Painful perianal rash in an HIV-positive individual

To the Editor: We found the monkeypox case report published in August 2022 by Khan et al1 to be helpful in describing the clinical presentation of monkeypox. We aim to expand upon these findings by presenting a case of monkeypox with anogenital involvement and propose monkeypox as an infectious etiology for proctitis.

A 40-year-old man with well-controlled HIV presented to the emergency department with a 2-day history of fever and anorectal pain. He denied exposure to animals, recent travel, or sexual contact in the past year. Cutaneous examination was notable for an erythematous macular eruption on the trunk with discrete vesiculopustules on the extremities. Genital examination revealed tender, eroded vesiculopapules in the perianal region and on the penile shaft (Fig 1).

Ten days after initial presentation, PCR of lesional perianal swabs confirmed non-variola orthopoxvirus infection. Workup for other sexually transmitted infections (STIs), including herpes simplex virus, gonorrhea and chlamydia, and syphilis, was negative. A diagnosis of infectious proctitis associated with monkeypox was established.

The current outbreak of monkeypox is unique for various reasons, including rapid spread in non-endemic areas globally and intriguing epidemiology with unclear modes of transmission.2,3 Additionally, several cases with atypical clinical manifestations of the disease are being noted, including those with palmarplantar, ocular, and anogenital involvement.2,3 Proctitis is one such clinical feature that had not been included in the initial descriptions of mucocutaneous manifestations of monkeypox. The virus can cause painful inflammation of the rectal lining accompanied by tenesmus.4,5 A recent study from Spain reported proctitis as a symptom in 81 (15.9%) of 508 confirmed monkeypox patients.4

Another study demonstrated 61 out of 528 patients with monkeypox infections presented with anorectal symptoms alone.5 The vast majority of these cases occurred in men-having-sex-with-men, with the anogenital region being the predominant location of the rash. Similar to our patient who was HIV positive with an undetectable viral load, this Spanish study showed that 44% of their cases had mostly well-controlled HIV.4 Additionally, similar to the anogenital lesions of condyloma lata seen in syphilis, the perianal lesions of monkeypox can often be accompanied by macular eruption and lymphadenopathy, most commonly affecting inguinal lymph nodes.4,5 Given its close resemblance to other STIs, it is important to differentiate monkeypox from other infectious causes of perianal vesiculopustules/papules and ulcers, especially those associated with proctitis (Table I). At present monkeypox is not regarded as a true STI. Although there is evidence of isolation of the virus in seminal fluid,5 it is unclear whether this virus is capable of replication/transmission through this route.

Anal pain and proctitis can be the earliest and only presenting feature of monkeypox infection, particularly in high-risk groups like HIV-positive individuals or men-having-sex-with-men. According to the Centers for Disease Control and Prevention, anorectal involvement due to monkeypox is one of the indications for offering antiviral treatment with

Fig 1. Monkeypox spectrum of clinical manifestations. A, Perianal papules and eroded vesiculopapules with umbilicated and crateriform centers. B, Erythematous macular eruption on the trunk. C, Firm vesiculopustules with an erythematous rim sparsely distributed on the extremities.
| Disease | Causative agent | Clinical features | Associated proctitis |
|---------|----------------|------------------|---------------------|
| Predominantly symptomatic | | | |
| Monkeypox | Monkeypox virus | Firm vesiculopustules with umbilicated or crateriform centers. May have associated fever, lymphadenopathy | Yes |
| Herpes Genitalis | Herpes simplex virus, type 2 | Clustered vesicles, pustules, and shallow painful ulcers with scalloped margins. Primary infection can have fever and inguinal lymphadenopathy | Yes |
| Cytomegalovirus | Cytomegalovirus | Anogenital ulcerations, painless hematochezia, or bloody diarrhea | Yes |
| Gonorrhea, disseminated gonococcal infection (DGI) | Neisseria gonorrhoea | Vesiculopustular lesions, often with a gun metal gray color on an erythematous base, which may become necrotic in the center. DGI is associated with arthralgias and tenosynovitis | Yes, in localized infection, rarely in DGI |
| Chancroid | Haemophilus ducreyi | Painful deep anogenital ulcers, with tender inguinal lymphadenopathy | No |
| Predominantly asymptomatic | | | |
| Molluscum contagiosum | Molluscum contagiosum virus | Umbilicated flesh colored papules can become inflamed and itchy | No |
| Syphilis | Treponema pallidum | A painless ulcer (chancre) in primary syphilis. Secondary syphilis has condyloma lata, maculopapular rash, and generalized lymphadenopathy | Usually absent/rarely reported |
| Granuloma inguinale | Klebsiella granulomatis | Beefy-red, non-tender ulcers that bleed easily; can become hypertrophic or verrucous and in rare cases cause deep tissue ulceration/necrosis | Rarely reported |
| Lymphogranuloma venereum* | Chlamydia trachomatis serovars L1, L2, L3 | Transient asymptomatic anogenital ulcer, with inguinal and femoral lymphadenopathy (buboes) which may suppurate | Yes |

*DGI, Disseminated gonococcal infection; LGV, Lymphogranuloma venereum.

*LGV is largely asymptomatic in the general population, but rectal exposure among men who have sex with men can result in proctocolitis—this can lead to pain, constipation, fever, or tenesmus.
tecovirimat or brincidofovir. Therefore, it is important to recognize the monkeypox-associated enanthem and have a low threshold for testing in male patients presenting with new-onset anorectal symptoms, even in the absence of other cutaneous findings.

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Conflicts of interest
None disclosed.

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