



MPOX IN PATIENTS SEEN AT THE RESEARCH INSTITUTE FOR TROPICAL MEDICINE: A CASE SERIES

CAS-082

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BACKGROUND

WHO declared the mpox outbreak a public health emergency of international concern twice in 3 years, in July 2022 and August 2024. To date, the Philippines has reported 15 confirmed cases. We described the demographics, presentations, transmission risks, outcomes, and viral genetic clades of confirmed mpox cases seen in our institution.

METHODS

Data were obtained from cases seen and RT-PCR-confirmed at the Research Institute for Tropical Medicine Special Pathogens Laboratory. Analyses were descriptive.

FINDINGS

Six cases in this report were five cisgender men who have sex with men—three were known to be living with HIV with good virologic response to ART—and one cisgender female. The median age was 31 years old. Two were documented to have traveled internationally prior to symptoms.

The cases commonly presented with any rash (100%), fever (100%), malaise (100%), genital rash (67%), localized lymphadenopathy (16.67%), and headache (16.67%). All skin lesions were umbilicated, presenting as vesicles (100%), papules (83%), or pustules (50%).

Secondary bacterial skin infections were reported in two cases. Sequelae included post-inflammatory hyperpigmentation and scarring of previous lesions. There were no severe complications nor deaths. Genetic analysis identified all cases belonging to MPXV clade II.



Figure 1. Multiple erythematous umbilicated papules with purulent discharge on the penile base (A). Erythematous umbilicated papules on the nape (B), upper trunk (C), and abdomen (D).

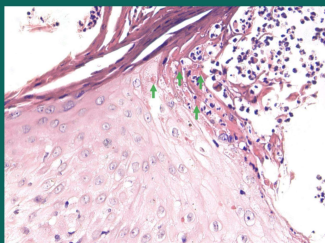


Figure 2. Guarnieri bodies (green arrows) (H&E, 40x)



Figure 3. A solitary erythematous ulcer with purulent discharge on the penile base

CONCLUSION

This case series highlighted the disproportionate impact of mpox on young MSM and PLHIV, consistent with global trends. Most PLHIV experienced mild disease, emphasizing the protective effect of antiretroviral therapy. Despite the small sample size, the study emphasizes the need for ongoing surveillance, early diagnosis, and targeted public health interventions to reduce transmission in high-risk groups.

**TABLE I.
CLINICAL PROFILE OF PATIENTS WITH MPOX**

Patient ID (Sex/Age)	Orienta-tion	HIV Status	Viral Load (VL)	Signs and Symptoms	Travel History
(M/31)	MSM	(-)	N/A	Rashes, fever, pruritic vesicular rashes on knees, ankle, and gluteal area	European countries
(F/29)	Hetero	(-)	N/A	Pruritic macular rashes on arms, fever, myalgia, maculopapular rashes on face, chest, and extremities	Geneva
(M/33)	MSM	(+)	<40 copies/ml	Erythematous papules, pustules on genitals, spreading to face, trunk, extremities, penile infection	NONE
(M/32)	MSM	(+)	Undetectable	Vesicular lesions on genitals, face, torso, and extremities, fever, body pain, malaise	NONE
(M/29)	MSM	(+)	Undetectable	Papules with central crusting on face, torso, and anus, fever, body weakness, inguinal lymphadenopathy	NONE
(M/32)	Bisexual	(-)	N/A	Erythematous macules, vesicular lesions on arms, face, and genital area	NONE

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