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Monkeypox and pregnancy: correspondence

TO THE EDITORS: We would like to share ideas on the publication “*Monkeypox and Pregnancy: Forecasting the Risks*.”¹ Dashraath et al¹ discussed the sonographic features of congenital monkeypox, the role of invasive testing in establishing fetal infection, the possibility of monkeypox vaccine hesitancy during pregnancy, risk mitigation strategies, and research priorities to address knowledge gaps about the effect of monkeypox infection on maternal, fetal, and neonatal health.¹ Monkeypox is currently regarded as a major global public health hazard in the modern era. Acute febrile sickness is commonly linked with skin lesions. The possibility of the virus spreading from person to person is increasing. Some of today’s most important challenges have been brought to light by recent research on human scenarios involving sexual intercourse. Understanding the condition is crucial because effective disease therapy requires early detection and treatment. A primary potential issue is that pregnant women may contract monkeypox during the outbreak, and the diagnosis is the most crucial step. It is pointless to discuss additional treatment or the effect on the pregnancy and fetus in utero without a successful diagnosis. In contrast, a fever or a skin lesion is unusual.² Without the unusual appearance, the doctor could have overlooked the problem and made an inaccurate diagnosis. This could potentially be an unnoticed underlying component causing the current disease outbreak.

Hospital admission may be required if there is a serious clinical condition and adequate treatment is needed. Clinical samples isolated from crusts or vesicles are frequently investigated in depth in laboratory investigations. This suggests that skin lesion is a prevalent clinical problem. It is crucial to remember that certain people, such as those suffering from neurologic or digestive problems, only show specific symptoms.^{3,4} During the examination, it is also crucial to recognize probable contamination. According to a recent laboratory quality assurance research, the monkeypox virus test has a high rate of inaccuracy; therefore, appropriate laboratory practice, beginning with good specimen collection, is essential.⁵ Furthermore, atypical sickness symptoms must be considered.

The possibility of vertical transmission is another issue that is widely discussed; however, there is still no evidence of

vertical transmission.⁶ Referring to a similar well-known infection, smallpox, there is no reported case of vertical transmission. The molecular size of the monkeypox virus is very large, and it is unlikely to be able to pass through the placenta. Nevertheless, a long-term study on this specific issue is interesting. Finally, the prevention of infection is an important concern. The concept of universal prevention is a fundamental hurdle to resolving this new public health crisis. Hence, a universal norm of prevention is required. In addition, more research is required to control the monkeypox outbreak. Of note, traditional disease prevention is practical and effective. ■

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