applied additionally. Average blood pressure was found to be decreased from 173 ± 17/102 ± 9 mm Hg to 139 ± 18/86 ± 11 mm Hg after 6 months and to 118 ± 12/73 ± 6 mm Hg after 36 months. It has also been shown that hypertension can be better controlled with daily dialysis. Although long or frequent dialysis sessions may remove some uremic factors, which are responsible for the hypertension resulting in better blood pressure control, studies have shown that sufficient fluid removal is the most important factor in hypertension control.

This review demonstrates the contribution of dialysis related therapies in medicine. Our patient, and many other cases reported throughout the literature, highlight the usefulness of HD and UF procedures in managing patients, where conventional drug treatment is not adequate and surgery or other measures are not yet possible. From pure renal indications, dialysis related techniques have come of age to treat other conditions in general medicine. They should be made more widely available. Nephrologists should therefore be prepared to play a bigger role in the development of other specialties.

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Extrapyramidal syndrome after treatment of *falciparum malaria* with sulphadoxine-pyrimethamine

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Occasionally unusual patterns of clinical presentations of falciparum malaria including neurological manifestations are seen in Sudan.[1] Chloroquine is no longer regarded the first line treatment for falciparum malaria, where more than 70% resistance to the drug was reported in the capital Khartoum and in the Eastern Sudan. Sulphadoxine-pyrimethamine (SP) is now the drug of choice for the treatment of uncomplicated falciparum malaria in Sudan.[2]

A 39-year-old male presented to the New Halfa Teaching Hospital, New Halfa, Sudan on 25th January 2004 complaining of fever, sweating, headache, nausea and backache for 3 days. His weight was 78 kg, he was fully conscious, his pulse was 85/minute, blood pressure 130/80 mm Hg, and temperature at 38.2°C, with a clear chest. There was no palpable spleen or liver. His hemoglobin was 11 g/dl. The blood film confirmed the diagnosis of falciparum malaria. He was given 3 tablets of SP, after 50 minutes, he developed a full picture of extrapyramidal manifestations (spasmodic torticollis, trismus and akathisia). He was admitted in the ward and received 10mg of intravenous diazepam, his condition improved with no sign of extrapyramidal manifestations. He was discharged on the second day, seen in the referred clinic after 2 weeks where he had been briefed on the extrapyramidal manifestations he developed and was advised not to take SP.

As the patient presented with the extrapyramidal syndrome 50 minutes after SP ingestion, it is tentative to assume the possibility that SP was the causal factor rather than the malaria, although malaria itself can rarely lead to extrapyramidal syndrome.[2-4] However, extrapyramidal manifestations were previously reported following quinine therapy,[4] and not SP. Nevertheless, it should be put in mind among odd clinical presentations of falciparum malaria, or its treatment as we reported recently.[5]

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