A 36-year-old female individual with a confirmed diagnosis of monkeypox, by the Centers for Disease Control and Prevention, presented to the hospital for an ophthalmic evaluation of left-eye redness and discomfort corresponding to a bulbar conjunctival lesion. The results of the ophthalmic examination were grossly unremarkable except for sectoral hyperemia of a fluorescein-staining subconjunctival nodule (Figure A) on the left eye and an adjacent left upper eyelid umbilicated nodule with central crusting (Figure, B). The hyperemic lesion did not blanch with administration of topical phenylephrine. The patient was treated with oral nonsteroidal anti-inflammatory medications and reevaluated the following day, which was significant for interval improvement (Figure, B). The immunologic workup was grossly negative to date. Although little is known of the ocular manifestations of monkeypox, studies have shown that ocular surface pathology includes conjunctivitis, blepharitis, keratitis, corneal ulceration, and eyelid scarring. Of note, one patient developed corneal opacification requiring corneal transplant in one case.1-4 Our case study proposes that hyperemic, subconjunctival nodules are a clinical finding in patients with active monkeypox that can be treated with oral nonsteroidal anti-inflammatory medications.

REFERENCES