The obtained data showed no significant difference in variance between AMS scores and subjects with a history of migraines ($t = -0.482$, $P = .640$) or between AMS scores and subjects diagnosed with migraines ($t = -1.243$, $P = .242$). It appears that a history of migraines did not affect the incidence or severity of high-altitude headaches in this small study group. However, the small number of subjects did not allow a proper statistical evaluation of the population.

This study bears repeating with a larger sample size in an effort to definitively answer this question. Until the exact mechanism of high-altitude headaches is determined, appropriate prevention and treatment measures will remain elusive.

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Clinical Aspects of *Plasmodium falciparum*

To the Editor:

We would like to emphasize one aspect of the clinical presentation of *Plasmodium falciparum* malaria that was hinted at, but not stressed, in part 1 of the 2-part review article on “Fever in the Returning Traveler.”¹

Infection due to *P falciparum* often does not follow the tidy, classic symptoms we commonly associate with malaria. Specifically, patients with *P falciparum* often have an array of symptoms that are virtually indistinguishable from influenza: an *irregular* pattern of fever and chills accompanied by headache, muscle aches, gastrointestinal symptoms, and occasionally a dry cough.

Also, it is a good idea to tell your patients who are going to malarious areas to be highly suspicious of flu-like symptoms on return even if they have been on appropriate malaria prophylaxis.

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