Correspondence

Malaria parasitemia during delivery

To the Editor

I read with interest the informative paper on malaria parasitemia during delivery by Ahmed et al, Saudi Med J 2002; 23: 684-688. The authors pointed the importance of large scale studies on anti-malarial drug prophylaxis during pregnancy. This is in search of an effective safe drug to be considered for use during antenatal care in malaria endemic areas. They mentioned chloroquine resistance as a possible explanation for protection failure in the women who used it, though their number was small 3% (n=550).

I think chloroquine resistance is an important cause of malaria spread world-wide. Other factors such as patient non-compliance to therapy cannot be excluded. I like to suggest looking into the pattern of chloroquine sensitivity using laboratory assays. Alternatively clinical response to antimalarial therapy may indicate resistant cases. The findings of such studies plus application of

standard malaria control measures could minimize disease complications for humans, including the pregnant population.

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Relpy from the Author

Author declined to reply.

References

1. Ahmed SM, AbdAl-Rhim SK, Mohamedani AA, Habour AB, Sadek AA. Malaria parasitemia during delivery. Saudi Med J 2002; 23: 684-688.