

Splenic Infarction in *P. Vivax* Malaria

The splenic infarction is rare complication in acute malaria; and cases have been reported in children due to falciparum malaria [1]. We report a case of splenic infarction in *P. vivax* malaria.

A 6-year-old presented with fever for 5 days and pain in left hypochondrium. The child had marked pallor, tender splenomegaly 3 cm below costal margin, and anemia (hemoglobin 5.4 g/dL). Peripheral smear showed trophozoites and gametocytes of *P. vivax*. Ultrasonography of abdomen showed spleen 11.4 cm with 4×2.7cm wedge shaped hypoechoic area suggestive of splenic infarct. On Color Doppler study, splenic vessels were patent at hilum and no vascularity was observed within lesion area. Child was treated with chloroquine, primaquine and paracetamol.

Ultrasonography after 4 weeks showed complete resolution of the infarcted area.

Spleen infarct may be a life threatening complication due to splenic rupture or may be complicated by splenic abscess needing surgical intervention [2]. There are no known predictive signs. Clinicians must be aware that pain in the left hypochondrium occurring in acute malaria may be due to splenic infarction [3].

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Systemic Lupus Erythematosus in Children: The Indian Story!

A recently published article on clinical and immunological profile of systemic lupus erythematosus (SLE) in Indian children [1] has missed on comparing their data with already published data from India of around 195 children [2-6]. We wish to highlight these differences.

Hypocomplementemia (low level of C3/C4) was seen in only 20% of children [1] which is much lower than the published incidence of 57% to 80% in Indian children [2-6]. Hematological manifestations are common in pediatric SLE. In the current study [1] authors mention that the hematological manifestations in children are more common than adults but they have not provided the relevant data. Similarly, data about number of children with photosensitivity or discoid rash is missing.

Also, hepatosplenomegaly was evident in only 12% of children [1] in this study which is less than reported incidence of 35-47% [2-5].

The published data is from few tertiary care centres and may not be representative of the entire country. A

national registry needs to be established so as to present a pan-India data on the presentation and outcome of SLE in Indian children.

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