ORIGINAL ARTICLE

Imported malaria is stable from Africa but declining from Asia

Camilla Holten Møller & Kim David

INTRODUCTION

In this study, we describe patients with imported malaria seen at the Department of Infectious Diseases (DID), Hvidovre Hospital, Denmark. Our aim was to address possible risk factors for contracting malaria and risk factors for developing complicated malaria.

MATERIAL AND METHODS

We searched patient databases for all cases of malaria seen at the DID from 1994 to 2012. Various parameters were registered.

RESULTS

A total of 320 cases were identified. We found a significant 3.39 % decrease in the incidence of cases per year (p = 0.0008). *Plasmodium falciparum* infection was predominant (n = 217) followed by *P. vivax* infection (n = 76). 37% of all cases were Africans visiting relatives and friends (VRF). A total of 12 patients had one or more relapses of their P. vivax infection. In all, 53 (17%) cases were defined as severe malaria. 36% (n = 112) reported using some type of chemoprophylaxis. 14% (n = 26) of patients traveling to Africa in 1999-2012 reported taking chemoprophylaxis as recommended in the current guidelines. Complicated malaria was significantly associated with failure to take any chemoprophylaxis (p = 0.0317, χ^2-test).

CONCLUSION

Imported malaria is decreasing at the DID. The patients who carry the highest risk of imported malaria are ethnic Africans who travel as VRF without using chemoprophylaxis. Recrudescence from *P. vivax* malaria is a substantial risk. Complicated malaria is associated with failure to take any chemoprophylaxis. It is important that travelers receive expedient advice on the use of efficient chemoprophylaxis to bring down the number of imported malaria cases.

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FROM: Department of Infectious Diseases, Hvidovre Hospital

ORIGINAL ARTICLE

Promising results after balloon dilatation of the Eustachian tube for obstructive dysfunction

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INTRODUCTION

As the first ear, nose and throat department in Denmark, we introduced balloon dilation of the Eustachian tube as a treatment of obstructive dysfunction in the summer of 2012. We present our preliminary experiences with this new treatment in adults.

MATERIAL AND METHODS

Preoperatively, several different tests were performed including otomicroscopy, audiometry, tympanometry and Toynbee's test. The patients were classified as Class 1 (if they could make a pressure equalisation of the middle ear by a normal Valsalva's test), Class 2 (if they needed an extended Valsalva's test), Class 3 (if only a test with the Otovent could make air flow to the middle ear), and Class 4 (if no passage of the Eustachian tube could be achieved). Furthermore, the patients filled out questionnaires using a visual analogue scale (VAS).

RESULTS

A total of 50 treatments were performed in 34 patients (16 patients had bilateral problems). Four patients (six Eustachian tubes) had intermittent problems, while 30 patients had chronic dysfunction. A significant effect of the treatment was documented when measuring both audiometry, tympanometry, Toynbee's test, classification of Eustachian tube dysfunction and VAS questionnaires. Some patients (e.g. patients with atelectatic ear drums) were not helped by the treatment. Among the first 40 treatments, 10% were observed to have acute otitis media post-operatively.

DISCUSSION

The majority of the patients experienced a positive effect of the treatment. Our results are comparable to those of other similar studies. We regard this new treatment as very promising, but look forward to more research.

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