

LETTER TO EDITOR

Is Monkeypox a Concern in Multiple Sclerosis Patients? A Letter to Editor

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Individuals with autoimmune conditions have been characterized as the population very much prone to illness. This is because of the way various diseases impact their immune system, and because immunosuppressant medications were employed to cure the majority of these ailments (1). By weakening the immune system, these drugs allow the control of many autoimmune disorders such as multiple sclerosis. Patients with multiple sclerosis who use these drugs are in danger of developing a weak immune system and a wide range of infectious diseases such as herpesvirus infections (2). Viral, bacterial, and fungal infections can cause MS exacerbations (3).

Monkeypox, a virus that resembles smallpox, was first found in captive primates in 1958 and in individuals in the Republic of Congo in 1970 (4). Monkeypox virus is an evolving zoonotic orthopoxvirus (OPXV) that can cause a severe and transmittable human disease, potentially posing threats to public health (5). The most prevailing reason for the emergence of monkeypox cases has been diminishing immunity. There are currently no specific treatments for monkeypox disease, yet outbreaks can be managed (6). Those with a compromised immune system, may be at a higher risk for complications if infected, in spite of vaccination (7). People with weakened immune systems are much more susceptible to lethal forms of the disease. When compared to other people, patients with autoimmune conditions, such as MS, have a 3-20-fold greater risk of catching smallpox (8). In the meantime, people with extreme immunodeficiency should not be analyzed or clinically treated for symptoms suggestive of monkeypox (9).

The authors' examination of the literature on past and

present experiences with monkeypox in multiple sclerosis patients was spurred by the recent epidemic of monkeypox. While the consequences of monkeypox in patients with MS are unknown, the danger of contracting this lethal illness surpasses the chance of MS relapse. There is compelling evidence that an infectious episode increases the chance of MS aggravation. As a result, it is preferable to keep track of MS patients on a frequent basis in order to avoid problems. Evidence backs up 1) methods to reduce the risk of contracting infectious diseases that might cause MS exacerbations, and 2) the safety of vaccinations in MS patients.

The mandated precautions should be observed in MS patients to avoid this infection. Despite the fact that this virus is conveyed through contact with suspected cases, people on immunosuppressive medicines are still at risk of the illness. The high rate of infections when taking immunosuppressants highlights the significance of carefully weighing the risks and benefits of various immune-modifying medications. Adverse events due to infections were reduced in patients taking immunosuppressant medications for MS after a risk mitigation program that included infectious disease consulting and standardized screening and preventive measures.

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Authors' contributions

Elnaz Asadollahzadeh and Abdorreza Naser Moghadasi: Literature search, manuscript preparation, manuscript editing and manuscript review. Fereshteh Ghadiri and Zahra Ebadi: manuscript preparation and manuscript editing. All authors read and approved final version of manuscript.

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Conflict of interest

The Authors declare that they have no conflict of interest.

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