

## **“ADIK, ARE YOU HUNGRY?”**

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### **Introduction**

Malnutrition refers to deficiencies or excesses in nutrient intake as well as imbalance of essential nutrients or impaired nutrient utilization. In Malaysia, overnutrition has higher prevalence than undernutrition. Hence, we are more accustomed to overnutrition forgetting the fact that undernourished child still exists. Marasmus is one of the severe manifestations of acute protein-energy malnutrition due to total calorie insufficiency that leads to overt loss of adipose tissue and muscle which can result to systemic complications.

### **Case description**

A 4-year-old boy, term baby with background history of speech delay but defaulted follow up was brought to the emergency department (ED) by his mother with chief complaint of loose stool, vomiting 2 days and fever for 5 days. Upon arrival, noted child was very lethargic, cachexic with muscle wasting and febrile with temperature of 38.2 degrees Celsius. Child weighed only 6 kg. His airway was patent, but tachypnoeic. There were signs of dehydration and shock as evidenced by prolonged capillary refill time, poor skin turgor, cold peripheries, and low blood pressure. However, the child, instead of tachycardic, he was bradycardic. Venous blood gases revealed metabolic alkalosis. Blood investigations showed anaemia (Haemoglobin 8.5 g/L), hyponatremia (Sodium : 121 mmol/L) and severe hypokalaemia (Potassium : 1.3mmol/L). Patient was resuscitated together with paediatric team and subsequently admitted to PHDW. Unfortunately, patient deteriorated and passed away in the intensive care unit (ICU) with cause of death was sepsis with underlying severe malnutrition (Marasmus).

### **Discussion**

This child came to ED already presented with complications. Marasmic child is susceptible to infections and prone to have gastrointestinal(GI) symptoms due to villous atrophy and loss of GI enzyme resulting to electrolyte imbalance. Child would also has thinning of the cardiac myofibrils and impairment in contractile ability causing reduced cardiac output with bradycardia.

## Conclusion

Undernutrition child is less prevalence in Malaysia but still exist. They will not come saying they are undernutrition as a chief complaint but come with the complications instead. We must always be aware and ready to treat the patients accordingly and successfully.

**Keywords:** malnutrition, marasmus, undernutrition

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