CASO CLÍNICO / *CLINICAL CASE*

Infeção por vírus Mpox associada ao surto global de 2022

Mpox virus infection associated with the multi-country 2022 outbreak

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/ Resumo

No passado, a infeção por mpox era tipicamente caracterizada por uma distribuição centrífuga das lesões, com preferência para o rosto e extremidades, e uma evolução síncrona das mesmas. Durante o surto global de 2022, as lesões cutâneas têm mostrado uma tendência para a região anogenital,sempre evoluindosimultaneamente.

Os autores descrevem o caso de um homem de 33 anos, com história de 2 semanas de exantema, de início com duas lesões vesiculares pruriginosas na região glútea direita. Foi feita uma pesquisa por PCR de ambas as lesões com resultado positivo para o vírus mpox. Após o aparecimento de sinais inflamatórios, foi admitida a hipótese de sobreinfeção bacteriana de tecidos moles. O doente foi tratado empiricamente com amoxicilina/clavulanato oral, tendo tido evolução favorável.

Este caso clínico mostra algumas das particularidades da apresentação clínica da infeção por mpox. Os profissionais de saúde devem estar cientes da variabilidade na evolução clínica, de modo a que seja possível o diagnóstico e tratamento atempados.

Palavras-chave: Infeção por Monkeypox; Lesões cutâneas da Monkeypox; Infeções por Poxviridae; Mpox

/ Abstract

In the past, mpox infection was typically characterised by a centrifugal distribution of lesions, with preference for the face and extremities. However, in the 2022 global outbreak, skin lesions have been more likely to appear in the anogenital area and do not always evolve simultaneously throughout the course of infection. The authors describe the case of a 33-year-old male presenting with a 2-week history of an exanthematous rash, which began with two vesicular lesions on the right gluteus. A PCR swab of both lesions tested positive for mpox virus and after signs of inflammation ensued, bacterial cellulitis was admitted, secondary to infection of both swabbed lesions. Empiric treatment with oral amoxicillin/clavulanate was initiated and the patient had a favorable outcome.
This clinical case provides insights into the presentation of Mpox infection. Healthcare providers should be cognisant of the variability in the clinical course to ensure accurate diagnosis and management.

Keywords: *Monkeypox infection; Monkeypox skin lesions; Poxviridae infections; Mpox*

A 33-year-old male presented with a two-week history of an exanthematous rash. The patient reported sexual intercourse with an unknown same-sex partner 24 days prior to noticing two pruriginous vesicular and exanthematous lesions on the right gluteus. Five days later, right tender inguinal adenopathy and flu-like symptoms emerged. Eight days into the symptoms, a swab of both lesions

had a positive PCR result for mpox virus. Low-grade fever and signs of inflammation on both skin lesions ensued, and bacterial cellulitis was suspected, secondary to infection of previously swabbed lesions (Fig 2). No additional workup was done and the patient was empirically treated with oral amoxicillin/clavulanate 875/125 mg tid for 10 days, with clinical improvement (Fig 3).

On the 15th day after the symptom-onset, dissemination of the exanthematous lesions at different stages of evolution was recorded (Fig 1), all of which had a favorable progression and the patient fully recovered by four weeks after symptom onset.

This case was documented on May 2022, two weeks after the first mpox case had been identified in Portugal, while early in that month, the first case was detected in London. This case further highlights how mpox infection may present in a different way to what has been previously described in the classical mpox infection from endemic African clades in endemic settings [2] [3]. In these previous cases, skin manifestations often present a centrifugal distribution with preference for the face and extremities and typically appear following a febrile prodrome [4]. In addition, all lesions tend to be in the same stage of development on any one part of the body, resulting in well circumscribed pustules that could become confluent or umbilicated.

During the 2022 global outbreak, skin lesions often appear without a prodrome, show a tendency to emerge in the anogenital area and do not evolve simultaneously throughout the course of infection [1] [5]. Additionally, it also highlights the possibility that the incubation period, or time until symptom acknowledgment ensues, may, in some cases, be longer, as has been previously reported [3].

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

PATIENT CONSENT

Obtained.

COMPETING INTERESTS

The authors have declared that no competing interests exist.

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(A)

(B)

(C)

Figure 1 – Asynchronous dissemination of skin lesions two weeks after symptoms onset. At the same moment, ulcerated lesions (A), umbilicated pustules (B) and maculopapular rash (C) were observed in the upper extremities, neck and abdomen.

Figure 2 – Perilesional bacterial cellulitis, a complication of Mpox infection

Figure 3 – Resolving bacterial cellulitis at the same time when lesion dissemination was recorded

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