

Severe Proctocolitis with Perirectal Abscesses as a Sequela of Monkeypox Infection

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Abstract

While monkeypox has been recognized as endemic in Africa since the 1970s, the current expanding monkeypox outbreak has been designated as a global emergency by the World Health organization. Monkeypox virus infection classically presents with a viral systemic prodrome followed by skin lesions, generally in the anogenital region, trunk, limbs and face. We are presenting the cases of two men who presented to the emergency department with severe anal pain with associated fevers and leukocytosis who were found to have diffuse proctocolitis with associated perirectal abscesses on CT imaging. Both patients' anal symptoms were preceded by a viral prodrome and lesion development on the trunk, extremities and face. We performed EUAs and proctoscopies and visualized perineal, perianal and perirectal lesions as well as diffuse proctocolitis. Both patients were treated with IV antibiotics, tecovirimat and abscess drainage with resolution of symptoms within 48 hours. These cases underscore a unique presentation of proctocolitis which can be a late sequela of monkeypox.

Diagnosis

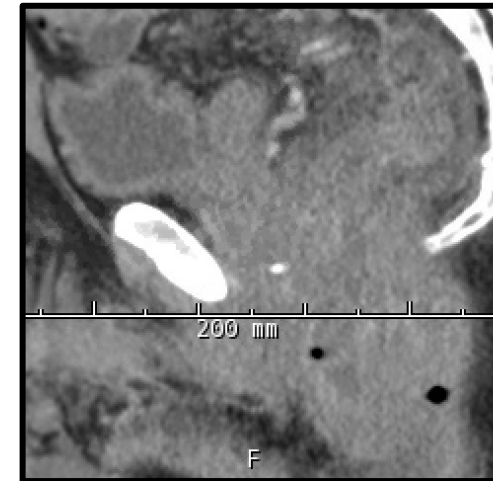
History and Physical Exam, Viral Swab of Lesion, CT Abdomen and Pelvis



Monkeypox lesion on Trunk

Operation

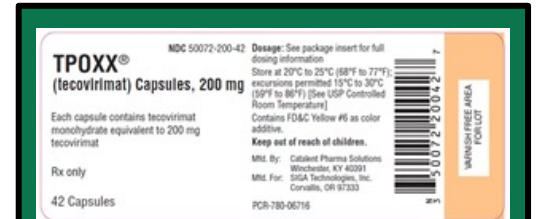
Exam Under Anesthesia with Proctoscopy and Incision/Drainage of Abscess



CT A/P Sagittal View of Ischiorectal Abscess

Treatment

Antibiotics and Antiviral Treatment with tecovirimat



Indications for tecovirimat

Involvement of anatomic areas which may lead to severe sequelae, anal lesions interfering with bowel movements, severe infections, especially those requiring surgical debridement

