**Presentation:**
A 24 year old Caucasian female presented with a 2 week history of lethargy, reduced appetite, painful joints, and cool, blue hands and feet bilaterally.
She reported no past medical history, no medication history, no family history.
Recent travel to Gambia, no prophylaxis taken on advice of GP.

**Problem List:**
1. Bilateral cold/blue digits with impending digital gangrene
2. Metabolic acidosis with raised lactate and AKI
3. Coagulopathy with multi-organ failure

**Further Investigations:**
- Blood film
  - Malaria parasites seen
- 6% Parasite count

**On Examination:**
- HR 120
- BP 90/60
- Temp: 36.0
- Oliguric
- Drowsy but rousable
- Cool, blue digits symmetrically
- Examination otherwise unremarkable

**Initial Investigations:**
- ECG – Sinus Tachycardia
- Urine Dip – Negative
- Chest Xray – Normal
- Bloods
  - AKI (Urea 20, Creatinine 538, K 6.0)
  - Liver dysfunction
  - Coagulopathy (INR 2.0, Hb 78)
  - Acidosis (pH 7.1)

**Treatment & Outcome:**
- Catheter, IV fluids, Tazocin
- IV Artesunate
- Transferred to ITU
- Organ support and hemodialysis

Patient recovered but digits became gangrenous and auto-amputated. Patient became opiate-dependent due to pain, and suffered psychological trauma.

**Pathogenesis:**
- Invasion of erythrocytes by P. Falciparum
- 12-15 hours after invasion
- RBCs develop protuberances
- Creates cell adhesion membrane proteins – adhere to endothelial cell lining
- Stimulates coagulation cascade
- Leads to DIC, blockage of small vessels and gangrene
- Symmetrical digital ischemic damage
- Causes – DIC, Ergotamine, Noradrenaline, Sepsis

**Learning Points:**
- 25 cases reported worldwide
- 55% mortality, 80% require amputation
- Importance of thorough travel history
- Importance of prophylaxis (preventative medicine)