

Interesting Case of Disseminated Herpes Infection in A Healthy Female Patient Resembling Monkeypox

Ashley Thakur *

Department of Ob-Gyn, Bronx Care Hospital, Affiliate of Mt. Sinai School of Medicine, Bronx, NY, USA.

***Corresponding Author:** Ashley Thakur, Department of Ob-Gyn, Bronx Care Hospital, Affiliate of Mt. Sinai School of Medicine, Bronx, NY, USA.

Received date: February 17, 2022; **Accepted date:** February 28, 2023; **Published date:** March 28, 2023.

Citation: Ashley Thakur, (2023), Interesting Case of Disseminated Herpes Infection in A Healthy Female Patient Resembling Monkeypox. *International Journal of Clinical Case Reports and Reviews*, 13(3); DOI: [10.31579/2690-4861/302](https://doi.org/10.31579/2690-4861/302)

Copyright: © 2023 Ashley Thakur, This is an open-access article distributed under the terms of The Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract:

Normally we find cases of disseminated cutaneous herpes-simplex in immunocompromised individuals. With the advent of monkeypox, many reports have been falsely purporting cases of this disease when the lesions were either herpes simplex or an unspecified skin infection. In this case report we document the finding of a healthy 31-year-old female with herpetic lesions on her arms, legs, and vulvar area.

Keywords: monkeypox virus; monkeypox virus; sexually transmitted infections

Introduction:

Herpes simplex virus type 2 and type 1 are the common agents that cause herpes genitalis, one of the most common sexually transmitted infections. These are enveloped DNA viruses that are sensitive to disinfectants and environmental factors. (1) Most primary infections are asymptomatic, but the classical clinical features include a macular or papular lesion on the skin and mucous membrane that occurs approximately 4-7 days after sexual contact. These lesions then progress to vesicles, ulcers, and even pustules that can last for up to 3 weeks. (2) Symptoms range of burning pain, vulvar swelling, dysuria to severe manifestations like cervicitis, fever, and lymphadenopathy. (3) Not all herpetic outbreaks present in a similar fashion and genital herpes can present atypically making it hard to diagnose clinically.

Case Report

A 31-year-old female patient G7P1061 presented to the ED with painful, ulcerative lesions on her perineum and perianal area for 1 week. She denied a previous history of similar lesions. Patient also stated that she didn't feel fever, chills, shortness of breath, abdominal pain, vaginal bleeding, or dysuria since the onset of these lesions. Her past medical history was significant for a history of chlamydia and gonorrhea which was treated in the past.

Physical examination of the vulvar area showed a 1 cm ulcer above the clitoris hood, one large lesion in the middle of the right labia minora and multiple ulcers at the perineum and perianal area. The ulcers had a sharp raised border, white base that was painful and painless bilateral inguinal

lymphadenopathy. A speculum and vaginal exam were deferred due to pain.

A provisional diagnosis of herpes was made but infectious disease was consulted and determined that monkeypox needed to be ruled out as well since the patient had lesions on arms and thighs as well that suggested that diagnosis in the differential. HSV and bacterial cultures were collected from the lesions', wet prep was obtained and a full STI panel was collected.

Lab results were positive for herpes simplex and negative for all other bacteria and viruses leading to the diagnosis of an acute outbreak of herpes simplex virus.

Discussion:

Monkeypox is a disease caused by the monkeypox virus, a virus belonging to the Variola family, the same family that includes the smallpox virus. The earliest outbreak documented by the CDC was in May 2022. It is a highly infectious disease spread through direct contact with the rash, scabs, infectious fluids, respiratory secretions, and body fluids. Early diagnosis of the disease is through PCR tests, even though it's not specific it allows for early treatment and better recovery. (4) Recent publications reported that some symptoms of monkeypox parallel that of herpes like lymphadenopathy, fever, and a vesiculopustular rash.

Disseminated herpes infection is commonly described in scientific literature with immunosuppressive diseases (ex: HIB) and immunocompromised states like diabetes, chemo drug therapy and malignancy. (5) We rarely see this condition in healthy individuals which

makes this case even more unique. The incubation for genital herpes ranges from 2-14 days with the average period around 4-5 days. Given this patient's severity of her symptoms and the painful shallow ulcers that were present, herpes was high on the differential list.

Several features of this patient's presentation were atypical for genital herpes. First, the lesions found on her perineal appear were sparse and not clustered. Second, given her history the presentation and severity were not typical of a disseminated infection. Had she had a history of herpes or a prior outbreak this presentation would be more congruent with disseminated herpes infection. Lastly, the presence of multiple vesicular lesions on distal sites like her arms and legs is unusual given that she was not immunocompromised.

Monkeypox was included as our top diagnosis due to the clinical presentation and the high number of various presentations of monkeypox cases that were seen at our hospital's Emergency Department. While this patient luckily had no contact with anyone with monkeypox nor had the disease PCR was still done to rule out infection. After viral cultures came back positive for Herpes, she was given acyclovir and followed up in gyn clinic to monitor her progression. Within a week her symptoms cleared and she was clinically stable.

Funding: No source of financial support

Conflict of Interest: No publishable conflict of interest

References:

1. Whitley RJ. (1996). Herpesviruses. In: Baron S, editor. Medical microbiology. 4th edition. Galveston (TX): University of Texas Medical Branch at Galveston.
2. Youssef, Randa, et al. (2002). Detection of herpes simplex virus DNA in serum and oral secretions during acute recurrent herpes labialis. *The Journal of dermatology*, 29.7. 404-410.
3. Fatahzadeh M, Schwartz RA. (2007). Human herpes simplex virus infections: epidemiology, pathogenesis, symptomatology, diagnosis, and management. *J Am Acad Dermatol*. 57:737-763.
4. Adler H, Gould S, Hine p, Snell IB, Wong W, et al. (2022). clinical features and management of human monkeypox: a retrospective observational study in the uk. *lancet infectious diseases* S1473-3099(22)00228-6
5. Perez duque M, ribeiro S, Martins JV, casaca p, leite pp, et al. (2022). ongoing monkeypox virus outbreak, portugal, 29 april to 23 May 2022. *Eurosurveillance*, 27(22):2200424.



This work is licensed under Creative Commons Attribution 4.0 License

To Submit Your Article, Click Here:

[Submit Manuscript](#)

DOI: [10.31579/2690-4861/302](https://doi.org/10.31579/2690-4861/302)

Ready to submit your research? Choose Auctores and benefit from:

- fast, convenient online submission
- rigorous peer review by experienced research in your field
- rapid publication on acceptance
- authors retain copyrights
- unique DOI for all articles
- immediate, unrestricted online access

At Auctores, research is always in progress.

Learn more <https://auctoresonline.org/journals/international-journal-of-clinical-case-reports-and-reviews>