

SUMMARY
MALARIA IN CHILDREN IN PORT SUDAN

By DR. SID AHMED EL HASSAN

1st attack usually between 4th-7th month, always severe and if untreated persists for weeks.

Subsequent attacks are invariably milder.

Complications seen include,

Jaundice with hepatomegally and anaemia, both common.

Black water fever, Algid malaria, D.I.C. and pulmonary involvement are less comon.

He proceeded to describe the aetiology, pathogenesis of malaria and its complications with Salient points on how to investigate and diagnose malaria in a child.

Management:

Chloroquine in his experience was the best drug while Quinine is preserved for cases of cerebral and Aligid Malaria. To some cases he used Chloroquine - Fansil. At the end he described the pathophysiology and diagnosis of disseminated intravascular coagulation and its management.

Dr. Z.A. Karrar.