EXPERIENCE OF TECOVIRIMAT AND CIDOFOVIR USE IN A PATIENT WITH MONKEYPOX: A CASE REPORT


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Background and importance

Current treatment for Monkeypox's disease (MPXV) is mainly symptomatic. However, in immunocompromised patients, hospitalisation and treatment with antiviral drugs may be necessary. With the recent outbreak of MPXV, new strategies have been proposed.

Aim and objectives

The aim of the study was to describe our clinical experience with tecovirimat and cidofovir in the treatment of MPXV in a patient whose CD4+ lymphocyte level is less than 50 cells/ml.

Material and methods

The effectiveness of tecovirimat-cidofovir was assessed by the evolution of the rash from macule to crusts that dry up and fall off.

Results

● 35-year-old man
● Diagnosed with:

MPXV

Symptoms: Skin lesions in the perineal area, extremities, face, trunk and back and Severe proctitis

HIV

Severely immunosuppressed
CD4+ lymphocyte levels of <40 cells/ml

Treatment: antiretrovirals (BIC/TAF/TDF)

Chlamydia trachomatis infection

Treatment: Doxycycline

Proctitis treatment

TECOVIRIMAT (30/08/22-12/09/22)
600 mg was administered every 12 hours for 14 days.

No new lesions and regressing of present lesions, except in the perianal area.

CIDOFOVIR (09/09/22, 16/09/22)
5 mg/kg twice weekly intravenous +PROBENECID p.o. 2 g 3 hours before and 1 g 2 and 8 hours after perfusion

Progression of lesions in the right inguinal region, palpating left inguinal adenopathy and intense involvement of the testicle, groin and perineal area.

Conclusion and relevance

In contrast to previous cases of patients whose CD4+ lymphocyte levels were above 500 cells/ml, the treatment with tecovirimat and cidofovir in this patient did not achieve a satisfactory response due to the continuous appearance of new lesions.