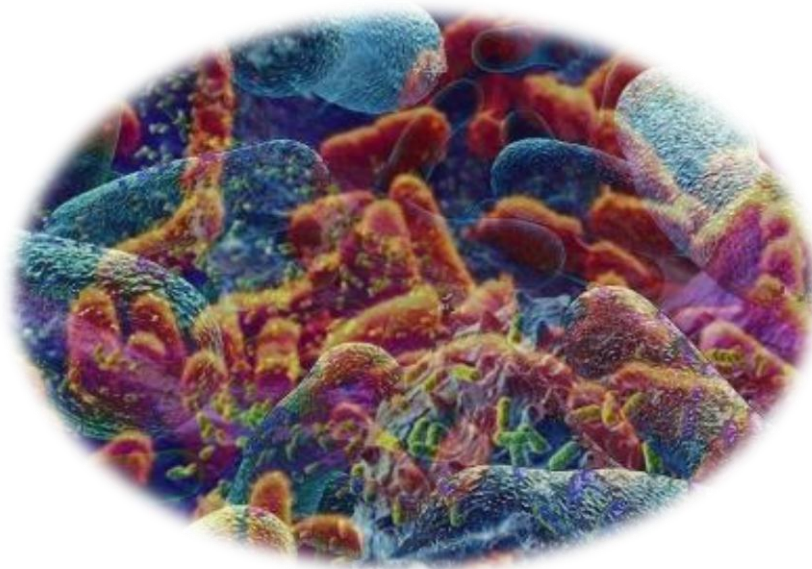


431  
*Microbiology Team*

Practical File 2: Parasitology

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**GIT & HAEMATOLOGY BLOCK**



**LEADERS**

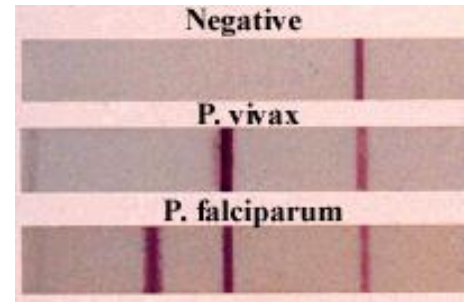
Faisal Al Rashed, Eman Al-Shahrani

**DONE BY**

Faisal Al Rashed

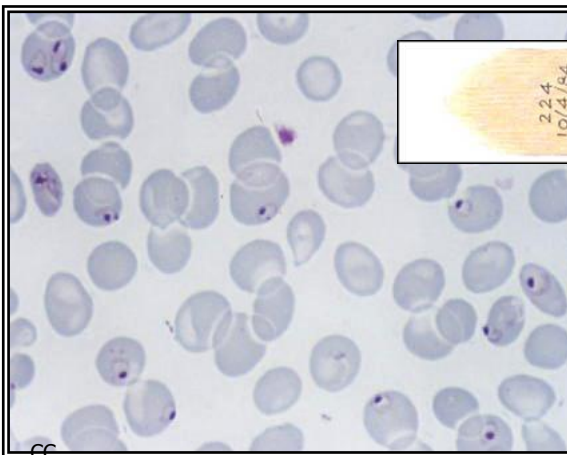
2 common ways to diagnose malaria:

1. Light Microscopy.
2. Rapid Diagnostic Tests (RDTs): to detect malaria antigens.
  - a. Plastic Cassettes.
  - b. Card.
  - c. Dipstick.
  - d. Hybrid Cassette-Dipstick.

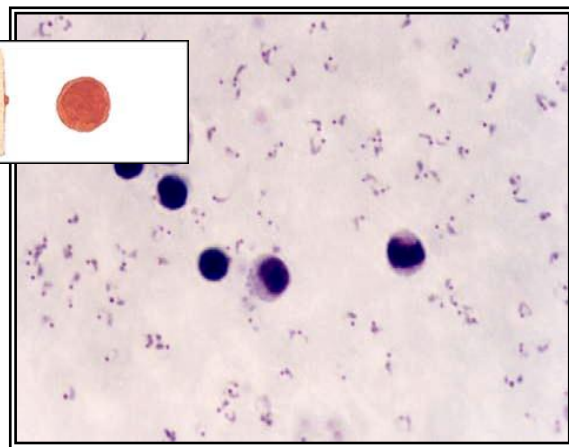


Light Microscopy:

Thick and thin blood films:



Plasmodium falciparum (trophozoite stage in thin smear)



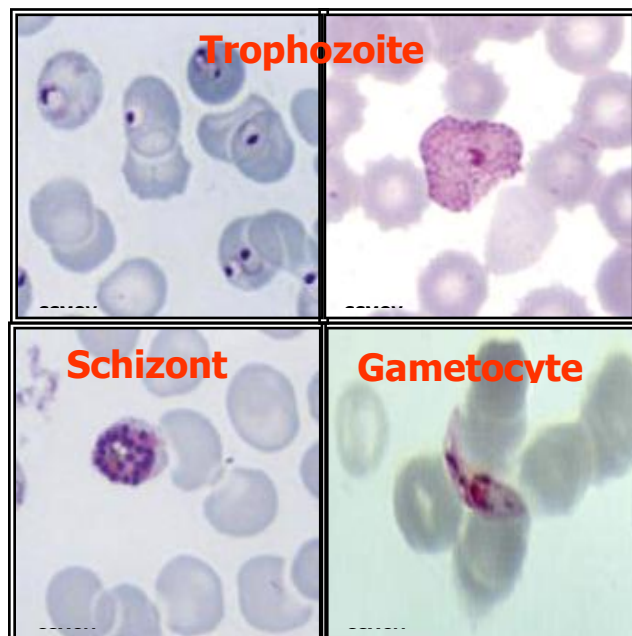
Plasmodium falciparum (trophozoite stage in thick smear)

Three developmental stages seen in blood films:

1. Trophozoites.
2. Schizonts.
3. Gametocytes.

Features of Plasmodium:

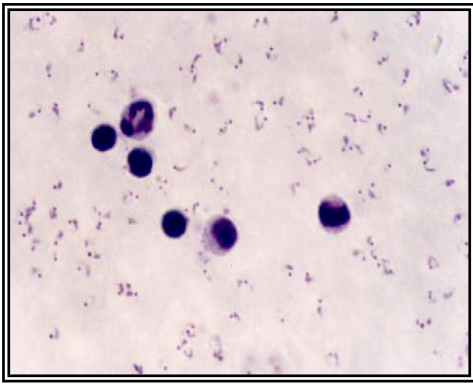
1. Vacuole.
2. Nucleus / Chromatin Dot.
3. Cytoplasm.
4. Stippling.



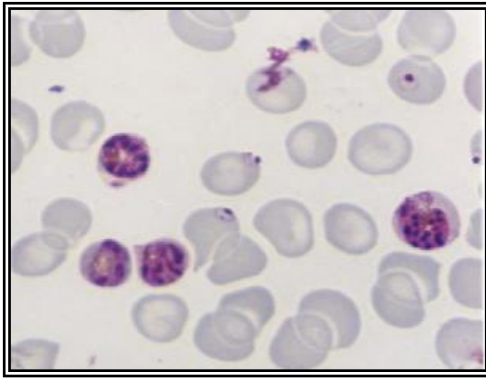
## Diagnostic Points

Trophozoite	Plasmodium Falciparum	<p style="text-align: center;"><b>Small, regular</b>, fine to fleshy cytoplasm                      Infected RBCs are <b>NOT</b> enlarged                      Ring, comma. Often have double chromatin dots. Multiple infection is common.</p>
	Plasmodium Vivax	<p style="text-align: center;">Infected red cells usually <b>enlarged</b>, Irregular (<b>Amoeboid</b>) cytoplasm with large rings.                      Schuffner's dots (stippling) are frequently visible</p>
	Plasmodium ovale	<p style="text-align: center;">Smaller than Vivax, Few, Ring to rounded.                      Make the infected RBC <b>oval</b> in shape</p>
	Plasmodium Malariae	<p style="text-align: center;">Infected RBCs are <b>NOT</b> enlarged. <b>Band</b> forms are seen.                      Small, few, Ring to rounded, Compact, Vaculated or non-Vaculated.</p>
Schizont	Plasmodium Falciparum	<p style="text-align: center;">Small, Single dark pigment, <b>Rarely fill the RBC.</b>                      16-32 or more merozoites in compact cluster.</p>
	Plasmodium Vivax	<p style="text-align: center;"><b>Large</b>, covering almost or the <b>entire enlarged RBC.</b>                      Few to moderate.</p>
	Plasmodium ovale	
	Plasmodium Malariae	<p style="text-align: center;">6-12 merozoites in "<b>rosette</b>" formation, but more often in irregular cluster</p>
Gametocyte	Plasmodium Falciparum	<p style="text-align: center;"><b>Banana-shaped</b> or rounded.                      Macrogametocyte: small, compact, central chromatin dot, pigments closely adhere to the chromatin.                      Microgametocyte: broader, shorter. Loosely scattered chromatin.</p>
	Plasmodium Vivax	<p style="text-align: center;">Round and Large.</p>
	Plasmodium ovale	
	Plasmodium Malariae	

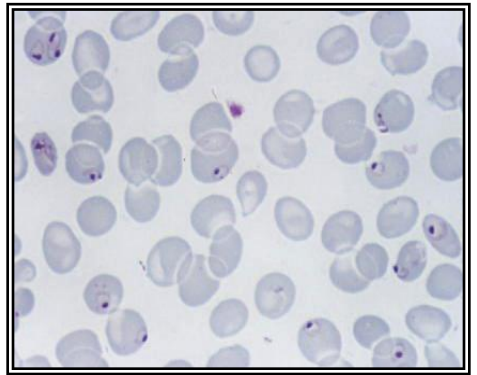
Epidemiology	Plasmodium Falciparum	Mostly in Africa
	Plasmodium Vivax	South east Asia (India, Thailand...)
	Plasmodium Ovale	Reported in Philippines
	Plasmodium Malariae	
	Mixed infections	Endemic areas like Philippines



Falciparum Trophozoites in thick smear



Falciparum trophozoites and schizonts in thin smear



Falciparum Trophozoites in thin smear



Ring form

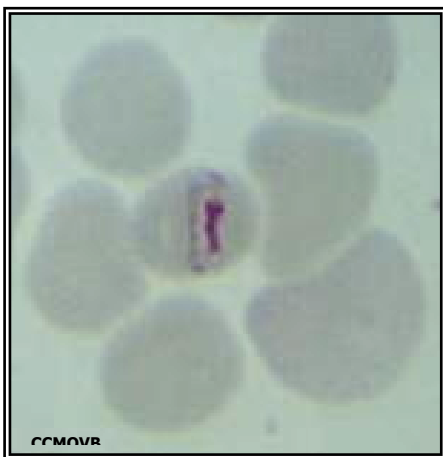
Vivax



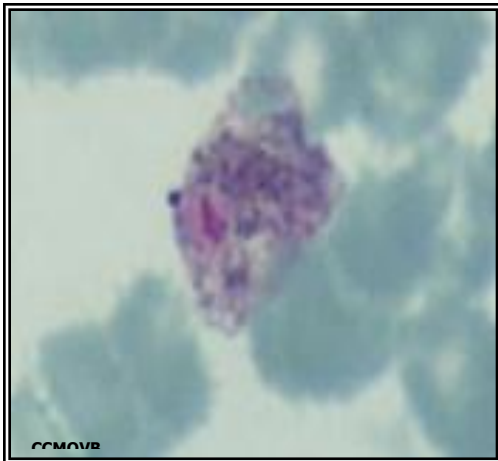
Plasmodium Vivax



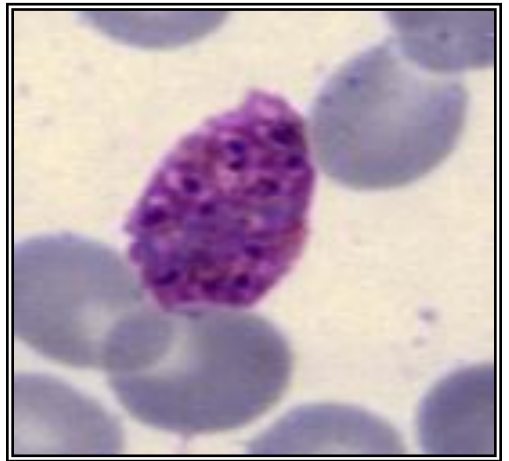
Falciparum Gametocyte



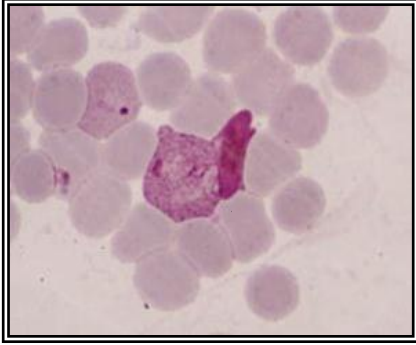
Plasmodium Malariae trophozoites



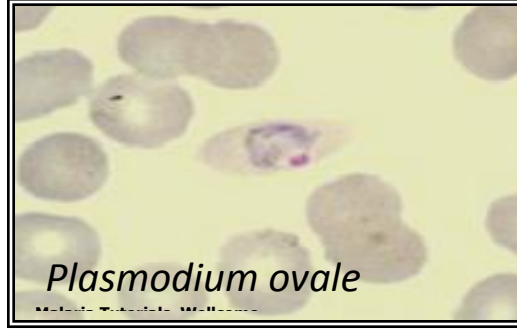
Vivax Gametocyte in thin Smear



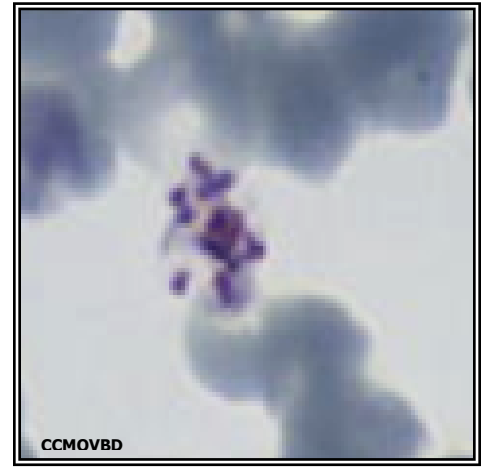
Vivax Schizont Stage



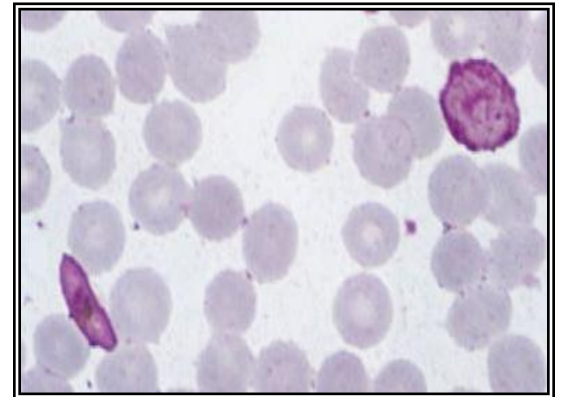
Mixed Infections



*Plasmodium ovale*



*Plasmodium malariae* (schizont stage)  
Thick Smear  
(note the Rossete)



*Falciparum* Gametocyte, *Vivax* Schizont  
Mixed

## Cases

### Case 1

A 25 year-old male from India, who came 3 months ago was admitted in KKUH with a history of severe anaemia and intermittent high grade fever for the last two months not responding to antibiotics.



#### WHAT IS THE DIAGNOSIS?

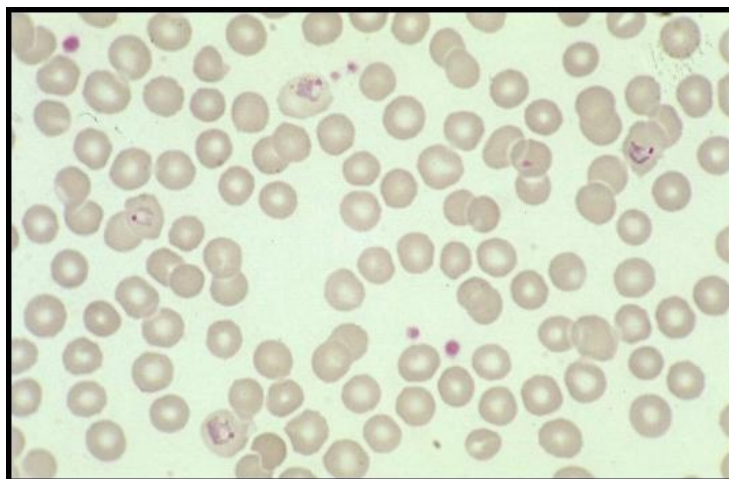
Diagnosis: **Plasmodium vivax** "Malaria"

#### Describe What you see?

Thin Blood smear showing enlarged distorted RBCs with distorted ring formation. [Enlarged RBCs infected with malaria].

### Case 2

A businessman who makes frequent trips to Thailand, presents with intermittent fever.



#### WHAT IS THE DIAGNOSIS?

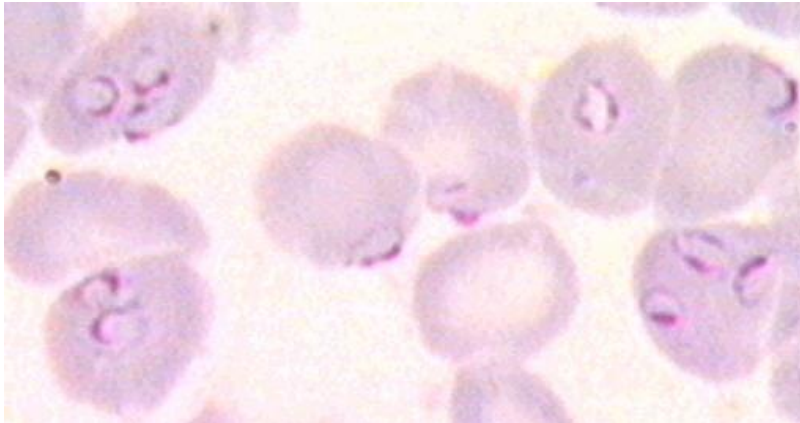
Diagnosis: **Plasmodium vivax** "Malaria"

#### Describe What you see?

Thin Blood smear showing enlarged distorted RBCs with distorted ring formation. [Enlarged RBCs infected with malaria]

### Case 3

A student in KSU who returned three weeks from vacation in Africa, he developed intermittent fever last week and lost consciousness a short time ago.



#### WHAT IS THE DIAGNOSIS?

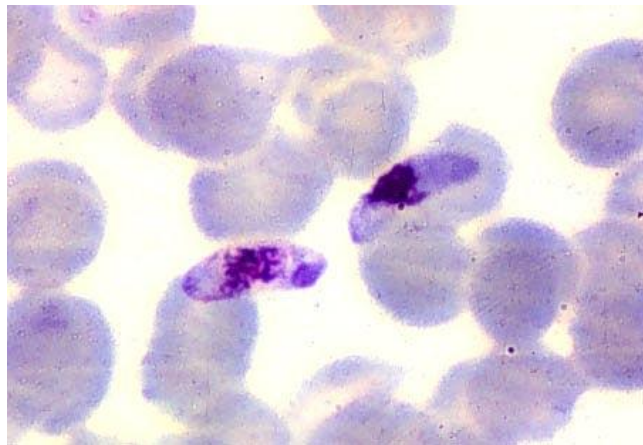
Diagnosis: Plasmodium Falciparum.

#### DESCRIBE WHAT YOU SEE

Thin blood smear showing RBCs with **multiple rings** formation.

### Case 4

The patient was then treated with schizontocidal antimalarial drugs, a follow-up blood film is shown .



#### ARE THERE ANY PARASITES? WHAT STAGE ?

Plasmodium falciparum, gametocyte stage.

#### DESCRIBE WHAT YOU SEE

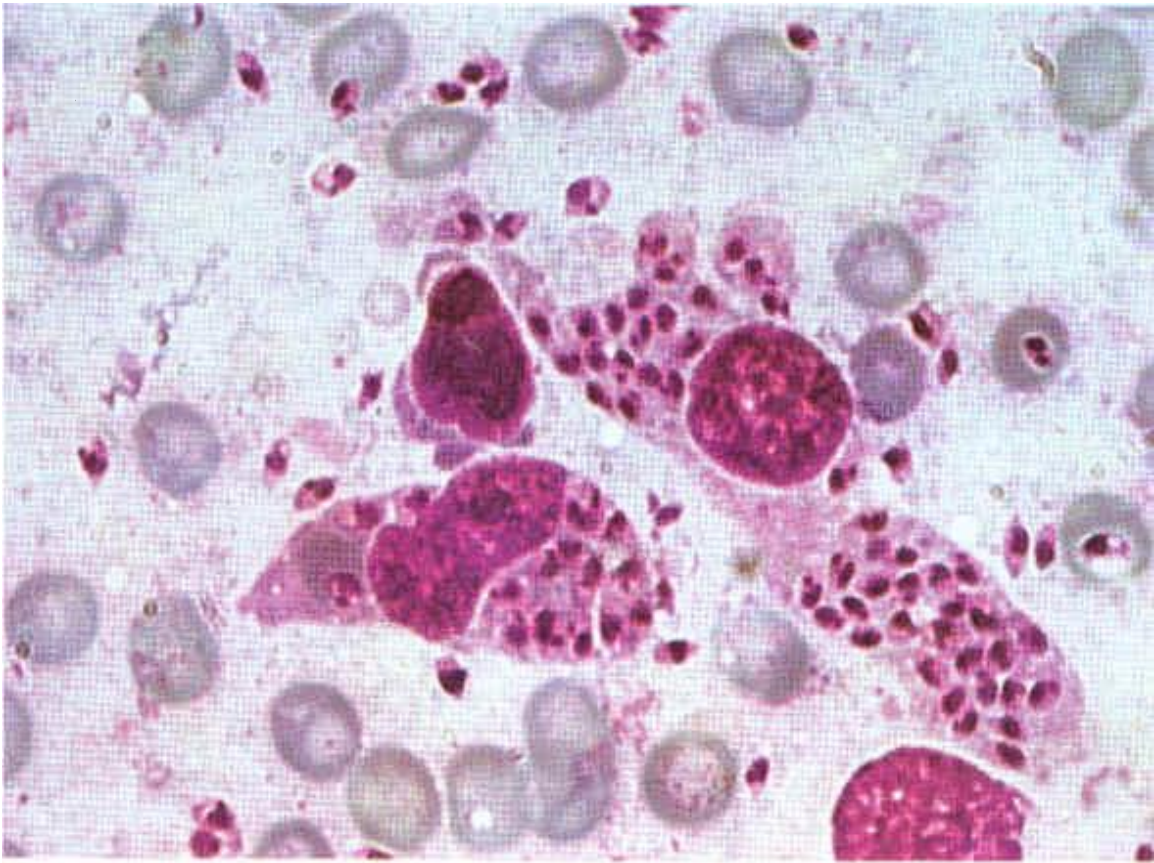
Thin blood smear showing Banana Shaped RBCs.

#### WHAT IS THE BEST TREATMENT FOR THIS CASE?

Primaquine (gametocidal).

## Case 5

A 7 year old child presented with anemia, hepatosplenomegaly and fever .Not responding to antimalarials and antibiotics. Bone marrow smear is shown



**ARE THERE ANY PARASITES? WHAT STAGE?**

Leishmania, amastigote stage