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Clinical Image

A 31 Year Male With Ocular String Of Pearls.

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IMAGE DESCRIPTION

31 years, Indian male presented to Ophthalmology Clinic with history of pain, redness and excessive lacrimation in right eye for 5 days. He was treated with topical Tobramycin and Decamethasone drops for 2 days, however had worsening. On examination, his visual acuity was 6/6 with normal intra-ocular pressure. He had follicular conjunctivitis with blackish discoloration in inferior sulcus. After preliminary investigations and eye swab, he was initiated on oral Doxycycline with topical Moxifloxacin and Tobramycin. After 2 days, he developed erythematous edema of right lower eyelid with multiple, deep seated, umbilicated and ulcerated lesions on lid margin and conjunctiva (image 1a and 1b). He also had right preauricular pain and tenderness suggesting acute lymphadenitis secondary to ocular infection. Eye swab culture was negative but polymerase chain reaction (PCR) was positive for Orthopoxvirus MPXV that causes Mpox. Patient was kept under isolation and treated with tecovirimate 600 mg twice daily for 2 weeks with topical steroids with which he had complete resolution.

Figure

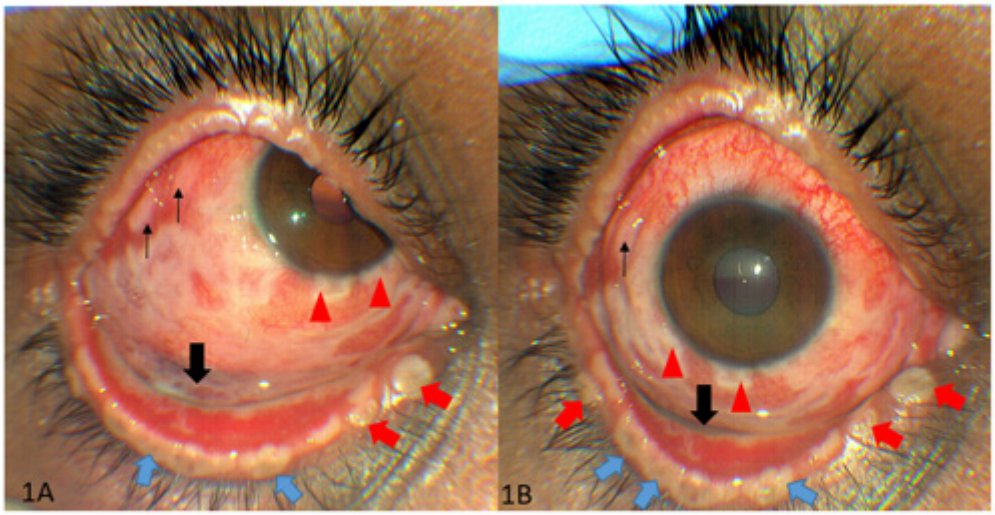


Figure 1A and 1B show multiple lesions in a case of isolated ocular monkey pox infection

a) Necrotizing blepharitis (blue arrows)
b) Pearly white lesions of monkey pox – appearing as *string of pearls* on the lower eye lid (red arrows)
c) Papular and pustular conjunctivitis (black narrow arrows)
d) Necrotizing conjunctivitis (black wide arrow)
e) Necrotizing limbitis and peripheral circumferential necrotizing keratitis (red arrow heads)

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