Wound-Associated Monkeypox Infection in a Young Male with Human Immunodeficiency Virus (HIV) infection

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Background

- **Monkeypox** is a rare zoonotic infection with increasing incidence recently.
- Recent data suggests that a significant number of confirmed cases are concentrated among men having sex with men (MSM) and almost half have human immunodeficiency virus (HIV) infection.
- We present a case of a wound-associated monkeypox infection in a young man with known HIV infection.

Case Presentation

- A 28-year-old male with HIV infection presented to the emergency department with diffuse body rash. He reported laceration in his right arm about 3 weeks ago with progressive swelling and appearance of papulopustular lesions all throughout the body. Notably, erythema and swelling were noted on the right arm.

Differential Diagnoses

- Monkeypox, Varicella, Herpes Simplex Virus (HSV) infection, other STDs (Syphilis, chlamydia, gonorrhea)

Investigations

- Laboratory examination was significant for WBC 14x10^3/mcL. Gonorrhea/Chlamydia NAAT and Rapid Plasma Reagin (RPR) were nonreactive.
- CT scan of the right forearm showed evidence of a small fluid collection in the mid forearm.
- Monkeypox PCR tested positive.

Interventions

- The patient was deemed high risk for severe complications due to HIV, hence, he received the antiviral Tecovirimat.
- Further, the patient was given Trimethoprim-Sulfamethoxazole as treatment for the cellulitis of the right forearm.
- On the interim, the patient improved significantly with the 14-day course of Tecovirimat with improvement of the diffuse papulopustular lesions.
- In addition, the right arm cellulitis also improved with the Trimethoprim-sulfamethoxazole requiring no drainage.

Conclusions

- Wound-associated monkeypox infection is a possible clinical entity that can be seen among exposed susceptible individuals.
- Treatment is supportive, however, patients with clinical indications such as being immunocompromised are eligible for the antiviral Tecovirimat to prevent severe disease.
- High index of suspicion should be maintained by clinicians if presented with a patient with clinical manifestations consistent with monkeypox infection especially among immunocompromised patients at risk for severe disease.

References