

MPox Skin Lesions

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Figure 1. (A-B) A 48-year-old male with Mpx and mild skin manifestation.

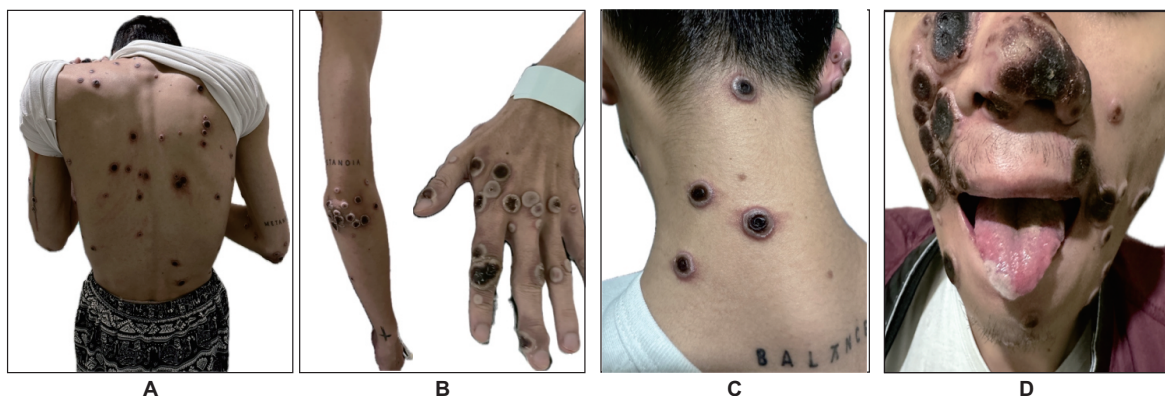


Figure 2. (A-D) A 28-year-old male with Mpx and severe skin manifestations, involving mucosal surface.

The Monkeypox virus was first identified as a cause of disease in humans in the 1970s in the Democratic Republic of the Congo.¹ The first reported mpox case in Indonesia was in October 2022 which was identified as an imported case, there were no new confirmed mpox cases until 13 October 2023.²

Mpox is mostly found in patients who identify as men who have sex with men. High-risk sexual behaviors such as having multiple sexual partners were also considered as potential risk factors.² Approximately half of confirmed mpox cases were found in patients living with HIV.^{1,2} Mpox usually causes systemic symptoms followed by skin lesions. The number of skin lesions in mpox can vary from a few up to 1.000 lesions in severe cases. The skin lesions may last for weeks and may involve several stages from small macules that evolve to papules, vesicles, and pseudo-pustules. The lesions are usually well-circumscribed and umbilication can be found.¹

Patients with HIV may present with skin lesions caused by opportunistic infections, AIDS-specific skin eruptions, or antiretroviral therapy-associated drug eruptions.^{1,3} The skin manifestation of mpox may be dismissed as other conditions, causing underdiagnosis in this at-risk population. A high degree of clinical suspicion for mpox is needed for patients with new onset skin lesions in patients that were in high-risk group.²

We present two different spectrums of mpox skin lesions in patients living with HIV, with a positive polymerase chain reaction test for mpox. The first patient is a 48-years-old male, who develops a maculo-papular lesion, that

initially noticed on the face, the lesions were then spread to the back and hand. He identifies as men who have sex with men and living with HIV for the past 18 years. There were no lesions on the genitalia or mucosa. (**Figure 1A-B**). The second patient is a 28-years-old male, the initial symptom was fever, followed by skin lesions after around 1 week of fever. The lesion initially appears as pustules on the face and then spreads throughout the whole body, the lesions also grow larger in size and become pseudo-pustules and ulcers. There were also mucosal involvements in the mouth, making oral intake difficult. (**Figure 2A-D**) This patient also identify as men who have sex with men with multiple partners, HIV status was not known at the initial presentation. HIV screening was done with positive results.

Mpox is a re-emerging infectious disease that is considered a public health concern.² Mpox's main features is skin lesions that can vary in presentation. In patients in the high-risk group who develop new onset skin lesions, the clinician should keep mpox as a differential diagnosis.¹ Early case detection will minimize transmission risk and may warrant early treatment.

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