level 36.5 %. A dengue rapid comb test was negative. A blood film for malaria parasite (BFMP) revealed *Plasmodium Knowlesi*, asexual with count 6608. The patient was treated for *plasmodium knowlesi* infection with thrombocytopenia. She was started with artemether/lumefantrine (Riamet) regime. Along time, her fever settled down and vital sign was normal. Count for *Plasmodium knowlesi* reducing in trend and was not detected after completed Riamet regime. She was well and discharge home.

DISCUSSION AND CONCLUSION

Malaria infection in west Malaysia has been increasing lately especially *plasmodium knowlesi*. Thus, malaria infection should always be considered as one of the differential diagnosis in patient presented to emergency department with fever and thrombocytopenia. Patient with high grade fever and history of staying in plantation or deforest population must be screening for a malaria infection. A blood film for malaria parasite (BFMP) should be done for patient suspected malaria infection with thrombocytopenia. Clinicians must be aware of and able to recognize early complication for malaria infection especially *plasmodium knowlesi*, as it has a higher risk causing severe malaria even though at low parasite level as compared to *plasmodium falciparum*.