



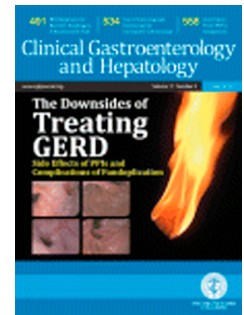
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Endoscopic and Histologic Assessment of Monkey Pox-associated Proctitis

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Conflicts of Interest:

The authors have no conflicts of interest related to this work.

Contributions:

Mavilia (fellow)- patient care, collecting endoscopic images, write up of clinical description

Putra (resident)- procuring and interpreting pathologic images, pathologic description

Song- attending approval of pathologic interpretation, edits/revisions

Cappa- patient care, attending approval of clinical description, endoscopic images, edits/revisions

Patient consent:

Written consent was obtained from patient to collect and publish unidentified information and imaging.

A 34-year-old male with history of HIV on antiretroviral therapy was admitted with skin rash and 2 weeks of rectal pain and bleeding. He reported anoreceptive intercourse with a male partner 3 weeks prior. His most recent CD4 count from 6 weeks prior was 693 cells/mm³. Physical exam revealed papular lesions on his face, trunk, arms and buttocks (A). He had no perianal lesions but experienced exquisite tenderness with digital rectal exam. CT pelvis demonstrated rectal wall thickening with perirectal fat stranding and reactive lymphadenopathy. The skin lesions were positive for monkey pox (MP) by PCR. Flexible sigmoidoscopy demonstrated erosions in the distal sigmoid colon and severe proctitis, characterized by deep ulceration and scattered pustular lesions (B). Rectal biopsies revealed ulcerated mucosa with viral cytopathic effect, including multinucleation, nuclear clearing, chromatin margination and multiple intranuclear inclusions (C), similar to the findings of MP-infected skin lesions reported in the literature. Immunohistochemical studies for HSV and CMV were negative. PCR for MP from the rectosigmoid cytology brush was positive, supporting a diagnosis of MP- proctitis. The patient was treated with tecovirimat for 14 days with clinical improvement of both skin lesions and anorectal symptoms. MP-associated proctitis is an emerging important differential diagnosis as the current outbreak continues to unfold. While rectal involvement is not uncommon, it has not been well-documented endoscopically and histologically. Here we report the endoscopic and histologic findings of this disease.