

Mpox- Severe disease/hospitalised patients

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Severe mpox disease presentations

CNS Disease

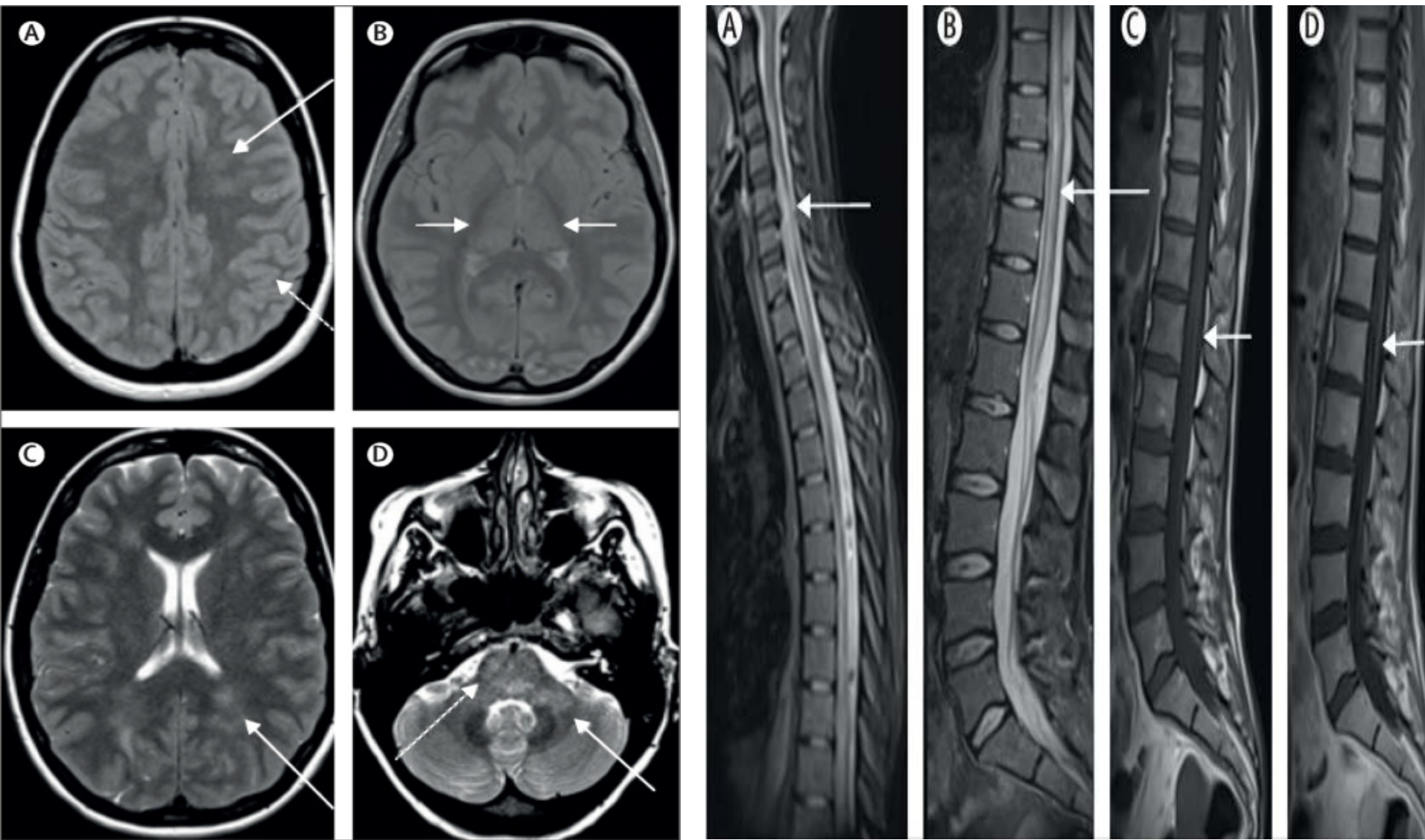
Ophthalmic Disease

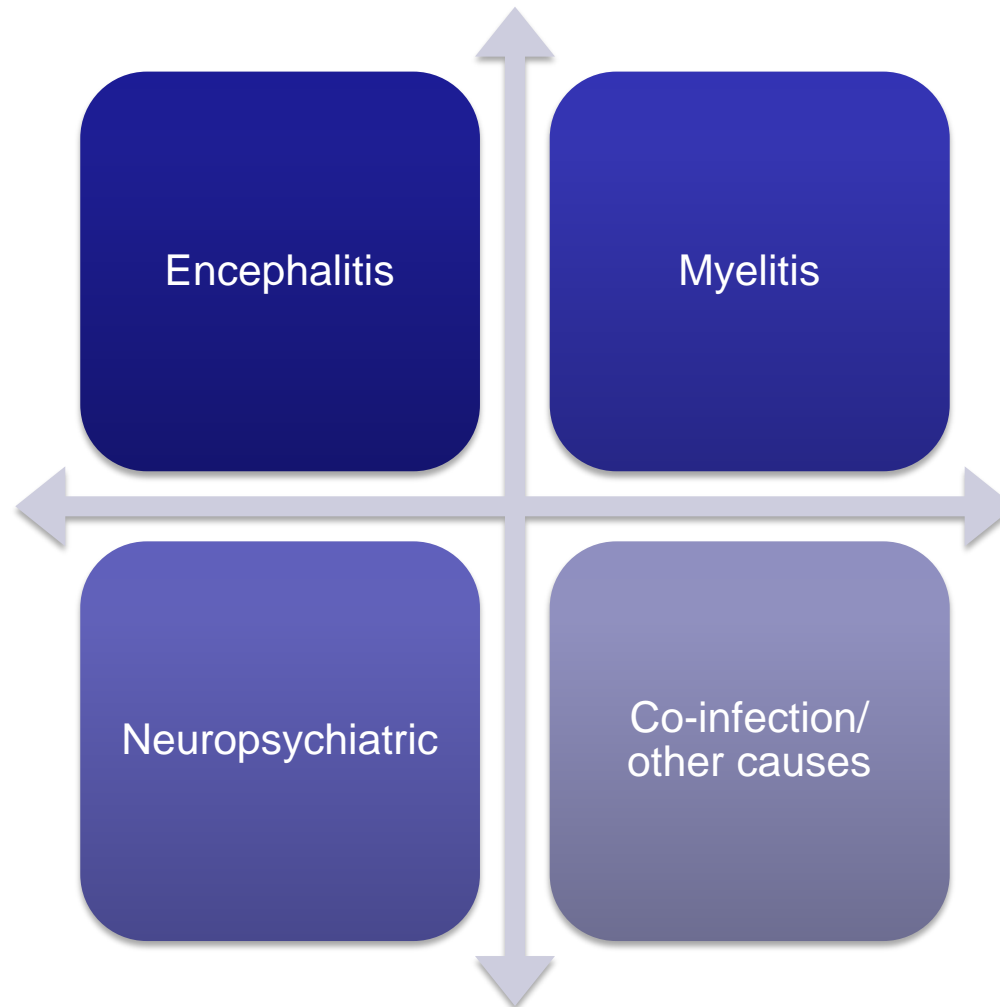
?IRIS

Deep Collections

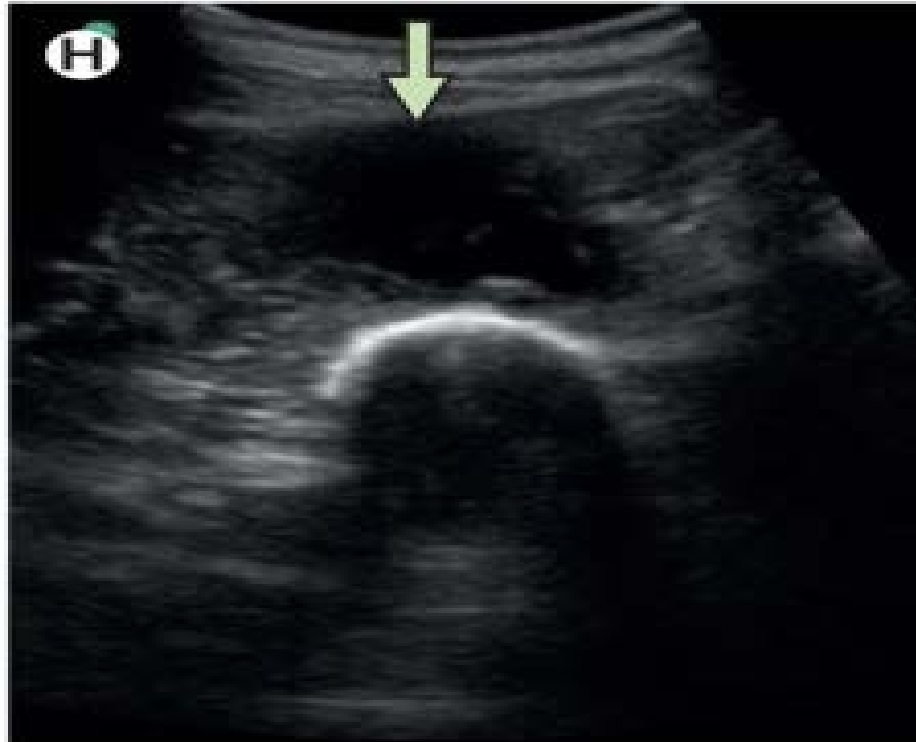
Other Sequelae

UK case of encephalitis and transverse myelitis



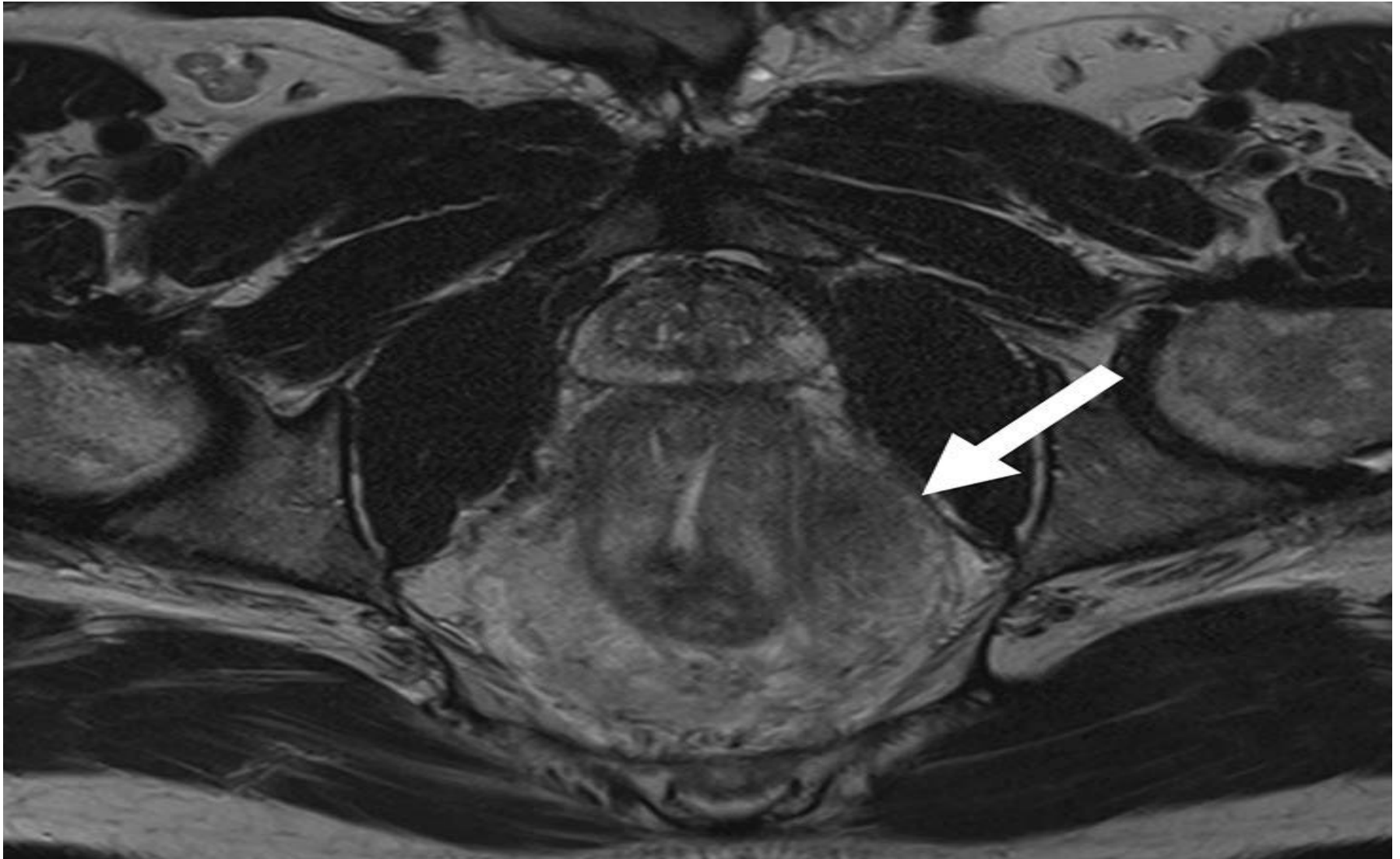


Deep collections



Early surgical intervention assists resolution

Rectal perforation



Proctalgia management

Regular

- PO/IV Paracetamol 1g QDS
- Oxycodone IR 5mg QDS upto 10mg
- Tramadol 50mg QDS
- Ketamine oral 10mg QDS upto 25mg QDS

PRN

- PRN Oxycodone 5-10mg 2 hourly
- Consider buccal Fentanyl 100mcgs- needs close nursing

Adjuncts

- Laxatives regularly prescribed
- Opioid associated constipation- Naloxegol 25mg PO OD
- Rectal Mesalazine

HIV IRIS- do we know enough?

- 85/382 not on ART
- 21/85 had ?IRIS
 - 6/85 were new diagnoses % 15/21 poor concordance
- CD4 count in all <200 cells per mm³
- Median time from mpox symptoms to ARVs- 21 days (range 0-73)
- Median time from restart ARVs to symptoms 14 days (range 3-64)
- Steroids used
- 12/21 (57%) died- some had OIs