

Neonatal Cholestasis due to *Plasmodium Vivax* Malaria

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To the Editor: Congenital Malaria (CM) is a rare disease even in endemic areas [1, 2]. Cholestatic jaundice due to CM is very rare and it is almost always associated with *P. falciparum* infection [3]. We are reporting a case of CM presenting as cholestatic jaundice due to *P. vivax* infection. To the best of our knowledge, no case has been reported from India till date.

A 1-mo-old female infant came with fever for 5 d, jaundice and clay stools for 3 d, feeding difficulty and lethargy. Antenatal history was uneventful.

On physical examination pallor was present. The infant had weight of 5.2 kg and was icteric and had a palpable liver 3 cm below right costal margin (span 6.5 cm) and spleen 3 cm below left costal margin, firm and non tender. The stools were clay colored and urine was dark yellow.

Laboratory investigations showed hemoglobin 7.2 g/dL, platelet counts- 73000, TLC – 15,200 with N34%, L66%. Reticulocyte counts were 0.2 %. Peripheral blood film (PBF) showed microcytic hypochromic anemia with schizonts of *P. vivax*. Serum bilirubin was 17.8 mg/dL (conjugated 7.8 mg/dL). SGOT, SGPT, GGT, Alkaline phosphatase were 1674, 1993, 125, 422 IU/L, respectively. The Australia antigen, IgM-anti HAV, and Anti-HEV were negative.

A diagnosis of “*P. vivax* malaria with neonatal cholestasis” was made and IV Artesunate was started. During 5 d of treatment the icterus and fever disappeared and serum bilirubin came to 4.1 mg/dL (direct 1.2 mg/dL). The SGPT, SGOT were 26 and 72 U/L respectively. PBF showed absence of parasite.

CM is an uncommon cause of fever, splenomegaly, and anemia in infants [4]. The diagnosis can easily be missed if it is not considered. In clinical setting daily examination of thick and thin smears/malaria rapid diagnosis test should be done for evidence of intracellular parasites. The disease most commonly presents during the first 4 wk of life but its onset can be delayed for few months. Neonatal Cholestasis due to congenital malaria improves in 1 wk while neonatal cholestasis due to other causes may take 4–6 wk [3, 5].

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