A comprehensive study of relation of Electrolyte disturbances with malarial infection

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ABSTRACT

Background: Malaria is most prevalent and fulminating disease in India. It is often seen that mortality and morbidity seen in malaria patients is mainly due to disturbances in electrolyte levels, especially that of Sodium and potassium, adversely affecting the hydration status of patient.

Materials and Methods: In the present study, sodium and potassium levels were measured from 100 confirmed cases of malaria, 100 apparently healthy, age-matched individuals were used as control subjects.

Result: A statistically significant (p < 0.05) changes were observed in sodium and potassium levels among the two groups.

Decrease in sodium and potassium levels are very frequent in Plasmodium falciparum cases and 11 to 20 year age group.

Conclusion: Hyponatremia and Hypokalemia represents the outcome of severity of disorder. So, all malaria patients should be monitored for electrolyte disturbances and effective treatment should be initiated soon to prevent complications.

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1. Introduction

Malaria is the most prevalent, Life-threatening and fulminating disease of the world especially of the developing countries. Malaria is a parasitic disease caused by infection with female anopheles mosquito. Depending on type of malarial parasite, it can be differentiated into four different group i.e. Plasmodium falciparum, Plasmodium vivax, Plasmodium ovale and Plasmodium malaria. The characteristic manifestations of typical malaria are fever, headache, vomiting and other flu-like symptoms. If not treated urgently, malarial infection can lead rapidly to life-threatening complications. Plasmodium Falciparum infection is the most fulminating infection leading to kidney failure, Anemia, cerebral malaria, coma and death.¹

Malaria is one of the most endemic diseases in India especially in Gujarat. Malaria is the vector borne disease transmitted by bite of anopheles mosquito. Plasmodium falciparum and Plasmodium vivax are most common species in India.² Severe complicated malaria is commonly associated with electrolyte disturbances.

The purpose of this study is to establish the correlation between electrolyte disturbances and malaria infections due to infection by plasmodium parasites. It has been said that high secretion of Antidiuretic Hormone (ADH), leads to pathophysiological effects of hyponatremia.³ Normal range for sodium is 136-145 mEq/L, while normal range for potassium is 3.5-5.5 mEq/L.

2. Materials and Methods

Two groups were selected for this study, study group comprises 100 clinically suspected patients of malaria and later confirmed by microscopic detection of parasites on peripheral smear and detection of antigens of malaria by rapid diagnostic card tests. Control group comprises 100 apparently healthy, age and gender matched individuals. A complete history along with vital parameters, appropriate
laboratory investigations was recorded. Sodium and potassium levels were measured with the help of Roche electrolyte analyzer AVL 9180 that utilizes direct ISE method for electrolyte measurement. The objectives of this study were to compare electrolyte level in both groups.

3. Result

Table 1 shows characteristics of study participants. Total 100 malaria cases and 100 age and gender matched healthy control were enrolled in this study. Mean age in the case group was comparable with control group (29.5 ± 5.5 v/s 28.9 ± 4.5, p > 0.05). In both groups, number of male and female subjects was similar. In case group, 57 patients had P. vivax infection and rest of subjects had P. falciparum infection.

Figures 1 and 2 shows the Na+ and K+ mean value of malaria case and healthy control groups. Both electrolytes in malaria patients were statistically significantly lower than control group (Case v/s control - Na+: 128.9 ± 4.45 v/s 138.7 ± 3.32, p < 0.05, K+: 3.15 ± 0.78 v/s 4.3 ± 0.66, p < 0.05).

Electrolyte level of malaria patients was compared with different age groups in Table 2 (A) and Table 3 (B). Na+ and K+ level was significantly lower in the 11 to 20 years age groups as compared to other age groups. Table 4 shows any significant difference in level in male and female malaria patients (Male v/s Female - Na+: 128.31 ± 3.50 v/s 129.82 ± 4.51, p > 0.05, K+: 3.18 ± 0.88 v/s 2.99 ± 0.72, p > 0.05). Na+ was significantly lower in P. falciparum infection (126.4 ± 4.00) than P. Vivax infection 129.9 ± 4.40, p < 0.05). Similarly K+ was also lower in P. falciparum infection (2.91 ± 0.78) as compared to P. Vivax infection 3.30 ± 0.88, p < 0.05).

4. Discussion

In the tropical regions of world, malaria is one of the most common disorders that cause highest mortality and morbidity. Approximately, 300-500 millions individuals are affected by malarial parasitemia every year, out of which approximately 1 million patients die each year due to various complications. In this study, we found that Na+ and K+ levels were decreased due to infection by malarial parasites. Dworak et al., Kakkilaya et al., and Ikekpeazu EJ et al. also observed statistically significant low sodium and potassium levels in malaria cases. As per research results by Heindricks et al., various body cells loses 75 to 80 percent of their potassium content due to infestation by malarial parasites, which can lead to decrease in potassium values.

In this study, Decrease in levels of electrolytes is more common in 11 to 20 years age groups malaria patients. Ikekpeazu EJ et al. also observed lower level of sodium and potassium level in 11 to 20 years age groups as compared to other age group. Electrolyte level was also significantly reduced in plasmodium falciparum infection as compared to P. Vivax infection. It may be due to those complicated, fulminating and severe types of malaria patients are mostly infected by plasmodium falciparum. Jasani JH et al. revealed that hyponatraemia and hypokalaemia were more common in P. falciparum than in P. vivax malaria.(PF v/s PV in male: 127.71 ±1.68 v/s 132.25±1.71, p < 0.05; PF v/s PV in female: 127.82 ± 1.26 v/s 132.48±1.61, p < 0.05). Decreased sodium and potassium level in malaria patients indicate severity of infection, which needs to be monitored.
Table 3: Age group wise pvalue of electrolyte comparison

<table>
<thead>
<tr>
<th>Age group</th>
<th>1 to 10</th>
<th>11 to 20</th>
<th>21 to 30</th>
<th>31 to 40</th>
<th>&gt; 40</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 10</td>
<td>NA</td>
<td>&lt; 0.05</td>
<td>&gt; 0.05</td>
<td>&gt; 0.05</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>11 to 20</td>
<td>&lt; 0.05</td>
<td>NA</td>
<td>&lt; 0.05</td>
<td>&lt; 0.05</td>
<td>&lt; 0.05</td>
</tr>
<tr>
<td>21 to 30</td>
<td>&gt; 0.05</td>
<td>&lt; 0.05</td>
<td>NA</td>
<td>&lt; 0.05</td>
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<tr>
<td>31 to 40</td>
<td>&gt; 0.05</td>
<td>&lt; 0.05</td>
<td>&lt; 0.05</td>
<td>NA</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>&gt; 40</td>
<td>&gt; 0.05</td>
<td>&lt; 0.05</td>
<td>&lt; 0.05</td>
<td>&lt; 0.05</td>
<td>NA</td>
</tr>
</tbody>
</table>

Table 4: Comparison of electrolyte level in malaria subjects according to gender and type of infection

<table>
<thead>
<tr>
<th>Gender</th>
<th>Na⁺ (mEq/L)</th>
<th>K⁺ (mEq/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male (n=50)</td>
<td>128.31 ± 3.50</td>
<td>3.18 ± 0.88</td>
</tr>
<tr>
<td>Female (n=50)</td>
<td>129.82 ± 4.51</td>
<td>2.99 ± 0.72</td>
</tr>
<tr>
<td>p value</td>
<td>&gt; 0.05</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>Type of malaria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P. falciparum(n=43)</td>
<td>126.41 ± 4.00</td>
<td>2.91 ± 0.78</td>
</tr>
<tr>
<td>P. vivax (n=57)</td>
<td>129.90 ± 4.40</td>
<td>3.30 ± 0.88</td>
</tr>
<tr>
<td>p value</td>
<td>&lt; 0.05</td>
<td>&lt; 0.05</td>
</tr>
</tbody>
</table>

carefully.

5. Conclusion

Decrease in sodium and potassium levels are very frequent in malaria patients, especially in Plasmodium falciparum cases and 11 to 20 year age group. Hyponatraemia and hypokalaemia represents the outcome of severity of disorder. Prognosis of malarial infections is solemnly dependent on the instant and prompt management of abnormalities of sodium and potassium levels.

6. Source of Funding

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7. Conflict of Interest

None.

References


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