

Images in Clinical Tropical Medicine

Human Mpox (formerly monkeypox): The New Great Imitator?

Samantha Pérez-Cavazos¹ and Edgar Pérez Barragán^{2*}

¹Department of Hospital Epidemiology and Infection Prevention, Hospital Christus-Muguerza Betania, Puebla, Puebla, Mexico;
²Infectious Diseases Department, Hospital de Infectología, Centro Médico Nacional La Raza, Mexico City, Mexico

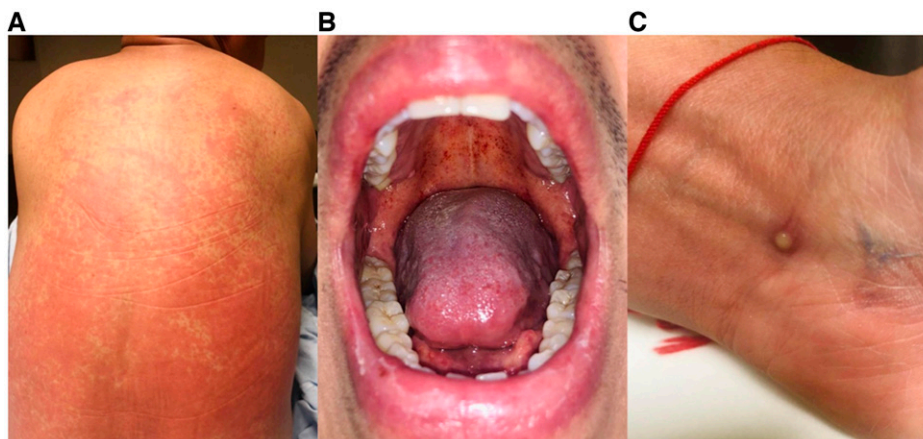


FIGURE 1. (A) Confluent pinkish maculopapular rash predominantly on the back. (B) Stippled petechial hemorrhages in the soft palate (Forchheimer's spots). (C) Vesiculopustular lesion on the left wrist, compatible with classic mpox dermatosis.

Since early May 2022, cases of mpox (formerly monkeypox) have been reported in the United Kingdom and subsequently in countries where the disease is not endemic.^{1,2} Classic features of the disease include macules, papules, umbilicated vesicles with a necrotic center, as well as pustular and crusting lesions. Nevertheless, new clinical presentations of mpox infection have been identified.³

We report the case of a 38-year-old male living with HIV who presented with a clinical course of 4 days of evolution with asthenia, adynamia, fever, and rash. On physical examination, generalized and confluent maculopapular rash predominantly on the back (Figure 1A), cervical and inguinal lymphadenopathies, and Forchheimer's spots were observed (Figure 1B). Subsequently, classic mpox pustules appeared (Figure 1C). Polymerase chain reaction (PCR) for measles and rubella were negative, and PCR for mpox was positive.

The present mpox outbreak has been the largest outbreak in the history of the disease. The situation has been further complicated due to its unusual clinical presentation and evolution, including unusual morphologies and lesion sites.^{3,4} Although confluent maculopapular rash and Forchheimer's spots have been reported as classic signs of rubella or measles infections, this is the first report of mpox with this clinical presentation. We may now have a new "great imitator" disease.

Received August 9, 2022. Accepted for publication October 1, 2022.

* Address correspondence to Edgar Pérez Barragán, Infectious Diseases Department, Hospital de Infectología, Centro Médico Nacional La Raza, Paseo de las Jacarandas S/N, La Raza, Azcapotzalco 02990, Mexico City, Mexico. E-mail: edgar.pbarragan@gmail.com

Published online December 12, 2022.

Acknowledgments: The American Society of Tropical Medicine and Hygiene (ASTMH) assisted with publication expenses.

Authors' addresses: Samantha Pérez-Cavazos, Department of Hospital Epidemiology and Infection Prevention, Hospital Christus-Muguerza Betania, Puebla, Puebla, Mexico, E-mail: samanthaperez@gmail.com. Edgar Pérez Barragán, Infectious Diseases Department, Hospital de Infectología, Centro Médico Nacional La Raza, Mexico City, Mexico, E-mail: edgar.pbarragan@gmail.com.

This is an open-access article distributed under the terms of the Creative Commons Attribution (CC-BY) License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

REFERENCES

1. Rodriguez-Morales AJ et al., 2022. Latin America: situation and preparedness facing the multi-country human mpox outbreak. *Lancet Reg Health Am.* 13: 100318.
2. Noe S et al., 2022. Clinical and virological features of first human mpox cases in Germany. *Infection*, doi: 10.1007/s15010-022-01874-z.
3. Patel A et al., 2022. Clinical features and novel presentations of human mpox in a central London centre during the 2022 outbreak: descriptive case series. *BMJ* 378: e072410.
4. Otu A, Ebenso B, Walley J, Barceló JM, Ochu CL, 2022. Global human mpox outbreak: atypical presentation demanding urgent public health action. *Lancet Microbe* 3: e554–e555.