Anemia in an infant: when the origin matters

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Background

Congenital malaria (CM) is defined as the detection of asexual forms of *Plasmodium* spp. in a blood sample of a neonate during the first week of life or later if there is no possibility of postpartum infection by a mosquito bite. CM seems to occur in less than 5% of infected pregnant women. HIV infection increases susceptibility to malaria during pregnancy.

We describe the third case of CM ensued in a HIV-infected mother in a non-endemic country

Case Presentation

A 2-month-old male child was admitted to our hospital due to anaemia and exposure to HIV. He was born in Italy prematurely by caesarean section after a bicorial, biamniotic pregnancy.

The mother resulted affected by HIV when she arrived in Italy from Nigeria during pregnancy.

On initial evaluation, the child was in good general condition; he had hepatosplenomegaly and haemoglobin level was 9.1 g/dl. A myelosuppression effect due to the Zidovudin was initially hypothesized. Due to Hb level decrease (Hb 6.8 g/dl), the child required two blood transfusions in two weeks. Autoimmune and congenital causes of anaemia were excluded. Because of persistent anaemia and spleen enlargement, *Plasmodium* spp was researched on peripheral blood resulting positive (Fig 1) and the PCR confirmed the *Plasmodium falciparum* infection. The same form of *Plasmodium* was researched on mother's peripheral blood resulting positive, then the diagnosis of CM was confirmed.

Discussion

As an increasing number of people travel to and emigrate from malaria endemic countries, CM should be always suspected in infants born to women from these areas and with unexplained anaemia, fever and hepatosplenomegaly. A complete anamnesis of infant's mother and the inclusion of *Plasmodium* spp research into the TORCH screening should be performed avoiding delay in diagnosis and treatment.

Fig 1