Infeção pelo Vírus Monkeypox: Dicas e Pistas para o Diagnóstico

Monkeypox: Tips and Clues to Diagnosis

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A 28-year-old man who has sex with men, without a relevant previous medical history, presented to the emergency department with painful perineal lesions that had developed during the previous week. The lesions were preceded in some days by fever and myalgia. The patient denied oropharyngeal or other mucocutaneous lesions, urethral or rectal exudate, rash, headache, pruritus, and sore throat. He denied having travelled on the previous month.

On clinical examination seven round centrally depressed pustular lesions with 3-4 mm of diameter were identified in the perineal zone, between the anus and the scrotum (Fig. 1). No oropharyngeal lesions, lymphadenopathy, or rash were noted.

The patient referred having had four sexual partners in the two previous months, the last being suspected for monkeypox infection.

Biologic material was collected from the perineal lesions. Polymerase-chain reaction (PCR) monkeypox virus assay was positive, thus confirming the diagnosis.

Screening for other sexually transmitted infections (STI) was carried out. The patient tested positive for *Neisseria gonorrhoeae* (PCR on the urethral sample).

The patient was discharged and advised to stay at home in isolation. At a follow-up appointment one week later, the lesions were healing.

A biphasic clinical course of human monkeypox was classically described. The first phase, also called prodromal, is characterized by systemic symptoms, such as fever, headache, and malaise. The second phase, separated by a time span of two to four days, is characterized by a skin eruption.[1] The described case matches this evidence.

A recently published descriptive case series conducted in the United Kingdom during the 2022 outbreak showed a variable temporal association between mucocutaneous and systemic features.[2]

Additionally, the skin lesions have a standard pattern of evolution: macules, papules, vesicles, and pustules, which later turn into crusts.[1] Considering that the described patient presented to the emergency department one week after the emergence of the skin lesions, the identification of pustules is congruent with the diagnosis.

Moreover, our patient meets the epidemiological and clinical characteristics described in recent data about the 2022 monkeypox outbreak:

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- The most common sites of skin lesions are the genital and the perianal areas.[2,3]
- Most patients had two to ten lesions at presentation.[2]
- Between 98% and 99.5% of the patients were identified as gay, bisexual, or other men who have sex with men.[2,3]
- Regarding STI, 29% to 31.5% of people infected by the monkeypox virus and screened for other STI had a concomitant STI.[2,3] *Neisseria gonorrhoeae* infection was the most common.[2,3]

Due to the recent outbreak of monkeypox, the disease is now present in countries where it was not common before. Therefore, it became crucial to health care professionals to promptly recognize it. The authors consider that the described case and image can contribute to this purpose.

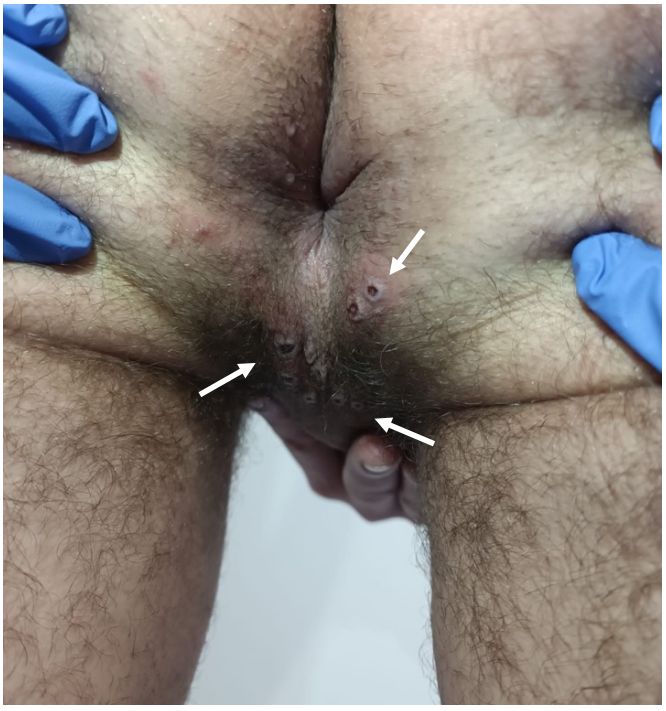

Figure 1. Seven round centrally depressed pustular lesions (arrows) in the perineal area.

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