

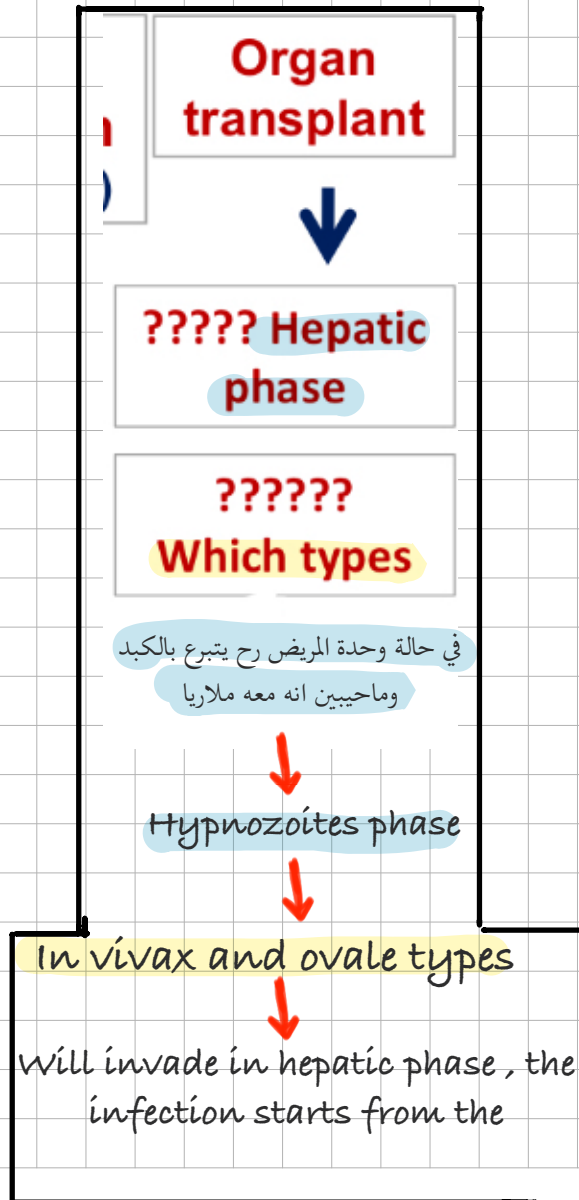
# Micro-lec 1 notes

causes **erythrocytic schizogony cycle only**  
as the merozoites that released from RBCs  
never invade the liver cells

**Infective stages ?????????????????????????????????**



All erythrocytic stages



	<i>Plasmodium vivax</i>	<i>Plasmodium ovale</i>	<i>Plasmodium malariae</i>	<i>Plasmodium falciparum</i>
<b>Trophozoite (ring stage)</b>		 Big RBC & ovale in shape		 Multiple ring in one RBC
<b>Mature trophozoite</b>	 Ameboid form trophozoite	 Ovale trophozoite	 Band form trophozoite	
<b>Schizont</b>	 Separated all over the RBC	 Crowded at one point	 Rosette shape merozoite Around malarial pigment	 Largest number of merozoites
<b>Gametocyte</b>	 ♀ ♂	 ♀ ♂	 ♀ ♂	 Banana shaped ♀ ♂
	<b>Infect young RBCs<sup>12</sup></b>		<b>Old RBCs</b>	<b>All RBCs ages<sup>12</sup></b>

Infected RBCs are bigger in vivax and ovale types

Central mass of pigment -> لما الملاريا بتتوزع عالهيموغلوبين بتاخذ الي بدھا اياه وبتترك الهيم

The heme is toxic for malaria so it transform it with its enzymes to hemozoin (malarial pigment)

**• Why Plasmodium falciparum causes malignant malaria and is more dangerous ????????????**

- Irregular destruction of RBCs which make it hard to diagnose
- Cytoadhesion phenomena
- Black water fever
- infects all types of RBCs so bigger destruction in young and old
- Has the largest number of trophozoites

• Differences between malarial relapse and recrudescence ??????

Whith all types of  
 17 plasmodium 17  
 parasite ال من ال قليل جداً من ال  
 Low grade parasitemia  
 غير كافيين انهم يبيلشوا مرض  
 immunosupresent لما يصير مرض  
 بيلش ينشط ال parasite ويتظهر  
 علامات الملاريا

