CONCLUSION
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In the present study, 150 patients with malaria were studied. The following conclusions were drawn from this study

1. 56.36% cases were QBC positive. While according to literature the positivity of this test is 80-85%.

2. Malaria was more common in younger age group (20-30 years).

3. Rate of improvement in *P. falciparum* and *P. vivax* malaria were 82.95%, 90.32%, respectively. Overall the rate of improvement was 86%.

4. Mortality rate in *P. falciparum* and *P. vivax* were 17.04% and 9.67% respectively. Overall mortality rate was 14%.

5. Fever was the hallmark of malaria and was present in all the 150 cases.

6. The incidence of cerebral malaria was 22%, the rate of improvement and mortality in *P. falciparum* were 74.07%, 25.92%, while in *P. vivax* it were 83.33% and 16.66% respectively.

7. Other important clinical signs and symptoms were Headache (80%), Anaemia (57.33%), Spleenomegaly (26.33%), Vomiting (24.66%), Jaundice (14.66%), Pain in abdomen (12%), Diarrhoea (10.66%), decreased urine OP (8%), Hepato spleenomegaly (6.6%), Altered behaviour (4%), Purpuric spots (4%), Hemeatemesis (2.66%), Convulsion (2%), Hemiplegia (1.5%),

(53.)
Rigidity (1.2%).

8. Most important complication of malaria was anaemia 89.65% in females and 42.39% in males.

9. Leucopenia was observed in 8.66% and 9.33% showed leucocytosis.

10. Thrombocytopenia was another important complication and was found in 45.38% cases at the time of admission.

11. All the 6 patients presented with prolongation of both bleeding time and cloting time presented with massive gastric bleeding and none survived.

12. Out of 16 patients having raised serum creatinine >3mg% and raised blood urea at Day1, 8 could afford dialysis and 3 were saved.

13. Jaundice was observed clinically in 23.33% cases. However taking laboratory reports into account it was raised in 27.33% case. SGPT was raised in 10% patients. Jaundice was almost always hemolytic.

14. In CSI examination no abnormality except raised pressure in 36.36% cases.

15. In this study adverse prognostic factors were:

* Jaundice
* Thrombocytopenia
* Leucocytosis
* Leucopenia

* Anaemia
* Renal Failure
* Increased BT CT