



# Severe Nasomalar MPOX Infection in a male with Advanced HIV Disease

Adrian Kevin C. Agonoy, MD(1); Kirk Ilew Quijote, MD(2); Joland San Juan, MD (2); Mark Kristoffer Pasayan, MD (1)  
1Medical Department, Research Institute for Tropical Medicine 2Dermatology Department, Research Institute for Tropical Medicine

## BACKGROUND

## CAS-113

While MPOX infections typically manifest as macular to umbilicated papular lesions in the ano-genital area during the more recent outbreaks, there have been a few accounts of Mpox infections manifesting atypically, such as in ocular, facial, and even nasal involvement, especially in severely immunocompromised individuals.

## CASE PROPER

This is a case of a 33 year old male with known HIV since 2018 who was not linked to care, coming initially for a two month history of an appearance of a maculopapular lesion above the philtrum which would progress to ulcerate and form several other similar lesions to coalesce into a larger ulcerated lesion to eventually form a crust involving the alae, the bridge, extending to the malar regions of the face, prompting different consultations with various dermatologists, with prescribed topical antibiotics and steroids to which there was no improvement. He eventually went to our institution for evaluation where his CD4 was at 33 cells, with a tissue PCR of the crust eventually revealed a positive result for MPOX (Clade II). The patient was given tecovirimat for 14 days without improvement and was referred to dermatology for chemical debridement of the crust.



Figure 1: Plaque like, widespread lesion with crusting and areas of necrosis with indurated borders on the nasomalar area

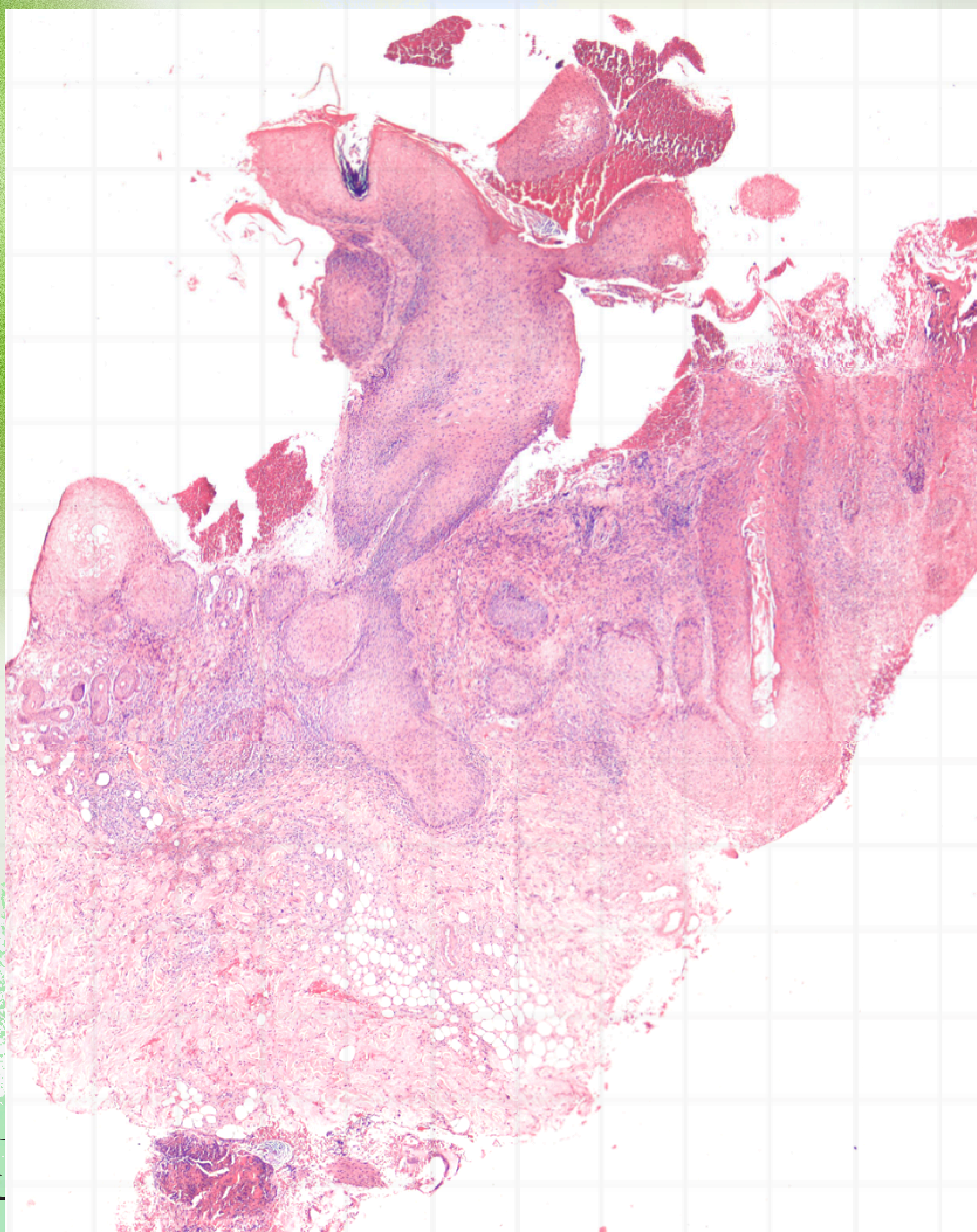


Figure 2. histopathology report of skin biopsy showing pustular and neutrophilic dermatitis with vasculitis, compatible with MPOX

## CONCLUSION

MPOX infections may manifest atypically especially in uncontrolled HIV infection. Tecovirimat may have better role in early infection, and surgical and/or chemical debridement may have a role in settings where medical management have failed to improve clinical status of the patient, requiring a multidisciplinary approach including Infectious Diseases, Dermatology and Plastic Surgery for holistic management.