

Surviving cerebral malaria

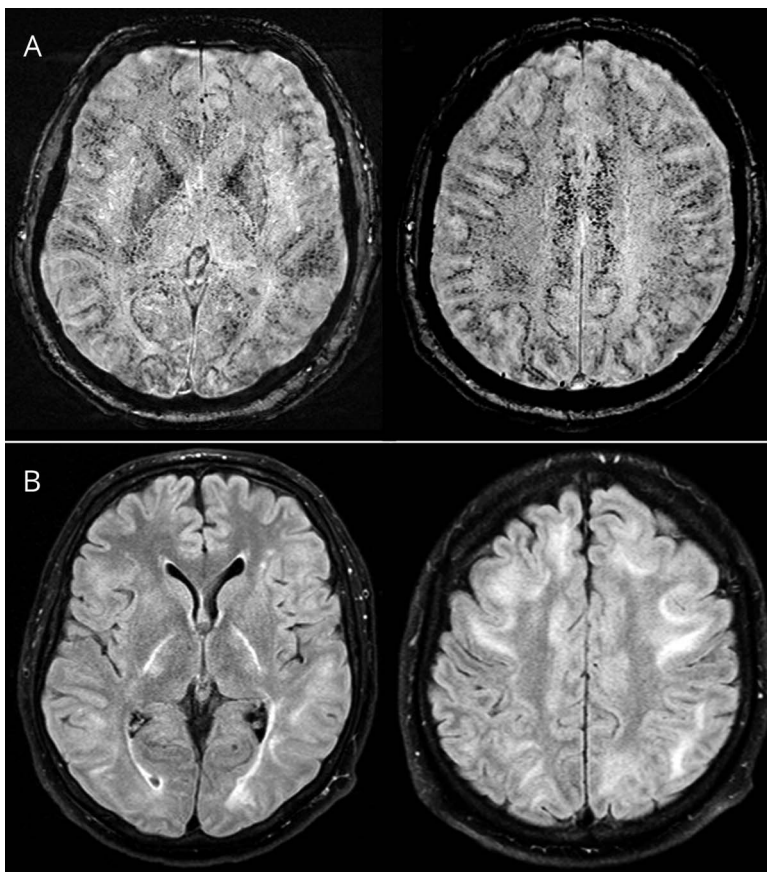
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Figure MRI of the brain in cerebral malaria



(A) Susceptibility-weighted and (B) fluid-attenuated inversion recovery MRI sequences approximately 2 weeks into the patient's illness showed innumerable microhemorrhages in subcortical white matter and vasogenic cerebral edema. Diffusion-weighted imaging (not shown) remained normal. On follow-up MRI 1 month later, cerebral edema resolved, but there was no reduction of the microhemorrhages.

A 48-year-old man from Minnesota declined malaria prophylaxis before hunting in South Africa. Ten days after his return, he developed body aches, confusion progressing to flaccid unresponsiveness, acute liver and renal failure, shock, and thrombocytopenia. On blood smear, *Plasmodium falciparum* burden was 24% and fell rapidly after aggressive management. MRI showed innumerable microhemorrhages and edema from capillary parasite sequestration (figure).^{1,2}

Waking up coincided with improving liver and kidney function. After more than a month of hospitalization, neurologic examination and cognition (Mini-Mental State Examination) appeared normal, which—considering the degree of his brain injury, rarely seen in adults—was unpredicted.

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Appendix 1 Author contributions

Name	Location	Role	Contribution
Eelco F.M. Wijdicks, MD	Mayo Clinic, Rochester, MN USA	Author	Design and conceptualized study; analyzed the data; drafted the manuscript for intellectual content
John G. Park, MD	Mayo Clinic, Rochester, MN USA	Author	Interpreted the data; revised the manuscript for intellectual content

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Disclosure

The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

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