

# 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

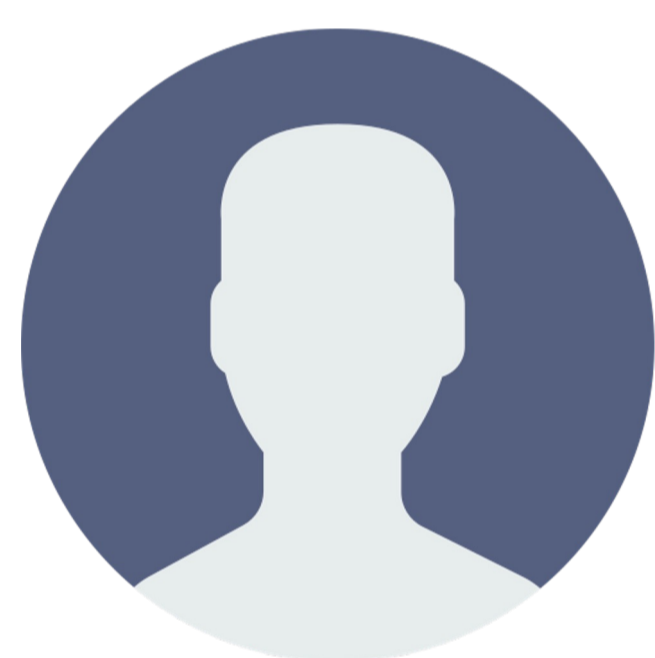
The aim of the study was to describe our clinical experience with tecovirimat and cidofovir in the treatment of MPXV in a patient whose **CD4+ lymphocyte level is less than 50 cells/ml.**

## 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.

