Monkeypox case

13-OCT-2022

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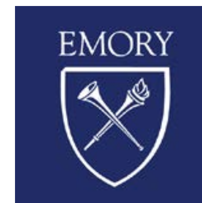
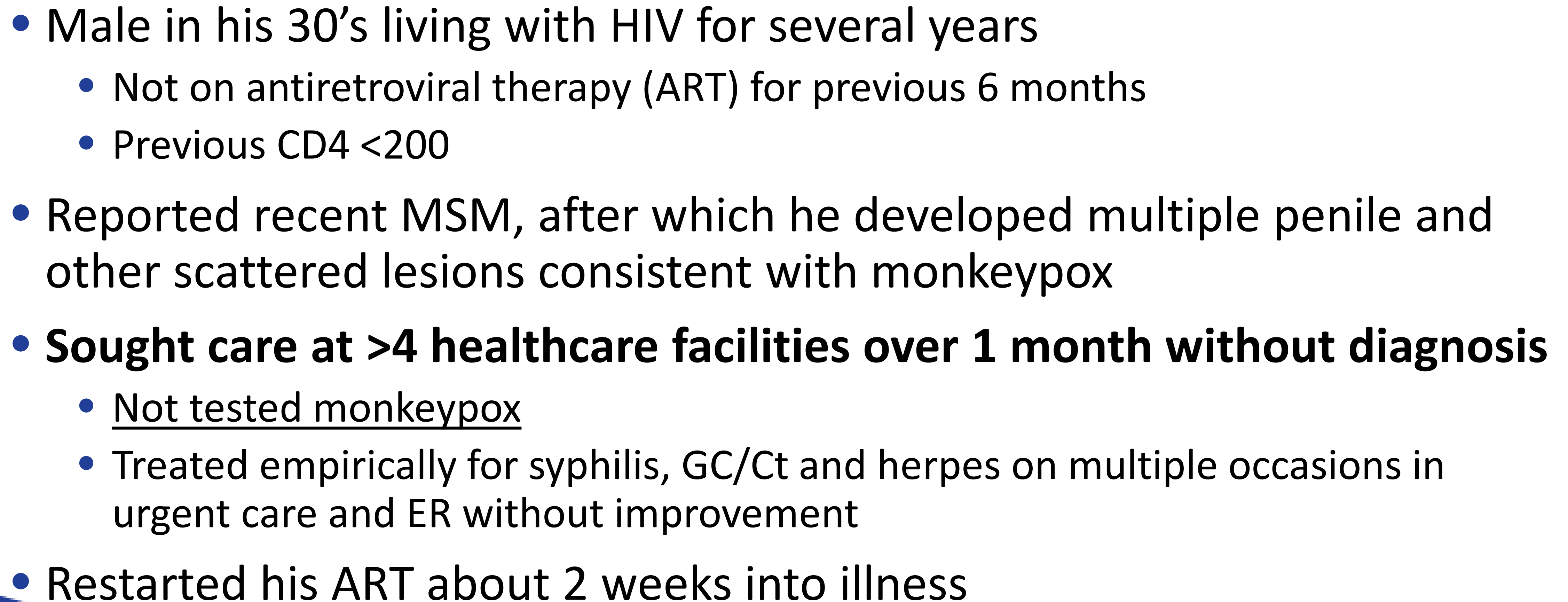
Infectious Diseases

Emory University

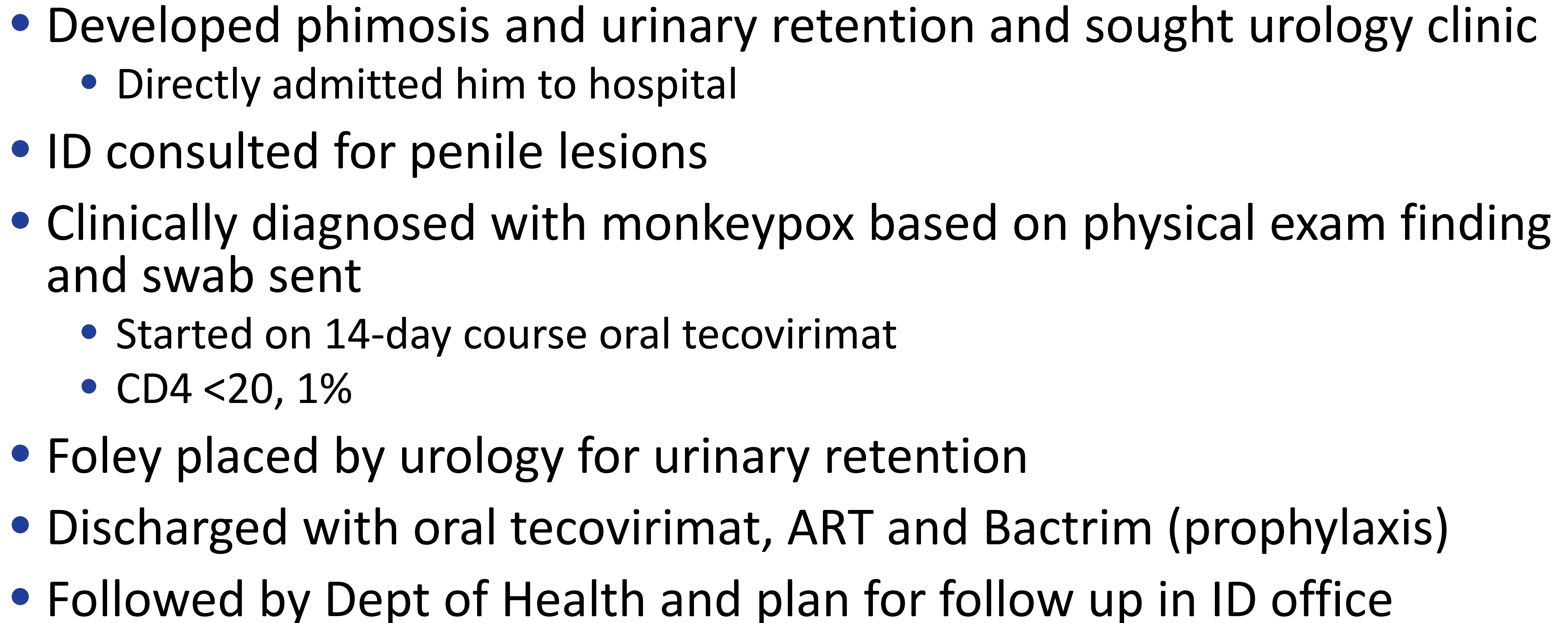


Case Presentation



- Male in his 30's living with HIV for several years
  - Not on antiretroviral therapy (ART) for previous 6 months
  - Previous CD4 <200
- Reported recent MSM, after which he developed multiple penile and other scattered lesions consistent with monkeypox
- **Sought care at >4 healthcare facilities over 1 month without diagnosis**
  - <u>Not tested monkeypox</u>
  - Treated empirically for syphilis, GC/Ct and herpes on multiple occasions in urgent care and ER without improvement
- Restarted his ART about 2 weeks into illness

Initial Hospitalization



- Developed phimosis and urinary retention and sought urology clinic
  - Directly admitted him to hospital
- ID consulted for penile lesions
- Clinically diagnosed with monkeypox based on physical exam finding and swab sent
  - Started on 14-day course oral tecovirimat
  - CD4 <20, 1%
- Foley placed by urology for urinary retention
- Discharged with oral tecovirimat, ART and Bactrim (prophylaxis)
- Followed by Dept of Health and plan for follow up in ID office

Initial Hospital follow up

- Returned to clinic on day 13 of oral tecovirimat
- No new lesions in 4-5 days
- Lesions were coalescing and with central eschars
- Penile lesions had coalesced and began crusting
- Foley remained in place and patient had planned urology follow up
- 1 week later he called office reporting a few scattered new lesions but otherwise stable

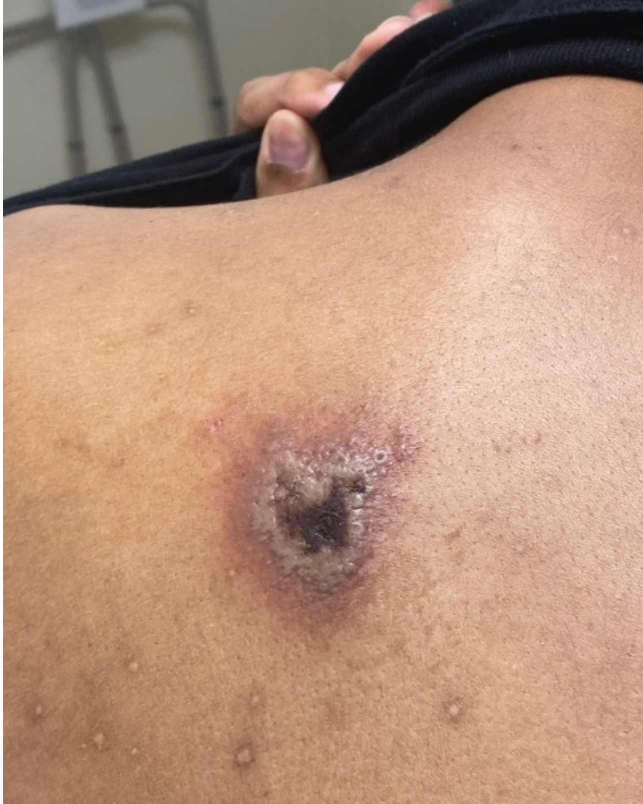
Courtesy of Dr. Alex Dretler

Second Hospital follow up

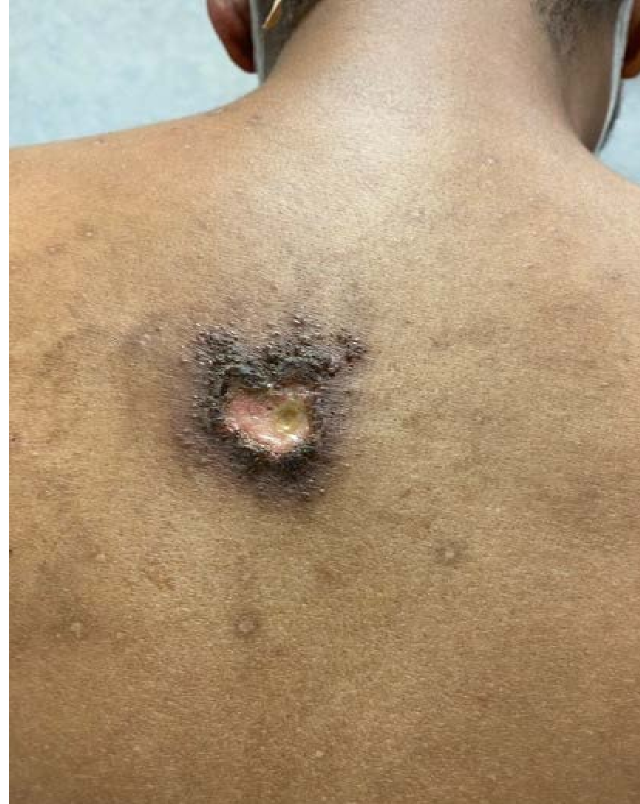
- 10 days after completion of oral tecovirimat
- New lesions found in multiple locations on body and specifically extending up shaft of penis
  - Reported ongoing weight loss, poor appetite and significant malaise and weakness
  - New eyelid lesion
  - Suprapubic foley placed for urinary retention and indwelling foley removed
  - Severe and persistent pain, most prominent from penile lesions
- Concern for secondary infections secondary to necrotic lesions
- Decision made after consult with CDC team to re-admit to hospital

Courtesy of Dr. Alex Dretler

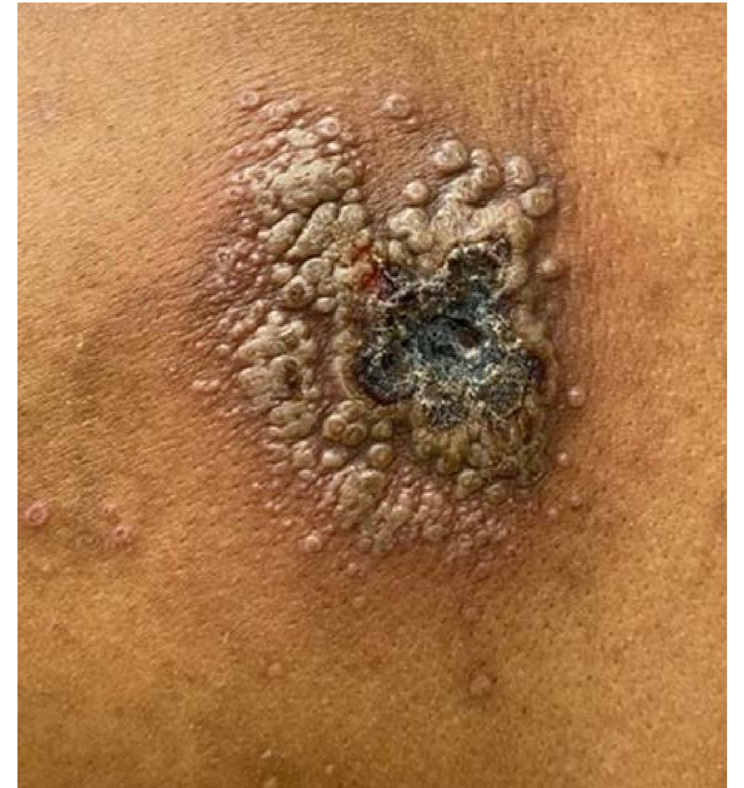
Back lesion



Upon presentation



13 days po treatment

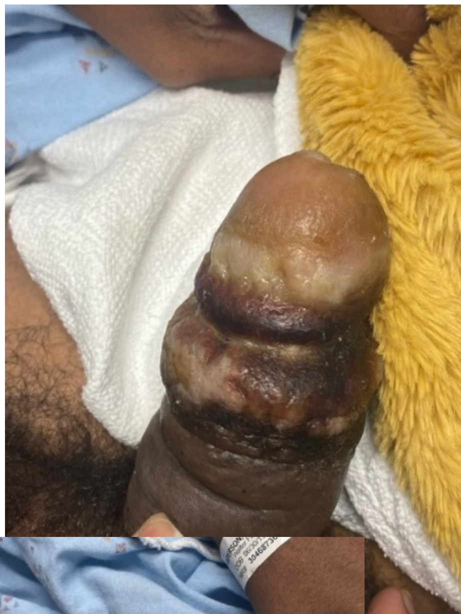


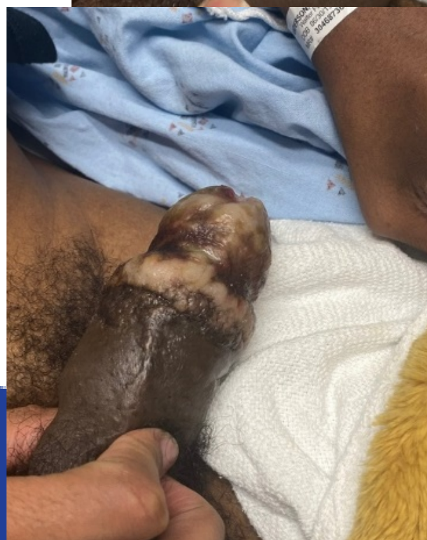
2nd Admission

Courtesy of Dr. Alex Dretler

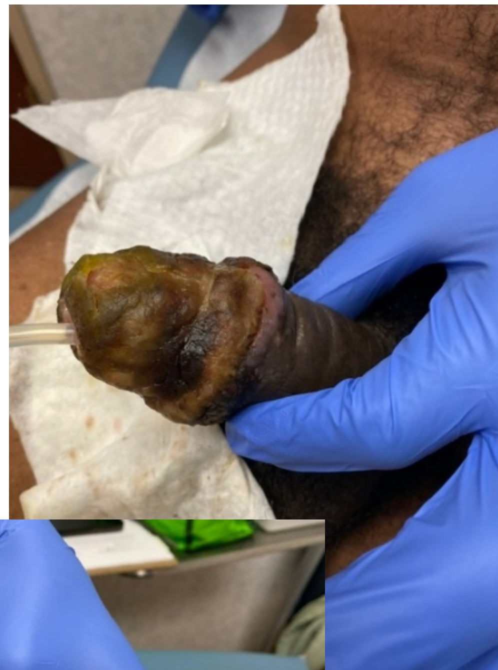
Penile lesions

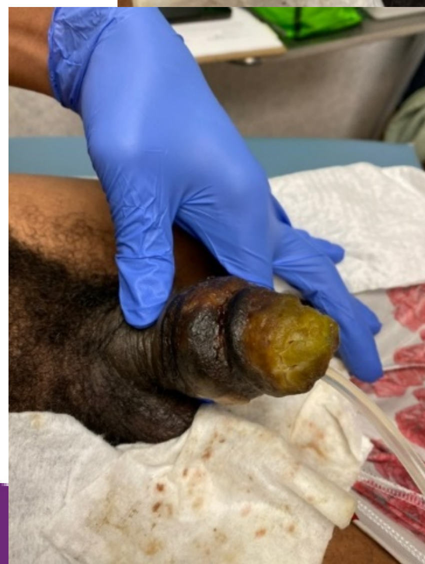
Upon presentation



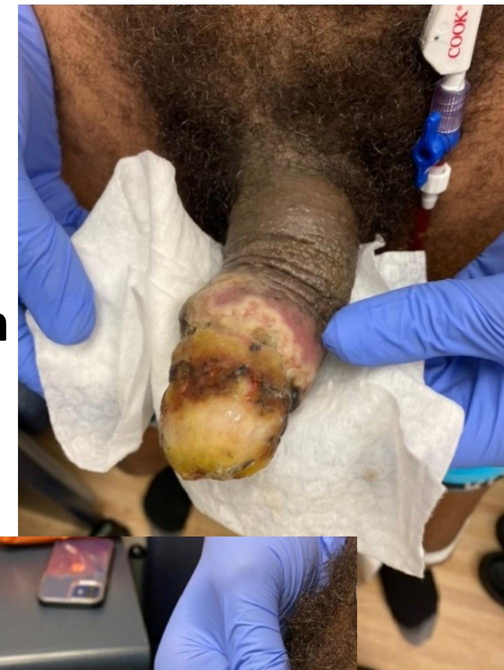


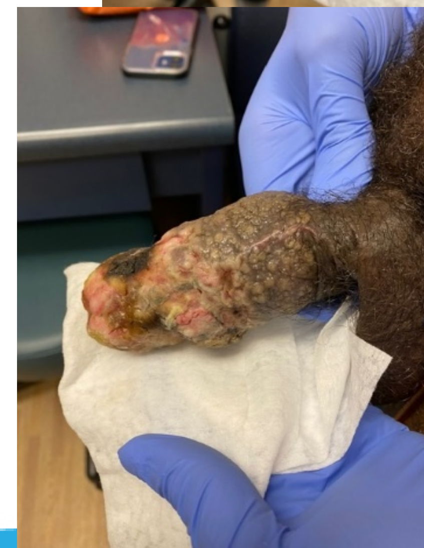
13 days po treatment





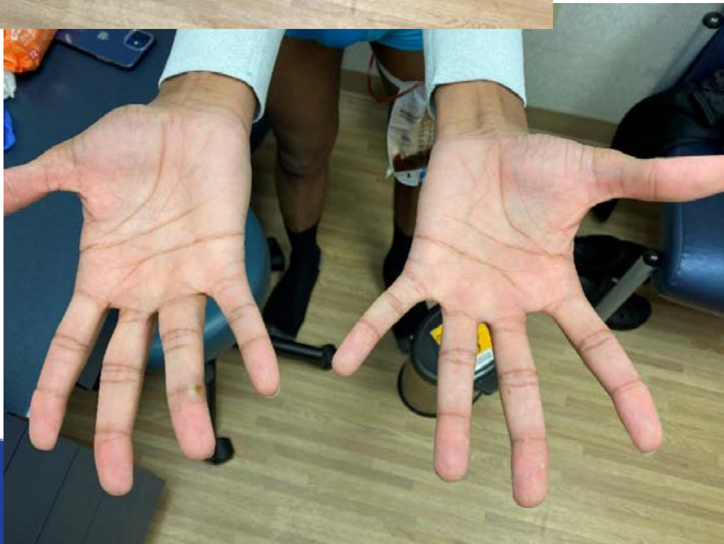
2nd admission



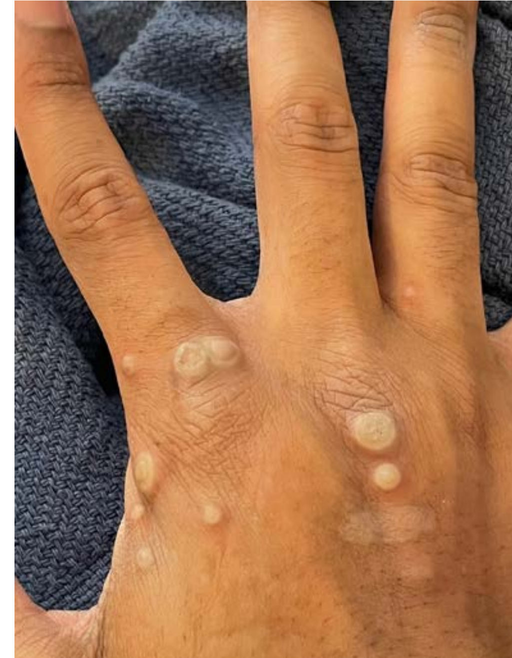


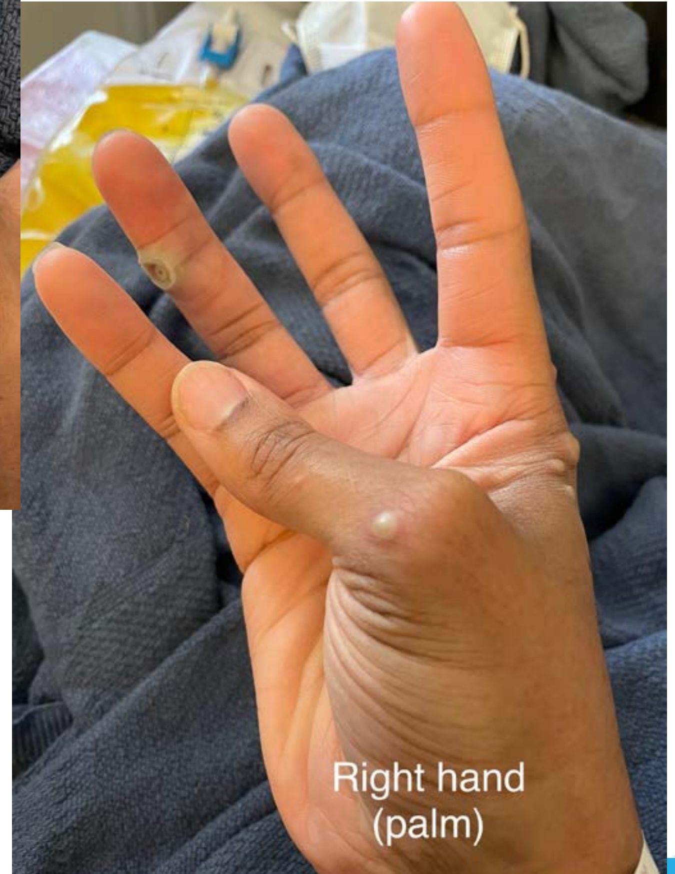
Courtesy of Dr. Alex Dretler

Hand lesions



13 days po treatment





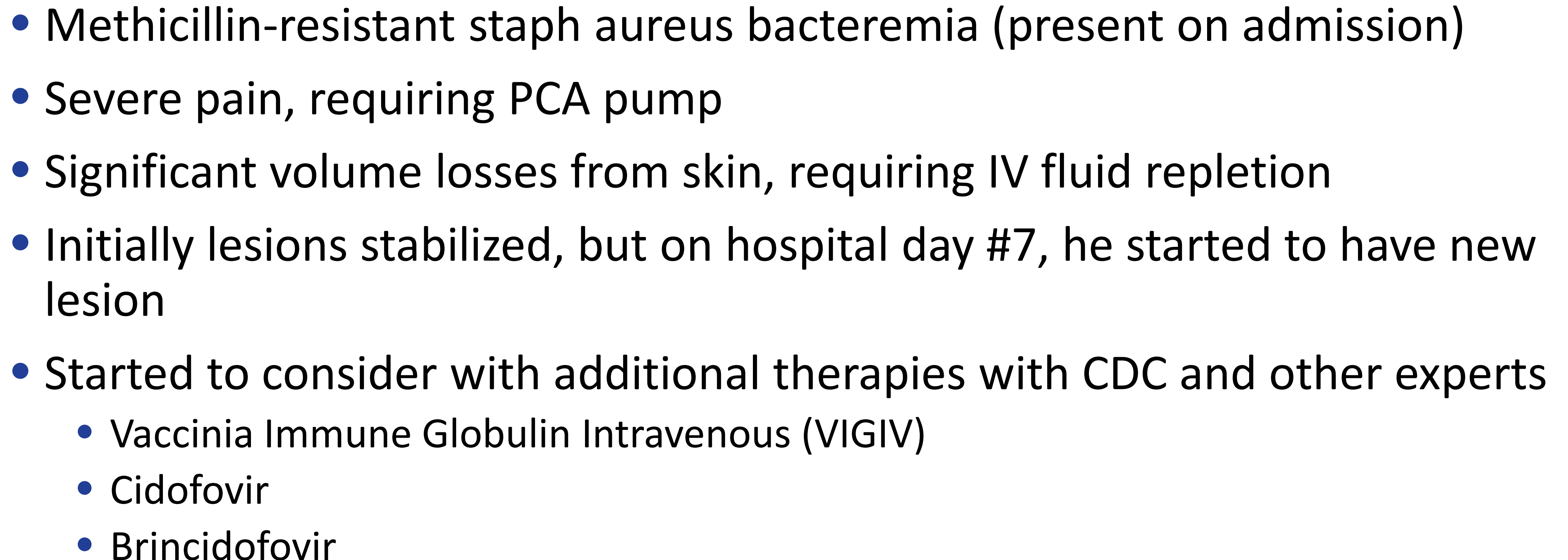
2nd admission

Courtesy of Dr. Alex Dretler

Second Hospitalization

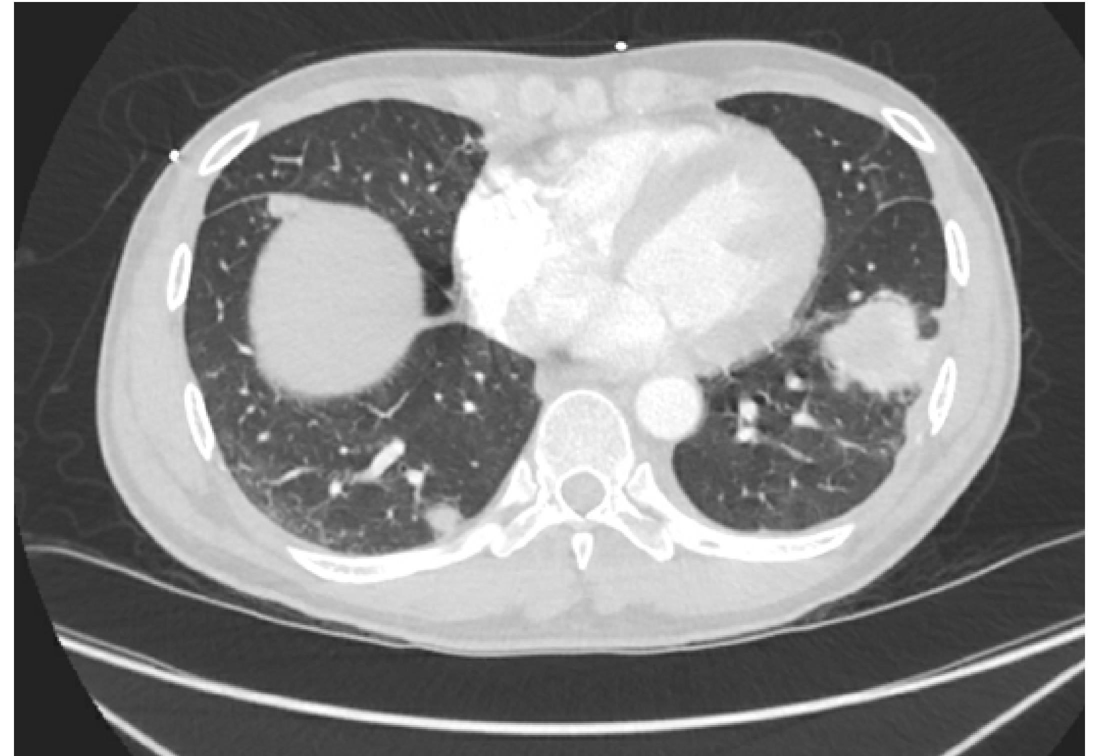
- Admitted to the Emory University Hospital
- Initiated IV tecovirimat with help of CDC
- Treated with broad spectrum antibiotics for possible superinfection
- Ophthalmology consulted
  - No ocular involvement
- Dermatology consulted
  - Provided wound care support
- Urology consulted
  - Monitored penile tissue status

Second Hospitalization

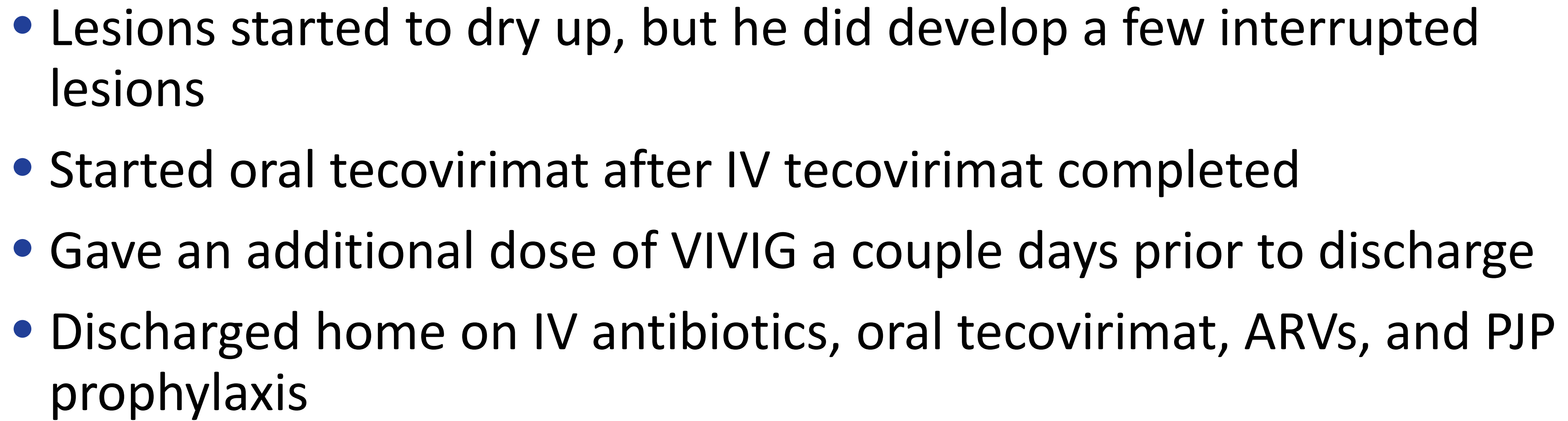


Second Hospitalization

- Hospital day 10, developed rapid atrial fibrillation
  - CT chest showed pulmonary nodules, likely monkeypox related
- With help of CDC, received and administer VIVIG
  - Continued IV tecovirimat



Second Hospitalization

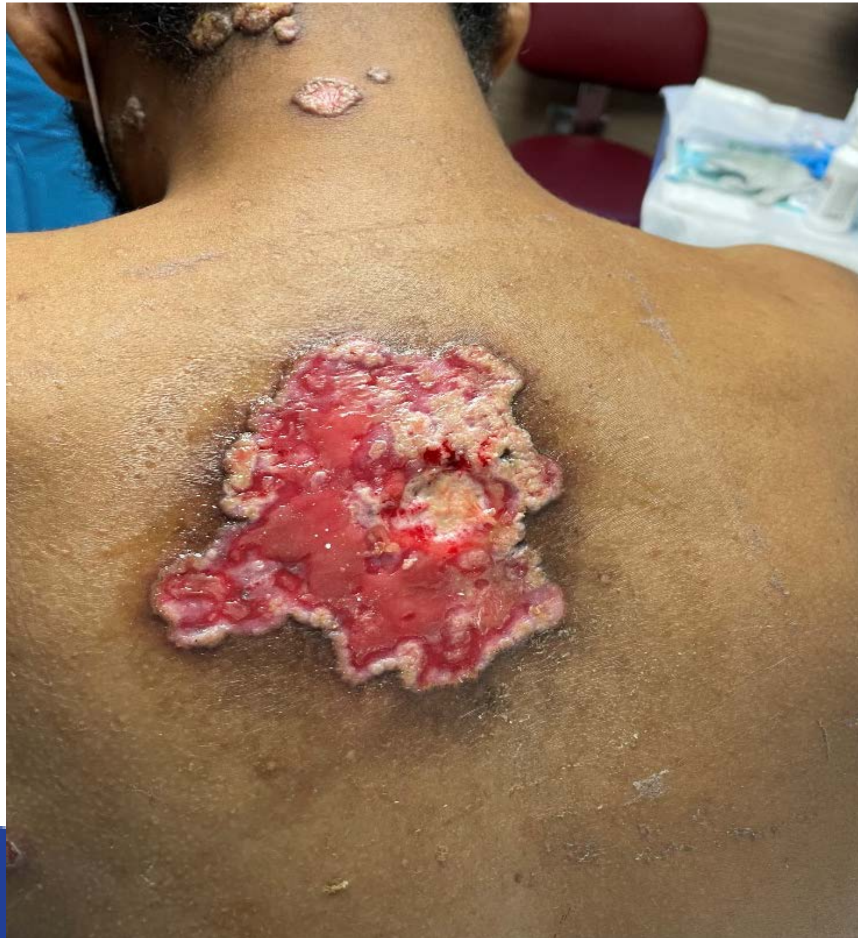


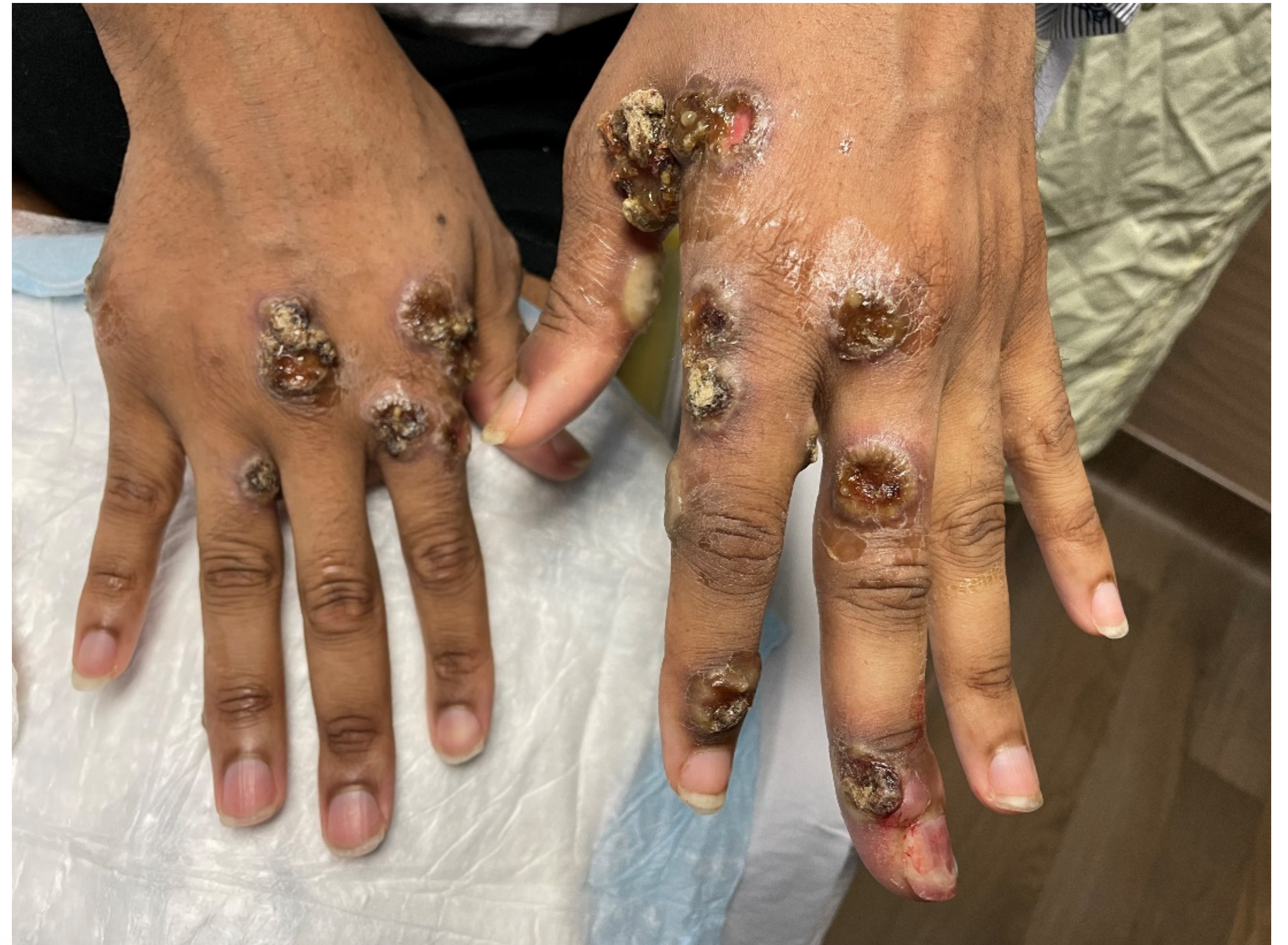
Follow up care

- Infectious Diseases and Wound Care Follow up
- Extensive lesions involving entire body but largely crusted or epithelializing
- Back ulcer still with some central slough and necrosis but majority starting to epithelialize.
  - Edges with persistent heaped lesions – pox vs inflammation
- Penis with persistent eschar, thick slough but some healthy granulation tissue visualized along shaft
  - A few scattered active pox lesions visualized along base of penis
- Remains on PO tecovirimat

Courtesy of Dr. Alex Dretler

Outpatient follow up (photos)





Courtesy of Dr. Alex Dretler

Conclusions

- Delay in recognition and diagnosis allowed disease progression and delays in care
  - Clinicians need continuing education on recognition of monkeypox, how to test, and that there are treatments available
- Patients living with HIV, particularly those with low CD4 counts, are high risk for progressive monkeypox and complications
  - We need continued efforts to alert and education patients of the risks, how to recognize monkeypox, and where to see care
- There are additional treatment options for progressive monkeypox
  - Clinicians should contact Infectious Diseases experts and/or CDC to ascertain best options for their patients

Acknowledgements

- Dr. Alex Dretler
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