



Comments on the article “Monkey pox and female sexual health”

Comentarios acerca del artículo “Viruela del mono y la salud sexual femenina”

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Mr. Editor:

To the Editor, we would like to share ideas on the publication “Monkey pox: importance in female sexual health” (1). General practitioners and specialists in obstetrics and gynecology, adolescent and young adult sexual and reproductive health—who have almost certainly never seen cases of Mpox before—should be trained to make a clinical diagnosis and confirm it through the prompt use of laboratory tests, according to Álvarez-Gómez et al. (1). Álvarez-Gómez et al. noted that there are other things that may be done in addition to recommending antiviral therapy when necessary and putting into practice measures that contribute to infection prevention, such as encouraging the reduction of risk behaviors and encouraging the use of the vaccination when it is available (1).

While prevention is unquestionably required, experts who are familiar with the problem may be helpful. Although the basic clinical signs and symptoms of monkeypox are discussed in great detail throughout the article, it is also necessary to describe

a condition that is uncommon but occasionally disregarded. There are a few other factors to take into account in addition to the previously mentioned widespread worry around monkeypox. Any suspected coinfection should be treated with considerable caution due to the long history of its presence (2-5). It can be tricky to interpret monkeypox results in HIV infections. The prior investigation (2) did not discover any relationship between the clinical signs of monkeypox and the immunological health of HIV-positive patients. The absence of co-morbidity in the previous study is a crucial point to emphasize. HIV and monkeypox are both frequent clinical diseases that can have catastrophic repercussions; however, treating HIV-related clinical issues can be challenging. It is also necessary to take into account the potential for incorrect test results brought on by problems with laboratory quality control (6). Patients should obtain a second lab examination if they receive puzzlingly incorrect test results. Hence, in current practice, accurate baseline data and illness investigation should come first.

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