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## **Abstract:**

Cerebral malaria is the main cause of death in severe *Plasmodium falciparum* infection and is one of the most important medical emergencies. No conclusive theory exists on the pathogenesis of cerebral malaria, although it has been shown that the level of tumor necrosis factor correlates well with the severity of symptoms. Involvement of the intracerebral capillaries by the malaria parasites interferes with microcirculation in the brain, leading to cerebral anoxia, oedema, and cell death. Cerebral oedema is not, however, consistently found in all cases. The condition is more commonly seen in nonimmune people, children below five years old, and in pregnancy. Nonetheless, any degree of impairment of cerebral functions given infection with *P. falciparum* warrants clinical consideration of cerebral malaria unless proved otherwise. Basic principles of management should include maintenance of patent airways, care of bowel, bladder, skin; regular blood sugar estimation; intravenous or oral Quinine 10 mg per body weight every eight hours for 5-10 days; intravenous glucose; daily parasite count; exchange transfusion and hemodialysis when indicated. Steroids should never be used