

P175. Malaria vivax in pregnant attended in a school hospital of amazon region

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INTRODUCTION: Plasmodium vivax is a protozoan parasite. Most common cause of recurrent malaria. In this work, we report a case of vivax malaria in pregnant women, followed during hospitalization at Ary Pinheiro Base Hospital in Porto Velho Rondônia. **OBJECTIVES:** To report a case of vivax malaria in a pregnant woman at a hospital in Porto Velho-RO and to review literature on plasmodium transmission. **METHODOLOGY:** The present study uses a bibliographical research reference, in order to obtain information and report this case on Plasmodium Vivax infection during pregnancy. **CASE REPORT:** Patient, J.L.S.O. - 22 years, female, brown, home, full high school, evangelical, stable, natural union of Nova Olinda - MA and coming from Porto Velho - RO, suburb Ulisses Guimarães, G2P1A0 Vaginal delivery (3 years ago) IG = 12 weeks . Previous gestation without intercurrents, presenting + - 3 days febrile peaks, sudden onset, diaries ($> = 39^{\circ}\text{C}$) accompanied by chills, holocranial headache of severe intensity and postprandial emesis. Deny vaginal losses and / or pain in the hypogastrium. He sought medical attention at the José Adelino Policlínica, being referred to M.M.E., and later transferred to CO / HB. She presented UTI in this gestation 1 month ago with cephalixin and started treatment with cephalixin 500mg 6 / 6h for 10 days for a new diagnosis of UTI in this gestation. Malaria vivax (2 episodes). Last 7 years. At physical examination BEG, conscious, oriented, eupneic, acyanotic, anicteric, afebrile, hypocorotous (+/- 4+), without lymph node enlargement. AR .: MV present without adventitious noises. FR = 16ipm ACV: RCR 2T, BNF, without blows . FC = 66 bpm Abd: slightly globose, flaccid, painless to superficial or deep palpation, without VCM, RHA +. Uterus not palpable. BCF not audible by sonar. Giordano negative. MMII: No edema, free calf, no change in color or temperature. She was submitted to a plasmodium screening test that came positive for vivax malaria, where chloroquine 150mg regimen 4/3/3 was started and sent to Prenatal High Risk (PNAR), where she was followed until the end of gestation. Childbirth occurred with 40S1D, a nonintercurrent procedure. With live RN, female, weighing 3.436gr, being 41cm tall. There were no malformations.

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