THE KOREAN SOCIETY OF NEPHROLOGY
APCN & KSN 2024
June 13(Thu) - 16(Sun), 2024 Coex, Seoul, Korea
Promoting Sustainable Kidney Health: The Asia-Pacific and Beyond

Abstract Submission No.: A-0886

Supportive Hemodialysis in Severe Malaria Falciparum with Acute Kidney Injury

Denny Moniaga[1], Stella Palar[2], Maruhum Bonar Hasiholan Marbun[1]
[1]Department of Internal Medicine-Nephrology, University of Indonesia, Indonesia
[2]Department of Internal Medicine-Nephrology, Sam Ratulangi University, Indonesia

Case Study : Indonesia is one of nine malaria-endemic countries in the South-East Asia region and accounts for 15.6% of the regions reported cases and 22% of malaria deaths. Malaria cases in Indonesia decreased from 1.1 million to 659 000 between 2015 and 2019, and it is estimated that 75% of Indonesia's population now live in malaria-free communities. Acute kidney injury (AKI) is one of the severe complication of malaria. Consideration for hemodialysis in severe malaria with AKI, is similar for AKI due to other causes. We reported 31 years old male referred to our hospital with chief complaint loss of consciousness since 5 hour before admission. Patient is a police officer and just got back from duty for 1 year in Timika and Jayapura, Papua province. The symptoms started 14 days after he returns to Manado with symptoms of relapsing fever in 2 of 3 days, and on the 4th day he is lethargic, can't focus, and suddenly loss consciousness. Laboratory results when admitted showed hemoglobin level of 8,9 gr/dl, leucocytes 8600 /uL, thrombocytes 33.000 /uL, ureum level 49 mg/dl, creatinine 1,1 mg/dl, +4 malaria falciparum qualitative test. On the 4th day of hospitalization ureum 181 mg/dl, creatinine 5,9 mg/dl (eGFR 12,3 ml/min/1,73m^2) with normal electrolyte, increased biilirubin. The patient treated with artesunate injection of 2,4 mg/kg on admission, 12 hour after,, and continued with 2,4 mg/kg/days until fifth day, when patient has regained consciousness and the malaria treatment switched to dihidroartemisinin piperaquine 3 tablets/day for 3 days, and primaquine 15 mg single dose. The 8th day renal function worsening with ureum 197 mg/dl, and creatinine 8,4 mg/dl (eGFR 8,0 ml/min/1,73m^2), electrolyte remains normal, urine production 600-1000 ml/days, and we initiate hemodialysis, and we plan supportive hemodialysis as needed until overall patient condition improved.