A 34-year-old immunocompetent man developed vesicles on the penis, perineum, and right eyelid. Results of polymerase chain reaction (PCR) test for mpox was positive. After 3 weeks, he developed unilateral red, painful right eye and was unsuccessfully treated with ofloxacin, 0.3%, and dexamethasone, 0.1%, eye drops 4 times a day and oral valaciclovir 3 g per day. He consulted our department after 5 days. Vision was 20/20 OU. Right eye examination showed inferior lid cutaneous ulceration, hyperemic swollen conjunctiva and inferior limbus, and 2 inferior arcuate epithelial corneal infiltrates that stained with fluorescein (Figure 1A and B). Left eye was normal. Corneal PCR test returned positive for mpox. Trifluridine, 1%, eye drops 4 times a day were prescribed and steroids stopped. Patient refused systemic treatment for mpox. After 5 days, the corneal lines had merged and progressed toward the center, leaving a grayish epithelium (Figure 1C). Because of ocular pain, the patient self-administered oral prednisone 30 mg per day for 7 days. The cornea healed after 3 weeks without visible scars but with mild limbal neovascularization and thickening (Figure 1D). Vision remained normal.

A 30-year-old immunocompetent man was hospitalized in our infectious diseases department with fever, vesicles on the penis and the right eyelids, and a red right eye. Skin mpox PCR test result was positive. Nine days later, he was referred to our ophthalmic department because ocular symptoms worsened with intense pain, photophobia, and mucous discharge in the right eye, despite ganciclovir, 0.15%, eye drops 4 times a day. Vision was 20/25 OD and 20/20 OS. Left eye examination results were normal. Right eye examination disclosed vesicles on both eyelids, major conjunctival inflammation with ulcerations and pseudo membranes, and superior and inferior limbal swelling. Because of the eye, a single intravenous cidofovir infusion (5 mg/kg) was administered and topical dexamethasone, 0.1%, and trifluridine, 1%, 4 times a day were started. Systemic infection was controlled at day 16, but keratitis evolved with inferior and superior arcuate fluorescein positive epithelial lines that migrated from the limbus to the center (Figure 2A and B). Corneal mpox PCR test result at day 25 was positive, thus a new infusion of cidofovir and oral tecovirimat 1200 mg per day for 30 days were administered. Topical steroids were stopped but not for long because pain recurred rapidly. Epithelial lines merged inferiorly within 6 weeks (Figure 2C). After 2 months of evolution, ocular infection had resolved, leaving an inferior linear subepithelial corneal scar (Figure 2D), and superior and inferior limbal stem-cell deficiency with corneal neovascularization. Central corneal epithelium was hazy and visual acuity was 20/32.